Poverty, Social Exclusion, Crime & Inequality

This topic addresses:

SA Objective:
(5) To reduce poverty and social exclusion; reduce crime and the fear of crime

SEA Theme: Population

Introduction

The location and design of development, open spaces and infrastructure can affect how a place feels and functions and can have direct impacts on the quality of people’s lives. Good planning can support community wellbeing and help to increase the opportunities available to local people, for example:

Wellbeing
- By shaping the quality of the environment in which people live, work and play (i.e. by influencing the quality of housing, provision and design of outside spaces, helping to manage air quality, etc);
- By providing opportunities for travel by walking and cycling and opportunities for sports, recreation and leisure all of which encourage physical exercise supporting physical and mental health;
- By reducing opportunities for crime through the design of building and spaces;
- By supporting the provision and strengthening of local healthcare facilities such as GP practices, hospitals and medical research (including the provision of housing for key workers such as nurses who are essential to the effective delivery of these services);
- By providing space and opportunities for social interactions; and
- By supporting community cohesion by bringing together people who live, work and play in an area.

Opportunities
- By increasing access to housing through the number, type and location of new homes;
- By increasing/maintaining access to a range of job opportunities;
- By supporting educational attainment through the provision and strengthening of local educational facilities such as schools and colleges (including the provision of housing for key workers such as teachers who are essential to the effective delivery of these services); and
- By ensuring that Oxford’s public buildings and spaces are accessible to everyone regardless of age, background or physical ability.

As planning can influence the wellbeing of, and opportunities available to, Oxford’s communities in so many ways, these are key issues running through all the background papers. The purpose of this background paper is to emphasise how planning can influence quality of life and to identify where there may be specific issues related to social deprivation, exclusion or inequalities that may need to be addressed.
Plans, Policies and Programmes

National Planning Policy Framework (NPPF)
Well-designed buildings and places can improve the lives of individuals and communities. Plans should support strong, vibrant, healthy communities and social and cultural wellbeing.

Planning policies should aim to create places which bring together those who work, live and play in an area and that promote opportunities for meetings between members of the community who might not otherwise come into contact with each other. Plans should promote safe and accessible environments where crime and disorder, and the fear of crime, do not undermine quality of life or community cohesion. Plans should take account of and support local strategies to improve health, social and cultural wellbeing for all, and deliver sufficient community and cultural facilities and services to meet local needs.

Local planning authorities should work with public health leads and health organisations to understand and take account of the health status and needs of the local population (such as for sports, recreation and places of worship), including expected future changes, and any information about relevant barriers to improving health and well-being.

Planning Practice Guidance (PPG): Health and Wellbeing
A healthy community is a good place to grow up and grow old in. It is one which supports healthy behaviours and reductions in health inequalities. It should enhance the physical and mental health of the community and, where appropriate, encourage:

- Active healthy lifestyles that are made easy through the pattern of development, good urban design and good access to local services and facilities by walking, cycling and public transport, as well as green open space and safe places for active play and food growing.
- The creation of healthy living environments for people of all ages which supports social interaction. It meets the needs of children and young people to grow and develop, as well as being adaptable to the needs of an increasingly elderly population and those with dementia and other sensory or mobility impairments.

Oxfordshire’s Joint Health and Wellbeing Strategy 2015-2019
The Health and Wellbeing Board is the principal structure responsible for improving the health and wellbeing of the people of Oxfordshire through partnership working. The Board is a partnership between Local Government, the NHS and local people. Key priorities of Oxfordshire’s Joint Health and Wellbeing Strategy are to reduce inequalities, improve educational attainment, support the elderly and those with long term conditions in living independently, tackling obesity (particularly by increasing physical activity) and the provision of better quality housing.

The current situation
A wide range of factors can influence the wellbeing of, and opportunities’ available to, individuals and communities. These factors are often complex, multidimensional and interrelated making them challenging to isolate and address.

Measures of wellbeing and opportunities are often comparative, with assessments being relative to what is considered the current societal ‘norm’ or average.
Deprivation (The English Indices of Deprivation 2015 DCLG)

The Indices of Deprivation are based on the concept that deprivation consists of more than just poverty. Poverty is not having enough money to get by, whereas deprivation refers to a broader lack of resources and opportunities.

In terms of the overall Index of Deprivation\(^1\), Oxford as a whole is ranked 166 out of 326 local authority areas in England. (In the previous Indices of deprivation published in 2010 Oxford ranked 131 out of 345 authorities in England.) Whilst this overall ranking suggests that the city as a whole sits around the middle of the scale in national terms, if you look more closely at the smaller, Lower-Layer Super Output Areas (LSOAs) it is clear that there is significant variation in the levels of deprivation experienced across the city (Figure 6.6.1).

**Figure 6.6.1: Spatial distribution of overall deprivation in Oxford (LSOAs)**

10 of Oxford’s 83 LSOAs are within the 20% most deprived in England, whilst 17 of Oxford’s LSOAs are within the 20% least deprived in England. This illustrates the significant range in overall levels of deprivation experienced across the city. The three most deprived wards in Oxford are Blackbird Leys, Northfield Brook, and Barton and Sandhills, with Rose Hill and Iffley 76 scoring the highest level of overall deprivation and sitting within the top 8% most deprived LSOAs in England.

Whilst the overall index of deprivation provides a summary of how areas of Oxford rank across the whole range of indicators, it is also useful to consider performance against individual indicators to identify specific issues that may be hidden by the overall ranking.

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\(^1\) A weighted measure based on information relating to income, employment, education, health, crime, housing and environment. This weighting is based on: Income Deprivation (22.5%); Employment Deprivation (22.5%); Education, Skills and Training Deprivation (13.5%); Health Deprivation and Disability (13.5%); Crime (9.3%); Barriers to Housing and Services (9.3%); and Living Environment Deprivation (9.3%).
The barriers to housing and services deprivation indicator considers the physical and financial accessibility of housing and key local services. Figure 6.6.2 suggests that there are significant barriers to housing and services across the majority of the city, a likely result of the well documented disparity between income and house prices. Overall, Oxford’s LSOAs are more deprived than other areas of England in terms of access to housing and services, with 60 out of 83 LSOAs ranked 5 or lower. The most deprived areas in terms of barriers to housing and services are Churchill 26 and Blackbird Leys 17, both of which are within the 5% most deprived in England.

The living environment deprivation indicator measures the quality of the local environment taking into consideration both the ‘indoors’ living environment (including quality of housing) and the
‘outdoors’ living environment (including air quality and road traffic accidents). 18 of Oxford’s LSOAs are within the 20% most deprived areas of England in terms of the living environment they offer. The spatial distribution of living environment deprivation is slightly different, with levels of deprivation being highest in the city centre and improving towards the outer parts of the city (Figure 6.6.3).

Figure 6.6.4: Spatial distribution of crime in Oxford

The crime deprivation indicator measures the risk of personal and material victimisation at the local level. This is based on the numbers of reported crimes relating to violence, burglary, theft and criminal damage. Figure 6.6.4 shows that there are significant differences in crime rates between the north and south of the city, with the city centre and south of the city having a much higher risk of crime than the north (with the exception of parts of Marston and Barton and Sandhills). 19 of Oxford’s LSOAs rank amongst the top 20% most deprived areas in England in relation to crime. Areas in the 10% most deprived areas in England in relation to crime are: Jericho and Osney 51; Carfax/Holywell 22; Hinksey Park 44; Rose Hill and Iffley 76; St Clement’s 82; and St Mary’s 88. (Note this data is at odds with crime data received from Thames Valley Police which does not identify Jericho and Osney as crime hot spots.)
Figure 6.6.5: Spatial distribution of income deprivation affecting children in Oxford

Income deprivation affecting children considers the proportion of children aged 0-15 in each LSOA that live in families that are income deprived (those that are in receipt of Income Support, income-based Jobseeker’s Allowance, Pension Credit Guarantee or Working/Child Tax Credit below a given threshold). 16 of Oxford’s LSOAs are within the 20% most deprived areas of England in terms of income deprivation affecting children (Figure 6.6.5). The most deprived LSOA with regard to child poverty is Rose Hill and Iffley 77, where 45% of children aged 0-15 are considered to be affected. In contrast, income deprivation affects only 1% of children aged 0-15 living in Summertown 91.

Figure 6.6.6: Spatial distribution of income deprivation affecting older people in Oxford

Income deprivation affecting older people considers the proportion of a LSOA’s population aged 60 and over receiving Income Support, income-based Jobseeker’s Allowance, income-based Employment and Support Allowance, or Pension Credit (Guarantee). Oxford no longer contains any LSOAs amongst the 10% most deprived areas in England in terms of deprivation affecting older
people (Figure 6.6.6), although 12% of Oxford’s LSOAs are amongst the 20% most deprived in England (Barton and Sandhills 13, 14, Rose Hill and Iffley 76, 77, Carfax/Holywell 22, St Clement’s 82, Northfield Brook 68, 69, St Mary’s 87, and Churchill 25). 28-36% of older people in the most deprived areas of Oxford are affected, whilst only 3-6% of older people are affected in the least deprived LSOAs.

**Oxford Residents’ Survey 2014/15 (Ipsos Mori for Oxford City Council)**

Overall the findings of the 2014/15 Oxford Residents’ Survey are extremely positive, although residents in South East Oxford tended to be less positive than average on a range of measures, particularly with regards to views on community life and the prevalence of anti-social behaviour issues. Overall, residents identified crime levels, health services, and affordable decent housing as being the most important factors that make somewhere a good place to live. The main findings from this survey relating to community wellbeing and opportunities are summarised below:

**Social Cohesion**

**Figure 6.6.7: Perceptions of social cohesion**

Q66. To what extent do you agree or disagree that your local area is a place where people from different ethnic backgrounds get on well together? By getting on well together, we mean treating each other with respect.

Social cohesion is an important aspect of community wellbeing, particularly in places such as Oxford where the community is made up of a diverse range of people from different ethnicities and backgrounds. This survey provides a useful indication of how local people view levels of social cohesion across the city. Overall, perceptions of social cohesion are generally positive, with the majority of people agreeing that people from different backgrounds get on well together (72%). However, it is clear that views of community cohesion are least positive in South East Oxford, where only 59% of respondents agreed that people from different backgrounds get on well together. This is significantly lower than responses for other areas of Oxford.
Perceptions of safety

Figure 6.6.8: Perceptions of safety

Figure 6.6.9: Personal financial difficulties

Perceptions of safety are extremely important in terms of how successfully places function. It is people’s perceptions of safety that will affect if and how they use public spaces and interact with others. This survey suggests that generally people feel safe across the city during the day, however perceptions of safety decrease significantly after dark, particularly in the city centre.

Personal finances

Figure XX provides an indication of financial wellbeing in 2014/15. This is important as personal finances can have direct impacts on physical and mental health and the opportunities available to people. The data shows that only 39% of respondents had not encountered any financial difficulties in the last 12 months. It is notable that nearly a quarter of respondents (23%) had not been able to buy or move home in the last 12 months, echoing the findings of the Indices of Deprivation that there are barriers to housing across the majority of the city. Many of the difficulties people faced in
the last 12 months would have direct impacts on their quality of life and wellbeing such as being unable to afford energy bills, food and/or rent or mortgage payments.

Crime Statistics (Home Office²)

Figure 6.6.10: Oxford crime rates compared with similar areas

Figure 6.6.10 suggests that the overall crime rate in Oxford per 1000 population was higher than the average crime rate across similar areas in 2015. When this is broken down by type of crime, crime rates in Oxford were significantly higher than the group average for theft (specifically bicycle theft and theft from person) and possession of weapons. Crime rates were significantly lower in Oxford than the group average for violence and sexual offences and robbery.

Health

Figure 6.6.11: Oxford Health profile³

<table>
<thead>
<tr>
<th></th>
<th>England</th>
<th>Oxford</th>
</tr>
</thead>
<tbody>
<tr>
<td>Life expectancy at birth (male)</td>
<td>78.9</td>
<td>78.7</td>
</tr>
<tr>
<td>Life expectancy at birth (female)</td>
<td>82.8</td>
<td>83.1</td>
</tr>
<tr>
<td>All cancer</td>
<td>100</td>
<td>106.5</td>
</tr>
<tr>
<td>All circulatory disease</td>
<td>100</td>
<td>89.4</td>
</tr>
<tr>
<td>Mortality (all causes)</td>
<td>100</td>
<td>95.4</td>
</tr>
<tr>
<td>Premature mortality (all causes under 65)</td>
<td>100</td>
<td>108.8</td>
</tr>
<tr>
<td>Obese children (year 6)</td>
<td>19.10%</td>
<td>19.40%</td>
</tr>
</tbody>
</table>

³ Standardised Mortality Ratios (Local Health 2008-2012)

Figure 6.6.11 shows that overall life expectancy for both males and females in Oxford is similar to the national average, however there are geographical inequalities in life expectancy across the city.

² https://www.police.uk/thames-valley/N448/performance/compare-your-area/#msg_comparison (April 2016)
Men in the least deprived areas of Oxford have a life expectancy 8.8 years longer than those in the most deprived parts of the city. For females, the gap is 3.7 years.

**Figure 6.6.12: Health indicators Oxfordshire (Public Health Outcomes Framework, Public Health England)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Time period</th>
<th>England</th>
<th>South East</th>
<th>Oxford</th>
<th>Cherwell</th>
<th>South Oxfordshire</th>
<th>Vale of White Horse</th>
<th>West Oxfordshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Percentage of children aged 4-5 classified as overweight or obese</td>
<td>2014-15</td>
<td>21.9</td>
<td>20.3</td>
<td>20.0</td>
<td>18.1</td>
<td>16.8</td>
<td>19.5</td>
<td>18.3</td>
</tr>
<tr>
<td>Percentage of children aged 10-11 classified as overweight or obese</td>
<td>2014-15</td>
<td>33.2</td>
<td>30.1</td>
<td>32.6</td>
<td>32.5</td>
<td>24.9</td>
<td>27.2</td>
<td>26.0</td>
</tr>
<tr>
<td>Percentage of adults classified as overweight or obese</td>
<td>2012-14</td>
<td>64.6</td>
<td>63.4</td>
<td>53.5</td>
<td>64.1</td>
<td>61.1</td>
<td>63.1</td>
<td>64.7</td>
</tr>
<tr>
<td>Percentage of adults achieving at least 150 mins of physical activity per week</td>
<td>2014</td>
<td>57.0</td>
<td>59.0</td>
<td>65.9</td>
<td>60.8</td>
<td>62.8</td>
<td>65.4</td>
<td>59.7</td>
</tr>
<tr>
<td>Percentage of adults classified as ‘inactive’</td>
<td>2014</td>
<td>27.7</td>
<td>25.4</td>
<td>15.6</td>
<td>25.8</td>
<td>22.6</td>
<td>22.4</td>
<td>24.2</td>
</tr>
<tr>
<td>Percentage of working days lost due to sickness absence</td>
<td>2011-13</td>
<td>1.5</td>
<td>1.5</td>
<td>2.7</td>
<td>2.2</td>
<td>1.4</td>
<td>0.8</td>
<td>1.6</td>
</tr>
</tbody>
</table>

Obesity (being overweight or having excess body fat) is a problem across the country. 64.6% of England’s population is classified as obese. Obesity is concerning as it can lead to conditions such as diabetes, heart disease and strokes as well as depression and low self-esteem, which can impact upon quality of life and may reduce life expectancy. Encouraging exercise and good eating behaviours is key to tackling this issue.

Whilst Figure 6.6.12 suggests that the percentage of adults classified as obese in Oxford is lower than the national average, obesity still affects more than half of the adult population (53.5%). The reason that adult obesity levels are slightly lower in Oxford may be explained in part by a higher than average percentage of adults achieving at least 150 minutes of physical activity per week (65.9% in Oxford compared to 57% nationally). The percentage of adults classed as ‘inactive’ in Oxford is also lower than the national average (15.6% in Oxford compared to 27.7 nationally). There remains however a real need to address levels of adult obesity in the city.

Particularly concerning is the proportion of Oxford’s children classified as being obese (20% of children aged 4-5 and 32.6% of children aged 10-11). Bad habits learnt in childhood can continue on throughout their lives and may have long term impacts on health and wellbeing. Studies suggest that there is a link between childhood obesity and household income. Children living in households in the lowest income quintile are most likely to be obese (boys 22%, girls 21%), whereas children living in households in the highest income quintile are least likely to be obese (boys 7%, girls 6%).

**Figure 6.6.13: Health indicators Oxfordshire (Public Health Outcomes Framework, Public Health England)**

<table>
<thead>
<tr>
<th>Indicator</th>
<th>Time period</th>
<th>England</th>
<th>South East</th>
<th>Oxford</th>
<th>Cherwell</th>
<th>South Oxfordshire</th>
<th>Vale of White Horse</th>
<th>West Oxfordshire</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noise complaints per 1000 population</td>
<td>2013-14</td>
<td>7.4</td>
<td>5.4</td>
<td>9.0</td>
<td>5.8</td>
<td>3.6</td>
<td>4.3</td>
<td>2.8</td>
</tr>
</tbody>
</table>

Noise can also affect health and wellbeing in a number of ways. Figure 6.6.13 shows that there are more noise complaints in Oxford per 1000 population than the national and South East averages. This likely reflects the compact nature of the city which means that development is higher density and therefore noise from different properties and land uses are more easily heard by those in the surrounding area.
There are links between levels of life satisfaction and wellbeing and mental health. Figure 6.6.14 suggests that there is significant variation in life satisfaction between ethnic groups, with Indian people having highest levels of life satisfaction (closely followed by white, Chinese and other Asian groups) and black/African/Caribbean people having the lowest levels of life satisfaction.
Wellbeing

Figure 6.6.15: Average life satisfaction scores Oxford

This data is based on respondents’ answers to the following questions:
Overall, how satisfied are you with your life nowadays?
Overall, to what extent do you feel the things you do in your life are worthwhile?
Overall, how happy did you feel yesterday?
Overall, how anxious did you feel yesterday?

Educational attainment can affect the opportunities available to people in terms of their ability to access to jobs and their earning potential. Oxford is, in general, a well-educated city. In 2011 an estimated 43% of the population was qualified to degree level or above compared to an England average of 27%. However, GCSE attainment in Oxford has been relatively poor compared to other areas in Oxfordshire. Between 2010 and 2014, 51% of Oxford pupils at state-funded schools obtained 5 or more A*-C grades at GCSE (including English and Maths). This is lower than attainment percentages for Oxfordshire overall (59%) and the rest of England (58%). Figure 6.6.16 shows that there are significant geographical differences in attainment within Oxford itself. GCSE attainment in much of South and East Oxford is significantly lower than the Oxfordshire average, whilst much of the North and West of the city is performing significantly above the county average.
Likely trends without a new Local Plan

Population Diversity (2011 Census)

Figure 6.6.17: Population change Oxford 2001 and 2011

Oxford’s population has increased by 12% in the last decade. Not only is Oxford’s population growing, but it is also becoming more diverse, as the majority of population growth is due to increasing numbers of people born outside of the UK (Figure 6.6.17). The proportion of Oxford’s population born outside of the UK has increased from 19% in 2001 to 28% in 2011. People have been moving to Oxford from all over the world, with the highest numbers of people coming from the EU, Africa, other Asia and the Americas and Caribbean.

Figure 6.6.18: Oxford residents with non-English first language

As Oxford’s population has become more diverse, the number of residents with a first language other than English has increased to 23,700 (Figure 6.6.18). This increase in diversity
means that we need to consider the needs of different groups and cultures and try to bring people together and encourage interaction and social cohesion.

![Histogram of Oxford residents age profile](image)

**Figure 6.6.19: Oxford residents age profile**

Oxford’s population has a relatively young age profile (Figure 6.6.19) and population growth has been concentrated in a few age groups, particularly under 5s and 25-29 year olds. There has been a marked increase in the birth rate over the last decade, leading to a significant jump in the number of young children. (The number of people under 5 living in Oxford has increased by 2,600 (39%) since 2001.) The number of 25 to 29 year olds living in Oxford has also increased significantly (by 4,100 (32%) since 2001), particularly amongst women.

The number of over 75 year olds living in Oxford has decreased since 600 (-7%) since 2001. The decline in the number of people aged over 75 years goes against the trend in the rest of Oxfordshire (16% increase) and England (10% increase). There has however been a small rise in the number of people aged over 85 years. This decline is partly a consequence of Oxford’s young age profile, but may also be caused by older people moving out of the city.

**Social Exclusion (WSP 2015)**

The WSP (2015) report ‘The United Kingdom in 2030: Key trends for the built environment’ states “One person households are the largest area of growth in the UK. The number of older people in the UK will grow by 50% between 2013 and 2030. Homeworking, online shopping and the decline of the pub means there’s less reason or need to get out the house. Even as we become more [digitally] connected, the future could also be more lonely.”
Figure 6.6.20: Oxford change in single person households 2001-2011

<table>
<thead>
<tr>
<th>Census</th>
<th>Oxford</th>
<th>South East</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>2001</td>
<td>17,580 one person households (33% of households)</td>
<td>937,468 one person households (29% of households)</td>
<td>6,150,264 one person households (30% of households)</td>
</tr>
<tr>
<td>2011</td>
<td>18,316 one person households (33% of households)</td>
<td>1,023,154 one person households (29% of households)</td>
<td>6,666,493 one person households (39% of households)</td>
</tr>
<tr>
<td>Change</td>
<td>+736 increase in one person households from 2001-2011 in Oxford (but no increase in terms of one person households as a proportion of total households)</td>
<td>+85,686 increase in one person households from 2001-2011 in the South East (but no increase in terms of one person households as a proportion of total households)</td>
<td>+516,229 increase in one person households from 2001-2011 in England (but no increase in terms of one person households as a proportion of total households)</td>
</tr>
</tbody>
</table>

Social Exclusion

Figure 6.6.21: A comparison of Oxford’s LSOAs ranked amongst the most deprived in England in 2010 and 2015

![Map of Oxford's LSOAs ranked amongst the most deprived in England](image)

Legend

- 10% most deprived
- 20% most deprived

Figure 6.6.21 shows that the number of Oxford’s LSOAs ranked amongst the most deprived in England has decreased in comparison to the findings of the previous Indices of Deprivation published in 2010. However, Blackbird Leys, Northfield Brook, and Barton and Sandhills have consistently scored comparatively poorly against key indicators maintaining their positions in the 20% most deprived areas of England over a number of years. These parts of the city have particularly low rankings in relation to income (particularly child poverty) and poor educational attainment (Figure 6.6.22).
### Figure 6.6.22: Oxford’s most deprived LSOAs rankings against indicators

(1 = most deprived and 10 = least deprived)

<table>
<thead>
<tr>
<th>Oxford LSOA Name</th>
<th>IMD</th>
<th>Income</th>
<th>Emp</th>
<th>Edu &amp; Skills</th>
<th>Health</th>
<th>Crime</th>
<th>Housing &amp; Socs</th>
<th>Living Env</th>
<th>Child Poverty</th>
<th>Pensioner Poverty</th>
<th>Children &amp; Yng people</th>
<th>Adult Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rose Hill and Ifley 76</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Northfield Brookes 68</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>2</td>
<td>7</td>
<td>1</td>
<td>2</td>
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<td>1</td>
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<tr>
<td>Northfield Brookes 69</td>
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<td>1</td>
<td>2</td>
<td>3</td>
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<td>5</td>
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<tr>
<td>Blackbird Leys 10</td>
<td>2</td>
<td>2</td>
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<td>2</td>
<td>1</td>
<td>8</td>
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<td>2</td>
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</tr>
<tr>
<td>Barton and Sandhills 13</td>
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<td>3</td>
<td>2</td>
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<td>Barton and Sandhills 14</td>
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<tr>
<td>Northfield Brookes 67</td>
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<td>2</td>
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<td>3</td>
<td>6</td>
<td>2</td>
<td>3</td>
<td>2</td>
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</tr>
</tbody>
</table>

### Health

#### Figure 6.6.23: Life expectancy at birth over time (Oxford and England)

![Life expectancy chart](chart.png)

People are now living longer. As Figure 6.6.23 shows, life expectancy at birth in Oxford is increasing in line with the national average.
Obesity rates are increasing (Figure 6.6.24).

Crime

Violent crime admissions decreasing over time in Oxford and nationally. Oxford significantly below national crime rates for violent crime.

Sustainability / Plan issues

- There are inequalities across the city in terms of opportunities and wellbeing. Action needs to be taken to address these inequalities to enable all parts of Oxford’s communities to experience a good quality of life.
- Oxford’s population is becoming increasingly diverse. It is important to bring people from difference backgrounds together and to support social cohesion.
- Crime levels in Oxford are slightly higher than in similar areas and perceptions of safety in the city centre after dark are significantly lower than they are in the day time. Action needs to be taken to reduce opportunities for crime and to increase perceptions of safety in the city centre.