

OXFORDSHIRE HEALTH AND WELLBEING BOARD

25 SEPTEMBER 2025

Oxfordshire Joint Strategic Needs Assessment 2025

Report by Director of Public Health and Communities

RECOMMENDATION

The Health and Wellbeing Board is **RECOMMENDED** to

- a) Approve the content of the Joint Strategic Needs Assessment (JSNA) for 2025**
- b) Encourage widespread use of the JSNA in planning, developing and evaluating services across the county.**
- c) Contribute information and intelligence to the JSNA Steering Group to further the development of the JSNA in future years.**

Introduction

1. The Joint Strategic Needs Assessment (JSNA) is a statutory annual report provided to the Health and Wellbeing Board and published in full on [Oxfordshire Data Hub](#). It provides an evidence-base for the Health and Wellbeing Strategy and is an opportunity for an annual discussion about the key issues and trends from a review of a very wide range of health-related information about Oxfordshire.
2. Producing the JSNA is a collaborative project with contributions from many analysts and sector specialists from Oxfordshire's Local Authorities, NHS, Thames Valley Police, Healthwatch Oxfordshire and Voluntary Sector organisations.
3. The report makes use of data from NHS Digital, the Office for National Statistics, the Office for Health Improvement & Disparities, the Department for Education, as well as local data. Datasets can take time to process, which means that this 2025 JSNA update includes information from the 2021 Census, as well as more recent data from 2023 and 2024.
4. It is important to note that the JSNA does not include information about services needed to support the health and wellbeing of the population and, in some cases, the data may not be recent enough to reflect changes in services.

5. This paper gives an overview of the key findings from the 2025 Oxfordshire JSNA and plans for the continued development of JSNA resources.

What is new in JSNA 2025 Update

6. In previous years, the JSNA was published as a series of PDF reports. This year, it mainly consists of digital interactive content (PowerBI dashboards) published at the Oxfordshire Data Hub website, as advised by the Health and Wellbeing Board at its meeting in March 2024.
7. Based on feedback from the JSNA steering group, the structure of this year's JSNA follows the life course approach and is therefore aligned with the Oxfordshire Health and Wellbeing strategy. It consists of the following dashboards:
 - (a) Population
 - (b) Starting Well – Children and Young People
 - (c) Living and Ageing Well
 - (d) Building Blocks of Health
8. The digital format of the JSNA allows the user to explore the available indicators in greater detail and across smaller geographies, such as middle-layer super output areas (MSOAs), as well as compare Oxfordshire with England and statistical neighbours.
9. NHS geographies were used to display healthcare indicators where data are available, including Primary Care Network and GP practices, as well as ICB and local authority level.
10. The digital approach adopted this year also allows for automated updates, making it easier and more efficient to update the dashboard in future years.
11. Links to the PowerBi dashboards are provided in Annex 2.

Key findings from the 2025 update to the JSNA

12. A one-page summary of the facts and figures from across the life course in the JSNA 2025 are provided in Annex 1.
13. The Board's attention is also drawn to the following key findings from the JSNA 2025 update.

Population

14. **Population** - The population of Oxfordshire continues to grow, with the latest estimates indicating a mid-2024 population of approximately 763,218 people, an increase of 1.5% compared to the previous year. In 2024, 18.0% of the population were aged 0 to 15 years and 18.3% were aged 65 and over.

15. **Life expectancy** - Average male and female life expectancy was 81.6 and 84.5 years respectively in 2023, significantly higher than the national average of 79.3 for males and 83.2 for females. Healthy life expectancy followed a similar pattern, with 67.1 years for males and 68.3 years for females in Oxfordshire in 2021-23.
16. **Homelessness** – Oxford had the highest rate of homeless households in the county in 2023/24 (15.1 per 1,000), significantly higher than England (13.4 per 1,000) and Oxfordshire overall (9.6 per 1,000).

Starting Well – Children and Young People

17. **Physical activity** - Oxfordshire County (43.5%) and West Oxfordshire (25.7%) had significantly lower proportions of physically active children and young people aged 5 to 16 compared to England (47.2%) in 2023/24. Overall, in Oxfordshire there has been a downward trend in physically active children from 58.4% in 2019/20.
18. **Obesity** – 7.7% of reception year children and 18.6% of year 6 children in Oxfordshire were living with obesity in 2023/24, both significantly lower than the England average (9.7% and 23.3% respectively). However, this varies across the county. Vale of White Horse had the highest obesity prevalence at reception (9.3%), while Oxford had the highest obesity prevalence in Year 6 children (21.3%).
19. **NEET** – Oxfordshire had a similar proportion of 16–17-year-olds not in education, employment or training in 2024 (5.1%) compared to England (5.4%), with an upward trend observed in recent years (3.7% in 2020).
20. **Vaccination** – 90.8% of children in Oxfordshire had received 2 doses of the MMR vaccine by the age of 5 in 2023/24, which is better than the England average of 83.9%, but is still not achieving the national goal of 95% or above.

Living and Ageing Well

21. **Tobacco smoking** – 10.3% of adults in Oxfordshire smoked in 2023, which is comparable to the England average of 11.6%. Vale of White Horse had the lowest smoking prevalence out of the 5 Local Authority Districts (LADs) (2.0%), which was lower than the England average. However, the prevalence of smoking in working age adults in routine and manual occupations in Oxfordshire was 15.3%, similar to the England average of 19.5%, and has displayed a considerable downward trend in recent years from 30.7% in 2020.
22. **Obesity** – Cherwell had the highest percentage (64.3%) of adults classified as overweight or obese in 2023/24, followed by South Oxfordshire (60.3%) and Vale of White Horse (59.7%), similar to the England average of 64.5%. West Oxfordshire (58.9%) and Oxford (49.6%) had significantly lower proportion of overweight or obese people compared to England.
23. **Physical exercise** – Cherwell (69.6%) and West Oxfordshire (68.3%) had similar proportion of physically active adults compared to England (67.4%) in 2023/24. The other LADs had significantly higher rates of physically active population compared to England.

24. **Mortality** – Oxfordshire and all five LADs had significantly lower rates of all-cause mortality compared to England. The highest rates of deaths from causes considered preventable under 75 years in both males and females by district (2021-23) were in Oxford. Oxford had comparable rates of female preventable mortality to England, while all other districts had significantly lower rates.

Building Blocks of Health

25. **Children in low-income families** – 15,688 children were living in low-income families in Oxfordshire (11.7%) in 2023, significantly lower than the England average (22.1%). There has been a gradual increase in these numbers since 2021, with Oxford having the highest proportion in the county (16.7%).
26. **Fuel poverty** – 9.6% of households in Oxfordshire were fuel-poor, compared to 11.4% in England in 2023. The highest percentage of fuel poor households was observed in Oxford (11.4%), while in all other LADs this proportion was below 10%.
27. **Employment rate** – 83.5% of people aged 16 to 64 years were in employment in Oxfordshire in 2024, a significantly higher proportion compared to England (75.7%). Oxford has the lowest employment rate in the county (76.9%) while West Oxfordshire has the highest (87.7%).
28. **Crime** – Oxfordshire had significantly lower rate of hospital admissions for violence (15.6 per 100,000) compared to England (34.2 per 100,000) in the 3-year period 2021/22-2023/24. However, 3,163 children in Oxfordshire were involved in some way in a domestic abuse incident in 2024/25.

Local Research

29. Local research continues to enrich the JSNA by providing qualitative insights that complement statistical data and highlight the lived experiences of Oxfordshire's communities. The 2025 update reflects a broad and diverse range of community-led, academic, and local authority research initiatives, with contributions from Healthwatch Oxfordshire, voluntary sector organisations, academic institutions, and local government bodies. These are presented in an accessible PDF report, published in the JSNA section of the Oxfordshire Data Hub.

How the findings will be used

30. The main JSNA interactive dashboards will be published on Oxfordshire Data Hub for use by organisations, local communities and people in Oxfordshire. These dashboards allow users to explore and find data for various topics and geographic areas.
31. The dashboards are accompanied by PDF reports that summarise the findings displayed on the dashboards. This approach allows users who may be unable to use the dashboards to access this content. Links to the data sources used in the JSNA will also be provided.

32. The JSNA dashboards and related resources are used widely as part of service planning.
33. As in previous years, the JSNA will be widely disseminated to partners represented on the Health and Wellbeing Board. Further JSNA presentations and training sessions on how to use the dashboards will be provided to partners on request.
34. Given the novel digital approach followed this year, issues may be identified over time through usage of the dashboards. Users will be able to share feedback and concerns by emailing jsna@oxfordshire.gov.uk. This will allow the continuous improvement of the JSNA throughout the year.

Planning the 2026 update to the JSNA

35. The next update to the JSNA will be to the September 2026 meeting of the Health and Wellbeing Board.
36. The format of the JSNA interactive dashboards will be reviewed to continue to improve accessibility and the scope of the JSNA's interactive resources.

Financial Implications

37. There are no financial implications relating to this report as the work on publishing an annual JSNA is already accounted for within business-as-usual service planning.

Comments checked by:

Emma Percival, Assistant Finance Business Partner,
emma.percival@oxfordshire.gov.uk

Legal Implications

38. The Council and Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board have a statutory duty to prepare joint strategic needs assessments (JSNAs) under s116 Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Care Act 2022). S 196 Health and Social Care Act 2012 provides that these functions are to be exercised by the Health and Wellbeing Board established by the local authority. JSNAs are assessments of the current and future health and social care needs of the local community and government guidance makes it clear that the intention is to consider wider factors that impact on the local community's health and wellbeing, and local assets that can help to improve outcomes and reduce inequalities. Local areas are free to undertake JSNAs in a way best suited to their local circumstances.

Comments checked by:

Jonathan Pool, Solicitor (contracts), Jonathan.Pool@oxfordshire.gov.uk

Ansaf Azhar
Director for Public Health and Communities

Contact Officers: Craig Miles-Clarke – Senior Research Officer
Craig.Miles-Clarke@Oxfordshire.gov.uk

Panagiota Birmili – Public Health Registrar
Panagiota.birmili@oxfordshire.gov.uk

September 2025

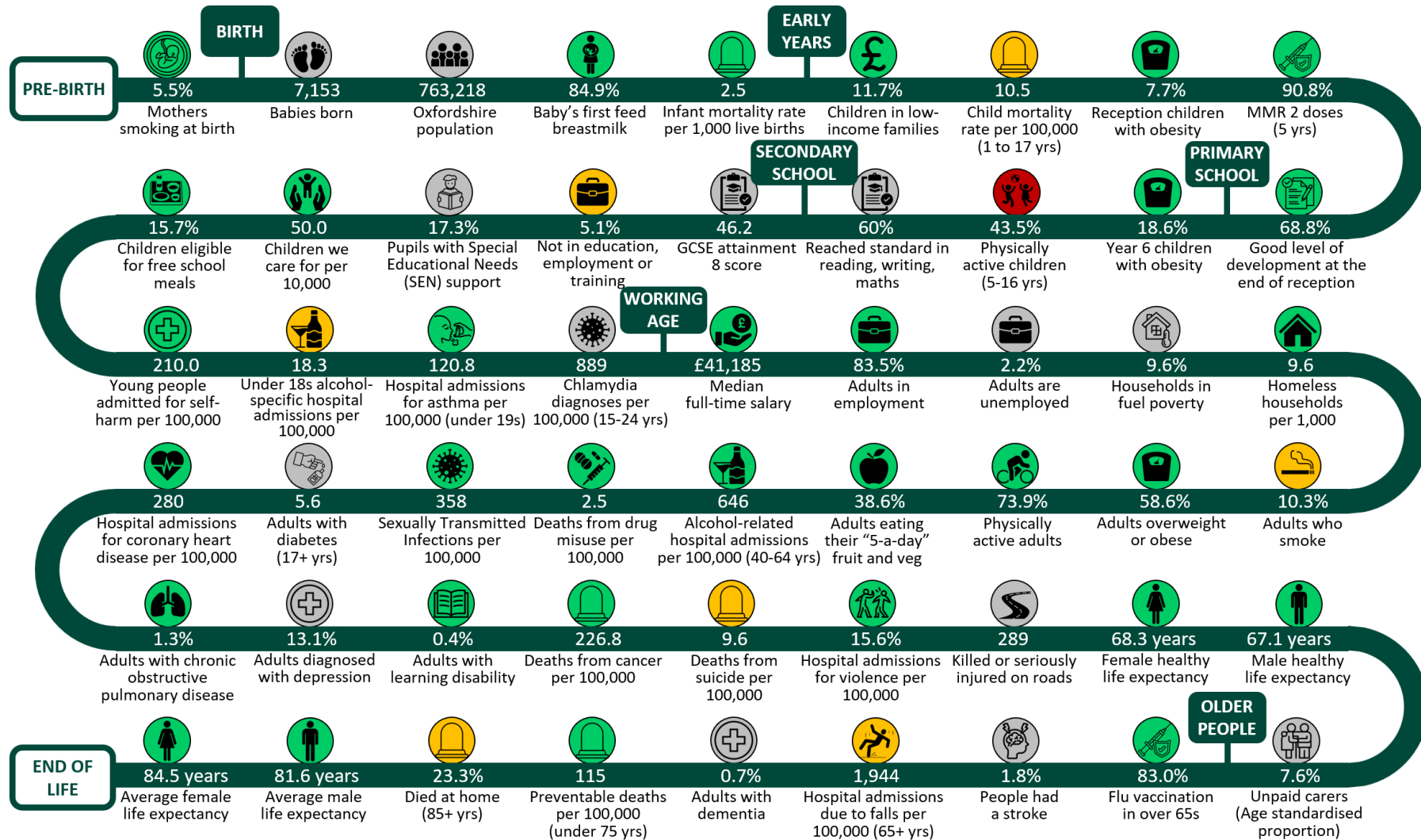
Annexes:

- Annex 1 - Oxfordshire JSNA facts and figures 2025
- Annex 2 – Links to the Oxfordshire JSNA 2025 PowerBI dashboards

Annex 1 - Oxfordshire JSNA health and wellbeing facts and figures 2025

Oxfordshire JSNA facts and figures 2025

Comparison with England national average: ● Better ● Similar ● Worse ● Not compared



Annex 2 – Links to the Oxfordshire JSNA 2025 PowerBI dashboards

Population:

<https://app.powerbi.com/view?r=eyJrIjoiNTM3YzAyMWYtZThmNi00MGJjLWlwZWItYjVlODU5ZWJmN2Q5IiwidCI6ImYwNWQzOWRhLTl2ZWMtNGVIYS1iOGViLTlmZjFhNjgyZDVINSJ9>

Children and Young People (Starting Well):

<https://app.powerbi.com/view?r=eyJrIjoiMmM4MmY0MjMtZjFkYS00YTA0LWl0YTUtOWRmYmQzMjZmOTQ2IiwidCI6ImYwNWQzOWRhLTl2ZWMtNGVIYS1iOGViLTlmZjFhNjgyZDVINSJ9>

Living and Ageing Well:

<https://app.powerbi.com/view?r=eyJrIjoiMTIzOTZiNDktZjMxYy00OWNmLWEwOTQtNzgzMGI1MDY3MzE3IiwidCI6ImYwNWQzOWRhLTl2ZWMtNGVIYS1iOGViLTlmZjFhNjgyZDVINSJ9>

Building Blocks of Health:

<https://app.powerbi.com/view?r=eyJrIjoiOTIwYzk0NDYtYmI2Yy00M2M3LWEyMDYtNjk5ZjViYWMwNDkxIiwidCI6ImYwNWQzOWRhLTl2ZWMtNGVIYS1iOGViLTlmZjFhNjgyZDVINSJ9>