

# Joint Strategic Needs Assessment Annual Summary Report 2015

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## Introduction

The Joint Strategic Needs Assessment (JSNA) monitors trends in the health and wellbeing of Oxfordshire's 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
- Population groups
- Wider determinants of health
- Morbidity and mortality
- Lifestyles
- Service demand
- Quality of services

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

- Oxfordshire County Council's population projections
- Analysis of mental health service use data
- Further analysis of Census data
- Analysis of national research studies, with results extrapolated to Oxfordshire

The JSNA is closely linked to the following data and analyses of Oxfordshire's health and wellbeing needs:

- The Director of Public Health's Annual Report
- Health and Wellbeing Board performance reports
- The Pharmaceutical Needs Assessment
- Market Position Statements on Care Homes, Extra Care Housing, and Home Support Services
- The Strategic Intelligence Assessment for Oxfordshire

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:

- [Data Directory](#), with links to key datasets to explore
- [Publications Directory](#), containing publications related to the JSNA
- [Bespoke enquiries or data requests](#), to ask us about the JSNA data

## Contents

1. Executive Summary .....	8
1.1. Limitations of the Data .....	9
1.2. Geographic Boundaries .....	9
1.3. Areas for Future Development .....	10
2. Population .....	12
2.1. Population Size .....	12
2.2. Life Expectancy .....	14
2.2.1. Overall Life Expectancy .....	14
2.2.2. Disability-free Life Expectancy .....	15
2.3. Population Profile .....	17
2.3.1. Older People .....	18
2.3.2. Babies and Infants .....	19
2.3.3. Children .....	20
2.3.4. Adults .....	20
2.3.5. Sex .....	20
2.4. Affluence and Deprivation .....	21
2.5. Further Information .....	23
3. Population Groups .....	24
3.1. Race and Ethnicity .....	24
3.1.1. White British and Irish .....	24
3.1.2. Other White .....	24
3.1.3. Black and Minority Ethnic (BME) .....	25
3.2. Religion and Belief .....	26
3.3. Language .....	27
3.4. Rurality .....	27
3.5. Sexual Orientation .....	28
3.6. Marriage and Civil Partnership .....	29
3.7. Pregnancy and Maternity .....	29
3.7.1. Conceptions .....	30
3.7.2. Teenage Conception .....	30
3.7.3. Births .....	30
3.7.4. Breastfeeding .....	30

3.8.	Disability.....	31
3.8.1.	Census Data on Limitations to Daily Activities.....	31
3.8.2.	Family Resources Survey Disability Data.....	33
3.8.3.	Physical Disability.....	35
3.8.4.	Sight Loss.....	35
3.8.5.	Deafness.....	36
3.8.6.	Learning Disability.....	36
3.8.7.	Disability Benefits.....	37
3.9.	Armed Forces Personnel.....	38
3.9.1.	Regular Armed Forces Personnel.....	38
3.9.2.	Veterans.....	39
3.10.	Carers.....	40
3.10.1.	Numbers of Carers.....	40
3.10.2.	Needs of Carers.....	41
3.11.	Further Information.....	42
4.	Wider Determinants of Health.....	43
4.1.	Housing and Homelessness.....	43
4.1.1.	Housing and Homelessness Overview.....	43
4.1.2.	Tenure.....	43
4.1.3.	Overcrowding.....	44
4.1.4.	Fuel Poverty.....	44
4.1.5.	Homelessness.....	46
4.2.	Education.....	47
4.2.1.	Qualifications.....	47
4.2.2.	Pupil Attainment at Key Stage 2 (Year 6).....	47
4.2.3.	Pupil Attainment at Key Stage 4 (GCSE).....	48
4.3.	Employment.....	48
4.3.1.	Economic activity.....	48
4.3.2.	Workplace Health and Wellbeing.....	49
4.4.	Crime.....	50
4.4.1.	Overall Levels of Crime.....	50
4.4.2.	Offenders and detainees.....	52
4.5.	Abuse and Exploitation.....	53

4.5.1. Domestic Violence and Abuse.....	53
4.5.2. Female Genital Mutilation (FGM).....	54
4.5.3. Forced Marriage .....	54
4.5.4. Child Sexual Exploitation .....	54
4.5.5. Abuse and Sexual Offences involving Children .....	56
4.5.6. Human Trafficking .....	57
4.6. Thriving Families .....	57
4.7. Environmental Quality .....	57
4.7.1. Air Quality .....	57
4.7.2. Outdoor space .....	59
4.7.3. Noise .....	59
4.8. Isolation and Loneliness.....	59
4.8.1. Social Contact .....	59
4.8.2. Living Alone .....	61
4.9. Further Information.....	62
5. Morbidity and Mortality .....	63
5.1. Morbidity .....	63
5.1.1. Diabetes .....	63
5.1.2. Cancer .....	63
5.1.3. Circulatory Diseases.....	63
5.1.4. Mental Health .....	64
5.1.5. Self-harm.....	67
5.1.6. Dementia .....	68
5.1.7. Other Conditions.....	69
5.2. Mortality .....	71
5.2.1. Cancer .....	72
5.2.2. Circulatory Diseases.....	72
5.2.3. Dementia .....	73
5.2.4. Smoking attributable mortality .....	73
5.2.5. Excess winter deaths.....	73
5.2.6. Killed and Seriously Injured .....	73
5.2.7. Suicide.....	74
5.3. Further Information.....	75

6.	Lifestyles .....	76
6.1.	Excess Weight and Obesity .....	76
6.1.1.	Excess Weight in Adults .....	76
6.1.2.	Obesity in Children .....	76
6.1.3.	Physical Activity .....	78
6.2.	Smoking .....	79
6.3.	Alcohol .....	80
6.3.1.	Alcohol Consumption .....	80
6.3.2.	Alcohol Treatment .....	80
6.4.	Drugs .....	81
6.5.	Drug and Alcohol Use among Young People .....	81
6.6.	New Psychoactive Substances .....	82
6.7.	Oral Health .....	82
6.7.1.	Tooth Decay .....	82
6.7.2.	Oral Cancer .....	83
6.8.	Sexually Transmitted Infections (STIs) .....	84
6.9.	HIV .....	85
6.10.	Further Information .....	86
7.	Service Demand .....	87
7.1.	Primary Health Care Services .....	87
7.1.1.	GP Practice Population .....	87
7.1.2.	Out of Hours GP Services .....	87
7.2.	Planned Secondary Health Care Services .....	87
7.2.1.	Outpatient Appointments .....	88
7.2.2.	Elective Admissions .....	89
7.2.3.	Day Case Admissions .....	89
7.2.4.	District Nursing .....	89
7.3.	Emergency Care .....	89
7.3.1.	Accident and Emergency .....	90
7.3.2.	Emergency Hospital Admissions .....	91
7.3.3.	Delayed Transfers of Care .....	91
7.4.	Physical Disability .....	92
7.5.	Learning Disability .....	92

7.6. Mental Health .....	92
7.6.1. Oxford Health Mental Health Referrals .....	92
7.6.2. Oxfordshire Mind Wellbeing Service.....	94
7.6.3. TalkingSpace Oxfordshire .....	95
7.7. Social Care Services for Older People .....	96
7.7.1. Demand for Older People’s Care Services .....	96
7.7.2. Health Conditions Affecting Older People.....	97
7.8. Social Care Services for Children .....	98
7.9. Transport Services .....	100
7.10. Further Information .....	100
8. Quality of Services .....	102
8.1. Adult Social Care User Survey .....	102
8.2. Friends and Family Test.....	102
8.3. GP Patient Survey.....	103
8.4. Further Information.....	103
9. Conclusion .....	104
Appendix A: Population Projections .....	105

## Table of Figures

Figure 1: Boundary map for Oxfordshire County Council and Clinical Commissioning Group .....	10
Figure 2: Population Change.....	13
Figure 3: Male and female life expectancy at birth in Oxfordshire .....	15
Figure 4: Male Disability Free Life Expectancy .....	16
Figure 5: Female Disability Free Life Expectancy .....	16
Figure 6: Population profile .....	17
Figure 7: Oxfordshire’s Population by Age Group .....	18
Figure 8: Oxfordshire’s 65+ population .....	18
Figure 9: Map of deprivation in Oxfordshire .....	22
Figure 10: Change in the proportion of the population made up by ethnic groups ...	25
Figure 11: Percentage of urban and rural residents .....	28
Figure 12: Disability prevalence disaggregated by impairment type in the United Kingdom .....	34
Figure 13: Extrapolated impairment type figures for Oxfordshire .....	34
Figure 14: Armed Forces personnel.....	39
Figure 15: Households by tenure type.....	43
Figure 16: Percentage of people in fuel poverty (2011 and 2012).....	45

Figure 17: Estimates of rough sleeping (2013/14).....	46
Figure 18: Long term crime trends in Oxfordshire, broken down by category .....	50
Figure 19: Numbers and rates of crime in Oxfordshire and its districts, broken down by category (1 October 2013 to 30 September 2014) .....	51
Figure 20: Police Recorded Abuse and Sexual Offences involving Children (rate per 1,000 children) .....	56
Figure 21: Average ratings of personal well-being 2013/14 .....	64
Figure 22: Rates of mental disorder in England .....	65
Figure 23: Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 people (2009/10-2012/13).....	68
Figure 24: Dementia diagnoses recorded by GPs in the Oxfordshire Clinical Commissioning Group area, Thames Valley and England (2006-07 to 2013-14) ....	69
Figure 25: Main causes of mortality in Oxfordshire (male and female).....	71
Figure 26: Crude rate per 100,000 people of people killed or seriously injured on the roads (1997-2013 3-year rolling data) .....	74
Figure 27: Obesity among Children in Reception year .....	76
Figure 28: Obesity among Year 6 children .....	77
Figure 29: Smoking prevalence.....	79
Figure 30: Proportion of 5 year olds with some tooth decay experience (d3mft>0) by lower tier local authority in Thames Valley .....	83
Figure 31: Rate of diagnosis of acute sexually transmitted infections (STIs) per 100,000 people (2009 to 2013) .....	84
Figure 32: Oxford Health mental health services referrals by age.....	93
Figure 33: Oxfordshire Mind Wellbeing Service most intensive users by age .....	95
Figure 34: Percentage of self-directed support service users over 65 by primary disabling condition at time of first assessment .....	97
Figure 35: SDS Service users with dementia at time of first assessment, by age band (October 2011-June 2013) .....	98
Figure 36: Looked After Children in England and Oxfordshire .....	98
Figure 37: Children on Protection Plans in England and Oxfordshire .....	99

## 1. Executive Summary<sup>1</sup>

Oxfordshire's population is growing, and growing older. In mid-2013 the population was estimated to be 666,100, having risen by about 10% since 2001. The number of people aged 65 and over was 112,400, an increase of around 28% over the same period.

The changes can be attributed to increased inward migration, particularly to the urban hubs of Oxford and Banbury, and the increasing life expectancy of the existing population, particularly in the rural areas of the county. Following a rise in births over the first ten years of the century, fertility rates in Oxfordshire are now expected to remain stable at 2010 levels.

Oxfordshire remains the most rural county in the South East of England. Meanwhile, its population is becoming more diverse. Between the 2001 and 2011 Census surveys the proportion of people identifying as black and ethnic minorities almost doubled, from 4.9% to 9.2% of the population.

Overall, Oxfordshire is prosperous, with a strong economy and a comparatively affluent population. In 2010 it was ranked the twelfth least deprived upper tier local authority out of 152 in England. However, there are pockets of social deprivation, with 18 local areas in the most deprived 20% nationally. These areas tend to show poorer levels of health and wellbeing across a range of indicators.

Oxfordshire's population is also relatively healthy, and the county performs better than regional and national averages on many indicators. Fewer people report being limited in their daily activities and increases in healthy life expectancy mean that people are living in good health for longer. Meanwhile, healthier behaviours are more prevalent, with higher than average levels of physical activity, fewer people overweight or obese and relatively low levels of smoking. However, poor lifestyle choices are an important source of health and wellbeing needs.

There are some particular challenges facing the county's health and wellbeing. For example, Oxfordshire has higher than average rates of people being killed or seriously injured on the roads. Meanwhile, diagnoses of some health conditions, including dementia, are thought to lag well behind actual prevalence. There is also considerable variation across the county on many of the health and wellbeing indicators, as well as inequalities across different population groups.

Over the coming years Oxfordshire's resident population is expected to continue growing and ageing. Under Oxfordshire County Council's principal projection scenario, which assumes a medium level of housing growth, the population is set to grow by 11% in the next ten years. The same scenario sees the number of those aged 65 and over increasing by 23%.

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<sup>1</sup> The executive summary draws out key headlines from the rest of the report. Sources for data are not given here but are specified in footnotes throughout the main report.



The changing population profile of the county brings with it significant implications for health and wellbeing. Pressure on services seems likely to increase, particularly where demand is more highly concentrated among older people. Some services are already seeing significant challenges in meeting demand. This can be seen in the proportions of A&E waits which take more than four hours, as well as delays in people leaving hospital beds (which were almost three times the national rate in 2013/14). In addition, demand for both children's and adult's social care has been growing at an even faster rate than would be expected by population growth, suggesting that previously unmet need is coming forward. Meanwhile, because the population is increasingly diverse, needs may differ from locality to locality.

### **1.1. Limitations of the Data**

In many cases up-to-date data are not available on the topics covered in the report. Therefore, older data, proxy measures and extrapolations are sometimes used. However, these may yield less accurate figures.

Projections should also be treated with caution and not treated as a 'crystal ball', since future needs will be affected by various factors that are unpredictable at this point in time.

In general, there will always be a certain amount of error in the data and this often affects local data more significantly, where confidence levels are wider. This can limit the ability to make comparisons or evaluate trends in the data.

Throughout the report figures are often rounded to the nearest 100 (and percentages to one decimal place) to avoid giving a false sense of accuracy. Discussion focuses on differences that are statistically significant, and highlights where confidence intervals are particularly wide.<sup>2</sup>

It is not always possible to provide subgroup breakdowns, for example by district, age, sex or ethnicity. This is sometimes because no data are available at this level of detail, or because the numbers become too small to analyse robustly. However, subgroup analysis is provided where possible.

### **1.2. Geographic Boundaries**

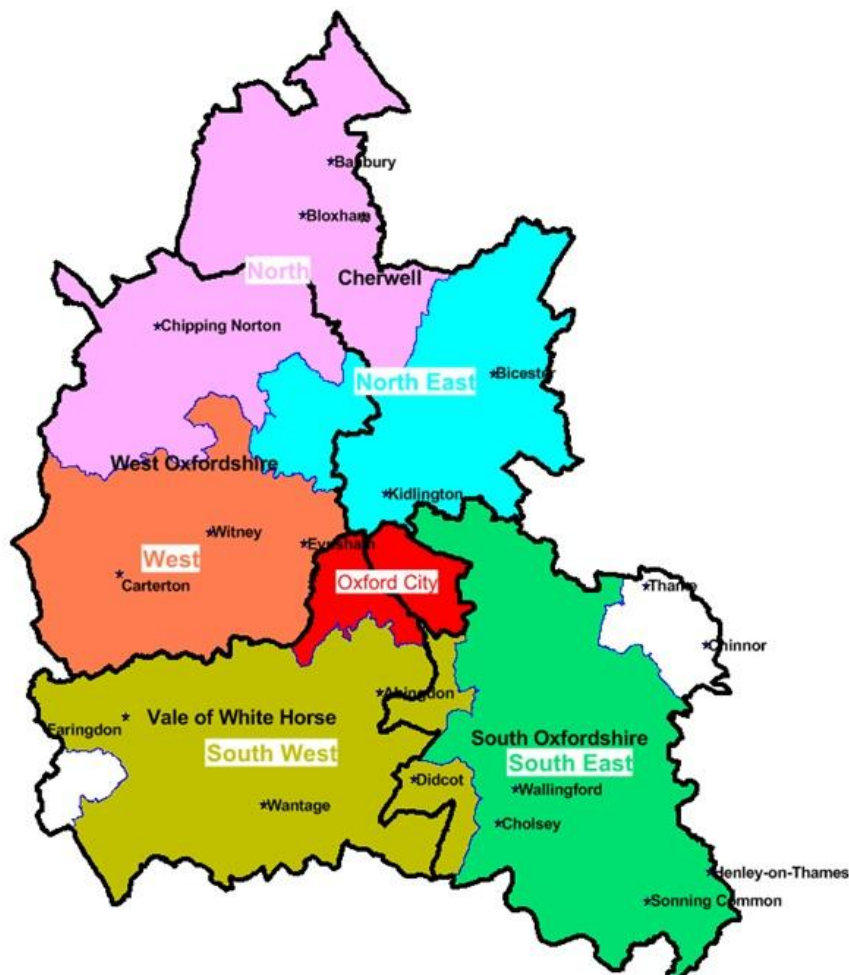
The administrative boundaries of Oxfordshire and its five districts are only partly coterminous with those of Oxfordshire Clinical Commissioning Group (CCG) and its localities: There are small areas in the East of the county (around Thame and Chinnor) and in the South West, which do not fall within the CCG area. The figure

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<sup>2</sup> Confidence intervals reflect the range within which statistics are true to reality, usually to a confidence level of 95%.

below maps district boundaries (shown with thick black lines) against CCG localities (shaded).

Figure 1: Boundary map for Oxfordshire County Council and Clinical Commissioning Group



Contains National Statistics data © Crown copyright and database right [2014]  
Contains Ordnance Survey data © Crown copyright and database right [2014]

Source: Oxfordshire Clinical Commissioning Group

Unless otherwise stated, data presented in the report are for the county rather than the CCG area.

### 1.3. Areas for Future Development

In 2014 Oxfordshire County Council's Research and Intelligence Team published an in-depth analysis of the needs of children. The Team plans to publish further in-depth analyses of working age adults (in 2015) and older people (in 2016) to supplement the JSNA.

Other possible areas for future development include:

## FINAL DRAFT FOR HWB

- Combining health and social care records to improve understanding of patient pathways and service users with complex needs
- Mapping data between Oxfordshire administrative geographies and CCG geographies
- Continue improving understandings of the relationships between population subgroups and health outcomes; and wider determinants of health and health outcomes

## 2. Population

This section describes the changing size and profile of Oxfordshire's population, and levels of deprivation in the country.

### 2.1. Population Size

In June 2014 the Office for National Statistics (ONS) released population estimates for mid-2013.<sup>3</sup> These put Oxfordshire's population at 666,100<sup>4</sup>, continuing a trend of growth that has seen the county's population rise by 9.7% since 2001. This increase in the population is similar to the level seen in the South East (9.6%) but higher than for England overall (8.9%).

Within Oxfordshire, population growth between 2001 and 2013 has been highest in Oxford (14.2%) and West Oxfordshire (12.8%); it has been lower in Cherwell (8.8%), Vale of White Horse (6.8%) and South Oxfordshire (6%).

Oxfordshire's population is expected to continue to grow. The number of births in the county is expected to exceed the number of deaths and, meanwhile, more people are expected to move in than out, with significant housing growth expected over the coming years.

In October 2014 Oxfordshire County Council published population projections for the period to 2052, based on five growth scenarios.<sup>5</sup> The population projections represent the range of variation considered feasible for changes in life expectancy, fertility, migration, and housing growth. Unlike the Council's small area population forecasts, these are independent of district local plans.<sup>6</sup> More details of the methodology used can be found in Appendix A.

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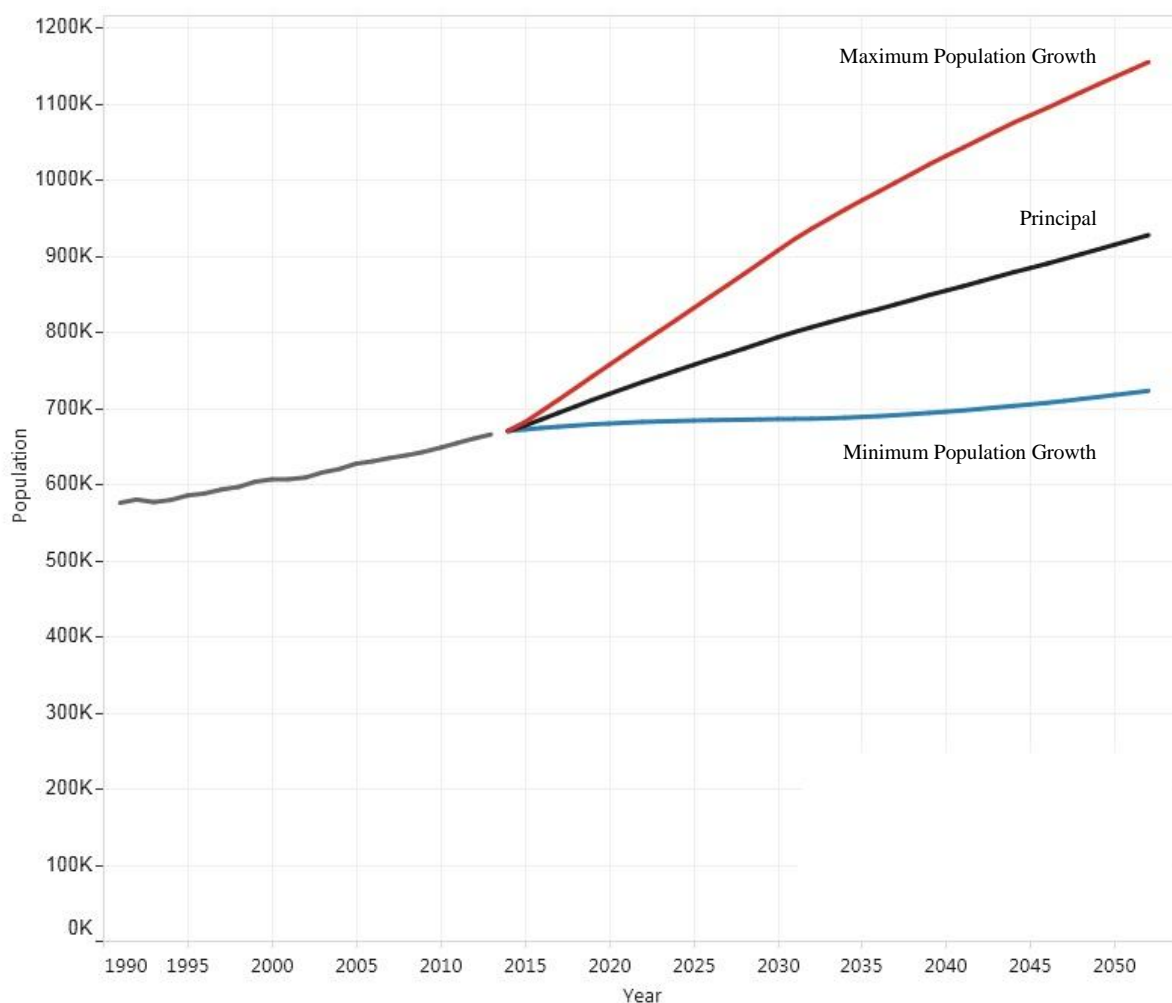
<sup>3</sup> ONS population estimates for mid-2013: <http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/2013/sty-population-estimates.html>

<sup>4</sup> At the time of the 2011 Census, Oxfordshire's population numbered 653,800 residents

<sup>5</sup> Population Projections Summary Report: <http://insight.oxfordshire.gov.uk/cms/long-range-population-projections-summary-report-autumn-2014>

<sup>6</sup> Population Forecasts: <http://insight.oxfordshire.gov.uk/cms/population-0>.

Figure 2: Population Change



Source: Oxfordshire Insight, data taken from ONS Population Estimates for mid-2013 and Oxfordshire County Council Research & Intelligence Population Projections (autumn 2014)

You can explore the data using the interactive population projection dashboards on the Insight website:  
<https://public.tableausoftware.com/views/Summer14ProjectionsDashboard/Dashboard1?embed=y&:showVizHome=no>

The five city and district authorities in Oxfordshire are currently revising their local plans in light of the Strategic Housing Market Assessment (SHMA).<sup>7</sup> The SHMA concluded that up to 93,560-106,560 additional homes would be needed across Oxfordshire for the period 2011-2031.

Existing district plans anticipate 19,536 new homes being built between April 2014 and March 2019 (5,332 in Cherwell, 4,545 in Vale of White Horse, 3,595 in Oxford, 3,366 in South Oxfordshire and 2,698 in West Oxfordshire).

<sup>7</sup> Strategic Housing Market Assessment, 2014: <http://insight.oxfordshire.gov.uk/cms/strategic-housing-market-assessment-2014>

Overall, the projected growth in Oxfordshire's population can be expected to increase the need for different forms of health and social care in the county.

## **2.2. Life Expectancy**

### **2.2.1. Overall 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 (although, in practice, death rates of the area may change in the future and people may live in other areas for at least some part of their lives). In line with falling mortality rates, life expectancy has been increasing for some time.

In Oxfordshire, the 3-year rolling average life expectancy at birth for 2011-2013 was 80.8 (male) and 84 (female).<sup>8</sup> Overall, this continues a trend of increasing life expectancy, contributing to the growth in the number of older people in the county. This is discussed further under 2.3.1 Older People.

Life expectancy in Oxfordshire continues to exceed the England average (79.4 for boys and 83.1 for girls, over the same period). Life expectancy in Oxfordshire was similar to the South East average (80.4 for male children and 83.9 for female children).

There was some variation in life expectancy across the county. Male life expectancy was lower in Oxford (79) than in the other districts: 81.5 in South Oxfordshire, 81.2 in Vale of White Horse, 80.9 in West Oxfordshire and 80.7 in Cherwell. Female life expectancy was more consistent across different parts of the county.

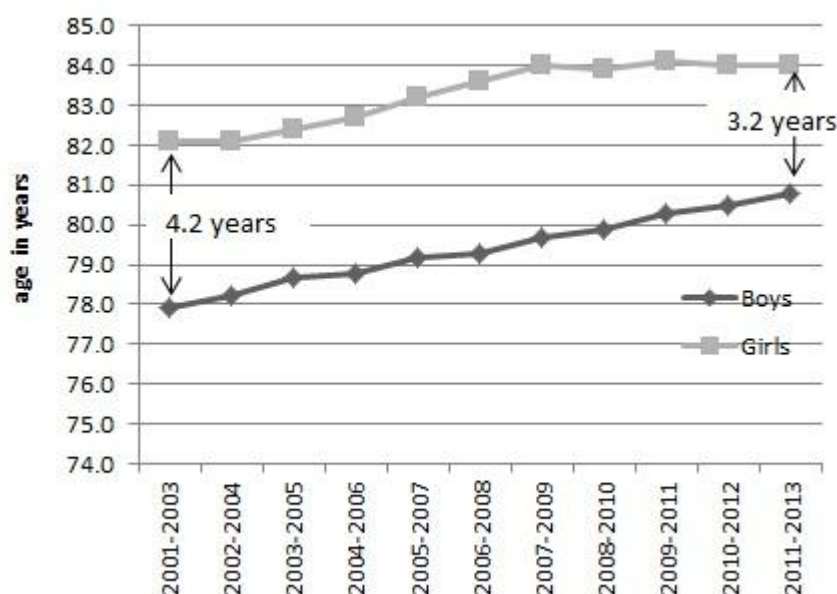
You can explore the data using the Public Health Surveillance dashboards (various indicators under Demography) on the Insight website:  
<http://insight.oxfordshire.gov.uk/cms/public-health-surveillance-dashboard>

The gap between male and female life expectancy in Oxfordshire has reduced in recent years (this difference is statistically significant). The change is due to male life expectancy increasing at a faster rate.

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<sup>8</sup> Public Health Outcomes Framework, indicator 0.1ii: <http://www.phoutcomes.info/>

Figure 3: Male and female life expectancy at birth in Oxfordshire



Source: Office for National Statistics life expectancy statistics

### 2.2.2. Disability-free Life Expectancy

The Office for National Statistics publishes three-year rolling estimates of disability free life expectancy at national, regional and county levels.<sup>9</sup> Disability free life expectancy is defined as the lifetime free from a limiting persistent illness or disability. This is based upon a self-rated assessment of how health limits an individual's ability to carry out day-to-day activities.

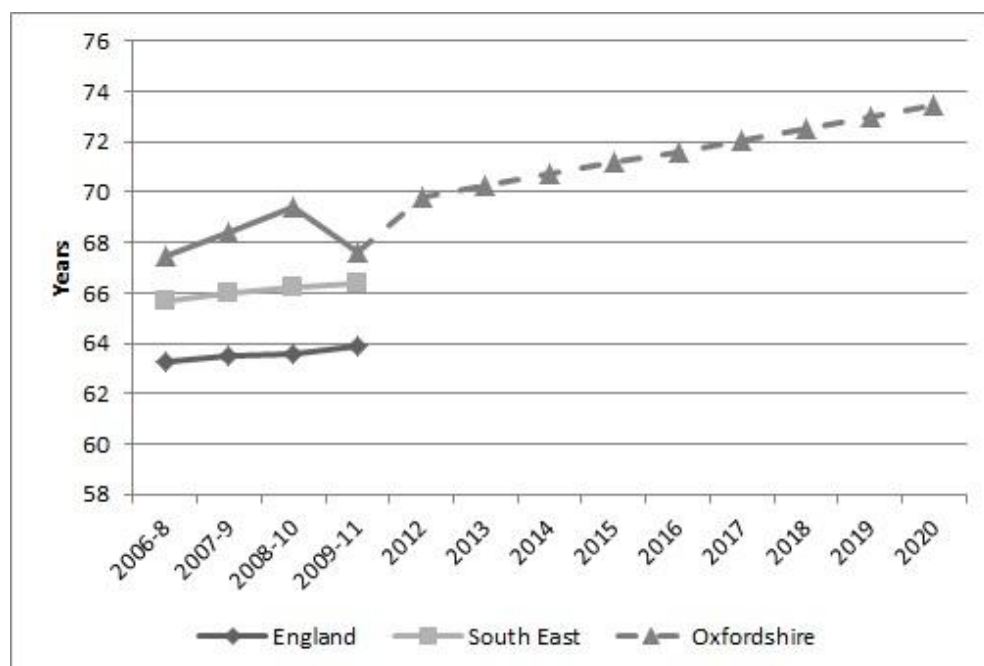
For the period 2009-2011 disability free life expectancy at birth in Oxfordshire was 67.6 years for boys and 69.3 years for girls. Trends since 2006-2008 suggest that disability free life expectancy is increasing for both sexes, although changes are not always statistically significant, due to relatively wide confidence intervals locally.

Disability free life expectancy in Oxfordshire remains significantly above the national average. Male disability free life expectancy has consistently been in the top 10% of the 150 upper tier local authorities in England since 2006-8. Female life expectancy has been in the top 20%.

<sup>9</sup> ONS subnational health expectancies:  
<http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Subnational+Health+Expectancies>

If current trends were to continue, male disability free life expectancy could increase to around 73 by 2020, and female disability free life expectancy to around 72.<sup>10</sup>

Figure 4: Male Disability Free Life Expectancy

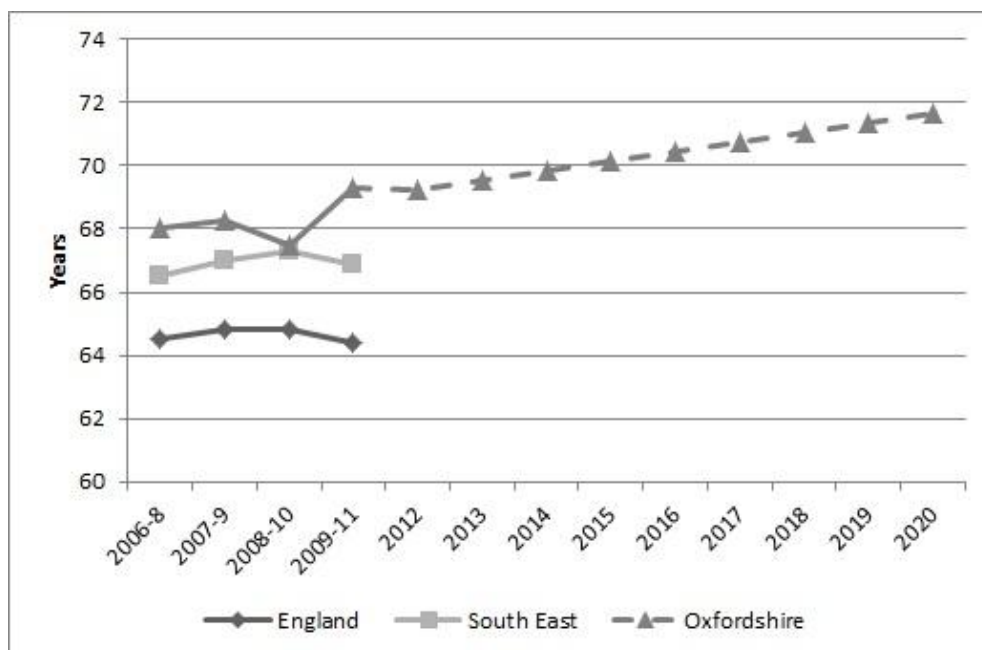


Source: ONS subnational health expectancies/ OCC projections

Figure 5: Female Disability Free Life Expectancy

<sup>10</sup> Projections for disability free life expectancy use Oxfordshire County Council’s Research and Intelligence team’s overall life expectancy projections and apply trends in disability free life expectancy from the period 2006-2008 to 2009-2011, based on ONS estimates. The changing ratios between overall life expectancy and disability free life expectancy are projected forward for both boys and girls. According to the projections, male disability free life expectancy outpaces female disability free life expectancy from 2012 onwards; this is because both male disability free life expectancy and overall male life expectancy have tended to increase at a faster rate than the female equivalents. However, the projected figures should be treated with caution, since trends are taken from just four estimated data points, and there is uncertainty about how patterns of life expectancy and disability free life expectancy will change in the future.



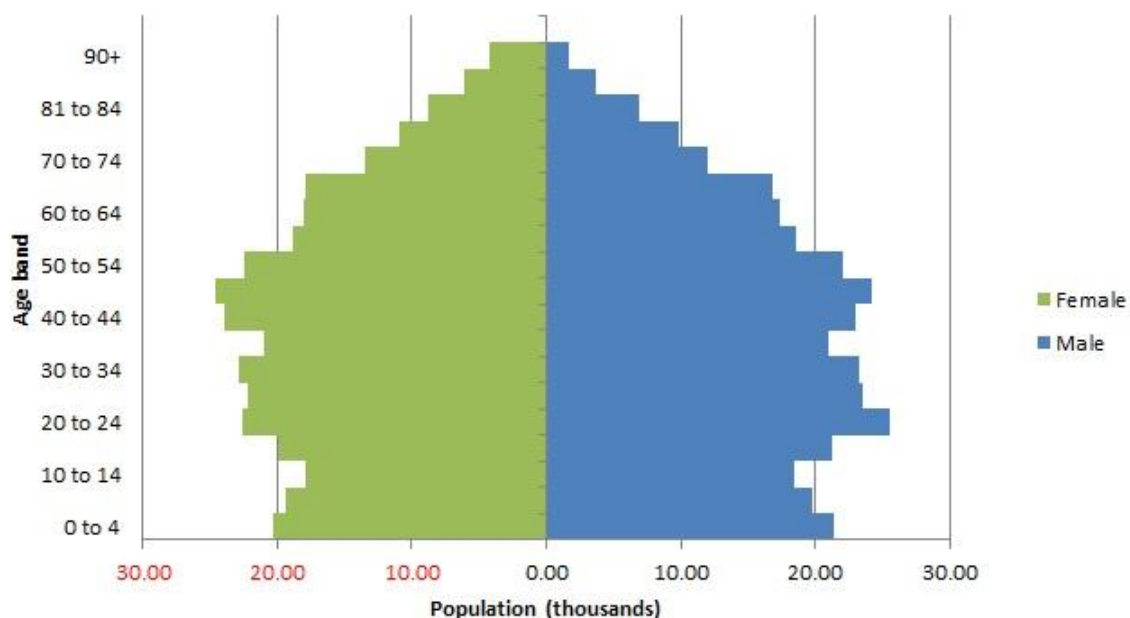


Source: ONS subnational health expectancies/ OCC projections

### 2.3. Population Profile

Figure 6 shows the population profile of Oxfordshire, by age and sex, in mid-2013.

Figure 6: Population profile



Source: ONS Mid-2013 Population Estimate

You can explore the population profile for Oxfordshire, Cherwell and Oxford using the Public Health Surveillance dashboard (population pyramids under Demography) on the Insight website: <http://insight.oxfordshire.gov.uk/cms/public-health->

The number of people in Oxfordshire grew across all age groups between 2001 and 2013. As shown in Figure 7 below, the largest proportionate increase was among older people, followed by babies and young children.<sup>11</sup>

Figure 7: Oxfordshire's Population by Age Group

Age group	Number in 2001	Number in 2013
0-3	28,600	33,600 (+17.6%)
4-15	89,700	91,200 (+1.6%)
16-64	400,900	428,900 (+7%)
65+	88,100	112,400 (+27.6%)
85+	11,300	15,700 (+38.6%)
Total	607,300	666,100 (+9.7%)

Source: ONS Mid-2013 Population Estimate

### 2.3.1. Older People

In 2013 there were 112,400 people aged 65 and over, representing an increase of 27.6% since 2001. Within this group, the number of people aged 85 and over increased by 38.6%, to 15,700 in 2013.

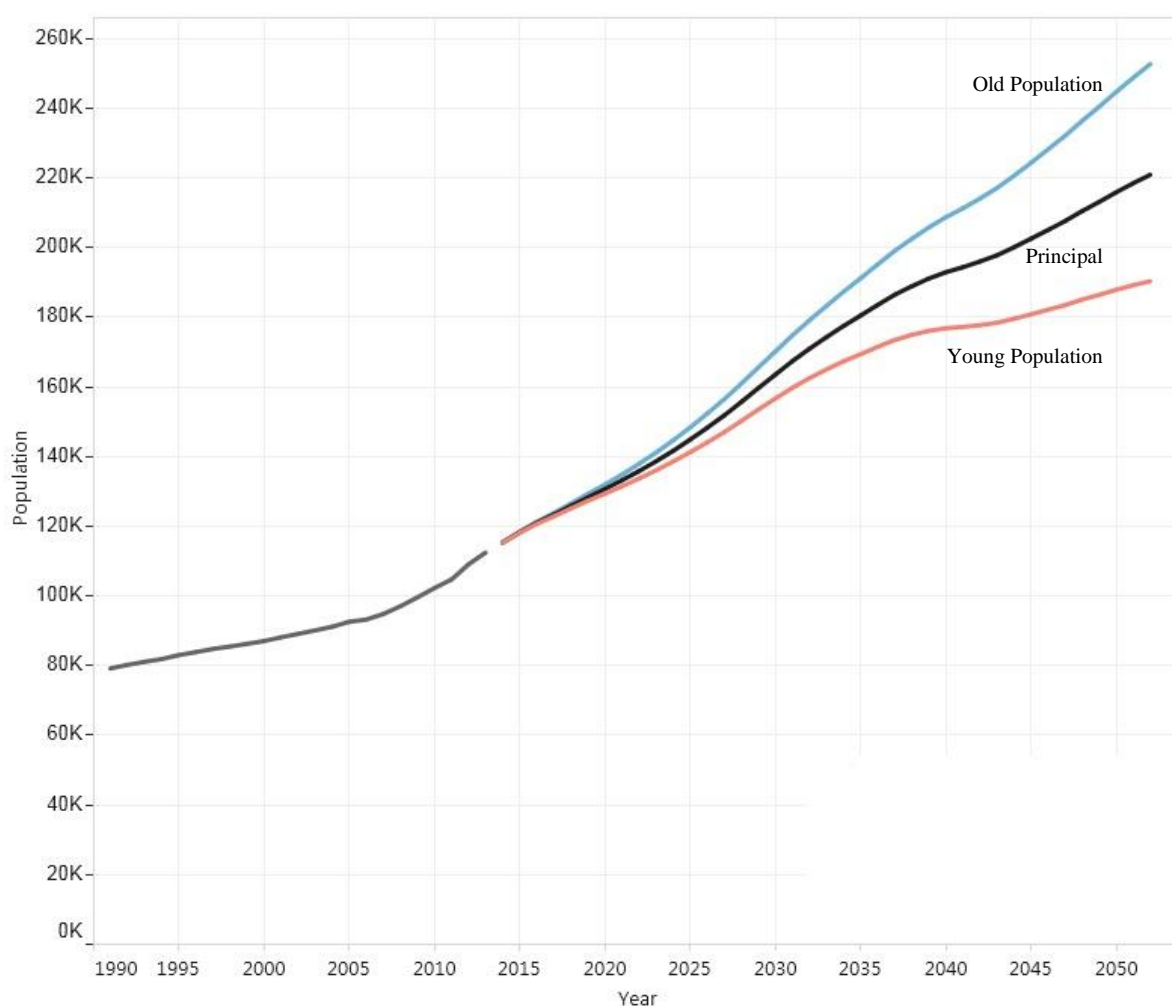
In 2013 those aged 65 and over made up 16.9% of the county's population (up from 14.5% in 2001); 85 and overs made up 2.4% (up from 1.9% in 2001). These proportions were slightly lower than in the South East (where 65 and overs comprised 18.3% of the population and 85 and overs 2.6%). They were similar to England overall (17.3% and 2.3%, respectively).

The proportion of older people was higher in South Oxfordshire (19.5% 65 and over; 2.7% 85 and over), West Oxfordshire (19.4% 65 and over; 2.7% 85 and over) and Vale of White Horse (19.1% 65 and over; 2.6% 85 and over). Cherwell was similar to the county average with 16.6% aged 65 and over, and 2.1% aged 85 and over. The proportion of older people was lower in Oxford, where just 11.2% of the population was aged 65 and over, with 1.8% aged 85 and over. Oxford's population is skewed towards younger adults, probably because of the presence of two large universities in the city.

The proportion of older people in the county is projected to continue increasing, under each of Oxfordshire County Council's population projection scenarios. More information about the projection scenarios, and how they were generated, are available in Appendix A.

Figure 8: Oxfordshire's 65+ population

<sup>11</sup> ONS mid-year population estimates for 2013: <http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/2013/sty-population-estimates.html>. Percentages are based on raw ONS figures rather than the rounded figures included in the JSNA.



Source: Oxfordshire Insight, data taken from ONS Population Estimates for mid-2013 and Oxfordshire County Council Research & Intelligence Population Projections (autumn 2014)

The growing number of older people in the county is likely to affect health and wellbeing needs significantly. Older people are more likely to experience certain health conditions (see, for example sections 3.8 Disability and 5.1 Morbidity) and to be users of many health and social care services (see section 7 Service Demand).

### 2.3.2. Babies and Infants

In 2013 there were 33,600 infants aged 0-3 in Oxfordshire. The number of 0-3 year-olds grew by 17.6% in the period since 2001, increasing the relative size of this age group from 4.7% to 5% of the population. The proportion of 0-3 year-olds in Oxfordshire was similar to that in the South East (5%) and England overall (5.1%); it was also similar across each district (within half a percentage point either way).

The growth in the number of children aged 0-3 can be explained in part by rising fertility rates across England throughout the 2000s.<sup>12</sup> Meanwhile, international

<sup>12</sup> Fertility rates measure the average number of children born to a woman over a whole lifetime.

migration into Oxfordshire has increased the number of women of childbearing age: in 2010 a quarter of live births in Oxfordshire were to mothers born outside the UK (25.6%).<sup>13</sup> The latest ONS assumptions anticipate national fertility rates remaining stable between now and the mid-2030s. This is a change from previous ONS assumptions which anticipated fertility rates reaching a 40-year high-point in 2013 and falling thereafter.<sup>14</sup>

### **2.3.3. Children**

There were 91,200 children aged 4-15 in Oxfordshire in 2013. Although the absolute number of children aged 4-15 increased by 1.6% between 2001 and 2011, the proportion of 4-15 year olds in the population fell from 14.8% to 13.7% over the same period. The proportion of 4-15 year-olds in Oxfordshire was a little lower than in the South East (14.1%) but similar to England overall (13.9%). There was a smaller proportion of 4-15 year olds in Oxford (12.1%) than in the other districts: 14.5% in Cherwell, 14.3% in South Oxfordshire, 14.1% in Vale of White Horse and 13.6% in West Oxfordshire.

### **2.3.4. Adults**

There were 428,900 adults aged 16-64 in Oxfordshire in 2013, representing an increase of 7% among this group since 2001. The proportion of 16-64 year olds in the population fell slightly, from 66% of the population in 2001 to 64.4% in 2013. This was a little above the proportions seen in England (63.8%) and the South East (62.7%). Across the county there were proportionately more 16-64 year olds in Oxford (71.6%) than other districts: 63.5% in Cherwell, 62% in West Oxfordshire, 61.9% in Vale of White Horse and 61.3% in South Oxfordshire. Again, this is likely to be linked to the presence of two large universities in the Oxford.

### **2.3.5. Sex**

In England slightly more babies are recorded as male than female at birth. However, mortality rates (the number of deaths within a population during a given time period) are generally higher for men than for women.

In 2013 49.6% of Oxfordshire's population was male and 50.4% was female.<sup>15</sup> The proportions were similar to those in the South East (49.2% male; 50.8% female) and England overall (49.3% male; 50.7% female). Across the county proportions were also similar, although Oxford had a slightly higher proportion of males (50.2%). The relative proportions of men and women in the county have remained stable over time.

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<sup>13</sup> Parents' Country of Birth, England and Wales, 2010: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-223048>. You can explore the data using the dashboard on the Insight website: <http://insight.oxfordshire.gov.uk/cms/mothers-country-birth-dashboard>

<sup>14</sup> More information is available from Oxfordshire County Council's Research & Intelligence Team's newsletter (August 2014): <http://insight.oxfordshire.gov.uk/cms/august-newsletter>

<sup>15</sup> ONS mid-year population estimates for 2013: <http://www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-uk--england-and-wales--scotland-and-northern-ireland/2013/sty-population-estimates.html>

## 2.4. Affluence and Deprivation

The Indices of Multiple Deprivation (IMD) measure relative levels of deprivation across England.<sup>16</sup> They combine a number of indicators into a single deprivation score for each small area of the country (known as 'Lower Super Output Areas', or LSOAs). The indicators are chosen to cover a range of economic, social and housing issues.

Overall, Oxfordshire is an affluent and prosperous county. According to the 2010 IMD, Oxfordshire ranked as the twelfth least deprived upper tier local authority out of 152 in England.<sup>17</sup> 102 of Oxfordshire's 404 LSOAs in 2010 ranked among the 10% least deprived nationally; 183 ranked among the 20% least deprived.<sup>18</sup> In population terms, around a quarter of the county's population is estimated to live in areas that were ranked among the 10% least deprived in England. Over two fifths live in areas ranked among the 20% least deprived.

One of Oxfordshire's LSOAs ranked among the 10% most deprived in England, and 18 ranked among the 20% most deprived. In population terms, just under 5% of the county's population is estimated to live in areas that were ranked among the 20% most deprived nationally.

Relatively deprived areas in the county include parts of South East Oxford, Abingdon, and Banbury<sup>19</sup>. These areas are shaded in dark blue on the map in Figure 9 below. Deprivation is consistently linked to poorer health and wellbeing outcomes.<sup>20</sup>

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<sup>16</sup> English indices of deprivation: <https://www.gov.uk/government/collections/english-indices-of-deprivation>

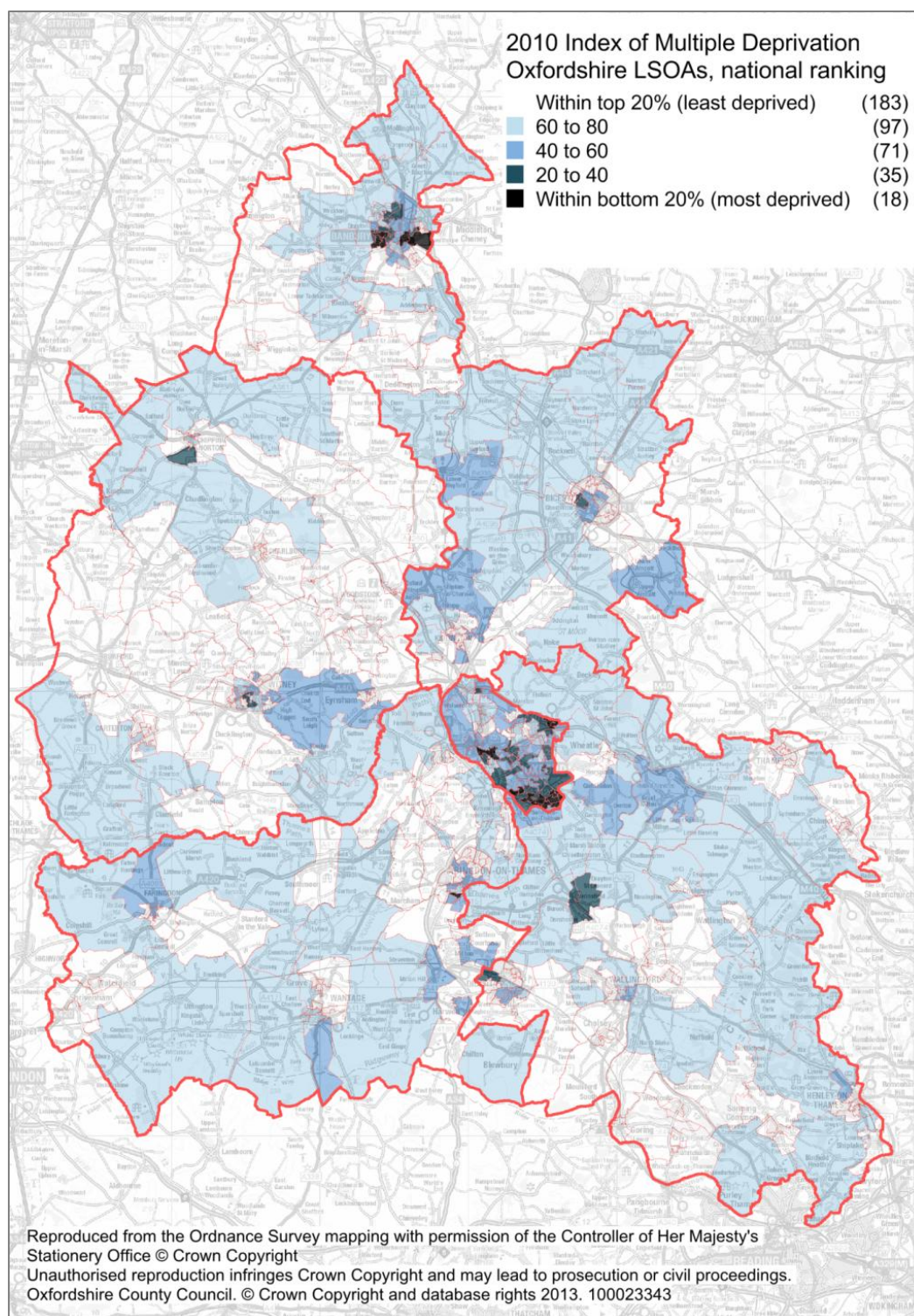
<sup>17</sup> The 2010 Indices of Multiple Deprivation are available from the GOV.UK website: <https://www.gov.uk/government/statistics/english-indices-of-deprivation-2010>.

<sup>18</sup> In total there were 32,376 LSOAs across England in 2010.

<sup>19</sup> 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.

<sup>20</sup> See, for example, the 2010 report: *Fair Society, Healthy Lives* (also known as the Marmot Review): <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

Figure 9: Map of deprivation in Oxfordshire



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

In the 2010 IMD four of the 38 indicators measured health deprivation and disability<sup>21</sup>. Across the four indicators in the health deprivation and disability domain,

<sup>21</sup> These were: years of potential life lost; comparative illness and disability ratio; measures of acute morbidity; and the proportion of adults under 60 suffering from mood or anxiety disorders.



193 Oxfordshire LSOAs ranked in the top 20% nationally. However, 18 ranked among the 20% most deprived.

It is notable that Oxfordshire contained 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 LSOAs in the county were 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. Rurality and isolation are discussed separately in sections 3.4 Rurality and 4.8 Isolation and Loneliness.

<p>The Department for Communities and Local Government is currently updating the indices of deprivation, for publication in summer 2015. The new data will feed into future iterations of the Oxfordshire JSNA.</p>
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## **2.5. Further Information**

Further information relating to the Population chapter is available from the JSNA data directory at the following link: <http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>.

### 3. Population Groups

This section provides data on particular subsets of Oxfordshire's population, including those with legally protected characteristics<sup>22</sup> and those identified as being potentially vulnerable.<sup>23</sup> For the most part it is not currently possible to analyse health outcomes specifically for people in these subgroups. However, available data have been referenced where appropriate.

#### 3.1. Race and Ethnicity

##### 3.1.1. White British and Irish

At the time of the 2011 Census, the majority of Oxfordshire's population came from White British or Irish backgrounds (553,100 people, or 84.6%).<sup>24</sup> This was a little lower than the proportion seen in the South East (86.1%) but above that of England overall (80.7%).

There were large differences between districts: just under two thirds of Oxford's population was White British or Irish (65.2%) compared with more than nine in ten for three districts: West Oxfordshire (93.3%), South Oxfordshire (91.8%) and Vale of White Horse (90.6%). Cherwell was closer to the county average with 87.1%.

You can explore the data using the interactive ethnicity dashboard on the Insight website: <http://insight.oxfordshire.gov.uk/cms/ethnicity-0>

##### 3.1.2. Other White

People from White backgrounds other than British or Irish numbered 40,900 people, or 6.3% of Oxfordshire's population (up from 4% in 2001). Much of the increase in the size of this group can be explained by movement of people from the countries which joined the EU in 2004 and 2007.<sup>25</sup> In 2011 13,200 people in Oxfordshire were born in these countries, representing 2% of the county's population. This figure was similar to the proportions in the South East and England (1.8% and 2% respectively).

Over a third of those coming from the EU accession countries lived in Oxford (38.2%) with around a quarter in Cherwell (25.6%). More than half of them were born

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<sup>22</sup> The Equality Act 2010 identifies nine protected characteristics: age (covered in the previous chapter of the JSNA), disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex (covered in the previous chapter of the JSNA), and sexual orientation. Further information is available at the following link:

<http://www.equalityhumanrights.com/legal-and-policy/legislation/equality-act-2010>. Due to lack of data, this report does not cover gender reassignment. However, the ONS published a position paper on trans data in 2009: <http://www.ons.gov.uk/ons/guide-method/measuring-equality/equality/equality-data-review/trans-data-position-paper.pdf>

<sup>23</sup> Other potentially vulnerable groups are identified in Oxfordshire's equalities briefing: <http://insight.oxfordshire.gov.uk/cms/equalities-briefing-november-2014>.

<sup>24</sup> Census 2011, table QS201EW: <https://www.nomisweb.co.uk>

<sup>25</sup> Cyprus, Estonia, Hungary, Latvia, Lithuania, Malta, Poland, Czech Republic, Slovakia, Slovenia, Romania and Bulgaria.



in Poland (7,500 people in Oxfordshire, of whom 36% were in Oxford and 31% were in Cherwell).

Around 600 respondents to the 2011 Census identified their background as White Gypsy or Irish Traveller, representing 0.1% of the population. This was comparable with proportions across the South East (0.2%) and England (0.1%) as well as in the city and districts (all 0.1%, aside from West Oxfordshire, where 0.2% of the population classified themselves in this way).

### **3.1.3. Black and Minority Ethnic (BME)**

Oxfordshire's black and minority ethnic (BME) communities numbered 59,800 in 2011, comprising 9.2% of its population. This was nearly double the 2001 proportion of 4.9%, and resulted from growth across all of the county's BME communities.

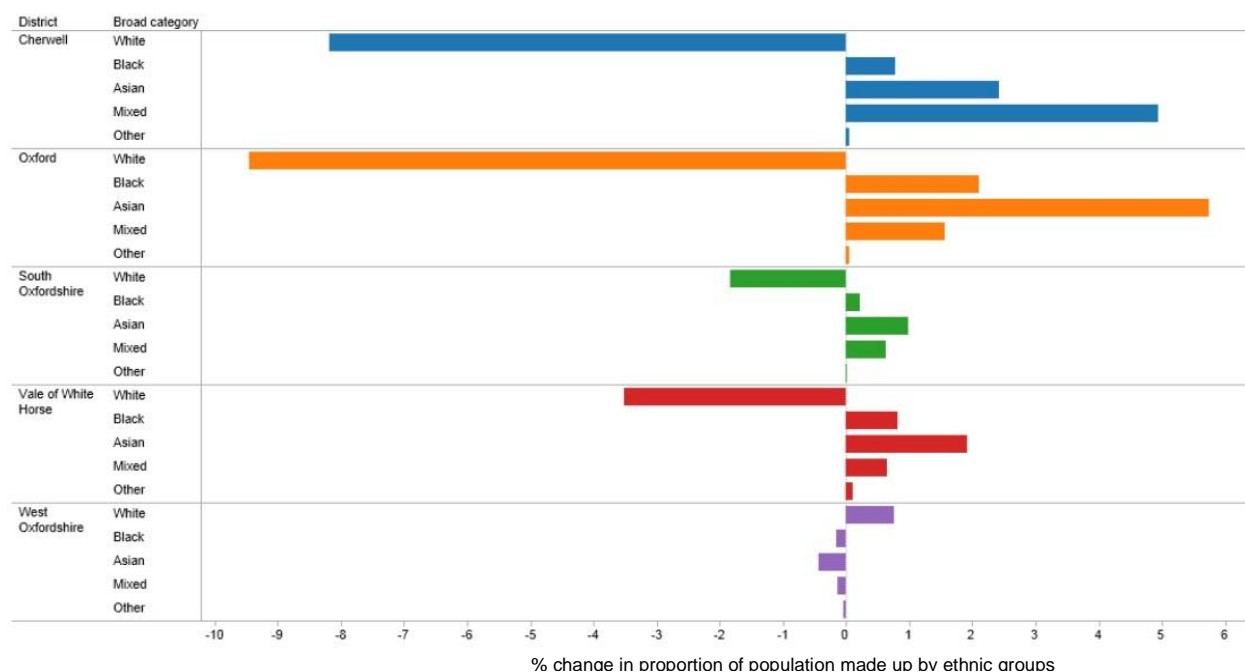
People from Asian backgrounds constituted the largest BME group, numbering 31,700, or 4.8% of the county's population (up from 2.4% in 2001). Most came from Indian backgrounds (1.3% of the population) or Pakistani backgrounds (1.2%).

There were 13,200 people from mixed ethnic backgrounds, accounting for 2% of the population (up from 1.2% in 2001).

The number of people from all Black backgrounds was 11,400, or 1.8% of the county's population (up from 0.8% in 2001).

Oxford and Cherwell saw the largest increases in BME communities between 2001 and 2011, as shown in Figure 10 below. There was a 5.8% increase in the proportion of people from Asian backgrounds in Oxford, the largest increase of any of the broad categories. Meanwhile, Cherwell saw a 4.9% increase in the proportion of people of mixed ethnic backgrounds. West Oxfordshire was the only district where there was a reduction in the proportion of the population from BME backgrounds.

Figure 10: Change in the proportion of the population made up by ethnic groups



Source: Oxfordshire Insight, data taken from 2001 and 2011 ONS Census surveys

### 3.2. Religion and Belief

At the time of the 2011 Census, six in ten people in Oxfordshire said they were Christian (60.2%, down from 72.5% in 2001).<sup>26</sup> Over a quarter said they did not have any religion (27.9%, up from 17.5% in 2001). Muslims made up 2.4% of the county’s population (up from 1.3% in 2001). The proportion of Hindus in the population was 0.6%, whilst Buddhists comprised 0.5% (both religious communities stood at 0.3% in 2001). The county’s Jewish population remained at 0.3%. 7.5% of people in Oxfordshire did not state their religion (similar to the proportion in 2001, of 7.3%).

Patterns of religion and belief across Oxfordshire’s population were broadly reflective (within one percentage point) of those in the South East and England overall. The exceptions were that Oxfordshire had a smaller Muslim community than England overall (where it represented 5% of the population) and more people said they had no religion in Oxfordshire than in England overall (where the proportion was 24.7%).

Oxford had a proportionately smaller Christian community than the county overall, although this was still the largest religious group there, comprising 48% of the population. Meanwhile, Oxford had a relatively large proportion of people with no religion, with almost one in three saying this (33.1%). It also had proportionately larger communities of Muslims (6.8%), Hindus (1.3%), Buddhists (0.9%) and Jews (0.7%).

<sup>26</sup> Census 2011, table KS209EW; Census 2001, table S103: <https://www.nomisweb.co.uk>

### 3.3. Language

Proficiency in English could potentially affect residents' access to health and social care services.

At the time of the 2011 Census, 93.1% of people aged three and over in Oxfordshire spoke English as their main language.<sup>27</sup> For 3.7%, the main language spoken was another European (EU) language. Polish was the most common of these, and was the main language of 1.1% of the county's population. The same proportion (1.1%) spoke a South Asian language as their main language. Meanwhile, for 0.9% the main language was an East Asian language. Less than 0.1% of people in Oxfordshire said sign language was their main language. Over half of them (58%) were using British Sign Language.

The proportions of main languages spoken were similar (within one or two percentage points) to those for the South East and England as a whole.

Across the county, smaller proportions spoke English as their main language in Oxford (83.8%) than in the other districts: 97.3% in West Oxfordshire, 96.5% in South Oxfordshire, 96.1% in Vale of White Horse and 94.4% in Cherwell. Proportionately more people in Oxford spoke EU languages (7.7%), South Asian languages (2.8%) and East Asian languages (2.5%).

Of the people in Oxfordshire who didn't speak English as their main language, nearly nine in ten spoke English well (87.2%).<sup>28</sup> This was higher than the proportions seen in the South East (84%) and England overall (79.3%). Meanwhile, it was found that around one in ten did not speak English well (11.1%, numbering 4,800). 1.7% did not speak English at all (numbering around 700 people, and representing 0.1% of the county's total population).

Across the county, proficiency in English among those who did not speak it as their main language was lower in Cherwell (80.3%) and West Oxfordshire (86.5%) than in other parts: 89.4% in Vale of White Horse, 88.8% in Oxford and 87.9% in South Oxfordshire.

### 3.4. Rurality

Oxfordshire remains the most rural county in the South East of England: at the time of the 2011 Census, around two thirds of Oxfordshire's population lived in an urban area (66.6%) and a third lived in a rural area (33.4%).<sup>29</sup> This compares to proportionately larger urban populations in the South East (79.6% of the total population) and England overall (82.4%).

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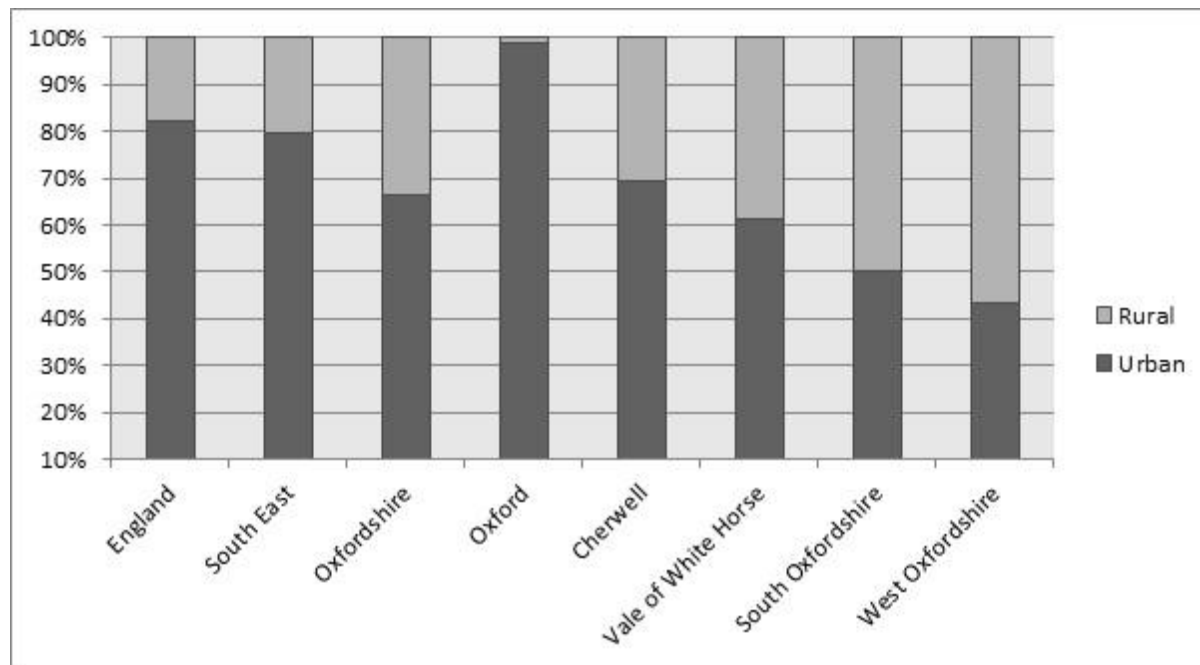
<sup>27</sup> Census 2011, table QS204EW: <https://www.nomisweb.co.uk>

<sup>28</sup> Census 2011, table QS205EW: <https://www.nomisweb.co.uk>

<sup>29</sup> Census 2011, table QS102EW: <https://www.nomisweb.co.uk>. This analysis uses the ONS 2011 Rural-Urban Classification (England and Wales) which is based on output areas.

There was considerable variation across the different parts of the county, as shown in Figure 11 below: whereas Oxford was 98.8% urban, a majority of residents in West Oxfordshire lived in rural areas (56.6%).

Figure 11: Percentage of urban and rural residents



Source: ONS 2011 Census

In 2011 proportionately more of those aged 65 and over were living in rural areas (41.5%) than the county average (33.4%). Recent national research suggests that older people living in rural areas fare better than their urban counterparts on several determinants of health and wellbeing.<sup>30</sup> However, the study finds that older people in rural areas are likely to have some specific needs, including around transport and housing; these may present a growing challenge as the older population increases.

A small minority (3.9%) of Oxfordshire’s population lived in a rural hamlet or isolated dwelling – a proportion broadly comparable with the South East (4.1%) and England overall (3.1%). Around four in ten of those people lived in South Oxfordshire (40.1%). Just over a quarter lived in West Oxfordshire (26.8%) whilst one in five were in Vale of White Horse (20.8%) and about one in ten were in Cherwell (11.5%). These population profiles may have a bearing on issues of isolation and loneliness, discussed further in section 4.8 Isolation and Loneliness.

### 3.5. Sexual Orientation

<sup>30</sup> 2013 Rural Ageing Research, commissioned by the Department for Environment, Food and Rural Affairs: [http://www.ilcuk.org.uk/images/uploads/publication-pdfs/11690\\_DEFRARuralAgeingReport.pdf](http://www.ilcuk.org.uk/images/uploads/publication-pdfs/11690_DEFRARuralAgeingReport.pdf)

Reliable figures on the number of lesbian, gay, or bisexual people in the county are still difficult to obtain. The Census did not include questions on sexual identity or sexual orientation. Meanwhile, using the number of people in a civil partnership will not capture those who are in a relationship but are not registered, nor those who are single.

Experimental statistics from the ONS's 'Integrated Household Survey' suggested that the proportion of people identifying as gay, lesbian or bisexual in 2013 was 1.3% in the South East, against a figure for England of 1.9%.<sup>31</sup>

### **3.6. Marriage and Civil Partnership**

At the time of the 2011 Census, just under half of adults in Oxfordshire were married (48.8%) whilst around a third were single (34.7%).<sup>32</sup> The remainder were:

- divorced or formerly in a same-sex civil partnership which had been legally dissolved (8.1%)
- widowed or surviving partners from a same-sex civil partnership (6.1%)
- separated (2.1%)
- in a registered same-sex civil partnership (0.3%)

Patterns of marital status in Oxfordshire were similar (within one percentage point) to those for the South East and England, except that Oxfordshire had a higher proportion of single people than the South East (where 31.9% were single) and a higher proportion of married people than England overall (where 46.6% were married).

Across the county there were proportionately fewer married people in Oxford (32.9%) than in other districts: 54.8% in South Oxfordshire, 54.7% in Vale of White Horse, 54% in West Oxfordshire and 51.7% in Cherwell. This is likely to be related to Oxford's younger age profile. Conversely, over half of people in Oxford were single (53.8%) compared with smaller proportions in the other districts: 30.4% in Cherwell, 28.3% in Vale of White Horse, 28% in South Oxfordshire and 27.8% in West Oxfordshire. There were also proportionately fewer people in Oxford who had previously been married or in a same-sex civil partnership.

### **3.7. Pregnancy and Maternity**

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<sup>31</sup> ONS Integrated Household Survey, January to December 2013:

<http://www.ons.gov.uk/ons/rel/integrated-household-survey/integrated-household-survey/january-to-december-2013/index.html>

<sup>32</sup> Census 2011, table KS103EW: <https://www.nomisweb.co.uk>. Because same-sex marriage became possible in March 2014, marriage figures from the 2011 Census will only include married couples of the opposite sex.

### 3.7.1. Conceptions

In 2012 there were 9,500 conceptions in Oxfordshire, reflecting a rate of 71.4 conceptions per 1,000 women aged 15-44.<sup>33</sup> This rate was fairly consistent with data for the previous three years (within three per 1,000 women). It was below the rates seen in the South East (76.4) and England overall (78.8).

In Oxfordshire 17.2% of conceptions led to therapeutic abortion in 2012, a similar proportion as in the previous three years (within three percentage points).<sup>34</sup> The proportion of abortions was lower than in the South East (19.7%) and England overall (20.9%).

### 3.7.2. Teenage Conception

The latest 3-year rolling data for 2010-12 indicates that in Oxfordshire there were 22 conceptions per 1,000 females aged 15-17 years.<sup>35</sup> Teenage conceptions have fallen in Oxfordshire, and the current rate is lower than in the South East (26 per 1,000 females aged 15-17 years) and England (31). Across the county, higher rates in Oxford have reduced and now remain lower than the national average.

You can explore the data using the public health surveillance dashboard (indicator under Healthy Lifestyles) on the Insight website:  
<http://insight.oxfordshire.gov.uk/cms/public-health-surveillance-dashboard>

Some wards in Oxfordshire continue to have higher rates of teenage conceptions. These are predominantly in Cherwell (Banbury Grimsbury & Castle and Banbury Ruscote) and Oxford City (Northfield Brook, St. Mary's, Iffley Fields, Blackbird Leys, Rose Hill & Iffley and Barton & Sandhills). Wards in South Oxfordshire (Didcot Northbourne and Didcot All Saints) and Vale of White Horse (Abingdon Abbey & Barton and Abingdon Caldecott) have had high rates too but not consistently so.

### 3.7.3. Births

In 2012 there were 8,200 live births to Oxfordshire mothers.<sup>36</sup> Almost a quarter of these were born to mothers from Oxford (24.4%) with a similar proportion to mothers from Cherwell (23%). Smaller proportions of the mothers were from South Oxfordshire (18.8%) Vale of White Horse (17.8%) and West Oxfordshire (16%). In the same year there were 31 still births in the county.<sup>37</sup>

### 3.7.4. Breastfeeding

Breastfeeding gives a baby the best possible nutrition, protects against disease and future obesity and encourages a strong bond between mother and baby.

<sup>33</sup> ONS Conception Statistics: <http://www.ons.gov.uk/ons/publications/re-reference-tables.html?edition=tcm%3A77-332828>

<sup>34</sup> This figure includes legal abortions under the Abortion Act 1967. It does not include miscarriages or illegal abortions.

<sup>35</sup> ONS Conceptions Statistics: <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Conceptions>

<sup>36</sup> ONS Live Births Statistics: <http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Live+Births>

<sup>37</sup> Health & Social Care Information Centre still births data: <https://indicators.ic.nhs.uk/webview/>

In 2013/14 60% of infants in Oxfordshire were being breastfed at 6-8 weeks.<sup>38</sup> This was significantly higher than the proportion in the South East (50%) and England (46%). However there were differences across the county: the highest proportions of breastfeeding were seen in Oxford (68%) and the lowest in Cherwell (53%). This further conceals varying degrees of breastfeeding within districts, for example there are some GP practices within Oxford with very high levels of breastfeeding and some with very low levels.<sup>39</sup>

You can explore the data using the public health surveillance dashboard (Indicator under Preventing Ill Health) on the Insight website:  
<http://insight.oxfordshire.gov.uk/cms/public-health-surveillance-dashboard>

### 3.8. Disability

Disability is defined under the Equality Act 2010 as having a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on one's ability to do normal daily activities. 'Substantial' means more than minor or trivial; for example, it takes much longer than it usually would to complete a daily task like getting dressed. 'Long-term' means for 12 months or more.

This subsection provides an overview of disability in Oxfordshire, drawing on a range of data from national and local sources. The Morbidity and Mortality chapter discusses other specific long-term physical and mental conditions.

#### 3.8.1. Census Data on Limitations to Daily Activities

At the time of the 2011 Census, 89,800 people in Oxfordshire said they were limited in their daily activities, representing nearly one in seven people in the county (13.7%).<sup>40</sup> 94.3% of these were living at home.

You can explore the data using the interactive health and disability dashboards on the Insight website:  
<http://public.tableausoftware.com/views/CaringHealthandDisabilityinOxfordshire/Introduction?:showVizHome=no>

On average, Oxfordshire's people were less limited in their daily activities than in the wider South East, where 15.7% reported this. Levels across England were higher again, with 17.6% saying they were limited.

Proportions of people limited in their daily activities were broadly similar across the county. However, they were a little lower in Oxford (12.4%) than in the other districts: 14.5% in West Oxfordshire, 14.2% in Vale of White Horse, 14.1% in Cherwell and

<sup>38</sup> Public Health Outcomes Framework, indicator 2.02ii: <http://www.phoutcomes.info/>

<sup>39</sup> GP-level data provided by Oxford Health

<sup>40</sup> Census 2011, table QS303EW: <https://www.nomisweb.co.uk>

13.8% in South Oxfordshire. Again, this may be because of the younger profile of Oxfordshire's population.

Around two fifths of the people in Oxfordshire who were limited in their daily activities, said they were limited a lot (numbering 37,600, 5.8% of the county's population). Again, this was lower than the proportions seen in the South East (6.9%) and England (8.3%). There was little variation across the county, with the city and districts within half of one percent of the county average.

### *Sex*

Overall, more female than male residents of Oxfordshire said they were limited in their daily activities: female residents made up 55.3% of those who felt limited.

### *Ethnicity*

Proportionately more of those from White Irish backgrounds (20.6%) and White British backgrounds (14.9%) reported being limited in their daily activities than for Oxfordshire overall. Meanwhile, proportionately fewer of those from other ethnicities said this: 8.6% of those from all Black ethnicities; 7.2% of those from all Asian ethnicities; 6.8% of those from Mixed ethnicities; and 5.8% of those from other White backgrounds.

### *Age*

The proportion of people in the county saying they were limited in their daily activities increased with age. The following analysis applies just to those living in households, not in communal establishments.

More than four in ten people aged 65 and over living in households reported being limited in their daily activities (44.5%). This group accounted for more than half of all those living in households who experienced limitations (52.6%). Meanwhile, over four fifths of people aged 85 and over reported being limited (81.1%).

Applying these proportions to the population projections for Oxfordshire, we might expect that by 2030 between 69,700 and 75,700 household residents aged 65 and over will be limited in their daily activities (an increase of up to 70% from 44,500 in 2011). Meanwhile, we might expect between 20,000 and 26,500 aged 85 and over to be limited (an increase of up to 164% from 10,100 in 2011). However, these projections do not take into account potential improvements in disability free life expectancy (DLE), which might reduce the proportion of older people who feel limited in their daily activities.

Around two in ten of those aged 65 and over living at home in Oxfordshire said they were limited a lot in their daily activities (19.6%). This was similar to the proportion across the South East (20.4%) and below that across England (25%).



Applying these proportions to the population projections for Oxfordshire, we might expect that by 2030 between 30,700 and 33,400 household residents aged 65 and over will be very limited in their daily activities (an increase of up to 70% from 19,600 in 2011).

Almost half of those aged 85 and over in households in Oxfordshire reported that their daily activities were limited a lot (49.1%). This was slightly above the proportion seen in the South East (48%) but below that in England overall (52.3%).

Applying these proportions to the population projections for Oxfordshire, we might expect that by 2030 between 12,100 and 16,000 household residents aged 85 and over will be limited a lot (an increase of up to 164% from 6,000 in 2011).

Separate research found that in 2012-13 around 6.7% of people in England aged 65 and over and living at home experienced three or more difficulties with activities of daily living, such as dressing and bathing.<sup>41</sup> Over half of these were female (57%) and two in five lived alone (40%).

### **3.8.2. Family Resources Survey Disability Data**

The Family Resources Survey for 2012/13 found that around 19% of the UK's population was disabled, experiencing physical, mental, cognitive, learning, social, behavioural or other types of impairments.<sup>42</sup> The proportion in the South East was a little lower, at 16%.

Applying the rate for the South East to the 2013 population estimate for Oxfordshire suggests that there could be around 106,600 people with a disability in the county. However, this does not take account of differences in prevalence that may exist between the South East overall and Oxfordshire, specifically.

The proportion of disabled people in the UK population remained similar between 2002/3 and 2012/13. However, this group increased in number over the same period due to population growth, from 10.8 million to 12.2 million. Whilst 7% of children (0.9 million) were disabled, 16% of those of working age (6.1 million) were disabled and 43% of adults over State Pension Age (5.1 million) were disabled.<sup>43</sup><sup>44</sup> A slightly

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<sup>41</sup> The Bigger Picture: Understanding disability and care in England's older population:

<http://strategicsociety.org.uk/bigger-picture-understanding-disability-care-englands-older-population/>

<sup>42</sup> Family Resources Survey (FRS): <https://www.gov.uk/government/statistics/family-resources-survey-2012-to-2013>. This covers people with a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities. The means of identifying disabled people has changed over time. From 2012/13 disabled people are identified as those who report any physical or mental health condition(s) or illness(es) that last or are expected to last 12 months or more and which limit their ability to carry out day-to-day activities.

<sup>43</sup> Children are generally defined as being under 16 years old but could be aged 16-19 if they meet criteria for being defined as dependent children. The State Pension age is 65 for men born before 6 April 1959. For women born on or before 5 April 1950, State Pension age is 60. From 6 April 2010, the State Pension age for women born on or after 6 April 1950 will increase gradually between April 2010 and November 2018. From December 2018, the State Pension age for both men and women will start to increase to reach 66 in October 2020.

higher proportion of women and girls were disabled (21%) than men and boys (18%). These proportions have remained broadly stable over time.

Impairment types among disabled people in the UK are shown in Figure 12 below.<sup>45</sup>

Figure 12: Disability prevalence disaggregated by impairment type in the United Kingdom

Impairment type	2012/13	
	Millions	Percentage
Mobility	6.9	57%
Stamina/ breathing/ fatigue	4.6	38%
Dexterity	3.4	28%
Mental health	1.9	16%
Memory	1.8	15%
Hearing	1.8	14%
Vision	1.6	13%
Learning	1.4	12%
Socially/ behaviourally	0.8	6%
Other	2.5	20%

Source: Family and Resources Survey

Applying these rates to Oxfordshire (using the above estimate of 106,600 disabled people in the county) would provide the extrapolated numbers for impairment types displayed in the figure below. Again, these do not account for any differences in patterns of prevalence that may exist between Oxfordshire and the UK overall.

Figure 13: Extrapolated impairment type figures for Oxfordshire

Impairment type	Extrapolated number with impairment
Mobility	60,700
Stamina/ breathing/ fatigue	40,500
Dexterity	29,800
Mental health	17,000
Memory	16,000
Hearing	14,900
Vision	13,900
Learning	12,800
Social/ behavioural	6,400
Other	21,300

Source: Extrapolation from Family and Resources Survey

<sup>44</sup> The FRS does not record information on individuals in nursing or retirement homes. This means that figures relating to older people may not be representative of the United Kingdom population, as many older people may have moved into homes where they can receive more frequent help. Therefore it is likely that disability prevalence for older people is higher than estimated from the FRS.

<sup>45</sup> Family Resources Survey: <https://www.gov.uk/government/statistics/family-resources-survey-2012-to-2013>. The total will sum to more than 100% as respondents can be affected (and can report) more than one impairment type and the denominator is the number of disabled people.

At a national level, the FRS data show that disabled people of State Pension age were more likely than those disabled people of working age to have certain impairments, such as mobility and hearing difficulties. In comparison, disabled people of working age were more likely than those of State Pension age to report mental health, learning, and social or behavioural impairments. The impairment types that were most likely to affect disabled children were learning impairments, stamina, breathing and fatigue impairments, and social and behavioural impairments.

### **3.8.3. Physical Disability**

The number of people aged 18-64 in Oxfordshire with a moderate physical disability has been estimated at over 30,000.<sup>46</sup> The number with a serious physical disability has been estimated at over 9,000.

### **3.8.4. Sight Loss**

At the end of March 2014 3,095 people were registered blind or partially sighted in Oxfordshire (1,675 and 1,410 respectively).<sup>47</sup> More than three quarters of these were aged 65 or over. Two thirds were also recorded as having an additional disability.

In comparison, modelled data produced by RNIB indicate that there could be nearly 19,000 people living with sight loss in Oxfordshire, of whom over 2,000 have severe sight loss (blindness).<sup>48</sup> RNIB projects that these figures could increase by almost 25 per cent to over 23,000 affected by sight loss 2020, nearly 3,000 of whom will have severe sight loss (blindness).<sup>49</sup> The increase is attributed chiefly to an ageing population.

The four major causes of sight loss are age-related macular degeneration (AMD), Glaucoma, Cataract and Diabetic eye disease. Sight loss is linked to smoking: people who have been exposed to passive smoking over a period of five years almost double their risk of developing AMD.<sup>50</sup> It is also linked to obesity<sup>51</sup> and is influenced by health inequalities, including deprivation, ethnicity and age.<sup>52</sup>

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<sup>46</sup> Projecting Adult Needs and Service Information, figures for 2014: <http://www.pansi.org.uk/>. These figures are based on responses to the 2001 Health Survey for England.

<sup>47</sup> Health and Social Care Information Centre Registered Blind and Partially Sighted People - Year Ending 31 March 2014, England: <http://www.hscic.gov.uk/catalogue/PUB14798>

<sup>48</sup> RNIB Sight Loss Data Tool: <http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool>. Prevalence rates have been estimated using a much wider definition than those who are registered blind or partially sighted, including: people who are having treatment, e.g. for cataracts; people whose sight is better than the eligibility criteria for registration but still have poor vision; people who are eligible for registration but who are not registered for whatever reason; and people whose sight could be improved by wearing correctly prescribed glasses. Further details about the methodology used to calculate this data can be found in Access Economics 2009. Future Sight Loss UK 1: Economic Impact of Partial Sight and Blindness in the UK adult population: [https://www.rnib.org.uk/sites/default/files/FSUK\\_Summary\\_1.pdf](https://www.rnib.org.uk/sites/default/files/FSUK_Summary_1.pdf)

<sup>49</sup> This is calculated by applying the current estimated prevalence rate to ONS population projections.

<sup>50</sup> RNIB information on smoking and sight loss: <http://www.rnib.org.uk/eye-health-looking-after-your-eyes/smoking-and-sight-loss>. See also Khan, JC et al. (2006). Smoking and age related macular

The Public Health Outcomes Framework includes indicators on preventable sight loss, given that 50% of sight loss is estimated to be avoidable if detected and treated early enough.<sup>53</sup> These indicators show that in 2012/13 the rate of sight loss due to glaucoma in Oxfordshire was 9.3 people aged 40 and over per 100,000 in the population. The rate of sight loss due to diabetic eye disease was 3.5 people aged 12 and over per 100,000 in the population. These rates were similar to those for England overall.<sup>54</sup> However, Oxfordshire had a lower rate of sight loss certifications than England (35.3 per 100,000 people, compared with 42.3 for England overall).

Sight loss can have wider implications for health and wellbeing. For example, a recent evidence review found that almost half (47%) of all falls sustained by blind and partially sighted people were directly attributable to their sight loss<sup>55</sup> Research has also shown that blind and partially sighted people over 65 have a higher rate of physical and mental co-morbidities than sighted counterparts.<sup>56 57</sup>

### 3.8.5. Deafness

Data on people registered as deaf or hard of hearing were collected every three years up to 2010.<sup>58</sup> 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.

### 3.8.6. Learning Disability

#### *Adults with Learning Disability*

In 2010 it was estimated that around 900,000 (2% of) adults aged 18 and over in England had a learning disability, of whom 191,000 (21%) were known to learning disabilities services.<sup>59</sup> At this time Oxfordshire was home to around 1.2% of

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degeneration: the number of pack years of cigarette smoking is a major determinant of risk for both geographic atrophy and choroidal neovascularisation. *British Journal of Ophthalmology*, 90: 75–80.

<sup>51</sup> RNIB information on obesity and sight loss: <http://www.rnib.org.uk/eye-health-looking-after-your-eyes/obesity-and-sight-loss>

<sup>52</sup> Public Health Outcomes Framework: <http://www.phoutcomes.info/>

<sup>53</sup> Access Economics 2009. Future Sight Loss UK 1: Economic Impact of Partial Sight and Blindness in the UK adult population: [https://www.rnib.org.uk/sites/default/files/FSUK\\_Summary\\_1.pdf](https://www.rnib.org.uk/sites/default/files/FSUK_Summary_1.pdf)

<sup>54</sup> It should be noted that there are relatively wide confidence intervals for the county-level figures.

<sup>55</sup> Boyce, T et al 2013. Projecting the number of falls related to visual impairment. *British Journal of Healthcare Management*. Vol 19, 226-229

<sup>56</sup> Court, H. et al. 2014. Visual impairment is associated with physical and mental co morbidities in older adults: a cross-sectional study. *BMC Medicine* 12:181: <http://www.biomedcentral.com/1741-7015/12/181>

<sup>57</sup> Further guidance for commissioners is available from the UK Vision Strategy:

<http://www.commissioningforeyecare.org.uk/commhome.asp?section=167&sectionTitle=The+eye+care+commissioning+cycle>; and the RNIB report: *Sight Loss: A Public Health Priority*:

[http://www.rnib.org.uk/sites/default/files/Sight\\_loss\\_a%20public\\_health\\_priority.pdf](http://www.rnib.org.uk/sites/default/files/Sight_loss_a%20public_health_priority.pdf);

<sup>58</sup> 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>

<sup>59</sup> *People with Learning Disabilities in England*:

[http://www.improvinghealthandlives.org.uk/uploads/doc/vid\\_9244\\_IHAL2011-02PWLD2010.pdf](http://www.improvinghealthandlives.org.uk/uploads/doc/vid_9244_IHAL2011-02PWLD2010.pdf)

England's adults aged 18 and over. On a proportionate basis, this suggests that around 11,100 adults in the county might have had a learning disability.

Separate estimates for 2014 put the number of 18-64 year olds in Oxfordshire with a learning disability at around 10,000.<sup>60</sup> Just under a quarter of these are estimated to have a moderate or severe learning disability.

In 2013/14 around 2,200 patients aged 18 and over of GP surgeries in the Oxfordshire Clinical Commissioning Group area were recorded as having a learning disability.<sup>61</sup> This was equivalent to 0.4% of registered patients. The proportion was similar to the previous year and the Thames Valley area overall. It was slightly lower than for England (0.5%).

### *Children with Learning Disability*

In 2010 it was estimated that around 298,000 children aged 0-17 in England had a learning disability.<sup>62</sup> In 2010 Oxfordshire was home to around 1.2% of England's children aged 0-17. On a proportionate basis, this suggests that around 3,600 children in the country might have had a learning disability at that time.

In 2014 around 2,300 (2.1% of) pupils in Oxfordshire schools had statements of special educational needs (SEN).<sup>63</sup> This proportion has remained broadly similar in the years since 2007. Oxfordshire's rate of SEN-statemented pupils was a little lower than in the South East (2.9%) and England overall (2.8%).

In the same year around 16,700 (15.7% of) pupils in Oxfordshire schools were recorded as having SEN but not having statements. Again, this proportion remained broadly similar in the years since 2007, and was slightly above the rates for the South East and England overall (15.1% for both).

### **3.8.7. Disability Benefits**

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<sup>60</sup> Projecting Adult Needs and Service Information, figures for 2014: <http://www.pansi.org.uk/>. These predictions are based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University, entitled Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, June 2004.

<sup>61</sup> Quality and Outcomes Framework: <http://www.hscic.gov.uk/qof>. 83 GP practices in Oxfordshire participated in the QOF 2013/14. It should be noted that people registered with GPs in Oxfordshire are not all necessarily resident in Oxfordshire; and not all residents of Oxfordshire are registered with a GP within the county. Learning disability is defined as the presence of a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning) which started before adulthood (18 years), with lasting effect on development. The definition encompasses people with a broad range of disabilities but does not include all those people who have a "learning difficulty".

<sup>62</sup> *People with Learning Disabilities in England:*

[http://www.improvinghealthandlives.org.uk/uploads/doc/vid\\_9244\\_IHAL2011-02PWLD2010.pdf](http://www.improvinghealthandlives.org.uk/uploads/doc/vid_9244_IHAL2011-02PWLD2010.pdf)

<sup>63</sup> Special educational needs statistics: <https://www.gov.uk/government/collections/statistics-special-educational-needs-sen>. This will not be an accurate reflection of the number of children with SEN resident in Oxfordshire, due to some pupils travelling across county borders to attend school.

The Department for Work and Pensions provides statistics on disability-related benefits.<sup>64</sup> Key data for Oxfordshire are set out below:

- Around 20,200 people in Oxfordshire were claiming Disability Living Allowance in May 2014 (this has now been phased out for new claimants)<sup>65</sup>
- According to official experimental statistics, between June and October 2014 there were 3,650 Personal Independence Payment claims.<sup>66</sup> As of 1 October 2014 decisions had been made on 1,860 of these, with 52% being awarded.
- Around 13,400 people were claiming Attendance Allowance in May 2014<sup>67</sup>
- Around 13,200 people were claiming Employment and Support Allowance in May 2014<sup>68</sup>
- Around 1,800 people were claiming Incapacity Benefit or Severe Disablement Allowance (both of which have now been phased out for new claimants).

These numbers will include people who claimed more than one type of benefit. Trends have not been shown, due to changes in the qualification criteria for benefits, which are likely to reduce the number of people eligible to claim.

### **3.9. Armed Forces Personnel**

#### **3.9.1. Regular Armed Forces Personnel**

At the time of the 2011 Census Oxfordshire was home to 5,500 regular armed forces personnel, comprising 0.8% of the county's population.<sup>69</sup> (It should be noted, though, that an expansion of activities at RAF Brize Norton in West Oxfordshire, during 2011/12, saw an increase of several hundred resident personnel there.<sup>70</sup>) The

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<sup>64</sup> Department for Work and Pensions tabulation tool: <http://tabulation-tool.dwp.gov.uk/100pc/tabtool.html>.

<sup>65</sup> Disability Living Allowance (DLA) provides a non-contributory, non means-tested and tax-free contribution towards the disability-related extra costs of severely disabled people who claim help with those costs before the age of 65. It replaced and extended Attendance Allowance and Mobility Allowance for people in this age group from April 1992. The figures include those who have had their payment suspended, for example if they are in hospital.

<sup>66</sup> Personal Independence Payment (PIP) was introduced in Oxfordshire on 10 June 2014. It replaces Disability Living Allowance for people aged 16-64. Data are available from the Department for Work and Pensions: <https://www.gov.uk/government/collections/personal-independence-payment-statistics>

<sup>67</sup> Attendance Allowance (AA) provides a non-contributory, non-means-tested and tax-free contribution towards the disability-related extra costs of severely disabled people who are aged 65 and over when they claim help with those costs. It can be awarded for a fixed or an indefinite period. To qualify, people must have needed help with personal care (i.e. attention in connection with their bodily functions and/or continual supervision to avoid substantial danger to themselves or others) for at least 6 months (the 'qualifying period'). The figures include those who have had their payment suspended, for example if they are in hospital.

<sup>68</sup> Employment and Support Allowance (ESA) replaced Incapacity Benefit and Income Support paid on the grounds of incapacity for new claims from October 2008.

<sup>69</sup> Census 2011, table QS121EW: <https://www.nomisweb.co.uk>. Regular Armed Forces personnel receive all their primary care from Defence Medical Services (DMS) GPs, not the NHS, although secondary care is accessed via the NHS. DMS Medical Centres at RAF Brize Norton and RAF Benson also provide GP care for a number of families.

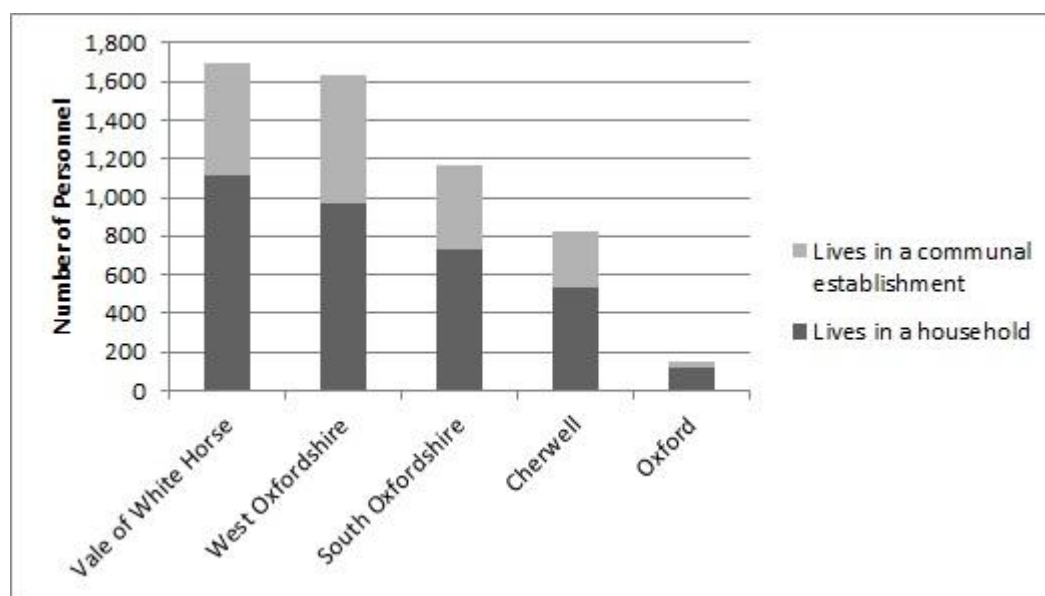
<sup>70</sup> District Data Service Armed Forces Briefing Note, March 2014: <http://www.oxford.gov.uk/Library/District%20Data/Chart%20Mar14%20armed%20forces%20-%20JSNA.pdf>

proportion of regular armed forces personnel in Oxfordshire was higher than for the South East (0.4%) and England overall (0.3%).

Nearly two thirds of Oxfordshire’s armed forces personnel lived in households (63.5%) while a third lived in communal establishments (36.5%)

Around six in ten armed forces personnel lived in Vale of White Horse (31%) or West Oxfordshire (29.9%). Around two in ten lived in South Oxfordshire (21.3%), with the remainder in Cherwell (15%) and Oxford (2.8%).

Figure 14: Armed Forces personnel



Source: ONS 2011 Census

In October 2014 around 10,000 regular armed forces personnel were stationed in Oxfordshire (although not all necessarily reside in the county).<sup>71</sup> This number has declined slightly in the years since 2011, from over 11,000. The majority of armed forces personnel stationed in Oxfordshire were military personnel (85%) with a minority being civilians (15%). A little under half were stationed in West Oxfordshire (45%) with around two in ten in each of Vale of White Horse (22%) and South Oxfordshire (20%). 11% were in Cherwell (and were predominantly civilians) with less than 1% in Oxford.

### 3.9.2. Veterans

A number of local authorities and Clinical Commissioning Groups (CCGs), in conjunction with their Public Health departments, have undertaken military veterans’ health needs assessments. In reviewing a cross-section of these health needs assessments in February 2014 Lord Ashcroft noted that the reports all highlight significant limitations created by an absence of reliable quantitative national data

<sup>71</sup> Ministry of Defence Quarterly Location Statistics: <https://www.gov.uk/government/statistics/location-of-uk-regular-service-and-civilian-personnel-quarterly-statistics-2014>

about the veteran population, and an inability to accurately estimate the size of the local veteran population.<sup>72</sup> Delineating and quantifying the veterans in a community is a challenge, as are the extraction and validation of information about veteran health, the analysis of their associated needs and understanding how these may, or may not, differ from the rest of the local communities.

Despite these barriers, the various needs assessments contain common findings and these match the evidence base of the King's Centre for Military Health Research, based at King's College London. The findings indicate that veterans have similar health needs and experiences to the rest of the adult population, with the same implications for resources for both health and adult social care. For veterans over 65 years old (the largest veteran group at 60% of the total), mobility, independent living and social isolation were the main concerns. Most veterans questioned, irrespective of age, did not report adverse health effects as a result of their Service; for those that did, the common themes were musculoskeletal disorders and hearing loss.

A smaller than expected number of veterans reported some adverse mental health outcomes and these had frequently been compounded by other factors, such as financial and welfare problems. The common mental health problems presenting were depression and anxiety, matching the experiences of the general population. There was a reported increased risk of alcohol misuse and associated mental health problems, predominantly in younger male veterans – notably from lower ranks or those who left the Service early.

When analysed in context, the evidence suggests that the routine health needs of veterans are not appreciably different from the overall age-matched patient base. The numbers of veterans in any one location with specific Service-related conditions are small and, as a group, they are not demanding consumers of healthcare resources.

### **3.10. Carers**

#### **3.10.1. Numbers of Carers**

At the time of the 2011 Census, around 61,100 people in Oxfordshire said they provided some level of informal care to a relative or friend, representing 9.4% of the county's population (up from 8.8% in 2001).<sup>73</sup> This proportion was slightly lower than in the South East (10.2%) and England overall (9.8%).

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<sup>72</sup> The Veterans' Transition Review by Lord Ashcroft (February 2014):

<http://www.veteranstransition.co.uk/>

<sup>73</sup> Census 2011, table LC3304EW: <https://www.nomisweb.co.uk>



Across the county, there were proportionately fewer carers in Oxford (7.7%) than in other districts: 10.3% in Vale of White Horse, 9.9% in both South and West Oxfordshire and 9.4% in Cherwell.

Of those providing informal care in Oxfordshire, 71.6% provided between 1 and 19 hours of care per week, 10.5% provided between 20 and 49 hours, and 17.9% provided more than 50 hours.

The group most likely to provide unpaid care was aged 50-64, with one in five providing some level of care (19.8%). Meanwhile, 13.8% of people aged 65 and over provided some unpaid care, compared with 8.5% of people aged 25 to 49, and 2.1% of people under 25. 1.1% of children aged 0-15 provided some unpaid care, numbering 1,300.

A larger proportion of unpaid care in Oxfordshire was provided by female residents (58.1%) than by male residents (41.9%). This was particularly the case for higher-intensity care, 60.2% of which was provided by female residents.

You can explore the data using the interactive health dashboards (Carers and Age tab) on the Insight website:  
<http://public.tableausoftware.com/views/CaringHealthandDisabilityinOxfordshire/Introduction?:showVizHome=no>

In May 2014, around 6,300 people in Oxfordshire claimed Carers Allowance.<sup>74</sup>

### 3.10.2. Needs of Carers

In 2012/13 over half of adult carers reported having some kind of impairment themselves. More than two in ten had a long-standing illness (21.7%). Similar proportions had a physical impairment or disability (20.4%) or sight or hearing loss (20.4%).<sup>75</sup>

In 2012/13 around four in ten adult carers in Oxfordshire said they had as much social contact as they would like (41.6%).<sup>76</sup> This was similar to the proportions saying this in the South East (40.2%) and England overall (41.3%). The finding suggests that a majority of adult carers are suffering from some degree of isolation

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<sup>74</sup> Department for Work and Pensions tabulation tool: <http://tabulation-tool.dwp.gov.uk/100pc/tabtool.html> Carer's Allowance (CA) is a non-contributory benefit for people aged 16 or over:

- who look after a severely disabled person for at least 35 hours a week
- who are not gainfully employed (i.e. not earning more than £95 per week after certain deductions) and
- who are not in full-time education.

<sup>75</sup> Survey of Adult Carers in England 2012-13: <http://www.hscic.gov.uk/searchcatalogue?productid=13851&topics=1%2fSocial+care%2fUser+experience&sort=Relevance&size=10&page=1#top>

<sup>76</sup> Public Health Outcomes Framework, indicator 1.18ii: <http://www.phoutcomes.info/>

(isolation and loneliness are discussed in more detail in section 4.8 Isolation and Loneliness).

As part of the Adult Carers in England survey (2012/13) six in ten carers in Oxfordshire said they were satisfied with the support or services they and the person they cared for received from Social Services in the previous 12 months (61%).<sup>77</sup> This was significantly lower than satisfaction level among *users* of adult social care services (see section 8.1 Adult Social Care User Survey). 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.

### **3.11. Further Information**

Further information relating to the Population Groups chapter is available from the JSNA data directory at the following link: <http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>.

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<sup>77</sup> Survey of Adult Carers in England: <https://nascis.hscic.gov.uk>

## 4. Wider Determinants of Health

This section considers wider economic, social and environmental factors affecting health and wellbeing.<sup>78</sup>

### 4.1. Housing and Homelessness

#### 4.1.1. Housing and Homelessness Overview

Although the relationship between housing and health is difficult to assess precisely, it has been found that bad housing conditions – including homelessness, temporary accommodation, overcrowding, insecurity, and housing in poor physical condition – constitute a risk to health.<sup>79</sup> Research suggests that poor housing, which presents certain structural or environmental hazards to inhabitants, is associated with increased risk of cardiovascular diseases, respiratory diseases and depression and anxiety.<sup>80</sup>

#### 4.1.2. Tenure

At the time of the 2011 Census, there were 258,900 households in Oxfordshire. Around two thirds lived in housing they owned, either outright (32.3%) or with a mortgage or loan (33.2%).<sup>81</sup> These proportions had changed since 2001, when 29.8% of households owned their housing outright, and 40.2% with a mortgage or loan.

Around one in six households were in privately rented housing (17.5%, up from 12.6% in 2001). Around one in seven were in social housing, either rented from the council (4.6%, down from 6.5% in 2001) or from other providers (9.7%, up from 7.9% in 2001).

The proportions for each tenure type were broadly comparable with those of England, as can be seen in the figure below.

Figure 15: Households by tenure type

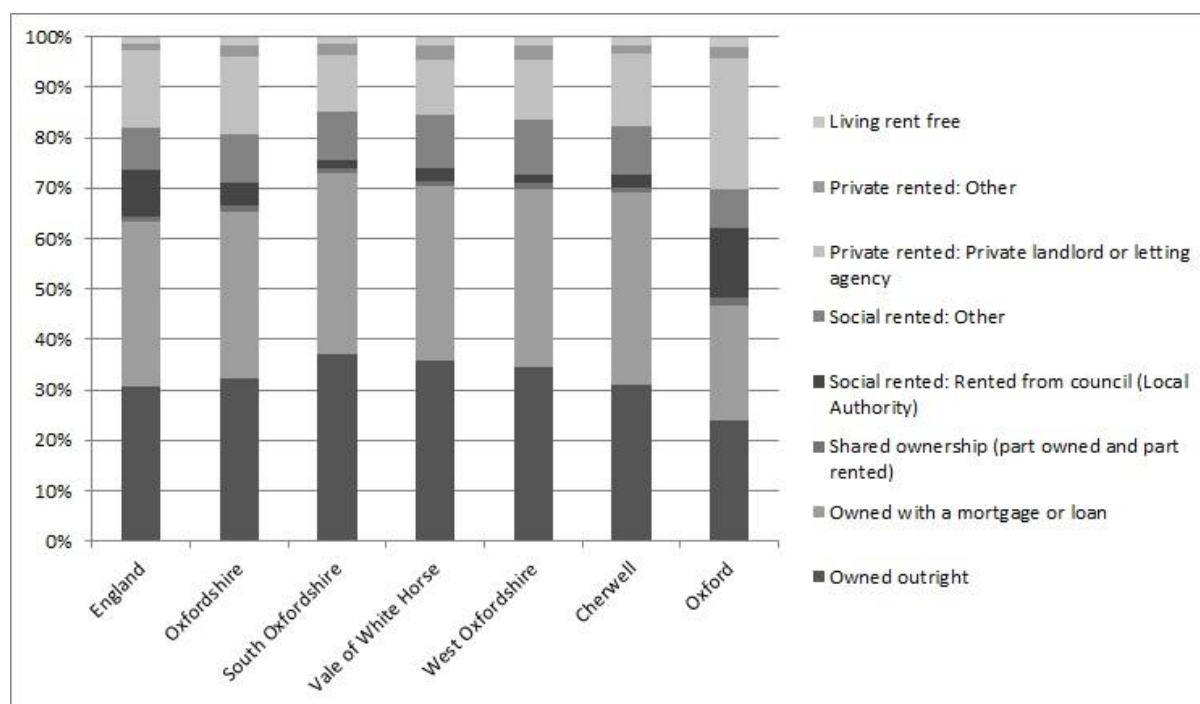
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<sup>78</sup> Wider determinants of health were looked at in detail in the 2010 report: *Fairer Society Healthy Lives* (The Marmot Review): <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

<sup>79</sup> The Marmot Review: <http://www.instituteofhealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

<sup>80</sup> Housing and Health Post Note, January 2011: [http://www.parliament.uk/documents/post/postpn\\_371-housing\\_health\\_h.pdf](http://www.parliament.uk/documents/post/postpn_371-housing_health_h.pdf)

<sup>81</sup> Census 2011, table KS402UK; Census 2001, table S049: <https://www.nomisweb.co.uk>



Source: ONS 2011 Census

Figure 15 demonstrates considerable variation in tenure patterns across different parts of the county. Most notably, the proportion of Oxford’s households in local authority social housing was about three times higher than for Oxfordshire overall (13.6%, compared with 4.6%).

#### 4.1.3. Overcrowding

At the time of the 2011 Census, a third of people in Oxfordshire lived in households with more than one person per bedroom (33.3%).<sup>82</sup> This was a slightly smaller proportion than was seen in the South East (34.9%) and England overall (36.8%).

Across the county, the proportion of people living in households with more than one person per bedroom was higher in Oxford (38.5%) and Cherwell (35.1%) than in the other districts: 31.9% in South Oxfordshire, 30.5% in West Oxfordshire and 29.3% in Vale of White Horse.

#### 4.1.4. Fuel Poverty

Cold homes are linked to increased risk of cardiovascular, respiratory and rheumatoid diseases, as well as hypothermia and poorer mental health.<sup>83</sup> The elderly have been found to be particularly likely to suffer ill health in a cold home.<sup>84</sup>

Under the ‘Low Income High Cost’ measure of fuel poverty, households are considered to be fuel poor when: (i) they have required fuel costs that are above

<sup>82</sup> Census 2011, table QS414EW: <https://www.nomisweb.co.uk>

<sup>83</sup> Housing and Health Postnote 371 (January 2011):

[http://www.parliament.uk/documents/post/postpn\\_371-housing\\_health\\_h.pdf](http://www.parliament.uk/documents/post/postpn_371-housing_health_h.pdf)

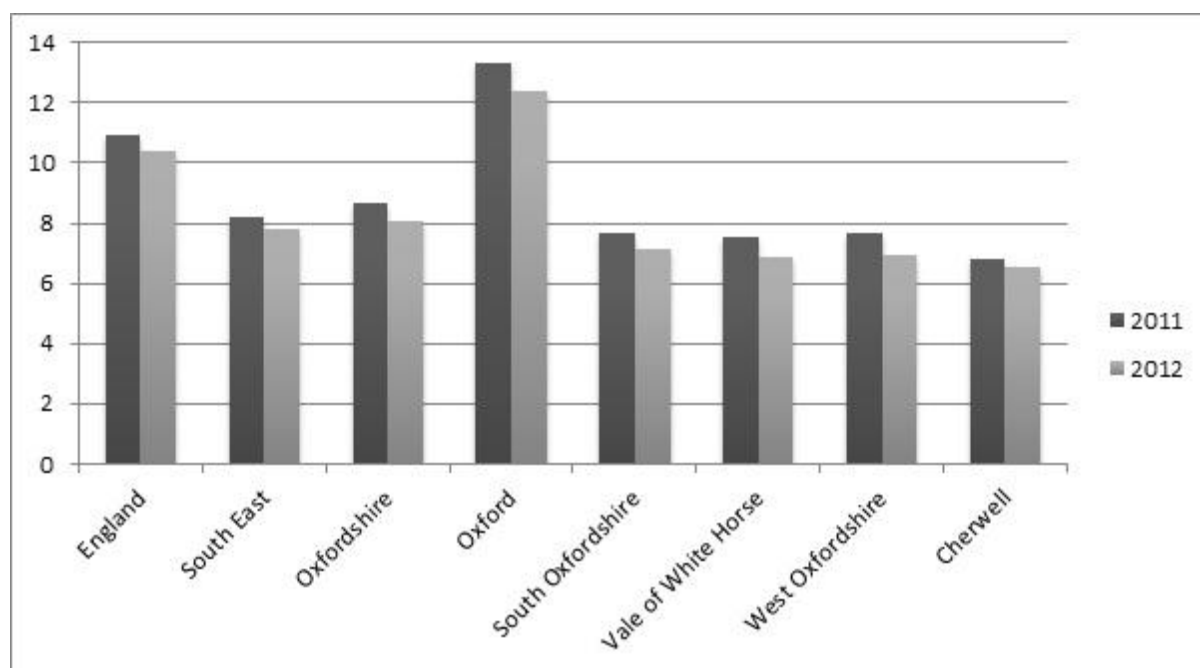
<sup>84</sup> *IBID*

average (the national median level) and (ii) were they to spend that amount, they would be left with a residual income below the official fuel poverty line.

In 2012 8% of Oxfordshire’s population was living in fuel poverty (down slightly from 8.7% in 2011).<sup>85</sup> This was similar to the proportion seen in the South East (7.8%) and below that in England overall (10.4%).

Oxford had proportionately more people living in fuel poverty (12.4% or around one in eight people). For the other districts, fuel poverty affected around 7% of people (approximately one in fourteen).

Figure 16: Percentage of people in fuel poverty (2011 and 2012)



Source: Public Health England

A more detailed map of fuel poverty in the county is available on the Insight website: <http://insight.oxfordshire.gov.uk/cms/fuel-poverty-map-pdf-format>

Households not connected to the gas network are reliant on fuels that could be more expensive, such as heating oils and solid fuels. To that extent, they may be more vulnerable to fuel poverty.

In 2011 there were an estimated 45,900 households in Oxfordshire not connected to the gas network.<sup>86</sup> Across the county, proportionately more households were unconnected in West Oxfordshire (24%), Cherwell (22%) and South Oxfordshire (19%) than in Vale of White Horse (15%) and Oxford (10%).

<sup>85</sup> Public Health Outcomes Framework, indicator 1.7: <http://www.phoutcomes.info/> .

<sup>86</sup> Sub-national estimates of households not connected to the gas network: <https://www.gov.uk/government/statistics/sub-national-estimates-of-households-not-connected-to-the-gas-network>

A more detailed map of households not connected to the gas network in Oxfordshire is available on the Insight website: <http://insight.oxfordshire.gov.uk/cms/map-households-not-connected-gas-network-png-format>

#### 4.1.5. Homelessness

Homelessness is associated with adverse health.<sup>87</sup> To be deemed statutorily homeless a household must have become homeless unintentionally and must be considered to be in priority need. The Public Health Outcomes Framework tracks the following two kinds of statutory homelessness:

- i. Homelessness acceptances: households accepted as being owed a duty by their local authority under homelessness legislation, as a result of being eligible for assistance, unintentionally homeless and in priority need
- ii. Households in temporary accommodation.

In 2013/14 the rate of homelessness acceptances in Oxfordshire was 1.2 households per 1,000 (the same as in 2012/13 but up from 0.98 since 2010/11).<sup>88</sup> This rate was lower than for the South East (1.7) and England (2.3).

The rate of households in temporary accommodation in Oxfordshire in 2012/13 was 0.7 households per 1,000 (broadly similar to rates for the previous three years).<sup>89</sup> Again, this was lower than for the South East (1.4) and England (2.6).

Across the county, Oxford had higher rates of both kinds of statutory homelessness than Oxfordshire overall. This is likely to be related, at least in part, to the presence of homeless facilities in the city.

Estimated numbers of people sleeping rough in Oxfordshire in 2013/14 are shown in Figure 17 below, based on calculated estimates (for all districts) and counts (conducted in Oxford only).<sup>90</sup>

Figure 17: Estimates of rough sleeping (2013/14)

Area	Number sleeping rough (estimate)	Number sleeping rough (count)
Cherwell	14	N/A
Oxford	45	19
South Oxfordshire	5	N/A
Vale of White Horse	5	N/A
West Oxfordshire	2	N/A

Source: Data provided by District Councils

<sup>87</sup> Public Health England Outcomes Framework: <http://www.phoutcomes.info/>

<sup>88</sup> Public Health England Outcomes Framework, indicator 1.15i: <http://www.phoutcomes.info/>

<sup>89</sup> Public Health England Outcomes Framework, indicator 1.15ii: <http://www.phoutcomes.info/>

<sup>90</sup> Data provided by District Councils, January 2015. Trends have not been analysed due to small numbers.

## 4.2. Education

Inequalities in educational attainment have been linked with health inequalities including, for example, being overweight, smoking and developing lung cancer and other limiting illnesses.<sup>91</sup> International research has found that the most consistent predictor of the likelihood of death in any given year is level of education.<sup>92</sup>

### 4.2.1. Qualifications

At the time of the 2011 Census, 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%).

Across the county, Oxford contained the highest proportion of people with at least a bachelor's degree (42.6%) and the lowest proportion of people with no qualification (13.6%). There were proportionately more people in Cherwell with no qualification (19.7%) than the county average (16.7%). However, this was still below the proportion seen in England overall (22.5%).

You can explore the data using the interactive qualification dashboards on the Insight website:

<http://public.tableausoftware.com/profile/graham.occ#!/vizhome/qualifications/Qualifications>

### 4.2.2. Pupil Attainment at Key Stage 2 (Year 6)

Pupils are assessed at the end of Key Stage 2, which runs from Year 3 to Year 6. The key performance measure is the percentage of pupils achieving level 4 or above in reading, writing and maths.

In 2014 78% of pupils in Oxfordshire achieved level 4 or above in reading, writing and maths.<sup>93</sup> This represents a drop below the England average (79%) for the first time in a number of years.

Across the county only one district – West Oxfordshire – was in the top 25% of districts nationally (compared to four Oxfordshire districts in 2013). The performance of pupils resident in Oxford has increased slightly in 2014, but Oxford continues to rank in the bottom 25% of districts nationally.

<sup>91</sup> *Fair Society, Healthy Lives: The Marmot Review:*

[http://www.lho.org.uk/LHO\\_Topics/National\\_Lead\\_Areas/Marmot/MarmotIndicators2014.aspx](http://www.lho.org.uk/LHO_Topics/National_Lead_Areas/Marmot/MarmotIndicators2014.aspx)

<sup>92</sup> McGinnis JM, Williams-Russo P, Knickman JR. The case for more active policy attention to health promotion. *Health Aff (Millwood)* 2002;21(2):78-93.

<http://content.healthaffairs.org/content/21/2/78.long#ref-15>

<sup>93</sup> DfE Statistical First Release - *National Curriculum Assessments Key Stage 2 in England 2013/14 (revised)* published December 2014: <https://www.gov.uk/government/collections/statistics-key-stage-2>

However, progress between Key Stage 1 and Key Stage 2 was higher across all subjects in Oxfordshire than the national average, with at least a 1% increase in each subject being reported in 2014.

In 2014 pupils known to be eligible for free school meals in Oxfordshire were 23 percentage points less likely to achieve level 4 or above in reading, writing and maths than those who were ineligible. This attainment gap remains larger than the national average (18%).

#### **4.2.3. Pupil Attainment at Key Stage 4 (GCSE)**

The key performance measure at Key Stage 4 is the percentage of pupils achieving five or more A\*-C grades at GCSE, including English and maths. The way in which performance is reported changed in 2014 and is now based on First Entry (i.e. the first time a pupil sits an exam), rather than Best Entry (which can include resits). For this reason previous years' results cannot be directly compared.<sup>94</sup>

In 2014 59.4% of pupils at schools in Oxfordshire achieved 5 or more A\*-C grades at GCSE, including English and maths.<sup>95</sup> This was above the England average of 56.8%. Across the county, Oxford schools have moved out of the bottom quartile in national GCSE rankings for the first time in a number of years.<sup>96</sup>

In 2014 the proportion of pupils at schools in Oxfordshire making the expected progress in English and mathematics (of three whole levels between Key Stages 2 and 4) was higher than the national average.

Pupils known to be eligible for free school meals in Oxfordshire schools were 34 percentage points less likely to achieve five or more A\*-C GCSE grades including English and maths than those who were ineligible. This attainment gap remains larger than the national average (27%).

### **4.3. Employment**

Correlations have been found between being in good quality employment and better health; conversely, unemployment is linked to poorer health.<sup>97</sup>

#### **4.3.1. Economic activity**

In the financial year 2013/14 there were 355,000 economically active people in Oxfordshire.<sup>98</sup> This was equivalent to 80.1% of people aged 16-64. The rate of

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<sup>94</sup> Although it is not possible to compare results, it is still possible to compare national rankings.

<sup>95</sup> DfE Statistical First Release - *GCSE and Equivalent Results in England, 2013-14* published Dec 2014: <https://www.gov.uk/government/collections/statistics-gcse-key-stage-4>

<sup>96</sup> DfE GCSE Statistics by pupil characteristics: <https://www.gov.uk/government/statistics/gcse-and-equivalent-attainment-by-pupil-characteristics-2014>

<sup>97</sup> *Fair Society, Healthy Lives: The Marmot Review*: [http://www.lho.org.uk/LHO\\_Topics/National\\_Lead\\_Areas/Marmot/MarmotIndicators2014.aspx](http://www.lho.org.uk/LHO_Topics/National_Lead_Areas/Marmot/MarmotIndicators2014.aspx)

<sup>98</sup> Official labour market statistics: <https://www.nomisweb.co.uk>.



economically active people was higher than for the South East (79.9%) and England (77.5%). It was higher among men (85.5%) than women (74.4%).

In Oxfordshire 76.8% of people aged 16-64 were in employment (64.6% were employees; 11.9% were self-employed).<sup>99</sup> This proportion has remained fairly stable (within two percentage points) over the last five years, having peaked at around 80% in 2006. The proportion employed was higher in Oxfordshire than in the South East (75.5%) and England (71.9%). As a percentage of the economically active population, 95.9% were in employment (79.3% were employed; 16.2% were self-employed).

In 2013/14 3.4% of people aged 16-64 in Oxfordshire were unemployed. This figure represented a reduction from a nine-year high of 6.5% in 2012/13.<sup>100</sup> As a proportion of the economically active population, 4.1% were unemployed. The rate in Oxfordshire was lower than for the South East (5.4%) and England (7.3%).

Employment rates were similar across different parts of the county (unemployment rates are difficult to compare at district level, due to small sample sizes).

In November 2014 0.7% of people aged 16-64 in Oxfordshire claimed Job Seekers Allowance (JSA).<sup>101</sup> This continued a declining trend since February 2013, when the claimant rate was 1.7%. The rate for Oxfordshire remains lower than for the South East (1.2%) and Great Britain (2%).

You can explore the data using the interactive unemployment dashboard on the Insight website:  
<http://insight.oxfordshire.gov.uk/cms/unemployment-dashboard>

#### **4.3.2. Workplace Health and Wellbeing**

Between 2010 and 2012, an average of 1.7% of working days were lost due to sickness absence in Oxfordshire.<sup>102</sup> This was the same as the 2009-2011 level. The proportion was similar to that across England (1.6%) and the South East (1.5%) and did not vary significantly across the county.

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<sup>99</sup> Those counted as being in employment include people who did some paid work in the survey reference week (whether as an employee or self employed); those who had a job that they were temporarily away from (eg, on holiday); those on government-supported training and employment programmes; and those doing unpaid family work. Of the 19.9% of 16-64 year olds who were not economically active, over a third were studying (35.1%) and over a quarter were looking after the family or home (27.4%). Smaller numbers were retired (15%) and long-term sick (14.2%).

<sup>100</sup> Those counted as being unemployed include people without a job who were available to start work in the two weeks following their interview and who had either looked for work in the four weeks prior to interview or were waiting to start a job they had already obtained.

<sup>101</sup> Official labour market statistics: <https://www.nomisweb.co.uk>. People claiming JSA must declare that they are out of work, capable of, available for and actively seeking work during the week in which the claim is made.

<sup>102</sup> Public Health Outcomes Framework, indicator 1.09ii: <http://www.phoutcomes.info/>

At a UK level, nearly a third of sickness absence in 2013 was due to minor illnesses (30%) whilst a fifth was due to musculoskeletal problems (20%).<sup>103</sup> The next most significant reasons for sickness absence included stress, depression and anxiety (8%) and gastrointestinal problems (7%).

Working hours lost due to sickness absence were proportionately higher among women (2.6%) than men (1.6%). Relatively more working hours were lost among older than younger age groups: 2.8% of working hours were lost among the 50-64 age group; 2.3% among those aged 65 and over; and 2% among the 35-49 age group. This compares with 1.2% and 1.5% among the 16-24 and 25-34 age groups, respectively.

## 4.4. Crime

### 4.4.1. Overall Levels of Crime

In the 12 months leading up to 30 September 2014 there were 33,228 crimes recorded by the police in Oxfordshire.<sup>104</sup> This represents a fall of 8.5% (or 3,077 crimes) from the previous 12 month period. Crime fell across all categories except sexual offences (which increased by 19.7%), theft from the person (which increased by 3.8%) and violence with injury (which increased by 2.3%).

Over the longer term recorded crime has fallen by 18.2% over the last three years, and by 35.1% over the last seven years (see figure below).

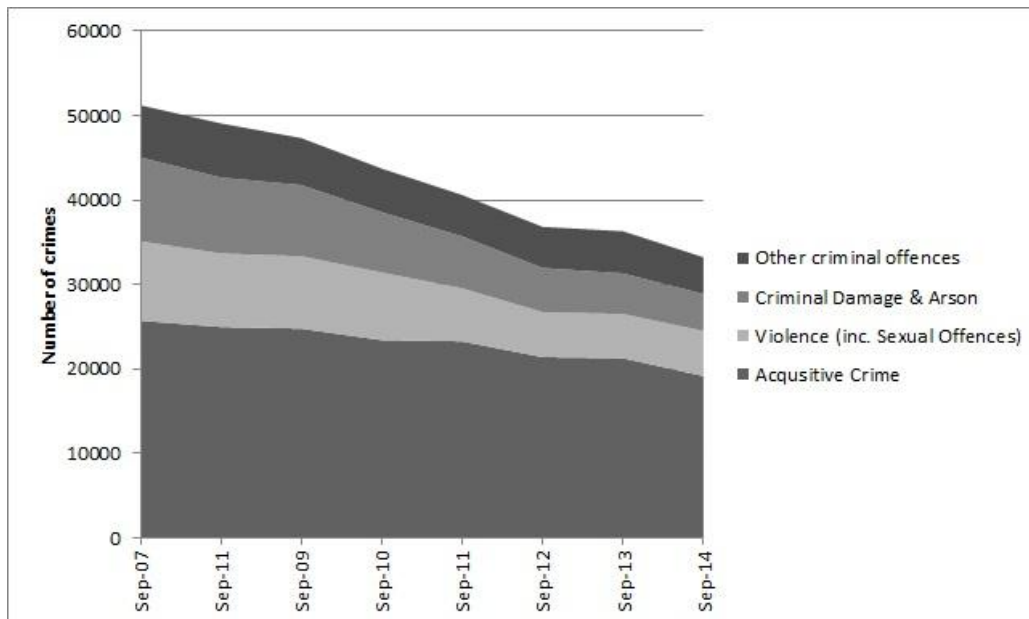
Figure 18: Long term crime trends in Oxfordshire, broken down by category<sup>105</sup>

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<sup>103</sup> ONS Sickness Absence in the Labour Market data: <http://www.ons.gov.uk/ons/publications/reference-tables.html?edition=tcn%3A77-351500>

<sup>104</sup> ONS Police Recorded Crime Statistics (published January 2015): <http://www.ons.gov.uk/ons/rel/crime-stats/crime-statistics/index.html>

<sup>105</sup> Acquisitive crime includes robbery, burglary, vehicle offences, theft from the person, bicycle theft, shoplifting and all other theft offences. Violence includes homicide, violence with injury, violence without injury and sexual offences.



Source: ONS Police Recorded Crime Statistics (January 2015)

The figure below presents numbers and rates (per 1,000 people) of different categories of crime recorded in Oxfordshire in 2013/14.

Figure 19: Numbers and rates of crime in Oxfordshire and its districts, broken down by category (1 October 2013 to 30 September 2014)

	Oxfordshire		Cherwell		Oxford		South Oxfordshire		Vale of White Horse		West Oxfordshire	
	Number of crimes	Rate per 1,000 people	Number of crimes	Rate per 1,000 people	Number of crimes	Rate per 1,000 people	Number of crimes	Rate per 1,000 people	Number of crimes	Rate per 1,000 people	Number of crimes	Rate per 1,000 people
<b>VICTIM BASED CRIME</b>	28,888	43.4	5,946	41.4	12,515	80.9	4,048	29.8	3,453	27.9	2,926	27.1
<b>Violence against the person offences</b>	4,568	6.9	1,030	7.2	1,693	10.9	649	4.8	635	5.1	561	5.2
Homicide	4	0.0	2	0.0	2	0.0	0	0.0	0	0.0	0	0.0
Violence with injury	1,841	2.8	437	3.0	662	4.3	257	1.9	253	2.0	232	2.1
Violence without injury	2,723	4.1	591	4.1	1,029	6.6	392	2.9	382	3.1	329	3.0
<b>Sexual offences</b>	771	1.2	175	1.2	285	1.8	86	0.6	125	1.0	100	0.9
<b>Robbery</b>	172	0.3	28	0.2	111	0.7	15	0.1	13	0.1	5	0.0
<b>Theft offences</b>	19,001	28.5	3,853	26.8	8,949	57.8	2,577	18.9	1,942	15.7	1,680	15.6
Burglary, including:	2,763	4.1	567	3.9	815	5.3	657	4.8	423	3.4	301	2.8
-Domestic burglary	991	1.5	215	1.5	421	2.7	207	1.5	86	0.7	62	0.6
-Non-domestic burglary	1,772	2.7	352	2.5	394	2.5	450	3.3	337	2.7	239	2.2
Vehicle offences	2,612	3.9	600	4.2	903	5.8	502	3.7	324	2.6	283	2.6
Theft from the person	1,053	1.6	151	1.1	758	4.9	54	0.4	43	0.3	47	0.4
Bicycle theft	2,377	3.6	191	1.3	1,818	11.7	103	0.8	180	1.5	85	0.8
Shoplifting	3,793	5.7	1,084	7.5	1,600	10.3	397	2.9	375	3.0	337	3.1
All other theft offences	6,403	9.6	1,260	8.8	3,055	19.7	864	6.4	597	4.8	627	5.8
<b>Criminal damage and arson</b>	4,376	6.6	860	6.0	1,477	9.5	721	5.3	738	6.0	580	5.4
<b>OTHER CRIMES AGAINST SOCIETY</b>	4,340	6.5	1,132	7.9	1,749	11.3	484	3.6	566	4.6	409	3.8
Drug offences	2,140	3.2	587	4.1	829	5.4	245	1.8	297	2.4	182	1.7
Possession of weapons offences	197	0.3	58	0.4	76	0.5	21	0.2	25	0.2	17	0.2
Public order offences	1,577	2.4	341	2.4	716	4.6	152	1.1	202	1.6	166	1.5
Miscellaneous crimes against society	426	0.6	146	1.0	128	0.8	66	0.5	42	0.3	44	0.4
<b>TOTAL</b>	<b>33,228</b>	<b>49.9</b>	<b>7,078</b>	<b>49.3</b>	<b>14,264</b>	<b>92.2</b>	<b>4,532</b>	<b>33.3</b>	<b>4,019</b>	<b>32.5</b>	<b>3,335</b>	<b>30.9</b>

Source: ONS Police Recorded Crime Statistics (January 2015)

More detailed data on crime in Oxfordshire are available from the Oxfordshire Safer Communities Partnership Strategic Intelligence Assessment:  
<http://insight.oxfordshire.gov.uk/cms/community-safety-0>.

#### 4.4.2. Offenders and detainees

Nationally, offending is known to be linked to heightened prevalence of substance misuse, mental ill health and suicide.<sup>106</sup>

In Oxfordshire, there are two category C prisons (HMP Bullingdon, holding up to 1114 male prisoners, and HMP Huntercombe, holding up to 430 male prisoners).

<sup>106</sup> See, for example, Thames Valley Local Criminal Justice Board Needs Assessment Report 2014: <http://insight.oxfordshire.gov.uk/cms/thames-valley-lcjb-needs-assessment-report-2014>; *Public Health and Criminal Justice: Promoting and protecting offenders' mental health and wellbeing* (Centre for Mental Health, 2010): [http://www.centreformentalhealth.org.uk/pdfs/Public\\_health\\_and\\_criminal\\_justice.pdf](http://www.centreformentalhealth.org.uk/pdfs/Public_health_and_criminal_justice.pdf) and *Gender differences in substance misuse and mental health amongst prisoners* (Ministry of Justice, 2013): [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/220060/gender-substance-misuse-mental-health-prisoners.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/220060/gender-substance-misuse-mental-health-prisoners.pdf)

There is also an immigration removal centre (IRC Campsfield, holding up to 276 male detainees).

## **4.5. Abuse and Exploitation**

### **4.5.1. Domestic Violence and Abuse**

The cross-government definition 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

This definition (which is not a legal definition) includes so called 'honour' based violence, female genital mutilation (FGM) and forced marriage, and it is clear that victims are not confined to one gender or ethnic group.

Using data from the crime survey for England and Wales and population data from the Census 2011 survey it is estimated that there are 22,200 people aged 65 and under in Oxfordshire likely to have been victims of domestic abuse.<sup>107</sup>

In the period from April 2014 to December 2014 Thames Valley Police recorded 6,319 domestic abuse incidents which were not recordable as crimes.<sup>108</sup> Over the same period there were 1,684 domestic abuse incidents which were recorded as crimes. Whilst the number of domestic abuse incidents not recordable as crimes has continued to increase, the number of recorded crimes has continued to fall. Across the county, rates of domestic abuse crimes and incidents have historically tended to be higher in Oxford and Cherwell than in the other districts.

In 2013/14 3,072 victims of domestic abuse in Oxfordshire accessed dedicated support services, including:

- The Oxfordshire Domestic Abuse Service (offering refuge, outreach and resettlement)
- Independent Domestic Violence Advisors

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<sup>107</sup> Crime survey for England and Wales appendix table 4.09: <http://www.crimesurvey.co.uk/>; Census 2011 table LC1108: <https://www.nomisweb.co.uk>

<sup>108</sup> Data provided by Thames Valley Police for inclusion in Oxfordshire's Strategic Intelligence Assessment

- Parents and Children Together outreach services.<sup>109</sup>

#### **4.5.2. Female Genital Mutilation (FGM)**

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. Procedures are mostly carried out on young girls sometime between infancy and age 15, and occasionally on adult women. The practice is most common in the western, eastern, and north-eastern regions of Africa, in some countries in Asia and the Middle East, and among some migrants from these areas.<sup>110</sup> 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.

Research commissioned by the UK Home Office estimated that at the time of the 2011 Census up to 60,000 girls had been born in England and Wales to mothers who had undergone FGM.<sup>111</sup> The study estimated that approximately 103,000 women and girls aged between 15 and 49 and approximately 24,000 women aged 50 and over who have migrated to England and Wales may already be living with the consequences of undergoing the practice. In addition, approximately 10,000 girls under 15 who have migrated to England and Wales are likely to have undergone FGM. However, the true extent is unknown due to the 'hidden' nature of FGM.

Experimental statistics published by the Health and Social Care Information Centre indicate that by October 2014 over 200 women in the South of England had been identified by acute hospital providers as having undergone FGM at some previous point in their lives.<sup>112</sup> However, no figure is presented for the total population (children and women) who may have been affected by FGM.

#### **4.5.3. Forced Marriage**

In 2013 the UK Forced Marriage Unit gave advice or support related to a possible forced marriage in 1302 cases nationwide.<sup>113</sup> This was down from 1485 in 2012. 9.9% of these were in the South East, compared with 11% in 2012.

#### **4.5.4. Child Sexual Exploitation**

Child sexual exploitation (CSE) is when people use the power they have over children to groom, coerce and exploit them into participating in sexual activity.<sup>114</sup>

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<sup>109</sup> Annual Performance report to OSCP Business Group, June 2014:

<http://insight.oxfordshire.gov.uk/cms/oscp-performance-and-monitoring-bi-annual-report-nov-2013>

<sup>110</sup> Health and Social Care Information Centre Female Genital Mutilation Dataset:

<http://www.hscic.gov.uk/fgm>

<sup>111</sup> Female Genital Mutilation in England and Wales: Updated statistical estimates of the numbers of affected women living in England and Wales and girls at risk; Interim report on provisional estimates, Equality Now and City University, July 2014:

[www.city.ac.uk/\\_data/assets/pdf\\_file/0009/226287/FGM-statistics-report-21.07.14-no-embargo.pdf](http://www.city.ac.uk/_data/assets/pdf_file/0009/226287/FGM-statistics-report-21.07.14-no-embargo.pdf)

<sup>112</sup> Health and Social Care Information Centre Female Genital Mutilation Dataset:

<http://www.hscic.gov.uk/fgm>

<sup>113</sup> Forced marriage information: <https://www.gov.uk/forced-marriage>

CSE is a form of child sexual abuse. Victims of CSE can experience severe and enduring consequences on their physical and mental health.<sup>115</sup> The prevalence of CSE has been an emerging national issue of concern over recent years.

Since 2011, when Operation Bullfinch commenced, there have been a number of successful convictions, as set out below.

<b>Operation Bullfinch:</b>	6 victim witnesses, 9 defendants,	7 men convicted, sentenced to a total of 95 years
<b>Operation Bullfinch - Additional Perpetrator:</b>	3 victim witnesses, 1 defendant	Found guilty of 5/8 offences and awaiting sentence
<b>Ongoing operation:</b>	8 victim witnesses, 7 defendants,	Currently in court – to update on conclusion of the trial
<b>Lone perpetrator:</b>	7 victim witnesses, 1 defendant, pleaded guilty	Found guilty, sentenced to 10 years in prison
<b>Lone perpetrator:</b>	2 victim witnesses, 1 defendant	Found guilty, sentenced to 54 months in prison
<b>Lone perpetrator:</b>	1 male victim witness	Found guilty, 32 month imprisonment
<b>Lone perpetrator:</b>	2 victim witnesses	Found guilty, Six years in prison
<b>Group of three perpetrators:</b>	1 victim witness	Found guilty, 27 month sentences
<b>Lone perpetrator:</b>	4 victim witnesses	Found guilty, 3 year sentence
<b>Lone perpetrator:</b>	1 victim witness	Found guilty, 6 weeks in prison and financial compensation

<sup>114</sup> A full definition is available in *Safeguarding Children and Young People from Sexual Exploitation* (Department for Children, Schools and Families, 2009): [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/278849/Safeguarding\\_Children\\_and\\_Young\\_People\\_from\\_Sexual\\_Exploitation.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/278849/Safeguarding_Children_and_Young_People_from_Sexual_Exploitation.pdf)

<sup>115</sup> These are discussed in more detail in the Health Working Group Report on Child Sexual Exploitation (2014): [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/279189/Child\\_Sexual\\_Exploitation\\_accessible\\_version.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279189/Child_Sexual_Exploitation_accessible_version.pdf) and in *Estimating the costs of child sexual abuse* (NSPCC, 2014) <http://www.nspcc.org.uk/globalassets/documents/research-reports/estimating-costs-child-sexual-abuse-uk.pdf>

In November 2012, Thames Valley Police and Oxfordshire County Council established a joint team called 'Kingfisher', with support from the local health service, education professionals, and other partners including Oxford City Council. Based at Cowley Police Station, a team of around 20 work together to safeguard children who are being sexually exploited or are considered to be at risk of sexual exploitation. Since 2012 the Kingfisher team has worked with 255 young people at risk of exploitation.<sup>116</sup> The majority of these were female and aged between 13 and 17.

Factors linked to heightened risk of CSE include children going missing, children with a history of abuse and children in care.<sup>117</sup> During the first half of 2014/15 over 400 children went missing in Oxfordshire, with around 15% of those going missing on more than two occasions. Information on numbers of children in care is provided in section 7.8 Social Care Services for Children.

The Oxfordshire Safeguarding Children Board has a CSE strategy and action plan which is managed through a dedicated CSE sub-group with wide partnership representation.

#### **4.5.5. Abuse and Sexual Offences involving Children**

Police recorded crime data measure rates of abuse and sexual offences involving children, including: abuse of children through prostitution and pornography; abuse of a position of trust of a sexual nature; rape of a child; sexual activity involving a child; sexual assault on a child; and sexual grooming.

The rate of recorded abuse and sexual offences involving children in Oxfordshire that involve children increased between 2012/13 and 2013/14, from 2 offences per 1,000 children aged 0-15 to 2.4.<sup>118</sup> The wider Thames Valley area saw an even greater increase over the same period.

**Figure 20: Police Recorded Abuse and Sexual Offences involving Children (rate per 1,000 children)**

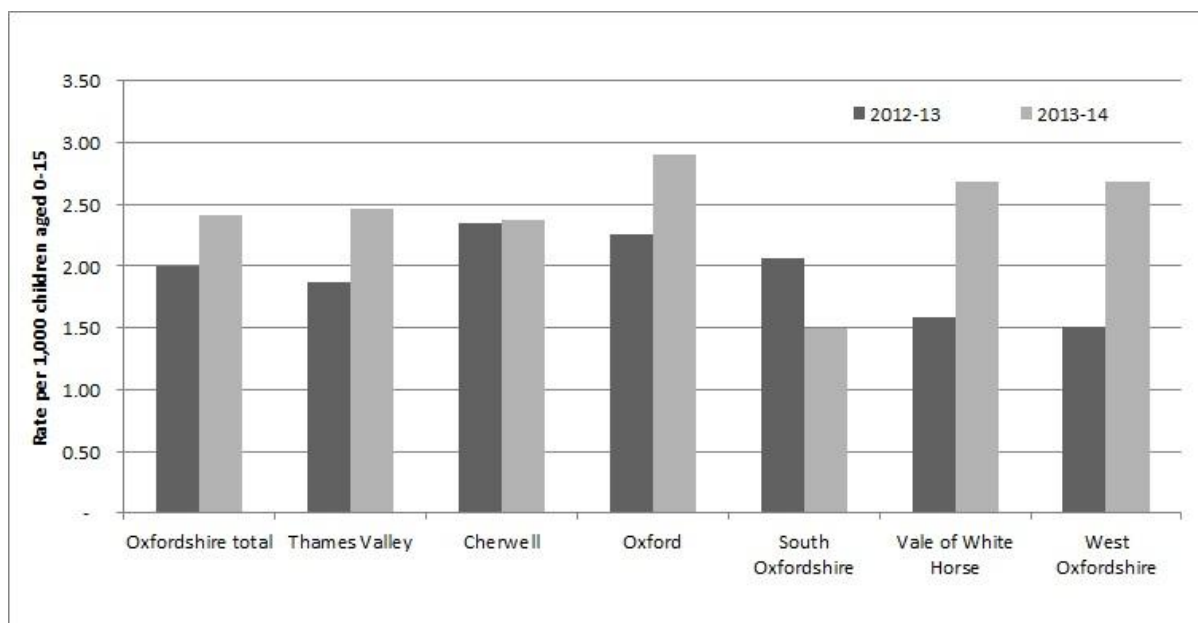
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<sup>116</sup> Data provided by the Kingfisher team to Oxfordshire County Council

<sup>117</sup> Health Working Group Report on Child Sexual Exploitation (2014):  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/279189/Child\\_Sexual\\_Exploitation\\_accessible\\_version.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/279189/Child_Sexual_Exploitation_accessible_version.pdf)

<sup>118</sup> Home Office police recorded crime open data tables:  
<https://www.gov.uk/government/statistics/police-recorded-crime-open-data-tables>





Source: Home Office

#### 4.5.6. Human Trafficking

At national level, in 2013 the UK National Referral Mechanism received 1556 referrals of potential victims of trafficking first encountered in England; this represents a 49% increase on 2012 referral totals.<sup>119</sup>

#### 4.6. Thriving Families

Oxfordshire's Thriving Families programme supports families identified as being among the most in need of help, based on national criteria around poor school attendance and behaviour, anti-social and criminal behaviour, youth offending and adults out of work.

As of the end of September 2014 810 troubled families had been identified in Oxfordshire, and were being worked with to improve outcomes across employment, education, offending and anti-social behaviour.<sup>120</sup>

#### 4.7. Environmental Quality

##### 4.7.1. Air Quality

##### *Air Quality Monitoring and Management*

<sup>119</sup> National referral mechanism statistics 2013: <http://www.nationalcrimeagency.gov.uk/publications/national-referral-mechanism-statistics/139-national-referral-mechanism-statistics-2013>

<sup>120</sup> Data provided by Oxfordshire County Council Joint Commissioning Team. As of the end of October 2014 774 of these families had been 'turned around', based on their achievement of national employment, education, offending and anti-social behaviour outcomes. The number and proportion was the highest in the Thames Valley and put Oxfordshire 15<sup>th</sup> out of 152 local authorities in England.

Air quality across Oxfordshire is considered to be generally good. However, there are some areas where traffic, in particular, can lead to increased levels of air pollution.

Air quality is regularly monitored at many locations across Oxfordshire.<sup>121</sup> Where national air quality objectives are judged unlikely to be achieved, an Air Quality Management Area (AQMA) must be declared and an action plan produced. There are currently 11 AQMAs in Oxfordshire, where the annual mean objective for nitrogen dioxide is being exceeded (three in Cherwell, one covering the whole of Oxford, three in South Oxfordshire, two in Vale of White Horse and two in West Oxfordshire).<sup>122</sup> A new AQMA in Vale of White Horse is currently being consulted on.

Trends in air quality across some of Oxfordshire's long-standing AQMAs show signs of improvement, with reductions in concentrations of nitrogen dioxide over recent years. However, new AQMAs are still being identified.

### *Air Quality and Mortality Estimates*

In April 2014 Public Health England (PHE) produced a report estimating local mortality burdens associated with particulate air pollution which is helpful in raising awareness of air pollution on public health.<sup>123</sup> All-cause mortality data was used for the years 2008, 2009 and 2010. However there were uncertainties associated with the modelling process and this increased for local estimates of mortality. The calculated attributable proportion of deaths associated with air pollution, among those aged 25 and over in Oxfordshire, was 5.6% in 2010. However, given the uncertainties this could, in fact, be somewhere between 0.9% and 11%.

For 2012 it was estimated that 5.1% of all-cause mortality among people aged 30 and over in Oxfordshire was attributable to particulate air pollution from man-made sources.<sup>124</sup> Again, it should be noted that there remains considerable uncertainty about the relationship between particulate air pollution from man-made sources and mortality, meaning that the figure should be treated with caution. Focusing on trends over time and comparisons with other areas is therefore more likely to be useful.

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<sup>121</sup> More information about monitoring is available through district council websites:

- Cherwell: <http://www.cherwell.gov.uk/airqualitymanagement>
- Oxford: [http://www.oxford.gov.uk/PageRender/decEH/Air\\_Pollution\\_occw.htm](http://www.oxford.gov.uk/PageRender/decEH/Air_Pollution_occw.htm)
- South Oxfordshire: <http://www.southoxon.gov.uk/services-and-advice/environment/air-quality>
- Vale of White Horse: <http://www.whitehorsedc.gov.uk/services-and-advice/environment/pollution/air-quality>
- West Oxfordshire: <https://www.westoxon.gov.uk/residents/environment/environmental-health/air-quality/>

<sup>122</sup> Department for Environment, Food and Rural Affairs list of local authorities with AQMAs: <http://uk-air.defra.gov.uk/aqma/list?view=W>

<sup>123</sup> *Estimated Local Mortality Burdens associated with Particulate Air Pollution*: [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/332854/PHE\\_CRCE\\_010.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/332854/PHE_CRCE_010.pdf)

<sup>124</sup> Public Health Outcomes Framework, indicator 3.01: <http://www.phoutcomes.info/>.

Calculated mortality attributable to man-made, particulate air pollution in Oxfordshire decreased from 5.6% in 2010 and from 5.5% in 2011. In 2012 it was at the same level as in the South East and England as a whole. The proportion of mortality attributable to man-made air pollution was 5.5% in Oxford, 5.2% in Cherwell, 5.1% in both South Oxfordshire and Vale of White Horse and 4.8% in West Oxfordshire.

#### **4.7.2. Outdoor space**

Green spaces have been found to have a beneficial impact on physical and mental wellbeing and cognitive function through both physical access and usage.<sup>125</sup>

In 2012/13 it was estimated that 19.4% of people in Oxfordshire used outdoor space for exercise or health reasons.<sup>126</sup> This was up from 15.1% in 2011/12. The proportion of people in Oxfordshire using outdoor space was higher than for the South East (15%) and England (15.3%).

#### **4.7.3. Noise**

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.<sup>127</sup>

In 2011 Public Health England estimated that 5.4% of Oxfordshire's population was exposed to road, rail and air transport noise of 55 A-weighted decibels or more, during the nighttime.<sup>128</sup>

In 2011/12 the rate of complaints about noise in Oxfordshire was 5.8 per 1,000 people in the population.<sup>129</sup> This was the same rate as in the previous year, and was the same as seen in the South East overall. However, across the county there were proportionately more complaints in Oxford (11.1 per 1,000 people in the population) and Cherwell (6.2) than in other districts: 4.3 in Vale of White Horse, 3.5 in South Oxfordshire and 2.4 in West Oxfordshire.

### **4.8. Isolation and Loneliness**

#### **4.8.1. Social Contact**

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<sup>125</sup> Public Health Outcomes Framework: <http://www.phoutcomes.info/>.

<sup>126</sup> Public Health Outcomes Framework, indicator 1.16: <http://www.phoutcomes.info/>. Outdoor space is defined as open spaces in and around towns/ cities, including parks, canals and nature areas; the coast and beaches; and the countryside, including farmland, woodland, hills and rivers. This may be from a few minutes to all day. It does not include routine shopping trips or time spent in own garden.

<sup>127</sup> Public Health Outcomes Framework, indicator 1.14ii: <http://www.phoutcomes.info/>.

<sup>128</sup> Public Health Outcomes Framework, indicator 1.14iii: <http://www.phoutcomes.info/>.

<sup>129</sup> Public Health Outcomes Framework, indicator 1.14i: <http://www.phoutcomes.info/>.

Various national and international research studies have linked social isolation and loneliness with adverse health outcomes, including higher mortality rates.<sup>130</sup> Social engagement has also been found to be a driver of quality of life.<sup>131</sup>

A national survey of GPs in 2013 found that over a quarter saw one to five people per day who they thought had come in mainly because they were lonely.<sup>132</sup> One in ten reported seeing between six and ten lonely patients a day, and a small minority (4 per cent) said they saw more than 10 lonely people a day.

### *Social Contact among Older People*

There is evidence to suggest that older people can be more susceptible to social isolation and loneliness.<sup>133</sup> Analysis conducted in 2013 found that 25% of people aged 52 and over in England sometimes felt lonely, with 9% saying they often did.<sup>134</sup> Proportionately more of those aged 80 and over felt lonely sometimes or often (46%, compared to an average of 34% of those aged 52 and over). This figure was around three in five for people who lived alone (see section 4.8.2 Living Alone).

Self-reported loneliness was more prevalent among those who had been widowed, separated or divorced, or were in poor health. A strong association was also found between loneliness and reported limitations in performing daily activities (discussed under section 3.8.1 Census Data on Limitations to Daily Activities).

In another 2013 study of people aged 55 and over in Great Britain, 15% reported often feeling lonely.<sup>135</sup> Moreover, 57% experienced at least half of the symptoms

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<sup>130</sup> A useful summary of research is provided here: <http://www.campaigntoendloneliness.org/threat-to-health/>. See also: McGinnis JM, Williams-Russo P, Knickman JR. (2002). The case for more active policy attention to health promotion. *Health Aff (Millwood)*; 21(2):78-93: <http://content.healthaffairs.org/content/21/2/78.long#ref-15>; Berkman, L.F., and S.L. Syme. (1979.) "Social Networks, Host Resistance, and Mortality: A Nine-Year Follow-Up Study of Alameda County Residents." *American Journal of Epidemiology*; 109:186-204; Giles L. C., Glonek G. F. V., Luszcz M. A., Andrews G, R. (2005). Effect of social networks on 10 year survival in very old Australians: the Australian longitudinal study of aging. *J Epidemiol Community Health*; 59:574–579.

<sup>131</sup> See, for example: Bowling, A., Kennelly, C. (2003). Adding quality to quantity: older people's views on quality of life and its enhancement; and Helliwell, J. F. (Ed.) "Social Capital: Measurement and Consequences," in *The Contribution of Human and Social Capital to Sustained Economic Growth and Well-Being*.

<sup>132</sup> Lonely visits to GPs: <http://www.campaigntoendloneliness.org/blog/lonely-visits-to-the-gp/>

<sup>133</sup> Clifton, J. (2009). *Ageing and Well-being in an International Context. Politics of Ageing Working Paper no 3*: Institute for Public Policy Research. IPPR. Available: [http://www.ippr.org/images/media/files/publication/2011/05/ageing\\_international\\_context\\_1732.pdf](http://www.ippr.org/images/media/files/publication/2011/05/ageing_international_context_1732.pdf)

<sup>134</sup> Measuring National Well-being - Older people and loneliness, 2013: <http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/older-people-and-loneliness/art-measuring-national-well-being--older-people-and-loneliness.html#tab-Key-points>. Further data on the extent of loneliness can be found through: Evangelical Alliance: <http://www.eauk.org/culture/statistics/how-lonely-are-we.cfm>; Campaign to End Loneliness: <http://www.campaigntoendloneliness.org/loneliness-research/>; Royal Voluntary Service: <http://www.royalvoluntaryservice.org.uk/news-and-events/news/loneliness-rife-among-older-men>; Age UK: <http://www.ageuk.org.uk/professional-resources-home/knowledge-hub-evidence-statistics/research-community/social-inclusion-and-loneliness-research/>

<sup>135</sup> ComRes and The Silver Line Loneliness Study, 2013: <https://www.thesilverline.org.uk/wp-content/uploads/2013/11/The-Silver-Line-Loneliness-Survey-FULL-FINDINGS-1.pdf>

identified by academics as being associated with loneliness (the gap between these figures could be ascribed to the stigma of loneliness). The same study found that around a third of people aged 55 and over 'never' or 'not very often' met up for an outing with friends or family (34%) and a quarter 'never' or 'not very often' had a chat on the phone (25%).

### *Social Contact among Social Care Users*

In 2013/14 half of social care users in Oxfordshire said they had as much social contact as they would like (49.7%).<sup>136</sup> This continues an improving trend since 2011/12 (when 41.5% said they had as much social contact as they would like). The proportion of Oxfordshire social care users satisfied with the amount of social contact they had was higher than for England overall (44.2%).

More than eight in ten social care users in Oxfordshire said they had at least an adequate amount of social contact (82%). This was higher than the proportion saying this in England overall (78%) although not significantly so.

Social contact for carers is discussed under section 3.10.2 Needs of Carers.

#### **4.8.2. Living Alone**

Although living alone does not necessarily imply loneliness, people who make the transition to living alone in later life (primarily due to the death of a cohabiting partner) have been found to be more vulnerable to psychological distress in the initial period thereafter.<sup>137</sup> Social support (discussed in section 4.8.1 Social Contact) has been shown to affect the extent to which people recover from the transition to living alone.

At the time of the 2011 Census over a quarter of households in Oxfordshire were one-person households (27.4%, numbering 70,800).<sup>138</sup> This was similar to the proportion in 2001 (27.1%). This was broadly similar to the proportions seen across the South East (28.8%) and England overall (30.2%). In Oxford around a third of households were composed of one person (33.1%) whereas the proportion was lower in other districts: 26.4% in Vale of White Horse and West Oxfordshire; 25.4% in South Oxfordshire; and 25.2% in Cherwell.

Based on current trends in people living alone, applied to Oxfordshire County Council's principal population projection, there could be around 91,500 people living alone in the county by 2024 (an increase of 29% on the 2011 number).<sup>139</sup>

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<sup>136</sup> Adult Social Care User Survey: <http://www.hscic.gov.uk/socialcare/usersurveys>

<sup>137</sup> Living alone in later life and its psychological impacts – the significance of the means of transition into living alone: <http://ageing.oxfordjournals.org/content/42/3/366.full.pdf+html>

<sup>138</sup> Census 2011, table KS105EW and KS102EW; Census 2001, table T08: <https://www.nomisweb.co.uk>

<sup>139</sup> The projected figures are based on the 2011 Census ratio of numbers living alone to the number of households represented by a person who is single (never married, divorced, separated or widowed)

In 2011 slightly more people aged 65 and over lived alone (28.8%, numbering 29,900). Again, this figure was broadly similar to proportions in the South East (30.4%) and England (31.5%). In Oxford proportionately more older people lived alone (36.4%) relative to the other districts: 27.6% in West Oxfordshire, 27.5% in Cherwell, 27.3% in Vale of White Horse and 26.9% in South Oxfordshire.

Based on current trends in people aged 65 and over living alone, applied to Oxfordshire County Council's principal population projection, there could be around 40,700 older people living alone in the county by 2024 (an increase of 36% on the 2011 number).

In 2011 a third of occupants of one-person households in Oxfordshire had a long-term health problem or disability (33.3%). This was slightly lower than the proportions seen in the South East (35.9%) and England overall (38.6%). The proportions were broadly similar across districts.

Among people aged 65 and over living alone in Oxfordshire, over half had a long-term health problem or disability (54.2%, numbering 16,200).<sup>140</sup> This was similar to the proportion seen in the South East (54.9%) and slightly below that for England overall (59.6%). Again, proportions were broadly similar across districts.

#### **4.9. Further Information**

Further information relating to the Wider Determinants of Health chapter is available from the JSNA data directory at the following link:

<http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>.

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but not necessarily living alone. The assumption is that this ratio stays constant over the projection period. Further details of Oxfordshire County Council's population projections are at Appendix A.

<sup>140</sup> Census 2011, table DC1301EW: <https://www.nomisweb.co.uk>

## 5. Morbidity and Mortality

This section covers the prevalence of illnesses and diseases in Oxfordshire (morbidity) and causes of deaths (mortality).

### 5.1. Morbidity

#### 5.1.1. Diabetes

Diabetes mellitus affects 2.9 million people in the UK with a further million people likely to have the condition but not be aware of it. The majority of these will have Type 2 diabetes.

The Quality and Outcomes Framework (QOF) shows that in 2013/14 there were over 27,000 people aged 17 years and over diagnosed with Diabetes across GP practices in the Oxfordshire Clinical Commissioning Group area. This represents almost 5% of registered patients in that age group.<sup>141</sup> This was a similar proportion to the previous year. Oxfordshire percentages were lower than in the Thames Valley and England overall. This may be due to lower prevalence or low recording at GP practices.

#### 5.1.2. Cancer

The incidence of detected cancers has been increasing across all areas in people under the age of 75. This shows that Oxfordshire has a higher rate of incidence than the South East and England in both men and women, although it is no longer significantly higher in men. The higher rate may in part be explained by better ascertainment (diagnosis of 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. (Incidence of oral cancer is discussed separately, in section 6.7.2.)

You can explore the data using the interactive public health surveillance dashboard (indicators under Preventing Ill Health) on the Insight website:  
<http://insight.oxfordshire.gov.uk/cms/public-health-surveillance-dashboard>

#### 5.1.3. Circulatory Diseases

True prevalence of coronary heart disease and stroke are difficult to obtain but GP-recorded diagnoses provide a good estimate.<sup>142</sup> Within the GP-registered population in the Oxfordshire Clinical Commissioning Group area 2.6% have a recorded diagnosis of coronary heart disease (CHD) and 1.6% are recorded as having had a stroke or transient ischaemic attack (TIA) in 2013/14.<sup>143</sup> These proportions are similar to, or higher than, in the Thames Valley area, but significantly lower than in England overall.

<sup>141</sup> Quality and Outcomes Framework: <http://www.hscic.gov.uk/qof>.

<sup>142</sup> Quality and Outcomes Framework: <http://www.hscic.gov.uk/qof>.

<sup>143</sup> Quality and Outcomes Framework: <http://www.hscic.gov.uk/qof>.

You can explore the data using the interactive public health surveillance dashboard (indicators under Preventing Ill Health) on the Insight website:  
<http://insight.oxfordshire.gov.uk/cms/public-health-surveillance-dashboard>

#### 5.1.4. Mental Health

This section considers the prevalence of mental health problems and self-harm among adults and children. Suicide is discussed in section 5.2.7 Suicide.

##### *Personal Wellbeing (Annual Population Survey)*

The Office for National Statistics (ONS) began measuring personal wellbeing in April 2011, through the Annual Population Survey (APS).<sup>144</sup> Since then, the APS has included four questions which are used to monitor personal well-being in the UK:

- 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 give their answers on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely'. The average ratings for Oxfordshire in 2013/14 broadly reflect the regional and national picture, as shown in Figure 21 below. Similar ratings were seen across different parts of the county.

Figure 21: Average ratings of personal well-being 2013/14

	<b>Life satisfaction</b>	<b>Worthwhile</b>	<b>Happiness</b>	<b>Anxiety</b>
<b>United Kingdom</b>	7.51	7.74	7.38	2.93
<b>England</b>	7.49	7.73	7.37	2.94
<b>South East</b>	7.59	7.8	7.46	2.88
<b>Oxfordshire</b>	7.59	7.81	7.36	2.88

Source: ONS Personal Wellbeing in the UK 2013/14

##### *Indications of Depression and Anxiety (Understanding Society)*

<sup>144</sup> ONS Personal Wellbeing in the UK 2013/14: <http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/personal-well-being-in-the-uk--2013-14/index.html>. The APS includes responses from 165,000 people nationwide. Unlike other questions on the APS, people are asked the personal wellbeing questions directly and no one else in the household is allowed to respond on their behalf. The APS is a household survey, and after weighting, the APS Personal Wellbeing dataset provides a representative sample of adults (aged 16 and over) living in residential households in the UK.



Understanding Society, a nationwide survey, estimated that in 2011/12 around one in five (18.6%) people aged 16 and over in the UK showed some indications of depression or anxiety.<sup>145</sup> Although, there was no significant difference from the previous year's figure there has been an increase since 2009/10, when 18% showed indications of depression or anxiety. The proportion was similar to that seen in the South East overall (18.2%).

Indications of depression or anxiety were higher among women (21.6%) than men (15.5%). Higher rates were also seen among people aged between 25-44 (21.3%) and 16-24 (19.9%).

### *Adult Psychiatric Morbidity*

The most recent adult psychiatric morbidity survey (conducted in 2007) indicated rates of mental disorder among all people in England aged 16 or over, as shown in Figure 22 below.<sup>146</sup>

Figure 22: Rates of mental disorder in England

Disorder Category	Rate in 2007 (adults aged 16+)	Trends 2000-2007 (16-74 year olds)	Trends 1993-2000 (16-64 year olds)
Common mental disorders (including different types of depression and anxiety)	15.1% (7.5% likely to warrant treatment)	No change*	Increased*
Current posttraumatic stress disorder	3%	N/A	N/A
Suicidal thoughts	16.7%	Increase	N/A
Suicide attempts	5.6%	No change	N/A
Self-harm	4.9%	Increased	N/A
Psychosis	0.4%	No change	N/A
Antisocial and borderline personality disorders	0.3%	No change	N/A
Attention deficit hyperactivity disorder characteristics	8.2%	N/A	N/A
Eating disorder	6.4%	N/A	N/A
Alcohol misuse (hazardous drinking)**	24.2%	N/A	N/A
Alcohol dependence**	5.9%	Decrease	N/A

<sup>145</sup> Measuring National Wellbeing, Domains and Measures – September 2013 (ONS): <http://www.ons.gov.uk/ons/rel/wellbeing/measuring-national-well-being/domains-and-measures---september-2014/index.html>. It should be noted that not everybody showing some indications of depression or anxiety would describe their condition in this way, and some problems are likely to be short term

<sup>146</sup> *Adult psychiatric morbidity in England, 2007*: <http://www.hscic.gov.uk/catalogue/PUB02931/adul-psyc-morb-res-hou-sur-eng-2007-rep.pdf>

Drug use**	9.2%	No change*	Increased*
At risk of problem gambling	3.2%	N/A	N/A

Source: Adult psychiatric morbidity in England, 2007

\* Differences calculated for 16-74 year olds.

\*\* Alcohol and drug misuse is discussed further in sections 6.3 Alcohol and 6.4 Drugs.

Just under a quarter of adults in England screened positive for at least one of the conditions included in the study. Of those with at least one condition 68.7% met the criteria for *only* one condition, 19.1% met the criteria for two conditions and 12.2% met the criteria for three or more conditions. Numbers of identified conditions were not significantly different for men and women.

### *Mental Health Diagnoses (GP Quality and Outcomes Framework)*

According to the Quality and Outcomes Framework, in 2013/14 around 37,000 (6.6% of) patients aged 18 and over registered with GPs in the Oxfordshire Clinical Commissioning Group area had an unresolved diagnosis of depression.<sup>147</sup> The figure was up slightly from 6% in 2012/13. This was similar to the proportion in England overall (6.5%) and slightly above that for the Thames Valley area (6.1%).

In 2013/14 around 5,300 (0.8% of) patients of all ages had a record of serious mental illness, such as schizophrenia, bipolar affective disorder or other psychoses.<sup>148</sup> This was similar to the proportion in 2012/13 and those for the Thames Valley area and England overall (0.7% and 0.9%, respectively).

### *Section 136 Detentions*

Section 136 of the Mental Health Act enables the police to act if they believe that someone is suffering from a mental illness and is in need of 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.

In 2013/14 Thames Valley Police made 347 Section 136 detentions across Oxfordshire.<sup>149</sup> This represented an increase of 19% from the previous year. During the first eight months of the 2014/15 financial year there were 187 detentions.<sup>150</sup>

Across the county 44% of the detentions made between April 2012 and November 2014 were in Oxford. 36% were in Cherwell or West Oxfordshire. The remaining 20% were in South Oxfordshire or Vale of White Horse.

<sup>147</sup> Quality and Outcomes Framework: <http://www.hscic.gov.uk/qof>. This covers all patients aged 18 or over, diagnosed on or after 1 April 2006, who have an unresolved record of depression in their patient record.

<sup>148</sup> Quality and Outcomes Framework: <http://www.hscic.gov.uk/qof>.

<sup>149</sup> Data provided by Thames Valley Police in December 2014 from Thames Valley Police Crime Recording Systems CEDAR and NICHE. Other detentions may have been carried out by British Transport Police in Oxfordshire, which are not included in these numbers.

<sup>150</sup> Assuming similar numbers of detentions in each month, this gives a projected number of detentions for 2014/15 of about 280.

For detentions where information about age is available (just under 95% of the total) over four in ten were among those aged 25-44 (42%). Just under a quarter of the detentions were among those aged 18-24 (23.6%) similar to the proportion among the 45-64 age group (23.2%). 4.7% were detentions of under 18s, with 1.2% among 65 and overs.

For detentions where information about sex is available (representing 96% of all detentions) three in five were female and two in five were male.

### *Mental Health in Children*

There are relatively few data about prevalence rates for mental health disorders in pre-school age children.<sup>151</sup> A 2006 literature review of four studies looking at 1,021 children aged 2 to 5 years inclusive, found that the average prevalence rate of any mental health disorder was 19.6%.<sup>152</sup>

General prevalence estimates for mental health disorders in children aged five to 16 years have been estimated in a report by Green et al (2004).<sup>153</sup> Prevalence was found to vary by age and sex, with boys more likely to have experienced or be experiencing a mental health problem than girls (11.4% compared with 7.8%). Children aged 11 to 16 years were also found to be more likely than 5 to 10 year olds to experience mental health problems (11.5% compared with 7.7%).

Analysis of national surveys suggests that peak onset of mental ill health is 8-15 years and half of lifetime mental ill health starts by age 14.<sup>154</sup>

National-level research indicates higher incidence of mental health problems among children and young people with learning disabilities, looked after children, and children who are homeless or sleeping rough.<sup>155</sup>

#### **5.1.5. Self-harm**

Self-harm results in 98,000 inpatient admissions in England per year and 99% of these are emergency admissions.<sup>156</sup> In 2012/13 the rate of emergency hospital

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<sup>151</sup> CAMHS Needs Assessment: <http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=34>

<sup>152</sup> Egger, H. L. and Angold, A. (2006) Common emotional and behavioral disorders in preschool children: presentation, nosology, and epidemiology. *Journal of Child Psychology and Psychiatry*, 47 (3-4), 313–37.

<sup>153</sup> Green, H., McGinnity, A., Meltzer, H., Ford, T. and Goodman, R. (2004) *Mental health of children and young people in Great Britain, 2004*. Office for National Statistics. London, HMSO. Prevalence rates are based on the ICD-10 Classification of Mental and Behavioural Disorders with strict impairment criteria – the disorder causing distress to the child or having a considerable impact on the child's day to day life.

<sup>154</sup> House of Commons Health Committee's third report of the 2014-15 session: *Children's and adolescents' mental health and CAMHS*:

<http://www.publications.parliament.uk/pa/cm201415/cmselect/cmhealth/342/342.pdf>

<sup>155</sup> CAMHS Needs Assessment: <http://atlas.chimat.org.uk/IAS/profiles/profile?profileId=34>

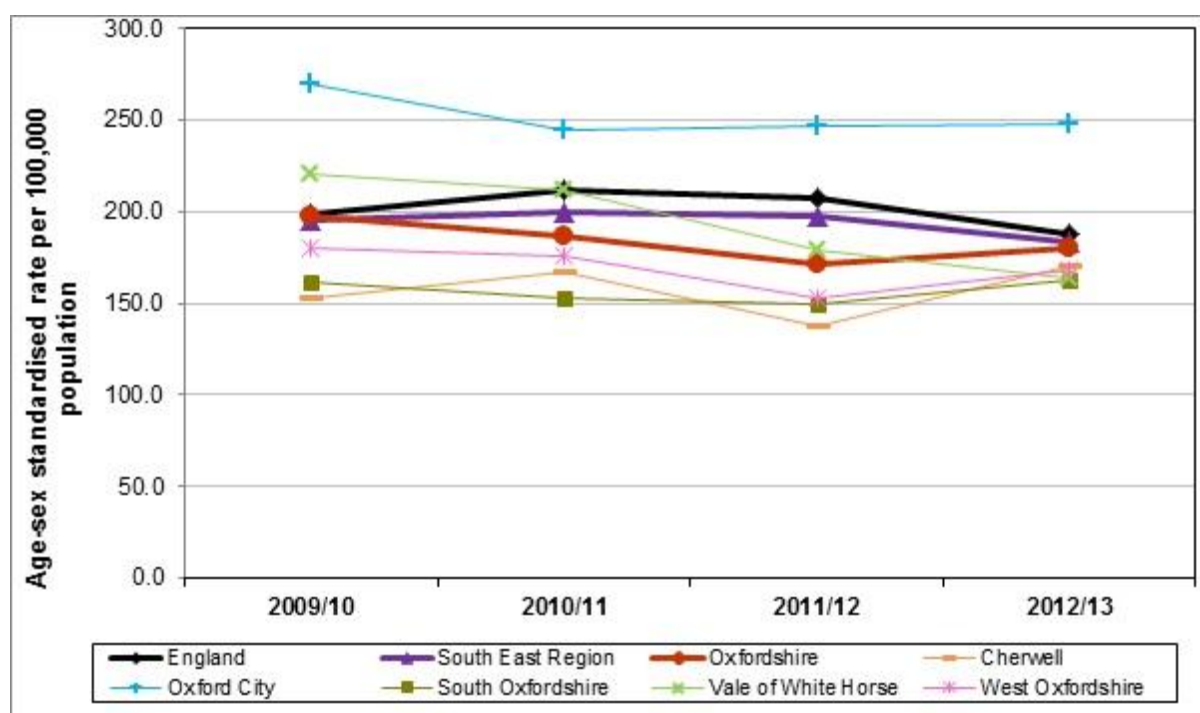
<sup>156</sup> Health and Social Care Information Centre Hospital Episode Statistics:  
<http://www.hscic.gov.uk/hes>

admissions for intentional self-harm Oxfordshire was 180 per 100,000 people.<sup>157</sup> This represents a slight increase on the previous year (171.7 people per 100,000). The figure was similar to rates in the South East (183) and England overall (187).

Across the county, the rate of emergency hospital admissions for intentional self-harm was higher in Oxford than in other districts (248 per 100,000 people, significantly worse than the rate for England).

Rates of emergency hospital admission in Oxford are significantly higher than Oxfordshire as a whole. The data in Figure 23 below do not include patients who attended Accident and Emergency (A&E) or Minor Injury Unit (MIU) but were not admitted to hospital; they are therefore likely to be an underestimate of the true rate of self-harm in the population.

Figure 23: Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 people (2009/10-2012/13)<sup>158</sup>



Source: Public Health England

### 5.1.6. Dementia

As of Autumn 2014, there were an estimated 8,300 people with dementia in Oxfordshire.<sup>159</sup>

<sup>157</sup> Public Health England Health Profiles: [http://www.apho.org.uk/default.aspx?QN=P\\_HEALTH\\_PROFILES](http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES).

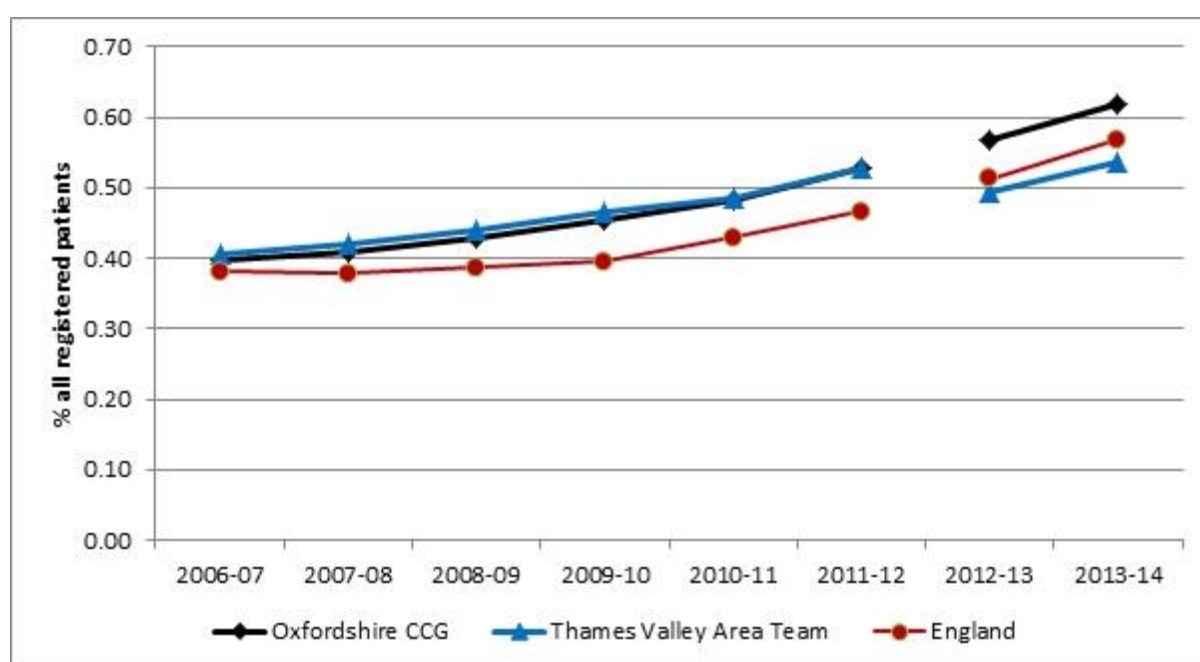
<sup>158</sup> This rate is calculated in relation to a hypothetical population, with a specified age and sex profile, to facilitate comparisons over time.

<sup>159</sup> Data provided by Oxfordshire Clinical Commissioning Group

Data in support of the Dementia Strategy and the Dementia Challenge are taken from Quality and Outcomes Framework (QOF) and are being collected on a monthly basis to support the Prime Minister's Dementia Challenge, which includes an ambition to improve the national diagnosis rate of dementia.

In 2013/14 the recorded prevalence of dementia stood at 0.6% of people registered with GPs in the Oxfordshire Clinical Commissioning Group area.<sup>160</sup> This was similar to the proportion in the Thames Valley area and in England overall. As shown in Figure 24 below, there has been a steady increase in recorded dementia diagnoses across all geographic areas.

Figure 24: Dementia diagnoses recorded by GPs in the Oxfordshire Clinical Commissioning Group area, Thames Valley and England (2006-07 to 2013-14)<sup>161</sup>



Source: Quality and Outcomes Framework

You can explore the data using the interactive public health surveillance dashboard (indicator under Preventing Ill Health) on the Insight website:

<http://insight.oxfordshire.gov.uk/cms/public-health-surveillance-dashboard>

Monthly data for April to August 2014 show that dementia diagnoses remained fairly static across this short time period, either showing no change or a slight decrease in numbers.

### 5.1.7. Other Conditions

#### Epilepsy

<sup>160</sup> Quality and Outcomes Framework: <http://www.hscic.gov.uk/qof>.

<sup>161</sup> Prior to 2012 data are for the Oxfordshire Primary Care Trust and South Central Strategic Health Authority, hence the break in the trend line.

In 2013/14 around 3,800 patients aged 18 and over of GP practices in the Oxfordshire Clinical Commissioning Group area were receiving drug treatment for epilepsy (representing 0.7% of GP patients in that age group).<sup>162</sup> This proportion was consistent with the previous year, and close to that for the Thames Valley area (0.7%) and England overall (0.8%).

### *Asthma*

In 2013/14 around 40,700 patients of GP practices in the Oxfordshire Clinical Commissioning Group area were registered as having asthma (representing 5.8% of GP patients).<sup>163</sup> The proportion was very slightly down from 6% in the previous year. It was similar to recorded prevalence in the Thames Valley (5.9%) and England overall (5.9%).

### *Hypertension*

In 2013/14 around 84,200 patients of GP practices in the Oxfordshire Clinical Commissioning Group area were recorded as having hypertension (representing 12% of GP patients).<sup>164</sup> The proportion was similar to the previous year and the Thames Valley area (12.1%). It was lower than recorded prevalence in England overall (13.7%).

### *Chronic Obstructive Pulmonary Disease (COPD)*

In 2013/14 around 8,800 patients of GP practices in the Oxfordshire Clinical Commissioning Group area were recorded as having COPD (representing 1.3% of GP patients).<sup>165</sup> The proportion was similar to the previous year and the Thames Valley area. It was lower than recorded prevalence in England overall (1.8%).

### *Tuberculosis (TB)*

Levels of TB in the UK have stabilised over the past 7-8 years. Despite considerable efforts to improve TB prevention, treatment and control, the incidence of TB in the UK is higher compared to most Western European countries.<sup>166</sup>

The rate of TB in Oxfordshire was 13 cases per 100,000 people in the period 2010-12. This remains lower than the averages for England and the region covering Oxfordshire, Buckinghamshire and Berkshire.<sup>167</sup> In the UK the majority of cases

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<sup>162</sup> Quality and Outcomes Framework: <http://www.hscic.gov.uk/qof>

<sup>163</sup> Quality and Outcomes Framework: <http://www.hscic.gov.uk/qof>. This excludes patients with asthma who have been prescribed no asthma-related drugs in the preceding 12 months.

<sup>164</sup> Quality and Outcomes Framework: <http://www.hscic.gov.uk/qof>

<sup>165</sup> Quality and Outcomes Framework: <http://www.hscic.gov.uk/qof>

<sup>166</sup> Given the importance of TB as a public health issue, it is one of the key priorities of Public Health England who are working to support local clinical, preventative and social care systems in the NHS, local government and wider health and social care systems to address TB in Oxfordshire.

<sup>167</sup> Public Health England, Health Protection Agency (HPA) Enhanced Tuberculosis Surveillance <https://www.gov.uk/government/collections/tuberculosis-and-other-mycobacterial-diseases-diagnosis-screening-management-and-data>

occur in urban areas amongst young adults, those coming in from countries with high TB burdens and those with a social risk of TB. This is reflected in the higher rate of TB in Oxford compared to other districts in the county.

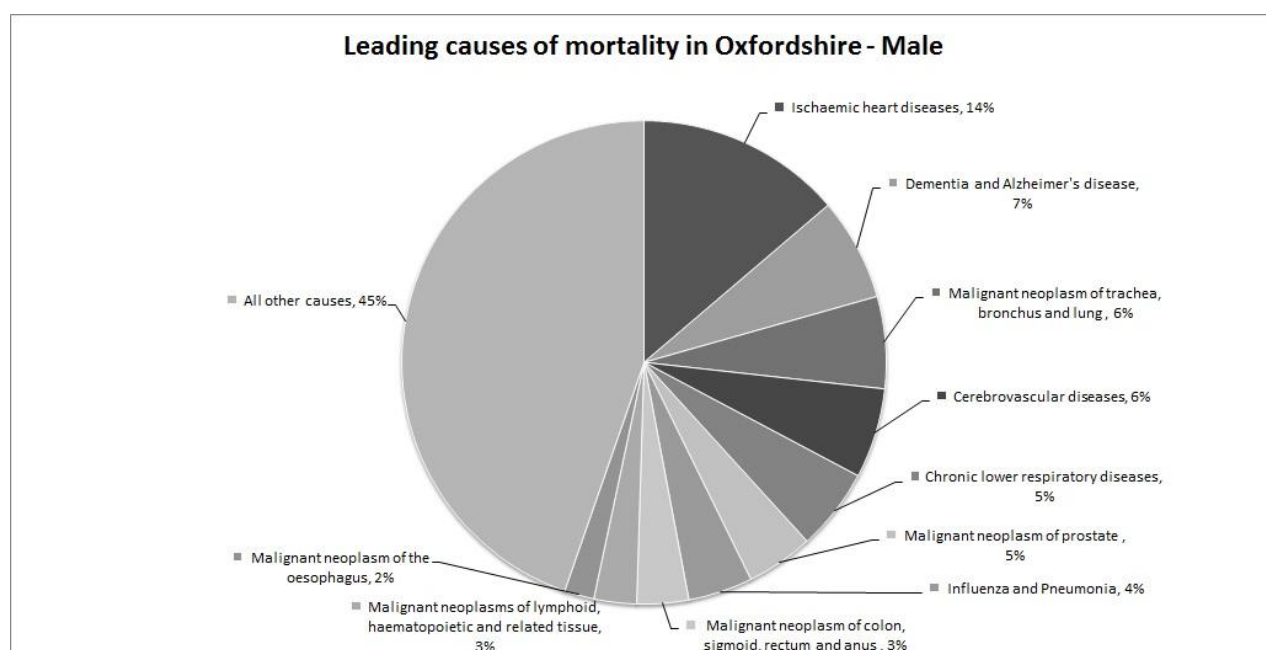
You can explore the data using the interactive public health surveillance dashboard (indicator under Health Protection) on the Insight website:

<http://insight.oxfordshire.gov.uk/cms/public-health-surveillance-dashboard>

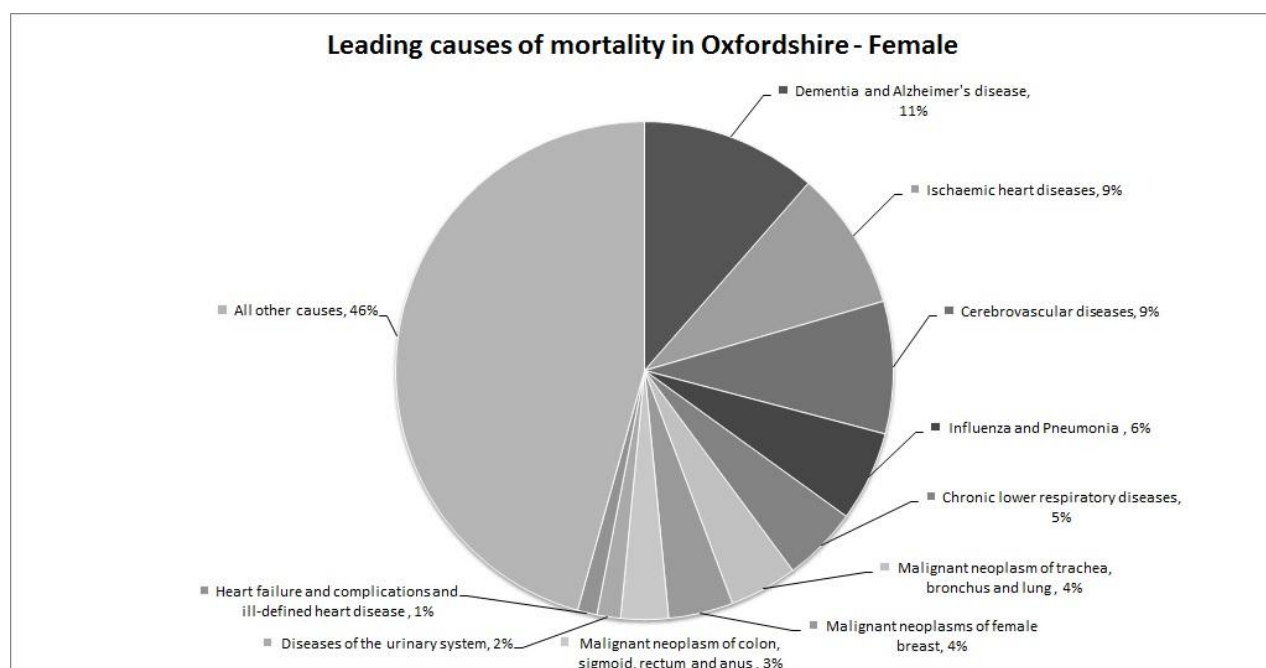
## 5.2. Mortality

Oxfordshire does not differ from the national picture in terms of leading causes of death in males and females.<sup>168</sup>

Figure 25: Main causes of mortality in Oxfordshire (male and female)



<sup>168</sup> ONS mortality data: <http://ons.gov.uk/ons/taxonomy/index.html?nscl=Mortality+Rates>



Source: Office for National Statistics mortality statistics

### 5.2.1. Cancer

In 2010-2012 there were over 2,000 deaths in Oxfordshire from all types of cancer in people under the age of 75 years.<sup>169</sup> For male residents the cancer mortality rate for this age group was 109.8 deaths per 100,000 men and boys under the age of 75. This rate remains significantly lower than the England average (117.3). In female residents the mortality rate was 92.6. It is no longer significantly lower than the England average (97) and data for 2010-12 indicate a slight upward turn.

Across all age groups, cancers of the lung, bowel, breast and prostate accounted for almost half (46%) of all cancer deaths in the UK in 2012.<sup>170</sup> The proportion was slightly lower in Oxfordshire at 43% but these remain the major causes of cancer mortality in the county.<sup>171</sup>

### 5.2.2. Circulatory Diseases

The main cause of male mortality in Oxfordshire is Ischaemic Heart Disease (IHD) representing almost 14% of all male deaths in 2010-2012 (slightly lower than the proportion for England overall, of 16%).<sup>172</sup> For women IHD is the second leading cause of death, representing approximately 9% of all female deaths (the same proportion as in England overall).

Cerebrovascular diseases accounted for significant minorities of all deaths in 2010-2012: 6% of all male deaths and 8% of all female deaths, numbering almost 1,200 in total. These proportions were the same as those in England overall.

<sup>169</sup> ONS mortality data: <http://ons.gov.uk/ons/taxonomy/index.html?nscl=Mortality+Rates>

<sup>170</sup> Cancer Research UK: <http://www.cancerresearchuk.org/cancer-info/cancerstats/mortality/>

<sup>171</sup> Health & Social Care Information Centre (H&SCIC): <https://indicators.ic.nhs.uk/webview/>

<sup>172</sup> ONS mortality data: <http://ons.gov.uk/ons/taxonomy/index.html?nscl=Mortality+Rates>



### 5.2.3. Dementia

For women the leading cause of death was Dementia and Alzheimer's disease representing just over 11% of female deaths in 2010-12.<sup>173</sup> For men, it was the second leading cause of death, representing just under 7% of all deaths in 2010-12.

### 5.2.4. Smoking attributable mortality

Smoking remains the biggest single cause of preventable mortality and morbidity in the world.<sup>174</sup> It was estimated in 2013 that smoking accounted for 1 in 6 of all deaths in England.<sup>175</sup>

Because of the significant inequalities in smoking related deaths, smoking attributable mortality figures are included in the Local Tobacco Profiles produced by Public Health England (PHE). The latest figures (based on 2011-13) indicate that Oxfordshire had a significantly lower mortality rate than the national average, with a directly standardised rate of 230.7 per 100,000, compared to 288.7 for England. However the rate in Oxford was higher than the rest of Oxfordshire.

You can explore the data using the interactive public health surveillance dashboard (indicator under Mortality) on the Insight website:  
<http://insight.oxfordshire.gov.uk/cms/public-health-surveillance-dashboard>

### 5.2.5. Excess winter deaths

The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature.<sup>176</sup> Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population.

For the three-year period from August 2009 to July 2012, there were an estimated 938 excess winter deaths in Oxfordshire.<sup>177</sup> This was similar to surrounding areas in the South East region and the national average.

### 5.2.6. Killed and Seriously Injured

The latest 3-year rolling data for 2011-2013 show a rate of 49.9 people per 100,000 being killed and seriously injured on Oxfordshire roads<sup>178</sup> Despite a downward trend in the number of people killed or seriously injured on Oxfordshire's roads since the turn of the century, the county has a significantly higher rate than in the South East

<sup>173</sup> ONS mortality data: <http://ons.gov.uk/ons/taxonomy/index.html?nscl=Mortality+Rates>

<sup>174</sup> World Health Organisation report on Global Tobacco Epidemic 2009

<sup>175</sup> Health and Social Care Information Centre Statistics on Smoking 2013:  
<http://www.hscic.gov.uk/catalogue/PUB11454/smok-eng-2013-rep.pdf>

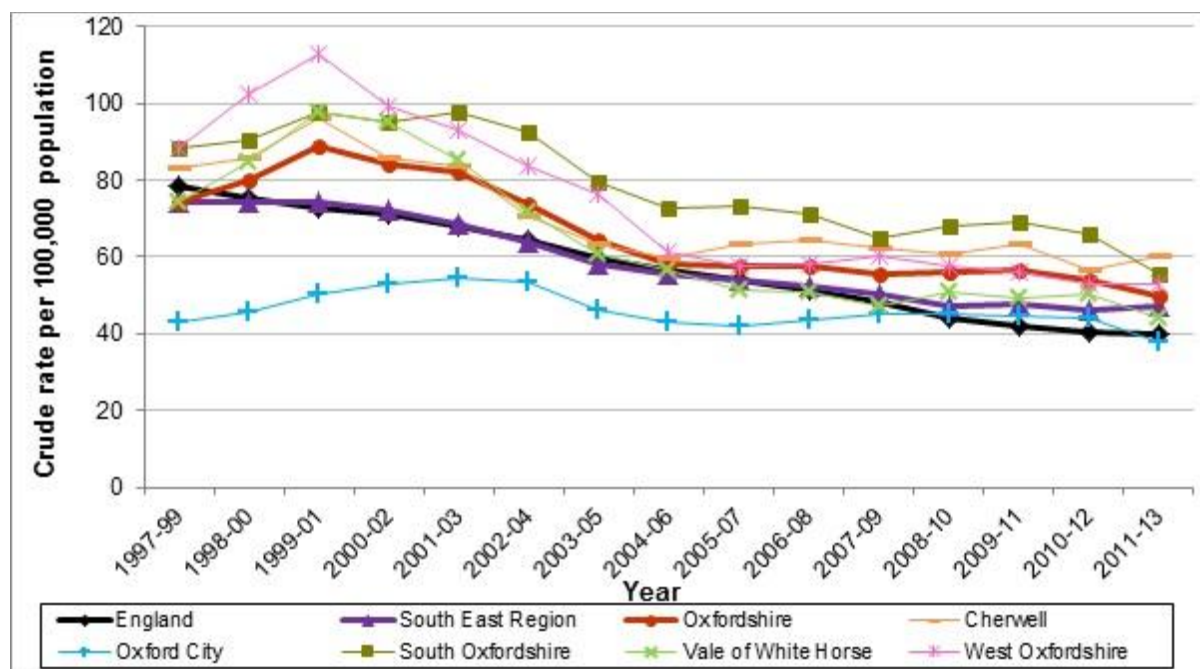
<sup>176</sup> Public Health Outcomes Framework: <http://www.phoutcomes.info/>

<sup>177</sup> Public Health Outcomes Framework, indicator 4.15iii: <http://www.phoutcomes.info/>: The Excess Winter Deaths (EWD) Index expresses the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths based on the average of the number of non-winter deaths.

<sup>178</sup> Public Health England Outcomes Framework, indicator 1.10: <http://www.phoutcomes.info/>. These data report accidents by place; the people involved will often not be Oxfordshire residents. The data do not differentiate between deaths and serious injuries.

(47) and England overall (39.7). This is shown in Figure 26 below. It is due to relatively high rates in Cherwell, South Oxfordshire and West Oxfordshire, reflecting the nature of roads in these parts of the county.<sup>179</sup>

Figure 26: Crude rate per 100,000 people of people killed or seriously injured on the roads (1997-2013 3-year rolling data)



Source: Public Health England

Further information obtained from Oxfordshire County Council road traffic accident casualty data shows that in 2013:

- The number of fatal accidents was 19, lower than in 2012 (28). The majority of these (14) were to motorcycle or car drivers. Three were car passengers, one was a pedestrian, and one was a cyclist.
- The number of people seriously injured was slightly higher in 2013 than in 2012 (308 in 2013, 279 in 2012).
- Both serious and slight injuries among children were lower than previous years but one child was killed on Oxfordshire roads in 2013.<sup>180</sup>

### 5.2.7. Suicide

In 2010-12 the rate of suicide in Oxfordshire was 8.5 people per 100,000.<sup>181</sup> This was similar to rates seen across the South East (8.4) and England overall (8.5). The number of suicides reduced to 47 in 2012 from 55 in 2011.

<sup>179</sup> Since motorways and major trunk roads in these districts are used by drivers from all over the country, and the data show injuries and deaths on these roads for all road users and pedestrians, higher rates are not thought to be related to the behaviour of the resident population.

<sup>180</sup> Oxfordshire County Council road casualties statistics:  
<https://www.oxfordshire.gov.uk/cms/content/road-casualties>

The suicide rate in men is three times that in women, similar to the national picture. In Oxfordshire the suicide rate in men is comparable to surrounding areas and the national rate. Generally, rates in younger people have decreased and rates in older people have increased. The highest risk group is men aged 45-59.

Because of the small numbers involved, it is difficult to establish clear patterns in suicide rates over time or across different parts of the county.

### **5.3. Further Information**

Further information relating to the Morbidity and Mortality chapter is available from the JSNA data directory at the following link:

<http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>.

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<sup>181</sup> Public Health Outcomes Framework, indicator 4.10: <http://www.phoutcomes.info/>

## 6. Lifestyles

This section presents data on lifestyle factors affecting the health and wellbeing of people in Oxfordshire.

### 6.1. Excess Weight and Obesity

#### 6.1.1. Excess Weight in Adults

Excess weight in adults is recognised as a major determinant of premature mortality and avoidable ill health. The Active People Survey began including questions on height and weight for the first time from January 2012 to enable the monitoring of excess weight in adults at a local level.<sup>182</sup>

Self-reported data for 2012 indicated that almost 61% of Oxfordshire's adult population were overweight or obese. This was significantly lower than the national average (64%). Data for the districts indicated similar levels except in Oxford where the proportion is slightly lower at 55%.

#### 6.1.2. Obesity in Children

Being obese or overweight can increase the risk of developing a range of serious diseases in later life. Children in Reception year and Year 6 have been measured in schools since 2006/7 under the National Child Measurement Programme (NCMP). The latest data available are for the school year 2013/14.<sup>183</sup>

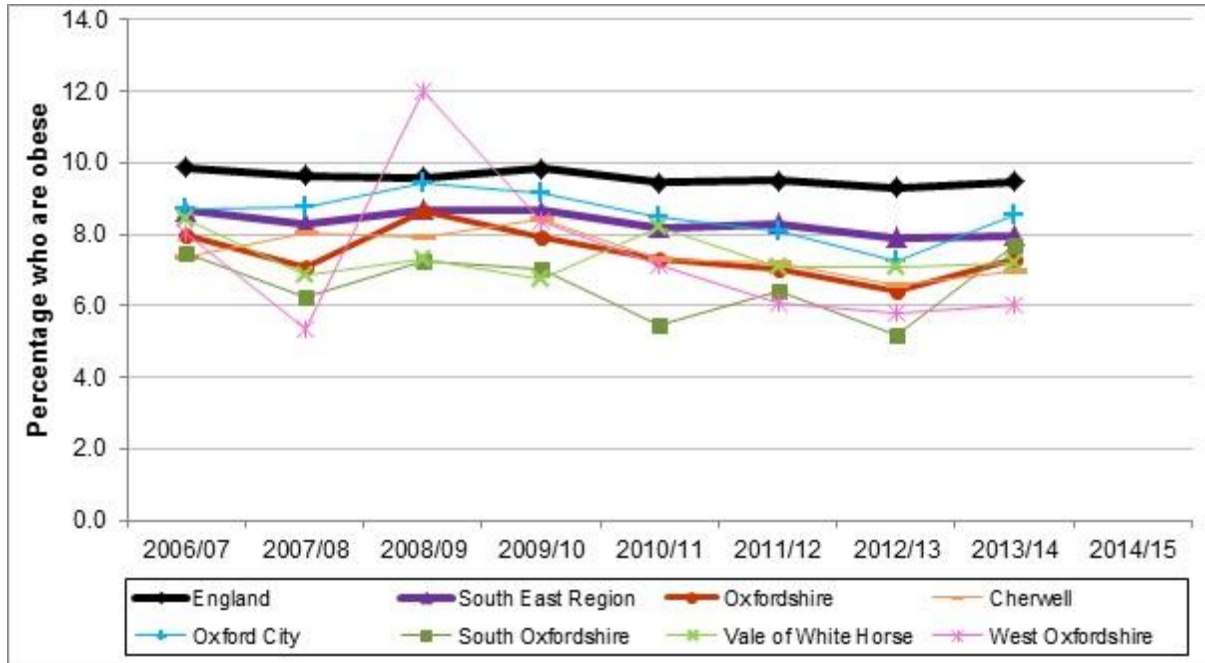
Prevalence of obesity among children in Reception Year has remained fairly stable, with some fluctuation at a district level. Oxfordshire has a significantly lower rate of obesity among reception-age school-children than England overall.

Figure 27: Obesity among Children in Reception year

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<sup>182</sup> Public Health Outcomes Framework, indicator 2.12: <http://www.phoutcomes.info/>. Adults are defined as overweight (including obese) if their body mass Index (BMI) is greater than or equal to 25kg/m<sup>2</sup>. As this is the first year of recorded data it is not possible to examine trends.

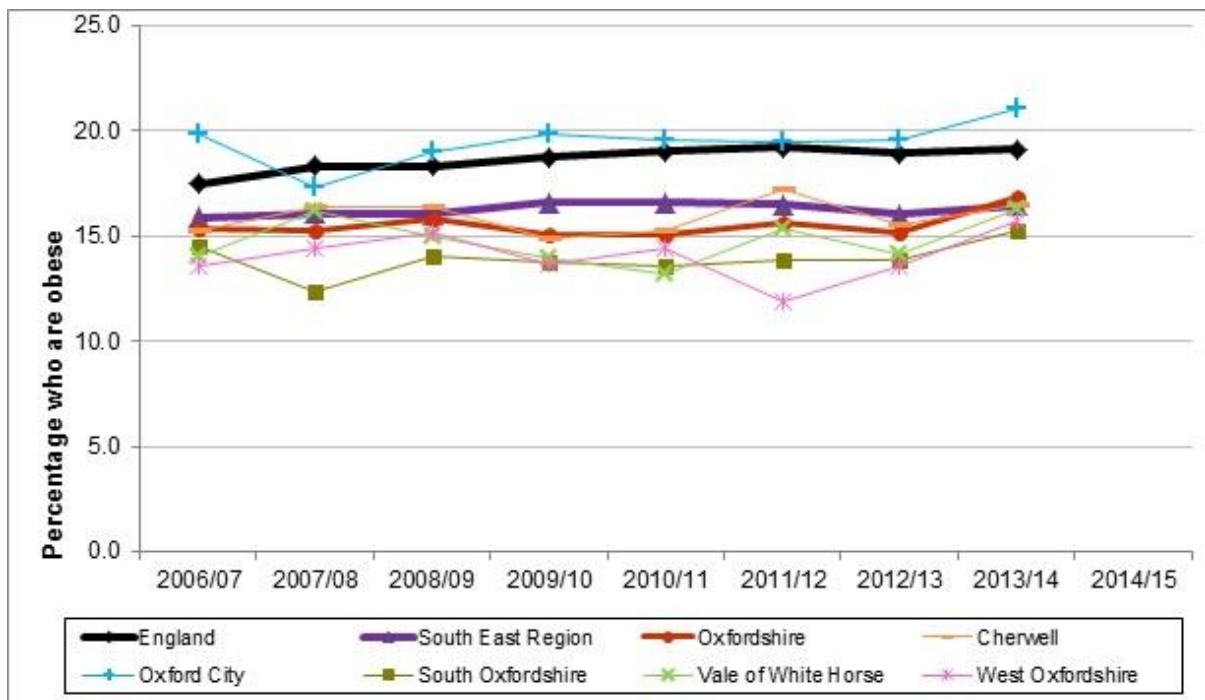
<sup>183</sup> National Child Measurement Programme: <http://www.hscic.gov.uk/ncmp>



Source: National Child Measurement Programme

Children in Year 6 have a higher prevalence of obesity than those in Reception year. Trends for children in Year 6 indicate that prevalence of childhood obesity is rising nationally. The trend for Oxfordshire was steady until recently: data for 2013/14 indicates an increase but it is too early to know if this reflects a new trend. The current level of obesity among this age group remains lower in Oxfordshire than in England. However, there is some fluctuation across the districts, and Oxford has a significantly higher obesity rate in Year 6 children than the county as a whole.

Figure 28: Obesity among Year 6 children



Source: National Child Measurement Programme

As in previous years, a strong positive relationship exists nationally between deprivation and obesity prevalence for children in each school year. The obesity prevalence among Reception Year children attending schools in areas in the most deprived decile was 12% compared with 6.6% among those attending schools in areas in the least deprived decile.

The NCMP also reveals substantial variation in childhood obesity prevalence between ethnic groups at a national level. Obesity prevalence was significantly higher than national average for children in both school years in ethnic groups 'Asian or Asian British', 'Any Other Ethnic Group', 'Black or Black British' and for the 'Mixed' ethnic group. Obesity prevalence was significantly lower than the national average for children in both Reception and Year 6 in the 'White' ethnic group and for 'Chinese' in Reception.

### **6.1.3. Physical Activity**

People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared with those who have a sedentary lifestyle.<sup>184</sup> Physical inactivity has been linked to a range of other health conditions, including diabetes and some cancers; it is estimated to be responsible for a significant proportion of premature all-cause mortality.<sup>185</sup> The Chief Medical Officer currently recommends that adults undertake 150 minutes (2.5 hours) of moderate activity per week in stints of 10 minutes or more.

In 2013 62% of those aged 16 years and over in Oxfordshire achieved at least 150 minutes of physical activity per week.<sup>186</sup> This was similar to the level for the previous year (60%). The proportion was similar to the South East (58%) and significantly higher than in England overall (56%).

Across the county, proportions varied from 59% in West Oxfordshire to 66% in Vale of White Horse. However, these differences from the county average were not statistically significant.

Those who do less than 30 minutes of at least moderate intensity physical activity per week are classed as 'physically inactive'. In 2013 23% of people aged 16 years and over in Oxfordshire were physically inactive. This was similar to the previous year (22%). The proportion was significantly lower than in the South East (27%) and

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<sup>184</sup> Public Health Outcomes Framework: <http://www.phoutcomes.info/>.

<sup>185</sup> See, for example, Ekelund et al. (2015). Physical activity and all-cause mortality across levels of overall and abdominal adiposity in European men and women: the European Prospective Investigation into Cancer and Nutrition Study (EPIC). *American Journal of Clinical Nutrition*: <http://ajcn.nutrition.org/content/early/2015/01/14/ajcn.114.100065.full.pdf+html>; *Making the Case for Physical Activity*: (British Heart Foundation National Centre, 2013): <http://www.bhfactive.org.uk/resources-and-publications-item/40/419/index.html>

<sup>186</sup> Public Health Outcomes Framework, indicator 2.13i: <http://www.phoutcomes.info/>. Until more years of data become available it is not possible to say whether or not physical activity participation is increasing.

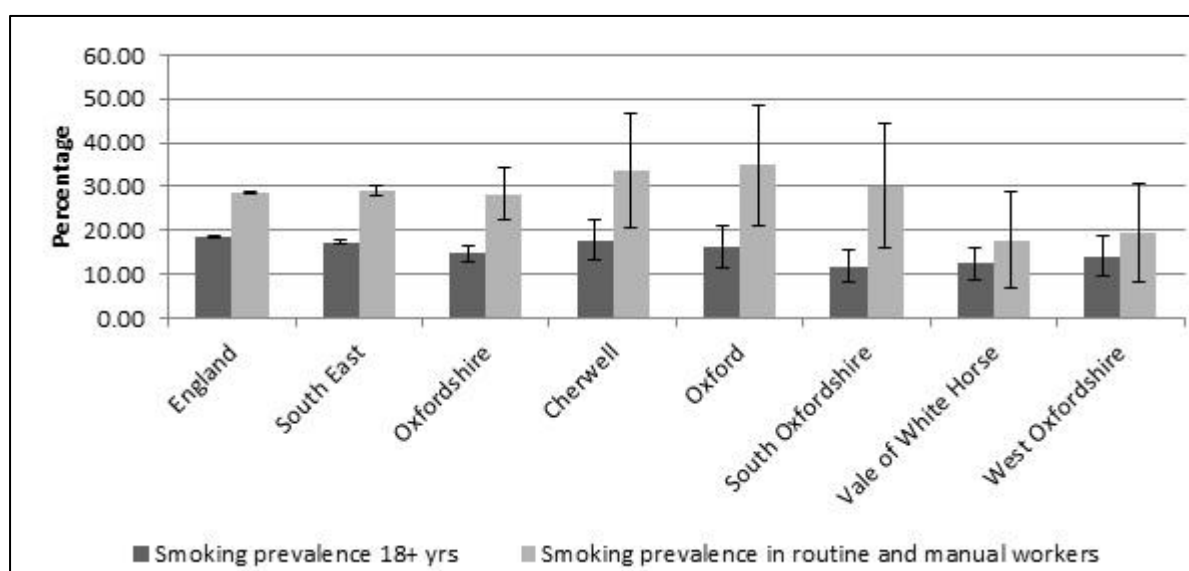
England overall (29%). According to the publication "Turning the Tide of Inactivity" Oxfordshire has the 9<sup>th</sup> lowest level of inactivity of 150 local authorities.<sup>187</sup>

## 6.2. Smoking

Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease.

In 2013 smoking prevalence in Oxfordshire was estimated to be 14.7%.<sup>188</sup> This has been declining since 2010 (when it was 18.5%). Prevalence in Oxfordshire was significantly lower than in the South East (17.2%) and England overall (18.4%). However, prevalence among those in routine and manual employment was much higher at 28% (similar to the average for England).

Figure 29: Smoking prevalence



Source: Public Health England

The ONS Opinions and Lifestyle, Smoking Habits Amongst Adults Survey (2013) found that, across England, adult smokers were more likely to be unmarried, unemployed, working in routine and manual occupations, or have lower level educational qualifications<sup>189</sup>

### Children

<sup>187</sup> Turning the Tide of Inactivity (2014): <http://www.ukactive.com/turningthetide/>

<sup>188</sup> Public Health Outcomes Framework, indicator 2.14: <http://www.phoutcomes.info/>

<sup>189</sup> Opinions and Lifestyle, Smoking Habits Amongst Adults Survey 2013 carried out by the Office for National Statistics: <http://www.ons.gov.uk/ons/rel/ghs/opinions-and-lifestyle-survey/adult-smoking-habits-in-great-britain--2013/stb-opn-smoking-2013.html>

In 2012 less than a quarter of 11-15 year old pupils reported that they had tried smoking at least once.<sup>190</sup> At 22% this is lowest level recorded since data were first collected in 1982, and continues a decline seen since 2003, when 42% of pupils had tried smoking.

### *Mothers*

In 2013/14 9.3% of mothers in Oxfordshire were recorded as smokers at the time of delivery.<sup>191</sup> This was significantly lower than the proportion in 2012/13 (12.7%) and continues a steady year-on-year declining trend. It was also lower than the equivalent proportion in England (12%).

## **6.3. Alcohol**

### **6.3.1. Alcohol Consumption**

The health harms associated with alcohol consumption are widespread, with around 9 million adults in England drinking at levels that pose some risk to their health.<sup>192</sup>

Public Health England produces local alcohol profiles for lower tier local authorities in England.<sup>193</sup> In 2012/13 the directly age-standardised rates for alcohol-specific hospital admissions in both male and female residents were relatively high in Oxford: 654.5 male admissions per 100,000 in the population; and 286.2 female admissions. These were significantly above the rates for the Thames Valley area and England. All other districts of the county had similar or, in many cases, significantly lower, rates relative to the regional and national averages.

In three of the districts (Cherwell, South Oxfordshire and West Oxfordshire) there has been a declining trend in under 18 alcohol-specific hospital admissions over the four years from 2008/9 to 2012/13. In Oxford and Vale of White Horse numbers have remained fairly stable over the period.

### **6.3.2. Alcohol Treatment**

The National Drug Treatment Monitoring System includes information on individuals who were in treatment during 2013/14 and who cited alcohol as their primary problematic substance.<sup>194</sup>

Structured alcohol treatment mostly takes place in the community, near to users' families and support networks. However, a stay in residential rehabilitation is

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<sup>190</sup> Smoking, Drinking and Drug Use among Young People Survey 2013: <http://www.hscic.gov.uk/catalogue/PUB14579>

<sup>191</sup> Public Health Outcomes Framework, indicator 2.03: <http://www.phoutcomes.info/>

<sup>192</sup> Local Alcohol Profiles for England: <http://www.lape.org.uk/>

<sup>193</sup> Local Alcohol Profiles for England: <http://www.lape.org.uk/>. Alcohol-specific conditions include those conditions where alcohol is causally implicated in all cases (100%) of the condition; for example, alcohol-induced behavioural disorders and alcohol-related liver cirrhosis.

<sup>194</sup> National Drug Treatment Monitoring System: <https://www.ndtms.net/WhatWeAre.aspx>



appropriate for the most serious cases. In Oxfordshire 9% of adults within treatment had attended residential rehab during their latest period of treatment (compared to 4% in England).

Keeping waiting times low is thought to play a vital role in supporting recovery from alcohol dependency. 96% of individuals waited under three weeks to start treatment in Oxfordshire compared to 93% in England.

#### **6.4. Drugs**

Drugs are known to have a variety of damaging effects on both physical and mental health and wellbeing.<sup>195</sup> In 2012/13 there were around 1,700 people aged 18 and over in drug treatment in Oxfordshire.<sup>196</sup> According to the latest estimates (for 2011/12) around half of opiate and crack users in the county are in treatment.<sup>197</sup>

#### **6.5. Drug and Alcohol Use among Young People**

The Young People's Drug and Alcohol Service provides treatment and support for young people aged up to 19 across Oxfordshire, as well as supporting those affected by their parent's or family member's substance misuse.

In 2013/14 there were 68 young people in specialist substance misuse services, 43 of whom were new presentations during the year.<sup>198</sup> As mentioned above, not all of these will be substance users themselves, but may instead have parents or family members who are.

Cannabis was the main substance involved (cited for 59 individuals) with alcohol next (39 individuals). 29 individuals cited both cannabis and alcohol.

In terms of completion, 78% were planned exits (compared to 79% nationally). This is broken down further into two categories:

- treatment completed - drug free (36% in Oxfordshire, compared to 33% nationally)
- treatment completed - occasional user (42% in Oxfordshire, compared to 45% nationally)

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<sup>195</sup> This includes, for example, links between injecting drugs and incidence of hepatitis C and bacterial infections, as evidenced in a 2014 report from Public Health England, *Shooting Up: infections among people who inject drugs in the UK* <https://www.gov.uk/government/publications/shooting-up-infections-among-people-who-inject-drugs-in-the-uk>

<sup>196</sup> National Drug Treatment Monitoring System: <https://www.ndtms.net/WhatWeAre.aspx>

<sup>197</sup> Public Health England prevalence estimates for opiate and/ or crack cocaine use: <http://www.nta.nhs.uk/facts-prevalence.aspx>

<sup>198</sup> Data extracted from Public Health England's Activity Report, Q4 2013/14

## 6.6. New Psychoactive Substances

The Office for National Statistics published numbers of deaths in the UK which involved new psychoactive substances (so called 'legal highs') in the period from 2011 to 2013.<sup>199</sup> Nationally, deaths increased from 29 in 2011 to 52 in 2012, and again to 60 in 2013. These figures indicate the risks of new psychoactive substances.

The European Monitoring Centre for Drugs and Drug Addiction (EMCDDA) and Europol implemented an early warning system across Europe in 1997 to facilitate the sharing of information about new substances between EU countries. Since 2007 growing numbers of new psychoactive substances have been discovered and reported each year, from 15 in 2007 to 81 in 2013.<sup>200</sup>

## 6.7. Oral Health

### 6.7.1. Tooth Decay

Poor oral health can have important physical and psychological effects for both children and adults, including pain, sleeplessness and poor dietary intake.<sup>201</sup>

Population groups at high risk of oral diseases include:

- Older people
- People with mental illness
- Prisoners
- Homeless people
- People with drug and alcohol problems
- People with learning disabilities
- People who use tobacco

In 2011/12 the proportion of five year old children with some tooth decay experience in Oxfordshire was 32.9%.<sup>202</sup> This represented an increase from 25.7% in 2007/8. It was higher than the proportion for England overall (27.9%) but similar to that for the Thames Valley.

Across the county fewer than two in ten five year olds in South Oxfordshire and Vale of White Horse had some tooth decay experience in 2011/12 (15% and 19%

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<sup>199</sup> Deaths Related to Drug Poisoning in England and Wales (ONS, 2013):

[http://www.ons.gov.uk/ons/dcp171778\\_375498.pdf](http://www.ons.gov.uk/ons/dcp171778_375498.pdf)

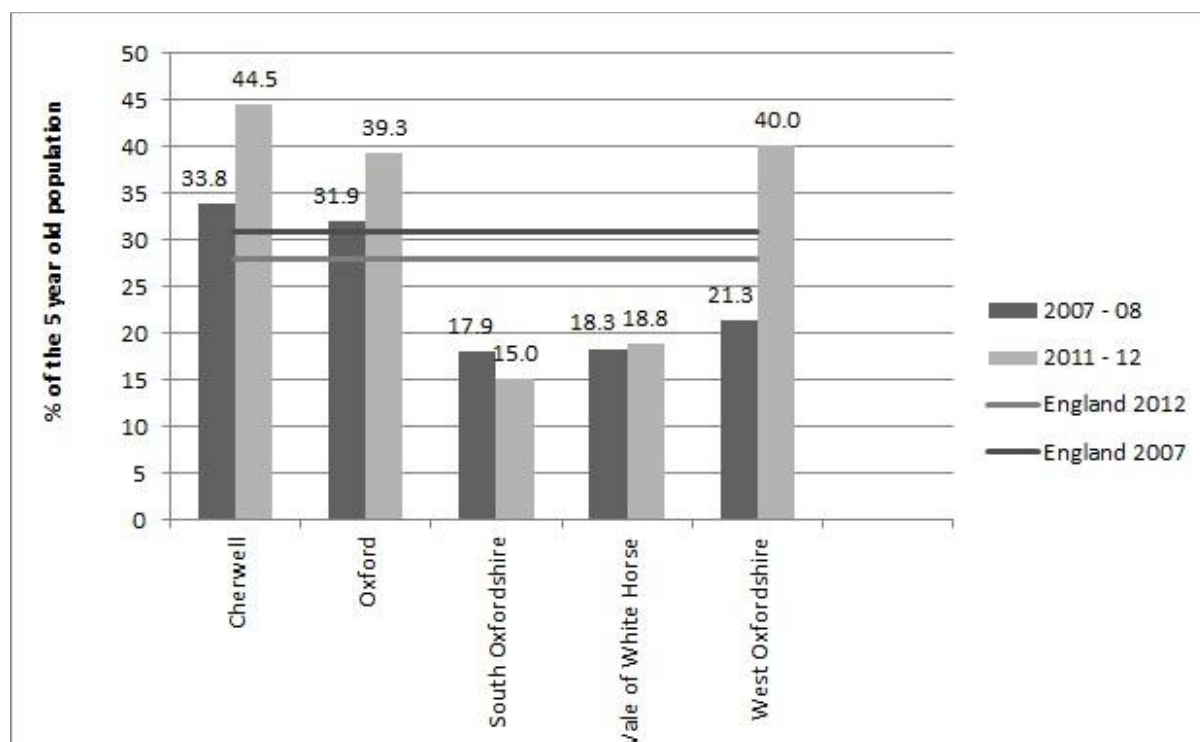
<sup>200</sup> EMCDDA-Europol 2013 Annual Report on the implementation of Council Decision 2005/387/JHA: <http://www.emcdda.europa.eu/publications/implementation-reports/2013>

<sup>201</sup> Data and analysis in this section have been provided by Public Health England.

<sup>202</sup> Public Health England National Dental Epidemiology Oral Health Survey, 2012. Since 2007/08 the sample size has been smaller due to a change in the consent method: under positive consent parents are now required to give consent for their child to take part in the survey. If no consent is given the child is not examined.

respectively). However, the proportions in other districts were above the county average: 39% in Oxford, 40% in West Oxfordshire (which saw a significant increase between 2007/8 and 2011/12) and 45% in Cherwell.

Figure 30: Proportion of 5 year olds with some tooth decay experience (d3mft>0) by lower tier local authority in Thames Valley



Source: Public Health England National Dental Epidemiology Oral Health Surveys

Children from routine and manual backgrounds experience higher levels of decay than those from managerial and professional backgrounds.

Nationally, rates of tooth decay among adults have fallen from 46% in 1998 to 30% in 2009. However, some adults remain at greater risk of oral disease, including those who are:

- living in deprived conditions
- reliant on others for support/care
- not attending the dentist regularly
- smoking or drinking heavily

More people are keeping their own teeth into old age: the proportion of 65-75 year olds in England with their own teeth increased from 26% in 1979 to 84% in 2009. However, as the older population increases so will number living with long-term conditions, which can increase their risk of oral diseases. People retaining their own teeth into old age require more complex care to maintain their teeth and oral health

### 6.7.2. Oral Cancer

Oral cancer rates are rising. There were less than 4000 cases in England in 2012 but this is increasing. Oral cancer is more common in men but differences are reducing as lifestyles of men and women become more similar.

### **6.8. Sexually Transmitted Infections (STIs)**

In 2013 Oxfordshire had a rate of 720.8 STIs per 100,000 people.<sup>203</sup> This was below the rate for England (834.2) but significantly higher rate than in the Thames Valley area (640.5).

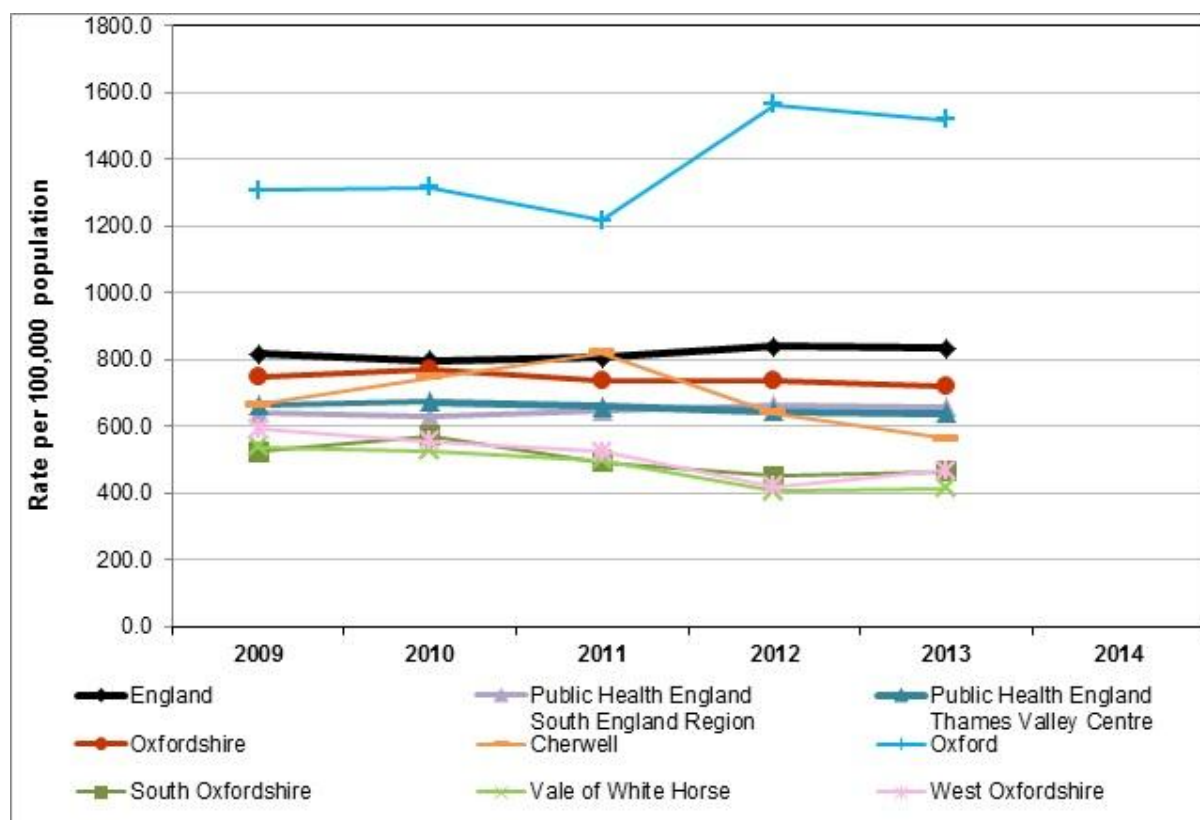
Below county level it can be seen that the high rate is driven by Oxford. The reasons for this are complex and are currently being investigated. It may be influenced by the proportionally larger younger population in Oxford, given that younger people tend to have riskier sexual behaviour. In addition, individuals who do not provide their residential postcode are allocated the postcode of the GUM clinic they attend, which would either be in Oxford or Banbury.

Figure 31: Rate of diagnosis of acute sexually transmitted infections (STIs) per 100,000 people (2009 to 2013)<sup>204</sup>

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<sup>203</sup> Public Health England STI Statistics: <https://www.gov.uk/government/collections/sexually-transmitted-infections-stis-surveillance-data-screening-and-management>

<sup>204</sup> All acute STIs include chlamydia infection. Chlamydia diagnoses from GUM services that were reported as previously diagnosed at another service have been excluded from data from 2012. These diagnoses have been reported via Chlamydia Testing Activity Dataset and are already included in the community services' chlamydia data. As a result, GUM services' chlamydia data from 2012 are not comparable to data from previous years. Data are shown for trend purposes only.



Source: Public Health England

From the chart it is not possible to see which STIs or population groups may be causing the rate to be high. However, nationally the most commonly diagnosed STI in 2013 was chlamydia. The impact of STIs remains greatest in young heterosexuals under the age of 25 years and in men who have sex with men (MSM).

Gonorrhoea diagnoses increased in 2013. This may be due in part to the introduction of the new test for gonorrhoea in August 2012, which has increased case finding in MSM. On-going high levels of unsafe sexual behaviour probably also contribute to this rise.

You can explore the data using the interactive public health surveillance dashboard (indicator under Healthy Lifestyles) on the Insight website:  
<http://insight.oxfordshire.gov.uk/cms/public-health-surveillance-dashboard>

## 6.9. HIV

Human Immunodeficiency Virus (HIV) attacks the immune system, and weakens the ability to fight infections and disease. It 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. It is one of the most important communicable diseases in the UK and is associated with serious morbidity, high costs of treatment and care, significant mortality and a high number of potential years of life lost.

The prevalence of people living with a diagnosis of HIV has been increasing across all geographic areas over the past 12 years. Individuals who are diagnosed 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".

The prevalence of HIV in Oxfordshire (1.3 people per 1,000 15-59 year olds in 2012) remains significantly lower than the average across England (2.1).<sup>205</sup> However the prevalence rate in Oxford (2.4 in 2012) is significantly higher than the national average. This is likely to be due to the diverse population including more young people and proportionately more people from ethnic minority groups: HIV is more prevalent in Black African communities and Oxford has a relatively high proportion of Black ethnic minorities.

You can explore the data using the interactive public health surveillance dashboard (indicator under Healthy Lifestyles) on the Insight website:  
<http://insight.oxfordshire.gov.uk/cms/public-health-surveillance-dashboard>

### **6.10. Further Information**

Further information relating to the Lifestyles chapter is available from the JSNA data directory at the following link: <http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>.

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<sup>205</sup> Public Health England Sexual and Reproductive Health Profiles.  
(previously sourced from Survey of Prevalent HIV Infections Diagnosed (SOPHID))  
<http://fingertips.phe.org.uk/profile/sexualhealth>

## 7. Service Demand

This section sets out the changing demand for health and social care services across Oxfordshire.

### 7.1. Primary Health Care Services

#### 7.1.1. GP Practice Population

In 2013/14 there were 83 GP practices in the Oxfordshire Clinical Commissioning Group area, with a total registered population of 700,500.<sup>206</sup> The number of patients was up from 693,500 in 2012/13 and has increased by nearly 4% over the past five years.<sup>207</sup>

In September 2013 there was an estimated rate of 74.8 GPs per 100,000 people in the area.<sup>208</sup> This was a little below the previous year's rate of 78. However, it was higher than the rate in England overall (66.9 GPs per 100,000 people).

In 2014 over half of patients registered with GPs in the Oxfordshire Clinical Commissioning Group area reported having seen or spoken to a GP within the last three months (54%).<sup>209</sup> Seven in ten said they had done so within the last six months (71%).

#### 7.1.2. Out of Hours GP Services

In 2013/14 there were 97,800 out of hours GP service consultations in the Oxfordshire Clinical Commissioning Group area.<sup>210</sup> This was lower than the figure for 2012/13 of 112,200. Around six in ten consultations involved patients attending primary care centres (61%). Three in ten finished with telephone advice (31%). One in ten involved patients being seen at home (11%).<sup>211</sup>

### 7.2. Planned Secondary Health Care Services

Across the range of planned secondary health care services commissioned by Oxfordshire Clinical Commissioning Group, the CCG expects demand to rise at a

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<sup>206</sup> Quality and Outcomes Framework: <http://www.hscic.gov.uk/qof>. The number of practices has fallen slightly since then, due to a few GP practices merging.

<sup>207</sup> This number 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 larger than the county's population.

<sup>208</sup> Health and Social Care Information Centre: <https://indicators.ic.nhs.uk/webview/>

<sup>209</sup> GP Patient Survey (January 2015 release): <https://gp-patient.co.uk/>. NHS England GP Patient Survey analysis: <http://www.england.nhs.uk/statistics/2014/07/03/gp-patient-survey-2013-14/>

<sup>210</sup> Data provided by Oxfordshire Clinical Commissioning Group

<sup>211</sup> These proportions do not add to 100% because a single consultation (taking place over the course of a single day) may involve more than one type of interaction between GP and patient.

faster rate than average population growth, due principally to the changing (ageing) profile of the population.<sup>212</sup>

### **7.2.1. Outpatient Appointments**

Outpatients are those referred to attend short appointments in hospital.

#### *First Attendances*

During the first seven months of 2014/15 there were 101,900 first outpatient attendances among registered GP patients in the Oxfordshire Clinical Commissioning Group area.<sup>213</sup> The CCG expects total first attendances to reach around 172,300 by the end of the financial year. (The number of residents attending outpatient appointments is likely to be lower, due to some attending more than one appointment.) Just over half of these appointments are the result of referrals from a GP.

Age data were recorded in over 99% of outpatient attendances taking place in the first seven months of 2014/15. Nearly half were among those aged 18-59 (48.2%) whilst four in ten were among the 60 and over age group (39.8%). The under-18 age group comprised a much smaller proportion (12%).

#### *Follow-up Appointments*

During the first seven months of 2014/15 there were 155,000 follow-up outpatient attendances among patients registered with GPs in the Oxfordshire Clinical Commissioning Group area. Around four in ten were referrals from GPs (41.8%).

Of follow-up attendances where age data were recorded (98% of the total attendances) half were among those aged 60 and over (50.3%) and over four in ten were among the 18-59 age group (41.5%). The under-18 age group again comprised a much smaller proportion (8.2%).

Attended outpatient appointments for mental health services are discussed in more detail in section 5.1.4 Mental Health.

#### *Community hospitals*

During the first half of 2014/15 there were 1,300 community hospital admissions among patients registered with GPs in the Oxfordshire Clinical Commissioning Group area.<sup>214</sup>

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<sup>212</sup> Information about expected changes in service demand has been provided by the Oxfordshire Clinical Commissioning Group and has been produced with reference to Oxfordshire County Council's population projections (principle scenario).

<sup>213</sup> Data provided by Oxfordshire Clinical Commissioning Group. This covers appointments provided by Oxford University Hospitals NHS Trust, Royal Berkshire NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust, and Heatherwood & Wexham Park Hospitals NHS Foundation Trust.

<sup>214</sup> Data provided by Oxfordshire Clinical Commissioning Group (December 2014).



### **7.2.2. Elective Admissions**

Elective admissions are planned admissions to hospital, for stays of one or more nights.

In the first seven months of the 2014/15 financial year there were 5,000 elective admissions among Oxfordshire residents.<sup>215</sup> The CCG expects total elective admissions to reach around 8,100 by the end of the financial year. (The number of residents admitted is likely to be lower, due to some being admitted more than once.)

Of elective admissions where age data were recorded (94% of the total admissions) over half were among those aged 60 and over (52.3%). A little under half were among those aged 18-59 (45.9%). Just 1.8% were among the under 18 age group.

### **7.2.3. Day Case Admissions**

Day care admissions are planned admissions to hospital, where patients do not need to stay overnight.

In the first seven months of 2014/15 there were 25,800 day cases among patients registered with GPs in the Oxfordshire Clinical Commissioning Group area.<sup>216</sup> The CCG expects total day case admissions to reach around 43,800 by the end of the financial year. (The number of residents admitted is likely to be lower, due to some being admitted more than once.)

Of day case admissions where age data were recorded (99% of the total admissions) over half were among those aged 60 and over (53.3%) with 44% among those aged 18-59. Just 2.8% were among the under 18 age group.

### **7.2.4. District Nursing**

In the first half of 2014/15 there were 134,300 district nursing attended contacts with Oxfordshire residents.<sup>217</sup>

## **7.3. Emergency Care**

Across the range of emergency care services commissioned by Oxfordshire Clinical Commissioning Group, the CCG expects demand to rise at a faster rate than average population growth, due principally to the changing (ageing) profile of the

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<sup>215</sup> Data provided by Oxfordshire Clinical Commissioning Group. This covers appointments provided by Oxford University Hospitals NHS Trust, Royal Berkshire NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust, and Heatherwood & Wexham Park Hospitals NHS Foundation Trust.

<sup>216</sup> Data provided by Oxfordshire Clinical Commissioning Group. This covers appointments provided by Oxford University Hospitals NHS Trust, Royal Berkshire NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust, and Heatherwood & Wexham Park Hospitals NHS Foundation Trust.

<sup>217</sup> Data provided by Oxfordshire Clinical Commissioning Group.

population.<sup>218</sup> For the same reason, it expects admissions to involve longer average stays in hospital.

### **7.3.1. Accident and Emergency**

#### *A&E Attendance*

In 2013/14 there were 119,100 A&E attendances among patients registered with GPs in the Oxfordshire Clinical Commissioning Group area.<sup>219</sup> For the first seven months of the 2014/15 financial year the figure was 73,200. This represents a 4.8% increase compared to the first seven months of the previous year. The CCG expects total A&E attendances to reach around 124,800 by the end of the financial year.

The number of residents admitted is likely to be lower than the number of admissions, due to some people being admitted more than once. To give an indication, in the first half of the 2014/15 financial year 15% of patients accounted for 30% of A&E attendances at Oxford University Hospitals NHS Trust.<sup>220</sup>

Of A&E attendances where age data were recorded (over 99% of the total attendances for 2014/15) half were among those aged 18-59 (49.9%) with around a quarter from each of the other age groups (26.3% aged 60 and over; 23.7% aged under 18).

#### *A&E Waiting times*

The two major A&E departments used by Oxfordshire residents are Oxford University Hospitals NHS Trust (OUHT) and Royal Berkshire Foundation NHS Trust (RBFT).

During the first eight months of 2014/15 waiting times at OUHT were within four hours 92% of the time. At RBFT they were within four hours 96% of the time. These figures compare with an England average of 95%.

#### *Emergency Services*

In 2013/14 there were 92,900 calls made to '999' for ambulances from patients registered with GPs in the Oxfordshire Clinical Commissioning Group area.<sup>221</sup> This was up 5.6% on the previous year. During the first six months of 2014/15 there were 48,900 calls, up 7.6% on the same period for the previous year.

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<sup>218</sup> Information about expected changes in service demand has been provided by the Oxfordshire Clinical Commissioning Group and has been produced with reference to Oxfordshire County Council's population projections (principle scenario).

<sup>219</sup> Data provided by Oxfordshire Clinical Commissioning Group. This covers appointments provided by Oxford University Hospitals NHS Trust, Royal Berkshire NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust, and Heatherwood & Wexham Park Hospitals NHS Foundation Trust.

<sup>220</sup> Data provided by Oxfordshire Clinical Commissioning Group

<sup>221</sup> Data provided by Oxfordshire Clinical Commissioning Group.

Overall, around half of total calls result in patients being conveyed to emergency departments, compared with a little over a third being treated at the scene.

In 2013/14 211,800 calls made to '111' from patients registered with GPs in the Oxfordshire Clinical Commissioning Group area were connected to provider switchboards.<sup>222</sup> Around a third of 111 calls answered resulted in callers being recommended to contact (face to face) primary and community care, with a further one in ten recommended to speak to primary and community care. About a quarter did not need to be triaged.

### **7.3.2. Emergency Hospital Admissions**

#### *Emergency Admissions*

In the first seven months of 2014/15 there were 29,300 emergency hospital admissions among patients registered with GPs in the Oxfordshire Clinical Commissioning Group area.<sup>223</sup> The CCG expects total emergency admissions to reach around 49,600 by the end of the financial year.

The number of residents admitted is likely to be lower than this figure, due to some being admitted more than once. To give a sense of this, in the first half of the 2014/15 financial year 18% of patients accounted for 35% of non-elective (emergency) admissions to Oxford University Hospitals NHS Trust.<sup>224</sup>

Of emergency admissions where age data were recorded (over 98% of the total admissions) almost half were among those aged 60 and over (49.2%) with over a third among those aged 18-59 (37.9%). Around one in eight were among those aged under 18 (12.8%). Around a quarter of emergency admissions were admitted from GPs (24.7%).

Public Health England suggests that higher percentages of emergency admissions may reflect some patients not accessing or receiving the care most suited to managing their conditions.<sup>225</sup> In 2013 there was a higher proportion of emergency hospital admissions among people of Black and Asian ethnicities than overall in Oxfordshire (48.9% and 45.8% of hospital admissions of people of Black and Asian ethnicities, respectively, compared with 41.6% overall).<sup>226</sup>

### **7.3.3. 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 due to non-clinical reasons, for example

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<sup>222</sup> Data provided by Oxfordshire Clinical Commissioning Group.

<sup>223</sup> Data provided by Oxfordshire Clinical Commissioning Group. This covers appointments provided by Oxford University Hospitals NHS Trust, Royal Berkshire NHS Foundation Trust, Great Western Hospitals NHS Foundation Trust, Buckinghamshire Healthcare NHS Trust, and Heatherwood & Wexham Park Hospitals NHS Foundation Trust.

<sup>224</sup> Data provided by Oxfordshire Clinical Commissioning Group

<sup>225</sup> Public Health England Profiles: [http://www.apho.org.uk/default.aspx?QN=P\\_HEALTH\\_PROFILES](http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES).

<sup>226</sup> Public Health England Profiles: [http://www.apho.org.uk/default.aspx?QN=P\\_HEALTH\\_PROFILES](http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES).

because the patient is awaiting a care package in their own home, or further non-acute care.

In 2013/14 the average daily rate of delayed transfers of care within Oxfordshire was 27 people aged 18 and over per 100,000.<sup>227</sup> This was similar to the figure for the previous year; it was down from 30.6 in 2011/12. It was significantly higher than the England average rate of 9.6 per 100,000 people.

#### **7.4. Physical Disability**

In March 2014 Oxfordshire County Council was supporting 792 adults aged 18-64 with a physical disability.<sup>228</sup> Proportionately fewer adults with a physical disability were being supported in Oxfordshire (1.8 people per 1,000 18-64 year olds) than in the South East (2.2) and England (2.3).

At this time nearly nine in ten supported adults with a physical disability were supported at home (88%, numbering 704). The remainder were in care homes (numbering 88). The proportions were similar to those for the South East and England overall.

#### **7.5. Learning Disability**

In March 2014 Oxfordshire County Council was supporting 2,028 adults aged 18-64 with a learning disability.<sup>229</sup> Proportionately more adults with a learning disability were being supported in Oxfordshire (4.4 people per 1,000 18-64 year olds) than in the South East (4) and England (3.9).

At this time over eight in ten supported adults with a learning disability were supported at home (83%, numbering 1673) which was higher than levels in the South East (71%) and England overall (76%). Of the remainder 14% were supported in care homes (numbering 279) and 4% were supported in shared lives schemes (numbering 76).

#### **7.6. Mental Health**

##### **7.6.1. Oxford Health Mental Health Referrals**

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<sup>227</sup> NHS Delayed Transfers of Care Statistics: <http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>

<sup>228</sup> Referrals, Assessments and Packages of Care/ Adult Social Care Combined Activity Return: <https://nascis.hscic.gov.uk/>

<sup>229</sup> Referrals, Assessments and Packages of Care/ Adult Social Care Combined Activity Return: <https://nascis.hscic.gov.uk/>

In 2013/14 around 11,000 Oxfordshire residents were referred to Oxford Health mental health services and seen at least once.<sup>230</sup> This represents an increase of around a thousand from the previous two years.

More female than male residents were referred, making up 56% of the service users, compared with 44% male. This ratio has remained consistent over the last three years.

Nine in ten Oxfordshire service users for whom ethnicity data have been recorded were from White British backgrounds (90%), with 4% from Other White backgrounds, 2% from Mixed backgrounds, 2% from Asian or Asian British backgrounds and 1% from Black or Black British backgrounds.<sup>231</sup> Again, these proportions have remained consistent over the last three years.

Using population data from the 2011 census, it can be seen that there were higher rates of service use among people from White British and Mixed backgrounds (10-15 service users per 1,000 people from these backgrounds in the population). There were lower rates of service use among people from Black or Black British backgrounds (7-8 service users per 1,000 population) and Asian or Asian British backgrounds (5-6 service users per 1,000 population).

Of the total number of referrals for Oxford Health mental health services, the largest proportion were among people aged 15-19 (12.5%), followed by those aged 10-14 (8.9%), those aged 20-24 (8%) and those aged 25-29 (7.6%).<sup>232</sup>

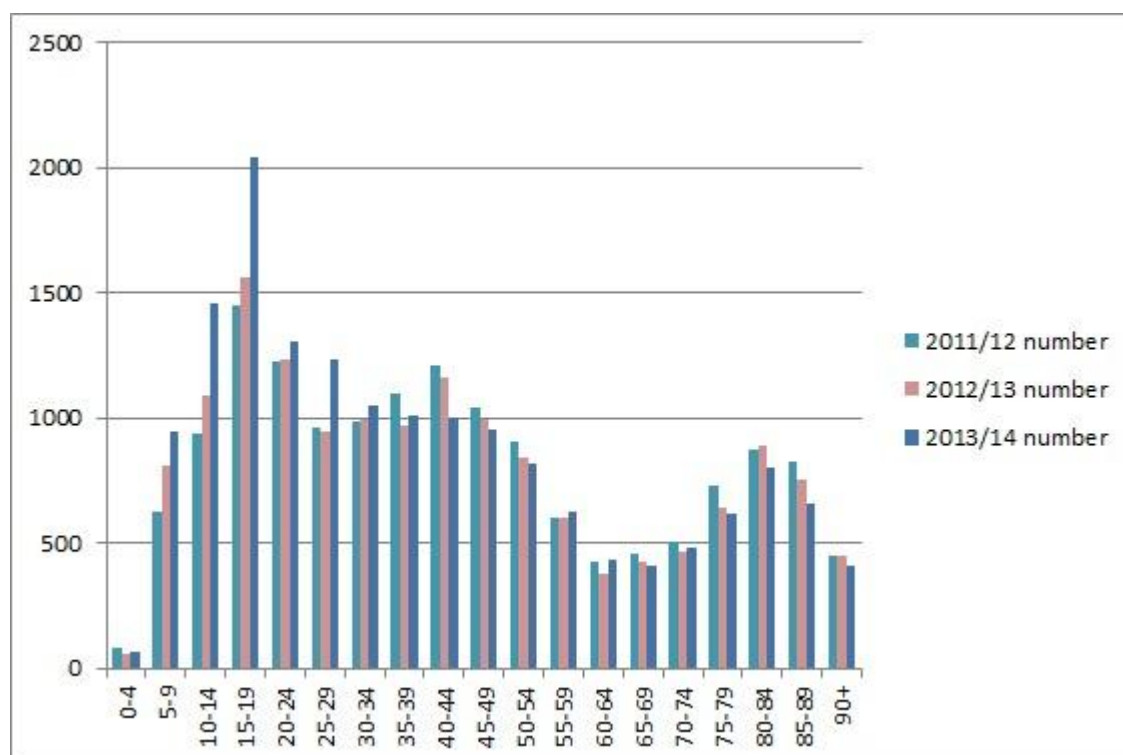
Figure 32: Oxford Health mental health services referrals by age

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<sup>230</sup> Data provided by Oxford Health

<sup>231</sup> NB in this dataset the figure for Asian or Asian British service users does not include people from Chinese backgrounds.

<sup>232</sup> Since some Oxfordshire residents were referred to mental health services more than once during the year, the total number of referrals was over 15,000, compared to around 11,000 people referred.



Source: Oxford Health

Almost half of the referrals were for Oxfordshire Adult Mental Health Services (47%). Around a quarter were for Children and Adolescent Mental Health Services (24%) and nearly two in ten were to the Oxfordshire Older Adult Mental Health Services (18%). Significant minorities of referrals were for Oxfordshire Psychological Services (8%) and Eating Disorders Oxfordshire (2%). The remaining referrals were to one of 14 other mental health services.

### 7.6.2. Oxfordshire Mind Wellbeing Service

The Wellbeing Service delivered by Oxfordshire Mind is to enable the residents of Oxfordshire to better manage and sustain their mental health and wellbeing.<sup>233</sup>

Between April 2011 and March 2014 the Wellbeing Service reached the following numbers of residents through its activities:<sup>234</sup>

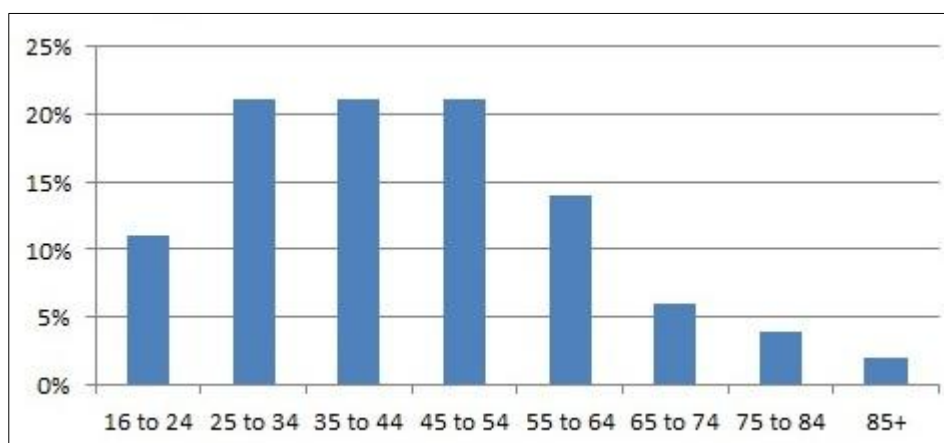
- 20,428 residents were reached through Public Wellbeing events and activities
- 24,153 residents were reached through provision of information and options
- 1,559 residents were reached through short course provision
- 2,236 were reached through peer support groups
- 420 were reached through 1-to-1 recovery support

<sup>233</sup> More information on the service is available at the following link: <http://www.oxfordshire-mind.org.uk/help/wellbeing-service/about-us>

<sup>234</sup> Data provided by Oxfordshire Mind: <http://www.oxfordshire-mind.org.uk/>. Some residents will have participated in more than one of these activities.

3,656 unique individuals used the most intensive services, i.e. information and options; short courses; peer support groups; and 1-1 recovery support. Of these, over a third were from Cherwell or West Oxfordshire (35%) whilst 29% were from South Oxfordshire and 27% were from Oxford (for 9% the area of residence was unknown). 60% were men and 40% were women. Nearly two thirds were aged 25-54, as shown in Figure 33 below.

Figure 33: Oxfordshire Mind Wellbeing Service most intensive users by age



Source: Oxfordshire Mind Wellbeing Service Data

Nearly nine in ten users of the most intensive services were from White backgrounds (87%, slightly below the proportion of Oxfordshire’s population from White backgrounds, which stood at 90.9% in 2011<sup>235</sup>). 2% were from Asian or Asian British backgrounds, the same proportion as were from Black or Black British backgrounds (2%) and Mixed backgrounds (2%). A further 7% were recorded as being from Chinese or Other ethnic backgrounds.

Among the 3,656 users of the most intensive services, peer support had the largest take-up (62%), followed by short courses (43%), information and options (22%) and 1-to-1 recovery support (12%). Over a third of users participated in two or more services (36%). Peer support and short courses were the most common combination of services.

There was considerable variation in the time period over which individuals chose to use the Wellbeing Service: the most common length of interaction was a week or less (28%). However, a similar proportion of users were supported for a year or more (27%).

### 7.6.3. TalkingSpace Oxfordshire

TalkingSpace is a service co-delivered by Oxfordshire Mind and Oxford Health, which offers a range of psychological therapies for the treatment of common mental

<sup>235</sup> Census 2011, table QS201EW: <https://www.nomisweb.co.uk>

health depression and anxiety.<sup>236</sup> It follows a stepped care approach, according to the need of the patient. In 2013/14 the service had 7,569 referrals and supported 5,607 patients at step 2 and step 3 (step 2 includes courses, groups to treat insomnia, computerised Cognitive Behavioural Therapy and self-help with guidance from a member of the team; step 3 includes group Cognitive Behavioural Therapy, mindfulness groups and individual therapy).<sup>237</sup>

## **7.7. Social Care Services for Older People**

### **7.7.1. Demand for Older People's Care Services**

Nationally, it has been estimated that over a quarter of people aged 65 and over in England who lived at home in 2012/13 received some form of care (27.6%).<sup>238</sup> This could be paid care (including self-funded and local authority-funded care), unpaid ('informal') care, or both.

Of those receiving care, around nine in ten received unpaid care, comprising 24% of the total older population. Over a third received some form of paid care or help, making up 10% of the total older population. However, 6.9% reported only sometimes or hardly ever having their needs met by the care and support they received. The same study estimates that 70,000 older people in England who have difficulty with three or more activities of daily living are not receiving any care at all.

Direct extrapolation to Oxfordshire's older population yield the following care estimates:

- 31,000 people aged 65+ receiving some form of care
- 27,000 people aged 65+ receiving unpaid care
- 11,200 people aged 65+ receiving paid care
- 7,800 people aged 65+ only sometimes/ hardly ever having needs met by care and support received
- 800 people aged 65+ not receiving any care at all

These figures should be treated with caution, given that Oxfordshire is unlikely to reflect exactly the national picture of needs.

As of March 2014 Oxfordshire County Council was supporting 4,935 older people.<sup>239</sup> The rate of older people being supported in Oxfordshire in 2013/14 was 39.9 per

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<sup>236</sup> More information is available from the following link: <http://www.talkingspaceoxfordshire.org/about-us/>

<sup>237</sup> TalkingSpace Oxfordshire Annual Report 2013/14

<sup>238</sup> The Bigger Picture: Understanding disability and care in England's older population: <http://strategicsociety.org.uk/bigger-picture-understanding-disability-care-englands-older-population/>

<sup>239</sup> Referrals, Assessments and Packages of Care/ Adult Social Care Combined Activity Return: <https://nascis.hscic.gov.uk/>



1,000 people aged 65 and over. This was higher than the rate for the South East (37.8) but lower than the England average (46).

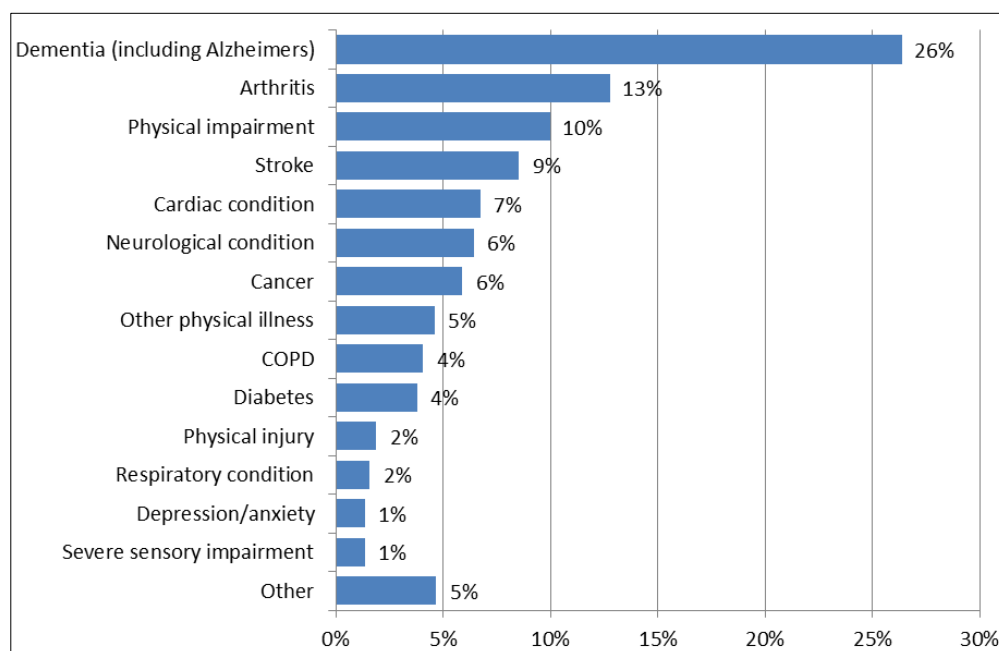
Nearly two thirds of older people were supported at home (64%, numbering 3,100). This was higher than proportions in the South East (57%) and England (59%). The remainder were supported in care homes (numbering 1,835).

As of 1 April 2014 1,791 older people were receiving 18,434 hours of care per week at an average of 10.3 hours per person.<sup>240</sup>

### 7.7.2. Health Conditions Affecting Older People

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%).

Figure 34: Percentage of self-directed support service users over 65 by primary disabling condition at time of first assessment

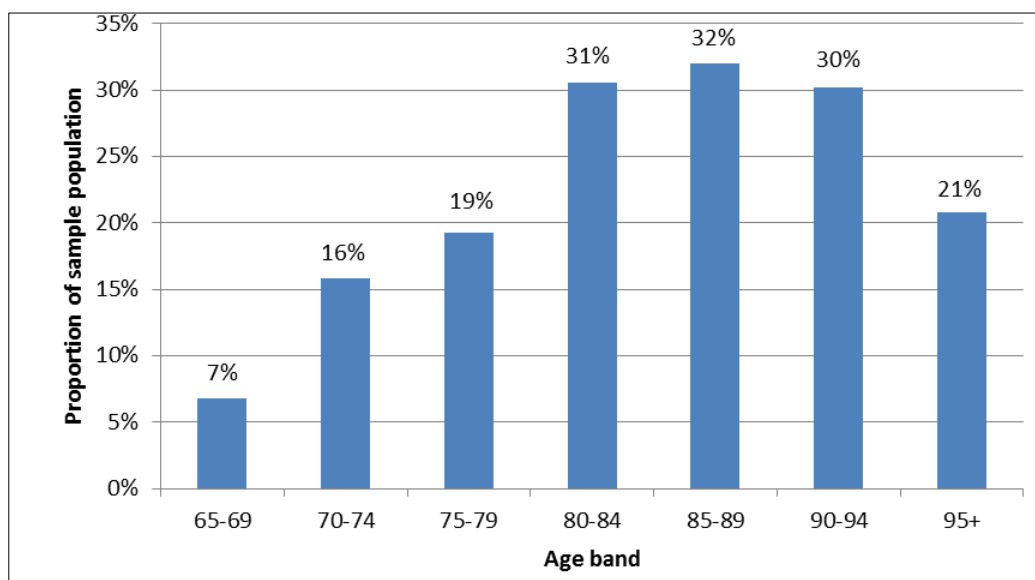


Source: FACE Needs Profile Database, Oxfordshire County Council

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 Figure 35.

<sup>240</sup> Data provided by Oxfordshire County Council

Figure 35: SDS Service users with dementia at time of first assessment, by age band (October 2011-June 2013)



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.

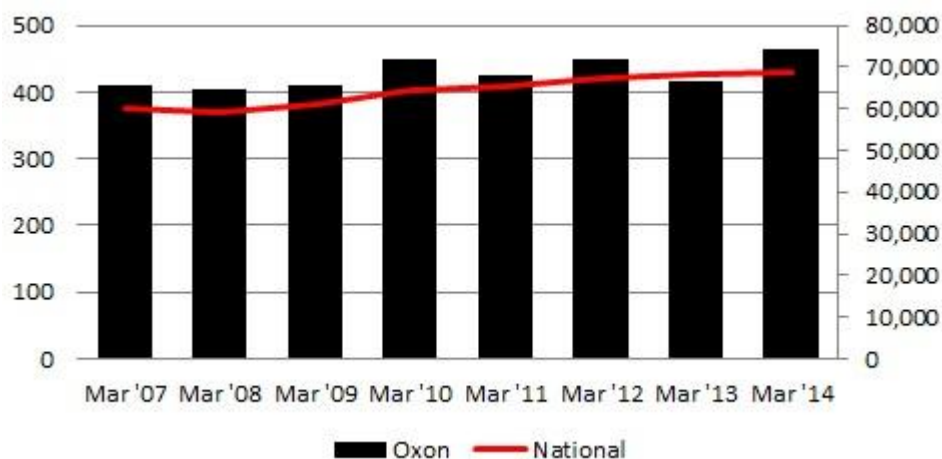
Service users have highlighted the fact that good, up-to-date, accessible information and advice underpins people’s ability to be more independent, have more control and make better choices. It needs to be jargon free, accessible in a variety of formats and channels, up-to-date and simple.

## 7.8. Social Care Services for Children

As of March 2014 there were 465 children in care (or ‘looked after children’) in Oxfordshire.<sup>241</sup> This represents an increase of 13% since March 2007, broadly reflecting patterns across England.

Figure 36: Looked After Children in England and Oxfordshire

<sup>241</sup> Department for Education statistics: <https://www.gov.uk/government/collections/statistics-looked-after-children#history>



Source: Department for Education

As of March 2014 there were 504 children on protection plans in Oxfordshire.<sup>242</sup> This figure has more than doubled since March 2007, rising by 129%. The increase was much higher in Oxfordshire than in England overall (73% over the same period).

Figure 37: Children on Protection Plans in England and Oxfordshire



Source: Department for Education

In a Survey of Looked After Children in December 2013, 85% stated that they were happy with their social workers.<sup>243</sup> 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 adult social care and health services, at admission or discharge from hospital, and from primary to secondary school. It was emphasised that communication between professionals and across organisations at transition points is key.

<sup>242</sup> Department for Education statistics: <https://www.gov.uk/government/collections/statistics-children-in-need>

<sup>243</sup> Data provided by Oxfordshire County Council's Joint Commissioning Team

## 7.9. Transport Services

Patients with eligible medical needs may access NHS-funded Non-Emergency Patient Transport Service (NEPTS) for non-emergency journeys to and from hospital or acute community healthcare.

During 2013/14, approximately 110,000 NHS-funded journeys were booked for patients registered with a GP in the Oxfordshire Clinical Commissioning Group area.<sup>244</sup> Three quarters of these were aged 65 and over (75%).

Changes to the eligibility criteria for NEPTS were implemented in October 2014 in the context of growing demand for the more complex elements of the service.<sup>245</sup> Under the new criteria, patients capable of walking and getting in and out of vehicles unaided, and patients who can walk but require minimal assistance from a single ambulance crew member to get in and out of a vehicle, are no longer eligible for patient transport. It is considered that these are people who can use the equivalent of a friend's or relative's car, taxi, public or voluntary transport. As a result, around 31,200 of the journeys provided in 2013/14 (to convey around 6,200 patients) would no longer be available.

Patients who are ineligible for NEPTS are signposted to community transport services, provided by voluntary and community organisations. (Alternatively, patients may be able to have their travel costs reimbursed under the NHS Healthcare Travel Cost Scheme; informal lift sharing is also thought to be very common.)

There are 47 volunteer car schemes in Oxfordshire with just under 1100 volunteer drivers.<sup>246</sup> Overall, these schemes provide an estimated 58,000 journeys per year, the majority of which are for health-related purposes.

There is anecdotal evidence that schemes have been under pressure, both with the increase in demand for non-emergency patient transport, and because of journey requests for early morning or weekend appointments, or cancellations at short notice. Demand for volunteer driver schemes is expected to increase further as more people are now ineligible for NEPTS.

Demand for transport services may also be affected by the rural nature of Oxfordshire (see sections 3.4 Rurality and 2.4 Affluence and Deprivation) and the ageing population (see section 2.3 Population Profile).

## 7.10. Further Information

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<sup>244</sup> Clinical Commissioning Group Governing Body meeting paper 14.82 (September 2014): <http://www.oxfordshireccg.nhs.uk/get-involved/board-meetings/papers-for-september-2014/>

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<sup>246</sup> Data provided by Oxfordshire Rural Community Council, December 2014

Further information relating to the Service Demand chapter is available from the JSNA data directory at the following link: <http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>.

## **8. Quality of Services**

This section brings together further data on patient experience of health and social care services.

### **8.1. Adult Social Care User Survey**

For the last four years councils have surveyed users of social care aged 18 and over as part of a national survey.<sup>247</sup> 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 2013/14, 7,190 people in Oxfordshire were eligible for the survey, 1,614 were sent forms and 489 replied.

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 and 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. Over the last four years Oxfordshire's composite score has consistently improved. In 2013/14 Oxfordshire ranked 21<sup>st</sup> out of 152 local authorities in the country.

In 2013/14 nine in ten social care users were satisfied with the care and support received was (89.3%). Nearly two thirds said they were very satisfied (64.5%). These results were similar to previous years, and to satisfaction levels for England.

### **8.2. Friends and Family Test**

In September 2014 87% of respondents at Oxford University Health Trust A&E departments said they would recommend it to friends and family, if they needed similar care or treatment.<sup>248</sup> 7% said they would not. These advocacy levels were very similar to those for the Thames Valley area and England overall.

In the same month 95% of the Trust's inpatient respondents said they would recommend the service to friends and family. 2% said they would not. Again, advocacy levels were very similar to those for the Thames Valley area and England overall.

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<sup>247</sup> Adult Social Care User Survey: <http://www.hscic.gov.uk/socialcare/usersurveys>

<sup>248</sup> Friends and Family Test: <http://www.england.nhs.uk/statistics/statistical-work-areas/friends-and-family-test/>

Over nine in ten women said they would recommend antenatal, birth, post-natal ward and post-natal community services at Oxford University Health Trust (94%, 96%, 93% and 95% respectively). 3% or less would not recommend these services. The results were broadly similar (within one or two percentage points) to those for the Thames Valley area and England overall.

### **8.3. 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.<sup>249</sup>

In 2014 nine in ten patients of GPs in the Oxfordshire Clinical Commissioning Group area rated their GP surgery as (very or fairly) good (89%).<sup>250</sup> 83% said they would (definitely or probably) recommend the surgery to someone who has just moved into the local area. These findings were consistent with results for 2013 and 2012.

Satisfaction and advocacy rates in Oxfordshire were significantly higher than for England overall, where 85% rated their GP surgery as good and 78% said they would recommend it.

### **8.4. Further Information**

Further information relating to the Quality of Services chapter is available from the JSNA data directory at the following link: <http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>.

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<sup>249</sup> GP Patient Survey (January 2015 release): <https://gp-patient.co.uk/>. NHS England GP Patient Survey analysis: <http://www.england.nhs.uk/statistics/2014/07/03/gp-patient-survey-2013-14/>

<sup>250</sup> *Ibid*

## **9. Conclusion**

This report summarises key trends affecting the health and wellbeing needs of Oxfordshire's population. It is not intended to be exhaustive. The JSNA Data Directory points users to further data and tools available, whilst the JSNA Publications Directory contains relevant research reports, to supplement those cited throughout this report. The Oxfordshire Insight website also contains a wealth of further information about the county and its population.

We anticipate continuing to refresh the JSNA report annually. However, data and publications will be added to the appropriate directories on an on-going basis. If you have enquiries, suggestions or would like to get involved with the JSNA development, please email the Research and Intelligence Team: [JSNA@Oxfordshire.gov.uk](mailto:JSNA@Oxfordshire.gov.uk).



## **Appendix A: Population Projections**

In autumn 2014 Oxfordshire County Council's Research and Intelligence Unit produced long-range projections (to 2052) of population or household growth. They complement the Unit's population and household forecast work, rather than replacing or being an alternative to forecasts. They have been produced to:

- Provide a long-term indication of likely changes in the population (up to 2052 in this release), far beyond the period usually identified in district local plans, upon which forecasts are based.
- Document the upper and lower limits of population change that is feasible and which Oxfordshire and its districts may experience in coming years – to support planning for the longer-term.
- Interpret national-level uncertainty about how the population's overall size and age-distribution may change (uncertainty nationally about future fertility, migration, life expectancy, and the economy) by showing how different outcomes in each area would affect the population of Oxfordshire and its districts.

It is important to understand the differences between the projections and forecasts produced by the Research and Intelligence Unit. Neither provides a crystal-ball, nor a time machine (the future is always subject to uncertainty and change), but they provide the best evidence available about how the population is likely to change. Our projections and forecasting both make statements about the future population, but with crucial differences:

- Research and Intelligence Unit forecasts are based on published district local plans (the best evidence at any point in time of how housing stock will change over the short-medium term). They are a single set of population data, representing a single scenario for changes in life expectancy, fertility, migration, household formation, and housing stock changes;
- Research and Intelligence Unit projections are independent of district local plans. They are a series of population data, representing the range of variation considered feasible for changes in life expectancy, fertility, migration, and housing growth.

The Unit has produced a series of variant population projections, in a manner similar to the England wide long-term projections produced by the ONS. Each variant shows how the population would change if the individual factors that affect population change occur in a particular combination, within the range that's considered feasible. E.g. it is expected that life expectancy will continue to increase, but it is unclear by how much: there is a range within which experts think future life expectancy will lie. We don't know which point in the range is "right" (there is no crystal ball) but we can explore what will happen if the highest or lowest points in the range occur in the coming years. The five variant scenarios are:

1. “Principal”: a projection of the population with each variable set to the middle of the “possible” range for each individual variable. Principal uses the middle-of-the-range value for each factor that can influence how the population changes.
2. “Maximum”: a projection of the population with each variable set to the combination in which the population growth is maximised, within the ‘possible’ range for each individual variable.
3. “Minimum”: a projection of the population with each variable set to the combination in which the population growth is minimised, within the ‘possible’ range for each individual variable.
4. “Old”: a projection of the population with mid-level housing growth and each demographic variable set to the combination in which a large older population and a small child population occurs, within the ‘possible’ range for each individual variable.
5. “Young”: a projection of the population with mid-level housing growth and each demographic variable set to the combination in which a large child population and a small older population occurs, within the ‘possible’ range for each individual variable.

The table below sets out the detailed variables for each projection scenario.

FINAL DRAFT FOR HWB

Projection name	Fertility	Life expectancy	International migration	Internal migration	Housing growth / economic growth
<b>Principal</b> (middle setting for all variables)	ONS <b>mid</b> assumption, used to modify recent historic district Age-Specific Fertility Rates observed in each district <b>50%</b> of recent “slippage” behind national fertility in Oxford City continues	ONS <b>mid</b> mortality trajectory, used to modify recent historic district Age-Specific Mortality Rates s	ONS <b>mid</b> assumption, used to modify recent historic district age/gender totals.	Existing recent historic rates – except fixed-flows for student ages in Oxford City.	<b>Mid</b> -point between historic lowest 5 year period level of housing delivery since mid-1990s, and highest level (“SHMA max” totals)
<b>Maximum</b>	ONS <b>high</b> assumption, used to modify recent historic district ASFRs <b>Zero</b> on-going “slippage” behind national fertility for Oxford City	ONS <b>high</b> trajectory, used to modify recent historic district ASMRs (higher mortality in upper age groups, younger population profile, higher occupancy rating, more people overall living in each area)	ONS <b>high</b> assumption, used to modify recent historic district age/gender totals.	Existing recent historic rates – except fixed-flows for student ages in Oxford City.	<b>Max</b> housing growth (“SHMA max” to 2031, plus continued level of SHMA-upper delivery/max economic growth after 2031, aside from “catch-up” addition (Figs 2, 11 of SHMA report)
<b>Minimum</b>	ONS <b>low</b> assumption, used to modify recent historic district ASFRs Recent “slippage” behind national fertility for Oxford City continues	ONS <b>low</b> trajectory, used to modify recent historic district ASMRs	ONS <b>low</b> assumption, used to modify recent historic district age/gender totals.	Existing recent historic rates – except fixed-flows for student ages in Oxford City.	<b>Min</b> lowest 5 year period level of housing delivery since mid-1990s, continued 2012-2052

FINAL DRAFT FOR HWB

Projection name	Fertility	Life expectancy	International migration	Internal migration	Housing growth / economic growth
<b>Old</b>	ONS low assumption, used to modify recent historic district ASFRs Recent “slippage” behind national fertility for Oxford City continues	ONS LOW mortality trajectory, used to modify recent historic district ASMRs	ONS low assumption, used to modify recent historic district age/gender totals.	Existing recent historic rates – except fixed-flows for student ages in Oxford City.	<b>Mid</b> -point between historic lowest 5 year period level of housing delivery since mid-1990s, and highest level (SHMA max totals)
<b>Young</b>	ONS high assumption, used to modify recent historic district ASFRs Zero on-going “slippage” behind national fertility for Oxford City	ONS high mortality trajectory, used to modify recent historic district ASMRs	ONS high assumption, used to modify recent historic district age/gender totals.	Existing recent historic rates – except fixed-flows for student ages in Oxford City.	<b>Mid</b> -point between historic lowest 5 year period level of housing delivery since mid-1990s, and highest level (SHMA max totals)