

**Oxford United Football
Club (OUFC) Stadium
Health Impact Assessment
February 2024**





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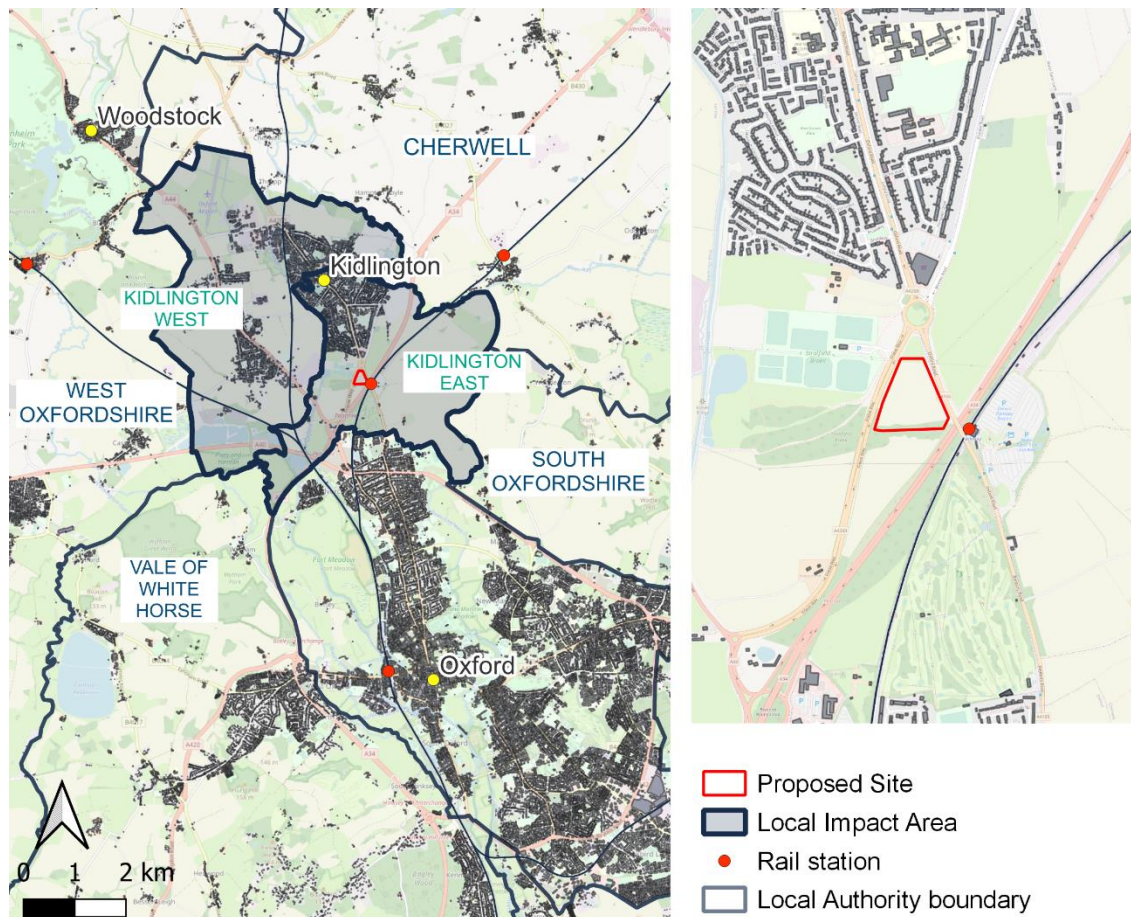
Contents

| | | |
|----------|--|-----------|
| 1 | Introduction | 1 |
| | Description of the Proposed Development | 2 |
| | Assessment Methodology | 3 |
| | Policy Context | 4 |
| 2 | Baseline | 6 |
| | Demographic Baseline | 6 |
| | Local Health Profile | 8 |
| | Health Priorities | 11 |
| 3 | Assessment | 14 |
| | Physical Activity | 14 |
| | Healthy Food Environments | 15 |
| | Air Quality | 17 |
| | Noise | 18 |
| | Transport and Traffic | 20 |
| | Crime and Anti-social Behaviour | 22 |
| | Economy and Employment | 23 |
| | Local Natural Environment and Access to Green Spaces | 25 |
| | Access to Services | 27 |
| 4 | Recommendations | 29 |

1 Introduction

- 1.1 This Health Impact Assessment has been prepared by ekosgen on behalf of Oxford United Football Club (OUFC) ('the Applicant') and is submitted in support of a planning application for a proposed new Football Stadium and ancillary facilities ('the proposed Development') at Land to the east of Stratfield Brake and west of Oxford Parkway Station, known as 'The Triangle' ('the Site').

Figure 1.1 Site Location



- 1.2 The Site is situated on land known as 'the Triangle' and is located east of Frieze Way and south of the Kidlington roundabout. The site is located close to Oxford Parkway Railway Station and the Park and Ride to the east and Stratfield Brake Sports Ground to the west. It is currently let to a single leaseholder and there is no current public access.
- 1.3 The National Planning Policy Framework (NPPF) promotes the creation of healthy and safe communities. Accompanying national Planning Practice Guidance (PPG) states that local planning authorities should ensure that the healthcare infrastructure implications of any relevant proposed local development are considered. The PPG also refers to Health Impact Assessment (HIA) as a useful tool to assess and address the impacts of development proposals (paragraph ref 53-004-20140306).
- 1.4 At the local level, the Oxfordshire Health Impact Assessment Toolkit (2021) was devised on behalf of the Oxfordshire Growth Board and endorsed by all six Oxfordshire Local Authorities including Cherwell District Council. The Toolkit reflects national guidance and best practice

and provides guidance for undertaking a Health Impact Assessments related to major development proposals.

- 1.5 In order to address guidance at both the national and local level, ekosgen have prepared a Health Impact Assessment to consider the human health impacts of the Proposed Development.

Description of the Proposed Development

- 1.6 The Proposed Development comprises the development of a stadium and ancillary uses. The Stadium has a capacity of 16,000 people and will include Sky boxes and flexible lounge spaces for match and non-match day uses including corporate, community, education and other events. The proposed development also includes a 180-bed hotel and a variety of commercial spaces opening out onto a new plaza and community park. These commercial spaces will include a public restaurant, bar, health and wellbeing clinic, OUFC Shop and a gym.
- 1.7 These uses will be situated within a strong landscape setting, with native species and landscaping elements incorporated into the design. The vision is to incorporate flexible multi-functional spaces that can be enjoyed whether it be a match day or not. The project aims to connect the stadium to the wider countryside, woodlands, canal walks, and nearby settlements in a way that is attractive, safe, and enjoyable for walkers and cyclists, while also promoting environmental and cultural stewardship.
- 1.8 The planning description for the proposed development is:
- 'Full planning permission for the erection of a stadium (Use Class F2) with flexible commercial and community facilities and uses including for conferences, exhibitions, education, and other events, club shop, public restaurant, bar, health and wellbeing facility/clinic, and gym (Use Class E/Sui Generis), hotel (Use Class C1), external concourse/fan-zone, car and cycle parking, access and highway works, utilities, public realm, landscaping and all associated and ancillary works and structures'.*
- 1.9 It is anticipated that construction will take place in August 2024 through to July 2026 when Stadium will be completed and fully operational.
- 1.10 Once operational, the Stadium is likely to hold around 41 football matchers per annum with the majority held in the afternoon/early evening of weekends during football season. There will be activity on site 24 hours a day. At this stage, end users for the commercial and community uses have not been defined but it is anticipated that the hours of use, with the exception of the hotel use which will be 24 hours, will be between 06:00-00:00. The specific hours will vary depending on the use but are likely to fall within these broad parameters. Security will be on site 24-hours.
- 1.11 It is not proposed the Stadium will host concerts, however, it will be utilised for a wide range of activities including conferences, meetings, trade shows, corporate events and dinners.
- 1.12 The Proposed Development aims to connect the stadium to the wider countryside, woodlands, canal walks, nearby town centres through a range of safe and active travel methods. The Community Plaza/Fan Zone to the north of the Stadium will provide a welcoming open space for everyday use and for hosting a variety of events.

Assessment Methodology

- 1.13 The World Health Organisation (WHO) Europe defines health as ‘a state of complete physical mental and social well-being and not merely the absence of disease or infirmity.¹’ Factors that have the most significant influence on the health of a population are called ‘determinants of health’ defined by WHO as ‘the range of personal, social, economic and environmental factors which determine the health status of individuals and populations’.
- 1.14 The Oxfordshire Health Impact Assessment Tool Kit identifies a series of health determinants for consideration and these have been scoped in or out of this assessment depending on their relevance to the proposed development as follows:
- **Housing: Scoped Out** as there is no housing included within the proposed development
 - **Physical activity: Scoped In** as the proposed development may impact on physical activity levels though active travel and on-site uses
 - **Healthy food environment: Scoped In** as the uses proposed within the development may impact on access to healthy food
 - **Air quality: Scoped In** as the proposed development may lead to changes in air quality
 - **Noise: Scoped In** as the proposed development may lead to changes in noise
 - **Traffic and transportation: Scoped In** as the proposed development may lead to changes in traffic as well as available transport types
 - **Crime and anti-social behaviour: Scoped In** as the proposed development may lead to changes in crime and anti-social behaviour
 - **Economy and employment: Scoped In** as the proposed development may lead to changes in the local economy and access to employment
 - **Education and skills: Scoped Out** as the proposed development does not include any residential or education uses which may lead to changes in school capacity, access to education or influence school performance
 - **Local natural environment and access to green spaces: Scoped In** as the proposed development may lead to changes in access to open and green spaces and ecology
 - **Access to services: Scoped In** as the proposed development may lead to changes in access to health care and other community services
- 1.15 A baseline has been established for the Local Impact Area (LIA) which is defined as Kidlington West and Kidlington East wards¹ (see **Figure 1.1**). Data is also provided for Cherwell and Oxfordshire, where relevant. The baseline provides analysis of the population profile, including identification of vulnerable groups, as well as health disparities and priorities. Data has been collected from a range of standard sources including the Office for National Statistics (ONS), Public Health England (PHE) and the 2021 Census of Population.
- 1.16 There is no formal or statutory requirement to assess or measure the significance of effects within a standalone HIA and for the most part, it is not possible to quantify the severity or extent of the effects which give rise to these impacts. To this end, the potential health impacts are described as outlined in Table 1.1 below, based on broad categories for the identified qualitative impacts. However, where the HIA has drawn on the assessments of effects

¹ Note that for various health baseline data where the denominator is not available for both wards, the Kidlington East ward is used since this is the ward within which the Site is located.

presented within relevant ES Chapters, the significance of effect is stated in addition to being identified as either positive (beneficial), neutral, negative (adverse) or uncertain.

Table 1.1 HIA Impact Categories

| | |
|------------------|---|
| Positive | A Positive impact is identified |
| Neutral | No discernible health impact is identified |
| Negative | An adverse impact is identified |
| Uncertain | Where uncertainty exists as to the overall impact |

Source: HUDU Rapid Impact Assessment Tool, 2017, Third Edition

- 1.17 Actions have been identified to mitigate any negative impact on health and opportunities to enhance health benefits where relevant have also been identified. For the most part, these measures already form part of the Proposed Development (embedded) or have been identified within the ES or supporting statements as mitigation measures and the assessment has considered these impacts as such. Where mitigation or enhancement measures are identified that are additional, this is noted.

Policy Context

National Policy

- 1.18 The **National Planning Policy Framework (NPPF)** states that planning policies and decisions should aim to achieve healthy, inclusive and safe places which promote social interaction, are safe and accessible and enable and support healthy lifestyles (paragraph 96).
- 1.19 The national **Planning Practice Guidance (PPG)** states that local planning authorities should ensure that the healthcare infrastructure implications of any relevant proposed local development are considered. The PPG also refers to Health Impact Assessment (HIA) as a useful tool to assess and address the impacts of development proposals (paragraph ref 53-004-20140306).

Oxfordshire Policy

- 1.20 The **Oxfordshire Public Health Annual Report**² outlines how, despite Oxfordshire being one of the most affluent areas of the country, this often obfuscates the fact that there are 10 wards in Oxfordshire which feature areas which are in the 20% most deprived in England and that life expectancy in these areas is lower than for Oxfordshire as a whole. The Report outlines priorities for prevention needed to address the increased likelihood that people who live in more deprived areas will experience health inequalities, these include:
- Promote Wellbeing: Creating a place and community that promotes wellbeing and healthy behaviours where people can reach their full potential.
 - Prevent Ill Health: Support communities and assets, influence settings, Healthy Place Shaping.
 - Reduce the Impact of Disease: Prevention in the NHS (e.g.: screening, early detection of ill health).
 - Delay the Need for Care: Population health management, Healthcare Public Health.

² [PublicHealthAnnualReportMay2020 \(oxfordshire.gov.uk\)](https://www.oxfordshire.gov.uk/public-health-annual-report-may-2020)

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- 1.21 The **Joint Strategic Needs Assessment**³ is a statutory annual report provided to the Health and Wellbeing Board which provides an evidence base for the Health and Wellbeing Strategy. It outlines how Oxfordshire has a growing population, especially among older people and mixed ethnic groups. Education varies between districts, with some areas below the average. Health inequalities continue to exist, with there being an increasing prevalence of depression and mental health issues, and higher rates of hospital admissions for certain conditions. Loneliness is a concern and domestic abuse rates differ across areas, with the greatest increases between 2019-21 in West Oxfordshire (+7%) and Cherwell (+5%).
- 1.22 Efforts are being made, and need to continue being made to reduce preventable deaths caused by inequality, reduce tobacco use and address rising obesity. Oral health across the area is generally good, with a lower proportion of 5-year-olds experiencing decay than the national average and physical activity rates amongst Oxfordshire adults are slightly higher than national and regional figures.
- 1.23 **Oxfordshire Insight**⁴ publishes information and evidence about Oxfordshire and the people who live in it, to support the development of local services. As an information service it has many sources, but outlines the following trends in health and wellbeing across Oxfordshire:
- It notes that Oxfordshire's population is relatively healthy, however males living in the more affluent areas of the county are expected to live around 11 years longer than those in poorer areas, and for females the gap in life expectancy is around 12 years.
 - From 2019 to 2021, cancer was the leading cause of death in Oxfordshire, followed by Heart Disease for males and Dementia and Alzheimer Diseases for females. The prevalence of Cancer and Depression in Oxfordshire from 2021-22 were each above the national average.
 - Oxfordshire's population is ageing, a trend which is forecast to continue, and the future increase in the population (especially the numbers of young people) is very dependent on levels of house building in the future and will vary across the county.

Cherwell Policy

- 1.24 The **Cherwell Local Plan's**⁵ **Policy BSC 8: Securing Health and Well-being** outlines how the Council will work with the local community to provide safe and accessible environments and to identify the need for and provide local facilities. The aim of the policy is to ensure that the Council will support the provision of health facilities in sustainable locations which contribute towards health and well-being.

³ [aebhdfh \(oxfordshire.gov.uk\)](https://aebhdfh.oxfordshire.gov.uk)

⁴ <https://insight.oxfordshire.gov.uk/cms/>

⁵ Adopted Cherwell Local Plan 2011-2031 Part 1 (incorporating Policy Bicester 13 re-adopted on 19 December 2016) | Cherwell District Council

2 Baseline

2.1 The Site is situated in the ward of Kidlington East and adjacent to Kidlington West ward. Together these two wards form the Local Impact Area (LIA) against which the majority of health impacts are assessed. Where relevant, health impacts are also considered at the district (Cherwell) level and sub-regional level (Oxfordshire) and benchmarked with national data.

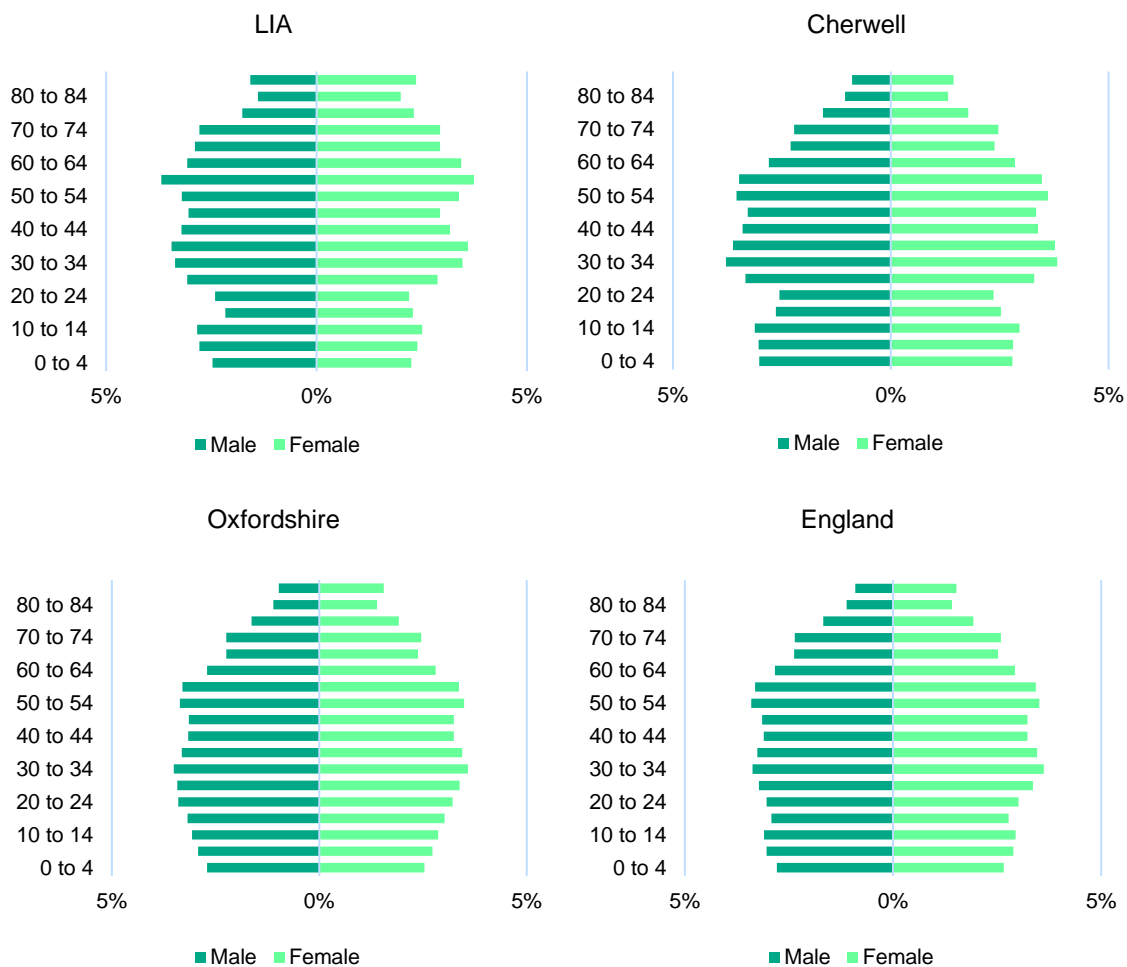
Demographic Baseline

2.2 This section identifies population groups affected by the proposed development.

2.3 The population profile for the LIA (Kidlington West and Kidlington East wards), Cherwell and Oxfordshire is shown in Figure 2.1 based on data from the 2021 Census.

2.4 The total population of the LIA was around 19,000 in 2021, accounting for 12% of Cherwell's total population (161,000). The population of Cherwell has increased by 19,000 (13%) over the last decade, exceeding the rate of growth of Oxfordshire and nationally during the same period (11% and 7% respectively).

Figure 2.1 Population pyramids for the LIA and comparator areas



Source: Census 2021

2.5 Several groups are identified in recent Institute for Environmental Management and Assessment (IEMA) Guidance⁶ as being particularly vulnerable to adverse health effects. These include:

- **Young people:** children and adolescents are a vulnerable group due to their increased sensitivity to the physical environment. During the physical and mental development of the human body, environmental factors such as air pollution, noise, and stress have been shown to be associated with relatively worse health outcomes. Barriers to physical activity created by the removal of open space or heavy traffic have greater impacts on young people due to their greater reliance on outdoor and active spaces.
- **Older people:** older people are at risk of social exclusion, can find it difficult to access health and social services as well as shops and community facilities. Negative health effects from social exclusion can be amplified as a result of fear of crime. Older people are more vulnerable to negative health effects associated with changes in accessibility, air quality and noise.
- **People with disability and long-term illness (including mental impairments):** people with disabilities and mental health issues can struggle to gain and maintain employment; and are more vulnerable to a reduction in physical activity due to changes in accessibility. They may also struggle to access community facilities which might otherwise provide health benefits.
- **Low-income groups:** significant evidence exists that social grade and income are strongly associated with health outcomes. Often the poorest people experience worse health outcomes as they are exposed to poor quality outdoor environments and do not face the same access to nutrition and activity.
- **Ethnic minority groups:** there is evidence that the poorer socio-economic and spatial position of ethnic minorities is the main factor driving health inequalities for ethnic minorities.

2.6 Table 2.1 summarises the prevalence of vulnerable groups included in this assessment for the LIA as well as for relevant comparator areas. The following colour-scheme is applied:

- **Red:** the vulnerable population has a larger presence than the Oxfordshire and national averages;
- **Amber:** the vulnerable population has a larger presence than in either Oxfordshire or the nation; and
- **Green:** the vulnerable population has a smaller presence than in the nation and the Oxfordshire.

Table 2.1 Vulnerable group population summary

| | Young people (aged under 16) | Older people (aged over 65) | Long-term illness or disability | Low income groups | Ethnic minority groups |
|--------------------------|------------------------------|-----------------------------|---------------------------------|-------------------|------------------------|
| Local Impact Area | 16% | 23% | 15% | 10% | 15% |
| Cherwell | 19% | 17% | 14% | 13% | 12% |
| Oxfordshire | 18% | 18% | 14% | 13% | 13% |
| England | 19% | 18% | 17% | 17% | 19% |

Source: Census 2021; ONS, 2020, Households in poverty estimates for middle layer super output areas in England and Wales (financial year ending 2014)

⁶ IEMA, Effective Scoping of Human Health in Environmental Impact Assessment, November 2022

2.7 This indicates that the LIA has a high prevalence of people aged 65 and over but a lower prevalence of all other identified vulnerable groups.

Local Health Profile

2.8 This section sets out the local health profile for the LIA and setting this within the context of comparator areas which include Cherwell District and England. Not all health indicators are available at the ward level.

2.9 **Table 2.2** summarises the baseline health indicators relevant in developing an evidence base for health priority areas identified within the Oxfordshire Health Impact Assessment Toolkit. It draws on publicly available data sources including the 2021 Census, Public Health England 'Fingertips' and ONS Subnational Indicators.

Table 2.2 Local Health Profile

| Health Indicator | Source | LIA | Cherwell | England |
|---|---|---------|----------|---------|
| % of total population 0-15 | ONS Census 2021 | 16.3 | 18.9 | 18.6 |
| % of total population 65+ | ONS Census 2021 | 23.0 | 17.4 | 18.4 |
| Life expectancy men | PHE Fingertips 2016 - 2020 | 83.3 | 81.0 | 79.5 |
| Life expectancy women | PHE Fingertips 2016 - 2020 | 84.4 | 83.8 | 83.2 |
| % children classified as obese (4-5 years old) | PHE Fingertips 2019/20 - 21/22 | 8.7 | 7.9 | 9.9 |
| % children classified as obese (10-11 years old) | PHE Fingertips 2019/20 - 21/22 | 21.7 | 19.6 | 21.6 |
| % of physically active adults | PHE Fingertips 2021/2022 | no data | 68.6 | 67.3 |
| % adults overweight/obese | ONS Subnational Indicators dataset 11/2021 - 11/2022 | no data | 64.6 | 63.8 |
| % population travelling to work by active travel modes | ONS Census 2021 | 5.5 | 6.4 | 4.6 |
| Density of fast food outlets (per 100,000 population) | PHE 2018: Fast food outlets: density by local authority in England | 42.1 | 73.0 | 94.0 |
| Rate of under 18 alcohol specific admissions (per 100,000 population) | PHE Fingertips 2018/19 - 20/21 | no data | 34.8 | 29.3 |
| Rate of teenage pregnancy (%) | PHE Fingertips 2020 | no data | 0.2 | 0.7 |
| Adult hospital admissions for alcohol related conditions | PHE Fingertips 2016/17 - 20/21 | 89.2 | 81.5 | 100.0 |
| Deaths from respiratory diseases (standardised mortality ratio) | PHE Fingertips 2026-2020 | 67.5 | 91.8 | 100.0 |
| Smoking prevalence in adults | ONS Subnational Indicators dataset 2021 | no data | 12.5 | 13.0 |
| % in employment (% economically active) | ONS Census 2021 | 96.4 | 96.3 | 94.3 |
| Unemployment (% economically active) | ONS Census 2021 | 3.6 | 3.7 | 5.7 |
| Long term unemployment (%) | PHE Fingertips 2021/22 | 0.0 | 0.1 | 1.9 |
| Child poverty/children in relative low income households (%) | DWP Children in low income families: local area statistics 2014 to 2022 | 13.0 | 14.2 | 19.9 |

| | | | | |
|---|----------------------------|---------|------|------|
| Killed and seriously injured on roads (per 1 billion vehicle miles travelled) | <i>PHE Fingertips 2021</i> | no data | 0.0 | 95.6 |
| Levels of car ownership (% of households with no car or van) | <i>ONS Census 2021</i> | 16.9 | 14.7 | 23.5 |
| % population travelling to work by public transport | <i>ONS Census 2021</i> | 4.3 | 1.9 | 3.8 |

2.10 The **English Indices of Multiple Deprivation (IMD)** (2019) provide insight into levels of deprivation at a neighbourhood level. These indices provide baseline evidence on the following health determinants that are considered to be relevant to this assessment:

- **Employment** (proportion of the working age population in an area involuntarily excluded from the labour market)
- **Income** (population experiencing deprivation relating to low income)
- **Health Deprivation and Disability** (risk of premature death and the impairment of quality of life through poor physical or mental health)
- **Crime** (risk of personal and material victimisation at local level)
- **Living Environment** (quality of both the indoor and outdoor local environment)

2.11 The indices relatively rank each small area (Lower Layer Super Output Area - LSOA) in England from most deprived to least deprived. **Table 2.3** summarises the performance for the LIA by considering the proportion of LSOAs that rank in the top 30% least and most deprived nationally.

Table 22.3 Domains of deprivation

| IMD Domain | Proportion of LSOAs that rank in the top 30% most deprived | Proportion of LSOAs that rank in the top 30% least deprived |
|-----------------------------------|--|---|
| Employment | 0% | 64% |
| Income | 0% | 64% |
| Health Deprivation and Disability | 0% | 36% |
| Crime | 9% | 82% |
| Living Environment | 0% | 18% |

Source: *English Indices of Multiple Deprivation, 2019*

2.12 The **Access to Healthy Assets and Hazards** index (AHAH) captures metrics relating to key health determinants down to a LSOA geography.⁷ Four domains comprise the index:

- Retail environment (access to fast food outlets, pubs, tobacconists, gambling outlets),
- Health services (access to GPs, hospitals, pharmacies, dentists, leisure services),
- Physical environment (Blue Space, Green Space - Passive), and
- Air quality (Nitrogen Dioxide, Particulate Matter 10, Sulphur Dioxide).

2.13 Table 2.4 summarises the individual domain scores for the LSOAs that comprise the LIA. This demonstrates that, based on the average scores across the whole LIA, the LIA is among the top 40% best performing areas nationally for the index. The worst performing domain is that of

⁷ Consumer Data Research Centre, 2022, Access to Healthy Assets and Hazards

air quality (61.7 average score). The LIA's retail, health and physical environment domain average scores are all within the top 50% best performing nationally.

Table 22.4 AHAH index domain scores, LSOA (100 = worst performing)

| LSOA (2011) | AHAH | Retail Domain | Health Domain | Blue/Green Space Domain | Air Quality Domain |
|----------------------|-------------|---------------|---------------|-------------------------|--------------------|
| Cherwell 017A | 47 | 55 | 49 | 63 | 63 |
| Cherwell 019A | 65 | 32 | 72 | 84 | 49 |
| Cherwell 017B | 42 | 60 | 58 | 33 | 67 |
| Cherwell 017C | 47 | 71 | 40 | 46 | 66 |
| Cherwell 017D | 35 | 71 | 15 | 48 | 63 |
| Cherwell 018A | 20 | 58 | 25 | 34 | 64 |
| Cherwell 018B | 21 | 46 | 54 | 21 | 63 |
| Cherwell 018C | 15 | 51 | 24 | 17 | 71 |
| Cherwell 018D | 16 | 44 | 28 | 33 | 68 |
| Cherwell 019B | 69 | 15 | 90 | 72 | 48 |
| Cherwell 019C | 34 | 39 | 69 | 41 | 57 |
| Average (LIA) | 37.4 | 49.3 | 47.6 | 44.7 | 61.7 |

Source: English Indices of Multiple Deprivation, 2019

Health Priorities

This section identifies localised health priorities for the LIA and Cherwell District Council. It draws upon the baseline health profile summarised above and supplemented by relevant information taken from accompanying Environmental Statement (ES) chapters that are being prepared alongside this Health Impact Assessment.

Table 2.5 identifies the evidenced-based specific health priorities for the LIA and Cherwell District Council. This is summarised by each scoped-in health determinant in accordance with the Oxfordshire Health Impact Assessment Toolkit. Where relevant, attributes of the respective populations' health profile are highlighted **green** this indicates a better performance compared to the national average (**red** = poorer performance than the national average; **amber** = no difference to the national average).

Table 22.5 Local Health Priorities

| | LIA | Cherwell |
|---------------------------|--|--|
| Physical Activity | <p>There are worse than average levels (higher) of obesity among Year 6 children</p> <p>There are better than average levels (lower) of obesity among reception aged children</p> | <p>The percentage of physically active adults is higher than the national average</p> <p>There are better than average levels (lower) of obesity among Year 6 children and reception aged children</p> <p>The percentage of overweight or obese adults is higher than the national average</p> |
| Healthy Food Environments | <p>Density of fast food outlets is significantly lower than the national average</p> <p>Within the top 50% best performing areas nationally in terms of access to fast food outlets, pubs, tobacconists and gambling outlets</p> | <p>Density of fast-food outlets is lower than the national average</p> |

| | | |
|---------------------------------|--|--|
| Air Quality | <p>Within the top 40% worst performing areas nationally in terms of air quality</p> <p>Deaths from respiratory diseases are proportionately lower than the national average</p> <p>According to ES Volume 1 Chapter 12 Air Quality, background concentrations within the site boundary are unlikely to exceed relevant DEFRA objectives for all relevant pollutants and the ambient pollutant concentrations of NO2, PM10 and PM2.5 are generally predicted to decrease into the future. Air quality conditions at the proposed development would therefore improve and continue to meet the air quality objectives in future years.</p> | <p>Deaths from respiratory diseases are proportionately lower than the national average</p> |
| Noise | <p>According to ES Volume 1 Chapter 11 Noise and Vibration, a noise survey was completed in August 2023 in locations surrounding the proposed development. Observations taken during the attended noise measurements identified that the dominant source of noise during a typical weekday daytime were road traffic noise from both the A4260 and Oxford Road.</p> | <p>N/A</p> |
| Transport and Traffic | <p>Levels of car ownership are well below the national average.</p> <p>The % of the population travelling to work by public transport is above the national average.</p> <p>The rate of road related deaths or serious injuries is lower in the LIA than the national average.</p> | <p>The rate of road related deaths or serious injuries are lower than the national average</p> <p>Car or van ownership levels are well above the national average.</p> <p>The % of the population travelling to work by public transport is below the national average.</p> <p>The rate of road related deaths or serious injuries is lower in Cherwell than the national average.</p> |
| Crime and anti-social behaviour | <p>Only one LSOA (9%) in the LIA is ranked in the top 30% most deprived nationally according to the IMD crime domain</p> | <p>Only 3% of LSOAs in the district are ranked in the top 10% most deprived nationally according to the IMD crime domain</p> |

| | | |
|---|---|--|
| Economy and Employment | <p>The proportion of economically active people in employment is higher than the national average</p> <p>The unemployment rate is lower than the national average</p> <p>The long term unemployment rate is significantly lower than the national average</p> <p>64% of LSOAs in the LIA are ranked in the top 30% least deprived nationally according to the IMD employment domain</p> <p>The proportion of children living in relative low income households (measure of child poverty) is lower than the national average</p> <p>According to the ES Volume 1, Chapter 15 Socio-economics, the current number of jobs in the LIA is 11,000 and has increased by around 6%, a similar amount to Cherwell.</p> <p>The LIA has a diverse employment base with specific relative concentrations of jobs within the arts, entertainment and recreation sector, Real Estate, Construction and Manufacturing.</p> | <p>The proportion of economically active people in employment is higher than the national average</p> <p>The unemployment rate is lower than the national average</p> <p>The long term unemployment rate is significantly lower than the national average</p> <p>0% of LSOAs in the district are ranked in the top 10% most deprived nationally according to the IMD employment domain</p> <p>The proportion of children living in relative low income households (measure of child poverty) is lower than the national average</p> <p>According to the ES Volume 1, Chapter 15 Socio-economics, the rate of jobs growth in Cherwell has exceeded the sub-regional and national average.</p> <p>Cherwell has a diverse employment base with specific relative concentrations of jobs within the education and professional, scientific and technical activities.</p> |
| Local Natural Environment and Access to Green Space | <p>0% of LSOAs in the LIA are ranked in the top 30% most deprived nationally according to the IMD living environment domain</p> <p>Within the top 50% best performing areas nationally in terms of access to blue and green spaces</p> | <p>9% of LSOAs in the district are ranked in the top 10% most deprived nationally according to the IMD living environment domain</p> |
| Access to Services | <p>0% of LSOAs in the LIA are ranked in the top 30% most deprived nationally according to the IMD living environment domain</p> <p>Within the top 50% best performing areas nationally in terms of access to GPs, hospitals, pharmacies, dentists and leisure services</p> | N/A |

Source: ekosgen

3 Assessment

The following section provides an assessment of health impacts under each of the Health Determinants identified in the Oxfordshire Health Impact Assessment Toolkit that are of relevance to the proposed development.

Physical Activity

Table 3.1: Physical Activity

| | Details |
|------------------------|--|
| Baseline | Within the LIA specifically there are higher obesity rates amongst Year 6 children when compared with both Cherwell and the national average. Within Cherwell as a whole the percentage of overweight or obese adults is higher than the national average. However, the percentage of physically active adults is also higher than the national average. |
| Evidence | There is a wide range of both physical and mental health benefits related to physical activity that originate from access to open space and nature as well as active travel opportunities. According to the Health Urban Development Unit (HUDU), the patterns of physical activity established in childhood are perceived to be a key determinant of adult behaviour; a growing number of children and young people are missing out on regular exercise, and an increasing number of children and young people are being diagnosed as obese. ⁸ Access to play spaces, community or sport facilities such as sport pitches can encourage physical activity. There is a strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation. In addition, nearly half of older people are inactive, and difficulties in accessing places for physical activity are a key driver of this. |
| Stakeholder Engagement | Stakeholders that are relevant to the assessment of the proposed development on the physical activity health determinant include members of the local community. Members of the local community were consulted during a process of public engagement between 10-21 st October 2023, the findings of which are summarised within the Public Consultation Feedback Report, prepared by JBP. Stakeholders consulted on the proposals indicated that 'accessibility across the stadium' was an important principle for the proposed development to adhere to. This principle aligns with the Applicant's objective to connect the Stadium to the wider countryside, woodlands, canal walks, nearby town centres through a range of safe and active travel methods. Stakeholders provided positive feedback regarding the inclusion of cycle stands, the commitment to reduce private vehicle use and the proximity to Oxford Parkway rail station, all of which can contribute towards the promotion of active travel and physical activity. |

⁸ HUDU, Rapid Health Impact Assessment Tool, October 2019 V4

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| Health Effects | <p>The proposed development will increase opportunities for active travel and for physical activity and the accompanying Transport Strategy has been devised to achieve the vision of fundamentally changing the travel behaviour of supporters to more sustainable means. New pedestrian crossing points to complete a walking route to Kidlington, connecting proposed public open space on Site with adjacent allocated sites, provides infrastructure to promote access to the proposed development on foot as well as promoting journeys on foot more broadly. 150 cycle parking spaces are proposed on site as well as additional provision at Oxford Parkway Station which will encourage journeys on match days to be taken by bike. Station cycle provision will also support commuting activity by bike. An area of enhanced green infrastructure in the northern corner of the site will provide connectivity through the site to the areas of open space to the west and east. This will provide better connections between the Site and the wider countryside, woodlands, canal walks, and nearby towns in a way that is attractive, safe, and enjoyable for walkers and cyclists. This in turn will provide opportunity for active travel and physical activity. The provision of space for use as a gym as well as a Healthcare Facility will support opportunities for leisure and physical activity amongst the local community and stadium users.</p> <p>The proposed development will therefore lead to positive / beneficial effects in relation to physical activity. These effects will affect users of the stadium on matchdays as well as a broader section of the local population through the improvement in connections through the site to adjacent areas. With respect to the baseline position (outlined above) the proposed development therefore represents an opportunity to increase the proportion of physically active adults within the Cherwell District Council area.</p> |
| Summary | <p>The proposed development will lead to a beneficial health impact through greater opportunities for active travel and physical activity among users of the stadium on match days and users of the wider site on non-match days. No further recommendations are made to manage or maximise these effects.</p> |

Source: ekosgen

Healthy Food Environments

Table 3.2: Healthy Food Environments

| | Details |
|----------|---|
| Baseline | <p>Within both the LIA and Cherwell as a whole, the density of fast food outlets is significantly lower than the national average and the Site is located in one of the top 50% best performing areas nationally in terms of access to fast food outlets, pubs, tobacconists and gambling outlets. The rates of under 18 alcohol specific admissions (per 100,000 population) is however higher for Cherwell than the national average.</p> |

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| Evidence | <p>Access to health and nutritious food can improve diet and prevent chronic diseases related to obesity. In England, a significant number of children are classified as obese (21.6%), and exposure to healthy or unhealthy foods can play a large role in weight gain or loss. The HUDU notes that people on low incomes, including young families and older people are the least able to eat well because of a lack of access to nutritious foods.⁹ Nutrition is an important element of health in the older population and affects the aging process, while malnutrition or a reduced dietary intake can lead to a wide range of adverse health effects. In the UK population studies have shown that some ethnic minority groups are more likely to have higher rates of cardiovascular disease, type 2 diabetes, and obesity.</p> |
| Stakeholder Engagement | <p>Stakeholders that are relevant to the assessment of the proposed development on the healthy food environments health determinant include members of the local community. Members of the local community were consulted during a process of public engagement between 10-21st October 2023, the findings of which are summarised within the Public Consultation Feedback Report, prepared by JBP.</p> <p>Stakeholders consulted on the proposals fed back that there was a need for a wider choice of food and beverage services as part of the matchday experience to provide a greater variety of options for fans.</p> |
| Health Effects | <p>The proposed development includes the provision of a restaurant and Sports Bar at ground floor level of the North Stand. It also includes the provision of food and beverage units within the stadium's concourse running around the north, east and southern stands. The anticipated occupiers of food and beverage units within the stadium's concourse is at this stage not known, however, it is reasonable to assume that these units will be used to provide a variety of hot and cold foods including some fast food to matchday attendees and their use as such will be limited to matchdays. In this respect, the proposed development will potentially lead to an adverse impact on the local healthy food environment. In addition to the existing relevant baseline conditions (outlined above), given that there are likely to be limitations in the operating hours / days of these units as well as their relatively modest scale, then it is considered that this is likely to be a small adverse impact on the local healthy food environment.</p> |
| Summary | <p>The proposed development will lead to a small adverse impact on the local healthy food environment. Subject to the feasibility of doing so, the end uses of matchday operating food and beverage outlets along the stadium's should be considered by the Stadium Operator so that the quantity of potential fast food outlets is minimised and a variety of healthier food options is provided to matchday attendees. The implementation of this recommendation has the potential to align with feedback received from local stakeholders.</p> |

Source: *ekosgen*

⁹ HUDU, Rapid Health Impact Assessment Tool, October 2019

Air Quality

Table 3.3: Air Quality

| | Details |
|------------------------|--|
| Baseline | The LIA itself is within the top 40% worst performing areas national in terms of air quality, however, according to ES Volume 1 Chapter 12 Air Quality, background concentrations within the Site boundary are unlikely to exceed relevant DEFRA objectives for all relevant pollutants and the ambient pollutant concentrations of NO ₂ , PM ₁₀ and PM _{2.5} are predicted to decrease in the future. Air Quality conditions at the Site are therefore anticipated to improve and continue to meet air quality objectives in future years. Deaths from respiratory diseases are proportionately lower than the national average within both the LIA and Cherwell as a whole. |
| Evidence | Short term exposure to air pollution can cause a range of health effects and is a particular threat to vulnerable groups, including the elderly, very young, and those with existing health issues. Long term exposure to poor air quality can affect the whole population as is known to shorten lifespans. ¹⁰ |
| Stakeholder Engagement | <p>The ES Scoping Opinion summary from Cherwell DC indicates that the construction works for the Proposed Development have the potential to lead to the release of dust and particulate matter, as well as emissions to the air from construction traffic. Once Operational, the Proposed Development will generate additional traffic in particular during match days and during other large events that may occur at the stadium as well as traffic associated with the hotel and wellbeing facilities amongst others. Therefore, there is the potential for significant air quality effects to occur.</p> <p>Stakeholders that are relevant to the assessment of the proposed development on the air quality include members of the local community. Members of the local community were consulted during a process of public engagement between 10-21st October 2023, the findings of which are summarised within the Public Consultation Feedback Report, prepared by JBP.</p> <p>Though stakeholders consulted on the proposals did not make specific reference to issues of air quality, positive feedback was recorded in relation to measures that could lead to a reduction in private vehicle usage which in turn could support air quality improvements. Measures such as the inclusion of cycle stands, the commitment to reduce private vehicle use and the proximity to Oxford Parkway rail station were viewed in a positive light by stakeholders.</p> |

¹⁰ Department for Environment Food and Rural Affairs, 2018, Air quality: explaining air pollution

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| Health Effects | As is outlined within ES Volume 1 Chapter 12 Air Quality the proposed development could lead to potential effects in relation to dust emissions from construction activity and through changes in pollutant concentrations caused by additional traffic during construction. Following the implementation of mitigation measures (including the development of a Dust Management Plan), Chapter 12 assesses that there are no significant air quality effects associated with the construction phase of the proposed development. Chapter 12 also outlines that the proposed development could lead to potential effects caused by additional traffic during operation but these are not considered to be significant. |
| Summary | As concluded within ES Volume 1 Chapter 12 Air Quality, the proposed development will not lead to any significant air quality effects during either construction or operation and therefore no adverse health effects are anticipated. No further recommendations are made to manage or maximise these effects. |

Source: *ekosgen*

Noise

Table 3.4: Noise

| | Details |
|----------|--|
| Baseline | According to ES Volume 1 Chapter 11 Noise and Vibration, a noise survey was completed in August 2023 in locations surrounding the proposed development. Observations taken during the attended noise measurements identified that the dominant source of noise during a typical weekday daytime were road traffic noise from both the A4260 and Oxford Road. |
| Evidence | In considering the impact of noise levels on health outcomes, the WHO asserts that excessive noise seriously harms human health and interferes with people's daily activities at school, at work, a home and during leisure time ¹¹ . In addition, noise can disturb sleep, cause cardiovascular and psychophysiological effects, reduce performance and provoke annoyance responses and changes in social behaviour. |

¹¹ World Health Organisation, 2017, Noise

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| Stakeholder Engagement | <p>Cherwell DC indicate in their ES Scoping Opinion summary that the Proposed Development has the potential to result in temporary and permanent noise and vibration impacts due to a variety of sources during the construction and operational phases. It outlines that there are various residential and non-residential sensitive receptors in the area surrounding the Proposed Development and that therefore there is potential for adverse effects to arise and a requirement for these to be assessed to identify potential significant effects so that the scope to mitigate them can be considered.</p> <p>Stakeholders that are relevant to the assessment of the proposed development on noise include members of the local community. Members of the local community were consulted during a process of public engagement between 10-21st October 2023, the findings of which are summarised within the Public Consultation Feedback Report, prepared by JBP. Among the range of issues of concern highlighted by stakeholders was noise control pertaining to the openness of the stadium's roof and the impact that this could have on Kidlington residents. As outlined below, mitigation measures through specifics of stadium design will help to alleviate the impact of these noise concerns.</p> |
| Health Effects | <p>ES Volume 1 Chapter 11 Noise and Vibration assesses temporary effects during construction and permanent effects during operation. The chapter concludes that temporary effects from construction activities will be limited to within normal working hours and control measures will be set out in a Construction Environmental Management Plan (CEMP). These effects are assessed as being not significant.</p> <p>The chapter concludes that potential noise effects during operation can be mitigated through elements such as stadium design (to contain noise), the design of the public announcement system and noise control measures for building services plant. No effects in relation to noise are therefore considered to be significant.</p> |
| Summary | <p>As concluded within ES Volume 1 Chapter 11 Noise and Vibration, the proposed development will not lead to any significant noise effects during either construction or operation and therefore no adverse health effects are anticipated. No further recommendations are made to manage or maximise these effects.</p> |

Source: *ekosgen*

Transport and Traffic

Table 3.5: Transport and Traffic

| | Details |
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| Baseline | Levels of car ownership amongst residents in the LIA are well below the Cherwell and national average indicating that residents potentially use more sustainable forms of transport. Indeed, the percentage of the population travelling to work by public transport is higher than the Cherwell and national average. Car and van ownership rates amongst Cherwell residents as a whole is higher than the national average whilst the percentage of the population using public transport is below average. The rate of road related deaths or serious injuries is lower than the national average for both the LIA and Cherwell. |
| Evidence | Convenient and safe access to a range of services and facilities reduces the need to travel and provides greater opportunities for social interaction helping to reduce social isolation, particularly amongst those with disabilities and older people. Discouraging car use and providing opportunities for walking and cycling can increase physical activity and help prevent chronic diseases, road related accidents and reduce risk of premature death and improve mental health ¹² . Accessibility to opportunities for safe walking and cycling can help to reduce this risk. Those on low incomes have fewer alternative transport routes and have been found to turn down jobs due to transport issues. |
| Stakeholder Engagement | <p>Cherwell DC indicate in their ES Scoping Opinion that the Proposed Development has the potential to result in significant effects in respect of transport.</p> <p>Stakeholders that are relevant to the assessment of the proposed development on noise include members of the local community. Members of the local community were consulted during a process of public engagement between 10-21st October 2023, the findings of which are summarised within the Public Consultation Feedback Report, prepared by JBP.</p> <p>Among the issues of concern highlighted by stakeholders were road closures, traffic diversions and parking issues. Parking was the most significant concern of these (and indeed among all issues raised) with about 20% of stakeholder responses noting concern about the low number of parking spaces, including concern about parking on local streets, and concern about the lack of parking hampering fans attending games, particularly those in more rural areas without direct rail or bus links. Despite this, some stakeholders highlighted the proximity of the stadium to Oxford Parkway rail station as a positive about the Proposed Development.</p> |

¹² HUDU, Rapid Health Impact Assessment Tool, October 2019 V4 pg 42

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| Health Effects | <p>ES Volume 1 Chapter 7 Traffic and Transport considers the effects during construction and operation in relation to severance, driver delay, pedestrian delay, pedestrian and non-motorised user amenity and safety issues. After the implementation of embedded mitigation measures (including Construction Traffic Management Plan, Traffic Management Plan, access arrangements and both match day and non-match day travel plans), the chapter concludes that the proposed development would not give rise to significant adverse traffic and transport effects during either construction or operation with the exception of driver delay on match days for a temporary period of time (up to 30-minutes). Any adverse effects associated with driver delay will be reduced by the installation of Variable Message Signing providing advance warning of any match day traffic management.</p> <p>A key principal of the Proposed Development is to maximise the use of sustainable transport measures and improve connectivity to surrounding areas. A number of measures are proposed that will increase permeability, accessibility, safety and active travel opportunities which will have beneficial health effects. These include:</p> <ul style="list-style-type: none"> • New pedestrian crossing points in Oxford Road and Freize Way to complete a southern walking route around Kidlington and connecting to the proposed Public Open Space within the allocated site to the east and to Stratfield Break to the west. • New bus stops on Oxford Road to serve the Site which will be served by existing services on the Oxford Road. <p>These will provide improved opportunities for sustainable transport, with fewer people needing to rely on cars and more people able to access the site on foot, by bike, bus or rail.</p> <p>ES Volume 1 Chapter 7 Traffic and Transport references a Traffic Management Plan (TMP) that has been prepared to support the application. The purpose of the TMP is to manage match day crowds and traffic flows safely and effectively to minimise effects on the wider transport network. The implementation of proposed measures contained the TMP will help to alleviate stakeholder concerns regarding parking and related issues. For instance, the implementation of controlled Match Day Parking Zones up to 2km from the stadium in Kidlington and North Oxford will help to prevent supporters travelling to stadium by car and parking on nearby residential streets. Furthermore, traffic management will help to manage crowds on match days. Traffic will be diverted via Frieze Way (a dual carriageway) for at least 30 minutes pre- and post- match to enable the supporters to safely arrive and leave the stadium via Oxford Road to reach the transport interchange at Oxford Parkway.</p> |
| Summary | <p>As concluded within ES Volume 1 Chapter 7 Traffic and Transport, the proposed development will not lead to any significant effects during either construction or operation with the exception of driver delay. The inclusion of measures to maximise the use of sustainable transport measures is considered beneficial with respect to health as this will encourage the take up of active travel options and encourage physical activity. The associated potential reduction in air quality from a shift to more sustainable transport modes also represents a potentially beneficial health effect. Furthermore, recommended measures within the TMP will help to alleviate stakeholder concerns around parking and related issues as well as improving pedestrian safety and access.</p> <p>To maximise these beneficial effects, the Applicant should look to implement measures to encourage the use of sustainable transport modes in accessing the site (such as including public transport as part of season tickets).</p> |

Source: ekosgen

Crime and Anti-social Behaviour

Table 3.6: Crime and Anti-social behaviour

| | Details |
|------------------------|--|
| Baseline | Both the LIA and Cherwell perform relatively well in terms of crime deprivation scores with only one LSOA in the LIA ranked in the top 30% most deprived nationally according to the IMD crime domain and only 3% of LSOAs across the district. |
| Evidence | Design that promotes natural surveillance and social interaction can help to reduce crime and the ‘fear of crime’ both of which can impact on the mental wellbeing of residents and workers ¹³ . Young people as well older residents are far less active physically when in an environment that is unsafe ¹⁴ . Additionally, young people are less likely to be engaged in crime themselves when growing up in safer, more cohesive communities ¹⁵ . Crime in an area induces loneliness and social isolation and mitigates against the possibility of social interaction. Ethnic minorities are more likely to be the victims of crime than those from a white background. |
| Stakeholder Engagement | Stakeholders that are relevant to the assessment of the proposed development on the crime and anti-social behaviour include members of the local community. Members of the local community were consulted during a process of public engagement between 10-21 st October 2023, the findings of which are summarised within the Public Consultation Feedback Report, prepared by JBP. In relation to issues of crime and anti-social behaviour, stakeholders consulted on the proposals noted concern about the potential for vandalism. The report highlighted no other concerns in relation to issues of crime and anti-social behaviour among stakeholders. |
| Health Effects | The Design and Access Statement highlights a series of security mitigations that will minimise opportunities for crime and antisocial behaviour. Among these include technical mitigations (e.g. video surveillance, automatic number plate recognition (ANPR)), physical mitigations (e.g. landscape and public realm design, site signage and wayfinding, lighting) to operational mitigations (e.g. security policies and procedures, staffing background checks and monitoring). The Applicant has also outlined a series of typical matchday security measures, including the utilisation of a total of approximately 140 members of security and stewards responsible for security measures such as bag searches and pass checks, roving patrols, response teams, car parking teams and traffic management. |

13 HUDU, Rapid Health Impact Assessment Tool, October 2019 V4 pg 45

14 Stafford et al. 2007. Association Between Fear of Crime and Mental Health and Physical Functioning.

15 Nieminen et al., 2013. Social capital, health behaviours and health: a population-based associational study,

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| Summary | The proposed development will include design and security features that will minimise the opportunities for crime and anti-social behaviour. Proposed typical matchday security measures will also minimise such opportunities. As such, adverse health effects for this determinant are unlikely. No further recommendations are made to manage or maximise these effects. |
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Source: ekosgen

Economy and Employment

Table 3.7: Economy and Employment

| | Details |
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| Baseline | There are currently no employment supporting uses on the Site. The number of jobs in the LIA is around 11,000 having increased by 6% over the last five years, a similar rate of increase to Cherwell and above the sub-regional and national average. Both the LIA and Cherwell have a diverse employment base across a wide range of sectors. The proportion of economically active people in employment is higher in both the LIA and Cherwell than compared to the national average and unemployment and long-term unemployment rates are lower in both areas compared to the national average. Both the LIA and Cherwell perform relatively well in terms of the IMD employment domain and the proportion of children living in low income households is lower than the national average in both areas. |
| Evidence | Employment and incomes are a key determinant of health and wellbeing with strong correlations between inequalities in employment and inequalities in health outcomes. Research on behalf of the Department for Health concluded that greater economic status is predictive of better health outcomes, whilst unemployment can lead to poverty, illness and a reduction in personal and social esteem ¹⁶ . However, the quality of employment is also an important health determinant. A 10-year follow up research study ¹⁷ found that even through employment rates have increase since 2010, health inequalities have worsened, particularly in areas experiencing high levels of deprivation. The research linked this to growth in low quality employment, the rise in zero-hours contracts and lower average weekly earnings compared to 2010. |

16 Marmot et al, Fair Society. Healthy Lives, Strategic Review of Health

17 Institute of Health Equity, 2020, Marmot Review 10 Years On

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| Stakeholder Engagement | <p>The ES Scoping Opinion summary from Cherwell DC indicates that the proposed development has the potential to result in significant effects in respect of Socio-Economics. ES Volume 1 Chapter 15 Socio-Economics contains an assessment of the Proposed Development on the economy and employment.</p> <p>Stakeholders that are relevant to the assessment of the proposed development on noise include members of the local community. Members of the local community were consulted during a process of public engagement between 10-21st October 2023, the findings of which are summarised within the Public Consultation Feedback Report, prepared by JBP.</p> <p>Stakeholders consulted on the proposals indicated that the local and regional economic benefit was an important aspect of the proposed development. Stakeholders also noted interest in how the proposed development would impact on local businesses.</p> |
| Health Effects | <p>ES Volume 1 Chapter 15 Socio-Economics concludes that the proposed development will create 285 net additional full-time equivalent (FTE) jobs. These constitute employment relating to stadium operation and management through to employment from ancillary commercial uses. These will provide a range of employment opportunities for local residents within the hospitality and retail sectors, principally. The Applicant is committed to local recruitment and engaging to support employment amongst local residents. A Community Employment Plan (CEP) is being prepared by the Applicant for both the construction and operational stages of the Proposed Development which will help to secure local employment and supply chain opportunities. A series of measures are being considered by the Applicant including local labour supply chain and procurement, engaging with Education providers, training and apprenticeship opportunities and a focus on youth and disadvantaged groups.</p> <p>ES Volume 1 Chapter 15 concludes that additional on-site employment will result in a beneficial and significant effect at the local authority district (Cherwell) level. The effects of off-site employment, GVA (economic output) and visitor expenditure (and supported employment) on the local and sub-regional economy are also considered in the chapter and are all considered to be beneficial. Whilst individually the effects are assessed as minor (or not significant), collectively they will have a substantial positive impact on the local economy.</p> |
| Summary | <p>The job creation effects of the proposed development, alongside the Applicant's commitment to local recruitment, will lead to beneficial health effects in relation to the economy and employment health determinant. It is recommended that the CEP's are formalised in agreement with Cherwell and OCC. No further recommendations are made to manage or maximise these effects.</p> |

Source: ekosgen

Local Natural Environment and Access to Green Spaces

Table 3.8: Local Natural Environment and Access to Green Spaces

| | Details |
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| Baseline | <p>The main part of the site is a triangular shape and comprises of a willow plantation of relatively recent origin (less than 20 years) bounded by hedgerows and trees, with a strip of neutral grassland located between the boundaries and plantation. A woodland is present off-site along the southern boundary and an area of planted scrub is also present within the northern section of the site.</p> <p>There are tree belts along the eastern and western boundaries associated with Oxford Road and Frieze Way and a line of five Poplars are located at the northern tip of the Site and are prominent in local views. The embankment down to Oxford Parkway consists of Field Maple, Hornbeam, Hazel and Hawthorn. There are seven TPOs on the Site boundary (five on the northern boundary and two on the eastern boundary).</p> <p>The LIA is in the top 50% best performing areas nationally in terms of access to blue and green spaces and none of its LSOAs are ranked in the top 30% most deprived nationally according to the IMD living environment domain. The Site itself is not in or adjacent to any environmentally sensitive areas including SSSI's, National Parks or Areas of Outstanding Natural Beauty. In close proximity there is a block of woodland to the south of the Site and to the west of the Site is Stratfield Brake Sports Ground.</p> |
| Evidence | <p>There is a wide range of both physical and mental health benefits that originate from access to open space and nature and according to HUDU, there is a 'strong correlation between the quality of open space and the frequency of use for physical activity, social interaction or relaxation¹⁸. Exposure to open spaces can be particularly beneficial for certain vulnerable populations such as those with a disability or long-term illness¹⁹. In addition, access to open, leisure and play space can improve the cognitive development and educational attainment of children, helping build a habit of regular physical activity for later life²⁰. Nearly half of older people are inactive, and difficulties in accessing places for physical activity are a key driver of this as a higher proportion of older people are bound to their direct home surroundings. Open, leisure and play spaces have various benefits for mental wellbeing, therefore those with mental health problems could be particularly affected, while those on low incomes suffer disproportionately from a lack of access to these spaces.</p> |

¹⁸ HUDU, Rapid Health Impact Assessment Tool, October 2019 V4 pg 37

¹⁹ Natural England, 2016, Links between natural environments and physical activity: evidence briefing

²⁰ Keijezer, C et al, 2016, Long term Green Space exposure and Cognition Across the Life Course; A systematic review

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| Stakeholder Engagement | <p>Stakeholders that are relevant to the assessment of the proposed development on the local natural environment and access to green spaces health determinant include members of the local community. Members of the local community were consulted during a process of public engagement between 10-21st October 2023, the findings of which are summarised within the Public Consultation Feedback Report, prepared by JBP.</p> <p>Stakeholders consulted on the proposals indicated that ‘enhancing the biodiversity in the area’ was an important principle for the proposed development to adhere to. This principle aligns with the Applicant’s commitment to sustainable design, focus on biodiverse green spaces and carbon-neutral goals.</p> |
| Health Effects | <p>One of the project drivers to is incorporate native species and local prominence landscaping elements into the design. Specifically, trees, shrubs and wildflowers, and other natural features that enhance local biodiversity. The proposed development will deliver a 10% biodiversity net gain on-site. Strategies for increasing net gain include:</p> <ul style="list-style-type: none"> • Proposing a natural pond and associated planting • Biodiverse Green Roof areas; • Rain Gardens; • Increasing the size of trees at planting; • Variety of wildflower mixes, shade, hedgerow edge, pond edge, woodland edge; and grassland mixes; and • Biodiverse walls. <p>The proposed development will lead to an increase in accessible open space and public realm in the local area and aims to connect the stadium with the wider countryside, woodlands, canal walks and nearby towns. In total, over 12,000 sq m of publicly accessible open space will be provided with specific measures including:</p> <ul style="list-style-type: none"> • Landscape proposals which see the retention of Priority Habitat/District Wildlife Site woodland block along the southern boundary of the Site and the trees/vegetation along the northern boundary; • The northern section of the Site is proposed as ‘the Gardens’ providing 4,500 sq m in total of open space including the village green which includes a ‘sculptured mound’ providing a natural amphitheatre and vantage point within the Site; • A Plaza with 3,015 sq m of open space. This includes a formal walkway along the southern edge of the Site establishing a new pedestrian connection across the Site to link the land to the east of the Site within the PR7A allocation and PRoW 229/4/30 to Stratfield Sports Ground; • Away fan open space provision of 1,152 sq m and 1,322 sq m provided as part of frontage to Oxford Road; • Others areas of landscaping and SUDs drainage, totalling 2,297sq m. <p>These measures will provide better connections between the stadium and the wider countryside, woodlands, canal walks, and nearby towns in a way that is attractive, safe, and enjoyable for walkers and cyclists. This in turn will provide opportunity for active travel and physical activity.</p> |

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| Summary | The proposed development will lead to enhancement of biodiversity on site as well as providing and facilitating improved access to green spaces leading to beneficial health effects. No further recommendations are made to manage or maximise these effects. |
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Source: ekosgen

Access to Services

Table 3.9: Access to Services

| | Details |
|------------------------|--|
| Baseline | The LIA is within the top 50% best-performing areas nationally in terms of access to GP's, hospitals, pharmacies, dentists and leisure services and none of the LSOA's within the LIA are ranked in the top 30% most deprived nationally according to the IMD's living environment domain. |
| Evidence | Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure including access to good quality health and social care ²¹ . Accessibility and availability are important determinants in primary healthcare systems as adverse health outcomes are typically associated with longer wait times, leaving some patients to rely on urgent care ²² . |
| Stakeholder Engagement | Stakeholders that are relevant to the assessment of the proposed development on the access to services health determinant include members of the local community. Members of the local community were consulted during a process of public engagement between 10-21 st October 2023, the findings of which are summarised within the Public Consultation Feedback Report, prepared by JBP. Stakeholders consulted on the proposals indicated that creating an accessible ground which accommodates all people equally was an important principle for the proposed development to adhere to. |

²¹ HUDU, Rapid Health Impact Assessment Tool, October 2019 V4 pg 35

²² Ansell et al. 2017, Interventions to reduce wait times for primary care appointments: a systematic review

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| Health Effects | <p>The proposed development will include a 827 sqm health and wellbeing / clinic facility. This will add to the supply and variety of health services available to local residents and is therefore assessed a small beneficial impact on the access to services.</p> <p>The proposed development will increase access to leisure and recreational services among a broader spectrum of match day goers. The proposed development includes a sensory room (with a view of the pitch) that will improve access to people of all ages who may find the atmosphere inside football stadia to be a challenging environment. The proposed design also incorporates a fully covered 360 degree 16,000 capacity single tier rectangular seating bowl, and the wheelchair accessible and ambulant accessible seating will be distributed around the seating bowl at different floor levels allowing access to leisure and entertainment for all users.</p> |
| Summary | <p>The proposed development will lead to improved access to services through the provision of a health and wellbeing facility on site and through inclusive design features that will broaden access to match day goers. No further recommendations are made to manage or maximise these effects.</p> |

Source: ekosgen

4 Recommendations

No further recommendations are made with respect to the following health determinants:

- Physical Activity
- Air Quality
- Noise
- Crime and Anti-social Behaviour
- Economy and Employment
- Local Natural Environment and Access to Green Spaces
- Access to Services

In line with the assessment presented above (**Section 3**), recommendations are made with respect to the health determinants:

Healthy Food Environments

Subject to the feasibility of doing so, the end uses of matchday operating food and beverage outlets along the stadium's should be considered by the Stadium Operator so that the quantity of potential fast food outlets is minimised and a variety of healthier food options is provided to matchday attendees. The implementation of this recommendation has the potential to align with feedback received from local stakeholders.

Traffic and Transport

The Applicant should look to implement measures to encourage the use of sustainable transport modes in accessing the site (such as including public transport as part of season tickets).

