

healthy place shaping in Oxfordshire: our experience of shaping healthy communities

Dr Rosie Rowe discusses how, as part of the NHS England Healthy New Towns programme, 'healthy place shaping' is creating healthy, sustainable communities and reducing stark health inequalities across Oxfordshire



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Built environment natural play area and SUDS, Barton Park

It is now eight years since, in March 2016, it was announced that two sites in Oxfordshire – the market town of Bicester, and Barton on the urban fringe of Oxford – had been selected as two of the ten demonstrator sites¹ for NHS England's Healthy New Towns programme. This initiative aimed to put health at the heart of new neighbourhoods and towns by future-proofing new communities for the health and care challenges of this new century – obesity, dementia, and new models of digital health – by designing in health and modern care from the outset. In common with all other demonstrator sites, Bicester's EcoTown (Elmsbrook) and Barton Park were at an early stage of development, either still developing a master plan or starting to bring forward the first phase of new homes. They both sought to create an exemplary built environment and establish

vibrant communities that promote healthy, sustainable lifestyles for all ages. Although the NHS initiative was branded as an innovation programme, to many observers it may have seemed like little more than good placemaking, seeking to fulfil a long-standing purpose of good planning, namely the maintenance and improvement of public health². However, our experience of developing healthy place shaping in Oxfordshire, firstly through the NHS pilot and then by seeking to embed this approach across the county, has shown that it constitutes a wider approach, which delivers benefits not only to residents living in new development, but also to the existing population.

Healthy place shaping (HPS) in Oxfordshire has been ambitious in its vision, scale and scope right from the outset. We define HPS as a systems-wide approach, which aims to create sustainable, well



Zoo trails wayfinding map, Kidlington

designed, thriving communities where it is easy to be healthy and which provide a sense of belonging, identity and community. In practice our ambition is to create communities where healthy behaviours are easy, fun and affordable – where being active, eating healthy food, and being a good neighbour are part of normal daily life. **Designing-in healthy living** to shape the built environment so that it promotes health and wellbeing, prevents illness and keeps people independent is one of three strands to healthy place shaping. The other two strands are essential to

ensure that HPS addresses existing health challenges and inequalities in local communities. The second strand: **community activation** involves working with locally based people, community organisations, businesses and schools to engage them in developing places, facilities and activities which create health. This strand is essential to ensure that people reap the benefits of a health enabling environment. The third strand: **new models of care** involves re-shaping health, wellbeing and care services, and the infrastructure which supports them, with the aim of preventing future poor health and a decline in wellbeing.

Our experience in Oxfordshire is that, whilst each strand of HPS is important, the greatest benefit to health and wellbeing is generated when all three strands interact. This is exemplified by our experience of delivering interactive wayfinding. Use of wayfinding and walking trails to promote walkable neighbourhoods is a recognised feature of good urban design but how do you ensure that people who are most inactive actually use them? Health data can identify 'least active' neighbourhoods where such trails would be beneficial. However, community activation means that routes can be co-designed with local people, including their location and appearance and the nature of lines and signs. Testing them out with the support of local community groups helps to engage target populations that need to become more active. Local GPs can encourage patients to use the trails for their health benefits and this demonstrates the importance of linking health services into these initiatives.



Wayfinding cues for the 'lion trail', Kidlington

The resulting benefits, not only to wellbeing but also in terms of promoting community connection and a sense of belonging, have been significant. An external evaluation of the social return on investment of interactive wayfinding in Kidlington found that, for every £1 invested, £18 of wellbeing was generated – an excellent return – showing how cost effective this intervention can be. Qualitative data such as the following shows the impact on family lives:

'I am writing to you to give amazing feedback on your new health walks in Kidlington. My daughter is usually extremely lazy, to the extent that she would want to catch the bus a couple stops but already she wants to walk, scoot and cycle everywhere. It's a MASSIVE thumbs up from us!'

This example highlights two key aspects of HPS that are critical to its success. Firstly, it needs to take

Box 1 The Marmot Principles

- Give every child the best start in life;
- Enable all children, young people and adults to maximise their capabilities and have control over their lives;
- Create fair employment and good work for all;
- Ensure a healthy standard of living for all;
- Create and develop healthy and sustainable places and communities, and
- Strengthen the role and impact of ill health prevention.

a place-based approach and, secondly, it must involve a wide range of partners, extending well beyond planners and others working in statutory services.

With both demonstrator sites, we were clear from the outset of the Healthy New Town programme that this work could not be limited to the red lines of development sites, it needed to take a whole place approach. In Bicester this meant considering the health needs of the entire population of 30,000 (2016). In Barton this involved ensuring that new development addressed the deep health inequalities in the neighbouring community, which is one of the 20% most deprived in England. By applying HPS to existing Oxfordshire communities, as well as new development, we have been able to use it as a mechanism for addressing health inequalities and key health challenges in the existing local population as well as promoting good health and well-being for new residents. By working with existing place based partnerships we have been able to engage a much wider range of stakeholders. Town and parish councillors, local businesses, schools and nurseries, community and voluntary sector organisations – all playing a key role

Box 2 Healthy Place Shaping Principles

- **Place based approach:** agreeing with local people the natural scope of any place-based action is fundamental – in some places a neighbourhood or ward level action may make more sense rather than a whole town.
- **Partnership working:** all key partners with an influence over aspects of the system that needs to change must be actively involved and have effective working relationships.
- **Local engagement and ownership:** a sense of local ownership is critical to engagement and success, and early investment in this is vital. Co-production needs to be embedded from the outset to ensure local engagement.
- **Asset based approach:** focusing on the assets of a place, both physical and social, so that you recognise and build on the strengths of communities.
- **Focus upon reducing health inequalities:** proportionate universalism means that initiatives can be community wide but with greater resource being made available for those with greater need.
- **Alignment of purpose with existing priorities:** alignment with local priorities, as well as wider national priorities and targets, promotes both engagement of key partners and progress in the development and implementation of HPS.
- **System leadership:** HPS can act as a system connector and coordinator. Taking a system perspective promotes collaboration and ensures that decision making has involved system-wide perspectives. This leadership role has been supported by investment in network infrastructure.
- **Programme management:** sufficient, dedicated time and resource for senior-level leadership and management is vital, as is dedicated project office time.
- **Dedicated and flexible funding:** a recent evaluation identified that HPS is a cost effective approach to prevention, but some dedicated resources are needed to support the delivery of initiatives in a place. A certain degree of flexibility in the use of this funding is needed to enable plans and priorities to change as required, including in response to changes in the system.
- **Evaluability:** a clear evaluation plan needs to be developed in the early stages of any programme of activity with learning informing its delivery in an iterative way.



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Community social ride

as they are deeply invested in the success of their local communities. They bring to place-shaping different assets, skills, and resources that can extend the reach of place shaping initiatives and ensure that they are effective. In this way HPS can act as a catalyst for bringing organisations as well as individuals together with the shared aim of creating a healthy place. It also helps residents to realise that growth can benefit existing communities, not only those living in new development.

This wide engagement is also needed to address the complex system of interrelated factors that shape people's health. The basic building blocks of health – education, work, food, transport, access to nature, the bonds of family, friends and community networks – account for 80%³ of our health and wellbeing. Weaknesses in this system have contributed to persistent and worsening inequality across the UK.

This was brought sharply into focus by the impact of the COVID-19 pandemic and was made even more acute by the subsequent cost of living crisis. In 2010, the Marmot review⁴ identified that poor health does not arise by chance and is not simply linked to genetic make-up, unhealthy lifestyles and a lack of access to medical care. Although these factors are important, the greatest contributors to poor health are the differing social, environmental and economic conditions of local communities and their places. The review sets out six policy objectives⁵, reproduced in Box 1, that contribute to a healthy environment and that address unfair and unjust inequalities in health.

Wider place-based partnership working is needed to collectively address these wider determinants of health in order to achieve these policy goals, thereby cementing into place, through healthy place shaping, the basic building blocks of health in places of greatest need.

In 2019, system leaders from across health, care and local government came together at the end of the NHS pilot and decided that HPS must not only be sustained in the two demonstrator sites but also scaled up across Oxfordshire. This strong, ongoing political and strategic support has been critical in terms of ensuring that HPS delivers its impact both 'on the ground' in communities as well as being embedded in professional praxis such that it becomes

an established way of working that influences policy, strategy and future development in the long term.

One of the weaknesses of the NHS pilot programme was its short time frame, which reflected neither the longer-term development cycle nor the extent to which time is required to deliver measurable reductions in health inequalities. The evaluation of the pilot programme identified ten key principles which formed the HPS approach and which have subsequently been applied to HPS programmes in different communities. These are summarised in Box 2.

The learning from HPS has also informed health policy and planning policy. At a county level, Oxfordshire's *Health & Wellbeing Board Strategy 2024-30*⁶ and the *Local Transport and Connectivity Plan 2022-50*⁷ have identified creating healthy communities as a strategic priority and is reflected in policy requirements. At a district level, Oxfordshire's emerging and adopted Local Plans contain priorities which directly relate to healthy place shaping principles and include a range of policies and proposals that will support the creation of healthy communities. Public health and planning policy officers have worked together in Oxfordshire to identify a set of planning policies which will support the creation of healthy environments. These are identified in Box 3.

Of particular importance is that district and city policies have identified the need for a health impact assessment (HIA) to be made for all strategic or major development proposals. The HIA identifies and takes account of the health status and needs in the area and provides information about how development should improve health and wellbeing. We have produced a local Health Impact Assessment Toolkit⁸ and Guidance Note⁹ to support planners and developers to undertake and assess the quality of HIAs, with their use being endorsed by all the constituent local planning authorities in 2021. The relationships developed between health and planning over the last eight years mean that we have generated a range of resources¹⁰ that provide guidance to planners on health issues. In turn, planners support us to influence the content of planning applications at an early stage to ensure that proposals create a health promoting environment. This includes providing guidance to developers on the type of health data they need to consider when undertaking HIAs, which is updated on an annual basis as part of the Oxfordshire Joint Strategic Needs Assessment¹¹.

So, what has been the impact of HPS? Although health outcomes at the population level can take many years to change, particularly when poor health is multi-generational, we have identified a series of indicators that will show whether HPS is having a positive impact on issues such as levels of loneliness/isolation, sense of community connection, strength of the community and voluntary sector, as well as some

Box 3

HPS Planning Policy Principles

Major development, urban extensions and regeneration schemes must contribute towards shaping healthy communities by demonstrating that they adhere to the following principles to deliver high quality sustainable places. Development must:

- address the existing and projected health and wellbeing needs of an area, including addressing health inequalities, avoiding and mitigating any adverse health and sustainability impacts.
- design in opportunities for people to be more active and to improve air quality.
- enable good mental wellbeing through reducing social isolation and loneliness by encouraging social community infrastructure and opportunities for people to meet and connect with one another.
- enable easy access (within 10 minutes of where people live) to nature-rich green spaces to enable connection with nature, to promote physical and mental health and wellbeing and to deliver multiple benefits for people, place and the environment.
- mitigate and adapt to climate change.
- provide diversity in the residential offer that improves accessibility, affordability, offers high quality design, and promotes inter-generational connectivity and lifetime neighbourhoods.
- provide adaptable homes with adequate amenities/room sizes and thermal/sound insulation which can accommodate change and support independent living.
- make it easier for people to make healthier food choices by promoting access to fresh, healthy and locally sourced food, and by avoiding over-concentration of hot-food takeaways, restricting their proximity so that they are up to 600m walking distance of schools, town centres or other facilities where children, young people, and families gather.
- enable inclusive social, environmental and economic growth which supports local employment and other meaningful activity.
- consider existing community assets that could be enhanced to help promote health and support the provision of multi-functional community facilities and co-location of services at appropriate geographical level.
- be designed to allow universal accessibility, making it easier for everyone to maintain their independence throughout their life course.
- encourage and support the provision of sport and leisure facilities to help communities live active lives.
- ensure that development is appropriately phased with health promoting infrastructure, such as footpaths and cycle paths, provided in the first phase so that people are supported to adopt healthier day-to-day lifestyle habits when they move into new developments.
- recognise that residents in neighbouring communities need to be actively engaged in the design of major developments so that they are better integrated with existing communities, enhance their sense of place and promote community cohesion. Developers need at the earliest stage of housing delivery to provide community development support for place based social activities that encourage good physical and mental health for local people and promote social connectivity.
- work with local stakeholders to co-produce communities which people value because they have character and a local distinctiveness, which are attractive places to live and work, which promote a sense of identity, and where people feel safe and comfortable.

behavioural factors such as healthy eating and physical activity. A recent independent evaluation found that scaling HPS across Oxfordshire has had many positive impacts; has been well-received by the community and has been associated with positive behaviour change likely to influence health and wellbeing. It is a good use of public funds because its implementation is not resource intensive. The common purpose to deliver on HPS using a system wide approach has positively influenced public policy in ways that are likely to influence health and wellbeing in the long term. However, it also recognises limitations. For example, planning applications approved eight or ten years ago are now bringing

forward development that is not health enabling and the quality of the existing housing stock means that many of Oxfordshire's residents do not enjoy a safe, warm, secure home. Healthy place shaping is a key mechanism for creating healthy, sustainable communities and reducing the stark health inequalities in Oxfordshire but we need to continue to invest time and resource if these connections between health and planning are to generate the benefits to health and well-being that our residents need.

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Special issue: health and new towns



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Community launch of the 'zoo trails', Kidlington

Notes

- 1 See <https://www.england.nhs.uk/ourwork/innovation/healthy-new-towns/demonstrator-sites/>
- 2 See <https://ukhsa.blog.gov.uk/2017/07/06/improving-peoples-health-through-spatial-planning/>
- 3 CM Hood, KP Gennuso, GR Swain, and BB Catlin: 'County health rankings: Relationships between determinant factors and health outcomes'. *American Journal of Preventive Medicine*, February 2016, Vol. 50 Issue 2, pp.129-135. <https://doi.org/10.1016/j.amepre.2015.08.024>
- 4 M Marmot, J Allen, P Goldblatt, T Boyce, D McNeish, M Grady, I Geddes: *Fair Society, Healthy Lives: The Marmot Review; Strategic Review of Health Inequalities in England post-2010*. February 2010, p.16. <https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review>
- 5 Ibid, p.15
- 6 See Health and wellbeing strategy 2024-2030 | Let's Talk Oxfordshire <https://letstalk.oxfordshire.gov.uk/health-wellbeing>
- 7 See Local Transport and Connectivity Plan | Oxfordshire County Council <https://www.oxfordshire.gov.uk/residents/roads-and-transport/connecting-oxfordshire/ltcp>
- 8 See <https://futureoxfordshirepartnership.org/projects/oxfordshire-health-impact-assessment-toolkit/>
- 9 See https://futureoxfordshirepartnership.org/wp-content/uploads/2021/01/Briefing-Note-for-Local-Planning-Authorities_Feb-23-update.pdf
- 10 See <https://www.oxfordshire.gov.uk/residents/social-and-health-care/public-health-and-wellbeing/healthy-place-shaping/built-and-natural>
- 11 See <https://insight.oxfordshire.gov.uk/cms/healthy-place-shaping>



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Built environment community growing space, Elmsbrook, Bicester