framptons

TOWN AND COUNTRY PLANNING ACT 1990

HEALTH IMPACT ASSESSMENT

TO ACCOMPANY A FULL PLANNING APPLICATION FOR:

'Full planning application for the erection of a new high quality combined research, development and production facility comprising of Class B2 floorspace and ancillary office floorspace with associated infrastructure including: formation of signal-controlled vehicular access to the A41 and repositioning of existing bus stops; ancillary workshops; staff gym and canteen; security gate house; a building for use as an energy centre (details of the energy generation reserved for future approval); loading bays; service yard; waste management area; external plant; vehicle parking; landscaping including permanent landscaped mounds; sustainable drainage details; together with the demolition of existing agricultural buildings within the red line boundary; and the realignment of an existing watercourse'.

SYMMETRY PARK OXFORD NORTH

APPLICANT:

TRITAX SYMMETRY LLP AND

SIEMENS HEALTHINEERS

MARCH 2022

PF/10528

Chartered Town
Planning Consultants

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APPENDICES

1.0 INTRODUCTION

1.1 This Health Impact Assessment (HIA) has been prepared by Frampton Town Planning Ltd on behalf of Tritax Symmetry LLP and Siemens Healthineers (SH) (the Applicants) in support of a full planning application for Siemens Healthineers new combined production, research and development facility on land known as Symmetry Park Oxford North.

1.2 The planning application is supported by an Environmental Statement (ES). The Scoping Opinion received from Cherwell District Council that informed the ES stated that it is unlikely that the proposed development would have a significant impact on the health and wellbeing of the local population and so this topic was scoped out of the ES. This standalone HIA seeks to explore the health impacts of the proposed development during both the construction and operational phase of the development.

The Proposal:

- A site of 19.35 hectares;
- Demolition of agricultural buildings;
- New signal-controlled access from the A41;
- Employment floorspace (Use Class B2);
- Loading bays, service yard, waste management area;
- Facilities management building;
- Security gatehouse;
- A building for use as an energy centre;
- Parking for electric cars, accessible parking, bicycles, cars and motorcycles;
- Landscaping including landscape mounds;
- Re-alignment of Wendlebury Brook within the Proposed Development area; and,
- Sustainable drainage.

1.3 The extent of the application site area includes the land needed to undertake construction, the re-alignment of the Wendlebury Brook, and landscaping including landscape mounds. Development would also require the removal of the existing agricultural buildings located within the north-east part of the Site.

1.4 The proposal will be delivered in 2 phases: Phase 1 due to become operational in 2024 and, Phase 2 due to become operational in 2030, subject to projected demand.

1.5 When complete and fully operational, the facility would provide approximately 1,345 jobs, including third party and visitor jobs. The production staff work in a shift pattern over a 24-hour period, 7-days a week.

Links between planning and health

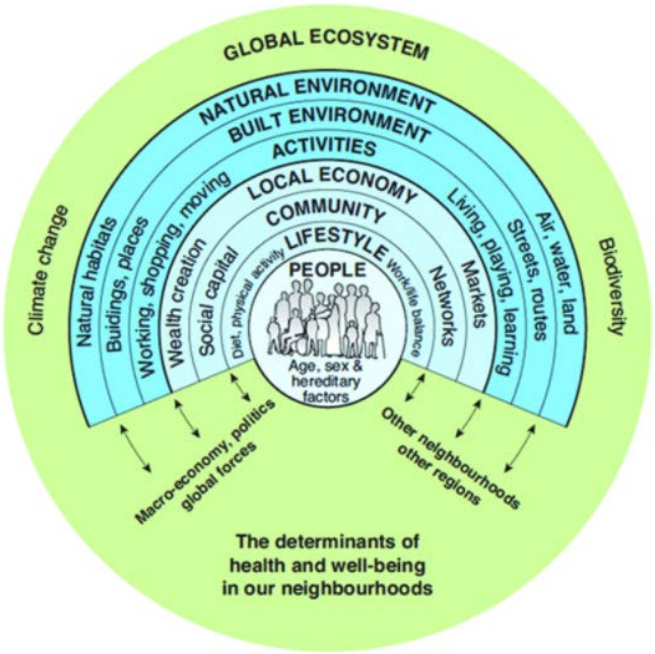
1.6 Health Impact Assessments (HIA) form an important tool in assessing how developments contribute to the health and well-being of the local population. Local authorities and developers are required to consider how proposed developments will impact on health and health inequalities. The eventual outcome is to inform decision-making on new development in order to assist in the reduction of health inequalities.

1.7 The revised EU EIA Directive (2014/52/EU), which has been transposed into UK law through the Town and Country Planning (Environmental Impact Assessment) Regulations 2017, includes requirements to consider the direct and indirect significant effects of projects on 'population and human health' and the interaction with other factors listed, for example biodiversity, climate and the landscape. Each topic chapter of the ES identifies and assesses any potential interaction with human health.

1.8 In the UK, the public health profession uses the World Health Organization (WHO) definition of health, where health is defined as a state of complete physical, mental and social wellbeing, and is not merely the absence of disease or infirmity. This definition underpins the 'wider determinants of health' model used by public health that is used to show how the wider social environment and society can impact upon an individual. This is shown in Figure 1 below.

1.9 Influences that result in changes to these determinants have the potential to cause beneficial or adverse effects on health, either directly or indirectly. The degree to which these determinants influence health varies, given the degree of personal choice, location, mobility and exposure.

Figure 1: Determinants of Health



2.0 IMPACT AREA

2.1 Impact areas are the localities where the health of people is most likely to be directly affected by a development. The proposed development sits within the Cherwell District, which forms part of the County of Oxfordshire. As the proposed development will have district wide implications, the impact area will cover the whole of the administrative area of Cherwell District Council.

3.0 PLANNING POLICY AND LITERATURE REVIEW

National Planning Policy Framework

3.1 The National Planning Policy Framework (2021) (the Framework) sets the Government's planning policies for England and Wales. Section 8 of the Framework addresses the promotion of healthy and safe communities. The Framework requires developments to achieve healthy, inclusive and safe places.

3.2 Planning policies should promote social interaction, by creating spaces that facilitate opportunities for people to meet through: strong neighbourhood centres; street layouts that encourage pedestrian and cycle connection within and between neighbourhoods, (paragraph 92). Places should be safe and accessible. Crime and disorder, and the fear of crime should not undermine the quality of life or social cohesion (paragraph 92).

3.3 Planning Practice Guidance at Paragraph 001 (ID 53-001-20140306) further emphasises health and wellbeing, citing the built and natural environments as key drivers of health and wellbeing.

Local Planning Policy

Cherwell Local Plan Part 1 2031 (Adopted July 2015)

3.4 There are no specific health and wellbeing planning policies (other than Policy BSC8 that will support the provision of health services facilities) contained within the Cherwell Local Plan Part 1 2031 (Adopted July 2015). Paragraph A.8 sets out the vision for the Cherwell District.

3.5 *'By 2031, Cherwell District will be an area where all residents enjoy a good quality of life. It will be more prosperous than it is today. Those who live and work here will be happier, healthier and feel safer.'*

Oxfordshire Health Impact Assessment Toolkit

3.6 The Oxfordshire Health Impact Assessment Toolkit was approved by the Future Oxfordshire Partnership (formerly known as the Oxfordshire Growth Board) on 26 January 2021 for use by all six Oxfordshire Local Authorities.

3.7 The purpose of the toolkit is to deliver sustainable growth across the County. It aims to positively impact on existing health inequalities and to create healthy, more resilient and sustainable communities. This HIA has been undertaken in accordance with the Oxfordshire Toolkit.

Literature Review

Healthy Lives, Healthy People: Our Strategy for Public Health in England (2010)

3.8 This White Paper outlines the Government's commitment to protecting the population from serious health threats; helping people live longer, healthier and more fulfilling lives; and improving the health of the poorest, fastest. The White Paper recognised the wider factors, including the environment, influencing health, inequality and wellbeing:

> *"Our health and wellbeing is influenced by a wide range of factors – social, cultural, economic, psychological and environmental … we are all strongly influenced by the people around us, our families, the communities we live in and social norms. Our social and cognitive development, self-esteem, confidence, personal resilience and wellbeing are affected by a wider range of influences throughout life, such as the environment we live in, the place in which we work and our local community… The quality of the environment around us also affects any community. Pollution, air quality, noise, the availability of green and open spaces, transport, housing, access to good-quality food and social isolation all influence the health and wellbeing of the local population." (Healthy Lives, Healthy People, paras 1.13-1.16)*

A Green Future: Our 25 Year Plan to Improve the Environment (2018)

3.9 The Government's Environment Plan sets out the Government's approach to protecting and enhancing the natural environment over the next 25 years. One of the six key areas of action identified was '*connecting people with the environment to improve health and wellbeing*' which would be achieved by:

1. Helping people improve their health and wellbeing by using green spaces;
2. Encouraging children to be close to nature, in and out of school; and
3. Greening our towns and cities.

Rapid Heath Impact Assessment Tool (2019) (RHIAT)

3.10 This tool, published by the NHS London Healthy Urban Development Unit (HUDU) is intended to help ensure that health is properly considered when evaluating planning proposals, and where possible development proposals will have a positive rather than a negative influence on health. This HIA draws on this best practice assessment tool.

4.0 METHOD OF ASSESSMENT

4.1 Health Impact Assessment (HIA) is a process which assists the design and decision-making process by predicting the health consequences of a proposed development under consideration. It is designed to identify and assess the potential health outcomes (both adverse and beneficial) of a proposal and to deliver evidence-based recommendations that maximise health gains; and reduce or remove potential negative impacts or inequalities on health and well-being.

4.2 The scale and complexity of the development or proposal will determine the type of HIA used and the extent of analysis and engagement. This HIA has used the Rapid Health Impacts Assessment Tool (HUDU Planning for Health 2019). The tool assists in identifying health determinants which are likely to be influenced by a specific development proposal.

4.3 The HIA identifies links between new development and health using determinants, pathways and impacts. This analysis informs the identification of potential health outcomes of the Proposed development during the construction and operational phases of the development.

Health Determinants and Pathways

4.4 Health determinants are those factors that can influence health outcomes. Factors may be personal, social, cultural, economic and environmental. They include living and working conditions such as housing, employment, the environment, transport, education and access to services. The HUDU 'Rapid Health Impact Assessment Tool' has been used to identify the health determinants which include the following:

- Access to health and social care services and other social infrastructure;
- Access to open space and nature;
- Air quality, noise and neighbourhood amenity;
- Accessibility and active travel;
- Crime reduction and community safety;
- Access to healthy food;
- Access to work and training;
- Social cohesion and inclusive design;
- Minimising the use of resources; and
- Climate change.

Table 1: Health Determinants and Outputs

HUDU Methodology Categories	PATHWAYS	OUTCOMES
Air quality, noise and neighbourhood amenity	Exposure to land contamination and poor air quality has the potential to adversely impact health and wellbeing. High levels of traffic can result in higher levels of air pollution and noise that has the potential to adversely impact health and wellbeing.	Travel Plans and Construction Management Plans can mitigate the impact of construction and any increase in traffic generation. Improved access to public transport and good cycle and pedestrian links can assist in reducing the impact of additional traffic and also encourage physical activity

Air quality, noise and neighbourhood amenity (cont.)		and social integration that has the potential to positively impact health and wellbeing.
Accessibility and active travel	Increase in traffic volumes and speed can increase the risk of traffic injuries, poor urban design that prioritises vehicle traffic over pedestrian and cycle travel, with over provision of car parking has the potential to adversely impact health and wellbeing.	Improved access to public transport and good cycle and pedestrian links, and appropriate levels of car parking can assist in reducing the impact of additional traffic and also encourage physical activity and social integration that has the potential to positively impact health and wellbeing.
Crime reduction and community safety	Poor urban design can exacerbate crime and community safety by creating under-used, isolated spaces without natural surveillance, together with pedestrian environments that are intimidating, can reduce social interaction has the potential to adversely impact health and wellbeing.	Good urban design can create safe, attractive and usable streets, that decrease the opportunities for anti-social behaviour, that will encourage a feeling of security in occupiers has the potential to positively impact health and wellbeing.
Access to work and training	Locating employment in inaccessible locations or failing to provide diversity of local jobs or training opportunities has the potential to adversely impact health and wellbeing.	Accessible to a range of employment opportunities has the potential to positively improve health and wellbeing.

Social cohesion and lifetime neighbourhoods.	Poor urban design and intensive housing developments and dispersals of resident communities, as well as developments with poor infrastructure such as open space, cycle and pedestrian links has the potential to adversely impact health and wellbeing.	Mixed use developments using the best practice urban design principles, has the potential to positively improve health and wellbeing.
Minimising the use of resources	Poor disposal of hazardous waste, and the increase in vehicular movements to transport waste, and the potential for loss of ecological value by the stripping off material, has the potential to adversely impact health and wellbeing of the population in the wider context.	Redevelopment on brownfield sites or derelict urban land also ensures that land is effectively used, recycled and enhanced. Correct hazardous waste disposal, as well as using local recycled and renewable materials whenever possible in the building construction process minimises the environment impact
Climate change	Developments can exacerbate the impacts of climate change by failing to consider risk of flooding, and the use of technologies that could assist in reducing energy consumption, that has the potential to adversely impact health and wellbeing of the population in the wider context.	New developments that include renewable energy resources, and the use of SuDs to reduce the risk of flooding has the potential to positively improve health and wellbeing in the wider context.

5.0 COMMUNITY PROFILE

5.1 This section sets out, briefly, the demographic, social economics, health and environmental context of the impact area.

Demographic profile

5.2 Cherwell is a predominantly rural district, with population concentrated in the three main urban areas of Banbury, Bicester and Kidlington. The population of Cherwell, at 151,846 accounts for 22% of Oxfordshire's total population of 696,880. Table 2 sets out the age profile of the district.

Table 2: District Age Profile

Indicator	Cherwell	Oxfordshire
Population aged under 5 years	6.3%	5.7%
Population aged 5 to 15 years	13.7%	13.29%
Population aged 16 to 24 years	8.5%	11.79%
Population aged 25 to 64 years	53 %	50.6%
Population aged 65 years and over	18.2%	18.52%

Socio-economic profile

5.3 In 2020, the district's proportion of working-age (16-64) residents was 61%, slightly below the Oxfordshire and England figures of 62%. Between July 2020 and June 2021 3% of the economically active population of Cherwell were unemployed, with 2.3% claiming benefits. 7.6% of the population was living with economic deprivation, slightly higher than Oxfordshire at 6.9% and lower than the national average of 12.9%. (*Source: Local Insight Profile for Cherwell Area OCSI February 2021)*

5.4 10.5% of children and 8.8% of the older population (over 64) within the district are living with economic deprivation, this is similar to county level, but lower than the national level. (*Source: Local Insight Profile for Cherwell Area OCSI February 2021)*

Deprivation

5.5 The Index of Multiple Deprivation (IMD) 2019 shows the numbers of people living in Cherwell in neighbourhoods that are ranked among the most deprived 20% of neighbourhoods in England. Dimensions of deprivation are indicators based on four selected household characteristics:

- Employment (any member of a household not a full-time student is either unemployed or long-term sick);
- Education (no person in the household has at least level 2 education, and no person aged 16-18 is a full-time student);
- Health and disability (any person in the household has general health 'bad or very bad' or has a long-term health problem.); and
- Housing (Household's accommodation is either overcrowded, with an occupancy rating -1 or less, or is in a shared dwelling, or has no central heating).

5.6 Households are measured against these characteristics, and the number of dimensions of deprivation that it experiences. It follows that the more dimensions that affects a household the more deprived that household could be considered. When compared against the national level, the district has less families living with at least some deprivation. The search area has significantly more families living with some level of deprivation when compared to the national level. *(Source Census 2011 Table CQS119EW)*

Table 3: District Deprivation

	Not Derived in Any Dimension	Deprived in 1 Dimension	Deprived in 2 Dimensions	Deprived in 3 Dimensions	Deprived in 4 Dimensions	
Cherwell	50	32	15	3	0.30	100
England	42	33	19	5	0.50	100

Health Related indicators

Adult Health –Life Expectancy

5.7 In the period from 2015 to 2019 the average life expectancy for males within the search area was 81.1 years, similar for Oxfordshire and slightly higher than the average for England. The life expectancy for females in the district is 83.8 years, slightly less than for Oxfordshire and the same for England.

(Source: Local Insight Profile for Cherwell Area OCSI February 2021)

Adult Health – Health and Wellbeing

5.8 The residents of the search area on the whole experience the same levels of good and bad health as at County and national level. Within the search area, around 84% of the population either experience good or very good health, slightly less than at County and national level. *(Source: Census 100 KS301EW).*

Adult Health –Long term illness and Disability

5.9 Around 20,072 (14%) of the population of Cherwell are living with a long-term illness or disability, slightly higher than Oxfordshire at 13.7% and lower than England at 17.6%; of this, 8,966 (9.8%) are aged between 16-64.

(*Source: Local Insight Profile for Cherwell Area OCSI February 2021)*

Lifestyle

5.10 Lifestyle behaviours are risk factors which play a major part in an individual's health outcomes and will have varying physical and psychological consequences. Around 24% of the population of Cherwell are classified as obese slightly higher than for Oxfordshire at 20.7% and the same as England. 5.7% of the population of Cherwell are regular smokers, a similar level to Oxfordshire and England.

(*Source: Local Insight Profile for Cherwell Area OCSI February 2021)*

Priority Groups

5.11 Within the overall population of the district there will be certain groups of people who will be more sensitive to changes to health determinants than the general population. Whilst unemployment levels are high and residents within the impact area are likely to be quite well off, there are a number of residents in the district that are unemployed or in low paid jobs, where their access to healthy foods and other facilities such as gyms may be compromised.

5.12 Around 14% of the population of the district are living with a long-term illness or a disability, which may lead to this group being more susceptible to health issues.

Environmental Profile

Air Quality

5.13 The development at both the construction and the operational phases could impact the air quality of the local area that could affect the health and wellbeing of the immediate population as well as Siemens Healthineers workforce.

5.14 During the construction phase, the dust generated from construction activities, such as demolition, earthworks and emissions from traffic movements could affect the local air quality. During the operational phase, emission from traffic movements and plant could affect local air quality.

5.15 The Air Quality chapter of the Environmental Statement that accompanies this planning application concluded that the impact on the air quality at both the construction and the operational phases would be negligible and low risk to the health and wellbeing of the local population and the workforce.

Noise

5.16 The development at both the construction and the operational phases of the development could impact the noise level of the local area. Noise at a level that could be considered a nuisance, has the potential to affect the health and wellbeing of the local population (the construction and Siemens Healthineers workforce will be protected from noise through health and safety procedures).

5.17 Noise is likely to occur from construction activities and associated traffic movements, and from plant and traffic movements associated with the operational phase of the development. The Noise chapter of the Environmental Statement that accompanies this planning application concluded that the impact of the potential noise generated at both the construction and the operational phases would be negligible and low risk to the health and wellbeing of the local population and the workforce.

Ground conditions

5.18 Contaminants, ground gas and any made ground, when disturbed by construction processors may affect the health and wellbeing of the local population and workforce at the construction and the operational phases of development. Pollution entering the water course at both the construction and the operational phases also has the potential to affect the health and wellbeing of the workforce and the local population.

5.19 In such circumstances remediation of the site would have to be undertaken prior to commencement of both phases of the development. The ground condition ES chapter has confirmed that the risk from the ground conditions in both phases of the development, and from all sources is low.

SH Policy – Healthier, Safer and More Resilient Communities and Supporting

5.20 SH's existing Eynsham facility delivers social values using the National TOMs as an organising framework. TOMs are a framework that seeks to deliver social values through specific themes: Promoting Local Skills and Employment (jobs); Supporting Growth of Responsible Business (Growth): decarbonising and safeguarding our world (Environment); and Healthier, Safer and more Resilient Communities (Social).

5.21 Pertinent to this HIA is the impact that the social values delivered through the TOMS framework that may impact the health and wellbeing of SH's workforce and the wider community. The social value is delivered as follows:

- Physical health:
    - Gym on site
    - Yoga sessions
    - Circuits session held weekly
    - Nordic walking taster session
- Mental health:
    - HENRY (healthy lifestyle charity)
    - SMART (Stress, Management and Resilience Training)
    - Boost Wellbeing Anxiety workshop
- Nutrition:
    - Nutrition Workshop
    - Baxter Storey engagement for healthier options
    - Free fruit

- Medical care and assistance:
    - Massage
    - Body Mechanics
    - Wellpoint Kiosk
    - Stroke Awareness – blood pressure check

5.22 Furthermore, SH supports its employees in engaging with their local community through a combination of allowing time to be spent volunteering every year, supporting local charitable organisations and events, and contributing to charitable fundraising.

6.0 ASSESSMENT OF THE IMPACTS

6.1 This section assesses the likely health impacts arising from the proposed development, both through the construction phase and once the SH facility is operational. The Scoping has identified the potential effects likely to occur during the construction and operational phases associated with the health detriment at Table 1.

6.2 The assessment has considered the population as a whole in the impact area and the priority groups identified in the community profile; that live with a long-term illness or disability, and those, unemployed or on a low income. The assessment has followed the significance criteria that has been used in the Environmental Statement that accompanies this planning application as set out in Table 4.

Table 4: Significance Table

Significance	Health Impact
Major adverse	Health impacts that will have an influence at a sub-regional/district wide scale.
Moderate adverse	Health impacts effects that will have an influence on the wider County scale.
Minor adverse	Health impacts effects that will have an influence at local level.
Negligible	No discernible health impacts impact.
Minor benefit	Health impacts effects that will have an influence at local level.
Moderate benefit	Health impacts effects that will have an influence at a wider County scale.
Major benefit	Health impacts effects that will have an influence at a regional scale.

6.3 The assessment has covered both the construction and the operational phase of the development as set out in **Table 5** (Appendix 1) and **Table 6** (Appendix 2) attached.

7.0 CONCLUSION

7.1 This HIA has assessed the potential impact on the health and wellbeing of the population of the search area as a result of the proposed new SH facility.

7.2 The assessment has identified that, overall, the development is likely to have a minor beneficial impact during the construction phase of the development through the creation of unskilled and skilled jobs. This will particularly benefit those groups on the low income or without work.

7.3 The assessment has identified that, overall, the development is likely to have a minor benefit to the health of the population during the operational phase of the development through the creation of unskilled and skilled jobs. SH as an organisation places significant emphasis on supporting the wellbeing of its staff, as set out in paragraphs 5.14 to 5.16 of this statement. This company ethos will particularly have a beneficial impact on the workforce that will extend into the wider community.