Joint Strategic Needs Assessment Annual Report 2014

The Joint Strategic Needs Assessment (JSNA) monitors trends in the health and wellbeing of the Oxfordshire population and assesses changing patterns of need and demand for services across the county. This year's JSNA looks at a wide range of data across the topics of:

- Population
- Groups with protected characteristics
- Wider determinants of health
- Mortality and morbidity
- Healthy Lifestyles and Behaviour
- Service Demand
- Quality of services

New to this update of the Oxfordshire JSNA are locally-produced datasets and analysis including:

- Oxfordshire County Council, Housing Led Population Forecasts
- FACE Needs Profile Database – a database of the social care needs of people on Self-Directed Support;
- Service user feedback from consultation events and complaints teams;
- Operational data from the Central Southern Commissioning Support Unit
- Recent 2011 Census releases.

Finding out more:

For a detailed look at the data which informs this report, go to http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment. The website includes interactive dashboards showing key datasets, single issue reports and needs analyses (detailed links follow at the end of this document).

Executive Summary

The analysis presents a picture of an increasingly diverse county, which is, in the most part, a relatively healthy and prosperous place to live. However, it is clear that certain areas of the county experience less benign conditions which are associated with poorer health and wellbeing outcomes. These areas tend to be in the more economically deprived parts of South East Oxford and Banbury but include parts of Abingdon, Berinsfield, and Didcot.

The county's population is growing. This is due to increased inward migration, particularly in the urban hubs of Oxford and Banbury, and the increasing life expectancy of the existing population, particularly in the rural areas of the county. The mini baby boom of the past ten years, which has seen numbers of children increasing year on year, is forecast to level off, stabilising demand for early years

provision and schools over the next ten years following a further increase in the immediate future.

The proportion of older people is likely to continue increasing and this will have implications for service demand. Recently, demand for both Children's and Adult Social care has been increasing at a faster rate than even that which would be expected by population growth, suggesting that previously unmet need is coming forward.

Disability free life expectancy is increasing at a faster rate than life expectancy, meaning that not only are people living longer, in the future they might be expected (at the population level) to be living in good health and free of disability for longer towards the end of their lives. This is particularly true for the male population but will need further monitoring to see if it is a sustained trend, and if so what the implications are.

Data on mortality and morbidity suggest that Oxfordshire residents are less likely than those of the wider region to die early from cancers and circulatory diseases but that the identification of cancers is above the regional rate.

Assessment data for older people accessing Self-Directed Support gives a picture of the kinds of needs and disabilities people have at the point when they access care. Analysis has shown that close to one third of older people on Self-Directed Support have dementia, with the proportion being highest among people in the 80-94 age band. For service users over the age of 95 the most common disabling condition was arthritis.

In line with the growing population, as well as shifts in the way people are accessing them, some services are seeing significant challenges in meeting demand. This can be seen in the increasing demand around delayed transfers of care, the proportion of A&E waits which take more than 4 hours, and the increasing demand for adult and children's social care.

Feedback from service users has emphasised the importance of giving clients control over their daily lives including their care choices. Consultation feedback has also highlighted the difficulties people find in accessing up to date information and advice on the care options available.

<u>Limitations of the data and areas for future development</u>

The identified trends in life expectancy and disability free life expectancy are two of a number of factors which should be considered when projecting who will use services in the future. The analysis of rising demand in social care for older people suggests that a large proportion of the people who might be eligible for social care do not currently access services, but that this picture may be changing. Any estimates of population level demand must consider the fact that previously unmet need may come forward creating further pressures on services. Work is already underway with

the London School of Economics to develop a more textured model of future demand for adult social care.

Much of the available data does not allow detailed analysis of health outcomes by particular client characteristics – e.g. age, ethnicity, or local level geographies. This makes it difficult to identify areas where inequalities of outcome exist. In addition, the separate nature of health and social care records limits the ability to analyse patient pathways and understand complex needs in the service user population.

Section 1 – Population

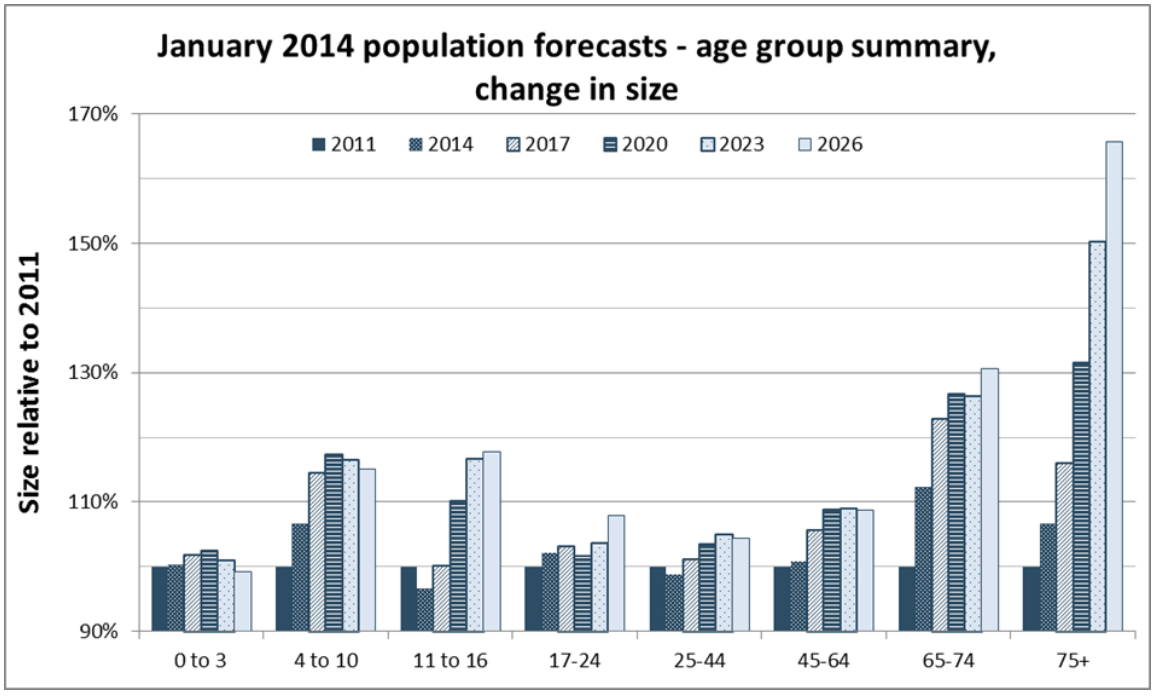
Population change

Unless otherwise stated, this section discusses the outputs of the January 2014 population forecasts produced by Oxfordshire County Council: unlike ONS Population Projections, these forecasts take into account housing supply growth trajectories (some 45,000 extra homes in 2026 vs. 2011) as set out by district planning authorities, giving a more complete picture of future population change.

Oxfordshire's population has aged since the 2001 Census, due to older age groups experiencing greater growth than younger groups. The 65-and-over population grew by 18% from 2001 to 2011, while the number of people aged 85 and over increased by 30%. The number of people in their 30s in the County declined by 12% whilst the number of children aged 4 and under has grown by 13%[1].

Over the next 15 years, Oxfordshire's total population is forecast to grow by 93,000 (14%), from 655,000 residents in 2011, to 748,000 in 2026. This growth will be because the number of births is forecast to exceed the number of deaths by 45,000, and 50,000 more people are forecast to move into Oxfordshire than to move out.

Oxfordshire's population is forecast to continue aging. The proportion of the population that is above the current retirement age (65) is forecast to increase from 16% in 2011 to over 20% by 2026, whilst the proportion that is of working age is forecast to fall.



Source: 2014 Housing led Population Forecasts, Research and Intelligence Team

[1] Figures from ONS, 2001 Census and 2011 Census

Forecast increases are most dramatic in the oldest groups: 66% growth in the 75+ group (from 50,000 in 2011 to 82,000 by 2026) and 69% growth for the 85+ group (up from 15,000 in 2011 to 25,000 in 2026). This is due to a combination of falling death rates, and baby-boomers entering this age range. The rate of growth among these age groups is predicted to be highest in rural areas of the county, with numbers remaining relatively constant in Oxford City.

For the 4-16 age group, the latest forecasts are for growth from a total of 97,000 in 2011 to 127,000 in 2026 (16% growth). Whilst the 4-10 group will peak in 2020, the 11-16 group will peak in 2026. The 0-3 age group will not change significantly over the period.

Fertility rates (the average number of children born to a woman over a whole lifetime) rose across England throughout the 2000s and early 2010s and are expected to reach a forty-year high-point in 2013. International migration into Oxfordshire was shown by the 2011 Census to have been higher than previously expected, which increased the number of women of childbearing age. These two factors have caused a recent "baby-boom" in Oxfordshire which is expected to level off over the next 10 years.

At birth, numbers of people in England recorded as male at birth slightly out-number females, but in the overall population, recorded numbers of females slightly out-number males. This is primarily a result of the fact that mortality rates for men are generally higher than for women.

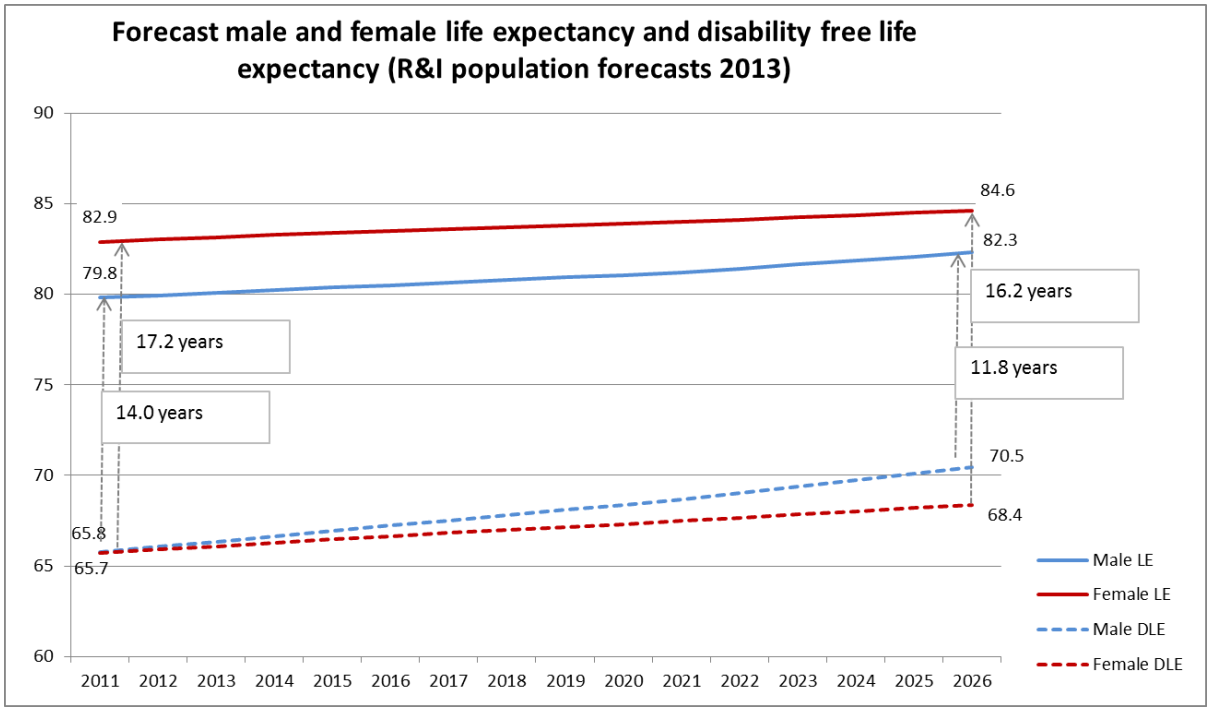
Life expectancy

Life expectancy at birth predicts the average number of years a person born today could expect to live if they were to experience that area's age specific mortality rates. In line with falling mortality rates, life expectancy has been increasing for some time. In Oxfordshire life expectancy for a person born in 2013 was above the national average at 80.3 for males and 84.1 for females[2].

In 2011, female life expectancy in Oxfordshire was higher than male life expectancy by 3.1 years. This gap has reduced in recent years with male life expectancy increasing at a faster rate. If current trends continue the gap in male and female life expectancy will reduce to 2.3 years by the year 2026.

Disability-free life expectancy (DLE) estimates the number of years a person will live before they are affected by a disabling condition. Currently disability free life expectancy is 65.7 for males and 65.8 for females. This is relevant because it predicts the age at which people are likely to need some level of support in their activities of daily living, whether through informal arrangements or formal care through their local authority.

[2] 2013 - Health Profiles, Public Health England http://www.apho.org.uk/default.aspx?RID=49802



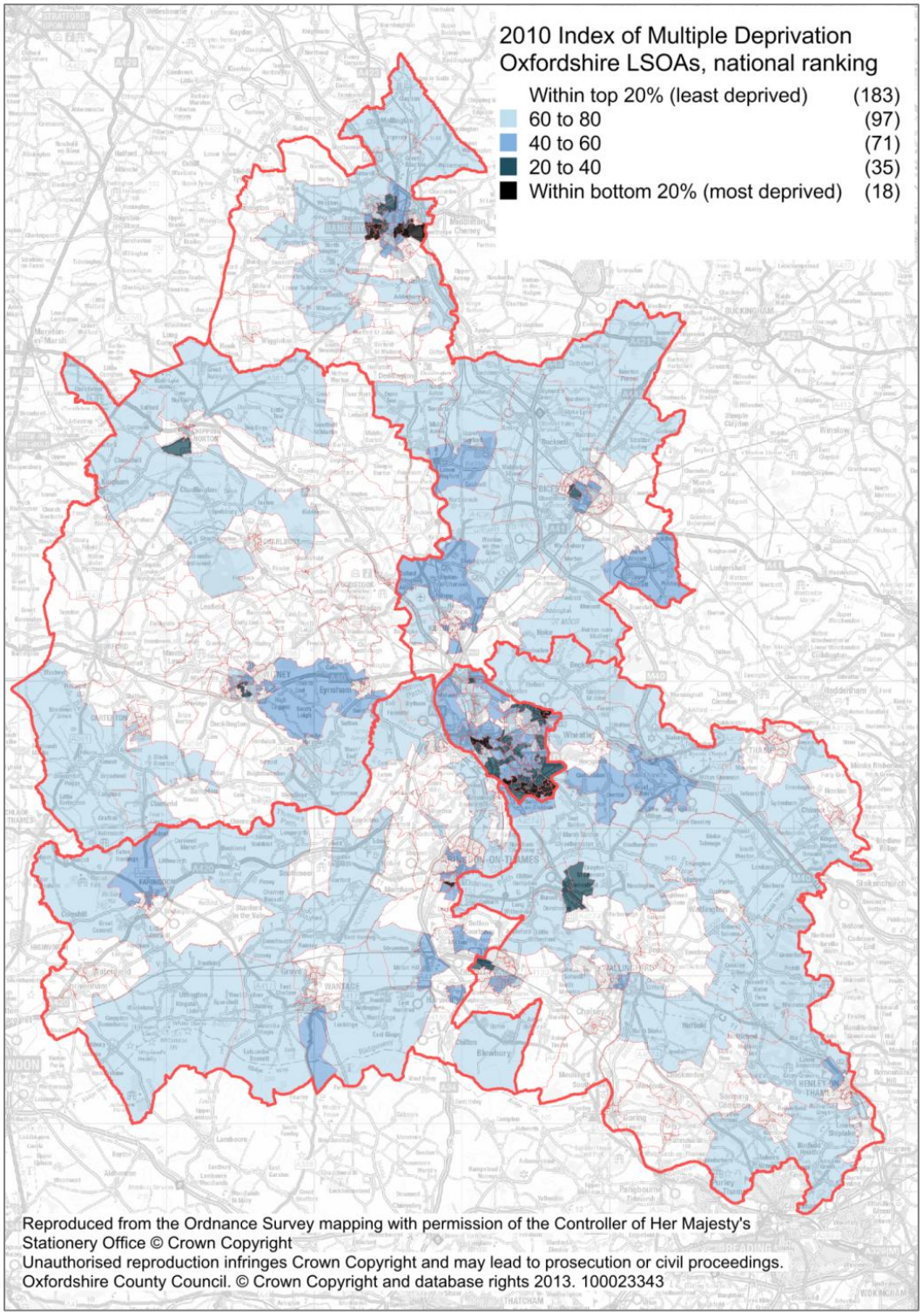
Source: ONS 2011 Mid Year Population Estimates, ONS death data, and ONS mortality assumptions for future years (taken from 2011 SNPPs)

ONS have also produced historic data on the relationship between total life expectancy and disability free life expectancy, which shows that DLE is increasing at a faster rate that LE. Assuming that this historic trend observed 2001 to 2010 continues to apply over the period 2011 to 2026, the gap between life expectancy and disability free life expectancy will reduce for both females (from 17.2 to 16.2 years by 2026) and males (from 14 to 11.8 years by 2026). Assuming the trend continues, by 2026 DLE would be 70.5 years for males and 68.4 years for females.

Deprivation

According to the 2010 Index of Multiple Deprivation, Oxfordshire ranks as the 12th least deprived upper tier local authority in the country. However, 18 Oxfordshire neighbourhoods (Lower Super Output Areas – LSOAs) rank among the 20% most deprived in England. These areas experience significantly poorer outcomes in terms of health, education, income and employment, and include a number of areas of South East Oxford, Abingdon, and Banbury[3]. These areas are shaded in dark blue on the following map:

[3] LSOAs in the following wards - Northfield Brook, Rose Hill and Iffley, Blackbird Leys, Barton and Sandhills, Banbury Ruscote, Banbury Grimsbury and Castle, Littlemore, Holywell, Abingdon Caldecott,



Source: Oxfordshire Insight, data taken from 2010 Index of Multiple Deprivation, DCLG.

It is notable that Oxfordshire contains relatively high levels of deprivation on the geographic barriers index, which assesses the average road distance to key services such as hospitals and schools. 139 of the 404 neighbourhoods in the county are among the 20% most deprived nationwide in this respect. The majority of these areas are in Cherwell, South Oxfordshire, Vale of White Horse, and West Oxfordshire and are predominantly rural.

Further Information

Population dashboard showing population forecasts at district level by single year of age. Download district level forecast data by user defined age bands, and compare population pyramids for different years and districts:

http://insight.oxfordshire.gov.uk/cms/population-forecasts-dashboard

Life expectancy dashboard – Includes data on male and female life expectancy at birth and male and female life expectancy at age 65 by district, county and region:

http://insight.oxfordshire.gov.uk/cms/health

Index of Multiple Deprivation Dashboard - maps and ward profiles for the 2010 Index of Multiple Deprivation:

http://insight.oxfordshire.gov.uk/cms/index-multiple-deprivation-dashboard

Section 2 – Protected Characteristics

All public bodies are required under the equalities act to consider the needs of people with protected characteristics – ethnicity, sexual orientation, and religion (age and gender are described in the population section above). This section gives the latest available data on the numbers of people in these groups, and, where relevant, their geographic distribution.

For the most part it is not currently possible to analyse health outcomes for people in these different groups (available data have been referenced in the Mortality and Morbidity and Lifestyle sections).

Ethnicity

The ethnic composition of Oxfordshire has changed since the 2001 Census. All of the county's black or minority ethnic communities have grown, and now account for 9.2% of the population, just under double the 2001 figure of 4.9% (Census 2011 table: KS201EW).

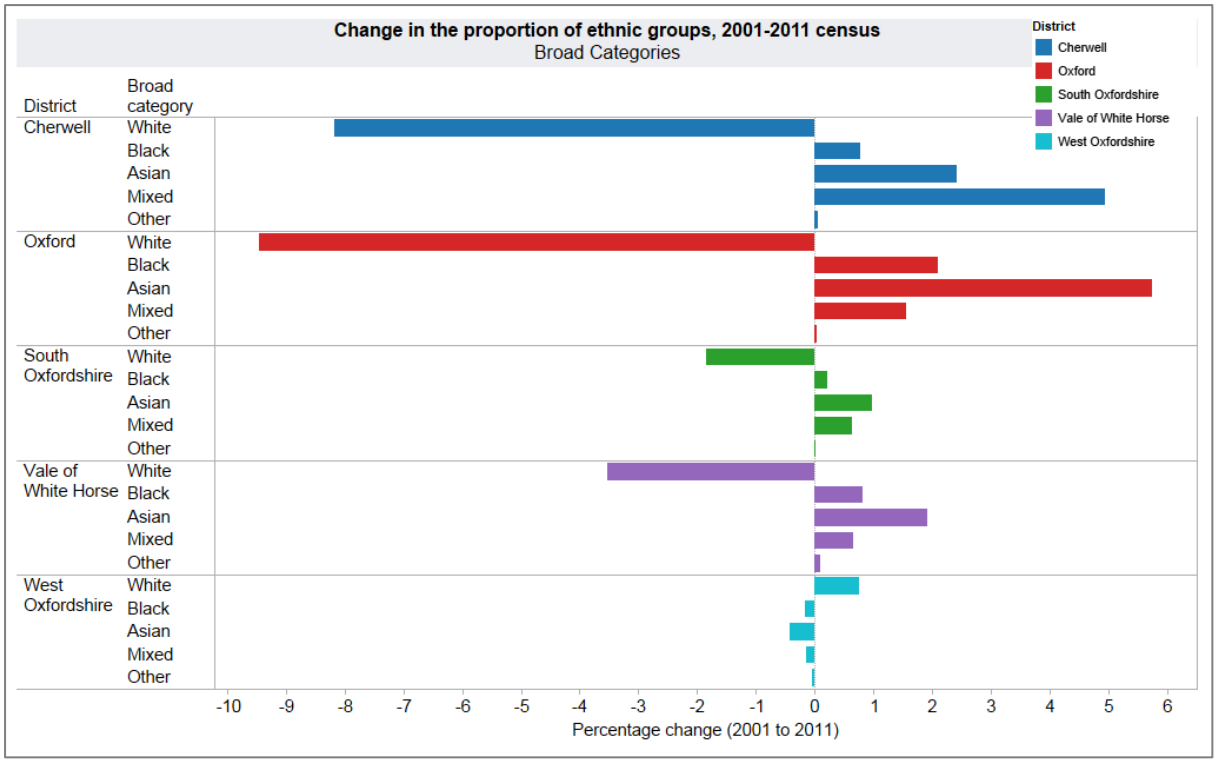
There has been a growth in people from White backgrounds other than British or Irish, who now account for 6.3% of the population (up from 4% in 2001). Much of this increase is explained by a movement of people from the countries which joined the EU in 2004 and 2007. In 2011, 13,000 residents in Oxfordshire were born in these countries, with more than half born in Poland (7,500 people, 2,700 resident in Oxford and 2,300 in Banbury).

People from White Gypsy or Irish Traveller backgrounds make up 0.1% of the county, and this is the same proportion across all the districts aside from West Oxfordshire, where 0.2% of the population classify themselves as such.

4.8% of the population are from Asian backgrounds, twice the 2001 figure of 2.4%. People from Asian communities form the largest minority ethnic group in the county, and most come from Indian or Pakistani backgrounds (2.45%).

The proportion from all Black backgrounds has more than doubled, from 0.8% to 1.75% of the county's population. People from mixed ethnic backgrounds account for 2% of the population (up from 1.2% in 2001).

The change in ethnicity across each district is shown in the chart below. Oxford City and Cherwell have seen the largest increases since the last census, as shown below.



Source: Oxfordshire Insight, taken from Census table KS201EW

Oxford City has seen a 5.8% increase in people of Asian ethnicity, the largest increase of any broad category. There has been a 4.9% increase in the proportion of people of mixed ethnicity in Cherwell. West Oxfordshire is the only district where there has been a reduction in the proportion of people from BME communities since the 2001 census.

Religion

60% of the county's population are Christian, whilst 28% do not have any religion. The county's Muslims make up 2.4% of the populace. The proportion of Hindus in Oxfordshire in 2011 was 0.6%. The size of the county's Jewish population is 0.3%. The growth and size of county's Buddhist population (0.5%) is in line with the regional and national figures.

Sexual Orientation

Reliable figures on the number of lesbian, gay, or bisexual people in the county are still difficult to obtain. The Census did not include a question on sexual identity or sexual orientation, and using the number of people in a civil partnership will not capture those who are either in a relationship but are not registered or those who are single.

Experimental statistics from the ONS's 2012 'Integrated Household Survey' suggested that the proportion of people identifying as gay, lesbian, bisexual, or other was 1.6% in the South East, against a figure for England of 1.9%.

Disability

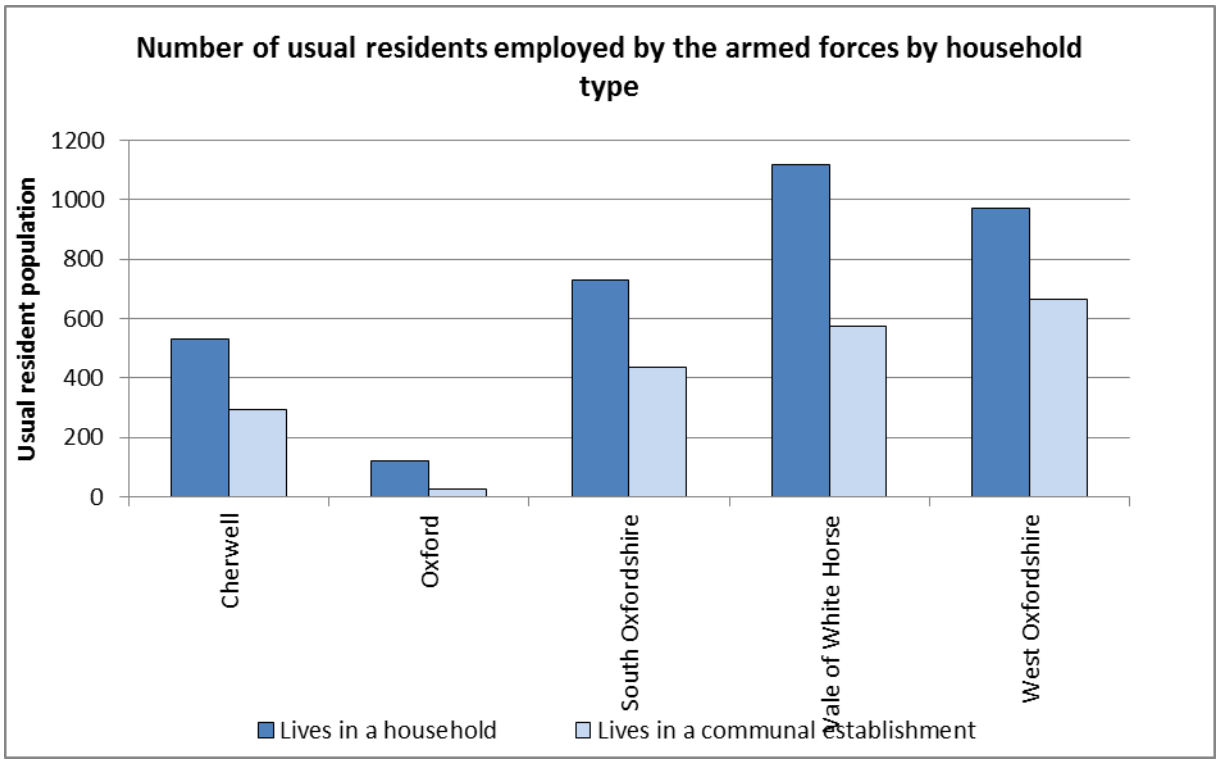
90,000 people countywide are limited in their daily activities by a long term health problem or disability. This equates to 14% of the population. A smaller proportion (8%) reported that their activities were 'limited a lot' by their condition. These proportions are broadly similar across the districts. However, there is some variation in the rates for specific age groups across districts, with Oxford (24.7%) and Cherwell (23.2%) containing higher rates among people over 65 than the county average (21.6%).

12,400 people aged 85 and over in households are living with day-to-day activities significantly limited by a health problem or disability. This is equivalent to 49% of the total resident population aged 85 in households. Cherwell, Oxford and Vale of White Horse Districts are above the regional average on this measure.

Other population groups

Armed forces personnel

At the time of the 2011 census Oxfordshire was home to 5470 armed forces personnel, of whom 33% lived in communal establishments. The remaining 67% live in households.



Source: Census 2011 table QS121EW. All usual residents employed in the Armed Forces

31% of armed forces personnel in the county live in Vale of White Horse, with a further 30% in West Oxfordshire.

Carers

The 2011 Census suggests that 9.4% of the Oxfordshire population provide some level of informal care to a relative or friend. This equates to approximately 60,000 people, of whom 72% provided between 1 and 19 hours of care per week, 10% provided between 20 and 49 hours, and 18% provided more than 50 hours.

2% of people under 25 and 9% of people aged 25 to 49 provide some unpaid care, compared to 14% for people aged 65 and over. The group most likely to provide unpaid care was people aged 50-64, with 20% providing some level of care.

Feedback from county council surveys has suggested that being an informal carer is very demanding, with many carers caring for long hours. 61% responding to the Carers Survey said they were satisfied with services. This was lower than satisfaction levels among users of adult social care services which follows the national trend (see section 7 - Quality of Service). Most carers wanted more time to do what they wanted, more control, support and social contact; and to be fully involved in decisions about those they care for.

Carers also stated that they find it hard to access the information they want, though when they find it they are usually satisfied.

Further Information

Compare changes in ethnicity in Oxfordshire's population between 2001 and 2011:

http://insight.oxfordshire.gov.uk/cms/ethnicity-dashboard

View charts and tables on Disability, Caring, and Health by age from the 2011 Census:

http://insight.oxfordshire.gov.uk/cms/health

Section 3 - Wider determinants of health

The Marmot review 'Fair Society, Healthy Lives'[4] highlighted the fact that health inequalities arise from a complex interaction of a range of social and environmental factors - housing, income, education, social isolation, and exposure, or perceived exposure, to crime - all of which are strongly affected by one's economic and social status. This section looks at recent trends across these domains, identifying geographic areas in Oxfordshire where outcomes tend to be below the regional and national averages.

Housing and homelessness

The pattern of housing tenure differs in Oxford City compared to other districts, with a much higher proportion of people in local authority social housing (13.4%) and private rented housing (26.1%) than the county average (4.6% and 15.2% respectively).

Close to 280,000 people in Oxfordshire live in households with more than 1 person per bedroom. This includes 76,000 people who live in households with more than 1.5 people per bedroom, equating to 12% of the population.

There are 22 neighbourhoods (Lower Super Output Areas) in the county where the proportion of people in households with more than 1 person per bedroom is greater than 50%. 12 of these areas are in South East Oxford, 4 are in Banbury, with the remainder in Berinsfield, Didcot All Saints, Abingdon Caldecott, Benson, and Marcham and Shippon (Source: Census table QS414EW).

Education

The percentage of people over 16 in Oxfordshire with at least a bachelor's degree (census category - level 4 and above) has risen to 35.7 per cent (up from 27.7% in 2001). This is similar to the national increase. All Oxfordshire districts contain above the national average, with Oxford City containing the highest proportion of people with level 4 and above qualifications.

16.7% of Oxfordshire's population lack any qualification, down from 18.6% per cent in 2001 and below the average for England (22.5%). Except for Cherwell, the proportion of Oxfordshire's population without a qualification is higher than the national and South East averages. Oxford City contains the lowest proportion of people with no qualifications at 13.6% of the population.

[4] http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review

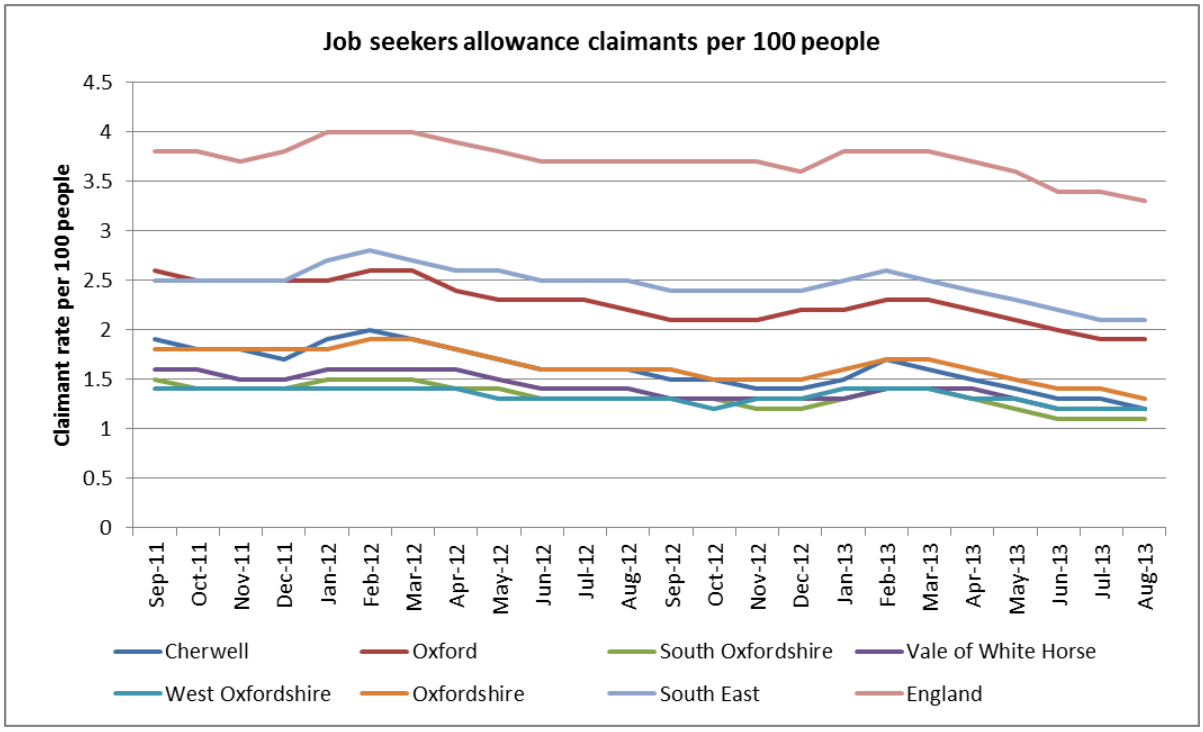
The wards with the highest proportion of people with level 1[5] or no academic or professional qualifications are Blackbird Leys (54.9%), Northfield Brook (46.3%), Banbury Ruscote (55.2%), Barton and Sandhills (37.4%), and Littlemore (37.8%).

Employment

In June 2013, there were 427,800 people aged between 16-64 (this is classed as the working aged population) in Oxfordshire. There are a total of 342,600 working aged people in employment, which equates to 77.1%. This compares with 74.7% for the South East and 71.1% for Great Britain.

In June 2013 the unemployment rate was 6.3% which equates to 23,000 people, compared with 6.2% for the South East and 7.8% for Great Britain.

In August 2013 1.3% of working aged people in Oxfordshire people claimed Job Seekers Allowance (JSA), compared with 2.1% for the South East and 3.3% for Great Britain. Oxford City had a higher rate than the county at 1.9% of the population but remained below the regional average.



Source: Nomis, Official Labour Market Statistics

11 wards had a higher JSA claimant rate than that of the South East region, namely Blackbird Leys, Northfield Brook, Rose Hill and Iffley, Banbury Ruscote, Barton and Sandhills, Cowley, Iffley Fields, Banbury Grimsbury and Castle, Abingdon Abbey and Barton, Witney Central, Littlemore, and Didcot Northbourne.

[5] Level 1 qualifications: 1-4 O Levels/CSE/GCSEs (any grades), Entry Level, Foundation Diploma, NVQ level 1, Foundation GNVQ, Basic/Essential Skills

In May 2013, 32,530 people in Oxfordshire were claiming Key Out of Work Benefits (Job Seekers, ESA and Incapacity Benefits, Lone Parents and Others on Income Related Benefits). This is higher than the number of unemployed as it includes a number of people who are in work, but claim income related benefits. The Oxfordshire Rate of 7.6% was lower than the South East (10.1%) and almost half that of Great Britain (13.9%).

Crime

In the 12 month period ending December 2013, there were 10,397 Anti-social behaviour incidents across the county. This represents a fall of 11.2% compared to the previous 12 month period. The areas with the highest rates of antisocial behaviour were Oxford East, Wheatley/Chalgrove, and Banbury Rural (Thames Valley police area classifications).

After a reduction up to April 2012, Violent Crime has remained at the same rate for the last 12 months. Violent Crime is lower in Oxfordshire compared with the regional and national rates. The summer months have higher proportions of crime compared with the monthly average. Violence with injury has reduced by 15.2% (298 crimes) over the last 12 months, whereas violence without injury has increased by 6.7% (293). The Oxford district rates are higher than the Country and Thames Valley Police rates, whilst Cherwell district rates are higher that the County rates.

Hate Crime has fallen by 13.0% between April 2013 - December 2013 and the corresponding period in 2012. The most common type of hate crime incidents were racist, accounting for 75% of the 662 incidents between September 2010 and August 2013. These were predominantly classified as public order offences (55%). A further 31% of racist incidents were classified as violent.

The number of domestic abuse incidents (non-recordable crime) increased from April to December 2013. This does not indicate that domestic abuse is more prevalent but demonstrates that victims are reporting abuse earlier and that reporting is increasing. This suggests that the preventative approach in Oxfordshire is working. In 2012/13, 2,829 victims of DA accessed dedicated support services. For the period April-September 2013 1,601 victims of DA accessed dedicated support services.

The prevalence of Child Sexual Exploitation has been an emerging national issue of concern over recent years. Operation Bullfinch was a joint surveillance operation by Police and Social Workers within Oxfordshire which commenced in 2010 due to growing concerns about possible street grooming of vulnerable girls by a gang of men acting together. This resulted in the successful prosecution and conviction of 7 men for a range of serious sexual offences against these girls and young women.

The Oxfordshire Safeguarding Children Board has instigated a Serious Case Review into this matter and commissioned a special task group to identify and action improvements into how agencies can better work together in combatting this horrific form of abuse. A formal strategy to address this abuse has been agreed by all statutory agencies, procedures reviewed and training undertaken for key professionals involved in this area.

The Kingfisher team has been established as a multi-agency professional group charged with the responsibility of investigating all referrals where Child Sexual Exploitation is suspected. The Team has handled over 90 referrals in the last 12 months, as a result of work by all agencies to pro-actively identify children who present risk factors for CSE using the CSE screening tool. Following referral these children receive preventative support, protection and further investigation as appropriate to their individual circumstances. All these children have multi-agency plans in place to ensure all risks are assessed and addressed.

In the last 12 months 13 women have been identified by GPs, Community Midwives and the Hospital Consultant Obstetrician as having been subjected to FGM; all are believed to have undergone FGM abroad prior to coming to this country. There is currently no reliable data on the extent of Female Genital Mutilation (FGM) in Oxfordshire or even the United Kingdom. It is estimated that in 2001 nearly 66,000 women with FGM were living in England and Wales with an additional 5,000-8,000 girls who may possibly be affected in the future. The Oxfordshire Safeguarding Children Board (OSCB) has for some years had a clear procedure in place but is taking a more pro-active approach on this to ensure that there is better awareness of this form of physical abuse and strengthen the co-ordinated approach with partners.

Isolation

Feedback from service users and communities has suggested that isolation, loneliness and social contact are crucial ingredients for health and wellbeing for carers, users, and people in rural areas. Engagement events have highlighted the role that local groups, volunteers, and the faith and community sectors play in providing local supports.

At the time of the last census 28.7% of Oxfordshire residents aged over 65 lived alone. Though this does not directly equate to loneliness, these people are significantly more likely to be socially isolated which may lead to experiences of loneliness.

Further Information

Education and Skills Dashboard – charts on highest levels of qualification by areas

http://insight.oxfordshire.gov.uk/cms/education-and-skills-dashboard

Community safety dashboard – time series charts on the number of recorded crimes by type and by geographic area:

http://insight.oxfordshire.gov.uk/cms/community-safety-dashboard

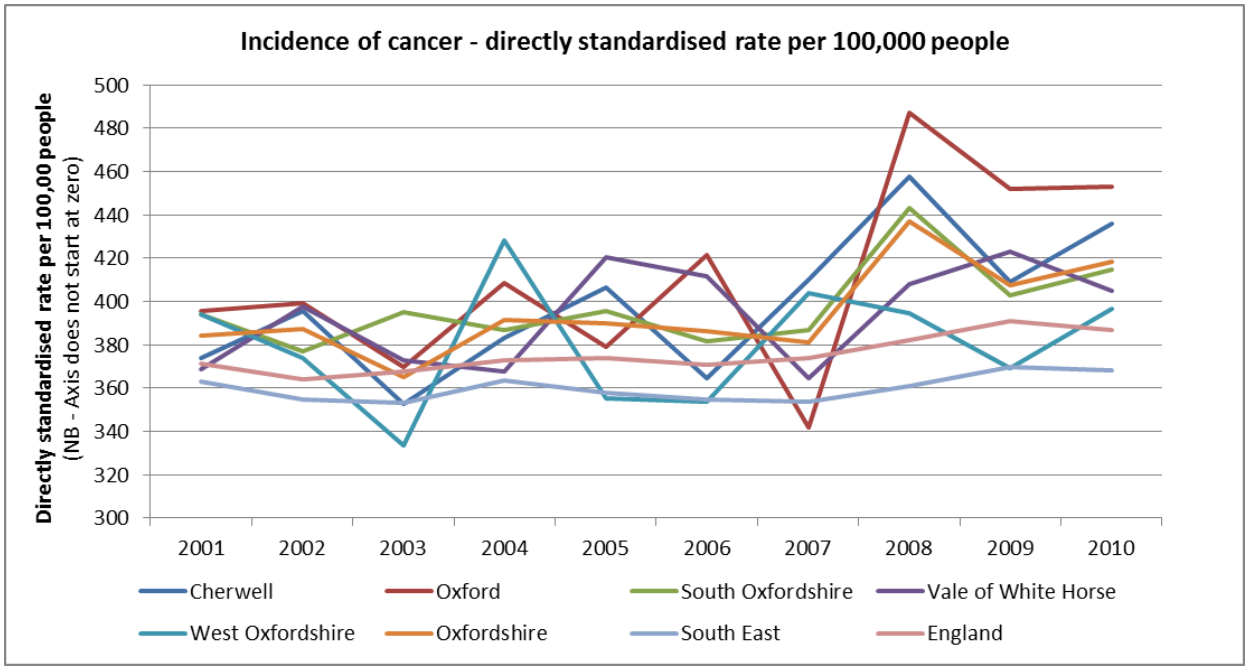
Section 4 - Morbidity

Diabetes

There are over 26,000 people aged 17 years and over diagnosed with Diabetes registered in Oxfordshire GP practices, representing almost 5% of that age group. This gives some indication of the prevalence of the disease and the majority are likely to have Type 2 Diabetes. Overall Oxfordshire percentages are lower than England and this may be due to lower prevalence.

Cancer

The incidence of cancers has been steadily increasing across all areas in men and women under the age of 75. The latest data (2008-10) shows Oxfordshire has a significantly higher rate of incidence than England in both men and women. The higher rate may in part be explained by better ascertainment i.e. local health services may be better than other areas at diagnosing cancer or the local population may be more aware of the signs and symptoms of cancer and seek medical advice early resulting in a prompt diagnosis.



Source: Health and Social Care Information Centre, Indicator Portal

Circulatory diseases

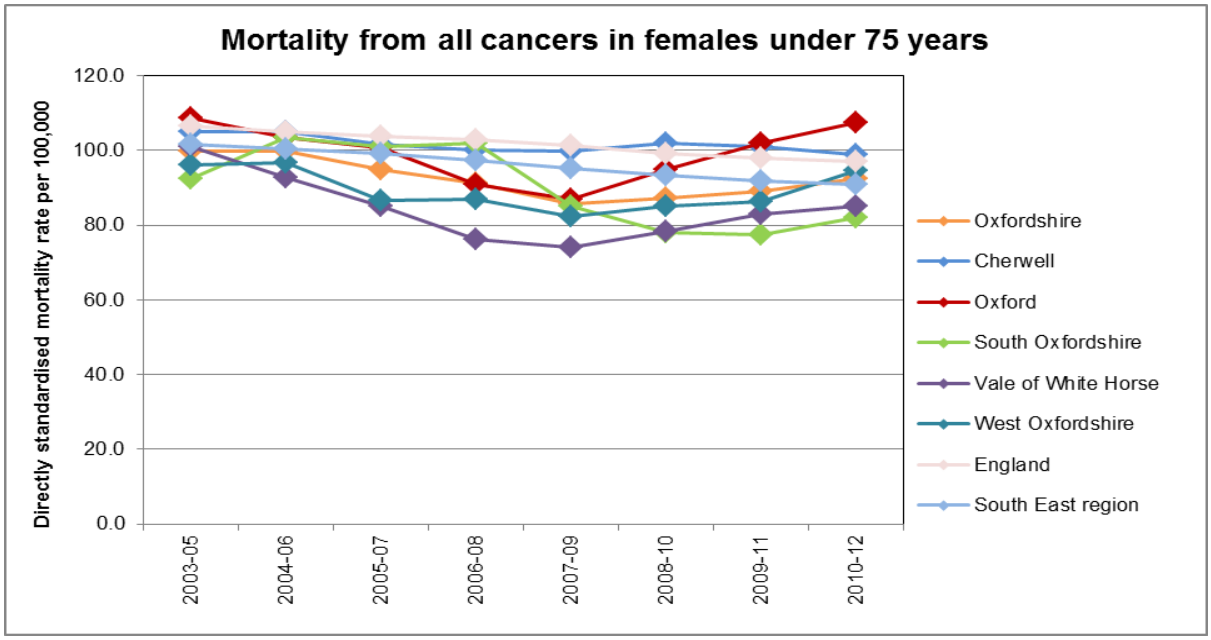
The estimated prevalence of stroke and coronary heart disease can be taken from GP-recorded information. These data do not reflect true levels as they are based on general practice recording. Nevertheless general practice in Oxfordshire is of high quality and so it is reasonable to assume that these give us a good estimate. Of Oxfordshire's GP-registered population 1.6% are recorded as having had a stroke or TIA (transient ischaemic attack) and 2.6% has a recorded diagnosis of coronary

heart disease (CHD) in 2012/13. These are both significantly lower than the national average. GP practices within Oxford City have a significantly lower recorded diagnosis of both stroke and CHD (than Oxfordshire) – with a younger population profile than the rest of the county this may account for the lower prevalence.

Mortality

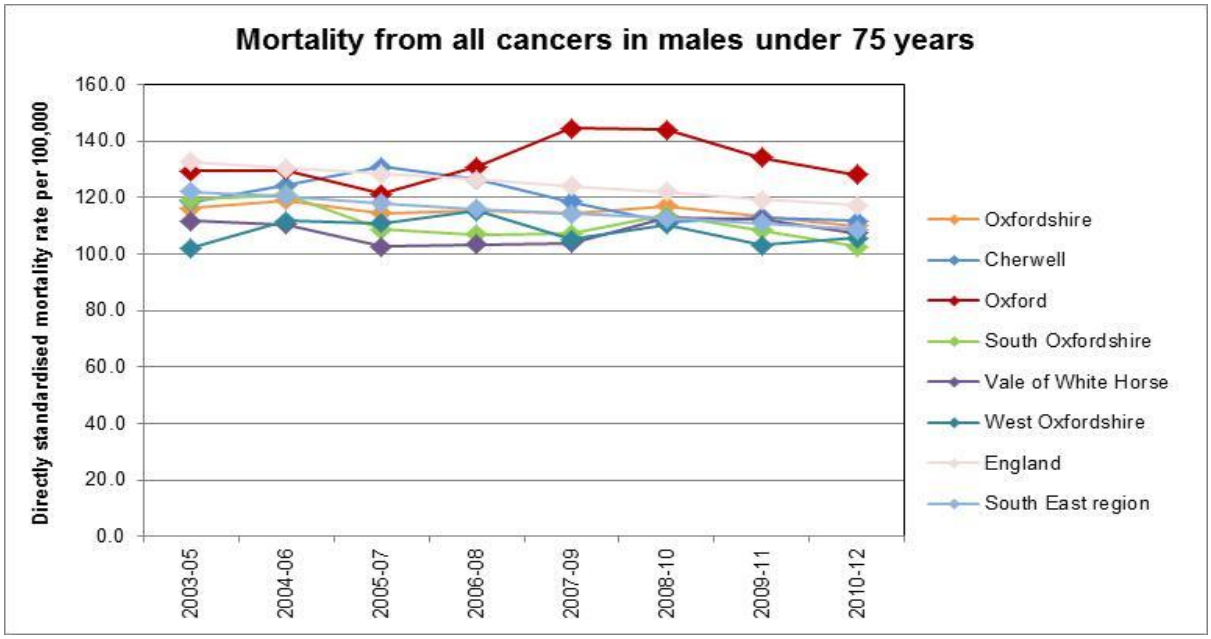
Cancer

Cancer is the biggest cause of mortality in males and females under the age of 75 in England and Oxfordshire. Cancer mortality accounts for approximately 700 deaths per year in Oxfordshire. Both nationally and locally the mortality rate from all cancers is significantly lower in women than men, although the gap is closing as the rate in men has been decreasing at a more rapid rate.



Source: Health & Social Care Information Centre Indicator Portal

Male cancer mortality in Oxfordshire remains significantly lower than the England average however this is no longer the case for females in 2010-12.



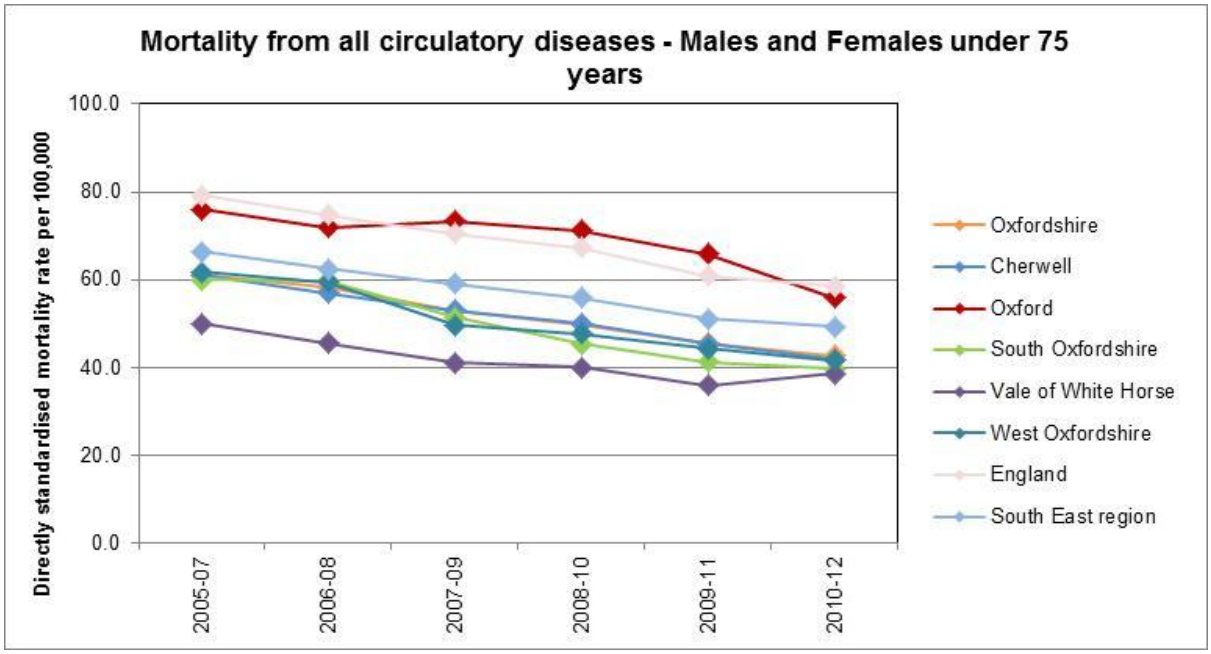
Source: Health & Social Care Information Centre Indicator Portal

There are many causes of cancer; smoking remains the biggest single cause. Lung cancer is the most common cause of death from cancer for men, responsible for nearly a quarter (22%) of cancer deaths in males in Oxfordshire. Colorectal cancer accounts for a further 11% and prostate cancer 8%. In women 17% of cancer deaths are from lung cancer whilst breast cancer accounts for 19% and colorectal cancer 9% (figures are based on numbers for 2010-12 three years combined).

Screening programmes were introduced for early detection of bowel, breast and cervical cancer and late detection is almost certainly a major contributor to poor survival.

Circulatory diseases

Circulatory diseases such as heart disease and stroke also contribute to the main causes of mortality. Trends indicate a decline in mortality rates in people under 75 years. There is some fluctuation at a district level but this will be due in part to the low numbers involved. Although still a leading cause of death, Oxfordshire has a significantly lower level of mortality from circulatory diseases than the national and regional averages for both males and females.



Source: Health & Social Care Information Centre Indicator Portal

Nationally heart diseases are a leading cause of death for men aged 50 and over, and for women aged 65 to 79 years. These diseases are usually caused by the build-up of fatty deposits on the walls of the arteries around the heart. Lifestyle choices (such as smoking and diet), and other conditions such as high cholesterol, high blood pressure and diabetes, can also lead to heart disease.

Further Information

Mortality dashboard – charts and tables on the causes of death and standardised mortality ratios at district level. Burden of ill-health dashboard – Charts on incidence of cancer:

http://insight.oxfordshire.gov.uk/cms/health

Public Health Outcomes Framework data tool:

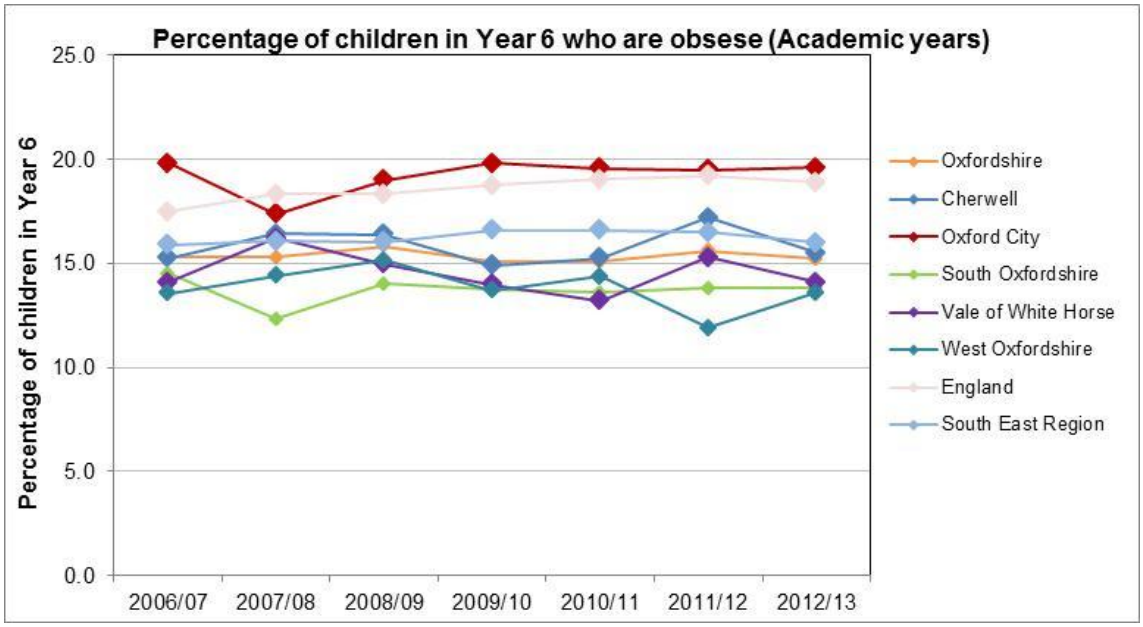
http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/0/par/E12000008/are/E10000025

Section 5 – Lifestyles

Obesity

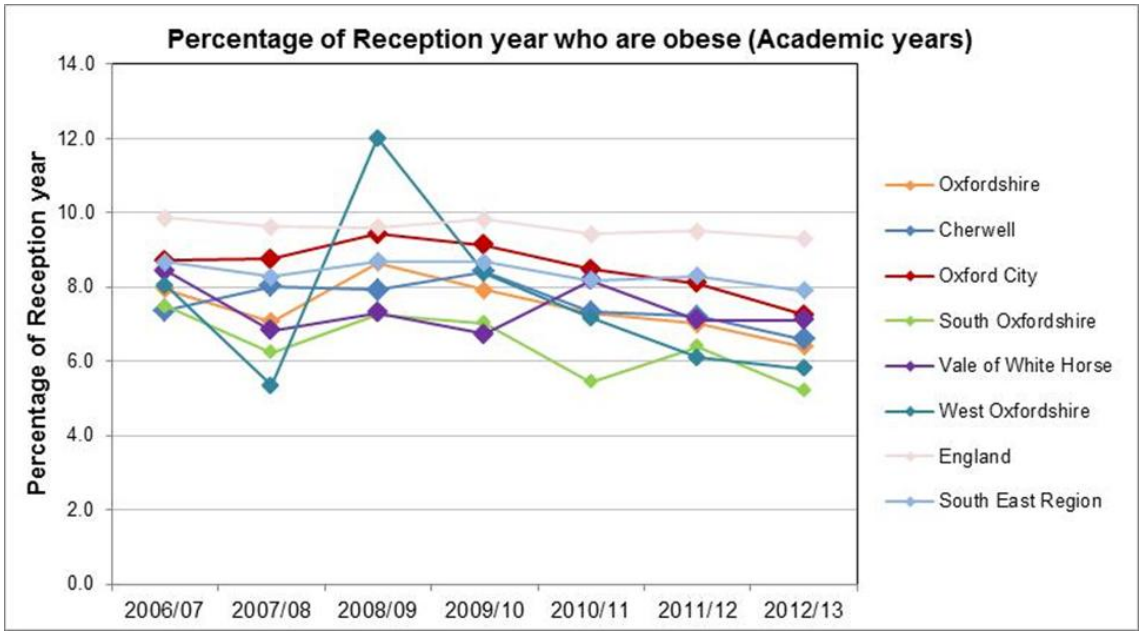
The rise in obesity both nationally and locally has caused concern. There is little robust data at a local level - latest data from Health Survey for England indicates that obesity could be as high as 29% in people aged 16 years and over in Oxfordshire. However GP-recorded cases of obesity show a much lower proportion (10%) which is likely to underestimate as not all people will have had their BMI recorded.

For children there is a more robust source of obesity data as Reception year and Year 6 have been measured in schools since 2006/7 which gives us some good trend data. Oxfordshire remains significantly lower than the national average.



Source: Health & Social Care Information Centre Indicator Portal

Children in year 6 have a higher prevalence of obesity than those in Reception year. Once established, obesity is difficult to treat so prevention and early intervention are important. Being obese or overweight can increase the risk of developing a range of serious diseases in later life. There is a strong relationship between deprivation and childhood obesity. Analysis of data from the National Child Measurement Programme (NCMP) for 2012/13 shows that obesity prevalence among children in both Reception and Year 6 increases with increased socioeconomic deprivation (measured by 2010 Index of Multiple Deprivation (IMD) score). The NCMP also reveals substantial variation in childhood obesity prevalence between ethnic groups at a national level.



Source: Health & Social Care Information Centre Indicator Portal

A consultation in August 2013 involving nearly 200 parents, children and young people about Childhood Obesity highlighted a number of challenges for families:

- Benefits of breastfeeding are well known, but parents had mixed experiences of support
- Affordability and availability of healthy food in some areas
- Time it takes to buy and prepare fresh food compared to fast convenience food, for working mothers with families
- Lack of basic cooking skills and knowledge in nutrition
- Healthy eating messages need to be 'cool'
- Affordability of exercise classes/activities, especially in winter
- Schools and Children's Centres seen as core and influential hubs for information in communities

Physical activity

Of the adult population (16+ years) in Oxfordshire, 61.2% partake in moderate equivalent physical activity for at least 150 minutes per week. These data are based on survey results conducted by Sport England and weighted to represent the demographic population of each geographic area. Oxfordshire has a significantly higher proportion than the national average. This indicator has changed so there are no trend data available.

Smoking

The most up to date data available for smoking prevalence is for 2011/12. These figures are taken from a national survey but are the only data available for smoking prevalence. They indicate that approximately 17% of the adult population (18+ years) in Oxfordshire are smokers. This is significantly lower than the national average.

Further Information

Children's bodyweight dashboards Smoking, drinking, and drugs dashboard – charts on prevalence rates for overweight children in year 6 and reception years:

http://insight.oxfordshire.gov.uk/cms/health

Public Health Outcomes Framework data tool:

http://www.phoutcomes.info/public-health-outcomes-framework#gid/1000049/pat/6/ati/102/page/0/par/E12000008/are/E10000025

Section 6 – Service Demand

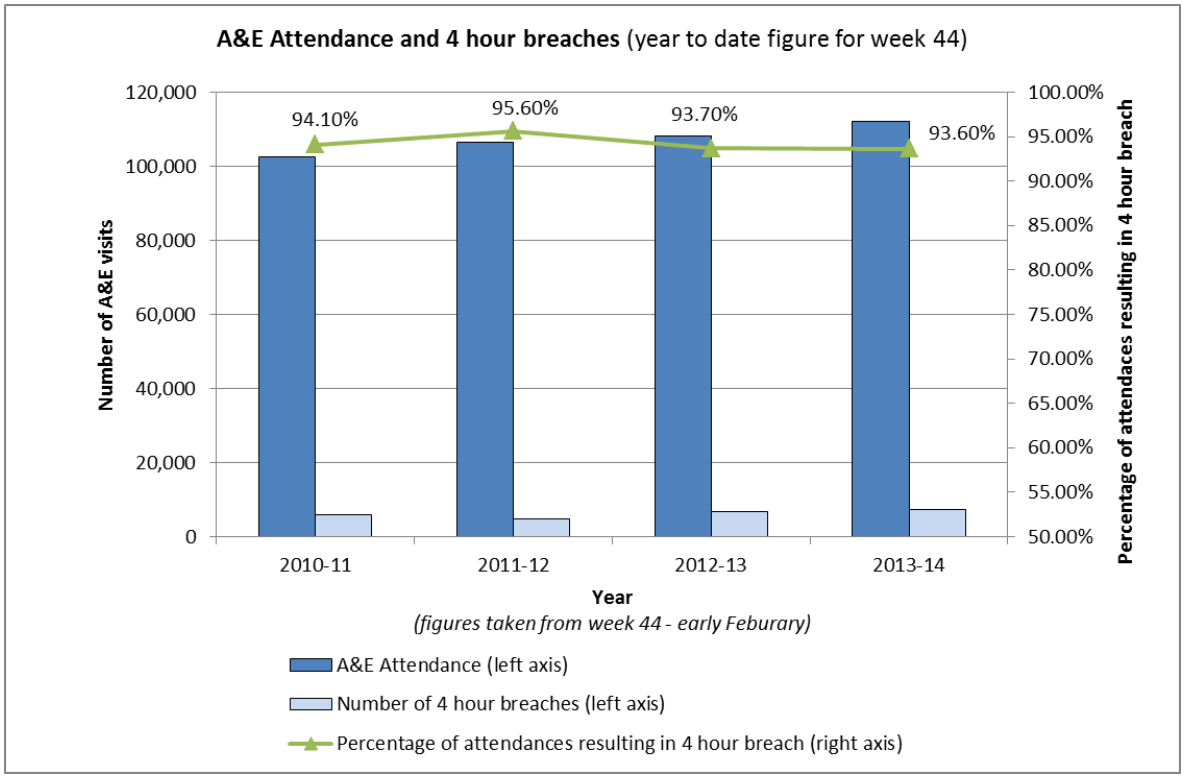
GP Practice population

There were 698604 people registered with Oxfordshire GPs in 2013. This has increased by 4% since 2010. The number of people registered with GPs has increased by 15% in the South East Locality over the same period.

The number of people registered with a GP does not necessarily reflect the actual number of people using GP services, and is likely to include the records of people who remain registered despite leaving the area, as well as people who live in neighbouring counties but are registered with GPs in Oxfordshire. This explains the fact that the GP registered population is higher than the county population.

A&E attendance and breaches

The number of people attending accident and emergency has increased steadily over the past four years.



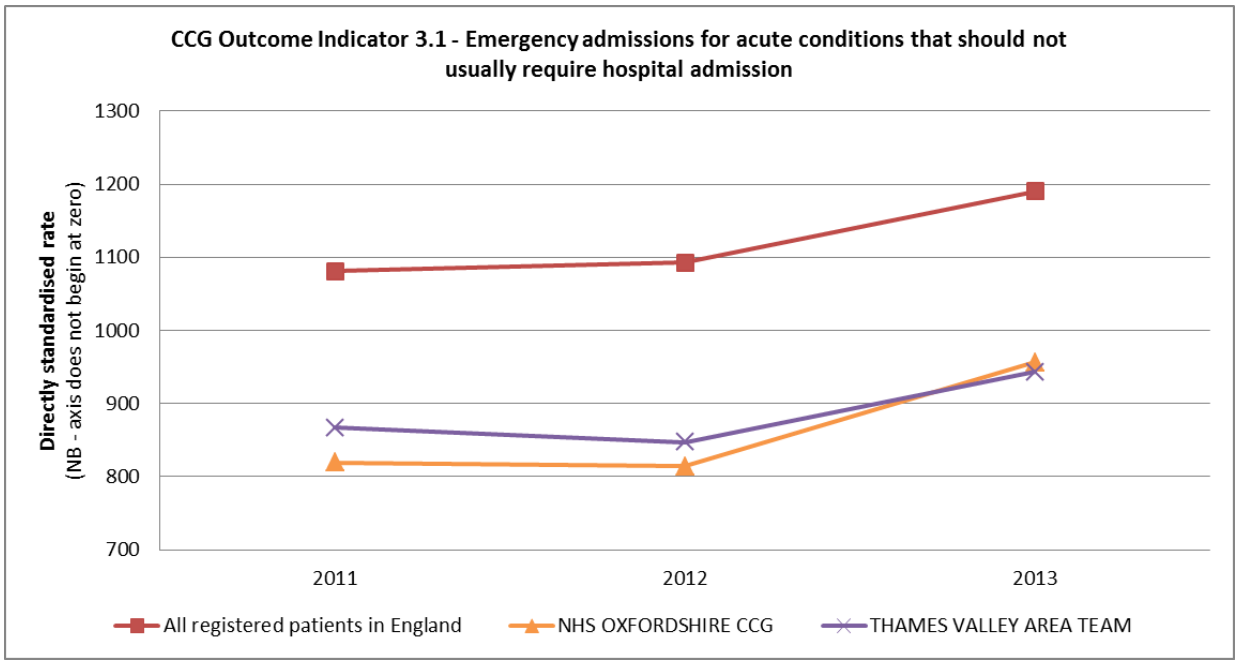
Source: Central Southern Commissioning Support Unit

Over the same period the proportion of people attending who were seen within 4 hours has reduced (episodes exceeding this are known as A&E Breaches) to 93.6%, as shown in line on the above chart[6].

[6] 4 hour breach figures for 2011/12 are estimated. Data was not collected during the final 4 months of the year.

Emergency Admissions for Acute conditions that should not usually require Hospital Admission

The past year has seen an increase in the number of emergency admissions for acute conditions that should not usually require hospital admission. The directly standardised rate has risen from 814.1 to 956.2, taking it above the Thames Valley figure of 943.3 (CCG Outcomes Framework 3.1).



Source: CCG Outcomes Framework, Health and Social Care Information System

Data from the Southern Central Commissioning Support Unit suggests that this increase is mostly attributable to increases in admissions for Skin Infections and Dental & Other Mouth Problems. Convulsions (many of which will be related to Epilepsy) and Gastrointestinal Infections have also shown increases. There has been a reduction in the number of emergency admissions for genitourinary system infections over the same period.

Delayed Transfers of Care (DTOC)

Although delayed transfers of care have fallen in recent months from a high of 166 in September 2013 to 133 in December, Oxfordshire continues to have the highest number of delays nationwide.

Aggregation of the reasons for delays as at week ending 23rd February 2014 suggests that the most common category of delays were people awaiting community hospital beds which accounted for 27% of delays. Further common categories/subdivisions were people waiting for a care home placement (21%); people awaiting a re-ablement care package (15%) and patient and family choice (18%).

Social Care – Older People

The number of users of adult social care is growing at a faster rate than that which could be attributed to population growth alone. In 2012/13 the number of older people receiving long term support from the County Council rose by 4.8% and by a further 7.9% to a figure of 4,037 by September 2013. By contrast the population of older people is estimated to have grown by around 3% each year since the 2011 Census.

The average number of hours of care provided per week rose by 9.2% and 1.7% over the same period, suggesting that the levels of need among people entering the system may also be increasing.

This suggests that demand is rising due to pre-existing unmet need in the population which is now presenting to social care. The table below uses service data and figures from the 2011 census to estimate the potential scale of 'unmet need' in Oxfordshire:

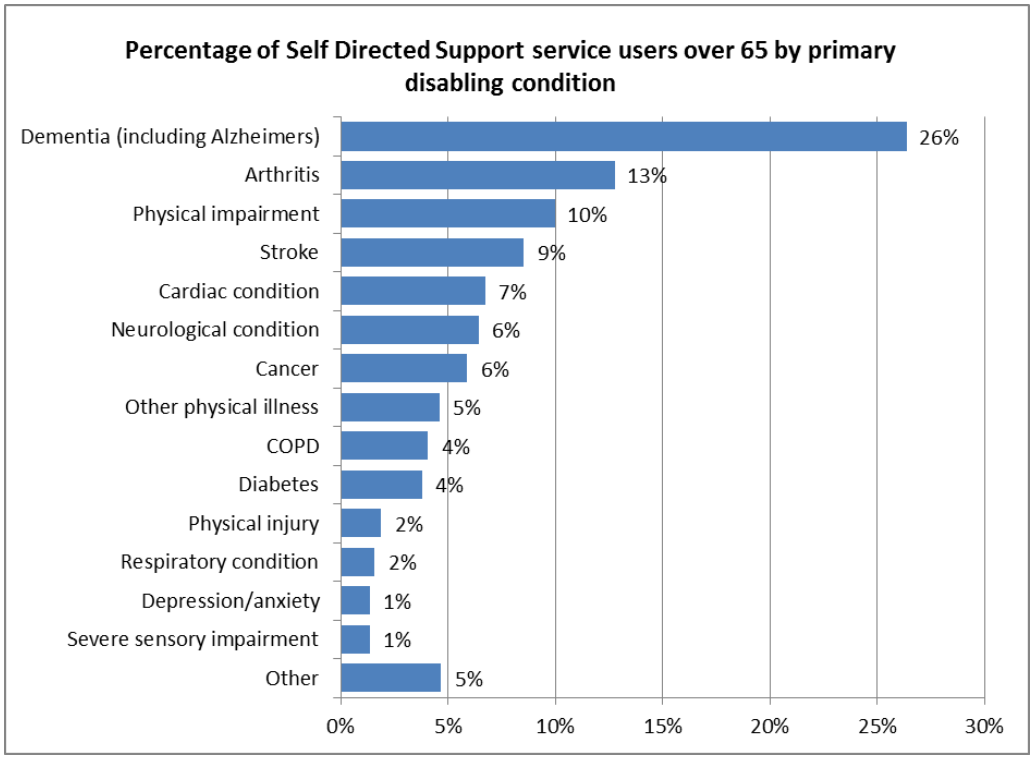
Estimate of needs and services in Oxfordshire

Category of Need	**Number**
Older People whose activity of daily living are limited a lot	24,000
People receiving long term support managed by the local authority	4,000
Estimate of older people receiving intensive (50 hours plus) informal care from a family or friend	5,700
Older People self-funding care home placements	2,100
Older People self-funding care at home	3,400
Needs currently met (local authority; informal; private)	15,200 (63%)
Potential unmet need which could come forward	**37% (8,800)**

In the current population, there are at least 8,800 older people who have serious difficulties in their activities of daily living but do not currently meet these needs through private care, social care, or informal care. The care bill is likely to create additional incentives for people to access formal care, ultimately increasing the

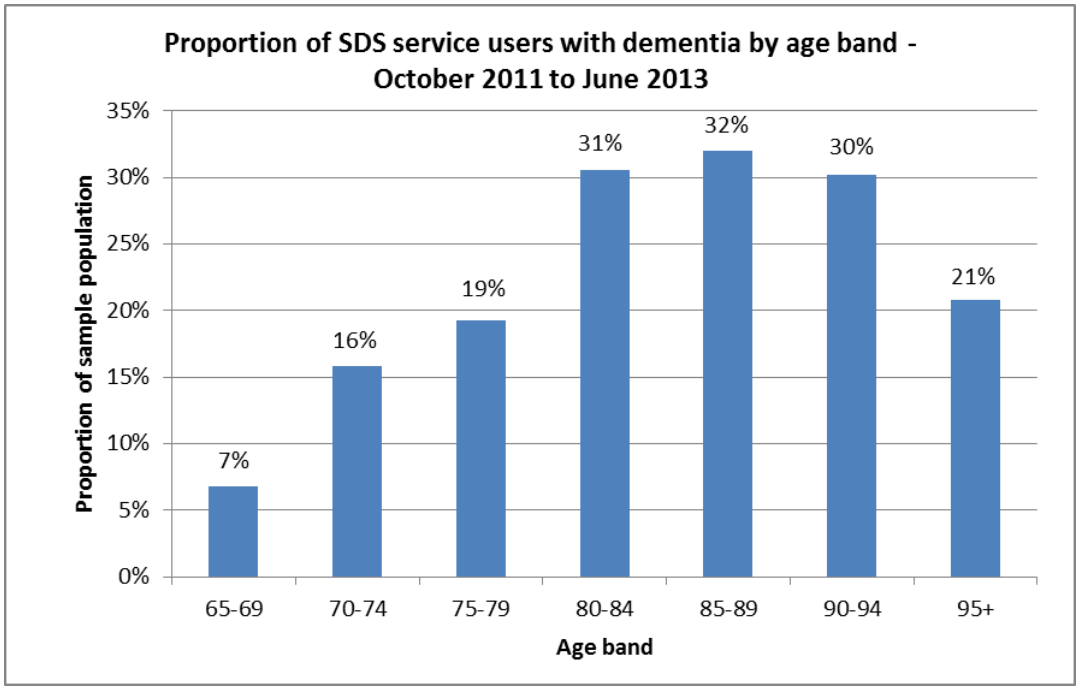
proportion of needs met through Local Authority managed care. Whilst this is on the surface a positive development for the service user, it will present serious challenges for the capacity of the social care system as currently constituted.

Analysis of assessment data offers further texture to the types of needs people have when entering the social care system. A sample of assessment forms for 1500 Self Directed Support service users over the period of October 2011 to July 2013 suggests that the condition most affecting the activities of daily living for older people presenting to social services is dementia, which affected 26% of the sample (a further 6% recorded dementia as their secondary condition). Other common conditions included Arthritis (12%), Physical impairment (10%), Stroke (9%), Cardiac conditions (7%), Neurological conditions (6%), and Cancers (6%).



Source: FACE Needs Profile Database, Oxfordshire County Council

The same data suggest that the likelihood of a client presenting with dementia increases with age, with 7% of people aged 65 to 69 presenting with dementia as a primary disabling condition, compared to 32% for people aged 85 to 89, as shown in the following chart.



Source: FACE Needs Profile Database, Oxfordshire County Council.

For those over the age of 95, the most common condition affecting activities of daily living was arthritis, which affected 26% of this age group.

Feedback from older people in Oxfordshire cited three key things as contributors to quality of life: health, control over daily living, and social contact.

Service users have highlighted the fact that good, up-to-date, accessible information and advice underpins people's ability to be more independent, have more control and make better choices. It needs to be jargon free, accessible in a variety of formats and channels, up-to-date and simple.

Learning Disabilities

National prevalence rates[7] suggest that there are likely to be around 9,000 adults with some level of learning disability in the county. In September 2013, 1923 people with learning disabilities were known to social services. This equates to 21% of the estimated total which matches the national rate.

National estimates predict that demand for services will increase at a rate between 0.6% and 4% per year between 2009 and 2026[8]. Although there has been a steady increase in the number of people open to learning disability teams in recent years (from 1792 in March 2012 to 1923 in September 2013), the number of people in

[7] http://www.improvinghealthandlives.org.uk/uploads/doc/vid_9244_IHAL2011-02PWLD2010.pdf
[8] http://eprints.lancs.ac.uk/21049/1/CeDR_2008-6_Estimating_Future_Needs_for_Adult_Social_Care_Services_for_People_with_Learning_Disabilities_in_England.pdf

supported living and care homes increased between 2011/12 and 2012/13 but fell in the first 6 months of 2013/14.

Physical Disabilities

In Sept 2013, Oxfordshire County Council supported 591 adults (aged 18-64) with a Physical Disability. A large majority of this group (86%) receive either home care or direct payments with the rest supported in care homes. The latter group has remained largely unchanged since March 2012 whilst the former grew by 29% from March 2012 to September 2013.

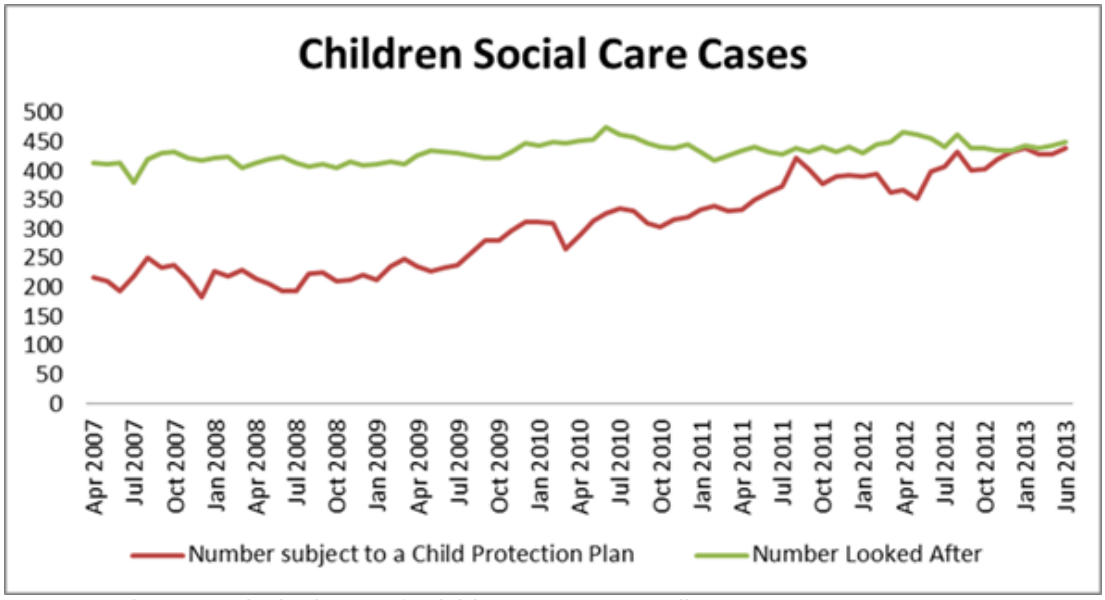
Consultation on the PD strategy in April 2012, involving 274 people suggested the strategy should find ways to measure social integration, quality of life and overall well-being among people with a physical disability, rather than relying too heavily on indicators such as employment and the receipt of direct payments which were viewed as somewhat crude proxies for independence.

Children's Social Care

Activity levels in Children's Social Care are higher than would be expected based on relative measures of need in the population, and are increasing at a faster rate than the national trend.

Whilst there is no single predictive measure of need for children's services, the level of income deprivation affecting children (IDACI index) is a nationally used proxy for understanding the proportion of a population who might be referred to social care.

At the end of 2012/13, Oxfordshire had a rate of 30.9 children on a child protection plan for every 10,000 children and young people countywide. Whilst this is lower than the national rate of 37.9, when it is weighted for the number of income deprived children/young people, Oxfordshire has a higher rate than would be expected. Nationally, for every 60 deprived children/young people, there is one on a child protection plan. In Oxfordshire the ratio is one child on a plan for every 40 deprived children/young people.



Source: Joint Commissioning, Oxfordshire County Council

The chart shows that the number of children on child protection plans has more than doubled over the past five years, whilst the number of looked after children has remained relatively stable. The most recent national statistical returns showed that between 2011/12 and 2012/13 the number of children on a plan in Oxfordshire increased by 17% compared to 0.3% nationally.

There is reason to believe that the upward trend is attributable to more effective screening and referral processes, resulting in greater numbers of children being put on plans, and remaining on plans, than was previously the case. Although this represents positive performance relative to the national picture, it does present challenges for the capacity of the service.

Alternative hypotheses might be that the overall level of need has increased at the population level, or that the application of eligibility criteria is being applied more stringently than it had been in the past. However, it is unlikely that population level needs have increased given the scale of the change – a twofold increase in the number of children on plans over a five year period. Furthermore, the pattern is visible in Oxfordshire but not at the national level, which would be expected if the increase were a consequence of the economic recession. Audits of case files by senior social work managers have found that threshold criteria at key points have been consistently applied over the period.

In a Survey of Looked After Children in Dec 2013, 85% stated that they were happy with their social workers. Further feedback from children and young people has suggested that transition planning and management at key transition points is not always smooth, particularly between children and adults social care and health services, at admission/discharge from hospital, and from primary to secondary school. It was emphasised that communication between professionals and across organisations at transition points is key.

Further Information

Adult Social Care Outcomes Framework Dashboard – view Oxfordshire's relative scores on ASCOF outcomes framework indicators for past three years:

http://insight.oxfordshire.gov.uk/cms/adult-social-care-outcomes-framework

National Adult Social Care Information System (NASCIS):

https://nascis.hscic.gov.uk/Portal/Tools.aspx (requires registration)

Section 7 – Quality of Services

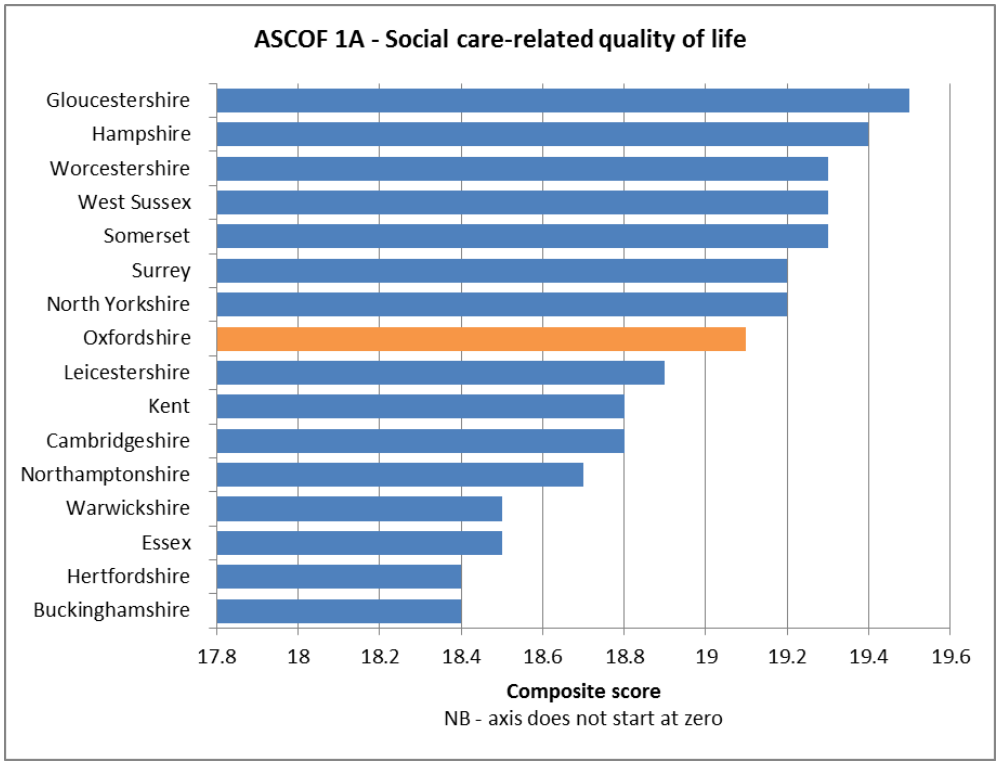
GP Survey

For the most part, Oxfordshire service users have above average satisfaction levels for most measures in the GP survey. The last set of data from the CCG outcomes framework suggests a fall in patient satisfaction of out-of-hours health services, down from 76.3% to 72.7% for the period July 2012 to March 2013. This puts the Oxfordshire figure below that of the Thames Valley area team (73%). It is too early to say whether this is the start of a sustained trend or a statistical anomaly.

Adult Social Care User survey

The Personal Social Services Adult Social Care Survey (ASCS) for England is an annual survey and took place for the third time in 2012-13. The survey is designed to cover all service users aged 18 and over receiving services funded wholly or in part by Social Services during 2012-13, and aims to learn more about whether or not the services are helping them to live safely and independently in their own home and the impact on their quality of life.

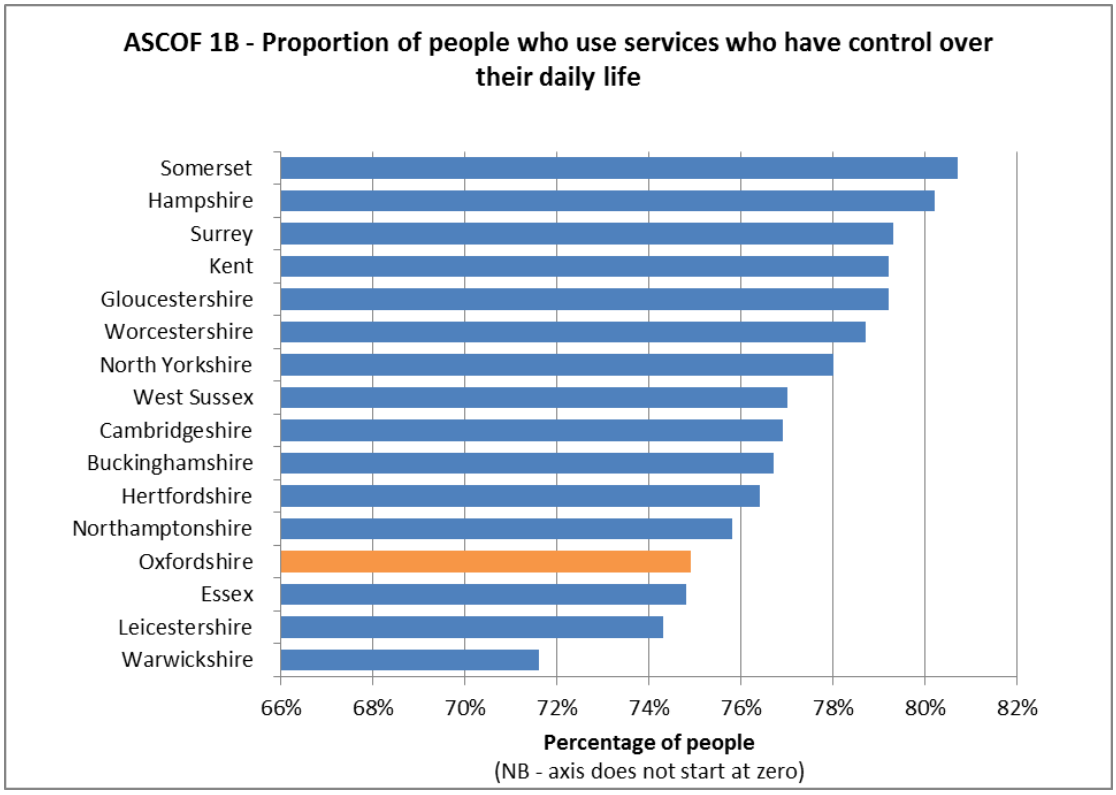
The headline measure in the Adult Social Care Outcome Framework is social care related quality of life. This is a composite of 8 different outcome domains. Oxfordshire ranked 8 out of a cohort of 15 local authorities of a similar socio-economic profile with a score of above 19.1 which puts it above the national average of 18.8.



Source: Oxfordshire Insight, data from NASCIS Online Analytical Processor

93% people reported positive experience of care which is above the national average of 90%. 93% of respondents said that social care services improved their quality of life and over two thirds of adult social care users felt as safe as they want to. Where they do not feel as safe as they want to, the major concern is falls, particularly in the home.

Feedback from service users has emphasised the importance of giving them control over their care and, although Oxfordshire has a high proportion of clients on personal budgets, the level of control service users said they have over their lives ranked 12 out of 15 comparator authorities in 2012/13.



Source: Oxfordshire Insight, data from NASCIS Online Analytical Processor

In the previous two years Oxfordshire ranked 4 out of 15 on the same measure so further investigation may be needed to understand whether this is a sustained trend or a statistical anomaly.

Friends and Family Survey

The recently introduced friends and family feedback survey gives an indication of user satisfaction with secondary care services. Patients are asked a single question: "How likely are you to recommend our ward/A&E department/maternity service to friends and family if they needed similar care or treatment?" Responses are given on a six point scale and a single score is calculated for the organisation.

Currently the friends and family test applies to all accident and emergency attendances, in patients and more recently addition of maternity services.

The first sight of the data for A&E services at the Oxford University Hospitals Trust suggests levels of satisfaction above the Thames Valley average of 45but below the England average of 56. The most recent results show a score of 49 for December 2013., Inpatient satisfaction levels are higher than those for A&E at 70 in December 2013. This was comparable with the England score of 71 and Thames Valley score of 69.

Further Information

Adult Social Care Outcomes Framework Dashboard:

http://insight.oxfordshire.gov.uk/cms/adult-social-care-outcomes-framework

National Adult Social Care Information System (NASCIS):

https://nascis.hscic.gov.uk/Portal/Tools.aspx (requires registration)