



TOWN AND COUNTRY PLANNING ACT 1990

HEALTH IMPACT ASSESSMENT

TO ACCOMPANY A FULL PLANNING APPLICATION FOR:

THE ERECTION OF TWO USE CLASS B8 FLOORSPACE UNITS (WITH ANCILLARY OFFICE FLOORSPACE (USE CLASS E(G(I)))) WITH ASSOCIATED INFRASTRUCTURE INCLUDING: A BUILDING FOR THE USE AS AN ENERGY CENTRE (DETAILS OF THE ENERGY GENERATION RESERVED FOR FUTURE APPROVAL); LOADING BAYS; SERVICE YARDS; EXTERNAL PLANT; BIN STORES, VEHICLE PARKING (HGV, LORRY, CAR AND MOTORCYCLE); CYCLE PARKING, AMENITY AREAS, LANDSCAPING INCLUDING PERMANENT LANDSCAPED MOUNDS; SUSTAINABLE DRAINAGE DETAILS. DEMOLITION OF THREE VACANT AGRICULTURAL BUILDING (AND TWO SMALLER STRUCTURES) TO THE NORTH EAST CORNER OF THE SITE. ACCESS FROM THE EXISTING SYMMETRY PARK ESTATE ROAD.

ON

LAND AT SYMMETRY PARK, BICESTER PHASE 3

APPLICANT:

TRITAX SYMMETRY BICESTER 3 LTD

NOVEMBER 2024

LS/JB/10689

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1.0 INTRODUCTION

- 1.1 This Health Impact Assessment (HIA) has been prepared by Frampton Town Planning Ltd on behalf of Tritax Symmetry Bicester 3 Ltd (the Applicant) in support of a full planning application for full planning permission for a logistics development on the land adjacent to Symmetry Park, Bicester Phases 1 and 2. The client is referred to as Tritax Big Box Developments (TBBD) in the planning application submissions.
- 1.2 This standalone HIA seeks to explore the health impacts of the proposed development during both the construction and operational phases of the development.

The proposal comprises the following:

- i. Unit E :14,836sqm (GEA) of logistics floor space (Use Class B8) which includes ancillary office space (Use Class E (g)(i));
- ii. Unit F : 11,020 sqm (GEA) of logistics floor space (Use Class B8) which includes ancillary office space (Use Class E (g)(i)).

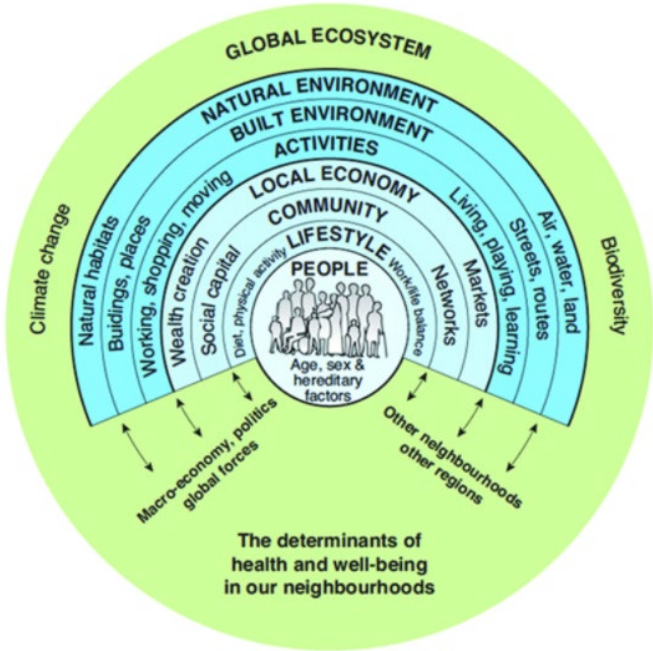
- 1.3 When complete and fully operational, the site could provide approximately 300 jobs, including third party and visitor jobs.

Links between planning and health

- 1.4 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.
- 1.5 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.

1.6 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 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 (2023).

- 3.1 The National Planning Policy Framework (2023) (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. 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 96).
- 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 supports the provision of health services facilities) contained within the adopted Cherwell Local Plan Part 1 2031 (Adopted July 2015). Paragraph A.8 sets out the vision for the Cherwell District:

‘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 (2021).

- 3.5 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.
- 3.6 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)

- 3.7 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)

- 3.8 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 Health Impact Assessment Tool (2019) (RHIAT)

- 3.9 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 |
|--|--|---|
| <p>Access to Healthcare and Other Social Infrastructure</p> | <p>Strong, vibrant, sustainable and cohesive communities require good quality, accessible public services and infrastructure. Access to social infrastructure and other services is a key component of Lifetime Neighbourhoods. Encouraging the use of local services is influenced by accessibility, in terms of transport and access into a building, and the range and quality of services offered.</p> | <p>Access to good quality health and social care, education (primary, secondary and post-19) and community facilities has a direct positive effect on human health. Opportunities for the community to participate in the planning of these services has the potential to impact positively on mental health and wellbeing and can lead to greater community cohesion</p> |
| <p>Access to Open Space</p> | <p>Providing secure, convenient and attractive open/green space can lead to more physical activity and reduce levels of heart disease, strokes and other ill-health problems that are associated with both sedentary occupations and stressful lifestyles. There is growing evidence that access to parks and open spaces and nature can help to maintain or improve mental health. The patterns of physical activity established in childhood are perceived to be a key</p> | <p>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.</p> |

| | | |
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| | <p>determinant of adult behaviour; a growing number of children are missing out on regular exercise, and an increasing number of children are being diagnosed as obese.</p> | |
| <p>Air quality, noise and neighbourhood amenity</p> | <p>Exposure to land contamination and poor air quality has the potential to adversely impact health and wellbeing.</p> <p>High levels of traffic can result in higher levels of air pollution and noise that has the potential to adversely impact health and wellbeing.</p> | <p>Travel Plans and Construction Management Plans can mitigate the impact of construction and any increase in traffic generation.</p> <p>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 and social integration that has the potential to positively impact health and wellbeing.</p> |
| <p>Accessibility and active travel</p> | <p>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.</p> | <p>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.</p> |

| | | |
|--|--|---|
| <p>Crime reduction and community safety</p> | <p>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.</p> | <p>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.</p> |
| <p>Access to healthy food</p> | <p>Access to healthy and nutritious food can improve diet and prevent chronic diseases related to obesity. People on low incomes, including young families, older people are the least able to eat well because of lack of access to nutritious food. They are more likely to have access to food that is high in salt, oil, energy-dense fat and sugar.</p> | <p>Opportunities to grow and purchase local healthy food and limiting concentrations of hot food takeaways can change eating behaviour and improve physical and mental health.</p> |
| <p>Access to work and training</p> | <p>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.</p> | <p>Accessible to a range of employment opportunities has the potential to positively improve health and wellbeing.</p> |
| <p>Social cohesion and lifetime neighbourhoods.</p> | <p>Poor urban design and intensive housing developments and dispersals of resident communities, as</p> | <p>Mixed use developments using the best practice urban design principles, has the</p> |

| | | |
|---------------------------------|--|--|
| | well as developments with poor infrastructure such as open space, cycle and pedestrian links has the potential to adversely impact health and wellbeing. | 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 environmental 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 The Interim Sustainability Appraisal Report (January 2023) prepared by Aecom to support the emerging Local Plan Review states at paragraphs 2.3.1 to 2.3.2 that:

“Although it is one of the fastest growing areas in the South East, Cherwell remains a predominantly rural district. It has a population of approximately 150,000 people mainly concentrated in the three urban centres of Banbury, Bicester and Kidlington. Banbury is the largest settlement with 32% of the population, Bicester has 24% and Kidlington 13%. The rural area accounts for the remaining 31% of the population.

Over the last twenty years the population of Cherwell has grown by over 16% and it is forecast to grow further to approximately 170,000 by 2043. Much of this increase is as a result of significant housing and employment growth directed by previous local plans, particularly at Banbury and Bicester. The argument for growth largely reflects the district’s location at the fulcrum of two nationally significant knowledge intensive economic growth areas: the Oxford-Cambridge Arc and the Oxfordshire Knowledge spine.”

5.3 The ONS report ‘How Life Has Changed in Cherwell: Census 2021’ (dated January 2023) states:

- The population passed 160,000;
- Between the last two censuses (held in 2011 and 2021), the population of Cherwell increased by 13.5%, from around 141,900 in 2011 to around 161,000 in 2021.
- The population here increased by a greater percentage than the overall population of the South East (7.5%), and by a greater percentage than the overall population of England (up 6.6% since the 2011 Census).
- In 2021, Cherwell was home to around 2.0 people per football pitch-sized piece of land, compared with 1.7 in 2011. This area was among the lowest 30% for population density across English local authority areas at the last census.

- Between the last two censuses, the average (median) age of Cherwell increased by one year, from 39 to 40 years of age.
- This area had a slightly lower average (median) age than the South East as a whole in 2021 (41 years) but had a similar average (median) age to England (40 years).
- The number of people aged 50 to 64 years rose by just under 6,000 (an increase of 23.2%), while the number of residents aged 4 years and under fell by around 450 (4.7% decrease).

Socio-economic profile

5.4 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)*

5.5 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

5.6 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).

5.7 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 2: 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

5.8 Cherwell District Council’s Health and Equality Impact Assessment (November 2024) prepared by Savills which comprises part of the evidence base for the emerging Local Plan Review 2042 provides a Health Baseline Summary (which has includes data from: Joint Strategic Needs Assessment for Oxfordshire (2022); Oxfordshire Health and Wellbeing Joint strategic Needs Assessment (2023); Fingertips Public Health data; the Office for Health Improvement and Disparities (OHID) local health data; and NOMIS), at paragraph 2.1.1 to 2.1.4 states:

“Health within Cherwell District is comparable or generally better than England for most indicators including life expectancy, deprivation and socio-economic circumstance; rate of killed and seriously injured; number of hospital admissions for self-harm and alcohol-specific conditions, hip fractures for 65+; percentage of cancer diagnosed at early stage and of adults classified as overweight or obese were slightly higher than national. The emergency admissions for all causes, admissions for hip fractures (65+), and incidence of prostate cancer were significantly worse than national values. Based on the 2023 Oxfordshire JSNA, the rate of hospital admissions due to falls in Cherwell has seen a recent and significant increase. The age structure in Cherwell shows a high proportion of the population aged 0 to 14, 35 to 64, and 85+ compared to the national average and a low proportion of the population aged 15 to 34.

While as a whole Cherwell is doing better than England and most people have good health and wellbeing, there are pockets of deprivation throughout the district. The years living in poor health in Cherwell (i.e., the difference between life expectancy and healthy life expectancy (HLE) was 13.6 years for males and 15.2 years for females. Within the most deprived areas of Cherwell, this gap increases. The years living in poor health in Bicester were as high as 15.4 years for males and 17.8 years for females in Bicester West. Banbury had the highest inequalities with the years living in poor health as high as 19.4 years for males and 21.9 years for females in Banbury Grimsbury and Hightown ward.

A key contributing factor for the high burden of poor health in Cherwell is lifestyle, where the percentage of physically active adults based on 2019/20 data is relatively low (65.3%), and the percentage of overweight or obese adults is higher than the County, region and national averages (65.1%).

Key priorities have therefore centred on facilitating healthy independent living for longer; improving active and positive health behaviours; supporting new models of health care; addressing challenges to Adult Social Care and Childrens Service's; managing the needs of an aging population, while seeking to foster economic diversity, prosperity and improve transport through the creation of employment areas locally."

5.9 The ONS report 'How Life Has Changed in Cherwell: Census 2021' (dated January 2023) states:

- In 2021, 49.7% of Cherwell residents described their health as "very good", increasing from 47.7% in 2011. Those describing their health as "good" fell from 35.5% to 34.8%. These are age-standardised proportions.
- Age-standardised proportions are used throughout this section. They enable comparisons between populations over time and across geographies, as they account for differences in the population size and age structure.
- The proportion of Cherwell residents describing their health as "very bad" was 0.8% (similar to 2011), while those describing their health as "bad" fell from 3.4% to 3.1%.
- These data reflect people's own opinions in describing their overall health on a five-point scale, from very good to very bad.

- Census 2021 was conducted during the coronavirus (COVID-19) pandemic. This may have influenced how people perceived and rated their health, and therefore may have affected how people chose to respond.
- The percentage of people in very bad health in Cherwell decreased by 0.2 percentage points.

Environmental Profile

Air Quality

- 5.10 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 workforce of the proposed development.
- 5.11 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.
- 5.12 The Air Quality 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

- 5.13 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 operational workforce will be protected from noise through health and safety procedures).
- 5.14 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 Assessment 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

- 5.15 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.
- 5.16 In such circumstances remediation of the site would have to be undertaken prior to commencement of both phases of the development. The Site Investigation report submitted with the planning application has confirmed that the risk from the ground conditions in both phases of the development, and from all sources is low.

6.0 ASSESSMENT OF THE IMPACTS

- 6.1 This section assesses the likely health impacts arising from the proposed development, both through the construction and operational phases. The Scoping of this report has identified the potential effects likely to occur during the construction and operational phases associated with the health determinants 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 following assessment criteria have been used:

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 development.
- 7.2 The assessment has identified that, overall, the development is likely to negligible benefits but have a moderate 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 and has minor benefit with regards to access to food.
- 7.3 The assessment has identified that during the operation phase, overall, the development is likely to have negligible benefit but have: a minor benefit to access to health (due to open space creation); a minor benefit to access and active travel (due to the creation of pedestrian and cycle infrastructure); a minor benefit to access to healthy food; and a moderate benefit to the health of the population during the operational phase of the development through the creation of unskilled and skilled jobs.

APPENDIX 1

APPENDIX 1 -Table 5: Symmetry Park Bicester, Phase 3: Health Impact Assessment

| Construction Phase - Assessment | | | | |
|--|--|--|------------------------------|--|
| Determinant | Potential Impact Construction | Group Specific Health Impact | Overall Health Impact | Mitigation Enhancement |
| Access to health care and other social infrastructure | <ul style="list-style-type: none"> The development will generate 80 construction jobs for a period of 2 years that could increase the need for local health care services. Temporary on-site welfare facilities would reduce the need for the use of local facilities. | General population Negligible | Negligible | |
| | | Low-income group Negligible | | |
| | | People with long term illness or Disability Negligible | | |
| Access to open space | <ul style="list-style-type: none"> The Proposed Development will not lead to the closure of any existing areas of open spaces or PRoW used by the general public. | General population Neutral | Neutral | |
| | | Low-income group Neutral | | |
| | | People with long term illness or Disability Neutral | | |
| Air quality, noise and neighbourhood amenity | <ul style="list-style-type: none"> The application is accompanied by an Air Quality and Noise Reports which have assessed the potential impacts as a result of the Construction phase of the development. The Reports concluded that dust and other emissions from construction activities and plant can be satisfactorily mitigated by the implementation of a Construction Environmental Management Plan (CEMP) incorporating a Construction Transport Plan (CTP). | General population Negligible | Negligible | Measures as set out in the Air Quality and Noise Reports and a CEMP and CTP agreed with the Council. |
| | | Low-income group Negligible | | |
| | | People with long term illness or Disability Negligible | | |

APPENDIX 1 -Table 5: Symmetry Park Bicester, Phase 3: Health Impact Assessment

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| <p>Air quality, noise and neighbourhood amenity (cont.)</p> | <ul style="list-style-type: none"> • There are easily accessible cycle routes from Bicester to allow potential workers to cycle to the Site, assisting in improving their overall health and wellbeing. There is a regular bus service running to Bicester that stops outside the Site, creating the opportunity for staff to reduce their own carbon footprints. | | | |
| <p>Access and active travel</p> | <ul style="list-style-type: none"> • The Proposed Development will not lead to any closures of PRoW or cycle routes that the workforce may use. • It is not anticipated that there will be a significant increase in vehicular traffic during the construction phase of the development that would impact the local community. • A Construction Management Plan (CMP) and a Transport Management Plan (TMP) will be agreed with the Council that will set out hours of work and other mitigation measures. | <p>General population Negligible</p> | <p>Negligible</p> | |
| | | <p>Low-income group Negligible</p> | | |
| | | <p>People with long term illness or Disability Negligible</p> | | |
| <p>Crime reduction and community safety</p> | <ul style="list-style-type: none"> • The Site will be secured at each boundary by hoarding and fencing. There will be strict controls over access to the Site, with visitors having to sign in. • It is not anticipated that the construction phase of the development will lead to an increase in the level or the fear of crime in the local area. | <p>General population Negligible</p> | <p>Negligible</p> | |
| | | <p>Low-income group Negligible</p> | | |
| | | <p>People with long term illness or Disability Negligible</p> | | |

APPENDIX 1 -Table 5: Symmetry Park Bicester, Phase 3: Health Impact Assessment

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|---|---|--|-------------------------|--|
| <p>Access to healthy foods</p> | <ul style="list-style-type: none"> The provision of skilled and skilled construction jobs, which may pay more than other local jobs, will increase the opportunity for healthier food to be consumed. | <p>General population Negligible</p> | <p>Negligible</p> | |
| | | <p>Low-income group Minor Benefit</p> | | |
| | | <p>People with long term illness or Disability Negligible</p> | | |
| <p>Access to work and training</p> | <ul style="list-style-type: none"> The Proposed Development will generate up to xx construction jobs. Local residents will be employed, as well as workers from outside the impact area. There will be a range and type of jobs, both skilled and unskilled. The job creation will be beneficial to those workers on low incomes, giving workers more disposable income to purchase good that could improve their health and wellbeing such as gym and use of other sports facilities such as swimming pools. There are easily accessible cycle routes to Bicester to allow potential workers to cycle to the Site, assisting in improving their overall health and wellbeing. There is a regular bus service running to Bicester that stops outside the Site, creating the opportunity for staff to reduce their own carbon footprints. | <p>General population Moderate Benefit</p> | <p>Moderate Benefit</p> | <p>An apprentice and employment local people strategy will be agreed with CDC – this will ensure that where possible, the local labour force will be used.</p> |
| | | <p>Low-income group. Moderate Benefit</p> | | |
| | | <p>People with long term illness or Disability Moderate Benefit</p> | | |

APPENDIX 1 -Table 5: Symmetry Park Bicester, Phase 3: Health Impact Assessment

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| Social cohesion and inclusive design | <ul style="list-style-type: none"> The Transport Assessment has concluded that the impact of the temporary additional vehicle trips generated by the Proposed Development will be negligible and will have a negligible impact on the local highway network. As such, the existing travel times of the local population will not change. The Proposed Development will not impact on the existing public open space or access to PRoW | General population Negligible | Negligible | |
| | | Low-income group. Negligible | | |
| | | People with long term illness or Disability Negligible | | |
| Minimise the use of resources | <ul style="list-style-type: none"> A Waste Management Strategy (WMS) accompanies the planning application that will set out an estimated amount and type of waste that will accrue during construction. The WMS will set out a reuse/recycle strategy waste type to ensure that the most appropriate method of waste disposal is used. | General population Negligible | Negligible | |
| | | Low-income group Negligible | | |
| | | People with long term illness or Disability Negligible | | |
| Climate Change | <ul style="list-style-type: none"> There will be a temporary increase in HGV and vehicle traffic during the construction phase. The Air Quality Assessment has concluded that the impact of the additional emissions will be negligible. The construction phase of the development will not increase the risk of flooding on the site or in the immediate area. | General population Negligible | Negligible | |
| | | Low-income group Negligible | | |
| | | People with long term illness or Disability Negligible | | |

APPENDIX 2

APPENDIX 2 - Table 6: Symmetry Park Bicester, Phase 3: Health Impact Assessment

| Operational Phase - Assessment | | | | |
|--|--|---|------------------------------|-------------------------------|
| Determinant | Potential Impact | Group Specific Health Impact | Overall Health Impact | Mitigation Enhancement |
| Access to health care and other social infrastructure | <ul style="list-style-type: none"> The proposals will employ generate 300 jobs. It is not anticipated that the additional numbers of staff will adversely impact the existing health care and other infrastructure. The creation of open space will be beneficial to staff on the site. | General population Minor Benefit | Minor Benefit | |
| | | Low-income group. Minor Benefit | | |
| | | People with long term illness or Disability Minor Benefit | | |
| Access to open space | <ul style="list-style-type: none"> The Proposed Development includes areas of open space, for use of the workforce. The Proposed Development will not lead to the closure of any existing areas of open spaces or PRow used by the general public. | General population Minor Beneficial | Negligible | |
| | | Low-income group Minor Beneficial | | |
| | | People with long term illness or Disability Minor Beneficial | | |

APPENDIX 2 - Table 6: Symmetry Park Bicester, Phase 3: Health Impact Assessment

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|--|--|---|-----------------------------|---|
| <p>Air quality, noise and neighbourhood amenity</p> | <ul style="list-style-type: none"> • The application is accompanied by an Air Quality and Noise Assessment that have assessed the potential impacts as a result of the operational phase of the development. • These concluded that dust and other emission from operational phase will be negligible. • These concluded that noise from operational phase of the development will be negligible. • The development includes substantial landscaping that will screen the development. The development will not, in terms of visual intrusion, impact the amenity of nearby residents. | <p>General population Negligible</p> <hr/> <p>Low-income group. Negligible</p> <hr/> <p>People with long term illness or Disability Negligible</p> | <p>Negligible</p> | <p>Measures as set out in the Air Quality and Noise Assessment to be implemented.</p> |
| <p>Access and active travel</p> | <ul style="list-style-type: none"> • The mitigation measure set out in the Transport Assessment will ensure that the workforce and other visitors will be able access the site by a variety of measure. The workforce will not be reliant on their private car and will encourage walking and cycling that may assist in maintaining the health and wellbeing of staff. The measures are set out below. • The inclusion of shared pedestrian/cycle routes within the Site that will connect the Site. • Car and cycle parking that is consistent with the Council’s standards and guidance. • Operating a Travel Plan that will encourage staff to make use of more sustainable modes of transport when travelling to/from the Site. | <p>General population Minor Benefit</p> <hr/> <p>Low-income group. Minor Benefit</p> <hr/> <p>People with long term illness or Disability Minor Benefit</p> | <p>Minor Benefit</p> | |

APPENDIX 2 - Table 6: Symmetry Park Bicester, Phase 3: Health Impact Assessment

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| <p>Crime reduction and community safety</p> | <ul style="list-style-type: none"> The Site will have 24-hour security. A gate house will check on staff and visitor to the yard and other areas not accessible to the general public CCTV will be located around the site to ensure safety of staff and visitors. | <p>General population Negligible</p> | | |
| | <p>Low-income group. Negligible</p> | | | |
| | <p>People with long term illness or Disability Negligible</p> | | | |
| <p>Access to healthy foods</p> | <ul style="list-style-type: none"> The provision of skilled and skilled construction jobs, which may pay more than other local jobs, will increase the opportunity for healthier food to be consumed | <p>General population Minor Benefit</p> | <p>Minor Benefit</p> | |
| | <p>Low-income group. Minor Benefit</p> | | | |
| | <p>People with long term illness or Disability Minor Benefit</p> | | | |
| <p>Access to work and training</p> | <ul style="list-style-type: none"> The proposed development will employ generate xxx jobs across Oxfordshire. There will be range and type of jobs, both skilled and unskilled. The job creation will be beneficial to those workers on low incomes, giving workers more disposable income to purchase good that could improve their health and wellbeing such as gym and use of other sports facilities such as swimming pools. There are easily accessible routes from Bicester to allow potential workers to cycle to the Site, assisting in improving their overall health and wellbeing. There is a regular bus service running to Bicester that stops outside the Site, creating the opportunity for staff to reduce their own carbon footprints. | <p>General population Moderate Benefit</p> | <p>Moderate Benefit</p> | <p>An apprentice and employment local people strategy will be agreed with CDC – this will ensure that where possible, the local labour force will be used.</p> |
| | <p>Low-income group. Moderate Benefit</p> | | | |
| | <p>People with long term illness or Disability Moderate Benefit</p> | | | |

APPENDIX 2 - Table 6: Symmetry Park Bicester, Phase 3: Health Impact Assessment

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| | <ul style="list-style-type: none"> On-site cycle storage and shower facilities will be provided to encourage employees to cycle to work. | | | |
| Social cohesion and inclusive design | <ul style="list-style-type: none"> The Transport Assessment chapter has concluded that the impact of the temporary additional vehicle trips generated by the Proposed Development will be negligible and will have a negligible impact on the local highway network. As such, the existing travel times of the local population will not change. The Proposed Development will not impact the existing public open space or access to PRoW, local community meeting points | General population Negligible | Negligible | |
| | | Low-income group. Negligible | | |
| | | People with long term illness or Disability Negligible | | |
| Minimise the use of resources | <ul style="list-style-type: none"> A Waste Management Strategy (WMS) accompanies the planning application that will set out an estimated amount and type of waste that will accrue during the operational phase of the development. Waste will be re-use on site or recycled where possible. | General population Negligible | Negligible | Mitigation measures set out in the Waste Management Strategy will be incorporate into the operation of the facility. |
| | | Low-income group. Negligible | | |
| | | People with long term illness or Disability Negligible | | |
| Climate Change | <ul style="list-style-type: none"> There will be a temporary increase in HGV and vehicle traffic during the construction phase. The Air Quality | General population Negligible | Negligible | |
| | | Low-income group. Negligible | | |

APPENDIX 2 - Table 6: Symmetry Park Bicester, Phase 3: Health Impact Assessment

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| | <p>Assessment has concluded that the impact of the additional emissions will be negligible.</p> <ul style="list-style-type: none"> • The buildings on the Site will be constructed to net zero carbon in construction. • The development will include substantial on-site renewable energy generation through solar PV coverage on the roof, reducing the overall emissions. • The operational phase of the development will not increase the risk of flooding on the site or in the immediate area. | <p>People with long term illness or Disability Negligible</p> | | |
|--|---|--|--|--|