Joint Strategic Needs Assessment Annual Report 2018

Introduction

The Oxfordshire Joint Strategic Needs Assessment is produced to help inform the work of Oxfordshire's Health and Wellbeing Board. It underpins the Oxfordshire Health and Wellbeing Strategy[1].

Information, data and intelligence is included from a wide range of sources that cover the health and wellbeing of the population in its broadest terms.

When added to local knowledge of services, the JSNA gives Oxfordshire a common and consistent evidence-base which allows the NHS, Local Authorities and partners to pinpoint gaps and target improvements.

This annual report update is a summary of the suite of online resources that are available through the JSNA webpages on Oxfordshire Insight.

The JSNA covers a wide range of topics and many different statistics. It provides context by:

- Monitoring past trends and identifying changing patterns of need
- Comparing Oxfordshire against national, regional, and local benchmarks
- Explaining how different measures relate to health, wellbeing, and social care needs
- Predicting future growth in population

The report is organised under the following broad JSNA theme headings:

- **Population and population groups (chapters 2 and 3)**

  The number of people living in Oxfordshire, broken down by key characteristics, such as age, sex, and ethnicity and how this is expected to change.

- **Wider determinants of health (chapter 4)**

  Factors with known links with health and wellbeing, such as deprivation, education, employment and the physical and social environment.

- **Health conditions and causes of death (chapter 5)**

  The number of people with diseases and long-term conditions, and the main causes of death.

- **Lifestyles (chapter 6)**

  Lifestyle behaviours and characteristics, such as smoking, drinking, drug use, and obesity plus positive factors such as volunteering.

[1] Oxfordshire's Joint Health and Wellbeing Strategy 2015 to 2019 (July 2017)

- **Service use (chapter 7)**

  The number of people receiving health, social care and other services

Changes since the 2017 version of the JSNA include:

- Datasets
  - Updates to the majority of public health indicators and local datasets
  - Overview of housing growth
  - Updated Oxfordshire County Council population forecasts based on predicted housing growth
  - NEW - Survey of carers in Oxfordshire (2016-17)
  - NEW - Hospital inpatient data at local level
  - NEW - Use of Ambulance services
  - NEW - Social care data at local level
  - NEW – prevalence of severe obesity in children
  - NEW – air quality diffusion tube trend data from district councils
- New presentation of data
  - Addition of major new health inequalities basket of indicators annex with data by small areas (wards and middle layer super output areas)

This report has been made possible through invaluable contributions, advice and guidance of the JSNA Steering Group and the many experts and data analysts in Oxfordshire's local authorities, health services, police and voluntary organisations.

March 2018

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Data has been reviewed and is unchanged

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1 Executive Summary

This section summarises key findings from the JSNA report. Sources are included in footnotes throughout the relevant sections of the report.

Please note that more detailed and additional findings are in the main body of the report.

Population and population groups (chapters 2 and 3)

A growing and aging population

- As of mid-2016, the estimated total population of Oxfordshire was 683,200.
- Over the ten-year period, 2006 and 2016, there was an overall growth in the population of Oxfordshire of 52,100 people (+8.3%), similar to the increase across England (+8.4%).
- The five-year age band with the greatest increase over this period was the newly retired age group 65 to 69 (+41%). There was a decline in the population aged 35 to 44.
- District Councils' plans for new housing in existing (adopted) and draft local plans set out an ambition for new housing in Oxfordshire of 34,300 by the end of March 2022 and a further 47,200 homes by end March 2031, a total of 81,500 new homes in the next 15 years.
- Oxfordshire County Council population forecasts, based on these plans for housing growth, predict an increase in the number of Oxfordshire residents of +187,000 people (+27%) between 2016 and 2031, taking the total population of the county from 687,900 to 874,900.
- By 2031, the number of people aged 85 and over is expected to have increased by 55% in Oxfordshire overall, with the highest growth predicted in South Oxfordshire (+61%) and Vale of White Horse (+66%).

Increasing life expectancy. Inequalities remain

- Life expectancy is increasing. Between 2001-03 and 2014-16, the gap between male and female Life Expectancy in Oxfordshire decreased from 4.1 years to 3.2 years.
- Life expectancy by ward data for Oxford shows the gap in male life expectancy between the more affluent North ward and the relatively deprived ward of Northfield Brook has increased from 4 years in 2003-07 to 15 years in 2011-15. Female life expectancy in these wards has remained at similar levels with a gap of just over 10 years.

Health of carers affected by caring role

- The latest survey of carers shows that around a third (34%) of Oxfordshire carer respondents have had to see their own GP in the past 12 months because of their caring role. This was a similar proportion in carers of all ages.
- It is possible that this action – to see their GP as a result of their caring role – is an early indication that their caring role is at risk, potentially affecting around 6,200 people in Oxfordshire currently being supported by an informal carer.

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Wider determinants of health (chapter 4)

An affluent county with areas of deprivation

- Earnings remain relatively high for Oxfordshire residents.
- Despite relative affluence, income deprivation is an issue in urban and rural areas.
    - 14,000 children and 13,500 older people in Oxfordshire were affected by income deprivation.
    - Snapshot HMRC data (Aug14) shows almost 1 in 5 children aged 0-15 in Oxford were living in low income families.
- The increase in claimants of employment-related benefits in the older age group in Oxfordshire was above average.

Housing remains unaffordable

- House prices in Oxfordshire continue to increase at a higher rate than earnings and Centre for Cities has again ranked Oxford as the least affordable UK city for housing. In Oxford City, social rents charged by private registered providers in 2017 were 18% above the national average.

Homelessness remains an issue and benefit changes are affecting more households

- Over the past 6 years there has been an increase in people presenting as homeless and of people accepted as homeless and in priority need in Oxfordshire, although the latest data for 2016-17 shows a decline.
- Loss of private rented accommodation is an increasing cause of homelessness.
- The latest data shows a significant increase in the number of people rough-sleeping in Oxford.
- The number of households affected by the benefit cap across Oxfordshire has increased.
- There has been an increase in the proportion of households defined as “fuel poor” in each district of Oxfordshire.
- Oxfordshire’s Citizens Advice agencies have seen significantly more people needing help in relation to benefits, especially housing, employment and personal independence payments. Universal Credit has just been introduced in Oxfordshire, so it is too early to assess any impact.

Well qualified residents. Disadvantaged children doing less well than national average

- Oxfordshire has an above-average proportion of people with high level qualifications and a low proportion of people with no qualifications.
- Between 2016 and 2017 there was an increase in the proportion of children achieving a good level of development in all Early Learning Goals in each district in Oxfordshire, except for Cherwell where the rate declined. Girls continue to outperform boys.

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- Early Years attainment for 5 year olds with Asian or Black ethnic backgrounds in Oxfordshire was below the South East average.
- The proportion of Oxfordshire's disadvantaged pupils aged 10-11 achieving the expected standard at Key Stage 2 was below the England average in 2017
    - For pupils with SEN support, the proportion was 17% in Oxfordshire compared with 21% nationally.
    - For pupils with a first language other than English, the proportion was 55% in Oxfordshire compared with 61% nationally.
    - For pupils eligible for Free School Meals, the proportion was 38% in Oxfordshire compared with 43% nationally.
- Oxfordshire has a relatively high rate of unauthorised absences from school.

Environmental pressures

- Public Health England analysis found 423 fast food outlets in Oxfordshire of which 56% were in Cherwell and Oxford. The ward with the highest number of fast food outlets was Banbury Grimsbury & Castle (39 outlets).
- Oxfordshire continues to have 13 Air Quality Management Areas where the annual mean objective for nitrogen dioxide is being exceeded including the whole of Oxford city.
- The UK Health Alliance has identified opportunities from climate change including the co-benefits of emission reduction activities leading to healthier lifestyles (more walking/ cycling, insulating homes and others).
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Areas rated as "high risk" for isolation and loneliness in Oxfordshire are mainly in urban centres.
- The British Social Attitudes Survey (national) shows an increasing willingness to walk short journeys of less than 2 miles, rather than go by car.
- A walking to school initiative, taken up by 18 schools in Oxfordshire so far, is showing an increase in active travel rates since September 2017 from 65% to 84% (+19pp).

Health conditions and causes of death (chapter 5)

A relatively healthy county overall

- The Public Health England health profile for Oxfordshire shows that, for the majority of health indicators, Oxfordshire is statistically better than the national average.
- Indicators at county level where Oxfordshire is worse than average are: hospital admission episodes for alcohol-specific conditions in under 18s; killed and seriously injured on roads.
- For the 3-year period, 2014 to 2016, total deaths of people aged under 75 from the four causes of: cardiovascular diseases, cancer, liver disease and respiratory disease in Oxfordshire was 3,396.
- Of these **1,959** (58%) were considered preventable.

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Increase in rates of anxiety and depression, above-average self-harm and suicides of young people

- In Oxfordshire, the average wellbeing scores for: life satisfaction, "things you do are worthwhile" and happiness, are slightly lower in 2016-17 compared with 2015-16 and the anxiety mean is higher.
- The number and rate of GP-registered patients in Oxfordshire with depression or anxiety has increased significantly each year for the past 4 years.
- The percentage of GP-registered patients with a recorded diagnosis of a severe and enduring mental health problem has increased in all districts. The rate in Oxford City remains well above the average for NHS Oxfordshire CCG.
- Rates of intentional self-harm in Oxfordshire are now statistically above the England average.
- There were 15 wards in Oxfordshire with a significantly higher admission ratio for intentional self-harm than England.
- There were 23 suicides of people aged under 25 in the Oxfordshire Clinical Commissioning Group area in 2014-16. The OCCG rate was statistically above the England average.

Above average cancer diagnosis and lower (preventable) cancer mortality rate

- The proportion of GP-registered patients with a cancer diagnosis in Oxfordshire has remained above the national average.
- Preventable deaths (preventable mortality) from cancer in Oxfordshire remains better than the England and South East averages.
- The cancer mortality rate for females in Cherwell increased to just above the national average.
- Rates of bowel cancer deaths were above average in Oxfordshire in 2016 for both males and females.

Stroke and Dementia

- Stroke in females in Oxford and males in Vale of White Horse each above average in 2016.
- In West Oxfordshire, the age-standardised mortality rate for females due to Dementia and Alzheimer's disease increased in 2014, 2015 and again in 2016 to well above the national and regional averages.
- The mortality rate for females due to Dementia and Alzheimer's disease was above the national average in Cherwell in 2015 and 2016.

Knee and back pain affecting health and social care workers

- Work-related musculoskeletal disorders account for 35% of all working days lost due to work-related ill health (national survey).
- Human health and social work activities is one of the four industries with significantly higher rates of WRMSDs when compared with the rates for all industries.

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Lifestyles (chapter 6)

Over half of adults overweight or obese. Slight increase in obesity of children

- An estimated 55% of people aged 16 or over in Oxfordshire are classified as overweight or obese. This is below the national average.
- Data from the National Child Measurement Programme shows a similar level of obesity in younger children (aged 4-5 years) in Oxfordshire and a slight increase in obesity of children aged 10-11.
- In the 2016/17 academic year, a measure of prevalence of severe obesity was introduced. In Oxfordshire, around 110 (1.4%) reception year children were severely obese. In year 6, around 220 (3.4%) children were severely obese. Levels were highest in Oxford City.

Overall decline in smoking and consumption of alcohol, with exception of some groups

- Smoking prevalence in adults in routine and manual occupations was estimated at 24.5% in Oxfordshire, over double the rate of all adults and similar to the national average.
- Admissions for alcohol-related conditions were better than the England average in Oxfordshire overall and in rural districts. Oxford City had a similar rate to the national average.
- The rate of hospital admissions for alcohol-specific conditions in females under 18 in Oxfordshire has remained statistically above the national average in the latest data. The rate for males in Oxfordshire was similar to average.

Increasing number of recorded victims of abuse

- Police data shows an increase in recorded victims of most categories of abuse and exploitation in Oxfordshire (other than Child Sexual Exploitation which declined). There were over 100 recorded victims of modern slavery in Oxfordshire, almost three times in the number in 2016.

Service use (chapter 7)

High levels of health staff vacancies and health staff turnover

- In September 2017, there was a total of 644 advertised NHS vacancies (full time equivalents), 44% were for nurses/midwives and 22% were administrative and clerical.
- Turnover of Oxfordshire NHS Acute nursing & midwifery staff, other clinical and non-clinical staff in 2016-17 was well above the England average.

Increasing use of health services and increasing complexity of conditions

- Use of health services is increasing overall and per person. The number of times people visit their doctor or are treated in hospital has increased significantly in Oxfordshire (and nationally), especially in the older age group.

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- After contacting an NHS service outside of GP surgery hours, 30% of Oxfordshire respondents attended A&E (34% nationally).
- The proportion of hospital inpatients with complicating comorbidities is increasing.

Falls causing highest use of ambulance services and above-average rate of injuries

- Ambulance data show the top condition requiring an ambulance for Oxfordshire residents was falls.
- Oxfordshire's comparative rates of injuries due to falls in people aged 65+ and for people aged 80+ has recently improved, from statistically worse than average to similar to the South East average.

Delayed transfers of care have fallen, remaining above average

- The rate of delayed transfers of care (DTOC) within Oxfordshire has fallen but remains significantly higher than the England average.

Increase in referrals of children and young people to mental health services

- In the past year, there has (again) been an increase in the number of people referred for treatment to Oxford Health mental health services, particularly children and young people.
- As of December 2017, two thirds (66%) of young people, in the Oxfordshire Clinical Commissioning Group area referred to CAMHS, were seen within 12 weeks. In the previous 3 months (Sept-Nov17), less than half of referrals were seen within 12 weeks.

Increase in older clients supported at home, decline in number provided with social care reablement.

- There has been an increase in the proportion of older social care clients supported at home, from 44% of older clients in 2012 to 59% in 2017.
- Between 2015-16 and 2016-17 there was a 9% drop in the number of adults provided with short-term reablement services.
- Oxfordshire County Council estimates that: of the total number of older people receiving care in Oxfordshire, 40% (4,200) are being supported by the County Council or NHS funding and 60% (6,300) are self-funding their care.

Increase in children referred for social care services and children who are looked after

- Oxfordshire has seen increases in the number of children referred to social care, children on protection plans and children who are looked after.
- Care leavers in Oxfordshire are less likely than average to be in employment, education or training.

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Expected growth in the oldest population is likely to increase demand for local health and social care services

- Assuming the use of health and social care services remains at current levels for the oldest age group (85+) would mean the forecast population growth in Oxfordshire leading to an increase in demand of:
  - +6,400 additional hospital inpatient spells for people aged 85+: from 12,600 in 2016-17 to 18,400 in 2031-32.
  - +1,000 additional clients supported by long term social care services aged 85+: from 1,900 in 2016-17 to 2,900 in 2031-32.

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2 Population

This section describes the changing size and profile of Oxfordshire's population. Further resources are available online, by visiting the JSNA – Population webpage.

2.1 Population – key findings

This section highlights the key messages from the review of data on population (data sources and research references are provided with the detailed data in the remainder of this chapter).

- As of mid-2016, the estimated total population of Oxfordshire was 683,200.
- Over the ten-year period, 2006 and 2016, there was an overall growth in the population of Oxfordshire of 52,100 people (+8.3%), similar to the increase across England (+8.4%).
- The five-year age band with the greatest increase over this period was the newly retired age group 65 to 69 (+41%). There was a decline in the population aged 35 to 44.
- District Councils' plans for new housing in existing (adopted) and draft local plans set out an ambition for new housing in Oxfordshire of 34,300 by the end of March 2022 and a further 47,200 homes by end March 2031, a total of 81,500 new homes in the next 15 years.
- Oxfordshire County Council population forecasts, based on these plans for housing growth, predict an increase in the number of Oxfordshire residents of +187,000 people (+27%) between 2016 and 2031, taking the total population of the county from 687,900 to 874,900.
- By 2031, the number of people aged 85 and over is expected to have increased by 55% in Oxfordshire overall, with the highest growth predicted in South Oxfordshire (+61%) and Vale of White Horse (+66%).
- Life expectancy is increasing. Between 2001-03 and 2014-16, the gap between male and female Life Expectancy in Oxfordshire decreased from 4.1 years to 3.2 years.
- Life expectancy by ward data for Oxford City shows the gap in male life expectancy between the more affluent North ward and the relatively deprived ward of Northfield Brook has increased from 4 years in 2003-07 to 15 years in 2011-15. Female life expectancy in these wards has remained at similar levels with a gap of just over 10 years.
- Data for the combined years 2009 to 2013 shows that for males there was a 10-year gap in Disability Free Life Expectancy between the most and least deprived areas of Oxfordshire. For females, the gap was just under 10 years.

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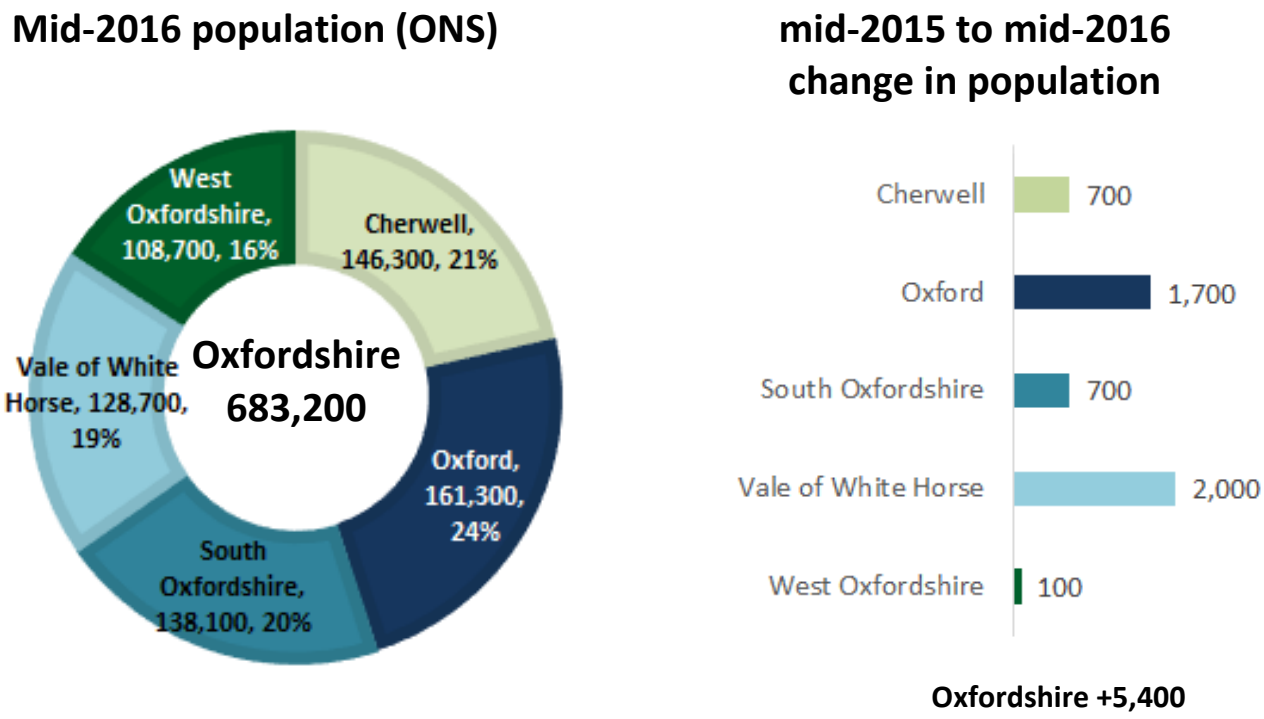
2.2 Population

Mid-2016 population estimate

As of mid-2016, the ONS estimated total population of Oxfordshire was **683,200** residents (including students and armed forces). This was an increase of 5,400 (+0.8%) compared with the previous year (mid-2015).

Figure 1 Population of Oxfordshire and districts, mid-2016 and change 2015 to 2016



Source: ONS mid-year population estimates

Note that investigation by Oxfordshire County Council's Research and Intelligence team into the ONS mid-year estimates for Oxford city has highlighted concerns about ONS modelling of the student-age population and (to a lesser extent) young working age and child populations.

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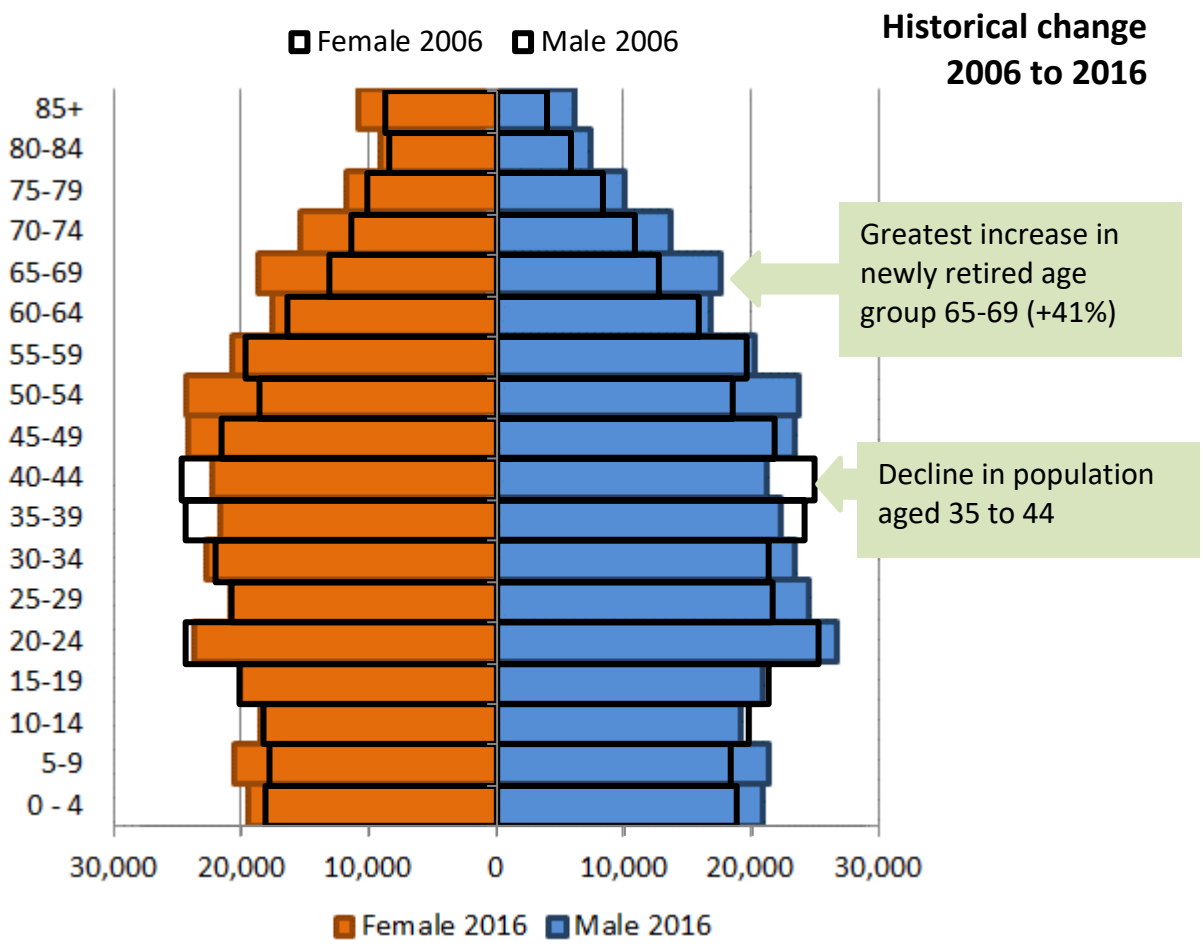
Historical change in population by age

Over the ten-year period, 2006 and 2016, there was an overall growth in the population of Oxfordshire of 52,100 people (+8.3%), similar to the increase across England (+8.4%).

The five-year age band with the greatest increase over this period was the newly retired age group 65 to 69 (+41%). There was a decline in the population aged 35 to 44.

Figure 2 Oxfordshire's population by age 2006 and 2016



Source: ONS mid-year population estimates

Children and young people aged 0 to 17 made up 21% of Oxfordshire's population as of mid-2016, a similar proportion to that in 2006. As shown in the population pyramid above and the chart below, the greatest increases were in the age groups 0-4 and 5-9.

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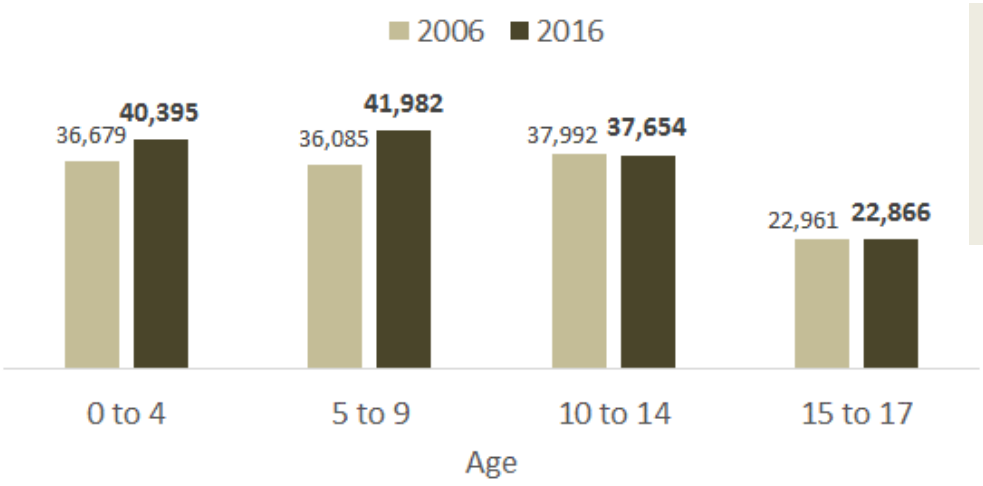
Figure 3 Number of children and young people in Oxfordshire, 2006 and 2016

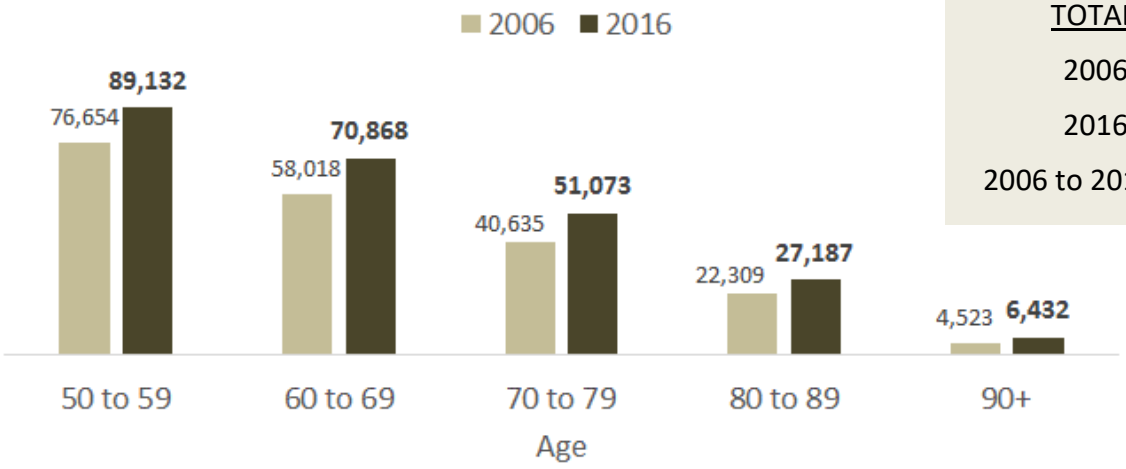


TOTAL Age 0-17	
2006	133,717
2016	142,897
2006 to 2016	+7%

Source: ONS mid-year population estimates

+ **Older people** aged 50 and over, made up 36% of Oxfordshire's population as of mid-2016, up from 32% in 2006. The greatest increase over this time was in the number of people aged 60-69.

Figure 4 Number of older people in Oxfordshire, 2006 and 2016



TOTAL Age 50+	
2006	202,139
2016	244,692
2006 to 2016	+21%

Source: ONS mid-year population estimates

The change in population by age varies by district in Oxfordshire with rural districts seeing an increase in the retirement aged population and Oxford seeing a growth in the younger age groups.

+ Data has been updated in this version

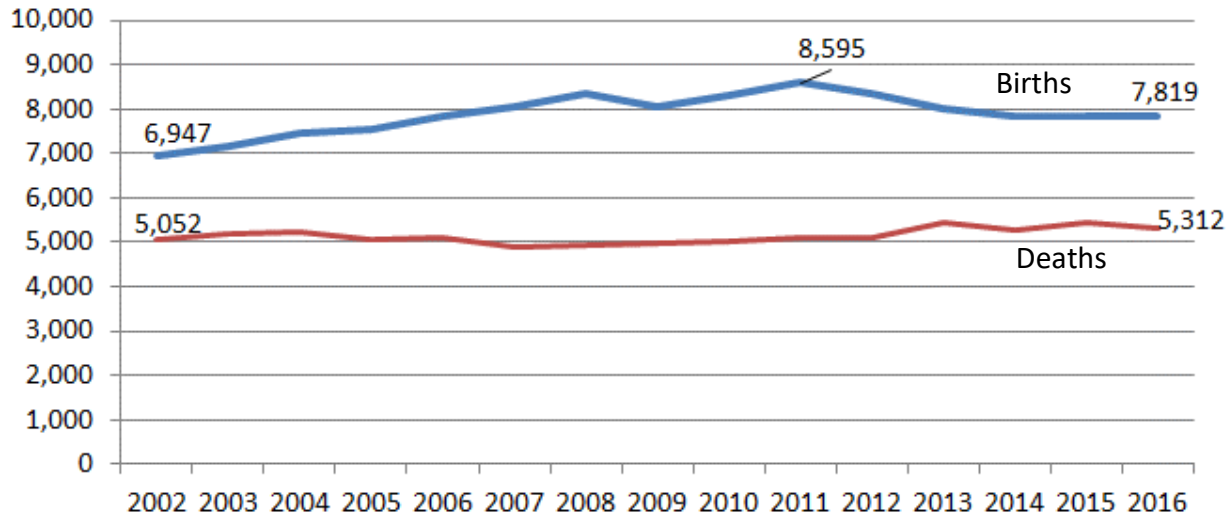
= Data has been reviewed and is unchanged

Natural change vs migration

The number of births in Oxfordshire reached a peak in mid-2011 and has since declined. In mid-2016 there were **7,819** births in Oxfordshire, very close to the number as of mid-2015 (7,828).

The number of deaths in Oxfordshire fell slightly to **5,312** by mid-2016, down from 5,462 in mid-2015 (-3%).

Figure 5 Oxfordshire: total number of births and deaths (mid-year estimates)

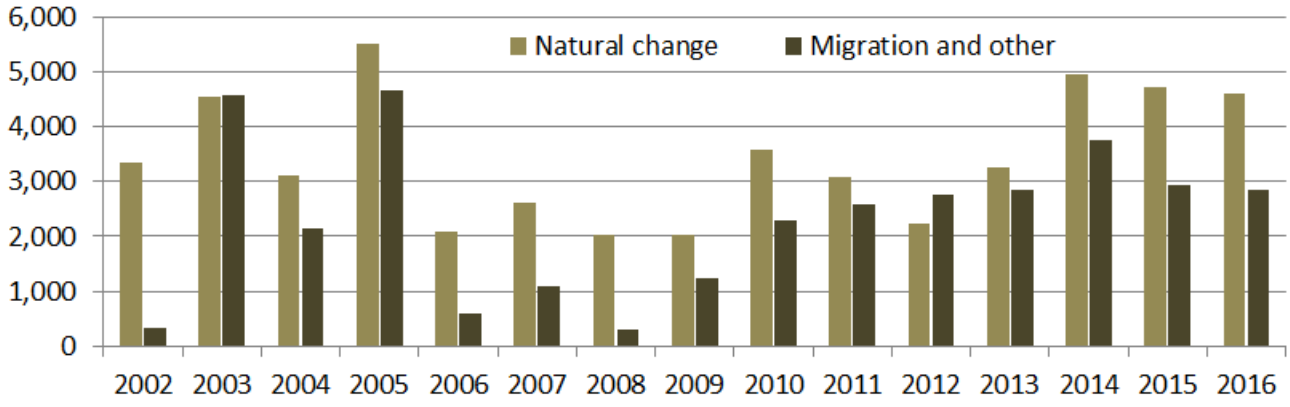


Source: ONS mid-year population estimates; NOTE: this data mid-year to mid-year (1 July to 30 June) in each year and not the calendar year

Natural change (rather than migration) has been the main driver of historical population growth in Oxfordshire.

- Natural change (births minus deaths) has been above net migration (internal and international, in-migration minus out-migration) for each year since mid-2002 with the two exceptions of 2003 and 2012.

Figure 6 Oxfordshire: Natural change and Net Migration



Source: ONS mid-year population estimates

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Forecast growth in population

District Councils' local plans setting out planned housing development are at various stages of development.

- Cherwell has an existing (adopted) plan for Bicester, Banbury and Upper Heyford. An additional plan for Woodstock, A44 corridor, south and south east Kidington and north Oxford sites will be examined in 2018.
- Oxford has development in progress in Barton and Northern Gateway and a new local plan is in early stages of development.
- South Oxfordshire has an existing plan covering housing in Didcot and Wallingford and a plan for new housing in Culham, Berinsfield, Chalgrove and Wheatley will be examined in 2018.
- Vale of White Horse has an existing plan for housing outside Didcot, in Wantage-Grove and north Abingdon. A plan with development at Harwell, Dalton Barracks and other sites will be examined in 2018.
- West Oxfordshire's local plan is in the later stages of the public examination and covers housing growth at Witney, Carterton, Eynsham and other sites.

The adopted and draft plans together set out housing growth in Oxfordshire of 34,300 by the end of March 2022 and a further 47,200 homes by end March 2031, a total of 81,500 new homes in the next 15 years.

Table 1 Total homes planned (adopted and draft local plans) for Oxfordshire to March 2031

	Apr17 to Mar22	Apr22 to Mar31
Cherwell	10,082	13,214
Oxford City	3,156	3,849
South Oxfordshire	7,021	10,628
Vale of White Horse	9,357	10,455
West Oxfordshire	4,687	9,037
Oxfordshire total	**34,302**	**47,183**

Based on Oxfordshire Infrastructure Strategy housing site completions and trajectories reviewed January 2018

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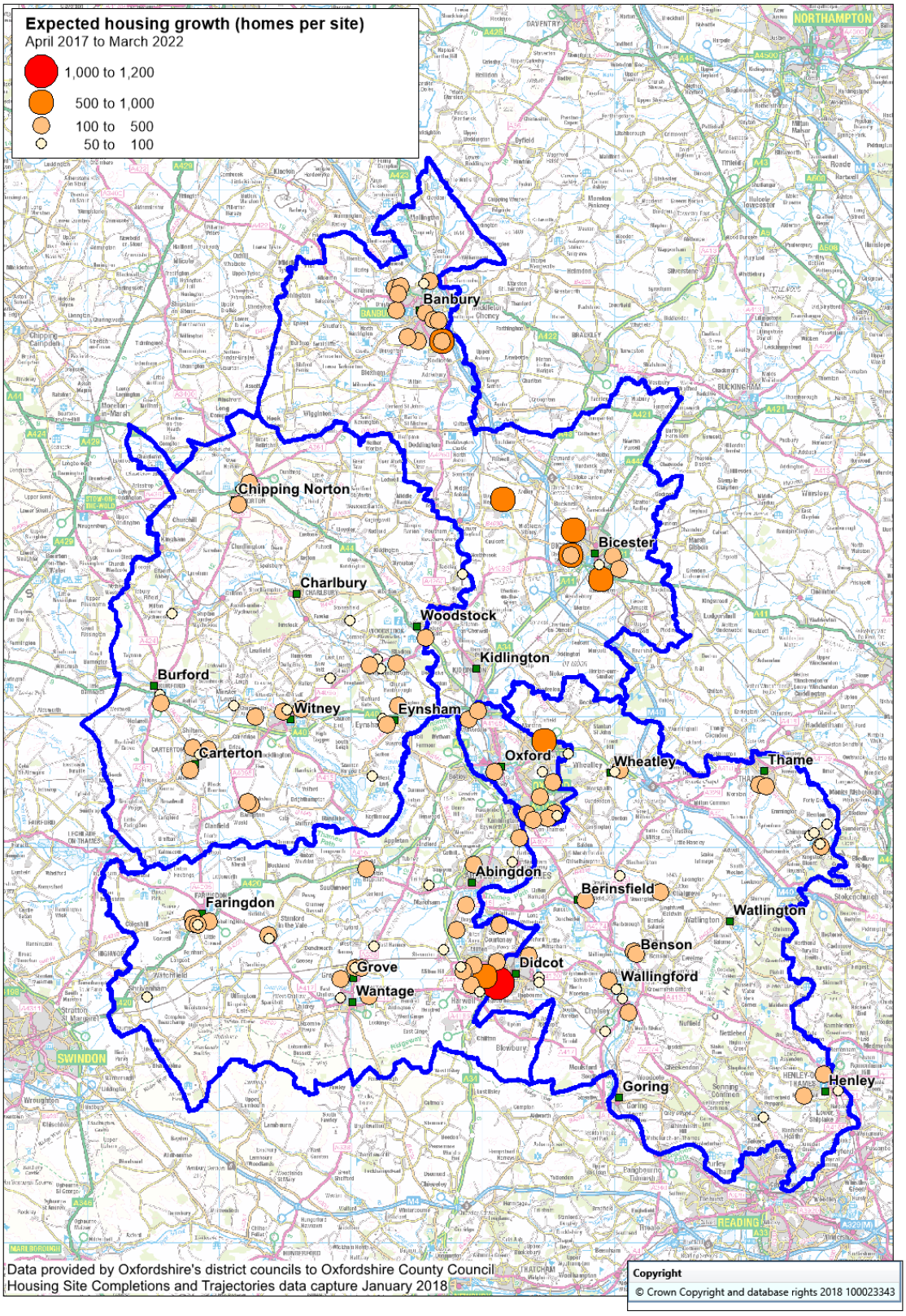

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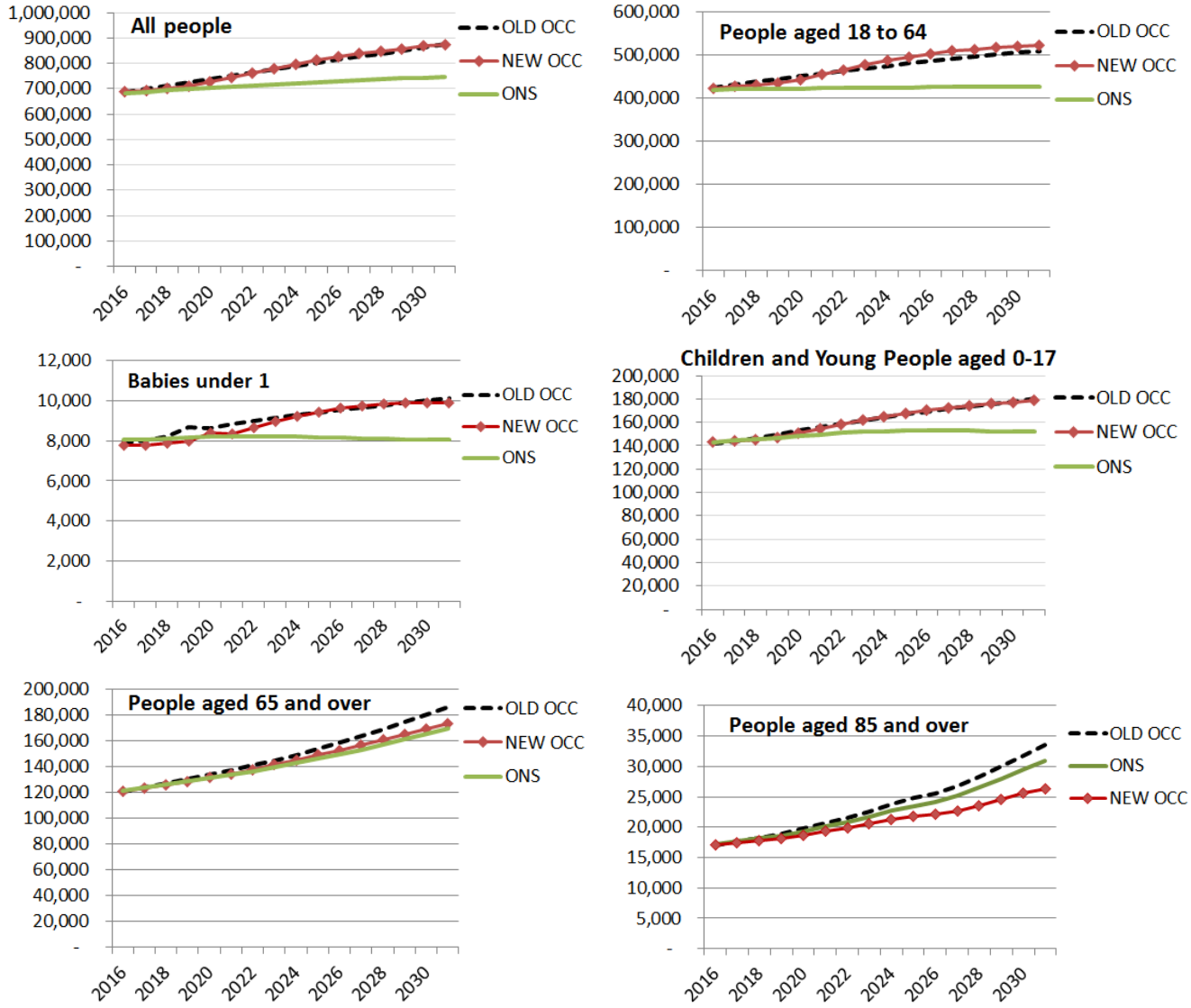
Oxfordshire County Council's updated local population forecasts include the expected housing growth in adopted and draft district local plans.

The new forecasts are also based on an improved set of assumptions from ONS, especially in the upper age bands where deaths data is now available by single year of age.

The following charts show the differences by age group between the new County Council forecasts (Mar18), the old County Council forecasts (Nov 2016) as reported in the previous JSNA and the trend-based Office for National Statistics 2014-based sub national population projections.

The comparisons show a similar trend in the total population and younger age groups and a lower predicted growth in the number of older people than the previous set of forecasts.

Figure 7 Comparison of Oxfordshire County Council population forecasts based on housing growth (Nov16 and Feb18) and ONS projections based on past trends



Sources: Oxfordshire County Council population forecasts (Nov16 and Feb 2018) and ONS 2014-based subnational population projections

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The latest Oxfordshire County Council population forecasts, predict an increase in the number of Oxfordshire residents of +187,000 people (+27%) between 2016 and 2031.

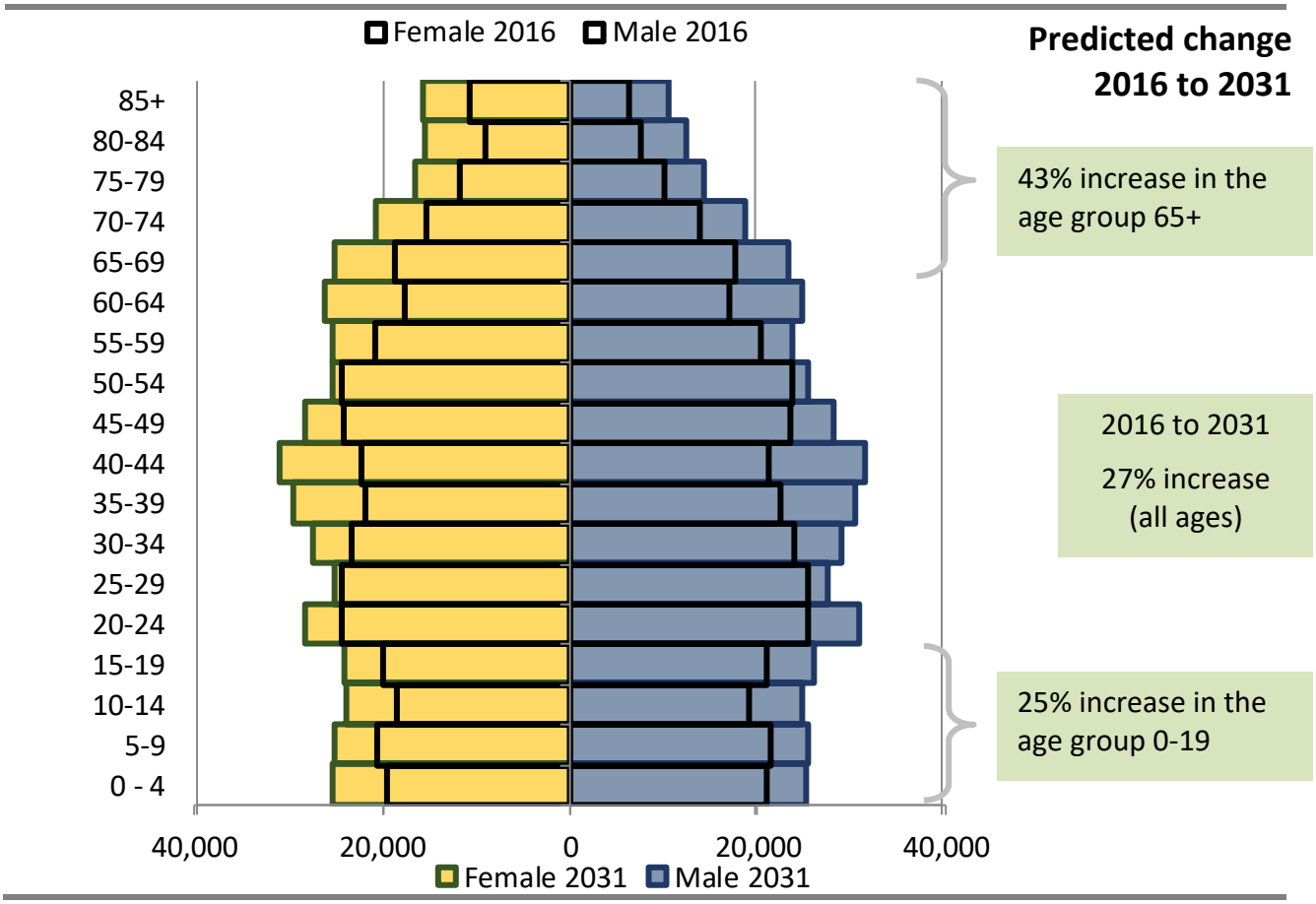
Table 2 Projected growth in total resident population 2016 to 2031

	2016	2031	Change 2016 to 2031	
Cherwell	148,200	205,000	56,800	38%
Oxford	161,400	170,500	9,000	6%
South	139,600	180,800	41,200	30%
Vale	129,400	179,900	50,600	39%
West	109,300	138,800	29,400	27%
OXFORDSHIRE	687,900	874,900	187,000	27%

Source: Oxfordshire County Council population forecasts (Mar18)

The older age group 65+ in Oxfordshire is expected to increase by +43%, well above the predicted growth in the number of children and young people aged 0-19 (25%).

Figure 8 Oxfordshire population by age 2016 and 2031



Source: Oxfordshire County Council population forecasts (Mar18)

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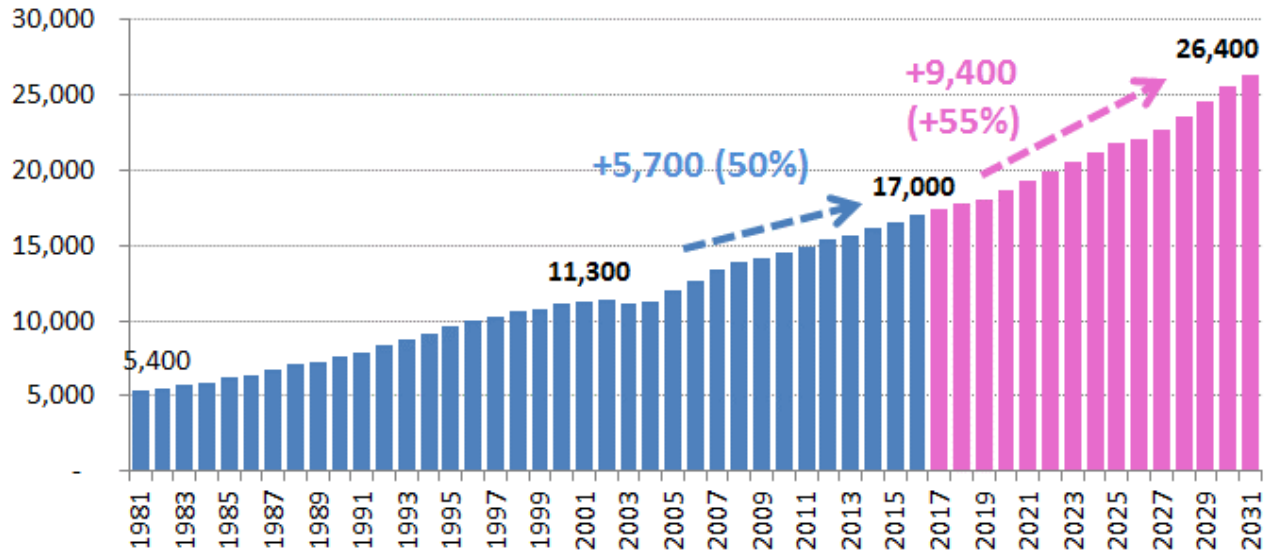
Predicted growth of the oldest age group (85+)

Between 2001 and 2016 the number of people aged 85 and over, living in Oxfordshire, increased from 11,300 to 17,000, a growth of 50%.

Between 2016 and 2031, Oxfordshire County Council predicts this age group will increase by a further 9,400 people to 26,400 (+55%).

Figure 9 Historical and forecast number of people aged 85 and over living in Oxfordshire



Sources: ONS mid-year population estimates; Oxfordshire County Council population forecasts (Mar18)

Each district in Oxfordshire is predicted an increase in the number of people aged 85 and over. The district expected to see the greatest increase in number and percentage change is Vale of White Horse.

Table 3 Historical and projected number of people aged 85 and over, Oxfordshire districts (2001 to 2016 and 2016 to 2031)

	ONS mid-year estimates			OCC projection		
	2001	2016	*2001 to 2016*	2031	*2016 to 2031*	
Cherwell	2,200	3,400	*1,300*	5,400	*1,900*	*56%*
Oxford	2,500	2,900	*400*	3,600	*700*	*26%*
South Oxfordshire	2,600	3,900	*1,300*	6,200	*2,400*	*61%*
Vale of White Horse	2,100	3,600	*1,500*	6,000	*2,400*	*66%*
West Oxfordshire	2,000	3,300	*1,200*	5,200	*1,900*	*59%*
Oxfordshire	11,300	17,100	*5,800*	26,400	*9,300*	*55%*

Sources: ONS mid-year population estimates; Oxfordshire County Council population forecasts (Mar18)

Data has been updated in this version

Data has been reviewed and is unchanged

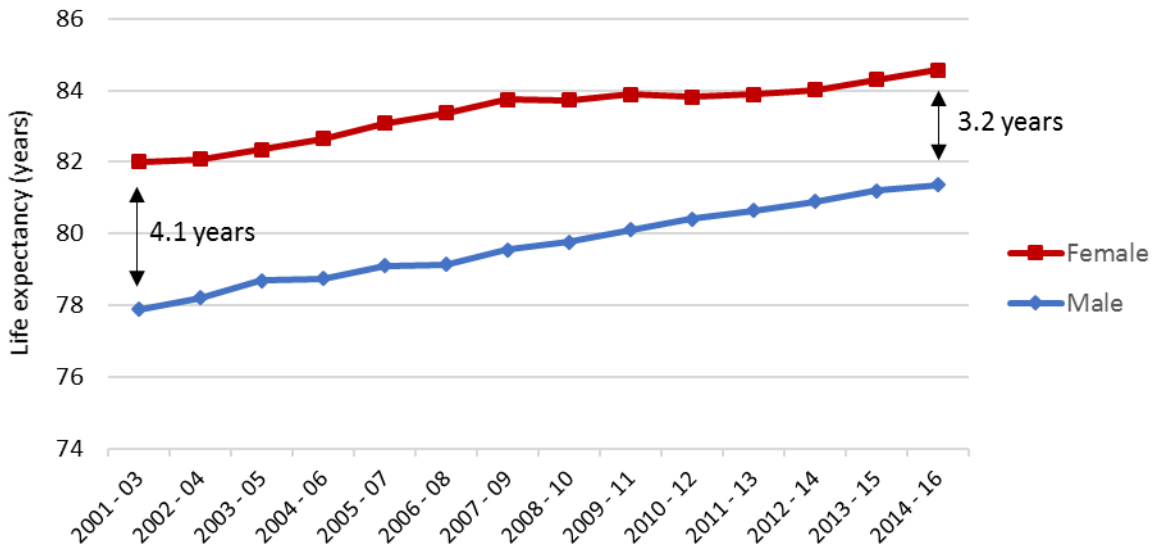
2.3 Life Expectancy

The most recent set of 3-year Life Expectancy data shows that, between 2013-15 and 2014-16, Life Expectancy for males and females in Oxfordshire each increased.

- Male Life Expectancy increased from 81.2 to 81.4 (+0.2 years)
- Female Life Expectancy increased from 84.3 to 84.6 (+0.3 years)

Between 2001-03 and 2014-16, the gap between male and female Life Expectancy decreased from 4.1 years to 3.2 years.

Figure 10 Change in Life Expectancy in Oxfordshire – males and females to 2014-16



Source: ONS Figures are based on the number of deaths registered and mid-year population estimates, aggregated over 3 consecutive years. Note that scale does not start at 0

ONS data on changes in life expectancy by socio-economic group[2] (national data) shows a significant increase in life expectancy of professional males – above the gains for all groups of females and most of the other male socio-economic groups.

Life expectancy by ward data for Oxford shows a significant increase in **male life expectancy** in the more affluent North ward and no change in male life expectancy in the more deprived ward of Northfield Brook. The gap in male life expectancy between these two wards has increased from 4 years in 2003-07 to 15 years in 2011-15.

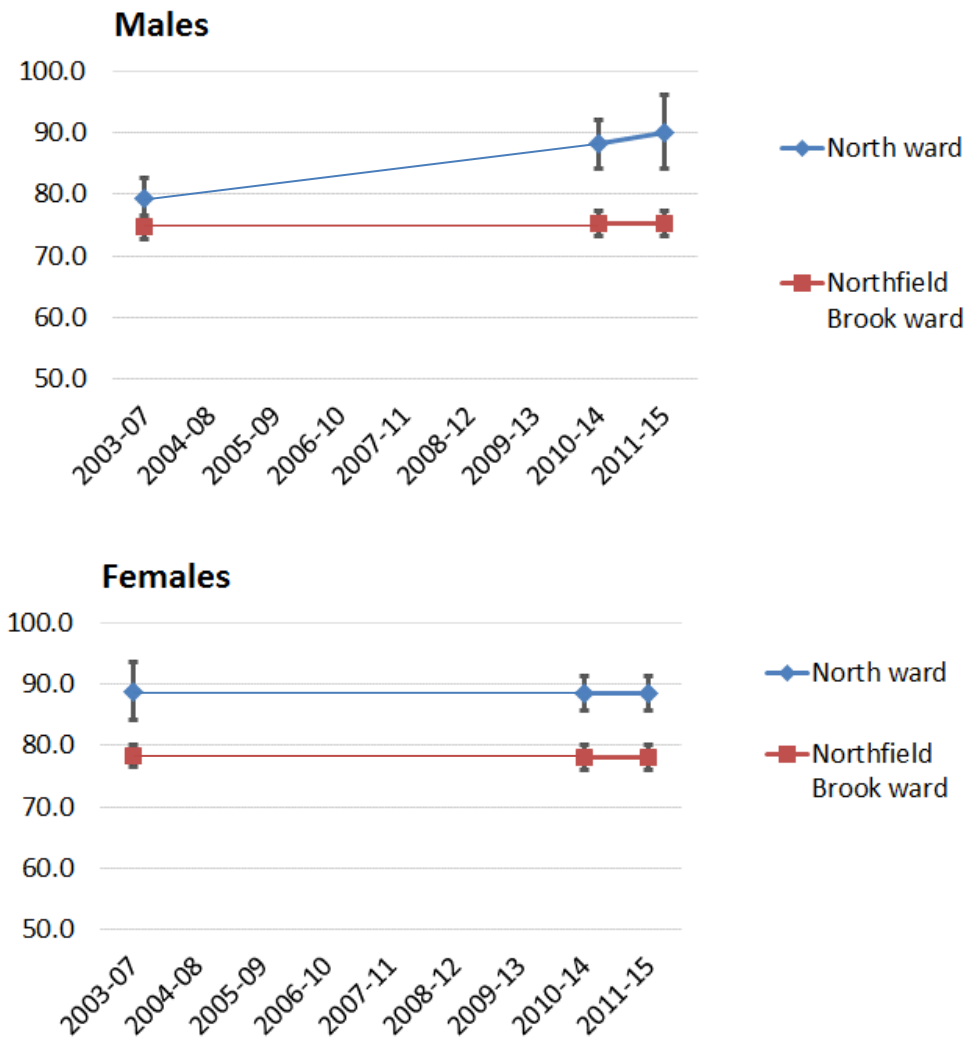
Female life expectancy in these wards has remained at similar levels with a gap of just over 10 years.

2 https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/lifeexpectancies/bulletins/trendinlifeexpectancyatbirthandatage65bysocioeconomicpositionbasedonthenationalstatisticssocioeconomicclassificationenglandandwales/2015-10-21

Data has been updated in this version

Data has been reviewed and is unchanged

Figure 11 Trend in life expectancy by ward (showing confidence intervals), 5 year rolling average



Source: 2011-15 life expectancy by ward data available from Local Health; LE data for previous years from Oxfordshire County Council archive. Note that trend data is not available for wards outside Oxford City as a result of changes in ward boundaries in 2015 and 2016. Note scale does not start at 0.

Data has been updated in this version

Data has been reviewed and is unchanged

2.4 Inequality in Disability Free Life Expectancy

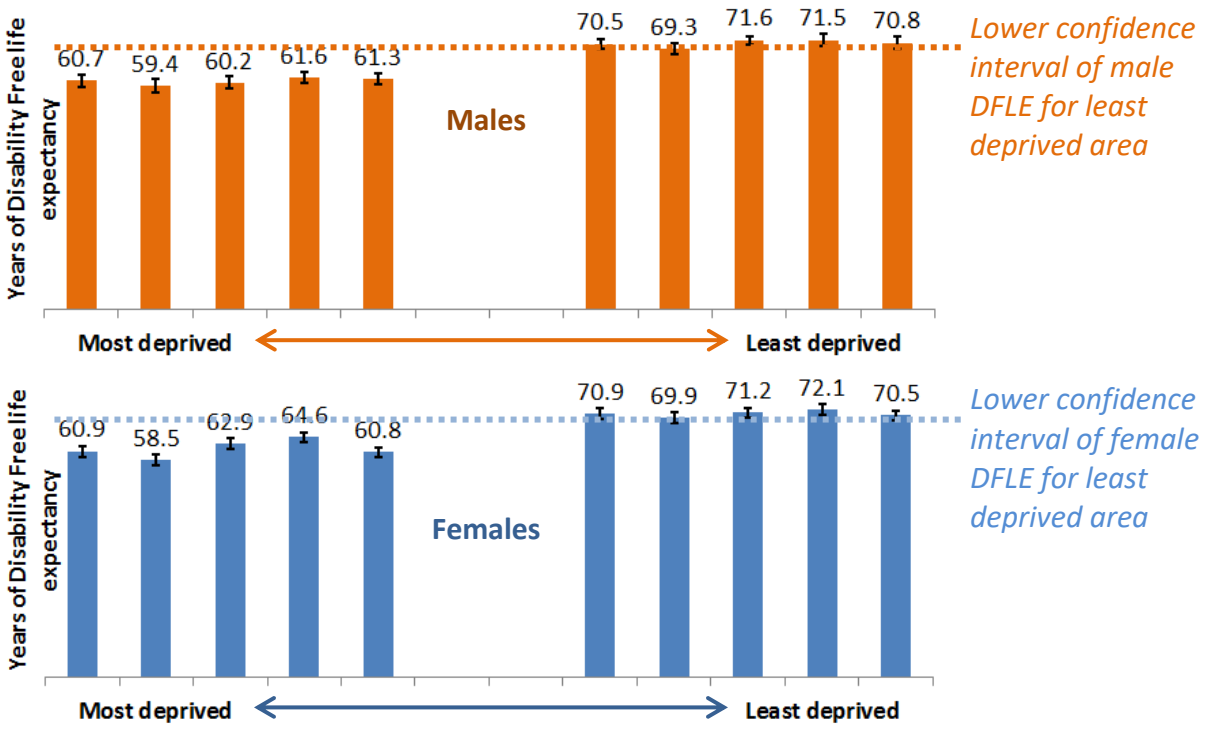
Disability Free Life Expectancy (DFLE) is the average number of years an individual is expected to live free of disability if current patterns of mortality and disability continue to apply.

There are clear inequalities in DFLE across Oxfordshire, with people in the most deprived areas having significantly lower Disability Free Life Expectancy compared with the least deprived.

- Data for the combined years 2009 to 2013 shows that for males there was a 10-year gap between the most and least deprived areas. For females, the gap was just under 10 years.

The following charts shows DFLE in years for the 5 most deprived Middle Layer Super Output areas in Oxfordshire compared with the 5 least deprived MSOAs.

Figure 12 Disability Free Life Expectancy: most deprived vs least deprived MSOAs in Oxfordshire, 2009-2013



Sources: ONS Disability Free Life Expectancy at birth by MSOA. IMD 2015 ranks and average scores for English Middle Layer Super Output Areas created by Public Health England from population weighted averages of their constituent Lower Super Output Area scores.

Next update to this data will be following the 2021 Census

Data has been updated in this version

Data has been reviewed and is unchanged

3 Population groups and equalities

This section provides data on people within the nine protected characteristics as defined by the 2010 Equalities Act (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, and sexual orientation) and other groups: urban/rural populations, the Armed Forces population and people providing unpaid care.

Further resources are available online, by visiting the JSNA – Population web page.

3.1 Population groups – key findings

This section highlights the key messages from the review of data on Population Groups (data sources and research references are provided with the detailed data in the remainder of this chapter).

Race, ethnicity and language

- The age profile of Oxfordshire's population differs significantly by ethnic group (Census 2011). The ethnic minority group with the largest number of people in the older population in Oxfordshire was 'other white' (including people with European backgrounds).
- Over the past 5 years, there has been an increase in the number and proportion of primary school pupils in Oxfordshire with first language other than English.

Religion and belief

- Residents in older age groups were significantly more likely to identify themselves as Christian than people in other age groups (Census 2011).

Sexual orientation and gender reassignment

- Local data on sexual orientation and gender reassignment remains unavailable. Using national data implies a total of 11,100 people in Oxfordshire identifying as lesbian, gay or bisexual in 2016.

Marriage and civil partnership

- Rates of marriage and civil partnership in Oxfordshire were above average (Census 2011).

Pregnancy and maternity

- Long term ONS birth statistics for England and Wales (1941 to 2016) show a change in fertility by age group with declining rates in the under 20s and 20-24 age groups and increasing fertility rates for women in their 30s.
- In 2016 (as in 2015) Oxfordshire had a higher proportion of births to older mothers than the national average.
- Half of births in Oxford in 2016 were to mothers born outside the UK, the highest proportion of which was to mothers born in Europe.

Disability

- Rates of disability vary significantly by age and by district.

Data has been updated in this version

Data has been reviewed and is unchanged

- Oxfordshire had a slightly higher proportion of people aged 85 and over with a disability than the South East and the district with the highest rate of disability in this oldest age group was Cherwell followed by Vale of White Horse (Census 2011).
- As of May 2017, there was a total of 11,833 residents of Oxfordshire receiving Attendance Allowance. This was 9% below the total in May 2012 (13,056).
- The number of recipients of Attendance Allowance in Oxfordshire has declined in all age groups over the past 5 years, other than for those aged 65 to 69. This is similar to the national trend.
- Of the districts in Oxfordshire, Cherwell had the greatest number of Attendance Allowance claimants in each age group.

Rural population

- As at mid-2016, a third of the total population of Oxfordshire lived in areas defined as "rural" by the Office for National Statistics.
- Older people are more likely to live in rural areas than younger age groups.
- West Oxfordshire had the highest proportion living in rural areas and the highest proportion of older rural residents.

Armed forces

- As of 1 October 2017, around 9,200 regular armed forces (military and civilian) personnel were stationed in Oxfordshire (although not all necessarily reside in the county). This was a slight reduction on the number as of 1 October 2016 (9,400).
- The district with the largest number residents of Oxfordshire in receipt of Armed Forces Pension, War pension and Armed forces compensation scheme was West Oxfordshire.

Carers

- Census 2011 data gives a total of:
    - 61,100 residents of Oxfordshire providing any amount of unpaid care.
    - 17,400 residents of Oxfordshire providing 20 or more hours per week of unpaid care.
- The latest survey of Carers (2016-17) found that around a third (34%) of Oxfordshire carer respondents have had to see their own GP in the past 12 months because of their caring role. This was similar in all broad age categories.
- In addition, the survey found that 1 in 5 (21%) carers in Oxfordshire reported having developed "my own health condition" as a result of caring; 1 in 5 (21%) carers reported caring had made an existing condition worse.
- It is possible that this action – to see their GP as a result of their caring role – is an early indication that their caring role is at risk, potentially affecting around 6,200 people in Oxfordshire currently being supported by an informal carer.
- By the end of March 2017, the Oxfordshire Young Carers Service had identified and supported a total of 2,684 children and young adults (aged up to 25 years) who provide unpaid care to a family member. This is an increase from the number as of March 2016 (2,281).

Data has been updated in this version

Data has been reviewed and is unchanged

3.2 Race, ethnicity and language

The Census 2011 survey remains the most detailed source of data on the age profile and health of the population by ethnic group.

There was a total of **107,000** residents of Oxfordshire from an ethnic minority background (other than white British) in 2011, equivalent to 16% of the population. This was lower than the national average of 20%.

Oxford City had a significantly higher proportion of ethnic minority residents (36%) than Oxfordshire's rural districts and the second highest ethnic minority population in the South East region after Slough

Ethnic groups by age

The proportion of people with an ethnic minority background varies by age. In Oxfordshire, the highest rate was in the age group 25 to 49 (22%) well above the proportion of ethnic minority residents in the older population (6% of people aged 65+).

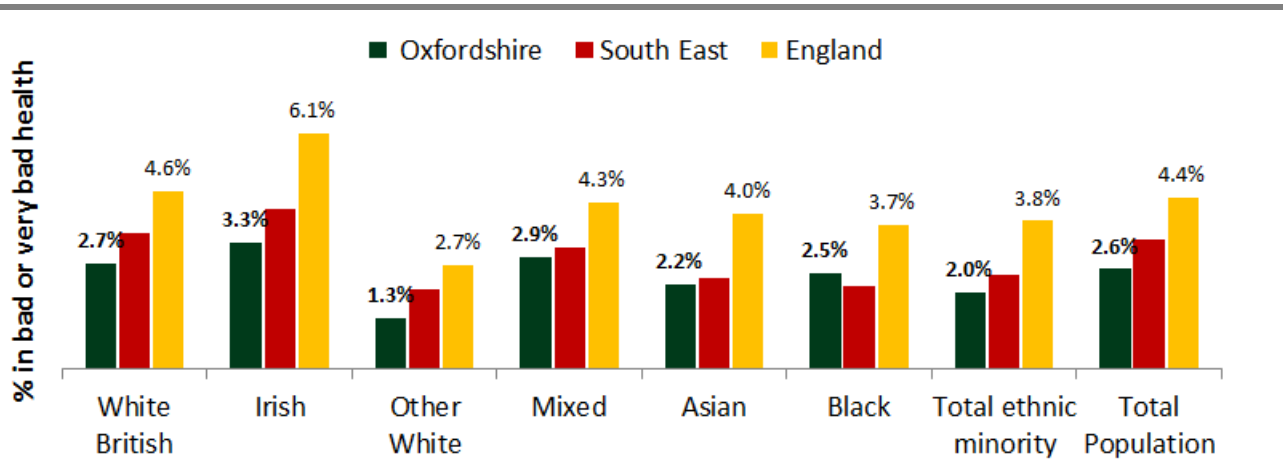
The age profile of individual ethnic groups differs significantly:

- The Irish population is relatively elderly with the highest rate of people with an Irish background in the older population.
- The mixed/multiple ethnic group is relatively young – a far higher proportion of this group are aged 0-24.
- The "other white" population, including recent migrants from Europe, is the largest group within the working age category 25-49.
- The Asian/Asian British and Black ethnic minority groups each have a similar proportion of those aged 0-24 and 25-49 implying families.

Ethnicity and health

1,500 or 2% of the working age population (between the ages of 16 and 64) in an ethnic minority group in Oxfordshire were in bad health, this was below the South East and England averages.

Figure 13 People aged 16 to 64 in bad or very bad health (2011, self-reported)



Source: ONS Census 2011 table LC3206

Data has been updated in this version

Data has been reviewed and is unchanged

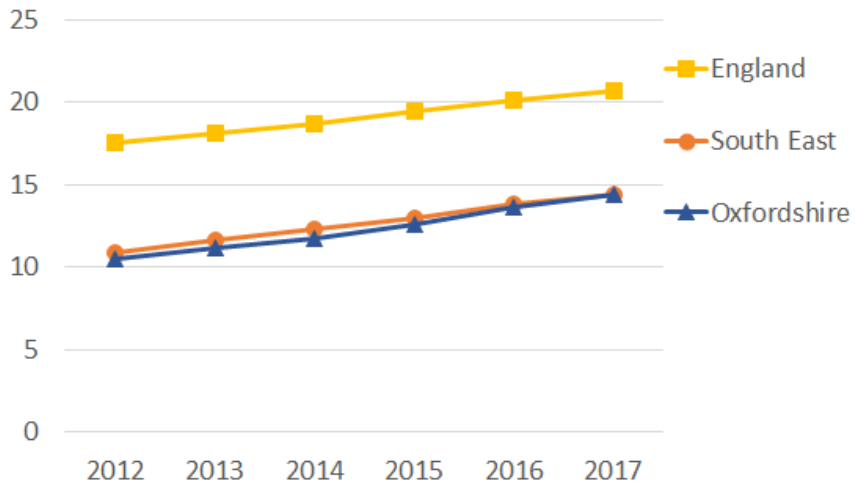
Language skills

Not being proficient in English can affect a person's ability to access health and other services.

= At the time of the Census 2011 survey there was a total of **5,500** people in Oxfordshire who could not speak English or speak English well. Of these the largest numbers were in the working age groups 25 to 34 and 35 to 49.

+ Data published as part of the annual school census in January each year shows an increasing proportion of pupils at primary schools in Oxfordshire with first language other than English. The % of pupils with first language other than English in Oxfordshire in January 2017 was slightly higher than the regional South East average (14.4% in Oxfordshire compared with 14.3% in SE).

+ **Figure 14 Percentage of pupils in primary schools whose first language is known or believed to be other than English**



Source: Department for Education; Includes primary academies, including free schools.

Lack of language skills is associated with lower performance of pupils in Oxfordshire schools.

+ The gap between the performance of Oxfordshire and England pupils with first language other than English is greater at the end of primary school (KS2) than early years.

- In 2017[3] 64% of pupils with English as a second language in state funded schools in Oxfordshire reached a good level of development at Early Years Foundation Stage, compared with 65% of this group in England.
- In 2017[4] 55% of pupils with English as a second language in state funded schools in Oxfordshire reached the expected standard at KS2 in reading, writing and maths compared with 61% of this group in England.

[3] https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2016-to-2017

[4] Department for Education: SFR69/2017: National curriculum assessments at key stage 2, 2017 (revised)

+ Data has been updated in this version

= Data has been reviewed and is unchanged

3.3 Religion and belief

As with ethnicity data, the Census 2011 survey remains the most detailed source of data on religion.

= The Census showed that in Oxfordshire (as nationally) the older age groups were significantly more likely to identify themselves as Christian (83% Christian for those aged 75+ compared with 60% overall).

3.4 Sexual orientation

There remains very limited data on sexual orientation - those who identify themselves as heterosexual/straight, gay/lesbian, bisexual or another sexual orientation.

= One indicator is the number of people in a same-sex registered partnership which for Oxfordshire in 2011 was around **1,400** people. This will be, however, a significant undercount of the total lesbian, gay or bisexual (LGB) population.

+ Experimental statistics on sexual identity released by the ONS in October 2017[5] found that:

- In 2016, 2% of the UK population identified themselves as lesbian, gay or bisexual (LGB), up from 1.7% in 2015. In the South East region this was slightly higher, at 2.1% of the population.
- The population aged 16 to 24 were the age group most likely to identify as LGB in 2016 (4.1%, up from 3.3% in 2015).
- More males (2.3%) than females (1.6%) identified themselves as LGB in 2016.
- The population who identified as LGB in 2016 were most likely to be single, never married or civil partnered, at 70.7%.

Using the proportion of LGB population by age from this research, it is estimated that there was a total of **11,100** people in Oxfordshire identifying as lesbian, gay or bisexual in 2016, up from 9,900 in 2015.

+ **Table 4 Sexual orientation by age and estimate of total LGB population in Oxfordshire (using 2016 population estimates)**

Age	Heterosexual or straight		Gay or lesbian		Bisexual		Other		Don't know or refuse	
	%	Oxon est	%	Oxon est	%	Oxon est	%	Oxon est	%	Oxon est
16-24	90.6	76,097	1.7	1,428	2.4	2,016	0.8	672	4.6	3,864
25-34	92.3	84,694	2	1,835	0.9	826	0.4	367	4.4	4,037
35-49	93.5	126,528	1.3	1,759	0.5	677	0.5	677	4.2	5,684
50-64	94.4	116,793	1	1,237	0.4	495	0.4	495	3.8	4,701
65+	94.8	114,681	0.4	484	0.3	363	0.5	605	4.1	4,960
TOTAL		518,792		6,743		4,376		2,815		23,246

Sources: ONS Sexual identity experimental estimates and ONS 2016 mid-year population estimate for Oxfordshire

[5] https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016

+ Data has been updated in this version

= Data has been reviewed and is unchanged

3.5 Gender reassignment

As reported in the 2016 JSNA, it is difficult to obtain reliable data on the number of people identifying their gender as different from the one assigned to them at birth. The Ministry of Justice publishes numbers of UK applications for gender recognition certificates.[6] These certificates enable people to change their gender legally and to gain the rights and responsibilities of their acquired gender.

During the 2016-17 financial year, there were 364 applications for gender recognition certificates in the UK, down from 374 in 2015-16. Data at local levels are not currently available.

Gender identity can have important links with health and wellbeing, and being transgender is also linked to greater risk of self-harm and thoughts of suicide.[7]

3.6 Marriage and civil partnership

At the time of the Census 2011 survey there were 128,400 married households in Oxfordshire and 682 households in a registered same-sex civil partnership.

The proportion of households married or in a same-sex civil partnership in Oxfordshire was above the rate for England in each age group.

[6] Ministry of Justice data from https://www.gov.uk/government/statistics/tribunals-and-gender-recognition-certificate-statistics-quarterly-july-to-september-2017

[7] The LGBT ASCOF Companion Document (LGBT Foundation, 2015): http://lgbt.foundation/get-support/downloads/detail/?downloadid=365

 Data has been updated in this version

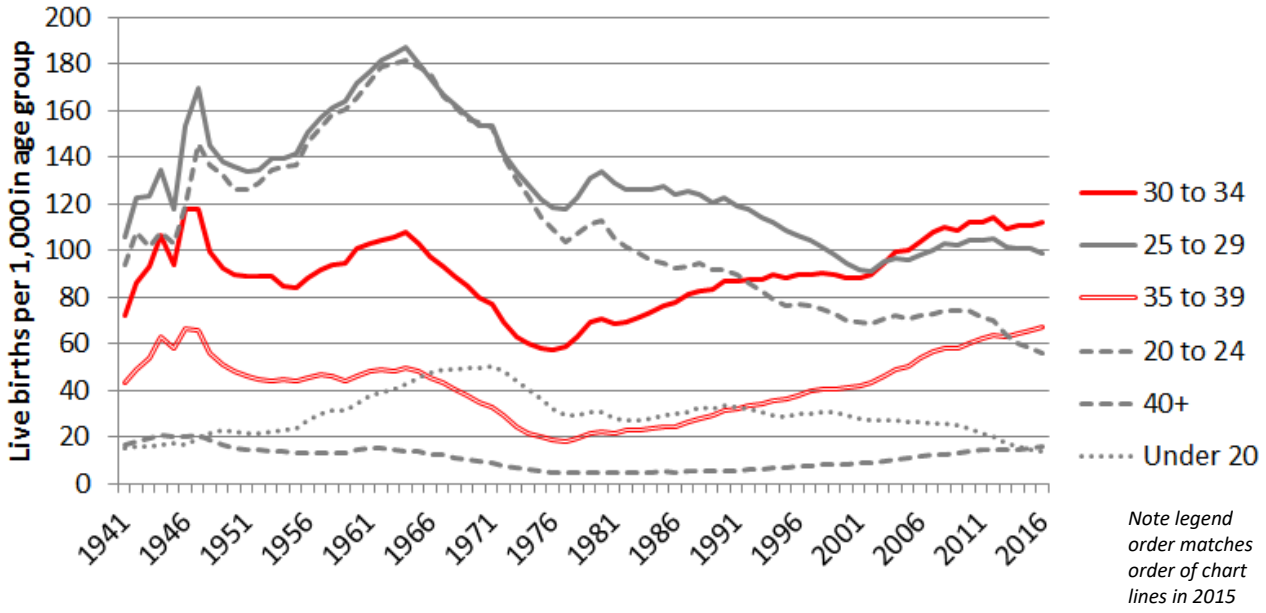
 Data has been reviewed and is unchanged

3.7 Pregnancy and maternity

The national picture

Long term ONS birth statistics for England and Wales show a change in fertility by age group with declining rates in the under 20s and 20-24 age groups and increasing fertility rates for women in their 30s. The latest data (2016) shows these trends continuing.

Figure 15 Long term changes in fertility by age of mother, England and Wales



Source: Office for National Statistics licensed under the Open Government Licence.

Conceptions in Oxfordshire

There was a slight decline in conceptions in Oxfordshire in 2015 compared with the previous year and the rate of conceptions declined to 70.7 per 1,000 women aged 15-44 compared with 76.1 in the South East.

In Oxfordshire 17.6% of conceptions led to therapeutic abortion in 2015, similar to the proportion in 2013 (17.7%) and below the average for the South East (20.0%).

Table 5 Conceptions in Oxfordshire

	2013	2014	2015
Conceptions in Oxfordshire	9,400	9,500	9,344
Rate of conceptions per 1,000 women aged 15-44 in the area			
Oxfordshire	70.6	71.3	70.7
South East	75.6	75.4	76.1

Source: ONS Conception statistics; data not available for local authority district areas

Data has been updated in this version

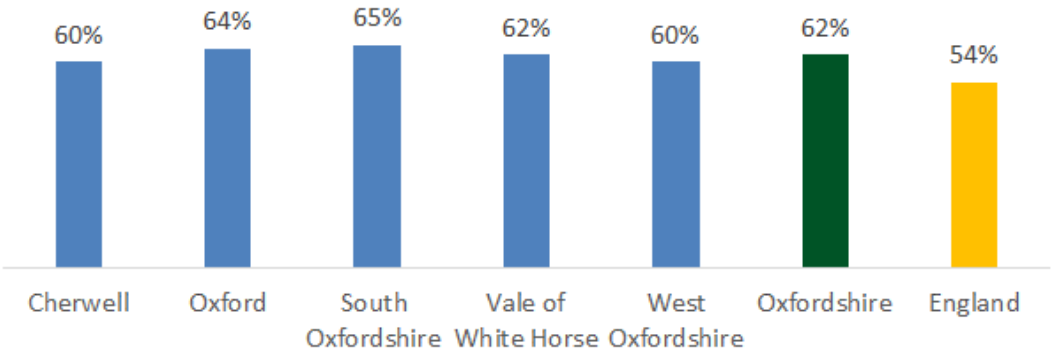
Data has been reviewed and is unchanged

Births by age of mother

In 2016 (calendar year) there were **7,757** live births to mothers living in Oxfordshire, slightly below 2015 (7,893). Oxfordshire had a higher proportion of births to older mothers than the national average.

- 62% of births in Oxfordshire in 2016 were to mothers aged 30 and over (61% in 2015). The proportion of births to mothers aged 30+ in England was 54%.
- The proportion of births to mothers aged 30+ was highest in South Oxfordshire district (65%) and lowest in Cherwell and West Oxfordshire districts (60%).

Figure 16 % of births in area to mothers aged 30 and over (2016)



Source: ONS births by mother's usual residence

Births by mother's country of birth

In 2016, 71% of births to residents of Oxfordshire were to mothers born within the UK, the same as the national average (71%).

In Oxford this proportion was 49% with 20% of births in the city from mothers born in Europe (EU and non EU), followed by 18% to mothers born in Middle East and Asia.

Table 6 Births by mother's country of birth (2016)

	within UK		EU incl. 'New EU'*		New EU*		Rest of Europe (non EU)		Middle East and Asia		Africa		Rest of World	
Cherwell	1,328	72%	249	14%	179	10%	28	2%	114	6%	56	3%	61	3%
Oxford	894	49%	315	17%	165	9%	57	3%	325	18%	102	6%	118	7%
South Oxon	1,229	80%	159	10%	105	7%	14	1%	51	3%	43	3%	44	3%
Vale of WH	1,098	76%	139	10%	77	5%	9	1%	86	6%	56	4%	48	3%
West Oxon	959	85%	102	9%	66	6%	7	1%	24	2%	20	2%	22	2%
Oxfordshire	5,508	71%	964	12%	592	8%	115	1%	600	8%	277	4%	293	4%
England		*71%*		*11%*		*8%*		*1%*		*10%*		*5%*		*2%*

Source: ONS live births by parent's country of birth; *The 'New EU' constitutes the countries which joined the European Union (EU) between 2004 and 2016.

Data has been updated in this version

Data has been reviewed and is unchanged

3.8 Disability

Family resources survey (national data)

The Family Resources Survey (FRS) for the UK in 2015-16 estimated that around 21% of the UK's population was disabled, experiencing physical, mental, cognitive, learning, social, behavioural or other types of impairment[8]. This was an increase of 1 percentage point on the previous year (2015-16).

The South East was slightly below the UK average at 19%. Applying this regional rate to Oxfordshire implies a total of **129,800** with a disability living in the county including **8,900** children aged 0-15.

This is well above the **89,800** people in Oxfordshire reported by the Census 2011 survey as having activities limited by health or disability[9]. The difference may be due to the definition (some impairments in the Family resources survey may not have been seen as "limiting" by people responding to the Census) or as a result of applying a UK prevalence rate or both.

The types of impairment reported in the FRS varied by age. Compared with other age groups:

- working age adults with disabilities reported the highest proportion of mental health impairments,
- children reported the highest proportion of learning and social/behavioural impairment and
- pension age adults reported the highest proportion of physical impairments, especially mobility and stamina/breathing/fatigue.

Figure 17 Impairment types reported by disabled people, by age group, 2015-16, United Kingdom, percentage of disabled people

Impairment type	All disabled people	Working age adults	State Pension age adults	Children
Vision	13	11	18	8
Hearing	14	8	23	6
Mobility	52	44	68	21
Dexterity	27	24	34	12
Learning	13	14	8	36
Memory	16	16	17	11
Mental health	22	32	9	17
Stamina/ breathing/ fatigue	38	35	44	26
Social/behavioural	8	8	1	42
Other	15	16	13	14

Source: Family Resources Survey 2015-16. Totals will sum to over 100 per cent as respondents can report more than one impairment type. From 6 April 2010, the State Pension age for women has been gradually increasing. FRS data contained in this report was

[8] https://www.gov.uk/government/statistics/family-resources-survey-financial-year-201516

[9] ONS Census 2011 table KS301

Data has been updated in this version

Data has been reviewed and is unchanged

collected throughout the financial year 2015/16, during which the State Pension age for women increased from 62 years and 6 months to 63 years 0 months. The changes do not affect the State Pension age for men, currently 65 years.

Applying the FRS UK survey data to the population of Oxfordshire by age, gives the following estimate of the number of people by age and impairment in Oxfordshire.

Table 7 Estimate of number of people in Oxfordshire by impairment type and age from UK prevalence data (2015-16)

Impairment type	Children (0-15)	Working age adults (16-64)	State Pension age adults (65+)	TOTAL
Vision	700	8,600	9,600	18,900
Hearing	500	6,300	12,200	19,000
Mobility	1,900	34,400	36,200	72,500
Dexterity	1,100	18,800	18,100	38,000
Learning	3,200	11,000	4,300	18,500
Memory	1,000	12,500	9,100	22,600
Mental health	1,500	25,000	4,800	31,300
Stamina/ breathing/ fatigue	2,300	27,400	23,400	53,100
Social/behavioural	3,700	6,300	500	10,500
Other	1,200	12,500	6,900	20,600

Source: Extrapolation from Family Resources Survey 2014-15 and 2015 mid-year population estimate for Oxfordshire

Note that for the mental health category this method implies 31,300 people with this impairment which appears to be a significant underestimate. The number of people in the Oxfordshire Clinical Commissioning Group with diagnosed depression (alone – without including other mental health conditions) was around 56,800 in 2016-17.

People registered for a disabled parking badge (blue badge)

Oxfordshire County Council data on Blue Badge holders, as of January 2018, shows a total of 30,900 holders of blue badges for disabled parking, up from 23,800 in January 2017.

By district the greatest number of holders was in Cherwell and the greatest rate (per population aged 17+) was West Oxfordshire.

Data has been updated in this version

Data has been reviewed and is unchanged

Blue badges holders (for disabled parking) in Oxfordshire by district (as of Jan18)

	Blue Badge holders (Jan17)	Blue Badge holders (Jan18)	Jan 18 holders as % population aged 17+
Cherwell	5,445	7,046	6.1%
Oxford	4,105	5,233	3.9%
South Oxfordshire	5,069	6,627	6.0%
Vale of White Horse	4,762	6,229	6.1%
West Oxfordshire	4,429	5,784	6.6%
Total	**23,810**	30,919	5.6%

Sources: Oxfordshire County Council, ONS 2016 mid-year estimates; not including postcodes not mapped to districts (115 in Jan 2018); including applications from Jan 2014 to end Jan 2018

Concessionary Bus Passes and Disabled and Companion Bus Passes

As of January 2018, there were 22,400 people in Oxfordshire holding Concessionary Bus Passes and 2,900 holding Disabled and Companion Passes.

Figure 18 Concessionary Bus Passes and Disabled & Companion Passes (January 2018)

	Concessionary Passes	per 1,000 pop	Disabled & Companion Passes	per 1,000 pop
Cherwell	3,441	29.77	558	4.83
Oxford	3,543	26.73	343	2.59
South Oxfordshire	3,326	30.23	468	4.25
Vale of White Horse	2,399	23.38	935	9.11
West Oxfordshire	9,674	110.77	598	6.85
Oxfordshire	22,383	40.84	2,902	5.30

Sources: Oxfordshire County Council, ONS 2016 mid-year estimates, population aged 17+

Data has been updated in this version

Data has been reviewed and is unchanged

Census 2011 data on disability

The Census 2011 survey remains the most in-depth assessment of (self-assessed) rates of ill health and disability at a local level.

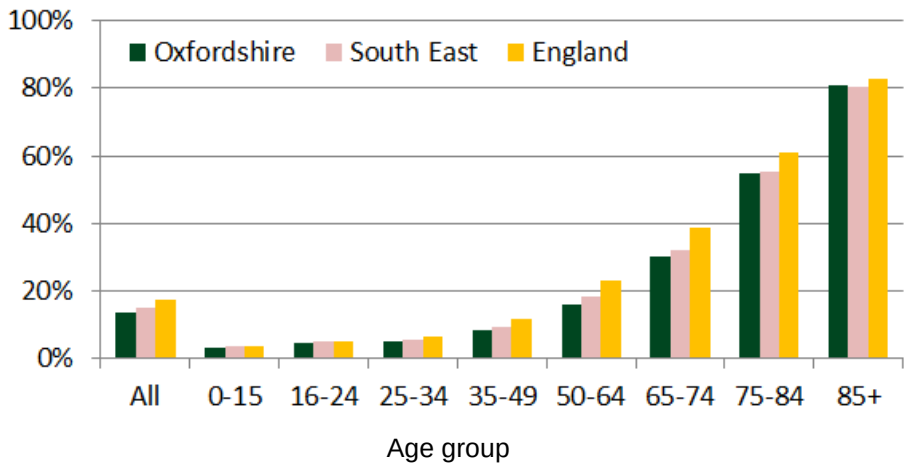
At the time of the 2011 Census, 84,860 people living in households in Oxfordshire (not including communal establishment residents) said they were limited in their daily activities, representing nearly one in seven people in the county (13.6%).

- By district the rates of people in households with daily activities limited by ill health varied slightly: Cherwell 13.8%; Oxford 13.0%; South Oxfordshire 13.3%; Vale of White Horse 13.9%; West Oxfordshire 13.9%.

Data shows that rates of disability vary significantly by age.

- In the younger age groups, rates of disability (daily activities limited by ill health or disability “a little” or “a lot”) in Oxfordshire were similar to or below the regional and national averages.
- Oxfordshire had a slightly higher proportion of people aged 85 and over with a disability than the South East (81.1% vs 80.6%). The district with the highest rate of disability in this oldest age group was Cherwell (83%), followed by Vale of White Horse (82%).

Figure 19 Percentage of residents in households* by age with daily activities limited by ill health or disability (a little or a lot) 2011, Oxfordshire vs South East and England



Source: ONS Census 2011 from nomis, table DC3302 *excludes people living in communal establishments such as care homes

Wards in Oxfordshire with higher rates of disability overall were also those with a higher proportion of older residents.

Wards with the higher rates of residents aged 85 and over (living in households) with disabilities were distributed throughout Oxfordshire’s rural districts. The ward with the highest rate was Carterton North East in West Oxfordshire; the ward with the highest rate and number was Kidlington North in Cherwell.

Data has been updated in this version

Data has been reviewed and is unchanged

People claiming Attendance Allowance

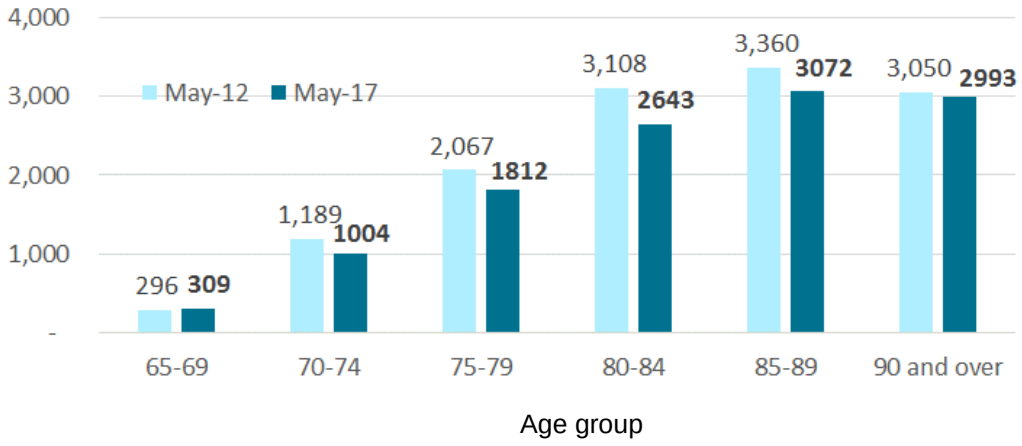
Attendance Allowance *is not means tested and is available to anyone over 65 who meets the eligibility criteria. It is intended for:*

- *People who have a physical disability (including a sensory disability, such as blindness), a mental disability (including dementia and learning difficulties), or both.*
- *People with a disability severe enough to need help caring for themselves, or need someone to supervise them, for their own or someone else's safety.*

As of May 2017, there was a total of **11,833** residents of Oxfordshire receiving Attendance Allowance. This was 9% below the total in May 2012 (13,056).

The number of recipients of Attendance Allowance in Oxfordshire has declined in all age groups over the past 5 years, other than for those aged 65 to 69. This is similar to the national trend.

Figure 20 Attendance Allowance cases in payment (000s), Oxfordshire May 2012 vs May 2017



Source: DWP tabulation tool

Of the districts in Oxfordshire, Cherwell had the greatest number of Attendance Allowance claimants in each age group. 38% of Cherwell residents aged 85 and over were receiving Attendance Allowance, above the average for the county (36%).

Data has been updated in this version

Data has been reviewed and is unchanged

Table 8 Attendance Allowance recipients, count and percentage of population, by age and district (May 2017)

	Aged 65 - 69		Aged 70 - 74		Aged 75 - 79		Aged 80 - 84		Aged 85 and over		TOTAL
	count	%	count	%	count	%	count	%	count	%	count
Cherwell	72	0.9%	252	4.1%	466	9.9%	632	18.1%	1,297	38.1%	2,727
Oxford	58	1.1%	158	3.7%	314	9.8%	449	17.3%	1,018	35.1%	2,003
South Oxfordshire	54	0.7%	214	3.1%	366	6.9%	581	14.9%	1,303	33.4%	2,518
Vale of White Horse	74	1.0%	195	3.2%	355	7.7%	542	15.5%	1,281	35.6%	2,441
West Oxfordshire	51	0.8%	185	3.3%	311	7.8%	439	14.2%	1,166	35.3%	2,153
Oxfordshire	**309**	**0.9%**	**1,004**	**3.4%**	**1,812**	**8.3%**	**2,643**	**15.9%**	**6,065**	**35.7%**	**11,842**

Source: DWP tabulation tool

3.9 Armed forces

Regular armed forces personnel

As of 1 October 2017, around **9,200** regular armed forces (military and civilian) personnel were stationed in Oxfordshire (although not all necessarily reside in the county). This was a slight reduction on the number as of 1 October 2016 (9,400).

Table 9 Armed Forces personnel stationed in Oxfordshire, Oct 2015 to Oct 2017

	01-Oct-15	01-Oct-16	01-Oct-17	*Oct16 to Oct17*
Military Total	**8,430**	**8,340**	**8,230**	***-110***
Officers	1,780	1,780	1,770	*-10*
Other Ranks	6,650	6,550	6,460	*-90*
Civilians Total	**1,050**	**1,040**	**1,010**	***-30***
Non Industrial	810	810	810	-
Industrial	250	220	200	*-20*

Source: Ministry of Defence Quarterly Location Statistics updated 16 Nov 2017

As part of the November 2016 report on the review of Ministry of Defence land, it has been announced that three MoD sites in Oxfordshire will be sold for housing development, affecting a total of 1,744 Military personnel (not including families):

- St David's Barracks in Bicester (534 Military personnel)
- Vauxhall Barracks in Didcot (260 Military personnel)
- Dalton Barracks in Abingdon (950 Military personnel)

The closures are expected to take place before 2028-29.

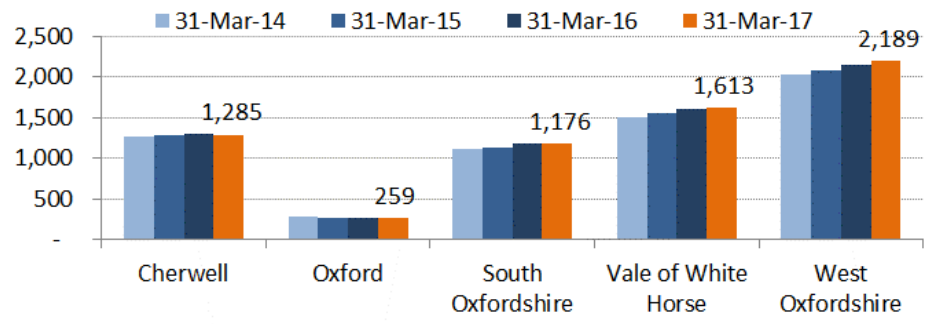
Data has been updated in this version

Data has been reviewed and is unchanged

Veterans

As at 31 March 2016, there was just over **6,500** residents of Oxfordshire in receipt of Armed Forces Pension, War pension and Armed forces compensation scheme. The district with the largest number was West Oxfordshire with around 2,200.

Figure 21 Number of residents in receipt of Armed Forces Pension, War pension and Armed Forces Compensation Scheme, Mar14 to Mar17



Total Oxfordshire (31 Mar17) **6,522**

Source: Ministry of Defence, Location of armed forces pension and compensation recipients

3.10 Carers

Census 2011 data gives a total of:

- **61,100** residents of Oxfordshire providing any amount of unpaid care[10].
- **17,400** residents of Oxfordshire providing 20 or more hours per week of unpaid care.

Analysis by age of carers as a proportion of the "out of term time" population[11] (i.e. excluding students with a main address elsewhere), shows that:

- Oxford had double the national average of young carers (aged under 16). The number of carers in this age group in Oxford was 90, of which half (45) were residents in the wards of Cowley Marsh, Northfield Brook, Lye Valley, Blackbird Leys and Hinksey Park.
- Oxford was above the regional South East average on the proportion of working age carers aged 35 to 49.
- Cherwell was above the regional South East average on the proportion of carers aged 65 and over. The number of carers in this older age group in Cherwell was 1,346, distributed across the district.

Compared with all people aged 65 and over, older people providing significant amounts of care (50 or more hours per week) were more likely to be in "bad" health.[12]

[10] ONS Census 2011 table LC3304

[11] ONS Census 2011 table OT1101

[12] ONS Census 2011 table LC3301

Data has been updated in this version

Data has been reviewed and is unchanged

- 13% of people aged 65+ in Oxfordshire in 2011 providing significant amounts of care were in bad health compared with 10% overall.
- The proportion of older people providing care and in bad health was highest in Cherwell district (16%).

At the time of the 2011 Census there was a total of **4,200** people in Oxfordshire combining full time work (including employees and self-employed) with providing 20 or more hours a week of unpaid care.[13]

- Cherwell district had the highest rate of people combining full time work and caring with 1.84% of the employed population also carers, compared with 1.75% across Oxfordshire and 2.34% in England.

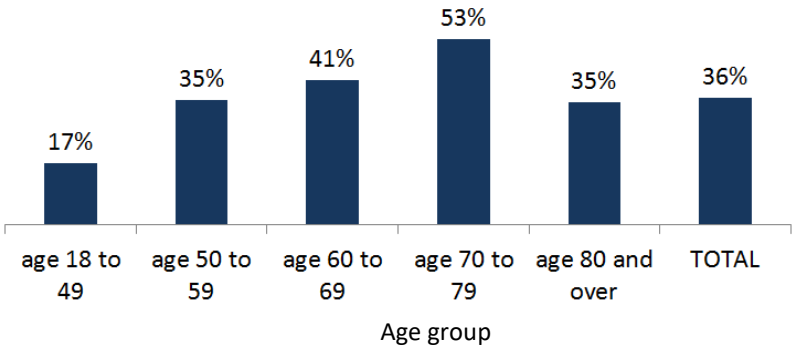
Survey of carers

The Carers survey is a national survey run every other year, the latest survey was sent November 2016.

- *Note that there has been a change to the methodology since the carers survey in 2014-15. The previous "eligible population" was limited to carers who had had a carer's assessment or review within the previous 12 months. The latest survey included all carers, whether or not they have had a recent review.*

2,000 Carers known to Oxfordshire County Council[14] were sent a survey with around 400 in each of the 5 broad age bands. There were 721 responses from Oxfordshire carers in total (36%) with the highest response rate in the age group 70-79.

Figure 22 Carers in Oxfordshire survey 2016-17: % respondents by age group



Source: 2016-17 Carers survey; Oxfordshire County Council

Older carers more likely to have accessed information and advice and more likely to rate advice as helpful.

[13] ONS Census 2011 table LC6301

[14] Carers with assessment or review AND with record of cared for person and minimum data on carer including age

Data has been updated in this version

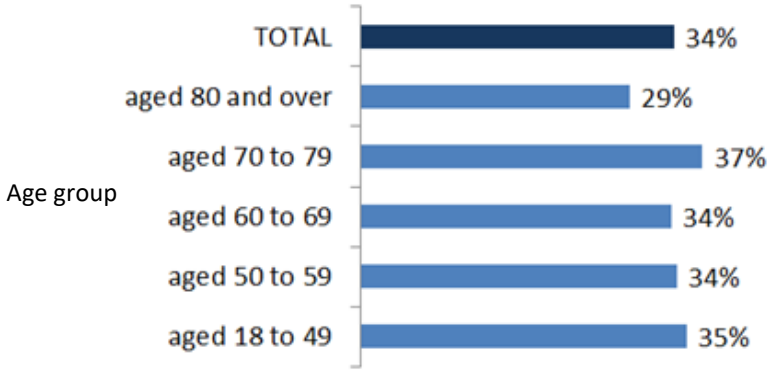
Data has been reviewed and is unchanged

Carers commented on..

- The challenges of caring;
- Lack of available care, support for day care, poor quality home care, praise for Age UK, dealing with bureaucracy.

Around a third (34%) of Oxfordshire carer respondents have had to see their own GP in the past 12 months because of their caring role. This was similar in all broad age categories.

Figure 23 % of Oxfordshire carer respondents who had to see their own GP because of their caring role, by broad age of carer



Source: 2016-17 Carers survey; Oxfordshire County Council

In addition:

- 1 in 5 (21%) carers reported having developed “my own health condition” as a result of caring;
- 1 in 5 (21%) carers reported caring had made an existing condition worse.

If the Oxfordshire Carers sample is representative then, of the group providing care 20 or more hours per week, an estimated total of 6,200[15] carers in Oxfordshire will have had to see their GP as a result of their caring role in the past 12 months[16];

It is possible that this action – to see their GP as a result of their caring role – is an early indication that their caring role is at risk, potentially affecting around 6,200 people currently being supported by an informal carer.

Over half of carer respondents in Oxfordshire would be prepared to take part in further research.

- 387 carers (over 50% of respondents) said they were happy to take part in future research.
- This “happy to take part in future research” group gave similar responses to the total.

[15] Assumptions: 17,200 people providing 20+ hours unpaid care per week in Oxfordshire (ONS Census 2011 survey); 35% of 2016-17 Carer respondents providing 20+ hours unpaid care went to see their GP has result of their caring role

[16] This is likely to be a conservative estimate as the base data on total number of carers is from 2011 (6 years ago)

Comments from Carers in Oxfordshire

Source: 2016-17 Carers survey; Oxfordshire County Council

Further data and analysis of the results of the 2016-17 carers survey is available from Oxfordshire Insight http://insight.oxfordshire.gov.uk/cms/carers-survey-2016-17-jsna-briefing

Young carers

Caring is well known as a cause of stress for young people.

+ By the end of March 2017, the Oxfordshire Young Carers Service had identified and supported a total of **2,684** children and young adults (aged up to 25 years) who provide unpaid care to a family member[17]. This is an increase from the number as of March 2016 (2,281).

This included 456 new young carers identified in the year 2016-17 (480 in 2015-16).

Carers from ethnic minority groups

= The proportion of people providing care by ethnic minority group appears to be lower in Oxfordshire than nationally. This is very likely to be influenced by the age profile of each ethnic group.

[17] Oxfordshire County Council

+ Data has been updated in this version

= Data has been reviewed and is unchanged

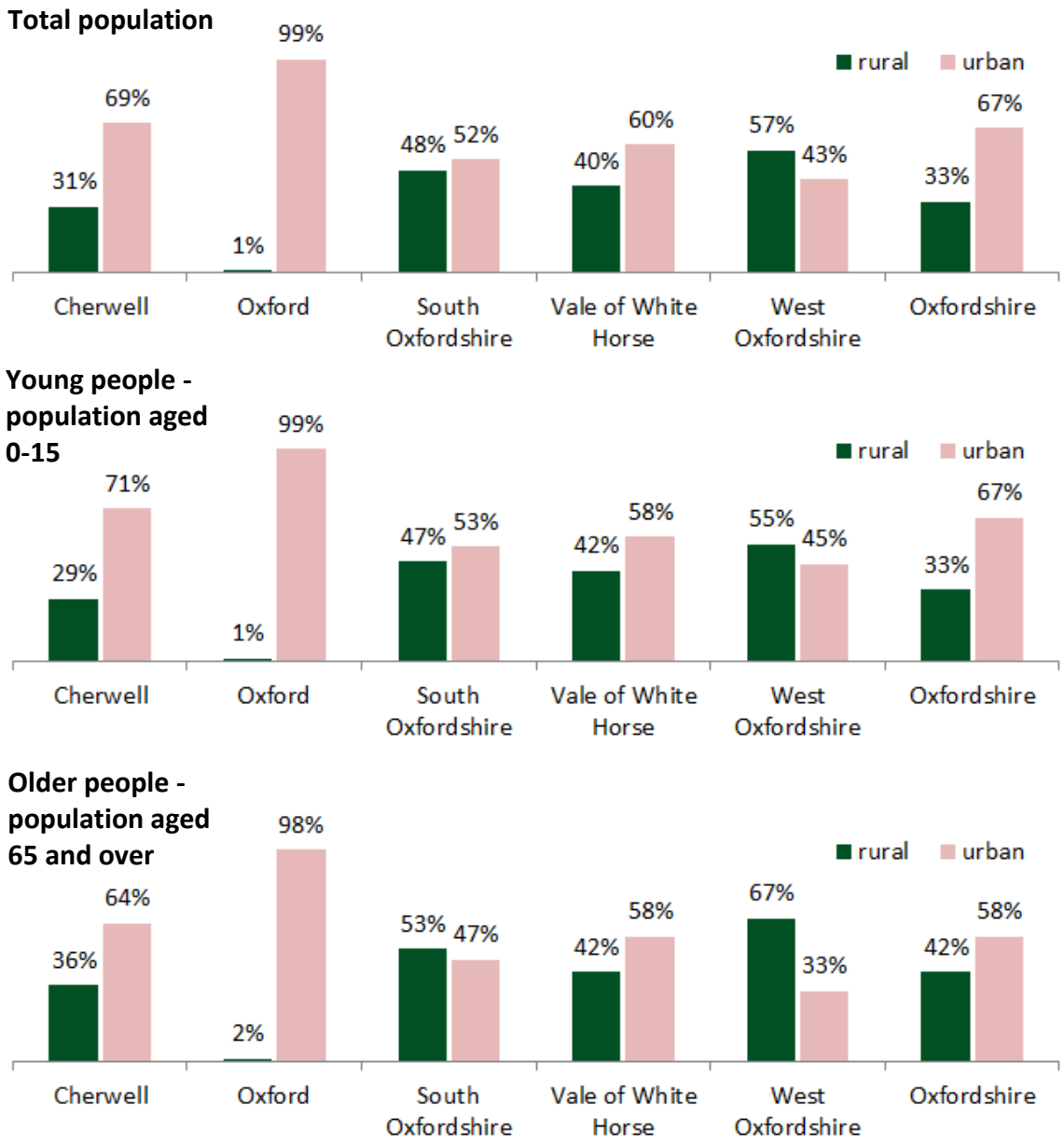
3.11 Rural population

As at mid-2016, a third of the total population of Oxfordshire (225,600, 33%) lived in areas defined as “rural” by the Office for National Statistics.

Older people are more likely to live in rural areas than younger age groups. 42% of the population of the county aged 65+ lived in rural Oxfordshire.

West Oxfordshire had the highest proportion living in rural areas (57%) and the highest proportion of older rural residents (67%).

Figure 24 Population in rural and urban areas by district (2016 ONS population estimate and rural/urban classification based on lower super output areas)



Source: ONS population estimate 2016 by LSOA, ONS rural urban classification of Lower Layer Super Output Areas

Data has been updated in this version

Data has been reviewed and is unchanged

4 Wider determinants of health

This chapter on the wider determinants of health reports on:

1. *Socioeconomic Status*

   Including work, affluence and deprivation.

   ONS analysis[18] has demonstrated higher life expectancies and greater life expectancy gains for people in the higher socio-economic groups.

2. *Education and qualifications*

   A report on behalf of the OCED[19] found that:

   - *"there are substantial and important causal effects of education on health."*
   - *"empirical investigations often find that the effect of education on health is at least as great as the effect of income."*

Dahlgren and Whitehead 1991

3. *Physical Environment*

   Including built and natural environment.

   According to the World Health Organisation[20] the environment is a major determinant of health, estimated to account for almost 20% of all deaths in the WHO European Region.

4. *Social Environment*

   Including social support networks within communities and between individuals, family and friends.

   Research has found that being socially connected is influential for psychological and emotional well-being[21] and has a significant and positive influence on physical well-being[22] and overall longevity[23].

Further resources are available online, by visiting the JSNA – Wider Determinants webpage.

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[18] Trend in life expectancy at birth and at age 65 by socio-economic position based on the National Statistics Socio-economic Classification, England and Wales: 1982—1986 to 2007—2011

[19] The Effects of Education on Health: Concepts, evidence and policy implications. L Feinstein, R Sabates, TM Anderson, A Sorhaindo… - A review for the OECD, 2006

[20] http://www.euro.who.int/en/health-topics/environment-and-health

[21] J Holt-Lunstad, TB Smith, M Baker 2015, Loneliness and social isolation as risk factors for mortality a meta-analytic review

[22] Uchino BN, 2006: Social support and health: a review of physiological processes potentially underlying links to disease outcomes.

23 Shor, Eran, Roelfs, David and Yogev, Tamar (2013): The strength of family ties: A meta-analysis and meta-regression of self-reported social support and mortality.

+ Data has been updated in this version

= Data has been reviewed and is unchanged

4.1 Wider determinants – key findings

This section highlights the key messages from the review of data on Wider Determinants (data sources and research references are provided with the detailed data in the remainder of this chapter).

Work, affluence and deprivation

- National statistics show that, over a 30-year period, improvements in life expectancy have been greatest for those in higher socio-economic groups.
- Unemployment remains relatively low in Oxfordshire.
- The increase in claimants of employment-related benefits in the older age group in Oxfordshire was above average.
- Earnings remain relatively high for Oxfordshire residents.
- Despite relative affluence, income deprivation is an issue in urban and rural areas.
    - 14,000 children in Oxfordshire were affected by income deprivation (IMD 2015), 81% living in urban areas and 19% in rural Oxfordshire.
    - Snapshot HMRC data (Aug14) shows almost 1 in 5 children aged 0-15 in Oxford were living in low income families.
    - 13,500 older people in Oxfordshire were affected by income deprivation (IMD 2015), 68% living in urban areas and 32% in rural Oxfordshire.
- Just under half of people claiming Employment and Support Allowance (for people where illness and disability affects ability to work) in Oxfordshire were aged 50 and over. The number of ESA claimants has remained a similar level in Oxfordshire and nationally since early 2015.

Housing and homelessness

- House prices in Oxfordshire continue to increase at a higher rate than earnings.
- The Centre for Cities report 2018 again ranks Oxford as the least affordable UK city for housing. In Oxford City, social rents charged by private registered providers in 2017 were 18% above the national average.
- Over the past 6 years there has been an increase in people presenting as homeless and of people accepted as homeless and in priority need in Oxfordshire, although the latest data for 2016-17 shows a decline.
- Loss of private rented accommodation is an increasing cause of homelessness.
- There was a reduction in the number of households in temporary accommodation in Oxfordshire compared with the previous year.
- The latest data shows a significant increase in the number of people rough-sleeping in Oxford.
- As a result of the reduction of benefit cap levels in November 2016, the number of households affected by the benefit cap across Oxfordshire increased significantly, from 125 in 2015-16 to 618 households in 2016-17.

Data has been updated in this version

Data has been reviewed and is unchanged

- Between 2014 and 2015, an additional 1,600 households in Oxfordshire were classed as being “fuel poor” taking the total to 25,915 households in fuel poverty in the county. There was an increase in the proportion of households defined as “fuel poor” in each district of Oxfordshire.

Education and qualifications

- Oxfordshire has above the England average of pupils in state-funded primary and secondary schools with learning difficulties, most significantly for pupils with moderate learning difficulties.
- Between 2016 and 2017 there was an increase in the proportion of children achieving a good level of development in all Early Learning Goals in each district in Oxfordshire, except for Cherwell where the rate declined. Girls continue to outperform boys.
- Early Years attainment for 5 year olds with Asian or Black ethnic backgrounds in Oxfordshire was below the South East average.
- The proportion of Oxfordshire’s disadvantaged pupils aged 10-11 achieving the expected standard at Key Stage 2 was below the England average in 2017.
    - For pupils with SEN support, the proportion was 17% in Oxfordshire compared with 21% nationally.
    - For pupils with a first language other than English, the proportion was 55% in Oxfordshire compared with 61% nationally.
    - For pupils eligible for Free School Meals, the proportion was 38% in Oxfordshire compared with 43% nationally.
- The latest secondary school attainment data (replacing GCSE results) shows Oxfordshire just above the national average and 6th out of 11 in its statistical neighbour group.
- Oxfordshire has a relatively high rate of unauthorised absences from school.
- Provisional apprenticeship data for 2016-17 shows a 7% fall in number of apprenticeships started by Oxfordshire residents. The number of young people not in education, employment or training has continued to fall.
- Oxfordshire has an above-average proportion of people with high level qualifications and a low proportion of people with no qualifications.
- There are 25 areas in the county (including 10 in Oxford) which are ranked in the top 10% most deprived nationally on the Education and Skills domain of the IMD 2015.

Physical and social environment

- The British Social Attitudes Survey (national) shows an increasing willingness to walk short journeys of less than 2 miles, rather than go by car.
- A walking to school initiative, taken up by 18 schools in Oxfordshire so far, is showing an increase in active travel rates since September 2017 from 65% to 84% (+19pp).
- The number of people injured using cycles on roads in Oxfordshire has declined for a second year in a row.

Data has been updated in this version

Data has been reviewed and is unchanged

- Public Health England analysis found 423 fast food outlets in Oxfordshire of which 56% were in Cherwell and Oxford. The ward with the highest number of fast food outlets was Banbury Grimsbury & Castle (39 outlets).
- Oxfordshire continues to have 13 Air Quality Management Areas where the annual mean objective for nitrogen dioxide is being exceeded including the whole of Oxford city.
- It is likely that the weather patterns in Oxfordshire will change in coming decades with more heavy rainfall and more frequent heatwaves.
- As the elderly are more vulnerable to extreme heat and cold, the UK Health Protection Agency predicts that future health burdens from climate change are likely to be amplified by an ageing population.
- The UK Health Alliance has identified opportunities from climate change including the co-benefits of emission reduction activities leading to healthier lifestyles (more walking/ cycling, insulating homes and others).
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Areas rated as "high risk" for isolation and loneliness in Oxfordshire are mainly in urban centres.

4.2 Work, affluence and deprivation

Employment and life expectancy

Analysis by the ONS found that, over a 30-year period, improvements in life expectancy have been greatest for those in higher socio-economic groups[24]. The ONS summary[25] reports that:

- *Since the 1970s, men have been catching women up in terms of survival. The decline of the mining industry and the move away from physical labour and manufacturing industries towards the service sector is a likely cause, along with a reduction in the proportion of men smoking.*
- *Over the past 30 years, inequalities in life expectancy by socioeconomic position have widened for both men and women* ***with improvements in life expectancy being greater for the most advantaged.***

The working age population in Oxfordshire (and nationally) is ageing.

- Between 2006 and 2016, the total working age population (aged 16 to 64) in Oxfordshire increased by +4%. The growth in older working age residents (aged 50 to 64) of Oxfordshire was almost a third (+33%).

[24] Source: ONS Trend in life expectancy at birth and at age 65 by socio-economic position based on the National Statistics Socio-economic Classification, England and Wales: 1982—1986 to 2007—2011 (Oct 2015)
[25] http://visual.ons.gov.uk/most-affluent-man-now-outlives-the-average-woman-for-the-first-time/

 Data has been updated in this version

 Data has been reviewed and is unchanged

Unemployment

Unemployment remains relatively low in Oxfordshire.

- The official measure of unemployment is from the ONS Annual Population Survey and not directly available at local authority level due to small survey numbers.
- For local authorities, ONS provides model-based estimates of unemployment[26] which, for the period Jul16 to Jun17, gives an estimate of **12,500** people unemployed in Oxfordshire (+/- 4,900).
- The estimated rate of unemployment (as a percentage of the economically active population) was **3.4% in Oxfordshire** (+/-1.3). The value was just below the regional average (**3.5**% +/-0.3) and England average (**4.6%** +/-0.1).

There has been an above-average increase in the number of claimants of benefits related to unemployment in the past year in Oxfordshire.

- The experimental claimant count indicator provided by DWP provides the number of people claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work.
- This shows of a total of **2,880 claimants in Oxfordshire** in November 2017, up from 2,700 in November 2016 (+180, +7%). Oxfordshire's increase was just above the average increase for England over this period (+6%).
- Each district saw an increase in claimants except for Cherwell where there was a slight decline.

Table 10 Claimant count (JSA and Universal Credit seeking work) Nov 16 and Nov 17

	Nov 2016	Nov 2017	Nov 16 to Nov 17		*Nov 2017 count as % of Oxfordshire*
Cherwell	520	515	- 5	-1%	18%
Oxford	1,005	1,020	15	1%	35%
South Oxfordshire	410	445	35	9%	15%
Vale of White Horse	420	500	80	19%	17%
West Oxfordshire	345	400	55	16%	14%
Oxfordshire	2,700	2,880	180	7%	100%

Source: DWP from nomis. This experimental series counts the number of people claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work and replaces the number of people claiming Jobseeker's Allowance as the headline indicator of the number of people claiming benefits principally for the reason of being unemployed.

Of the 2,660 claimants in Oxfordshire in November 2017:

- 61% were male and 39% female
- 465 (16%) were aged 18 to 24 and 875 (30%) were aged 50 and over

[26] Downloaded from www.nomisweb.co.uk from the Annual Population Survey datasets.

Data has been updated in this version

Data has been reviewed and is unchanged

The increase in claimants in the older age group was above the average for all age groups in Oxfordshire.

- Between November 2016 and November 2017, claimants aged 50 and over increased in Oxfordshire from 750 to 875 (+125, +17%). This was above the average for all ages in Oxfordshire (+7%) and above the increase in the older age group in England (+13%).

The wards in Oxfordshire with the highest number of claimants in November 2017 were Barton & Sandhills, Blackbird Leys and Banbury Grimsbury & Castle.

Data has been updated in this version

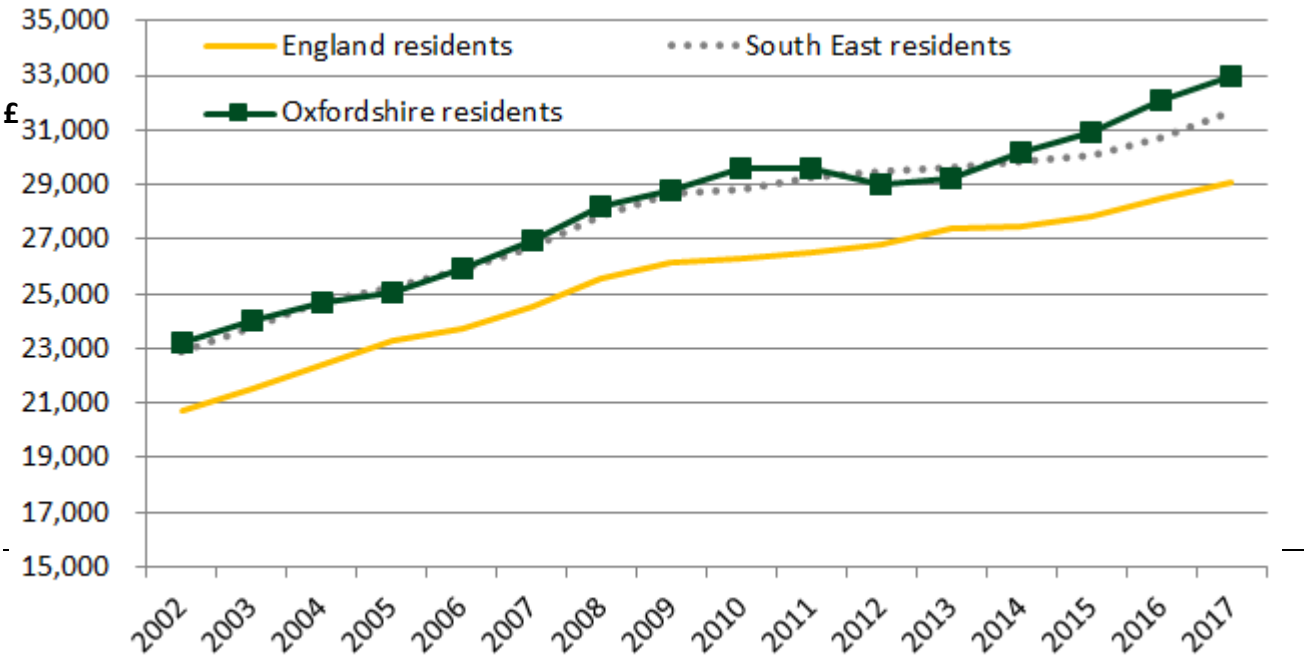
Data has been reviewed and is unchanged

Earnings

Earnings remain relatively high for Oxfordshire residents and median earnings for residents was above the South East average (but not statistically above).

- In 2017, the median wage for Oxfordshire residents was £33,000 compared with £31,700 in the South East.
- Earnings will be strongly influenced by the mix of employment in the area.

Figure 25 Median gross full time annual pay of residents 2002 to 2017



Source: ONS Annual Survey of Hours and Earnings from nomis; NOTES: chart does not show confidence intervals. Median is the mid-point of the range. Scale does not start at 0

Income deprivation

The income deprivation domain of the 2015 Indices of Multiple Deprivation (IMD) shows Oxfordshire as a relatively affluent county.

- Out of the 407 lower super output areas in Oxfordshire, the clear majority (80%) were ranked within the least deprived 50% in England on the income deprivation domain.
- The most deprived areas of Oxfordshire on income deprivation were 3 areas within Oxford (parts of Rose Hill & Iffley, Blackbird Leys and Northfield Brook wards).

Data has been updated in this version

Data has been reviewed and is unchanged

Income Deprivation Affecting Children

According to the Income Deprivation Affecting Children supplementary index[27], **14,000** children in Oxfordshire were affected by income deprivation, 81% of whom were living in urban areas and 19% in rural Oxfordshire.

Oxford City had the highest rate, with 20% of the population aged 0-15 counted as income deprived.

Table 11 Income deprivation affecting children aged 0-15 (from IMD 2015) – rural vs urban by district

	Rural		Urban		Total	
	count	% of population	count	% of population	count	% of population
Cherwell	475	5.9%	2,775	13.5%	3,250	11.4%
Oxford	15	4.6%	5,110	19.8%	5,125	19.7%
South Oxfordshire	715	5.7%	1,220	9.0%	1,935	7.4%
Vale of White Horse	680	7.1%	1,365	9.9%	2,045	8.8%
West Oxfordshire	735	6.8%	915	10.0%	1,650	8.3%
Oxfordshire	**2,620**	**6.4%**	**11,385**	**13.7%**	**14,005**	**11.3%**
% of Oxfordshire	*19%*		*81%*		*100%*	

Source: CLG IMD 2015, underlying indicators, analysis by Oxfordshire County Council; indicators as of 2012

[27] The Income Deprivation Affecting Children Index is the proportion of all children aged 0 to 15 living in income deprived families. Income deprived families are defined as families that either receive Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee) or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs.

Data has been updated in this version

Data has been reviewed and is unchanged

Child Poverty

According to HM Revenue and Customs data on children in low income (local measure), between 2014 and 2015, the proportion of children in poverty in Oxfordshire decreased (from 11.3% to 9.8%), remaining below the national average (16.6%).

The Oxfordshire district with the highest rate of children in poverty was Oxford (16.4%) and the lowest was South Oxfordshire (7.2%).

Table 12 Children in low income families (local measure) 2013, 2014, 2015 (snapshot as of 31 August)

	31 Aug 2013	31 Aug 2014	31 Aug 2015	2014 to 2015 Percentage point change
Cherwell	10.4%	11.3%	9.9%	-1.4
Oxford	18.9%	19.2%	16.4%	-2.8
South Oxfordshire	7.4%	8.1%	7.2%	-0.9
Vale of White Horse	8.4%	9.1%	7.6%	-1.5
West Oxfordshire	7.6%	8.6%	7.4%	-1.2
Oxfordshire	10.7%	11.3%	9.8%	-1.5
England	18.0%	19.9%	16.6%	-3.3

Source: HM Revenue and Customs (released Feb 2018); all dependent children under the age of 20

Children in Poverty HMRC data

Children in "Poverty" is defined as the number of children living in families in receipt of Child Tax Credit whose reported income is less than 60 per cent of the median income or in receipt of Income Support or (Income-Based) Job Seeker Allowance, divided by the total number of children in the area (determined by Child Benefit data)

For more information and definitions refer to the technical note available at:

https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure

Latest release:

https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2015-snapshot-as-at-31-august-2015

 Data has been updated in this version

 Data has been reviewed and is unchanged

Analysis by the End Child Poverty (ECP) Coalition[28] indicates that HMRC data under-counts children in poverty in working households.

ECP has produced a different set of local estimates of child poverty (before and after housing costs). These are more closely aligned to the national measure of low income households (based on the family resources survey) and make use of Labour Force Survey trend data to give more recent estimates than the HMRC data.

After housing costs, ECP estimates 26% of children in Oxford City are living in poverty.

Table 13 Comparison of Children Poverty estimates: HMRC (end Aug14) vs End Child Poverty (July-Sept 2017)

	HMRC 31 Aug 2015	ECP: Before Housing Costs (July-Sept 2017)		ECP: After Housing Costs (July-Sept 2017)	
		Number of children	%	Number of children	%
Cherwell	9.9%	3,371	10.5%	5,452	17.0%
Oxford	16.4%	4,669	16.8%	7,351	26.4%
South Oxfordshire	7.2%	2,211	7.6%	3,622	12.5%
Vale of White Horse	7.6%	2,293	8.8%	3,737	14.4%
West Oxfordshire	7.4%	1,862	8.2%	3,043	13.4%

Source: HM Revenue and Customs (latest estimate for Aug14 released Sept 2016) and ECP (released January 2018)

The End Child Poverty local indicators

The ECP figures are based on tax credit data, used to estimate the percentage of children on low incomes. They also use national trends in worklessness to estimate recent changes in the number of children who are in poverty because their parents have lost their jobs, to update the local tax credit data which is more than two years old.

This is not a direct measure of exactly how many children are in poverty on the official definition, but is based on the closest to an equivalent measure we have of local levels of child poverty. The data have been adjusted to produce figures compatible with the measures derived from the national survey of income, showing how many children live in households with below 60 per cent of median income. Specifically, the adjustments ensure that the total reported level of child poverty, before and after housing costs, is similar when adding up all the local figures as the official national totals. Thus, the local data gives an idea of the relative poverty levels in different areas, but are adjusted to estimate what these actual levels would be if they could be measured on the same basis as the national household income survey.

The local data starts by classifying children in poverty if they live in families in receipt of out of work benefits or in receipt of in-work tax credits where their reported family income is less than 60 per cent of median income. This indicator, compiled officially as a local estimate of child poverty, has been reported for August 2014 by HMRC. However, on its own it is provides an inaccurate picture of actual child poverty,

[28] http://www.endchildpoverty.org.uk/

Data has been updated in this version

Data has been reviewed and is unchanged

considerably overstating the numbers in out-of-work poverty and understating the numbers in working poverty. While these factors may balance out overall, they can seriously misrepresent the overall trend where working and non-working poverty change in different ways, as well as misrepresenting local differences where working poverty is relatively more important in some areas than others. Therefore, the figures include an upward adjustment in the in-work figure and a downward adjustment in the out-of-work figure. The adjustments are made separately for AHC and BHC estimates, in each case according to how the total of the local estimates compare to the actual national measure. Figures are then updated, taking into account Labour Force Survey data on the number of children in non-working households for the third quarter of 2017.

http://www.endchildpoverty.org.uk/poverty-in-your-area-2018/

Income Deprivation Affecting Older People

According to the Income Deprivation Affecting Older People supplementary index[29], **13,500** older people in Oxfordshire were affected by income deprivation, 68% of whom were living in urban areas and 32% in rural Oxfordshire.

The districts with the highest number and rate of older people in poverty were Oxford and Cherwell.

In West Oxfordshire 1,440 older people in poverty were living in rural areas, 65% of the total in poverty in the district.

Table 14 Income deprived older people – rural vs urban by district (from IMD 2015)

	Rural		Urban		Total	
	count	% of population	count	% of population	count	% of population
Cherwell	765	6.9%	2,350	11.7%	3,115	10.0%
Oxford	30	8.5%	3,240	14.4%	3,270	14.3%
South Oxfordshire	1,160	6.5%	1,375	8.6%	2,535	7.5%
Vale of White Horse	945	7.5%	1,405	7.8%	2,350	7.7%
West Oxfordshire	1,440	8.0%	790	9.0%	2,230	8.3%
Oxfordshire	4,340	7.2%	9,160	10.7%	13,500	9.3%
% of Oxfordshire	*32%*		*68%*		*100%*	

Source: CLG IMD 2015, underlying indicators, analysis by Oxfordshire County Council; indicators as of 2012

[29] The Income Deprivation Affecting Older People Index is the proportion of all those aged 60 or over who experience income deprivation. This includes adults aged 60 or over receiving Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee).

Data has been updated in this version

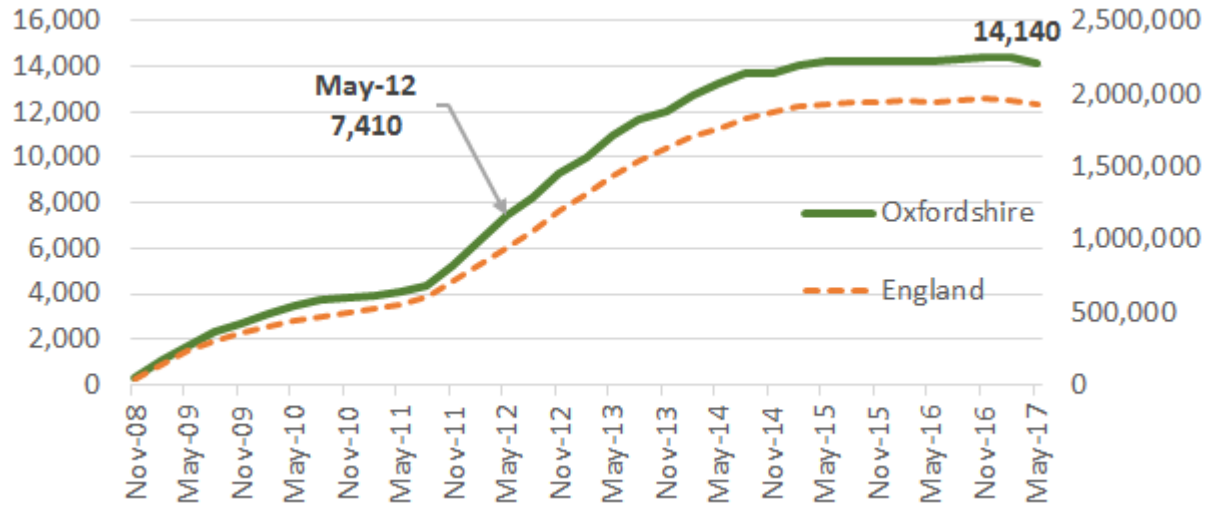
Data has been reviewed and is unchanged

Employment and Support Allowance claimants

As of May 2017, there was a total of **14,140** people claiming Employment and Support Allowance (for people where illness and disability affects ability to work) in Oxfordshire of which just under half (6,270, 44%) were people aged 50 and over.

The number of ESA claimants has remained a similar level in Oxfordshire and nationally since early 2015.

Figure 26 Count of claimants of Employment and Support Allowance in Oxfordshire



Source: DWP from nomis; claimants aged 16-64

Just over half (51%) of claimants in Oxfordshire were as a result of mental and behavioural disorders, slightly higher than in England (49%).

The next highest condition was *Diseases of the musculoskeletal system and connective tissue* with 11% of claimants.

Employment and Support Allowance (ESA) is an income-related benefit for people where illness or disability affects ability to work. Claimants must be: under State Pension age; not getting Statutory Sick Pay or Statutory Maternity Pay and haven't gone back to work; not getting Jobseeker's Allowance.

There are 3 types of ESA:

- contribution-based ESA - if enough National Insurance contributions have been paid
- 'new style' ESA for people entitled to claim Universal Credit
- income-related ESA - on its own or on top of contribution-based ESA, for people on a low income

Data has been updated in this version

Data has been reviewed and is unchanged

4.3 Housing and homelessness

House prices

House prices in Oxfordshire continue to increase at a higher rate than earnings.

- As of 2016 the ratio of the cheapest market housing (lower quartile) to lower quartile earnings was above 10X in each district in Oxfordshire.

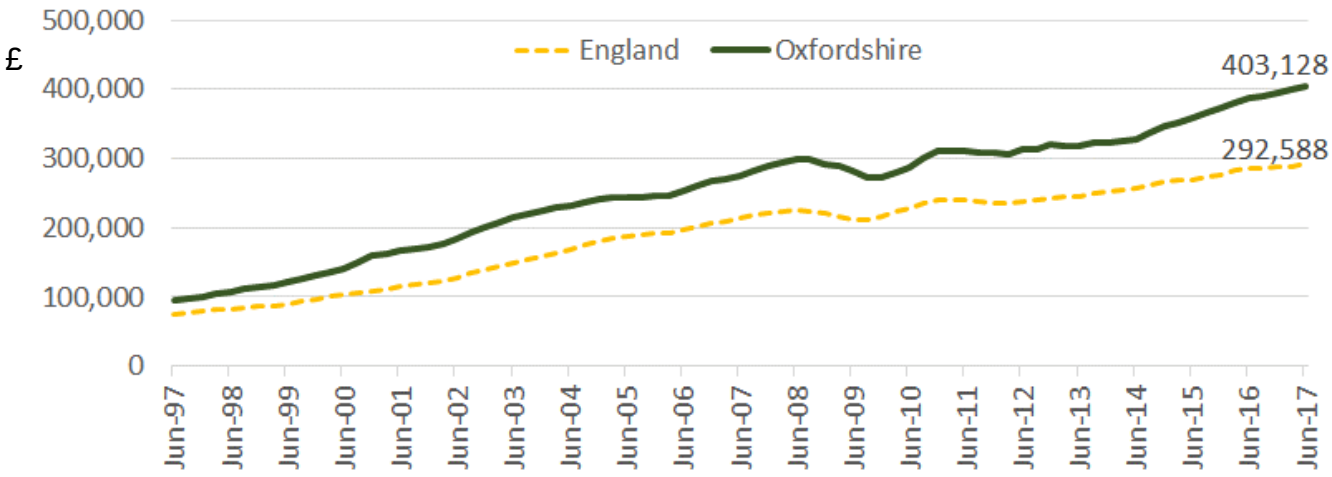
Table 15 Ratio of lower quartile house prices to lower quartile earnings

	2013	2014	2015	2016
Cherwell	8.71	9.45	10.21	**10.85**
Oxford	10.72	10.43	11.40	**12.22**
South Oxfordshire	11.09	10.97	11.00	**11.84**
Vale of White Horse	8.18	8.83	9.45	**10.08**
West Oxfordshire	9.71	9.97	10.15	**12.32**

Source: ONS Ratio of house price to workplace-based earnings (lower quartile) released March 2017

The average (mean) price paid for a dwelling in Oxfordshire to year ending June 2017 was £403,128, over a third more expensive than the England average.

Figure 27 Mean price paid (all dwellings) to year ending June 2017



Source: ONS Mean price paid for administrative geographies - HPSSA Dataset 12, released December 2017

Data has been updated in this version

Data has been reviewed and is unchanged

The Centre for Cities report 2018[30] has again ranked Oxford as the least affordable UK city for housing. The analysis uses average house prices and average earnings and found that:

- In 2017, the average house price in Britain was 9.9 times the average annual salary.
- Oxford, London and Cambridge were the 3 least affordable cities.
- In Oxford, the least affordable city, house prices were 17.3 times annual salaries (up from 16.7 in 2016). In Burnley, the most affordable city, this figure was 4.2.

Social rented housing

The proportion of social housing stock varies by district from between 11% and 13% in Oxfordshire's rural districts to 22% in Oxford. Since 2010 the proportion of social housing has declined in all districts in Oxfordshire other than Cherwell.

Table 16 Social housing stock as a percentage of total housing stock, 2010 to 2016

	2010	2015	2016
Cherwell	12.8	12.92	12.91
Oxford	23.9	23.28	21.97
South Oxfordshire	12.5	11.31	11.31
Vale of White Horse	15.3	12.70	12.95
West Oxfordshire	14.1	14.06	12.07

Source: ONS Housing Summary Measures 2017

Between 2016 and 2017, social rents charged by private registered providers in Oxfordshire fell by 1% in each district in Oxfordshire, by around £1 per week (similar to the national trend).

In Oxford City, social rents charged by private registered providers (such as A2Dominion, Catalyst Housing and SoHa housing) in 2016 were 18% above the national average.

Table 17 Average social rents charged by Private Registered Providers all sizes of dwellings, £ per week (as at 31st March each year)

	2016	2017	2016 to 2017		*2017 social rents vs national average*
Cherwell	£107.7	£106.7	-£0.97	-0.9%	10%
Oxford	£114.5	£113.6	-£0.91	-0.8%	18%
South Oxfordshire	£113.4	£112.3	-£1.03	-0.9%	16%
Vale of White Horse	£111.0	£109.3	-£1.67	-1.5%	13%
West Oxfordshire	£111.9	£110.5	-£1.44	-1.3%	14%
ENGLAND	£97.8	£96.6	-£1.23	-1.3%	0%

Source: DCLG Live tables on rents, lettings and tenancies, table 704, Figures are based on general needs stock available for social rent only and are only taken from the larger Private Registered Providers excl Council owned properties

[30] http://www.centreforcities.org/publication/cities-outlook-2018/

Data has been updated in this version

Data has been reviewed and is unchanged

Multi-person households

At the time of the Census 2011 survey, there was a total of 10,200 multi-person households in Oxfordshire, over half (56%) of which were in Oxford City.

Just over 1,000 multi-person households in Oxford City were occupied by an average of more than 1 person per bedroom, potentially indicating occupation by families.

Table 18 Persons per bedroom in multi-person households, all tenures (2011)

	TOTAL multi-person households	up to 1 person per bedroom	Over 1 person per bedroom	Over 1 person per bedroom percent of total
Cherwell	1,394	1,180	214	15%
Oxford	5,724	4,649	1,075	19%
South Oxfordshire	1,164	993	171	15%
Vale of White Horse	1,068	952	116	11%
West Oxfordshire	891	775	116	13%
Oxfordshire	10,241	8,549	1,692	17%
ENGLAND	787,684	608,329	179,355	23%

Source: ONS Census 2011 table LC4408

Homelessness

Indicators on homelessness are reported annually to the Oxfordshire Health Improvement Board. This section is from the 2016-17 report[31].

Homeless households in priority need

There has been an upward trend in people presenting as homeless[32], over the whole County, in the past six years, rising from 457 in 2011/12 to 482 in 2016/17, although the figure has fallen from last year's figure (2015/16) of 505.The situation differs across Districts, with some experiencing greater volumes of presentations and some less, over this six-year period.

The reasons for homelessness presentations are changing. The loss of private rented accommodation is becoming an increasing cause of homelessness and, in some Districts, has overtaken exclusion by family or friends as the main reason for homelessness.

There has been an increase in people who are accepted as statutorily homeless and are in priority need in the County since 2011/12 to 2016/17 (279 to 304 households). There was however a reduction in acceptances from 324 in 2015/16. There are differences between Districts however. Over the past year, all Authorities have seen reductions apart from West Oxfordshire.

[31] http://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=899&MId=5211&Ver=4

[32] *It should be noted that the indicators reported here exclude homeless applicants with a 'not homeless' or a 'not eligible' decision, so the total figure is not entirely the full number of all homeless presentations*

Data has been updated in this version

Data has been reviewed and is unchanged

The numbers of people found to be intentionally homeless has fallen for four years in a row; from a total of 141 in 2013/14 to 94 in 2016/17.

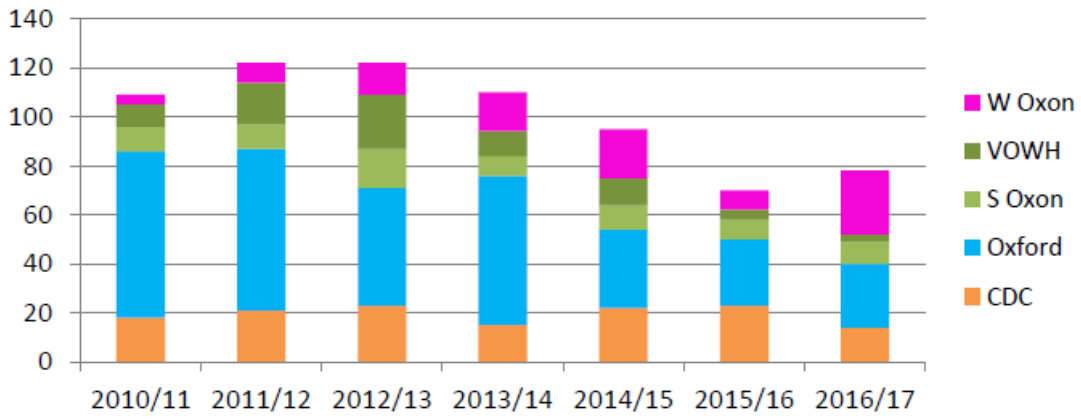
Young people accepted as homeless

In 2015/16, 70 people aged 18 -24 were accepted as homeless in Oxfordshire. There was no–one aged 16 or 17. In 2016/17 the 18-24 figure rose slightly to **78**; however, this is still significantly lower than 2011/12, 2012/13 & 2013/14 figures (respectively: 122, 122 & 110).

Priority need because of physical or mental illness

The number of households who are in priority need because of physical or mental illness remains moderately low. In 2016/17, there were 11 homeless households where a member had a physical disability and 23 because of mental health. In 2016/17 just 13 households accepted as homeless with the main reason being rent arrears (same figure as 2015/16).

Figure 28 Homeless applicants (unintentionally homeless in priority need) aged 18-24 years



Source: Health Improvement Board, Basket of Indicators for Housing and Health, Annual Report 2016-17

Households in Temporary Accommodation

There were **161** households in temporary accommodation at the end of the financial year 2016/17, a reduction of 29 from the previous year.

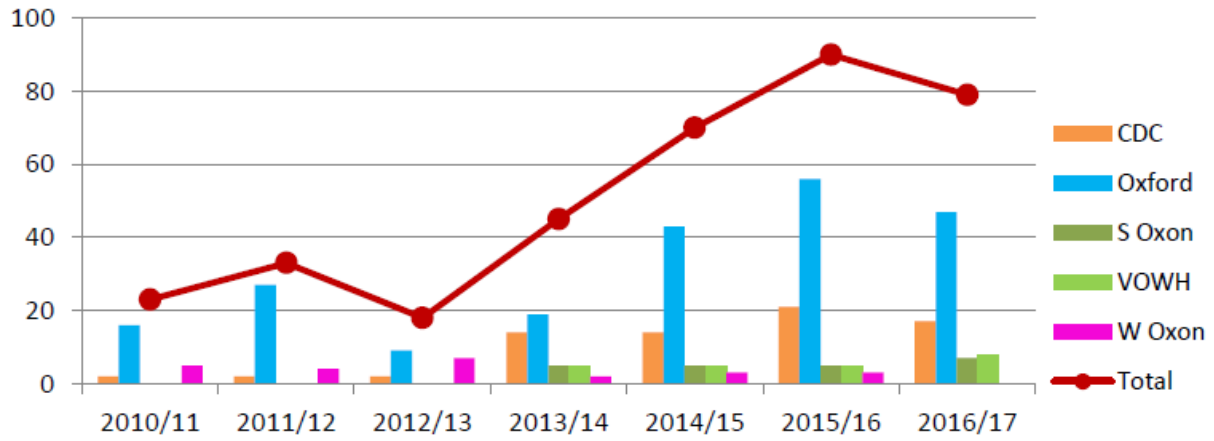
Rough-Sleeping

The estimated number of people rough sleeping in 2016/17 was **79**. This was below the number in 2015/16 (90 people).

Data has been updated in this version

Data has been reviewed and is unchanged

Figure 29 Estimate of number of people sleeping rough



Source: Health Improvement Board, Basket of Indicators for Housing and Health, Annual Report 2016-17

+ The latest data, reported February 2018, shows an increase in rough sleeping.

- Between November 2016 and November 2017, the number of people estimated to be rough sleeping in Oxfordshire rose by from 79 to 117 (+38 people, 48%).
- The numbers fell in two district council areas (Cherwell and South Oxfordshire), but rose in the other three (Oxford City, Vale of White Horse and West Oxfordshire).
- The increase was most significant in Oxford City, which saw an 89% increase (42 people) based on the estimate figures.
- West Oxfordshire also shows a significant change from zero to seven people in their estimate.

+ **Table 19 People estimated to be sleeping rough in Oxfordshire, November 2016 to November 2017**

Description/ District	CDC	City	South	Vale	West	Total
Number of people estimated to be sleeping rough (Nov 16)	17	47	7	8	0	**79**
Number of people estimated to be sleeping rough (Nov 17)	9	89	2	10	7	**117**
Percentage change (Nov 16 to Nov 17)	*-47%*	*+89%*	*-71%*	*+25%*	-	***+48%***

Source: Exception Report by Housing Support Advisory Group, report on the number of people rough sleeping in the City of Oxford to Health Improvement Board 8th February 2018

Oxford City Council also conducts a street count of people observed as rough sleeping, and bedded down at the time of the count. In November 2016 the count recorded 33 people and in November 2017 the count had increased to 61 (+85%). This is the highest number ever recorded in Oxford.

+ Data has been updated in this version

= Data has been reviewed and is unchanged

Figures just published by the Ministry for Housing, Communities and Local Government show that the number of people sleeping rough increased nationally by 15% (with an 18% rise in London and 14% in the rest of England) for the same period (Nov 16 to Nov 17).

The report notes that just under half of this increase was due to increases reported by eight local authorities, including Oxford. When considered per 1,000 households of population, Oxford is the 7th highest local authority listed, after City of London, Westminster, Brighton & Hove, Camden, Bedford & Luton.

Households affected by removal of Spare Room Subsidy and Benefit Cap

In 2016/17, the number of households who found that their housing benefit has been reduced because of the Social Sector size criteria[33] was 2,053. This is a reduction from 2,154 households in 2015/16.

Benefit Cap

The benefit cap is a limit on the total amount of income from certain benefits a household can receive. If people receive more than the benefit cap allows then their Housing Benefit or Universal Credit is reduced until within the cap.

In November 2016, the benefit cap was changed.

- The maximum level for single adults who don't have children or whose children don't live with them fell from £350.00 per week to £257.69 per week, and
- The maximum level for couples (with or without children living with them) and single parents whose children live with them fell from £500.00 per week to £384.62 per week.

As a result of the reduction of benefit cap levels, the number of households affected by the benefit cap across Oxfordshire increased significantly from 125 in 2015-16 to 618 households in 2016-17.

Condition of housing stock

The latest house condition surveys in Oxfordshire show that overall housing conditions (all hazards) in Cherwell, Oxford City and West Oxfordshire are each better than the national average.

Exceptions are:

- Disrepair in Oxford City, particularly in the private rented sector, which is believed to be due in part to the older housing stock (50% of Oxford's housing stock was built before 1944)

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[33] This affects households where the tenants are of working age and do not fall within one of the exception categories and they are assessed as having one or more bedrooms than they require according to the following formula of one bedroom for

- each adult couple
- any other person aged 16 or over
- two children of the same sex under the age of 16
- two children under the age of 10 regardless of their sex
- any other child
- a carer (who does not normally live with the tenant) if the tenant or their partner needs overnight care.

Tenants who are under occupying by one bedroom, have their benefit reduced by 14% of eligible rent, and tenants who are under occupying by two or more bedrooms have their benefit reduced by 25% of eligible rent.

 Data has been updated in this version

 Data has been reviewed and is unchanged

- Excess Cold hazards, where Cherwell District Council and West Oxfordshire each have a higher rate than the national average.
- Simple SAP energy efficiency rating, which suggests that the energy performance of buildings in Cherwell, Oxford and West Oxfordshire is lower than the national average. Rural areas tend to have higher rates of energy inefficient dwellings.

Table 20 Number and % of dwellings with a Housing Health and Safety Rating System (HHSRS) Category 1 hazard

	Dwellings	All hazards	Excess Cold	Falls	Disrepair	Simple SAP
EHS* 2009 (all Stock)		21%	8%	12%	6%	53
Cherwell (2013)	58,946	10,190 (17%)	5,903 (10%)	4,052 (7%)	2,449 (4%)	52
Oxford (2014)	52,704	9,204 (17%)	2,753 (5%)	5,979 (11%)	4,110 (8%)	51
West (2013)	41,219	8,289 (20%)	4,997 (12%)	3,120 (8%)	2,174 (5%)	51

Source: Oxford City Council, Cherwell and West Oxfordshire District Councils, collated by Oxfordshire County Council.
*English Housing Survey 2009
Table shows number of dwellings with a Housing Health and Safety Rating System (HHSRS) Category 1 hazard, which means there is one of 29 potential hazards that need action to be taken to make the property safe. The surveys, commissioned by District Councils, include the amount of disrepair, defined in the Governments former Decent Homes Standard criterion for disrepair.
Simple SAP is an estimate of the Governments energy efficiency rating - the higher the score the lower the running costs, with 100 representing zero energy cost.
Housing condition surveys for South Oxfordshire and Vale of White Horse have not been carried out in the past 5 years.

Fuel poverty

Between 2014 and 2015, an additional 1,600 households in Oxfordshire were classed as being “fuel poor” taking the total to 25,915 households in fuel poverty in the county.

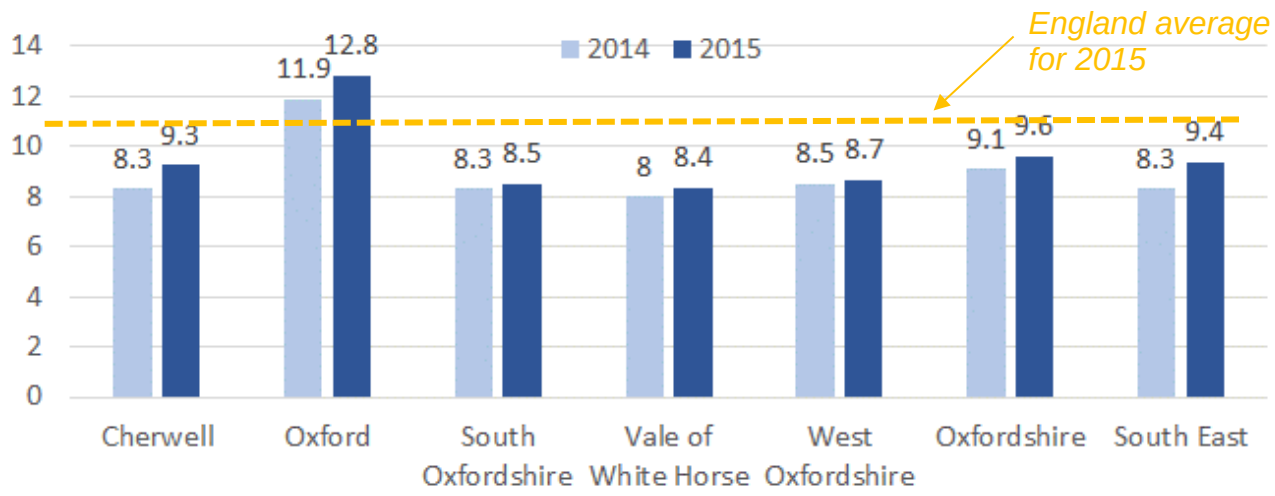
There was an increase in the proportion of households defined as “fuel poor” in each district of Oxfordshire.

Oxford is one of 9 (out of 67) local authority districts in the South East to be significantly worse than the national average on fuel poverty (2015). Cherwell, South Oxfordshire, Vale of White Horse and West Oxfordshire were each significantly better than the national average.

 Data has been updated in this version

 Data has been reviewed and is unchanged

Figure 30 Percentage of households in fuel poverty 2014 and 2015



Department for Business, Energy and Industrial Strategy published June 2017
Low Income High Costs (LIHC) definition: a fuel poor household is one in which (1) A household has required fuel costs that are above the median level; and (2) were the household to spend that amount, they would be left with a residual income below the official poverty line.

The greatest increase in the estimated number of fuel poor households was in Cherwell (+13%), similar to the regional average (13%).

Table 21 Estimated number of Fuel Poor Households

	2014	2015	*2014 to 2015*		% fuel poor 2015
Cherwell	4,870	5,481	*611*	*13%*	9.3
Oxford	6,840	7,406	*566*	*8%*	12.8
South Oxfordshire	4,670	4,809	*139*	*3%*	8.5
Vale of White Horse	4,099	4,306	*207*	*5%*	8.4
West Oxfordshire	3,798	3,913	*115*	*3%*	8.7
Oxfordshire	24,277	25,915	*1,638*	*7%*	9.6
South East	305,289	346,392	*41,103*	*13%*	9.4
England					11.0

Source: Department for Business, Energy and Industrial Strategy published June 2017

Fuel poverty in England is measured using the Low Income High Costs (LIHC) indicator. Under the LIHC indicator, a household is considered to be fuel poor if:

- they have required fuel costs that are above average (the national median level).
- were they to spend that amount, they would be left with a residual income below the official poverty line.

Data has been updated in this version

Data has been reviewed and is unchanged

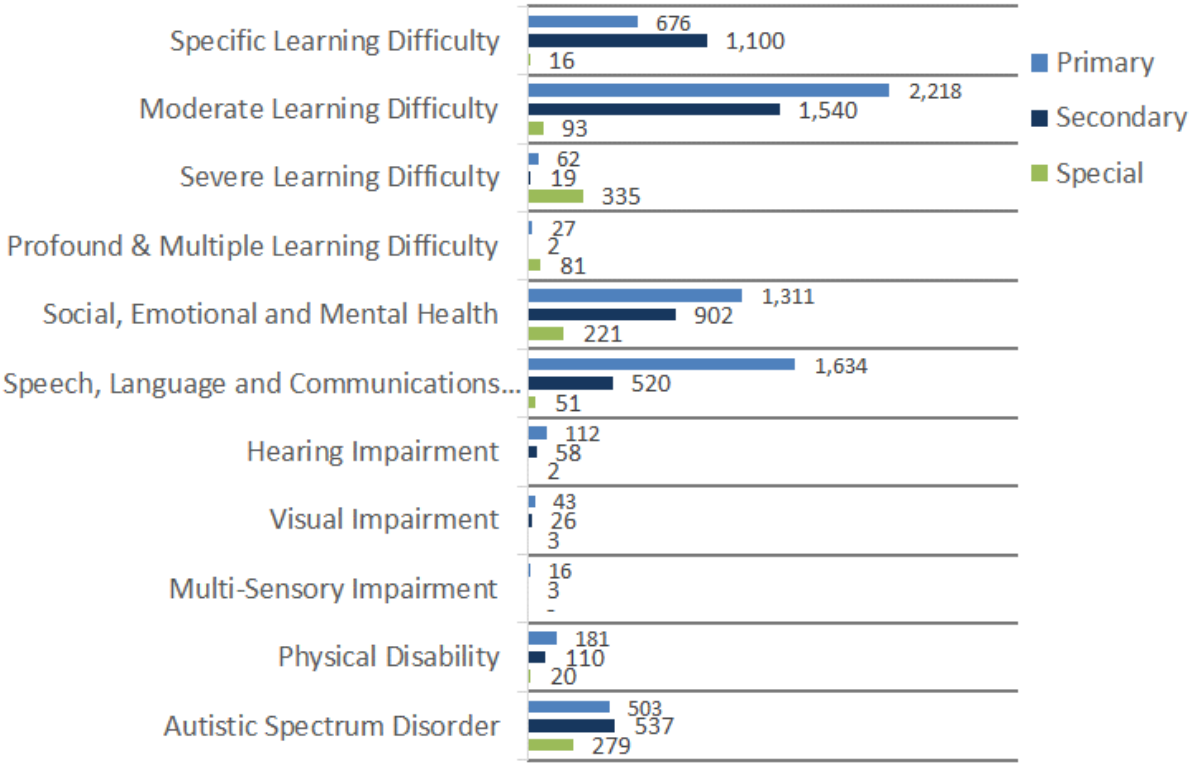
4.4 Education and qualifications

Special Educational Needs

In January 2017, there was a total of 13,000 pupils in Oxfordshire's primary, secondary and special schools with special educational needs (SEN). Of these:

- 47% (6,169) had a primary need of specific, moderate, severe or profound learning difficulty.
- 19% (2,434) had social, emotional or mental health needs.
- 17% (2,205) had speech, language and communications needs.
- 10% (1,319) had a primary need of Autistic Spectrum Disorder

Figure 31 Count of pupils in Oxfordshire in state-funded primary, secondary and special schools with Special Educational Needs by primary type of need (January 2017)



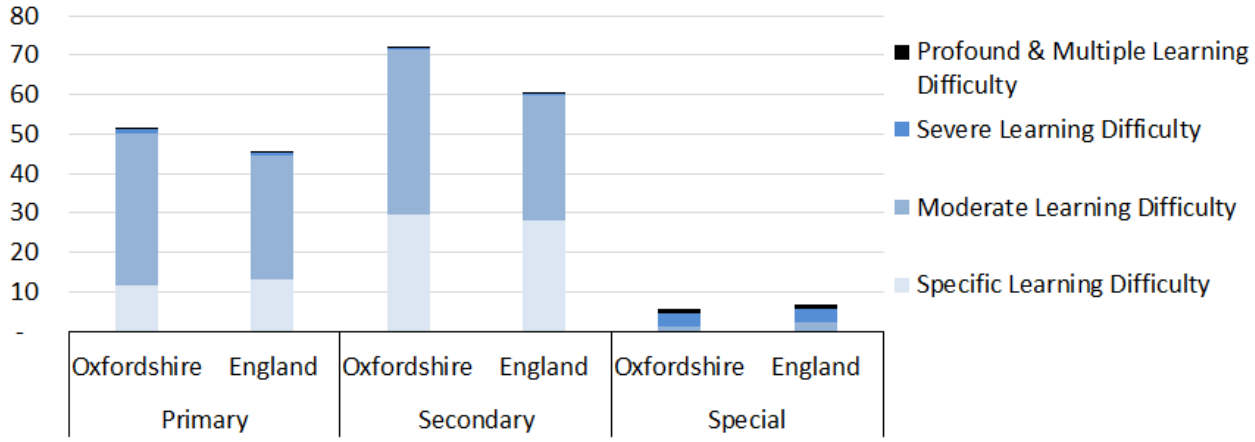
Source: Special educational needs January 2017, SFR 27/2017

Data has been updated in this version

Data has been reviewed and is unchanged

Oxfordshire has above the England average of pupils in state-funded primary and secondary schools with learning difficulties, most significantly for pupils with moderate learning difficulties.

Figure 32 Rate per 1,000 population of primary, secondary and special school pupils with learning difficulties, Oxfordshire vs England (Jan17)



Source: Special educational needs January 2017, SFR 27/2017; Denominator is ONS population estimate 2016 (primary = age 5-11; secondary = age 12-16; special = age 5-16)

Data has been updated in this version

Data has been reviewed and is unchanged

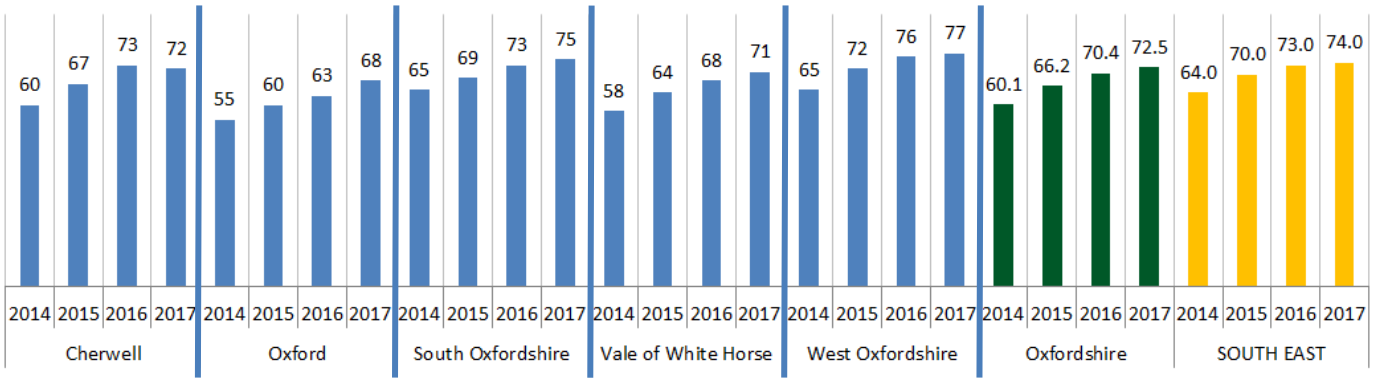
Early years

The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the academic year in which the child turns five.

The latest release of data[34] shows that between 2016 and 2017 there was an increase in the proportion of children achieving a good level of development in all Early Learning Goals in each district in Oxfordshire, except for Cherwell where the rate declined.

In 2017, South and West Oxfordshire was each above the average for the South East and Cherwell, Oxford and Vale of White Horse were below average.

Figure 33 % achieving a good level of development in all Early Learning Goals* 2014-2017



Source: Department for Education (released Oct2017), based on area of pupil residency

*There are 17 **Early Learning Goals**:

1. Listening and attention
2. Understanding
3. Speaking
4. Moving and handling
5. Health and self-care
6. Self-confidence and self-awareness
7. Managing feelings and behaviour
8. Making relationships
9. Reading
10. Writing
11. Numbers
12. Shape, space and measures
13. People and communities
14. The World
15. Technology
16. Exploring and using media and materials
17. Being imaginative

[34] https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2016-to-2017

Data has been updated in this version

Data has been reviewed and is unchanged

Figure 34 % achieving a good level of development in all Early Learning Goals by GENDER, Oxfordshire (2013 to 2017)

Girls continue to outperform boys in achieving the Early Learning Goals at aged 5 in Oxfordshire (and nationally).

The gap between girls and boys in Oxfordshire was 14.8 in 2013 and 14.4 in 2017.

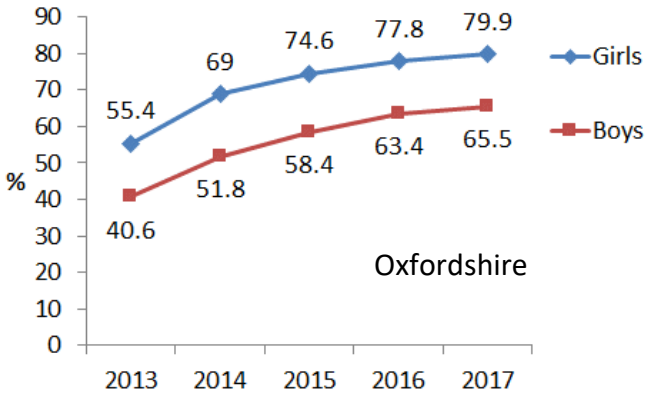


Figure 35 % achieving a good level of development in all Early Learning Goals by ETHNICITY, Oxfordshire vs South East (2017)

The ethnic groups with the lowest % of pupils achieving a good level of development in 2017 in Oxfordshire were Asian and Black, each 5 percentage points (ppts) below the average for the county.

5 year olds with an Asian or Black ethnic backgrounds in Oxfordshire were 4 ppts below the average for these ethnic groups in the South East.

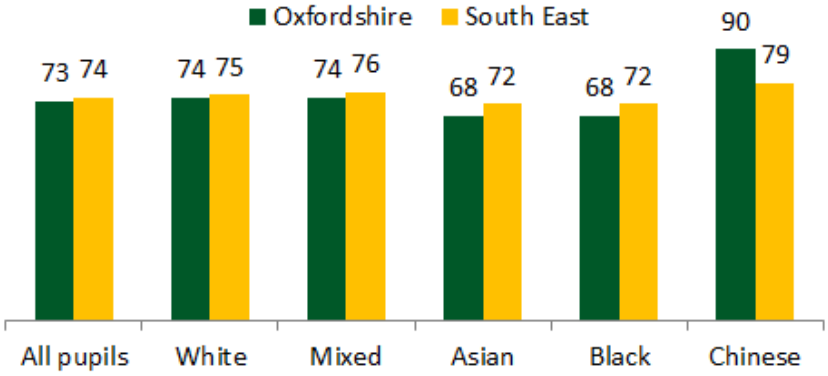
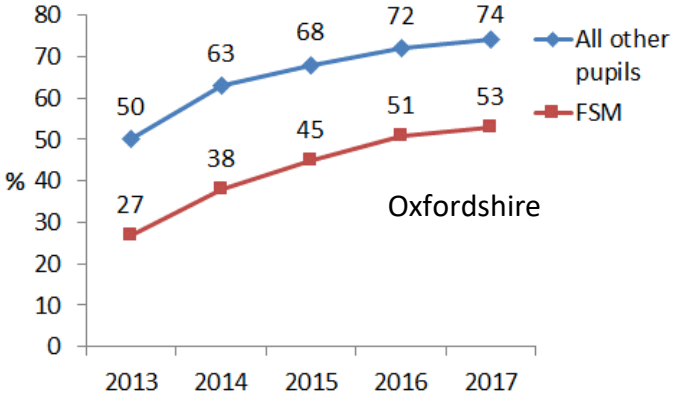


Figure 36 % achieving a good level of development in all Early Learning Goals by FSM, Oxfordshire (2013 to 2017)

The % of pupils known to be eligible for Free School Meals (FSM) in Oxfordshire and achieving a good level of development in ELGs remains significantly below other (non-FSM) pupils.

The gap has reduced slightly from 23 percentage points in 2013 to 21ppts in 2017.



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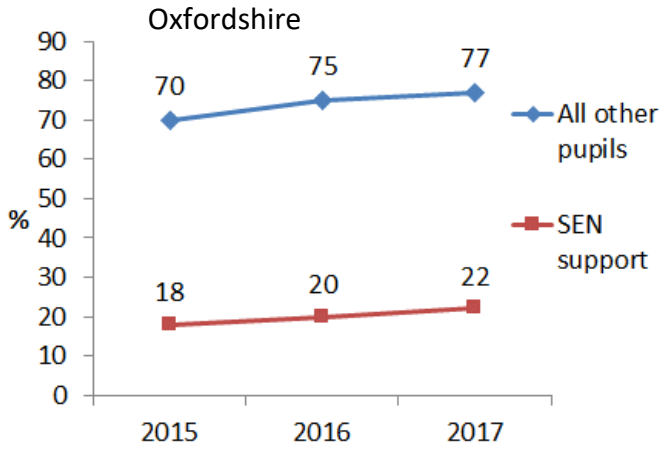
Data has been reviewed and is unchanged

Figure 37 % achieving a good level of development in all Early Learning Goals with and without Special Educational Needs Support Oxfordshire (2015 to 2017)

The % of pupils registered for Special Educational Needs in Oxfordshire and achieving a good level of development in ELGs remains significantly below other (non-SEN support) pupils.

The gap has increased from 52 percentage points in 2015 to 55pp in 2017.



Source: Department for Education (released Oct2017)

Pupil attainment at Key Stage 2 (aged 10-11)

In 2017 the proportion of pupils in Oxfordshire attaining at least the expected standard at Key Stage 2 in reading writing and mathematics was 61% just below the national average (62% in England).

The proportion of girls in Oxfordshire achieving the standard was similar to the national average. For boys, the proportion was slightly below average.

Table 22 Pupils achieving at least the expected standard at Key Stage 2 (pupils aged 10-11) in reading, writing and mathematics (2016 and 2017)

	2016			2017		
	All	Boys	Girls	All	Boys	Girls
Oxfordshire	52%	47%	56%	61%	57%	66%
ENGLAND (state-funded schools)	54%	50%	58%	62%	58%	66%

Source: ONS National curriculum assessments: key stage 2, 2016 (revised) Dec 2017;
https://www.gov.uk/government/statistics/national-curriculum-assessments-key-stage-2-2017-revised

The proportion of Oxfordshire's disadvantaged pupils aged 10-11 achieving the expected standard was below the England average at Key Stage 2 in 2017.

- For pupils with SEN support, the proportion was 17% in Oxfordshire compared with 21% nationally.
- For pupils with a first language other than English, the proportion was 55% in Oxfordshire compared with 61% nationally.
- For pupils eligible for Free School Meals, the proportion was 38% in Oxfordshire compared with 43% nationally.

Data has been updated in this version

Data has been reviewed and is unchanged

Pupil attainment at Key Stage 4 (GCSE)

A new secondary school accountability system was implemented in 2016. The headline accountability measures for schools from 2016 are: Attainment 8, Progress 8, Attainment in English and Maths (A*-C), and English Baccalaureate (EBacc) entry and achievement.

Although this is the second year of reporting against new measures, the data is not fully comparable. The Department for Education advises that..

> *Users should be cautious when comparing Attainment 8 scores between 2017 and 2016. In 2017, Attainment 8 scores were calculated using slightly different point score scales in comparison to 2016, in order to minimise change following the introduction of 9-1 reformed GCSEs. This means that Attainment 8 scores are likely to look different in 2017, as a result of changes to the methodology.*

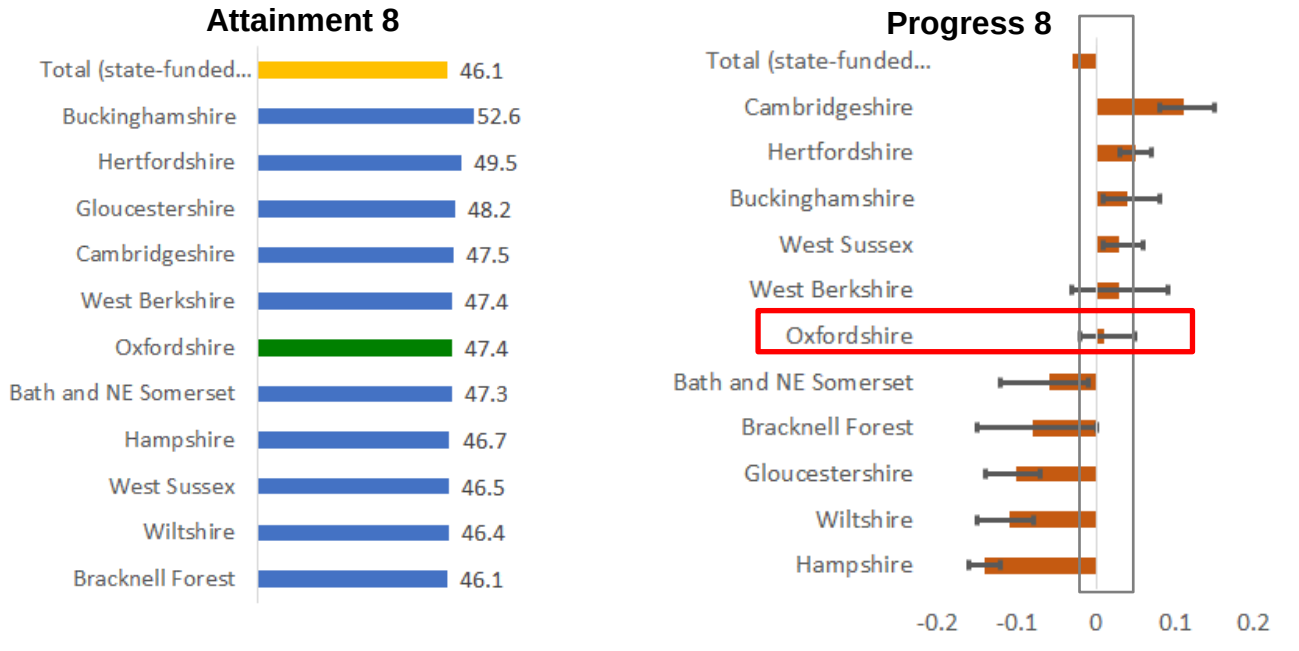
The Attainment 8 score for Oxfordshire in 2016-17 was **47.4**. This was above the average for the state funded sector of 46.1.

The Progress 8 score for Oxfordshire was **0.01** which means that, on average, pupils in the county are making slightly more progress than pupils with the same prior attainment nationally.

Compared with Oxfordshire's statistical neighbour group[35], the county was ranked 6 out of 11 on Attainment 8 and 6 out of 11 on Progress 8.

Taking into account the confidence intervals on the Progress 8 measure, Oxfordshire was statistically better than the national average and better than Gloucestershire, Wiltshire and Hampshire. Oxfordshire was statistically worse than Cambridgeshire.

Figure 38 Attainment 8 and Progress 8 Oxfordshire and Statistical Neighbours (2016-17)



Source: DfE GCSE and equivalent results: 2016 to 2017 (provisional) last updated 6 Dec 2017

[35] Statistical neighbour group – a set of local authorities designated by National Foundation for Educational Research (NFER) on behalf of the DfE as having the most similar socio-economic characteristics.

Data has been updated in this version

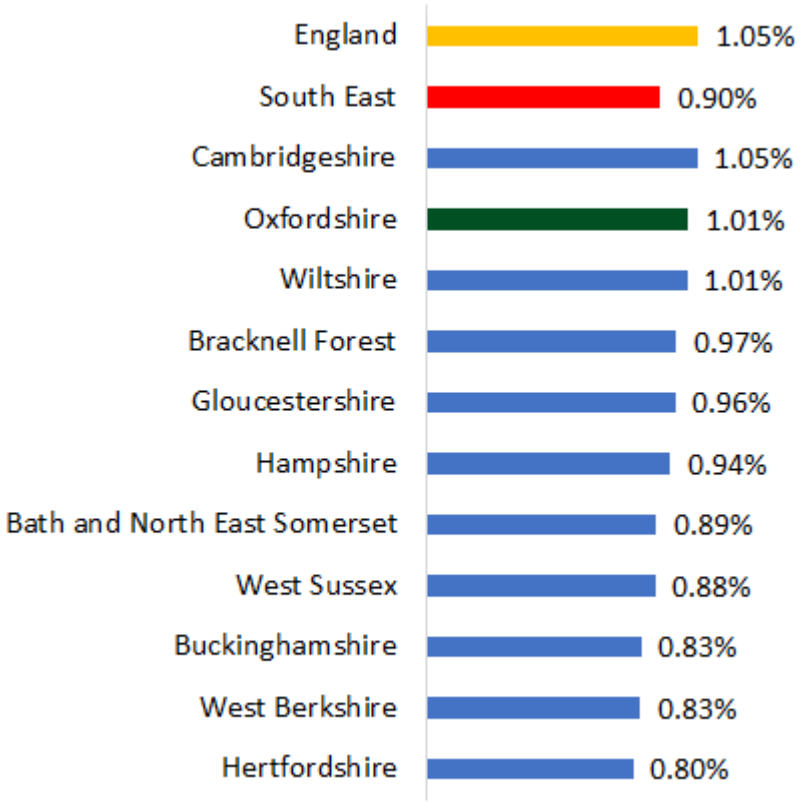
Data has been reviewed and is unchanged

Pupil Absence

Oxfordshire has a relatively high rate of unauthorised absences from school.

- Department for Education data on pupil absence (Autumn 2016 to Spring 2017) shows Oxfordshire as second highest in its group of statistical neighbours on the percentage of unauthorised sessions in primary and secondary state-funded schools.

Figure 39 Unauthorised absence sessions as % of total sessions possible (Autumn 2016 to Spring 2017) state-funded primary and secondary schools



Source: Department for Education published Oct17, SFR55

Data has been updated in this version

Data has been reviewed and is unchanged

16-19 bursary

In 2010 the Education Maintenance Allowance (EMA), for transport and other costs of accessing education (not university), was closed in England and replaced by a 16-19 bursary scheme.

This discretionary bursary is allocated to education institutions which then assess and award varying amounts to any eligible student.

Responding to a data enquiry from Oxfordshire County Council in November 2016, the Education Funding Agency said that it cannot provide the number of students accessing the 16-19 bursary.

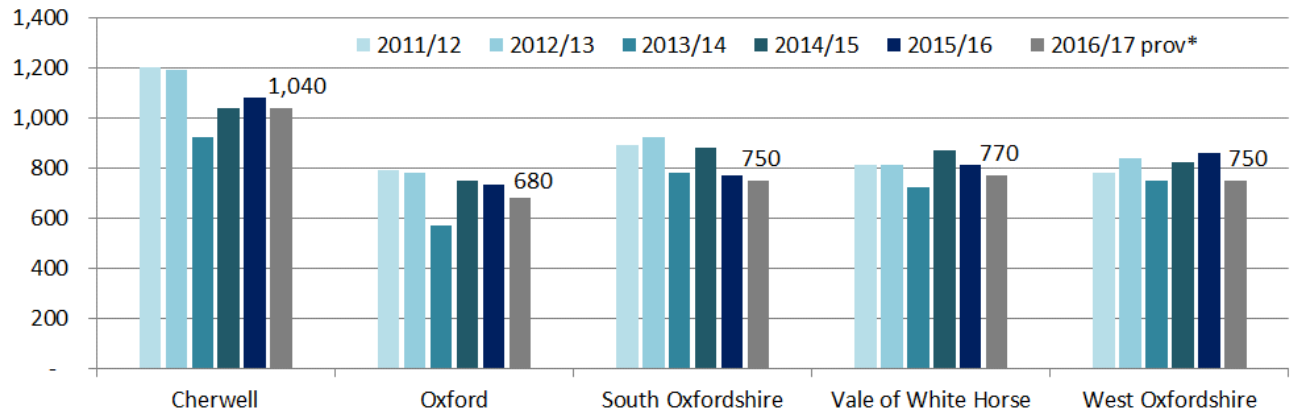
> *Because of how the scheme is administered it cannot be assumed how many students have been supported by the bursary allocation. We therefore rely on institutions to report numbers accessing support on the ILR. This is not always done and the data is therefore is not reliable.*

Apprenticeships

In 2015-16 there was a total of **4,250** apprenticeships started by Oxfordshire residents, the greatest number of which were from Cherwell district (1,080).

Provisional data for 2016-17 appears to show there were **3,970** Oxfordshire resident starts, a decrease of 6.6%. It is thought that this decrease is as a result of the introduction of the employer levy for apprenticeships.

Figure 40 Apprenticeship starts, Oxfordshire and districts, 2011-12 to 2016-17



Source: Oxfordshire Local Enterprise Partnership; All figures are rounded to the nearest 10. *2016/17 data is provisional and may change

The industry sectors with the highest numbers of Oxfordshire resident apprenticeship starts in 2015-16 were Health/Public Services/Care, Retail & Commercial, Business/Admin/Law and Engineering & Manufacturing Technologies. These together accounted for 84% of the total.

Data has been updated in this version

Data has been reviewed and is unchanged

Young people Not in Education, Employment or Training

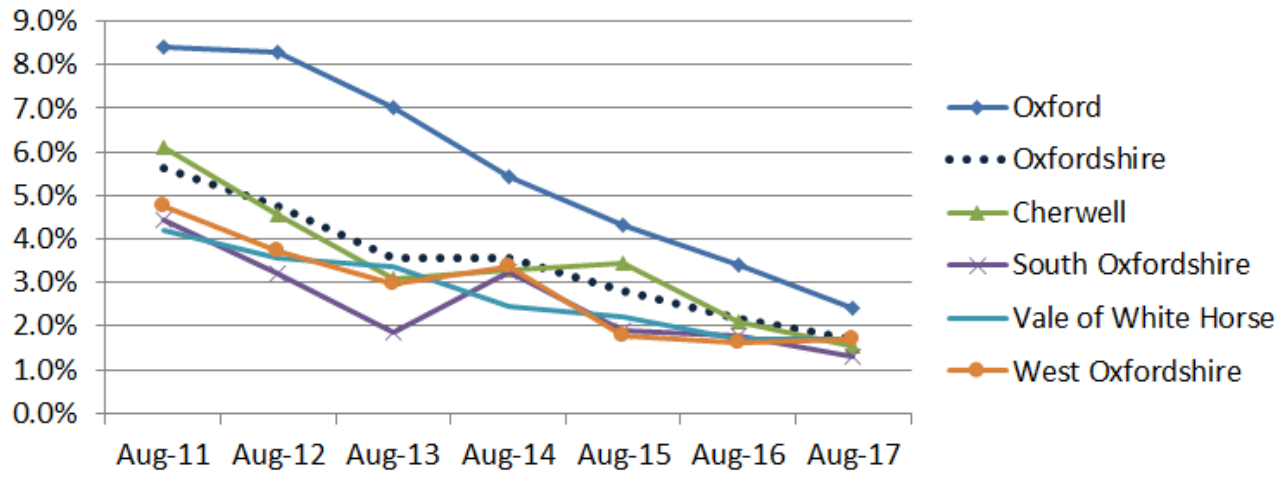
In September 2013, the education leaving age was raised to 17, and from September 2015 it was raised to 18.

It is now compulsory for young people in England between the ages of 16 and 18 to either:

- stay in full-time education, for example at a college;
- start an apprenticeship or traineeship;
- spend 20 hours or more a week working or volunteering, while in part-time education or training.

+ As of August 2017, in the age range 16 to 19, there was a total of **210** young people in Oxfordshire who were classified as Not in Education, Employment or Training (NEET). This was equivalent to 1.7% of the population of that age group. The district with the highest rate was Oxford with 2.4% young people NEET.

Figure 41 Proportion of young people aged 16-19 who are Not in Education, Employment or Training, districts and county (consistent age range used in each year)



Source: Oxfordshire County Council

+ Data has been updated in this version

= Data has been reviewed and is unchanged

Qualifications

As reported in the previous JSNA (2016)[36], Oxfordshire had an above-average proportion of people with higher qualifications and a below-average proportion of people with no qualifications.

- At the time of the 2011 Census survey, 35.7% of people over 16 in Oxfordshire had at least a bachelor's degree (census category level 4 and above). This was up from 27.7% in 2001. The proportion was higher than in the South East (29.9%) and England overall (27.4%).
- 16.7% of Oxfordshire's population lacked any qualification (down from 18.6% per cent in 2001). This was below the proportions seen in the South East (19.1%) and England (22.5%).

The **Education and Skills domain** of the Indices of Multiple Deprivation 2015 had **25 areas** within Oxfordshire ranked in the top 10% most deprived nationally.

Table 23 Number of lower super output areas* within the 10% most deprived in England by domain

	Index of Multiple Deprivation (IMD)	Income	Employ-ment	Education Skills and Training	Health and Disability	Crime	Barriers to Housing and Services	Living Environment
Cherwell	0	0	0	**8**	0	1	16	1
Oxford	2	3	0	**10**	2	6	3	6
South Oxfordshire	0	0	0	**4**	0	0	10	0
Vale of White Horse	0	0	0	**1**	0	0	8	0
West Oxfordshire	0	0	0	**2**	0	0	2	0
Oxfordshire	**2**	**3**	**0**	**25**	**2**	**7**	**39**	**7**

Source: Department for Communities and Local Government IMD2015; *lower super output areas are a statistical geography and have an average of around 1,500 residents and 650 households, LSOAs are the main geography used for the IMD.

[36] http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

Data has been updated in this version

Data has been reviewed and is unchanged

4.5 Physical and social environment

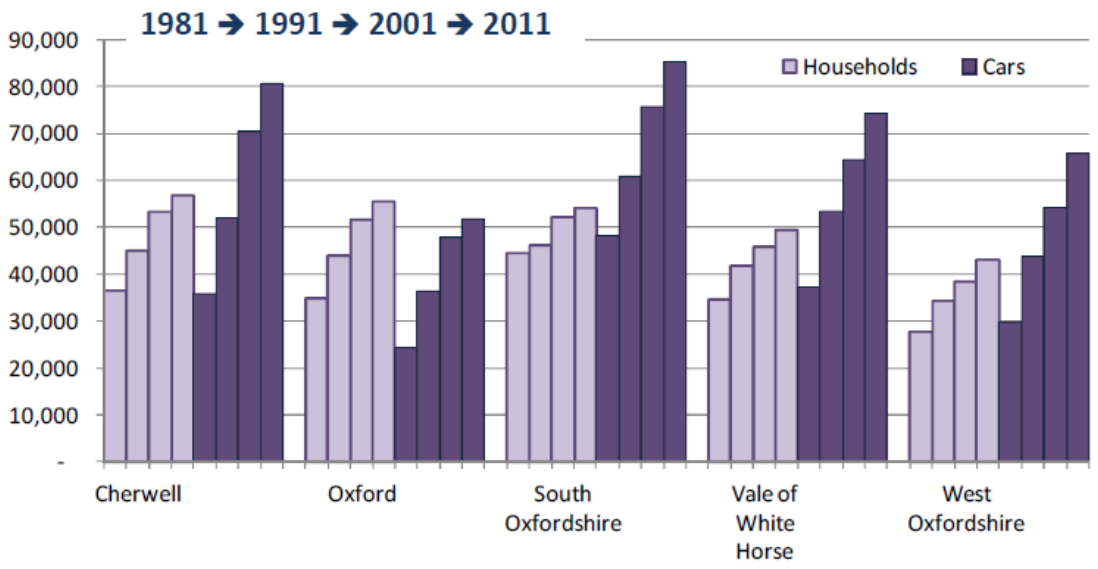
The environment is a major determinant of health. A well-designed physical environment can provide opportunities for:

- **people to be more active** e.g. encouraging walking and cycling as modes of transport, open spaces/green spaces for play and recreation, sports and leisure.
- **healthier food choices** e.g. restricting proximity of hot food takeaways to schools and encouraging healthy food provision in public spaces such as community centres, leisure centres and park kiosks.
- **social interaction** e.g. encouraging social community infrastructure and opportunities for social interaction, reducing social isolation and loneliness.

Car ownership

Between 1981 and 2011 the growth in the number of cars in each of Oxfordshire's districts was well above the growth in households.

Figure 42 Number of households and number of cars by district 1981 to 2011



Source: ONS Census 2011, table KS404, 1981 to 2001 original analysis carried out by Oxfordshire County Council transport planning team, chart from District Data Analysis service www.oxford.gov.uk/districtdata

As of 2011, the number of cars per household in Oxfordshire was 1.38, above the average for the South East (1.35) and England (1.16).

The number of cars per household in Oxfordshire districts was highest in South Oxfordshire (1.58), West Oxfordshire (1.52), Vale of White Horse (1.50) and Cherwell (1.48) and lowest in Oxford (0.93).

+ Data has been updated in this version

= Data has been reviewed and is unchanged

Holders of driving licences

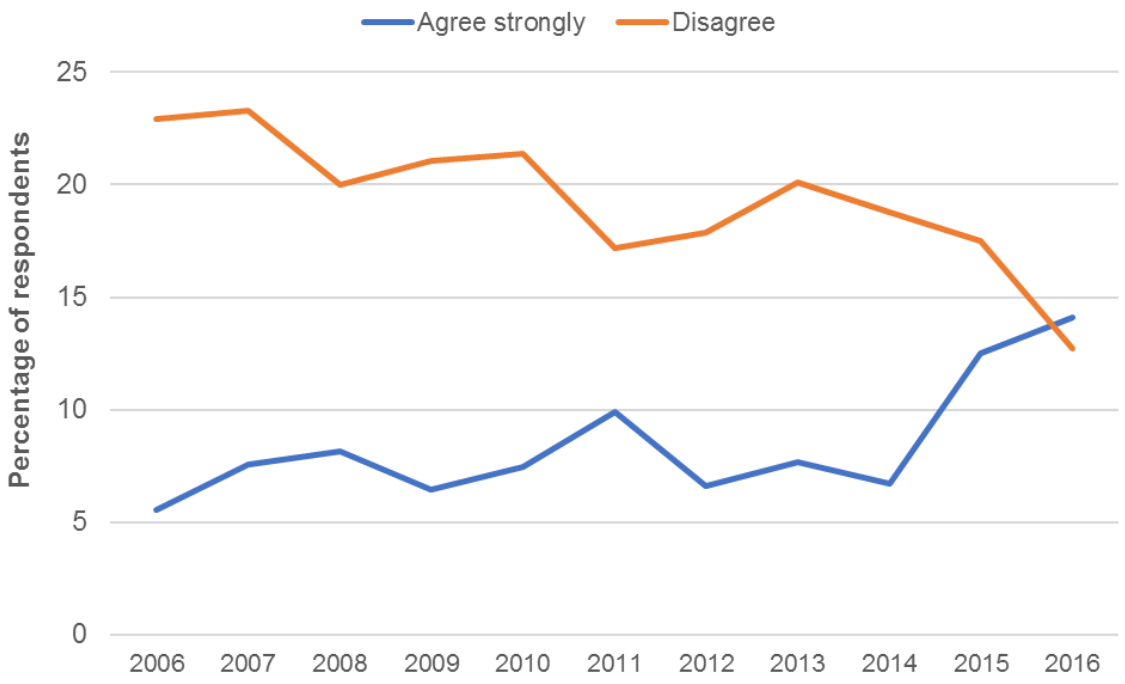
The increasing access to cars is reflected by trends in driving licence holding. 73% of all adults aged 17+ in England held a full car driving licence in 2016[37]. This was an increase from 48% in the mid-1970s, and represented over 32 million licence holders.

While over the long-term licence holding among both men and women has increased, the rate of increase has been much greater for women. The proportion of males holding a licence has been flat since the early-1990s. For women it has continued to increase, reaching 67% in 2016, compared with 80% of men.

Active travel

The British Social Attitudes Survey[38] measures public attitudes towards transport and has been doing so since 1996. Recent data (2016) shows that there is a strong willingness to walk short journeys less than 2 miles, rather than go by car. This has increased, from 6% in 2006 to 14% in 2016, whilst the proportion disagreeing has fallen from 23% to 13% in the same period.

Figure 43 "Many of the journeys of less than 2 miles that I now make by car I could just as easily walk" - Proportions agreeing and disagreeing



Source: Department for Transport, British Social Attitudes Survey

[37] Department for Transport: Driving licence holding and vehicle availability (NTS02)

[38] https://www.gov.uk/government/statistical-data-sets/att03-attitudes-and-behaviour-towards-roads-and-road-travel#table-att0315

Data has been updated in this version

Data has been reviewed and is unchanged

The same survey looks at perception of cycling danger. In 2016, 59% agreed that "It is too dangerous for me to cycle on the roads", which is significantly lower than the 64% who agreed in 2015. The perception that roads are too dangerous for cyclists is at its lowest since the question was first asked in 2011.

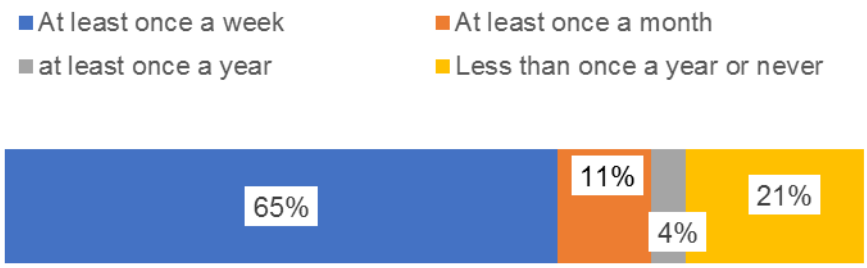
Walking

The National Travel Survey (NTS)[39] is a household survey of personal travel by residents of England travelling within Great Britain, from data collected via interviews and a one week travel diary. The NTS is part of a continuous survey that began in 1988, following ad-hoc surveys from the 1960s, which enables analysis of patterns and trends. Latest data is for 2016.

The NTS asks people to estimate how often they did a walk of more than 20 minutes. Around 65% of respondents said at least once a week.

Around 21% said less than once a year or never, but this varied by age. For age groups up to 50- 59, less than 20% of respondents gave this answer, compared to 45% of people aged 70 and over.

Figure 44 Walking frequency (walks of 20 minutes or more) 2016



Source: National Travel Survey 2016

The UK Time Use survey[40] provides an insight into the amount of time children in the UK (aged 8 to 15) spend engaging with the outdoors or participating in sports activities.

On any given day, 46% of children engaged in active travel – walking or cycling. 12% were active in an outdoor location.

[39] https://www.gov.uk/government/statistical-data-sets/nts03-modal-comparisons#table-nts0312

[40] United Kingdom Time Use Survey, 2014-2015; https://www.timeuse.org/node/10833

Data has been updated in this version

Data has been reviewed and is unchanged

Table 24 Participation rates of children engaging with the outdoors and sports activities in the UK, April 2014 to December 2015

Activity	Daily participation rate (%)	*Lower 95% Confidence Interval*	*Upper 95% Confidence Interval*
Sport	32.74	*29.60*	*36.06*
Entertainment and culture	9.54	*7.69*	*11.78*
Pet care and gardening	12.48	*10.60*	*14.64*
All activities	**47.19**	***43.7***	***50.71***
Active travel	46.16	*42.93*	*49.43*
All activities including active travel	**68.75**	***65.35***	***71.97***
Outdoor location	12.22	*10.05*	*14.79*

Participation rates refer to the proportion of children who took part in an activity as a percentage of all children aged 8 to 15 surveyed on any given day

Notes:

1. Children in this analysis are defined as those aged 8 to 15 years old.
2. Sports and exercise activities (physical or productive exercise) includes outdoor sports activities such as walking, jogging, biking, ball games, swimming, water sports, hunting and fishing, picking berries etc. and other unspecified sports related activities as well as indoor activities such as gymnastics, dance and fitness.
3. Entertainment and culture includes visiting historical, wildlife and botanical sites, leisure parks urban park playgrounds or designated play areas.
4. Pet care and gardening includes gardening, tending domestic animals, caring for pets, walking the dog, and other specified gardening and pet care and gardening/pet care to help other households.
5. Active travel includes travelling on foot and travelling by bicycle.
6. Outdoor location includes parks, countryside, seaside, beach or coast.
7. All activities includes sports and exercise, entertainment and culture and pets and gardening

Walking to school in Oxfordshire

Living Streets, the UK charity for everyday walking, has the ambition *"Every child that can, walks to school"*.

The challenge is a behavioural change programme that incentivises primary school children, their parents and teachers to travel actively all or part of the way to school.

Every day pupils record how they get to school on the WOW Travel Tracker. Children who walk at least once per week for a month are rewarded with themed badges.

In Oxfordshire 18 schools are signed up to take part in the challenge, with good results so far and an increase in active travel rates since September 2017 from 65% to 84% (+19pp).

As of February 2018, there were 4,755 pupils in 18 Oxfordshire schools taking part in the challenge. Between mid-October 2017 and February 2018, trips to school..

- By car reduced by 3%.
- By walking increased over 7%
- By Park & Stride increased by 3%

https://www.livingstreets.org.uk/

Data has been updated in this version

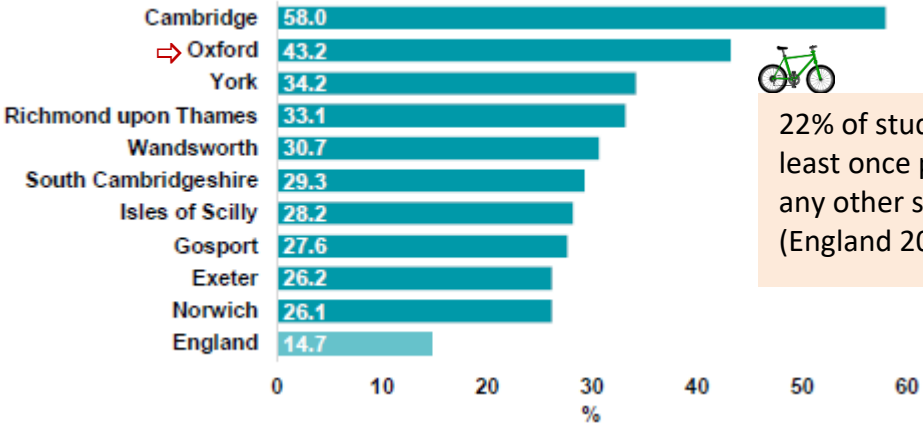
Data has been reviewed and is unchanged

Cycling

Oxford continues to have relatively high rates of cycling, influenced by the higher rate of cycling amongst students.

- In England, the proportion of the adult population who cycled at least once per month has remained at around 15%. In Oxford, the proportion was over double this national rate (43%).

Figure 45 Percentage of adults cycling at least once a month: top 10 local authorities, England, 2014-15



22% of students report cycling at least once per month, more than any other socio-economic group (England 2014-15)

Source: Walking and cycling statistics Dept for Transport from Active People Survey (published July 2016, latest as of Jan18)

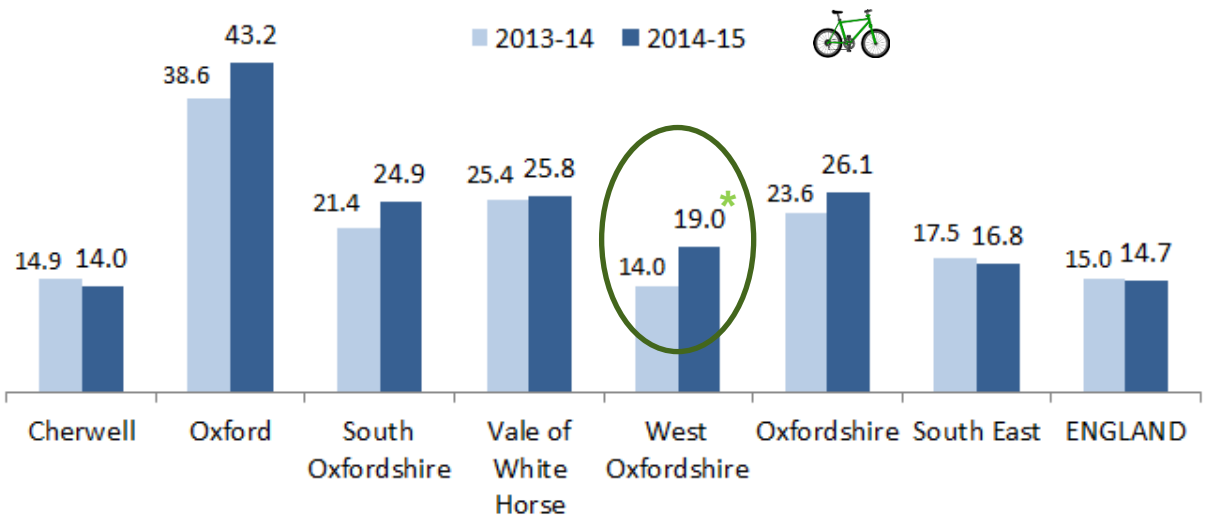
Comparing rates of walking and cycling between 2013-14 and 2014-15 shows little change in Oxfordshire's districts.

The exception was West Oxfordshire where there was a statistically significant increase in cycling between 2013-14 and 2014-15. The increase in West Oxfordshire was in people using a cycle for "utility" reasons (anything other than recreational, i.e. including cycling to work) at least once per month.

Data has been updated in this version

Data has been reviewed and is unchanged

Figure 46 Any cycling in the last 4 weeks (% of survey respondents)



Source: Walking and cycling statistics Dept for Transport from Active People Survey (published July 2016)

National analysis (England)[41] shows differences between walking and cycling in urban vs rural local authorities:

- Walking and cycling for recreational purposes is more prevalent in rural areas,
- Walking and cycling for utility purposes is more prevalent in urban areas.
- Overall cycling prevalence levels are higher in rural authorities.

Oxfordshire County Council operates 28 automatic counters for monitoring cycling. According to transport monitoring data, between 2015 and 2016[42], there was:

- A decline in cycle flows (counts) in Abingdon and Witney.
- An increase in cycle flows (counts) in Oxford (Barracks Lane, Parks cycle route) and A40 near Cassington.

[41] Dept for Transport: Local area walking and cycling in England 2014-15 https://www.gov.uk/government/statistics/local-area-walking-and-cycling-in-england-2014-to-2015

[42] https://www.oxfordshire.gov.uk/cms/content/transport-monitoring

+ Data has been updated in this version

= Data has been reviewed and is unchanged

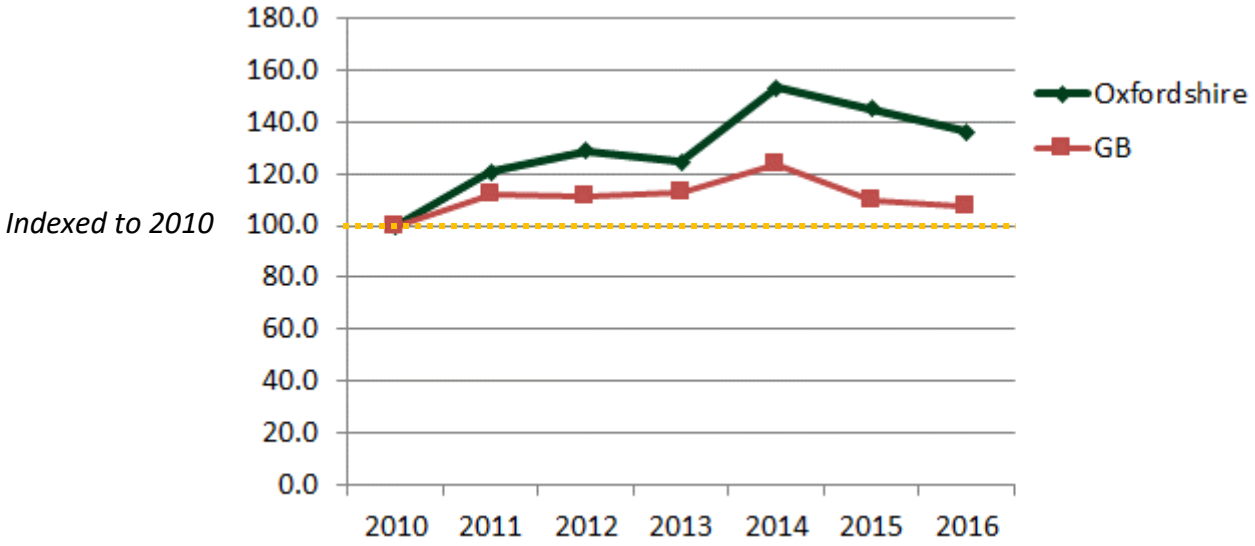
People injured on cycles

The number of people injured using cycles on roads in Oxfordshire has declined for the second year in a row.

In 2016 there was a total of **323** people injured on a pedal cycle (including killed, seriously injured or 'slight' casualties) in Oxfordshire down from 344 in 2015 (-6%).

Of the 323 injuries in 2016, 2 were fatal, 70 were serious and 251 were slight casualties.

Figure 47 Trend in casualties using a pedal cycle, Oxfordshire vs GB



Source: Oxfordshire County Council; GB data from Department for Transport statistics table RAS30004

Green spaces

An October 2016 Parliamentary Office of Science and Technology briefing on Green space and Health[43] found that:

- Areas with more accessible green space are associated with better mental and physical health.
- The risk of mortality caused by cardiovascular disease is lower in residential areas that have higher levels of 'greenness'.
- There is evidence that exposure to nature could be used as part of the treatment for some conditions.

[43] http://researchbriefings.parliament.uk/ResearchBriefing/Summary/POST-PN-0538

Data has been updated in this version

Data has been reviewed and is unchanged

Access to healthy food choices

There is limited data about the availability of healthy food choices at a local area. As part of work on obesity, Public Health England has published information on the number of fast food outlets by local authority and ward[44].

According to this analysis by Public Health England, there was a total of 423 fast food outlets in Oxfordshire of which 56% were in Cherwell and Oxford.

Table 25 Count and rate per 100,000 population of fast food outlets in Oxfordshire (2014)

	Count of outlets	Rate per 100,000 population	*% of Oxfordshire outlets total*
Cherwell	108	75	*26%*
Oxford	127	80	*30%*
South Oxfordshire	73	53	*17%*
Vale of White Horse	59	47	*14%*
West Oxfordshire	56	52	*13%*
Oxfordshire	423	63	*100%*

Source: Public Health England; rate uses ONS population estimate mid 2014

Banbury town centre (and surrounding retail areas) had more fast food outlets than Oxford city centre. Oxfordshire wards with the highest number of fast food outlets were:

- Banbury Grimsbury and Castle (39)
- Carfax (36)
- Bicester Town (20)
- Didcot South (19)
- Wantage Charlton (16)
- St Mary's, Oxford (15)
- Witney South (14)
- Didcot West (11)
- Henley-on-Thames (10)

Air quality

Since the UK Clean Air Act's passage in the 1950s, there has been a steady stream of reports and epidemiologic studies that correlate human exposure to air pollutants with a variety of health impacts.

Most recently, such studies have increased significantly, mainly due to improvements of monitoring technology, coupled with scientific advances in modern chemistry and modelling.

In April 2016, the Committee on the Medical Effects of Air Pollutants[45], responsible for carrying out research into the link between air quality and human health stated that

[44] http://www.noo.org.uk/visualisation

[45] https://www.gov.uk/government/collections/comeap-reports#history

Data has been updated in this version

Data has been reviewed and is unchanged

considered epidemiological evidence was suggestive of an association between long term exposure to particulate pollution and chronic bronchitis. The committee's sensitivity analyses estimated that over 722,000 cases of chronic phlegm in 2010 could be attributable to exposure to particulate pollution (anthropogenic PM10) in the UK, and that a reduction of 1 ug/m3 of this pollutant in 2010 could have led to over 65,000 fewer cases in 2010.

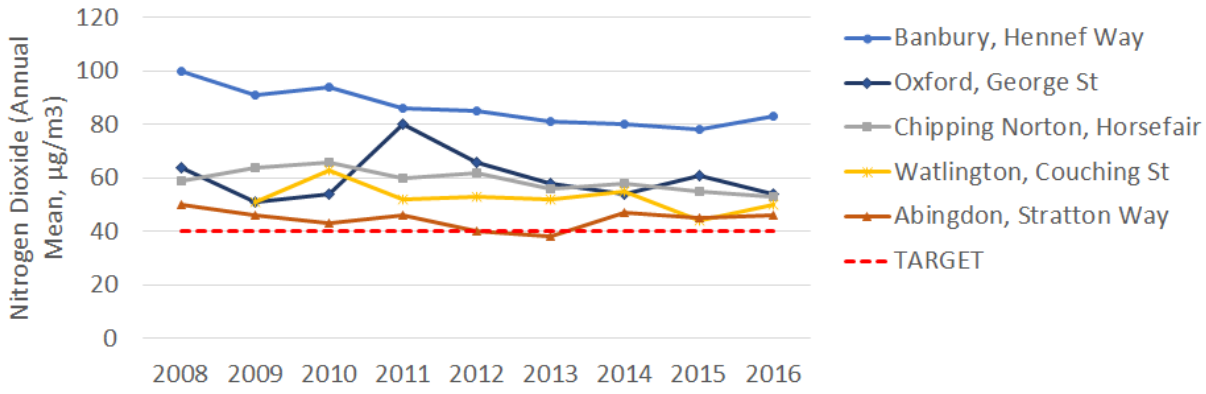
In February 2016, the Royal College of Paediatrics and Child Health published a study[46] estimating the amount of deaths in the UK attributable to exposure to outdoor air pollution of 40,000/year. In the same study, air pollution was linked to diseases such as cancer, asthma, stroke, heart disease, diabetes, obesity and dementia, and points out that neither the concentration limits set by the governments and the World Health Organization (WHO) define levels of exposure that are entirely safe for the population.

At a more regional level, in 2014 Public Health England estimated the mortality burden attributed to long term fine particulate air pollution exposure in Oxfordshire to be 5.6% of the population, equivalent to 276 deaths (Age 25+) and equivalent to 2,944 life years lost. However, given the uncertainties this could, in fact, be somewhere between 0.9% and 11%.

The Environment Act 1995 states that where national air quality objectives are unlikely to be achieved for a certain area, an **Air Quality Management Area** (AQMA) must be declared and an action plan produced. Oxfordshire has 13 Air Quality Management Areas, where the annual mean objective for nitrogen dioxide is being exceeded[47]: four in Cherwell, one covering the whole of Oxford, three in South Oxfordshire, three in Vale of White Horse and two in West Oxfordshire. These are within the most populated areas of the county, where a direct link can be made between air pollution and emissions from road traffic.

According to diffusion tube data reported by the District Data Analysis Service[48], nitrogen dioxide levels have shown some improvement since 2008, although remain above the 40µg/m3 target, especially in Banbury.

Figure 48 Mean nitrogen dioxide at selected diffusion tubes in Oxfordshire



Source: District Data Analysis service December 2017 chart of the month; diffusion tube reading provided by District Council Environmental Officers. Tubes selected by districts as those with highest readings in 2016

[46] https://www.rcplondon.ac.uk/projects/outputs/every-breath-we-take-lifelong-impact-air-pollution

[47] Department for Environment, Food and Rural Affairs list of local authorities with AQMAs https://uk-air.defra.gov.uk/aqma/list

[48] http://www.oxford.gov.uk/districtdata/downloads/file/665/chart_of_the_month_-_nitrogen_dioxide

+ Data has been updated in this version

= Data has been reviewed and is unchanged

with the exception of Oxford. The St Clement's tube had a higher reading than George St in 2016 but a long term trend for that location is not available

Noise Pollution

As reported by the 2016 JSNA, in 2011 Public Health England estimated that 3.4% of Oxfordshire's population was exposed to road, rail and air transport noise of 65 A-weighted decibels or more, during the daytime.

At the same time, an estimated 5.4% of Oxfordshire's population was exposed to road, rail and air transport noise of 55 A-weighted decibels or more, during the night-time.

In 2013/14 the rate of complaints about noise in Oxfordshire was estimated at 5.3 per 1,000 people in the population. This was similar to rates in the previous two years. It was also similar to the estimate for the South East (5.4) but lower than that for England overall (7.4). Across the county there were thought to be proportionately more complaints in Oxford (9 per 1,000 people in the population) than in other districts.

Climate change

The UK Climate Change Risk Assessment 2017[49] by the Committee on Climate Change[50], (July 2016) summarises the greatest direct climate change-related threats for the UK as:

- large increases in flood risk
- exposure to high temperatures and heatwaves,
- shortages in water,
- substantial risks to UK wildlife and natural ecosystems,
- risks to domestic and international food production and trade, and
- risks from new and emerging pests and diseases.

A 2012 report from the Health Protection Agency[51] on the health effects of climate change reported that:

- At present, the health burden due to low temperature exceeds that of high temperature. However, heat-related mortality, which is currently around 2,000 premature deaths per year, is projected to increase steeply in the UK throughout the 21st century.
- Southern, central and eastern England appear to be most vulnerable to current and future effects of hot weather compared with other UK regions. Cold is still likely to contribute to the majority of temperature related health effects over the coming decades, although the health burden due to the cold is projected to decline by the 2080s compared with the present-day levels.
- The elderly are more vulnerable to extreme heat and cold than younger people, so **future health burdens are likely to be amplified by an ageing population**.

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[49] https://www.theccc.org.uk/tackling-climate-change/preparing-for-climate-change/climate-change-risk-assessment-2017/

[50] The Committee on Climate Change (CCC) is an independent statutory body established under the Climate Change Act 2008 to advise the UK and devolved administration governments on setting and meeting carbon budgets, and preparing for climate change.

[51] Health effects of climate change in the UK 2012 https://www.gov.uk/government/publications/climate-change-health-effects-in-the-uk

Data has been updated in this version

Data has been reviewed and is unchanged

The Health Protection Agency report considered:

- ozone-related mortality, air pollution;
- aeroallergens associated with pollen grains and fungal spores;
- building overheating, indoor air pollution, flood damage and water and biological contamination of buildings;
- levels of Ultraviolet (UV) radiation;
- health implications of flooding, particularly impacts on mental health and impacts from disruption to critical supplies of utilities;
- range, activity and vector potential of ticks and mosquitoes (expected to increase across the UK by the 2080s). The potential for introduction of exotic species and pathogens;
- water and food-borne diseases;
- health co-benefits of measures to reduce greenhouse gas emissions (e.g. increased physical activity as a result of reduced car use in urban centres).

A recent report by the UK Health Alliance[52] sets out the challenges and opportunities from climate change. Opportunities include the **co-benefits of emission reduction activities** leading to healthier lifestyles (more walking/ cycling, insulating homes and others).

It is likely that the weather patterns in Oxfordshire will change in coming decades. As reported in "Oxfordshire in a changing climate" (Oxfordshire County Council, updated January 2016):

- The widespread flooding in winter 2014 and winter 2012, show the county's vulnerability to severe weather.
- Climate models indicate that severe weather events could become more frequent in Oxfordshire in the future with:
    - **More heavy rainfall** - more days with heavy rainfall of 25mm (1 inch) or more, particularly in winter.
    - **More frequent heatwaves** - average temperatures likely to increase by between 2.5 and 8.0 ◦C by the 2080s. Heat waves likely at least once in every three years by 2050s.

[52] A Breath of Fresh Air: Addressing Climate Change and Air Pollution Together for Health 2016 http://www.ukhealthalliance.org/new-report-breath-fresh-air-addressing-climate-change-air-pollution-together-health/

Data has been updated in this version

Data has been reviewed and is unchanged

Isolation and loneliness

Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services.

- Loneliness can be as harmful for our health as smoking 15 cigarettes a day[53].
- Lonely individuals more likely to visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term health care[54].

In 2015, Age UK carried out a study to predict risk of loneliness at a local area level by applying findings from the English Longitudinal Study of Ageing (wave 5) to local demographic and social statistics.

The factors which were more associated with a higher prevalence of loneliness were:

- Health
    - The poorer the self-reported health, the more likely the respondent feels lonely.
    - Having difficulty with one or more activities of daily living is positively associated with the prevalence of loneliness
- Household type:
    - Being single, divorced or separated and widowhood are associated with a higher prevalence of loneliness compared to being married.
    - Household size is inversely related with prevalence of loneliness (the more people in the household the less like the respondent feels lonely).

Areas rated as “High risk” for isolation and loneliness in Oxfordshire were mainly found in Oxford and the urban centres of Banbury, Bicester, Kidlington, Didcot, Henley, Thame, Wallingford, Abingdon, Faringdon, Wantage and Grove, Chipping Norton and Witney.

[53] Social relationships and mortality risk: a meta-analytic review. Holt-Lunstad J, Smith TB, Layton JB. PLoS Med 2010;7(7)

[54] Cohen, G.D. et al. 2006 ‘The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults’ The Gerontologist 46 (6) http://gerontologist.oxfordjournals.org/content/46/6/726

Data has been updated in this version

Data has been reviewed and is unchanged

5 Health Conditions and Causes of Death

This chapter covers the prevalence of illnesses and diseases in Oxfordshire (morbidity) and causes of deaths (mortality). Further resources are available online, by visiting the JSNA – Morbidity and Mortality webpage.

5.1 Key findings – Health Conditions and Causes of Death

This section highlights the key messages from the review of data on Health Conditions and Causes of Death (data sources and research references are provided with the detailed data in the remainder of this chapter).

Health profile - overall

- The Public Health England local health profile for Oxfordshire shows that, for the majority of indicators, Oxfordshire is statistically better than the national average.
- Indicators at county level where Oxfordshire is worse than average are: hospital admission episodes for alcohol-specific conditions in under 18s; killed and seriously injured on roads.

Leading causes of death

- Cancer was the leading cause of death in Oxfordshire (for the combined years 2014, 2015 and 2016), accounting for 28% of deaths of males and 23% of deaths of females.
- The second highest cause was:
    - Males: Heart diseases (affecting the supply of blood to the heart), 13% of deaths.
    - Females: Dementia and Alzheimer disease, 17% of deaths.
- For the 3-year period, 2014 to 2016, total deaths of people aged under 75 from the four causes of: cardiovascular diseases, cancer, liver disease and respiratory disease in Oxfordshire was 3,396.
- Of these **1,959** (58%) were considered preventable.

Health conditions

- From the Quality and Outcomes Framework data, the health conditions with the greatest number of GP-registered patients in Oxfordshire were:
    - Hypertension (high blood pressure): 89,900 patients
    - Depression: 56,800 patients
    - Asthma: 42,200 patients
    - Diabetes: 29,500 patients

Mental Health

- In Oxfordshire, the average wellbeing scores for: life satisfaction, “things you do are worthwhile” and happiness, are slightly lower in 2016-17 compared with 2015-16 and the anxiety mean is higher.
- The number and rate of GP-registered patients in Oxfordshire with depression or anxiety has increased significantly each year for the past 4 years.

Data has been updated in this version

Data has been reviewed and is unchanged

  - Between 2015-16 and 2016-17, the number of GP-registered patients with diagnosed depression in the Oxfordshire CCG group area increased by around 7,100 or **+14%.**

- The percentage of GP-registered patients with a recorded diagnosis of a severe and enduring mental health problem has increased in all districts since 2006-07. The rate in Oxford City remains well above the average for NHS Oxfordshire CCG.
- Rates of intentional self-harm in Oxfordshire are now statistically above the England average.
- There were 15 wards in Oxfordshire with a significantly higher admission ratio for intentional self-harm than England (2011-12 to 2015-16), these included 7 in Oxford, 3 in Cherwell, 3 in Vale of White Horse, 1 in South Oxfordshire, and 1 in West Oxfordshire.
- The two wards with the highest rates were the relatively deprived areas of Northfield Brook and Blackbird Leys in Oxford.
- There were 23 suicides of people aged under 25 in the Oxfordshire Clinical Commissioning Group area in 2014-16. The OCCG rate of 5.7 (age standardised) was statistically above the England average (4.7).

Cancer

- The proportion of GP-registered patients with a cancer diagnosis in Oxfordshire has remained above the national average.
- Preventable deaths (preventable mortality) from cancer in Oxfordshire remains better than the England and South East averages.
- Between 2013 and 2016, age-standardised mortality rates for cancer in Oxfordshire remained at a broadly similar level.
- The cancer mortality rate for females in Cherwell increased to just above the national average.
- For both males and females, rates of lung cancer deaths in Oxfordshire in 2016 were well below the England average.
- Rates of bowel cancer deaths were above average in Oxfordshire in 2016 for both males and females.
- There were 4 wards in Oxfordshire with a significantly higher mortality ratio for cancers than England (2011-15). As in the previous dataset (2010-14), the ward with the highest rate was Banbury Ruscote in Cherwell district.

Heart Disease

- The proportion of GP-registered patients in the Oxfordshire CCG with heart disease has remained below the regional and national averages.

Data has been updated in this version

Data has been reviewed and is unchanged

- There were 2 wards in Oxfordshire with significantly higher rates of emergency hospital admissions for coronary heart disease than England (2011-12 to 2015-16): Banbury Ruscote in Cherwell and Northfield Brook in Oxford.
- Mortality due to heart disease has declined nationally and in every district in Oxfordshire except for South and West Oxfordshire where male mortality due to heart disease increased slightly between 2015 and 2016.

Stroke

- The proportion of GP-registered patients in the Oxfordshire CCG with stroke has remained below the regional and national averages.
- Between 2015 and 2016, the age-standardised mortality rate for cerebrovascular diseases (stroke) increased in males in Oxfordshire, against the declining national and regional trend.
- The rates by district show stroke in females in Oxford and males in Vale of White Horse each above average in 2016.

Dementia and Alzheimer's disease

- The proportion of GP-registered patients in the Oxfordshire CCG with Dementia and Alzheimer's disease has remained just below the national average (and well below the South of England average).
- In West Oxfordshire, the age-standardised mortality rate for females due to Dementia and Alzheimer's disease increased in 2014, 2015 and again in 2016 to well above the national and regional averages.
- The mortality rate for females due to Dementia and Alzheimer's disease was above the national average in Cherwell in 2015 and 2016.

Diabetes

- The number of GP-registered patients in the Oxfordshire Clinical Commissioning Group with a recorded diagnosis of diabetes has increased slightly, the proportion remains well below the national and regional averages.
- National survey data (HSE 2015) shows the prevalence of diabetes is higher for men than women and significantly higher in those who are overweight or obese.

Hypertension (high blood pressure)

- The number and proportion of GP-registered patients in the Oxfordshire Clinical Commissioning Group with a recorded diagnosis of Hypertension has increased slightly, remaining below the national and regional averages.
- National survey data (HSE 2015) shows the prevalence of Hypertension is higher for men than women and significantly higher in those who are overweight or obese.

Musculoskeletal disorders (Knee and Back pain)

- Using the Public Health England tool prevalence estimates and the most recent population data (ONS 2016) gives an estimate for Oxfordshire of:
    - 49,600 people aged 45 and over with lower back pain
    - 50,200 people aged 45 and over with chronic knee pain

Data has been updated in this version

Data has been reviewed and is unchanged

- Work-related musculoskeletal disorders account for 35% of all working days lost due to work-related ill health.
- *Human health and social work activities* is one of the four industries with significantly higher rates of WRMSDs when compared with the rates for all industries.

Data has been updated in this version

Data has been reviewed and is unchanged

5.2 Oxfordshire Health Profile

The Public Health England local health profile for Oxfordshire shows that, for the majority of indicators, Oxfordshire is statistically better than the national average.

Indicators at county level where Oxfordshire is worse than average are: hospital admission episodes for alcohol-specific conditions in under 18s; killed and seriously injured on roads.

Figure 49 Oxfordshire Public Health profile 2017

+

Significantly worse than England average
Not significantly different from England average
Significantly better than England average
Not compared

Regional average[#] | England average | England worst | 25th percentile | 75th percentile | England best

Domain		Indicator	Period	Local count	Local value	Eng value	Eng worst	England range	Eng best
Our communities	1	Deprivation score (IMD 2015)	2015	n/a	11.5	21.8	42.0		5.7
	2	Children in low income families (under 16s)	2014	13,790	11.6	20.1	39.2		7.0
	3	Statutory homelessness	2015/16	80	0.3 ~[0]	0.9	8.9		0.1
	4	GCSEs achieved	2015/16	3,480	59.5	57.8	44.8		74.6
	5	Violent crime (violence offences)	2015/16	7,213	10.7	17.2	36.7		6.7
	6	Long term unemployment	2016	285	0.7 ^[20]	3.7 ^[20]	13.8		0.7
Children's and young people's health	7	Smoking status at time of delivery	2015/16	581	8.0	10.6 $[1]	26.0		1.8
	8	Breastfeeding initiation	2014/15	6,191	82.1	74.3	47.2		92.9
	9	Obese children (Year 6)	2015/16	1,011	16.0	19.8	28.5		11.0
	10	Admission episodes for alcohol-specific conditions (under 18s)†	2013/14 - 15/16	193	45.6	37.4	115.1		10.8
	11	Under 18 conceptions	2015	148	13.2	20.8	43.8		5.7
Adults' health and lifestyle	12	Smoking prevalence in adults	2016	n/a	11.9	15.5	24.2		7.4
	13	Percentage of physically active adults	2015	n/a	60.9	57.0	44.8		69.8
	14	Excess weight in adults	2013 - 15	n/a	60.3	64.8	76.2		46.5
Disease and poor health	15	Cancer diagnosed at early stage	2015	1,352	52.8	52.4	41.6		60.4
	16	Hospital stays for self-harm†	2015/16	1,373	194.7	196.5	635.3		55.7
	17	Hospital stays for alcohol-related harm†	2015/16	3,195	489.8	647	1,163		390
	18	Recorded diabetes	2014/15	28,313	4.9	6.4	8.9		3.7
	19	Incidence of TB	2013 - 15	189	9.4	12.0	85.6		1.2
	20	New sexually transmitted infections (STI)	2016	3,271	742.1	795	3,288		344
	21	Hip fractures in people aged 65 and over†	2015/16	776	632.0	589	820		391
Life expectancy and causes of death	22	Life expectancy at birth (Male)	2013 - 15	n/a	81.2	79.5	74.3		83.4
	23	Life expectancy at birth (Female)	2013 - 15	n/a	84.3	83.1	79.4		86.4
	24	Infant mortality	2013 - 15	69	2.9	3.9	7.9		2.0
	25	Killed and seriously injured on roads	2013 - 15	1,066	52.8	38.5	74.0		11.8
	26	Suicide rate	2013 - 15	164	9.4	10.1	17.4		5.6
	27	Smoking related deaths	2013 - 15	2,352	217.5	283.5	509.0		183.3
	28	Under 75 mortality rate: cardiovascular	2013 - 15	872	54.1	74.6	137.6		45.4
	29	Under 75 mortality rate: cancer	2013 - 15	1,893	116.9	138.8	194.8		105.8
	30	Excess winter deaths	Aug 2012 - Jul 2015	999	19.8	19.6	33.0		10.2

Source: Public Health England fingertips (profile last updated 2017)

+ Data has been updated in this version

= Data has been reviewed and is unchanged

5.3 Causes of death

There were **5,435** deaths registered in Oxfordshire in 2016[55](calendar year), a slight increase on 2015 (5,299). There were slightly more deaths in females (2,797) than males (2,638).

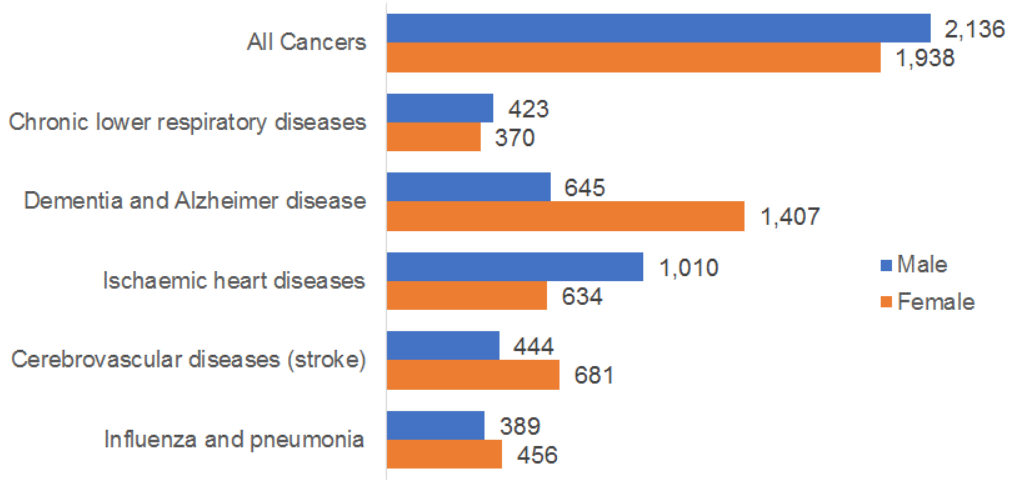
Leading causes of death

Cancer continues to be the leading cause of death in Oxfordshire (for the combined years 2014, 2015 and 2016), accounting for 28% of deaths in males and 23% of deaths in females.

The second highest cause was:

- Males: Heart disease (affecting the supply of blood to the heart), 13% of deaths.
- Females: Dementia and Alzheimer disease, 17% of deaths.

Figure 50 Leading causes of death in Oxfordshire by gender (2014-2016)



Source: ONS from nomis

Some wards in Oxfordshire had significantly higher standardised mortality ratios (SMRs) than the England average (see Annex: Health Inequalities Basket of Indicators).

[55] ONS (released July 2017) https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathregistrationssummarytablesenglandandwalesreferencetables

Data has been updated in this version

Data has been reviewed and is unchanged

Preventable mortality

The basic concept of **preventable mortality** is that deaths are considered preventable if, in the light of the understanding of the determinants of health at the time of death, all or most deaths from the underlying cause (subject to age limits if appropriate) could potentially be avoided by public health interventions in the broadest sense.

Preventable mortality overlaps with, but is not the same as 'amenable' mortality, which includes causes of deaths which could potentially be avoided through good quality healthcare. Preventable mortality and amenable mortality are the two components of 'avoidable' mortality, as defined by the Office for National Statistics in April 2012.

The inclusion of this indicator (alongside an indicator on mortality from causes amenable to healthcare in the NHS Outcomes Framework) sends out a clear signal of the importance of prevention as well as treatment in reducing avoidable deaths. Public Health England

For the 3-year period, 2014 to 2016, total deaths of people aged under 75 from the four causes of: cardiovascular diseases, cancer, liver disease and respiratory disease in Oxfordshire was 3,396 of which 1,959 (58%) were considered preventable.

There was a gender difference, with 59% of male deaths under 75 from these causes considered preventable and 56% of female deaths under 75.

The highest cause of preventable deaths for people aged under 75 was cancer in Oxfordshire with just over 1,000 deaths from 2014 to 2016.

Table 26 Deaths under the age of 75 from four causes considered preventable, Oxfordshire (3 years, 2014 to 2016)

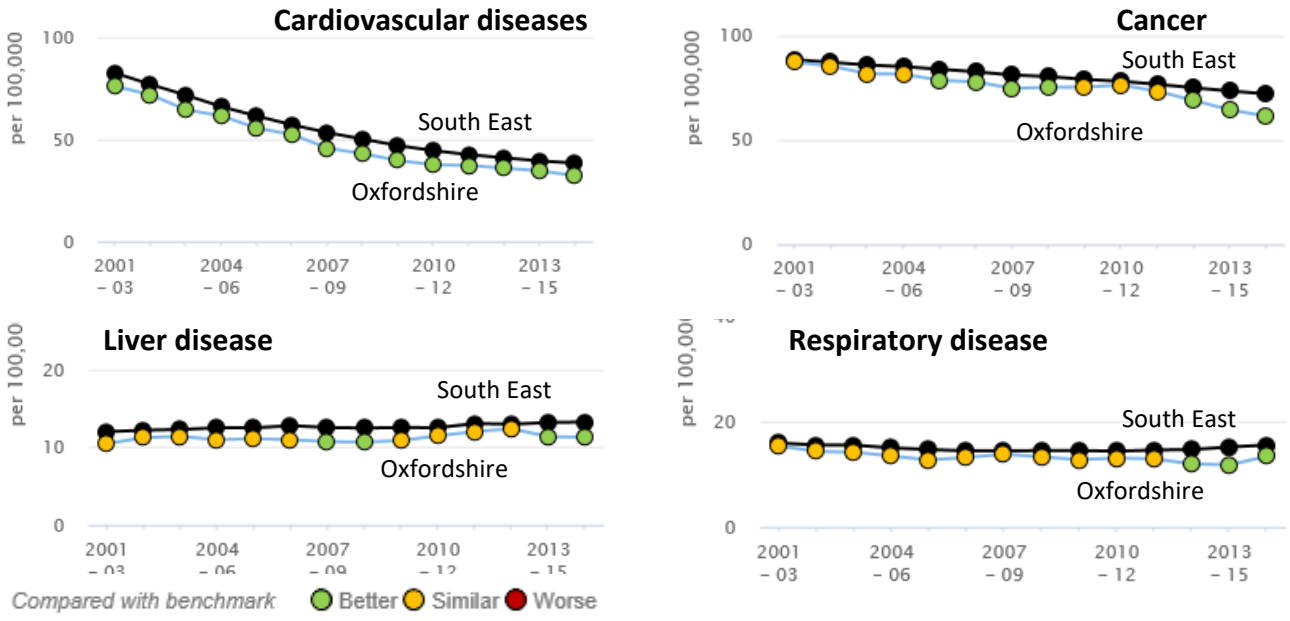
Deaths aged under 75 by cause	All deaths aged under 75			Considered preventable		
	Males	Females	Total	Males	Females	Total
Cardiovascular diseases	595	260	855	410	122	532
Cancer	1,005	899	1,904	514	506	1,020
Liver disease	150	82	232	127	63	190
Respiratory disease	243	162	405	122	95	217
Total of these four diseases	1,993	1,403	**3,396**	1,173	786	**1,959**
% of total considered preventable				*59%*	*56%*	*58%*

Source: Public Health England Outcomes Framework (Healthcare and Premature Mortality)

 Data has been updated in this version

 Data has been reviewed and is unchanged

Figure 51 Trend in preventable mortality (aged under 75) by leading causes, Oxfordshire vs South East region; 2001-03 to 2014-16



Source: Public Health England Outcomes Framework, charts from fingertips.phe.org.uk

Excess winter deaths

About Excess winter deaths

The number of excess winter deaths is a statistical measure of the increase in mortality during winter and is not the number of people who died directly as a result of cold weather.

The ONS standard method defines the winter period as December to March, and compares the number of deaths that occurred in this winter period with the average number of deaths occurring in 2 non-winter periods; the preceding August to November and the following April to July.

The EWM index is calculated so that comparisons can be made between sexes, age groups and regions, and is calculated as the number of excess winter deaths divided by the average non-winter deaths, expressed as a percentage.

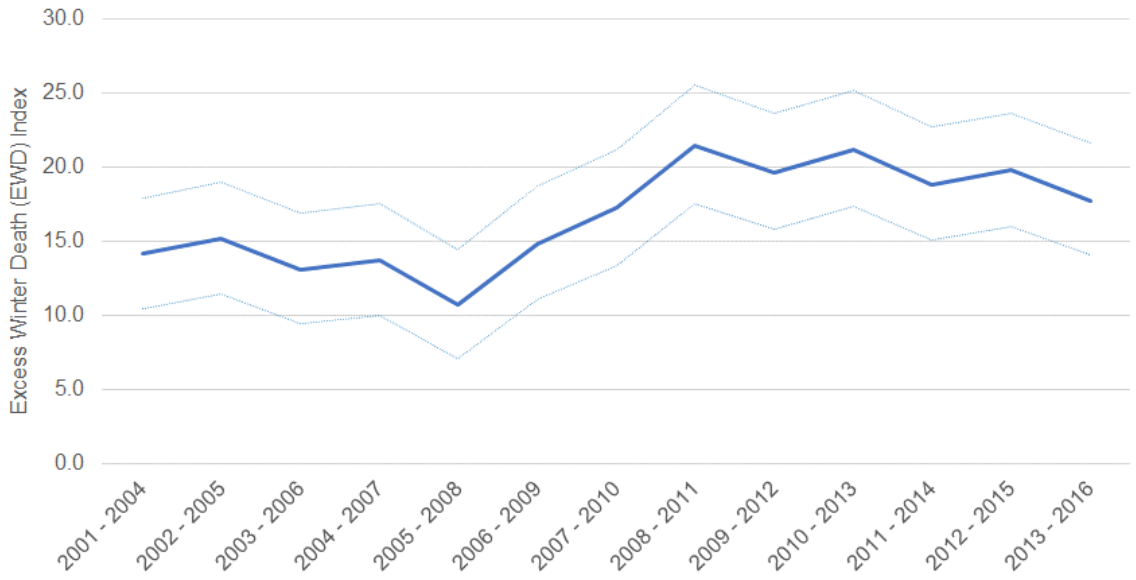
ONS Excess winter mortality methodology

There has been a change in the number of Excess Winter Deaths in Oxfordshire from 1,034 in 2010-13 to 899 in 2013-16. The chart below shows the trend in the EWM Index since 2001-04 within upper and lower confidence limits. The latest data (2013-16) shows a similar EWM Index to England (17.8).

Data has been updated in this version

Data has been reviewed and is unchanged

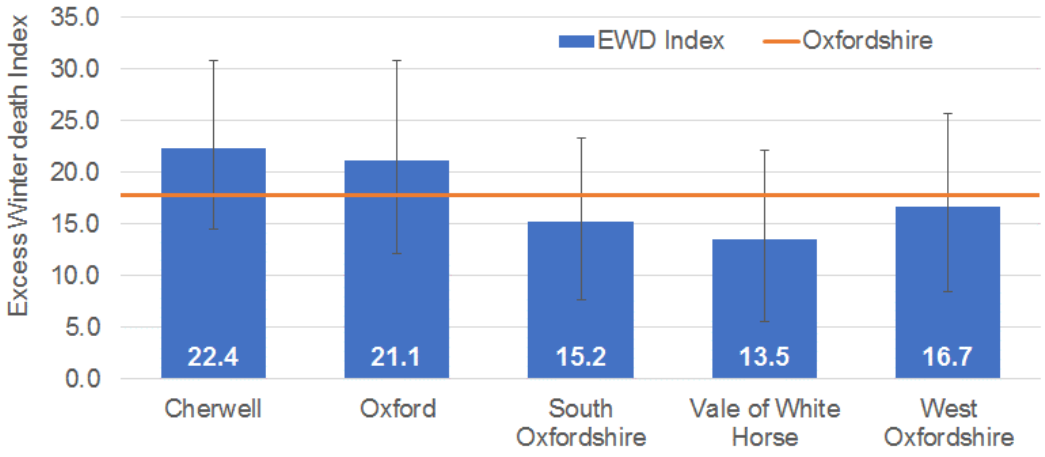
Figure 52 Excess Winter Mortality Index (3-years combined) – trended data for Oxfordshire 2001-2004 to 2013-2016



Source: Public Health Outcomes Framework

+ At a district level data fluctuates more widely. Cherwell district had the highest number of excess winter deaths (255) and the highest EWM Index (22.4). Cherwell and Oxford City have a higher EWM Index than Oxfordshire overall, but neither are significantly higher. Similarly, other districts have a lower EWM Index than Oxfordshire overall but none are significantly lower.

Figure 53 Excess Winter Mortality Index – districts in Oxfordshire – 2013-2016 (3 years combined)



Source: Public Health Outcomes Framework

+ Data has been updated in this version

= Data has been reviewed and is unchanged

Road casualties

There was a total of 2,061 police-reported road casualties in Oxfordshire in 2016 of which 358 were more serious "killed or seriously injured" (KSI). This was a decline of 4% on the number in 2015 (2,146 in total including 361 KSI)[56].

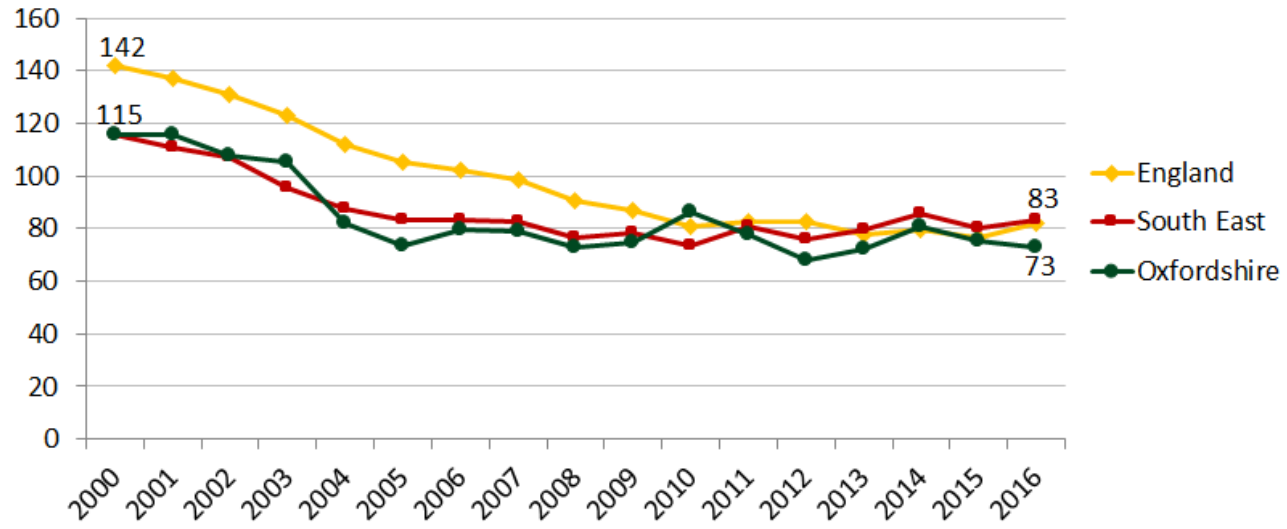
Per head of population

According to the Public Health England road casualties indicator[57], Oxfordshire continues to have a significantly higher rate of people killed or seriously injured per head of population (53.9 in 2014-16) than in the South East (50.6) and England overall (39.7). All districts, except for Oxford, had rates exceeding the national average. The highest was Cherwell with 62.3.

Per billion vehicle miles

Between 2000 and 2009, the rate of people killed or seriously injured per billion vehicle miles in Oxfordshire was below the national average. Since 2010 it has been closer to the national average. As of 2016 the rate in Oxfordshire was 73 compared with 83 in the South East and 82 in England.

Figure 54 Rate of Killed and Seriously Injured per billion vehicle miles



Source: Oxfordshire County Council (KSI=Killed or Seriously Injured)

In 2016 the split of all casualties by vehicle type in Oxfordshire was 65% car, 17% pedal cycle, 10% motorcycle and 8% pedestrian.

Indexing the number of casualties to the count in 2000 shows that pedal cycle casualties are now just below the number in 2000 but still above the low point in 2010.

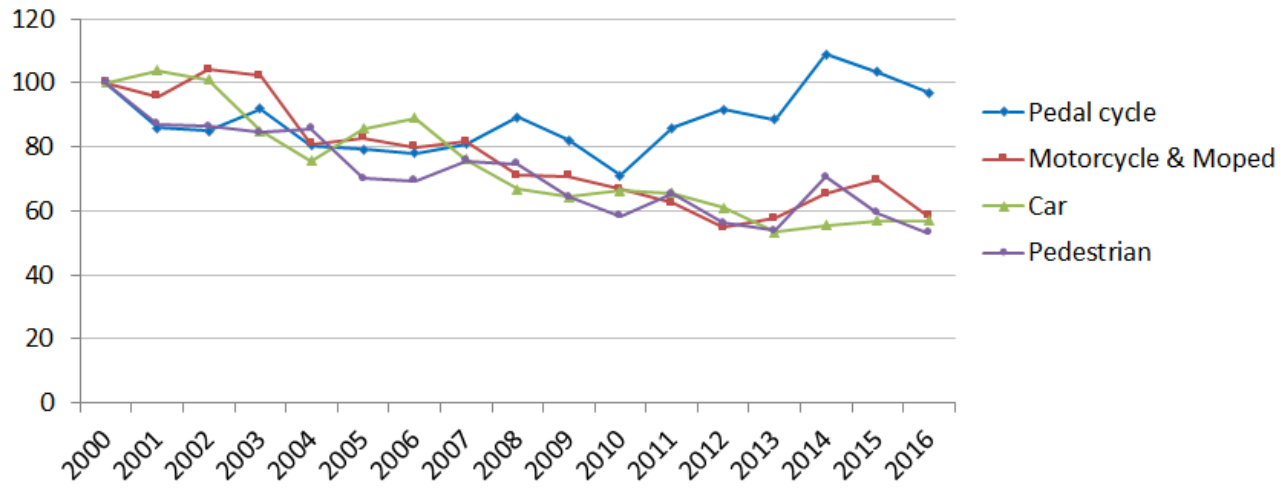
[56] Source: Oxfordshire County Council

[57] Source: Public Health England Outcomes Framework, Killed and Seriously Injured Casualties on Roads, crude rate per 100,000

Data has been updated in this version

Data has been reviewed and is unchanged

Figure 55 Road casualties in Oxfordshire by vehicle type (indexed to yr 2000)



Source: Oxfordshire County Council

A full 2016 report on road accident statistics is available from https://www.oxfordshire.gov.uk/cms/content/road-casualties

Data has been updated in this version

Data has been reviewed and is unchanged

5.4 Health conditions

The Quality and Outcomes framework provides a count of GP-registered patients by health condition.

The following table shows the change between 2015-16 and 2016-17 for the NHS Oxfordshire Clinical Commissioning Group (CCG) area and highlights conditions that were above the England average in the most recent year of data - cardiovascular disease, cancer, depression and osteoporosis.

Table 27 Change in prevalence of health conditions recorded by GPs (Quality and Outcomes Framework) for Oxfordshire CCG, 2015-16 to 2016-17

	2015-16		2016-17			
	Count	Rate	Count	Rate	pp change	Eng average rate
Cardiovascular group						
Atrial fibrillation	11,615	1.66	13,237	1.81	+0.15	1.84
Cardiovascular disease	4,392	1.15	4,724	1.19	+0.03	1.17
Coronary heart disease	17,422	2.50	17,768	2.43	-0.06	3.15
Heart failure	4,468	0.64	4,767	0.65	+0.01	0.79
Hypertension	85,799	12.29	89,883	12.31	+0.02	13.83
Peripheral arterial disease	3,585	0.51	3,661	0.5	-0.01	0.6
Stroke and transient ischaemic attack	11,759	1.68	12,477	1.71	+0.02	1.75
Respiratory group						
Asthma	40,087	5.74	42,213	5.78	+0.04	5.94
Chronic obstructive pulmonary disease	9,381	1.34	9,897	1.36	+0.01	1.87
Lifestyle group						
Obesity	42,042	7.52	45,905	7.85	+0.33	9.65
High dependency and other long term conditions group						
Cancer	19,076	2.73	21,222	2.91	+0.17	2.58
Chronic kidney disease	19,512	3.49	19,906	3.4	-0.09	4.09
Diabetes mellitus	27,925	4.92	29,469	4.97	+0.04	6.67
Palliative care	1,828	0.26	1,851	0.25	-0.01	0.37

Data has been updated in this version

Data has been reviewed and is unchanged

	2015-16		2016-17			
	Count	Rate	Count	Rate	pp change	Eng average rate
Mental health and neurology group						
Dementia	5,176	0.74	5,461	0.75	+0.01	0.76
Depression	49,662	8.88	56,795	9.71	+0.83	9.09
Epilepsy	3,953	0.71	4,131	0.71	0.00	0.8
Learning disabilities	2,551	0.37	2,713	0.37	+0.01	0.47
Mental health	5,692	0.82	6,093	0.83	+0.02	0.92
Musculoskeletal group						
Osteoporosis	1,519	0.62	2,056	0.81	+0.18	0.47
Rheumatoid arthritis	3,580	0.62	3,790	0.63	+0.01	0.74

Source: NHS Digital Quality Outcomes Framework http://digital.nhs.uk/catalogue/PUB30124

From the Quality and Outcomes Framework data, the health conditions with the greatest number of GP-registered patients in Oxfordshire were:

- Hypertension (high blood pressure): 89,900 patients
- Depression: 56,800 patients
- Asthma: 42,200 patients
- Diabetes: 29,500 patients

The four health conditions in Oxfordshire that were above the England average in 2015-16 have remained above average in 2016-17 and are:

- Cardiovascular disease: 1.19% vs 1.17%
- Cancer: 2.91% vs 2.58%
- Depression: 9.71% vs 9.09%
- Osteoporosis: 0.81% vs 0.47%

Data has been updated in this version

Data has been reviewed and is unchanged

About the Quality and Outcomes Framework (QOF)

The Quality and Outcomes Framework (QOF) is a voluntary annual reward and incentive programme for all GP surgeries in England, detailing practice achievement results. It is not about performance management but resourcing and then rewarding good practice.

The three QOF domains are: Clinical; Public Health and Public Health – Additional Services. Each domain consists of a set of achievement measures, known as indicators, against which practices score points according to their level of achievement. The 2015-16 QOF measured achievement against 77 indicators; practices scored points on the basis of achievement against each indicator, up to a maximum of 559 points.

- clinical: the domain consists of 65 indicators across 19 clinical areas (e.g. chronic kidney disease, heart failure, hypertension) worth up to a maximum of 435 points.
- public health: the domain consists of seven indicators (worth up to 97 points) across four clinical areas – blood pressure, cardiovascular disease – primary prevention, obesity 18+ and smoking 15+.
- public health – additional services: the domain consists of five indicators (worth up to 27 points) across two service areas – cervical screening and contraception.

The QOF gives an indication of the overall achievement of a surgery through a points system. Practices aim to deliver high quality care across a range of areas for which they score points. The higher the score, the higher the financial reward for the practice. The final payment is adjusted to take account of surgery workload, local demographics and the prevalence of chronic conditions in the practice's local area.

Caveats (relating to QOF indicators for Oxfordshire used in this report)

GP practices were mapped to the districts based on the postcode of the practice. Data prior to 2012-13 relate to patients registered with a GP in Oxfordshire PCT and did not include patients living in Oxfordshire who were registered with a Thame or Shrivenham GP as these practices fell outside the PCT boundary. Whilst this may remain the case for some patients, one GP practice in Thame (Rycote practice) is now included for NHS Oxfordshire Clinical Commissioning Group.

Caution should be exercised when interpreting the data because the denominator includes people of all ages registered with the GP practices. Percentages are a crude proportion and not adjusted for factors such as age, sex and ethnicity. In addition, it does not include people who are awaiting a diagnosis or do not visit their GP.

There may be some variability between practices in the completeness and quality of recording as practices do not need to achieve 100% coverage to gain Quality Outcome Framework (QOF) points. Some large increases in prevalence may be due to better recording within practices rather than a true increase in prevalence.

Percentages presented here are not necessarily a true prevalence as the objective of QOF registers is to improve quality of care. Confidence intervals were calculated locally using numerators and denominators given.

Source of QOF charts and notes: Public Health, Oxfordshire County Council

http://qof.digital.nhs.uk/

Data has been updated in this version

Data has been reviewed and is unchanged

5.5 Mental health

The World Health Organisation defines mental health as *'... a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.'*

As reported in the evidence-base report by the Mental Health Foundation and the Faculty of Public Health[58]

> Public mental health is fundamental to public health in general because mental health is a determinant and consequence of physical health as well as a resource for living.

As reported in **Better Mental Health For All** - A public health approach to mental health improvement[59]..

> The Sustainable Development Commission commented that **self-care is a more sustainable approach to health service delivery** and observed that as well as empowering people to be in charge of their own health care, it reduces health inequalities.

Adult wellbeing

The Office for National Statistics has been surveying general adult wellbeing since 2011-12.

About the ONS wellbeing indicators

Every year since 2011, the ONS has asked a sample of UK adults aged 16 to answer 4 personal wellbeing 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?

People are asked to respond on a scale of 0 to 10, where 0 is "not at all" and 10 is "completely".

From 2016, personal well-being data will be included within the main Annual Population Survey (APS) dataset available on www.nomisweb.co.uk rather than being released as a separate dataset.

https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/measuringnationalwellbeingdomainsandmeasures

Releasing the wellbeing data for April 2016 to March 2017[60], ONS commented..

> *It's worth noting that employment rates rose during the period covered by this report, and other ONS analysis showed people perceiving an improvement in their own*

[58] https://www.mentalhealth.org.uk/publications/better-mental-health-all-public-health-approach-mental-health-improvement

[59] Better Mental Health for All: A Public Health Approach to Mental Health Improvement (2016) London: Faculty of Public Health and Mental Health Foundation https://www.mentalhealth.org.uk/publications/better-mental-health-all-public-health-approach-mental-health-improvement

[60] ONS Personal well-being in the UK: April 2016 to March 2017

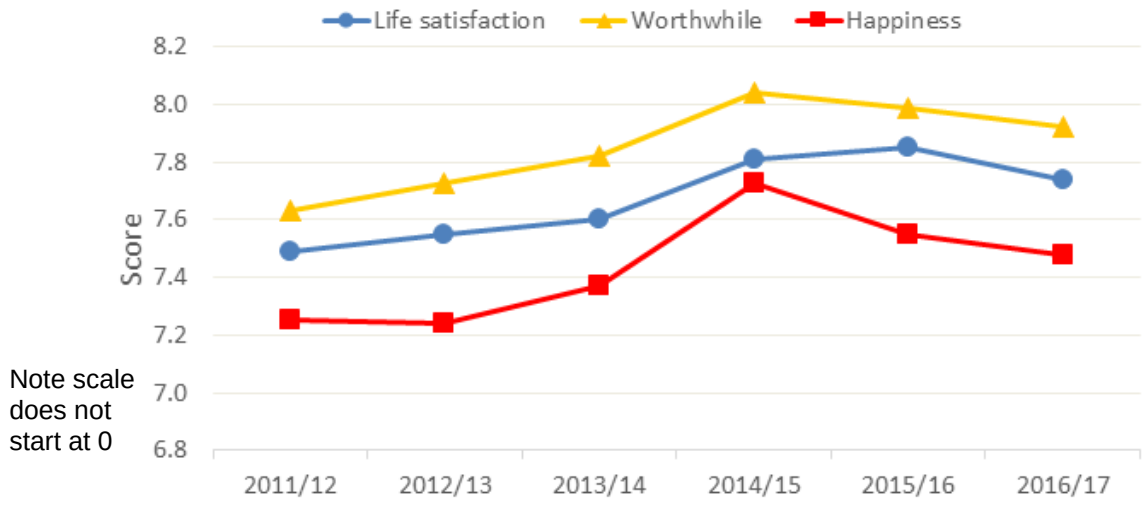
Data has been updated in this version

Data has been reviewed and is unchanged

financial situations and in the overall economy. These are factors we believe may account for some people's increased sense of personal well-being.

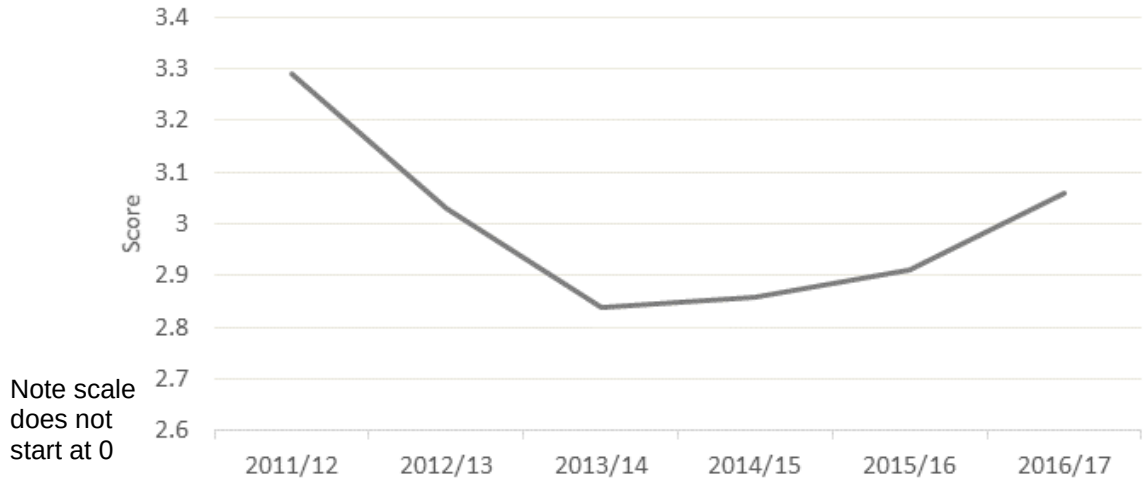
In Oxfordshire, the average wellbeing scores for: life satisfaction, “things you do are worthwhile” and happiness, are slightly lower in 2016-17 compared with 2015-16 and the anxiety mean is higher.

Figure 56 Trend in average wellbeing scores in Oxfordshire for (a) life satisfaction, (b) things you do that are worthwhile and (c) happiness



Source: Office for National Statistics Personal Wellbeing released Nov17

Figure 57 Trend in mean score for anxiety - Oxfordshire



Source: Office for National Statistics Personal Wellbeing released Nov17

Data has been updated in this version

Data has been reviewed and is unchanged

Child wellbeing

Over three quarters of all mental health problems have emerged by the age of twenty, making childhood determinants primary in future mental wellbeing.[61]

There remains limited data on mental health of children and young people.

According to the Public Health England report on Promoting children and young people's emotional health and wellbeing, in an average class of 30 15-year-old pupils[62]:

- three could have a mental disorder
- ten are likely to have witnessed their parents separate
- one could have experienced the death of a parent
- seven are likely to have been bullied
- six may be self-harming

The 2015 Health Survey for England[63] was the latest health survey to report on child wellbeing and found that:

- The majority of 13 to 15 year olds had high or very high scores on the ONS measures of life satisfaction (81%), feeling that the things they did were worthwhile (78%) and feeling happy yesterday (74%). More than half, 61%, also reported low or very low ratings for feeling anxious yesterday.
- The ONS measures showed some variation by age and sex, but these were not consistent. In general, older children and girls recorded lower levels of well-being than younger children and boys.
- Well-being was associated with whether or not 13 to 15 year olds had ever smoked or ever drunk alcohol. Children who had never smoked reported higher levels of well-being than those who had ever done so. Similarly, children who had not drunk alcohol reported higher levels of well-being than those who had drunk alcohol.

Common mental disorders

Common mental disorders (CMDs) include different types of depression and anxiety. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cumulative cost of CMDs to society is great. [64]

The 2014 Adult Psychiatric Morbidity Survey of Mental Health and Wellbeing (a national survey, published Sept 2016) found that:

- **One adult in six had a common mental disorder** (CMD): about one woman in five and one man in eight. Since 2000, overall rates of CMD in England steadily increased in women and remained largely stable in men.

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[61] https://www.mentalhealth.org.uk/publications/better-mental-health-all-public-health-approach-mental-health-improvement

[62] Lavis, P. (2015). Promoting children and young people's emotional health and wellbeing: A whole school and college approach. London: Public Health England

[63] http://www.content.digital.nhs.uk/catalogue/PUB22610

[64] Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 (Sept 2016) NHS Digital http://content.digital.nhs.uk/catalogue/PUB21748


Data has been updated in this version


Data has been reviewed and is unchanged

- Reported rates of self-harming increased in men and women and across age groups since 2007. However, much of this increase in reporting may have been due to greater awareness about the behaviour.
- Young women have emerged as a high-risk group, with high rates of CMD, self-harm, and positive screens for posttraumatic stress disorder (PTSD) and bipolar disorder.
- The gap between young women and young men increased.
    - In 1993, 16 to 24 year old women (19.2%) were twice as likely as 16 to 24 year old men (8.4%) to have symptoms of CMD. In 2014, CMD symptoms were about three times more common in women of that age (26.0%) than men (9.1%).
- Most mental disorders were more common in people living alone, in poor physical health, and not employed. Claimants of Employment and Support Allowance (ESA), a benefit aimed at those unable to work due to poor health or disability, experienced particularly high rates of all the disorders assessed.

About the Adult Psychiatric Morbidity Survey of Mental Health and Wellbeing

- The Adult Psychiatric Morbidity Survey series provides data on the prevalence of both treated and untreated psychiatric disorder in the English adult population (aged 16 and over).
- The 2014 survey (published September 2016) is the fourth in a series and was conducted by NatCen Social Research, in collaboration with the University of Leicester, for NHS Digital.
- The previous surveys were conducted in 1993 (16-64 year olds) and 2000 (16-74 year olds) by the Office for National Statistics, which covered England, Scotland and Wales. The 2007 Survey included people aged over 16 and covered England only.
- The survey used a robust stratified, multi-stage probability sample of households and assesses psychiatric disorder to actual diagnostic criteria for several disorders.

http://content.digital.nhs.uk/catalogue/PUB21748

Depression

GP (QOF) data on the number of patients **diagnosed with depression** shows that in 2016-17 there were around **56,800** GP-registered patients in the Oxfordshire Clinical Commissioning Group area with depression, 9.7% of patients.

Between 2015-16 and 2016-17 the number of patients with depression in Oxfordshire CCG increased by 14%.

The rate of patients with depression in Oxfordshire (9.7%) has been above average for the South of England commissioning region and the average for England in each of the past 5 years.

Data has been updated in this version

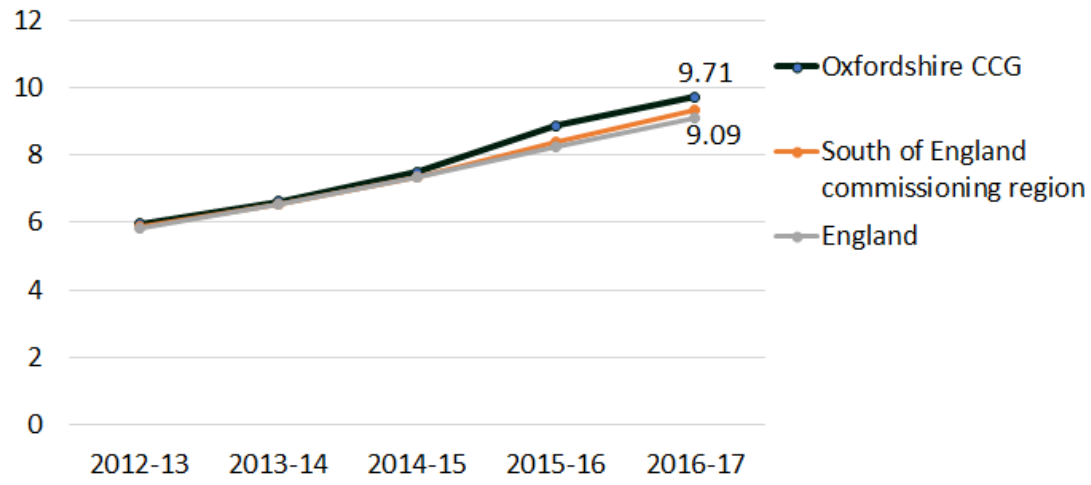
Data has been reviewed and is unchanged

Table 28 Patients registered with depression – count and percent

Count	2012-13	2013-14	2014-15	2015-16	2016-17
Oxfordshire CCG	32,634	37,002	42,594	49,662	56,795
Change from previous year		*+4,368*	*+5,592*	*+7,068*	*+7,133*
		+13%	*+15%*	*+17%*	*+14%*
Percent of patients aged 18+	**2012-13**	**2013-14**	**2014-15**	**2015-16**	**2016-17**
Oxfordshire CCG	5.97	6.62	7.5	8.88	9.71
South of England commissioning region	5.88	6.53	7.35	8.39	9.33
England	5.84	6.52	7.33	8.24	9.09

Source: NHS Digital Quality Outcomes Framework

Figure 58 Trend in prevalence of depression (percent of patients aged 18+), Oxfordshire CCG vs South of England and England



Source: NHS Digital Quality Outcomes Framework; indicators of depression at GP practice level are included in Annex

Severe and enduring mental disorders

People diagnosed with severe and enduring mental disorders are at increased risk of deprivation due to the challenges of maintaining employment, housing and social connections.

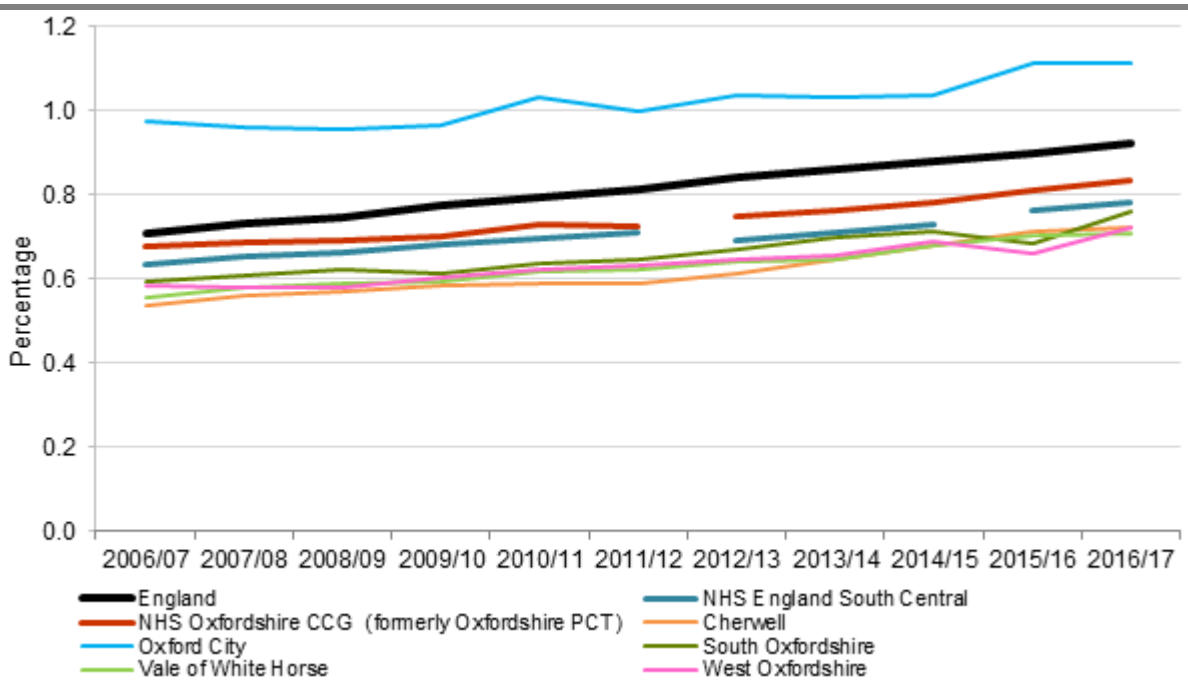
The Quality and Outcomes framework provides GP data on the number of patients diagnosed with schizophrenia, bipolar affective disorder or other psychoses; or who were on lithium therapy. In 2016/17 there were around 6,100 GP-registered patients in the Oxfordshire Clinical Commissioning Group area with these conditions. This number has increased by around 400 or 0.2% since 2015/16.

Data has been updated in this version

Data has been reviewed and is unchanged

The percentage of GP-registered patients with a recorded diagnosis of a severe and enduring mental health problem has increased in all districts since 2006-07. The rate in Oxford City remains well above the average for NHS Oxfordshire CCG.

Figure 59 Percentage of patients with a recorded diagnosis of a severe and enduring mental health problem in the GP registered population 2006-07 to 2016-17



Source: NHS Digital; quality and outcomes framework; indicator at GP practice level is included in Annex

Data has been updated in this version

Data has been reviewed and is unchanged

Intentional self-harm

Self-harm is a manifestation of emotional distress and a behavioural indication that something is wrong rather than a primary disorder. For each person, the contributing circumstances are unique.

An act of self-harm is not necessarily a suicide attempt or even an indicator of suicide but people who self-harm are statistically at a high and persistent risk of suicide.

Common reasons for self-harm are: difficult personal circumstances; past trauma and social/economic deprivation together with some level of mental disorder. Self-harm can be associated with the misuse of drugs or alcohol.

The available indicator of self-harm is the rate of emergency hospital admissions. This is likely to be an under-estimate of the true scale however as:

- The identification and coding of intent may be subject to recording bias.
- A variation in completeness of hospital records and quality of coding between hospital trusts (e.g. whether an injury is intentional).
- Data includes only those patients who were admitted to hospital therefore any patients attending A&E or Minor Injury Units (MIU) and NOT admitted are not included.
- Many will not attend hospital at all.

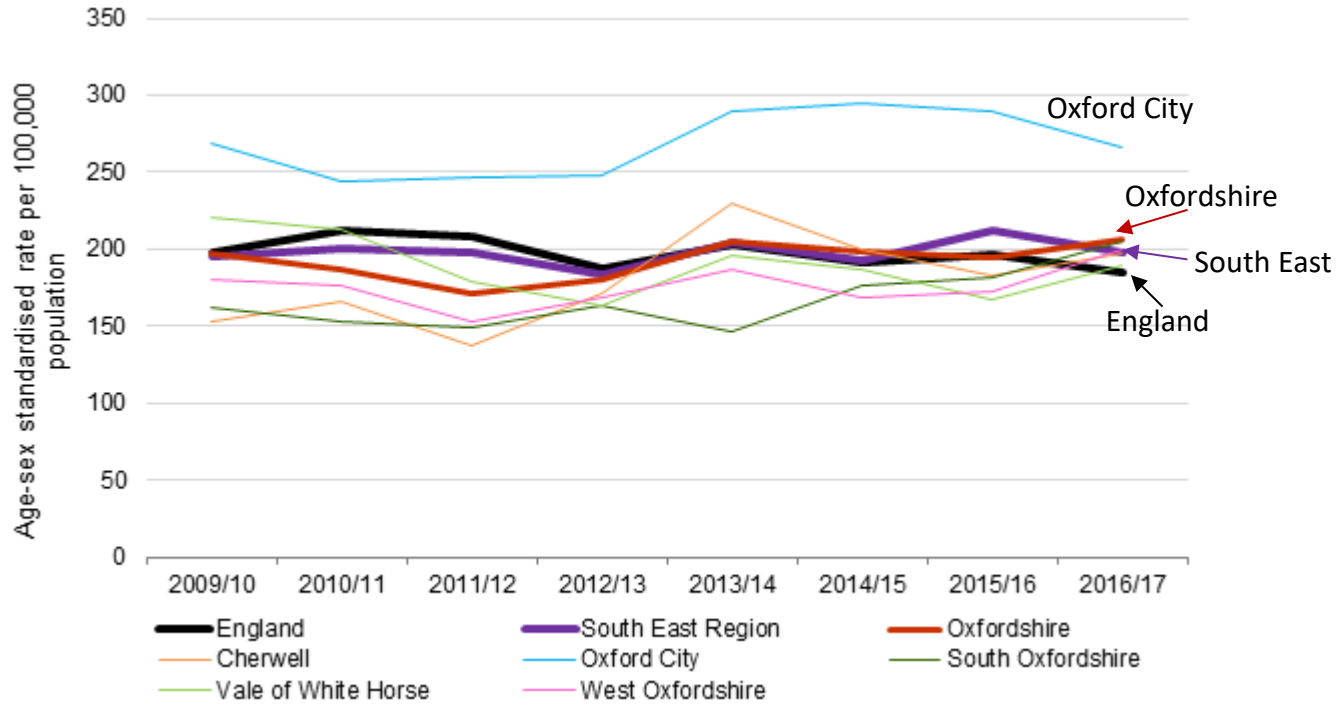
During 2016-17 the number of emergency admissions for intentional self-harm in Oxfordshire was 1,465, this was greater than the number recorded in 2015-16 (1,373).

Oxfordshire's rates of hospital admissions for self-harm have been significantly lower than England, but the rate in 2016-17 has increased (unlike the decline across the South East region) and was significantly higher than England. There is insufficient data to know whether this is a trend or if self-harm is on the increase.

Data has been updated in this version

Data has been reviewed and is unchanged

Figure 60 Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population (2009-10 to 2016-17)



Source: Hospital Episode Statistics (HES) published via Local Authority Health Profiles (Public Health Observatories). Office for National Statistics (ONS) mid-year population estimates

Rates of hospital admission in Oxford City are significantly higher than Oxfordshire as a whole. This may be due to the presence of areas of deprivation, the higher proportion of drug and alcohol and mental health service users who live in the city as well as more facilities for the homeless.

+ There were 15 wards in Oxfordshire with a significantly higher admission ratio for intentional self-harm than England (2011-12 to 2015-16), these included 7 in Oxford, 3 in Cherwell, 3 in Vale of White Horse, 1 in South Oxfordshire, and 1 in West Oxfordshire.

The two wards with the highest rates were the relatively deprived areas of Northfield Brook and Blackbird Leys in Oxford.

See *JSNA 2018 ANNEX Health Inequalities Basket of Indicators* for differences in intentional self-harm across Oxfordshire

Suicide

+ Between 2014 and 2016, there was a total of **156** deaths registered as suicides in Oxfordshire [65]. The rate of suicides was not significantly different to England.

[65] ONS Suicides in England and Wales by Local Authority (released Sept17)

+ Data has been updated in this version

= Data has been reviewed and is unchanged

There were 23 suicides of people aged under 25 in the Oxfordshire Clinical Commissioning Group area in 2014-16[66]. The OCCG rate of 5.7 (age standardised) was statistically above the England average (4.7).

5.6 Autism

Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them.[67]

The common diagnostic term for autism is 'autism spectrum disorder' (ASD). Autism as a spectrum condition means that autistic people share certain difficulties, but being autistic will affect them in different ways.

Some autistic people also have learning disabilities, mental health issues or other conditions[68].

In January 2017, there were **1,319 pupils** in Oxfordshire schools with special educational needs (SEN) whose primary type of need was ASD.[69] This is above the number in January 2016 (1,220). Of these, 503 were in state funded primary schools, 537 were in state-funded secondary schools and 279 were in special schools.

As reported in the 2016 Oxfordshire JSNA, Oxfordshire County Council's 2013 estimate was that there could be in the region of **6,850** people in Oxfordshire who are on the autistic spectrum.[70]

Estimates of the prevalence of autism in Oxfordshire (from 2013) suggest that there could be[71]:

- 40-60 pre-school autistic children
- 2,000-3,000 adults with both autistic spectrum disorder and learning disabilities (defined as having an IQ below 70)
- Well over 2,000 adults with autistic spectrum disorder but no learning disabilities (many of whom will have Asperger's syndrome)

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[66] Number of suicides by sex, age and clinical commissioning groups in England, 2014 to 2016 death registrations (user request released 18 Dec17)

[67] The National Autistic Society http://www.autism.org.uk/about/what-is.aspx

[68] The National Autistic Society http://www.autism.org.uk/about/diagnosis/criteria-changes.aspx

[69] Department for Education SEN Statistics (January 2017, published July 2017): https://www.gov.uk/government/statistics/special-educational-needs-in-england-january-2017

[70] Oxfordshire Autism Joint Commissioning Strategy 2013-2017: https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/business/providers/OxfordshireAutismStrategy.pdf

[71] Data from the Oxfordshire Autism Joint Commissioning Strategy 2013-2017: https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/business/providers/OxfordshireAutismStrategy.pdf

 Data has been updated in this version

 Data has been reviewed and is unchanged

The Adult Psychiatric Morbidity Survey (2014)[72] includes a chapter on Autism, although the survey was only able to include a very small sample (12 probable cases). This found that the estimated prevalence of autism in 2014 was 0.7% of the adult population in England. The estimated prevalence of autism in the 2007 data (1.0%) was similar to the 2014 estimate; with largely overlapping confidence intervals.

This finding is similar to a 2012 study of autism[73] which indicated that 1.1% of the population in the UK may have autism.

Gender difference

In 2015, the ratio of men to women who used National Autistic Society (NAS) adult services was approximately 3:1, and in those that use NAS schools it was approximately 5:1.[74]

The NAS references a wide range of studies on the gender difference in diagnosis of autism and possible reasons why women and girls with autism may have been missed by professionals.

[72] Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 published Sept2016 http://content.digital.nhs.uk/catalogue/PUB21748

[73] Estimating the Prevalence of Autism Spectrum Conditions in Adults, 2012, Brugha T et al The Health and Social Care Information Centre

[74] http://www.autism.org.uk/about/what-is/gender.aspx

+ Data has been updated in this version

= Data has been reviewed and is unchanged

5.7 Cancer

Prevalence

In 2016-17 there were around **21,200** GP-registered patients in the Oxfordshire Clinical Commissioning Group who had a cancer diagnosis, up from 19,000 in 2015-16.

The prevalence increased from 2.73% of patients to 2.91% in 2016-17, this was above the national average of 2.58%.

Table 29 GP-registered patients with a cancer diagnosis (count and % of list)

	2015-16	2016-17	*2015-16 to 2016-17*
NHS Oxfordshire (count)	19,076	21,222	*2,146*
NHS Oxfordshire %	2.73%	2.91%	*+0.17pp*
South of England (health region) %	2.75%	2.94%	*+0.2pp*
England %	2.42%	2.58%	*+0.16pp*

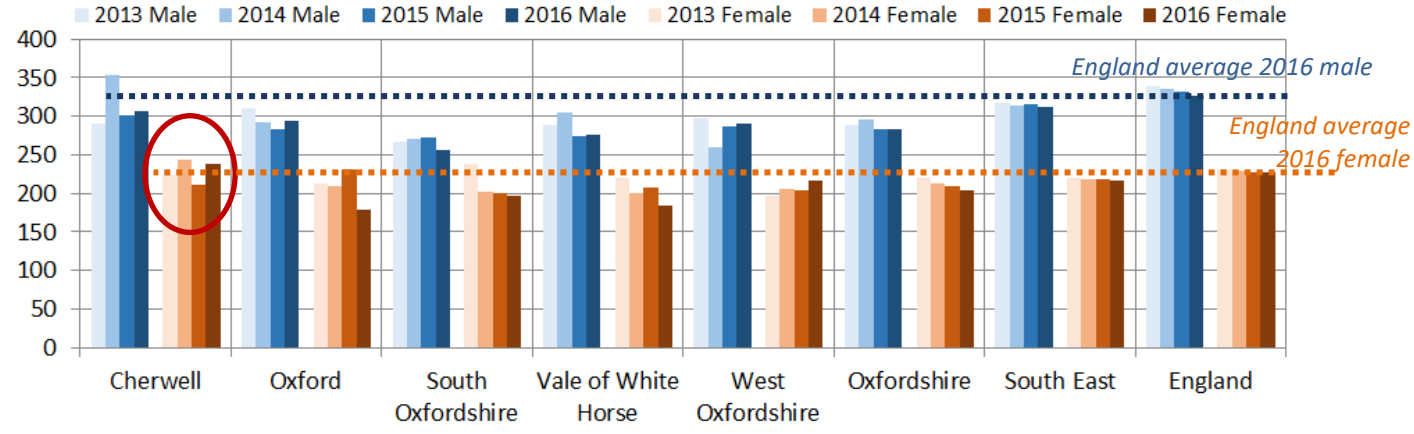
Source: Quality and Outcomes Framework (QOF) 2016-17, published Oct 2017

Deaths

In 2016, ONS statistics show 1,497 deaths from cancer in Oxfordshire.

Between 2013 and 2016, age-standardised mortality rates for cancer in Oxfordshire remained at a broadly similar level. The cancer mortality rate for females in Cherwell increased to just above the national average.

Figure 61 Age-standardised mortality rate, 2013 to 2016, Cancer



Source: ONS mortality statistics (from nomis "life events")

Data has been updated in this version

Data has been reviewed and is unchanged

Age-standardised mortality rates (ASMRs) allow for differences in the age structure of populations and therefore allow valid comparisons to be made between geographic areas, over time and between sexes. Using the direct method, the age-standardised rate for a particular condition is that which would have occurred if the observed age-specific rates for the condition had applied in a given standard population.

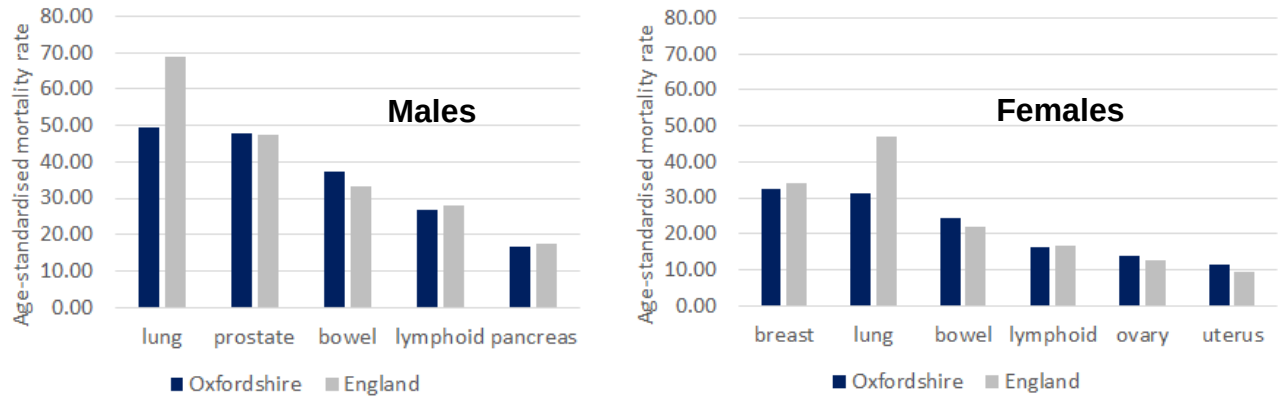
ONS User Guide to Mortality Statistics July 2016

In 2016, the causes of the greatest number of deaths from cancer in Oxfordshire were cancers of the lung, prostrate, breast, bowel and lymphoid. Together these 5 causes accounted for just over half of all deaths from cancer (807 deaths, 54%).

For both males and females, rates of lung cancer deaths in Oxfordshire in 2016 were well below the England average.

Rates of bowel cancer deaths were above average in Oxfordshire in 2016 for both males and females.

Figure 62 Age-standardised mortality rate by cancer type, males and females, Oxfordshire vs England (2016)



Source: ONS mortality statistics (from nomis "life events")

Table 30 Count and age-standardised mortality rate by cancer type, males and females, Oxfordshire vs England (2016)

Males				Females			
	Oxfordshire count	Oxfordshire rate (SMR)	England rate (SMR)		Oxfordshire count	Oxfordshire rate (SMR)	England rate (SMR)
lung	137	49.36	68.95	breast	113	32.48	34.09
prostate	128	48.03	47.48	lung	107	31.42	47.07
bowel	103	37.32	33.24	bowel	87	24.2	22.1
lymphoid	75	26.81	28.04	lymphoid	57	16.39	16.88
pancreas	49	16.67	17.57	ovary	48	14	12.75
				uterus	39	11.46	9.48

Source: ONS mortality statistics (from nomis "life events")

Data has been updated in this version

Data has been reviewed and is unchanged

There were 4 wards in Oxfordshire with a significantly higher mortality ratio for cancers than England (2011-15). As in the previous dataset (2010-14), the ward with the highest rate was Banbury Ruscote in Cherwell district.

See *JSNA 2018 ANNEX Health Inequalities Basket of Indicators* for differences in cancer mortality across Oxfordshire

5.8 Heart disease

Prevalence

In 2016-17 there were just below **17,800** GP-registered patients in the Oxfordshire Clinical Commissioning Group with coronary heart disease, up from 17,400 in 2015-16. The prevalence decreased from 2.50% of patients to 2.43%, remaining below regional and national averages.

Table 31 GP-registered patients with Coronary Heart Disease (count and % of list)

	2015-16	2016-17	*2015-16 to 2016-17*
NHS Oxfordshire (count)	17,422	17,768	*+346*
NHS Oxfordshire %	2.50	2.43	*-0.06*
South of England (health region) %	3.15	3.14	*-0.01*
England %	3.19	3.15	*-0.04*

Source: Quality and Outcomes Framework (QOF) 2016-17, published Oct 2017

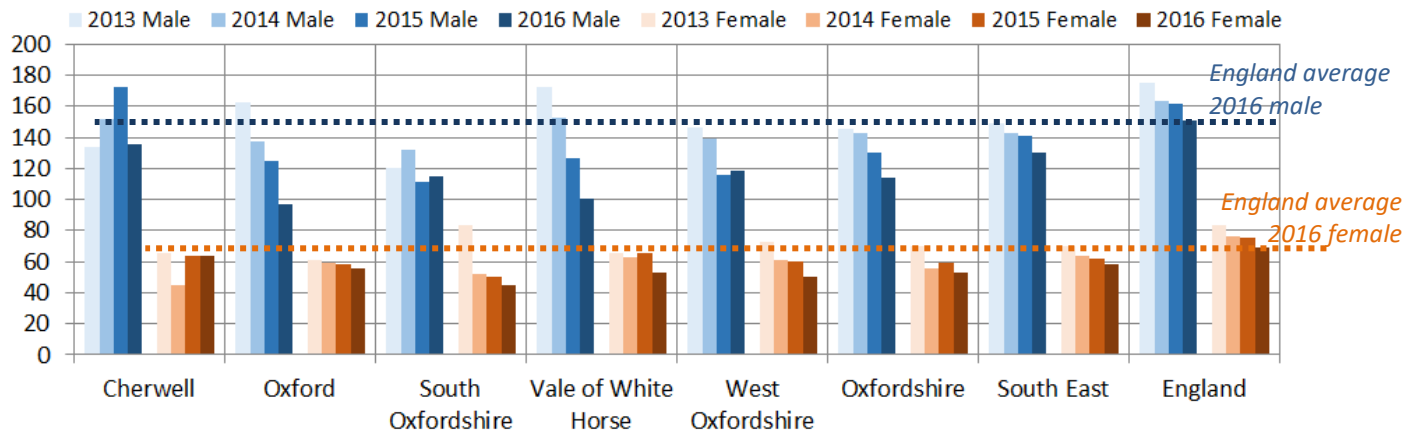
There were 2 wards in Oxfordshire with significantly higher rates of emergency hospital admissions for coronary heart disease than England (2011-12 to 2015-16): Banbury Ruscote in Cherwell and Northfield Brook in Oxford.

See *JSNA 2018 ANNEX Health Inequalities Basket of Indicators* for differences in admissions for heart disease across Oxfordshire

Deaths

Mortality due to heart disease has declined nationally and in every district in Oxfordshire except for South and West Oxfordshire where male mortality due to heart disease increased slightly between 2015 and 2016.

Figure 63 Age standardised mortality rate, 2013 to 2016, Ischaemic heart diseases



Source: ONS mortality statistics (from nomis "life events")

5.9 Stroke

Stroke or Transient Ischaemic Attack (TIA) occur when the blood flow to an area of the brain is cut off, depriving the brain cells of oxygen.

Prevalence

In 2016-17 there were around **12,500** GP-registered patients in the Oxfordshire Clinical Commissioning Group with a diagnosis of stroke and transient ischaemic attack, up from 11,800 in 2015-16. The prevalence increased from 1.68% of patients to 1.71%, remaining below the regional and national averages.

Table 32 GP-registered patients with stroke and transient ischaemic attack

	2015-16	2016-17	*2015-16 to 2016-17*
NHS Oxfordshire (count)	11,759	12,477	*+718*
NHS Oxfordshire %	1.68	1.71	*+0.02pp*
South of England (health region) %	1.87	1.89	*+0.03pp*
England %	1.74	1.75	*+0.01pp*

Source: Quality and Outcomes Framework (QOF) 2016-17, published Oct 2017

Data has been updated in this version

Data has been reviewed and is unchanged

There were 2 wards in Oxfordshire with significantly higher rates of emergency hospital admissions for stroke than England (2011-12 to 2015-16): both in Banbury (Cherwell).

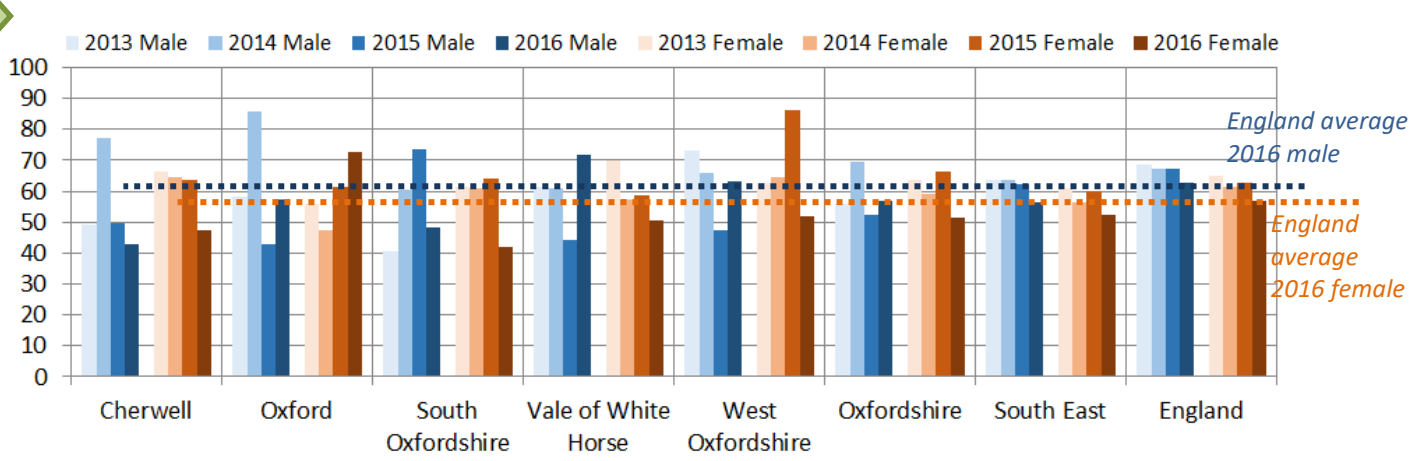
See *JSNA 2018 ANNEX Health Inequalities Basket of Indicators* for differences in admissions for stroke across Oxfordshire

Deaths

Between 2015 and 2016, the age-standardised mortality rate for cerebrovascular diseases (stroke) increased in males in Oxfordshire, against the declining national and regional trend.

The rates by district show females in Oxford and males in Vale of White Horse each above average in 2016.

Figure 64 Age standardised mortality rate, 2013 to 2016, Cerebrovascular diseases



Source: ONS mortality statistics (from nomis "life events")

Data has been updated in this version

Data has been reviewed and is unchanged

5.10 Dementia and Alzheimer's disease

Prevalence

In 2016-17 there were almost **5,500** GP-registered patients in the Oxfordshire Clinical Commissioning Group with a diagnosis of Dementia and Alzheimer's disease, up from 5,200 in 2015-16. The prevalence increased from 0.74% of patients to 0.75%, just below the national average and below the regional average.

Table 33 GP-registered patients with Dementia and Alzheimer's disease (count and % of list)

	2015-16	2016-17	*2015-16 to 2016-17*
NHS Oxfordshire (count)	5,176	5,461	*+285*
NHS Oxfordshire %	0.74	0.75	*+0.01pp*
South of England (health region) %	0.84	0.84	*0pp*
England %	0.76	0.76	*+0.01pp*

Source: Quality and Outcomes Framework (QOF) 2016-17, published Oct 2017

The estimated total number of people living with dementia in Oxfordshire (diagnosed and undiagnosed) is around 8,000[75].

Deaths

In West Oxfordshire, the age-standardised mortality rate for females due to Dementia and Alzheimer's disease increased in 2014, 2015 and again in 2016 to well above the national and regional averages.

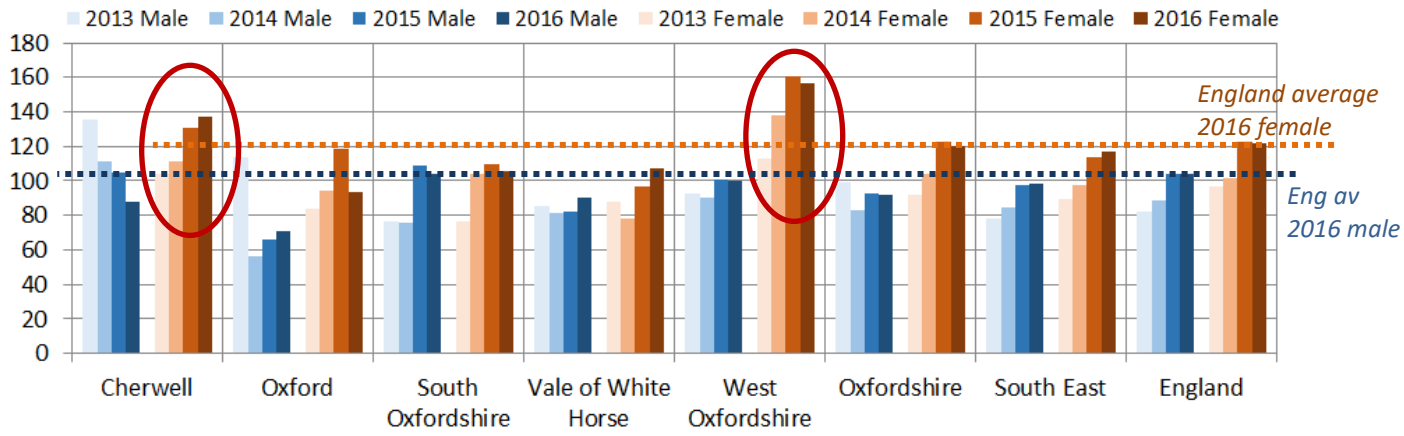
The mortality rate for females due to Dementia and Alzheimer's disease was above the national average in Cherwell in 2015 and 2016.

[75] Oxfordshire Clinical Commissioning Group

Data has been updated in this version

Data has been reviewed and is unchanged

Figure 65 Age standardised mortality rate, 2013 to 2016, Dementia and Alzheimer's disease



Source: ONS (from nomis "life events")

5.11 Diabetes

Diabetes mellitus is a condition that causes a person's blood sugar level to become too high. There are two types of diabetes[76]:

- Type 1 diabetes is an autoimmune condition where the body attacks and destroys insulin-producing cells, meaning no insulin is produced. This causes glucose to quickly rise in the blood.
- In Type 2 diabetes, the body doesn't make enough insulin, or the insulin it makes doesn't work properly, meaning glucose builds up in the blood. Type 2 diabetes is caused by a complex interplay of genetic and environmental factors. Up to 58 per cent of Type 2 diabetes cases can be delayed or prevented through a healthy lifestyle.
- About 90 per cent of people with diabetes have Type 2.

In 2016-17 there were around **29,500** GP-registered patients in the Oxfordshire Clinical Commissioning Group with a recorded diagnosis of diabetes, up from 27,900 in 2015-16.

The prevalence increased from 4.92% of patients to 4.97% in Oxfordshire, remaining below the national and regional averages.

[76] https://www.diabetes.org.uk/Diabetes-the-basics/

Data has been updated in this version

Data has been reviewed and is unchanged

Table 34 GP-registered patients with a recorded diagnosis of diabetes (count and % of list)

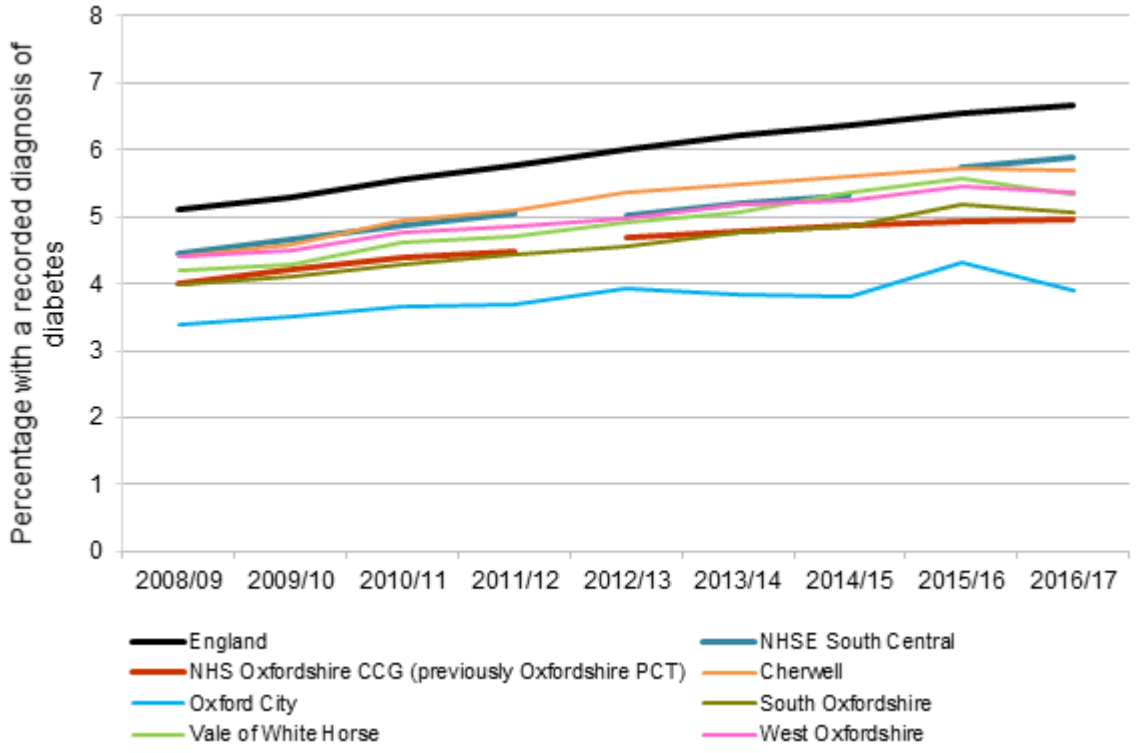
	2015-16	2016-17	*2015-16 to 2016-17*
NHS Oxfordshire (count)	27,925	29,469	*+1,544*
NHS Oxfordshire %	4.92	4.97	*+0.04pp*
South of England (health region) %	5.99	6.14	*+0.15pp*
England %	6.54	6.67	*+0.13pp*

Source: Quality and Outcomes Framework (QOF) 2016-17, published Oct 2017

QOF data for GP practices located within Oxfordshire's districts shows that:

- All five district council areas in Oxfordshire have significantly lower percentages of patients recorded with diabetes than the England and regional averages.
- When compared with the Oxfordshire average:
  - Oxford City has a significantly lower percentage of patients recorded with diabetes.
  - Cherwell, Vale of White Horse and West have a significantly higher percentage of patients recorded with diabetes.

Figure 66 Percentage of patients aged 17+ with a recorded diagnosis of diabetes in the GP registered population 2004-05 to 2016-17



Source: NHS Digital; quality and outcomes framework

Data has been updated in this version

Data has been reviewed and is unchanged

The Health Survey for England 2015 shows the prevalence of diabetes as higher for men than women and significantly higher in those who are overweight or obese (this data is not included in the HSE 2016 update).

Table 35 Diabetes status, as % of people aged 16+, by body mass index (BMI) status and sex (England from HSE 2016)

		BMI status			
	Diabetes status (%)	**Normal**	**Overweight**	**Obese**	**Total**
Men	Diagnosed diabetes	3	5	8	6
	Undiagnosed diabetes	1	2	8	3
	Total diabetes – men	**4**	**8**	**17**	**9**
Women	Diagnosed diabetes	2	4	9	5
	Undiagnosed diabetes	1	2	6	2
	Total diabetes – women	**3**	**5**	**14**	**7**
All adults	Diagnosed diabetes	2	5	9	5
	Undiagnosed diabetes	1	2	7	3
	Total diabetes – all adults	**3**	**7**	**15**	**8**

Source: Health Survey for England 2015. Aged 16 and over with both valid height and weight measurements, and glycated haemoglobin measurement

Data has been updated in this version

Data has been reviewed and is unchanged

5.12 Hypertension (high blood pressure)

Hypertension is also known as high blood pressure. It is often called 'the silent killer' as, if left untreated, increases the risk of a heart attack or stroke.

Risk factors for hypertension[77] include being over 65 years of age, family history, having African or Caribbean descent, being overweight, poor diet, lack of exercise, excessive alcohol and coffee consumption.

In 2016-17 there were around **89,900** GP-registered patients in the Oxfordshire Clinical Commissioning Group with a recorded diagnosis of Hypertension, up from 85,800 in 2015-16. The prevalence increased from 12.29% of patients to 12.31%, remaining below the national and regional averages.

Table 36 GP-registered patients with a diagnosis of Hypertension (count and % of list)

	2015-16	2016-17	*2015-16 to 2016-17*
NHS Oxfordshire (count)	85,799	89,882	*+4,083*
NHS Oxfordshire %	12.29	12.31	*+0.02pp*
South of England (health region) %	14.05	14.14	*+0.09pp*
England %	13.79	13.83	*+0.04pp*

Source: Quality and Outcomes Framework (QOF) 2016-17, published Oct 2017

QOF data for GP practices located within Oxfordshire's districts shows that:

- West Oxfordshire GPs have had a significantly higher percentage of patients with a recorded diagnosis of hypertension than England
- Oxford City has a significantly lower percentage of patients with a recorded diagnosis of hypertension than all other local authorities in Oxfordshire.

The Health Survey for England 2015 shows the prevalence of Hypertension is higher for men than women and significantly higher in those who are overweight or obese (this data is not included in the HSE 2016 update).

[77] http://www.nhs.uk/Conditions/Blood-pressure-(high)/Pages/Causes.aspx

+ Data has been updated in this version

= Data has been reviewed and is unchanged

Table 37 Hypertension status, as % of people aged 16+, by body mass index (BMI) status and sex (England from HSE 2015)

		BMI status			
	Hypertension categories (%)	**Normal**	**Overweight**	**Obese**	**Total**
Men	Normotensive untreated	79	74	57	73
	Hypertensive controlled	7	8	15	9
	Hypertensive uncontrolled	3	5	7	5
	Hypertensive untreated	11	13	21	13
	All men with hypertension	**21**	**26**	**43**	**27**
Women	Normotensive untreated	82	76	63	77
	Hypertensive controlled	6	8	13	8
	Hypertensive uncontrolled	4	6	10	6
	Hypertensive untreated	8	11	14	9
	All women with hypertension	**18**	**24**	**37**	**23**
All adults	Normotensive untreated	81	75	60	75
	Hypertensive controlled	6	8	14	9
	Hypertensive uncontrolled	3	6	9	5
	Hypertensive untreated	10	12	17	11
	All adults with hypertension	**19**	**25**	**40**	**25**

Source: Health Survey for England 2016. Aged 16 and over with three valid blood pressure measurements, and both valid height and weight measurements.

5.13 Asthma

Asthma is a common long-term condition that can cause coughing, wheezing, chest tightness, and breathlessness.

In 2016-17 there were around **42,200** GP-registered patients in the Oxfordshire Clinical Commissioning Group area with asthma up from 40,100 in 2015-16. The prevalence increased from 5.75% of patients to 5.78% and remained below the regional and national averages.

Table 38 GP-registered patients with Asthma (count and % of list)

	2014-15	**2015-16**	***2014-15 to 2015-16***
NHS Oxfordshire (count)	40,087	42,213	*+2,126*
NHS Oxfordshire %	5.75	5.78	*+0.04pp*
South of England (health region) %	6.04	6.10	*+0.06pp*
England %	5.91	5.94	*+0.04pp*

Source: Quality and Outcomes Framework (QOF) 2016-17, published Oct 2017

Data has been updated in this version

Data has been reviewed and is unchanged

5.14 Chronic Obstructive Pulmonary Disease (lung diseases)

Chronic Obstructive Pulmonary Disease (COPD) refers to a collection of lung diseases that lead to difficulties with breathing. The main risk factor for COPD is smoking and the risk increases the longer a person has smoked.

In 2016-17 there were around **9,900** GP-registered patients in the Oxfordshire Clinical Commissioning Group area with a diagnosis of Chronic Obstructive Pulmonary Disease. This was an increase of 500 on the number in 2015-16 (9,400). The prevalence increased from 1.34% of patients to 1.36%, remaining below the regional and national averages.

Table 39 GP-registered patients with Epilepsy (count and % of list)

	2015-16	2016-17	*2015-16 to 2016-17*
NHS Oxfordshire (count)	9,381	9,897	*516*
NHS Oxfordshire %	1.34	1.36	*+0.02pp*
South of England (health region) %	1.71	1.76	*+0.04pp*
England %	1.85	1.87	*+0.03pp*

Source: Quality and Outcomes Framework (QOF) 2016-17, published Oct 2017

5.15 Epilepsy

Epilepsy is a condition that affects the brain and causes repeated seizures.

In 2016-17 there were around **4,100** GP-registered patients in the Oxfordshire Clinical Commissioning Group area who were receiving drug treatment for Epilepsy, up from just under 4,000 in 2015-16. The prevalence remained the same and below the regional and national averages.

Table 40 GP-registered patients with Epilepsy (count and % of list)

	2015-16	2016-17	*2015-16 to 2016-17*
NHS Oxfordshire (count)	3,953	4,131	*178*
NHS Oxfordshire %	0.71	0.71	*0pp*
South of England (health region) %	0.78	0.79	*+0.01pp*
England %	0.8	0.8	*0pp*

Source: Quality and Outcomes Framework (QOF) 2016-17, published Oct 2017

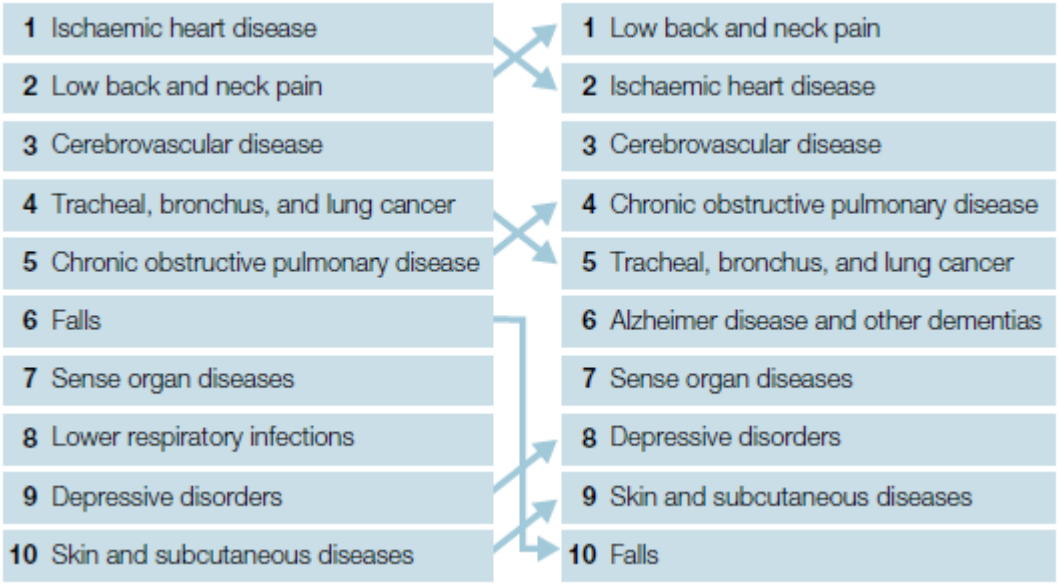
Data has been updated in this version

Data has been reviewed and is unchanged

5.16 Musculoskeletal disorders (Knee and Back pain)

= According to Public Health England, in 2013, low back and neck pain was the top cause of disability adjusted life years lost, moving up from the second highest cause in 1990.

Figure 67 Change in the main causes of disability adjusted life years lost in England between 1990 and 2013



Source: Public Health England Strategic plan 2016

About Disability-Adjusted Life Year (DALY)

One DALY can be thought of as one lost year of "healthy" life. The sum of these DALYs across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability.

DALYs for a disease or health condition are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences.

http://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/

+ Data has been updated in this version

= Data has been reviewed and is unchanged

Prevalence data for Musculoskeletal conditions (MSK) in the recently released Public Health England MSK tool [78] has been derived from the Arthritis Research UK MSK Calculator.

Using the MSK tool prevalence estimates and the most recent population data (ONS 2016) gives an estimate for Oxfordshire of:

- **49,600** people aged 45 and over with lower back pain
- **50,200** people aged 45 and over with chronic knee pain

Table 41 Estimated number of people aged 45 and over with lower back pain or chronic knee pain (using 2016 population estimates)

	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire	Oxfordshire total
Population aged 45 and over (ONS 2016)	64,757	47,646	67,023	60,473	52,483	292,382
Prevalence of lower back pain in people aged 45 or over	17.3%	14.0%	17.8%	17.5%	17.6%	17.0%
Count of people with lower back pain aged 45 or over	**11,200**	**6,700**	**11,900**	**10,600**	**9,200**	**49,600**
Prevalence of chronic knee pain in people aged 45 or over	18.4%	16.0%	16.9%	17.5%	16.7%	17.2%
Count of people with chronic knee pain aged 45 or over	**11,900**	**7,600**	**11,300**	**10,600**	**8,800**	**50,200**

Sources: PHE Musculoskeletal conditions tool (Dec 2017) and ONS mid-year population estimate for 2016.
Notes on source from PHE tool…

For lower back pain, the prevalence source was the Health Survey for England 2011. Severity of back pain is determined using the chronic pain grade based on GCPS version 2.0. No severe back pain was defined as Grade 0 and Grade 1 (low intensity). Severe back pain was defined as Grade 2 (high intensity) or 3 (moderately limiting) or 4 (severely limiting). In the model, general back pain is reported as the prevalence for lower back pain which is grade 0 to grade 4.
For knee pain, the source for prevalence was knee pain due to OA taken from the English Longitudinal Study of Ageing (ELSA)-Waves 1 (2000/01) to Wave 5 (2010/11).

The national 2017, Health and Safety Executive report[79] on Work Related Musculoskeletal Disorders (WRMSDs) found that:

- The total number of WRMSDs cases (prevalence) in 2016/17 was 507,000 out of a total of 1,299,000 for all work-related illnesses, 39% of the total and a rate of 1,550 cases per 100,000 workers. The rate is not statistically significantly different from the previous year.
- The rate of total self-reported work-related musculoskeletal disorders showed a generally downward trend.

[78] Public Health England Musculoskeletal conditions: return on investment tool, released December 2017 https://www.gov.uk/government/publications/musculoskeletal-conditions-return-on-investment-tool

[79] http://www.hse.gov.uk/Statistics/causdis/musculoskeletal/index.htm

Data has been updated in this version

Data has been reviewed and is unchanged

- The number of new cases of WRMSDs (incidence) in 2016/17 was 159,000, an incidence rate of 480 cases per 100,000 workers. This rate is not statistically significantly different from the previous year.
- An estimated 8.9 million working days were lost due to WRMSDs in 2016/17, an average of 17.6 days lost for each case. This is not statistically significantly different from the previous year.
- Work-related musculoskeletal disorders account for 35% of all working days lost due to work-related ill health. Working days lost per worker due to self-reported work-related musculoskeletal disorders showed a generally downward trend up to around 2010/11; since then the rate has remained broadly flat.
- Construction, Agriculture, forestry and fishing, Transportation and storage and Human health and social work activities remain the industries with significantly higher rates of WRMSDs when compared with the rates for all industries.

5.17 Sight loss

A Certification of Vision Impairment (CVI) certifies a person as either sight impaired (partially sighted) or severely sight impaired (blind). The CVI enables local government to offer registration as blind or partially sighted and other relevant advice and support. Registers are maintained by local authorities.

As of 2016-17 there were 2,360 people in Oxfordshire that are registered as blind or partially sighted, equivalent to a crude rate of 345 per 100,000 people. This was well below the rate in England (526) and the South East region (486)[80].

The RNIB estimates that, as of 2016, there was an estimated total of 21,110 people living with some degree of sight loss in Oxfordshire. The estimated prevalence is 3.1% (the same as England).

The districts with the highest estimated prevalence of people with mild to severe sight loss in Oxfordshire were South Oxfordshire and West Oxfordshire.

Table 42 Number of people estimated to be living with sight loss in Oxfordshire (2016 and future estimates to 2030)

	2016	2020	2025	2030
Mild	13,630	15,050	17,090	19,560
Moderate sight loss	4,690	5,160	5,800	6,570
Severe sight loss	2,800	3,130	3,620	4,200
Total	21,110	23,340	26,510	30,330

[80] Source: NHS Digital http://digital.nhs.uk/catalogue/PUB30161 The SSDA902 data is collected every three years from Councils with Adult Social Services Responsibilities (CASSRs). In 2016-17, it was collected as part of the Short and Long Term (SALT) activity collection.

Data has been updated in this version

Data has been reviewed and is unchanged

Table 43 Estimated number of people living with sight loss by district (2016)

	Mild sight loss	Moderate sight loss	Severe sight loss	Total	Prevalence
Cherwell	2,920	1,010	600	4,520	3.1%
Oxford	2,290	780	450	3,520	2.2%
South Oxfordshire	3,140	1,080	660	4,880	3.5%
Vale of White Horse	2,810	970	580	4,360	3.4%
West Oxfordshire	2,470	850	510	3,830	3.5%
Oxfordshire	**13,630**	**4,690**	**2,800**	**21,110**	**3.1%**

Source: RNIB Sight Loss Data Tool

Blind and partially sighted children

RNIB estimate[81] that there are over 25,000 blind and partially sighted children (0-16 years) in the UK and around 15,000 aged 17-25 years. Around half of those aged 0-16 years will have additional disabilities and/or special educational needs.

In Oxfordshire estimated numbers are:

- 259 blind and partially sighted children 0-16 years
- 32 blind and partially sighted young people 17-18 years and
- 130 blind and partially sighted young people 19-25 years
- 91 pupils with a statement of special educational needs (SEN) with vision impairment as their primary SEN

Preventable sight loss

Crude rates (2015-16) of preventable sight loss from age-related macular degeneration (AMD), glaucoma and diabetic eye disease are shown in the table below. The numbers (count) in Oxfordshire are relatively low.

Table 44 Crude rates of preventable sight loss from age-related macular degeneration, glaucoma and diabetic eye disease 2015-16

	Oxfordshire count	Oxfordshire rate	South East region	England
Age-related macular degeneration (AMD) – 65+ years	97	81.9	101.5	114.0
Glaucoma – 40+ years	28	8.4	10.3	12.8
Diabetic eye disease – 12+ years	16	2.8	2.7	2.9

Source: Public Health Outcomes Framework (Indicators 4.12i, ii, iii)

[81] RNIB sight loss data tool http://www.rnib.org.uk/professionals/knowledge-and-research-hub/key-information-and-statistics/sight-loss-data-tool

Data has been updated in this version

Data has been reviewed and is unchanged

5.18 Hearing loss

11 million people are currently living with hearing loss in the UK. Hearing loss means not just the big things in life like staying in employment; it affects everyday things like being able to hear the door-bell or crossing the road[82].

= As reported in the 2016 Oxfordshire JSNA, hearing loss can be socially isolating and has been associated with increased risk of physical and mental health problems.[83] Nationally, around one in six people are thought to have some form of hearing loss.[84]

= Data on people registered as deaf or hard of hearing was collected every three years up to 2010.[85] At this time an estimated 915 people in Oxfordshire were either deaf or hard of hearing. The bulk of these (550) were 75 years and over and were hard of hearing. Overall there were around 145 people in the county registered as deaf and a further 775 who were hard of hearing.

5.19 Tuberculosis (TB)

The rate of Tuberculosis (TB) per 100,000 population in England has fallen over recent years.

+ Data at a local level are not strictly comparable due to averaging of data over a three-year period Overall, however, Oxfordshire has a slightly lower incidence rate than England and South East Public Health England Centre.

Oxford City continues to have a significantly higher rate of Tuberculosis than Oxfordshire as a whole.

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[82] Source: Action on Hearing Loss https://www.actiononhearingloss.org.uk/

[83] For further information, see the Action Plan on Hearing Loss (Department of Health/ NHS England, March 2015): http://www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf

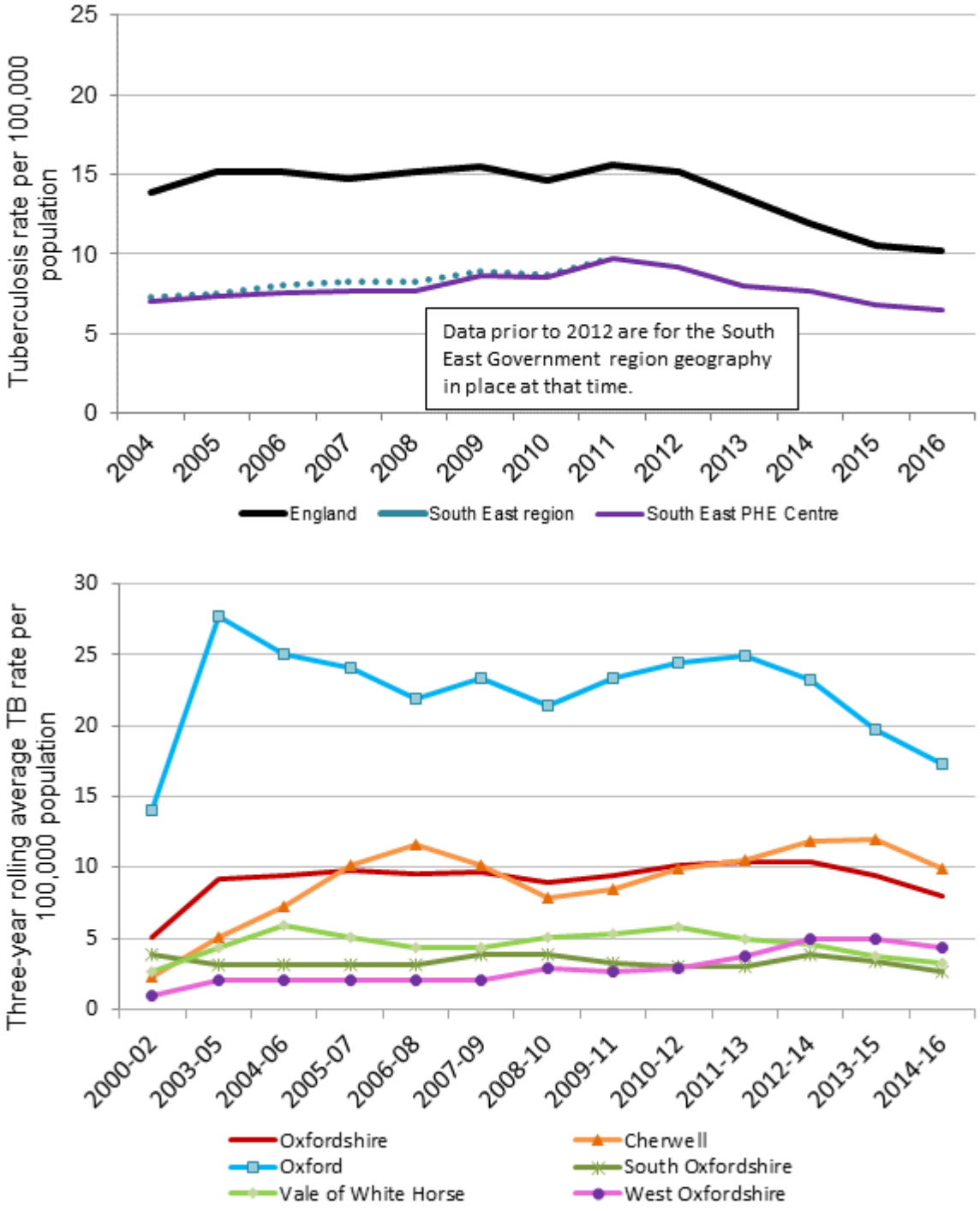
[84] Action on hearing loss statistics (accessed January 2016): http://www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss/statistics.aspx This figure is in line with data from the latest Health Survey for England (data for 2014, published December 2015): http://www.hscic.gov.uk/searchcatalogue?productid=19585&q=health+survey+for+england&sort=Relevance&size=10&page=1#top

[85] Health & Social Care Information Centre - People Registered Deaf or Hard of Hearing Year ending 31 March 2010, in England: http://www.hscic.gov.uk/pubs/regdeaf10

+ Data has been updated in this version

= Data has been reviewed and is unchanged

Figure 68 Tuberculosis (TB) - Rate per 100,000 population (2004 to 2016)



Source: Public Health England, Health Protection Agency (HPA) Enhanced Tuberculosis Surveillance

After the Health and Social Care Act 2012, data were provided at different geographic levels. Data relating to Tuberculosis Incidence are supplied at district level and for Public Health England (PHE) centres. Data for Oxfordshire are calculated using district level numbers. A three-year average is given which, at district level, often remains below 10. Numbers below 10 are suppressed to ensure patient confidentiality.

Data has been updated in this version

Data has been reviewed and is unchanged

6 Lifestyles

This chapter presents data on lifestyle factors that affect health and wellbeing, such as food, weight, exercise, smoking, alcohol and drugs. Further resources are available online, by visiting the JSNA – Lifestyles webpage.

6.1 Lifestyles – key findings

This section highlights the key messages from the review of data on Lifestyles (data sources and research references are provided with the detailed data in the remainder of this chapter).

Food and nutrition, excess weight and obesity

- There is currently no standard measure of food security/poverty.
- There are over 20 food banks in Oxfordshire, most of which operate independently.
- An estimated 55% of people aged 16 or over in Oxfordshire are classified as overweight or obese. This is below the national average.
- The latest data from the National Child Measurement Programme shows a similar level of in obesity of younger children (aged 4-5 years) in Oxfordshire and a slight increase in obesity of children aged 10-11.
- In the 2016/17 academic year, a measure of prevalence of severe obesity was introduced. In Oxfordshire, around 110 (1.4%) reception year children were severely obese. In year 6, around 220 (3.4%) children were severely obese. Levels were highest in Oxford City where 2.7% children in reception year and 4.8% children in Year 6 were severely obese.

Breastfeeding

- Rates of breastfeeding at 6-8 weeks after birth in Oxfordshire remain above the national average.

Physical activity

- Survey data for England shows a significant decline (2008 to 2012) in the proportion of boys meeting physical activity recommendations. Among girls there has been no significant change.
- Oxford and Vale of White Horse were each better than the England average on the proportion of people who were inactive according to the new Active Lives survey (replacing Active People).

Volunteering

- National data shows levels of volunteering have remained at similar levels since 2001.
- Surveys by South Oxfordshire and Vale of White Horse district councils show that the top reasons residents gave for not volunteering were work commitments and having to look after children/the home. There was a substantial minority (8% in South and 12% in Vale) who had “not thought about” volunteering, indicating a potential to increase the number of active volunteers.

Data has been updated in this version

Data has been reviewed and is unchanged

- As an example of community volunteering: voluntary effort is currently supporting 67 community transport schemes in Oxfordshire.

Smoking

- Health survey for England data for 2016 shows a national decline in proportion of adults smoking and a decline in the proportion of children smoking.
- In 2016 an estimated 11.9% of adults in Oxfordshire were smokers (down from 15.5% in 2015), statistically lower than the England average. Smoking prevalence in all of Oxfordshire's districts was either below or similar to national and regional averages.
- Smoking prevalence in adults in routine and manual occupations was estimated at 24.5% in Oxfordshire, over double the rate of all adults and similar to the national average.
- Smoking at time of pregnancy in Oxfordshire has reduced to 7.7%, remaining below the England average.

Alcohol and drugs

- According to the 2016 Health survey for England, alcohol consumption in general has remained similar in adults and declining in children.
- Admissions for alcohol-related conditions were better than the England average in Oxfordshire overall and in rural districts. Oxford City had a similar rate to the national average.
- 6 wards in Oxfordshire had a significantly higher rate of hospital admissions linked to alcohol, all in Oxford city.
- The rate of hospital admissions for alcohol-specific conditions in females under 18 in Oxfordshire has remained statistically above the national average in the latest data. The rate for males in Oxfordshire was similar to average.
- The number of recorded crimes for possession of drugs in Oxfordshire has declined. The rate of drugs possession crimes in Oxford remains above the average for the Thames Valley area.

Abuse and exploitation

- Data from Thames Valley Police shows an increase in recorded victims of abuse and exploitation in Oxfordshire. In 2017 there were:
    - Around 11,400 recorded victims of domestic abuse crimes and incidents (+2% since 2016).
    - 611 recorded victims of rape offences (up from 548 in 2016, +11%).
    - 69 recorded victims of Honour-based violence in Oxfordshire (up from 61 in 2016, +15%).
    - 106 recorded victims of modern slavery, almost three times the number in 2016 (37).
- The exception was the number of recorded victims of Child Sexual Exploitation which declined from 170 in Oxfordshire in 2016 to 106 in 2017.

Teenage conceptions

Data has been updated in this version

Data has been reviewed and is unchanged

- The latest Office for National Statistics data shows a continued decline in the number of conceptions to women aged under 18 regionally and nationally.
- Between 2014 and 2015, there was a decline in the number and rate of under 18 conceptions in Oxfordshire.

Sexually transmitted infections

- Gonorrhoea diagnoses have increased nationally and in Oxfordshire, which may be due in part to the introduction of the new test for gonorrhoea in August 2012.
- Since 2011, the rate of diagnosis of gonorrhoea in Oxford has increased at above the national rate.

6.2 Food and nutrition, excess weight and obesity

Food security and food poverty

There is currently no standard measure of food security/poverty.

= A quantitative study on child hunger in London by Ipsos MORI[86] found that for 10% of children the school lunch is their biggest meal of the day and 9% of children "sometimes" or "often" go to bed hungry.

The 2014 Evidence Review for the All-Party Parliamentary Inquiry into Hunger in the United Kingdom[87] highlighted the issue of rural hardship..

> .. evidence highlighting the longstanding difficulties facing poorer families who live in wealthier parts of the country, and who may be struggling to afford life's essentials.

+ There are over 20 food banks across Oxfordshire, most of which operate independently (with many supported by local churches):

Cherwell

- The Trussell Trust food banks at four locations in Banbury and one in Bicester
- Banbury Young Homeless Project (BYHP) food bank
- Banbury Food for Charities supplies registered charities in Banbury and the surrounding area

Oxford

- Oxford Community Emergency Foodbank, at Littlemore and Hollow Way
- Community Cupboard at Rose Hill
- Oxford Food bank supplies about 80 registered charities (not individuals directly) in Oxford, Abingdon and Didcot

South Oxfordshire

- Didcot Baptist Church food bank
- Wallingford Emergency food bank
- Thame food bank
- NOMAD Youth and Community Project food bank, Henley-on-Thames

[86] https://www.ipsos-mori.com/researchpublications/publications/1585/Child-Hunger-in-London.aspx

[87] https://feeding-britain.org/

+ Data has been updated in this version

= Data has been reviewed and is unchanged

- FareShare Thames Valley redistributes food to charities in the area

Vale of White Horse

- Abingdon Emergency food bank
- Faringdon Family Centre food bank
- Wantage and Grove food bank

West Oxfordshire

- Trussell Trust Witney and West Oxfordshire food bank
- North Oxfordshire community food bank (Chipping Norton, Woodstock, Kidlington)

Most food banks require referral, but self-referral is possible at some organisations and there are also charities and organisations in Oxfordshire that provide free or subsidised meals available to all.

Within Oxford, a partnership between Oxford City Council, Feeding The Gaps and Good Food Oxford has created a map and database of services[88] providing free or subsidised food.

A qualitative study on Food Poverty in Oxford[89] carried out in Barton and Rose Hill (Dec 2015) included interviews with 21 residents considered to be in food poverty. From this research, the main drivers of food poverty were found to be a combination of economic difficulties in general and the perceived high cost of food.

Access to local food stores did not come up as a major issue in this study, however a lack of availability of fresh food was mentioned by "a few older interviewees with limited mobility".

A 2017 report[90] by the Trussell Trust[91] suggests that the roll out of Universal Credit has increased the use of foodbanks.

- *Foodbanks in areas of full Universal Credit rollout to single people, couples and families, have seen a 16.85% average increase in referrals for emergency food, more than double the national average of 6.64%.*
- *The effect of a six-plus week waiting period for a first Universal Credit payment can be serious, leading to foodbank referrals, debt, mental health issues, rent arrears and eviction. These effects can last even after people receive their Universal Credit payments, as bills and debts pile up.*

According to Oxfordshire's Citizens Advice agencies: as of January 2018, *it is too early to notice any Universal Credit trends in Oxfordshire as it has only just been introduced across the county.*

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[88] http://goodfoodoxford.org/good-food-for-everyone/food-access-services-map/

[89] Food poverty in Oxford: A qualitative study in Barton and Rose Hill (Dec 2015) http://goodfoodoxford.org/blog/giving-voice-to-food-poverty/

[90] https://www.trusselltrust.org/wp-content/uploads/sites/2/2017/04/Early-Warnings-Universal-Credit-and-Foodbanks.pdf

[91] The Trussell Trust runs a network of over 425 foodbanks, who provide three days' nutritionally balanced food and support to people in crisis in the UK.

 Data has been updated in this version

 Data has been reviewed and is unchanged

Excess weight in adults

As reported in the latest Health survey for England[92] there has been a decline in the proportion of adults of a normal weight nationally.

- Between 1993 and 2016, adults with a normal body mass index (BMI) decreased from 41% to 33% among men and from 49% to 41% among women.

GP practices maintain a register of patients aged 16 or over who have been recorded as having a body mass index (BMI) of 30 or more during the preceding 12 months. The quality of the data is dependent on recording within practices.

In 2016-17 there were around **45,900** GP-registered patients in the Oxfordshire Clinical Commissioning Group who were recorded as being obese, up from 43,200 in 2015-16. The prevalence increased from 7.55% of patients to 7.85%, remaining below the national and regional averages.

Table 45 GP-registered patients recorded as being obese (count and % of list)

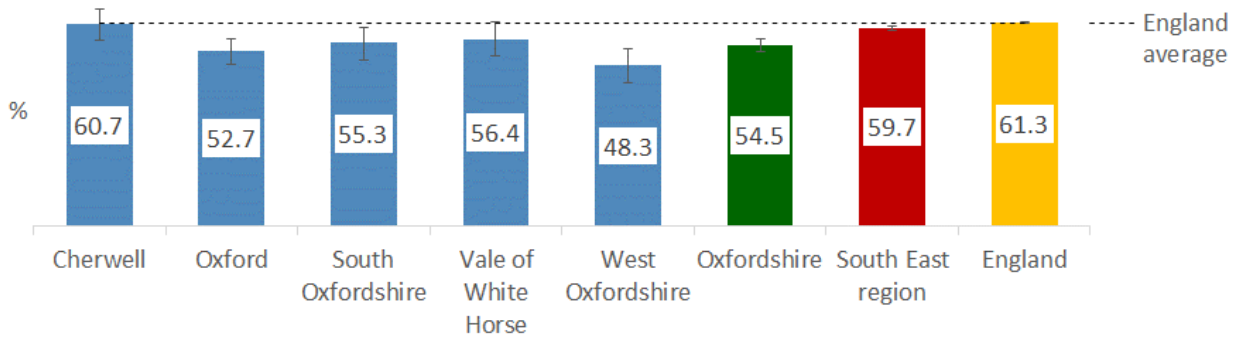
	2015-16	2016-17	*2015-16 to 2016-17*
NHS Oxfordshire (count)	43,231	45,905	
NHS Oxfordshire %	7.55	7.85	*+0.30pp*
South of England (health region) %	8.58	8.38	*+0.17pp*
England %	9.45	9.65	*+0.20pp*

Source: Quality and Outcomes Framework (QOF) 2016-17, published Oct 2017

The latest survey data for Oxfordshire on excess weight covers the year 2015/16. This estimates that 54.5% of people aged 18 or over in Oxfordshire are classified as overweight or obese, lower than the average for England (61.3%) or the South East (59.7%).

Adults in Oxford City, South Oxfordshire and West Oxfordshire were less likely to be overweight than those in England overall. This is a new survey so it cannot be compared to previous data.

Figure 69 % of people aged 18 or over classified as overweight or obese 2015-16



Source: Public Health England, Public Health Outcomes Framework from Active Lives survey 2015-16

[92] https://digital.nhs.uk/catalogue/PUB30169

Data has been updated in this version

Data has been reviewed and is unchanged

Excess weight in children

Data in this section is from the National Child Measurement Programme. The latest data are for 2016-17.

About the National Child Measurement Programme

The National Child Measurement Programme (NCMP) is operated jointly by the Department of Health (DH) and Department for Education (DfE). It was first established in 2007. Children in Reception Year and Year 6 are weighed and measured during every school year.

NCMP produces a national report which provides high-level analysis of the prevalence of 'underweight', 'healthy weight', 'overweight' and 'obese' children. Prevalence of 'severe obesity' has been added for the year 2016-17.

Some schools/pupils choose to opt out of the programme. In 2016-17 the participation rate in reception year for England was 95.8%. For Oxfordshire, the participation rate was 96.7% which is higher than in previous years (e.g. in 2010-11 it was 92.9%). In Year 6 the participation rate was 94.2% in England and 94.2% in Oxfordshire.

The high participation rate and large sample size means that 95% confidence intervals for prevalence estimates at national level are very narrow (indicating a small margin of potential error).

Note that improvements in data quality over time can affect prevalence figures. This should be considered when making comparisons over time as it may partly explain any observed changes; both significant and non-significant. http://content.digital.nhs.uk/ncmp

As of 2016-17, around 1,460 (20%) reception children, aged 4 or 5, in Oxfordshire were overweight or obese. In year 6, aged 10 or 11, there were around 1,910 children overweight or obese and the proportion was higher at 30%.

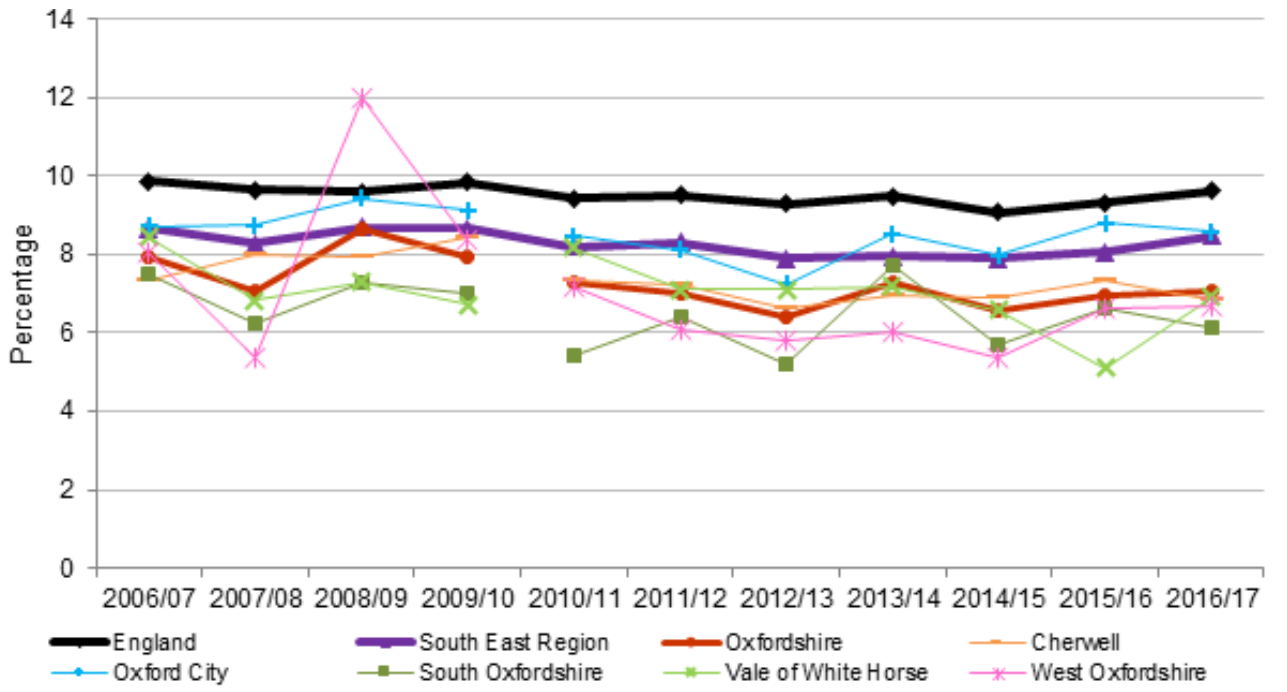
Between 2015-16 and 2016-17, the prevalence of obesity in Oxfordshire did not change in reception year and increased in year 6.

- In reception obesity remained at 7%, and in year 6 increased from 16% to 16.9%.
- The change in obesity in Oxfordshire's districts varied, with some increasing and some reducing:
    - In Cherwell, obesity in reception aged children decreased from 7.3% to 6.9% and Year 6 increased from 17.4% to 18.8%;
    - In Oxford, obesity in reception decreased slightly from 8.8% to 8.6% and Year 6 increased from 20.2% to 21.3%;
    - For South Oxfordshire, there has been a decrease in reception aged children from 6.6% to 6.1% and an increase in Year 6 children from 11.8% to 12.9%;
    - In Vale of White Horse there has been an increase in reception and Year 6 children (reception rose from 5.1% to 6.9% and Year 6 from 14.5% to 16%);
    - For West Oxfordshire, reception year remained at 6.7% and Year 6 prevalence decreased from 15.6% to 14.7%.

Data has been updated in this version

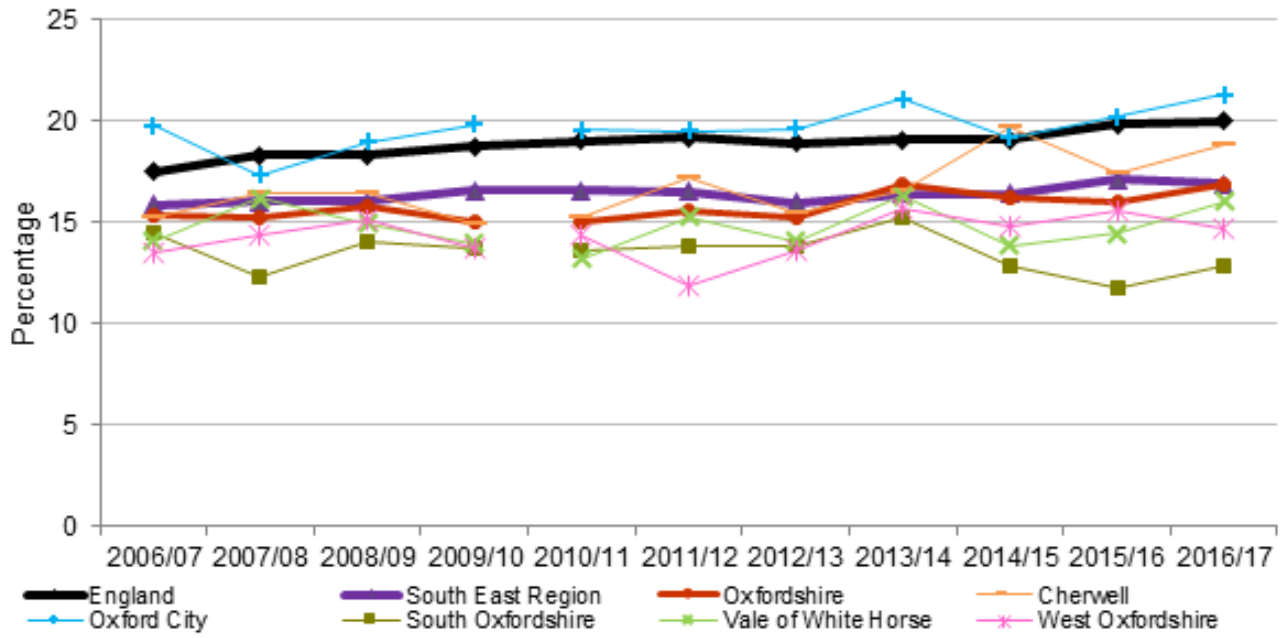
Data has been reviewed and is unchanged

Figure 70 Percentage of children in Reception Year (aged 4-5 years) who are obese - 2006-07 to 2016-17 (academic years)



Source: National Child Measurement Programme (via NHS Digital)

Figure 71 Percentage of Year 6 children (ages 10-11 years) who are obese - 2006-07 to 2016-17 (academic years)



Source: National Child Measurement Programme (via NHS Digital)

Data has been updated in this version

Data has been reviewed and is unchanged

In the 2016/17 academic year, a measure of prevalence of **severe obesity** was introduced.

In Oxfordshire, around 110 (1.4%) reception year children were severely obese. In year 6, around 220 (3.4%) children were severely obese. Levels were highest in Oxford City where 2.7% children in reception year and 4.8% children in Year 6 were severely obese.

Low birth weight babies

Low birth weight is a major cause of infant mortality in the UK and has an influence on future adult health status.

Risk factors for low birth weight include:

- Socio economic status
- Genetics
- The health of the mother, particularly during the pregnancy including maternal smoking, substance misuse, nutritional status and maternal weight
- Ethnicity
- Environmental factors
- Mother's age – mothers under 20 are more likely to have a baby with low birth weight
- Multiple pregnancy

In 2015, there was a rate of 6.2% live and still births with birth weights under 2500 grams in Oxfordshire compared with 7.4% nationally[93].

Between 1998 and 2015, Oxfordshire had a significantly lower percentage of low birth weight infants than England over most of this time period.

Data for Oxfordshire has had a higher proportion of low birth weight babies than South East region for some years during this time period. However, the differences are not statistically significant.

Breastfeeding

Breastfeeding has been found to give a baby the best possible nutrition, and protect against disease and future obesity, as well as encouraging a strong bond between mother and baby.

As of 2015-16[94] **82.5%** of mothers in Oxfordshire initiated breastfeeding. This rate is similar to the previous year and is significantly higher than the England average (74%) and that for the South East (77.3%).

Data for 2016-17[6] shows that, at 6-8 weeks after birth, **62%** of mothers in Oxfordshire were breastfeeding, this was well above the national average of 44%.

[93] Public Health England, Breastfeeding and Early Years profiles, data for Oxfordshire in 2016-17 not available as of Feb 2018

[94] Public Health England, Public Health Outcomes indicators

Data has been updated in this version

Data has been reviewed and is unchanged

6.3 Physical activity

According to Public Health England, low physical activity is one of the top 10 causes of disease and disability in England[95].

July 2016 guidance from Public Health England sets out the benefits of physical activity. As well as strengthening muscles and helping to control weight, physical activity can:

- play a critical role across all elements of cancers; prevention, treatment, recovery and reducing the risk of recurrence
- boost mental wellbeing and help reduce social isolation, a risk factor for depression.

The Health Survey for England collects data on children's physical activity, but not every year. This section is based on data collected in 2015 and earlier years.

Excluding school-based activities, 22% of children aged 5 to 15 in the Health Survey for England 2015 met the physical activity guidelines of being at least moderately active for a minimum of 60 minutes every day.

There has been a decline in the proportion of boys meeting physical activity recommendations.

- Among boys, there was a decrease in the proportion meeting physical activity recommendations between 2008 and 2012, falling from 28% in 2008 to 21% in 2012. It has remained at the lower level in 2015, at 23%. Among girls there has been no statistically significant change in the proportion meeting physical activity recommendations over the period, with 19% in 2008 and 20% in 2015

About the Health Survey for England

The Health Survey for England is a series of annual surveys designed to measure health and health-related behaviours in adults and children living in private households in England.

The survey consists of an interview and nurse visit. It has a series of core elements that are included every year or alternate years, and special topics that are included in selected years. Every year topics include general health, social care, smoking, drinking, height measurements, blood pressure measurements, adult blood samples and child saliva samples.

https://www.gov.uk/government/statistics/health-survey-for-england-2016-findings-and-trend-tables

[95] https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day#the-benefits-of-physical-activity

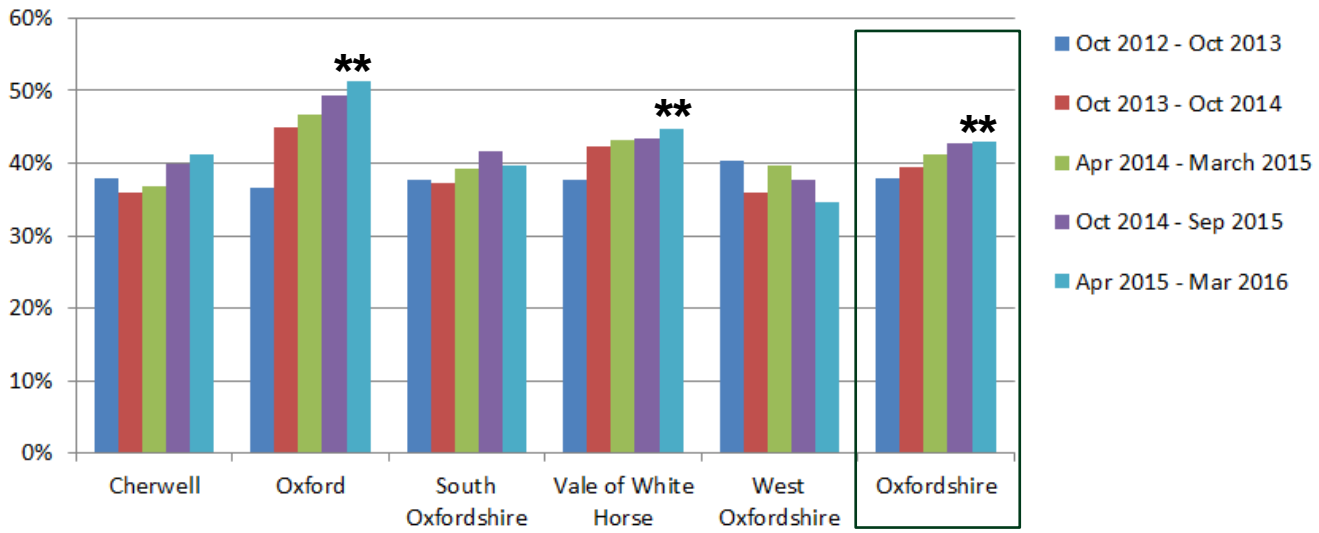
Data has been updated in this version

Data has been reviewed and is unchanged

Local data on physical activity of adults is from the Active People survey now redesigned and renamed the Active Lives survey[96]. The new Active Lives findings are not comparable to the previous results.

As reported by the (old) active people survey of Oct12-Oct13 and Apr15-Mar16, there was a statistically significant increase in the proportion of people participating in sport in Oxfordshire as a whole and in Oxford and the Vale of White Horse districts.

Figure 72 Sports participation indicator (old method) - the number of people aged 14 and over participating in at least 30 minutes of sport at moderate intensity at least once a week.



Source: Sport England Active People Survey; ** statistically significant increase from Oct12-13 to 2015-16

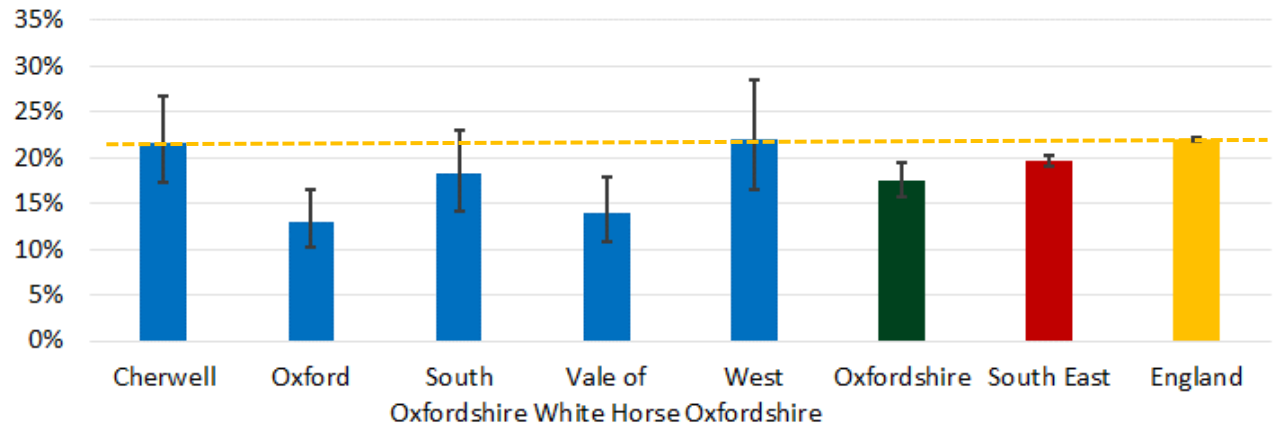
[96] https://www.sportengland.org/research/active-lives-survey/

Data has been updated in this version

Data has been reviewed and is unchanged

Oxford and Vale of White Horse were each better than the England average on the proportion of people who were INACTIVE according to the Active Lives survey. Cherwell, South and West Oxfordshire districts were similar to the national average.

Figure 73 Proportion of people aged 16+ INACTIVE (less than 30 minutes per week, including walking and gardening) November 15-16



Source: Sport England Active Lives Survey;
Depending on the number of minutes of moderate intensity equivalent (MIE) physical activity, people are described as:

- Inactive – Doing less than 30 minutes a week
- Fairly active - Doing 30-149 minutes a week
- Active – Doing at least 150 minutes a week

Moderate activity is defined as activity where you raise your heart rate and feel a little out of breath.

About the Active Lives survey

The Active Lives survey is a "push to web" survey.

It involves four postal mailouts designed to encourage participants to complete the survey online. There is also the option to take part via telephone for those whose first language is not English, and for those who may find online or paper completion difficult, for example those who are visually impaired.

The overall sample size will be around 198,250 people each year. The minimum annual sample size for each English local authority (excluding the City of London and Isles of Scilly) will be 500.

Active Lives results are published every six months.

The latest findings - for the year to mid-May 2017 - were published in October 2017. Full year results covering the period mid-November 2016 to mid-November 2017 will be released March 2018.

https://www.sportengland.org/research/active-lives-survey/method-behind-active-lives/

Data has been updated in this version

Data has been reviewed and is unchanged

6.4 Volunteering

NCVO defines volunteering as "any activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives. Central to this definition is the fact that volunteering must be a choice freely made by each individual."[97]

There are a range of studies highlighting health benefits of volunteering and Age UK has carried out a review of evidence on older people as volunteers[98] which found the most reported benefits are around physical, mental and emotional wellbeing, such as improved self-reported health, improved cognition, general mental health, increased life satisfaction, higher levels of social support and interaction, and improvements in the ability to cope with one's own illness (especially depression).

The Community Life survey[99] is the main source of data on the extent of volunteering in England with a sample size of around 3,000. In 2016-17 just over a quarter (27%) of respondents participated in formal volunteering at least once a month, this has been at a similar level since 2001.

- *Levels of volunteering have decreased between 2013-14 and 2016-17, with the proportion of adults who had engaged in any volunteering in the last 12 months falling from 70% to 63% and the proportion who had engaged once a month falling from 44% to 39% in this period. However, the proportion of adults who had engaged in formal volunteering, both annually and monthly, levelled off in 2016-17.*

There is no single source of comprehensive data on volunteering in Oxfordshire.

Volunteering in Oxford

A November 2016 survey of voluntary groups in Oxford[100] had a response from 185 organisations (out of an estimated total of 900-1,000 in the city).

These organisations together employ around 13,800 volunteers equivalent to 10% of the population of the city aged 17 and over.

Organisations reported that volunteers in Oxford provide support in a variety of roles:

- The majority (75%) support frontline services. This may include mentors, helpers, befrienders, sports coaches, gardeners, cooks, tutors.
- 14% provide additional capacity by supporting back office functions, including communications, fundraising, volunteer recruitment.
- A small but significant number of volunteers (11%) provide governance support by contributing to trustee boards, steering committees or as school governors.

[97] https://www.ncvo.org.uk/policy-and-research/volunteering-policy

[98] Age UK Older People as Volunteers Evidence review

[99] https://www.gov.uk/government/collections/community-life-survey

[100] Oxford City Council Volunteering Research Project November 2016 carried out with support from OCVA, Community Action Groups and the Oxford Hub

Data has been updated in this version

Data has been reviewed and is unchanged

Volunteering in South Oxfordshire and Vale of White Horse

South Oxfordshire and Vale of White Horse District Councils carry out residents' surveys every 2 years which include questions on volunteering[101].

The most recent surveys found that the proportion of people, aged over 16, who had undertaken unpaid voluntary work in the past 12 months was:

- South Oxfordshire 29%
- Vale of White Horse 19%

The top reasons residents of South and Vale gave for not volunteering were work commitments and having to look after children/the home. There was a substantial minority (8% in South and 12% in Vale) who had not thought about volunteering, indicating a potential to increase the number of active volunteers.

Table 46 Reasons why residents have not been involved in unpaid voluntary work in the last 12 months (2015-16)

	South Oxfordshire		Vale of White Horse	
	count	percent	count	percent
I have work commitments	378	39%	385	36%
I have to look after children/the home	177	18%	179	17%
I have other things to do in my spare time	124	13%	171	16%
I've never thought about it	73	8%	131	12%
I'm too old	93	10%	82	8%
Other	124	13%	117	11%
TOTAL	969	100%	1065	100%

Source: South Oxfordshire residents' survey 2015-16 and Vale of White Horse residents' survey 2015-16; note this survey is carried out once every two years so this is still the most recent data

[101] South Oxfordshire Residents' survey 2015/16
http://www.southoxon.gov.uk/ccm/support/dynamic_serve.jsp?ID=535687607&CODE=7B6EA465A82E8B9DCED66CCE97292BF8

Vale of White Horse Residents' Survey 2015/16
http://www.whitehorsedc.gov.uk/java/support/dynamic_serve.jsp?ID=535688632&CODE=60FA7EC1248E352E99E300CB94B818DA

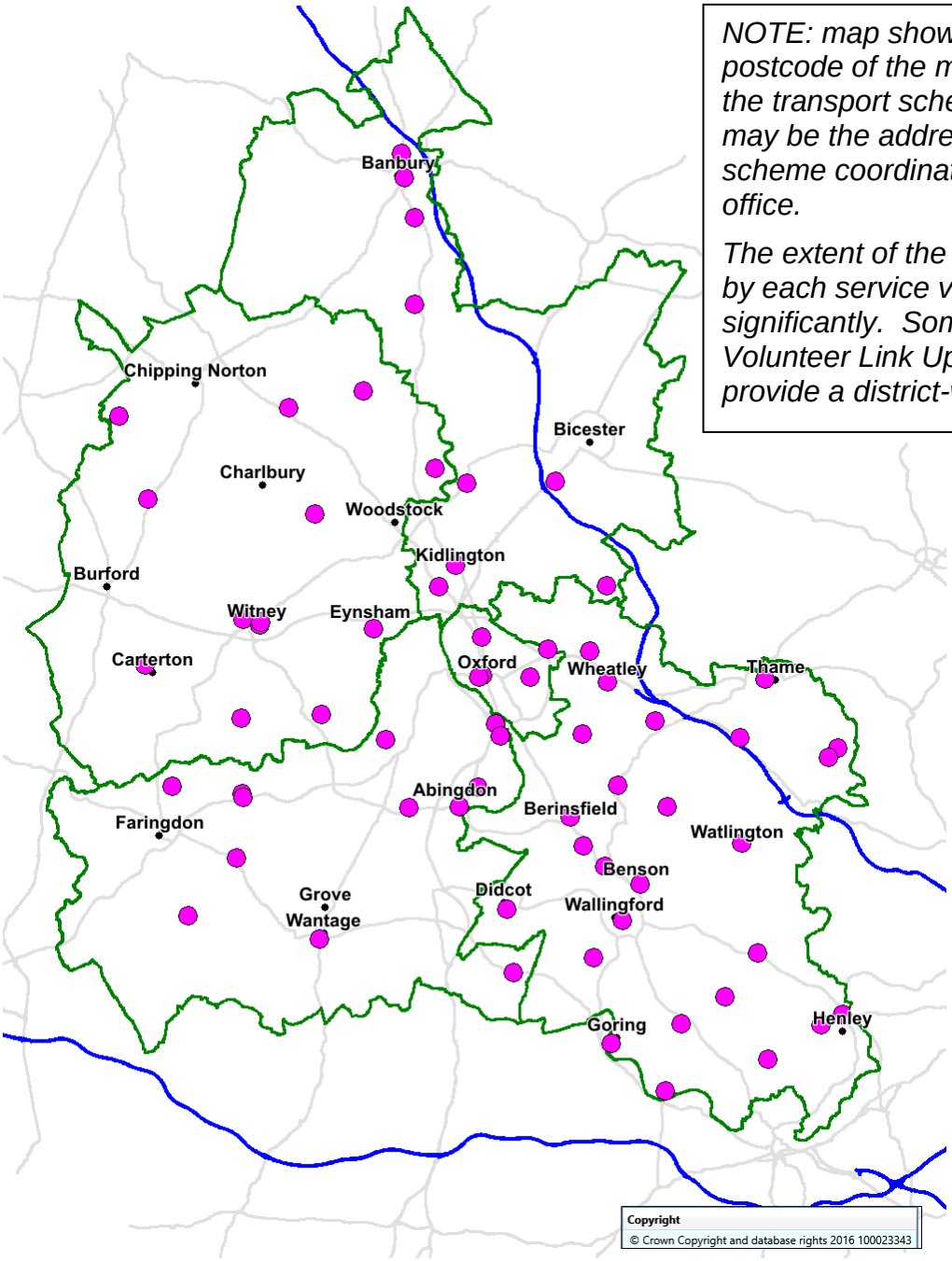
+ Data has been updated in this version

= Data has been reviewed and is unchanged

Community Volunteering

Volunteers are actively providing a range of community services in Oxfordshire including community transport schemes. According to Community First Oxfordshire, as of January 2018, there were 67 community transport schemes active in Oxfordshire.

Figure 74 Location of Community Transport schemes in Oxfordshire (January 2018)



NOTE: map shows the postcode of the main base of the transport scheme, which may be the address of the scheme coordinator or an office.

The extent of the area covered by each service varies significantly. Some (e.g. Volunteer Link Up in Witney) provide a district-wide service.

Source: Community First Oxfordshire January 2018; mapping by Oxfordshire County Council

Data has been updated in this version

Data has been reviewed and is unchanged

6.5 Smoking

Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is estimated that 17% all deaths in 2014 were attributable to smoking[102].

+ Health survey for England data for 2016 shows a national decline in proportion of adults smoking.

- Since 1993 there has been a steady decline in the proportion of men and women who were current smokers, from 28% to 20% in 2016 among men, and from 26% to 16% among women.

+ In 2016 an estimated **11.9%** of adults in Oxfordshire were smokers (down from 15.5% in 2015), statistically lower than the England average. Smoking prevalence in all of Oxfordshire's districts was either below or similar to national and regional averages.

Smoking prevalence in adults in routine and manual occupations was estimated at 24.5% in Oxfordshire, over double the rate of all adults and similar to the national average.

+ **Figure 75 Local tobacco profile for Oxfordshire**

Indicator	Period	Oxon			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Smoking Prevalence in adults - current smokers (APS)	2016	–	-	11.9%	14.6%	15.5%	24.2%		7.4%
Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)	2016	–	-	24.6%	28.1%	26.5%	36.2%		7.8%
Successful quitters at 4 weeks	2016/17	–	2,037	3,080	2054*	2248*	36		5,529
Smoking status at time of delivery (current method)	2016/17	➡	559	7.7%	9.7%	10.7%	28.1%		2.3%
Smoking attributable mortality	2014 - 16	–	2,229	201.7	238.5	272.0	499.3		162.5
Smoking attributable hospital admissions	2016/17	–	4,561	1,225	1314	1685	3,116		969
Supporting information - Deprivation score (IMD 2015)	2015	–	-	11.5	-	21.8	42.0		5.7

Source: Public Health England Local Tobacco Profiles

= The Health survey for England 2015 reported on use of e-cigarettes which may help smokers quit or reduce tobacco consumption. This was not included in the latest Health survey 2016.

- In 2015, 5% of adults were currently using e-cigarettes. This is a small increase from HSE2013, when 3% of adults were e-cigarette users.

[102] Source: NHS Digital, Statistics on Smoking, England – 2016

+ Data has been updated in this version

= Data has been reviewed and is unchanged

- The prevalence of ever having used e-cigarettes was much higher among current smokers (40%). Only 1% of those who had never smoked had ever used an e-cigarette.

Smoking among children

Health survey for England data for 2016 shows a national decline in proportion of children smoking.

- The proportion of children aged 8 to 15 who had ever smoked has decreased overall, from 18% of boys and 20% of girls in 1997 to 6% of boys and 3% of girls in 2016.

Smoking in pregnancy

Smoking in pregnancy increases the risk of miscarriage, complications during pregnancy, low birth weight, congenital defects, stillbirth, or death within the first week of life.

The latest data (2016-17) shows that smoking at time of delivery in Oxfordshire was 7.7%, remaining at a similar level since 2010-11. This continues to be lower than England (10.7%) but indicates there are nearly 560 women smoking during pregnancy.

6.6 Alcohol and drugs

According to the December 2016 *Public health burden of alcohol: evidence review*[103] there are three major categories of alcohol-related health, social and economic costs:

- the direct economic costs of alcohol consumption, for example, costs to health and social care, the police and criminal justice system and the unemployment and welfare systems.
- the indirect costs of alcohol consumption, for example, lost productivity due to absenteeism, unemployment, decreased output, reduced earnings potential and lost working years due to premature pension or death.
- the intangible costs of alcohol consumption, for example, costs assigned to pain and suffering, poor quality of life, or costs from money spent on alcohol in families where the money is needed for other things.

Over half (55%) of all admissions for mental and behavioural disorders due to alcohol use were in the lowest three socioeconomic deciles, and these three groups also accounted for 53% of all admissions for alcoholic liver disease, 53% of all admissions for intentional injuries and 51% of all admissions for alcohol-related complications in pregnancy and childbirth.

According to the 2016 Health survey for England, alcohol consumption in general has been declining in children.

- There has been no statistically significant change in weekly alcohol consumption since 2011. In 2016, average consumption was 16.0 units per week for men and 9.1 units for women.
- The proportion of children aged 8 to 15 reporting ever having had a proper alcoholic drink (a whole drink, not just a sip) fell from 45% in 2003 to 15% in 2016.

[103] https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review

 Data has been updated in this version

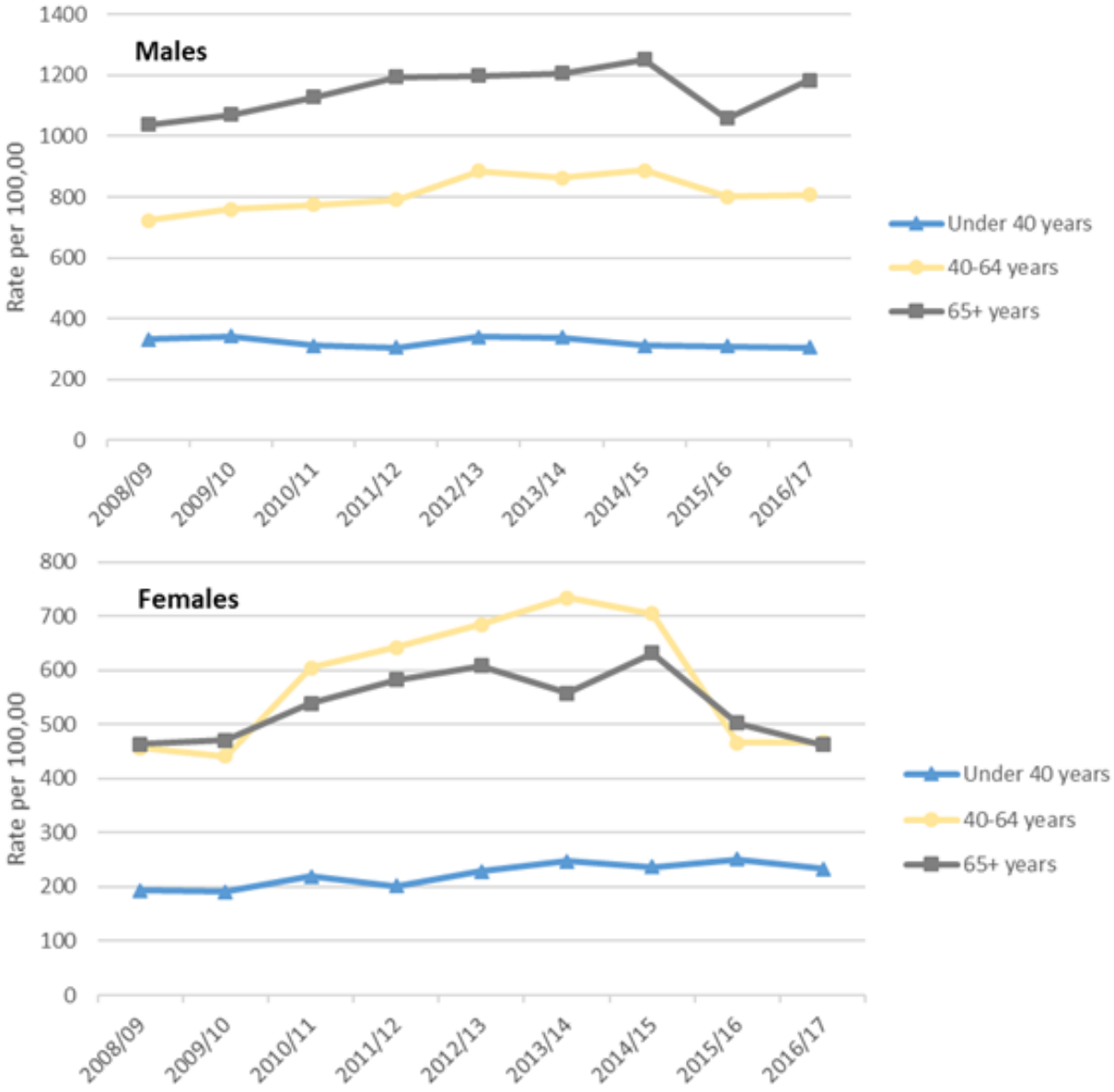
 Data has been reviewed and is unchanged

Alcohol and health in Oxfordshire

Data on hospital admissions for alcohol-related conditions in Oxfordshire shows that:

- Overall males continue to have higher rates than females for alcohol-related admission episodes.
- Between 2008/09 and 2016/17 there was no statistically significant change in the rate of admissions for alcohol-related conditions in Oxfordshire

Figure 76 Admission episodes for alcohol-related conditions (narrow), directly standardised rate per 100,000 people, Oxfordshire males and females by age



Definition: Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. Source: Public Health England Local Alcohol Profiles from Hospital Episode statistics and ONS population estimates.

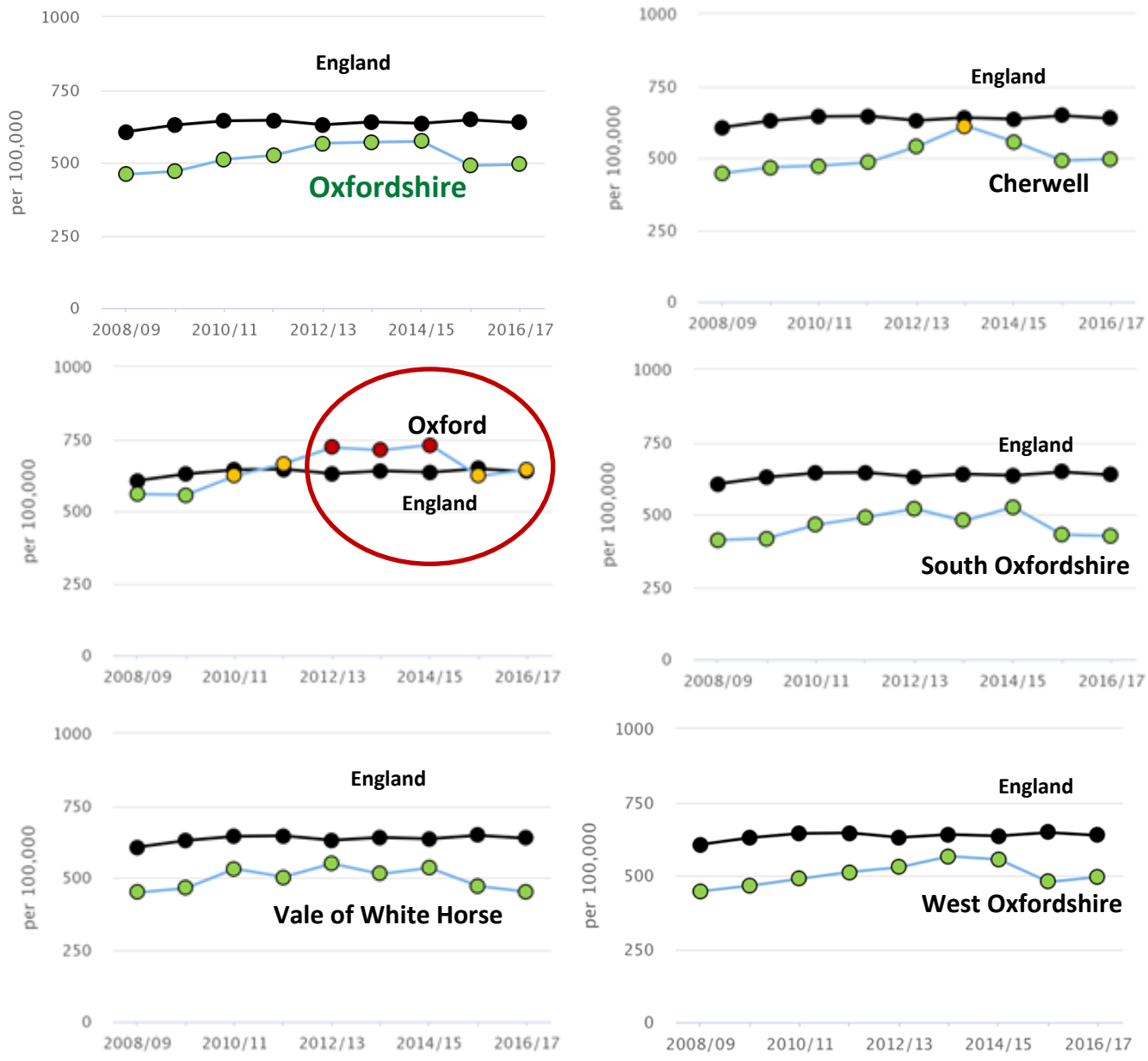
Data has been updated in this version

Data has been reviewed and is unchanged

Admissions for alcohol-related conditions were better than average in Oxfordshire compared with England.

In 2016/17, Oxford had a similar rate of admissions to England; all other districts were better than average.

Figure 77 Admission episodes for alcohol-related conditions (narrow), directly standardised rate per 100,000 people



Source: Public Health England Alcohol Profiles from Hospital Episode statistics and ONS population estimates

Data has been updated in this version

Data has been reviewed and is unchanged

At a ward level, data for 2011-12 to 2015-16 shows 6 wards in Oxfordshire with a significantly higher rate of hospital admissions for alcohol attributable conditions, all in Oxford city.

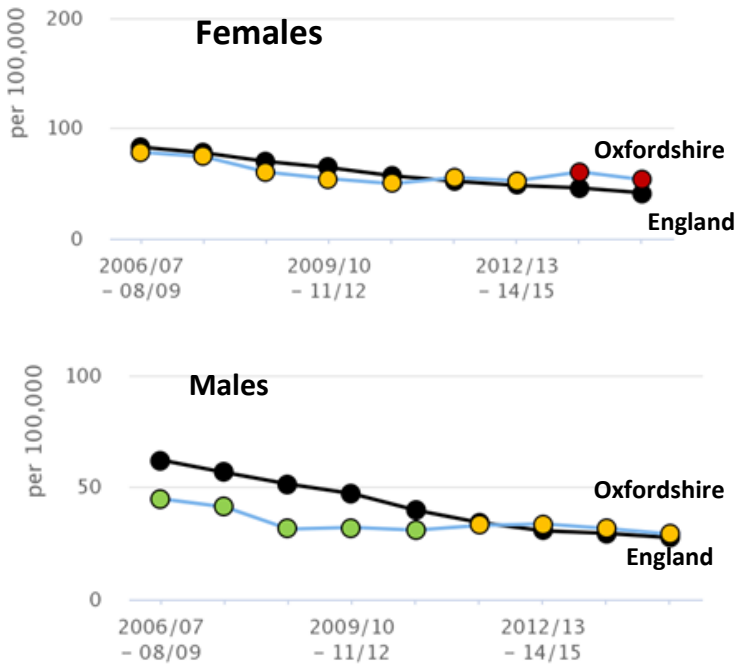
See *JSNA 2018 ANNEX Health Inequalities Basket of Indicators* for differences in admissions for alcohol attributable conditions across Oxfordshire

Alcohol admissions in under 18s

The number of under 18s in Oxfordshire admitted to hospital for alcohol-specific conditions in the three-year period 2014/15 to 2016/17 was **174**.

The rate of hospital admissions for alcohol-specific conditions in females under 18 in Oxfordshire increased in 2013/14-2015/16 to statistically above the national average, and has remained above average in the latest data (2014/15-2016/17). The rate for males in Oxfordshire was similar to average.

Figure 78 Hospital admissions for alcohol-specific conditions, under 18s, crude rate per 100,000 population, Oxfordshire



Females count (2014/15-2016/17) = 111

Males count (2014/15-2016/17) = 63

Source: Public Health England Alcohol Profiles from Hospital Episode statistics and ONS population estimates

Data has been updated in this version

Data has been reviewed and is unchanged

Alcohol-related deaths

Nationally the rate of alcohol-related deaths (deaths caused by diseases known to be related to alcohol consumption, such as cirrhosis of the liver) per 100,000 population (age standardised) for males and females has declined since the peak in 2008[104].

In recent years, for people in the UK, rates of alcohol-related deaths have remained at a similar level, with no statistical differences in the all person rate since 2012.

In 2016 there was a total of 224 alcohol-related deaths in Oxfordshire[105], the largest number was in Cherwell (55) followed by Oxford (51), South Oxfordshire (47), Vale of White Horse (39) and West Oxfordshire (32).

In Oxfordshire, the rates of alcohol-specific and alcohol-related deaths were each statistically better than the national average. Districts in Oxfordshire were similar to or better than average.

Drugs and health in Oxfordshire

Local data on the health impact of drug use is limited.

Police recorded crime data from Thames Valley Police[106] shows between 2015-16 and 2016-17 (Dec to Nov) there was a decline in the number of “possession of drugs” crimes in each reporting area of Oxfordshire (Cherwell & West, Oxford, South & Vale).

The rate of possession of drugs crimes per 1,000 population (Dec16 to Nov17) was below the Thames Valley (1.52) average in Cherwell & West (1.29) and in South & Vale (0.88) and above average in Oxford (2.28).

Drugs-related deaths

Combined data from 2014-16 gives a total of 53 drugs related deaths in Oxfordshire, half of which were in Oxford.

The rate of deaths from drug misuse (not including alcohol and tobacco) was statistically below the national average in Oxfordshire, South Oxfordshire and Vale of White Horse.

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104 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2015

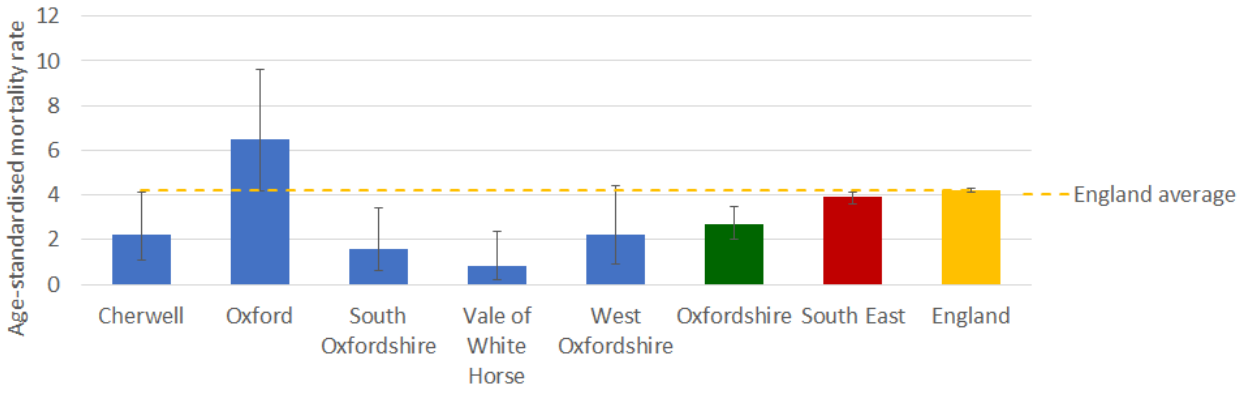
105 Public Health England Local Alcohol Profiles

106 Source: Performance Figures 2016-17, Thames Valley Police

 Data has been updated in this version

 Data has been reviewed and is unchanged

Figure 79 Age-standardised mortality rate for deaths related to drug misuse, persons (2014-16)



Source: ONS, Drug misuse deaths by Local Authority released August 2017

About Deaths related to drug misuse: description and ICD-10 Codes

- Mental and behavioural disorders due to drug use (excluding alcohol and tobacco) F11–F16, F18–F19
- Accidental poisoning by drugs, medicaments and biological substances X40–X44
- Intentional self-poisoning by drugs, medicaments and biological substances X60–X64
- Assault by drugs, medicaments and biological substances X85
- Poisoning by drugs, medicaments and biological substances, undetermined intent Y10–Y14

6.7 Abuse and exploitation

Domestic Violence and abuse

The cross-government definition[107] of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

+ In Oxfordshire in 2017, Thames Valley Police recorded a total of:

[107] https://www.gov.uk/guidance/domestic-violence-and-abuse

+ Data has been updated in this version

= Data has been reviewed and is unchanged

- 3,352 domestic abuse crimes (+6% compared with 2016)
- 8,566 domestic abuse incidents (at a similar level to 2016)
- 11,446 victims of domestic abuse crimes and incidents (+2% compared with 2016)
-

District-level data shows the greatest number of recorded victims of domestic abuse was in Oxford and the greatest increase in recorded victims between 2016 and 2017 was in South Oxfordshire (+11%) and West Oxfordshire (+10%).

Table 47 Number of Victims of Domestic Abuse (Crime and Incidents) in Oxfordshire, calendar year

	2014	2015	2016	2017	*2016 to 2017*	*% change*
Cherwell	2,455	2,860	2,878	2,999	*121*	*4%*
Oxford	2,965	3,166	3,278	3,174	*-104*	*-3%*
South Oxfordshire	1,694	1,760	1,742	1,934	*192*	*11%*
Vale of White Horse	1,588	1,696	1,880	1,777	*-103*	*-5%*
West Oxfordshire	1,333	1,385	1,416	1,562	*146*	*10%*
Oxfordshire TOTAL	**10,035**	**10,867**	**11,194**	**11,446**	***252***	***2%***

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018)

The oldest victim in 2017 in Oxfordshire was aged 101.

Between 2016 and 2017:

- The number of younger victims of domestic abuse in Oxfordshire (aged under 25) increased slightly.
- The 18-24 age group saw the biggest increase in numbers (+130).
- The greatest percentage increase by broad age was in the older age group 50-64 (+8%).

 Data has been updated in this version

 Data has been reviewed and is unchanged

Table 48 Victims of Domestic Abuse (Crime and Incidents) in Oxfordshire, by age

	2014	2015	2016	2017	*2016 to 2017*	*% change*
0-15	128	141	114	95	*-19*	*-17%*
16-17	281	359	377	297	*-80*	*-21%*
18-24	2,023	2,116	2,087	2,217	*130*	*6%*
25-49	5,918	6,421	6,697	6,825	*128*	*2%*
50-64	1,224	1,339	1,417	1,534	*117*	*8%*
65-79	300	328	364	358	*-6*	*-2%*
80+	68	92	110	90	*-20*	*-18%*
Total (excluding age not recorded)	**9,942**	**10,797**	**11,166**	**11,416**	***250***	***2%***

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018)

+ Domestic abuse victims by gender

- Overall in Oxfordshire in 2017, of the victims with a recorded gender (the majority): 77% of victims were female and 23% were male, similar to previous years.
- The gender split was similar in all districts with a slightly higher proportion of female victims in Oxford (78%) and Vale of White Horse (78%) and a slightly lower proportion of female victims in West Oxfordshire (73%)

+ Domestic abuse victims by ethnicity:

- Overall in Oxfordshire in 2017, of the victims with a recorded ethnicity: 91% of victims were White ethnic background and 9% were non-White.
  - Asian 4%; Mixed 2%; Black 2%.
- In Oxford, as expected from the more ethnically diverse population, 80% of victims were White and 20% were non-White.
  - Asian 10%; Mixed 3%; Black 5%.
- Note that caution is needed in interpreting this data as there is a relatively high rate of victims without an ethnic group recorded (26% of the total).

Rape

+ Between 2016 and 2017, Thames Valley Police recorded an increase in the total number of recorded victims of rape offences in Oxfordshire from 548 in 2016 to 611 in 2017 (+11%).

The greatest number of recorded rape victims was in Oxford (36% of the total for Oxfordshire) and the greatest increase in victims between 2016 and 2017 was in South Oxfordshire (+11%, 28 additional victims).

+ Data has been updated in this version

= Data has been reviewed and is unchanged

Table 49 Number of Victims of Rape (Crime and Crime Related Occurrence) in Oxfordshire, calendar year

	2014	2015	2016	*2017*	*2016 to 2017*	*% change*
Cherwell	82	112	128	136	*8*	*6%*
Oxford	147	231	228	222	*-6*	*-3%*
South Oxfordshire	40	70	70	98	*28*	*40%*
Vale of White Horse	50	64	69	82	*13*	*19%*
West Oxfordshire	49	47	53	73	*20*	*38%*
Oxfordshire TOTAL	**368**	**524**	**548**	**611**	***63***	***11%***

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018); The above data is for all victims of rape offences

Reported crime is all reports of crime recorded on the crime recording system.

Reported crime is made up of Finally Recorded Crime, Crime Related Occurrences and Cancelled Crimes.

Crime Related Occurrence: This term is used to describe a record of an incident which has come to the attention of the police, which, on the Balance of Probabilities would normally amount to a notifiable crime, but a resultant crime has not been recorded. The specific circumstances where this would happen are

1. The incident is reported by a third party and either
   The alleged victim declines to confirm the crime or
   The alleged victim cannot be traced
2. The incident is being dealt with by another police force
3. The National Crime Recording Standard or Home Office Counting Rules for Recording Crime direct that a crime should not be recorded

Cancelled Crime: An offence can only be cancelled if it has been recorded as a crime. The situations when a crime can be cancelled are governed by the Home Office Counting Rules for Recorded Crime. Specific circumstances when an offence can be cancelled are:

- The offence was committed in another force area.
- There is additional verifiable information which determines that no notifiable crime has been committed.
- The crime constitutes part of a crime already recorded.
- The crime was recorded in error.
- The crime was recorded as an assault and there is additional verifiable information that the offender acted in self-defence.
- The crime is an offence of fraud and there clear auditable information that shows that the offender has been dealt with in another jurisdiction.

Source: Thames Valley Police Performance Team

Data has been updated in this version

Data has been reviewed and is unchanged

Female Genital Mutilation

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is illegal in the UK and violates treaty provisions in the Universal Declaration of Human Rights, the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination Against Women.

Statutory guidance published in April 2016 introduced a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18s, which they identify in the course of their professional work, to the police.

The NHS Digital FGM annual report for 2016-17[108] shows that:

- in the South of England Commissioning region, there were 580 newly recorded cases of FGM reported, and 1,415 attendances where FGM was identified or a procedure for FGM was undertaken.
- For NHS Oxfordshire CCG, there were 10 newly recorded cases of FGM and 15 attendances (rounding applied).

In Oxfordshire in 2017, Thames Valley Police recorded a total of 5 victims of Female Genital Mutilation (crime and non-crime)[109].

Forced Marriage

The number of cases of possible forced marriage being supported by the UK Forced Marriage Unit had been declining until the most recent year of data (2016).

- In 2016 the UK Forced Marriage Unit gave advice or support related to a possible forced marriage in 1,428 cases nationwide[110]. This was up from 1,220 in 2015 (+17%). 10% of the cases were in the South East, compared with 11% in 2012.

In Oxfordshire: for the four-year period Jan 2014 to Dec 2017, Thames Valley Police recorded no (zero) victims of Forced Marriage[111].

Honour-based Violence

According to the Crown Prosecution Service guidance:

> There is no specific offence of "honour based crime". It is an umbrella term to encompass various offences covered by existing legislation. Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive

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[108] NHS Digital: Female Genital Mutilation (FGM) Annual Report 2016/17 July 2017

[109] Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018)

[110] Forced marriage Unit Statistics: https://www.gov.uk/government/statistics/forced-marriage-unit-statistics-2016

[111] Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018) Forced Marriage data is for all victims of offences where either the Home Office Stats Code has been recorded as 03605 or the Classification has been recorded as Forced Marriage Offences.

 Data has been updated in this version

 Data has been reviewed and is unchanged

that a relative has shamed the family and/or community by breaking their honour code.

The number of victims of Honour-based violence in Oxfordshire appears to have increased from 18 recorded by Thames Valley Police in 2014 to 69 in 2017.

The majority of victims in the 4-year period 2014-2017 were residents of Oxford city (61%). 23% were resident in Cherwell and 8% in Vale of White Horse.

Table 50 Number of Victims of Honour Based Violence All Occurrences (Crime and Crime Related Occurrence) in Oxfordshire, calendar year

	2014	2015	2016	2017	*2014-17*	*% of total*
Cherwell	10	5	15	10	*40*	*23%*
Oxford	5	16	36	47	*104*	*61%*
South Oxfordshire	0	2	1	5	*8*	*5%*
Vale of White Horse	2	0	8	3	*13*	*8%*
West Oxfordshire	1	1	0	4	*6*	*4%*
Oxfordshire TOTAL	**18**	**24**	**60**	**69**	*171*	*100%*

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018); The above data is for all victims of offences where either the HBV Latest or HBV Finalisation qualifier has been used or the Occurrence Type or Classification has been recorded as Honour Based Violence – Crime Related Occurrence.

Child Sexual Exploitation

In February 2017, the government published *Child sexual exploitation: definition and guide for practitioners*[112] setting out a definition of child sexual exploitation, potential vulnerabilities and indicators of abuse and appropriate action to take in response.

The definition of Child Sexual Exploitation from this guidance is:

> *Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.*

In 2017, Thames Valley Police recorded a total of 106 victims of Child Sexual Exploitation in Oxfordshire, almost 40% below that in 2016 (170) with the greatest reduction in Oxford (21 in 2017 compared with 94 in 2016).

[112] https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners

Data has been updated in this version

Data has been reviewed and is unchanged

Over 40% (44%) of victims recorded in the four years between 2014 and 2017 were in Oxford city and a further 26% were in Cherwell.

Table 51 Number of Victims of Child Sexual Exploitation (Crime and Crime Related Occurrence) in Oxfordshire, calendar year

	2014	2015	2016	2017	*Total 2014-17*	*% of total*
Cherwell	38	29	41	36	*144*	*26%*
Oxford	36	92	94	21	*243*	*44%*
South Oxfordshire	8	15	16	24	*63*	*11%*
Vale of White Horse	26	16	10	16	*68*	*12%*
West Oxfordshire	6	11	9	9	*35*	*6%*
Oxfordshire TOTAL	**114**	**163**	**170**	**106**	***553***	***100%***

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018); The above CSE data is for all victims of offences where either the 'Child Sexual Exploitation' qualifier has been used or the Occurrence Type has been recorded as 'Suspected CSE – Crime Related Incident'

Modern slavery

From 1 November 2015, as set out in the Modern Slavery Act 2015, specified public authorities (including all police forces and local authorities), have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking.

Thames Valley Police recorded 106 victims of Modern Slavery in Oxfordshire in 2017, almost 3 times the number recorded in 2016 (37).

Table 52 Number of Victims of Modern Slavery and Trafficking Offences in Oxfordshire, calendar year

	2016	2017	*Total 2016-2017*	*% of total*
Cherwell	12	30	*42*	*29%*
Oxford	20	50	*70*	*49%*
South Oxfordshire	1	6	*7*	*5%*
Vale of White Horse	2	15	*17*	*12%*
West Oxfordshire	2	5	*7*	*5%*
Oxfordshire TOTAL	**37**	**106**	***143***	***100%***

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018). The above data is for all victims of Modern Slavery and Trafficking offences. Modern Slavery offences have been identified where either the HO Category Number is 106 or the Modern Slavery Finalisation Qualifier has been used. Trafficking offences have been identified where either the classification or Occurrence Type has been recorded as Trafficking for Sexual exploitation (out of, into, within the UK) and Trafficking for non-sexual Exploitation (out of, into, within the UK)

Data has been updated in this version

Data has been reviewed and is unchanged

6.8 Oral health

Tooth decay is a predominantly preventable disease. Significant levels remain, resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic.[113]

Data from Public Health England shows that in Oxfordshire, 77.3% of 5 year olds were free of dental decay in 2014-15, similar to the national average. This is an improvement on the rate in 2011-12 when Oxfordshire was statistically below (worse than) the national average. The rate was lowest in Oxford where 67% of 5 year olds were free from dental decay in 2014-15 (worse than average).

Table 53 Proportion of five-year-old children free from dental decay (2010-11 and 2014-15)

	2011-12			2014-15		
	Count	Percentage	vs Eng av	Count	Percentage	vs Eng av
Cherwell	198	56.2	WORSE	232	78.2	SIMILAR
Oxford	150	61.0	WORSE	210	67.2	WORSE
South Oxfordshire	193	84.9	BETTER	223	78.6	BETTER
Vale of White Horse	198	81.2	BETTER	225	79.4	SIMILAR
West Oxfordshire	130	59.1	WORSE	249	81.2	BETTER
Oxfordshire	**869**	**67.1**	**WORSE**	**1,139**	**77.3**	**SIMILAR**

Source: Public Health England, Public Health Outcomes Framework, denominator is total number of examined children in the area. Note that parental permission is required for dental examination and may affect the results.

6.9 Teenage conceptions

In 2015 there was a total of 148 conceptions to women aged under 18 in Oxfordshire, below the number in 2014 (190).

Between 2014 and 2015 there was a decline in the number and rate of teenage conceptions in Oxfordshire, and a decline regionally and nationally.

[113] Public Health England, definition of indicator "Proportion of five-year-old children free from dental decay"

Data has been updated in this version

Data has been reviewed and is unchanged

Table 54 Number and rate (per 1,000) of conceptions to women aged under 18

	2014		2015		
	Number	Rate	Number	Rate	change
Cherwell	55	20.6	37	13.9	↓
Oxford	54	23.7	38	17.2	↓
South Oxfordshire	26	10.8	29	12.2	↑
Vale of White Horse	38	18	20	9.4	↓
West Oxfordshire	17	9.2	24	13.0	↑
Oxfordshire	**190**	**16.8**	**148**	**13.2**	↓
South East		18.8		17.1	↓
England		22.8		20.8	↓

Source: ONS conception statistics (released March 2017)

6.10 Sexually Transmitted Infections

As of 2016, the rate of new diagnoses of Sexually Transmitted Infections (STIs) per 100,000 population (aged 15 to 64) in Oxfordshire was 742. This was significantly below the rate for England (795). The rate for Oxford city remained above average (1,280). There has been little change in rate of diagnoses since 2012.

Gonorrhoea

Gonorrhoea causes avoidable sexual and reproductive ill-health. Gonorrhoea is used as a marker for rates of unsafe sexual activity. This is because the majority of cases are diagnosed in genitourinary medicine (GUM) settings, and consequently the number of cases may be a measure of access to sexually transmitted infection (STI) treatment. Infections with gonorrhoea are also more likely than chlamydia to result in symptoms[114].

Gonorrhoea diagnoses have increased nationally and in Oxfordshire, which may be due in part to the introduction of the new test for gonorrhoea in August 2012. This has greatly improved sensitivity for extra-genital gonococcal infections (throat and rectum) so has increased case finding in men who have sex with men.

Since 2011, the rate of diagnosis of gonorrhoea in Oxford has increased at above the national rate.

Note that the increased number of diagnoses in 2015 was due to the testing method used at the time. Following an audit of cases and a further period of external validation of tests it was found that there was a number of false positive cases.

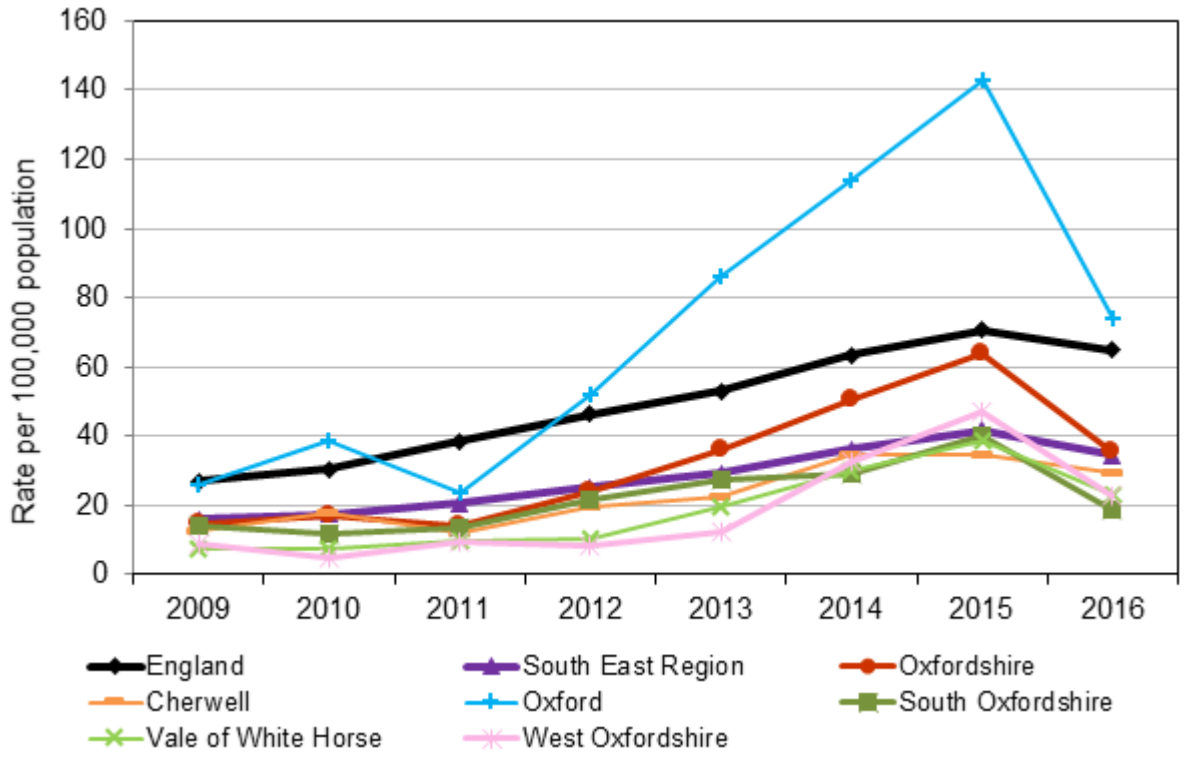
A new method of secondary testing of samples is in place since 2015 which has created a more robust testing procedure and seen a reduction in positive cases.

[114] Public Health England definition of indicator of rate of diagnosis of gonorrhoea

Data has been updated in this version

Data has been reviewed and is unchanged

Figure 80 Rate of diagnoses of gonorrhoea in Genito-urinary Medicine (GUM) clinics per 100,000 population (all ages) 2009 to 2016 (calendar years)



Source: Public Health England / Health Protection Agency - Sexual and Reproductive Health Profiles
Notes: Data represent the number of diagnoses reported and not the number of people diagnosed.
Data available by patient residence - data represent STI diagnoses among people accessing services located in England who are resident in England. If patient residence is not known that data has been excluded.
Crude rates are not adjusted for factors such as age, sex and ethnicity and have been recalculated for 2009, 2010, 2011 and 2012. Confidence intervals have been calculated locally.

Chlamydia

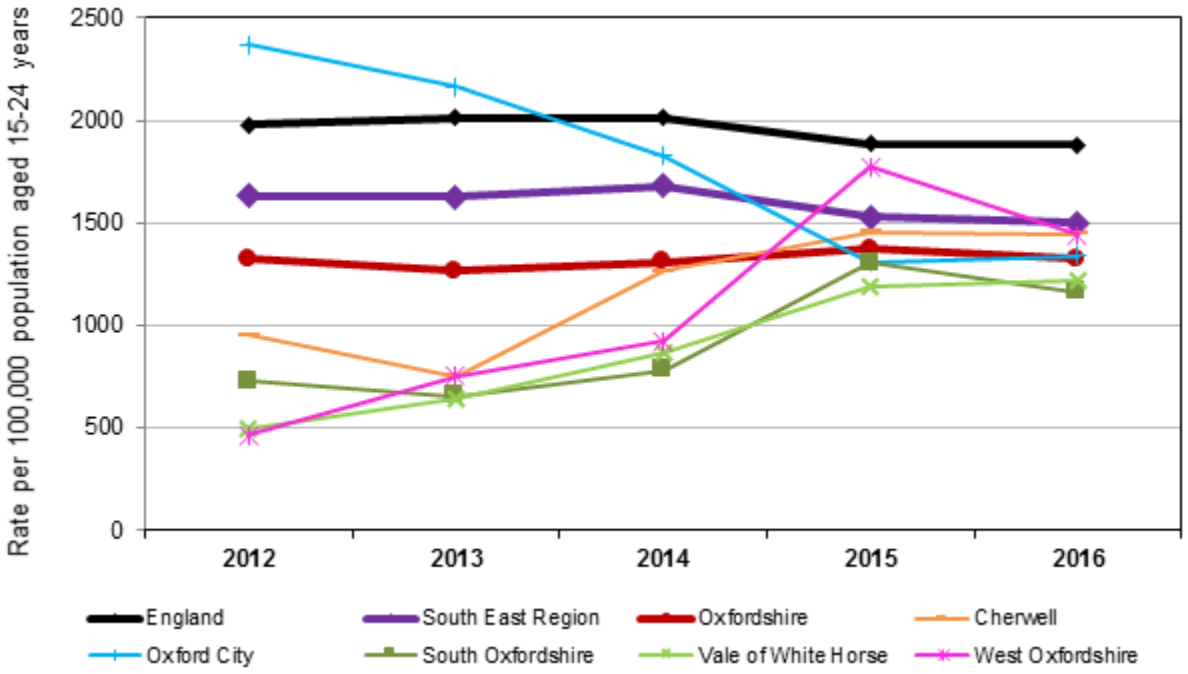
Chlamydia was the most commonly diagnosed STI in 2016. The detection rate for Chlamydia was set by the Department of Health as a level that would encourage high volume screening in young people under 25 years old.

Over the past five years there has been little change nationally, regionally or locally. Within the districts in Oxfordshire, there is more fluctuation and, except for Oxford City, the rate has increased but is now levelling off. Oxford City rates have dropped significantly but have recently levelled off.

Data has been updated in this version

Data has been reviewed and is unchanged

Figure 81 Diagnoses of chlamydia per 100,000 population (aged 15-24 years) 2012 to 2016 (calendar year)



Source: Data accessed via the National Chlamydia Screening Programme website
Notes: Data represent chlamydia tests and diagnoses among people accessing services in England, who are residents in England. Data includes all screening tests, diagnostic tests and tests on contacts. Data represents the number of tests and diagnoses reported, and not the number of people tested or diagnosed. Data presented is based on tests with confirmed positive and negative results only. Tests with equivocal, inhibitory and insufficient results have been excluded as most people with these results are re-tested. Confidence intervals are calculated locally.

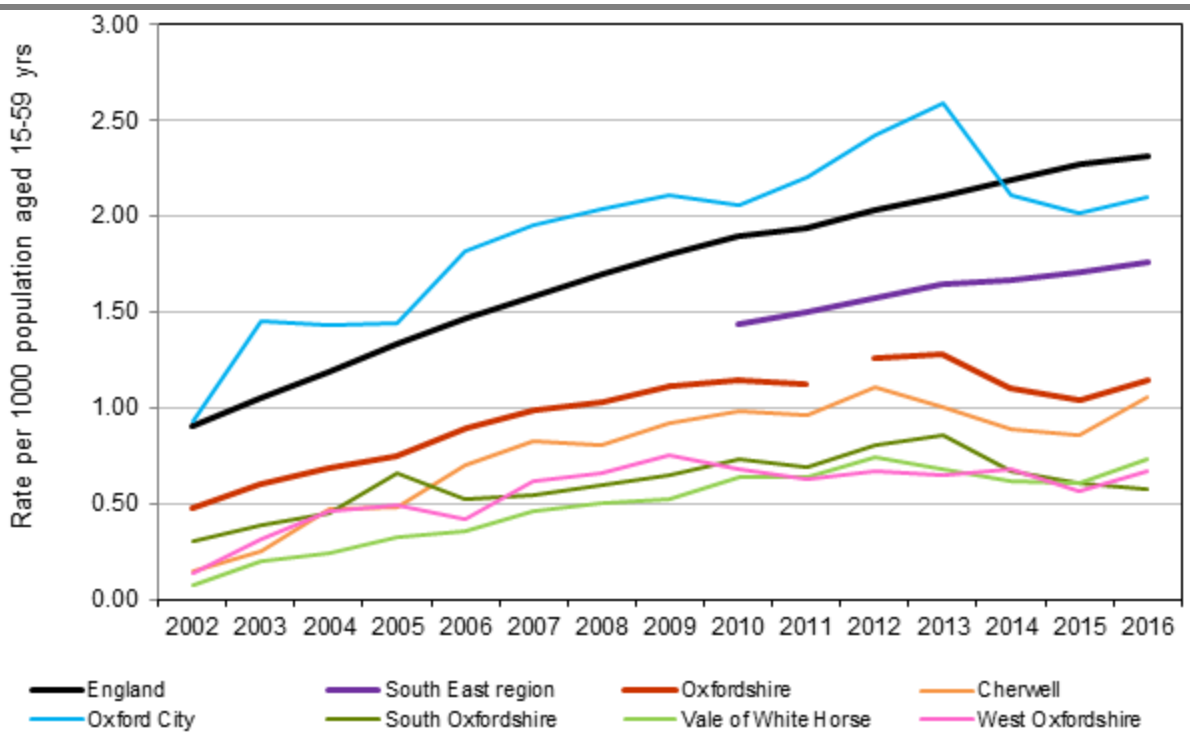
HIV

Human Immunodeficiency Virus (HIV) continues to be one of the most important communicable diseases in the UK. It attacks the immune system, and weakens the ability to fight infections and disease. It is an infection associated with serious morbidity, high costs of treatment and care, significant mortality and high number of potential years of life lost. HIV is most commonly caught by having unprotected sex. It can also be passed on by sharing infected needles and other injecting equipment, and from an HIV-positive mother to her child during pregnancy, birth and breastfeeding.

Individuals who are diagnosed with HIV at early stages in their infections respond well to antiretroviral treatment, have improved health outcomes and are less likely to transmit the virus to others. Because treatment is now provided at an earlier stage in the disease, people who are HIV positive will continue to live longer so the prevalence rate will gradually increase over time i.e. the number of people living with HIV will "accumulate". As a result of this, the prevalence of people living with a diagnosis of HIV has been increasing across all geographical areas over the past 12 years.

Overall in Oxfordshire the prevalence rate of HIV is significantly lower than the national average. However more than half of the people with HIV live in Oxford City which, until recently, has had a significantly higher prevalence rate than England.

Figure 82 Prevalence of diagnosed HIV per 1000 population (i.e. people living with a diagnosis of HIV) aged 15-59 yrs 2002 to 2016 (calendar years)



Source: Public Health England Sexual and Reproductive Health Profiles
Notes: The numerator only covers individuals who have received a HIV diagnosis and will therefore be an under-estimation of actual numbers of people living with HIV who remain undiagnosed and untreated. Crude rates are not adjusted for factors such as age, sex and ethnicity. In addition, numbers do not include people who are undiagnosed.

Data has been updated in this version

Data has been reviewed and is unchanged

7 Service use

This chapter sets out the changing demand for health and social care services across Oxfordshire. A small amount of summary information is included on the quality of services. Further resources are available online, by visiting the JSNA – Service Use webpage.

The Oxfordshire Clinical Commissioning Group (OCCG) is responsible for commissioning the vast majority of the healthcare provided to patients registered at Oxfordshire-based General Practitioners (GP) practices.

Reports published by Healthwatch Oxfordshire provide more information about the quality of services from a patient perspective.

7.1 Service use – key findings

This section highlights the key messages from the review of data on Service Use (data sources and research references are provided with the detailed data in the remainder of this chapter).

Healthcare workforce

- In September 2017, there was a total of 644 advertised vacancies (full time equivalents) for Oxford Health NHS FT, Oxford University Hospitals NHS FT and Oxfordshire CCG. 44% were for nurses/midwives and 22% were administrative and clerical.
- Care Quality Commission analysis shows that from mid-2016 to mid-2017 Oxfordshire NHS Acute staff turnover for nursing & midwifery staff, other clinical and non-clinical staff was well above the England average.

Use of health services

- Use of health services is increasing overall and per person. The number of times people visit their doctor or are treated in hospital has increased significantly in Oxfordshire (and nationally), especially in the older age group.
- According to the 2017 GP Patient Survey, after contacting an NHS service outside of GP surgery hours, 30% of Oxfordshire respondents attended A&E (34% nationally).
- The proportion of hospital inpatients with complicating comorbidities is increasing. In 2012-13 the proportion was 10.3% of inpatient spells and by 2016-17 this had increased to 11.8%. The district with the highest proportion of patients with complicating comorbidities was Oxford City.
- In 2016-17 there was around 12,000 inpatient spells for Oxfordshire residents aged 85 and over, 10% of the total number of inpatient spells.
- Oxfordshire County Council forecasts suggest a potential increase of inpatient spells for people aged 85+ from 12,000 in 2016-17 to 18,400 by 2031-32 (+6,800).
- In 2016-17 Ambulance data show the top condition for Oxfordshire residents was falls, 11% of the total.
- Oxfordshire's comparative rates of injuries due to falls in people aged 65+ and for people aged 80+ has improved, from statistically worse than average to similar to the South East average.

Data has been updated in this version

Data has been reviewed and is unchanged

- In 2016-17 the average daily rate of delayed transfers of care (DTOC) within Oxfordshire in 2016-17 was 25.7 (people aged 18 and over per 100,000). This rate has fallen since the previous year but remains significantly higher than the average rate for England of 15.
    - Care Quality Commission analysis shows the greatest difference between Oxfordshire and national/regional averages from February 2017 to August 2017 was people waiting for a care package at home or community equipment/ adaptations, where Oxfordshire was over 3 times the average rate per 100,000 people of comparator areas.
- In the past year, there has (again) been an increase in the number of people referred for treatment to Oxford Health mental health services, particularly children and young people.
    - Between 2011-12 and 2016-17, the number of patients referred to Oxford Health mental health services overall increased by 22%. The number of patient referrals aged 10-14 increased by 70% and aged 15-19 increased by 80%
- As of December 2017, two thirds (66%) of young people, in the Oxfordshire Clinical Commissioning Group area referred to CAMHS, were seen within 12 weeks. In the previous 3 months (Sept-Nov17), less than half of referrals were seen within 12 weeks.

Use of social care services

- The majority (60%) of Oxfordshire's long term social care clients are older people aged 65 and over. A quarter (25%) of people receiving social care support are people with learning disabilities.
- Oxfordshire County Council forecasts suggest a potential increase of older social care clients aged 85+, from 1,900 in 2017 to 2,900 by 2031.
- Between 2015-16 and 2016-17 there was a 9% drop in the number of adults provided with short-term reablement services.
- There has been an increase in the proportion of older social care clients supported at home, from 44% of older clients in 2012 to 59% in 2017.
- By district, the highest number of older people being supported with long-term social care services as of end March 2017 was in Cherwell. The highest rate per 1,000 population was Oxford City.
- Oxfordshire County Council estimates that: of the total number of older people receiving care in Oxfordshire, 40% (4,200) are being supported by the County Council or NHS funding and 60% (6,300) are self-funding their care.
- Oxfordshire has seen increases in the number of children referred to social care, children on protection plans and children who are looked after.
    - The number of children on protection plans in Oxfordshire has been rising in recent years, and the rate is now above the South East average and just below the national average.
    - The rate of looked after children in Oxfordshire remains below the national and regional averages, but the number of cases increased each year since 2013 and is now above the rate of similar authorities.

Data has been updated in this version

Data has been reviewed and is unchanged

  - In a trend related to this increase in placements, in 2016-17 the proportion of looked after children placed out of Oxfordshire (and more than 20 miles from home) increased. This was against the trend for statistical neighbours where the rate of placements out of area declined.
- Care leavers in Oxfordshire are less likely than average to be in employment, education or training.

Community safety, Citizens Advice, Troubled families

- The vast majority of victims of doorstep crime and rogue traders were older people and Oxfordshire Trading Standards has seen a repeat targeting of elderly and vulnerable victims.
- A higher than average proportion of clients of Oxfordshire's Citizens Advice services were disabled (31% compared with 14% with activities limited by health or disability in Oxfordshire in 2011). The district with the greatest number of clients with multiple health impairments was Oxford.
- Reflecting on recent trends, Citizens Advice agencies in Oxfordshire have commented:
  - *We have seen significant increases in relation to benefits, in particular Housing Benefit, Personal Independence Payments and Employment and Support Allowance. The latter two is certainly due to an increase in withdrawal or refusal of benefits at medical assessment stage for ESA, and in transitioning from DLA to PIP. This will have impacted on other benefits as premium entitlements are lost and other benefits re-evaluated and potentially lost.*
  - *It is possibly too early for us to notice any Universal Credit trends as this has only just been introduced here in Oxfordshire.*
- Around 2,800 families have been identified in Oxfordshire for the second phase of the Troubled Families (Think Families) programme. Over half (61%) met the national criteria on worklessness, 47% met the criteria on domestic abuse and 37% were families where children need help (in need or subject to a child protection plan).

Access to services

- National data shows that a significantly lower proportion of disabled people used the internet to find information about goods and services (57% disabled compared with 80% not disabled).
- Areas of rural Oxfordshire classified as 2 miles or more from a GP surgery cover almost a third of the younger population (aged 0-15, 32%) and a third of the older population (aged 65+, 34%) in rural districts.

7.2 Primary health care

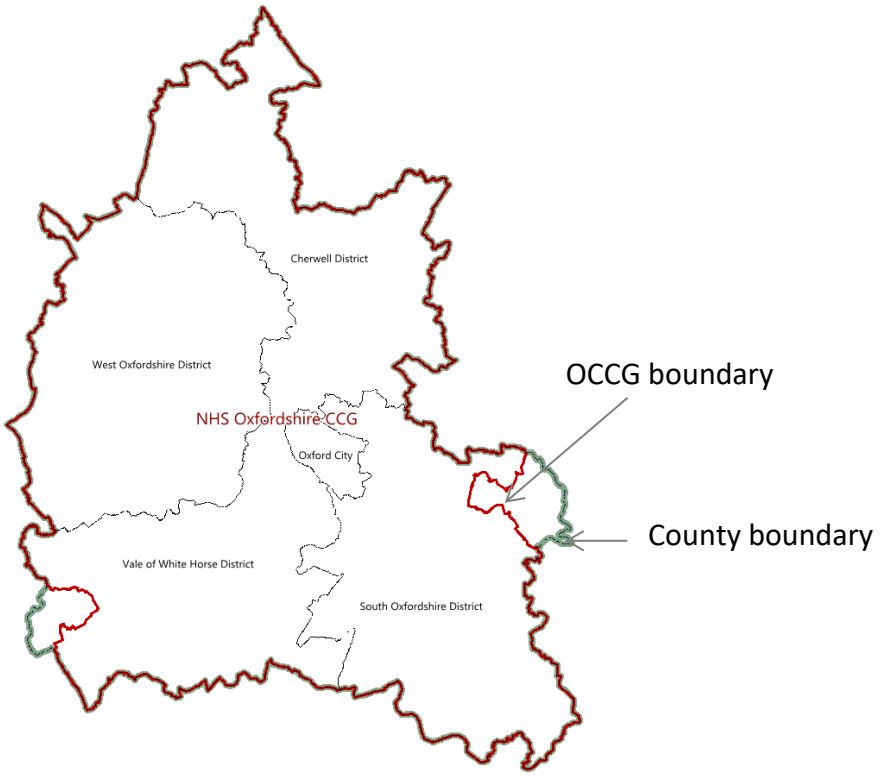
Oxfordshire Clinical Commissioning Group area

Between mid-2016 and mid-2017 the Oxfordshire Clinical Commissioning Group (OCCG) GP registered population increased by 2% to a total of **733,255.**

Comparing the Oxfordshire Clinical Commissioning Group (OCCG) GP registered population in mid-2016 with ONS population estimate for Oxfordshire shows the GP practice population as 34,700 above the estimated population of Oxfordshire county.

This is a result of (a) slightly different geographical boundaries; (b) some residents of neighbouring counties being registered with Oxfordshire GPs; (c) possible delays in deregistering patients from practice lists, especially students.

Figure 83 Oxfordshire Clinical Commissioning Group boundary



TOTAL Population

Oxfordshire County

Mid-2016 683,200

NHS Oxfordshire Clinical Commissioning Group

Mid-2016 717,856

Mid-2017 733,255

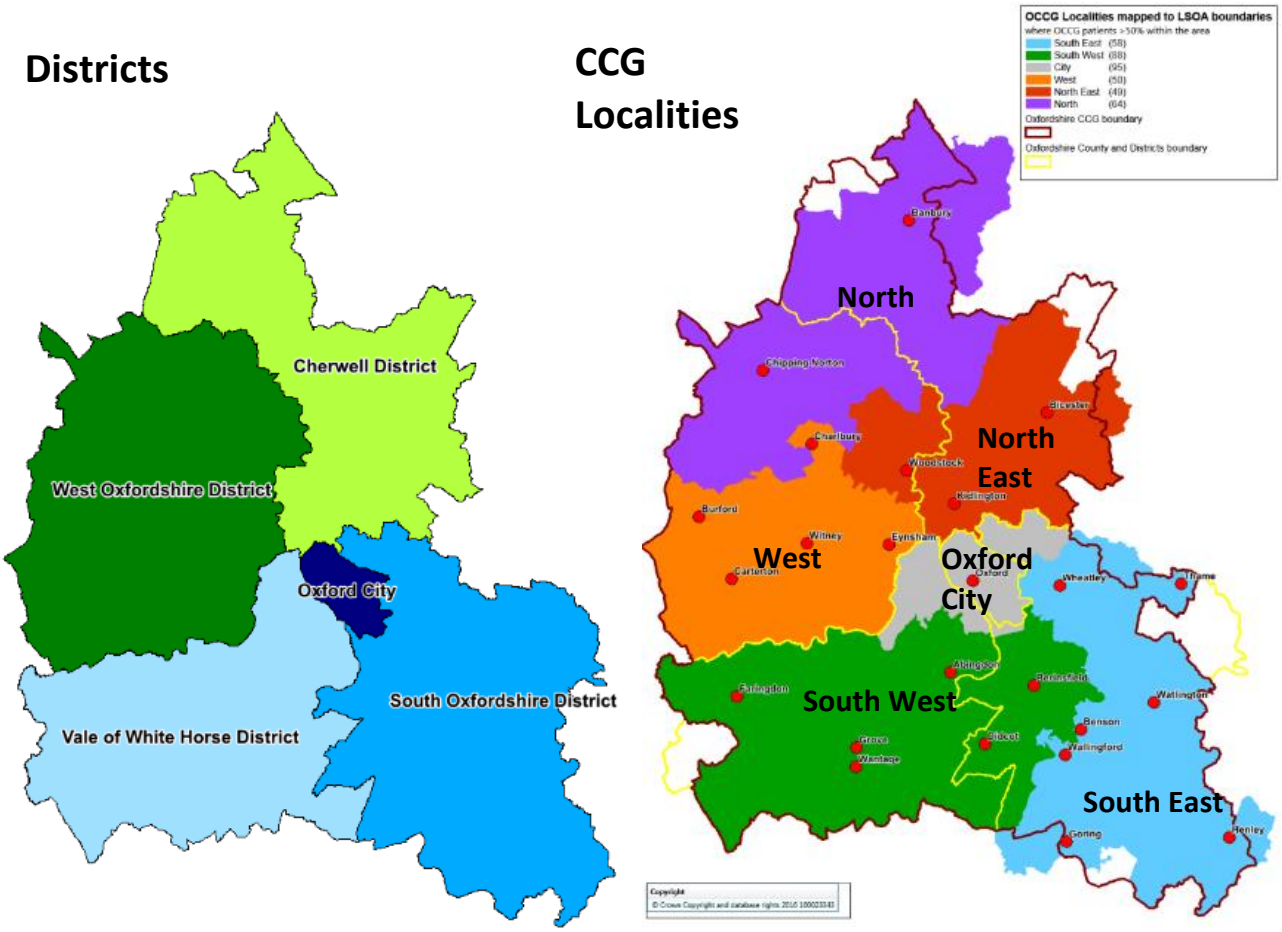
Source: Map from NHS South, Central and West Commissioning Support Unit

Data has been updated in this version

Data has been reviewed and is unchanged

Oxfordshire is sub-divided into 5 district areas and 6 Clinical Commissioning Group locality areas.

Districts	OCCG Localities
Cherwell	North
Oxford	North East
South Oxfordshire	West
Vale of White Horse	Oxford City
West Oxfordshire	South West
	South East



Locality mapping based on patients registered to GP practices within Oxfordshire Clinical Commissioning Group by Lower Super Output Area

+ Data has been updated in this version

= Data has been reviewed and is unchanged

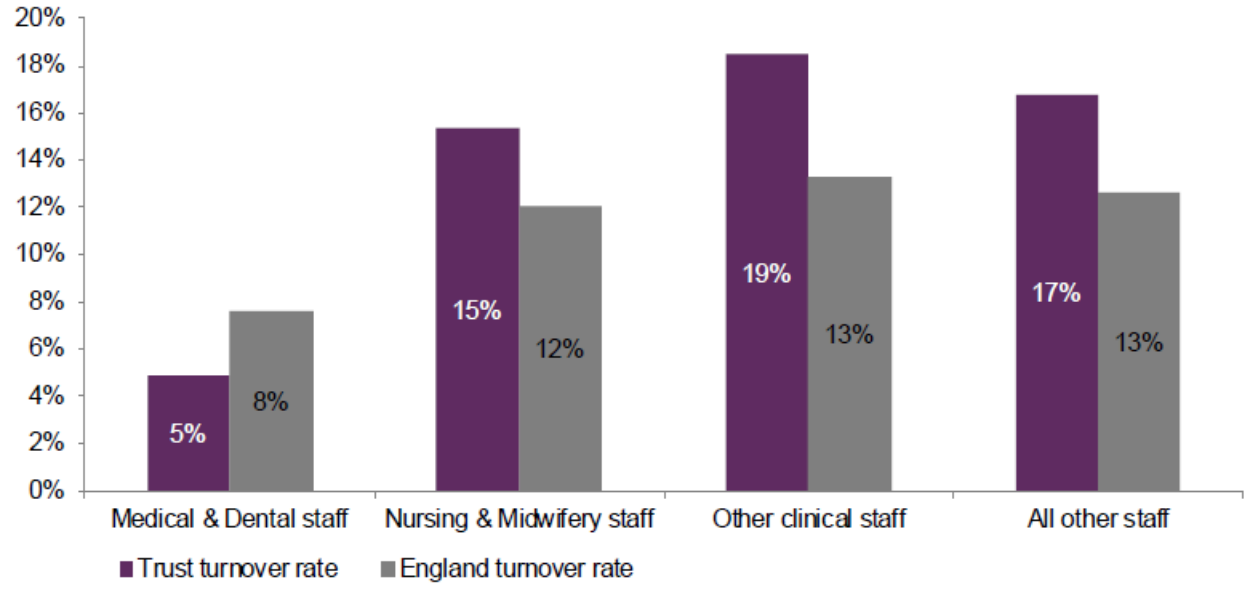
Healthcare workforce

As of September 2017, there were 406 full time equivalent GPs (including salaried, retainers, registrars and locums) in Oxfordshire CCG practices, 59.5 per 100,000 population[115]. This was just below the national average of 60.3 per 100,000 population.

NHS experimental vacancy statistics published January 2018[116] include comparative organisational level vacancy data for the first time. This shows a total of 644 advertised vacancies (full time equivalents) for Oxford Health NHS FT, Oxford University Hospitals NHS FT and Oxfordshire CCG in September 2017. 44% were for nurses/midwives and 22% were administrative and clerical.

Care Quality Commission analysis shows that from mid-2016 to mid-2017 Oxfordshire NHS Acute staff turnover for nursing & midwifery staff, other clinical and non-clinical staff was well above the England average.

Figure 84 NHS Acute Staff Turnover 1Jul16 to 30Jun17



Source: CQC analysis. Levels of staff turnover and stability within acute hospital services between 01 July 2016 and 30 June 2017. Oxfordshire is Oxford University Hospitals NHS Foundation Trust. Turnover data is based on headcount and shows people leaving or returning to active service.

[115] General Practice Provisional Tables September 2017 https://digital.nhs.uk/catalogue/PUB30149; ONS 2016 mid-year population estimate

[116] NHS Vacancy Statistics England, February 2015 - September 2017, Provisional Experimental Statistics, January 23, 2018

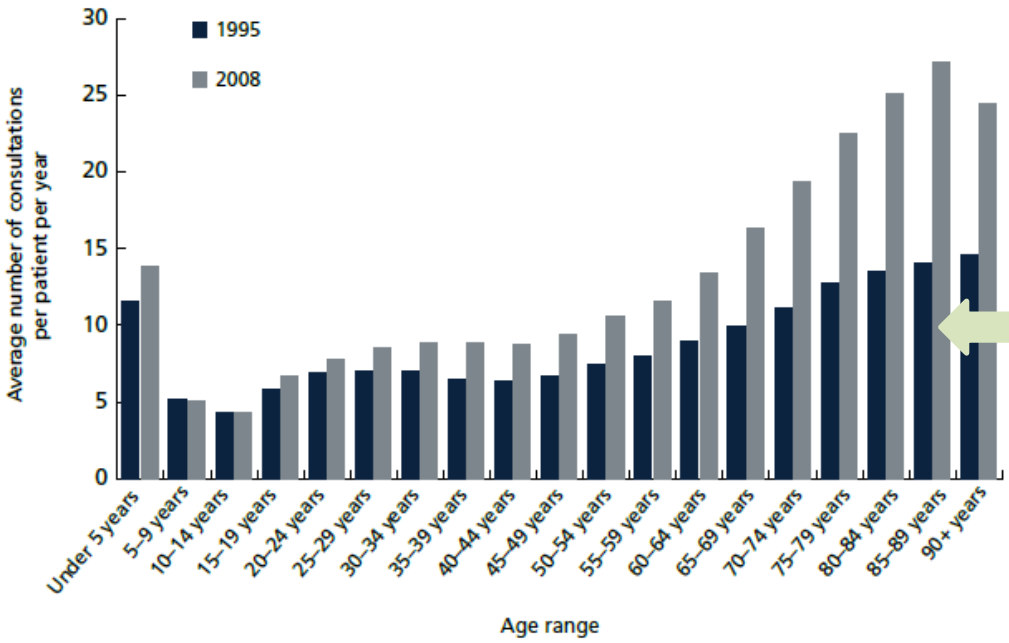
Data has been updated in this version

Data has been reviewed and is unchanged

Contact with GPs

National data suggests that the number of primary care consultations per patient per year has increased significantly, especially in the older age groups.

Figure 85 Change in the average number of primary care consultations per patient per year in England 1995 to 2008



Greatest increase average primary care consultations per patient for those aged 85-89

Source: The 2022 GP Compendium of evidence, Royal College of General Practitioners; data from Hippisley-Cox J, Vinogradova Y. Trends in consultation rates in general practice 1995/96 to 2008/9. Datasets are available from https://data.gov.uk/dataset/trends_in_consultation_rates_in_general_practice

More recent analysis comparing 2007 to 2014 primary care consultations[117] has shown this trend continuing.

A study carried out by the Oxfordshire Clinical Commissioning Group, based on data from 12 (self-selecting) OCCG Practices, shows an increase in consultation rates in the older age bands, similar to the national trend.

- The number of consultations per person aged 80 and over doubled between 2009-10 and 2013-14.

GP Patient Survey

The GP Patient Survey takes place twice a year and asks patients about experiences of their local GP surgery and other local NHS services.

[117] Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007–14 http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00620-6/abstract

+ Data has been updated in this version

= Data has been reviewed and is unchanged

About the GP Patient Survey

The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.

Ipsos MORI administers the survey on behalf of NHS England.

The survey measures patients' experiences across a range of topics, including:

- Making appointments
- Waiting times
- Perceptions of care at appointments
- Practice opening hours
- Out-of-hours services

The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations and over time.

The survey has limitations:

- Sample sizes at practice level are relatively small.
- The survey does not include qualitative data which limits the detail provided by the results.
- The data are provided twice a year rather than in real time.

The July 2017 GPPS results report on the wave of fieldwork carried out in January to March 2017.

In NHS OXFORDSHIRE CCG, 20,111 questionnaires were sent out, and 8,157 were returned completed. This represents a response rate of 41% (similar to the previous year).

http://gp-patient.co.uk

Use of GP services

The 2017 GP Patient survey shows that 67% of respondents in the Oxfordshire Clinical Commissioning Group area had seen or spoken to a GP within the last six months. This was similar to the England rate (68%) and similar to Oxfordshire CCG rate in 2016 (68%).

Satisfaction with GP services overall in Oxfordshire was significantly higher than for England. 89% rated their GP surgery as good (very good or fairly good) compared with 85% nationally.

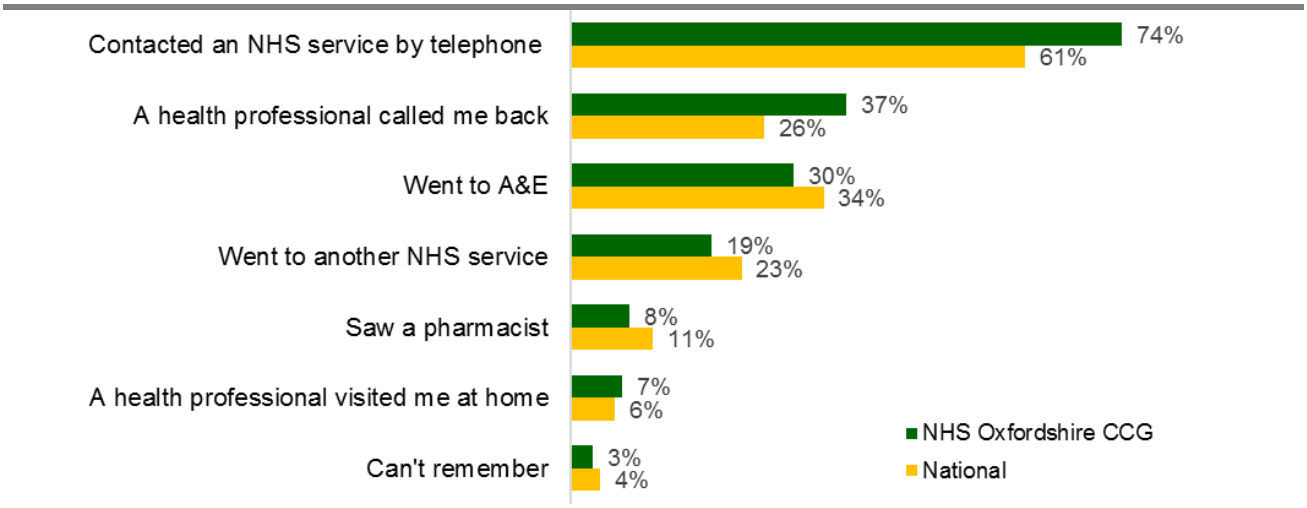
Out of hours contact

According to the 2017 GP Patient Survey, when contacting an NHS service outside of GP surgery hours, a higher proportion than average of Oxfordshire respondents made contact by telephone (74% in Oxfordshire CCG compared with 61% across England) and a slightly lower than average proportion went to A&E (30% in Oxfordshire CCG compared with 34% nationally).

 Data has been updated in this version

 Data has been reviewed and is unchanged

Figure 86 Services contacted out of hours (Q: Considering all of the services you contacted, which of the following happened on that occasion?) 2017



Source: GP Patient Survey 2017 (Jan-Mar 2017 wave); Base: All those who tried to contact an NHS service when GP surgery closed in the past 6 months: National 140,428; CCG 1,677

Data has been updated in this version

Data has been reviewed and is unchanged

7.3 Secondary Health Care

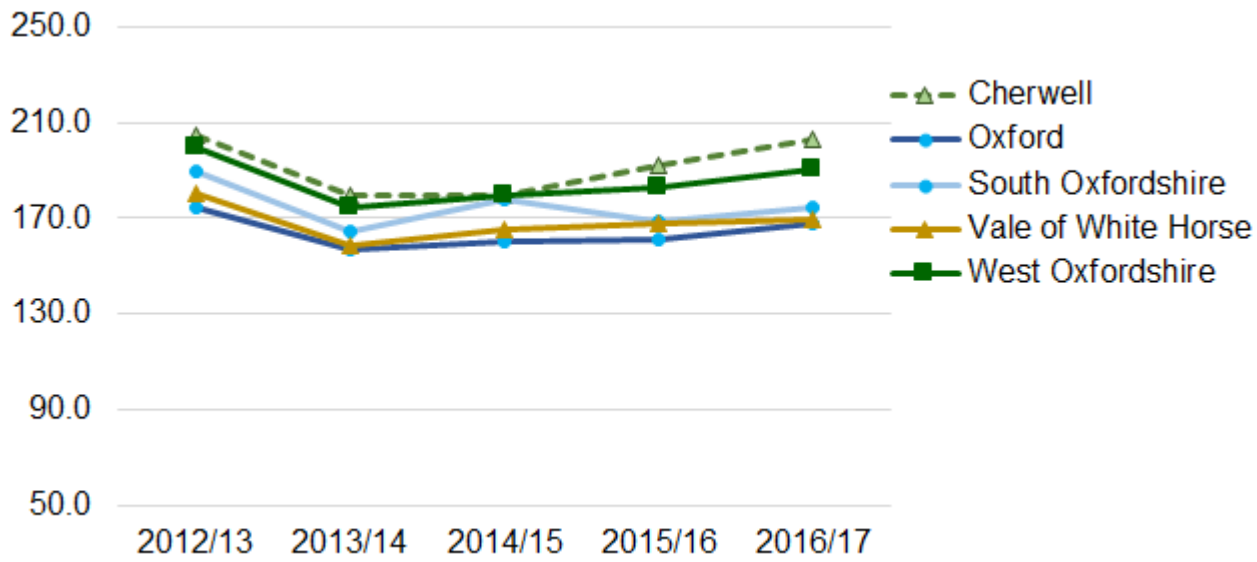
Data on hospital inpatient activity, ambulance activity and data on complex patients is new to this 2018 JSNA update.

Hospital inpatient activity

According to hospital inpatient data provided by the NHS South, Central and West Commissioning Support Unit, there was a total of **123,300** inpatient spells for residents of Oxfordshire in 2016-17. This was just below the total number in 2012-13 (125,100).

The rate per 1,000 population in Oxfordshire's districts was highest in Cherwell and West Oxfordshire.

Figure 87 Inpatient spells, crude rate per 1,000 population



Source: data provided by NHS South, Central and West Commissioning Support Unit, analysis by Oxfordshire County Council; note that chart does not start at 0

The proportion of hospital patients with complicating comorbidities[118] is increasing. In 2012-13 the proportion was 10.3% of inpatient spells and by 2016-17 this had increased to 11.8%.

The district with the highest proportion of patients with complicating comorbidities was Oxford City (17.1% in 2016-17, compared with 11.8% across Oxfordshire).

[118] *Complicating Comorbidities* are additional factors that may make the patient event more complicated, for example if a patient is very old or very young, or if the patient suffers from other conditions or injuries that may cause complications.

Data has been updated in this version

Data has been reviewed and is unchanged

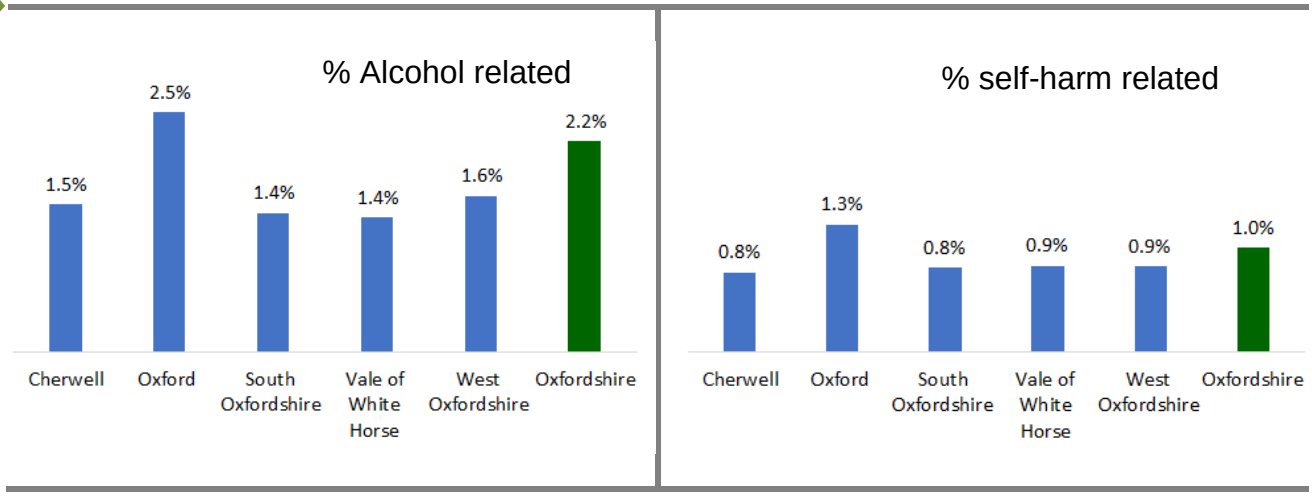
Table 55 Proportion of inpatients with complicating comorbidities by district

	2012-13	2013-14	2014-15	2015-16	2016-17
Cherwell	11.2%	12.8%	13.5%	13.5%	15.8%
Oxford	13.3%	14.0%	14.5%	15.2%	17.1%
South Oxfordshire	10.0%	10.7%	10.8%	12.0%	13.5%
Vale of White Horse	11.7%	12.2%	12.9%	13.6%	15.8%
West Oxfordshire	10.7%	11.5%	12.2%	12.6%	13.9%
Oxfordshire	**10.3%**	**10.2%**	**11.1%**	**10.8%**	**11.8%**

Source: data provided by NHS South, Central and West Commissioning Support Unit, analysis by Oxfordshire County Council

Oxford City had a highest proportion of inpatients with alcohol-related admissions and inpatients related to self-harm.

Figure 88 Proportion of inpatient spells that were alcohol related or self-harm related 2016-17



Source: data provided by NHS South, Central and West Commissioning Support Unit, analysis by Oxfordshire County Council

Data has been updated in this version

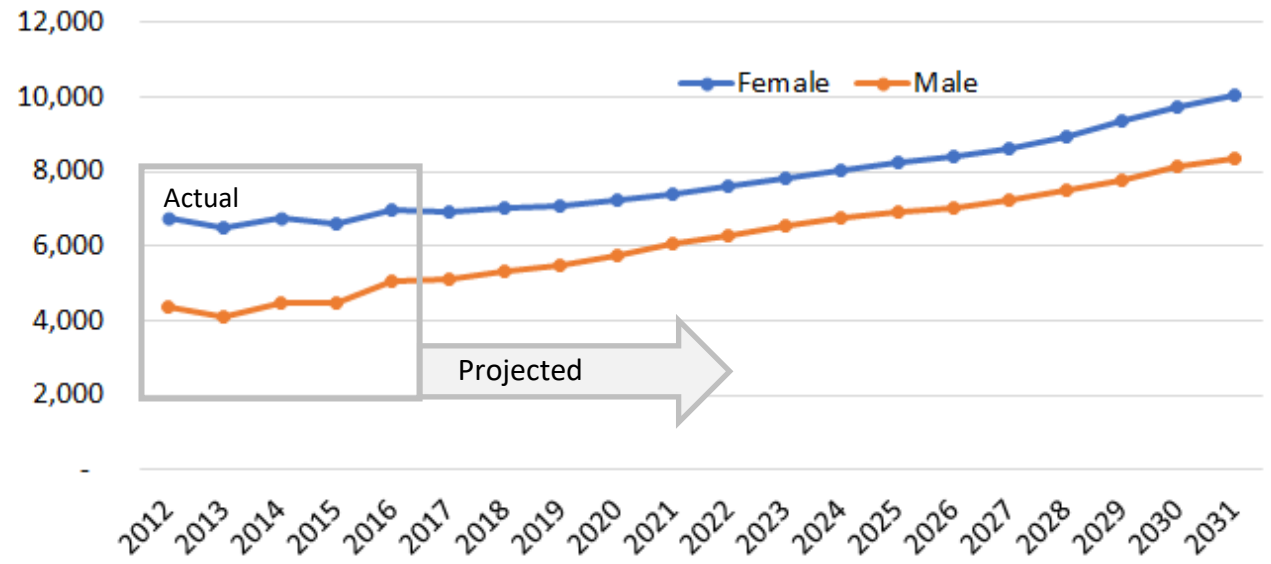
Data has been reviewed and is unchanged

Hospital inpatients aged 85 and over

In 2016-17 there was around 12,000 inpatient spells for Oxfordshire residents aged 85 and over, 10% of the total number of inpatient spells.

Assuming that the over 85 population continues to need inpatient services at the same rate as the past 3 years, and using the forecast growth in population (County Council Feb18), gives a potential increase of an additional 6,400 inpatient spells for people aged 85+ by 2031-32 to a total of 18,400.

Figure 89 Actual and projected number of inpatient spells for Oxfordshire residents aged 85+



Source: Inpatient activity from NHS South, Central and West CSU; ONS population estimates and Oxfordshire County Council population forecasts (Mar18). Rate calculated using 3-year average of actual inpatient spells 2014-15 to 2016-17 and applying this rate to the forecast for Oxfordshire's 85+ population. Year is mid-year for population estimates and financial year for inpatient spells (2012 = 2012-13).

Table 56 Actual and projected number of inpatient spells for Oxfordshire residents aged 85+

	ACTUAL	PROJECTED			CHANGE
	2016-17	2021-22	2026-27	2031-32	2016-17 to 2031-32
Females	7,000	7,400	8,400	10,000	3,000
Males	5,000	6,100	7,000	8,300	3,300
TOTAL	12,000	13,500	15,400	18,400	6,400

Source: Inpatient activity from NHS South, Central and West CSU; ONS population estimates and Oxfordshire County Council population forecasts (Mar18). Rate calculated using 3-year average of actual inpatient spells 2014-15 to 2016-17 and applying this rate to the forecasts for Oxfordshire's 85+ population.

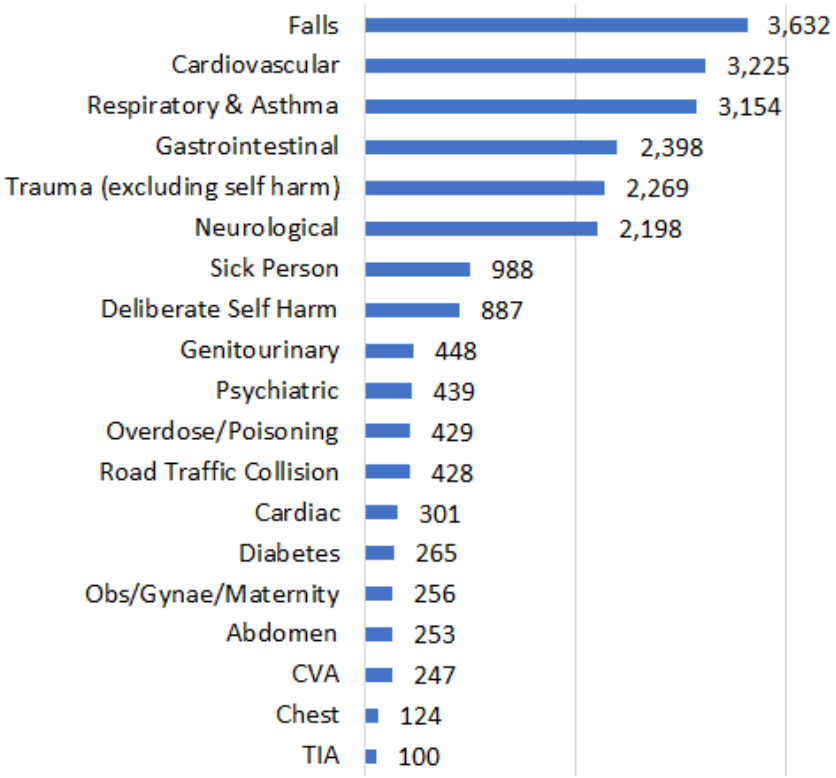
Data has been updated in this version

Data has been reviewed and is unchanged

Use of Ambulance services

In 2016-17 there was a total of 32,100 ambulance trips matched to A&E or inpatient records for Oxfordshire residents. The top condition/complaint was falls, accounting for 3,600 ambulance trips, 11% of the total.

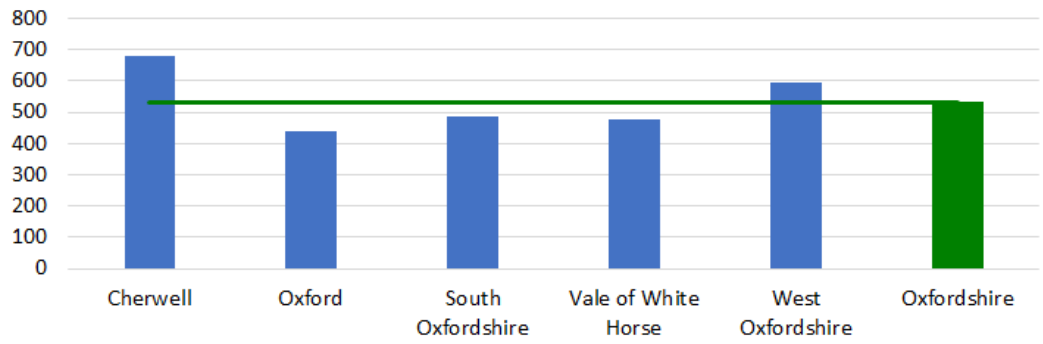
Figure 90 Ambulance trips by condition* – Oxfordshire residents 2016-17



Source: Ambulance activity data provided by NHS South, Central and West Commissioning Support Unit;
*refers to the presenting ailment of the patient when the 999/111 call is made. These condition categories are created by grouping similar conditions present in the ambulance data and were created without clinical input and as such should be treated as broadly indicative

The rate per population of Ambulance service activity due to falls was above the county average in Cherwell and West Oxfordshire.

Figure 91 Ambulance trips due to FALLS, crude rate per 100,000 population 2016-17



Source: Ambulance activity data provided by NHS South, Central and West Commissioning Support Unit, ONS 2016 population estimate

Data has been updated in this version

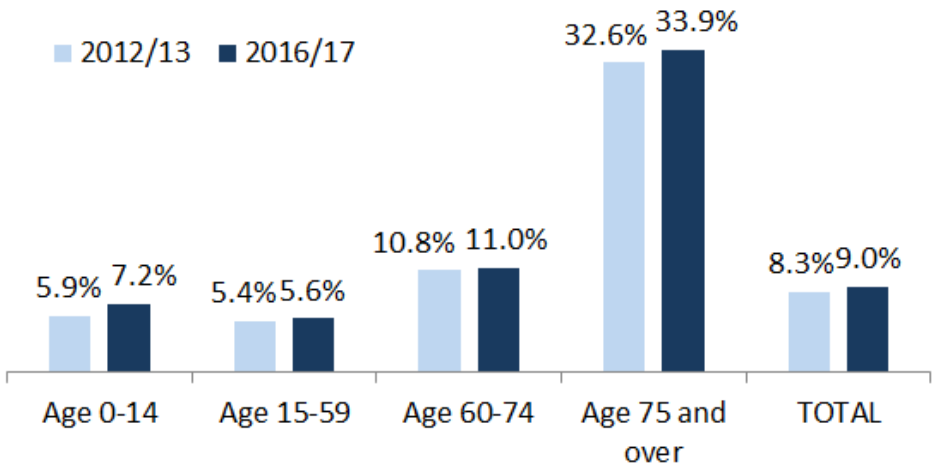
Data has been reviewed and is unchanged

Emergency hospital admissions

Between 2012-13 and 2016-17, the proportion of emergency hospital admissions for patients registered to OCCG practices increased from 8.3% to 9% (as a percentage of the ONS estimate of resident population).

The greatest increases have been in the age groups 0-14 and 75+.

Figure 92 Emergency hospital admissions patients registered to Oxfordshire CCG practices, as % of population



Source: NHS South, Central and West Commissioning Support Unit; ONS population estimates for Oxfordshire county

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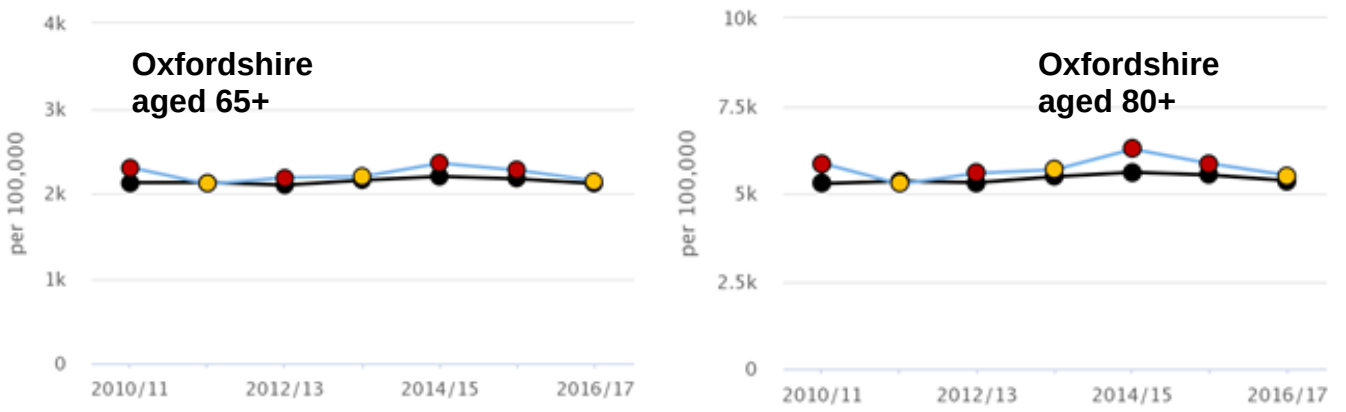
Data has been reviewed and is unchanged

Emergency admissions for injuries due to a fall

According to Public Health England data, in 2016-17 there was a total of 2,683 emergency hospital admissions due to falls in Oxfordshire for people aged 65 and over of which the majority (1,850, 69%) were admissions for people aged 80 and over.

As of 2016-17 Oxfordshire was statistically similar to the England and South East average rates of injuries due to falls in people aged 65 and over, and for people aged 80 and over. In each age group the rate was statistically similar in both males and females.

Figure 93 Emergency hospital admissions due to falls in people aged 65+ and 80+ (directly age-sex standardised rate per 100,000)



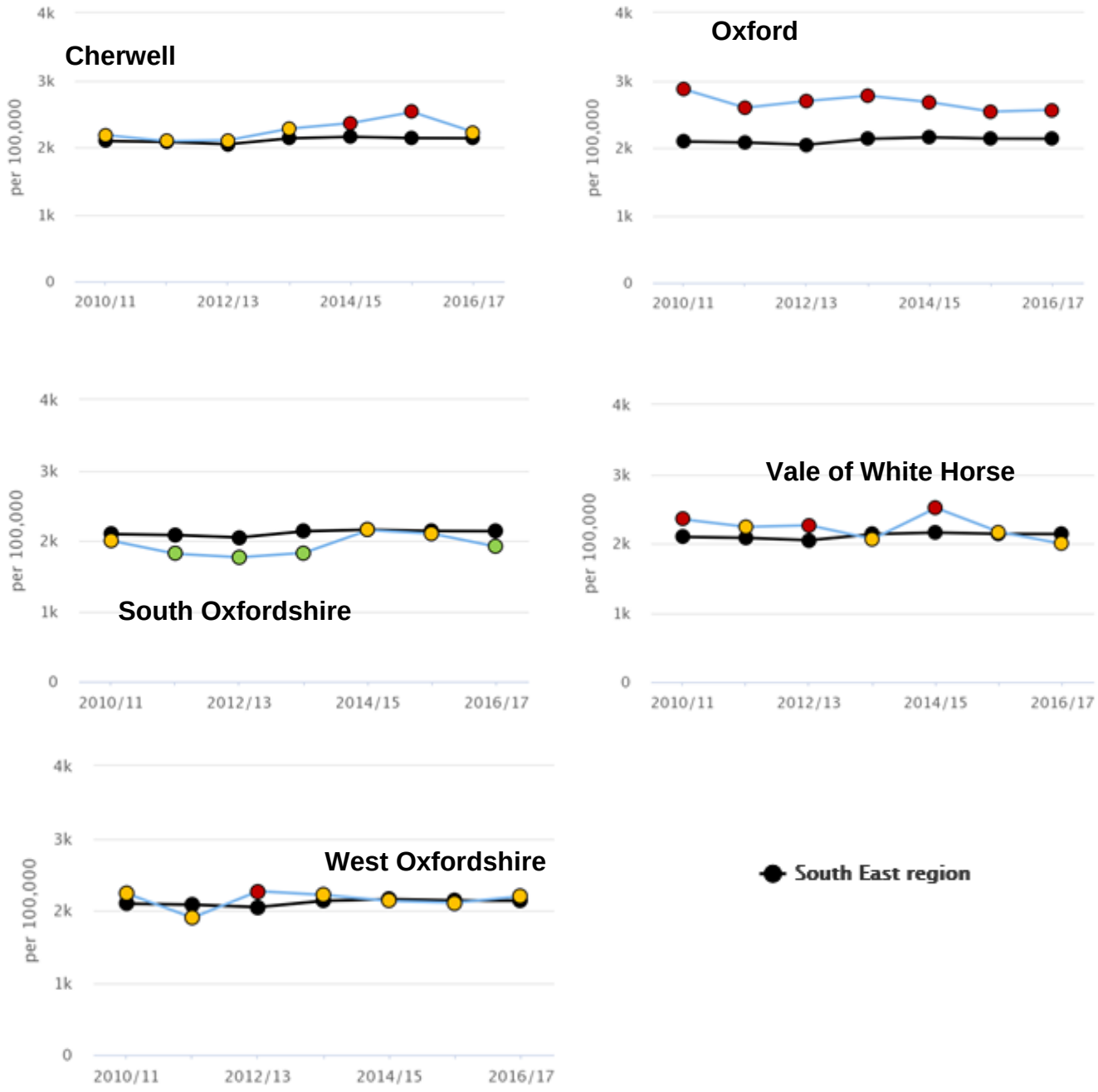
Source: Public Health Outcomes Framework

Within the districts, emergency hospital admissions for falls in people aged 65+ were statistically above average in Oxford, and below average in South Oxfordshire in the latest year of data.

Data has been updated in this version

Data has been reviewed and is unchanged

Figure 94 Emergency hospital admissions due to falls in people aged 65+ (directly age-sex standardised rate per 100,000)



Source: Public Health Outcomes Framework

Data has been updated in this version

Data has been reviewed and is unchanged

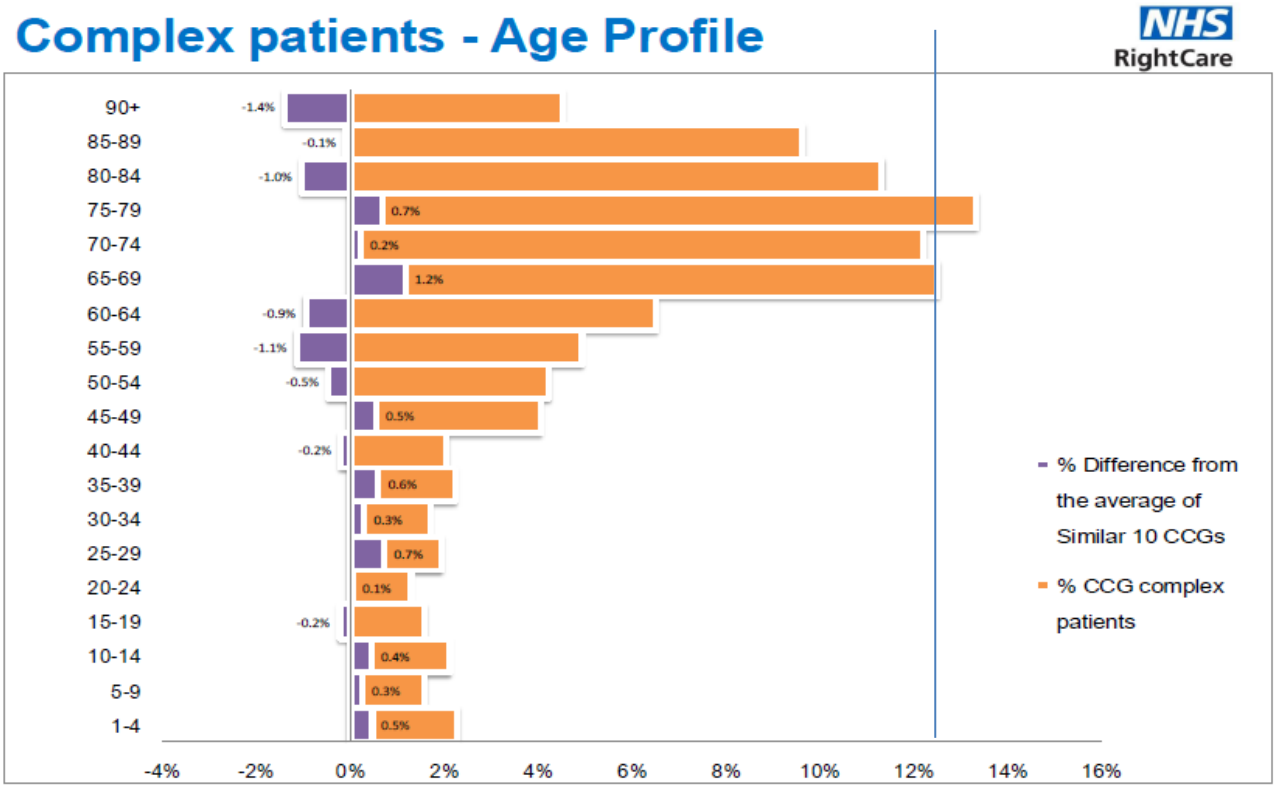
Complex patients and Co-morbidities

The NHS[119] Rightcare pack for Oxfordshire CCG shows information on complex patients.

- *Data on "complex patients" include analysis on inpatient admissions, outpatient and A&E attendances for the 2% of patients that your CCG spends the most on for inpatient admissions in 2015/16. Nationally the most common conditions of admissions for complex patients are circulation; cancer; and gastro-intestinal problems.*
- *Whilst this NHS analysis only focuses on secondary care due to availability of data, it is expected that these patients are fairly representative of the type of complex patients who will require the most treatment across the health and care system. However, it is not possible to include analysis on mental health patients as they are not captured fully in these datasets.*

Almost two thirds (64%) of Oxfordshire CCG's complex patients are aged over 65+. The proportion aged 65 to 79 was above average of 10 similar CCGs.

Figure 95 Age profile of Oxfordshire CCG complex patients and % difference from the average of Similar 10 CCGs 2015-16



Source: Rightcare "Commissioning for Value – where to look pack" for Oxfordshire CCG (Jan 2017)

[119] Rightcare "Commissioning for Value – where to look pack" for Oxfordshire CCG (Jan 2017) https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/01/cfv-oxfordshire-jan17.pdf

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Data has been reviewed and is unchanged

"Co-morbidities" is the presence of one or more additional diseases or disorders co-occurring with a primary disease or disorder.

The following chart shows the count of Oxfordshire Clinical Commissioning Group complex patients by main condition and co-morbidity conditions.

This shows, for example, that of the 519 patients admitted for Gastro intestinal conditions in 2015-16, 172 also had admissions for a Cancer condition. Of the 497 patients admitted for Cancer conditions, 139 also had admissions for a Respiratory condition.

Figure 96 Complex patients – co-morbidities (NHS Rightcare) 2016-17

Main conditions	Co-morbidity 1	Co-morbidity 2	Co-morbidity 3	Co-morbidity 4	Co-morbidity 5
Gastro intestinal	Cancer	Respiratory	Circulation	Neurological	Genito Urinary
519 patients	172	136	116	129	112
Cancer	Gastro intestinal	Respiratory	Circulation	Genito Urinary	Neurological
497 patients	172	139	97	91	101
Circulation	Respiratory	Gastro intestinal	Neurological	Cancer	Genito Urinary
511 patients	165	116	129	97	104
Respiratory	Circulation	Cancer	Gastro intestinal	Neurological	Genito Urinary
469 patients	165	139	136	137	104
Neurological	Gastro intestinal	Circulation	Respiratory	Cancer	Genito Urinary
444 patients	129	129	137	101	106

Source: Rightcare "Commissioning for Value – where to look pack" for Oxfordshire CCG (Jan 2017)

Interpreting co-morbidities: Co-morbidities are ranked by the number of different conditions (based on programme budgeting subcategories) that patients are admitted for. This ranking may be different if based on the number of patients that have had an admission for each condition

Data has been updated in this version

Data has been reviewed and is unchanged

Hospital Discharge and Delayed Transfers of Care

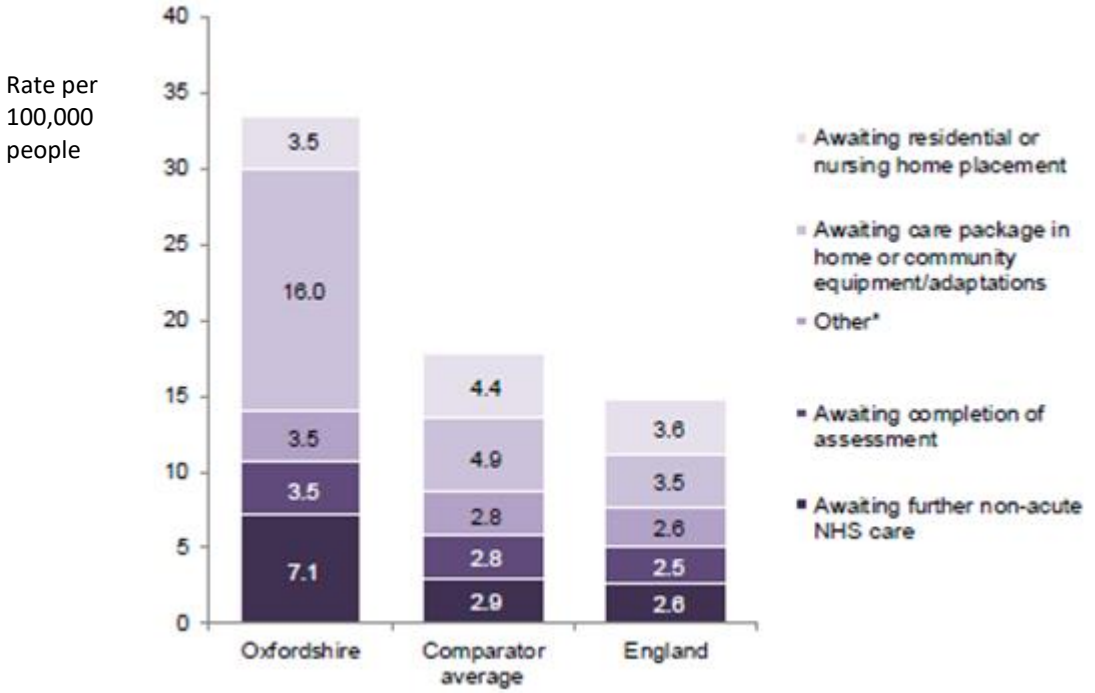
A delayed transfer of care occurs when a patient is deemed medically fit to depart from their current care, but is unable to do so because of non-clinical reasons, for example because the patient is awaiting a care package in their own home, or further non-acute care.

In 2016-17 the average daily rate of delayed transfers of care (DTOC) within Oxfordshire was 25.7 people aged 18 and over per 100,000.[120] This was down from 29.4 in 2015-16.

The rate for Oxfordshire in 2016-17 was significantly higher than the average rate for England of 15 per 100,000 people.

Care Quality Commission analysis of DTOC by reason shows the greatest difference between Oxfordshire and national/regional averages from February 2017 to August 2017 was people waiting for a care package at home or community equipment / adaptations, where Oxfordshire was over 3 times the average rate per 100,000 people of comparator areas.

Figure 97 Average daily delayed transfers of care per 100,000 people aged 18+ by reason (Feb17 to Aug17)



Source: Care Quality Commission analysis from NHS England and ONS 2015 mid-year estimate; 'Further non-acute NHS care' includes community and mental health care, intermediate care, rehabilitation services etc. 'Other' includes public funding, patient or family choice, disputes and housing. The categories are self -reported categories. Different LAs show a large variation in how frequently they report in the 'Other' category. For more info see: https://w ww.england.nhs.uk/statistics/w p-content/uploads/sites/2/2015/10/mnth-Sitreps-def-dtoc-v1.09.pdf page 13 onwards

[120] NHS Delayed Transfers of Care Statistics: http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

Data has been updated in this version

Data has been reviewed and is unchanged

7.4 Mental Health Services

National data

Adults accessing mental health treatment

The national survey of mental health and wellbeing[121] has found that an increasing proportion of adults with mental health conditions, such as anxiety or depression, were accessing mental health treatment and more likely to discuss their mental health with a GP.

- One person in three with common mental disorders (mainly depression or anxiety) reported current use of mental health treatment in 2014, an increase from the one in four who reported this in 2000 and 2007. This was driven by steep increases in reported use of psychotropic medication. Increased use of psychological therapies was also evident among people with more severe mental disorder symptoms.
- Since 2007, people with common mental disorders had become more likely to use community services and more likely to discuss their mental health with a GP.

Detentions in hospital under the Mental Health Act

NHS Digital has published Mental Health Act detentions data for 2016/17[122] including by NHS providers. The latest data cannot be compared with previous years.

> *The way these statistics are sourced and produced has changed. Coverage is also incomplete this year. As a result, 2016/17 figures are not directly comparable to previous years. 45,864 new detentions were recorded in 2016/17 and 4,966 new Community Treatment Orders (CTOs), but the overall national totals will be higher as not all providers submitted data. For the subset of providers that submitted good quality1 detentions data in both 2015/16 and 2016/17, we estimate there was an increase in detentions of around 2 per cent from last year. Further information is provided in the Background Data Quality Report.*

As at 31 March 2017 Oxford Health NHS Foundation Trust recorded 320 people detained in hospital and 100 people subject to Community Treatment Orders.

[121] Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014
http://content.digital.nhs.uk/catalogue/PUB21748

[122] Mental Health Act Statistics, Annual Figures: 2016-17, Experimental statistics October 2017
https://digital.nhs.uk/catalogue/PUB30105

Data has been updated in this version

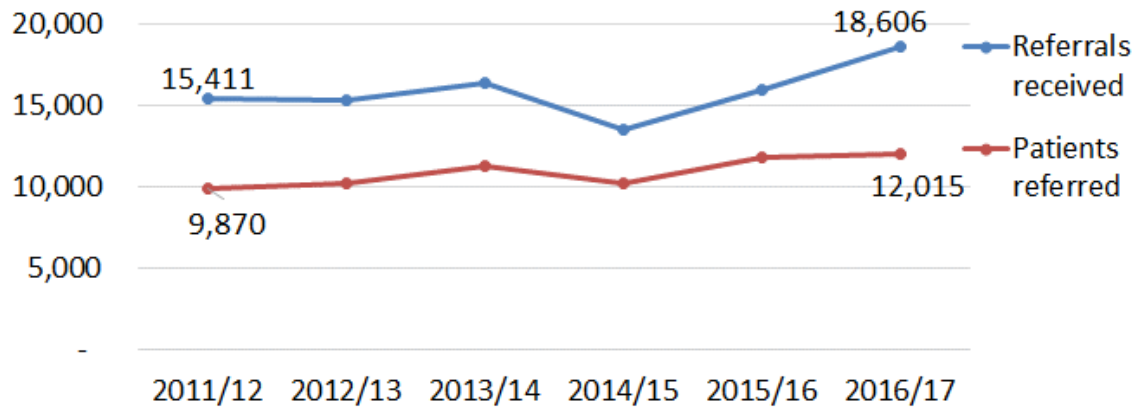
Data has been reviewed and is unchanged

Oxford Health Mental Health Referrals

There has been an increase in the total number of referrals and in the number of patients referred to mental health services in Oxfordshire.

- In 2016-17, 12,000 Oxfordshire residents were referred to Oxford Health NHS Foundation Trust mental health services and seen at least once.[123] This represents an increase of around 2,100 (22%) since 2011-12.
- Some patients were referred more than once during the year and the number of referrals was around 18,600 an increase of 21% since 2011-12.

Figure 98: Number of Oxfordshire residents referred to Oxford Health NHS FT mental health services and number of referrals (2011-12 to 2016-17)



Source: Oxford Health NHS Foundation Trust

The 15-19 age group continued to make up the largest proportion and number of patients referred to Oxford Health mental health services in 2016-17 and has seen the biggest increase since 2011-12

- Between 2011-12 and 2016-17, the number of patients referred overall increased by 22%. The number of patient referrals aged 15-19 increased by 80%

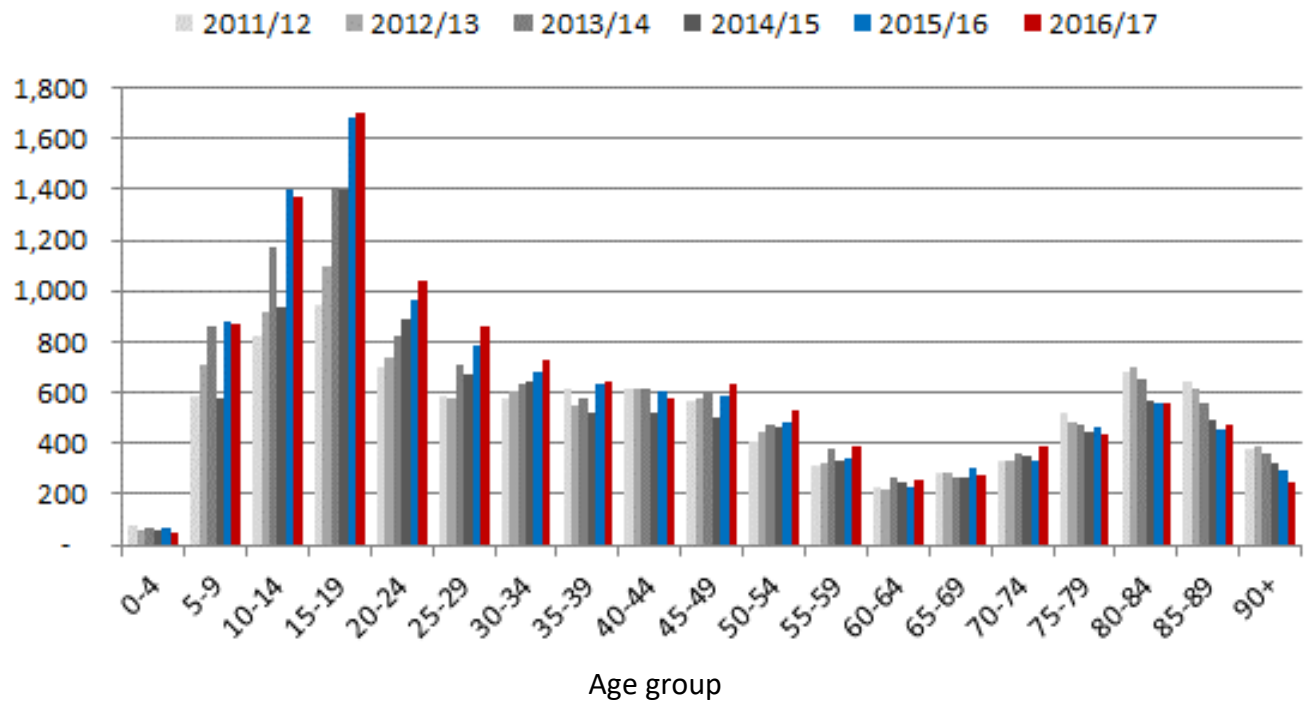
There was also a significant increase of referrals of patients in the younger age group aged 10-14 (+67%).

[123] Data in this section has been provided by Oxford Health NHS Foundation Trust

Data has been updated in this version

Data has been reviewed and is unchanged

Figure 99 Number of Oxfordshire residents referred to Oxford Health mental health services (2011-12 to 2016-17)



Source: Oxford Health NHS Foundation Trust

As a result, the mental health speciality with the greatest increase in referrals was Child and Adolescent Mental Health services (CAMHS Oxfordshire).

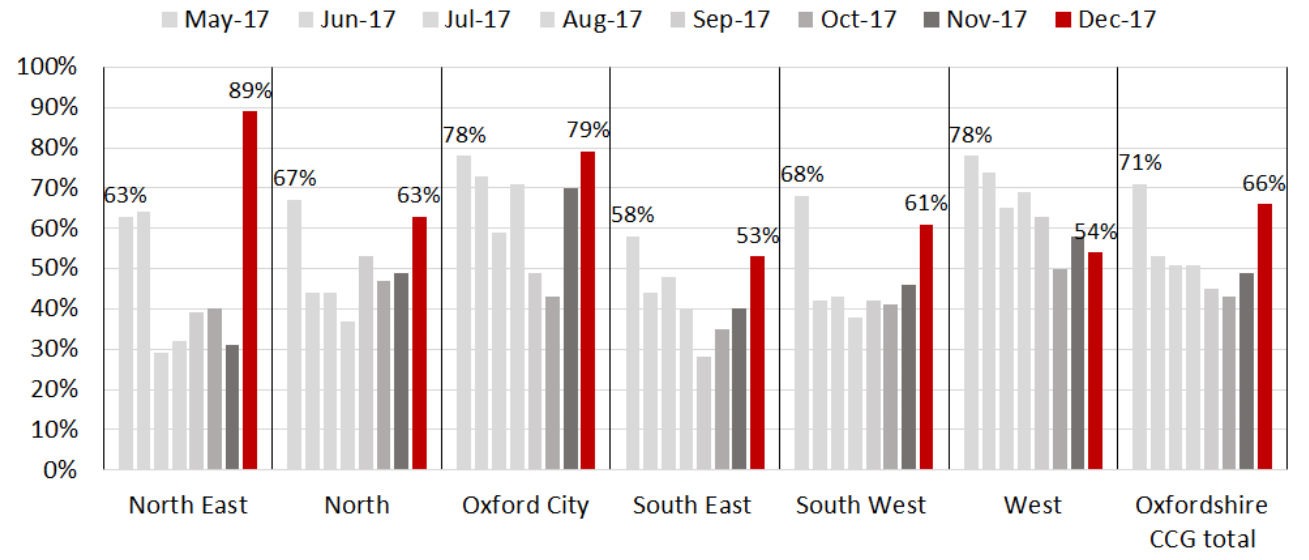
- Between the 2011-12 and 2016-17 patient referrals to CAMHS increased from 2,600 to 4,900 (+2,200, 86%).

Waiting times for CAMHS

In December 2017, two thirds (66%) of young people referred to CAMHS in the Oxfordshire Clinical Commissioning Group area, were seen within 12 weeks. In the previous 3 months (Sept-Nov17), less than half of referrals were seen within 12 weeks.

The localities with the lowest rates were North East and South East Oxfordshire. These areas each dropped to below 30% in 1 of the past 8 months of data.

Figure 100 Waiting times for CAMHS services – percentage of young people seen within 12 weeks by Oxfordshire Clinical Commissioning Group locality



Source: Oxfordshire County Council from data provided by OCCG for PAQA. Includes PCAMHS & Core CAMHS, LD, Horizon, Neuro, excluding all other teams

Table 57 Waiting times for CAMHS services – percentage of young people seen within 12 weeks by Oxfordshire Clinical Commissioning Group locality

Locality	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
North East	63%	64%	29%	32%	39%	40%	31%	89%
North	67%	44%	44%	37%	53%	47%	49%	63%
Oxford City	78%	73%	59%	71%	49%	43%	70%	79%
South East	58%	44%	48%	40%	28%	35%	40%	53%
South West	68%	42%	43%	38%	42%	41%	46%	61%
West	78%	74%	65%	69%	63%	50%	58%	54%
Oxfordshire CCG total	**71%**	**53%**	**51%**	**51%**	**45%**	**43%**	**49%**	**66%**

Source: provided by OCCG for PAQA. Includes PCAMHS & Core CAMHS, LD, Horizon, Neuro, excluding all other teams

+ Data has been updated in this version

= Data has been reviewed and is unchanged

Detentions under Section 136

Section 136 of the Mental Health Act enables the police to act if they believe that someone is suffering from a mental illness and needs immediate treatment or care. The police may take that person from a public place to a place of safety, either for their own protection or for the protection of others. This is known as a Section 136 detention.

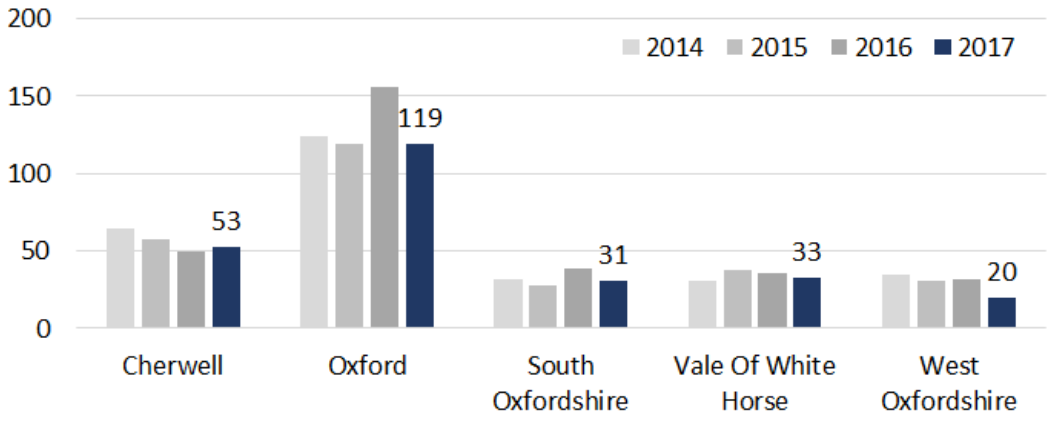
During the four years from January 2014 to December 2017, there was a total of **1,129** Section 136 detentions in Oxfordshire of which 518 (46%) were in Oxford.

Cherwell saw a slight increase between 2016 and 2017, from 50 to 53 detentions. The numbers have fallen in other Oxfordshire districts.

 Data has been updated in this version

 Data has been reviewed and is unchanged

Figure 101 Number of Section 136 detentions 2014 to 2017



Source: Thames Valley Crime Recording System - NICHE RMS & Mental Health Master, extracted Jan18

From January to December 2017:

- Over half (57%) of the detainees were male.
- Almost two thirds (64%) were aged under 40.

7.5 Drug and Alcohol Treatment Services

In 2016/17 there were 1,963 adults (aged 18 and over) in specialist drug treatment in Oxfordshire[124]. This was a similar number to each of the previous 4 years.

The majority of those in drug treatment were aged between 30 to 49.

The number of adults in treatment for alcohol only in Oxfordshire in 2016-17 was 604, the majority of whom were aged 30 to 59.

In 2016/17 the number of young people (aged under 18 years) in specialist substance misuse services in Oxfordshire was 102.

- 69 began using their main substance before they reached 15 years of age
- 45 were using more than one substance
- 20 reported being affected by others' substance misuse.

Referrals were predominantly from education services and children and family services.

[124] Source: NDTMS - Adults and YP commissioning support pack 2018-19: key data

Data has been updated in this version

Data has been reviewed and is unchanged

7.6 Social care

Many people with care needs require both health and social care and the distinction between health and social care is not always clear. Oxfordshire County Council and the Clinical Commissioning Group have pooled some of their money together to provide more efficient commissioning of care and better integration of health and social care services.

Note that social care client data published in *NHS Digital, Adult Social Care Activity and Finance: England 2016-17* does not include all social care clients funded by the pooled budget in Oxfordshire.

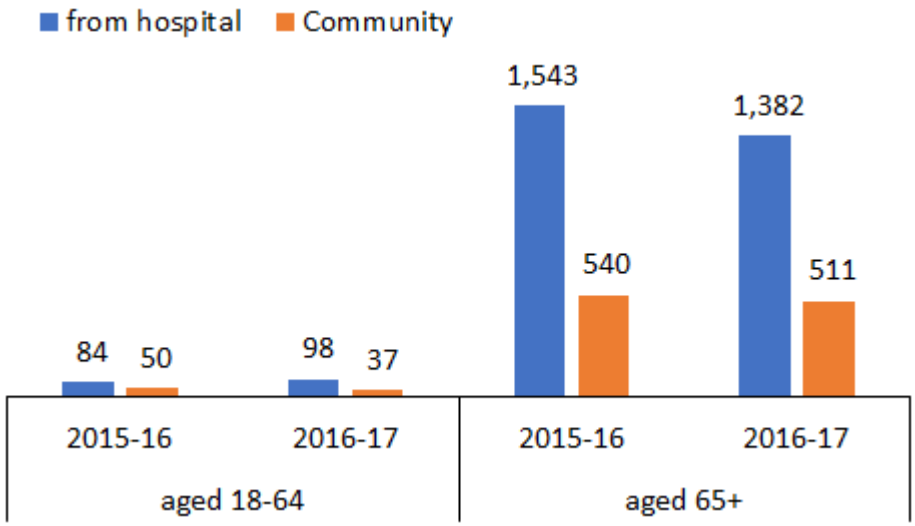
Short-Term (Reablement) Adult Social Care

'Reablement' is a social care service aimed at supporting people to regain independence that may have been reduced or lost through illness or disability.

In 2016-17, a total of 2,028 adults in Oxfordshire were provided with reablement services by Oxfordshire County Council, below the number in 2015-16 (2,217, -9%).

The vast majority (93%) of people provided with reablement services were aged 65+ and around three quarters (73%) of the total received a service following a stay in hospital.

Figure 102 Number of people provided with reablement social care services, 2015-16 and 2016-17



Source: Oxfordshire County Council

Data has been updated in this version

Data has been reviewed and is unchanged

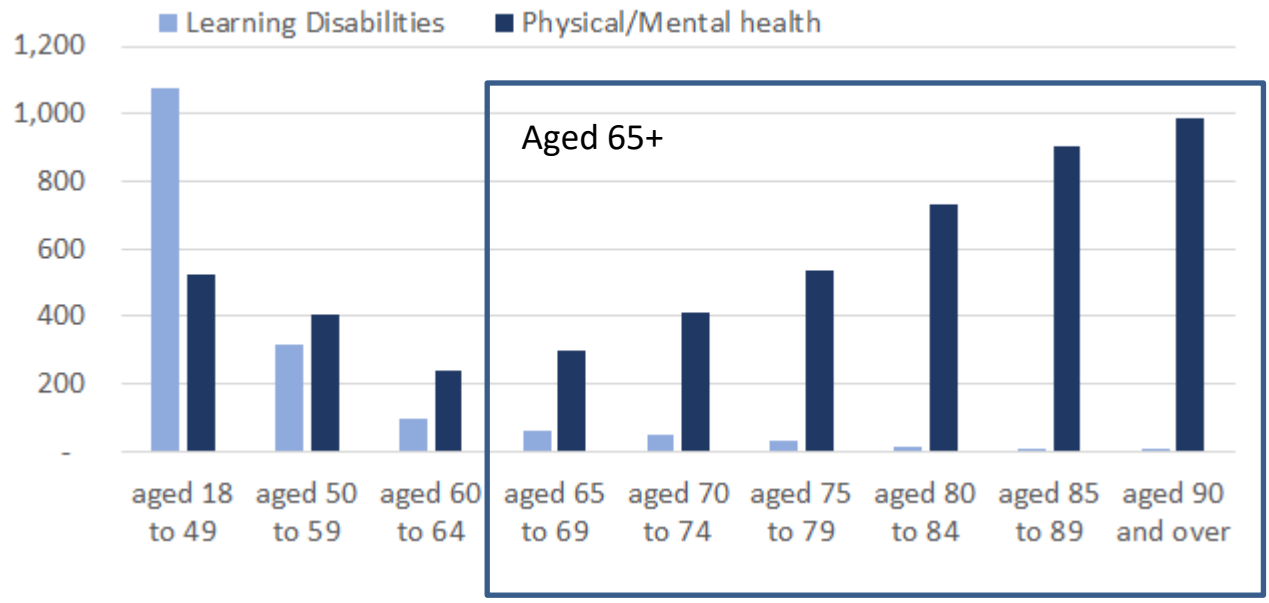
Long-Term Adult Social Care

At the end of March 2017 there were **6,713** adults in Oxfordshire receiving long-term social care from Oxfordshire County Council, up from 6,214 in March 2016 (+8%).

The majority (60%) of Oxfordshire's long term social care clients are older people aged 65 and over.

A quarter (25%) of people receiving social care support are people with learning disabilities.

Figure 103 Number of adults provided with long-term social care services by Oxfordshire County Council 2016-17 by broad age and category



Source: Oxfordshire County Council

As of March 2017, 1,900, equivalent to 11% of the population aged 85 and over[125] in Oxfordshire was receiving long-term social care services provided by Oxfordshire County Council.

Demand for services is expected to continue to grow in the future as a result of:

- an increase in people with a learning disability needing social care support.
  - 30% of people in Oxfordshire with a learning disability first approach the council for services after their 25th birthday. For many this is because their parents can no longer provide all their care. The average age of a service user with learning disability is 44 and over a third are over 50.
- the predicted growth in the older population in Oxfordshire (see chapter 2).

[125] Denominator is ONS 2016 mid-year estimate

Data has been updated in this version

Data has been reviewed and is unchanged

Applying the predicted growth in Oxfordshire's population aged 85+ (Oxfordshire County Council forecasts Feb18) to the proportion of social care clients in the age group 85+, gives a potential increase of +1,000 clients aged 85+ by 2031 to a total of 2,900.

Table 58 Potential growth in number of people aged 85+ needing long-term social care services in Oxfordshire by 2031

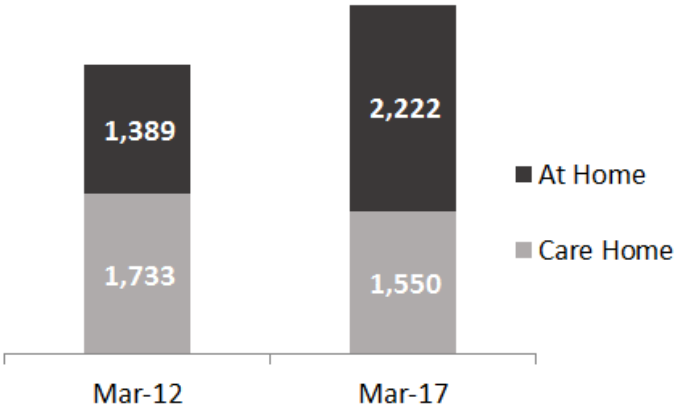
	March 2017	March 2031	Change
Population aged 85+	17,000	26,400	
Social care clients aged 85+	1,900	2,900	+1,000

Source: Oxfordshire County Council

Care setting

+ There has been an increase in the proportion of older social care clients supported at home, from 44% of older clients in 2012 to 59% in 2017.

Figure 104 Older clients of long-term social care services provided by Oxfordshire County Council receiving services at home vs in a care home



Source: Oxfordshire County Council; excludes learning disabilities, physical disabilities and other services

+ Data has been updated in this version

= Data has been reviewed and is unchanged

By district, the highest number of older people being supported with long-term social care services as of end March 2017 was in Cherwell. The highest rate per 1,000 population was Oxford City.

Table 59 Older clients of long-term social care services provided by Oxfordshire County Council by setting: count and rate per 1,000 population aged 65+ (March 2017)

	Care home		Supported at home		Total	
	Count	Rate	Count	Rate	Count	Rate
Cherwell	297	11.5	571	22.1	868	33.6
Oxford	274	14.9	408	22.2	682	37.1
South Oxfordshire	282	9.9	376	13.2	658	23.2
Vale of White Horse	258	10.0	442	17.2	700	27.2
West Oxfordshire	336	14.8	404	17.8	740	32.6
Oxfordshire total	1,447	12.0	2,201	18.2	3,648	30.1

Source: Oxfordshire County Council, ONS 2016 population estimates; excludes those supported outside Oxfordshire

Adult Social Care User Survey

About the Adult Social Care User Survey

For the last six years, councils have surveyed users of social care aged 18 and over as part of a national survey. The survey is run each February for people receiving social care funded wholly or in part by councils in the previous September. Its purpose is to learn more about whether or not the services are helping them to live safely and independently in their own home, and to understand the impact on their quality of life. In the 2016-17 survey, 563 adult social care users in Oxfordshire responded.

The headline measure produced by the survey is an overarching view of the 'quality of life for users of social care'. This is a composite measure of eight questions in the survey. The measure identifies whether, after care has been provided, people still have needs in any of the following areas: control over their daily life; being clean and presentable; having enough food and drink; having a clean and comfortable home; feeling safe; having adequate social contact; spending time as they wish and being treated with dignity.

http://www.hscic.gov.uk/socialcare/usersurveys

In 2016-17, social care-related quality of life in Oxfordshire remained at a similar level to the previous five years. It also remained above the national average and above average for shire counties.

The proportion of care users who were very satisfied with their care and support in 2016-17 was 67.7%, above the national average of 64.7%.

The proportion of respondents who find it "very easy" or "fairly easy" to find information about services in Oxfordshire was below average: 72.5% in Oxfordshire, compared with 73.5% nationally and 74.5% in the South East.

Data has been updated in this version

Data has been reviewed and is unchanged

Adult Social Care, Sexual Orientation and Gender Identity

National research has been conducted with adult social care users who are lesbian, gay, bisexual and trans (LGB&T), and their carers.[126] This suggests that these groups may have distinct needs, for example they may be more at risk of social isolation and loneliness; and they may face distinct issues, including discrimination. However, the data on sexual orientation and gender identity of the social care community is currently limited.

Disabled Facilities Grants

Between January 2017 and December 2017, there was a total of 1,191 applications for a Disabled Facilities Grant, the majority (59%) from people living in social rented housing.

The district with the highest number of applications was Cherwell.

Table 60 Applications for Disabled Facilities Grants Jan to Dec 2017

	Cherwell	Oxford City	South Oxon	Vale of WH	West Oxon	Not Recorded	Un-known	TOTAL	
Owner Occupier	89	4	62	38	53	164	13	423	36%
Private Rented	9	1	2	8	5	16	1	42	4%
Social rented	88	178	93	76	62	180	20	697	59%
Not recorded	4	1	5	4	1	13	1	29	2%
TOTAL	**190**	**184**	**162**	**126**	**121**	**373**	**35**	**1,191**	**100%**

Source: Oxfordshire County Council LAS

About Disabled Facilities grants

Local Authorities provide Disabled Facilities Grants for people who are disabled and need to make changes to their home, for example to:

- widen doors and install ramps
- improve access to rooms and facilities - e.g. stairlifts or a downstairs bathroom
- provide a heating system suitable for needs
- adapt heating or lighting controls to make them easier to use

https://www.gov.uk/disabled-facilities-grants

[126] The LGBT ASCOF Companion Document (LGBT Foundation, 2015): http://lgbt.foundation/get-support/downloads/detail/?downloadid=365

Data has been updated in this version

Data has been reviewed and is unchanged

Self-funding care

Oxfordshire County Council estimates that: of the total number of older people receiving care in Oxfordshire, 40% (4,200) are being supported by the County Council or NHS funding and 60% (6,300) are self-funding their care.

Table 61 Estimate of older people who are self-funding long term care in Oxfordshire

	Count
1. OCC and NHS funded care home beds	
1.1 People aged 65+ in Care homes* who are OCC funded (end March 2017)	1,568
1.2 Care home beds NHS funded (end March 2017)	175
2. Total care home beds	
2.1 Total Care home beds for older people (CQC as of 1 April 2017)	4,895
2.2 Estimate of total Care home beds in use (OCC estimate 90%)	4,226
Estimate of Care home beds occupied by self-funders	**2,482**
3. Care at home	
3.1 People aged 65+ receiving OCC funded care in own home (end March 2017)	2,496
3.2 Ratio of self-funders at home VS self-funders in care homes (data from national seminar on Funding Reform July 2013)	1.55
Estimate of people self-funding care at home	**3,865**
TOTAL self-funding	6,300
TOTAL supported by OCC or NHS	4,200
Grand total#	10,600

*excludes respite and temporary provision; #rounding means this does not sum

Data has been updated in this version

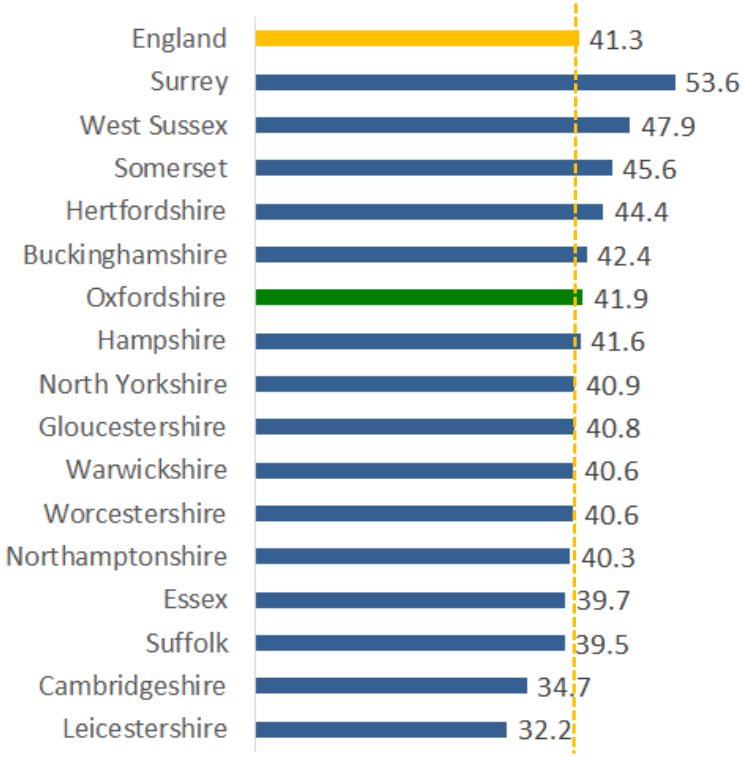
Data has been reviewed and is unchanged

Care home beds

As of 1 January 2018, there were 5,068 care home beds for older people in Oxfordshire[127] of which around three quarters include nursing care.

The rate of care home beds for older people per population aged 65+ in Oxfordshire was 41.9 per 1,000 people, similar to the national average and 6th highest out of Oxfordshire's set of 16 statistical neighbours.

Figure 105 Rate of care home beds (1 Jan 2018) for older people per 1,000 people aged 65+



Source: CQC care directory 1 January 2018, extract for care homes for older people; ONS mid-year population estimates 2016 for people aged 65+

Table 62 Number of care home beds for older people (1 Jan 2018)

	All	with nursing		incl dementia	
Cherwell	1,164	961	83%	1,067	92%
Oxford	691	416	60%	455	66%
South Oxfordshire	1,038	900	87%	905	87%
Vale of White Horse	966	709	73%	778	81%
West Oxfordshire	1,209	932	77%	936	77%
Oxfordshire	**5,068**	**3,918**	**77%**	**4,141**	**82%**

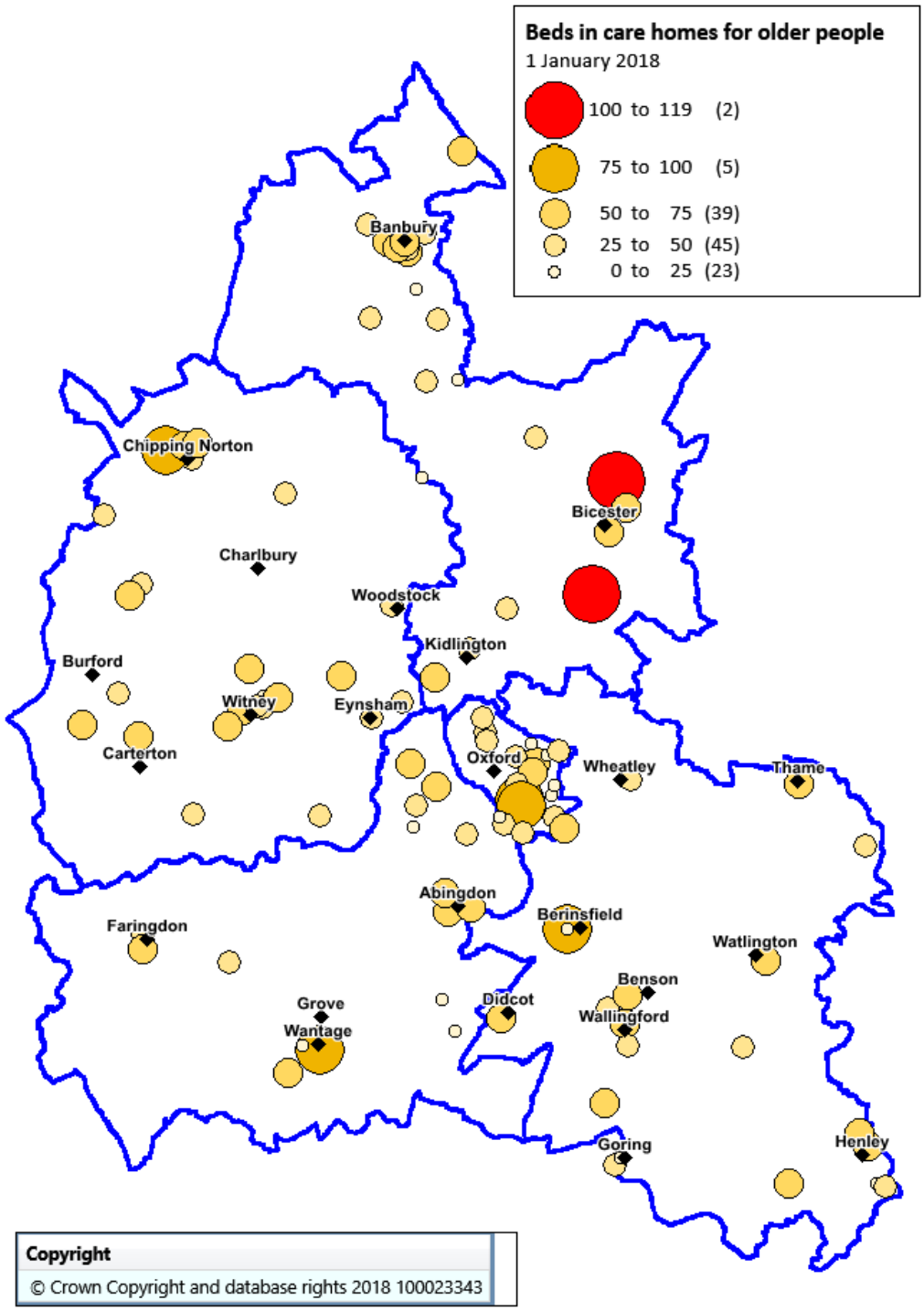
Source: CQC care directory 1 January 2018, mapped to district by Oxfordshire County Council

[127] CQC care directory 1 January 2018 http://www.cqc.org.uk/about-us/transparency/using-cqc-data

+ Data has been updated in this version

= Data has been reviewed and is unchanged

Figure 106 Care home beds for older people in Oxfordshire



Source: CQC care directory 1 January 2018; mapping by Oxfordshire County Council

Data has been updated in this version

Data has been reviewed and is unchanged

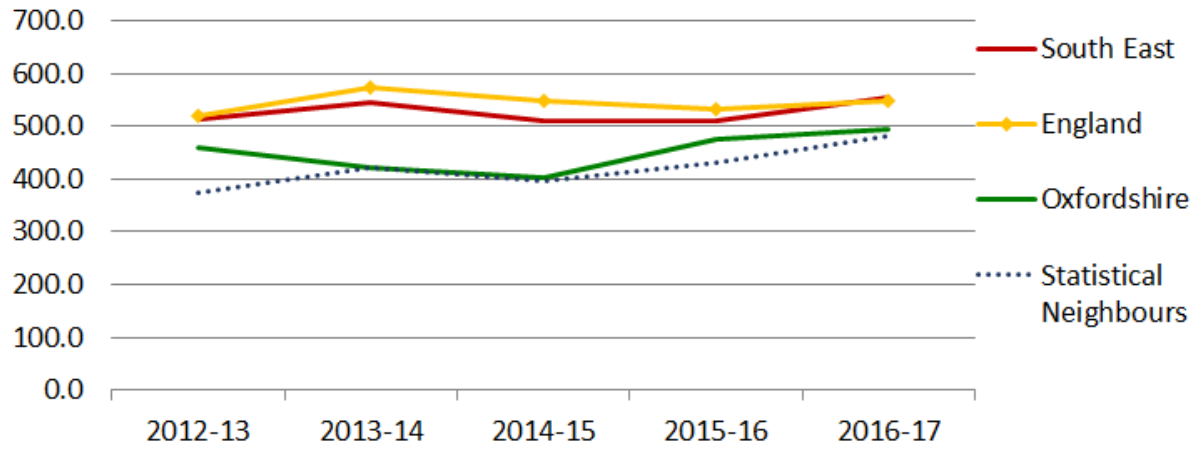
Children's Social Care

Referrals

As of the end of March 2017 there were **7,066** referrals to child social care in Oxfordshire related to **6,429** children.

The rate of referrals in Oxfordshire (per 10,000 children aged 0-17) is below the national and regional averages. The number of referrals has increased for the past 2 years and remains above the rate of similar authorities.

Figure 107 Rates of referrals to Children's Social Care (as at 31 March each year) per 10,000 children aged 0-17



Source: Department for Education

Around one third of referrals (34%) in Oxfordshire were from the police, above the England average of 27.5%.

Just over one fifth (22%) of referrals in Oxfordshire were from schools, also above the England average (20%).

Child Protection Plans

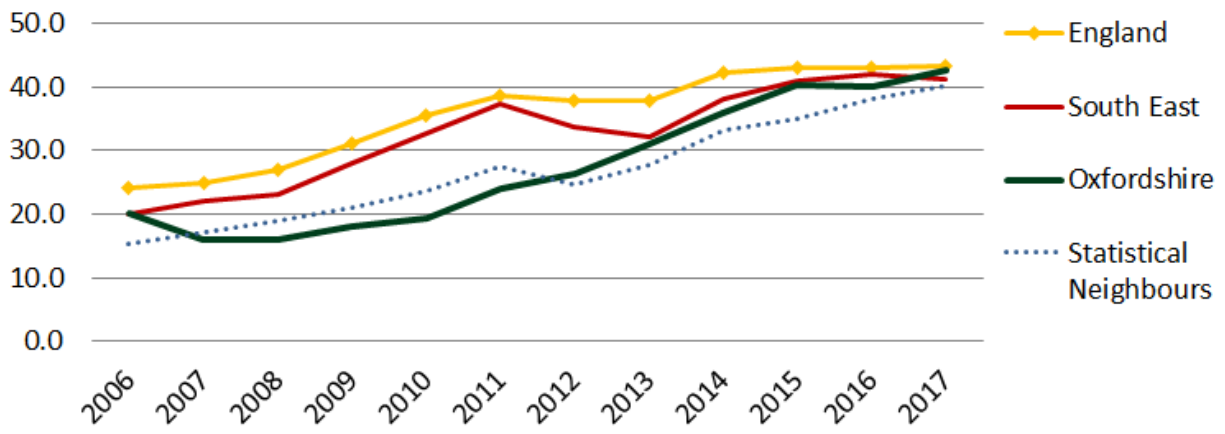
As of the end of March 2017 there were **609** children in Oxfordshire who were the subject of a child protection plan, up from 571 in March 2016. In two thirds of cases (66%) this was because of neglect rather than physical or emotional abuse.

Overall, the rate of children on protection plans has tended to be lower locally than nationally. However, the number of children on protection plans in Oxfordshire has been rising in recent years, and the rate is now above the South East average and just below the national average.

+ Data has been updated in this version

= Data has been reviewed and is unchanged

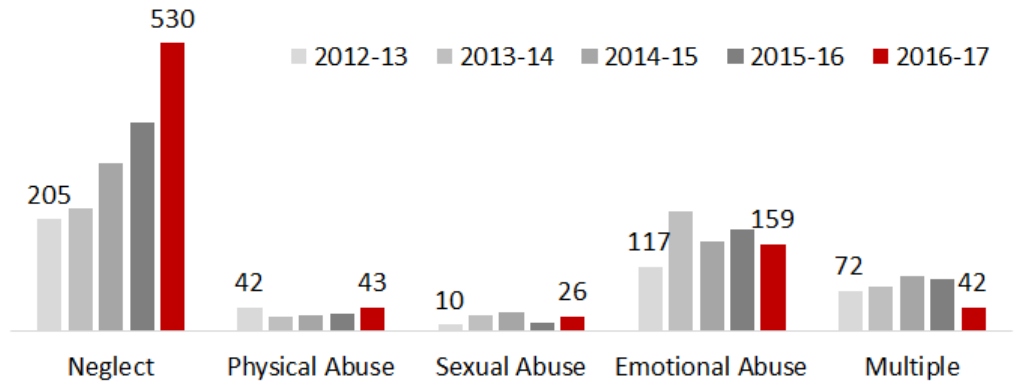
Figure 108 Rate of children who were the subject of a child protection plan at 31 March each year per 10,000 children aged 0-17



Source: Department for Education

The category of abuse that has seen the greatest increase in numbers of children subject to child protection plans in Oxfordshire over the past 5 years is “neglect”.

Figure 109 Count of children in Oxfordshire subject to child protection plan by initial category of abuse



Source: Department for Education

Factors such as parental mental health, drug/alcohol abuse or domestic violence increase the risk of children becoming subject to a child protection plan.

In 2016-17, this “toxic trio” (mental health, drug/alcohol abuse or domestic violence), affected 60% of children in Oxfordshire with child social care assessment(s).

Data has been updated in this version

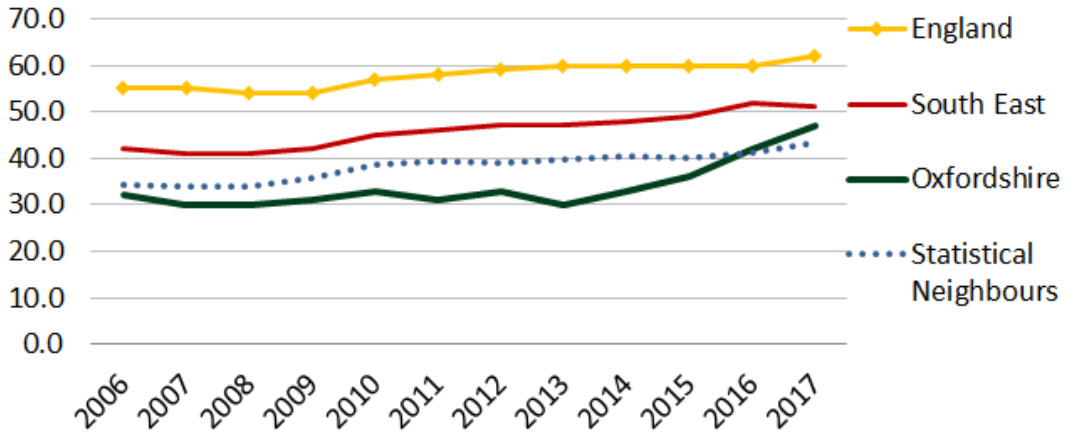
Data has been reviewed and is unchanged

Looked After Children

As of the end of March 2017 there were **665** looked after children in Oxfordshire, up from 595 in March 2016.

The rate of looked after children in Oxfordshire remains below the national and regional averages, but the number of cases increased each year since 2013 and is now above the rate of similar authorities.

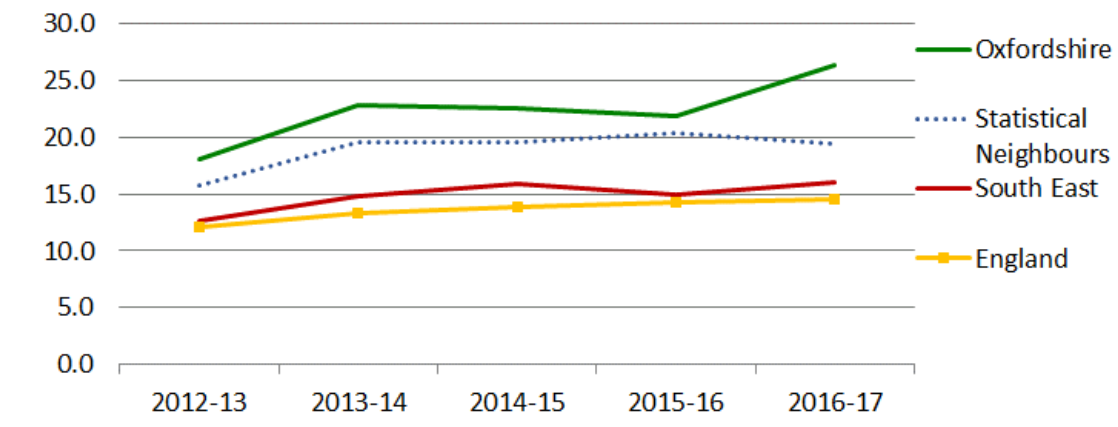
Figure 110 Rates of Looked After Children (as at 31 March each year) per 10,000 children



Source: Department for Education SFR50/2017

In a trend related to this increase in placements, in 2016-17 the proportion of looked after children placed out of Oxfordshire (and more than 20 miles from home) increased. This was against the trend for statistical neighbours where the rate of placements out of area declined.

Figure 111 Proportion of Looked After Children placed out of county and more than 20 miles from home



Source: Department for Education

Data has been updated in this version

Data has been reviewed and is unchanged

During the year 2016-17, there were 55 looked after children who were unaccompanied asylum-seeking children (UASC) in Oxfordshire, down from 60 in 2015-16 (rounding applied).

Care Leavers

Young people leaving care tend to be particularly vulnerable to poor health and wellbeing. For example, national research shows that they are at greater risk of social exclusion, unemployment, health problems, and offending.[128]

As of 31 March 2017, there were **230** care leavers[129] in Oxfordshire. Of these, **90** (39%) were not in education, employment or training and the education/employment status of a further 30 was unknown.

Benchmarking data from 2013-14 and 2016-17 shows Oxfordshire as below average on the proportion of care leavers in employment, education or training.

Table 63 Care leavers aged 19 to 21 in employment, education or training

	2012-13	2013-14	2014-15	2015-16	2016-17
Oxfordshire	71	30	38	45	47
Statistical Neighbours	60.8	44.1	51.4	48.9	50.5
England	58	45	48	49	50
South East	56	38	47	47	50

Source: Children's Services Analysis Tool Oxfordshire County Council

[128] See, for example, Care leavers' transitions to adulthood: https://www.nao.org.uk/report/care-leavers-transitions-to-adulthood/; *Finding Their Feet: Equipping care leavers to reach their potential* (The Centre for Social Justice, January 2015): http://www.centreforsocialjustice.org.uk/publications/finding-their-feet

[129] Care leavers now aged 19, 20 and 21 who were looked after for a total of at least 13 weeks after their 14th birthday including some time after their 16th birthday

Data has been updated in this version

Data has been reviewed and is unchanged

7.7 Community safety services

Victims of dwelling fires

In 2016-17 there was a total of 44 people injured and 4 people killed as a result of a dwelling fire in Oxfordshire (56 and 2 in 2015-16).

Table 64 Injuries due to dwelling fires 2010-11 to 2016-17

DWELLING FIRES	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Total Number of Dwelling Fires	490	499	471	417	463	385
Accidental or unknown cause	461	480	450	402	446	358
Deliberate cause	29	19	21	15	17	27
All Injuries due to fire	52	67	67	42	54	43
Serious Injuries due to fire	5	3	5	3	2	1
All Dwelling Fire Fatalities	2	4	2	2	3	4
Fatalities due to fire*	1	4	2	2	2	4

Source: Oxfordshire County Council; * Excludes Fatalities confirmed as non-fire related

Between 2010-11 and 2016-17, of those who were killed or injured (where age was recorded) a third were aged in their 20s and 30s and just under a third (29%) were people aged 60 and over.

Victims of doorstep crime and rogue traders

In 2016-17 there were **377** people who were victims of doorstep crime or rogue traders in Oxfordshire. The majority of rogue traders were 'selling' garden and landscape services followed by roofing.

The vast majority of victims were older people and Oxfordshire Trading Standards has seen a repeat targeting of elderly and vulnerable victims.

- In 2016-17, 87% of victims of doorstep crime and rogue traders (where age was recorded) were aged over 60 (count=145).

The number of victims has been at a similar level for the past 3 years and remains below a peak of 627 in 2013-14.

Table 65 Victims of doorstep crime and rogue traders

District	2012-13	2013-14	2014-15	2015-16	2016-17
Cherwell	78	99	80	83	80
Oxford City	67	66	115	85	101
South Oxfordshire	83	97	42	63	73
Vale of White Horse	97	89	56	80	58
West Oxfordshire	48	79	50	49	53
SUM of districts	373	430	343	360	365
District not recorded	*20*	*197*	*34*	*19*	*12*
TOTAL Oxfordshire	**393**	**627**	**377**	**379**	**377**

Data has been updated in this version

Data has been reviewed and is unchanged

Source: Oxfordshire County Council

7.8 Citizens Advice services

Oxfordshire has open-door Citizens Advice services based in offices in Abingdon, Banbury, Bicester, Didcot, Henley, Thame, Oxford and Witney plus outreach and specialist services.

National Citizens Advice research[130] has found that:

- *2 in every 3 people who approach Citizens Advice say they are stressed, anxious or depressed. Of these, 4 in 5 (i80%) said they felt less stressed, depressed or anxious after receiving advice. 1 in 2 said their physical health had improved.*
- *GPs say 20% of consultations involve requests for help on non-health issues.*

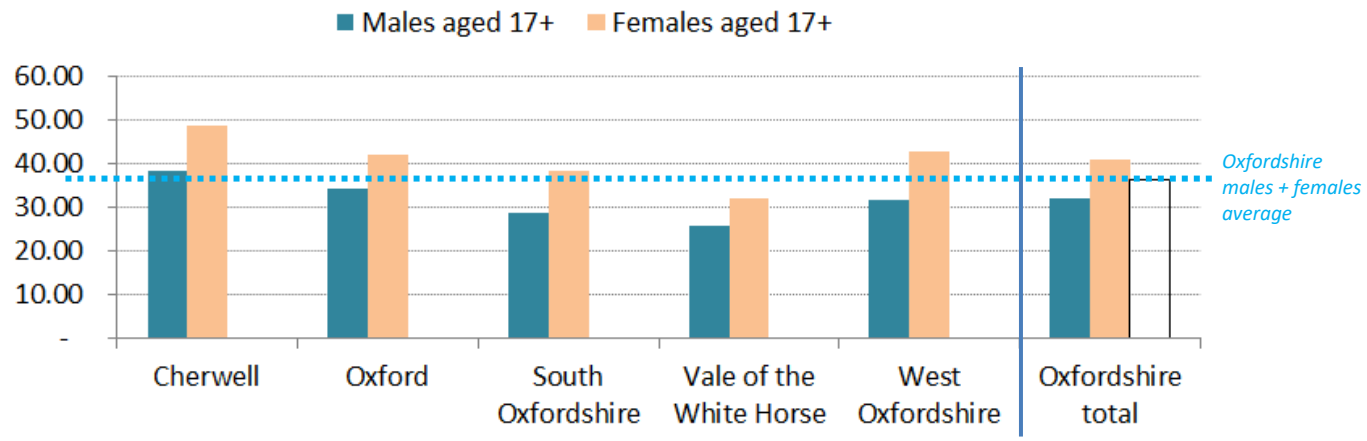
The total number of clients accessing Citizens Advice services in Oxfordshire in 2016-17 was similar to the previous year (25,400 in 2016-17 vs 25,600 in 2015-16).

The majority (80%) accessed benefits, debt, housing and employment services and this number increased from 19,400 in 2015-16 to 20,300 in 2016-17 (+4%).

Clients by gender

In all districts in Oxfordshire in 2016-17, females were more likely than males to have accessed Citizens Advice services.

Figure 112 Citizens Advice clients* by gender per 1,000 population (crude rate) 2016-17



Source: Citizens Advice Agencies Oxfordshire, ONS 2016 population estimates; * not including clients of Consumer services

Clients by ethnicity

The proportion of ethnic minority groups accessing Citizens Advice services has remained well above the proportion of ethnic minority groups in the general population.

- In 2016-17 (as in 2015-16), just over a quarter (28%) of Citizens Advice clients of housing, employment, benefits and debt services in Oxfordshire were from ethnic

[130] Citizens Advice (2014) Findings from national outcomes and impact research

Data has been updated in this version

Data has been reviewed and is unchanged

minority groups (non-white British). This was well above the proportion of the total population with ethnic minority backgrounds as at 2011 of 16% (Census 2011).

- In Oxford in 2016-17, over half (55%) of Citizens Advice clients of housing, employment, benefits and debt services were from ethnic minority groups, up from 36% in 2011.

+ Clients by age

Citizens Advice clients had a higher proportion of people in the age range 25 to 64 than average for the population.

- 75% of Citizens Advice clients (aged 17+) of housing, employment, benefits and debt services in 2016-17 were aged 25 to 64. This was above the proportion of people aged 25 to 64 of the total population in Oxfordshire (64%,ONS mid-2016).

+ Clients recorded as disabled

Over a quarter (6,200, 31%) of Citizens Advice clients of housing, employment, benefits and debt services in Oxfordshire were recorded as disabled. This was over double the proportion of people in households with disabilities in the general population in 2011 (Census 2011, 13.6%).

Between 2015-16 and 2016-17 the number of Citizens Advice clients of housing, employment, benefits and debt services with disabilities increased by 22% (from 5,100 to 6,200).

Of Citizens Advice clients with disabilities in 2016-17, 40% had a long-term health condition, just under a quarter (23%) had a physical or sensory impairment and 20% (count=1,229) had a mental health problem.

As in 2015-16, the district with the greatest number of clients with a disability was Cherwell. The district with the greatest number of clients with multiple health impairments was Oxford.

Figure 113 Citizens Advice clients* recorded as disabled by disability type 2016-17

	Cherwell	Oxford	South Oxon	Vale of WH	West Oxon	Oxfordshire total	
Long term health condition	560	644	477	335	493	2,509	40%
Mental health problem	343	264	203	193	226	1,229	20%
Physical or sensory impairment	397	251	282	204	265	1,399	23%
Learning difficulty or cognitive impairment	67	49	35	37	47	235	4%
Multiple impairments	88	120	63	64	101	436	7%
Other	160	82	48	51	54	395	6%
Total with disability	1,615	1,410	1,108	884	1,186	6,203	100%

Source: Citizens Advice Agencies Oxfordshire; *not including clients of Consumer services

+ Data has been updated in this version

= Data has been reviewed and is unchanged

Feedback on trends from Citizens Advice agencies in Oxfordshire

Reflecting on recent trends, Citizens Advice agencies in Oxfordshire have commented:

- *We have seen significant increases in relation to benefits, in particular Housing Benefit, Personal Independence Payments and Employment and Support Allowance. The latter two is certainly due to an increase in withdrawal or refusal of benefits at medical assessment stage for ESA, and in transitioning from DLA to PIP. This will have impacted on other benefits as premium entitlements are lost and other benefits re-evaluated and potentially lost.*
- *It is possibly too early for us to notice any Universal Credit trends as this has only just been introduced here in Oxfordshire.*

A study by Citizens Advice UK[131] into non-health demands on GPs found that 80% of the 824 GPs interviewed reported that dealing with non-health queries resulted in decreased time available to treat other patients' health issues, with almost a fifth (19%) of their consultation time being spent on non-medical matters. The most common issues raised were personal relationships, housing, employment, welfare & benefits and debt.

84% of GPs said that they refer patients to an advice agency in the community and only 31% reported that they were able to advise patients adequately themselves.

[131] Caper, K & Plunkett, J (2015), A very general practice: How much time do GPs spend on issues other than health? Citizens Advice https://www.citizensadvice.org.uk/about-us/policy/policy-research-topics/health-and-care-policy-research/public-services-policy-research/a-very-general-practice-how-much-time-do-gps-spend-on-issues-other-than-health/

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Data has been reviewed and is unchanged

7.9 Troubled families programme

Oxfordshire's *Troubled Families – Think Families* programme identifies families most in need of intensive support through a combination of measures including:

- Parents or children involved in crime or anti-social behaviour.
- Children who have not been attending school regularly.
- Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.
- Adults out of work or at risk of financial exclusion or young people at risk of worklessness.
- Families affected by domestic violence and abuse.
- Parents or children with a range of health problems.

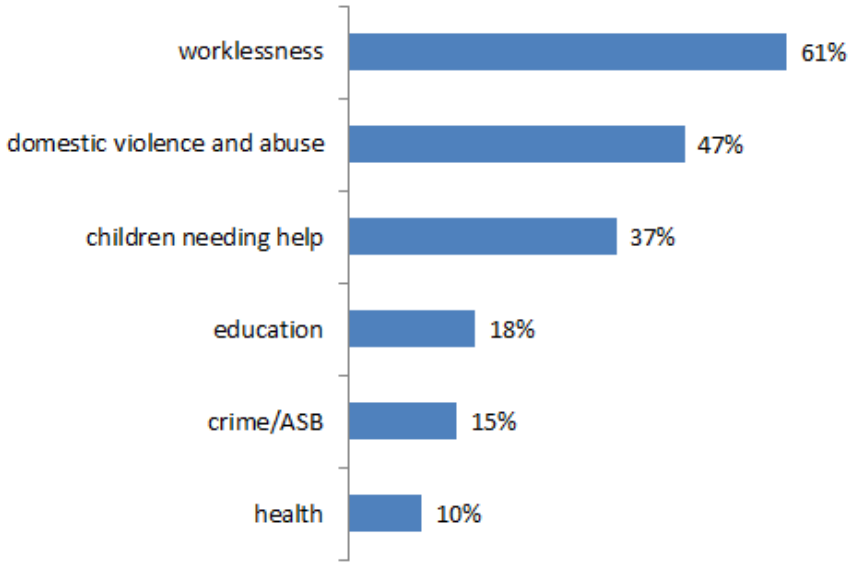
About the Troubled Families Programme

- The first phase of the Troubled Families programme ran from 2012 to 2015
- It set a target to work with, and 'turn around', families with multiple problems
- Problems included crime, anti-social behaviour, truancy and unemployment
- Local authorities ran the programme and received payment-by-results from central Government
- The programme was expanded for 2015-2020 to work with 400,000 additional families
- Second phase targeted additional problems, including domestic violence, health, drug abuse, mental health and children at risk

The Troubled Families programme (England) House of Commons briefing paper 20 Oct 2016

+ As of 31 December 2017, there was a total of **2,814** families identified in Oxfordshire, 61% of which met the national criteria on worklessness, 47% met the criteria on domestic abuse and 37% were families where children need help (in need or subject to a child protection plan).

Figure 114 Troubled families identified in Oxfordshire by criteria (end December 2017)



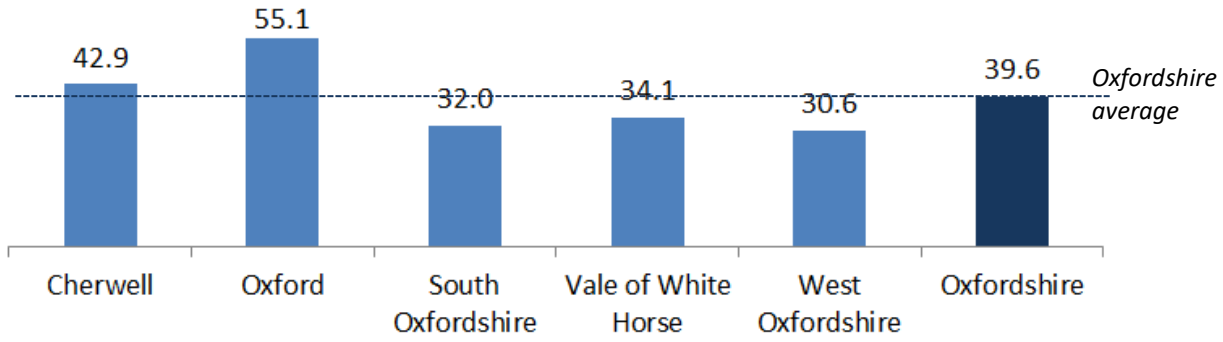
Source: Oxfordshire County Council

+ Data has been updated in this version

= Data has been reviewed and is unchanged

The rate per 1,000 families of those identified by the Troubled Families programme was highest in Oxford (55 per 1000) and lowest in West Oxfordshire (30.6).

Figure 115 Troubled Families rate per 1,000 families by district (31 December 2017)



Source: Oxfordshire County Council; denominator is number of households with dependent children from table KS105EW - Household composition ONS Census 2011

Table 66 Troubled Families count and rate (31 December 2017)

	Troubled Families (count)	% of total in Oxfordshire	TF rate* per 1,000 families
Cherwell	741	26%	42.9
Oxford	816	29%	55.1
South Oxfordshire	471	17%	32.0
Vale of White Horse	447	16%	34.1
West Oxfordshire	339	12%	30.6
Oxfordshire	**2,814**	**100%**	**39.6**

Source: Oxfordshire County Council; *denominator is number of households with dependent children from table KS105EW - Household composition ONS Census 2011

Data has been updated in this version

Data has been reviewed and is unchanged

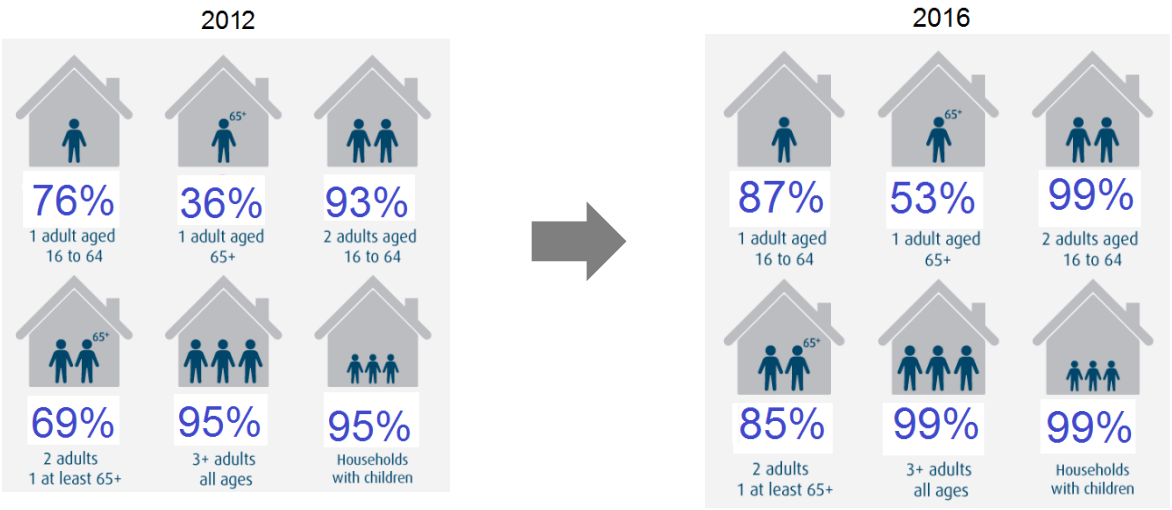
7.10 Access to services

Use of the internet

Data on internet use is limited. The statistics in this section are from the ONS Opinions and Lifestyle survey.

Between 2012 and 2016, the proportion of internet-connected households increased for each household type in Great Britain. Households occupied by a single older person (aged 65+) remained the household type with the lowest proportion of internet-connected households (53% in 2016).

Figure 116 Internet connection by household type



Source: ONS Opinions and Lifestyle survey, ONS infographic
https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2016#quality-and-methodology

A significantly lower proportion of disabled people used the internet to find information about goods and services (57% disabled compared with 80% not disabled).

Table 67 Using the internet to find goods and services (95% confidence intervals) 2016

	Lower limit	Survey estimate	Upper limit
Disability status			
Equality Act disabled[1]	52	57	61
Not Equality Act disabled	78	80	82

Base: Adults (aged 16+) in Great Britain. Source: Office for National Statistics

1. Equality Act disabled refers to those who have a health condition or illness in line with the Equality Act definition of disability.

Data has been updated in this version

Data has been reviewed and is unchanged

Distance to health services

The Indices of Deprivation 2015 includes an indicator of the average road distance to a GP surgery indicator.

Out of the total of 407 Lower Super Output Areas[132] (LSOAs) in Oxfordshire, 101 (31%) were 2 miles or more (3.2km) from the nearest GP surgery, covering a total population of 157,000 (25%) as of 2011.

There were no areas of Oxford City classified as 2 miles or more from a GP surgery. Areas classified as 2 miles or more from a GP surgery in rural districts in Oxfordshire covered:

- 3,700 households with no car (23% of total households in rural districts)
- 30,300 people aged 0-15 (32% of the total in rural districts)
- 28,800 people aged 65 and over (34% of the older population in rural districts).

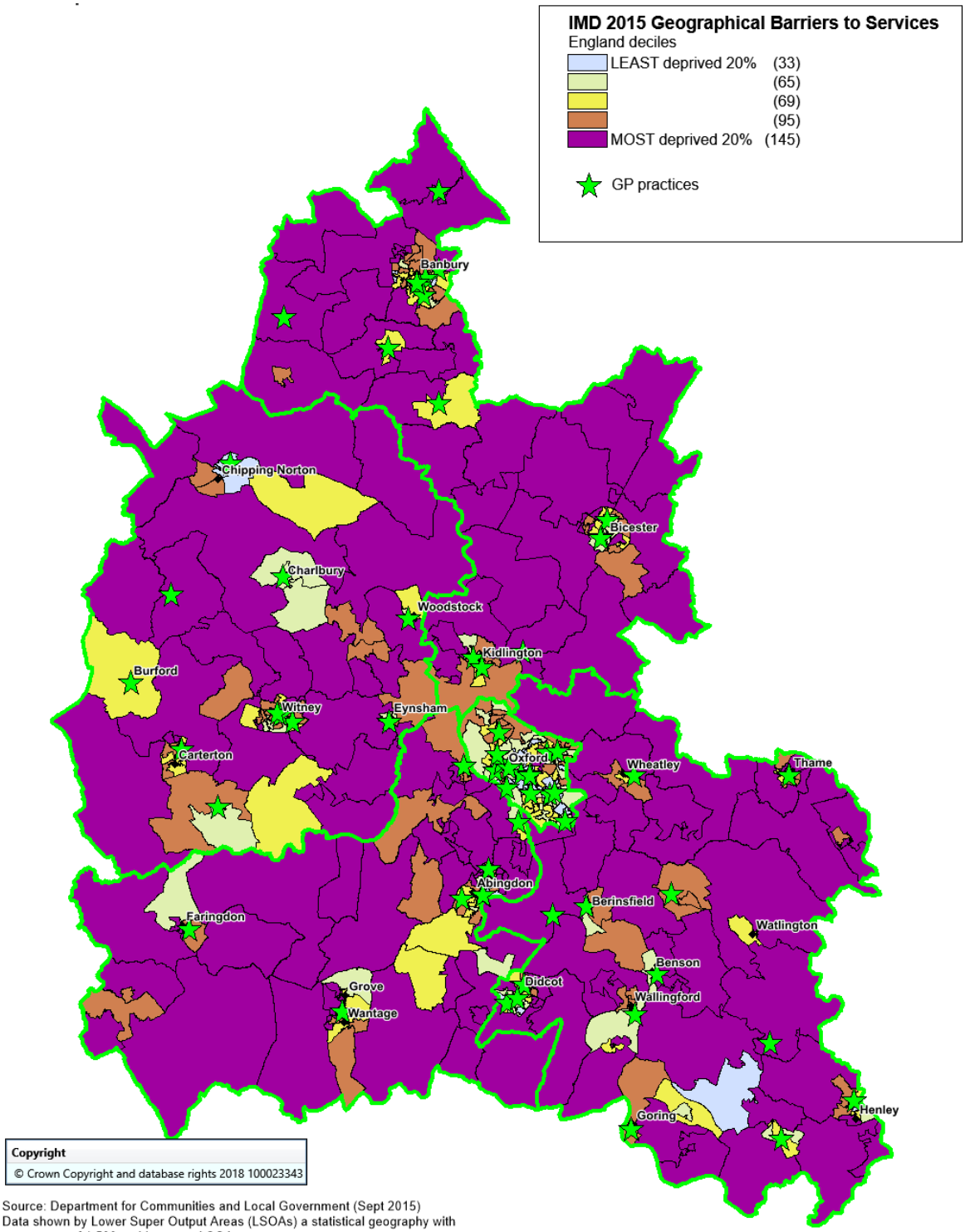
The following map shows the areas of Oxfordshire that are ranked most deprived on the wider subdomain of Geographical Access to Services – including distance to GP, supermarket, post office and primary school – overlaid with locations of Oxfordshire's GPs.

[132] Lower Super Output Areas have an average of roughly 1,500 residents and 650 households. Measures of proximity (to give a reasonably compact shape) and social homogeneity (to encourage areas of similar social background) are also included.

Data has been updated in this version

Data has been reviewed and is unchanged

Figure 117 Geographical barriers to services (IMD 2015) showing locations of GP practices



Source: Department for Communities and Local Government (Sept 2015)
Data shown by Lower Super Output Areas (LSOAs) a statistical geography with an average of 1,500 residents per LSOA

The IMD 2015 Geographical Barriers sub-domain includes:
- Road distance to a post office: A measure of the mean distance to the closest post office for people living in the Lower-layer Super Output Area
- Road distance to a primary school: A measure of the mean distance to the closest primary school for people living in the Lower-layer Super Output Area
- Road distance to a general store or supermarket: A measure of the mean distance to the closest supermarket or general store for people living in the Lower-layer Super Output Area
- Road distance to a GP surgery: A measure of the mean distance to the closest GP surgery for people living in the Lower-layer Super Output Area

+ Data has been updated in this version

= Data has been reviewed and is unchanged

8 Gaps in evidence and areas for further research

This section lists areas where evidence is currently lacking or could be improved.

Population and population groups

- More recent data (than the Census 2011 survey) on ethnicity
- Local data on sexual orientation and gender reassignment

Wider determinants

- Changes in the economy in the view of the Oxfordshire Local Enterprise Partnership - forecast change in number and type of jobs
- Part time employment and income
- Impact of Universal Credit
- Quality of housing
- Families living in Houses of Multiple Occupation
- More on traffic growth and impact on health
- Monitoring data on walking and cycling (active travel)

Lifestyles

- Local data on volunteering including who volunteers and impact on health
- Data on adults learning new skills

Service use

- Distance and travel options to health services by population group (including equalities groups).

ANNEX TO THIS REPORT

Health Inequalities Basket of Indicators

Data has been updated in this version

Data has been reviewed and is unchanged