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*Health and
wellbeing*

Oxford Local Plan 2040

**BACKGROUND
PAPER 12**

This paper addresses the topic of health and wellbeing in the city.

SA Objective: To reduce poverty, social exclusion and health inequalities.

SEA Themes: Human health, population and material assets.

1. Introduction

1.1 Oxford is a city that unfortunately experiences high levels of health inequality. Certain areas within the city have very healthy life expectancy figures of just over 80 years for men and over 84 years for women. Both of these statistics are above than the national average; however such high levels of expectancy are only relevant to a small portion of the city. In a handful of areas within the city life expectancy life expectancy for men is 67 and 75 for women. This is a difference of 13 years for men and 9 years for women which is a wide a gap, representative of stark inequalities within the city.

1.2 The causes of poor health and wellbeing do not arise by chance and cannot be explained by genetics alone. It is now recognised that the built environment can have a significant impact on health and health inequality. The way that areas are designed and constructed can have a tangible impact on many of the wider determinants on health and wellbeing, such as peoples' activities, communities, economies and lifestyles.

1.3 Furthermore, health is not consistent across the population and stark inequalities often exist across population groups, even over small areas. Health and wellbeing are strongly correlated with levels of socio-economic deprivation, for example, with those living in the most deprived areas typically facing worse health inequalities compared to those living in less deprived areas.

1.4 As such, there are many indicators of health and wellbeing which can be influenced by planning. This paper highlights a range of physical and mental wellbeing indicators, which together begin to build a general overview of the health of Oxford's population. The paper goes on to discuss the approach taken in the new Local Plan.

2. Policy Framework

2.1 There are a range of national and local plans, policies and strategies which form important context for the policies of the new Local Plan. Those of most relevance to the natural resources policies are summarised below:

National Planning Policy Framework and guidance

The National Planning Policy Framework (NPPF)¹ is explicit in its support for healthy place shaping. It states in Chapter 8, paragraph 92 that:

“Planning policies and decisions should aim to achieve healthy, inclusive and safe places which:

¹ [National Planning Policy Framework](#)

- a) *promote social interaction, including opportunities for meetings between people who might not otherwise come into contact with each other – for example through mixed-use developments, strong neighbourhood centres, street layouts that allow for easy pedestrian and cycle connections within and between neighbourhoods, and active street frontages;*
- b) *are safe and accessible, so that crime and disorder, and the fear of crime, do not undermine the quality of life or community cohesion – for example through the use of attractive, well-designed, clear and legible pedestrian and cycle routes, and high quality public space, which encourage the active and continual use of public areas; and*
- c) *enable and support healthy lifestyles, especially where this would address identified local health and well-being needs – for example through the provision of safe and accessible green infrastructure, sports facilities, local shops, access to healthier food, allotments and layouts that encourage walking and cycling.”*

The Planning Policy Guidance

The Healthy and Safe Communities guidance within the Government’s Planning Policy Guidance states that *“Planning and health need to be considered together in two ways: in terms of creating environments that support and encourage healthy lifestyles, and in terms of identifying and securing the facilities needed for primary, secondary and tertiary care, and the wider health and care system (taking into account the changing needs of the population).”*

The Marmot Report and recent update

The Marmot Report, written in 2010, proposed an evidence-based strategy to address the social determinants of health, the conditions in which people are born, grow, live, work and age and which can lead to inequalities. A more recent ‘10 years on’ report² states that, “In England, health is getting worse for people living in more deprived districts and regions, health inequalities are increasing and, for the population as a whole, health is declining”.

Strategic Vision developed by the Future Oxfordshire Partnership

This document is a vision within an Oxfordshire based context. The vision states that “we want Oxfordshire’s people, places and environment to thrive so that the lives of current and future generations are enhanced” The vision includes nine objectives and one key objective links to having a healthier and happier population and healthy place shaping is identified as a key mechanism or delivering this key objective.

Oxfordshire Health and Wellbeing Joint Strategic Needs Assessment 2022

The Oxfordshire JSNA identifies the current and future health and wellbeing needs of our local population. The latest edition of this assessment summarises that Oxfordshire is relatively healthy, although Northfield Brook ward is ranked within the 10% most health

² [Health Equity in England: The Marmot Review 10 Years On](#)

deprived areas nationally. This is an Oxfordshire wide study and the data relating to Oxford has been pulled from this assessment and used to inform this background paper.

Oxford Corporate plan

Oxford City Council’s corporate strategies states that “We are unashamedly ambitious for our city which is already a beacon in many aspects nationally and internationally, but which we want to be truly world class for the benefit of all citizens. Our Strategy reflects that ambition – to enable a more inclusive economy in which everyone shares the benefits of growth; to overcome our housing crisis; to support our communities in a way that reduces the inequalities we see across the city; and to take a lead in cutting carbon emissions while ensuring this does not impact citizens’ living standards”.

2036 Oxford Local Plan

The Oxford 2036 Local Plan seeks to address health inequalities in Oxford via all policies within the Plan. It includes a policy requiring that all major developments undertaken a health impact assessment which is to be submitted as part of the application. This process should be evidence based and requires developers to assess the area that their application is proposed for and demonstrates to the city council that the health of the city and the local population had been considered.

3. Current situation

3.1 The picture of health and wellbeing in Oxford is a mixed one, the following section details some of the notable trends in the city at present.

Health deprivation

3.2 The health domain is one of the indices of deprivation. It measures morbidity, disability and premature mortality.

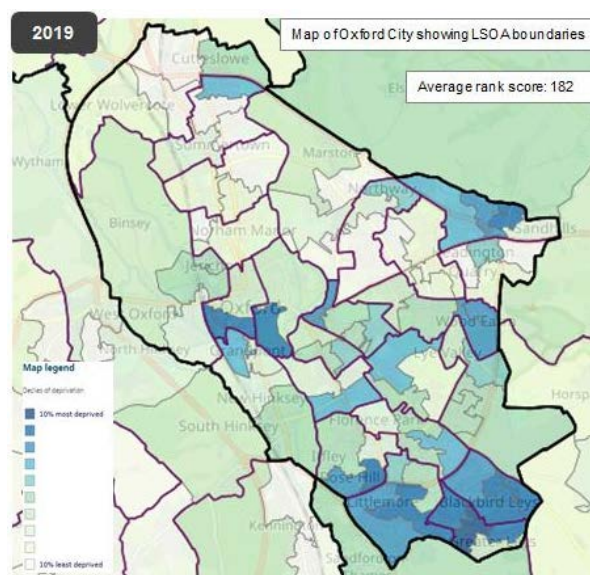


Figure 1: Health deprivation across Oxford. Source: ONS.

3.3 Oxford ranks 182/317 most deprived nationally in terms of average score for overall IMD in Indices of Deprivation in 2019. In the 2015 Indices of Deprivation Oxford ranked 166/327 meaning it is relatively less deprived. 10 of Oxford's 83 LSOAs are in the top 20 per cent most deprived nationally and 21 of Oxford's 83 LSOAs are in the top 20 per cent least deprived nationally.

Health deprivation and disability domain

3.4 According to the 2019 Indices of Deprivation, Oxford's average rank score for Health Deprivation and Disability is 183 compared to 160 in the 2015 Indices of Deprivation. 7 of Oxford's LSOAs fall in the 20 per cent and 1 LSOA in the 10 per cent most deprived nationally for HD&D.

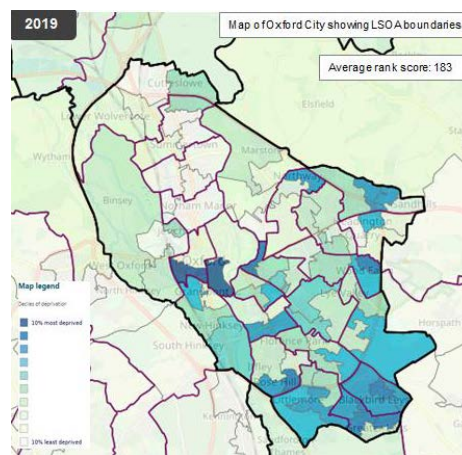
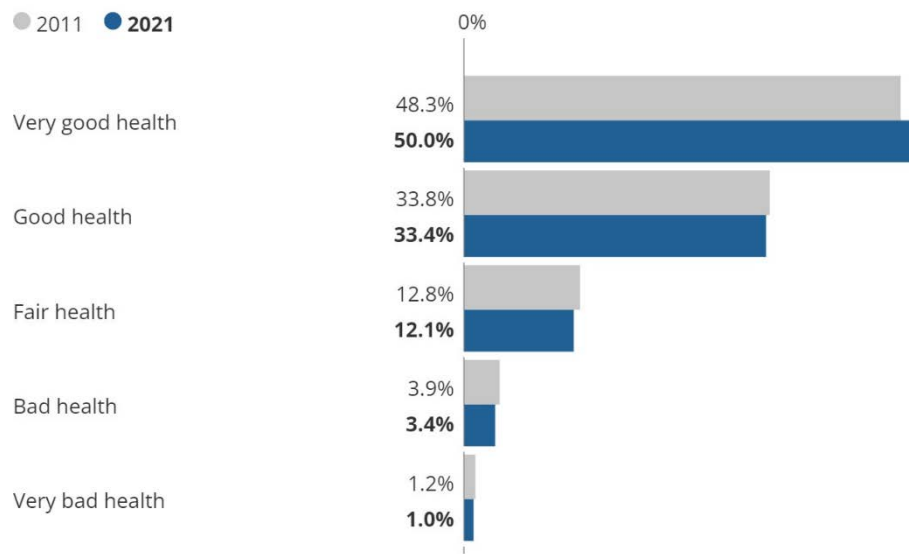


Figure 2: Health deprivation and disability domain across Oxford. Source: ONS.

General health

3.5 The general health situation across Oxford has improved between 2011 and 2021. Levels of very good health have increased by just over 1.5%, while levels of bad and very bad health have both decreased too. Percentage levels of good health have reduced, although hopefully this is because a percentage of these people have experienced a boost in their health levels and they are now considered to have very good health.

Age-standardised proportion of usual residents by self-reported health, **Oxford**



Source: Office for National Statistics – 2011 Census and Census 2021

Figure 3: General health across Oxford

3.6 The data in Figure 4 below lists many of these indicators and shows how Oxford compares to the national average for the same indicator. It can be seen that in all of the indicators Oxford are above the national average which further supports the theory that in general city’s level of health is good. The three factors that are only just above the average and possibly worth noting would be life expectancy at birth (male, 1 year range), the under 75 mortality rate from cancer and finally the suicide rate. These factors are the closest to the city displaying a general health metric that is worse than the average.

Indicator	Period	Recent Trend	Count	Oxford				Region England				England	
				Value	Value	Value	Worst	Value	Value	Value	Worst	Range	Best
Life expectancy at birth (Male, 3 year range)	2018 - 20	-	-	80.1	80.6	79.4	74.1						84.7
Life expectancy at birth (Male, 1 year range)	2021	-	-	79.5	79.9	78.7	72.3						83.8
Life expectancy at birth (Female, 3 year range)	2018 - 20	-	-	84.5	84.1	83.1	79.0						87.9
Life expectancy at birth (Female, 1 year range)	2021	-	-	84.4	83.8	82.8	78.6						86.2
Under 75 mortality rate from all causes	2021	-	320	318.5	320.2	363.4	625.1						197.4
Under 75 mortality rate from all cardiovascular diseases	2021	-	55	56.4	63.1	76.0	133.9						29.6
Under 75 mortality rate from cancer	2021	-	115	117.1	112.9	121.5	189.8						74.4
Suicide rate	2019 - 21	-	30	9.0	10.6	10.4	19.8						4.4

Figure 4: Oxford’s general health indicators in comparison to the England’s average. Source: ONS.

Isolation and loneliness

3.7 Considering the isolation and loneliness statistics above it can be seen that Oxford performs worse than its neighbouring districts and England when it comes to feelings of loneliness. This involves people over the age of 16, which suggests that the prevalence of bad levels of mental health exist within Oxford’s population and this is something that needs to continue to be monitored and addressed as best as possible within local policy.

The percentage of adults (aged 16+) that responded to the question "How often do you feel lonely?" with "Always / often" or "Some of the time" (Nov20 to Nov21)
Oxfordshire's Districts

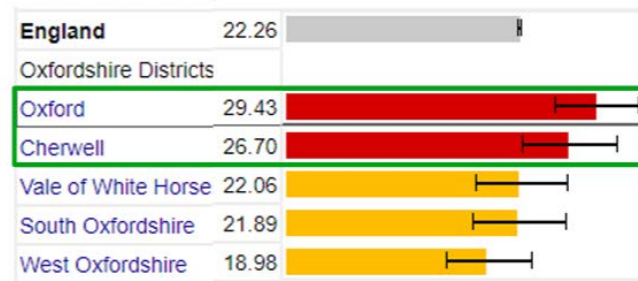


Figure 5: Loneliness Oxfordshire comparison. Source: ONS.

Physical activity and weight

3.8 Overall, adults in Oxford are healthier than the England average, with a significantly higher percentage of physically active adults (71.6% vs 64.5%) and one of the lowest percentages of overweight or obese adults (49% vs 62%).

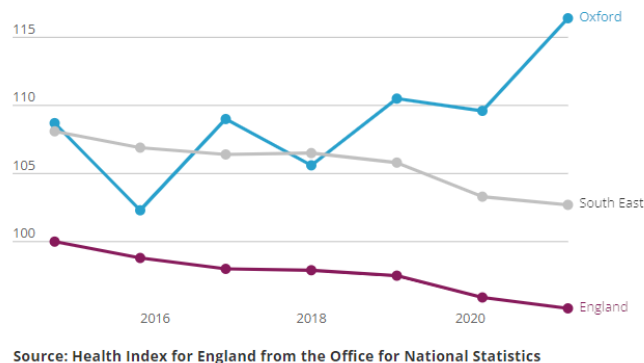


Figure 6: Adult health in Oxford

3.9 Physiological risk factors address high blood pressures, low birth weight, the proportion of adults who are overweight or obese and the proportion of children who are overweight or obese. Oxford's score for these factors improved from 2015 to 2021. Oxford therefore went from being a local authority in the 30% best LAs in 2015 and as of 2021 it is now in the top 10%. A large reason for the improvement was due to the decrease in the level of adults who are obese or overweight.

Children's and young people's health (2018-21)

3.10 In Year 6, 25.1% (345) of children are classified as obese, worse than the average for England at 23.4%. Also, the rate for alcohol-specific hospital admissions among those under 18 is 30 per 100,000, worse than the average for England.

Climate emergency

3.11 The risks from climate change, such as milder, wetter winters and hotter, drier summers, will impact everyone in Oxford, but for those living in poor health the risks are exacerbated. The impacts of hotter summers and prolonged heat wave events for example have been shown to be particularly threatening for those with pre-existing health conditions such as heart and lung disease, as well as the young and the elderly. The ongoing stress that is caused by flooding events, and just the threat of flooding, can be taxing on residents' mental health and this is likely to be a particular issue for those already in poor mental health.

3.12 Climate-related risks are further compounded by the particular challenges faced by those living in high socio-economic deprivation. As was evidenced earlier in the paper, those living in more deprived areas in the city are more likely to be living with worse health and wellbeing thus potentially being at higher risk from stresses related to climate change. Furthermore, those living in areas of deprivation may have fewer resources (financial and material) to adapt to changing climate, for example finding it harder to afford cooling measures to cope with high heat in the summer, or to pay for insurance that can cover damages during a flood event. There is also the issue that some may be living in poorer quality accommodation, which is ill-equipped to function in future climate.

External Impacts

3.13 External impacts such as the continued impacts of the pandemic and more recently the cost-of-living crisis has affected everyone's quality of life. However, the level of impact across the city are felt more heavily by those of certain socio-economic standards. High levels of inflation and increased costs will hit people on lower levels of income and have potential to lead them to choose cheaper and possibly less healthy options which can have a detrimental impact on health. Furthermore, in extreme cases residents may even have to forgo meals or even heating in the winter months. The planning system may not always be the place to find solutions to certain issues as other legislation and support mechanisms are more appropriate for this. However, the planning system does have a role to play in shaping the development process and impacting certain development's where the location of the development and the people that its impact is positive and that certain criteria are being met.

Feedback from previous consultations

3.14 Various health concerns were flagged throughout our consultation stages (full summaries can be found in the relevant consultation summary documents) e.g.: having a data driven process, fully considering the impacts of poor air quality, green and recreational space is key and to consider the benefits of older person's housing. There is also clearly an ongoing concern for low levels of health or health inequalities in certain neighbourhoods across the city.

3.15 Feedback from previous consultations undertaken during the preparation of the Local Plan highlighted a clear willingness from respondents to supporting inclusion of policies that support health within the city including requirements for Health Impact Assessments. There was support for addressing other topics that support health too, for example, protection of green spaces and areas of nature, which provide various restorative benefits to those spending time within nature.

Should we continue to require Health Impact Assessments for all major new developments, to show how they are supporting healthy communities and tackling health inequalities?

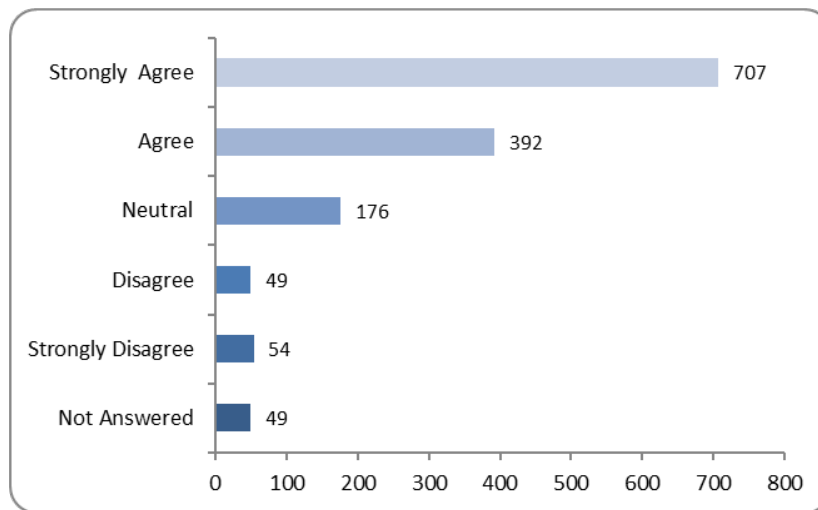


Figure 7: Responses to the HIA Preferred Options question

Should we continue to protect a network of green spaces, including ecological sites, because of their value for health and wellbeing, biodiversity etc.?

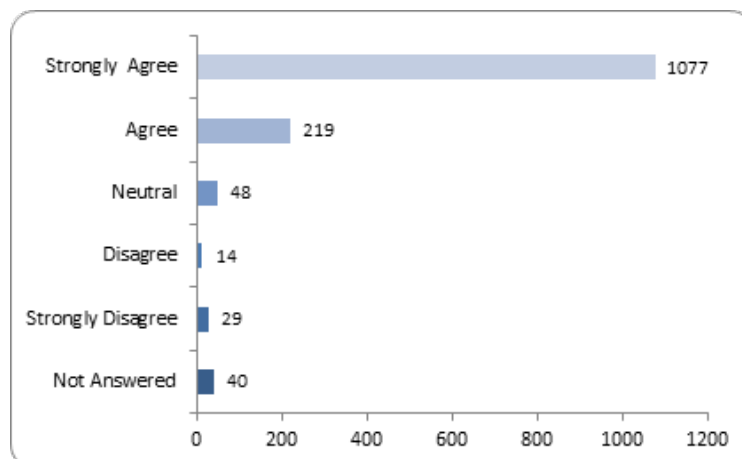


Figure 8: Responses to green infrastructure and the impact it has on health and wellbeing from Preferred Options questions

4. Likely trends without a new local plan

4.1 As shown above, many health indicators have shown an improvement (even if only slight) in recent years. Much of this is likely to be as a result of health interventions, improvements to services and treatments and also improvements in awareness and education of lifestyle factors in particular. This is positive in light of evidence from the broader national picture of health and wellbeing in England, which highlights various negative observations of health equity across England, including a stalling in improvements to life expectancy, an increasing health gap between the wealthiest and poorest parts of the country, and that people are spending more of their lives in poor health.

4.2 The data does show, however, that there are several areas where Oxford performs below the local or national average, where more focus is needed to secure similar improvements. It also demonstrates that there are significant health inequalities within the city, typically linked with levels of socio-economic deprivation, which need to be a priority for future health interventions and strategies.

5. Approach taken for the Local Plan

5.1 As was set out earlier in the paper, there are clearly health and wellbeing challenges affecting the communities within Oxford. Inappropriate or poorly designed development has the potential to exacerbate some of these issues if these are not sufficiently incorporated into the design process. For this reason, the Local Plan 2040 continues with a requirement of major development needing to undertake a Health Impact Assessment (policy HD10) as with the previous Local Plan.

5.2 The purpose of Health Impact Assessment (HIA) as part of the planning application process is to ensure that the design of new development is tailored to the particular local health context of the area where it is proposed. Producing an HIA should be far more than just a tick box exercise, the process seeks to ensure that the impacts of new development do not further exacerbate negative health trends, whilst also helping to identify and take up opportunities to ameliorate these conditions and secure positive impacts that support wellbeing. The policy sets out the high level requirements that applicants are expected to follow, including undertaking analysis of the local context and presenting appropriate data on these conditions and then using this to demonstrate how they have addressed the design of their development informed by this understanding. Where impacts are identified, these need to be appropriately addressed (and mitigated where necessary) and details of any monitoring required to ensure mitigations are successful should also be provided.

5.3 Whilst the policy sets out the high-level requirements that the Council will look for to ensure that a proposal has demonstrated that health impacts have been appropriately addressed as part of the design process, there are a number of different methodologies available for how Health Impact Assessments can be specifically undertaken in practice. The policy is supported by an Appendix which sets out more specifics as to the kind of format that the HIA should follow and refers applicants to the toolkit³ that has been specifically developed by Oxfordshire County Council and that was approved for use by all six Oxfordshire Local Authorities by the Future Oxfordshire Partnership (formerly known as the Oxfordshire Growth Board) on 26 January 2021. The toolkit includes briefing notes as well as a checklist that will help applicants to focus their analysis on the key issues of relevance.

5.4 Ultimately, ensuring that new development undertakes HIA will help to support higher quality design in the city. The policy is designed to be flexible enough to allow

³ More information here: <https://futureoxfordshirepartnership.org/projects/oxfordshire-health-impact-assessment-toolkit/>

applicants to tailor the level of information they provide as part of the HIA to be proportionate to the scale of the development, whilst also ensuring that the key elements are addressed (such as being informed by relevant contextual data). In this way, HIAs provided should include enough information to allow the Council to make an informed judgement as to any potential negative or positive impacts for health and wellbeing in the city, without being overly burdensome to applicants.

5.4 As touched upon earlier, there are also a number of other policies across the Local Plan 2040 which should help to address health and wellbeing in the city. These policies and their potential impacts are discussed in more detail in the separate Local Plan Health Impact Assessment report which accompanies this consultation. These policies will address different health issues to varying degrees, for example by protecting a network of green open spaces we can help to ensure that natural spaces are retained in the city for people to socialise and be active, whilst requirements in relation to design and space standards can help to ensure that new housing is high-quality and supportive of wellbeing for people living there.

6. Conclusions

6.1 The focus on health and wellbeing is a key theme runs throughout of the 2040 Local Plan policies. Alongside a variety of supporting policies that will help to address different aspects of a health environment for people in the city, the Local Plan includes the following specific policy that addresses requirements for Health Impact Assessment:

Policy HD10 Health Impact Assessment

A Health Impact Assessment (HIA) is required to be submitted as part of the planning application for major development proposals.

The analysis within the submitted HIA should be of a sufficient level of detail to allow the Council to assess the potential impacts of the development on the health environment of the city and its residents. As a minimum, the assessment should include the following:

- a. A description of the physical characteristics of the proposed development site and surrounding area, including the current use;**
- b. Identification of relevant population groups that could be affected by the development and associated health issues, inequalities and priorities in the area, which should be supported with appropriate evidence/data;**
- c. An assessment of the impacts of the proposal on the identified population groups and local health issues, inequalities and priorities, including any potential positive and negative impacts, along with any mitigation measures incorporated into the design to reduce identified negative outcomes.**
- d. Details of monitoring which will be undertaken in relation to the proposed mitigation to be implemented.**

The level of detail should be proportionate to the development and agreed with the relevant case officer. Applicants should refer to the additional information and guidance contained in Appendix 6.2 and the Council's Technical Advice Note.