West Oxfordshire Local Plan 2041

Health and Equality Impact Assessment: Scoping Report

West Oxfordshire District Council

EqualityImpact

BirleyHIA
Health Impact Associates

| Status	Version	Date	Author	Purpose
First version	V1	31/07/25	L Walker	Draft Preferred Policy Options Consultation

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1. Introduction

Overview

1.1 West Oxfordshire District Council (the Council) has commissioned Equality Impact Consulting (in collaboration with BirleyHIA) to prepare an integrated Health and Equality Impact Assessment (HEQIA) for the West Oxfordshire Local Plan 2041.

1.2 A Health Impact Assessment is a tool used to identify the health impacts of a plan or scheme and to develop recommendations to maximise positive impacts and minimise negative impacts. The HIA process aims to influence the wider determinants of health, while maintaining a focus on addressing health inequalities.

1.3 As a public sector organisation, the Council also has a duty under the Equality Act 2010 and the associated Public Sector Equality Duty (PSED) to ensure that the emerging Local Plan does not lead to unlawful discrimination (direct and indirect), that it advances equality of opportunity and that it fosters good relations between those with a protected characteristic[1] and all others. An Equality Impact Assessment is a useful tool to demonstrate how due regard has been paid to the PSED.

1.4 Whilst neither health nor equality impact assessments are required by law, these assessments provide an important contribution to plan and policy development by identifying actions to enhance health, wellbeing and social equity.

1.5 The Local Plan 2041 will play a key role in shaping the future of West Oxfordshire District. It sets out a vision and policy framework that determines how much development takes place, where it should be located, and how it can be delivered to benefit local communities and enhance well-being. The new Local Plan will ensure that planning policies and proposals are up to date and will address issues including climate change, health and wellbeing, housing and the economy.

1.6 The Local Plan comprises two main stages:

- **Stage 1: Regulation 18** - plan preparation stage including informal engagement on the potential scope and content of the plan, exploring options to help identify a preferred approach.

- **Stage 2: Regulation 19** - the Council will carry out formal consultation on a published final draft version of the plan which it intends to submit for examination.

1.7 The HEQIA is an iterative process covering both the Regulation 18 and 19 stages as shown in Figure 1-1. The Local Plan and its policies will be assessed for health and equality impacts throughout plan preparation. The assessment will in turn be used to help support consultation activities and to shape the final policies.

1.8 The HEQIA follows the approach set out in the Oxfordshire HIA toolkit[2]. The toolkit was designed by the Future Oxfordshire Partnership (now named the Oxfordshire Leaders Joint Committee) for the assessment of Local Plans and planning applications for major developments. The HIA toolkit aims to support sustainable development, improve well-being, and reduce health inequalities.

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[1] Protected characteristics are age, sex, disability, race, religion, sexual orientation, gender reassignment, pregnancy and maternity, and marriage and civil partnership.
[2] Future Oxfordshire Partnership (2024) Oxfordshire Health impact Assessment Toolkit https://www.futureoxfordshirepartnership.org/partner-projects/oxfordshire-health-impact-assessment-toolkit

Figure 1-1 Approach to the Health and Equality Impact Assessment
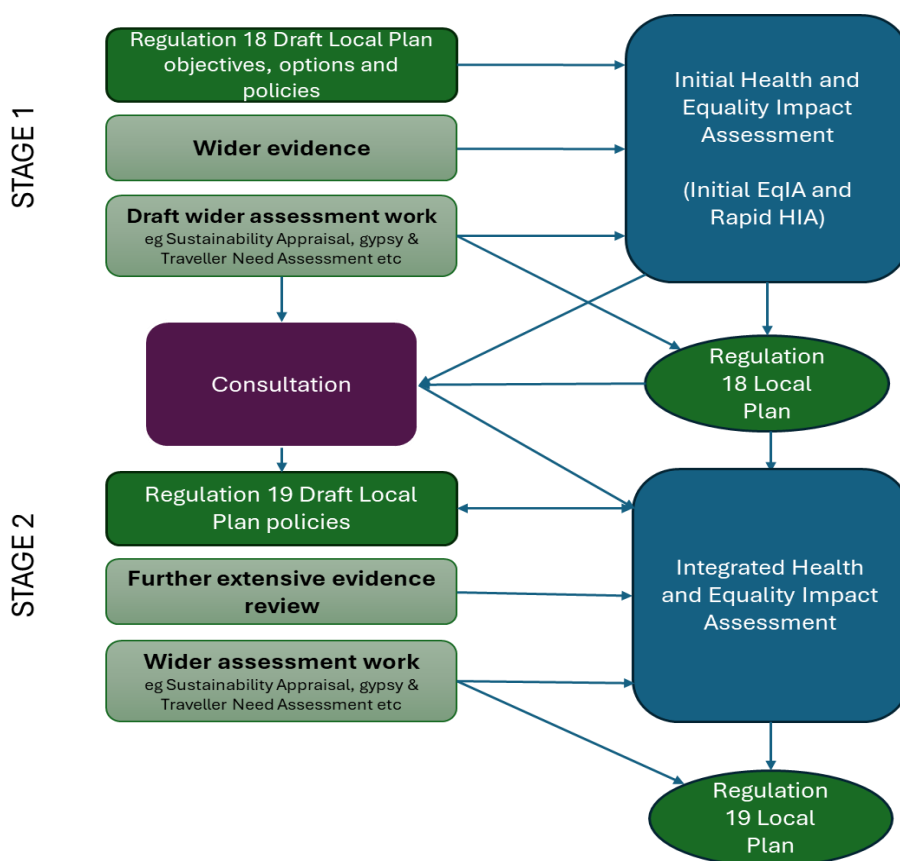
Purpose and structure of this report

1.9 The purpose of this report is to present the baseline, evidence and assessment methodology for the HEQIA. As of July 2025, much of the supporting evidence being developed for the Local Plan 2041 is draft. As such this scoping report will be updated regularly to reflect any relevant findings of wider assessment work as and when completed. It will also be updated to incorporate feedback from consultation activities.

1.10 Following on from this introduction section, this report is structured as follows:

- **Section 2: Legislation, Policy and Guidance** - present the initial legislative context;

- **Section 3: Baseline** - Analysis of national and local datasets to develop a health and equalities baseline for West Oxfordshire. This includes an analysis of protected characteristic groups and health indicators;

- **Section 4: Evidence**: An evidence review based on grey and academic literature and other research relevant to health and equality issues; and

- **Section 5: Assessment Framework**: sets out the framework to be used for the HEQIA and the proposed approach at different stages.

1.11 This report forms part of a wider evidence base, which includes assessment and analysis of the social, economic and environmental impacts of the policies and proposals of the emerging Local Plan.

2. Legislation, policy and guidance

Introduction

2.1   This section outlines the primary legislation, policies, and guidance at both national and local levels that inform planning approaches related to health and equalities. Reference to further guidance is provided under the HEQIA themes outlined in section 4 of this report.

National

Equality Act 2010 and the Public Sector Equality Duty[3]

2.2   The Equality Act 2010 is UK legislation protecting the rights of individuals against unlawful discrimination and advancing equal opportunities for all. Section 149 of the Equality Act sets out the Public Sector Equality Duty (PSED) to which the Council, as a public body, is subject in carrying out all its functions. This includes having due regard to the following three aims:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act;

- Advance equality of opportunity between people who share a protected characteristic and those who do not; and

- Foster good relations between people who share a protected characteristic and those who do not.

2.3   The Equality Act 2010 further explains that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics;

- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people; and

- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

2.4   Protected characteristic groups include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

2.5   The PSED must be exercised in substance, with rigour and with an open mind. The assessment of the risk of discrimination must be done before a decision is made by the Council and not as an afterthought.

National Planning Policy Framework[4]

2.6   The National Planning Policy Framework (NPPF) outlines how planning policy should help promote healthy and safe communities by taking a positive and collaborative approach to enable development to be brought forward. The NPPF emphasises a need to reduce health inequalities, deliver health infrastructure, and other social and commercial determinants of health.

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[3] UK Government (2010) Equality Act 2010 https://www.legislation.gov.uk/ukpga/2010/15/introduction
[4] Ministry of Housing, Communities and Local Government (Dec 2024) National Planning Policy Framework
https://www.gov.uk/government/publications/national-planning-policy-framework--2

2.7   Planning policies and decisions should aim to create places which offer opportunities for social interaction and meetings between members of the community through the delivery of mixed-use developments, strong neighbourhood centres and active street frontages; safe and accessible environments which include social, recreational and cultural facilities and services the community needs; a sufficient choice of school places to meet the needs of existing and new communities; and access to high quality open spaces and opportunities for sport and recreation.

2.8   The NPPF specifically states that Local planning authorities should refuse applications for hot food takeaways and fast food outlets a) within walking distance of schools and other places where children and young people congregate, unless the location is within a designated town centre or b) in locations where there is evidence that a concentration of such uses is having an adverse impact on local health, pollution or anti-social behaviour.

2.9   While the NPPF does not contain specific guidance on equalities, it does emphasise the importance of sustainable development and the need to support strong vibrant communities. This is reflected in the key dimensions of sustainable development which relate to the economic, social and environmental roles of the planning system. Planning policies and decisions should support the social, recreational and cultural facilities and services the community needs by:

- Planning positively for the provision and use of shared spaces, community facilities (such as local shops, meeting places, sports venues, open space, cultural buildings, public houses and places of worship) and other local services to enhance the sustainability of communities and residential environments;

- Support the delivery of local strategies to improve health, social and cultural well-being for all sections of the community;

- Guard against the unnecessary loss of valued facilities and services, particularly where this would reduce the community's ability to meet its day-to-day needs;

- Ensure that established shops, facilities and services are able to develop and modernise, and are retained for the benefit of the community; and

- Ensure an integrated approach to considering the location of housing, economic uses and community facilities and services.

Healthy and Safe Communities: Guidance on promoting healthy and safe communities[5]

2.10   This guidance on promoting healthy and safe communities recognises that the design and use of the built and natural environments are major determinants of health and well-being. It promotes intersectoral collaboration between organisations and summarises how planning creates healthier environments. It promotes the provision of sufficient services to meet the needs of existing new communities and the use of planning to support safer communities. It recognises that a healthy place is one which is inclusive and promotes social interaction.

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[5] Ministry of Housing, Communities and Local Government (Jul 2019) Guidance: Healthy and Safe Communities
https://www.gov.uk/guidance/health-and-wellbeing

Local

Oxfordshire Health and Wellbeing Strategy 2024 to 2030[6]

2.11   The Oxfordshire Health and Wellbeing Strategy is a statutory duty of the Oxfordshire Health and Wellbeing Board, a partnership comprising local councils, NHS organisations and Healthwatch Oxfordshire. It presents three principles to underpin the work undertaken by the Board; addressing health inequalities, preventing ill-health, and closer collaboration.

2.12   Priorities have been developed around a "life course approach" identifying influences on health and wellbeing at different stages of life. Further priorities are based on building blocks of health associated with financial wellbeing and healthy jobs, climate change and health, healthy homes and thriving communities.

Oxfordshire Health Impact Assessment Toolkit

2.13   The Oxfordshire HIA Toolkit[7] was approved in 2021 by the Future Oxfordshire Partnership (now called the Oxfordshire Leaders Joint Committee) for use by all six Oxfordshire Local Authorities.

2.14   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. It provides a suite of tools for use by all those involved in the development process, including developers, land agents, planners and policy makers, as a mechanism for putting healthy place shaping principles into practice and delivering improvements to health and well-being. By raising awareness and bringing such health considerations to the fore, HIAs add value to the planning process, and support the delivery of Public Health Objectives

2.15   In order to complete a HIA, there is a need to identify and understand the local health and wellbeing issues that planned development may affect. It is essential that specific data are used to understand impacts on existing health inequalities.

West Oxfordshire Equality Policy 2020

2.16   The Council's Equality Policy sets out its legal duties and how it will comply with the requirements. It includes a commitment to ensuring that everyone who lives, works or visits the district is treated fairly and with dignity and respect, by the Council's actions as both a service provider and employer. The Council's sets out the following Equality Objectives:

- Ensuring our employment practices are equal and fair.

- Improving access to our services

- Understanding our communities and customers' needs.

2.17   Action plans to support the objectives are monitored, reviewed and reported on the progress against these plans at least quarterly.

2.18   The policy also includes a requirement to undertake an Equality Impact Assessment at the earliest opportunity and ideally before a service, policy or strategy is developed. This is to ensure that any impacts are clearly identified at the outset and provides an opportunity to

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[6]Oxfordshire Health and Wellbeing Board (Mar 2024) https://mycouncil.oxford.gov.uk/documents/s75751/Appendix%20A%20-%20Draft%20Oxfordshire%20Health%20and%20Wellbeing%20Strategy.pdf

[7] Oxfordshire Leaders Joint Committee (2021) Oxfordshire Health Impact Assessment Toolkit https://www.oxfordshireleaders.org.uk/partner-projects/oxfordshire-health-impact-assessment-toolkit

mitigate any negative impacts. Depending on the extent of the policy or service it may be necessary to undertake a further assessment as the change is implemented so that any areas of concern can be identified and addressed quickly.

2.19   Should an assessment identify a negative impact on a particular group or sector of the community, this should be eliminated, minimised or counterbalanced where possible by other measures. An action plan to minimise, reduce or eliminate negative impact should be developed and kept under review. Completed assessments are published on the Council's website.

3. Baseline

Introduction

3.1   This section sets out key baseline data and evidence in relation to the population and health in West Oxfordshire. The baseline draws upon information including Census 2021, data from the Office of National Statistics (ONS) the Oxfordshire Health and Wellbeing Strategy, The Oxfordshire Joint Needs Assessment (JSNA).

West Oxfordshire demographic profile

3.2   Latest population estimates for the district are 116,928[8]. The highest concentration of people live in Witney, the towns of Carterton and Chipping Norton, six rural service centres (Bampton, Burford, Charlbury, Eynsham, Long Hanborough and Woodstock) as well as other villages and hamlets across the district.

3.3   The district is primarily rural in character, with approximately 57% of the population living in areas classified as rural.

3.4   The population increased by 9% between the 2011 and 2021 Census, higher than the overall increase for England (6.6%) within the same time period. The population of West Oxfordshire is forecast to increase to 119,750 by 2041[9].

3.5   The following sections provide more detail on the West Oxfordshire population by protected characteristic group:

Age

3.6   The HEQIA analyses a range of age groups as shown in Table 3-1. West Oxfordshire has a higher percentage of older people than Oxfordshire and national population percentages. Furthermore, population projections show that the 75+ age group will experience the largest growth and will be the largest age group by 2041.

Table 3-1 Population breakdown by age (Census 2021)

Age group	West Oxfordshire	Oxfordshire	England
Children (0-19 years)	16.8%	16.8%	17.3%
Young People (20-24 years)	4.7%	6.6%	6.0%
Older People (65+ years)	21.7%	17.9%	18.4%
Elderly People (80+ years)	6.2%	5.0%	4.9%

3.7   Whilst the percentage of children and young people in West Oxfordshire is lower than national and Oxfordshire rates there are some areas where these age groups form a higher than national

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[8] ONS (2023) Estimates of the population for England and Wales: Mid-2022 local authority population estimates. Available at: https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/estimatesofthepopulationforenglandandwales

[9] ONS (2020) Population projections for local authorities: Table 2 - Office for National Statistics https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationprojections/datasets/localauthoritiesinenglandtable2

percentage of the population. These include areas within Witney, Carterton, Chipping Norton and at RAF Brize Norton.

Disability

3.8   Table 3-2 shows a higher level of residents who are classified as Disabled under the Equality Act in comparison to Oxfordshire but lower than national rates.

Table 3-2 Population breakdown by disability status (Census 2021)

Disability status	West Oxfordshire	Oxfordshire	England
Disabled under the Equality Act	15.1%	14.5%	17.3%
Disabled under the Equality Act: Day-to-day activities limited a lot	5.4%	5.1%	7.3%
Disabled under the Equality Act: Day-to-day activities limited a little	9.7%	9.4%	10.0%
Not disabled under the Equality Act	84.9%	85.5%	82.7%

Gender reassignment

3.9   Table 3-3 provides a breakdown of the population by gender identity

Table 3-3 Population breakdown by gender identity (Census 2021)

Gender identity	West Oxfordshire	Oxfordshire	England
Gender identity the same as sex registered at birth	95.3%	93.3%	93.5%
Gender identity different from sex registered at birth but no specific identity given	0.1%	0.2%	0.2%
Trans woman	0.1%	0.1%	0.1%
Trans man	0.1%	0.1%	0.1%
All other gender identities	0.1%	0.2%	0.1%
Not answered	4.4%	6.1%	6.0%

Race

3.10   Table 3-4 shows that percentage of ethnic minority groups in West Oxfordshire is lower than Oxfordshire and national levels with exception of the Gypsy or Irish Traveller group.

3.11   The percentage of the population who are from Gypsy and Traveller population within the district (0.2%) is twice the percentage of the national rate (0.1%). The Oxfordshire Gypsy and Traveller Needs Assessment 2024 shows that there are 42 Gypsy and Traveller sites within West Oxfordshire accommodating 292 pitches. An additional four Travelling Showperson yards comprising 24 plots are also located in West Oxfordshire. This is higher than other Oxfordshire districts and the assessment identified a need for a further 28 pitches between 2023/24 to

2041/42.

3.12 The percentage of people who did not identify with at least one UK national identity increased from 4.3% in 2011 to 5.6% in 2021 and there are pockets of areas where minority ethnic groups are relatively high. West Oxfordshire also has the highest rate per population of immigrant groups including refugees and asylum seekers across Oxfordshire.

Table 3-4 Population breakdown by ethnicity (Census 2021)

Ethnicity	West Oxfordshire	Oxfordshire	England
Asian, Asian British or Asian Welsh	1.7%	6.4%	9.6%
Black, Black British, Black Welsh, Caribbean or African	0.6%	2.1%	4.2%
Mixed or Multiple ethnic groups	1.9%	3.1%	3.0%
White	95.2%	86.9%	81.0%
White: Gypsy or Irish Traveller	0.2%	0.1%	0.1%
Other ethnic group	0.6%	1.6%	2.2%

Religion

3.13 Table 3-5 shows that percentage of the population with no religion or who are Christian is higher in West Oxfordshire than county and national levels. The next largest group religious group is Muslim (0.7%).

Table 3-5 Population breakdown by religion (Census 2021)

Religion	West Oxfordshire	Oxfordshire	England
No religion	40.6%	40.0%	36.7%
Christian	51.5%	47.3%	46.3%
Buddhist	0.4%	0.5%	0.5%
Hindu	0.2%	0.9%	1.8%
Jewish	0.2%	0.3%	0.5%
Muslim	0.7%	3.2%	6.7%
Sikh	0.1%	0.2%	0.9%
Other religion	0.5%	0.6%	0.6%
Not answered	5.9%	6.9%	6.0%

Sex

3.14 Table 3-6 shows that the district has a population breakdown by sex in line with Oxfordshire and England rates.

Table 3-6 Population breakdown by sex (Census 2021)

Sex	West Oxfordshire	Oxfordshire	England
Men	49.1%	49.4%	49.0%
Women	50.9%	50.6%	51.0%

Sexual orientation

3.15 Table 3-7 provides a breakdown by sexual orientation.

Table 3-7 Population breakdown by sexual orientation (Census 2021)

Sexual orientation	West Oxfordshire	Oxfordshire	England
Straight or Heterosexual	91.6%	88.4%	89.4%
Gay or Lesbian	1.2%	1.5%	1.5%
Bisexual	1.1%	1.7%	1.3%
Pansexual	0.1%	0.1%	0.1%
Asexual	0.0%	0.1%	0.1%
Queer	0.0%	0.0%	0.0%
All other sexual orientations	0.1%	0.2%	0.2%
Not answered	6.0%	7.9%	7.5%

Deprivation

3.16 The Index of Deprivation (IoD) is comprised of a series of indicators which allows comparisons to be made on relative levels of deprivation across all Lower Super Output Area (LSOAs) in England. Areas are given a score for the different types (or 'domains') of deprivation in the area. Domains include employment, health, crime, education, skills and training, housing, access to services and living environment.

3.17 The scores are then ranked against other areas in England with lower ranks representing higher levels of deprivation. West Oxfordshire has relatively low levels of deprivation overall but ranks worst in the domains of barriers to housing and services and in education, skills and training and best in the health deprivation, disability and crime domains.

3.18 Amongst the relatively affluent rural areas of West Oxfordshire are pockets of deprivation. Table 3-8 lists the 19 out of 27 West Oxfordshire wards which contain LSOAs ranking in the 30% most deprived for specific domains.

Table 3-8 West Oxfordshire deprivation by wards containing 30% most deprived LSOAs (IoD 2019)

Ward	Deprivation domains		
	10% most deprived nationally	**20% most deprived nationally**	**30% most deprived nationally**
Chipping Norton	• Education, skills and training		• Income
Witney East			• Income • Employment • Education, skills and training
Witney South			• Employment • Education, skills and training
Witney Central	• Education, skills and training		
Witney North			• Education, skills and training
Witney West		• Barriers to Housing and Services	
Carterton North West		• Barriers to Housing and Services	• Education, skills and training
Alvescot and Filkins	• Barriers to Housing and Services • Living Environment		
Brize Norton and Shilton	• Barriers to Housing and Services		
Chadlington and Churchill		• Barriers to Housing and Services	
Ducklington		• Barriers to Housing and Services	
Eynsham and Cassington	• Barriers to Housing and Services		
Freeland and Hanborough			• Barriers to Housing and Services
Hailey, Minister Lovell and Leafield	• Barriers to Housing and Services		
Kingham, Rollright and Enstone	• Barriers to Housing and Services • Living Environment		
Standlake, Aston and Stanton Harcourt	• Barriers to Housing and Services		• Living Environment
The Bartons			• Barriers to Housing and Services
Stonesfield and Tackley		• Barriers to Housing and Services	
Burford		• Living Environment	

Health profile

Healthcare facilities

3.19   There are 13 GP surgeries within the district and two community hospitals providing rehabilitation and palliative care (Witney Community Hospital) and outpatient and maternity services (Chipping Norton War Memorial Community Hospital).

3.20   There are no NHS Accident and Emergency services within West Oxfordshire. The nearest services are located at the John Radcliffe Hospital in Oxford, approximately 10km east of the district boundary, Horton General Hospital in Banbury and Great Western Hospital in Swindon.

3.21   Primary care is provided across four primary care networks: NORA (North Oxfordshire Rural Alliance), KIWY (Kidlington, Islip, Woodstock, Yarnton), Rural West, and Eynsham and Witney. Performance across these networks is rated relatively high, with the best performance for overall GP experience in the KIWY PCN and for pharmacy experience in the NORA PCN[10].

Health profile

3.22   West Oxfordshire is a relatively healthy district in comparison to the national average. Census 2021 data shows that 85.3% of West Oxfordshire residents stated that they were in good or very good health compared to 82.2% nationally (see Table 3-9).

3.23   Annual personal wellbeing data shows that West Oxfordshire scores better on average than national rates with life satisfaction, happiness, anxiety and for the feeling that things done in life are worthwhile[11].

Table 3-9 General health (Annual Population Survey 2023)

Health status	West Oxfordshire	Oxfordshire	England
Very good health	51.3%	52.6%	48.5%
Good health	34.0%	33.4%	33.7%
Fair health	11.2%	10.6%	12.7%
Bad health	2.8%	2.7%	4.0%
Very bad health	0.8%	0.7%	1.2%

3.24   The Public Health England local profile for West Oxfordshire shows significantly better or similar performance to the rest of England for most indicators. However, there is significant inequalities between performance indicators within West Oxfordshire.

3.25   As part of the Oxfordshire Joint Strategic Needs Assessment (JNSA), health indicators at a local level were analysed to help understand the socio demographic and health needs of West Oxfordshire. Table 3-10 provides a breakdown of health indicators by each West Oxfordshire Middle Layer Super Output Area (MSOA). Red highlights indicators that are performing significantly worse than the England average, yellow indicators are in line with England and

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[10] GP Patient Survey 2024 https://www.gp-patient.co.uk/surveysandreports
[11] ONS (2023) Annual Population Survey
https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/headlineestimatesofpersonalwellbeing

green indicators are better than the national average. There are differences at the MSOA area with some areas performing worse than national rates including Chipping Norton and Witney.

Table 3-10 Local health inequalities: West Oxfordshire district and West Oxfordshire MSOAs

Legend for cell colours: G = green, O = orange/amber, R = red, W = white/blank

Indicator	West Oxfordshire	Chipping Norton	Kingham, Enstone & Middle Barton	Charlbury & North Leigh	Chadlington & Wychwoods	Woodstock, Stonesfield & Tackley	Hanborough & Cassington	Leafield, Minster Lovell & Duckington	Witney East	Witney West	Witney Central	Eynsham & Stanton Harcourt	Burford & Brize Norton	Carterton North	Carterton South	Bampton, Clanfield & Standlake
(D1) IMD rank	G	G	O	G	G	G	G	G	G	G	G	G	G	G	G	G
(D2) Poverty, 0-15	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
(D3) Poverty, 60+	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
(D4) Fuel poverty	G	G	G	G	G	G	G	G	G	G	G	G	O	G	G	G
(D5) Income deprivation	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
(D6) Unemployment	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
(CH1) Hospital, 0-4	G	R	R	G	O	G	O	G	G	O	O	G	O	O	O	O
(CH2) Hospital - injury, 0-4	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O	O
(CH3) Obesity, Reception	O	G	G	W	O	O	O	O	O	G	O	O	O	O	O	O
(CH4) Obesity, Year 6	O	O	O	G	G	G	O	G	G	O	O	G	G	G	O	G
(CH5) Hospital - injury, 0-14	O	O	O	O	O	O	O	O	O	G	O	O	O	O	O	O
(CH6) Hospital - injury, 15-24	O	R	G	O	O	R	R	O	O	G	G	R	O	G	G	G
(H1) Hospital - self-harm	O	O	G	G	G	O	G	G	G	G	G	R	O	G	G	G
(H2) Hospital - alcohol	G	O	G	G	G	G	G	G	G	G	G	G	G	G	G	G
(H3) Hospital - all	G	R	G	G	G	G	G	G	G	G	G	O	G	G	G	G
(H4) Hospital - COPD	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G	G
(H5) Hospital - CHD	G	O	G	G	O	G	G	G	G	O	G	G	G	O	O	G
(H6) Hospital - stroke	O	O	G	O	G	G	O	G	G	G	O	G	O	O	O	O
(H7) Hospital - heart attack	O	O	O	G	O	G	G	G	O	G	O	O	O	O	O	O
(H8) Hospital - hip fracture, 65+	O	R	O	O	G	O	G	G	O	G	G	O	G	O	O	O
(M1) LE - male	O	O	G	G	G	G	O	G	G	G	G	G	G	G	O	G
(M2) LE - female	G	R	G	G	G	G	O	G	O	G	G	G	G	G	G	G
(M3) Deaths - all	G	R	G	G	O	G	O	G	G	G	G	G	G	R	G	G
(M4) Deaths - cancer, 0-75	O	O	G	G	G	G	G	O	G	G	O	G	O	G	G	G
(M5) Deaths - circulatory, 0-75	O	O	O	G	G	G	O	G	G	O	O	G	O	O	G	G
(M6) Deaths - respiratory	O	R	G	G	O	G	G	G	G	G	G	O	G	O	G	G
(M7) Deaths - stroke	G	R	G	O	G	O	R	G	G	G	G	G	G	G	G	O
(M8) Deaths - all, 0-75	G	O	G	G	G	G	G	G	G	G	G	O	O	O	G	G
(M9) Deaths - cancer	O	O	G	O	O	O	O	O	O	G	O	O	O	O	O	G
(M10) Deaths - circulatory	O	O	O	O	O	G	O	O	O	O	O	O	O	O	O	O
(M11) Deaths - CHD	G	O	G	G	G	G	O	G	G	G	G	G	O	O	G	O
(M12) Preventable mortality	G	O	G	G	G	G	G	G	G	G	O	G	O	O	G	G

4. Evidence

Introduction

4.1   This section provides an overview of evidence relating to each of the themes contained within the Oxfordshire HIA Toolkit. The evidence draws upon wider research as well as the West Oxfordshire Strategic Outcomes Planning Model 2024, West Oxfordshire Infrastructure Delivery Plan (IDP), the Local Plan Sustainability Appraisal (SA) and other assessment work.

Traffic and transportation

4.2   Transportation is important for health as it offers access to essential services including healthcare, education, employment, and leisure activities, all of which are vital for well-being.

4.3   West Oxfordshire is served by eight railway stations along two main rail lines providing direct services to London, Oxford, Birmingham, Hereford and Worcester. However, whilst bus services connect Witney and Carterton to Oxford City, other locations across the district are less well served in terms of bus frequency and connectivity. Living in rural areas where public transport can be limited and costly may worsen accessibility issues for individuals without a car or those who find owning and maintaining a vehicle too expensive.

4.4   Lack of transport options may also make accessing larger, cheaper shops challenging if someone does not own a car or cannot afford petrol. Poor public transport can affect people's ability to attend medical appointments, with some (for example, women) sharing that they did not always go to the doctors when they were unwell because of this. Furthermore, Census 2021 travel to work data shows that only 2% of people travelling to work use the bus.

4.5   West Oxfordshire has high levels of car ownership and a reliance on cars, with only 11.5% of households in West Oxfordshire having no access to a car compared to 16% across Oxfordshire as a whole (Census 2021). Research by the New Economics Foundation highlights how new development can increase car dependency due to location of new homes, car-centred approach to transport planning, lack of section 106 funding for sustainable development, layout of new developments and parking policies. This in turn can exacerbate spatial inequalities[12].

4.6   The affluent, low overall deprivation and rural nature of West Oxfordshire may mask hardship for some low-income households. For example, households may be forced into car ownership to access services despite limited household income. This may result in cutting budgets on other necessities and/or reducing travel activity, both of which can result in social exclusion[13]. Furthermore, members in households with one car (39.8% in West Oxfordshire) may be without access to a car for most of the day due to it being used by another household member. Those who are likely to have no access to a car include women, children and young people, disabled people and people from certain ethnic minority groups, and those from low-income households.

4.7   Active travel options are important for health as they provide an affordable and accessible means of transport. However, there are many barriers to walking, wheeling and cycling:

- Infrastructure: existing cycle and pedestrian routes within West Oxfordshire are focused on the main towns with limited options in rural areas. Some users may find challenges using adapted bikes or trailers due to lack of accessible infrastructure;

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[12] New Economics Foundation (2024) Trapped Behind The Wheel: How England's New Builds Lock Us Into Car Dependency https://neweconomics.org/2024/11/trapped-behind-the-wheel
[13] Mattioli, G (2017) *'Forced Car Ownership' in the UK and Germany: Socio-Spatial Patterns and Potential Economic Stress Impacts.* Social Inclusion, 5 (4). pp. 147-160. ISSN 2183-2803 https://www.cogitatiopress.com/socialinclusion/article/view/1081

- Safety: road casualties for slight injuries have fallen substantially over time and numbers killed or seriously injured have fallen slightly in West Oxfordshire. However, some groups are more likely to be casualties of road traffic accidents including children and older people as pedestrians and young male cyclists[14].

- Pavement parking: can also be an issue for those walking, a recent poll by Living Streets found that 73% of people aged 65 over said parking was a problem in their local area and 50% would be more likely to walk outside if pavements were clear of vehicles parked on them[15].

- Costs, technology and maintenance: associated with purchasing, hiring, maintaining and storing bikes.

- Security issues: more prominent amongst some groups who may feel unsafe walking and cycling in more remote, unlit areas or travelling in the dark. For example, women, older people and disabled people.

- Confidence and skills: some groups may feel less confident in cycling, especially without adequate training.

4.8 Increased sustainable and active travel can also contribute to reducing traffic based emissions if uptake results is matched by a significant reduction in car use. However, benefits of cleaner air may be localised to the areas where significant active travel infrastructure is located.

4.9 The Oxfordshire Local Transport and Connectivity Plan (LTCP)[16] highlights issues with congestion on key routes, including the A40, A44, and A415.

Economy and employment

4.10 Unemployed people have a greater risk of poor health than those in employment, contributing to health inequalities[17.] Those in more disadvantaged socioeconomic positions are more likely to be unemployed than those in more advantaged positions.

Table 4-1 Claimant count by age – not seasonally adjusted (January 2025)

Age group	West Oxfordshire	Great Britain
Age 16+	1.8%	4.1%
Aged16-17	0.2%	0.2%
Aged 18-24	2.7%	5.4%
Aged 18-21	3.0%	5.8%
Aged 25-49	2.0%	4.7%
Aged 50+	1.4%	3.1%

Source: ONS Claimant counts by sex and age

4.11 Latest modelled unemployment rates for West Oxfordshire show that 2% of 16-64 year olds are

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[14] Oxfordshire County Council (2022) Road Traffic Accident Data Summary https://www.oxfordshire.gov.uk/sites/default/files/file/roads-and-transport/Casualtyreport2022.pdf
[15] Living Streets (2024) Pavement Parking https://www.livingstreets.org.uk/policy-reports-and-research/pavement-parking/
[16] Oxfordshire County Council (2022) Oxfordshire Local Transport and Connectivity Plan 2022-2050 https://www.oxfordshire.gov.uk/transport-and-travel/connecting-oxfordshire/ltcp
[17] The Marmot Review Team. Fair Society, Healthy Lives: Strategic review of health inequalities in England post 2010. London: Marmot Review Team, 2010. https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review

unemployed which is lower than Oxfordshire and national rates. However, as of January 2025 claimant rates (Table 4-1) show that 2.7% of 18-24 year old claim benefits in comparison to 1.8% of the 16+ population. The rate is even higher for 18-21 year olds at 3%.

4.12 Whilst current detailed data on ethnicity and unemployment at the West Oxfordshire level is unavailable, national evidence shows that people from certain ethnic minority groups have higher unemployment rates and white people have lower unemployment rates out of all ethnic groups[18].

4.13 There are a combination of personal, structural and systemic factors that create barriers to employment for many groups. For example, women are more likely to have logistical challenges such as childcare, young people and ethnic minority groups may lack transport options or necessary skills and disabled people may be restricted by inaccessible workplaces

4.14 Of the 61.7% people in full time employment in West Oxfordshire, the workforce is highly skilled with approximately one-quarter of people in professional occupations[105].

4.15 Not including the local agriculture industry, the district has 47,000 jobs, with significant manufacturing, construction, wholesale and retail, accommodation and food service sectors[19]. It has a strong tourism industry due to its location within the Cotswolds, popular attractions such as Blenheim Palace, and market towns such as Witney and Burford. Its location provides links for commuting to Oxford City, Cherwell District and Vale of White Horse District. In addition, key areas for industry include the Oxford Science Park, RAF Brize Norton and Siemens and Abbot, as well as clusters of science, engineering and manufacturing businesses. There is potential for rapid growth of existing firms, particularly in engineering, motorsport and food production[20].

4.16 Some 98.5% of businesses in the district are classified as small or micro-sized, while only 0.3% are large enterprises[21]. A lack of large multinational businesses and large employment areas remains a barrier for employment options in the area, resulting in a large number of residents commuting outside of the district for work[22].

4.17 The Government's 10 Point Plan for a Green Industrial Revolution, published in 2020, aimed to support up to 250,000 green jobs by 2030. Some jobs described as 'brown jobs' or 'sunset jobs' will see decreased demand from employers as part of the net zero transition. Approximately 20% of UK employees are employed in sectors such as energy, construction, and waste and resources management. These sectors will see the biggest changes from the net zero transition over the next decade, with some 135,000 and 725,000 new jobs being created in these sectors by 2030. A further 20% of workers are in enabling sectors, such as teaching and finance[23].

Air quality

4.18 Poor air quality is one of the main environmental risks to public health contributing to a range of health effects for example low birth weight, asthma, development problems, coronary heart disease, diabetes, lung development issues/lung cancer, dementia, strokes, heart attack and

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[18] UK Government (2024) Ethnicity Facts and Figures https://www.ethnicity-facts-figures.service.gov.uk/work-pay-and-benefits/unemployment-and-economic-inactivity/unemployment/latest/

[19] ONS Business Register and Employment Survey (2023) Employee jobs https://www.nomisweb.co.uk/reports/lmp/la/1946157327/printable.aspx

[20] Cambridge Econometrics (Feb 2014) Economic Forecasting to Inform the Oxfordshire Strategic economic Plan and Strategic Housing Market Assessment https://www.westoxon.gov.uk/media/ewcbz0rr/oxfordshire-economic-forecasting-final-report-2014.pdf

[21] Inter Departmental Business Register (ONS) (2024) UK Business Counts **https://www.nomisweb.co.uk/reports/lmp/la/1946157327/printable.aspx**

[22] ONS (2024) Internal Migration Map: Available at: https://www.ons.gov.uk/visualisations/dvc638/maps/flow/

[23] P. Simmonds, C. Lally (2024) UK Parliament Research Briefing: Green skills for education and employment https://post.parliament.uk/research-briefings/post-pn-0711/

heart failure[24].

4.19   There is most evidence for harm to health associated with PM2.5. These air pollutants are emitted from a range of sources including agriculture, transport, industry and domestic heating, including solid fuel burning. Currently, there is no clear evidence of a safe level of exposure.

4.20   The Oxfordshire County Council Air Quality Strategy[25] sets out a vision to accelerate the improvement in Oxfordshire's air quality to reduce the health and environmental impacts of dirty air, so ensuring that all residents can breathe safety. The strategy outlines the approach being taken to improve air quality and is supported by a more detailed short term route map.

4.21   The strategy recognises that air pollution may be the result of different sources across the County. For example, in urban centres, traffic and domestic combustion are the sectors that more strongly contribute to particulate matter and nitrogen dioxide emissions, whilst in rural areas agriculture and industry as significant sources of air pollution.

4.22   There are two Air Quality Management Areas (AQMAs) in West Oxfordshire, Witney and Chipping Norton. Boths areas were declared AQMAs in 2005 due to high levels of nitrogen dioxide (NO2) from traffic related emissions. However, both areas have seen a reduction since 2020, and have been below the national objective for nitrogen dioxide concentrations. The AQMAs are supported by an Air Quality Action Plan[26] which focuses on reducing transport based emissions through reducing car use and promoting sustainable modes of travel.

4.23   Research shows that emissions from travel are not fairly shared across people living in Great Britain, with the half of the population who emit the least, responsible for just 11% of transport emissions. The highest emitting 10% of the population are responsible for 42% of all transport emissions[27]. However, the burden of air quality related disease is also unevenly distributed, often disproportionately affecting the most vulnerable and susceptible groups. This can be due to greater exposure, for example, those who are more likely to live or work in more polluted areas (such as low income households and ethnic minority groups) or those that are more susceptible such as older people, disabled people, children and pregnant women[28].

Noise

4.24   Noise impacts of health include annoyance and sleep disturbance, cardiovascular disease, ischaemic heart disease and heart attacks. There is also some evidence on metabolic impacts, for example diabetes[29]. Research suggests that in 2018, 130,000 healthy life years were lost in the UK due to noise pollution; and that 40% of the population were exposed to harmful levels of noise pollution from road traffic[30].

4.25   DEFRA noise mapping shows that noise levels in West Oxfordshire relating to road traffic are

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[24] Public Health England (2018) Health matters: air pollution https://www.gov.uk/government/publications/health-matters-air-pollution/health-matters-air-pollution#resources

[25] Oxfordshire County Council (2023) Oxfordshire County Council Air Quality Strategy 2023 – 2030 Health Food Environment https://mycouncil.oxfordshire.gov.uk/documents/s65892/CAB_230523%20Air%20Quality%20Strategy%20Annex%201.pdf

[26] West Oxfordshire District Council (2024) Witney and Chipping Norton Air Quality Action Plan https://www.westoxon.gov.uk/environment/noise-pests-pollution-and-air-quality/air-quality/

[27] IPPR (2023) Moving together: A people-focussed pathway to fairer and greener transport https://www.ippr.org/articles/moving-together

[28] World Health Organisation (2021) WHO Air Quality Guidelines https://iris.who.int/handle/10665/345329

[29] House of Lords Science and Technology Committee *The neglected pollutants: the effects of artificial light and noise on human health* (2nd Report, Session 2022-23, HL Paper 232). https://policymogul.com/parliamentary-record/hansard-content/44453/artificial-light-and-noise-effects-on-human-health-science-and-technology-committee-report-?topic-id=none#contribution-EBB7F85F-17F7-4FF0-8099-6DB707E4DD9C

[30] B Fenech and G Rodgers (2019) Proceedings of the International Congress on Acoustics, ISSN: 2415-1599, Vol: 2019-September, Page: 7137-7144

concentrated along key corridors and especially the A40[31] [32]. Other significant noise levels are associated with the rail network and RAF Brize Norton.

4.26   Noise pollution caused by construction activities can affect human health and well-being negatively[33]. Whilst major developments are subject to noise assessments as part of an Environmental Impact Assessment process, this is often based on receptors or an area based approach with limited assessment involving specific vulnerable groups within the population.

4.27   Sound is experienced in different ways by different people according to characteristics such as age or certain disabilities. Exposure is also a factor for example, increased noise next to a school or place where people work or are at home all day may have more adverse effects. Chronically ill and elderly people are more sensitive to disturbance. Shift workers are also at increased risk due to their differing sleeping structure. In addition, those who cannot afford to live in quiet residential areas or have adequately insulated homes, are likely to suffer disproportionately[34].

4.28   There is potential for greater noise transference through the walls of Gypsy and Traveller trailers and caravans than through the walls of conventional housing, and therefore mitigation to reduce noise impacts on quality of life and health for this group is important[35].

Healthy food environment

4.29   The link between food and health is clear with nine of the top fifteen risk factors for morbidity, including high body mass index (BMI), high blood pressure, cardiac disease, diabetes and malnutrition associated with an unhealthy diet. The likelihood of obesity in individuals, and in different settings is related to structural factors limiting the availability of healthy sustainable food at locally affordable prices[36]. Obesity and excess weight are a public health priority nationally and for West Oxfordshire, with relatively high rates of child obesity in Witney and Carterton.

4.30   The food environment includes the availability, accessibility, and adequacy of food in each area. It is influenced by physical, economic, policy, and socio-cultural factors and affects people's health and well-being. Food outlets which sell mostly unhealthy and ultra-processed foods are associated with higher levels of obesity, while fruit and vegetable availability and supermarket accessibility, which enable healthier food access, are related to lower levels of obesity[37].

4.31   Government guidance recommends that planning policies be used to help promote healthier food and drink choices by:

- Ensuring shops and markets that sell a diverse food offer are easy to reach by walking, cycling or public transport;

- Requiring leisure centres, workplaces, schools and hospitals with catering facilities and/or vending machines to have a healthier food offer for staff, students, and/or customers; and

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[31] DEFRA (2023) https://environment.data.gov.uk/dataset/562c9d56-7c2d-4d42-83bb-578d6e97a517

[32] the day-evening-night level (Lden) is a noise indicator for overall annoyance based on annual average A-weighted long-term sound over 24 hours with a 5 dB(A) penalty for evening noise (7pm to 11pm) and a 10 dB(A) penalty for night time noise (11pm to 7am)

[33] M Mir et al (April 2023) Construction noise effects on human health: Evidence from physiological measures in Sustainable Cities and Society https://www.sciencedirect.com/science/article/pii/S2210670723000811#bbib0007

[34] World Health Organisation (2010) Noise Factsheet https://www.who.int/Europe/news-room/fact-sheets/item/noise

[35] Communities and Local Government (2008) Designing Gypsy and Traveller Sites: Good Practice Guide

[36] World Health Organisation(2024) Obesity and Overweight Factsheet https://www.who.int/news-room/fact-sheets/detail/obesity-and-overweight

[37] Pineda et al (April 2024) Food Environment and Obesity: A Systematic Review and Meta-Analysis https://nutrition.bmj.com/content/early/2024/04/21/bmjnph-2023-000663

- Ensuring development avoids over-concentration of hot food takeaways in existing town centres or high streets, and restricts their proximity to schools or other facilities for children and young people and families.

4.32 The density of fast food outlets is increasing and is higher is areas of higher deprivation[38]. As of March 2025, West Oxfordshire has 74 takeaway food outlets[39]. However, some areas have a higher density of takeaway outlets per 1,000 population than the England average as shown in Table 4-2. These tend to be located closer to people's homes in the most deprived areas and those with the highest levels of obesity[40].

Table 4-2 Areas in West Oxfordshire with higher than average takeaway outlets per 1000 population (March 2025)

Area	Total takeaway outlets	Takeaway outlets per 1000 population
England	59,135	1.05
West Oxfordshire	74	0.66
Witney Central	21	1.92
Carterton South	13	1.85
Chipping Norton	13	1.87

Source: FEAT access tool

4.33 The regulation of food outlets through zoning laws may help to tackle the burden of obesity and can be influenced by Local Plans. However, fast food outlets are successfully challenging council restrictions at appeal by claiming to promote healthier lifestyles[41].

4.34 The abundance and distribution of food offerings in supermarkets has also been shown to affect excess weight and obesity. However, there are no mechanisms apparent for regulating this as part of the local planning process. Regulations that focus on increasing the availability of healthy food within stores, ensuring overall healthy food environments and reducing the disinformation campaigns by supermarkets, may be outside the scope of local plans, and dependent on national policy.

4.35 Rural households are often affected by the twofold disadvantage of comparatively poor access to physical shops in addition to limited availability of online shopping. This is demonstrated by the e-food desert index[42] covering Great Britain and ranks some areas of West Oxfordshire in the top 10% 'food desert' areas.

4.36 The combination of digital exclusion and restricted access to shops is shared by other food insecure households (for example, households including disabled and older people), who experience poor access to both physical and online food shopping. While online access has become increasingly important, barriers to using digital products for some groups can restrict their ability to shop online for food. Many commercial websites do not meet accessibility standards making them inaccessible and leading to digital exclusion for disabled people[43]. A

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[38] Office for Health Improvement and Disparities (Feb 2025) Wider Determinants of Health: February 2025 Update https://www.gov.uk/government/statistics/wider-determinants-of-health-february-2025-update

[39] Food Environment Assessment Tool (March 2025) https://www.feat-tool.org.uk/feat2/

[40] West Oxfordshire District Council (2024) Hot Food Takeaway – supporting evidence for planning

[41] Borland (Feb 2025) McDonald's triumphs over council's rejection of new branches by claiming it promotes " healthier lifestyles" BMJ 2025; 388 https://doi.org/10.1136/bmj.r163

[42] e-food desert index

[43] A Clark et al (2024) House of Commons Debate Pack: Debate on Digital Exclusion https://researchbriefings.files.parliament.uk/documents/CDP-2024-0041/CDP-2024-0041.pdf

survey carried out by Scope found that just under half (45%) of disabled people said they experienced accessibility issues with a supermarket's website or app when buying food online[44]. In 2021, 6% of UK households[45] did not have access to the internet at home. Those most at risk of digital exclusion were older people, the financially insecure, and people impacted by a limiting condition like a hearing or vision impairment.

4.37   Research by the Trussell Trust shows that those with digital access issues were overrepresented at food banks[46]. Whilst West Oxfordshire is an affluent area, the Witney and West Oxfordshire foodbank (supported by Trussell Trust) distributed 6,231 food parcels from 2022 to 2023. The drivers of need for the foodbank have shifted over recent years. In 2019/2020, 31% of clients required assistance because of benefits changes or delays, down to 3% in 2021/22. Conversely, 76% of clients required food bank assistance due to low income in 2021/22, up from 43% in 2019/2020. This suggests that food insecurity is becoming increasingly long-term in West Oxfordshire, and that the causes of food insecurity are becoming more fundamental[47].

4.38   There is the potential for access to healthy food to be affected further by someone's health status. For example, there is a higher cost for food items for medically necessary diets such as gluten free products. This can affect people's capacity to work and in turn their household income[48]. Different racial or religious groups may also have specific needs for a healthy diet such as kosher or halal products. These may not be available locally where only small numbers of these groups are resident in the community.

Physical activity

4.39   Lack of physical activity also contributes to poor health and is one of the key factors attributed to obesity. Whilst the level of active adults in West Oxfordshire is comparable to regional averages and 5% higher than national averages, only 48.5% of children and young people are achieving Chief Medical Officers (CMO) recommended levels of activity, lower than regional and national averages[49].

4.40   Stakeholder consultation undertaken by West Oxfordshire identified target groups for increasing physical activity in the district as shown in Figure 4-1.

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[44] Scope (2021) Supermarkets, the pandemic and the future for disabled customers https://www.scope.org.uk/campaigns/research-policy/supermarkets-the-pandemic-and-the-future-for-disabled-customers

[45] Ofcom (Mar 2022) Digital exclusion A review of Ofcom's research on digital exclusion among adults in the UK https://www.ofcom.org.uk/__data/assets/pdf_file/0022/234364/digital-exclusion-review-2022.pdf

[46] Defra (2024) United Kingdom Food Security Report 2024: Theme 4: Food Security at Household Level https://www.gov.uk/government/statistics/united-kingdom-food-security-report-2024/united-kingdom-food-security-report-2024-theme-4-food-security-at-household-level#physical-access-to-food-shops

[47] Citizens Advice West Oxfordshire (2022) Community Profile 2022 West Oxfordshire https://citizensadvicewestoxon.org/wp-content/uploads/2022/11/Community-Profile-final-2022.pdf

[48] S Denning (Nov 2023) Hidden Hardship: Everyday Experiences, Coping Strategies, and Barriers to Wellbeing in Rural Britain https://hiddenhardship.coventry.ac.uk/index.php/report-for-policymakers-and-community-leaders/

[49] Sport England Active Lives Children & Young People Survey Academic Year 2018-2019/2021-22

Figure 4-1 Target Groups for Increasing Physical Activity
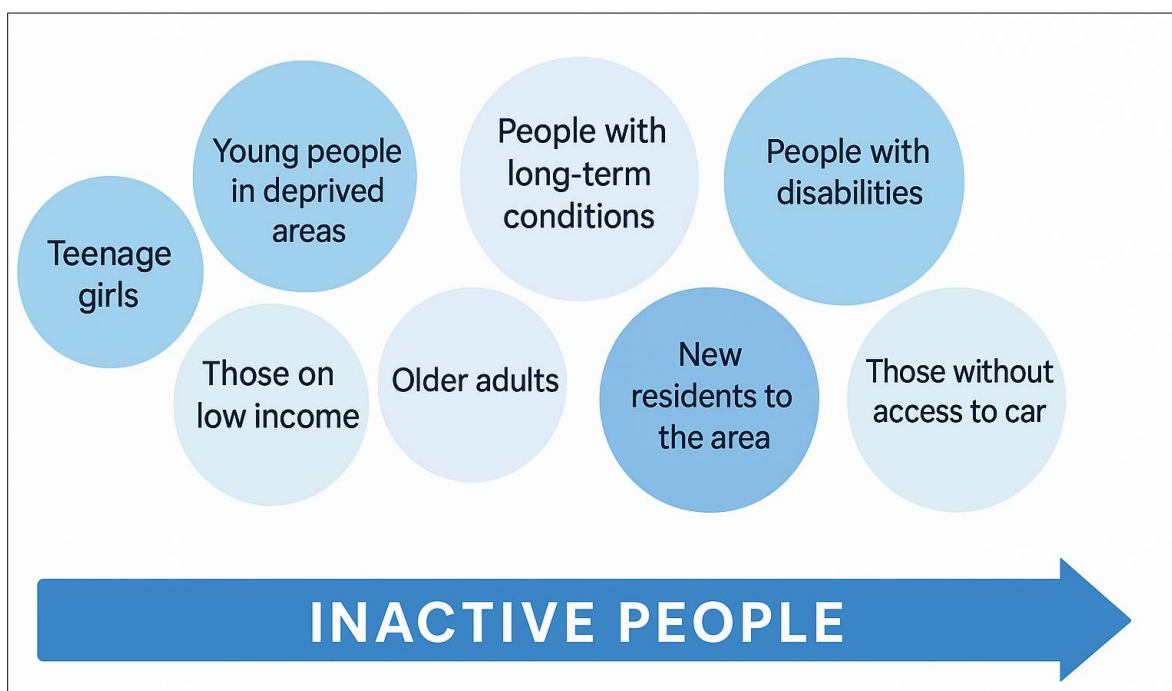
Source: West Oxfordshire Strategic Outcomes Planning Model: Stage 1-3[50]

4.41 Barriers identified by inactive residents to participation in physical activity include cost, accessibility, health conditions, convenient facilities, lack of confidence and time due to work. Inactive residents stated that they would feel encouraged to partake in physical activity with cleaner, improved and accessible facilities, car parking, classes at different times of the day, a better range of facilities and more activities at parks and open spaces.

4.42 The Council also carried out a survey of young people in West Oxfordshire in 2022. Findings showed that young people faced multiple barriers to taking part in activities with this lack of opportunity had wider health and wellbeing impacts. Barriers included cost, transport, isolation and having someone to attend with.

4.43 Disabled people may have barriers to using recreational activities including adequate changing rooms, toilets, and access to and around buildings. Changing Places Toilets provide facilities that enable severely disabled people to access, attend hospital appointments, enjoy community life, socialise and travel. There are currently four Changing Places toilets in West Oxfordshire located at the Windrush Leisure Centre, Chipping Norton Leisure Centre, Cotswold Wildlife Park and Alvescot Road Recreation Ground. Cycling is often easier than walking for most people with physical disabilities. As such it has huge benefits for mental and physical health and wellbeing for disabled people[51].

4.44 Barriers to participation in physical activity for women include lack of confidence, caring responsibilities[52], cultural or social beliefs, affordability and time. Women and girls can also feel excluded through the design of public spaces and feel safer in smaller spaces that no one group

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[50] West Oxfordshire (2024) Strategic Outcomes Planning Model: Stages 1-3
[51] K Inckle (2020). Disability, Cycling and Health: Impacts and (Missed) Opportunities in Public Health. Scandinavian Journal of Disability Research, 22(1), pp. 417–427 https://doi.org/10.16993/sjdr.695
[52] UK Parliament (March 2024) Health barriers for girls and women in sport
https://publications.parliament.uk/pa/cm5804/cmselect/cmwomeq/130/report.html#heading-2

can dominate[53].

4.45 Research by This Girl Can campaign reveals that only 1 in 10 women from lower-income backgrounds feel they 'completely belong in the world of physical activity' – highlighting barriers such as inclusion, affordability and tailored support. The insights find that for women on lower incomes from underrepresented groups, including Black women, Asian Muslim women, pregnant women, new mothers, and older women, the challenges and feelings of not being included are even greater[54].

4.46 The West Oxfordshire Infrastructure Delivery Plan sets out the sports, leisure and recreational facilities across the district. Major sports facilities in the district are considered to be well within an acceptable travel time and distance for the residents in a rural district. However, some of the facilities are poor quality and there are some deficiencies which have been identified in open space[55] and playing pitch studies[56].

Crime and anti-social behaviour

4.47 Living in areas with high levels of crime can affect people's health negatively as can the direct health effects of being the victim of violent crime. At the same time, people living in high crime areas are more likely to be in poor health[57].

4.48 Crime rates are low in West Oxfordshire compared to the England and Wales rate. In the year ending September 2024, there was a crime rate of 50.5 per 1,000 population in West Oxfordshire compared to the England and Wales average crime rate of 88 per 1,000 people. The highest crime rates in the district were for violence and sexual offences and anti-social behaviour.

4.49 Legislation recognises five types of hate crime[58]; race, religion, sexual orientation, disability and transgender identity. Some protected characteristic groups are more vulnerable to crimes such as violent or sexual offences or to be the target of harassment and hate crime. The Crime Survey for England and Wales (CSEW)[59] found that:

4.50 The odds of being a victim of a crime were approximately 1.5 times greater for disabled people and single-parent households compared with non-disabled people and those living in a household with no children;

- 3.3% women aged 16 years and over were victims of sexual assault (including attempts) in the year ending March 2022 compared to 1.2% of men;

- Those identifying within "Mixed or Multiple ethnic groups" were more likely to be a victim of CSEW headline crime compared with those identifying within the "White" ethnic group;

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[53] Make Space for Girls (2023) Make Space for Girls: The Research Background https://www.makespaceforgirls.co.uk/
[54] This Girl Can (Feb 2025) Belonging Starts with Inclusion
https://www.thisgirlcan.co.uk/campaign-hub/resources/insight?section=belonging_starts_with_inclusion
[55] West Oxfordshire Open Space Study 2013 (westoxon.gov.uk)
[56] Playing Pitch Strategy & Action Plan Report 2022 (westoxon.gov.uk)
[57] The Health Foundation (2024) Relationship between neighbourhood crime and health https://www.health.org.uk/evidence-hub/our-surroundings/safety/relationship-between-neighbourhood-crime-and-health
[58] https://www.cps.gov.uk/crime-info/hate-crime
[59] Office for National Statistics (March 2024) ONS website, article, Crime in England and Wales, victim characteristics: year ending March 2023
https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/articles/crimeinenglandandwalesvictimcharacteristics/yearendingmarch2023

- People aged 55 years and over had decreased odds of experiencing a crime compared with those aged 16 to 24 years (this association was partially reduced after adjusting for other factors, including spending time outside the home and visits to pubs or bars).

4.51   Fear of crime can also have an indirect detrimental impact on health. Research shows that fear of crime results in people exercising less, as well as reducing how often people socialise, resulting in poorer mental and physical health[60]. Crime opportunities can be influenced by the design of public spaces including parks, streets, transport infrastructure and shopping centres. Poor design and maintenance of such places can maximise crime opportunities or give users the perception that nobody is in control and, therefore, they are perceived to be unsafe[61].

Education and skills

4.52   Education and skills have a big impact on health, with level of education achieved affecting job opportunities, income and housing and life expectancy[62].

4.53   Educational achievement is relatively high in West Oxfordshire (Table 4-3) and the district in the 80th percentile of local authorities for average qualification rank[63]. The district has lower percentages of residents with no qualifications (13.9%) compared to the national average (18.2%). A higher percentage of West Oxfordshire residents also have achieved level 4 qualifications and above (38.3.6%) compared to England and Wales (33.8%).

Table 4-3 Educational attainment (Census 2021)

Qualifications	West Oxfordshire	England
No qualifications	13.9%	18.2%
Level 1 and entry level qualifications	9.5%	9.6%
Level 2 qualifications	13.4%	13.4%
Apprenticeships	5.4%	5.3%
Level 3 qualifications	17.2%	16.9%
Level 4 qualifications & above	38.3%	33.8%
Other qualifications	2.3%	2.8%

4.54   The West Oxfordshire Infrastructure Delivery Plan Update 2024 Baseline Report[64] states there are a total of 53 primary schools, 2 infant schools, 1 nursery, 1 special school and 7 secondary schools in the district. Pressure on nursery and school places is growing in Witney, Eynsham and Carterton and the proposed new strategic developments in the Local Plan are likely to increase demand further.

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[60] The Health Foundation (2024) Relationship between neighbourhood crime and health https://www.health.org.uk/evidence-hub/our-surroundings/safety/relationship-between-neighbourhood-crime-and-health

[61] V Ceccato and M K Nalla (2020) Crime and fear in public places: an introduction to the special issue International Journal of Comparative and Applied Criminal Justice Volume 44, 2020 - Issue 4: Crime and fear in public places

[62] People's Health Trust (2024) What makes us healthy? https://www.peopleshealthtrust.org.uk/health-inequalities/what-makes-us-healthy/education-skills

[63] ONS (2023) Education, England and Wales: Census 2021. Highest level of qualification, usual residents aged 16 years and over: index score ranked and percentage distribution, 2021, local authorities in England and Wales. https://www.ons.gov.uk/peoplepopulationandcommunity/educationandchildcare/bulletins/educationenglandandwales/census2021

[64] West Oxfordshire (2024) Infrastructure Delivery Plan

4.55   The Witney Campus of Abingdon and Witney College provides part-time and full-time further and higher education courses. The Common Leys Farm campus at Witney focuses on countryside management, ecological and horticulture skills. The site is also home to The Livestock Technology centre, which focuses on latest skills and knowledge in agri-tech and agriculture. The College also has an Advanced Skills and Green Construction Centre in Abingdon.

4.56   There are no universities within West Oxfordshire, however, the district is located within a commutable distance to Oxford University, Oxford Brookes University and the Royal Agricultural College.

4.57   Adult learning centres are situated in Carterton and Chipping Norton with provision in Burford, Charlbury, Eynsham and Witney. However, the IDP notes a deficit of Adult Learning services in Witney and it is a high priority to have an Adult Learning Centre in the town.

4.58   Approximately half of pupils with Education Needs & Disabilities (SEND) in West Oxfordshire are educated in mainstream schools, in some cases supported by specialist resource bases, and approximately half attend special schools, some of which are run by the local authority and some of which are independent. Based on current pupil data, approximately 1.5% of West Oxfordshire pupils attend special schools. There is an urgent need for additional special school provision, especially to meet the growth in the number of pupils needing specialist support for Social, Emotional & Mental Health (SEMH) and/or Autism Spectrum Disorder (ASD) needs, although extra provision for special education needs is expected to be met outside of the district.

4.59   Children from low income households are more likely to have lower levels of development in the first year of school than children from more affluent families. By the age of 30, people with the highest levels of education are expected to live four years longer than those with the lowest levels of education. Provision of early years services such as parent and toddler clubs and nurseries can give children a better start in life and reduce later educational inequalities.

4.60   Adult training or mentoring schemes can help to close skills gaps. This works well in informal community settings where people can share and develop skills together in a supportive and open environment[65].

4.61   Young people from some ethnic minority groups face additional barriers to education and training. For example, migrants and refugees need to learn the language before they can start learning other skills, and people with learning disabilities may need tailored training and support[66].

4.62   The Green Jobs Taskforce stated that creating sustainable high-quality jobs will require all levels of education and training provision to embed Net Zero and deliver the skills and knowledge needed for green jobs. The UK Government needs to map, review, and enhance training pathways to support an inclusive and diverse workforce that is aligned to Net Zero commitments. As 80% of the 2030 workforce are already in employment, the green skills transition will mainly involve upskilling existing workers. Further Education (FE) colleges, formal training and qualification providers, employers, and Higher Education providers will play key roles in delivering this training[67].

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[65] Social Mobility Commission (2019) Adult skills gap and the falling investment in adults with low qualifications
https://www.gov.uk/government/publications/low-skilled-adults-are-missing-out-on-training-the-skills-gap
[66] https://www.peopleshealthtrust.org.uk/health-inequalities/what-makes-us-healthy/education-skills
[67] P. Simmonds, C. Lally (2024) UK Parliament Research Briefing: Green skills for education and employment
https://post.parliament.uk/research-briefings/post-pn-0711/

Natural environment

4.63 People are dependent on nature with all systems and goods that support health and well-being ultimately being linked to the natural world. As shown in Figure 4-2 there are many interconnections between nature and health and changes to the natural environment threatens health in a variety of ways.

Figure 4-2 Overview of interconnections between nature and health

Source: World Health Organisation 2021

4.64 People and communities have different access to nature and are exposed to different levels of environmental risk depending on where they live and their socio-economic status. Exposure to environmental health risks is typically disproportionately high among low-income, communities, while opportunities for environmental health benefits (such as access to natural areas) are also often unfairly distributed.

4.65 At the local level, green spaces and trees in urban areas can mitigate risks associated with excess urban heat, but such green spaces are often less prevalent in poorer neighbourhoods. Higher-quality, health-promoting natural environments are usually more likely to be found in wealthier areas. Access to natural environments for recreation may be substantially constrained by distance and availability of resources and time to visit them. In addition, safety concerns and other social cultural barriers tend to be disproportionately experienced, affecting access to nature and limiting the benefits for some groups[68].

4.66 West Oxfordshire has a diverse and rich natural environment including:

- 34% of the district located within the Cotswolds National Landscape;

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[68] World Health Organisation (2021) Nature, biodiversity and health: an overview of interconnections. Copenhagen: WHO Regional Office for Europe; 2021. Licence: CC BY-NC-SA 3.0 IGO. (https://iris.who.int/bitstream/handle/10665/341376/9789289055581-eng.pdf?sequence=1

- Sites identified for their biodiversity or geological importance, including 29 Sites of Special Scientific Interest, a Special Area of Conservation at Cassington Meadows, two National Nature Reserves (NNRs): Wychwood NNR and Chimney Meadows NNR

- 6,584 hectares of woodland, accounting for 9.22% of its total land area, including the Wychwood Forest, the least developed area in Oxfordshire.

- Several rivers, providing biodiversity corridors, recreational opportunities, and scenic settings for towns and villages.

- Significant sand, gravel, and limestone resources, especially in the Lower Windrush Valley.

4.67 However, the West Oxfordshire Open Space Study 2013-2029 which evaluated the quantity, quality and accessibility of open space and recreational provision in West Oxfordshire identified that the majority of wards had poor accessibility to greenspace[69].

4.68 There are 2,600 miles (4,200km) of public rights of way across Oxfordshire. The West Oxfordshire Infrastructure Delivery Plan notes that Public rights of way do not always meet modern accessibility and recreational expectations due to terrain and the paths needing to allow for land use constraints e.g. fencing of livestock. Investment is often required in upgrading the paths that are suitable for accessibility improvements and then for maintaining them.

4.69 The Local Plan 2041 Sustainability Appraisal Scoping Report[70] findings show that:

- The increasing population in West Oxfordshire, alongside new development such as the Salt Cross Garden Village, is likely to place pressure on water resources. This may result in a deficit between supply and demand if not carefully planned and managed alongside Thames Water, particularly as West Oxfordshire is located within an area of 'water stress'

- It is important to consider the impacts of development proposals on wastewater treatment in the local area and the capacity of water treatment works. There is a need to reduce the frequency of wastewater discharge into rivers during periods of storm overflow.

- Poor water quality conditions remain an issue, with no watercourses in West Oxfordshire achieving 'good' ecological status, and all classed as 'fail' for chemical status. There may be consequences of new wastewater generation for local water quality, and the ecological status of ground and surface water bodies.

- Most forms of development reduce the amount of rainfall that is intercepted by vegetation on the ground, which can have detrimental implications for surface water run-off.

- Construction activities in or near watercourses have the potential to cause pollution, impact upon the bed and banks of watercourses and impact upon the quality of the water. Flooding is a significant issue, affecting many communities.

4.70 Research has highlighted the strategies used by water companies in England to manufacture doubt and deflect blame for sewage pollution[71]. For example, in 2023 Thames Water was fined £3.3 million for discharges of raw sewage into rivers. The judge stated that Thames Water had

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[69] West Oxfordshire District Council (2013) West Oxfordshire Open Space Study 2013- 2029 https://www.westoxon.gov.uk/media/g2eom11w/west-oxfordshire-open-space-study-2013.pdf
[70] Lepus (2024) Sustainability Appraisal of the West Oxfordshire Local Plan 2041: Scoping Report https://www.westoxon.gov.uk/media/n2sjfpi0/sustainability-appraisal-of-the-west-oxfordshire-local-plan-scoping-report-august-2024.pdf
[71] Ford et al (2025) Water Industries strategies to manufacture doubt and deflect blame for sewage pollution https://doi.org/10.1038/s44221-024-00370-y

shown a deliberate attempt to mislead the Environmental Agency by omitting water quality data readings and submitting a report to the regulator denying responsibility. The paper lists 22 disinformation tactics used by water utilities. The Local Plan process can be used to ensure that accurate data about sewage discharges and sewer capacity is provided when permitting development to reduce potential issues with water pollution.

Housing

4.71   Evidence shows that poor housing conditions (including damp, cold, mould, noise) are strongly associated with poor health, both physical and mental. Specific physical effects are morbidity including respiratory conditions, cardiovascular disease and communicable disease transmission, and increased mortality.

4.72   In terms of mental health, living in non-decent, cold or overcrowded housing and in unaffordable housing has been linked with increased stress and a reduction in a sense of empowerment and control over one's life and with depression and anxiety.

4.73   Children living in overcrowded homes are more likely to be stressed, anxious and depressed, have poorer physical health, attain less well at school and have a greater risk of behavioural problems than those in uncrowded homes[72].

4.74   High house prices and rents can provide a barrier to housing for local people, especially young people and those on low incomes. West Oxfordshire had a housing affordability ratio of 11.4 in 2023, with an average house price 11.4 times the average annual earnings in the area. The average house price in West Oxfordshire (£411,000) is much higher than the UK average of £290,564 (provisional Jan 2025). For first time buyers in West Oxfordshire, the average house price as of December 2024 was £333,000[73].

4.75   Census 2021 data showed that private renting in West Oxfordshire increased from 14.9% to 17.9% while the rate of home ownership decreased from 69.7% to 66.8%. The average private monthly rent in January 2025 was £1,278.

4.76   The percentage of households in the social rented sector rose from 12.5% in 2011 to 13.3% in 2021, while across England it fell from 17.7% to 17.1%. More than 1,000 affordable homes have been built in the district since 2018. However, there remains 3000 people currently on the housing list for social housing in West Oxfordshire.

4.77   In 2018, the number of young people nationally (aged 16 - 24 years) who are accepted as homeless was approximately 20% of all homelessness acceptances. In West Oxfordshire, the percentage was higher at 38%[74].

4.78   The Oxfordshire Specialist and Support Housing Needs Assessment[75] sets out the future need for specialist housing over the next 10 - 20 years. This includes a requirement to increase housing for:

- Older people (55+ years);

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[72] Institute of Health Equality (Feb 2020) Health Equality in England: The Marmot Review 10 Years On https://www.health.org.uk/reports-and-analysis/reports/health-equity-in-england-the-marmot-review-10-years-on-0

[73] ONS (Feb 2025) https://www.ons.gov.uk/visualisations/housingpriceslocal/E07000181/

[74] West Oxfordshire District Council (2018) Preventing Homelessness Strategy 2018- 2023 https://www.westoxon.gov.uk/media/k4zlqx1n/preventing-homelessness-strategy-2018-to-2023.pdf

[75] Housing Learning and improvement Network (2024) Specialist and Supported Housing Needs Assessment: Report for Oxfordshire County Council https://www.westoxon.gov.uk/media/kgsj1j3a/oxfordshire-supported-housing-need-assessment-2024.pdf

- Adults with a learning disability/Autistic people; including children/young people living with their families who are likely to 'transition' to eligibility to adult services;

- Adults with serious mental health needs;

- Adults with physical disabilities/long term conditions; and

- Young people with support needs (specifically care leavers).

4.79 West Oxfordshire has double the national rate of Gypsy and Traveller population and there is a need for further accommodation as set out in the West Oxfordshire Gypsy and Traveller Needs Assessment[76]. Without decent accommodation options, and the ability to live in a manner which supports communities this community is at risk of being pushed further and further into poverty and social exclusion. With suitable accommodation, these communities can continue to function and adapt in a positive manner, rather than reacting continually to insecurity and the need to struggle to access the necessities of life such as water, sanitation and emergency health care[77].

Access to services

4.80 The Rural facilities and services in West Oxfordshire 2023 report by the Plunkett Foundation used the Co-op's wellbeing index to form community profiles for West Oxfordshire postcodes. This indicated consistently low scores related to "Equality" and "Health" across all service areas with recommendations that action taken by the Council, to protect and enhance rural facilities and services provision in West Oxfordshire should use these data areas as priorities for any businesses or groups supported.

4.81 The report identified that the rural nature of West Oxfordshire is contributing to higher levels of inequality, with residents experiencing isolation as a result of where they live. It recommended that 'service providers need to proactively engage with residents in more rural areas, for example through adjusting their operating hours or working with local transport providers to connect users with the services they need at the times when they need them'.

4.82 Those who work from home (5% of the population) or do not have access to a car may also rely more heavily on home delivery services. Home delivery services can help to support accessibility (as well as an overall reduction in car use if households use this as an alternative to travelling elsewhere to buy goods). However, access to new developments may prove difficult for some delivery companies, for example parking limitations and access for larger size vehicles.

4.83 Improvements are being made for the provision of ultrafast full-fibre broadband in West Oxfordshire, particularly with an increasing number of people working from home. Over 98% of households have access to super fast broadband.

Other Considerations

Climate Change

4.84 The consequences of climate change are likely to disproportionately affect vulnerable people on a global, regional and local scale. On a local scale, supporting the transition to net zero, reducing carbon and increasing renewable energy will contribute to cleaner local air quality. This

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[76] West Oxfordshire District Council (2024) Gypsy and Traveller, Travelling Showperson and Boat Dweller Accommodation Assessment 2024 https://www.westoxon.gov.uk/media/d3olwrb2/executive-summary-west-oxfordshire-final-accessible.pdf

[77] Equality and Human Rights Commission (2009) Inequalities experienced by Gypsy and Traveller communities: A review https://www.equalityhumanrights.com/sites/default/files/research_report_12inequalities_experienced_by_gypsy_and_traveller_communities_a_review.pdf

is likely to have positive health impacts and in particular on those who are more vulnerable to the adverse health effects of poor air quality for example, children, older people and disabled people.

4.85 Whilst West Oxfordshire does not have a high density of fossil fuel dependent industries and employment there are a number of sectors for which measures to address climate change (both locally and nationally) could impact more greatly, for example, agriculture, manufacturing and wholesale and repair of motor vehicles.

4.86 Consumers may also be impacted by changes to new renewable energy sources for homes and transport. For example, a high percentage of West Oxfordshire residents use an oil boiler (10.1% compared to 3.2% nationally).

4.87 Figure 4-3 shows the key just transition factors and stakeholders to be considered in developing net zero plans.

Figure 4-3 Key just transition factors and stakeholders to be considered in net zero plans
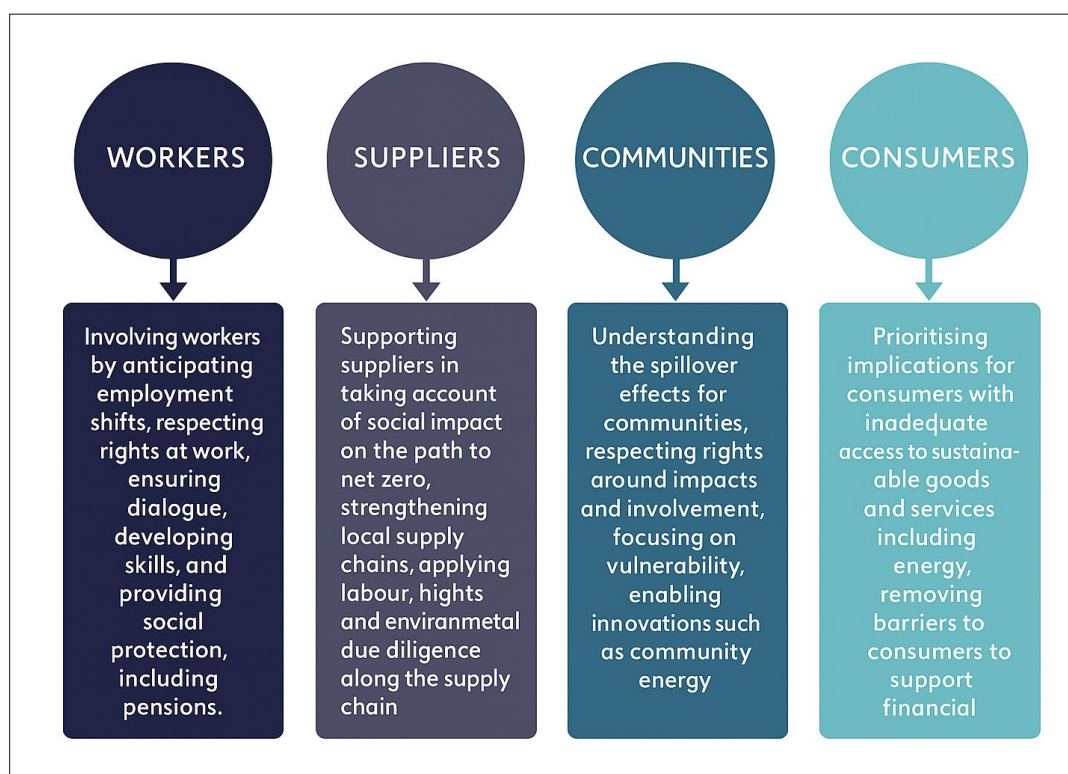
Source: Grantham Research Institute[78]

Key issues and evidence for protected characteristic groups

4.88 This section provides an overview of issues and evidence relating to each protected characteristic group with regards to the HEQIA themes.

Children and young people

- In a rural district such as West Oxfordshire, children may be dependent on parents and others to drive them to education, leisure facilities or social activities.

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[78] Grantham Research Institute (2022) Making Transition Plans Just https://www.lse.ac.uk/granthaminstitute/wp-content/uploads/2022/10/Making-Transition-Plans-Just-2.pdf

- Children can be more vulnerable to the adverse health effects of environmental impacts. For example, children are more susceptible to air pollutants (and in particular PM 2.5) than adults as their lungs, brains and immune systems are still developing. They tend to receive higher doses of toxic air than adults as children breathe twice as fast. Children also tend to be more physically active than adults and spend more time outside and are therefore more exposed to air pollutants. When children walk along main roads they are often in buggies or walking at the height of traffic fumes, so are often exposed to more roadside emissions and particulate dust which rests at ground level [79].

- Levels of physical activity are relatively low amongst children and young people in West Oxfordshire in comparison to national rates.

- Young people living in rural areas can experience barriers to affordable housing and employment opportunities and may not have access to their own car meaning that that rely on public transport or others to travel to key services.

Older people

- An ageing population means increased demand for health and adult social services, in addition to specific needs for housing, transport and other services.

- With regards to housing, the Government has identified[80] a range of challenges for older people, including:

  - Support with home maintenance, adaptations and repairs to enable them to stay in their homes for longer. They may also require other support services, such as social care, to maintain their independence and well-being.

  - A supportive local community and social networks are also recognised as important in supporting older people, for example by reducing loneliness.

  - A shortage of accessible and specialist housing for older people (for example, retirement housing, sheltered housing and housing with care) in both the private and social sectors.

  - Access to information and advice on housing options and support services, to enable them to make informed and timely choices about how and where they live.

  - Older people are more likely to be under-occupying their accommodation. Barriers to 'downsizing' or 'rightsizing' can include emotional bonds; fear of change; reluctance to lose a principal financial asset; and a lack of choice in appropriate accommodation to move on to.

  - The increase in older people living in private rented accommodation has raised concerns about their living conditions, difficulties in securing necessary adaptations, and ability to live a secure life in retirement.

- Travelling to services, such as shops, post offices and healthcare centres as well as visiting friends and relatives can be difficult for older people, particularly in rural areas. Accessibility issues are also more likely to affect older people than other age groups with some older people having limited mobility, hearing and vision impairments.

- Those who do not have access to their own car or who have may have lost the right to drive due to medical issues, are particularly vulnerable to social isolation in rural areas, where services, such as GP surgeries, are too far away to walk, and public transport options may be limited.

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[79] UNICEF (2018) A Breath of Toxic Air: UK Children in Danger https://www.unicef.org.uk/publications/child-health-breath-of-toxic-air/
[80] https://commonslibrary.parliament.uk/research-briefings/cbp-9239/

- Some older people may have difficulties in understanding information and accessing digital resources and difficulties in walking, cycling and using transport services or standing for long periods of time. They may experience barriers around walking or using mobility scooters/aids due to on-street or pavement parking and lack of crossing facilities.

- Evidence shows that traffic-related noise has increased health risks for older people and they are more vulnerable to the effects of poor air quality compared to the overall population. Older people are also more vulnerable to the environmental, safety and accessibility impacts of construction activities associated with new developments and infrastructure projects.

Women

- Women's housing situation is different from that of men and is generally worse with regards to affordability, ownership, safety and overcrowding. Because women have lower incomes and lower levels of wealth than men, it is more difficult for women to secure adequate housing on their own.

- Expectations around caring responsibilities, with women usually the main (and sole) carer of children, means that they face specific challenges in trying to secure accommodation suitable for them and their families. Surrounding infrastructure such as good local transport links, proximity to schools and childcare, health centres and supermarkets or grocery shops are all key for women to be able to combine caring tasks with paid employment[81].

- Women are more likely to make multi-stop and multi-purpose trips, combining travel to work with trips for other purposes such as taking children to school, looking after family members or shopping. However, they are more likely to walk, be a passenger in a car or take a bus than men. The use of trailer bikes for cycling may not always be compatible with existing infrastructure and therefore create a barrier for women travelling with children.

- 50% of women feel unsafe walking alone near their home after dark, 80% feel unsafe walking alone in parks or open space after dark [82].

Disabled people

- Disabled people may have requirements for accessible housing to support them to live independently. These include the need for both accessible family homes and housing suited for older people.

- Disabled people are not one homogenous group and face a range of complex barriers to physical and outdoor activity[83]. Those with sensory impairments and limited mobility, can face accessibility issues when using leisure facilities including inaccessible buildings and toilets[84].

- Physical barriers may also include steep gradients, steps, uneven path surfaces, limited resting places and seating. Excessive distances are also of particular concern to those with mobility or sensory impairments.

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[81] Women's Budgeting Group (2024) Housing and Gender: Briefing for a new government https://www.wbg.org.uk/publication/housing-and-gender-briefing-for-a-new-government/

[82] ONS, Perceptions of personal safety and experiences of harassment, Great Britain: 2 to 27 June 2021. https://www.ons.gov.uk/peoplepopulationandcommunity/crimeandjustice/bulletins/perceptionsofpersonalsafetyandexperiencesofharassmentgreatbritain/2to27june2021

[83] Sport England (Jan 2021) Uniting the Movement Strategy https://www.sportengland.org/about-us/uniting-movement

[84] Copestake et al., (2014) Removing barriers, raising disabled people's living standards. Available at: http://www.opm.co.uk/wp-content/uploads/2014/05/Removing-barriers-raising-living-standards.pdf

- Disabled people with limited mobility, hearing and vision impairments may also experience barriers to walking, cycling and using transport services and using public spaces. For example, these include lack of adequate infrastructure, on-street and pavement parking and lack of safe crossing facilities.

- Those with dementia or those who are neurodivergent may have different experiences and needs in using public spaces[85].

- Disabled people may be more dependent on cars to access services and rely on parking spaces near to facilities.

Ethnic minority groups:

- Gypsy, Roma and Traveller communities face significant discrimination and are among the most disadvantaged minority groups in the UK[86]. These communities are significantly more likely to have an enduring condition, suffer poorer health and experience an earlier death than the general population and the infant mortality rate is three times higher than the national average. These groups have the poorest educational and work outcomes and are among the most excluded[87].

- At the UK level, the majority of hate crimes in 2024 were racially motivated, accounting for over two-thirds of such offences.

- Young refugees and asylum seekers face barriers to adequate education and employment opportunities due to the need to learn English first.

Religious groups

- There is a need to consider places of worship, including accessibility to places, parking, and nearby uses. Planning policies for places of worship need to understand overall demand for the services as well as relevant times and days of week for worship services and other activities.

- Different racial or religious groups may have specific needs for a healthy diet such as kosher or halal products. These may not be available locally where only small numbers of these groups are resident in the community.

- Some groups may experience barriers to active travel and physical activity due to factors such as cultural expectations and clothing[88]

- Safety and security can be concern for certain religious groups in public spaces. While there was an overall decrease in hate crime in 2024 compared with the previous year, there was a 25% increase in religious hate crimes[89].

Trans people:

- Whilst there is limited evidence at the local level on gender reassignment, national level research highlights the levels of discrimination and hate crime faced by trans people[90].

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[85] BSI (Oct 2022) Design for the mind – Neurodiversity and the built environment: Guide https://knowledge.bsigroup.com/products/design-for-the-mind-neurodiversity-and-the-built-environment-guide

[86] Oxfordshire Data Hub – JSNA

[87] Equality and Human Rights Commission (2023) Equality and Human Rights Monitor https://www.equalityhumanrights.com/our-work/equality-and-human-rights-monitor/equality-and-human-rights-monitor-2023

[88] Transport for London (2011) What are the barriers to cycling amongst ethnic minority groups and people from deprived backgrounds? https://content.tfl.gov.uk/barriers-to-cycling-for-ethnic-minorities-and-deprived-groups-summary.pdf

[89] https://www.gov.uk/government/statistics/hate-crime-england-and-wales-year-ending-march-2024/hate-crime-england-and-wales-year-ending-march-2024

[90] Stonewall (2018) LGBT in Britain: Trans Report https://files.stonewall.org.uk/production/files/lgbt_in_britain_-_trans_report_final.pdf

- 25% of trans people stated that they were discriminated against when looking for a house or flat to rent or buy in the last year. 20% have experienced discrimination while looking for a new home.

- Trans people are at greater risk of being victims of crime with 48% of trans people not feeling comfortable when using public toilets through fear of discrimination or harassment. Many trans people also avoid gyms, clothing shops, leisure facilities, clubs or social groups, public transport and restaurants or bars.[91]

LGBTQ+ groups *(sexual orientation and gender reassignment)*

- Sexual orientation is one of the five groups covered by the hate crime legislation[92] and the most pertinent issue faced by this group relates to fears about intimidation, violence and/or abuse.

- It is estimated that 17% of LGBT people, and one in four disabled LGBT people, experienced a hate crime in the twelve months prior to 2017, an increase from 9% in 2013. Charges for hate crime charges aggravated by sexual orientation have also increased, despite 87 per cent of homophobic, biphobic or transphobic hate crimes being left unreported. LGBT individuals are more likely than heterosexual individuals to have encountered inappropriate sexual behaviour or hate crime while using public transport and may be concerned about safety and security while using public facilities.

Pregnancy and maternity

- Pregnant women are mobility restricted particularly at later stages of pregnancy and may have concerns or issues with regards to accessibility and safety as well as needing to access facilities whilst feeling nauseous or ill whilst in public spaces or travelling.

- Pregnant women are more vulnerable to the adverse effects of air pollution including an increasing risk of miscarriage as well premature births and low birth weights[93].

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[91] Equality and Human Rights Commission (2015) Is Britain Fairer?
https://www.equalityhumanrights.com/sites/default/files/key_facts_and_findings-_transgender_0.pdf
[92] https://www.cps.gov.uk/crime-info/hate-crime#:~:text=Someone%20can%20be%20a%20victim,convicted%20of%20a%20hate%20crime.
[93] Mitku, A.A., Zewotir, T., North, D. *et al.* (2023) Impact of ambient air pollution exposure during pregnancy on adverse birth outcomes: generalized structural equation modelling approach. *BMC Public Health* **23**, 45 (2023). https://doi.org/10.1186/s12889-022-14971-3

5. Assessment framework

Themes and considerations

5.1   The methodology for the assessment is based on the Oxfordshire HIA toolkit[94]. The toolkit has been designed to be used for the assessment of Local Plans and planning applications for major developments. The aim of the HIA toolkit is to support sustainable development, improve well-being, and to reduce health inequalities.

5.2   The HIA toolkit also sets out the groups that should be considered within the assessment (Table 5-1). This includes all of the protected characteristic groups (with the exception of Marriage/Civil partnership and is therefore consistent with the requirements of an Equality Impact Assessment.

Table 5-1 Population groups being considered within Oxfordshire HIA toolkit guidance

Sex/Gender related groups	Age related groups	Groups at high risk of discrimination or disadvantage	Income related groups	Geographical groups and/or other settings
• Female • Male • Transgender • Other	• Children & young people • Early years (including pregnancy and first year of life) • General adult population • Older people	• Black and minority ethnic groups • Carers • Ex-offenders • Gypsies & Travellers • Homeless • Language/Culture • Lesbian, gay and bisexual people • Looked after children • People seeking asylum • People with long term health conditions and people with physical, sensory or learning difficulties • Refugee groups • Religious groups • Lone parent families • Veterans	• Economically inactive • People on low income • People who are unable to work due to ill health • Unemployed/ workless	• People in key settings/ workplaces/ schools/ hospitals/ care homes/ prisons • People living in areas which exhibit poor economic and/or health indicators • People living in rural, isolated or over populated areas • People unable to access services and facilities • Students

5.3   The toolkit also provides an assessment framework of health themes ('determinants') alongside a number of 'considerations' as shown in Table 5-2. The HIA determinants and considerations are relevant to wider equality issues and as such, the same framework has also been used for assessing **equality** impacts. Using the same framework for both assessments allows for straightforward integration of the assessments as well as highlighting health inequalities. The toolkit guidance states that the themes and considerations are not exhaustive. Therefore, further considerations identified through the evidence review have been added to the framework to make it comprehensive for the needs of West Oxfordshire and to cover wider equality issues. These additional consideration are highlighted in blue with Table 5-2.

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[94] Future Oxfordshire Partnership (2024) Oxfordshire Health impact Assessment Toolkit
https://www.futureoxfordshirepartnership.org/partner-projects/oxfordshire-health-impact-assessment-toolkit

Table 5-2 HEQIA assessment framework: themes and considerations

HEQIA Themes	Considerations
Traffic and transportation	Introduction of sustainable transport options and incentives Speed reduction measures Reducing the need to travel, particularly by car Provision or enhancement of the public transport network Provision or enhancement of sustainable travel facilities Needs of people who are car dependent **Needs of people without a car**
Economy and employment	Access to relevant and skills specific employment and training opportunities Provision of a diversity of job opportunities Provision of accessible employment opportunities appropriate to the skill sets present in local community Provision of childcare facilities and other employee support services Supporting business start-up, development and survival Provision of a safe and pleasant biophilic working environment Creating an attractive business location that encourages investment **Just transition for skills and employment**
Air quality	Air pollution caused by traffic (during both construction and operation) Provision of green infrastructure to protect sensitive receptors Construction impacts such as dust and odours Provision of parking spaces Opportunities to increase active travel Proximity of residential units to industrial uses, or uses generating dust or other particulate matter Domestic fuel sources Agricultural development
Noise	Noise pollution caused by traffic (during both construction and operation) Inclusion of design measures that minimise the impact of noise Proximity and location of Noise Action Important Areas (NIAs) and noise agglomerations Proximity of development to major sources of noise Landscape design of development, tree cover and green infrastructure Proximity of residential units to industrial uses or uses generating late night noise can cause nuisance
Healthy food environments	Proximity of proposed development to fast food outlets/hot food takeaways Inclusions of fast food outlets/hot food takeaways within the proposed development and the proximity to local schools Opportunities to grow and purchase local healthy food locally Redevelopment or provision of local allotments, community growing projects, communal gardens or agricultural land Promotion of diversity of shopping facilities Opportunities for "greening" the environment, through green infrastructure that contributes to food provision **Online access and local delivery of healthy food**
Physical activity	Opportunities for physical activity Opportunities for active travel Facilitated access to open and natural space Infrastructure (built and transport) that incentivises and supports physical activity Opportunities for leisure activities including informal activities such as gardening or food growing
Crime and antisocial behaviour	Designing out crime, including both the built and landscaped environments Level of security and street surveillance Community engagement Major accidents/disasters Safety after dark Creation of safe and inclusive environments, spaces and places
Education and skills	Access to schools/higher education Local school capacity Opportunities for people to learn in an alternative educational setting School performance **Green skills and training** **Provision of adult education facilities**
Natural environment	Natural, ecologically functioning spaces, including water, grassland, woodland/trees Accessibility to natural green and blue spaces and places Consideration of community barriers to access Use/greening of existing built infrastructure Design of existing environments including footpath and cycle ways to maintained green spaces and places Support maintenance open spaces, play spaces and sports facilities Temporary or permanent diversion and/or closure of walking, cycling or horse riding routes Agricultural development and associated localised environmental impacts (e.g. pollution/run off)

HEQIA Themes	Considerations
	Flood management **Inclusive heritage/historic environment**
Housing	Delivery of affordable housing Provision of accessible and adaptable dwellings Housing density Energy efficiency **Gypsy traveller community provision**
Access to services	Provision of accessible healthcare services Access to existing local facilities and services Health and social care needs and demand for services Capacity of existing local services and facilities Access and use of buildings by disabled people, older people and those suffering from dementia **Access to services and facilities to improve health and wellbeing** **Cumulative impacts of developments on services**

Assessment approach

Stage 1: Regulation 18

5.4 The assessment of impacts involves completion of an adapted version of the assessment table provided within the Oxfordshire HIA toolkit (Table 5-3).

5.5 A full review of the policies within the Regulation 18 Local Plan will be undertaken. Following this a separate assessment table will be completed for each theme to include:

- Key high level baseline and evidence for each theme;

- A gap analysis of the Local Plan polices against the considerations under each theme. This will indicate the strength of emerging policy options in relation to each of HEQIA considerations as either:

    o Addressed

    o Partially addressed; or

    o Missing.

- The key Local Plan policies relevant to each consideration will be identified alongside supporting commentary;

- A high level assessment of potential health and equality impacts will be provided against each consideration;

- A summary will be provided for the theme as a whole along with strategic and policy specific recommendations.

- Each theme assessment will also include supporting documents, plans or policies that align with the Local Plan policies to enhance positive impacts or mitigate negative impacts.

Table 5-3 Assessment theme table template

Theme: xx			
Baseline			
Provides a summary of baseline data for West Oxfordshire and relevant population groups.			
Evidence			
Sets out headline summary of key evidence relating to the theme and considerations.			
Health and Equality Gap Analysis/Initial Impact Assessment for Regulation 18 (Plan preparation stage)			
Considerations	**Addressed in Preferred Policy/Spatial Options**	**Relevant Local Plan Policies**	**Potential health and equality effects**
Consideration	*Addressed* *Partially Addressed* *Missing*	*Relevant policies and commentary*	• *Initial high level impact assessment of policies on health and equality* • ***Potential health impacts*** *- Where relevant polices (or lack of)could potentially result in positive or negative impacts on health.* • ***Potential equality impacts*** *- Where relevant policies (or lack of) may result in disproportionate impacts on protected groups.*

Summary and recommendations
Provides a summary of relevant policies and impacts for the theme and recommendations or actions to reduce potential negative impacts and increase positive outcomes. Recommendations include changes to policies or policy wording, suggestions for additional policies and overarching suggestions for improving health and equality outcomes.
Supporting documents
Supporting documents/policies - identifies any existing or future plans or strategies that may help to mitigate against potential negative impacts or support positive outcomes.

Assessing impacts on protected characteristic groups

5.6 The assessment of equality impacts will consider how the Local Plan 2041 could contribute to the realisation of effects for groups with protected characteristics as defined in the Equality Act 2010. These protected characteristics are:

- **Age:** this refers to persons defined by either a particular age or a range of ages. This can include children, young people (aged 19-25), older people (aged 65+).

- **Disability:** a disabled person is defined as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities. It can also include people who have progressive conditions such as HIV, cancer, or multiple sclerosis (MS) - even where someone is able to carry out day to day activities;

- **Gender reassignment:** this refers to people who are proposing to undergo, are undergoing, or have undergone a process for the purpose of reassigning their gender identity;

- **Marriage and civil partnership:** marriage or civil partnership can be between a man and a woman or between two people of the same sex;

- **Pregnancy and maternity:** pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth. In the non-work context, protection against maternity discrimination is for 26 weeks after giving birth;

- **Race:** the Equality Act 2010 defines race as encompassing colour, nationality (including citizenship) and ethnic or national origins;

- **Religion or belief**: religion means any religion a person follows. Belief means any religious or philosophical belief, and includes those people who have no formal religion or belief;

- **Sex:** this refers to a man or to a woman or a group of people of the same sex, while gender refers to the wider social roles and relationships that structure men's and women's, boys' and girls' lives;

- **Sexual orientation:** a person's sexual orientation relates to their emotional, physical and/or sexual attraction and the expression of that attraction.

5.7 The assessment will also consider other groups who are already at a disadvantage for example those on local incomes, refugees and asylum seekers and those living in deprived households.

5.8 Marriage and civil partnership discrimination under the Equality Act 2010 applies to workplace policies only[95.] Therefore, as there are unlikely to be any impacts with regards to marriage and civil partnership, this protected characteristic group has been scoped out of the assessment.

5.9 The assessment will consider both differential and disproportionate effects on groups;

- A **differential** equality effect is one which affects members of a protected characteristic group differently from the rest of the general population because of specific needs, or a recognised vulnerability or sensitivity associated with their protected characteristic.

- A **disproportionate** equality effect arises when an impact has a proportionately greater effect on a protected group than on the general population overall.

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[95] https://www.equalityhumanrights.com/en/advice-and-guidance/marriage-and-civil-partnership-discrimination

5.10   In some cases, groups may be subject to both differential and disproportionate effects.

5.11   The Stage 1 HEQIA will be produced as a standalone report and published alongside draft Regulation 18 consultation as part of the wider evidence base for the Local Plan 2041.

Stage 2: Draft Local Plan (Regulation 19)

5.12   Following consultation on the Regulation 18 policy options, the following tasks will be undertaken:

- An update of this scoping report to reflect any feedback from consultees as well as additional evidence from the wider Local Plan evidence base. This may include changes to the baseline information and evidence base as well as necessary revisions to the methodology;

- An update of initial assessment work to reflect feedback from consultees based on further evidence and research. This is particularly in regard to the lived experience of West Oxfordshire residents;

- A summary of the above changes will be prepared to help inform the Council in the development of the final draft policies.

5.13   A full impact assessment will then be undertaken on the final draft Local Plan. This will include an update of the HEQIA themed assessment tables based on final detailed policies. In addition, an overview assessment will be undertaken at the individual policy level against the health and equality considerations and for each of the protected characteristic groups.

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