Joint Strategic Needs Assessment Annual Report 2017

Introduction

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

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

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

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

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

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

The report is organised according to the following broad JSNA themes:

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

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

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

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

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

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

- **Lifestyles (chapter 6)**

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

- **Service use (chapter 7)**

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

[1] Oxfordshire's Joint Health and Wellbeing Strategy 2015 to 2019 (July 2016)

Updated statistics have been provided wherever available.

Changes since the last version include:

- Updated datasets
    - Oxfordshire County Council population forecasts on the basis of predicted housing growth
    - Adult Psychiatric Morbidity Survey 2014 (conducted every 7 years, published September 2016) – a major study on mental health in England.
- New datasets
    - Data on health and wellbeing protective factors (including volunteering) to Lifestyles chapter
    - Data from Oxfordshire's Citizens Advice services.
    - Estimate of population by sexual orientation from new ONS experimental statistics.
    - Primary care consultations per person by age and gender
    - Use of the internet to find health-related information (national data only)
    - Additional data on victims of abuse and exploitation provided by Thames Valley Police.
- Changes to chapters
    - Addition of sub-section on Community Safety to chapter on Services
    - Addition of "physical and social environment" sub-section to chapter on Wider Determinants
    - Addition of a summary of key points at the start of each chapter
    - Moving Troubled Families data from 'Wider Determinants' to 'Service use'
    - New chapter – "Gaps in evidence" including areas for future development

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

- The Annual Report from Oxfordshire's Director of Public Health;
- Performance data presented to the Health and Wellbeing Board and the Health Improvement Board in Oxfordshire;
- Oxfordshire's Market Position Statements on Care Homes, Extra Care Housing, and Home Support Services;
- The Safer Oxfordshire Partnership's Strategic Intelligence Assessment;
- The Oxfordshire Health Inequalities Commission[2] report, published November 2016.

March 2017

[2] http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/health-inequalities-commission/health-inequalities-findings/

Contents

1 Executive Summary

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

Population and population groups (chapters 2 and 3)

- As of mid-2015, the estimated total population of Oxfordshire was 677,900.
- Over the ten year period, 2005 and 2015, there was an overall growth in the population of Oxfordshire of 50,200 people (+8%), similar to the increase across England (+8.3%).
- The five year age band with the greatest increase over this period was the newly retired age group 65 to 69 (+38%). There was a decline in the population aged 35 to 44.
- Oxfordshire County Council population forecasts, based on expected housing growth, predict an increase in the number of Oxfordshire residents of +183,900 people (+27%) between 2015 and 2030, taking the total population of the county from 677,900 to 864,200.
- This is more than double the growth of the previous 15 year period (2000 to 2015).
- Between 2015 and 2030, the number of people aged 85 and over is expected to increase by 92% in Oxfordshire overall and more than double in South Oxfordshire and Vale of White Horse.
- Between 2001-03 and 2013-15, the gap between male and female Life Expectancy in Oxfordshire decreased from 4.1 years to 3.1 years.
- Data for the combined years 2009 to 2013 shows that for males there was a 10 year gap in Disability Free Life Expectancy between the most and least deprived areas of Oxfordshire. For females the gap was just under 10 years.
- In 2015 Oxfordshire had a higher proportion of births to older mothers than the national average.

Wider determinants of health (chapter 4)

- The working age population in Oxfordshire (and nationally) is ageing.
- Earnings remain relatively high for Oxfordshire residents and (for the first time in the past 15 years of data), median earnings for residents was statistically above the South East average.
- Poverty and deprivation remain an issue in Oxfordshire affecting 14,000 children and 13,500 older people.
- People claiming Employment Support Allowance made up the majority of working age benefits claimants in Oxfordshire in May 2016. The top health condition of ESA claimants was *Mental and Behavioural disorders*.
- House prices in Oxfordshire continue to increase at a higher rate than earnings and Centre for Cities ranks Oxford as the least affordable UK city for housing. In Oxford city, social rents in 2015 were 18% above the national average.
- Buying a family home now requires 2-3 times a median income (i.e. 2-3 earners per household) in each district in Oxfordshire.

- The proportion of pupils eligible for Free School Meals at the end of primary school and attaining at least the expected standard at Key Stage 2 in reading writing and mathematics in Oxfordshire was below the national average (26% compared with 36%).
- Nationally the proportion of trips to school made by walking has fallen over the last 40 years, especially for primary aged pupils. The falling trend is likely to reflect both increasing household car availability and increasing length of trips to school.
- Young children (aged 7-10) have become less likely to be allowed to cross roads alone.
- The number of people injured using cycles on roads in Oxfordshire has increased significantly since 2010. The increase has been above the national average.
- Public Health England analysis found 423 fast food outlets in Oxfordshire of which 56% were in Cherwell and Oxford.
- Oxfordshire continues to have 13 Air Quality Management Areas where the annual mean objective for nitrogen dioxide is being exceeded including the whole of Oxford city.
- It is likely that the weather patterns in Oxfordshire will change in coming decades with more heavy rainfall and more frequent heatwaves.
- As the elderly are more vulnerable to extreme heat and cold, the UK Health Protection Agency predicts that future health burdens from climate change are likely to be amplified by an ageing population.
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Areas rated as "high risk" for isolation and loneliness in Oxfordshire are mainly in urban centres.

Health conditions and causes of death (chapter 5)

- Cancer was the leading cause of death in Oxfordshire. The proportion of GP-registered patients with a cancer diagnosis in Oxfordshire has remained above the national average.
- Between 2007 and 2015, the number of deaths of older people (aged 75 and over) from circulatory diseases in Oxfordshire declined by 15%, while deaths from dementia more than doubled.
- Oxfordshire continues to have a significantly higher rate of people killed or seriously injured on roads per head of population than average. The rate of people killed or seriously injured on roads as a proportion of vehicle miles was just below (better than) the national average.
- National survey data shows that, over the past 15 years, mental health disorders have been increasing in women and young women have emerged as a high risk group.
    - One adult in six had a common mental disorder (depression or anxiety), about one woman in five and one man in eight. Since 2000, the rate for women has steadily increased.
- The number and rate of people in Oxfordshire with depression or anxiety appears to have increased significantly.
- Trend data for Oxfordshire districts shows an increase in the percentage of patients with a recorded diagnosis of a severe and enduring mental health problem in the GP-registered population in Oxford city and Cherwell. The rate in Oxford city remains well above the average for NHS Oxfordshire CCG.

Lifestyles (chapter 6)

- There is currently no standard measure of food security/poverty. There are 14 food banks in Oxfordshire, most of which operate independently.
- An estimated 60% of people aged 16 or over in Oxfordshire are classified as overweight or obese. This is below the national average. Data from the National Child Measurement Programme shows an increase in obesity of younger children (aged 4-5 years) in Oxfordshire and a slight decline in obesity of children aged 10-11.
- There has been a statistically significant increase in the proportion of people participating in sport in Oxfordshire as a whole and in Oxford and the Vale of White Horse districts between the active people survey of Oct12-Oct13 and Apr15-Mar16.
- In Oxfordshire, there has been a significant increase in hospital admissions for alcohol-related conditions in the 40-64 age group. Admissions for older people, aged 65+ has also increased.
- The proportion of 5 year olds who were free of dental decay in Oxfordshire has improved and is now similar to the national average. The rate was lowest in Oxford (and worse than average).

Service use (chapter 7)

- Use of health services is increasing overall and per person.
    - Data from a sample of GP practices in Oxfordshire shows that the number of consultations per person aged 80+ doubled between 2009-10 and 2013-14.
    - Over the past 10 years, there has been a growth in the number of Hospital (consultant) episodes overall in the NHS Oxfordshire Clinical Commissioning Group area and a growth in the number of hospital episodes per person, particularly in the older age group.
- National data shows that people with mental health conditions are more likely to discuss their mental health with a GP and more likely to access treatment
- In the past year, there has been an increase in the number of people referred for treatment to Oxford Health mental health services, particularly children and young people.
    - Between 2011-12 and 2015-16, the number of patients referred to Oxford Health mental health services overall increased by 19%. The number of patient referrals aged 10-14 increased by 70% and aged 15-19 increased by 77%
- Older people are the primary users of short term and long term social care services.
- There has been an increase in the number and proportion of long term social care clients who are supported at home: from 58% of clients in 2012 to 71% in 2016. The greatest increase has been in the number of older social care clients supported at home.
- National data shows that a significantly lower proportion of disabled people used the internet to find information about goods and services (57% disabled compared with 80% not disabled).
- Areas of rural Oxfordshire classified as 2 miles or more from a GP surgery, cover almost a third of the younger population (aged 0-15, 32%) and a third of the older population (aged 65+, 34%) in rural districts.

2 Population

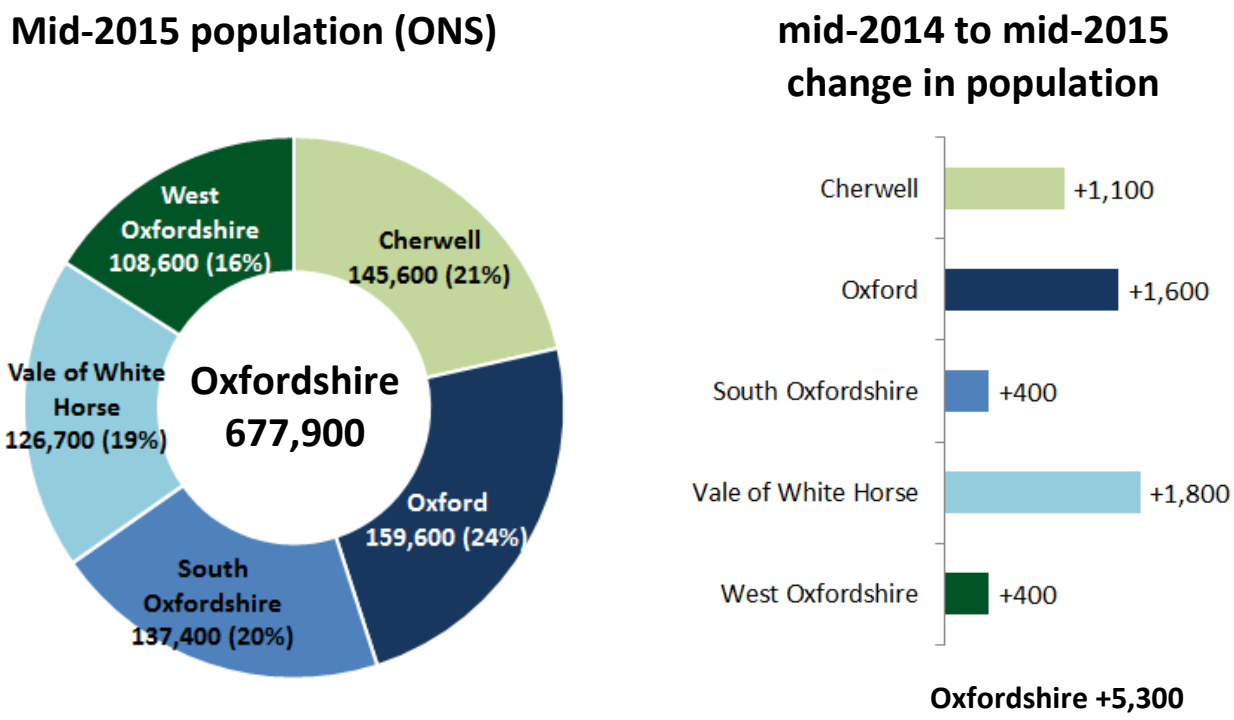
This section describes the changing size and profile of Oxfordshire's population. Further resources are available online, by visiting the JSNA – Population webpage.

2.1 Population

Mid-2015 population estimate

As of mid-2015, the ONS estimated total population of Oxfordshire was **677,900** residents (including students and armed forces). This was an increase of 5,300 (+0.8%) compared with the previous year (mid-2014).

Figure 1 Population of Oxfordshire and districts, mid-2015 and change 2014 to 2015



Source: ONS mid-year population estimates

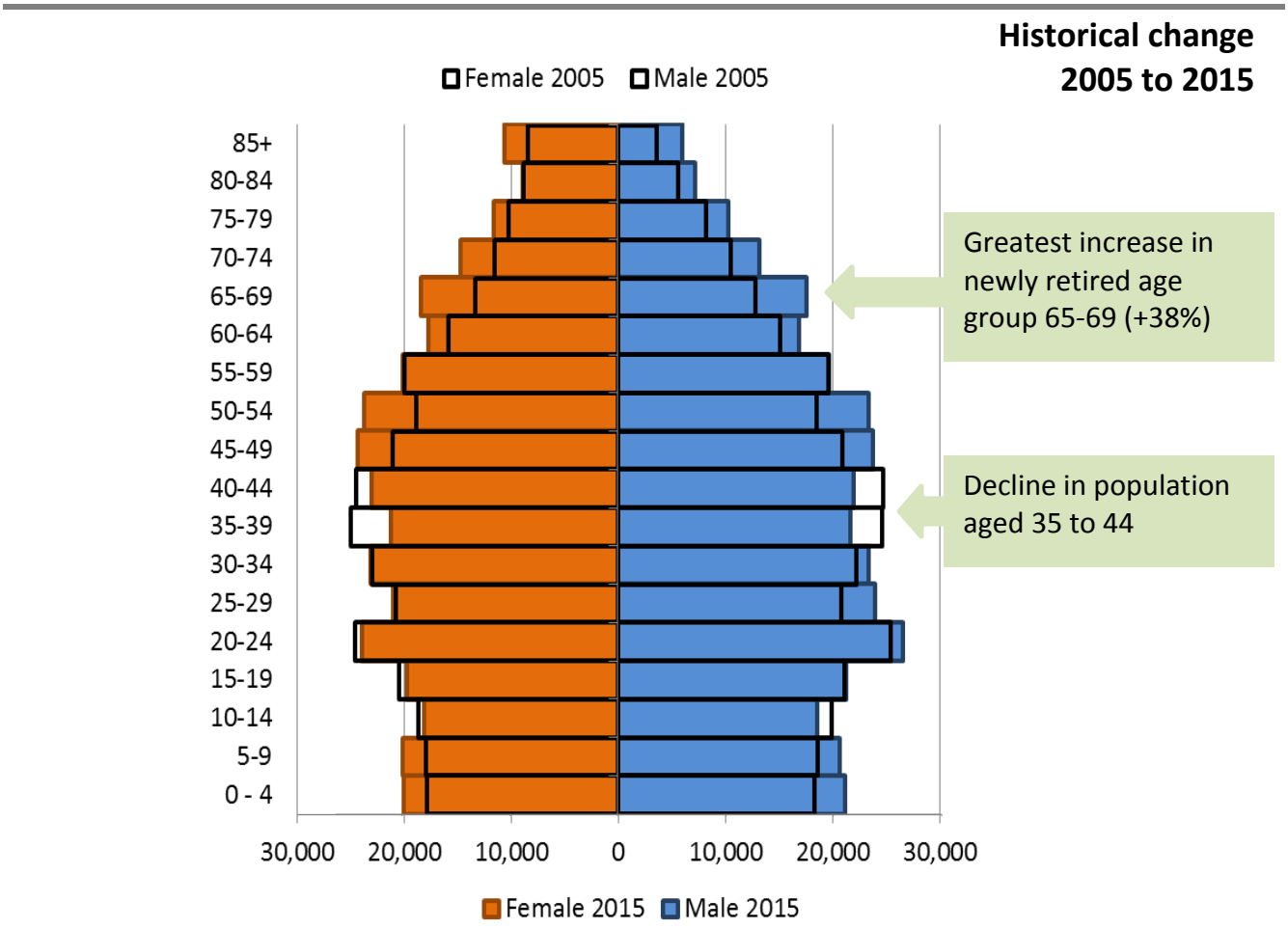
Note that investigation by Oxfordshire County Council's Research and Intelligence team into the ONS mid-year estimates for Oxford city has highlighted concerns about ONS modelling of the student-age population and (to a lesser extent) young working age and child populations.

Change in population by age

Over the ten year period, 2005 and 2015, there was an overall growth in the population of Oxfordshire of 50,200 people (+8%), similar to the increase across England (+8.3%).

The five year age band with the greatest increase over this period was the newly retired age group 65 to 69 (+38%). There was a decline in the population aged 35 to 44.

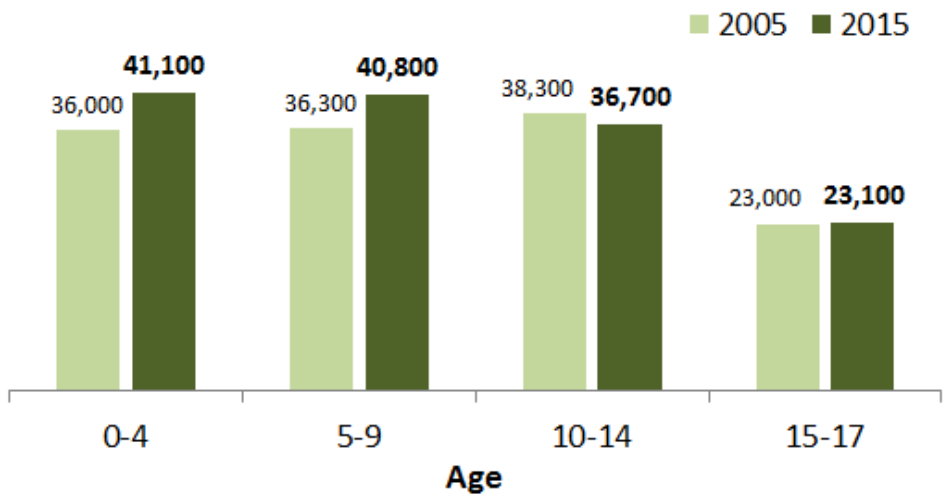
Figure 2 Oxfordshire's population by age 2005 and 2015



Source: ONS mid-year population estimates

Children and young people aged 0 to 17 made up 21% of Oxfordshire's population as of mid-2015, a similar proportion to that in 2005. As shown in the population pyramid above and the chart below, the greatest increases were in the age groups 0-4 and 5-9.

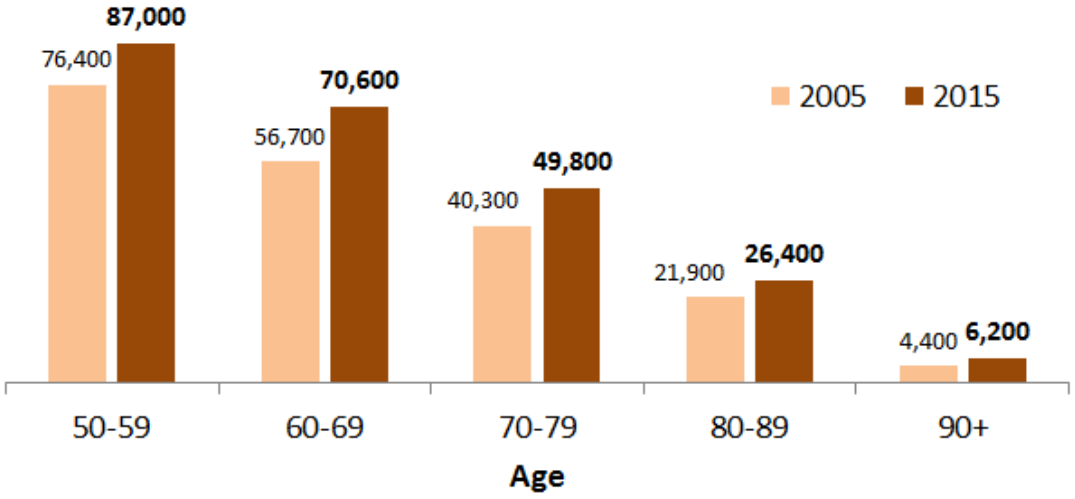
Figure 3 Number of children and young people in Oxfordshire, 2005 and 2015



Source: ONS mid-year population estimates

Older people aged 50 and over, made up 35% of Oxfordshire's population as of mid-2015, up from 32% in 2005. The greatest increase over this time period was in the number of people aged 60-69.

Figure 4 Number of older people in Oxfordshire, 2005 and 2015



Source: ONS mid-year population estimates

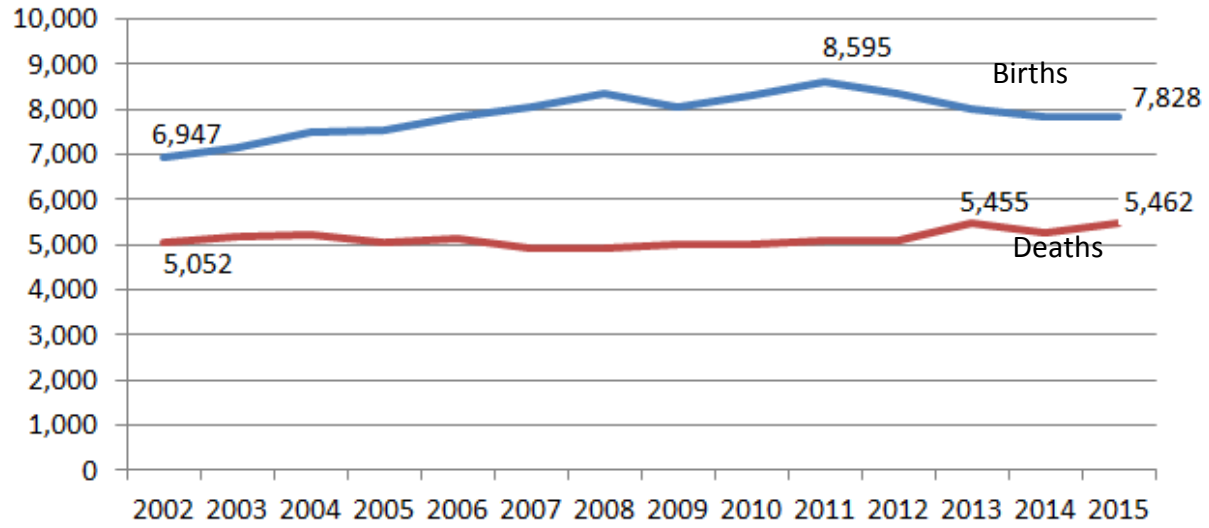
The change in population by age varies by district in Oxfordshire with rural districts seeing an increase in the retirement aged population and Oxford seeing a growth in the younger age groups.

Natural change vs migration

The number of births in Oxfordshire reached a peak in mid-2011 and has since declined. In mid-2015 there were **7,828** births in Oxfordshire, very close to the number as of mid-2014 (7,830).

The number of deaths in Oxfordshire increased slightly to **5,462** by mid-2015 up from 5,263 in mid-2014 (+4%).

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

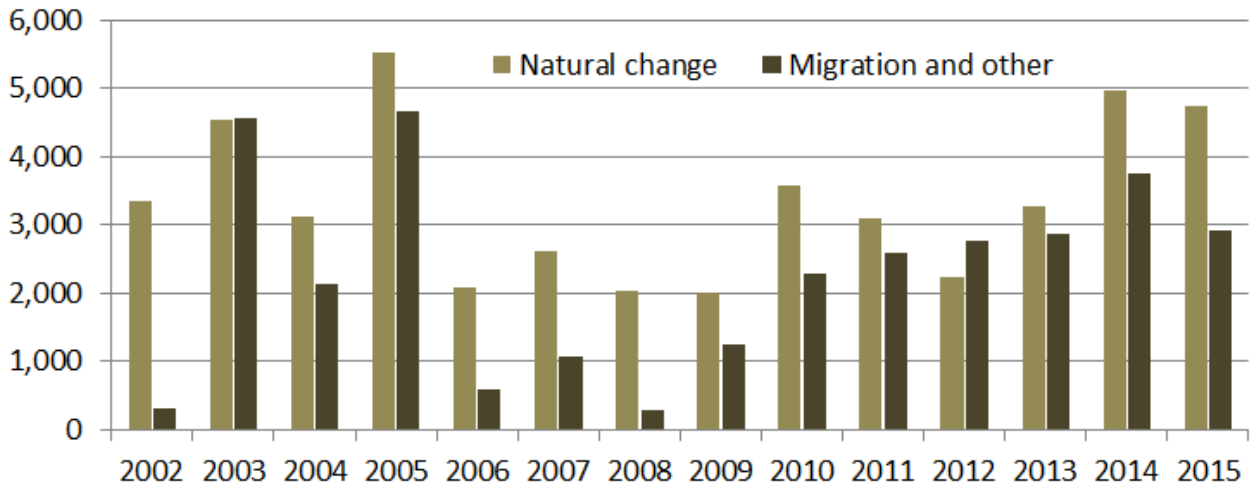


Source: ONS mid-year population estimates; NOTE: this data mid-year to mid-year (1 July to 30 June) in each year and not the calendar year

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

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

Figure 6 Oxfordshire: Natural change and Net Migration



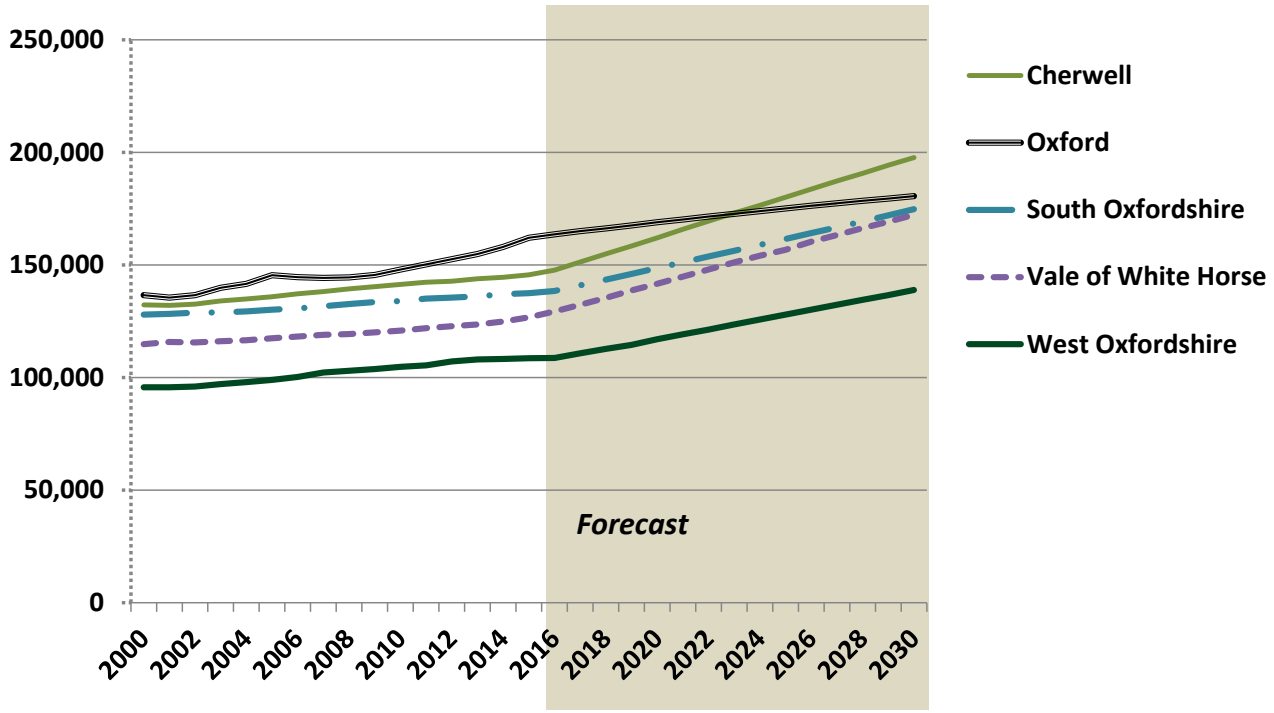
Source: ONS mid-year population estimates

Projected growth in population

Plans for a significant expansion in new housing, following the Oxfordshire Strategic Housing Market Assessment, imply a growth in the population of Oxfordshire over the next 15 years of more than double that of the previous 15 year period.

- Between 2000 and 2015, the total population of Oxfordshire increased by +70,700 people (+12%) compared with 11% across England.
- Oxfordshire County Council population forecasts, based on expected housing growth, predict an increase in the number of Oxfordshire residents of +183,900 people (+27%) between 2015 and 2030.

Figure 7 Number of residents by district: 2000 to 2015 estimates and 2015 to 2030 forecast



Source: ONS mid-year population estimates and Oxfordshire County Council population forecasts based on potential growth in housing stock likely to be contained in post-SHMA local plans for the 2011-2030 period (released Dec16)

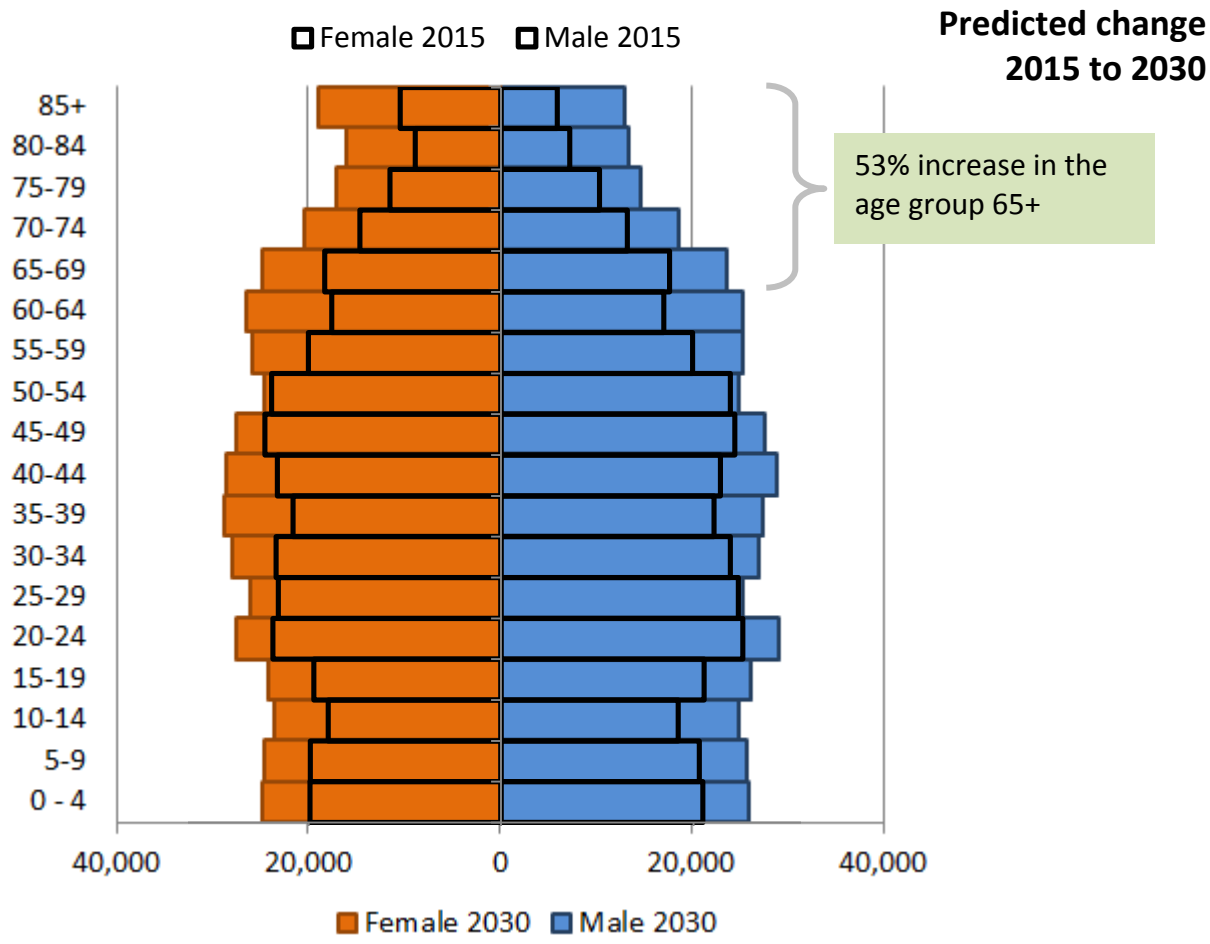
Table 1 Projected growth in total resident population 2015 to 2030

	2015	2030	Change 2015 to 2030	
Cherwell	145,600	197,700	52,100	36%
Oxford	162,100	180,600	18,500	11%
South	137,400	174,700	37,300	27%
Vale	126,700	172,200	45,500	36%
West	108,600	138,900	30,300	28%
OXFORDSHIRE	680,300	864,200	183,700	**27%**

Source: ONS mid-year population estimates and Oxfordshire County Council population projections based on potential growth in housing stock likely to be contained in post-SHMA local plans for the 2011-2030 period (released Dec16)

Over the fifteen year period, 2015 to 2030 the age group 65+ is expected to increase by more than half (53%).

Figure 8 Oxfordshire population by age 2015 and 2030



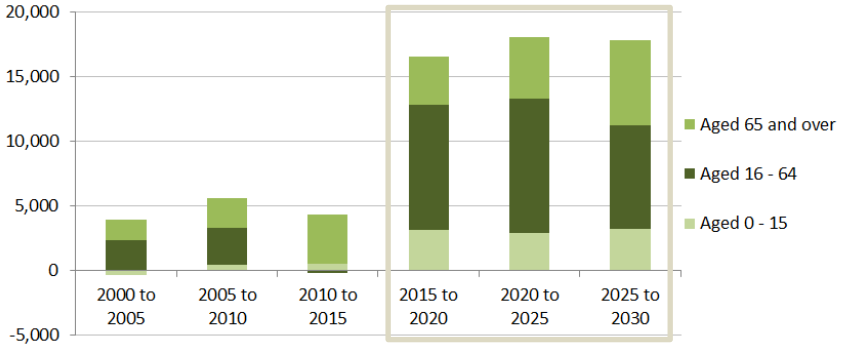
Source: ONS mid-year population estimates and Oxfordshire County Council population projections based on potential growth in housing stock likely to be contained in post-SHMA local plans for the 2011-2030 period (released Dec16)

With the exception of Oxford, each district in Oxfordshire is expected to see a population increase over the next 15 years well above that of the previous 15 years.

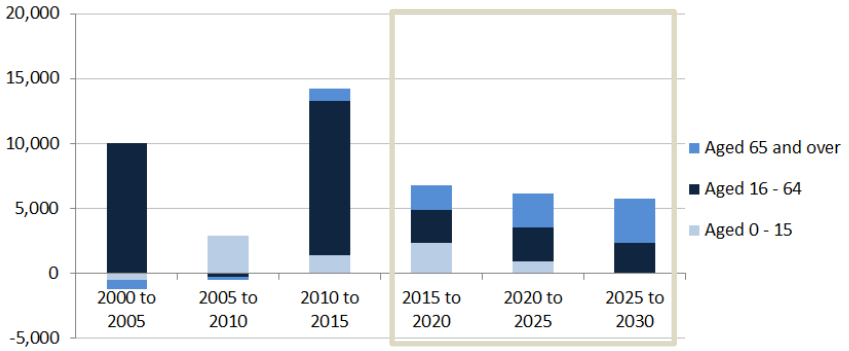
- *Note that housing totals between 2015-16 and 2030 are derived from the total growth currently thought likely to be contained in post-SHMA local plans for the 2011-2030 period. There is no detail yet available about which year development will occur in so, in each district, the same number of housing completions have been added per year.*

Figure 9 Additional residents (in 5 year bands), historical and predicted

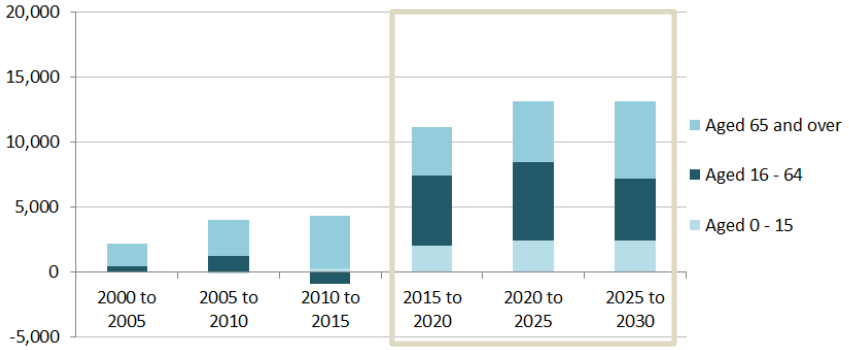
Cherwell



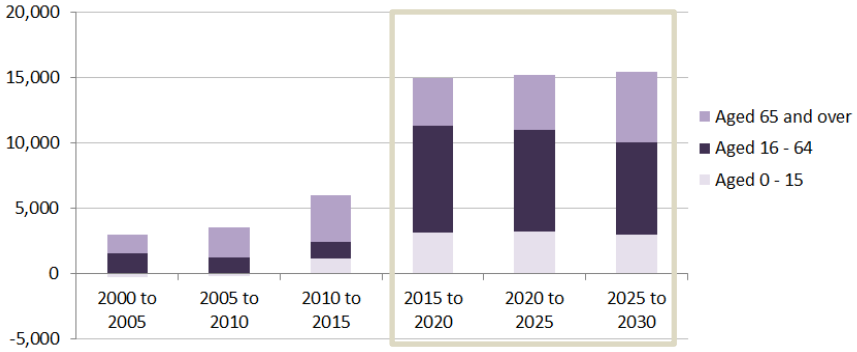
Oxford



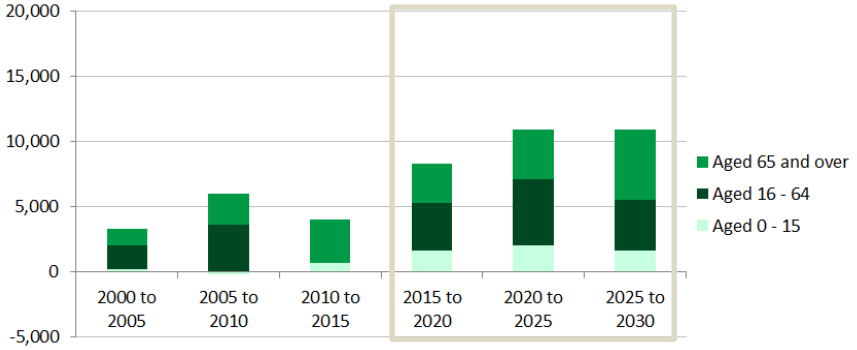
South Oxfordshire



Vale of White Horse



West Oxfordshire



Source: ONS mid-year population estimates and Oxfordshire County Council population projections based on potential growth in housing stock likely to be contained in post-SHMA local plans for the 2011-2030 period (released Dec16)

Predicted growth of the oldest age group (85+)

Each district in Oxfordshire has seen a historical growth in the number of residents in the oldest age group (85 and over).

- Between mid- 2000 and mid-2015 the number of people aged 85 and over increased from 11,200 to 16,500, an increase of 27%.

Oxfordshire County Council projections predict a significant increase in the size of this older age group by 2030.

- Between 2015 and 2030, the number of people aged 85 and over is expected to increase by 92% in Oxfordshire overall and more than double in South Oxfordshire and Vale of White Horse.

Table 2 Historical and projected number of people aged 85 and over, Oxfordshire districts (2000 to 2015 and 2015 to 2030)

	ONS mid-year estimates			Oxfordshire County Council Projection	
	2000	**2015**	***2000 to 2015***	**2030**	***2015 to 2030***
Cherwell	2,100	3,300	*1,200*	6,200	*2,900*
Oxford	2,500	2,800	*300*	4,200	*1,400*
South Oxfordshire	2,600	3,800	*1,200*	8,200	*4,400*
Vale of White Horse	2,100	3,500	*1,400*	7,100	*3,600*
West Oxfordshire	1,900	3,200	*1,300*	6,200	*3,000*
Oxfordshire	11,200	16,500	*5,300*	31,900	*15,300*

Source: ONS mid-year population estimates and Oxfordshire County Council population projections (released Dec16)

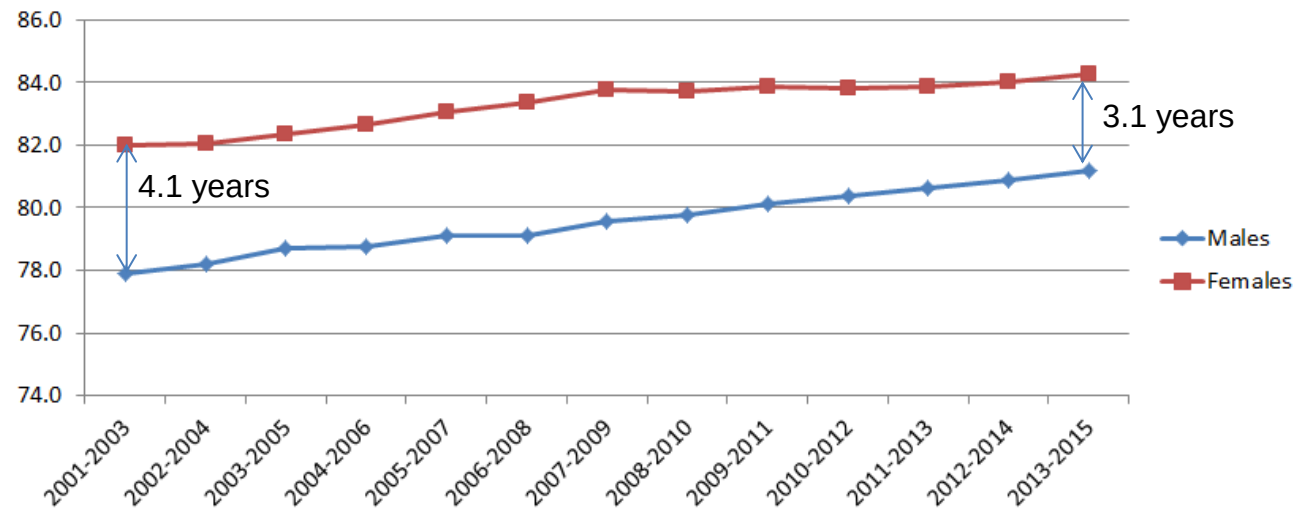
2.2 Life Expectancy

The most recent set of 3 year Life Expectancy data shows that, between 2012-14 and 2013-15, Life Expectancy for males and females in Oxfordshire each increased.

- Male Life Expectancy increased from 80.9 to 81.2 (+0.3 years)
- Female Life Expectancy increased from 84.0 to 84.3 (+0.3 years)

Between 2001-03 and 2013-15, the gap between male and female Life Expectancy decreased from 4.1 years to 3.1 years.

Figure 10 Change in Life Expectancy in Oxfordshire – males and females to 2013-15



Source: ONS, Crown Copyright 2016; Figures are based on the number of deaths registered and mid-year population estimates, aggregated over 3 consecutive years. Note that scale does not start at 0

The change in Life Expectancy has contributed to an increase in the proportion of men in the older age groups in Oxfordshire.

For people aged 65 and over:	Males made up 44% of the population in 2005, increasing to 46% in 2015.
For people aged 85 and over:	Males made up 30% of the population in 2005, increasing to 36% in 2015.

Health expectancies can be used to measure the proportion of life spent in "good" health or the proportion of life spent without disability.

In Oxfordshire, males at birth are expected to spend 84% of their life in good health (compared with 80% in England), for females it is 82% (compared with 78% in England).

Data for Middle Layer Super Output Areas (MSOAs[3]) in Oxfordshire shows geographical differences in the proportion of life spent in good health of between 80% and 89% for males and between 74% and 88% for females. The gap between highest and lowest areas in Oxfordshire is narrower than the gap for the South East region and England as a whole.

[3] Middle Layer Super Output areas are a statistical geography. There is a total of 86 MSOAs in Oxfordshire each with an average of 7,900 people.

Table 3 Proportion of life spent in good health (2009 to 2013)

% life spent in good health	Males			Females		
	lowest MSOA	highest MSOA	Average	lowest MSOA	highest MSOA	Average
Oxfordshire	80.4%	88.6%	84.1%	74.1%	88.1%	82.2%
South East	78.9%	90.2%	82.6%	66.0%	88.4%	80.8%
England	76.9%	90.2%	80.2%	58.0%	88.4%	78.1%

Source: ONS Healthy Life Expectancy at Birth dataset, released Sept 2015; confidence intervals not published for this data (but will apply)

2.3 Inequality in Disability Free Life Expectancy

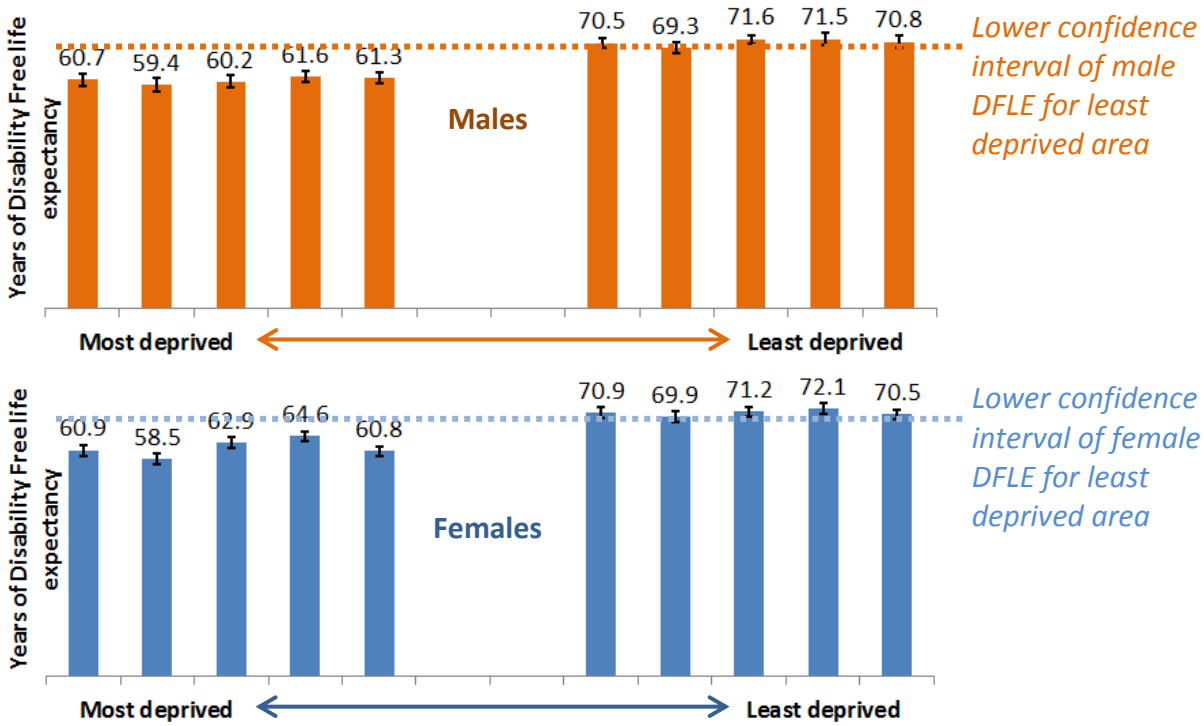
Disability Free Life Expectancy (DFLE) is the average number of years an individual is expected to live free of disability if current patterns of mortality and disability continue to apply.

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

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

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

Figure 11 Disability Free Life Expectancy: most deprived vs least deprived MSOAs in Oxfordshire, 2009-2013



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

3 Population groups and equalities

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

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

3.1 Population groups – key findings

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

Race, ethnicity and language

- The age profile of Oxfordshire's population differs significantly by ethnic group (Census 2011). The ethnic minority group with the largest number of people in the older population in Oxfordshire was 'other white' (including people with European backgrounds).
- Over the past 5 years, there has been increase in the number and proportion of pupils age 5 in Oxfordshire with first language not English.

Religion and belief

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

Sexual orientation and gender reassignment

- Local data on sexual orientation and gender reassignment remains unavailable.

Marriage and civil partnership

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

Pregnancy and maternity

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

Disability

- Rates of disability vary significantly by age and by district.
- Oxfordshire had a slightly higher proportion of people aged 85 and over with a disability and the district with the highest rate of disability in this oldest age group was Cherwell followed by Vale of White Horse (Census 2011).
- The number of recipients of Attendance Allowance (for people with disabilities) in Oxfordshire has declined in all age groups over the past 5 years, other than for those aged 90 and over. This is similar to the national trend.
- Of the districts in Oxfordshire, Cherwell had the greatest number of Attendance Allowance claimants in each age group.

Rural population

- As at mid-2015, a third of the total population of Oxfordshire lived in areas defined as "rural" by the Office for National Statistics.
- Older people are more likely to live in rural areas than younger age groups.
- West Oxfordshire had the highest proportion living in rural areas and the highest proportion of older rural residents.

Armed forces

- The district with the largest number residents of Oxfordshire in receipt of Armed Forces Pension, War pension and Armed forces compensation scheme was West Oxfordshire.

Carers

- Census 2011 analysis shows:
  - Oxford had double the national average of young carers (aged under 16).
  - Oxford was above the regional South East average on the proportion of working age carers aged 35 to 49.
  - Cherwell was above the regional South East average on the proportion of carers aged 65 and over.
  - Compared with all people aged 65 and over, older people providing significant amounts of care (50 or more hours per week) were more likely to be in "bad" health.
  - Cherwell district had the highest rate of people combining full time work and caring (Census 2011).
  - The proportion of people providing care by ethnic minority group appears to be lower in Oxfordshire than nationally. This is very likely to be influenced by the age profile of each ethnic group.
- By the end of March 2016, the Oxfordshire Young Carers Service had identified and supported a total of 2,281 children and young adults (aged 0 -25 years) who provide unpaid care to a family member.

3.2 Race, ethnicity and language

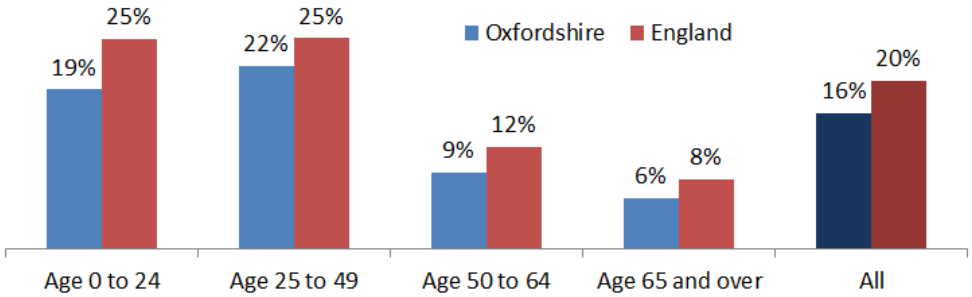
Ethnic groups by age

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

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

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

Figure 12 Ethnic minority population by broad age – Oxfordshire vs England (2011)

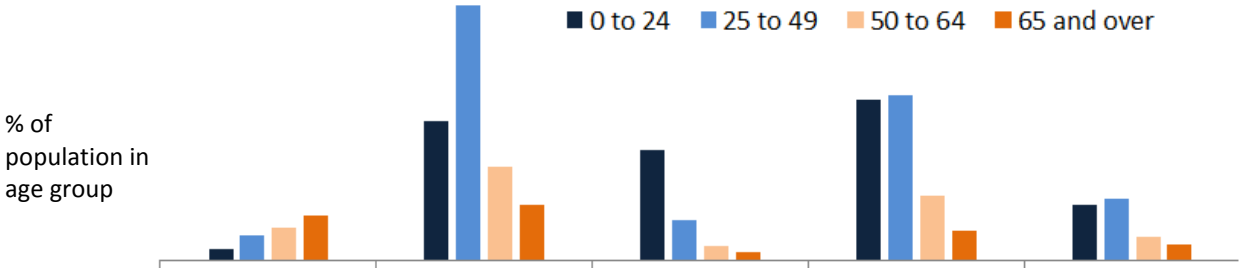


Source: ONS Census 2011 table LC2101

The age profile of individual ethnic groups differs significantly:

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

Figure 13 Ethnic minority population groups by broad age – Oxfordshire (2011)



	White: Irish	Other White	Mixed/multiple	Asian/Asian British	Black/African/Caribbean/Black British
0 to 24	0.4%	5.4%	4.3%	6.2%	2.1%
25 to 49	1.0%	9.9%	1.5%	6.4%	2.4%
50 to 64	1.3%	3.6%	0.5%	2.5%	0.9%
65 and over	1.7%	2.2%	0.3%	1.1%	0.6%

Source: ONS Census 2011 table LC2101

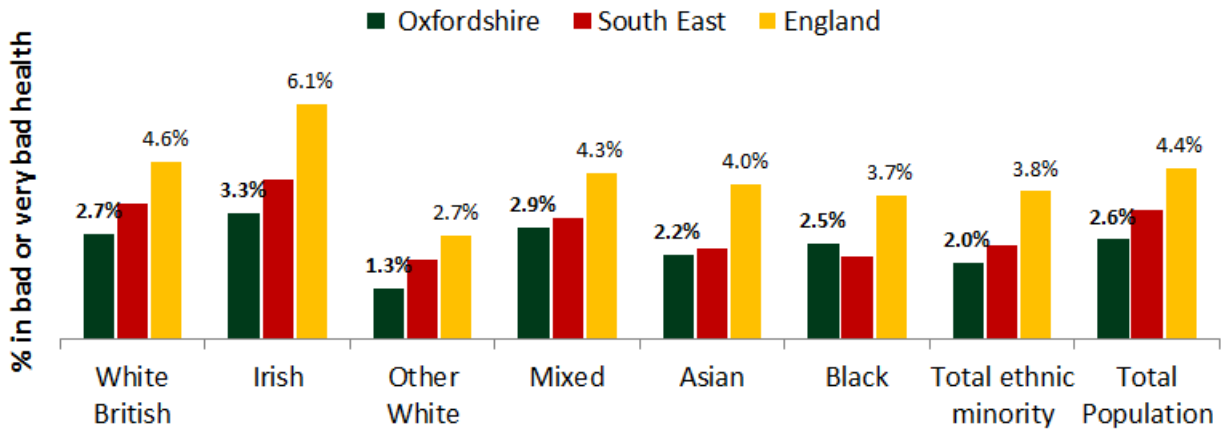
The ethnic minority group with the largest number of people in the older population in Oxfordshire was 'other white' with 2,200 people aged 65 and over, followed by Irish (1,800).

Ethnicity and health

A total of 23,200 people in Oxfordshire reported that their health was "bad or very bad" in 2011, of which 11,000 people were between the ages of 16 and 64.

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

Figure 14 People aged 16 to 64 in bad or very bad health (2011, self-reported)



Source: ONS Census 2011 table LC3206

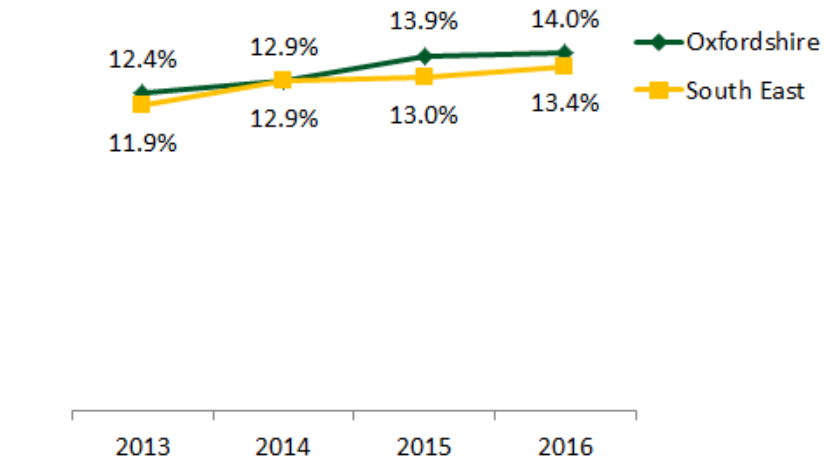
Language skills

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

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

Data published as part of the Early Years foundation stage attainment results shows an increase in the number and proportion of pupils (age 5) in Oxfordshire with first language not English. The % of pupils with first language not English in Oxfordshire is slightly higher than the regional South East average (14% in Oxfordshire compared with 13.4% in SE).

Figure 15 % of Early Years foundation stage pupils (aged 5) with first language not English.



Source: Department for Education

Key stage 2 attainment data for 2016[4] shows that pupils in Oxfordshire with English as a second language performed below average. 53% of pupils with first language known to be English performed to the expected standard compared with 44% of all other pupils.

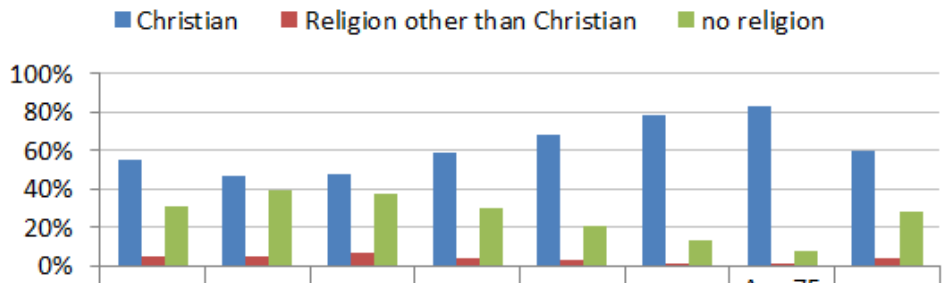
[4] Department for Education: SFR62/2016: National curriculum assessments at key stage 2, 2016 (revised)

3.3 Religion and belief

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

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

Figure 16 Proportion of the population with a stated religion or no religion, by age – Oxfordshire (2011)



	Age 0 to 15	Age 16 to 24	Age 25 to 34	Age 35 to 49	Age 50 to 64	Age 65 to 74	Age 75 and over	All
Christian	55%	47%	48%	59%	68%	78%	83%	60%
Religion other than Christian	5%	5%	7%	5%	3%	2%	1%	4%
no religion	31%	39%	38%	30%	21%	13%	8%	28%

Source: ONS Census 2011 table LC2107

3.4 Sexual orientation

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

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

Experimental statistics on sexual identity released by the ONS in October 2016[5] found that:

- In 2015, 1.7% of the UK population identified themselves as lesbian, gay or bisexual (LGB). In the South East this was slightly higher, at 1.8% of the population.
- More males (2.0%) than females (1.5%) identified themselves as LGB in 2015.
- Of the population aged 16 to 24, there were 3.3% identifying themselves as LGB, the largest percentage within any age group in 2015.

5 https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2015

- The population who identified as LGB in 2015 were most likely to be single, never married or civil partnered, at 68.2%.

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

Table 4 Sexual orientation by age and estimate of total LGB population in Oxfordshire (using 2015 population estimates)

Age	Heterosexual or straight		Gay or lesbian		Bisexual		Other		Don't know or refuse	
	%	Oxon est	%	Oxon est	%	Oxon est	%	Oxon est	%	Oxon est
16-24	92.1	77,300	1.5	1,300	1.8	1,500	0.4	300	4.1	3,400
25-34	92.5	84,800	1.8	1,700	0.9	800	0.4	400	4.5	4,100
35-49	93.6	127,300	1.3	1,800	0.4	500	0.4	500	4.3	5,900
50-64	94.6	115,000	1	1,200	0.4	500	0.4	500	3.7	4,500
65+	94.8	112,200	0.3	400	0.3	400	0.4	500	4.2	5,000
TOTAL		516,600		6,200		3,700		2,200		22,900

Sources: ONS Sexual identity experimental estimates and ONS 2015 mid-year population estimate for Oxfordshire

3.5 Gender reassignment

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

During the 2014-15 financial year (the latest year of data) there were 343 applications for gender recognition certificates in the UK. This represents an increase of 10% on the 2013-14 number. The number of applications per quarter has ranged between 60 and 100 over the past six years and appears to be increasing gradually over time. Data at local levels are not currently available.

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

[6] Ministry of Justice data downloaded from UK Trans Info: http://uktrans.info/grc-stats

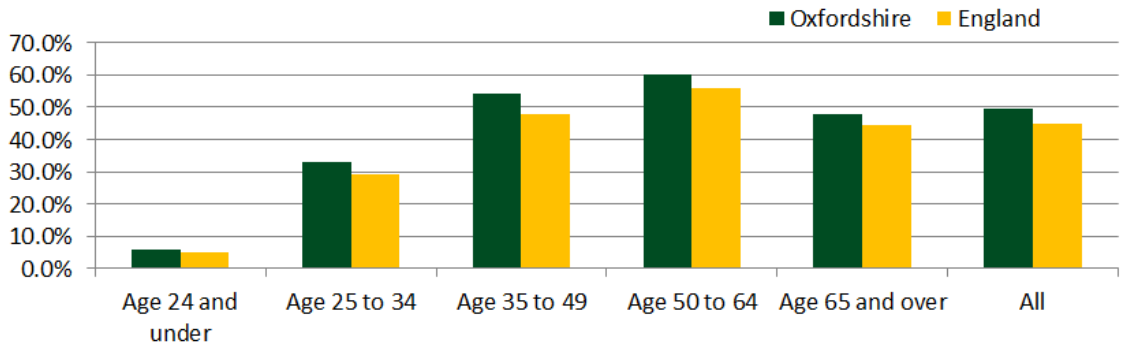
[7] The LGBT ASCOF Companion Document (LGBT Foundation, 2015): http://lgbt.foundation/get-support/downloads/detail/?downloadid=365

3.6 Marriage and civil partnership

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

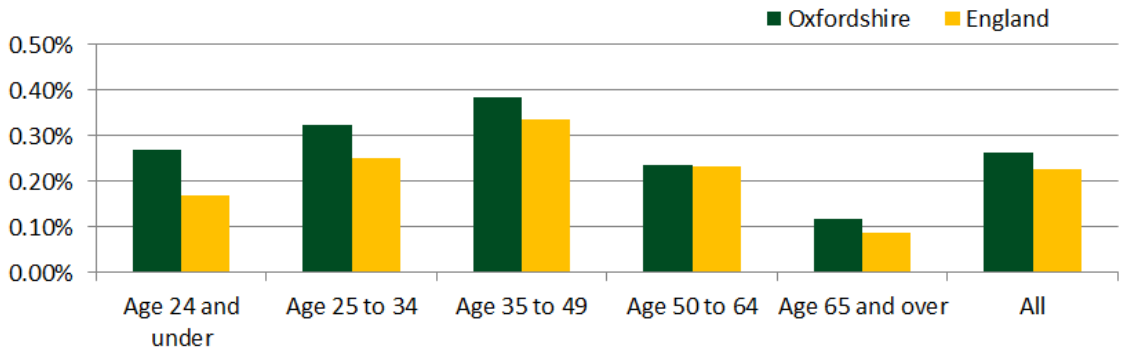
The proportion of households married or in a same-sex civil partnership in Oxfordshire was above the rate for England in each age group.

Figure 17 Married households – Oxfordshire vs England (2011)



Source: ONS Census 2011 table LC1101; note that same-sex marriage was introduced in March 2014 and so not included in the 2011 Census

Figure 18 Households in a registered same-sex civil partnership – Oxfordshire vs England (2011)



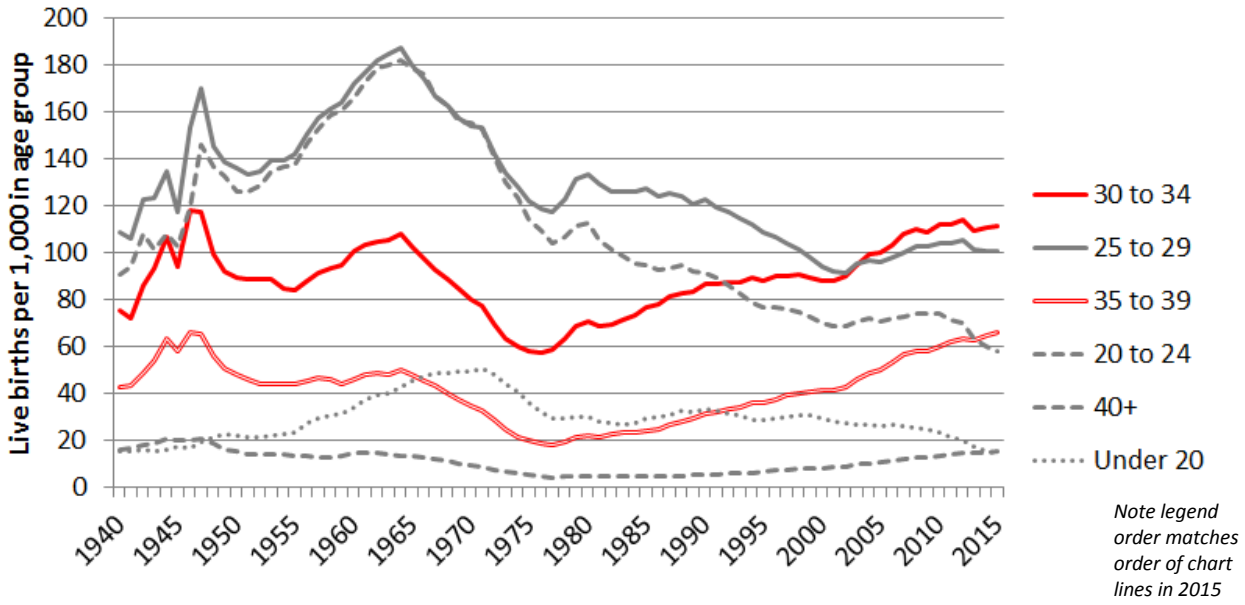
Source: ONS Census 2011 table LC1101

3.7 Pregnancy and maternity

The national picture

Long term ONS birth statistics for England and Wales show a change in fertility by age group with declining rates in the under 20s and 20-24 age groups and increasing fertility rates for women in their 30s.

Figure 19 Long term changes in fertility by age of mother, England and Wales



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

Conceptions in Oxfordshire

There was a slight increase in conceptions in Oxfordshire in 2014 compared with the previous year and the rate of conceptions increased to 71.3 per 1,000 women aged 15-44 compared with 75.4 in the South East. In Oxfordshire 17.7% of conceptions led to therapeutic abortion in 2014, similar to the proportion in 2013 (17.6%) and below average for the South East (19.6%).

Table 5 Conceptions in Oxfordshire

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

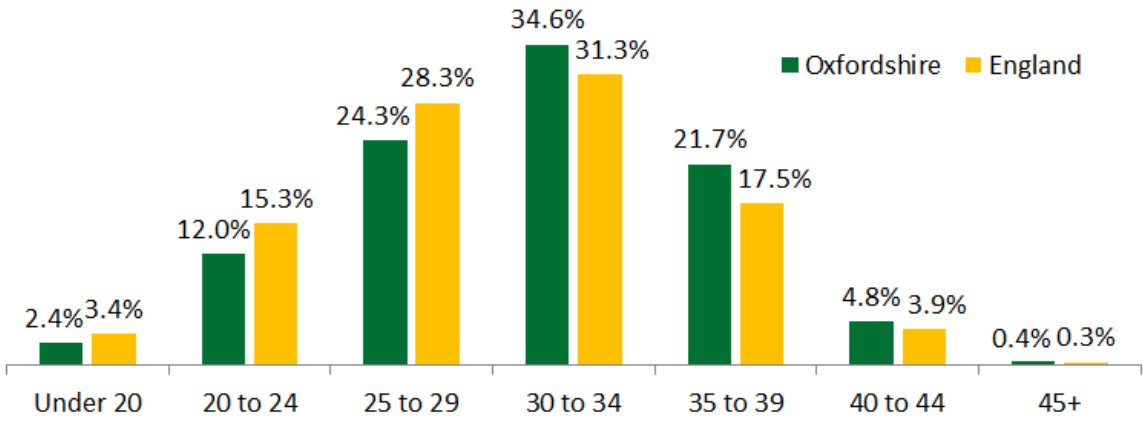
Source: ONS Conceptions statistics; data not available for local authority district areas

Births by age of mother

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

- 61% of births in Oxfordshire in 2015 were to mothers aged 30 and over. The proportion of births to mothers aged 30+ in England was 53%.
- The proportion of births to mothers aged 30+ was highest in South Oxfordshire district (66%) and lowest in Cherwell district (57%). Oxford was 62%, Vale of White Horse 61% and West Oxfordshire 61%.

Figure 20 Distribution of total live births by age of mother (2015)



Source: ONS births by mothers usual residence

Births by mother's country of birth

In 2015, 72% of births to residents of Oxfordshire were to mothers born within the UK, the same as the national average (72%).

In Oxford this proportion was 49% with 22% of births in the city from mothers born in Europe, followed by 16% to mothers born in Middle East and Asia.

Table 6 Births by mother's country of birth (2015)

	within UK		EU excl. 'New EU'*		New EU*		Rest of Europe (non EU)		Middle East and Asia		Africa		Rest of World	
Cherwell	1,377	75%	68	4%	181	10%	12	1%	114	6%	49	3%	47	3%
Oxford	925	49%	168	9%	185	10%	56	3%	313	16%	121	6%	131	7%
South Oxon	1,255	81%	60	4%	82	5%	11	1%	54	3%	45	3%	37	2%
Vale of WH	1,105	78%	80	6%	55	4%	14	1%	69	5%	45	3%	45	3%
West Oxon	1,014	85%	36	3%	60	5%	9	1%	19	2%	28	2%	23	2%
Oxfordshire	**5,676**	**72%**	**412**	**5%**	**563**	**7%**	**102**	**1%**	**569**	**7%**	**288**	**4%**	**283**	**4%**
England		*72%*		*3%*		*7%*		*1%*		*10%*		*5%*		*2%*

Source: ONS live births by parent's country of birth; *The 'New EU' constitutes the countries which joined the European Union (EU) between 2004 and 2013.

3.8 Disability

Family resources survey (national data)

The Family Resources Survey (FRS) for the UK in 2014-15 estimated that around 20% of the UK's population was disabled, experiencing physical, mental, cognitive, learning, social, behavioural or other types of impairment[8]. This was an increase of 1 percentage point on the previous year (2013-14).

The South East was slightly below the UK average at 19%. Applying this regional rate to Oxfordshire implies a total of **128,800** with a disability living in the county including **8,800** children aged 0-15.

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

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

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

Figure 21 Impairment types reported by disabled people, by age group, 2014-15, United Kingdom, percentage of disabled people

Impairment type	All disabled people	Working age adults	State Pension age adults	Children
Vision	14	11	18	8
Hearing	15	8	24	8
Mobility	53	45	69	21
Dexterity	29	26	36	10
Learning	13	14	7	32
Memory	16	16	18	10
Mental health	20	30	7	18
Stamina/ breathing/ fatigue	39	34	46	30
Social/behavioural	7	7	1	35
Other	15	17	12	19

Source: Family Resources Survey 2014-15. Totals will sum to over 100 per cent as respondents can report more than one impairment type. From 6 April 2010, the State Pension age for women has been gradually increasing. FRS data contained in this report was collected throughout the financial year 2014-15, during which the State Pension age for women increased from 62 years and 0 months to 62 years 6 months. The changes do not affect the State Pension age for men, currently 65 years.

[8] https://www.gov.uk/government/statistics/family-resources-survey-financial-year-201415

[9] ONS Census 2011 table KS301

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

Table 7 Estimate of number of people in Oxfordshire by impairment type and age from UK prevalence data (2014-15)

Impairment type	Children (0-15)	Working age adults (16-64)	State Pension age adults (65+)	TOTAL
Vision	700	8,100	9,600	18,400
Hearing	700	5,900	12,800	19,400
Mobility	1,900	33,100	36,800	71,800
Dexterity	900	19,100	19,200	39,200
Learning	2,800	10,300	3,700	16,800
Memory	900	11,800	9,600	22,300
Mental health	1,600	22,100	3,700	27,400
Stamina/ breathing/ fatigue	2,700	25,000	24,500	52,200
Social/behavioural	3,100	5,200	500	8,800
Other	1,700	12,500	6,400	20,600

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

Note that for the mental health category this method implies 27,400 people with this impairment which appears to be a significant underestimate. The number of people in the Oxfordshire Clinical Commissioning Group with diagnosed depression (alone – without including other mental health conditions) was around 51,000 in 2015-16.

People registered for a disabled parking badge (blue badge)

As of 31 March 2016, 22,400 people had a blue badge for disabled parking in Oxfordshire[10] of which 6,500 were on the Higher Rate Mobility Component of the Disability Living Allowance or meeting the Moving around criteria of the Personal Independence Payment and a further 14,500 were people with permanent and substantial disability (walking).

The rate of blue badge holders per population in Oxfordshire was 3.2%, below the averages for the South East (3.9%) and England (4.3%).

[10] Department for Transport blue badge statistics (Nov 2016)

Census 2011 data on disability

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

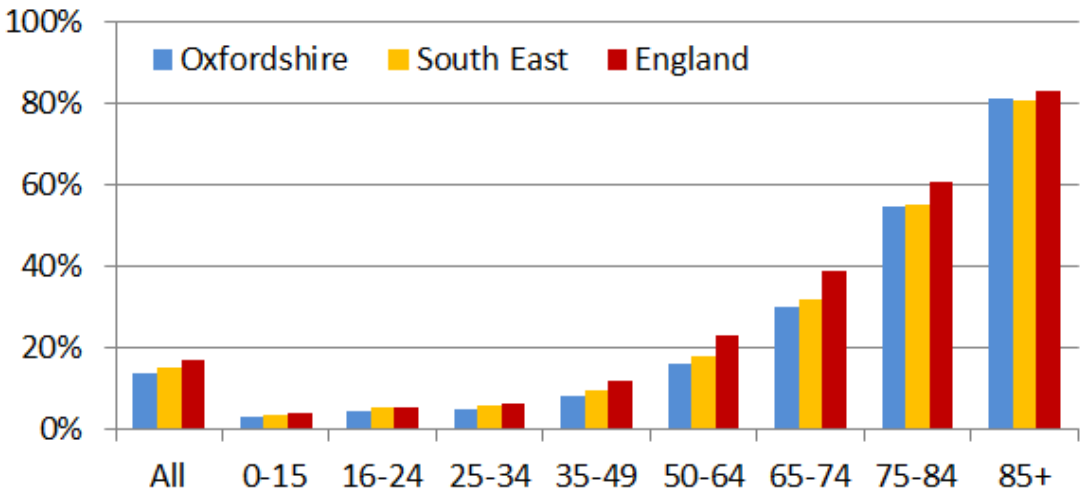
At the time of the 2011 Census, 84,860 people living in households in Oxfordshire (not including communal establishment residents) said they were limited in their daily activities, representing nearly one in seven people in the county (13.6%).

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

Data shows that rates of disability vary significantly by age.

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

Figure 22 Percentage of residents in households* by age with daily activities limited by ill health or disability (a little or a lot) 2011, Oxfordshire vs South East and England



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

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

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

Table 8 Percentage of residents aged 85+ in households* by age with daily activities limited by ill health or disability (a little or a lot), wards with the highest rates in Oxfordshire 2011

District	Ward	% of household residents aged 85+ disabled (a little or a lot)	
		%	count
West Oxfordshire	Carterton North East	94%	15
Cherwell	Bicester East	94%	58
West Oxfordshire	Ducklington	94%	29
Vale of White Horse	Hanneys	93%	37
South Oxfordshire	Didcot Ladygrove	92%	22
Cherwell	Banbury Hardwick	92%	54
Cherwell	Ambrosden and Chesterton	90%	36
Cherwell	Caversfield	90%	35
West Oxfordshire	Brize Norton and Shilton	89%	25
South Oxfordshire	Sandford	89%	25
South Oxfordshire	Didcot Northbourne	89%	41
West Oxfordshire	Milton-under-Wychwood	89%	57
Cherwell	Kidlington North	89%	109

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

People claiming Attendance Allowance

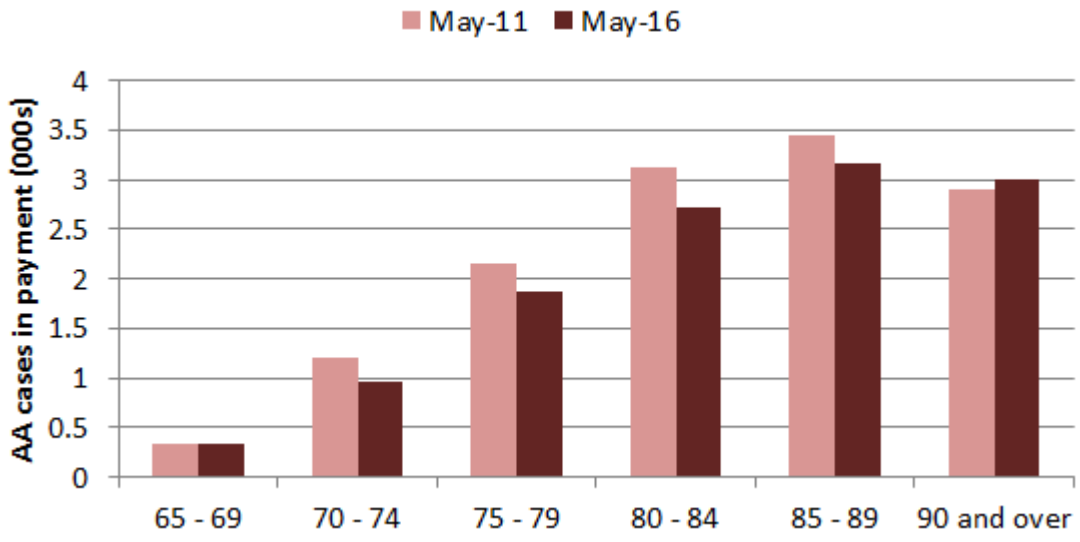
Attendance Allowance *is not means tested and is available to anyone over 65 who meets the eligibility criteria. It is intended for:*

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

As of May 2016 there was a total of **12,060** residents of Oxfordshire receiving Attendance Allowance. This was 8% below the total in May 2011 (13,130).

The number of recipients of Attendance Allowance in Oxfordshire has declined in all age groups over the past 5 years, other than for those aged 90 and over. This is similar to the national trend.

Figure 23 Attendance Allowance cases in payment (000s), Oxfordshire May 2011 vs May 2016



Source: DWP tabulation tool

Of the districts in Oxfordshire, Cherwell had the greatest number of Attendance Allowance claimants in each age group. 40% of Cherwell residents aged 85 and over were receiving Attendance Allowance, above the average for the county (37%).

Table 9 Attendance Allowance recipients, count and percentage of population, by age and district (May 2016)

	Aged 65 - 69		Aged 70 - 74		Aged 75 - 79		Aged 80 - 84		Aged 85 and over		TOTAL
	count	%	count	%	count	%	count	%	count	%	count
Cherwell	80	*1.0*	250	*4.2*	490	*10.4*	640	*18.8*	1,320	*40.0*	2,780
Oxford	60	*1.1*	160	*3.9*	330	*10.0*	480	*18.5*	1,030	*36.8*	2,060
South Oxfordshire	70	*0.8*	190	*2.8*	400	*7.6*	580	*15.7*	1,340	*35.3*	2,580
Vale of White Horse	70	*0.9*	180	*3.1*	350	*7.6*	550	*16.2*	1,300	*37.1*	2,450
West Oxfordshire	60	*0.9*	180	*3.4*	300	*7.5*	470	*15.7*	1,190	*37.2*	2,200
Oxfordshire	**340**	***0.95***	**960**	***3.44***	**1,870**	***8.54***	**2,720**	***16.89***	**6,180**	***37.23***	**12,070**

Source: DWP tabulation tool

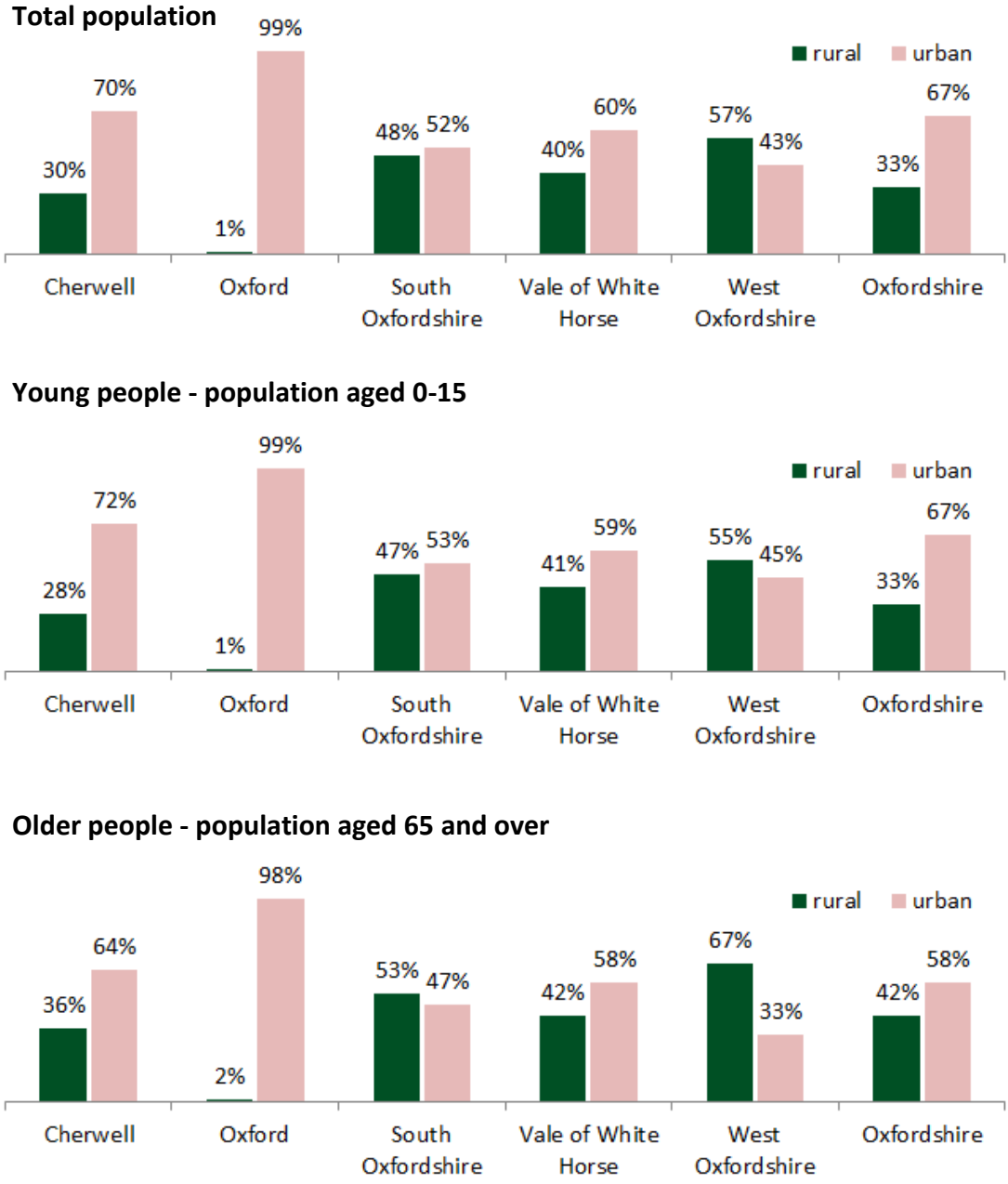
3.9 Rural population

As at mid-2015, a third of the total population of Oxfordshire (223,100, 33%) lived in areas defined as “rural” by the Office for National Statistics.

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

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

Figure 24 Population in rural and urban areas by district (2015 ONS population estimate and rural/urban classification based on lower super output areas)



Source: ONS population estimate 2015 by LSOA, ONS rural urban classification of Lower Layer Super Output Areas

3.10 Armed forces

Regular armed forces personnel

As of 1 October 2016, around **9,400** regular armed forces (military and civilian) personnel were stationed in Oxfordshire (although not all necessarily reside in the county).

Table 10 Armed Forces personnel stationed in Oxfordshire, Oct 2015 to Oct 2016

	01-Oct-15	01-Oct-16	*Oct15 to Oct16*
Military Total	**8,430**	**8,340**	***-90***
Officers	1,780	1,780	*0*
Other Ranks	6,650	6,550	*-100*
Civilians Total	**1,050**	**1,040**	***-10***
Non Industrial	810	810	*0*
Industrial	250	220	*-30*

Source: Ministry of Defence Quarterly Location Statistics updated 17 Nov 2016

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

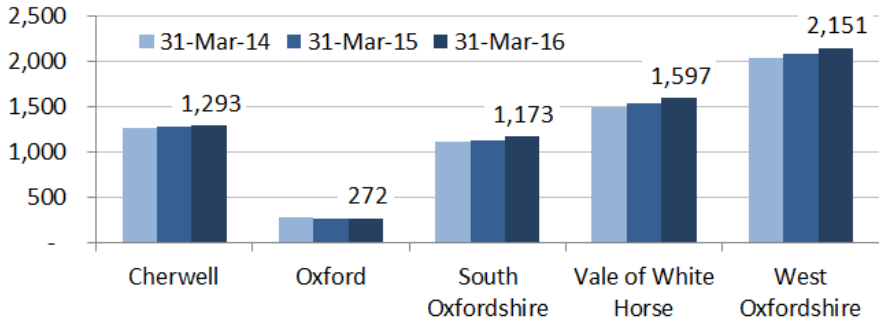
- St David's Barracks in Bicester (534 Military personnel)
- Vauxhall Barracks in Didcot (260 Military personnel)
- Dalton Barracks in Abingdon (950 Military personnel)

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

Veterans

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

Figure 25 Number of residents in receipt of Armed Forces Pension, War pension and Armed forces Compensation Scheme, Mar14 to Mar16



Total Oxfordshire (31 Mar16) **6,486**

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

3.11 Carers

Census 2011 data gives a total of **17,400** residents of Oxfordshire providing 20 or more hours per week of unpaid care.

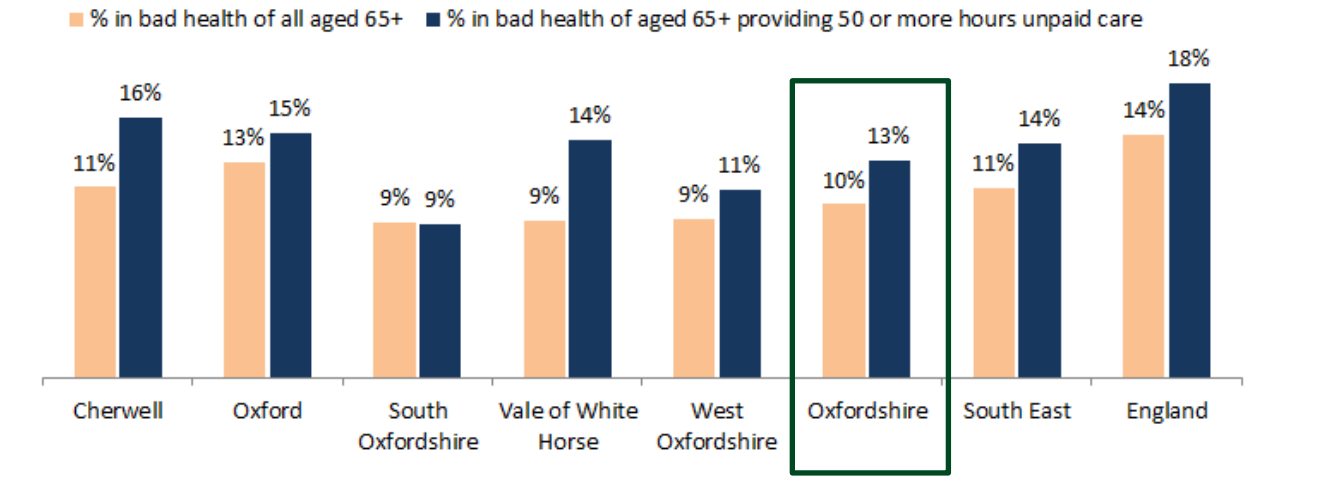
Analysis by age of carers as a proportion of the "out of term time" population (i.e. excluding students with a main address elsewhere), shows that:

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

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

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

Figure 26 Percentage of people in "bad" health, aged 65+ and those aged 65+ providing 50 or more hours of unpaid care (2011)



Source: ONS Census 2011, table LC3301

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

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

The Director of Public Health Annual report 2016 and the previous JSNA (2016) reported the most recent data from the national survey of carers (see following box).

The **Personal Social Services Survey of Adult Carers in England** is carried out every two years covering 18s and over, and it took place for the second time in 2014-15 and 715 carers in Oxfordshire responded.

The results show that:

- About three quarters were living with the person they cared for.
- More than one in three had been caring for more than ten years.
- Slightly under half of respondents (44%) reported providing 100 or more hours of care per week.
- Nearly two thirds of the carers who responded (65%) were retired.
- 16% of respondents said they were not in employment because of their caring responsibilities.
- Only one in five respondents to the survey in Oxfordshire said they were able to spend their time as they wanted, doing things they value or enjoy.
- 14% said they didn't do anything they value or enjoy.
- Seven in ten respondents said they did not have as much control over their daily life as they want.
- 15% said they had little social contact and felt isolated.
- Most respondents said they had found it easy to find information and advice about support, services and benefits. Nearly 90% had found the information and advice they had received helpful.
- More than three quarters of carers who had received support or services from Social Services said they were satisfied with what they had received. A little under half said they were very or extremely satisfied. These satisfaction levels were broadly similar to regional and national averages.

These findings overall are broadly in line with the national picture.

- For over half of the carers in Oxfordshire who responded to the survey, the person they cared for had a physical disability.

Personal Social Services Survey of Adult Carers in England, 2014-15 Publication date: September 16, 2015
http://content.digital.nhs.uk/catalogue/PUB18423

Young carers

By the end of March 2016, the Oxfordshire Young Carers Service had identified and supported a total of **2,281** children and young adults (aged 0 -25 years) who provide unpaid care to a family member[11].

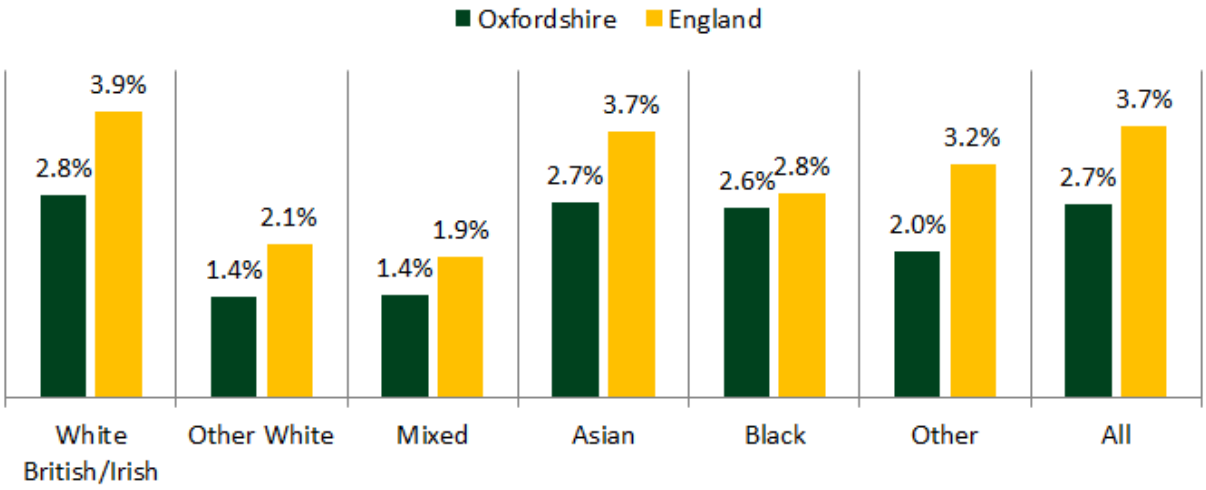
This included 480 new young carers identified in the year 2015-16.

Carers from ethnic minority groups

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

[11] Oxfordshire County Council

Figure 27 Proportion of people providing 20 or more hours of unpaid care by ethnic group (2011)



Source: ONS Census 2011, table DC2301

3.12 Commission on Health Inequalities report and the JSNA

In November 2016, the Oxfordshire Commission on Health Inequalities published recommendations to narrow the health and wellbeing gaps in the county.

The Health Inequalities report[12] presented evidence under the headings of:

- Beginning well
- Living well
- Ageing well
- Cross cutting themes

Cross-cutting themes are Access; Housing and Homelessness; Physical & Social Health and Wellbeing; Mental Health and Issues relating to Rural Communities.

Figure 28 Cross cutting themes identified by the Oxfordshire Commission on Health Inequalities

[12] http://www.oxfordshireccg.nhs.uk/about-us/work-programmes/health-inequalities-commission/health-inequalities-findings/

The following table lists the datasets presented in the Commission on Health Inequalities report and the updates available in this JSNA.

Table 11 Data presented in Health Inequalities report and available/updated in this JSNA

Health Inequalities theme	Data presented in Commission on Health Inequalities report	Data available in this JSNA	JSNA section ref
Beginning well	Children in poverty	Income deprivation affecting children by district and rural/urban (from IMD 2015)	4.2
	Low birth weight babies	Included in food and nutrition	6.2
	Childhood obesity	Obesity at reception age and in year 6	6.2
	Access to mental health services for pregnant women	Not included	
	Dental decay	Proportion of five year old children free from dental decay to 2014-15	6.8
	Educational attainment	2016 data for Early years, Key Stage 2, Key Stage 4, apprenticeships, NEET	4.4
Living well	Long term unemployment	Unemployment June15-Jun16 and claimant count Nov16, claimants by age	4.2
	Living with chronic disease and disability	Proportion of people with disability Health conditions and causes of death	3.10 Ch5
	People living in deprived areas	IMD 2015 – national IMD data has not been updated.	
	Carers including carers from the BAME community	Carers survey data not updated (2011 and 2014-15 survey still most recent)	3.11
	Fuel poverty 2013	Fuel poverty 2014	4.3
	Workplace health	Work Related Musculoskeletal Disorders (national)	5.15
Ageing well	Access to services in rural areas by older people	Older people living in areas with greater distance to GP	7.10
	Loneliness	Findings from Age UK Loneliness mapping. Areas rated as “high risk” of loneliness in Oxfordshire	4.5
	Hospital admissions due to a fall (by gender)	Emergency hospital admissions for injuries due to a fall by gender trend and by district	7.3
Access	Access to financial/benefits advice	People accessing Citizens Advice services	7.8
	Did not attend rate for Oxfordshire hospitals by deprivation score	Not updated	

Health Inequalities theme	Data presented in Commission on Health Inequalities report	Data available in this JSNA	JSNA section ref
Housing and homelessness	Availability of social housing (refers to JSNA 2016)	Social rented housing stock as % of total by district (2010 to 2015)	4.3
	Homelessness, rough sleepers	Data from homelessness report for 2015-16 including rough sleeping	4.3
	Excess Winter Deaths	Excess Winter Deaths by district to 2014-15	5.7
	IMD 2015	Income deprivation affecting children and affecting older people from IMD 2015 (national IMD data has not been updated since Health Inequalities report).	4.2
	Overcrowding	From Census 2011 – not updated	
	Social housing rents (to Mar14)	Social rents to 2015	4.3
	Rents, house prices, house price index	House price index to 2015, income needed for a mortgage to 2016, social housing stock	4.3
	HMO licencing	Not updated	
	Car ownership	From Census 2011	4.5
	Use of outdoor green space	Not updated	
	Living environment	Physical and social environment	4.5
Physical and Social Health and Wellbeing	Infant mortality	Not updated	
	Low birth weight babies	Included in food and nutrition	6.2
	Breast feeding	Included in food and nutrition	6.2
	Obesity	Included in food and nutrition	6.2
	Participation in sport to 2014-15	Sports participation indicator to 2015-16	6.3
	Smoking (tobacco profiles Aug2016)	Most is 2015-16 data, from Public Health profiles last updated Nov16	6.5
	Alcohol (alcohol health profile indicators Aug 2016) Alcohol related hospital admissions (to 2013-14) and deaths by deprivation (Eng2014)	Hospital admissions for alcohol-related conditions 2014-15	6.6
	Drugs health profile (Aug2016)	Drugs related deaths Possession of drugs crimes	6.6

Health Inequalities theme	Data presented in Commission on Health Inequalities report	Data available in this JSNA	JSNA section ref
Mental Health	Use of mental health services	Data from Oxford Health on patients referred for mental health services	7.4
	Section 136 detentions	Section 136 detentions	7.4
	Diagnosed depression	GP data for 2015-16	5.4
	Hospital admissions for intentional self-harm	Emergency hospital admissions to 2014-15	5.4
Issues relating to Rural Communities	Car ownership	From Census 2011	4.5

4 Wider determinants of health

This chapter on the wider determinants of health reports on:

1. *Socioeconomic Status*

   Including work, affluence and deprivation.

   ONS analysis[13] has demonstrated higher life expectancies and greater life expectancy gains for people in the higher socio-economic groups.

2. *Education and qualifications*

   A report on behalf of the OCED[14] found that:

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

Dahlgren and Whitehead 1991

3. *Physical Environment*

   Including built and natural environment.

   According to the World Health Organisation[15] the environment is a major determinant of health, estimated to account for almost 20% of all deaths in the WHO European Region.

4. *Social Environment*

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

   Research has found that being socially connected is influential for psychological and emotional well-being[16] and has a significant and positive influence on physical well-being[17] and overall longevity[18].

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

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

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

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

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

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

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

4.1 Wider determinants – key findings

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

Work, affluence and deprivation

- National statistics show that, over a 30 year period, improvements in life expectancy have been greatest for those in higher socio-economic groups.
- Oxfordshire has a higher than average proportion of people in Higher Managerial and Professional occupations.
- The working age population in Oxfordshire (and nationally) is ageing.
- Unemployment remains relatively low in Oxfordshire. The increase in claimants of employment-related benefits in the older age group in Oxfordshire was above average.
- Earnings remain relatively high for Oxfordshire residents and (for the first time in the past 15 years of data), median earnings for residents was statistically above the South East average.
- Despite relative affluence, income deprivation is an issue in urban and rural areas.
    - 14,000 children in Oxfordshire were affected by income deprivation (IMD 2015), 81% living in urban areas and 19% in rural Oxfordshire.
    - Snapshot HMRC data (Aug14) shows almost 1 in 5 children aged 0-15 in Oxford were living in low income families.
    - 13,500 older people in Oxfordshire were affected by income deprivation (IMD 2015), 68% living in urban areas and 32% in rural Oxfordshire.
- People claiming Employment Support Allowance made up the majority of working age benefits claimants in May 2016. The top health condition of ESA claimants was *Mental and Behavioural disorders*.

Housing and homelessness

- House prices in Oxfordshire continue to increase at a higher rate than earnings.
- Buying a family home now requires 2-3 times a median income (i.e. 2-3 earners per household) in each district in Oxfordshire.
- The Centre for Cities report 2017 ranks Oxford as the least affordable UK city for housing.
- In Oxford city, social rents in 2015 were 18% above the national average.
- South Oxfordshire is ranked as one of the 5 local authorities in England and Wales with the greatest decline in affordability of social housing (2010 to 2015).
- There has been an increase in people presenting as homeless and of people accepted as homeless and in priority need in Oxfordshire. Loss of private rented accommodation is becoming an increasing cause of homelessness.
- There are a similar number of households in temporary accommodation in Oxfordshire to the previous year. The number of people rough-sleeping has increased.

Education and qualifications

- There has been an increase in 5 year olds achieving the expected Early Learning Goals in Oxfordshire. Girls continue to outperform boys.
- Early Years attainment for 5 years olds with an Asian ethnic background in Oxfordshire was well below the South East average.
- The proportion of pupils eligible for Free School Meals at the end of primary school and attaining at least the expected standard at Key Stage 2 in reading writing and mathematics in Oxfordshire was below the national average (26% compared with 36%).
- The new secondary school attainment data (replacing GCSE results) shows Oxfordshire just above the national average and the lowest of its statistical neighbour group.
- Provisional apprenticeship data shows a slight decline in number of apprenticeship starts in 2015-16. The number of young people not in education, employment or training has continued to fall.
- Oxfordshire has an above-average proportion of people with high level qualifications and a low proportion of people with no qualifications.
- There are 25 areas in the county (including 10 in Oxford) which are ranked in the top 10% most deprived nationally on the Education and Skills domain of the IMD 2015.

Physical and social environment

- Oxford continues to have relatively high rates of cycling, influenced by the higher rate of cycling amongst students.
- West Oxfordshire has seen a statistically significant increase in people using cycling for “utility” (non-leisure) purposes.
- Nationally the proportion of trips to school made by walking has fallen over the last 40 years, especially for primary aged pupils. The falling trend is likely to reflect both increasing household car availability and increasing length of trips to school.
- Young children (aged 7-10) have become less likely to be allowed to cross roads alone.
- The number of people injured using cycles on roads in Oxfordshire has increased significantly since 2010. The increase has been above the national average.
- Public Health England analysis found 423 fast food outlets in Oxfordshire of which 56% were in Cherwell and Oxford. The ward with the highest number of fast food outlets was Banbury Grimsbury & Castle (39 outlets).
- Oxfordshire continues to have 13 Air Quality Management Areas where the annual mean objective for nitrogen dioxide is being exceeded including the whole of Oxford city.
- It is likely that the weather patterns in Oxfordshire will change in coming decades with more heavy rainfall and more frequent heatwaves.
- As the elderly are more vulnerable to extreme heat and cold, the UK Health Protection Agency predicts that future health burdens from climate change are likely to be amplified by an ageing population.

- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Areas rated as “high risk” for isolation and loneliness in Oxfordshire are mainly in urban centres.

4.2 Work, affluence and deprivation

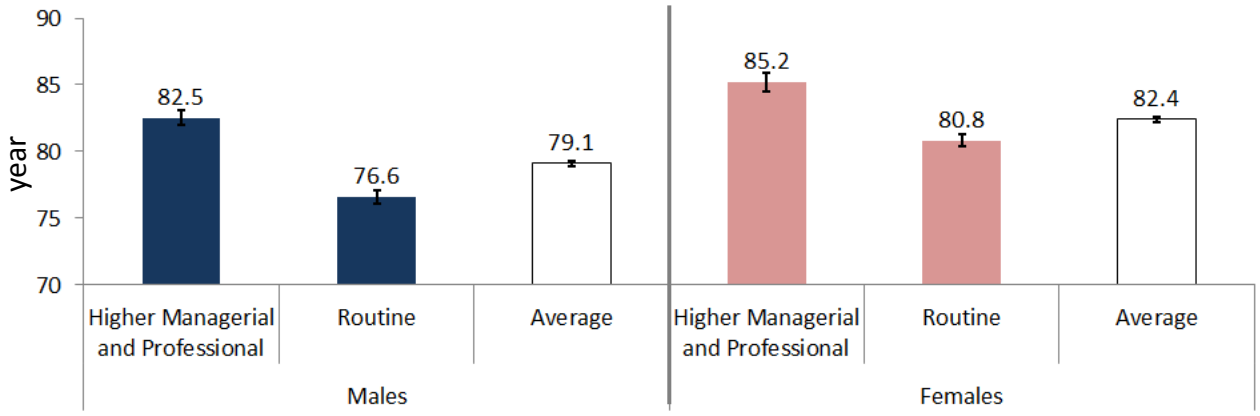
Employment and life expectancy

Analysis by the ONS found that, over a 30 year period, improvements in life expectancy have been greatest for those in higher socio-economic groups[19]. The ONS summary[20] reports that:

- *Since the 1970s, men have been catching women up in terms of survival. The decline of the mining industry and the move away from physical labour and manufacturing industries towards the service sector is a likely cause, along with a reduction in the proportion of men smoking.*
- *Over the past 30 years inequalities in life expectancy by socioeconomic position have widened for both men and women* ***with improvements in life expectancy being greater for the most advantaged.***
- *Studies of the influence of aspects of employment conditions on health, such as physical working conditions, autonomy, security of employment, psychosocial support, job strain and effort-reward imbalance have shown that they are more relevant for those who are economically active. Positive aspects of these conditions are also most concentrated among the Higher Managerial and Professional class, whereas negative aspects are most concentrated among the Routine class.*

The gap in life expectancy at birth between the highest and lowest socio-economic group for males was 5.9 years and for females was 4.4 years (England and Wales, 2007-2011).

Figure 29 Male and Female life expectancy at birth 2007 to 2011, highest vs lowest socio-economic group (England and Wales)



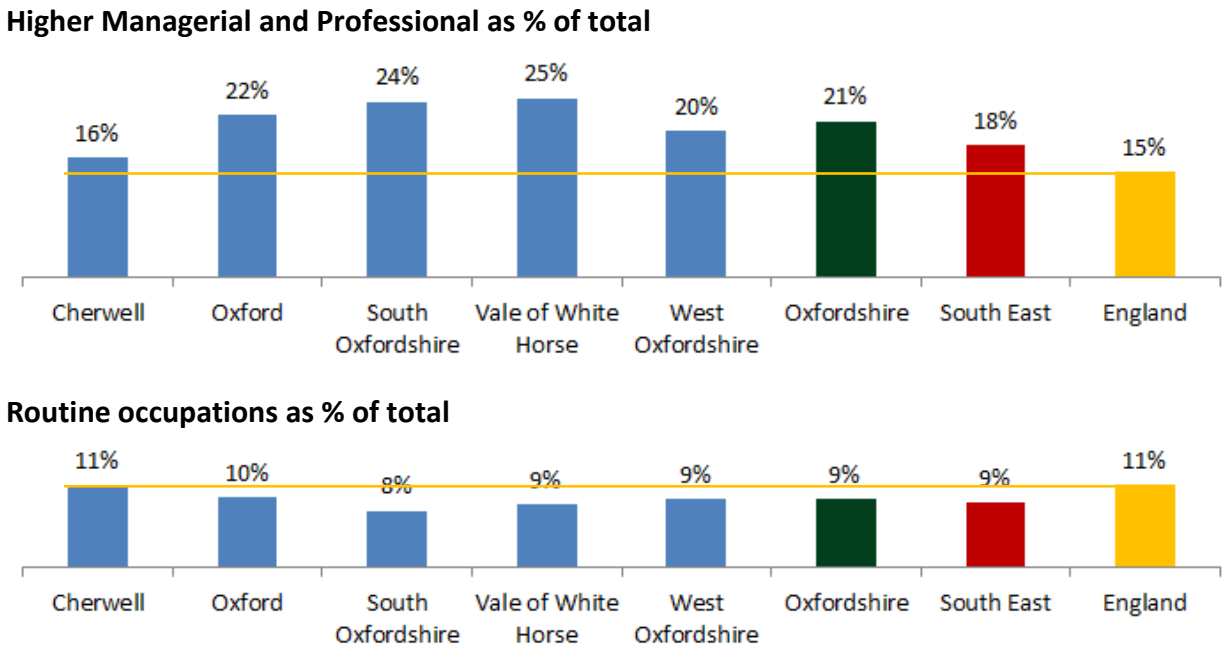
Source: ONS Trend in life expectancy at birth and at age 65 by socio-economic position. Note scale starts at 70 years

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

At the time of the Census 2011 survey[21], Oxfordshire had a higher proportion of people in Higher Managerial and Professional occupations than average and a lower proportion of people in Routine occupations.

The district with the lowest proportion of people in Higher Managerial and Professional occupations was Cherwell.

Figure 30 Proportion of households in highest and lowest socio-economic groups (NS-SEC of household reference person aged under 65) 2011



Source: ONS Census 2011, table QS608

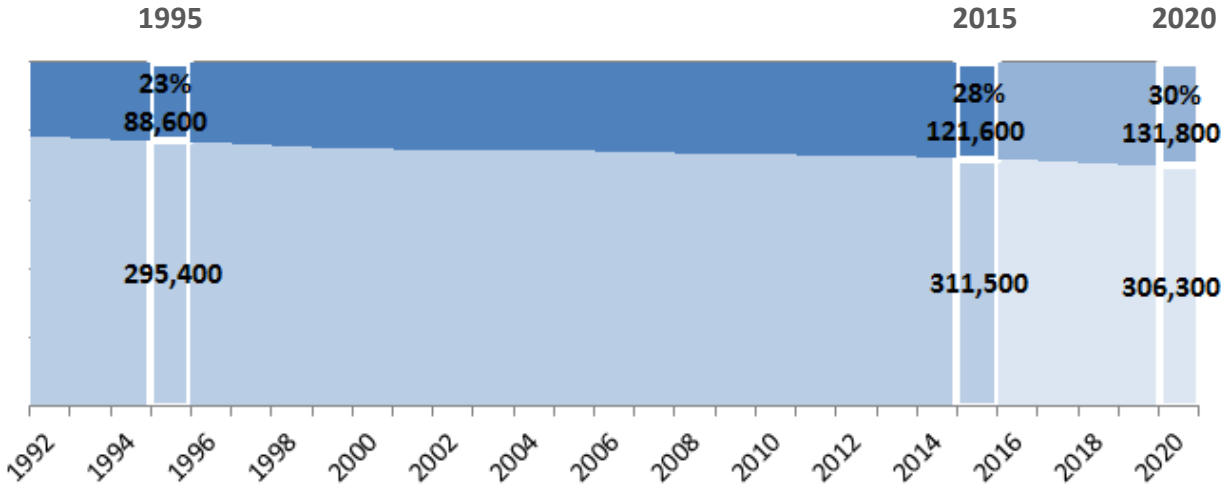
The working age population in Oxfordshire (and nationally) is ageing.

- Between 1995 and 2015, the total working age population (aged 16 to 64) in Oxfordshire increased by +13%. The growth in the older working age population (aged 50 to 64) of Oxfordshire was almost three times this increase (+37%).
- By 2020, the Office for National Statistics predicts[22] that people aged over 50 will constitute almost one third (30%) of the working-age population in Oxfordshire. This is similar to the proportion nationally (31% in England).

[21] Note that more recent data from the Annual Population Survey is only available for SOC 2010 classifications which is not fully comparable to the NS-SEC classification used for this analysis.

[22] ONS 2014-based sub national population projections

Figure 31 Older working age residents as % of total working age in Oxfordshire 1992 to 2020



Source: ONS mid-year population estimates and 2014-based sub national population projections

Unemployment

Unemployment remains relatively low in Oxfordshire.

- The official measure of unemployment is from the ONS Annual Population Survey and not directly available at local authority level due to small survey numbers.
- For local authorities, ONS provides model-based estimates of unemployment[23] which, for the period Aug15 to Sept16, gives an estimate of **14,100** people unemployed in Oxfordshire (+/- 4,900).
- The estimated rate of unemployment (as a percentage of the economically active population) was **3.8% in Oxfordshire** (+/-1.3) remaining below the regional average (**4.2**% +/-0.3) and England average (**5.0%** +/-0.1).

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

- The experimental claimant count indicator provided by DWP provides the number of people claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work.
- This shows of a total of **2,660 claimants in Oxfordshire** in December 2016, up from 2,495 in December 2015 (+165, +7%). Oxfordshire's increase was above the average increase for England over this period (+4%).
- Each district saw an increase in claimants with the exception of West Oxfordshire where there was a slight decline.

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

Table 12 Claimant count (JSA and Universal Credit seeking work) Dec 15 and Dec 16

	Dec 2015	Dec 2016	Dec 15 to Dec 16		*Dec 2016 count as % of Oxfordshire*
Cherwell	440	500	60	14%	*19%*
Oxford	920	985	65	7%	*37%*
South Oxfordshire	365	410	45	12%	*15%*
Vale of White Horse	400	415	15	4%	*16%*
West Oxfordshire	370	350	-20	-5%	*13%*
Oxfordshire	**2,495**	**2,660**	**165**	**7%**	***100%***

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

Of the 2,660 claimants in Oxfordshire in December 2016:

- 63% were male and 37% female
- 470 (18%) were aged 18 to 24 and 745 (28%) were aged 50 and over

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

- Between December 2015 and December 2016, claimants aged 50 and over increased in Oxfordshire from 665 to 745 (+80, +12%). This was above the average for all ages in Oxfordshire (+7%) and similar the increase in the older age group in England (+12%).

The wards in Oxfordshire with the highest number of claimants in December 2016 were Banbury Grimsbury & Castle, Northfield Brook and Blackbird Leys (see following table).

Table 13 Wards with the highest number of JSA and Universal Credit (seeking work) claimants in Oxfordshire (December 2016) and change since December 2015

District	ward	Dec 2015	Dec 2016	Dec 15 to Dec 16
Cherwell	Banbury Grimsbury and Castle	65	**85**	20
Oxford	Northfield Brook	75	**85**	10
Oxford	Blackbird Leys	100	**85**	-15
Oxford	Barton and Sandhills	70	75	5
Oxford	Jericho and Osney	40	55	15
Oxford	St Mary's	35	50	15
Oxford	Cowley Marsh	40	50	10
Vale of White Horse	Faringdon	40	50	10

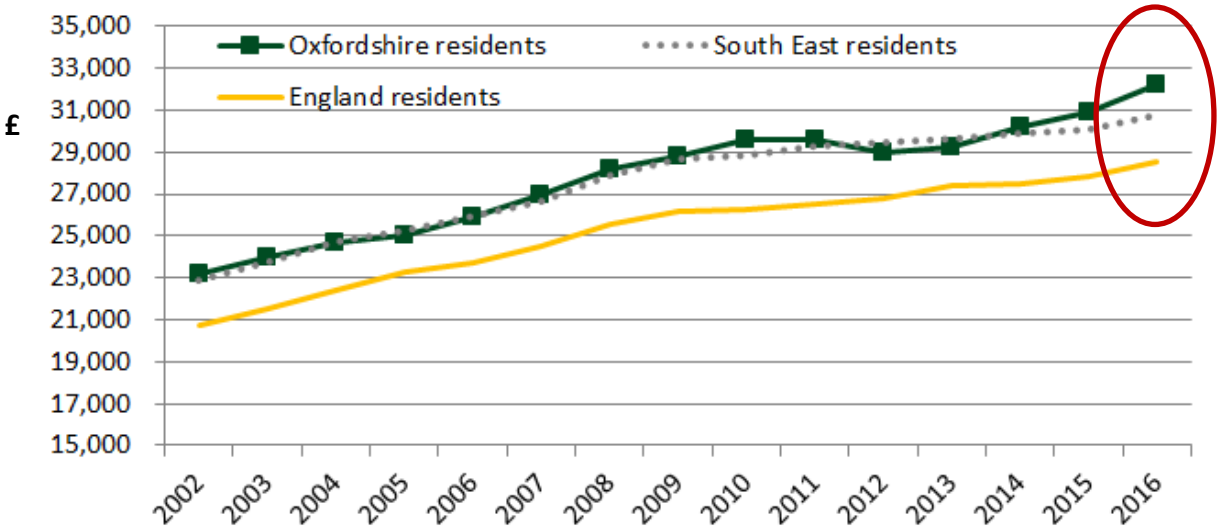
Source: DWP from nomis. Data is rounded to the nearest 5

Earnings

Earnings remain relatively high for Oxfordshire residents and (for the first time in the past 15 years of data), median earnings for residents was statistically above the South East average.

- Median earnings for people living in Oxfordshire was statistically above the South East average in 2016, a change from 2015 when earnings were similar to the South East.
- In 2016, the median wage for Oxfordshire residents was £32,200 compared with £30,800 in the South East.
- Earnings will be strongly influenced by the mix of employment in the area.

Figure 32 Median gross full time annual pay of residents 2002 to 2016



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

Income deprivation

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

- Out of the 407 lower super output areas in Oxfordshire, the vast majority (80%) were ranked within the least deprived 50% in England on the income deprivation domain.
- The most deprived areas of Oxfordshire on income deprivation were 3 areas within Oxford.

Income Deprivation Affecting Children

According to the Income Deprivation Affecting Children supplementary index[24], **14,000** children in Oxfordshire were affected by income deprivation, 81% of whom were living in urban areas and 19% in rural Oxfordshire.

[24] The Income Deprivation Affecting Children Index is the proportion of all children aged 0 to 15 living in income deprived families. Income deprived families are defined as families that either receive Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee) or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax

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

Table 14 Income deprivation affecting children aged 0-15 (from IMD 2015) – rural vs urban by district

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

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

Child Poverty

According to HM Revenue and Customs data on children in low income, between 2013 and 2014, the proportion of children aged 0-15 in poverty in Oxfordshire increased slightly (from 11.1% to 11.6%), remaining below the national average (20.1%).

The Oxfordshire district with the highest rate of children in poverty was Oxford (19.2%) and the lowest was South Oxfordshire (8.3%).

Table 15 Children aged 0-15 in low income families 2013 and 2014 (snapshot as of 31 August)

	31 Aug 2013	31 Aug 2014	Percentage point change
Cherwell	10.8%	11.4%	0.60pp
Oxford	19.5%	19.2%	-0.30pp
South Oxfordshire	7.7%	8.3%	0.60pp
Vale of White Horse	8.9%	9.4%	0.50pp
West Oxfordshire	8.0%	9.0%	1.00pp
Oxfordshire	**11.1%**	**11.6%**	**0.50pp**
England	18.6%	20.1%	1.50pp

Source: HM Revenue and Customs (released Sept 2016)

Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs.

Children in "Poverty"

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

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

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

Latest release:

https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2014-snapshot-as-at-31-august-2014-30-september-2016

Income Deprivation Affecting Older People

According to the Income Deprivation Affecting Older People supplementary index[25], **13,500** older people in Oxfordshire were affected by income deprivation, 68% of whom were living in urban areas and 32% in rural Oxfordshire.

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

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

Table 16 Income deprived older people – rural vs urban by district (from IMD 2015)

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

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

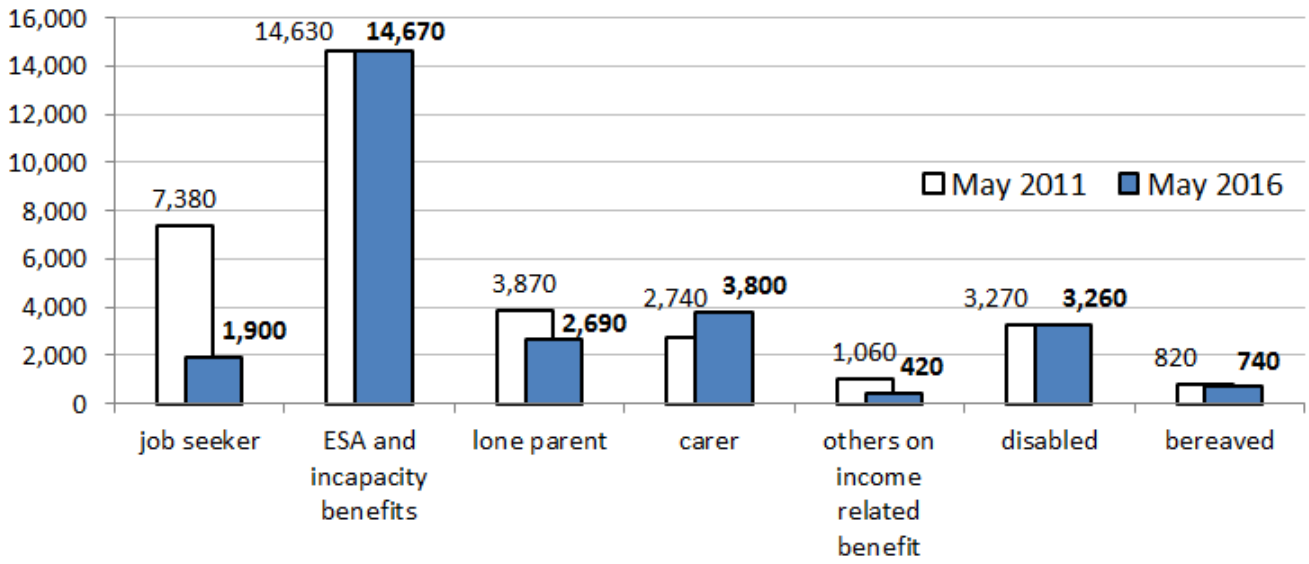
[25] The Income Deprivation Affecting Older People Index is the proportion of all those aged 60 or over who experience income deprivation. This includes adults aged 60 or over receiving Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit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

Benefits claimants

As of May 2016 there was a total of **27,480** working age benefits claimants in Oxfordshire of which over half (14,670, 53%) were claiming Employment and Support Allowance and Incapacity benefits.

The number of people claiming ESA has remained at a similar level to the number of claimants in May 2011. The number of people claiming job seeker benefits, and others on income related benefits, have each dropped significantly.

Figure 33 Working age benefits claimants in Oxfordshire May 2016 (vs May 2011)



Source: DWP from nomis; claimants aged 16-64

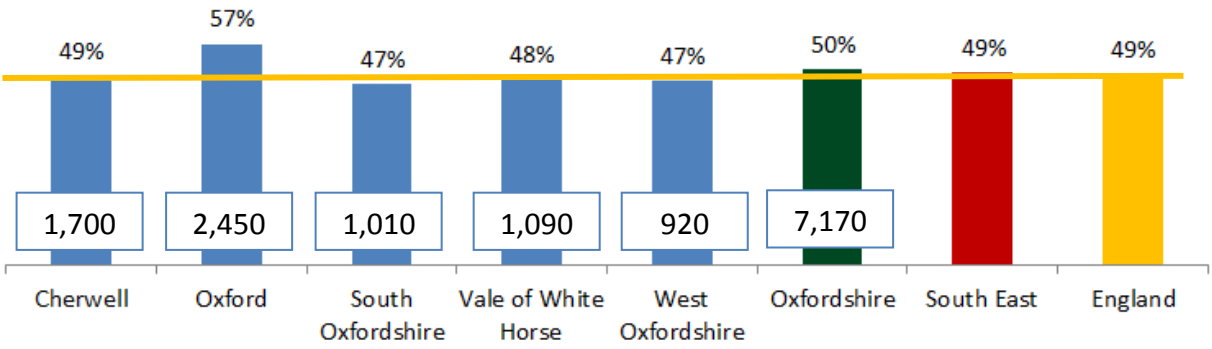
Employment and Support Allowance (ESA) is an income-related benefit for people where illness or disability affects ability to work. Claimants must be:

- under State Pension age
- not getting Statutory Sick Pay or Statutory Maternity Pay and haven't gone back to work
- not getting Jobseeker's Allowance

Universal Credit is a new type of benefit designed to support people who are on a low income or out of work. It will replace six existing benefits and is being rolled out in stages across the UK. The new system is based on a single monthly payment, transferred directly into a bank account. At present Universal Credit only affects newly unemployed people in certain areas of the country.

The top health condition of ESA claimants was *Mental and behavioural disorders* accounting for half (50%, count= 7,170) of claimants in Oxfordshire. This was just above the national and regional average, a result of the higher rate in Oxford city.

Figure 34 Mental and behavioural disorders as % of total Employment Support Allowance Claimants and count (May 2016)



Source: DWP from nomis; claimants aged 16-64

Diseases of the musculoskeletal system and connective tissue was the next highest group with 12% of total ESA claimants in Oxfordshire as of May 2016.

4.3 Housing and homelessness

House prices

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

- As of 2015 the ratio of the cheapest market housing (lower quartile) to lower quartile earnings was above 10X in each district in Oxfordshire.

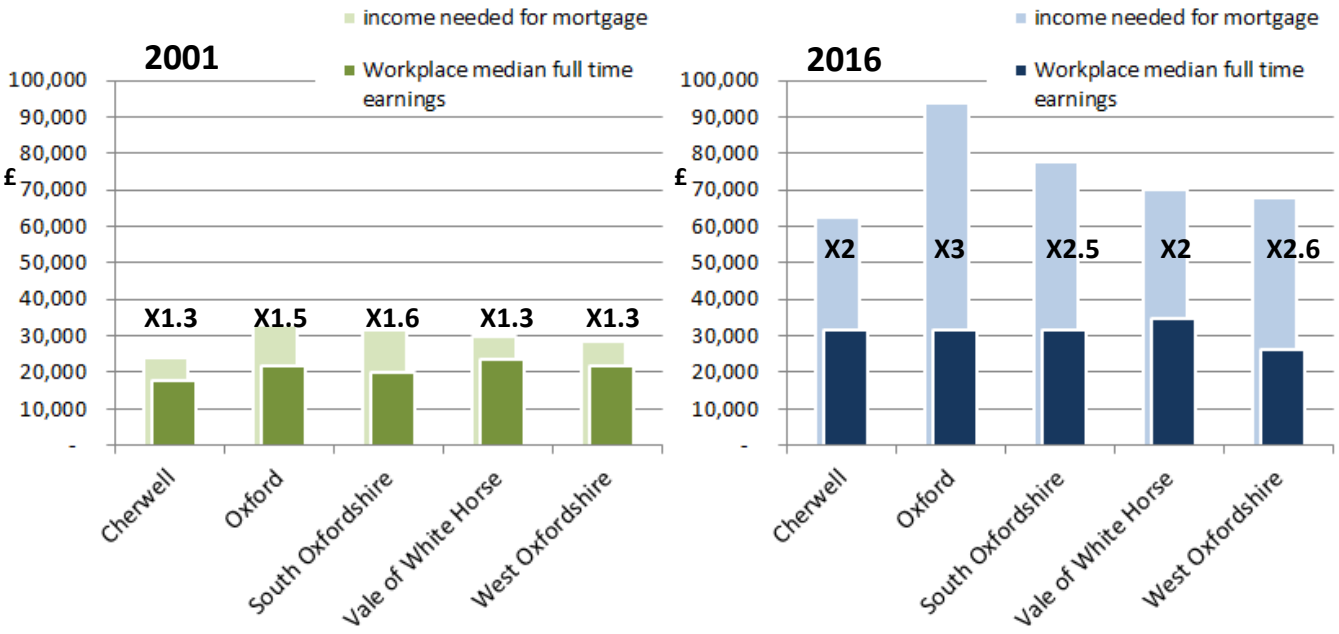
Table 17 Ratio of lower quartile house prices to lower quartile earnings

	2013	2014	2015
Cherwell	8.96	9.50	**10.34**
Oxford	10.69	10.64	**11.73**
South Oxfordshire	10.87	10.96	**11.66**
Vale of White Horse	8.71	9.52	**10.57**
West Oxfordshire	9.58	10.42	**11.13**

Source: CLG Live tables on house prices, table 576 (updated July 2016)

Buying a family home now requires 2-3 times a median income (i.e. 2-3 earners per household) in each district in Oxfordshire, up from 1-2 times median income in 2001.

Figure 35 Income required for a mortgage (at 4.5X loan-to-income ratio and 95% loan-to-value for median-priced semi-detached), compared with median full-time annual earnings for workers in the district, 2001 and 2016



Source: ONS Annual Survey of Hours and Earnings; ONS House Price Statistics for Small Areas (rolling year to end Q1 2011 and to end Q1 2016)

The Centre for Cities report 2017[26] ranks Oxford as the least affordable UK city for housing. The analysis uses average house prices and average earnings and found that:

- In 2016, the average house price in Britain was 9.8 times the average annual salary.
- Oxford, London and Cambridge were the 3 least affordable cities.
- In Oxford, the least affordable city, house prices were 16.7 times annual salaries. In Burnley, the most affordable city, this figure was 4.1.

[26] http://www.centreforcities.org/publication/cities-outlook-2017/

Social rented housing

The proportion of social housing stock varies by district from between 11% and 13% in Oxfordshire's rural districts to 23% in Oxford. Since 2010 the proportion of social housing has declined in all districts in Oxfordshire other than Cherwell.

Table 18 Social housing stock as a percentage of total housing stock, 2010 to 2015

	2010	2015	*2010 to 2015 pp* change*
Cherwell	12.8	12.9	*0.1*
Oxford	23.9	23.3	*-0.6*
South Oxfordshire	12.5	11.3	*-1.2*
Vale of White Horse	15.3	12.7	*-2.6*
West Oxfordshire	14.1	14.1	*-0.1*

Source: ONS Housing Summary Measures 2015, *pp= percentage point

Between 2014 and 2015 social sector rents in Oxfordshire increased by around 4% in each district in Oxfordshire (similar to the national increase) with the exception of West Oxfordshire which saw an increase of 5%.

In Oxford city social rents in 2015 were 18% above the national average.

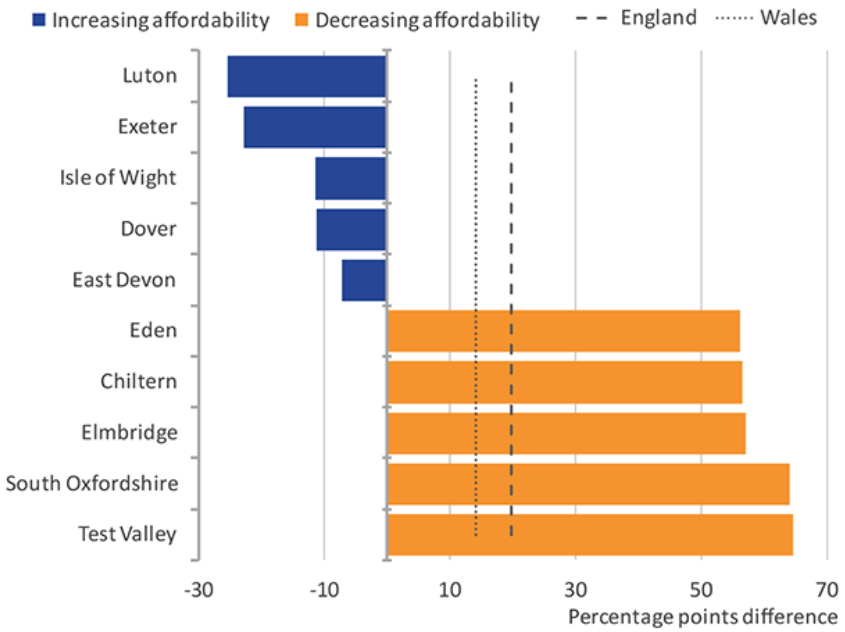
Table 19 Average social rents £ per week (as at 31st March each year)

	2014	2015	2014 to 2015		*2015 social rents compared with national average*
Cherwell	£101.36	£105.08	£3.72	3.7%	1.10
Oxford	£109.10	£113.20	£4.10	3.8%	1.18
South Oxfordshire	£107.03	£111.16	£4.13	3.9%	1.16
Vale of White Horse	£104.32	£108.91	£4.59	4.4%	1.14
West Oxfordshire	£103.72	£109.26	£5.54	5.3%	1.14
ENGLAND	£92.30	£95.89	£3.59	3.9%	1.00

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

ONS analysis[27] has ranked South Oxfordshire as one of 5 local authorities in England and Wales with the greatest decline in affordability of social housing.

Figure 36 Percentage change in proportion of median social housing rent out of weekly 10th percentile salary in the 5 local authorities which had the largest increase and the largest decrease in England and Wales (2010 to 2015)



Source: ONS Housing summary measures analysis: 2015

Homelessness

Indicators on homelessness are reported annually to the Oxfordshire Health Improvement Board. This section is from the 2015-16 report.

Increase in homeless households in priority need

There has been an upward trend in people presenting as homeless[28] in Oxfordshire, over the past five years, rising from **457** in 2011-12 to **505** in 2015-16.

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

There has been an increase in people who are accepted as statutorily homelessness and are in **priority need** in the County since 2011-12 to 2015-16 (from 279 to 324 households).

[27] www.ons.gov.uk/peoplepopulationandcommunity/housing/articles/housingsummarymeasuresanalysis

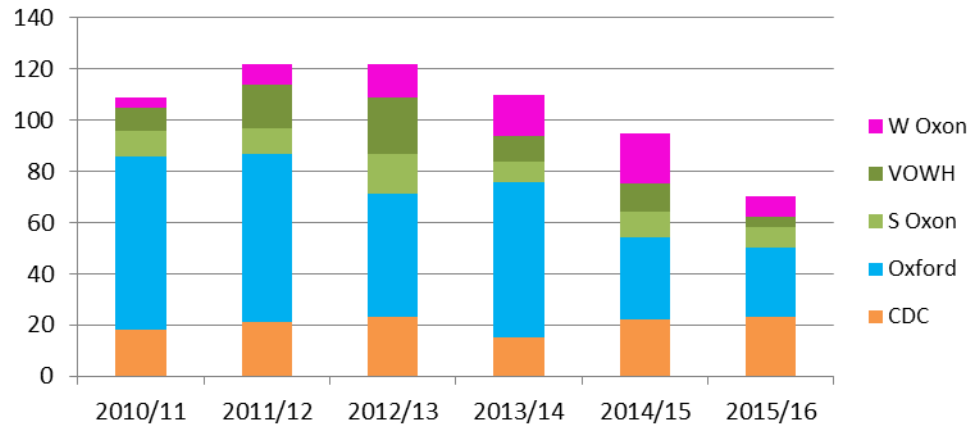
[28] Local housing authorities have a duty to secure accommodation for households who are in priority need under homelessness legislation. Categories of priority need are pregnancy, dependent children, vulnerable as a result of old age, mental illness or handicap, or physical disability or other special reason, homeless as a result of an emergency such as fire or flood, a child aged 16 or 17, vulnerable as a result of having been looked after, accommodated or fostered, as a result of serving in the armed forces or having been imprisoned or ceasing to occupy accommodation because of actual or threatened violence.

Reduction in young people accepted as homeless

As of 2015-16 there was:

- a total of **70** people aged 16-24 accepted as homeless in Oxfordshire, the lowest recorded in the past 5 years, with no 16/17 year olds accepted.
- 20 homeless households where a member had a physical disability and 21 because of mental health.
- a marginal increase in the number of households accepted as homeless with the main reason being due to rent arrears, from 12 in 2014-15 to 13 households in 2015-16.

Figure 37 Homeless applicants (unintentionally homeless in priority need) aged 18-24 years



Source: Health Improvement Board, Basket of Indicators for Housing and Health, Annual Report 2015-16

Similar number of households in Temporary Accommodation

There were **190** households in temporary accommodation in Oxfordshire at the end of the financial year 2015-16, a reduction of 2 from the previous year.

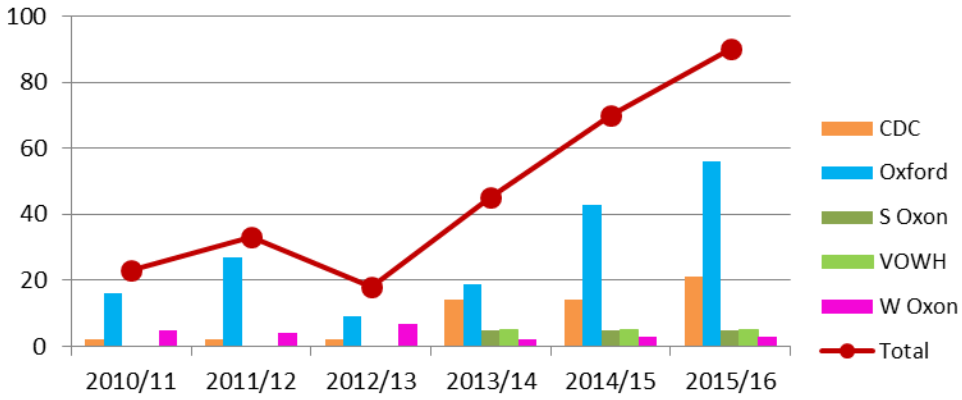
Of these, 8 households were in bed and breakfast (non-self-contained style) accommodation (the same as 2014-15).

Increase in Rough-Sleeping

The estimated number of people rough sleeping in 2015-16 was **90**, up from 70 persons in 2014-15. The rise in rough sleeping occurred in Cherwell and Oxford City.

The rise in rough sleeping reflects a national increase in this indicator. The autumn 2015 England Rough Sleeper Count increased 30% compared to the previous year. (DCLG)

Figure 38 Estimate of number of people sleeping rough



Source: Health Improvement Board, Basket of Indicators for Housing and Health, Annual Report 2015-16

Reduction in households affected by removal of Spare Room Subsidy and Benefit Cap

In 2015-16, the number of households in Oxfordshire who found that their housing benefit has been reduced because of the Social Sector size criteria[29] was 2,154. This is a reduction from 2,304 households in 2014-15.

The number of households affected by the Benefit Cap[30] across the County fell significantly from 257 households in 2014-15 to 125 households in 2015-16.

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

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

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

[30] £350 per week maximum of benefits covered for single adults who don't have children or whose children don't live with them and £500 per week maximum for couples (with or without children living with them) and £500 a week for single parents whose children live with them.

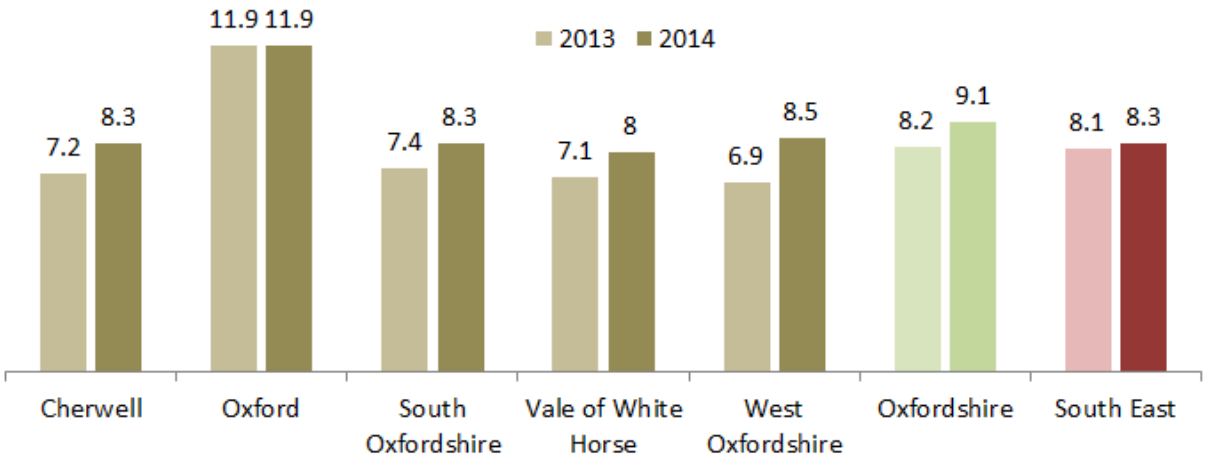
Fuel poverty

Between 2013 and 2014, an additional 2,500 households in Oxfordshire were classed as being “fuel poor” taking the total to 24,300 households in fuel poverty in the county.

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

Oxford is one of four districts in the South East to be significantly worse than the England average on fuel poverty (2014). Cherwell, South Oxfordshire, Vale of White Horse and West Oxfordshire were each significantly better than the national average.

Figure 39 Percentage of households in fuel poverty 2013 and 2014, low income high costs definition



Source: Department of Energy and Climate Change published 30 June 2016
Low Income High Costs (LIHC) definition: a fuel poor household is one in which..

- A household has required fuel costs that are above the median level; and
- Were the household to spend that amount, they would be left with a residual income below the official poverty line.

The greatest increase in the estimated number of fuel poor households was in West Oxfordshire (+24%), well above the county average (11%) and regional average (3%).

Table 20 Estimated number of Fuel Poor Households

	2013	2014	*2013 to 2014*	
Cherwell	4,219	4,870	*651*	*15%*
Oxford	6,804	6,840	*36*	*1%*
South Oxfordshire	4,108	4,670	*562*	*14%*
Vale of White Horse	3,599	4,099	*500*	*14%*
West Oxfordshire	3,069	3,798	*729*	*24%*
Oxfordshire	21,799	24,277	*2,478*	*11%*
South East	297,153	305,289	*8,136*	*3%*

Source: Department of Energy and Climate Change published 30 June 2016

4.4 Education and qualifications

Early years

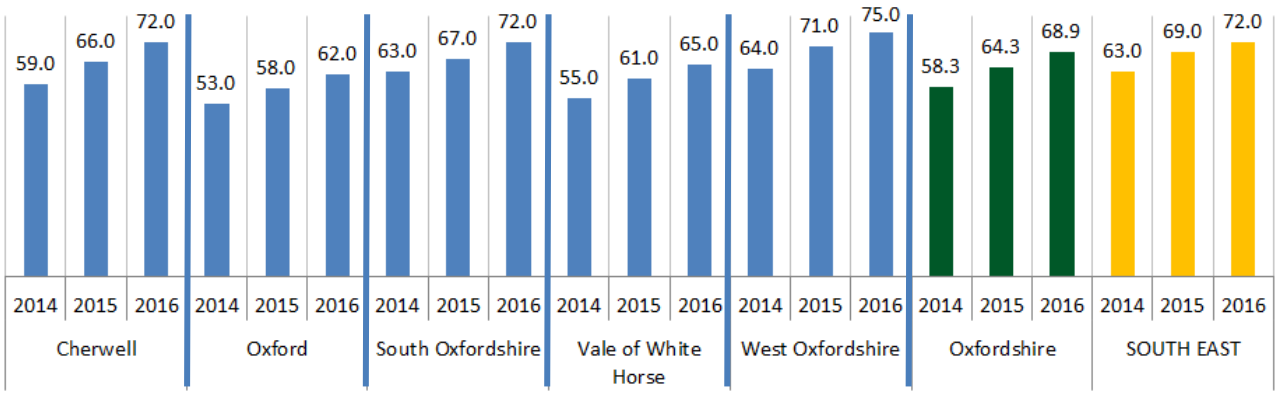
The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the academic year in which the child turns five.

The latest release of data[31] shows that between 2014 and 2015 and again between 2015 and 2016 there was an increase in the proportion of children achieving the expected standard in all Early Leaning Goals in each district in Oxfordshire.

Results for 5 year olds vary by district.

- In 2016, West Oxfordshire was above the average for the South East, Cherwell and South Oxfordshire were similar to the SE average and Oxford and Vale of White Horse were each below average.

Figure 40 % achieving at least the expected standard in all Early Learning Goals* 2014-2016



Source: Department for Education (released Oct2016)

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

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

[31] https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2015-to-2016

Figure 41 % achieving at least the expected standard in all Early Learning Goals by GENDER, Oxfordshire (2013 to 2016)

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

The gap between girls and boys in Oxfordshire was 16.5 in 2013 and 15.8 in 2016.

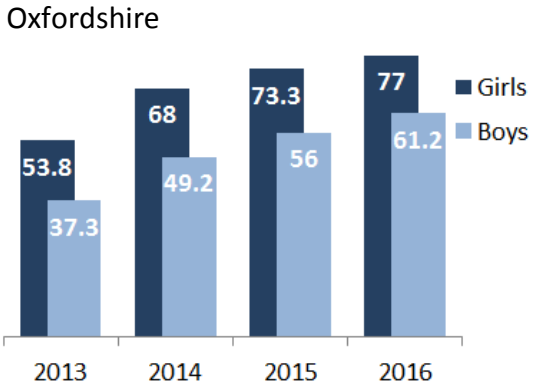


Figure 42 % achieving at least the expected standard in all Early Learning Goals by ETHNICITY, Oxfordshire vs South East (2016)

The ethnic group with the lowest % of pupils achieving the expected standard in ELGs in 2016 in Oxfordshire was Asian, 13 percentage points below the average for the county.

5 year olds with an Asian ethnic background in Oxfordshire were well below the average for this ethnic group in the South East.

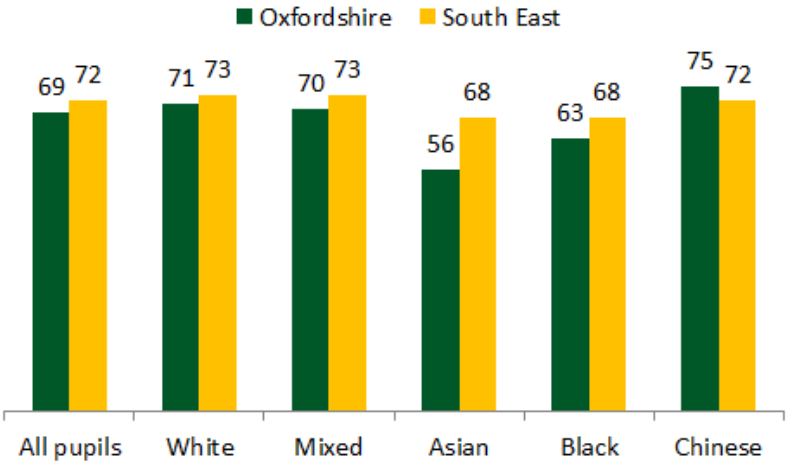
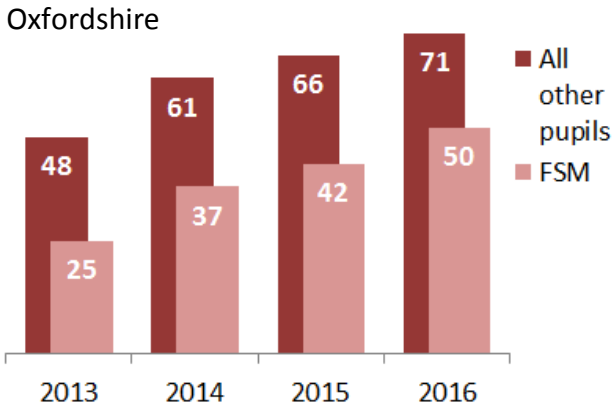


Figure 43 % achieving at least the expected standard in all Early Learning Goals by FSM, Oxfordshire (2013 to 2016)

The % of pupils known to be eligible for Free School Meals (FSM) in Oxfordshire and achieving at least the expected standard in ELGs remains significantly below other (non-FSM) pupils.

The gap has reduced slightly from 23 percentage points in 2013 to 21pp in 2016.



Source: Department for Education (released Oct2016)

Pupil attainment at Key Stage 2 (Year 6)

The 2016 key stage 2 assessments for pupils at the end of primary school (aged 10-11) are the first which assess the new, more challenging national curriculum which was introduced in 2014. The new data, therefore, cannot be compared with previous years.

In 2016 the proportion of pupils in Oxfordshire attaining at least the expected standard at Key Stage 2 in reading writing and mathematics was 52% compared with 54% in England.

For pupils with a first language not English the proportion was 44% compared with 52% nationally.

The proportion of pupils eligible for Free School Meals at the end of primary school and attaining at least the expected standard at Key Stage 2 in reading writing and mathematics in Oxfordshire was below the national average (26% compared with 36%).

Table 21 Pupils achieving at least the expected standard at Key Stage 2 (pupils aged 10-11) in reading, writing and mathematics (2016)

	All pupils	Pupils known to be eligible for free school meals*	All other pupils
Oxfordshire	52%	26%	55%
ENGLAND (state-funded schools)	54%	36%	57%

Source: ONS National curriculum assessments: key stage 2, 2016 (revised) Dec 2016; *Includes pupils not eligible for free school meals and for whom free school meal eligibility was unclassified or could not be determined. Further more detailed data (including by district) is due to be released in 2017.

Pupil attainment at Key Stage 4 (GCSE)

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

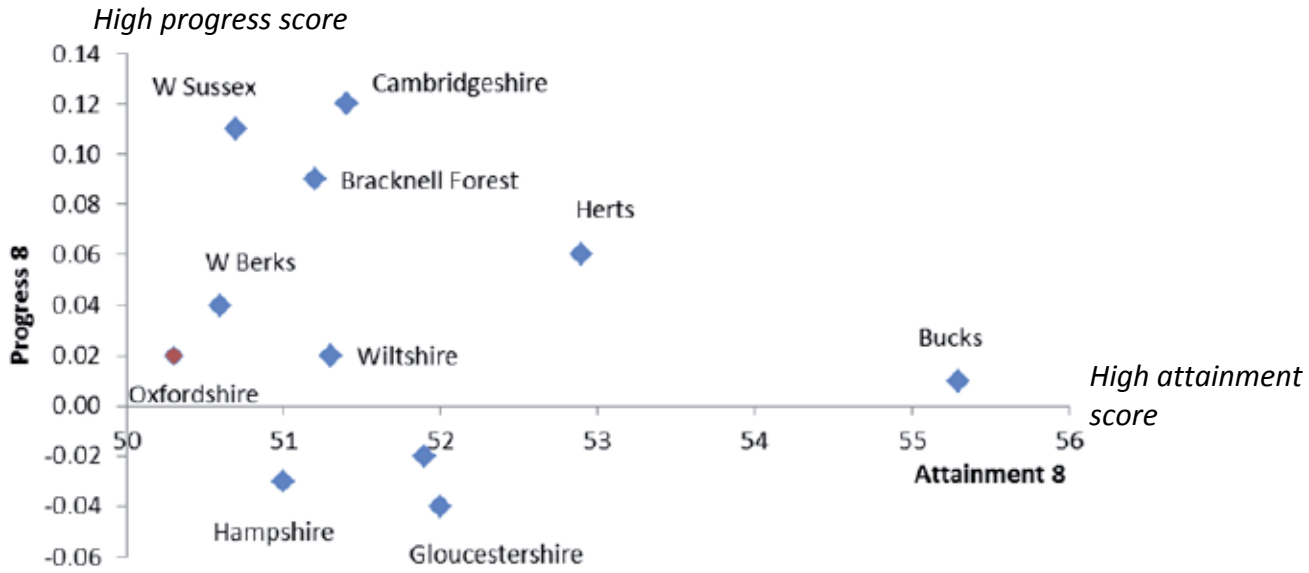
The Attainment 8 score for Oxfordshire in 2015-16 was **50.3** (broadly equivalent to 8 C grades).

The Progress 8 score for Oxfordshire was 0.02 which means that, on average, pupils in the county are making slightly more progress than pupils with the same prior attainment nationally.

Although the Attainment 8 score is slightly above the national figure (49.8), it is the lowest of the statistical neighbour group[32]. Buckinghamshire has the highest Attainment 8 score (55.3).

[32] Statistical neighbour group – a set of local authorities designated by National Foundation for Educational Research (NFER) on behalf of the DfE as having the most similar socio-economic characteristics. Oxfordshire's statistical neighbours are Bath & NE Somerset, Bracknell Forest, Buckinghamshire, Cambridgeshire, Gloucestershire, Hampshire, Hertfordshire, West Berkshire, West Sussex and Wiltshire.

Figure 44 Attainment 8 and Progress 8 Oxfordshire and Statistical Neighbours (2015-16)



Source: Education Attainment Report (Secondary) 12 December 2016, Oxfordshire County Council.

There continues to be a variation in performance between localities and types of school within the county.

- Overall schools in the Didcot locality have the highest attainment and progress scores in the county.
- Progress 8 scores in both Didcot and Oxford localities are higher than elsewhere in the county. This indicates that pupils in these two areas make more progress between key stages 2 and 4 than pupils with similar prior attainment nationally.

Table 22 Attainment and progress by Oxfordshire locality (2015-16)

Locality	Attainment 8 score	vs Oxon average	Progress 8 score	vs Oxon average
Abingdon	49.1	Below	-0.14	Below
Banbury	50.1	Below	0.07	Above
Bicester	48.4	Below	-0.14	Below
Didcot	53.5	Above	0.17	Above
Oxford	49.3	Below	0.15	Above
Thame	52.4	Above	0.05	Above
Wantage & Faringdon	52.5	Above	0.08	Above
Witney and Carterton	50.0	Below	-0.05	Below
Woodstock and Chipping Norton	52.0	Above	0.04	Above
OXFORDSHIRE	**50.3**		**0.02**	
ENGLAND	49.8		-0.03	

Source: Education Attainment Report (Secondary) 12 December 2016, Oxfordshire County Council.

Comparative data for different groups of pupils (e.g. disadvantaged pupils) have not yet been published by the DfE. This data will be available from mid-January 2017.

16-19 bursary

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

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

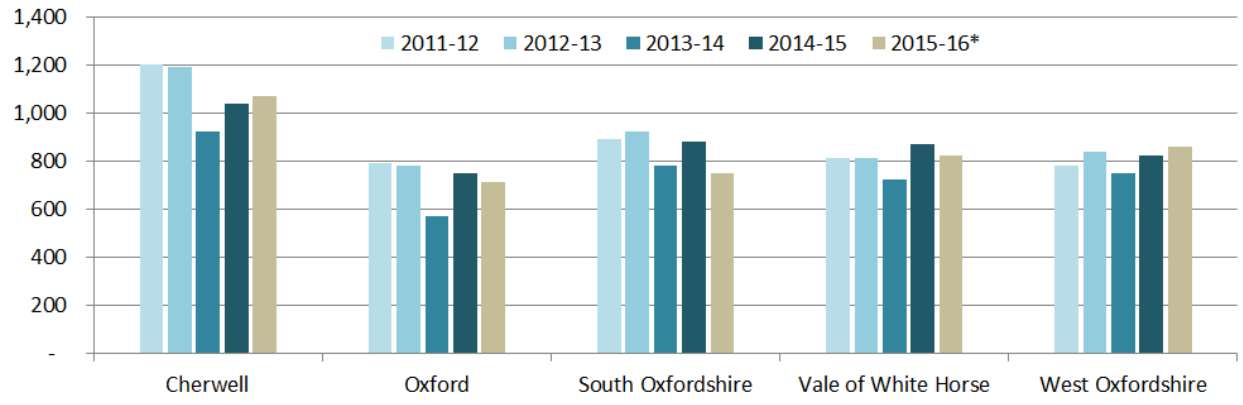
Responding to a data enquiry from Oxfordshire County Council in November 2016, the Education Funding Agency said that it cannot provide the number of students accessing the 16-19 bursary.

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

Apprenticeships

In 2014-15 there was a total of **4,360** apprenticeships started in Oxfordshire, the greatest number of which was in Cherwell district (1,040). Provisional data for 2015-16 appears to show a slight decline to 4,210 apprenticeship starts in Oxfordshire.

Figure 45 Apprenticeship starts, Oxfordshire and districts, 2011-2016



Source: Oxfordshire Local Enterprise Partnership; All figures are rounded to the nearest 10. *2015/16 data is provisional and subject to change

The industry sectors with the highest numbers of apprenticeships in Oxfordshire in 2014-15 were Business/Admin/Law, Retail & Commercial and Health/Public Services/Care. These together accounted for 69% of the total.

Young people Not in Education, Employment or Training

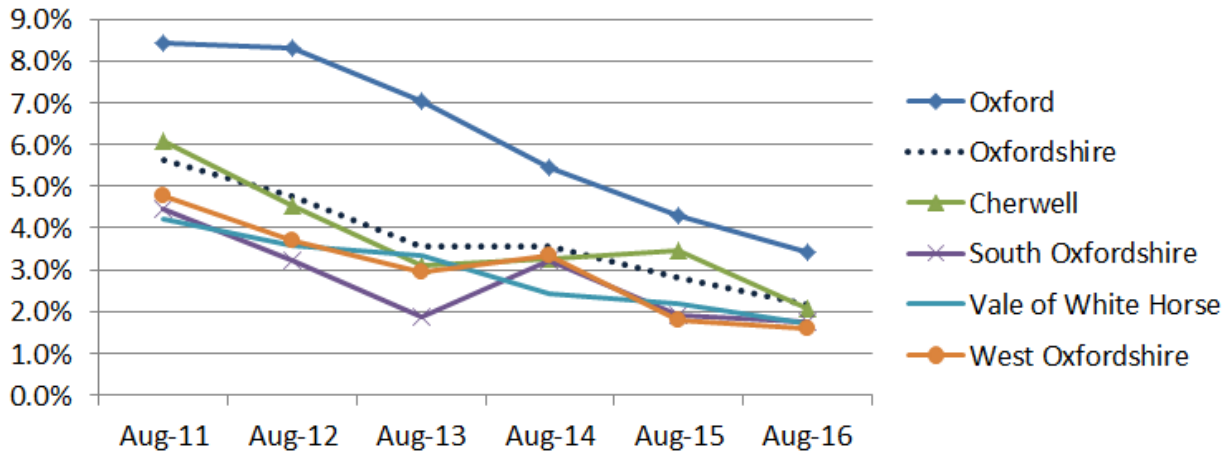
In September 2013 the education leaving age was raised to 17, and from September 2015 it was raised to 18.

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

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

As of August 2016 there was a total of 279 young people in Oxfordshire aged 16 to 19 who were classified as Not in Education, Employment or Training (NEET). This was equivalent to 2.2% of the population of that age group. The district with the highest rate was Oxford with 3.4% young people NEET.

Figure 46 Proportion of young people aged 16-19 who are Not in Education, Employment or Training, districts and county



Source: Oxfordshire County Council

Qualifications

As reported in the previous JSNA (2016)[33], Oxfordshire had an above-average proportion of people with higher qualifications and a below-average proportion of people with no qualifications.

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

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

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

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

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

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

4.5 Physical and social environment

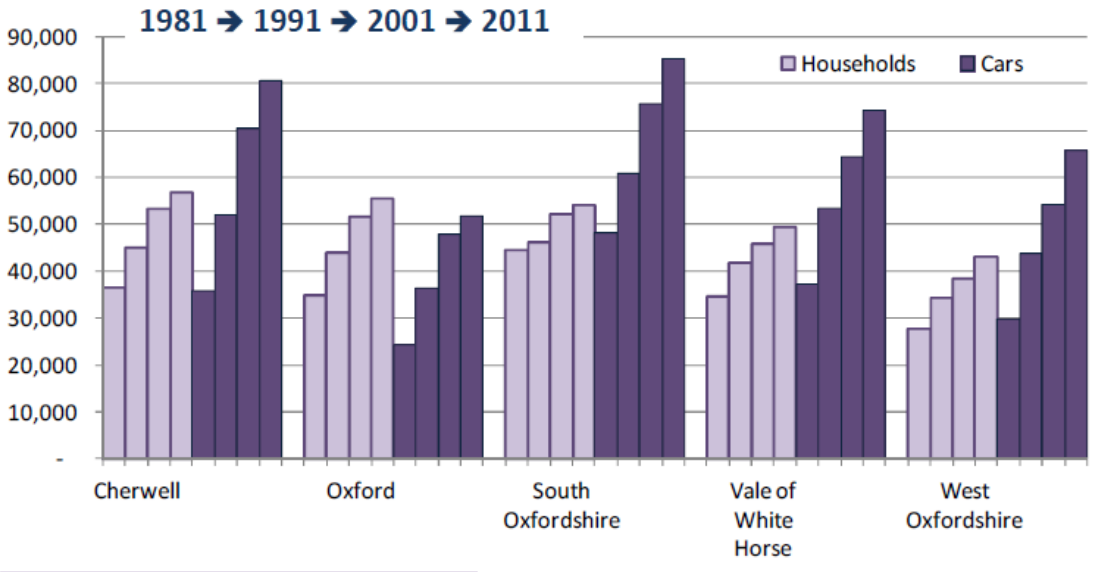
The environment is a major determinant of health. A well-designed physical environment can provide opportunities for:

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

Car ownership

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

Figure 47 Number of households and number of cars by district 1981 to 2011



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

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

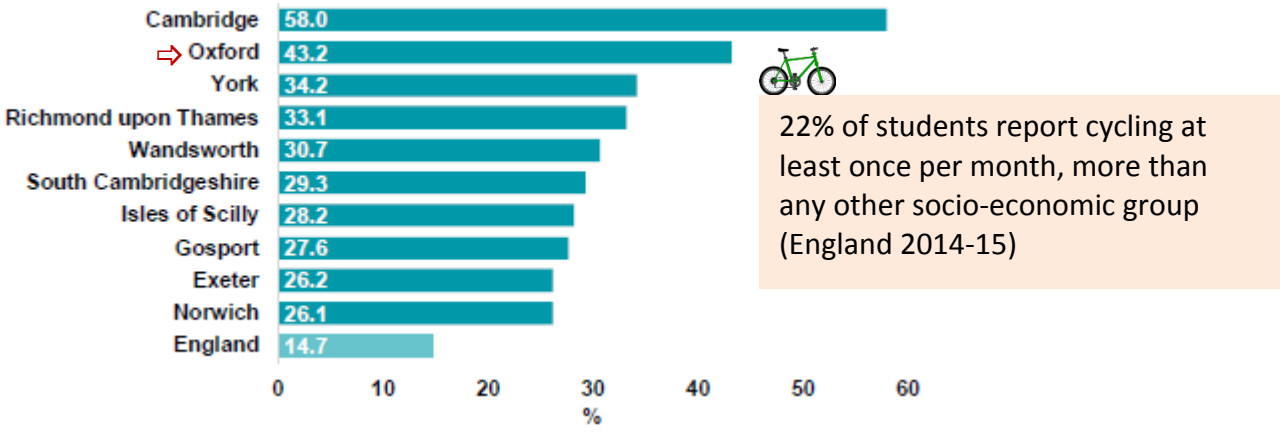
The number of cars per household in Oxfordshire districts was highest in South Oxfordshire (1.58), West Oxfordshire (1.52), Vale of White Horse (1.50) and Cherwell (1.48) and lowest in Oxford (0.93).

Active travel

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

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

Figure 48 Percentage of adults cycling at least once a month: top 10 local authorities, England, 2014-15

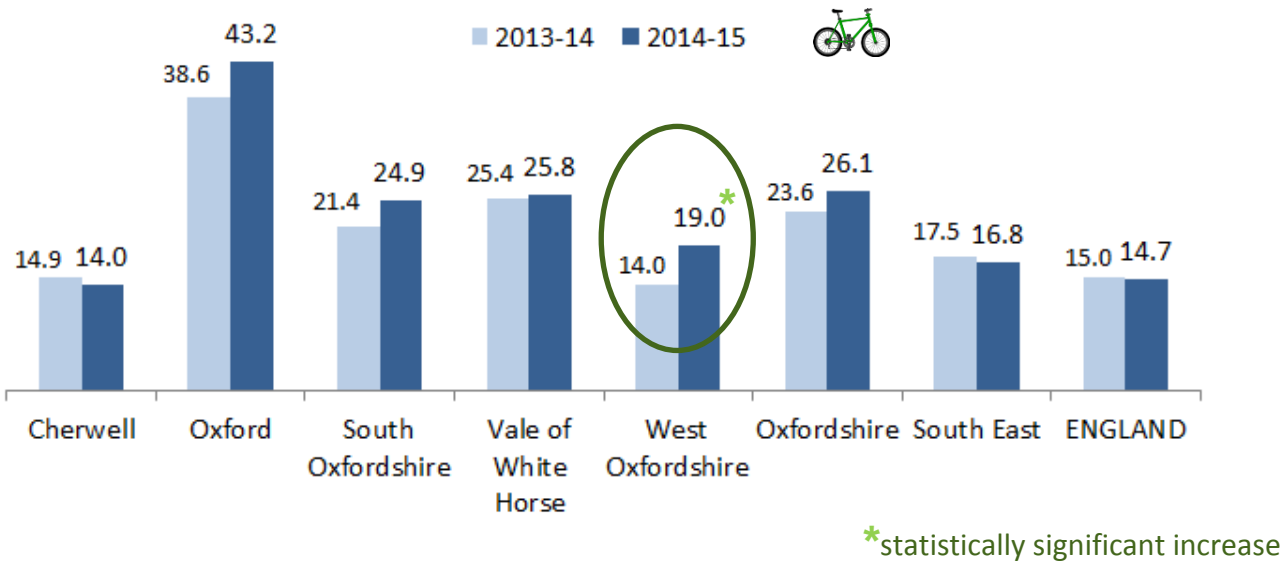


Source: Walking and cycling statistics Dept for Transport from Active People Survey (published July 2016)

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

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

Figure 49 Any cycling in the last 4 weeks (% of survey respondents)



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

National analysis (England)[34] shows differences between walking and cycling in urban vs rural local authorities:

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

Oxfordshire County Council operates 29 automatic counters for monitoring cycling. According to transport monitoring data, between 2014 and 2015[35], there was:

- A decline in cycle flows (counts) in Abingdon and Banbury.
- An increase in cycle flows (counts) in Oxford (Barracks Lane; Horspath; Parks Cycle route), Harwell, Bicester, Didcot, and Kidlington (A44).

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

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

Travel to school

Nationally the proportion of trips to school made by walking has fallen over the last 40 years[36], especially for primary age pupils.

- 74% of primary age pupils in Great Britain walked to school in 1975-76 compared with 46% in 2013.
- 53% of secondary age pupils walked to school in 1975-76 compared with 37% in 2013.

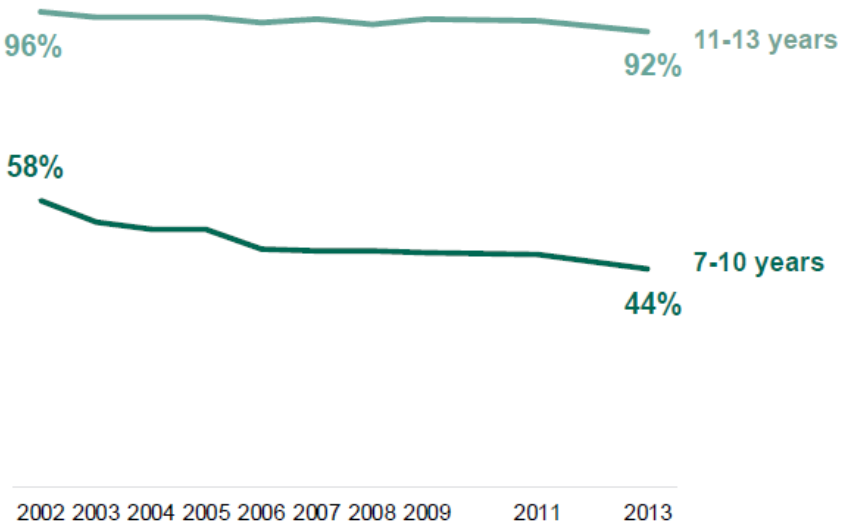
The falling trend in walking trips is likely to reflect both increasing household car availability, and increasing length of trips to school.

- Trips by primary school age children of less than 1 mile went from 67% of all trips in 1975-76 to 47% of all trips in 2014.
- Trips by secondary school age children of less than 1 mile went from 35% in 1975-76 to 23% of all trips in 2014.

A high proportion of primary aged children were accompanied by an adult. Road safety continues to be the top reason although fear of assault has seen a recent increase.

Young children (aged 7-10) have become less likely to be allowed to cross roads alone than in 2002. When they are allowed to do so it is more likely to be for minor roads only.

Figure 50 Trends in the proportion of children allowed to cross roads alone, either always or sometimes: England, 2002 to 2013



Source: National Travel Survey 2014: Travel to school factsheet

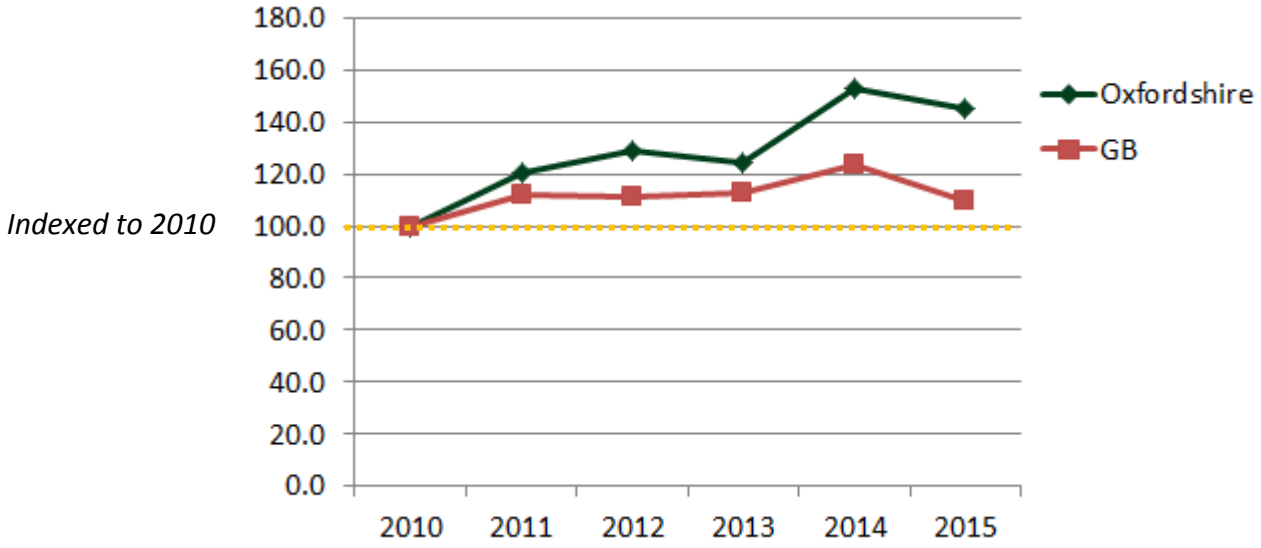
[36] National Travel Survey 2014: Travel to school factsheet

People injured on cycles

The number of people injured using cycles on roads in Oxfordshire has increased significantly since 2010.

- In 2015 there was a total of **344** people injured on a pedal cycle (including killed, seriously injured or 'slight' casualties) in Oxfordshire up from 237 in 2010 (+45%). Over the same time period the number of pedal cycle casualties in Great Britain increased by +10%.
- Of the 344 injuries in 2015, 4 were fatal, 63 were serious and 277 were slight casualties.

Figure 51 Trend in casualties using a pedal cycle, Oxfordshire vs GB



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

Green spaces

An October 2016 Parliamentary Office of Science and Technology briefing on Green space and Health[37] found that:

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

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

Access to healthy food choices

There is limited data about the availability of healthy food choices at a local area. As part of work on obesity, Public Health England has published information on the number of fast food outlets by local authority and ward[38].

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

Table 24 Count and rate per 100,000 population of fast food outlets in Oxfordshire (2014)

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

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

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

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

Air quality

A report from the Royal College of Physicians[39] links air pollution to cancer, asthma, stroke and heart disease, diabetes, obesity, and changes linked to dementia. The health problems resulting from exposure to air pollution have a high cost to people who suffer from illness and premature death, to our health services and to business.

The Environment Act 1995 states that where national air quality objectives are unlikely to be achieved for a certain area, an Air Quality Management Area (AQMA) must be declared and an action plan produced.

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

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

Oxfordshire has 13 Air Quality Management Areas in Oxfordshire, where the annual mean objective for nitrogen dioxide is being exceeded[40]: four in Cherwell, one covering the whole of Oxford, three in South Oxfordshire, three in Vale of White Horse and two in West Oxfordshire. These are within the most populated areas of the county, where a direct link can be made between air pollution and emissions from road traffic.

Cherwell	AQMA No.1 is an area around Hennef Way, Banbury. AQMA No.2 is an area between Southam Road and Oxford Road, Banbury, including some of High Street. AQMA No.3 is an area of Bicester Road, Kidlington. AQMA No.4 is an area around Kings End, Queens Avenue, Field Street and St Johns, Bicester. Nitrogen dioxide is monitored at 43 sites throughout the district.	http://www.cherwell.gov.uk/airqualitymanagement
Oxford	In September 2010 Oxford City Council made an Air Quality Management Order declaring the whole of the city as an AQMA, to include the 7 localised hotspots where pollution levels of nitrogen dioxide have exceeded national objectives. The latest available air pollution data for the year 2015, included in Oxford City Council's Air Quality Annual Status Report (July 2016)[41] shows that ten year air pollution trends of NO2 measured at roadside monitoring sites have dropped by 35% in the city centre, however, the annual mean was still exceeded at 25 of the 70 monitoring locations in 2015. Transport is by far the most significant source of emissions of this pollutant in the city, with a contribution of 75% of the total emissions.	https://www.oxford.gov.uk/info/20216/air_quality_management
South Oxfordshire	Henley: Air pollution levels have been monitored in Henley since 1998 and due to levels of NO2 exceeding the national air quality objectives, an AQMA was declared in 2002. Wallingford: Air pollution here has also been monitored since 1998. An AQMA was declared in 2005 again as a result of NO2 levels exceeding the national objectives. Watlington: Air pollution monitoring in Watlington commenced in 2003 with an AQMA designated in 2009 due to NO2 exceedences.	https://oxfordshire.air-quality.info/local-air-quality-management/south-oxfordshire
Vale of White Horse	Abingdon: Air pollution levels have been monitored in Abingdon since 1995 and due to levels of NO2 exceeding the national air quality objectives, an AQMA was declared in 2006. Botley: Air pollution here has also been monitored since 1995. An AQMA was declared in 2008 again as a result of NO2 levels exceeding the national objectives. Marcham: Air pollution monitoring in Marcham commenced in 2009 with an AQMA designated in 2015 due to NO2 exceedences.	https://oxfordshire.air-quality.info/local-air-quality-management/vale-of-white-horse
West Oxfordshire	West Oxfordshire has 2 Air Quality Management Areas (AQMAs) which exceed the objective for nitrogen dioxide: Chipping Norton and Witney. Concentrations outside of the AQMAs are all below the objectives at relevant locations, (latest report 2014)	https://www.westoxon.gov.uk/residents/environment/environmental-health/air-quality/

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

[41] https://www.oxford.gov.uk/downloads/file/2936/air_quality_annual_status_report_2016

Noise Pollution

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

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

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

Climate change

The UK Climate Change Risk Assessment 2017[42] by the Committee on Climate Change[43], (July 2016) summarises the greatest direct climate change-related threats for the UK as:

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

A 2012 report from the Health Protection Agency[44] on the health effects of climate change reported that:

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

The Health Protection Agency report considered:

- ozone-related mortality, air pollution;
- aeroallergens associated with pollen grains and fungal spores;
- building overheating, indoor air pollution, flood damage and water and biological contamination of buildings;
- levels of Ultraviolet (UV) radiation;

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

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

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

- health implications of flooding, particularly impacts on mental health and impacts from disruption to critical supplies of utilities;
- range, activity and vector potential of ticks and mosquitoes (expected to increase across the UK by the 2080s). The potential for introduction of exotic species and pathogens;
- water and food-borne diseases;
- health co-benefits of measures to reduce greenhouse gas emissions (e.g. increased physical activity as a result of reduced car use in urban centres).

A recent report by the UK Health Alliance[45] sets out the challenges and opportunities from climate change. Opportunities include the **co-benefits of emission reduction activities** leading to healthier lifestyles (more walking/ cycling, insulating homes and others).

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

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

Figure 52 Impact of heavy rainfall in Oxfordshire

Oxford Road in Bagley Wood collapsed after the heavy rain in November 2012 saturated the ground. The road reopened a year later. Repairs cost £1 million.

Residents at Bablockhythe had to evacuate their homes due to flooding twice in the opening weeks of 2014.

Source: Oxfordshire County Council

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

Isolation and loneliness

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

- Loneliness can be as harmful for our health as smoking 15 cigarettes a day[46].
- Lonely individuals more likely to visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term health care[47].

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

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

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

Factors found NOT to be statistically associated with loneliness were:

- Age
- Gender
- Having a pet
- The level of household income
- Whether the respondent is in paid employment.
- Rurality
- Multiple deprivation
- Hearing problems
- Number of eye conditions (although it is marginally significant for respondents with 3 or more eye problems).

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

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

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

5 Health Conditions and Causes of Death

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

5.1 Key findings – Health Conditions and Causes of Death

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

Leading causes of death

- Cancer was the leading cause of death in Oxfordshire (for the combined years 2013, 2014 and 2015), accounting for 26% of deaths of males and 22% of deaths of females.
- The second highest cause was:
    - Males: Heart diseases (affecting the supply of blood to the heart), 14% of deaths.
    - Females: Dementia and Alzheimer disease, 15% of deaths.
- Between 2007 and 2015, the number of deaths of older people (aged 75 and over) from circulatory diseases in Oxfordshire declined by 15%, while deaths from dementia more than doubled.

Health conditions

- From the Quality and Outcomes Framework data, the health conditions with the greatest number of GP-registered patients in Oxfordshire were:
    - Hypertension (high blood pressure): 87,500 patients
    - Depression: 50,900 patients
    - Asthma: 41,100 patients
    - Diabetes: 28,600 patients

Mental Health

- National survey data shows that, over the past 15 years, mental health disorders have been increasing in women and young women have emerged as a high risk group.
    - One adult in six had a common mental disorder (depression or anxiety), about one woman in five and one man in eight. Since 2000, the rate for women has steadily increased.
    - As of 2014, common mental disorder symptoms were about three times more common in young women (aged 16 to 24) than young men.
- The number and rate of people in Oxfordshire with depression or anxiety appears to have increased significantly.
    - Between 2014-15 and 2015-16, the number of GP-registered patients with diagnosed depression in the Oxfordshire CCG group area increased by around 8,300 or **+19%.**
- Trend data for Oxfordshire districts shows an increase in the percentage of patients with a recorded diagnosis of a severe and enduring mental health problem in the GP-registered population in Oxford city and Cherwell. The rate in Oxford city remains well above the average for NHS Oxfordshire CCG.

Cancer

- The proportion of GP-registered patients with a cancer diagnosis in Oxfordshire has remained above the national average.
- Between 2013 and 2015, deaths from cancer remained at a similar level, with the exception of females in Oxford where the rate in 2015 was just above the national average.
- There were 5 wards in Oxfordshire with a significantly higher mortality ratio for cancers than England (2010-14). The ward with the highest rate was Banbury Ruscote in Cherwell district.

Heart Disease

- The proportion of GP-registered patients in the Oxfordshire CCG with heart disease has remained below the regional and national averages.
- There were 2 wards in Oxfordshire with significantly higher rates of emergency hospital admissions for coronary heart disease than England (2010-11 to 2014-15): Banbury Ruscote in Cherwell and Northfield Brook in Oxford.
- Mortality due to heart disease has declined in every district in Oxfordshire, with the exception of Cherwell where male mortality due to heart disease increased in both 2014 and 2015.

Stroke

- The proportion of GP-registered patients in the Oxfordshire CCG with stroke has remained below the regional and national averages.
- There were 7 wards in Oxfordshire with a significantly higher mortality ratio from stroke than England (2010-14), mainly in rural areas. The ward with the highest rate was Caversfield in Cherwell district.

Dementia and Alzheimer's disease

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

Diabetes

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

Hypertension (high blood pressure)

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

Back pain

- Work related musculoskeletal disorders (WRMSDs) in Great Britain remains an ill health related condition that places significant burdens on employers and employees accounting for 41% of all work related ill-health.

5.2 Causes of death

There were **5,299** deaths registered in Oxfordshire in 2015[48](calendar year), a decline of 2% (-100) compared with 2014.

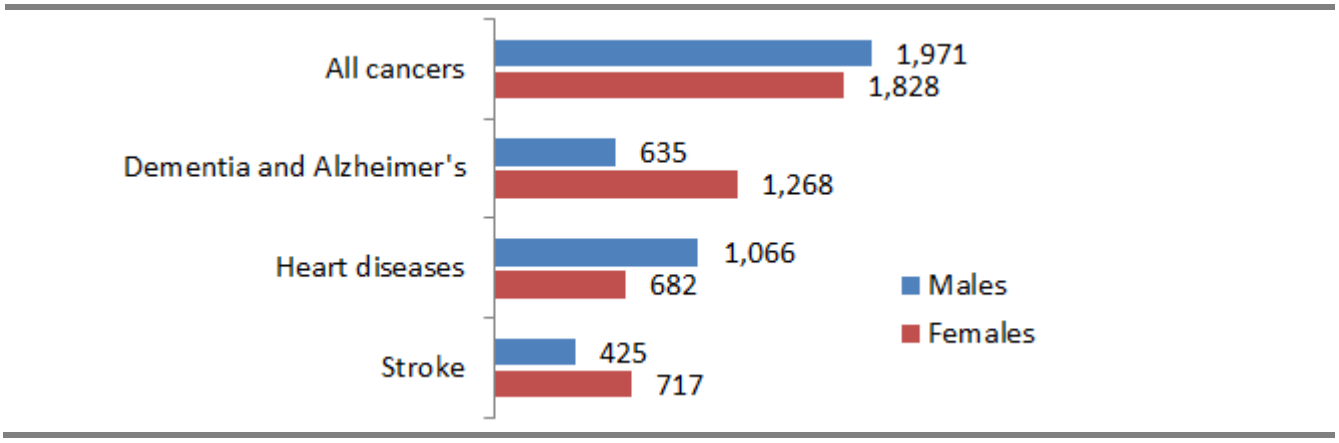
Leading causes of death

Cancer was the leading cause of death in Oxfordshire (for the combined years 2013, 2014 and 2015), accounting for 26% of deaths of males and 22% of deaths of females.

The second highest cause was:

- Males: Heart diseases (affecting the supply of blood to the heart), 14% of deaths.
- Females: Dementia and Alzheimer disease, 15% of deaths.

Figure 53 Leading causes of death in Oxfordshire by gender (2013 to 2015)



Source: ONS from nomis

In 2014, some wards in Oxfordshire had significantly higher standardised mortality ratios than the England average for certain conditions – see table below.

Table 25 Wards in Oxfordshire with significantly higher standardised mortality ratios than England average (2010 to 2014)

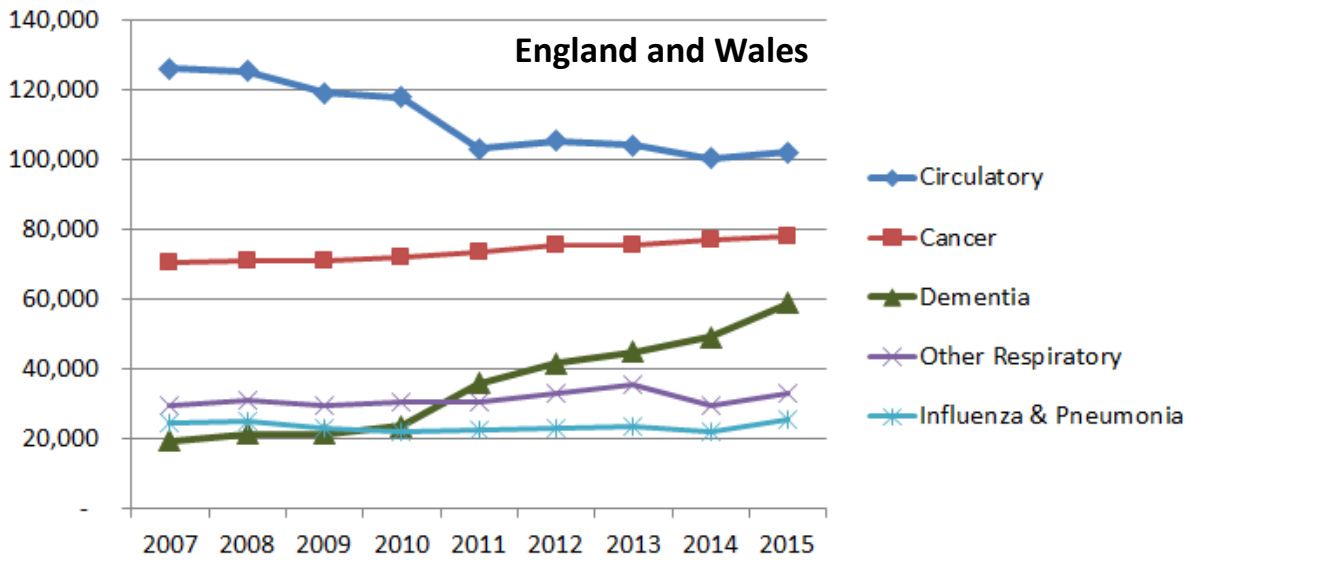
	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire
Circulatory disease SMR (under 75 years)		Blackbird Leys			
Stroke SMR (all ages)	Caversfield Banbury Ruscote	Cowley	Didcot West		Chipping Norton Ascott & Shipton Freeland & Hanborough
Respiratory diseases SMR (all ages	Caversfield Banbury Ruscote	Northfield Brook Blackbird Leys	Sandford & Wittenhams	Faringdon	Chipping Norton

Source: Public Health England, Local Health tool

[48] ONS (released July 2016) https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/deathregistrationssummarytablesenglandandwalesreferencetables

Nationally and locally the leading causes of death of older people (aged 75+) have changed significantly with a reduction in deaths due to circulatory diseases (including heart disease and stroke) and a significant increase in deaths from dementia.

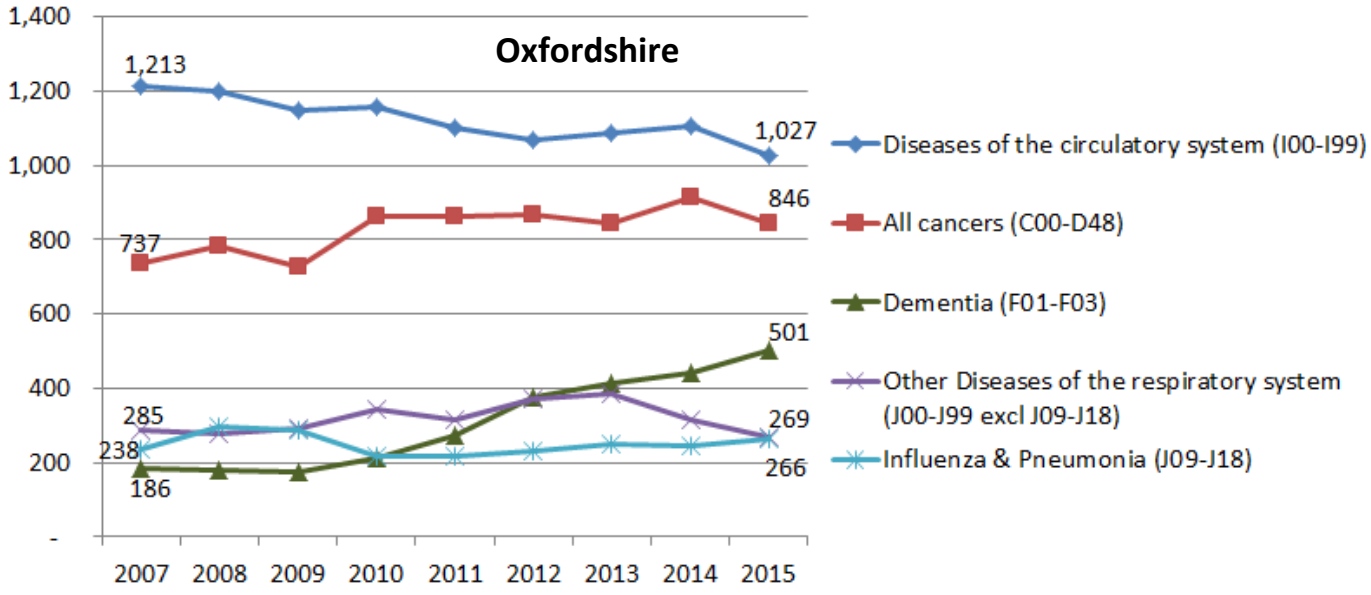
Figure 54 Leading causes of death in people aged 75 and over – England and Wales



Source: ONS (user requested data)

Between 2007 and 2015, the number of deaths of older people (aged 75 and over) from circulatory diseases in Oxfordshire declined by 15%, while deaths from dementia more than doubled.

Figure 55 Leading causes of death in people aged 75 and over - Oxfordshire



Source: ONS data for 2007 to 2013 sourced from that received by Public Health when in Oxfordshire PCT. Data for 2014 and 2015 are sourced from NOMIS. (Note: data for 2014 and 2015 for Other respiratory diseases appear to be quite low. Please use with caution.)

Preventable mortality

According to a 2015 Local Government briefing by the National Institute of Clinical Excellence[49]

> *A wide range of factors can lead to illness and premature death. This includes someone's living and working conditions for example, poor housing, social isolation, and where they live. (Children who live in more deprived areas are at much greater risk of an unintentional injury – a leading cause of death among children and young people.)*
>
> *These 'wider determinants' of health can adversely affect both physical and mental wellbeing and the health-related lifestyle choices people make (for example, whether to smoke or misuse alcohol).*

From 2013 to 2015, 59% of deaths of people aged under 75 in Oxfordshire were considered preventable (2,586 of 4,399).

There was a gender difference, with 60% of male deaths under 75 considered preventable and 58% of female deaths under 75.

The highest cause of preventable death aged under 75 was cancer with 40% of the total considered preventable in Oxfordshire, just over 1,000 deaths from 2013 to 2015.

Table 26 Deaths under the age of 75 considered preventable, Oxfordshire (2013 to 2015)

Preventable deaths aged under 75 by cause	Males	Females	TOTAL (n)	TOTAL *%*
Cancer	510	536	1,047	*40%*
Heart disease & stroke	421	138	559	*22%*
Liver disease	117	72	189	*7%*
Lung disease	97	89	186	*7%*
Other considered to be preventable	386	220	605	*23%*
Total considered to be preventable	1,531 *59%*	1,055 *41%*	2,586 *100%*	*100%*

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

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

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

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

[49] NICE guidance: Tackling the causes of premature mortality (early death) Local government briefing [LGB26] Published date: February 2015 https://www.nice.org.uk/advice/lgb26/chapter/introduction

Excess winter deaths

About Excess winter deaths

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

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

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

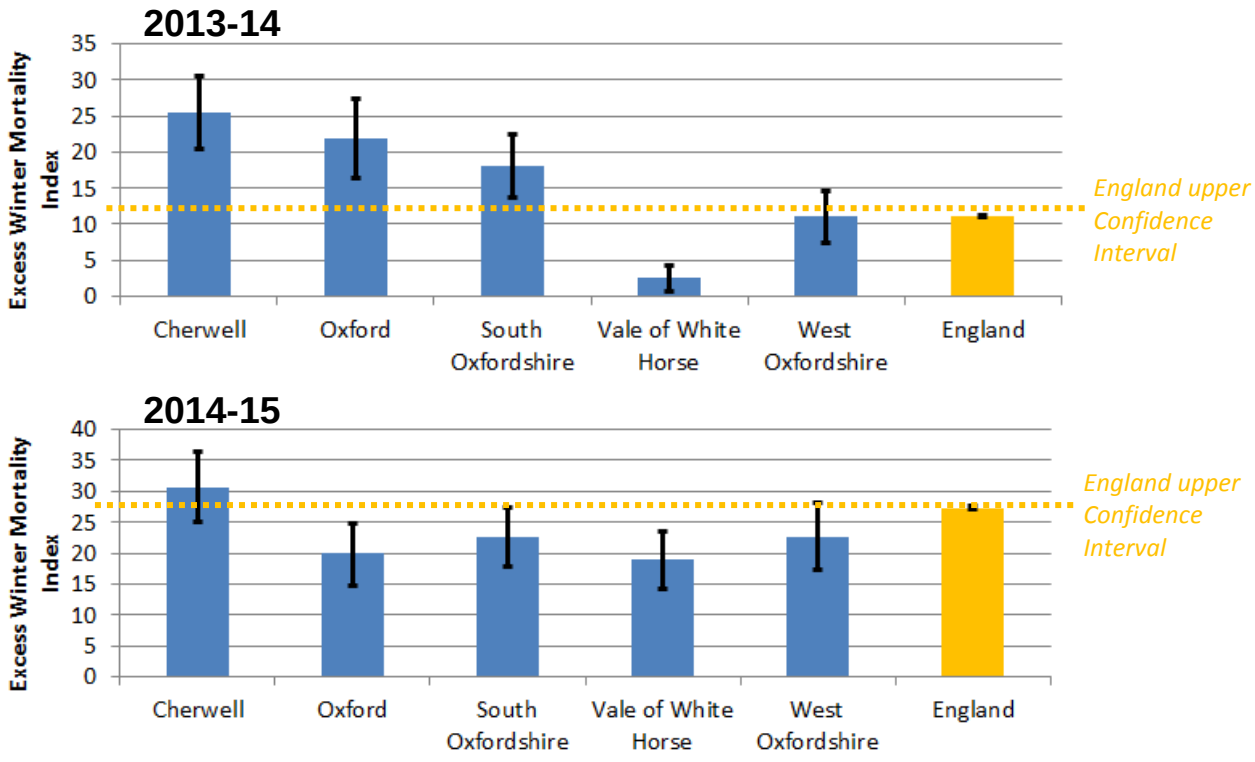
ONS Excess winter mortality methodology

The most recent data shows an increase in the number of Excess Winter Deaths in Oxfordshire from **270** in 2013-14 to **380** in 2014-15.

The district in Oxfordshire with the highest number of excess winter deaths and the highest Excess Winter mortality rate was Cherwell.

In 2014-15, the mortality rate was below the national average in Oxford, South Oxfordshire and Vale of White Horse and statistically similar to the national average in Cherwell and West Oxfordshire.

Figure 56 Excess Winter Mortality Index 2013-14 and 2014-15



Source: ONS, released Nov16
https://www.ons.gov.uk/peoplepopulationandcommunity/birthsdeathsandmarriages/deaths/datasets/excesswintermortalityinenglandandwalesreferencetables

Road casualties

There was a total of 2,146 police-reported road causalities in Oxfordshire in 2015 of which 361 were more serious “killed or seriously injured” (KSI). This was a decline of 2.7% on the number in 2014 (2,205 in total including 379 KSI).

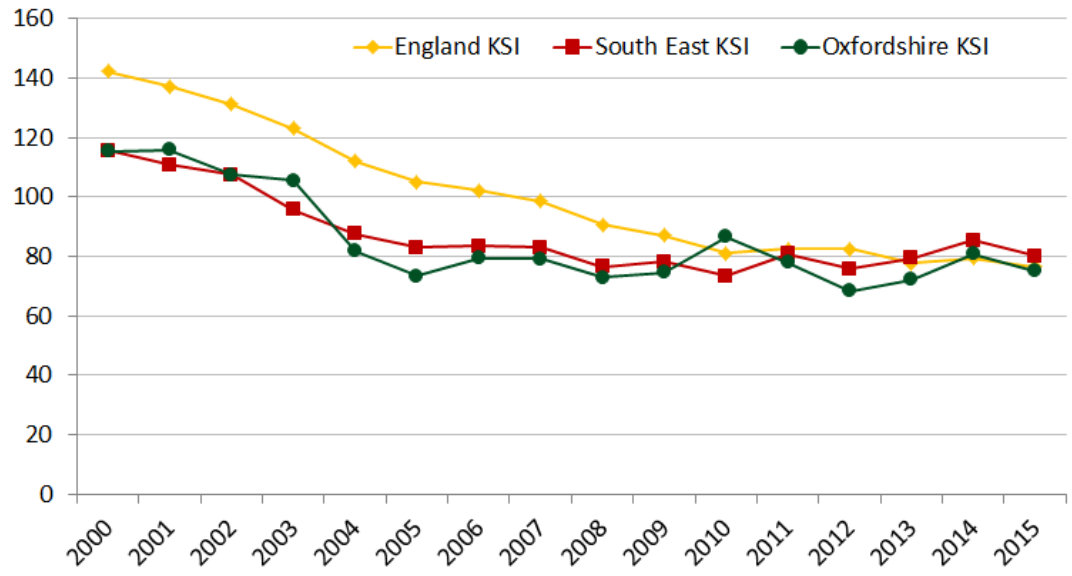
Per head of population

Oxfordshire continues to have a significantly higher rate of people killed or seriously injured (road casualties) per head of population (52.9 in 2013-15) than in the South East (49.1) and England overall (38.5). All districts, with the exception of Oxford, had rates exceeding the national average. The highest – and significantly above the Oxfordshire average - was Cherwell with 66.9.

Per billion vehicle miles

Between 2000 and 2009, the rate of people killed or seriously injured per billion vehicle miles in Oxfordshire was below the national average. Since 2010 it has been closer to the national average. As of 2015 the rate in Oxfordshire was 75 compared with 80 in the South East and 76 in England.

Figure 57 Rate of Killed and Seriously Injured per billion vehicle miles



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

5.3 Health conditions

The Quality and Outcomes framework provides a count of GP-registered patients by health condition. The following table shows the change between 2014-15 and 2015-16 for the NHS Oxfordshire Clinical Commissioning Group (CCG) area and highlights conditions that were above the England average in the most recent year of data - cardiovascular disease, cancer, depression and osteoporosis.

Table 27 Change in prevalence of health conditions recorded by GPs (Quality and Outcomes Framework) for Oxfordshire CCG, 2014-15 to 2015-16

	2014-15		2015-16		
	Count	Rate	Count	Rate	Eng average rate
Cardiovascular group					
Atrial fibrilation	10,967	1.54	11,805	1.65 (↑)	1.71
Cardiovascular disease	4,362	1.13	4,496	1.15 (↑)	1.07
Coronary heart disease	17,854	2.51	17,759	2.48 (↓)	3.20
Heart failure	4,068	0.57	4,524	0.63 (↑)	0.76
Hypertension	86,222	12.13	87,506	12.21 (↑)	13.81
Peripheral arterial disease	3,616	0.51	3,643	0.51 (-)	0.61
Stroke and transient ischaemic attack	11,643	1.64	11,963	1.67 (↑)	1.74
Respiratory group					
Asthma	41,800	5.88	41,126	5.74 (↓)	5.91
Chronic obstructive pulmonary disease	9,161	1.29	9,557	1.33 (↑)	1.85
Lifestyle group					
Obesity	42,996	7.35	43,231	7.55 (↑)	9.45
High dependency and other long term conditions group					
Cancer	17,428	2.45	19,453	2.71 (↑)	2.42
Chronic kidney disease	19,583	3.45	19,836	3.46 (↑)	4.10
Diabetes mellitus	28,058	4.87	28,627	4.92 (↑)	6.55
Pallative care	1,933	0.27	1,858	0.26 (↓)	0.34
Mental health and neurology group					
Dementia	4,985	0.70	5,268	0.74 (↑)	0.76
Depression	42,594	7.50	50,865	8.88 (↑)	8.26
Epilepsy	3,977	0.70	4,048	0.71 (↑)	0.80
Learning disabilities	2,561	0.36	2,599	0.36 (-)	0.46
Mental health	5,581	0.78	5,822	0.81 (↑)	0.90
Musculoskeletal group					
Osteoporosis	561	0.23	1,559	0.63* (↑)	0.31
Rheumatoid arthritis	3,529	0.60	3,670	0.62 (↑)	0.73

Source: Health and Social Care Information Centre Quality Outcomes Framework; *Data on patients with Osteoporosis appears to be cumulative rather than single year – needs further investigation.

About the Quality and Outcomes Framework (QOF)

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

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

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

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

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

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

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

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

Percentages presented here are not necessarily a true prevalence as the objective of QOF registers is to improve quality of care.

Confidence intervals were calculated locally using numerators and denominators given.

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

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

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

- Hypertension (high blood pressure): 87,500 patients
- Depression: 50,900 patients
- Asthma: 41,100 patients
- Diabetes: 28,600 patients

5.4 Mental health

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

According to the evidence-base report by the Mental Health Foundation and the Faculty of Public Health[50]

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

As reported in **Better Mental Health For All** - A public health approach to mental health improvement[51]..

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

Adult wellbeing

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

About the ONS wellbeing indicators

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

- overall, how satisfied are you with your life nowadays?
- overall, to what extent do you feel the things you do in your life are worthwhile?
- overall, how happy did you feel yesterday?
- overall, how anxious did you feel yesterday?

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

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

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

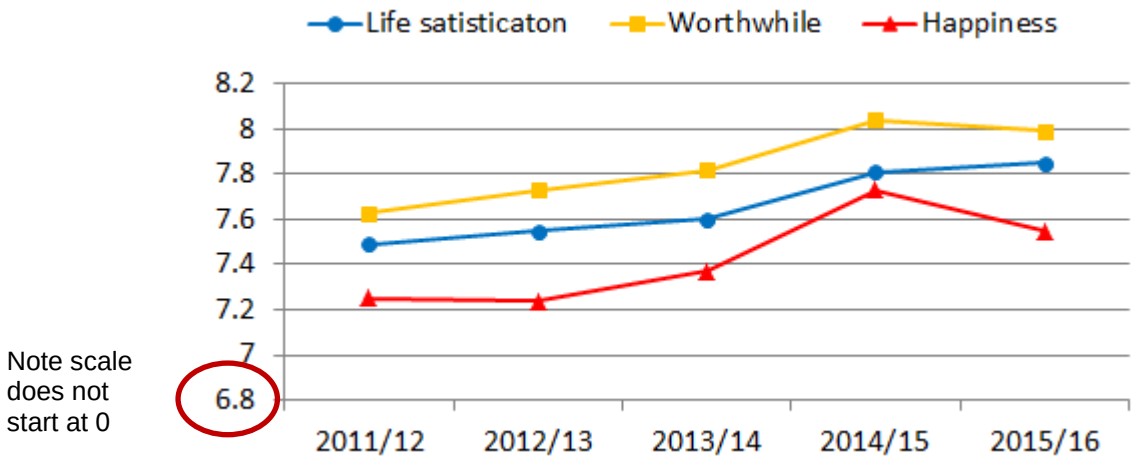
[50] https://www.mentalhealth.org.uk/publications/better-mental-health-all-public-health-approach-mental-health-improvement

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

Across the UK, reported personal well-being had improved every year since the financial year ending 2012, when data were first collected; however, the financial year ending 2016 sees the first instance where there has not been an annual improvement across all of the measures.

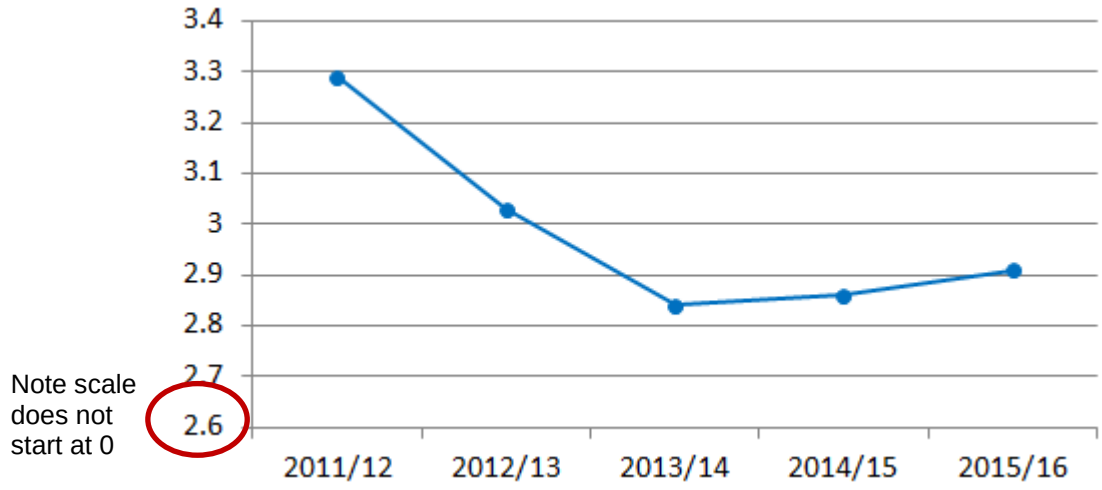
The worthwhile and happiness means for Oxfordshire are slightly lower in 2015-16 compared to 2014-15 and anxiety mean is higher.

Figure 58 Trend in average wellbeing scores in Oxfordshire for (a) life satisfaction, (b) things you do that are worthwhile and (c) happiness



Source: Office for National Statistics Personal Wellbeing

Figure 59 Trend in mean score for anxiety - Oxfordshire



Source: Office for National Statistics Personal Wellbeing

At a UK level, women's happiness rating remained higher than men's, however the gap between men and women's happiness ratings is closing[52].

- Although the differences were small, in financial year ending 2012 there was a statistically significant difference in happiness ratings across the UK between the sexes, with women reporting higher "happy yesterday" levels. By financial year ending 2016, there was no longer a significant difference between the happiness ratings of men and women.

Child wellbeing

Over three quarters of all mental health problems have emerged by the age of twenty, making childhood determinants primary in future mental wellbeing.[53]

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

According to the Public Health England report on Promoting children and young people's emotional health and wellbeing, in an average class of 30 15-year-old pupils[54]:

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

The latest (2015), Health Survey for England[55] found that:

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

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[52] https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/bulletins/measuringnationalwellbeing/2015to2016

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

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

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

Common mental disorders

Common mental disorders (CMDs) include different types of depression and anxiety. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cumulative cost of CMDs to society is great. [56]

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

- **One adult in six had a common mental disorder** (CMD): about one woman in five and one man in eight. Since 2000, overall rates of CMD in England steadily increased in women and remained largely stable in men.
- Reported rates of self-harming increased in men and women and across age groups since 2007. However, much of this increase in reporting may have been due to greater awareness about the behaviour.
- Young women have emerged as a high-risk group, with high rates of CMD, self-harm, and positive screens for posttraumatic stress disorder (PTSD) and bipolar disorder.
- The gap between young women and young men increased.
    - In 1993, 16 to 24 year old women (19.2%) were twice as likely as 16 to 24 year old men (8.4%) to have symptoms of CMD. In 2014, CMD symptoms were about three times more common in women of that age (26.0%) than men (9.1%).
- Most mental disorders were more common in people living alone, in poor physical health, and not employed. Claimants of Employment and Support Allowance (ESA), a benefit aimed at those unable to work due to poor health or disability, experienced particularly high rates of all the disorders assessed.

About the Adult Psychiatric Morbidity Survey of Mental Health and Wellbeing

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

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

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

Depression

GP (QOF) data on the number of patients **diagnosed with depression** shows that in 2015-16 there were around **50,900** GP-registered patients in the Oxfordshire Clinical Commissioning Group area with depression (9% of patients). This was an increase of around 8,300 or **19%** since 2014-15.

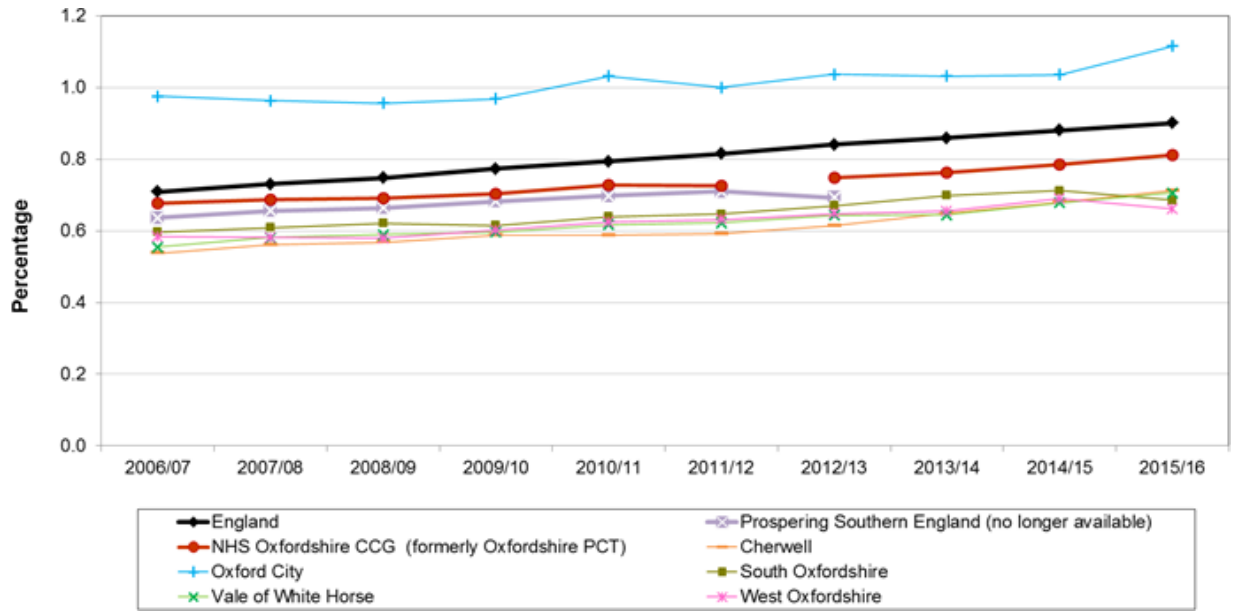
Severe and enduring mental disorders

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

The Quality and Outcomes framework provides GP data on the number of patients diagnosed with **schizophrenia, biopolar affective disorder or other psychoses; or who were on lithium therapy**. In 2015-16 there were around **5,800** GP-registered patients in the Oxfordshire Clinical Commissioning Group area with these conditions. This number has increased by around 200 or 4% since 2014-15.

Trend data for Oxfordshire districts shows an increase in the percentage of patients with a recorded diagnosis of a severe and enduring mental health problem in the GP-registered population in Oxford city and Cherwell. The rate in Oxford city remains well above the average for NHS Oxfordshire CCG.

Figure 60 Percentage of patients with a recorded diagnosis of a severe and enduring mental health problem in the GP registered population 2006-07 to 2015-16



Source: NHS Digital; quality and outcomes framework

Intentional self-harm

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

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

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

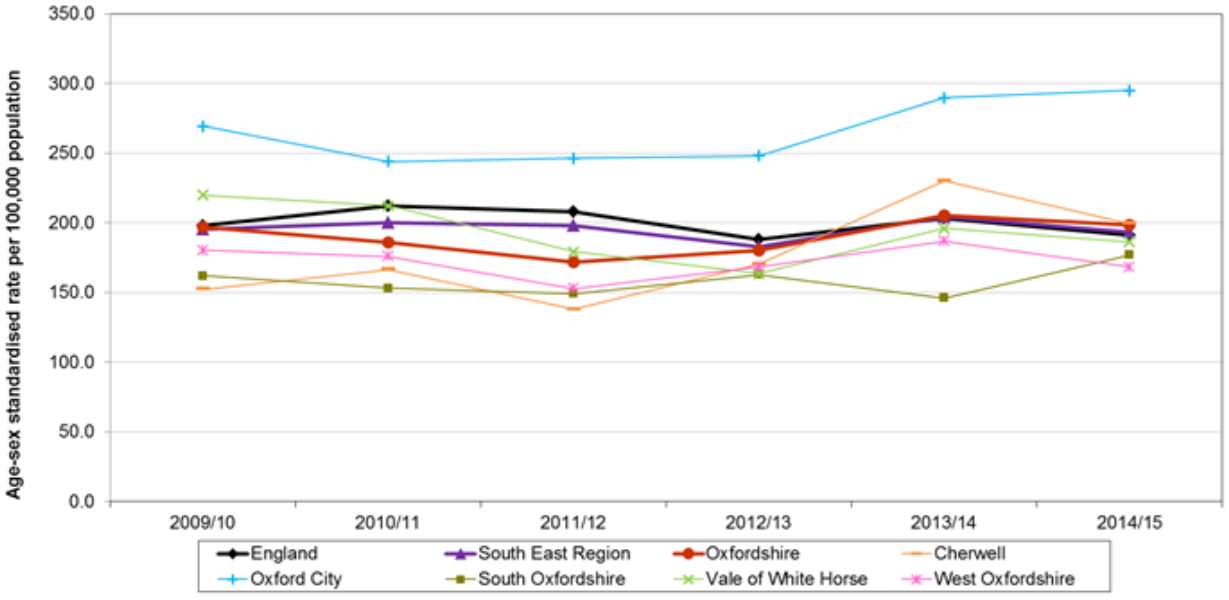
The available indicator of self-harm is the rate of emergency hospital admissions. This is likely to be an under-estimate of the true scale however as:

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

During 2014-15 the number of emergency hospital admissions for intentional self-harm in Oxfordshire was 1,387[57], this was similar to the number recorded in 2013-14 (1,421).

Oxfordshire's rates of hospital admissions for self-harm have been significantly lower than England, but are no longer significantly different. There is insufficient data to know whether this is a trend or if self-harm is on the increase.

Figure 61 Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population (2009-10 to 2014-15)



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

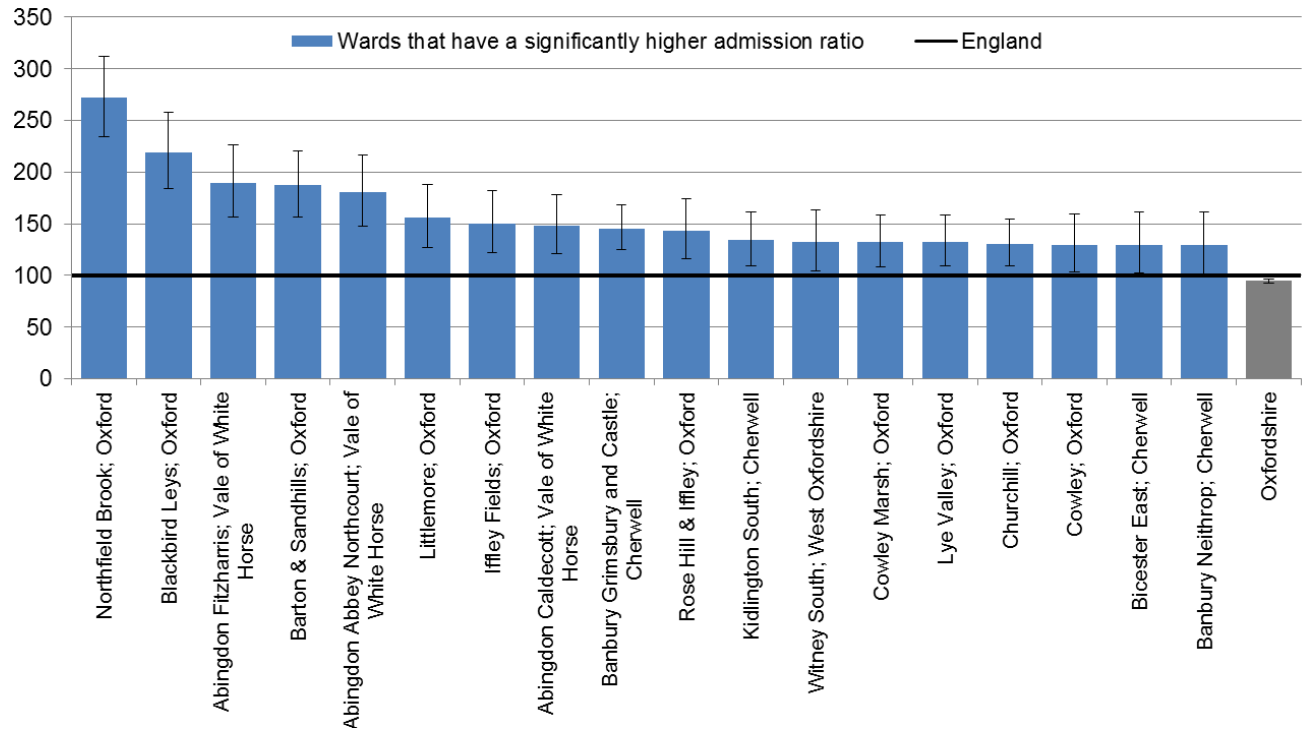
[57] Public Health England health profiles https://fingertips.phe.org.uk

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

A report produced by K Hawton et al in 2010 concluded that, contrary to popular belief, rates of self-harm in Oxford University students are much lower than in other young people but that the risk of self-harm may increase around the time of examinations.

There were 18 wards in Oxfordshire with a significantly higher admission ratio for intentional self-harm than England (2010-11 to 2014-15), these included 10 in Oxford, 4 in Cherwell, 3 in Vale of White Horse and 1 in West Oxfordshire. The two wards with the highest rates were Northfield Brook and Blackbird Leys in Oxford.

Figure 62 Wards in Oxfordshire with a significantly higher admission ratio for intentional self-harm than England (2010-11 to 2014-15)



Source: Hospital Episodes Statistics from the Public Health England Local Data Tool

Suicide

Between 2013 and 2015, there was a total of **164** deaths registered as suicides in Oxfordshire [58]. The rate of suicides was not significantly different to England.

In the five year period, between 2011 and 2015, there was a total of **71** deaths registered as suicides for young people (aged under 35) in Oxfordshire.

The Oxfordshire district with the greatest number of registered suicides in under 35s in Oxfordshire was Cherwell.

[58] ONS Suicides in England and Wales by Local Authority (released Dec17)

Table 28 Number of suicides by local authority, persons aged under 35, deaths registered 2011-2015

	2011	2012	2013	2014	2015	2011 to 2015
Cherwell	4	7	3	6	1	**21**
Oxford	3	5	1	5	3	**17**
South Oxfordshire	1	2	1	3	1	**8**
Vale of White Horse	1	3	6	1	1	**12**
West Oxfordshire	1	4	1	3	4	**13**
OXFORDSHIRE	**10**	**21**	**12**	**18**	**10**	**71**

Source: ONS (released 12 Dec16)

5.5 Autism

Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them.[59]

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

Some autistic people also have learning disabilities, mental health issues or other conditions[60].

In January 2016, there were **1,220 pupils** in Oxfordshire schools with special educational needs (SEN) whose primary type of need was ASD.[61] This is just above the number in January 2015 (1,140). Of these, 455 were in state funded primary schools, 494 were in state-funded secondary schools and 271 were in special schools.

As reported in the 2016 Oxfordshire JSNA, Oxfordshire County Council's 2013 estimate was that there could be in the region of **6,850** people in Oxfordshire who are on the autistic spectrum.[62]

Estimates of the prevalence of autism in Oxfordshire (from 2013) suggest that there could be[63]:

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

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

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

[61] Department for Education SEN Statistics (January 2015): https://www.gov.uk/government/collections/statistics-special-educational-needs-sen

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

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

The recently published Adult Psychiatric Morbidity Survey (2014)[64] includes a chapter on Autism, although the survey was only able to include a very small sample (12 probable cases). This found that the estimated prevalence of autism in 2014 was 0.7% of the adult population in England. The estimated prevalence of autism in the 2007 data (1.0%) was similar to the 2014 estimate; with largely overlapping confidence intervals.

This finding is similar to a 2012 study of autism[65] which indicated that 1.1% of the population in the UK may have autism.

Gender difference

In 2015, the ratio of men to women who used National Autistic Society (NAS) adult services was approximately 3:1, and in those that use NAS schools it was approximately 5:1.[66]

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

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

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

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

5.6 Cancer

Prevalence

In 2015-16 there were around **19,500** GP-registered patients in the Oxfordshire Clinical Commissioning Group who had a cancer diagnosis, up from 17,400 in 2014-15. The prevalence increased from 2.45% of patients to 2.71% in 2015-16, this was above the national average of 2.42%.

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

	2014-15	2015-16	*2014-15 to 2015-16*
NHS Oxfordshire (count)	17,400	19,500	
NHS Oxfordshire %	2.45%	2.71%	*+0.26pp*
South of England (health region) %	2.54%	2.74%	*+0.21pp*
England %	2.26%	2.42%	*+0.16pp*

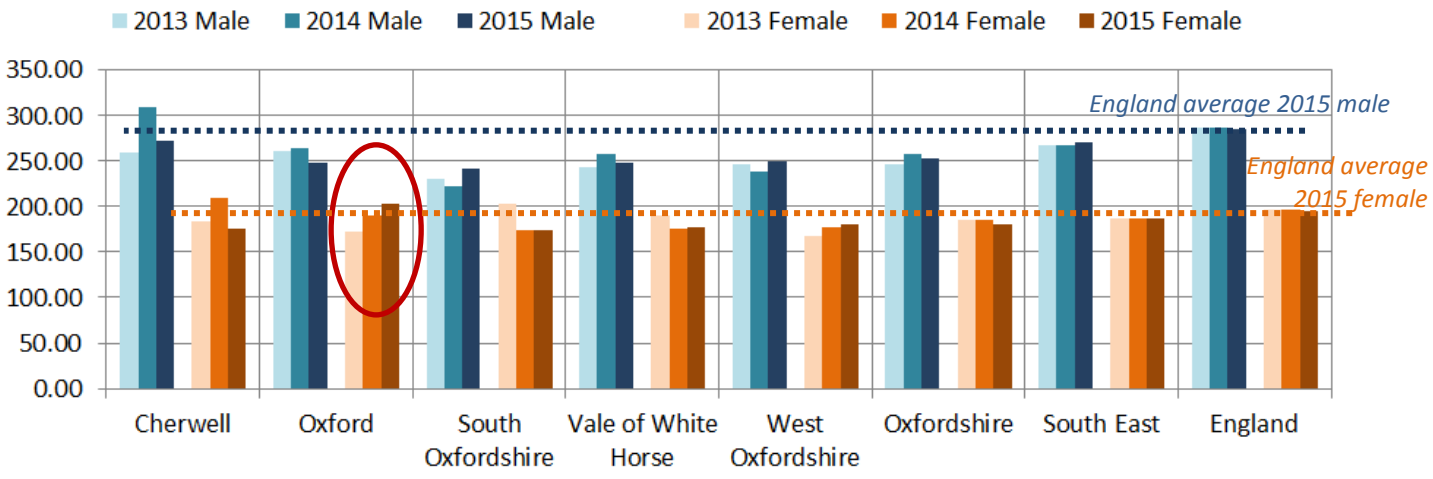
Source: Quality and Outcomes Framework (QOF) 2015-16, published Oct 2016

Lung, bowel, breast and prostate cancers together accounted for almost half (46%) of all cancer deaths in the UK in 2014. More than a fifth of all cancer deaths are from lung cancer. More than half (53%) of cancer deaths in the UK are in people aged 75 years and over (2012-2014).

Deaths

Between 2013 and 2015, age standardised mortality rates for cancer in Oxfordshire remained at a broadly similar level. The cancer mortality rate for females in Oxford increased to just above the national average.

Figure 63 Age standardised mortality rate, 2013 to 2015, Cancer



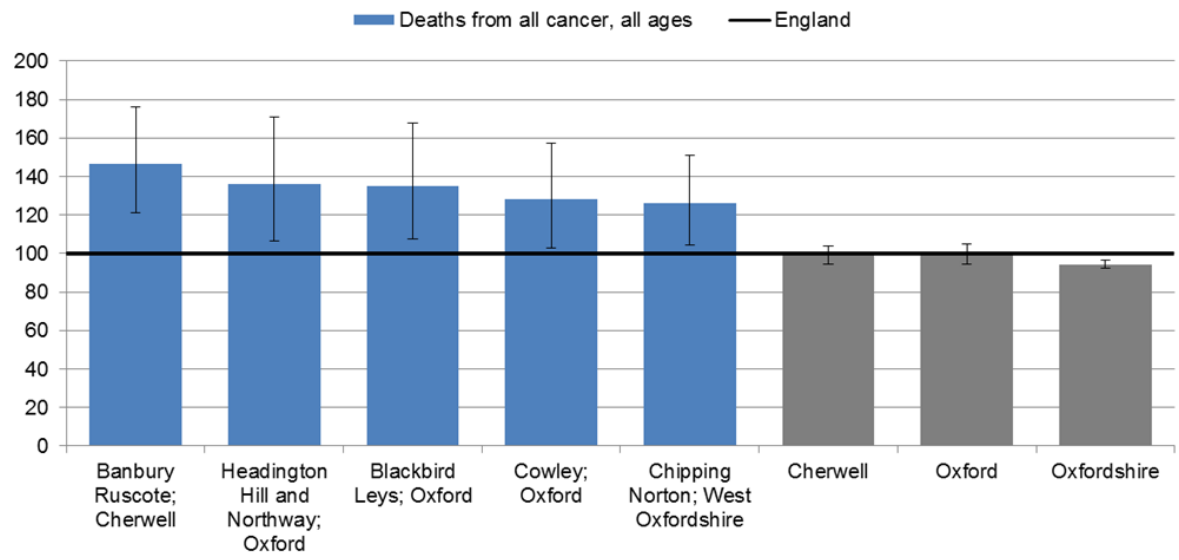
Source: ONS mortality statistics (from nomis "life events")

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

ONS User Guide to Mortality Statistics July 2016

There were 5 wards in Oxfordshire with a significantly higher mortality ratio for cancers than England (2010-14). The ward with the highest rate was Banbury Ruscote in Cherwell district.

Figure 64 Wards in Oxfordshire with a significantly higher standardised mortality ratio of deaths from cancers than England (2010-14)



Source: Public Health England Local Data Tool

5.7 Heart disease

Prevalence

In 2015-16 there were around **17,800** GP-registered patients in the Oxfordshire Clinical Commissioning Group with coronary heart disease, down from 17,900 in 2014-15. The prevalence decreased from 2.51% of patients to 2.48%, remaining below regional and national averages.

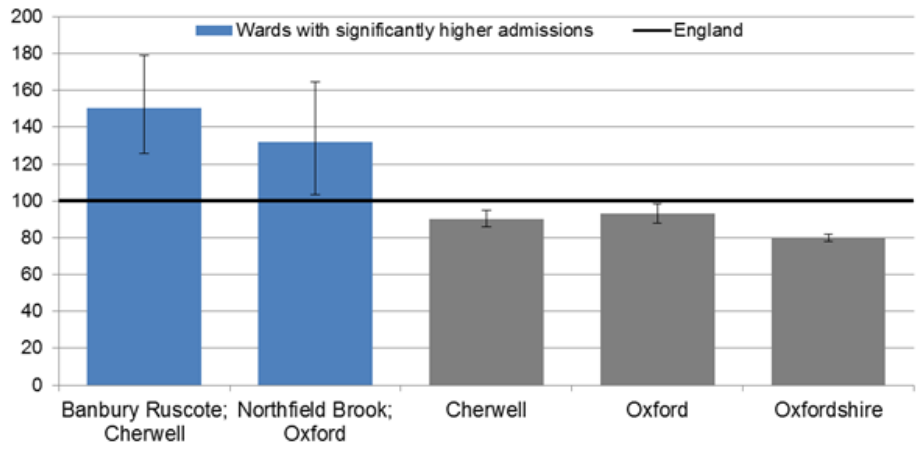
Table 30 GP-registered patients with Coronary Heart Disease (count and % of list)

	2014-15	2015-16	*2014-15 to 2015-16*
NHS Oxfordshire (count)	17,854	17,759	
NHS Oxfordshire %	2.51	2.48	*-0.03pp*
South of England (health region) %	3.18	3.16	*-0.02pp*
England %	3.25	3.2	*-0.05pp*

Source: Quality and Outcomes Framework (QOF) 2015-16, published Oct 2016

There were 2 wards in Oxfordshire with significantly higher rates of emergency hospital admissions for coronary heart disease than England (2010-11 to 2014-15): Banbury Ruscote in Cherwell and Northfield Brook in Oxford.

Figure 65 Emergency hospital admissions for Coronary Heart Disease, standardised admission ratio 2010-11 to 2014-15

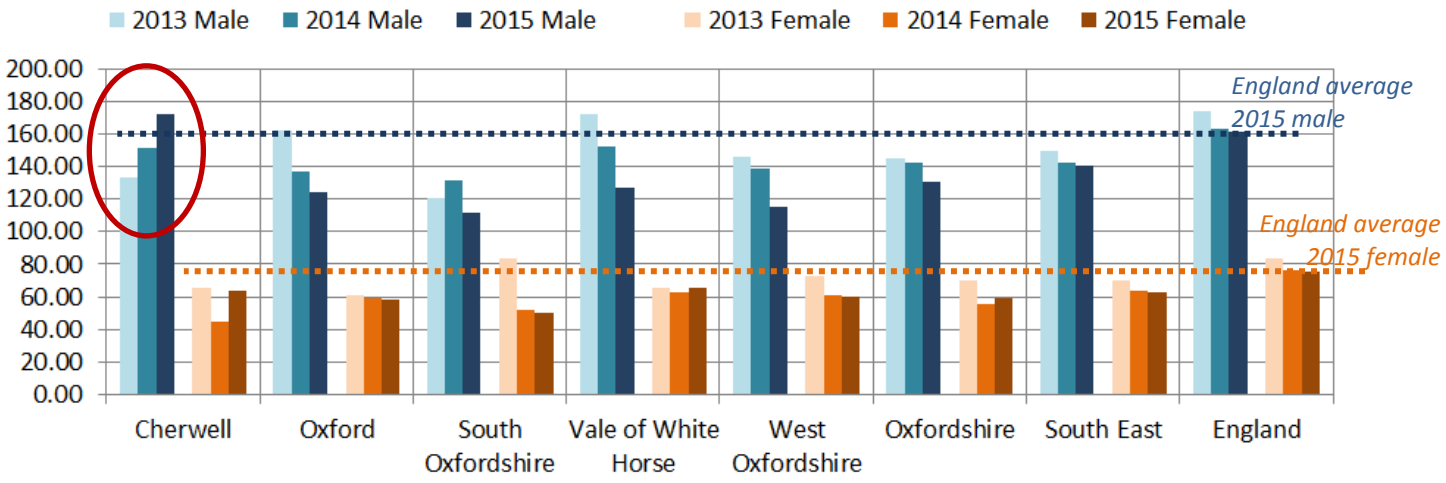


Source: Public Health England Local Data tool.

Deaths

Mortality due to heart disease has declined nationally and in every district in Oxfordshire with the exception of Cherwell where male mortality due to heart disease increased in both 2014 and 2015.

Figure 66 Age standardised mortality rate, 2013 to 2015, Ischaemic heart diseases



Source: ONS mortality statistics (from nomis “life events”)

5.8 Stroke

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

Prevalence

In 2015-16 there were around **12,000** GP-registered patients in the Oxfordshire Clinical Commissioning Group with a diagnosis of stroke and transient ischaemic attack, up from 11,600 in 2014-15. The prevalence increased from 1.64% of patients to 1.7%, remaining below the regional and national averages.

Table 31 GP-registered patients with stroke and transient ischaemic attack

	2014-15	2015-16	*2014-15 to 2015-16*
NHS Oxfordshire (count)	11,643	11,963	
NHS Oxfordshire %	1.64	1.67	*0.03pp*
South of England (health region) %	1.86	1.87	*0.01pp*
England %	1.73	1.74	*0.01pp*

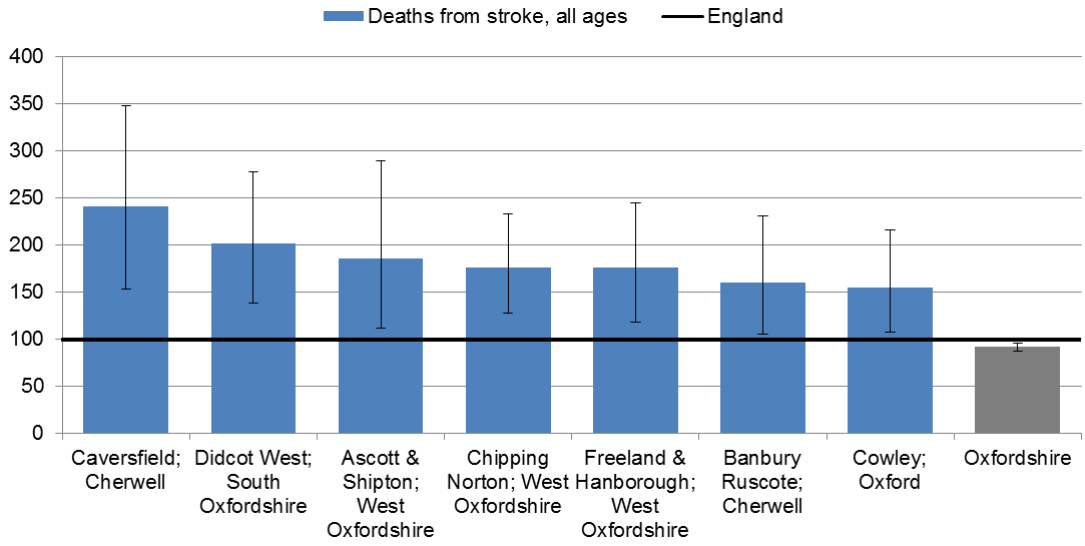
Source: Quality and Outcomes Framework (QOF) 2015-16, published Oct 2016

Deaths

The age-standardised mortality rate for stroke in Oxfordshire was below the England and South East average in 2015. The rate in South Oxfordshire and West Oxfordshire were each above average[67].

There were 7 wards in Oxfordshire with a significantly higher mortality ratio from stroke than England (2010-14), mainly in rural areas. The ward with the highest rate was Caversfield in Cherwell district.

Figure 67 Deaths from stroke, all ages, standardised mortality ratio, 2010-2014.



Source: Public Health England Local Data tool. Deaths from stroke defined using ICD-10 codes I60-I69, for all persons.

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

5.9 Dementia and Alzheimer's disease

Prevalence

In 2015-16 there were around **5,300** GP-registered patients in the Oxfordshire Clinical Commissioning Group with a diagnosis of Dementia and Alzheimer's disease, up from 5,000 in 2014-15. The prevalence increased from 0.7% of patients to 0.74%, just below the national average.

Table 32 GP-registered patients with Dementia and Alzheimer's disease (count and % of list)

	2014-15	2015-16	*2014-15 to 2015-16*
NHS Oxfordshire (count)	4,985	5,268	
NHS Oxfordshire %	0.70	0.74	*+0.03pp*
South of England (health region) %	0.82	0.84	*+0.02pp*
England %	0.74	0.76	*+0.02pp*

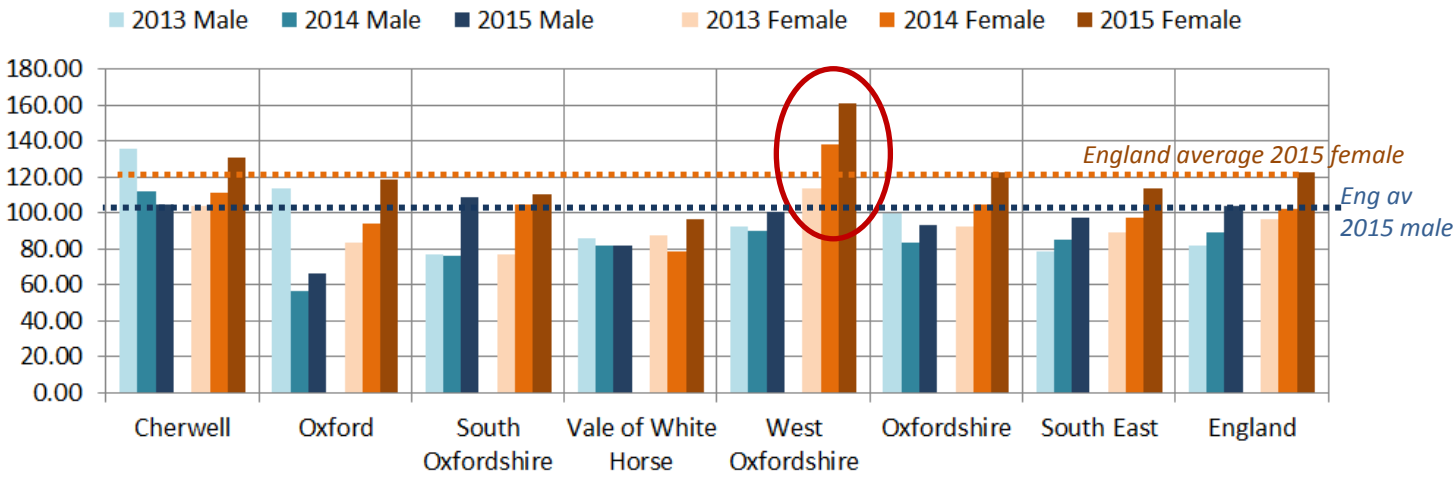
Source: Quality and Outcomes Framework (QOF) 2015-16, published Oct 2016

Deaths

The age-standardised mortality rate for females due to Dementia and Alzheimer's disease increased in every district in Oxfordshire in 2015.

- In West Oxfordshire the rate increased in 2014 and 2015 to well above the national and regional averages.
- In South Oxfordshire in 2015 the rate for males was above the England average.

Figure 68 Age standardised mortality rate, 2013 to 2015, Dementia and Alzheimer's disease



Source: ONS (from nomis "life events")

5.10 Diabetes

Diabetes mellitus is a condition that causes a person's blood sugar level to become too high. There are two types of diabetes[68]:

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

In 2015-16 there were around **28,600** GP-registered patients in the Oxfordshire Clinical Commissioning Group with a recorded diagnosis of diabetes, up from 28,100 in 2014-15.

The prevalence increased from 4.87% of patients to 4.92% in Oxfordshire, remaining below the national and regional averages.

Table 33 GP-registered patients with a recorded diagnosis of diabetes (count and % of list)

	2014-15	2015-16	*2014-15 to 2015-16*
NHS Oxfordshire (count)	28,058	28,627	
NHS Oxfordshire %	4.87	4.92	*+0.06pp*
South of England (health region) %	5.83	6.00	*+0.17pp*
England %	6.37	6.55	*+0.18pp*

Source: Quality and Outcomes Framework (QOF) 2015-16, published Oct 2016

QOF data for GP practices located within Oxfordshire's districts shows that:

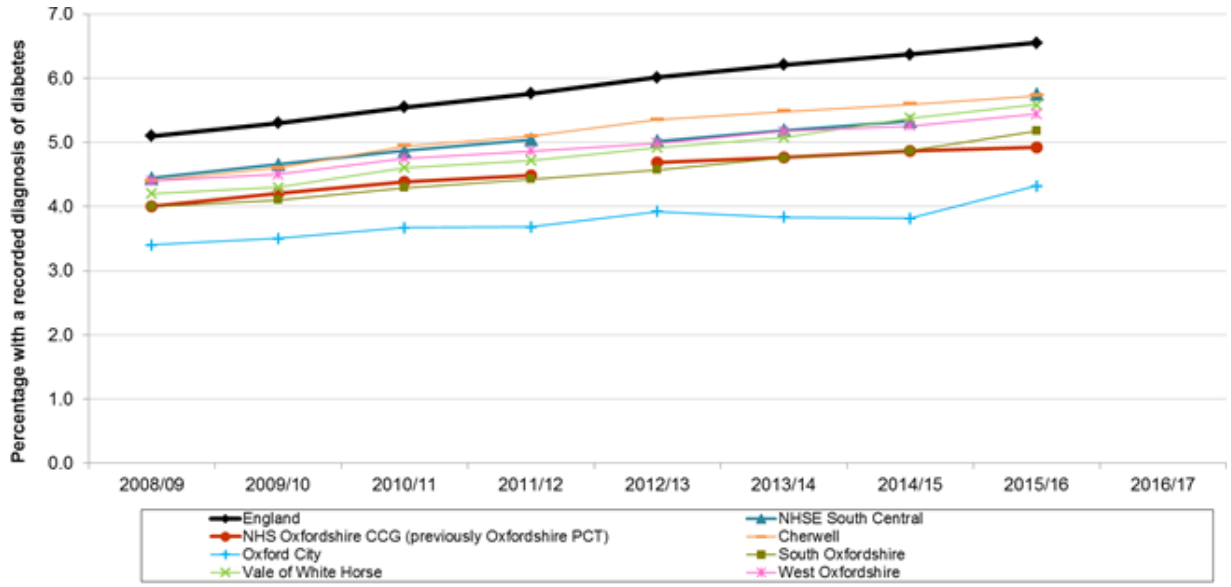
- All five district council areas in Oxfordshire have significantly lower percentages of patients recorded with diabetes than the England and regional averages.
- When compared with the Oxfordshire average…
    - Oxford City has a significantly lower percentage of patients recorded with diabetes.
    - Cherwell, Vale of White Horse and West Oxfordshire and, more recently, South Oxfordshire, have a significantly higher percentage of patients recorded with diabetes.

It is estimated that there are 1.1 million people in the UK who have diabetes but have not been diagnosed[69].

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

[69] This figure was worked out using the diagnosed figure from the 2014/15 Quality and Outcomes Framework, the 2016 Diabetes Prevalence Model and the 2012 AHPO diabetes prevalence model. A figure for Northern Ireland was not predicted by the AHPO model, so undiagnosed prevalence for Northern Ireland was extrapolated on the % undiagnosed figure for Scotland.

Figure 69 Percentage of patients aged 17+ with a recorded diagnosis of diabetes in the GP registered population 2004-05 to 2015-16



Source: NHS Digital; quality and outcomes framework

As recent national survey data from the Health Survey for England 2015 shows, the prevalence of diabetes is higher for men than women and significantly higher in those who are overweight or obese.

Table 34 Diabetes status, as % of people aged 16+, by body mass index (BMI) status and sex (England from HSE 2015)

		BMI status			
	Diabetes status (%)	**Normal**	**Overweight**	**Obese**	**Total**
Men	Diagnosed diabetes	3	5	8	6
	Undiagnosed diabetes	1	2	8	3
	Total diabetes – men	**4**	**8**	**17**	**9**
Women	Diagnosed diabetes	2	4	9	5
	Undiagnosed diabetes	1	2	6	2
	Total diabetes – women	**3**	**5**	**14**	**7**
All adults	Diagnosed diabetes	2	5	9	5
	Undiagnosed diabetes	1	2	7	3
	Total diabetes – all adults	**3**	**7**	**15**	**8**

Source: Health Survey for England 2015. Aged 16 and over with both valid height and weight measurements, and glycated haemoglobin measurement

5.11 Hypertension (high blood pressure)

Hypertension is also known as high blood pressure. It is often called 'the silent killer' as, if left untreated, increases the risk of a heart attack or stroke.

Risk factors for hypertension[70] include being over 65 years of age, family history, having African or Caribbean descent, being overweight, poor diet, lack of exercise, excessive alcohol and coffee consumption.

In 2015-16 there were around **86,500** GP-registered patients in the Oxfordshire Clinical Commissioning Group with a recorded diagnosis of Hypertension, up from 86,200 in 2014-15. The prevalence increased from 12.13% of patients to 12.21%, remaining below the national and regional averages.

Table 35 GP-registered patients with a diagnosis of Hypertension (count and % of list)

	2014-15	2015-16	*2014-15 to 2015-16*
NHS Oxfordshire (count)	86,222	86,506	
NHS Oxfordshire %	12.13	12.21	*+0.09pp*
South of England (health region) %	14.0	14.05	*+0.06pp*
England %	13.79	13.81	*+0.03pp*

Source: Quality and Outcomes Framework (QOF) 2015-16, published Oct 2016

QOF data for GP practices located within Oxfordshire's districts shows that:

- West Oxfordshire GPs have had a significantly higher percentage of patients with a recorded diagnosis of hypertension than England but, as of 2015-16, this was no longer the case.
- Oxford City has a significantly lower percentage of patients with a recorded diagnosis of hypertension than all other local authorities in Oxfordshire.

The Health Survey for England 2015 shows the prevalence of Hypertension is higher for men than women and significantly higher in those who are overweight or obese.

[70] http://www.nhs.uk/Conditions/Blood-pressure-(high)/Pages/Causes.aspx

Table 36 Hypertension status, as % of people aged 16+, by body mass index (BMI) status and sex (England from HSE 2015)

		BMI status			
	Hypertension categories (%)	**Normal**	**Overweight**	**Obese**	**Total**
Men	Normotensive untreated	79	74	57	73
	Hypertensive controlled	7	8	15	9
	Hypertensive uncontrolled	3	5	7	5
	Hypertensive untreated	11	13	21	13
	All men with hypertension	**21**	**26**	**43**	**27**
Women	Normotensive untreated	82	76	63	77
	Hypertensive controlled	6	8	13	8
	Hypertensive uncontrolled	4	6	10	6
	Hypertensive untreated	8	11	14	9
	All women with hypertension	**18**	**24**	**37**	**23**
All adults	Normotensive untreated	81	75	60	75
	Hypertensive controlled	6	8	14	9
	Hypertensive uncontrolled	3	6	9	5
	Hypertensive untreated	10	12	17	11
	All adults with hypertension	**19**	**25**	**40**	**25**

Source: Health Survey for England 2015. Aged 16 and over with three valid blood pressure measurements, and both valid height and weight measurements.

5.12 Asthma

Asthma is a common long-term condition that can cause coughing, wheezing, chest tightness, and breathlessness.

In 2015-16 there were around **8,000** GP-registered patients in the Oxfordshire Clinical Commissioning Group area with asthma. This was a similar number to 2014-15. The prevalence declined slightly from 5.31% of patients to 5.18% and remained below the regional and national averages.

Table 37 GP-registered patients with Asthma (count and % of list)

	2014-15	**2015-16**	***2014-15 to 2015-16***
NHS Oxfordshire (count)	7.998	7,960	
NHS Oxfordshire %	5.31	5.18	*-0.13pp*
South of England (health region) %	6.11	6.05	*-0.06pp*
England %	5.99	5.91	*-0.08pp*

Source: Quality and Outcomes Framework (QOF) 2015-16, published Oct 2016

5.13 Chronic Obstructive Pulmonary Disease (lung diseases)

Chronic Obstructive Pulmonary Disease (COPD) refers to a collection of lung diseases that lead to difficulties with breathing. The main risk factor for COPD is smoking and the risk increases the longer a person has smoked.

In 2015-16 there were around **9,600** GP-registered patients in the Oxfordshire Clinical Commissioning Group area with a diagnosis of Chronic Obstructive Pulmonary Disease. This was an increase of 400 on the number in 2014-15 (9,200). The prevalence increased from 1.29% of patients to 1.33%.

Table 38 GP-registered patients with Epilepsy (count and % of list)

	2014-15	2015-16	*2014-15 to 2015-16*
NHS Oxfordshire (count)	9,161	9,557	
NHS Oxfordshire %	1.29	1.33	*+0.05pp*
South of England (health region) %	1.67	1.72	*+0.05pp*
England %	1.82	1.85	*+0.04pp*

Source: Quality and Outcomes Framework (QOF) 2015-16, published Oct 2016

5.14 Epilepsy

Epilepsy is a condition that affects the brain and causes repeated seizures.

In 2015-16 there were around **4,000** GP-registered patients in the Oxfordshire Clinical Commissioning Group area who were receiving drug treatment for Epilepsy. This was a similar number to 2014-15. The prevalence increased from 0.7% of patients to 0.71%.

Table 39 GP-registered patients with Epilepsy (count and % of list)

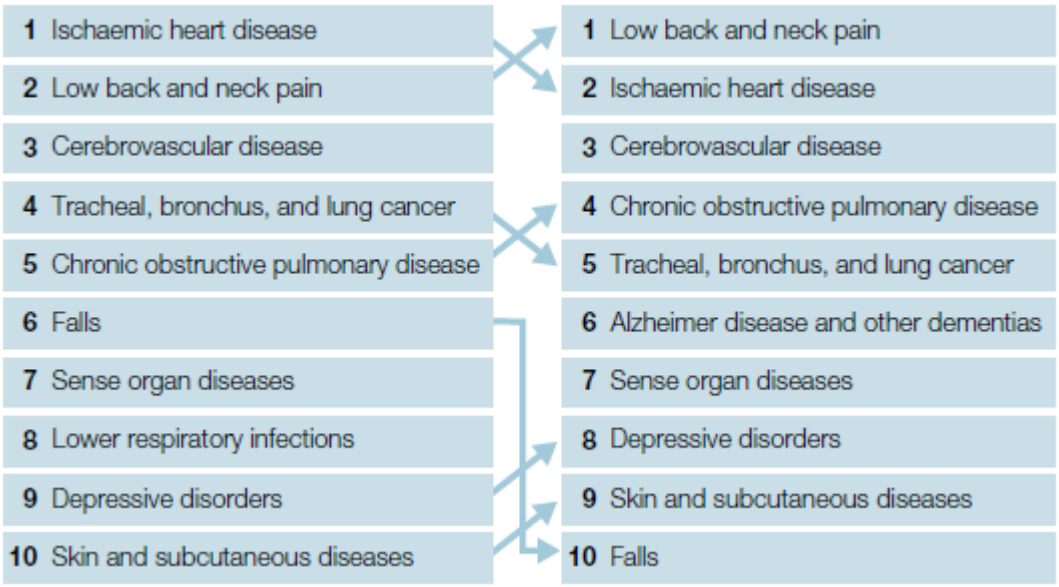
	2014-15	2015-16	*2014-15 to 2015-16*
NHS Oxfordshire (count)	3,977	4,048	
NHS Oxfordshire %	0.70	0.71	*+0.01pp*
South of England (health region) %	0.78	0.78	*0*
England %	0.79	0.8	*+0.01pp*

Source: Quality and Outcomes Framework (QOF) 2015-16, published Oct 2016

5.15 Back pain

According to Public Health England, in 2013, low back and neck pain was the top cause of disability adjusted life years lost, moving up from the second highest cause in 1990.

Figure 70 Change in the main causes of disability adjusted life years lost in England between 1990 and 2013



Source: Public Health England Strategic plan 2016

About Disability-Adjusted Life Year (DALY)

One DALY can be thought of as one lost year of "healthy" life. The sum of these DALYs across the population, or the burden of disease, can be thought of as a measurement of the gap between current health status and an ideal health situation where the entire population lives to an advanced age, free of disease and disability.

DALYs for a disease or health condition are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences.

http://www.who.int/healthinfo/global_burden_disease/metrics_daly/en/

The 2016, Health and Safety Executive report[71] on Work Related Musculoskeletal Disorders (WRMSDs) found that:

- Work related musculoskeletal disorders (WRMSDs) in Great Britain remains an ill health related condition that places significant burdens on employers and employees accounting for 41% of all work related ill-health.
- The number of new cases of WRMSDs (incidence) in 2015/16 was not significantly different from the previous year and the rate has been broadly flat for the last five years.

[71] http://www.hse.gov.uk/Statistics/causdis/musculoskeletal/index.htm

- An average of 16 days were lost for each case of WRMSD. This is not significantly different from the previous year. Work related musculoskeletal disorders account for 34% of all working days lost due to work related ill health.
- Agriculture, forestry and fishing, Construction, Transportation and storage and Human health and social work activities are industries with significantly higher rates of WRMSDs when compared with the rates for all industries.
- The occupations that have statistically significantly higher rates of work related musculoskeletal disorders are those in skilled trade occupations and process and machine operatives.

5.16 Sight loss

As at the end of March 2014, there was a total of 3,095 people in Oxfordshire registered as blind or partially sighted[72]. More than three quarters of these were aged 65 or over. Two thirds were recorded as having an additional disability.

According to the RNIB Sight Loss Data tool[73] there was an estimated total of 21,100 people with mild to severe sight loss in Oxfordshire. The highest rates were in South Oxfordshire and West Oxfordshire.

Table 40 Estimated number of people living with sight loss by district (2015)

	Mild sight loss	Moderate sight loss	Severe sight loss	Total	Prevalence
Cherwell	2,920	1,010	600	4,520	3.1%
Oxford	2,290	780	450	3,520	2.2%
South Oxfordshire	3,140	1,080	660	4,880	3.5%
Vale of White Horse	2,810	970	580	4,360	3.4%
West Oxfordshire	2,470	850	510	3,830	3.5%
Oxfordshire	13,630	4,690	2,800	21,110	3.1%

Source: RNIB Sight Loss Data Tool. References: Pezzullo L., Streatfield J., Simkiss P., and Shickle D. (2016). The economic impact of sight loss and blindness in the UK adult population. RNIB and Deloitte Access Economics. Manuscript submitted for publication. Office for National Statistics (ONS) (2016). Subnational Population Projections, 2014-based projections release. ONS.

In 2014-15 there was a total of 209 residents of Oxfordshire with preventable sight loss (age related, glaucoma and diabetic eye disease)[74]. The rate of preventable sight loss was significantly lower than the England average.

[72] Registered Blind and Partially Sighted People - Year Ending 31 March 2014, England http://content.digital.nhs.uk/catalogue/PUB14798 ; next update due 2017

[73] http://www.rnib.org.uk/knowledge-and-research-hub-key-information-and-statistics/sight-loss-data-tool

[74] Public Health profiles, https://fingertips.phe.org.uk

5.17 Hearing loss

As reported in the 2016 Oxfordshire JSNA, hearing loss can be socially isolating and has been associated with increased risk of physical and mental health problems.[75] Nationally, around one in six people are thought to have some form of hearing loss.[76]

Data on people registered as deaf or hard of hearing were collected every three years up to 2010.[77] At this time an estimated 915 people in Oxfordshire were either deaf or hard of hearing. The bulk of these (550) were 75 years and over and were hard of hearing. Overall there were around 145 people in the county registered as deaf and a further 775 who were hard of hearing.

5.18 Tuberculosis (TB)

Over the past 3 years, the rate of Tuberculosis per 100,000 population in England has fallen.

Data are not strictly comparable due to averaging of data over a three-year period at a local level. However, overall Oxfordshire appears to have a lower incidence rate than England and South East Public Health England Centre.

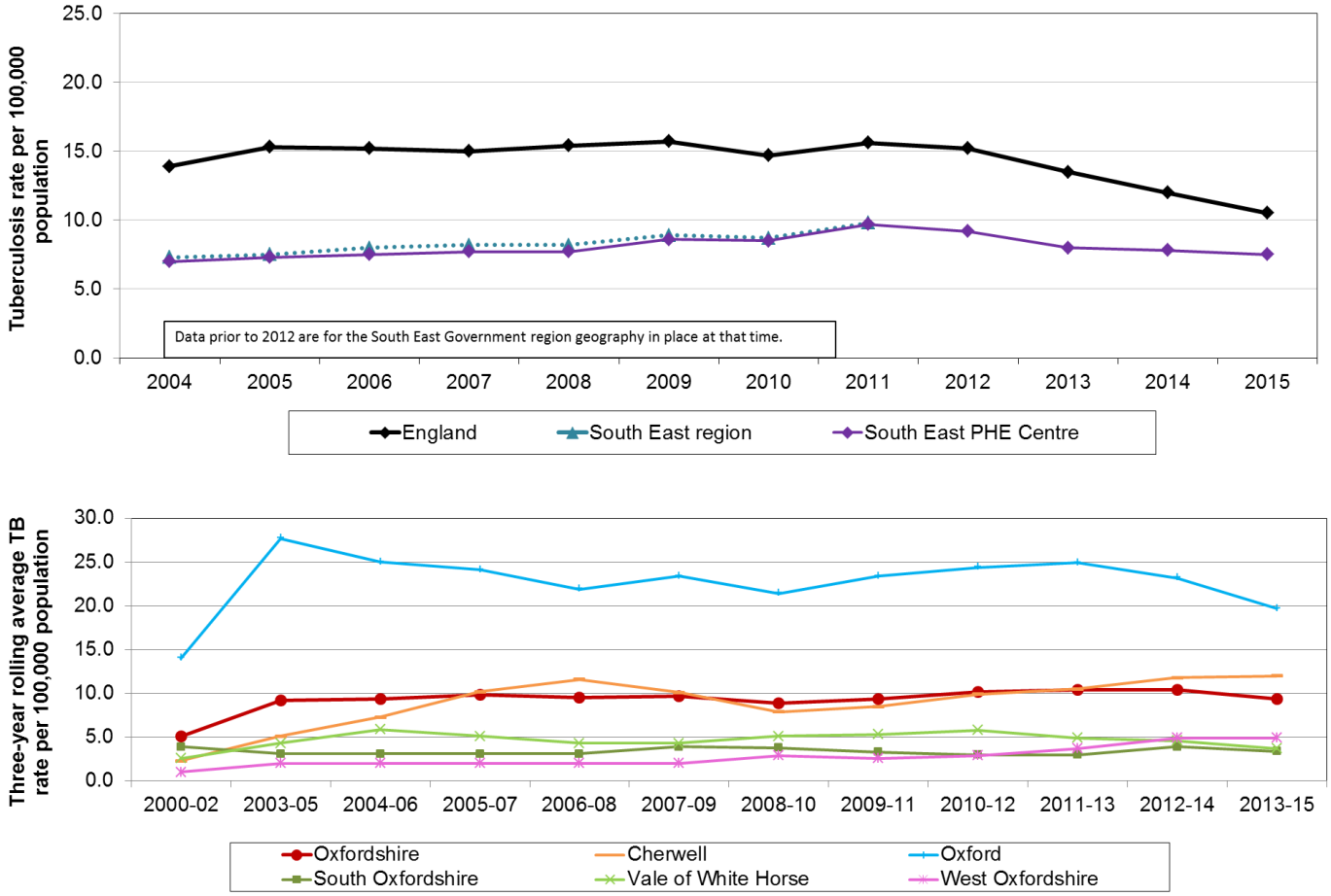
Oxford City has a significantly higher rate of Tuberculosis than Oxfordshire as a whole.

[75] For further information, see the Action Plan on Hearing Loss (Department of Health/ NHS England, March 2015): http://www.england.nhs.uk/wp-content/uploads/2015/03/act-plan-hearing-loss-upd.pdf

[76] Action on hearing loss statistics (accessed January 2016): http://www.actiononhearingloss.org.uk/your-hearing/about-deafness-and-hearing-loss/statistics.aspx This figure is in line with data from the latest Health Survey for England (data for 2014, published December 2015): http://www.hscic.gov.uk/searchcatalogue?productid=19585&q=health+survey+for+england&sort=Relevance&size=10&page=1#top

[77] 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

Figure 71 Tuberculosis (TB) - Rate per 100,000 population (2004 to 2015)



Source: Public Health England, Health Protection Agency (HPA) Enhanced Tuberculosis Surveillance; Since The Health and Social Care Act 2012, data are now provided at different geographic levels. Data relating to Tuberculosis Incidence are supplied district level, and for Public Health England (PHE) centres. Data for the county of Oxfordshire are calculated using district level numbers. A three-year average is given which, at district level, often remains below 10. Numbers below 10 are suppressed to ensure patient confidentiality.

6 Lifestyles

This chapter presents data on lifestyle factors that affect health and wellbeing, such as food, weight, exercise, smoking, alcohol and drugs. Further resources are available online, by visiting the JSNA – Lifestyles webpage.

6.1 Lifestyles – key findings

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

Food and nutrition, excess weight and obesity

- There is currently no standard measure of food security/poverty.
- There are 14 food banks in Oxfordshire, most of which operate independently.
- An estimated 60% of people aged 16 or over in Oxfordshire are classified as overweight or obese. This is below the national average.
- Data from the National Child Measurement Programme shows an increase in obesity of younger children (aged 4-5 years) in Oxfordshire and a slight decline in obesity of children aged 10-11.

Breastfeeding

- Rates of breastfeeding initiation and at 6-8 weeks after birth in Oxfordshire remain above the national average.

Physical activity

- Survey data for England shows a significant decline (2008 to 2012) in the proportion of boys meeting physical activity recommendations. Among girls there has been no significant change.
- There has been a statistically significant increase in the proportion of people participating in sport in Oxfordshire as a whole and in Oxford and the Vale of White Horse districts between the active people survey of Oct12-Oct13 and Apr15-Mar16.

Volunteering

- National data shows levels of volunteering have remained at similar levels since 2001.
- Surveys by South Oxfordshire and Vale of White Horse district councils show that the top reasons residents gave for not volunteering were work commitments and having to look after children/the home. There was a substantial minority (8% in South and 12% in Vale) who had "not thought about" volunteering, indicating a potential to increase the number of active volunteers.

Smoking

- Health survey for England data for 2015 shows a decline in proportion of adults smoking and a decline in the proportion of children smoking.
- In England in 2015, 5% of adults were currently using e-cigarettes. This was a small increase from 2013, when 3% of adults were current e-cigarette users.
- In 2015 an estimated 16% of adults in Oxfordshire were smokers, statistically similar to the England average. Smoking prevalence in all of Oxfordshire's districts was either below or similar to national and regional averages.
- Smoking at time of pregnancy in Oxfordshire has reduced to 8%.

Alcohol and drugs

- According to the 2015 Health survey for England, alcohol consumption in general has been declining.
- In Oxfordshire, there has been a significant increase in hospital admissions for alcohol-related conditions in the 40-64 age group. Admissions for older people, aged 65+ has also increased.
- Admissions for alcohol-related conditions was better than average in most districts in Oxfordshire with the exception of Oxford, where the rate is worse than average for the third consecutive year.
- 8 wards in Oxfordshire had a significantly higher rate of hospital admissions linked to alcohol, 7 in Oxford and 1 in Banbury.
- The number of recorded crimes for possession of drugs in Oxfordshire has declined. The rate of drugs possession crimes in Oxford remains above the average for the Thames Valley area.
- The rate of deaths related to drug misuse was above the national average in Oxford.

Abuse and exploitation

- Data from Thames Valley Police shows an increase in recorded victims of abuse and exploitation in Oxfordshire. In 2016 there were:
    - Around 11,200 recorded victims of domestic abuse crimes and incidents (+3% compared with 2015).
    - 537 recorded victims of rape offences (up from 524 in 2015, +2%).
    - 61 recorded victims of Honour-based violence in Oxfordshire (up from 24 in 2015).
    - 169 recorded victims of Child Sexual Exploitation (up from 163 in 2015).

Oral health

- The proportion of 5 year olds who were free of dental decay in Oxfordshire has improved and is now similar to the national average. The rate was lowest in Oxford (and worse than average).

Teenage conceptions

- The latest Office for National Statistics data shows a continued decline in the number of conceptions to women aged under 18 regionally and nationally.
- Between 2013 and 2014, there was a slight increase in the number and rate of under 18 conceptions in Oxfordshire.

Sexually transmitted infections

- Gonorrhoea diagnoses have increased nationally and in Oxfordshire, which may be due in part to the introduction of the new test for gonorrhoea in August 2012.
- Since 2011, the rate of diagnosis of gonorrhoea in Oxford has increased at well above the national rate.

6.2 Food and nutrition, excess weight and obesity

Food security and food poverty

There is currently no standard measure of food security/poverty.

A quantitative study on child hunger in London by Ipsos MORI[78] found that for 10% of children the school lunch is their biggest meal of the day and 9% of children "sometimes" or "often" go to bed hungry.

The 2014 Evidence Review for the All-Party Parliamentary Inquiry into Hunger in the United Kingdom[79] highlighted the issue of rural hardship..

> .. evidence highlighting the longstanding difficulties facing poorer families who live in wealthier parts of the country, and who may be struggling to afford life's essentials.

There are 14 food banks in Oxfordshire with online details, most of which operate independently (with many supported by local churches):

- Cherwell
  - Banbury food bank (Trussell Trust) at four locations in Banbury.
  - Banbury Young Homeless Project (BYHP)
  - The Bicester food bank (Trussell Trust)
- Oxford
  - Oxford Food bank supplying about 80 registered charities (not individuals directly)
  - Oxford Community Emergency Foodbank supporting individuals including those referred by health professionals.
- South Oxfordshire
  - Didcot Baptist Church food bank
  - Thame food bank
  - FairShare Thames Valley (redistributes food to charities)
- Vale of White Horse
  - Abingdon Emergency food bank
  - Faringdon food bank
  - Wantage and Grove food bank
- West Oxfordshire
  - Oxfordshire West food bank (Witney)
  - Witney and West Oxfordshire food bank
  - North Oxfordshire community food bank (Kidlington, Charlbury, Chipping Norton, Woodstock)

A qualitative study on Food Poverty in Oxford[80] carried out in Barton and Rose Hill (Dec 2015) included interviews with 21 residents considered to be in food poverty. From this research, the main drivers of food poverty were found to be a combination of economic difficulties in general and the perceived high cost of food.

Access to local food stores did not come up as a major issue in this study, however a lack of availability of fresh food was mentioned by "a few older interviewees with limited mobility".

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[78] https://www.ipsos-mori.com/researchpublications/publications/1585/Child-Hunger-in-London.aspx

[79] https://feeding-britain.org/

[80] Food poverty in Oxford: A qualitative study in Barton and Rose Hill (Dec 2015) http://goodfoodoxford.org/blog/giving-voice-to-food-poverty/

Excess weight in adults

According to the latest Health survey for England there has been a decline in the proportion of adults of a normal weight nationally.

- Between 1993 and 2015, adults with a normal body mass index (BMI) decreased from 41% to 30% among men and from 49% to 40% among women.

GP practices maintain a register of patients aged 16 or over who have been recorded as having a body mass index (BMI) of 30 or more during the preceding 12 months. The quality of the data is dependent on recording within practices.

In 2015-16 there were around **43,200** GP-registered patients in the Oxfordshire Clinical Commissioning Group who were recorded as being obese, up from 43,000 in 2014-15. The prevalence increased from 7.35% of patients to 7.55%, remaining below the national and regional averages.

Table 41 GP-registered patients recorded as being obese (count and % of list)

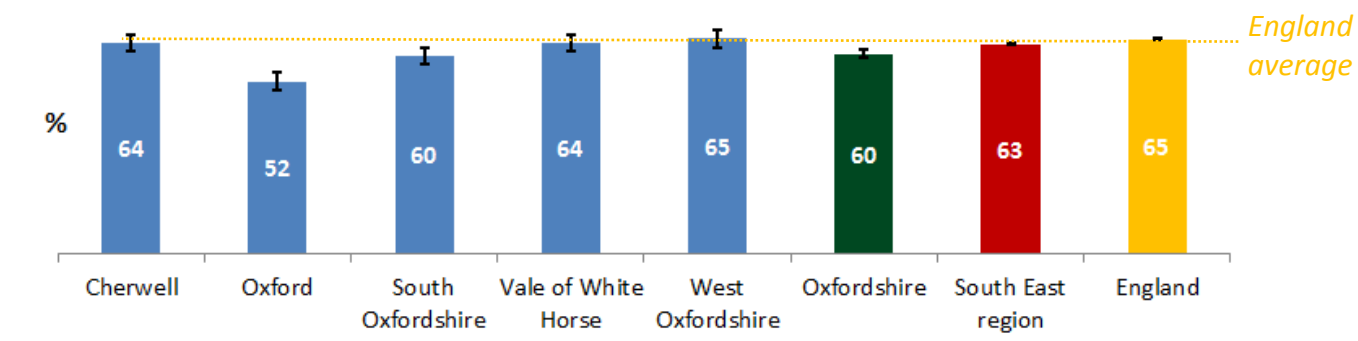
	2014-15	2015-16	*2014-15 to 2015-16*
NHS Oxfordshire (count)	42,996	43,231	
NHS Oxfordshire %	7.35	7.55	*+0.19pp*
South of England (health region) %	8.15	8.58	*+0.43pp*
England %	9.03	9.45	*+0.43pp*

Source: Quality and Outcomes Framework (QOF) 2015-16, published Oct 2016

The latest 3-year rolling data for Oxfordshire on excess weight covers the period 2013-15[81]. This estimates that 60% of people aged 16 or over in Oxfordshire are classified as overweight or obese, lower than the average for England (64.8%) or the South East (63.3%). The rate for Oxfordshire was slightly below the period 2012-14 (60.9%).

Adults in Oxford and South Oxfordshire were less likely to be overweight than in other districts.

Figure 72 % of people aged 16 or over classified as overweight or obese (3 year data for 2013-15)



Source: Public Health England, Public Health Outcomes Framework from Active People survey

[81] Public Health Outcomes Framework indicator

Excess weight in children

Data in this section is from the National Child Measurement Programme. The latest data is for 2015-16.

About the National Child Measurement Programme

The National Child Measurement Programme (NCMP) is operated jointly by the Department of Health (DH) and Department for Education (DfE). It was first established in 2007. Children in Reception Year and Year 6 are weighed and measured during every school year.

NCMP produces a national report which provides high-level analysis of the prevalence of 'underweight', 'healthy weight', 'overweight' and 'obese' children.

Data from 2010-11 are derived from postcode of the child for Oxfordshire and districts within Oxfordshire. Prior to that year data were based on postcode of the school. Home postcode was not recorded for all children's records.

Data at a regional level were not available prior to 2008-09. Local authority district data were not available prior to 2007-08.

Some schools/pupils choose to opt out of the programme. In 2015-16 the participation rate in reception year for England was 95.6%. For Oxfordshire, the participation rate was 97.9% which is higher than in previous years (e.g. in 2010-11 it was 92.9%). In Year 6 the participation rate was 94% in England and 96.7% in Oxfordshire.

The high participation rate and large sample size means that 95% confidence intervals for prevalence estimates at national level are very narrow (indicating a small margin of potential error).

Note that improvements in data quality over time can affect prevalence figures. This should be considered when making comparisons over time as it may partly explain any observed changes; both significant and non-significant.

http://content.digital.nhs.uk/ncmp

As of 2015-16, around 980 (13%) reception children, aged 4 or 5, in Oxfordshire were overweight or obese. In year 6, aged 10 or 11, there were around 920 children overweight or obese and the proportion was higher at 15%.

Between 2014-15 and 2015-16, the prevalence of obesity in Oxfordshire increased in reception year and declined slightly in year 6.

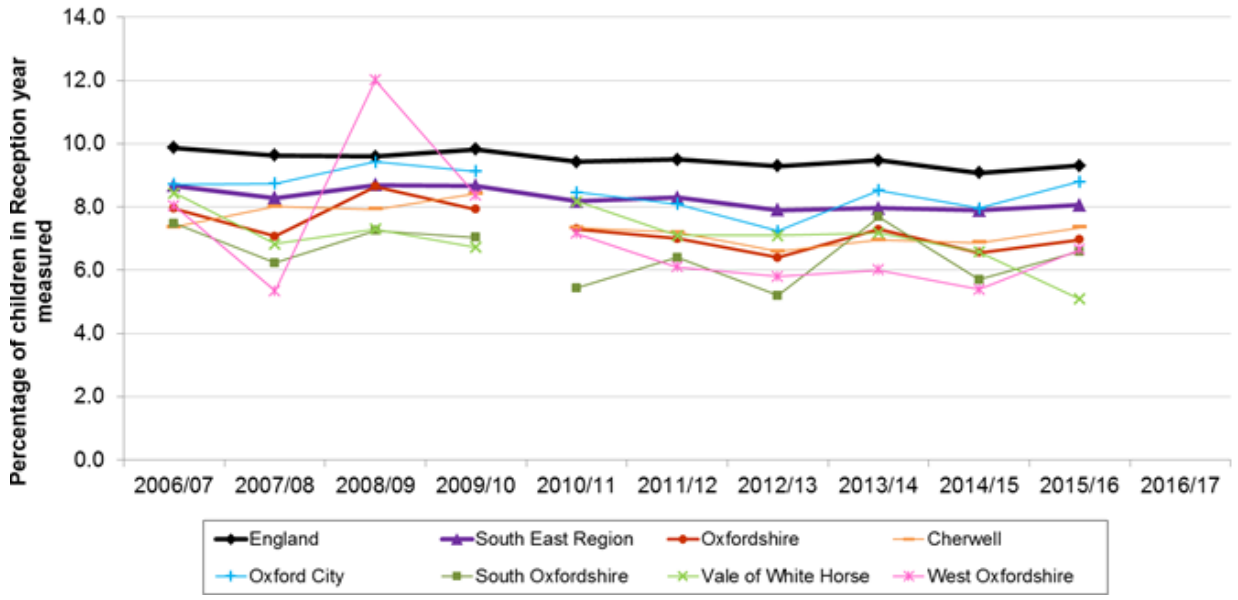
- In reception obesity increased from 6.6% to 7%, and in year 6 declined from 16.2% to 16%.

The change in obesity in Oxfordshire's districts varied, with some increasing and some reducing:

- In Cherwell obesity in reception aged children increased to from 6.9% to 7.3% and Year 6 reduced from 19.7% to 17.4%;
- In Oxford both reception and Year 6 have increased (reception increased from 8.0% to 8.8% and Year 6 increased from 19.2% to 20.2%);
- For South Oxfordshire there has been an increase in reception aged children from 5.7% to 6.6% and a decrease in Year 6 children from 12.8% to 11.8%;
- In Vale of White Horse there has been a decrease in reception aged children from 6.6% to 5.1% and an increase in Year 6 from 13.9% to 14.5%;

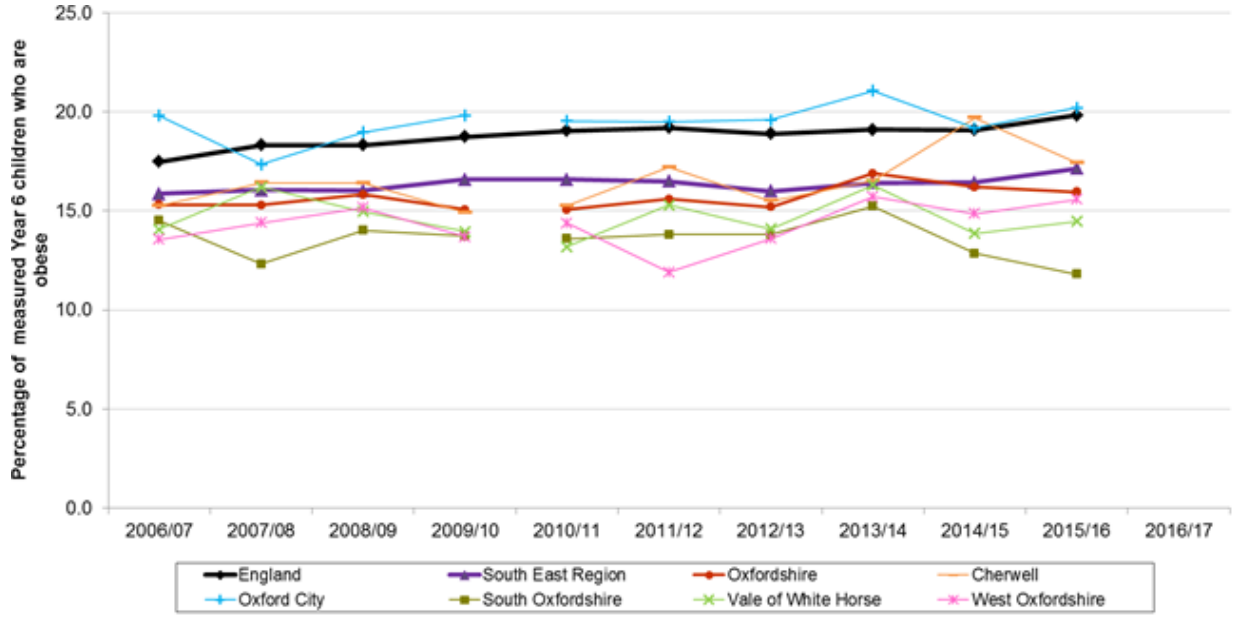
- For West Oxfordshire there has been an increase in both years – from 5.4% to 6.7% in reception and from 14.8% to 15.6% in Year 6.

Figure 73 Percentage of children in Reception Year (aged 4/5 years) who are obese - 2006-07 to 2015-16 (academic years)



Source: National Child Measurement Programme (via NHS Digital)

Figure 74 Percentage of Year 6 children (ages 10-11 years) who are obese - 2006-07 to 2015-16 (academic years)



Source: National Child Measurement Programme (via NHS Digital)

Low birth weight babies

Low birth weight is a major cause of infant mortality in the UK and has an influence on future adult health status.

Risk factors for low birth weight include:

- Socio economic status
- Genetics
- The health of the mother, particularly during the pregnancy including maternal smoking, substance misuse, nutritional status and maternal weight
- Ethnicity
- Environmental factors
- Mother's age – mothers under 20 are more likely to have a baby with low birth weight
- Multiple pregnancy

As of 2014, there was a rate of 6.4 live and still births with birth weights under 2500 grams in Oxfordshire compared with 7.4 nationally[82].

Between 1998 and 2014, Oxfordshire had a significantly lower percentage of low birth weight infants than England over most of this time period.

Data for Oxfordshire has had a higher proportion of low birth weight babies than South East region for some years during this time period. However the differences are not statistically significant.

Breastfeeding

Breastfeeding has been found to give a baby the best possible nutrition, and protect against disease and future obesity, as well as encouraging a strong bond between mother and baby.

As of 2015-16[83]

- **82%** of mothers in Oxfordshire initiated breastfeeding. This rate is similar to the previous year and is significantly higher than the England average (74.3%) and that for the South East (78.0%).
- At 6-8 weeks after birth, **60%** of mothers in Oxfordshire were breastfeeding, this was well above the national average of 43%.

6.3 Physical activity

According to Public Health England, low physical activity is one of the top 10 causes of disease and disability in England[84].

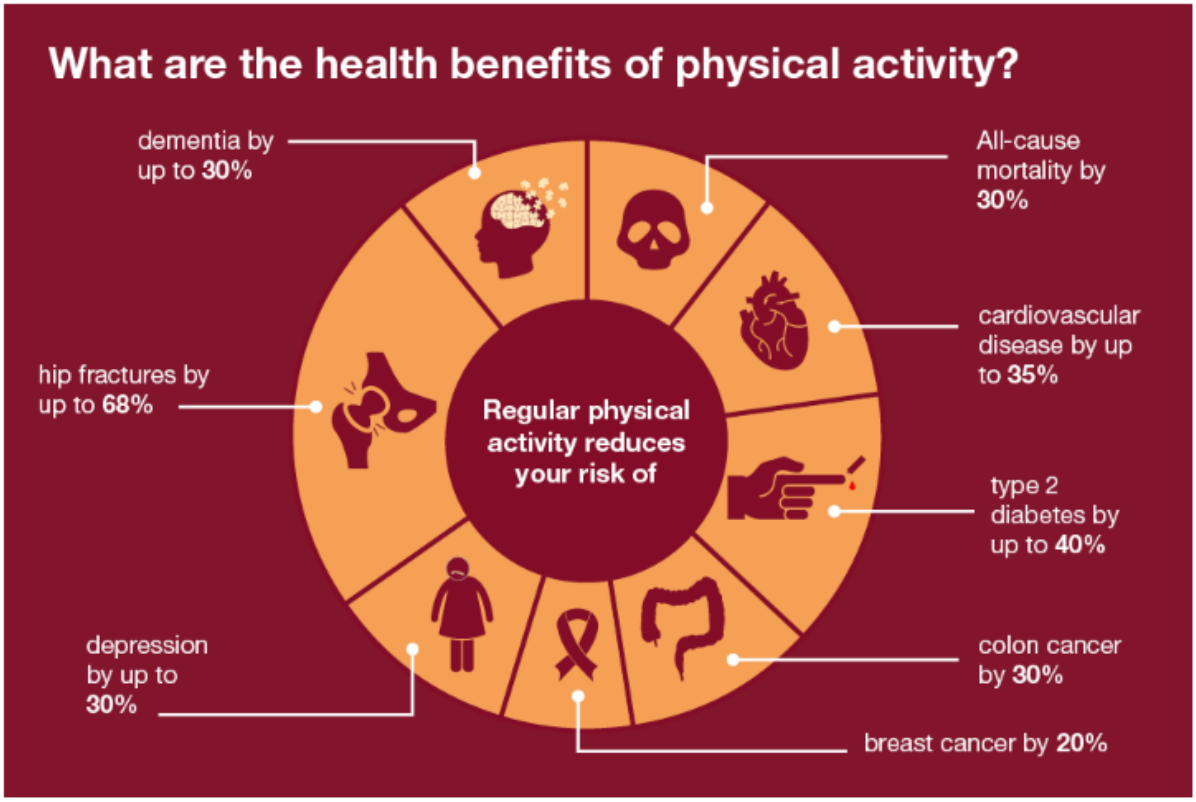
July 2016 guidance from Public Health England sets out the benefits of physical activity. As well as strengthening muscles and helping to control weight, physical activity can:

- play a critical role across all elements of cancers; prevention, treatment, recovery and reducing the risk of recurrence
- boost mental wellbeing and help reduce social isolation, a risk factor for depression.

[82] Health and Social Care Information Portal

[83] Public Health England, Public Health Outcomes indicators

[84] https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day#the-benefits-of-physical-activity



Source: Public Health England Guidance, Health matters: getting every adult active every day

According to the 2015 Health survey for England, excluding school-based activities, 22% of children aged 5 to 15 met the physical activity guidelines of being at least moderately active for a minimum of 60 minutes every day.

There has been a decline in the proportion of boys meeting physical activity recommendations.

- Among boys, there was a decrease in the proportion meeting physical activity recommendations between 2008 and 2012, falling from 28% in 2008 to 21% in 2012. It has remained at the lower level in 2015, at 23%. Among girls there has been no statistically significant change in the proportion meeting physical activity recommendations over the period, with 19% in 2008 and 20% in 2015

About the Health Survey for England

The Health Survey for England is a series of annual surveys designed to measure health and health-related behaviours in adults and children living in private households in England.

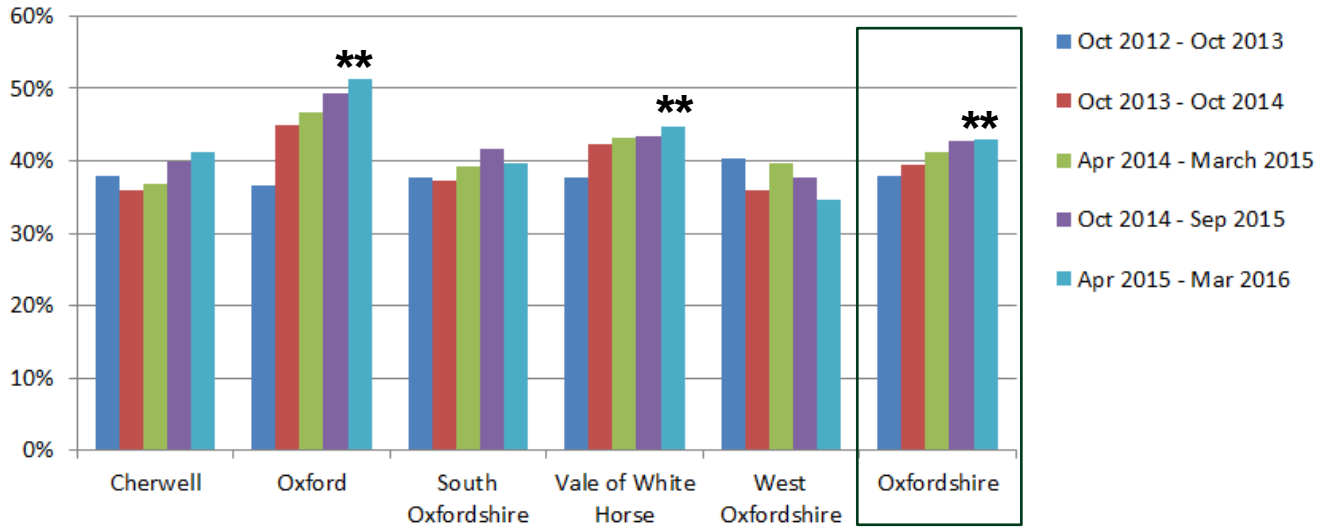
The survey consists of an interview and nurse visit. It has a series of core elements that are included every year or alternate years, and special topics that are included in selected years. Every year topics include general health, social care, smoking, drinking, height measurements, blood pressure measurements, adult blood samples and child saliva samples.

https://www.gov.uk/government/statistics/health-survey-for-england-health-survey-for-england-2015

Local data on physical activity of adults is from the Active People survey.

Between the active people survey of Oct12-Oct13 and Apr15-Mar16, there was a statistically significant increase in the proportion of people participating in sport in Oxfordshire as a whole and in Oxford and the Vale of White Horse districts.

Figure 75 Sports participation indicator - the number of people aged 14 and over participating in at least 30 minutes of sport at moderate intensity at least once a week.



Source: Sport England Active People Survey; ** statistically significant increase from Oct12-13 to 2015-16

About the Active People survey

The Active People Survey (APS) is a large telephone survey of sport and active recreation, commissioned by Sport England. The survey measures participation in sport and active recreation, and provides details of how participation varies from place to place and between different groups in the population.

The data are collected by quarters for each calendar year (i.e. for 2012 data is collected from Quarter 2 in 2012 (APS 6) to Quarter 1 in 2013 (APS 7)).

The range of activities include sport, recreational cycling and walking, walking and cycling for active travel purposes, dance and gardening. Occupational activity or work in the home is not included.

There is a potential for non-response bias in the survey and certain segments of the population may be under-represented. However good sampling and weighting techniques mean that we can be confident that the percentage participating in physical activity is representative of the total population aged 16 years and over.

Active people survey online analysis tool http://activepeople.sportengland.org/

The Oxfordshire Sport and Physical Activity website provides a helpful list of data sources related to physical activity, see http://www.oxspa.co.uk/physical-activity-data-and-evide

6.4 Volunteering

NCVO defines volunteering as “any activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives. Central to this definition is the fact that volunteering must be a choice freely made by each individual.”[85]

There are a range of studies highlighting health benefits of volunteering and Age UK has carried out a review of evidence on older people as volunteers[86] which found the most reported benefits are around physical, mental and emotional wellbeing, such as improved self-reported health, improved cognition, general mental health, increased life satisfaction, higher levels of social support and interaction, and improvements in the ability to cope with one’s own illness (especially depression).

The Community Life survey[87] is the main source of data on the extent of volunteering in England with a sample size of around 3,000. In 2015-16 just over a quarter (27%) of respondents participated in formal volunteering at least once a month, this has been at a similar level since 2001.

There is no single source of comprehensive data on volunteering in Oxfordshire.

Volunteering in Oxford

A November 2016 survey of voluntary groups in Oxford[88] had a response from 185 organisations (out of an estimated total of 900-1,000 in the city).

These organisations together employ around 13,800 volunteers equivalent to 10% of the population of the city aged 17 and over.

Organisations reported that volunteers in Oxford provide support in a variety of roles:

- The majority (75%) support frontline services. This may include mentors, helpers, befrienders, sports coaches, gardeners, cooks, tutors.
- 14% provide additional capacity by supporting back office functions, including communications, fundraising, volunteer recruitment.
- A small but significant number of volunteers (11%) provide governance support by contributing to trustee boards, steering committees or as school governors.

[85] https://www.ncvo.org.uk/policy-and-research/volunteering-policy

[86] Age UK Older People as Volunteers Evidence review

[87] https://www.gov.uk/government/collections/community-life-survey

[88] Oxford City Council Volunteering Research Project November 2016 carried out with support from OCVA, Community Action Groups and the Oxford Hub

Volunteering in South Oxfordshire and Vale of White Horse

South Oxfordshire and Vale of White Horse District Councils carry out regular residents' surveys which include questions on volunteering[89].

The most recent surveys found that the proportion of people, aged over 16, who had undertaken unpaid voluntary work in the past 12 months was:

- South Oxfordshire 29%
- Vale of White Horse 19%

The top reasons residents of South and Vale gave for not volunteering were work commitments and having to look after children/the home. There was a substantial minority (8% in South and 12% in Vale) who had not thought about volunteering, indicating a potential to increase the number of active volunteers.

Table 42 Reasons why residents have not been involved in unpaid voluntary work in the last 12 months (2015-16)

	South Oxfordshire		Vale of White Horse	
	count	percent	count	percent
I have work commitments	378	39%	385	36%
I have to look after children/the home	177	18%	179	17%
I have other things to do in my spare time	124	13%	171	16%
I've never thought about it	73	8%	131	12%
I'm too old	93	10%	82	8%
Other	124	13%	117	11%
TOTAL	969	100%	1065	100%

Source: South Oxfordshire residents' survey 2015-16 and Vale of White Horse residents' survey 2015-16

6.5 Smoking

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

Health survey for England data for 2015 shows a national decline in proportion of adults smoking.

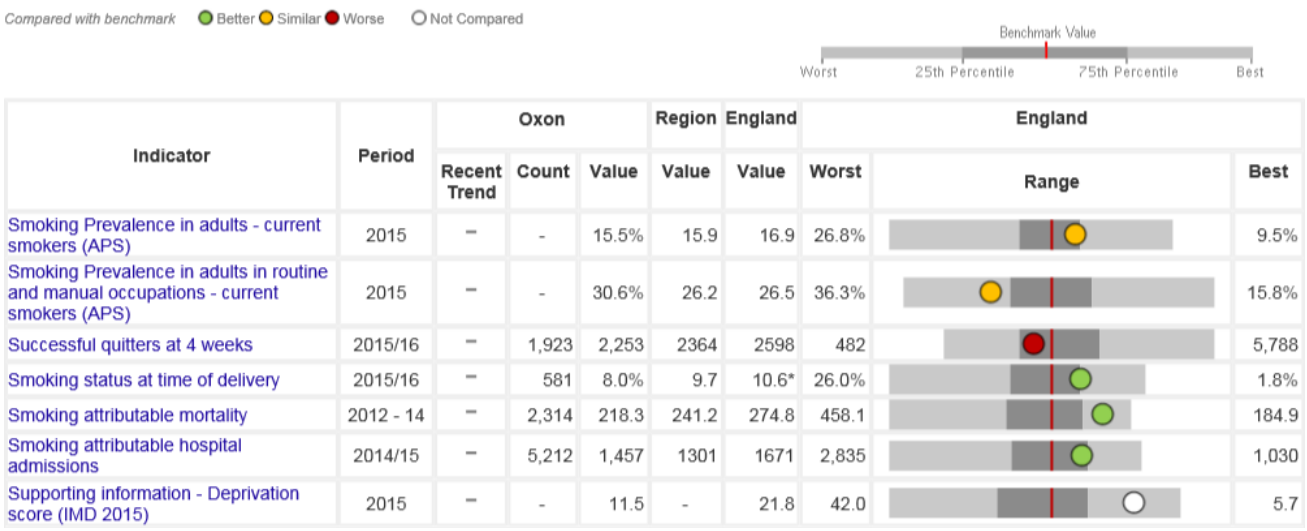
- Since 1993 there has been a steady decline in the proportion of men and women who were current smokers, from 28% to 19% in 2015 among men, and from 26% to 17% among women.

In 2015 an estimated **15.5%** of adults in Oxfordshire were smokers, statistically similar to the England average. Smoking prevalence in all of Oxfordshire's districts was either below or similar to national and regional averages.

[89] South Oxfordshire Residents' survey 2015/16
http://www.southoxon.gov.uk/ccm/support/dynamic_serve.jsp?ID=535687607&CODE=7B6EA465A82E8B9DCED66CCE97292BF8

Vale of White Horse Residents' Survey 2015/16
http://www.whitehorsedc.gov.uk/java/support/dynamic_serve.jsp?ID=535688632&CODE=60FA7EC1248E352E99E300CB94B818DA

Figure 76 Local tobacco profile for Oxfordshire



Indicator	Period	Oxon			Region	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Smoking Prevalence in adults - current smokers (APS)	2015	-	-	15.5%	15.9	16.9	26.8%		9.5%
Smoking Prevalence in adults in routine and manual occupations - current smokers (APS)	2015	-	-	30.6%	26.2	26.5	36.3%		15.8%
Successful quitters at 4 weeks	2015/16	-	1,923	2,253	2364	2598	482		5,788
Smoking status at time of delivery	2015/16	-	581	8.0%	9.7	10.6*	26.0%		1.8%
Smoking attributable mortality	2012 - 14	-	2,314	218.3	241.2	274.8	458.1		184.9
Smoking attributable hospital admissions	2014/15	-	5,212	1,457	1301	1671	2,835		1,030
Supporting information - Deprivation score (IMD 2015)	2015	-	-	11.5	-	21.8	42.0		5.7

Source: Public Health England http://www.tobaccoprofiles.info/ (updated Nov 2016 next update Feb 2017)

The Health survey for England 2015 reported on use of e-cigarettes which may help smokers quit or reduced tobacco consumption.

- In 2015, 5% of adults were currently using e-cigarettes. This is a small increase from HSE2013, when 3% of adults were e-cigarette users.
- The prevalence of ever having used e-cigarettes was much higher among current smokers (40%). Only 1% of those who had never smoked had ever used an e-cigarette.

Smoking among children

Health survey for England data for 2015 shows a national decline in proportion of children smoking.

- The proportion of children aged 8 to 15 who had ever smoked has decreased overall, from 18% of boys and 20% of girls in 1997 to 4% of both boys and girls in 2015.

Smoking in pregnancy

Smoking in pregnancy increases the risk of miscarriage, complications during pregnancy, low birth weight, congenital defects, stillbirth, or death within the first week of life.

The latest data (2015-16) shows that smoking at time of delivery in Oxfordshire has reduced again to 8.0%. This remains lower than England (10.6%) but indicates there are just over 580 women smoking during pregnancy.

6.6 Alcohol and drugs

According to the December 2016 *Public health burden of alcohol: evidence review*[90] there are three major categories of alcohol-related health, social and economic costs:

- the direct economic costs of alcohol consumption, for example, costs to health and social care, the police and criminal justice system and the unemployment and welfare systems.
- the indirect costs of alcohol consumption, for example, lost productivity due to absenteeism, unemployment, decreased output, reduced earnings potential and lost working years due to premature pension or death.
- the intangible costs of alcohol consumption, for example, costs assigned to pain and suffering, poor quality of life, or costs from money spent on alcohol in families where the money is needed for other things.

Over half (55%) of all admissions for mental and behavioural disorders due to alcohol use were in the lowest three socioeconomic deciles, and these three groups also accounted for 53% of all admissions for alcoholic liver disease, 53% of all admissions for intentional injuries and 51% of all admissions for alcohol-related complications in pregnancy and childbirth.

According to the 2015 Health survey for England, alcohol consumption in general has been declining.

- There has been a gradual decrease in average weekly consumption of alcohol over the last five years for men, from 17.2 units per week in 2011 to 14.9 in 2015. For women there has been no statistically significant change, and the average weekly alcohol consumption was 8.9 units in 2015.
- The proportion of children aged 8 to 15 reporting ever having had a proper alcoholic drink (a whole drink, not just a sip) fell from 45% in 2003 to 16% in 2015.

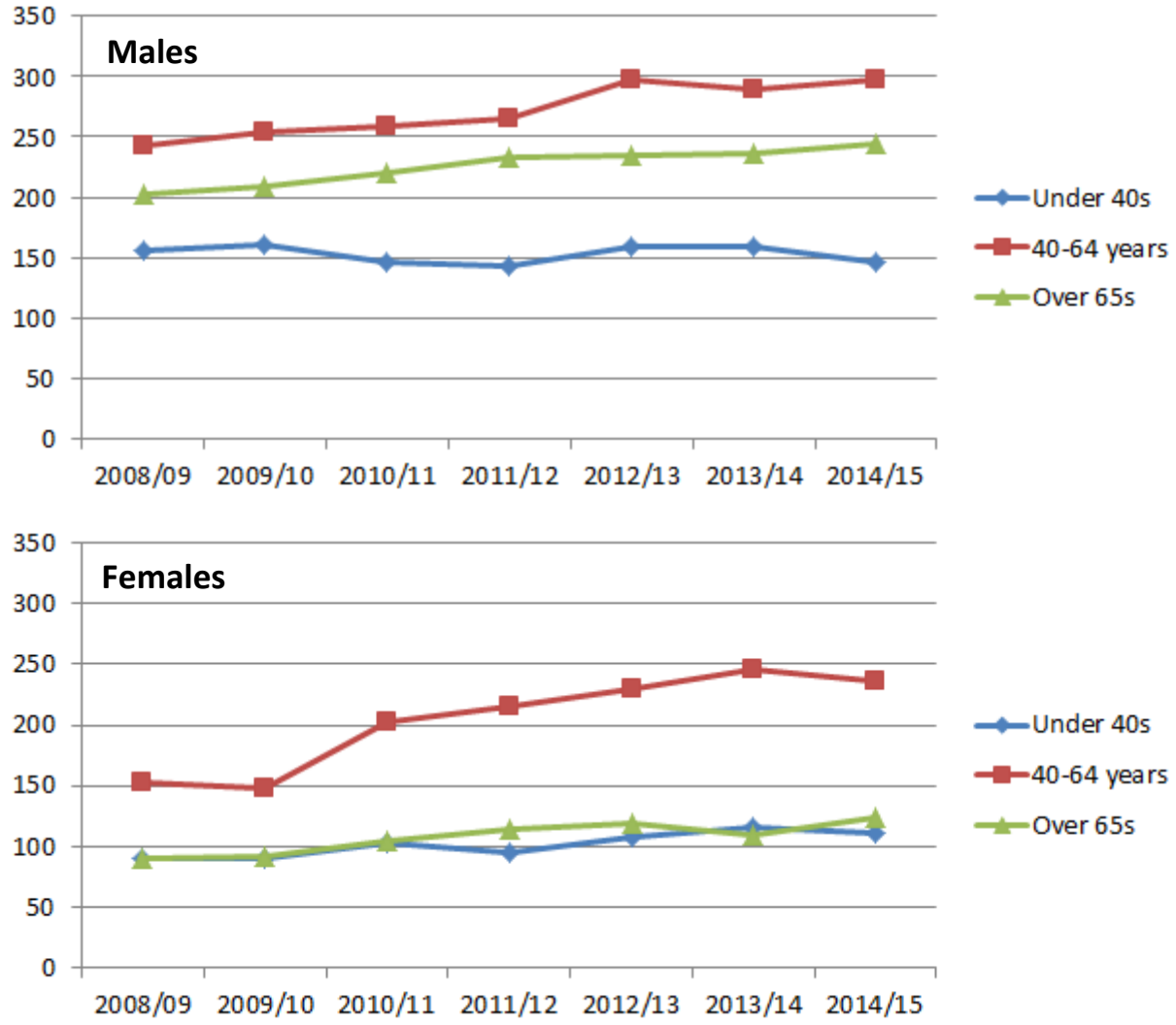
Alcohol and health in Oxfordshire

Data on hospital admissions for alcohol-related conditions in Oxfordshire shows that:

- Overall males continue to have higher rates than females for alcohol-related admission episodes.
- Between 2008-09 and 2014-15, **the 40-64 age group** saw a significant increase in the rate of hospital admission episodes for alcohol-related conditions.
- The rate of admissions for under 40s (males and females) in 2014-15 was similar to 2013-14.
- Between 2013-14 and 2014-15 the rate of admissions for males and females aged 65 and over increased significantly.

[90] https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review

Figure 77 Admission episodes for alcohol-related conditions (narrow), directly standardised rate per 100,000 people, Oxfordshire males and females by age

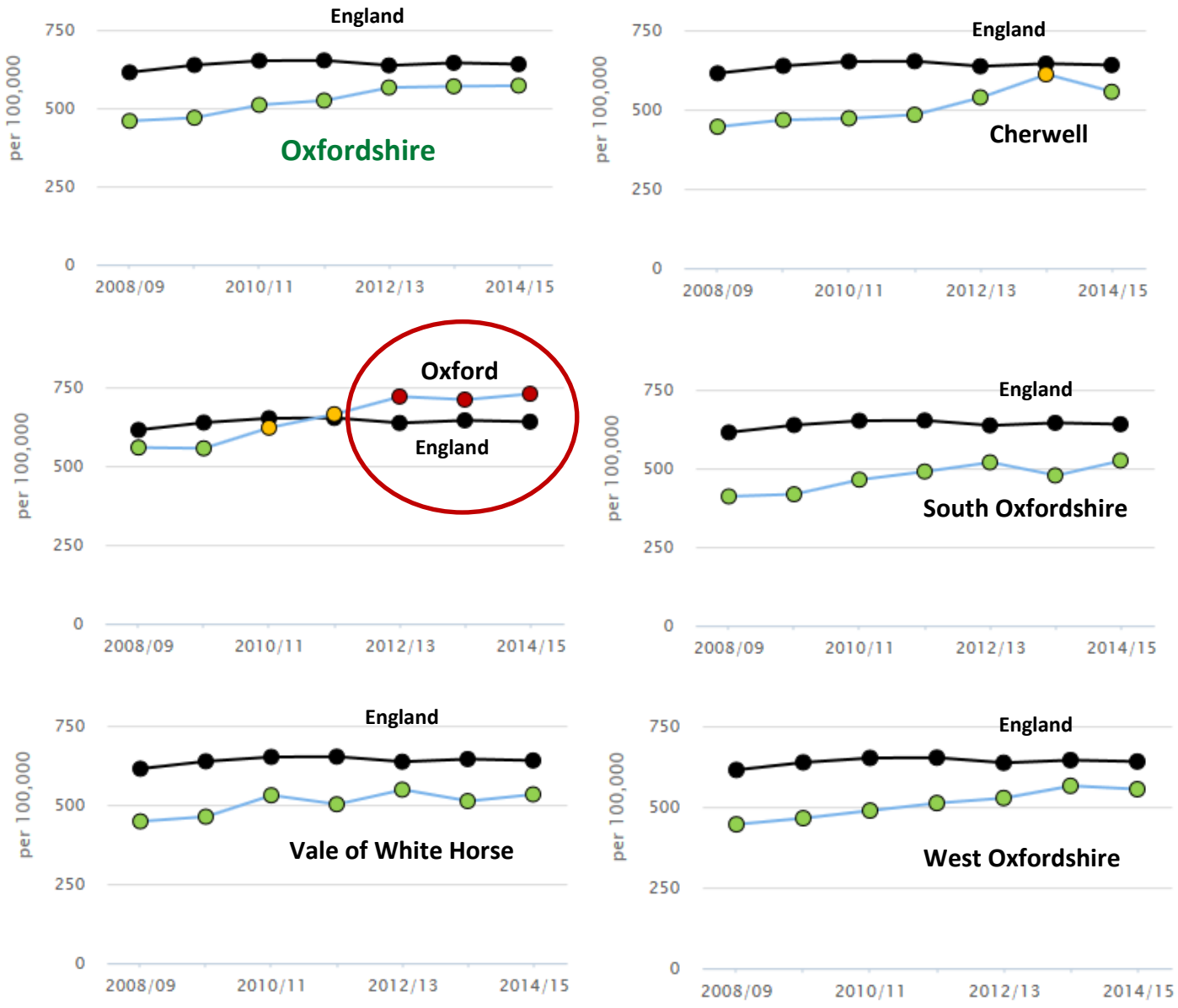


Definition: Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. Source: Public Health England Local Alcohol Profiles from Hospital Episode statistics and ONS population estimates.

Admission episodes for alcohol-related conditions in Oxford increased between 2013-14 and 2014-15, remaining significantly above the national and regional averages.

Admissions for alcohol-related conditions was better than average in most districts in Oxfordshire with the exception of Oxford, where the rate is worse than average for the third consecutive year.

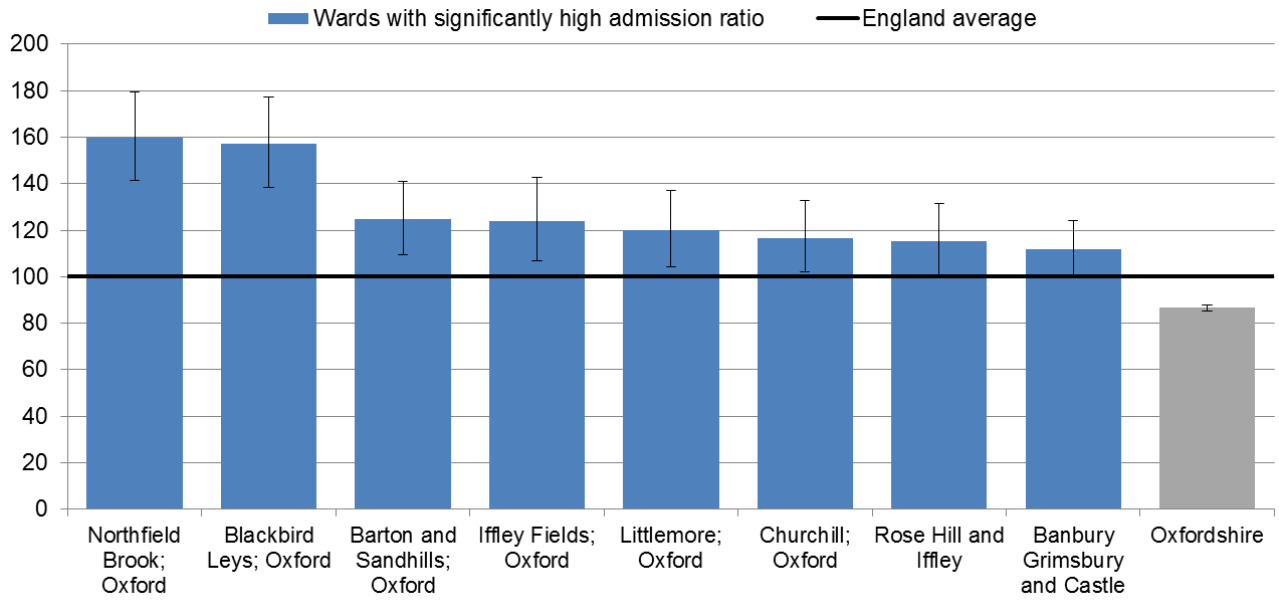
Figure 78 Admission episodes for alcohol-related conditions (narrow), directly standardised rate per 100,000 people



Source: Public Health England Alcohol Profiles from Hospital Episode statistics and ONS population estimates

At a ward level, data for 2010-11 to 2014-15 shows 8 wards in Oxfordshire with a significantly higher rate of hospital admissions for alcohol attributable conditions, 7 in Oxford and 1 in Banbury.

Figure 79 Hospital admissions for alcohol attributable conditions, standardised admission ratio, 2010-11 to 2014-15



Source: Public Health England Local Data Tool. This indicator counts the number of times that a person has been admitted to hospital in the year with an alcohol related condition, and not the person themselves. This indicator was previously referred to as 'alcohol related admissions to hospital'.

Alcohol-related deaths

Nationally the rate of alcohol-related (age standardised) deaths per 100,000 population for males and females has declined since the peak in 2008[91].

The highest rates of alcohol-related deaths in 2014 in the UK were in men aged between 55 and 69.

In Oxfordshire, the rates of alcohol-specific and alcohol-related deaths were each statistically better than the national average. Districts in Oxfordshire were similar or better than average.

Drugs and health in Oxfordshire

Local data on the health impact of drug use is limited.

Police recorded crime data[92] from Thames Valley Police shows between 2014-15 and 2015-16 (Dec to Nov) there was a decline in the number of "possession of drugs" crimes in each reporting area of Oxfordshire (Cherwell & West, Oxford, South & Vale). The rate of

[91] ONS alcohol-related deaths in the UK 1994 to 2014 https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/alcoholrelateddeathsintheunitedkingdomreferencetable1

[92] http://www.thamesvalley.police.uk/aboutus/aboutus-operf/aboutus-operf-figs.htm , December 2015 to November 2016

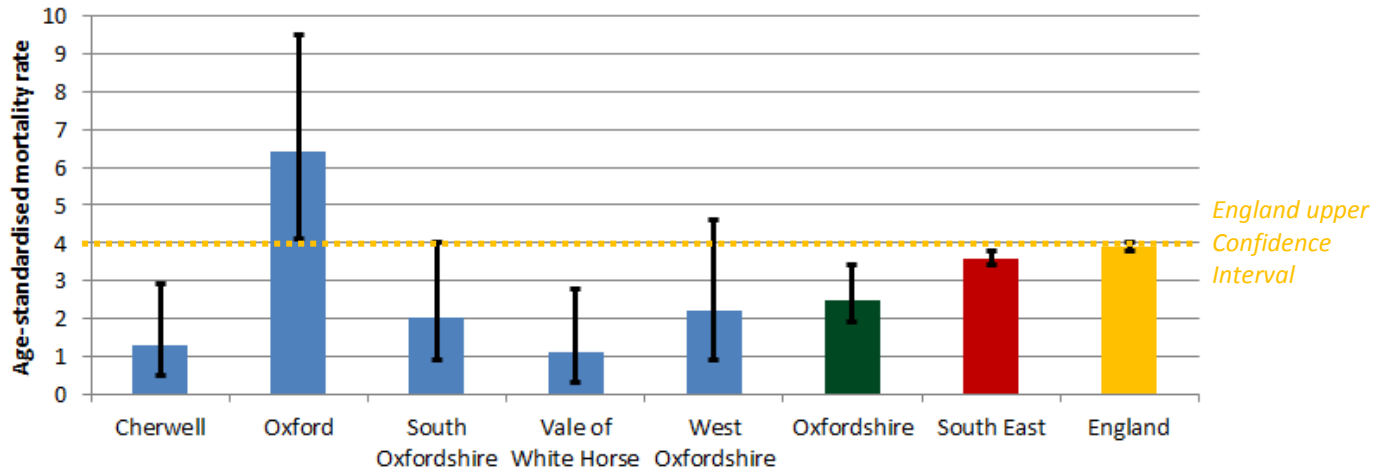
possession of drugs crimes per 1,000 population (Dec15 to Nov16) was below the Thames Valley average in Cherwell & West and in South& Vale and above average in Oxford.

Drugs-related deaths

Combined data from 2013-15 gives a total of 50 drugs related deaths in Oxfordshire, half of which were in Oxford.

The rate of deaths from drug misuse (not including alcohol and tobacco) was statistically above the national average in Oxford and statistically below average in Cherwell and West Oxfordshire.

Figure 80 Age-standardised mortality rate for deaths related to drug misuse, persons (2013-15)



Source: ONS, drug misuse deaths by local authority released Sept 2016

About Deaths related to drug misuse: description and ICD-10 Codes

- Mental and behavioural disorders due to drug use (excluding alcohol and tobacco) F11–F16, F18–F19
- Accidental poisoning by drugs, medicaments and biological substances X40–X44
- Intentional self-poisoning by drugs, medicaments and biological substances X60–X64
- Assault by drugs, medicaments and biological substances X85
- Poisoning by drugs, medicaments and biological substances, undetermined intent Y10–Y14

6.7 Abuse and exploitation

Domestic Violence and abuse

The cross-government definition[93] of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

In Oxfordshire in 2016, Thames Valley Police recorded a total of:

- 3,148 domestic abuse crimes (+1% compared with 2015)
- 8,576 domestic abuse incidents (+7% compared with 2015)
- 11,186 victims of domestic abuse crimes and incidents (+3% compared with 2015)

District-level data shows the greatest number of recorded victims of domestic abuse was in Oxford and the greatest increase in recorded victims between 2015 and 2016 was in Vale of White Horse (+11%).

Table 43 Number of Victims of Domestic Abuse (Crime and Incidents) in Oxfordshire, calendar year

	2014	2015	2016	*2015 to 2016*	*% change*
Cherwell	2,455	2,860	2,887	27	1%
Oxford	2,965	3,166	3,259	93	3%
South Oxfordshire	1,694	1,760	1,747	-13	-1%
Vale Of White Horse	1,588	1,696	1,878	182	11%
West Oxfordshire	1,333	1,385	1,415	30	2%
Oxfordshire TOTAL	**10,035**	**10,867**	**11,186**	**319**	**3%**

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017)

The youngest victim in 2016 in Oxfordshire was aged under a year and the oldest victim was aged 99.

Between 2015 and 2016:

- The number of younger victims of domestic abuse in Oxfordshire (aged under 25) decreased. The number in 2016 was a similar to 2013.
- The 25-49 age group saw the biggest increase in numbers (+254).
- The greatest percentage increase by broad age was in the older age groups 50 and above.
- Although the number of victims aged 80+ remained relatively small (108 in 2016), this group saw the biggest percentage increase.

[93] https://www.gov.uk/guidance/domestic-violence-and-abuse

Table 44 Victims of Domestic Abuse (Crime and Incidents) in Oxfordshire, by age

	2014	2015	2016	*2015 to 2016*	*% change*
0-15	128	141	130	-11	-8%
16-17	281	359	360	1	0%
18-24	2,023	2,116	2,080	-36	-2%
25-49	5,918	6,421	6,675	254	4%
50-64	1,224	1,339	1,417	78	6%
65-79	300	328	364	36	11%
80+	68	92	108	16	17%
Total (excluding age not recorded)	**9,942**	**10,797**	**11,135**	**338**	**3%**

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017)

Domestic abuse victims by gender

- Overall in Oxfordshire in 2016, of the victims with a recorded gender (the majority): 76% of victims were female and 24% were male, similar to previous years.
- The gender split was similar in all districts with a slightly higher proportion of female victims in Cherwell (77%) and a slightly lower proportion of female victims in West Oxfordshire (74%)

Domestic abuse victims by ethnicity:

- Overall in Oxfordshire in 2016, of the victims with a recorded ethnicity: 90% of victims were White ethnic background and 10% were non-White.
    - Asian 5%; Mixed 2%; Black 2%.
- In Oxford, as expected from the more ethnically diverse population, 79% of victims were White and 21% were non-White.
    - Asian 11%; Mixed 4%; Black 4%.
- Note that caution is needed in interpreting this data as there is a relatively high rate of victims without an ethnic group recorded (22% of the total).

Rape

Between 2015 and 2016, Thames Valley Police recorded an increase in the total number of recorded victims of rape offences in Oxfordshire from 524 in 2015 to 537 in 2016 (+2%).

The greatest number of recorded rape victims was in Oxford (42% of the total for Oxfordshire) and the greatest increase in victims between 2015 and 2016 was in Cherwell (+14%, 16 additional victims).

Table 45 Number of Victims of Rape (Crime and Non Crime) in Oxfordshire, calendar year

	2014	2015	2016	*2015 to 2016*	*% change*
Cherwell	82	112	128 (24%)	16	14%
Oxford	147	231	226 (42%)	-5	-2%
South Oxfordshire	40	70	70 (13%)	0	0%
Vale Of White Horse	50	64	62 (12%)	-2	-3%
West Oxfordshire	49	47	51 (9%)	4	9%
Oxfordshire TOTAL	**368**	**524**	**537 (100%)**	**13**	**2%**

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017); The above data is for all victims of rape offences

Reported crime is all reports of crime recorded on the crime recording system.

Reported crime is made up of Finally Recorded Crime, Crime Related Occurrences and Cancelled Crimes.

Crime Related Occurrence: This term is used to describe a record of an incident which has come to the attention of the police, which, on the Balance of Probabilities would normally amount to a notifiable crime, but a resultant crime has not been recorded. The specific circumstances where this would happen are

1. The incident is reported by a third party and either

   The alleged victim declines to confirm the crime or

   The alleged victim cannot be traced

2. The incident is being dealt with by another police force
3. The National Crime Recording Standard or Home Office Counting Rules for Recording Crime direct that a crime should not be recorded

Cancelled Crime: An offence can only be cancelled if it has been recorded as a crime. The situations when a crime can be cancelled are governed by the Home Office Counting Rules for Recorded Crime. Specific circumstances when an offence can be cancelled are:

- The offence was committed in another force area.
- There is additional verifiable information which determines that no notifiable crime has been committed.
- The crime constitutes part of a crime already recorded.
- The crime was recorded in error.
- The crime was recorded as an assault and there is additional verifiable information that the offender acted in self-defence.
- The crime is an offence of fraud and there clear auditable information that shows that the offender has been dealt with in another jurisdiction.

Source: Thames Valley Police Performance Team

Female Genital Mutilation

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is illegal in the UK and violates treaty provisions in the Universal Declaration of Human Rights, the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination Against Women.

Statutory guidance published in April 2016 introduced a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18s, which they identify in the course of their professional work, to the police.

The Health and Social Care Information Centre's FGM enhanced dataset for 2015-16[94] shows that, in the South of England Commissioning region, there were:

- 620 newly recorded cases of FGM reported, and 1,055 attendances where FGM was identified or a procedure for FGM was undertaken.
- For NHS Oxfordshire CCG there is no data in this calendar year (which implies less than 5 cases).

Nationally:

- The majority (87%) of FGM cases of women with a known pregnancy status were pregnant at the point of attendance.
- The majority (90%) of women and girls with a known country of birth were born in an Eastern, Northern or Western African country, and 6 per cent were born in Asia.
- Somalia in Eastern Africa accounted for more than one third of all newly recorded women and girls with a known country of birth (37 per cent). Other countries with a large volume of cases include Eritrea in Eastern Africa, the Sudan in Northern Africa and Nigeria and the Gambia in Western Africa.
- 43 newly recorded cases of FGM involved women and girls reported to have been born in the United Kingdom. Of those with a known FGM type, more than 40 per cent were reported with FGM Type 4 – Piercing.
- The most frequent age range at which the FGM was carried out was between 5 and 9 years old, involving 43 per cent of cases where the age was known.

In Oxfordshire: for the three year period Jan 2014 to Dec 2016, Thames Valley Police recorded a total of 9 victims of Female Genital Mutilation (crime and non-crime), of which 5 were in Oxford, 2 in Cherwell, 1 in each of South Oxfordshire and Vale of White Horse and none in West Oxfordshire[95].

Forced Marriage

The number of cases of possible forced marriage being supported by the UK Forced Marriage Unit is declining.

- In 2015 the UK Forced Marriage Unit gave advice or support related to a possible forced marriage in 1,220 cases nationwide[96]. This was down from 1,267 in 2014, 1,302 in 2013 and 1,485 in 2012. 9% of the cases were in the South East, compared with 11% in 2012.

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[94] NHS Digital: Female Genital Mutilation (FGM) Apr 2015 to Mar 2016, Experimental Statistics (July 2016)

[95] Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017)

[96] Forced marriage Unit Statistics: https://www.gov.uk/government/statistics/forced-marriage-unit-statistics-2015

In Oxfordshire: for the three year period Jan 2014 to Dec 2016, Thames Valley Police recorded no (zero) victims of Forced Marriage[97].

Honour-based Violence

According to the Crown Prosecution Service guidance:

> There is no specific offence of "honour based crime". It is an umbrella term to encompass various offences covered by existing legislation. Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

The number of victims of Honour-based violence in Oxfordshire appears to have increased from 18 recorded by Thames Valley Police in 2014 to 61 in 2016.

The majority of victims over the three year period 2014 to 2016 were residents of Oxford city (55%). 30% were resident in Cherwell and 10% in Vale of White Horse.

Table 46 Number of Victims of Honour Based Violence All Occurrences (Crime and Non Crime) in Oxfordshire, calendar year

	2014	2015	2016	*2014-16*	*% of total*
Cherwell	10	5	16	*31*	*30%*
Oxford	5	16	36	*57*	*55%*
South Oxfordshire	0	2	1	*3*	*3%*
Vale Of White Horse	2	0	8	*10*	*10%*
West Oxfordshire	1	1	0	*2*	*2%*
Oxfordshire TOTAL	**18**	**24**	**61**	*103*	*100%*

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017); The above data is for all victims of offences where either the HBV Latest or HBV Finalisation qualifier has been used or the Occurrence Type or Classification has been recorded as Honour Based Violence - Non Crime Occurrence.

Child Sexual Exploitation

The current definition of child sexual exploitation was published in the 2009 guidance "Safeguarding Children and Young People from Sexual Exploitation".

> *'Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power*

[97] Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017) Forced Marriage data is for all victims of offences where either the Home Office Stats Code has been recorded as 03605 or the Classification has been recorded as Forced Marriage Offences.

over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability'.

In 2016 the government consulted on the statutory definition of Child Sexual Exploitation and (separately) on the possible introduction of mandatory reporting of child abuse and neglect or a duty to act in relation to child abuse or neglect. The results of these consultations have not yet been published.

In 2016, Thames Valley Police recorded a total of 169 victims of Child Sexual Exploitation in Oxfordshire, a slight increase from 2015 (163).

Around half (49%) of victims recorded in the three years between 2014 and 2016 were in Oxford city and a further 25% were in Cherwell.

Table 47 Number of Victims of Child Sexual Exploitation (Crime and Non Crime) in Oxfordshire, calendar year

	2014	2015	2016	*2014-16*	*% of total*
Cherwell	38	29	43	*110*	*25%*
Oxford	36	92	90	*218*	*49%*
South Oxfordshire	8	15	15	*38*	*9%*
Vale Of White Horse	26	16	12	*54*	*12%*
West Oxfordshire	6	11	9	*26*	*6%*
Oxfordshire TOTAL	**114**	**163**	**169**	***446***	***100%***

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017); The above CSE data is for all victims of offences where either the 'Child Sexual Exploitation' qualifier has been used or the Occurrence Type has been recorded as 'Suspected CSE - Non Crime Incident'

Modern slavery

From 1 November 2015, as set out in the Modern Slavery Act 2015, specified public authorities (including all police forces and local authorities), have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking.

Thames Valley Police recorded 32 victims of Modern Slavery in Oxfordshire in 2016.

Local intelligence in Oxford city suggests this police recorded data significantly under-represents the full extent of Modern Slavery and Trafficking.

Table 48 Number of Victims of Modern Slavery and Trafficking Offences in Oxfordshire, January to December 2016

	2016	*% of total*
Cherwell	12	*38%*
Oxford	16	*50%*
South Oxfordshire	1	*3%*
Vale Of White Horse	1	*3%*
West Oxfordshire	2	*6%*
Oxfordshire TOTAL	**32**	***100%***

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017). The above data is for all victims of Modern Slavery and Trafficking offences. Modern Slavery offences have been identified where either the HO Category Number is 106 or the Modern Slavery Finalisation Qualifier has been used. Trafficking offences have been identified where either the classification or Occurrence Type has been recorded as Trafficking for Sexual exploitation (out of, into, within the UK) and Trafficking for non-sexual Exploitation (out of, into, within the UK)

6.8 Oral health

Tooth decay is a predominantly preventable disease. Significant levels remain, resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic.[98]

Data from Public Health England shows that in Oxfordshire, 77.3% of 5 year olds were free of dental decay in 2014-15, similar to the national average. This is an improvement on the rate in 2011-12 when Oxfordshire was statistically below (worse than) the national average. The rate was lowest in Oxford where 67% of 5 year olds were free from dental decay in 2014-15 (worse than average).

Table 49 Proportion of five year old children free from dental decay (2010-11 and 2014-15)

	2011-12			2014-15		
	Count	Percentage	vs Eng av	Count	Percentage	vs Eng av
Cherwell	198	56.2	WORSE	232	78.2	SIMILAR
Oxford	150	61.0	WORSE	210	67.2	WORSE
South Oxfordshire	193	84.9	BETTER	223	78.6	BETTER
Vale of White Horse	198	81.2	BETTER	225	79.4	SIMILAR
West Oxfordshire	130	59.1	WORSE	249	81.2	BETTER
Oxfordshire	**869**	**67.1**	**WORSE**	**1,139**	**77.3**	**SIMILAR**

Source: Public Health England, Public Health Outcomes Framework, denominator is total number of examined children in the area. Note that parental permission is required for dental examination and may affect the results.

[98] Public Health England, definition of indicator "Proportion of five year old children free from dental decay"

6.9 Teenage conceptions

The latest Office for National Statistics data shows a continued decline in the number of conceptions to women aged under 18 regionally and nationally.

In Oxfordshire there was a slight increase in the number and rate although much lower than it had been in previous years and remaining below the national average. In 2014 there was a total of 190 conceptions to women aged under 18 in Oxfordshire, just above the number in 2013.

Table 50 Number and rate (per 1,000) of conceptions to women aged under 18

	2013		2014		
	Number	**Rate**	**Number**	**Rate**	**change**
Cherwell	47	18	55	20.6	↑
Oxford	45	20.5	54	23.7	↑
South Oxfordshire	33	13.8	26	10.8	↓
Vale of White Horse	27	12.9	38	18	↑
West Oxfordshire	32	17.5	17	9.2	↓
Oxfordshire	**184**	**16.5**	**190**	**16.8**	↑
South East		20.5		18.8	↓
England		24.3		22.8	↓

Source: ONS conception statistics (released March 2016)

6.10 Sexually Transmitted Infections

As of 2015, the rate of new diagnoses of Sexually Transmitted Infections (STIs) per 100,000 population (aged 15 to 64) in Oxfordshire was 772. This was significantly below the rate for England (815). The rate for Oxford city remained above average (1,290). There has been little change in rate of diagnoses since 2012.

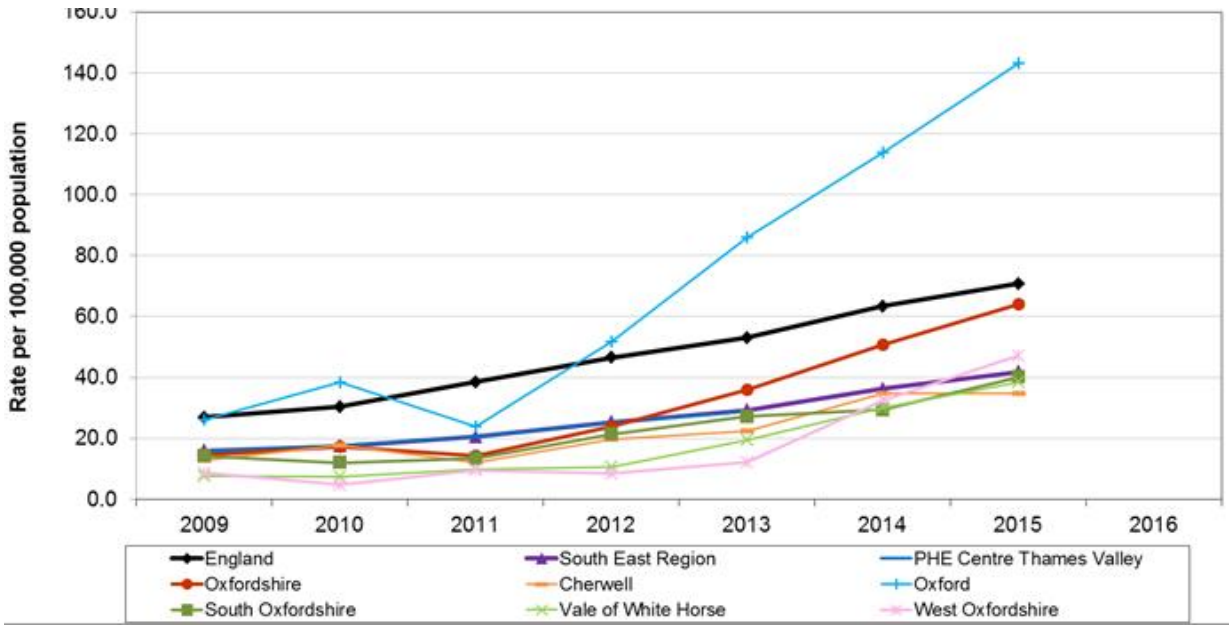
Gonorrhoea

Gonorrhoea causes avoidable sexual and reproductive ill-health. Gonorrhoea is used as a marker for rates of unsafe sexual activity. This is because the majority of cases are diagnosed in genitourinary medicine (GUM) settings, and consequently the number of cases may be a measure of access to sexually transmitted infection (STI) treatment. Infections with gonorrhoea are also more likely than chlamydia to result in symptoms[99].

Gonorrhoea diagnoses have increased nationally and in Oxfordshire, which may be due in part to the introduction of the new test for gonorrhoea in August 2012. This has greatly improved sensitivity for extra-genital gonococcal infections (throat and rectum) so has increased case finding in men who have sex with men.

Since 2011, the rate of diagnosis of gonorrhoea in Oxford has increased at well above the national rate.

Figure 81 Rate of diagnoses of gonorrhoea in Genito-urinary Medicine (GUM) clinics per 100,000 population (all ages) 2009 to 2015 (calendar years)



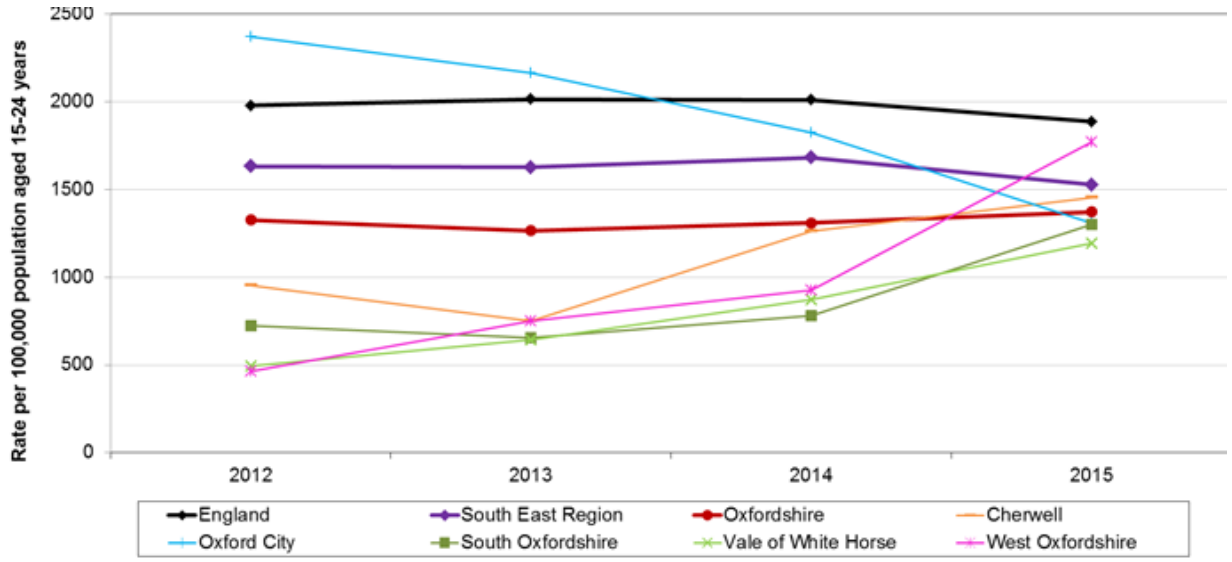
Source: Public Health England / Health Protection Agency - Sexual and Reproductive Health Profiles
Notes: Data represent the number of diagnoses reported and not the number of people diagnosed.
Data available by patient residence - data represent STI diagnoses among people accessing services located in England who are resident in England. If patient residence is not known that data has been excluded.
Crude rates are not adjusted for factors such as age, sex and ethnicity and have been recalculated for 2009, 2010, 2011 and 2012. Confidence intervals have been calculated locally.

[99] Public Health England definition of indicator of rate of diagnosis of gonorrhoea

Chlamydia

Chlamydia was the most commonly diagnosed STI in 2015. The detection rate for Chlamydia was set by the Department of Health as a level that would encourage high volume screening in young people under 25 years old.

Figure 82 Diagnoses of chlamydia per 100,000 population (aged 15-24 years) 2012 to 2015 (calendar year)



Source: Data accessed via the National Chlamydia Screening Programme website
Notes: Data represent chlamydia tests and diagnoses among people accessing services in England, who are residents in England. Data includes all screening tests, diagnostic tests and tests on contacts. Data represents the number of tests and diagnoses reported, and not the number of people tested or diagnosed. Data presented is based on tests with confirmed positive and negative results only. Tests with equivocal, inhibitory and insufficient results have been excluded as most people with these results are re-tested. Confidence intervals are calculated locally.

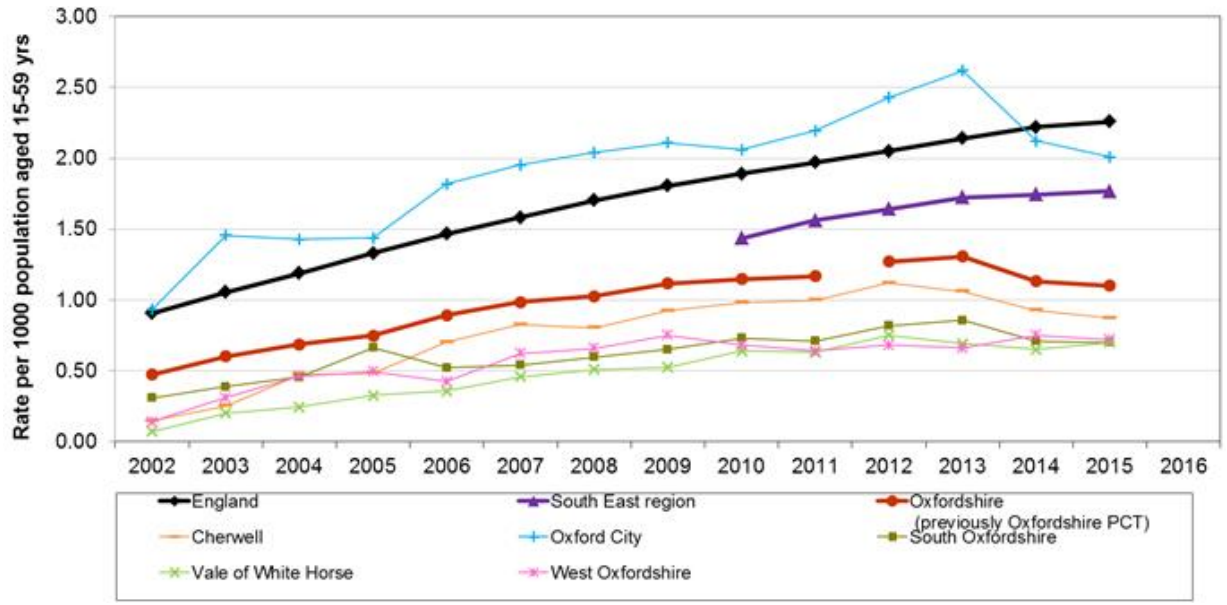
HIV

Human Immunodeficiency Virus (HIV) continues to be one of the most important communicable diseases in the UK. It attacks the immune system, and weakens the ability to fight infections and disease. It is an infection associated with serious morbidity, high costs of treatment and care, significant mortality and high number of potential years of life lost. HIV is most commonly caught by having unprotected sex. It can also be passed on by sharing infected needles and other injecting equipment, and from an HIV-positive mother to her child during pregnancy, birth and breastfeeding.

Individuals who are diagnosed with HIV at early stages in their infections respond well to antiretroviral treatment, have improved health outcomes and are less likely to transmit the virus to others. Because treatment is now provided at an earlier stage in the disease, people who are HIV positive will continue to live longer so the prevalence rate will gradually increase over time i.e. the number of people living with HIV will "accumulate". As a result of this, the prevalence of people living with a diagnosis of HIV has been increasing across all geographical areas over the past 12 years.

Overall in Oxfordshire the prevalence rate of HIV is significantly lower than the national average. However more than half of the people with HIV live in Oxford City which, until recently, has had a significantly higher prevalence rate than England.

Figure 83 Prevalence of diagnosed HIV per 1000 population (i.e. people living with a diagnosis of HIV) aged 15-59 yrs 2002 to 2015 (calendar years)



Source: Public Health England Sexual and Reproductive Health Profiles
Notes: The numerator only covers individuals who have received a HIV diagnosis and will therefore be an under-estimation of actual numbers of people living with HIV who remain undiagnosed and untreated. Crude rates are not adjusted for factors such as age, sex and ethnicity. In addition, numbers do not include people who are undiagnosed.

7 Service use

This chapter sets out the changing demand for health and social care services across Oxfordshire. A small amount of summary information is included on the quality of services. Further resources are available online, by visiting the JSNA – Service Use webpage.

The Oxfordshire Clinical Commissioning Group (OCCG) is responsible for commissioning the vast majority of the healthcare provided to patients registered at Oxfordshire-based General Practitioners (GP) practices.

Reports published by Healthwatch Oxfordshire provide more information about the quality of services from a patient perspective.

7.1 Service use – key findings

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

Use of health services

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

- Data from a sample of GP practices in Oxfordshire shows that the number of consultations per person aged 80+ doubled between 2009-10 and 2013-14.
- Over the past 10 years, there has been a growth in the number of Hospital (consultant) episodes overall in the NHS Oxfordshire Clinical Commissioning Group area and a growth in the number of hospital episodes per person, particularly in the older age group.

As of 2014-15 Oxfordshire had statistically higher (worse) than the England average rates of injuries due to falls in people aged 65 and over and in people aged 80 and over.

National data shows that people with mental health conditions are more likely to discuss their mental health with a GP and more likely to access treatment

- One person in three with common mental disorders (mainly depression or anxiety) reported current use of mental health treatment in 2014, an increase from the one in four in 2007.

In the past year, there has been an increase in the number of people referred for treatment to Oxford Health mental health services, particularly children and young people.

- Between 2011-12 and 2015-16, the number of patients referred to Oxford Health mental health services overall increased by 19%. The number of patient referrals aged 10-14 increased by 70% and aged 15-19 increased by 77%

Use of social care services

- Older people are the primary users of short term and long term social care services.
- There has been an increase in the number and proportion of long term social care clients who are supported at home: from 58% of clients in 2012 to 71% in 2016. The greatest increase has been in the number of older social care clients supported at home.
- Demand for services is expected to continue to grow in the future as a result of:
    - the predicted growth in the older population in Oxfordshire (see chapter 2) and

- an increase in the number of people with a learning disability needing social care support.

Community safety, Citizens Advice, Troubled families

- The vast majority of victims of doorstep crime and rogue traders were older people and Oxfordshire Trading Standards has seen a repeat targeting of elderly and vulnerable victims.
- A higher than average proportion of clients of Oxfordshire's Citizens Advice services were disabled (26% compared with 14% with activities limited by health or disability in Oxfordshire in 2011).
- Of Citizens Advice clients with disabilities, just over a third had a long term health condition, a quarter had a physical or sensory impairment and one in five (21%) had a mental health problem. The district with the greatest number of clients with multiple health impairments was Oxford.
- Over 1,000 families have been identified in Oxfordshire for the second phase of the Troubled Families (Think Families) programme. The majority (80%) met the national criteria on worklessness, over half (57%) met the criteria on education and half (50%) were families where children need help (in need or subject to a child protection plan).

Access to services

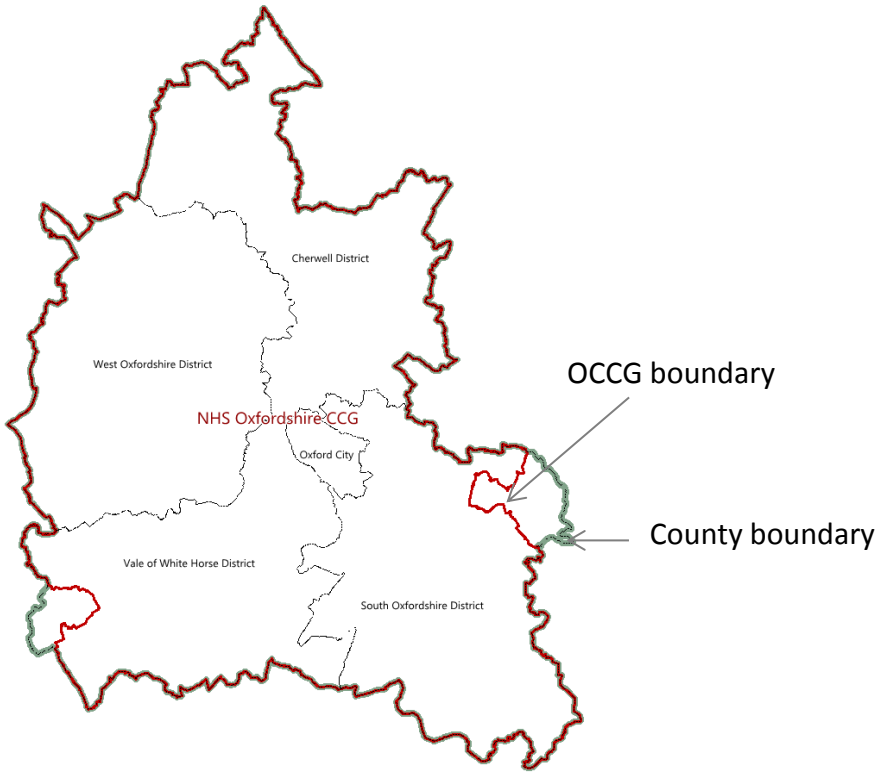
- National data shows that a significantly lower proportion of disabled people used the internet to find information about goods and services (57% disabled compared with 80% not disabled).
- Looking for health information online is a less popular use of the internet than many other activities – including for older people.
- Areas of rural Oxfordshire classified as 2 miles or more from a GP surgery cover almost a third of the younger population (aged 0-15, 32%) and a third of the older population (aged 65+, 34%) in rural districts.

7.2 Primary health care

Oxfordshire Clinical Commissioning Group area

As of 1 July 2015 there was a total of 78 GP practices[100] within the Oxfordshire Clinical Commissioning Group with a total practice population of **692,200**. This was 14,300 above the population of Oxfordshire as a result of (a) slightly different geographical boundaries and (b) that some residents of neighbouring counties are registered with Oxfordshire GPs.

Figure 84 Map of Oxfordshire, Districts and Oxfordshire Clinical Commissioning Group



TOTAL Population

Oxfordshire County

Mid-2015 677,900

NHS Oxfordshire Clinical Commissioning Group

Mid-2015 692,200

Mid-2016 717,900

Source: Map from NHS South, Central and West Commissioning Support Unit (January 2016)

By 1st July 2016 the number of GP practices had fallen from 78 to 75 and the GP practice population had increased to 717,900, a growth of 25,600 (+4%).

The latest data (as of January 2017) on GP rates show that in September 2014 there were 75.6 GPs per 100,000 people in the Oxfordshire CCG area.[101] This rate has remained reasonably similar over the past few years. It was above the England average of 66.5.

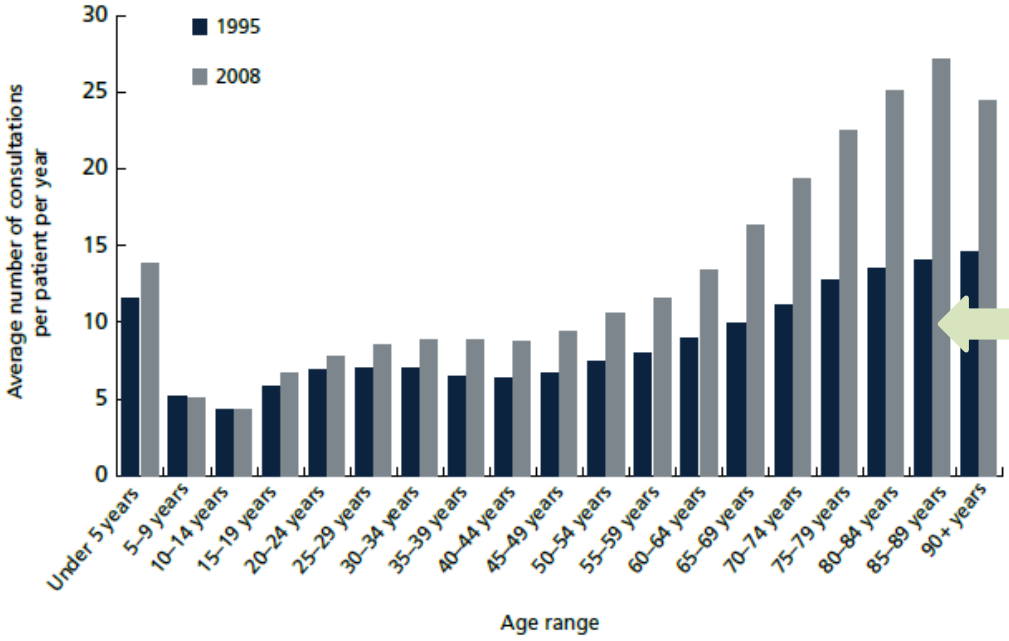
[100] https://data.gov.uk/dataset/numbers_of_patients_registered_at_a_gp_practice; NHS Oxfordshire NHS code10Q; ONS code E38000136

[101] Health and Social Care Information Centre LBOI Indicator 8.1: https://indicators.ic.nhs.uk/webview/

Contact with GPs

National data suggests that the number of primary care consultations per patient per year has increased significantly, especially in the older age groups.

Figure 85 Change in the average number of primary care consultations per patient per year in England 1995 to 2008



Greatest increase average primary care consultations per patient for those aged 85-89

Source: The 2022 GP Compendium of evidence, Royal College of General Practitioners; data from Hippisley-Cox J, Vinogradova Y. Trends in consultation rates in general practice 1995/96 to 2008/9. Datasets are available from https://data.gov.uk/dataset/trends_in_consultation_rates_in_general_practice

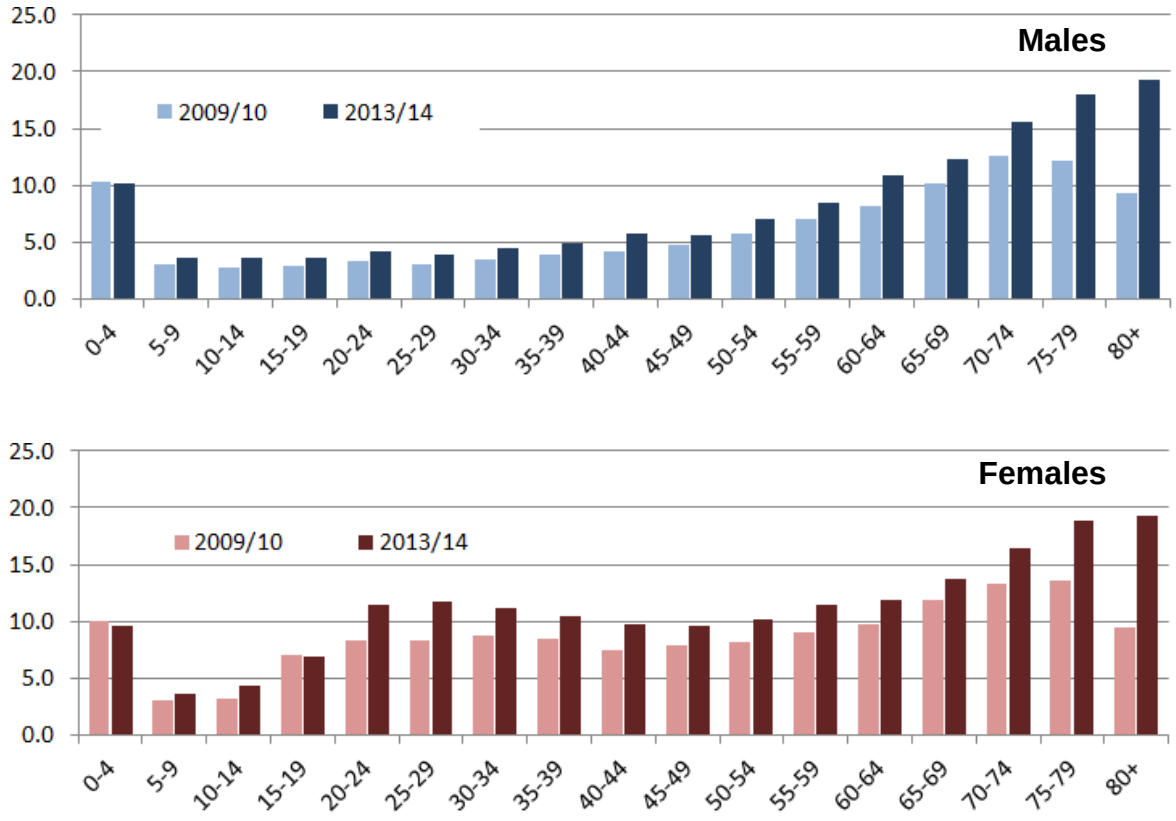
More recent analysis comparing 2007 to 2014 primary care consultations[102] has shown this trend continuing.

A study carried out by the Oxfordshire Clinical Commissioning Group, based on data from 12 (self-selecting) OCCG Practices, shows an increase in consultation rates in the older age bands, similar to the national trend.

- The number of consultations per person aged 80 and over doubled between 2009-10 and 2013-14.

[102] Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007–14 http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00620-6/abstract

Figure 86 Number of primary care consultations per person by age and gender, Oxfordshire CCG (12 GP practices)



Source: NHS South, Central and West Commissioning Support Unit; includes consultations and administrative tasks including repeat prescriptions.

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.

About the GP Patient Survey

The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.

Ipsos MORI administers the survey on behalf of NHS England.

The survey measures patients' experiences across a range of topics, including:

- Making appointments
- Waiting times
- Perceptions of care at appointments
- Practice opening hours
- Out-of-hours services

The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations and over time.

The survey has limitations:

- Sample sizes at practice level are relatively small.

- The survey does not include qualitative data which limits the detail provided by the results.
- The data are provided twice a year rather than in real time.

The July 2016 GPPS results combine two waves of fieldwork, from July to September 2015 and January to March 2016. In NHS OXFORDSHIRE CCG, 20,571 questionnaires were sent out, and 8,718 were returned completed. This represents a response rate of 42%.

http://gp-patient.co.uk

Use of GP services

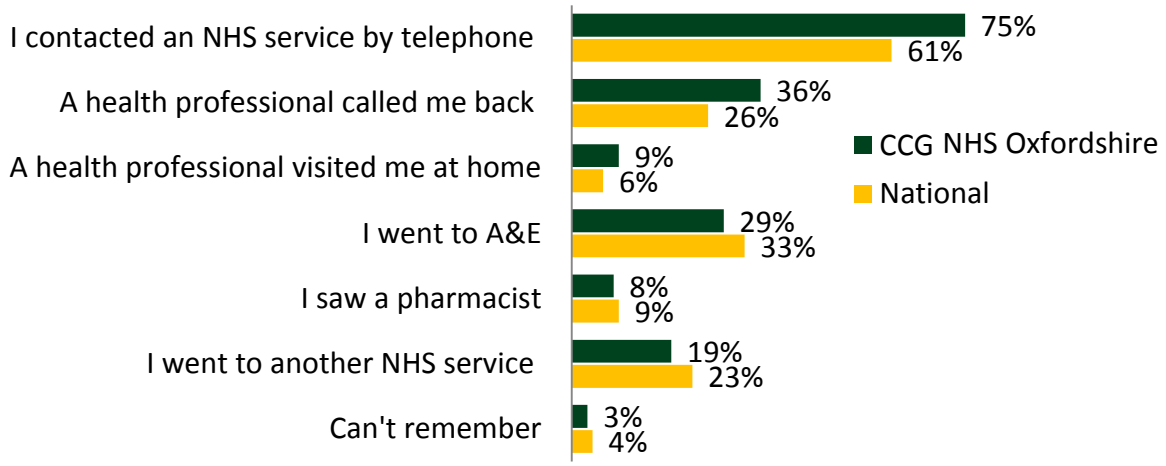
The 2016 GP Patient survey shows that 68% of respondents in the Oxfordshire Clinical Commissioning Group area had seen or spoken to a GP within the last six months. This was similar to the England rate (69%) and similar to Oxfordshire CCG rate in 2015 (69%).

Satisfaction with GP services overall in Oxfordshire has increased and was significantly higher than for England. 90% rated their GP surgery as good (up from 88% in 2015) compared with 85% nationally.

Out of hours contact

According to the 2016 GP Patient Survey, when contacting an NHS service outside of GP surgery hours, a higher proportion than average of Oxfordshire respondents made contact by telephone (75% in Oxfordshire CCG compared with 61% across England) and a slightly lower than average proportion went to A&E (29% in Oxfordshire CCG compared with 33% nationally).

Figure 87 Services contacted out of hours (Q: Considering all of the services you contacted, which of the following happened on that occasion?) 2016



Source: GP Patient Survey 2016 (waves July-Sept 2015 and Jan-Mar 2016)
Base: All those who tried to contact an NHS service when GP surgery closed in past 6 months: National (130,950); CCG (1,347)

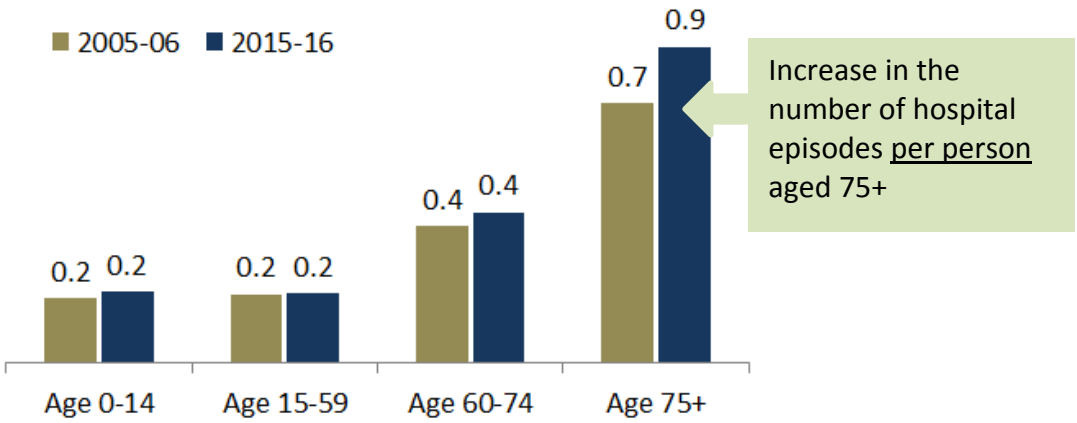
7.3 Secondary Health Care

Hospital episodes

Over the past 10 years, there has been a growth in the number of Hospital (consultant) episodes[103] overall in the NHS Oxfordshire Clinical Commissioning Group area and a growth in the number of hospital episodes per person, particularly in the older age group.

- Between 2005-06 and 2015-16 the number of hospital episodes in Oxfordshire[104] increased by almost a quarter (23%). This was below the growth in the number of episodes across England (+33%).
- The number of episodes per person in the age group 75+ in Oxfordshire increased from 0.7 per person to 0.9.

Figure 88 Hospital episodes per person by age – Oxfordshire, 2005-06 to 2015-16



Source: NHS Digital, Hospital Episode Statistics for England. Admitted Patient Care statistics; ONS mid-year population estimates. Note that data for 2005-06 is for the five Primary Care Trusts in Oxfordshire at that time and data for 2015-16 is for the NHS Oxfordshire Clinical Commissioning Group, there are differences in the geographical boundaries between these areas and the Oxfordshire county population denominator.

[103] A Consultant Episode (Hospital Provider) is the time a patient spends in the continuous care of one consultant using Hospital Site or Care Home bed(s) of one Health Care Provider or, in the case of shared care, in the care of two or more consultants.

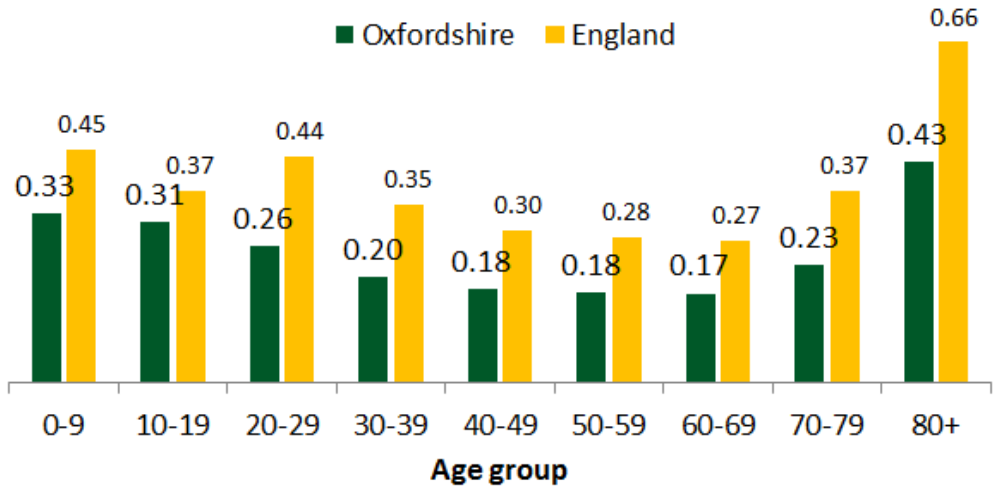
[104] NHS Digital, Hospital Episode Statistics for England. Data for 2005-06 is for the five Primary Care Trusts in Oxfordshire at that time and data for 2015-16 is for the NHS Oxfordshire Clinical Commissioning Group, there are differences in the geographical boundaries between these areas

Emergency Hospital Admissions

The number of Accident and Emergency attendances at hospitals in Oxfordshire increased from 160,000 in 2014-15 to 164,100 in 2015-16, up by 4,100 or +2.6%. This was below the one year increase across England as a whole of 4.6%.

The number of emergency hospital admissions per person was highest for those aged 80 and over. Oxfordshire was below the England per person average in each age group.

Figure 89: A&E attendances per person by age, Oxfordshire vs England 2015-16



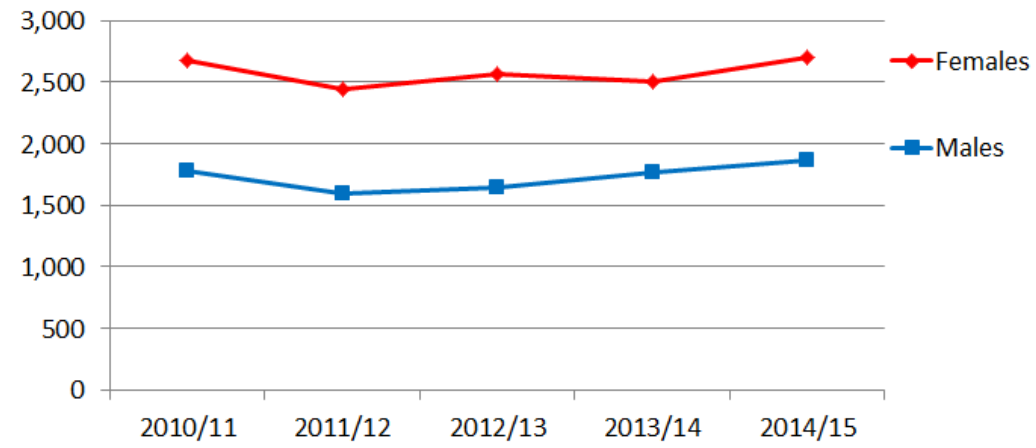
Source: NHS Digital, Hospital Episode Statistics for England. Hospital Accident and Emergency Activity data for Oxford Health NHS Foundation Trust and Oxford University Hospitals NHS Trust. ONS mid-year estimate (2015), note that there is a difference in the area served by Oxfordshire-based NHS Trusts and Oxfordshire county used as the population denominator.

Emergency admissions for injuries due to a fall

As of 2014-15 Oxfordshire had statistically higher (worse) than the England average rates of:

- Injuries due to falls in people aged 65 and over (statistically higher for all people and females; for males the rate for Oxfordshire was statistically similar to England).
- Injuries due to falls in people aged 80 and over (statistically higher for all people, males and females).

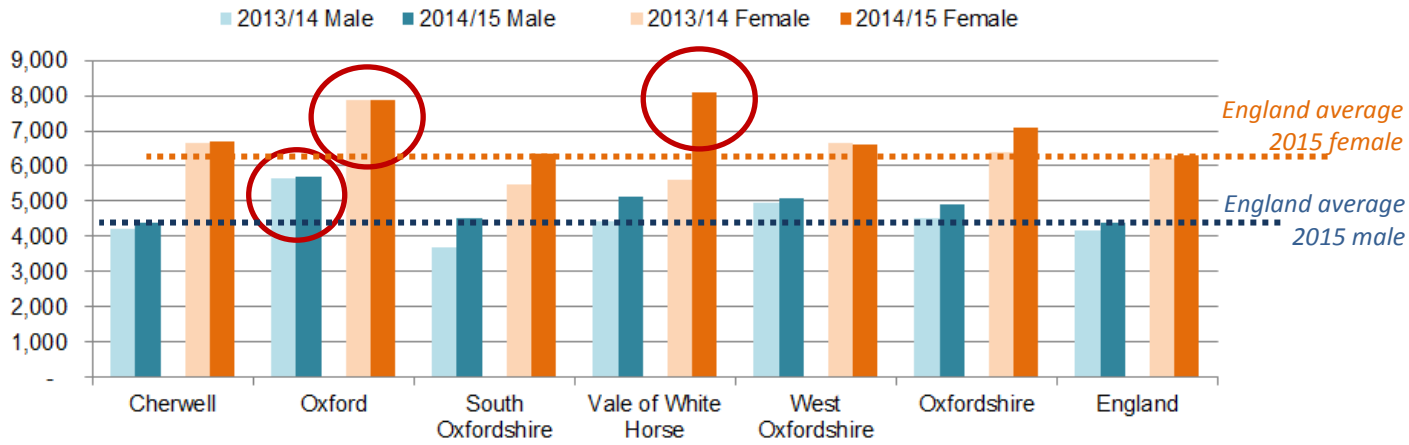
Figure 90 Emergency hospital admissions for falls injuries in males and females aged 65 and over - directly age-sex standardised rate per 100,000.



Source: Public Health Outcomes Framework

Within the districts, Oxford City rates for males and females aged 80+ were significantly higher than England rates and Vale of White Horse rate for females was significantly higher than the England rate.

Figure 91 Emergency admissions for injuries due to falls in males and females aged 80+ years - directly standardised rate per 100,000



Source: Public Health Outcomes Framework; note that data by district is not available prior to 2013/14

Hospital Discharge and Delayed Transfers of Care

A delayed transfer of care occurs when a patient is deemed medically fit to depart from their current care, but is unable to do so because of non-clinical reasons, for example because the patient is awaiting a care package in their own home, or further non-acute care.

In 2015-16 the average daily rate of delayed transfers of care within Oxfordshire was 29.7 people aged 18 and over per 100,000.[105] This was similar to the figure for the previous two years and down from 30.6 in 2011-12. The rate for Oxfordshire in 2015-16 was significantly higher than the reported average rate for England, of 12.3 per 100,000 people.

7.4 Mental Health Services

National data

Adults accessing mental health treatment

The national survey of mental health and wellbeing[106] has found that an increasing proportion of adults with mental health conditions, such as anxiety or depression, were accessing mental health treatment and more likely to discuss their mental health with a GP.

- One person in three with common mental disorders (mainly depression or anxiety) reported current use of mental health treatment in 2014, an increase from the one in four who reported this in 2000 and 2007. This was driven by steep increases in reported use of psychotropic medication. Increased use of psychological therapies was also evident among people with more severe mental disorder symptoms.
- Since 2007, people with common mental disorders had become more likely to use community services and more likely to discuss their mental health with a GP.

Detentions in hospital under the Mental Health Act

The number of people in England formally detained in hospitals under the Mental Health Act 1983 has continued to rise[107], increasing by 9 per cent to 63,622 in 2015-16 compared with 58,399 detentions in 2014-15.

Oxford Health Mental Health Referrals

There has been an increase in the number of patients referred to mental health services in Oxfordshire.

- In 2015-16, 11,700 Oxfordshire residents were referred to Oxford Health NHS Foundation Trust mental health services and seen at least once.[108] This represents an increase of around 1,500 (15%) since 2014-15.
- Some patients were referred more than once during the year and the number of referrals was around 15,900 an increase of 18% since 2014-15.

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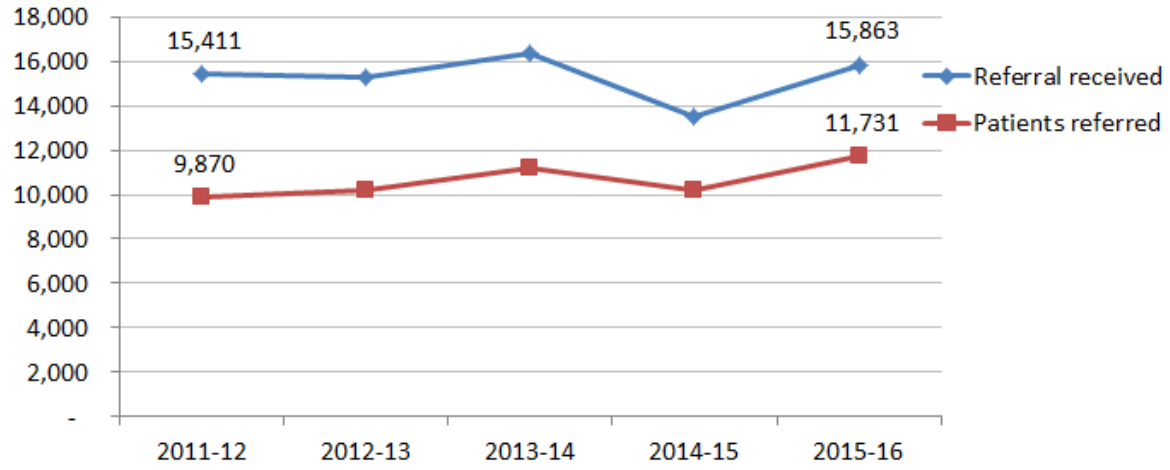
[105] NHS Delayed Transfers of Care Statistics: http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/

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

[107] *Inpatients formally detained in hospitals under the Mental Health Act 1983 and patients subject to Supervised Community Treatment: 2015/16,* Annual figures. Publication date: November 30 2016 http://www.content.digital.nhs.uk/catalogue/PUB22571

[108] Data in this section has been provided by Oxford Health NHS Foundation Trust

Figure 92: Number of Oxfordshire residents referred to Oxford Health NHS FT mental health services and number of referrals (2011-12 to 2015-16)



Source: Oxford Health NHS Foundation Trust

Of the patients referred to Oxford Health mental health services in 2015-16, there were more females (58%) than males (42%).

13% of patient referrals with a recorded ethnic group were from ethnic minority backgrounds in 2015-16. The largest ethnic minority group was “white other” including Irish and other European (5%).

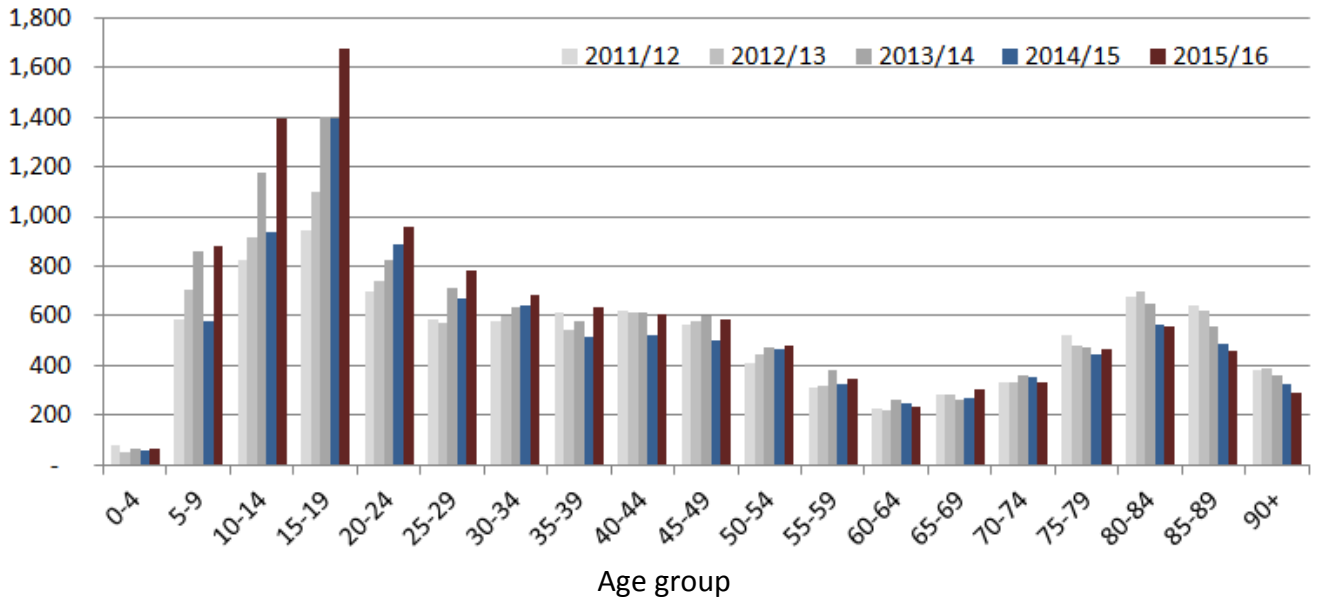
The 15-19 age group continued to make up the largest proportion and number of patients referred to Oxford Health mental health services in 2015-16 and has seen the biggest increase since 2011-12

- Between 2011-12 and 2015-16, the number of patients referred overall increased by 3%. The number of patient referrals aged 15-19 increased by 77%

In the latest year of data there was a significant increase of referrals of patients in the younger age groups, aged 5-9 and aged 10-14.

As a result of this increase in the younger age group, the mental health speciality with the greatest increase in referrals was Child and Adolescent Mental Health services (CAMHS Oxfordshire). Between the 2011-12 and 2015-16 patient referrals to CAMHS increased from 2,600 to 4,600 (+2000, 74%).

Figure 93 Number of Oxfordshire residents referred to Oxford Health mental health services (2011-12 to 2015-15)



Source: Oxford Health NHS Foundation Trust

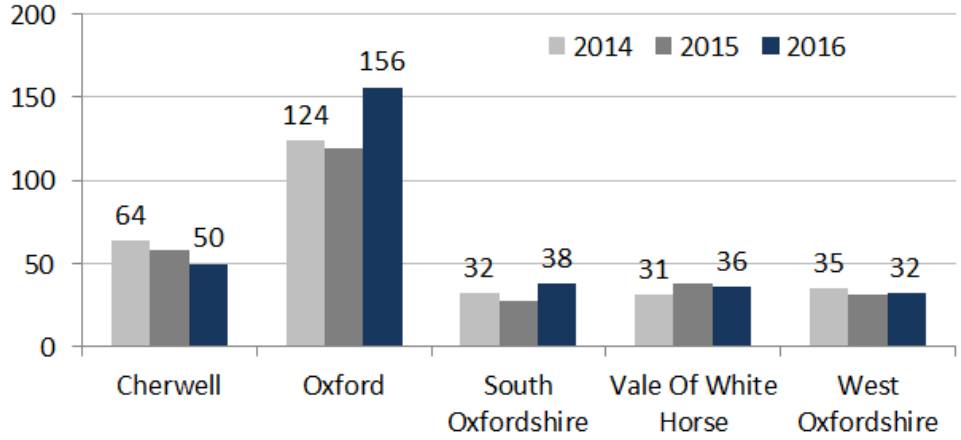
Detentions under Section 136

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

During the three years from January 2014 to December 2016, there was a total of **872** Section 136 detentions in Oxfordshire of which 399 (46%) were in Oxford.

Oxfordshire's rural districts have seen a similar number of detentions in each of the three years. There was an increase in Oxford in 2016 compared with the previous year of an additional 37 detentions.

Figure 94 Number of Section 136 detentions 2014 to 2016

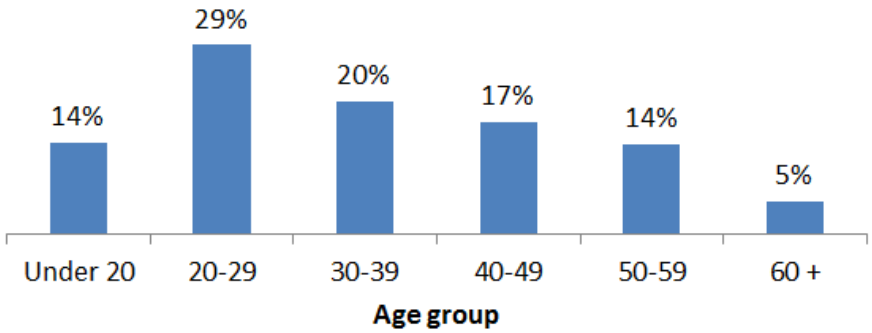


Source: Thames Valley Crime Recording System - NICHE RMS & Mental Health Master, extracted Jan17

Over the full three-year period:

- Over half of the detainees were male (around 58%).
- Just under a third (29%) were aged 20-29 (see following chart).

Figure 95 Individuals sectioned under 136 recorded within Oxfordshire broken down by age range for the period Jan14 - Dec16



TOTAL = 865

Source: Thames Valley Crime Recording System - NICHE RMS & Mental Health Master, extracted Jan17

7.5 Drug and Alcohol Treatment Services

In 2015-16 there were around 2,350 adults (aged 18 and over) in drug and/or alcohol treatment in Oxfordshire[109]. This was an increase of 31% (+550) on the previous year (1,800 in 2014-15).

The number of adults in treatment for alcohol only was 482 (up from 433 in 2014-15).

The number of young people (aged under 18 years) in specialist substance misuse services in Oxfordshire in 2015-16 was 71 (up from 58 in 2014-15).

- 41 began using their main substance before they reached 15 years of age (42 in 2014-15)
- 20 were using more than one substance (34 in 2014-15)
- 10 reported being affected by others' substance misuse (14 in 2014-15)

Referrals were predominantly from education services and children and family services

[109] Source: NDTMS - Adult Successful Completions and Re-presentations Partnership (Period Apr15-Mar16) and JSNA support pack – Young people (Period: Apr15-Mar16)

7.6 Social care

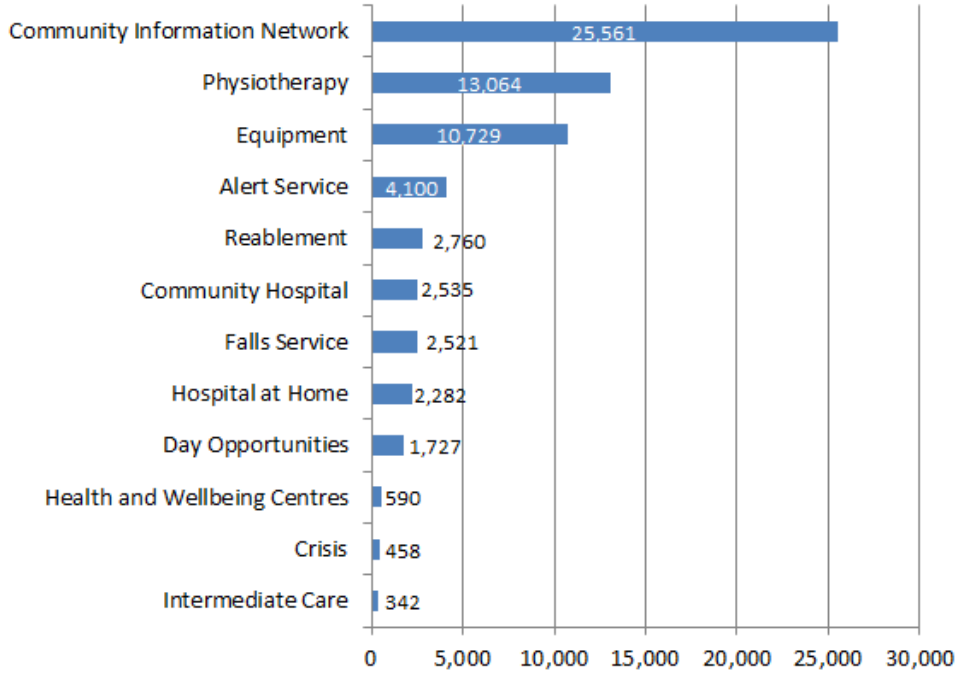
Many people with care needs require both health and social care and the distinction between health and social care is not always clear. Therefore the County Council and the Clinical Commissioning Group have pooled some of their money together to provide more efficient commissioning of care and better integration of health and social care services.

Short-Term Adult Health and Social Care

Older people are the primary users of health and adult social care services.

The figure below shows their use of short-term services in Oxfordshire during 2014-15. The numbers relate to episodes, or contacts, rather than unique individuals: individuals may have accessed multiple services, and may have accessed them more than once.[110]

Figure 96: Older People's Use of Short-Term Social Care Services (2014-15)



Source: Oxfordshire County Council/Oxford Health (from JSNA 2016)

'Reablement' is a social care service aimed at supporting people to regain independence that may have been reduced or lost through illness or disability. Guidance from the Department of Health states that a medium-performing reablement service would see between 2-5% of its older population in reablement, and a high performing service over 5%. It is expected that 50% of these would come from hospital and 50% from their own home.

On this basis, a medium-performing reablement service in Oxfordshire could be expected to support just over 4,000 people aged 65 and over, and a high-performing service would support around 6,000 people. As can be seen from the chart above, Oxfordshire's reablement service supports fewer older people than this. However, the number of older people offered reablement services following discharge from *hospital* is similar to what would be expected for a medium-performing service, and reflects national rates. Therefore,

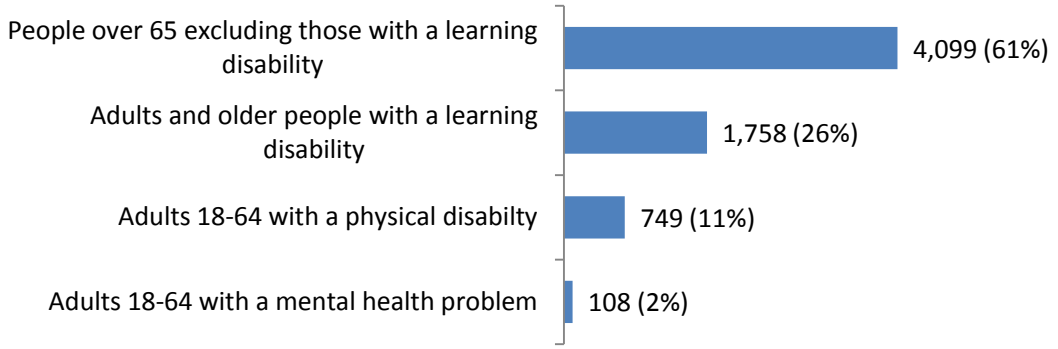
[110] Oxfordshire County Council data

the difference relates primarily to older people being offered reablement services from *home*.

Long-Term Adult Social Care

At the end of March 2016 there were **6,714** adults in Oxfordshire receiving long-term social care funded by the county council, up from 6,494 in March 2015 (+3.4%). The majority (61%) of Oxfordshire's social care clients are older people, aged 65 and over, see chart below.

Figure 97 Recipients of local authority funded, long-term, adult social care in Oxfordshire (March 2016)



Source: Oxfordshire County Council

There has been an increase in the number and proportion of long term social care clients who are supported at home: from 58% of clients in 2012 to 71% in 2016. The greatest increase has been in the number of older social care clients supported at home.

Table 51 Social care clients supported by Oxfordshire County Council 1 Apr 2012 to 1 Apr 2016

		2012	2016	*2012 to 2016*	
Older social care clients	Care Home	1,733	1,570	*-163*	*-9%*
	At Home	1,389	2,529	*1,140*	*82%*
	Total	**3,122**	**4,099**	***977***	***31%***
Physically disabled	Care Home	92	85	*-7*	*-8%*
	At Home	294	664	*370*	*126%*
	Total	**386**	**749**	***363***	***94%***
Learning disabled	Care Home	304	282	*-22*	*-7%*
	At Home	1,298	1,476	*178*	*14%*
	Total	**1,602**	**1,758**	***156***	***10%***
TOTAL	Care home	2,129	1,937	*-192*	*-9%*
	At home	2,981	4,669	*1,688*	*57%*
	Total	**5,110**	**6,606**	***1,496***	***29%***

Source: Oxfordshire County Council

Currently 1 in 8 people over 85 in Oxfordshire is receiving on-going long term support funded by the council.

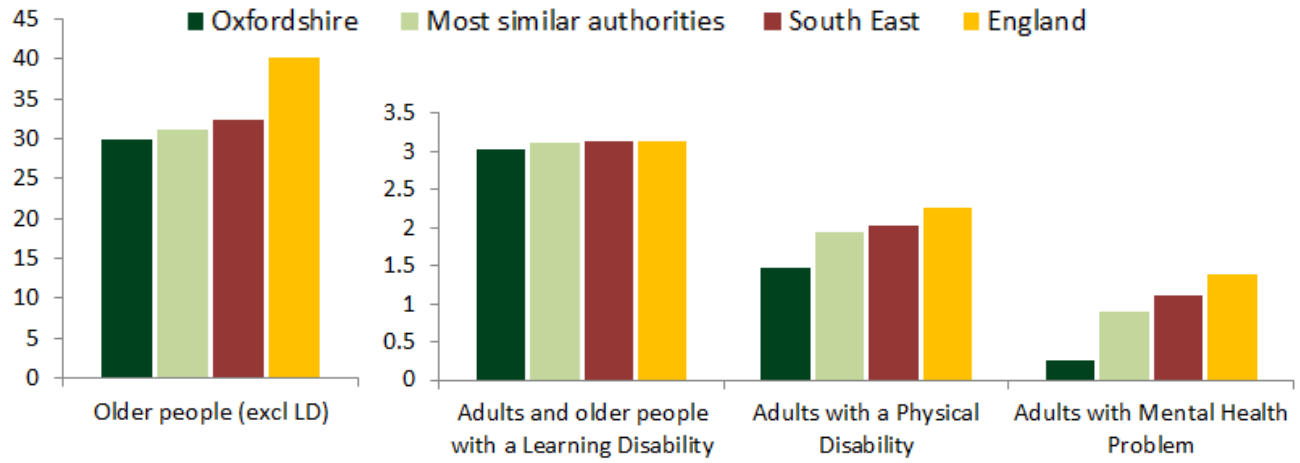
Demand for services is expected to continue to grow in the future as a result of:

- the predicted growth in the older population in Oxfordshire (see chapter 2) and
- an increase in people with a learning disability needing social care support.
    - 30% of people in Oxfordshire with a learning disability first approach the council for services after their 25th birthday. For many this is because their parents can no longer provide all their care. The average age of a service user with learning disability is 44 and over a third are over 50.

In 2015-16, the rate per 1,000 population of local authority funded, long-term adult social care provision in Oxfordshire was below the national and regional averages and below the rate of the group of the most similar local authorities (Oxfordshire's 'statistical neighbours'[111]).

Note that this comparison may be affected by the definition of long-term versus short-term support: support that is considered short-term in Oxfordshire may be classed as long-term elsewhere.

Table 52 Rates per 1,000 population of local authority funded, long-term, adult social care provision, by client group, Oxfordshire, similar authorities, South East and England (2015-16)



(note that charts have different scales)

Source: Oxfordshire County Council

[111] The set of local authorities that are Oxfordshire's statistical neighbour authorities for adult social care are: Buckinghamshire, Cambridgeshire, Essex, Gloucestershire, Hampshire, Hertfordshire, Leicestershire, North Yorkshire, Northamptonshire, Somerset, Suffolk, Surrey, Warwickshire, West Sussex, and Worcestershire.

Adult Social Care User Survey

About the Adult Social Care User Survey

For the last six years, councils have surveyed users of social care aged 18 and over as part of a national survey. The survey is run each February for people receiving social care funded wholly or in part by councils in the previous September. Its purpose is to learn more about whether or not the services are helping them to live safely and independently in their own home, and to understand the impact on their quality of life. In the 2015-16 survey, 704 adult social care users in Oxfordshire responded.

The headline measure produced by the survey is an overarching view of the 'quality of life for users of social care'. This is a composite measure of eight questions in the survey. The measure identifies whether, after care has been provided, people still have needs in any of the following areas: control over their daily life; being clean and presentable; having enough food and drink; having a clean and comfortable home; feeling safe; having adequate social contact; spending time as they wish and being treated with dignity.

http://www.hscic.gov.uk/socialcare/usersurveys

In 2015-16, social care-related quality of life in Oxfordshire remained at a similar level to the previous five years. It also remained above the national average, with Oxfordshire ranking 53rd of 152 local authorities in England on this measure.

Further analysis of survey responses suggests that Oxfordshire's relatively high quality of life score may be driven by social care users feeling they have control over their lives, feeling safe, and feeling that they have enough social contact.

In 2015-16, the proportion of care users who were very satisfied with their care and support was 66.7% again above the national average of 64.4% and the 45th highest ranking of the 152 authorities. In total 90% of people reported being satisfied with services, including those who are quite satisfied). This has been consistent over a number of years

The national outcome framework for adult social care brings together data from the adult social care survey and other sources to measure the overall performance of the adult social care system.[112] Oxfordshire performs above average on 68% of the measures in the framework.

Adult Social Care, Sexual Orientation and Gender Identity

National research has been conducted with adult social care users who are lesbian, gay, bisexual and trans (LGB&T), and their carers.[113] This suggests that these groups may have distinct needs, for example they may be more at risk of social isolation and loneliness; and they may face distinct issues, including discrimination. However, the data on sexual orientation and gender identity of the social care community is currently limited.

[112] Adult Social Care Outcomes Framework: http://www.hscic.gov.uk/article/3695/Adult-Social-Care-Outcomes-Framework-ASCOF

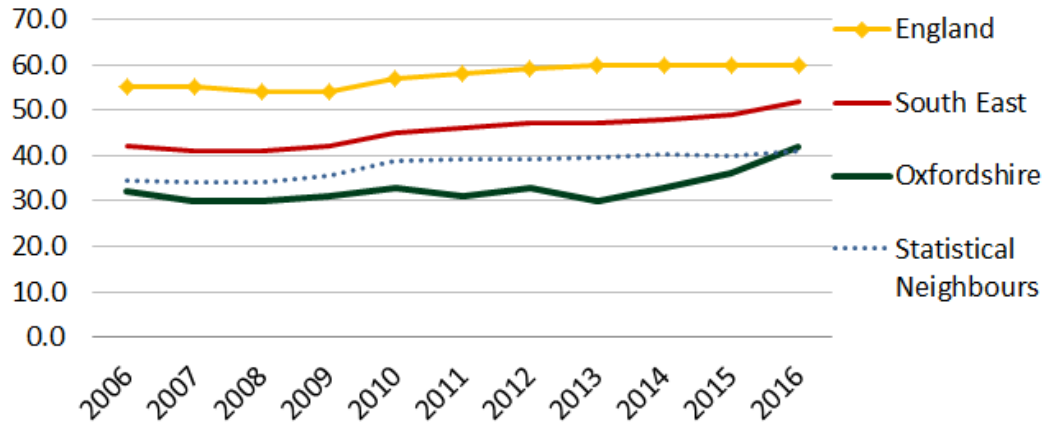
[113] The LGBT ASCOF Companion Document (LGBT Foundation, 2015): http://lgbt.foundation/get-support/downloads/detail/?downloadid=365

Children's Social Care

Looked After Children

As of the end of March 2016 there were **592** children in Oxfordshire who were in care (also known as 'looked after children'), up from 515 in March 2015. The rate of looked after children in Oxfordshire remains below the national average but the number of cases has generally been rising over recent years and is now at the rate of similar authorities.

Figure 98 Rates of Looked After Children



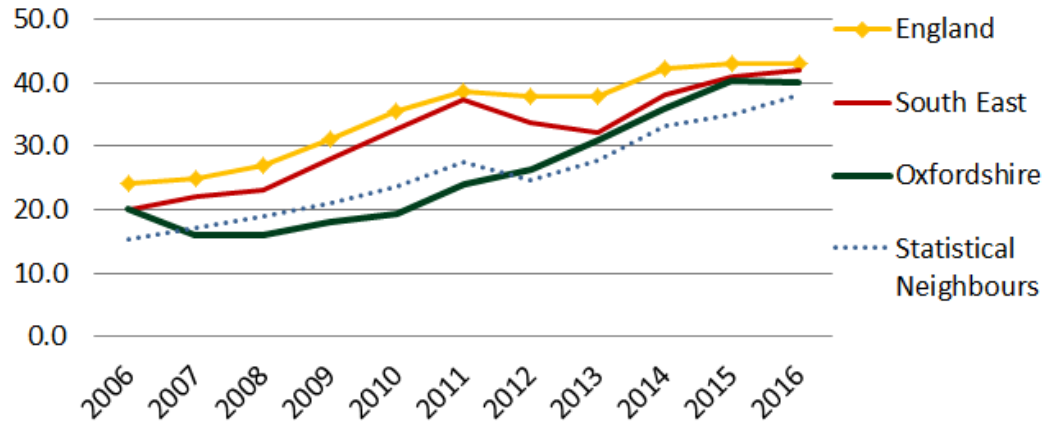
Source: Department for Education

Child Protection Plans

As of the end of March 2016 there were **571** children in Oxfordshire who were the subject of a child protection plan, up from 569 in March 2015. In slightly over half of cases (54%) this was because of neglect.

Overall, the rate of children on protection plans has tended to be lower locally than nationally but above most of our statistical neighbours. However, the number of children on protection plans in Oxfordshire has been rising in recent years, and it has been rising at a faster rate than in England overall.

Figure 99 Rate of Children on Protection Plans



Source: Department for Education

Factors such as parental mental health, drug abuse or domestic violence increase the risk of children becoming subject to a child protection plan.

Care Leavers

Young people leaving care tend to be particularly vulnerable to poor health and wellbeing. For example, national research shows that they are at greater risk of social exclusion, unemployment, health problems, and offending.[114]

7.7 Community safety services

Victims of dwelling fires

In 2015-16 there was a total of 65 people injured and 3 people killed as a result of a dwelling fire in Oxfordshire. This was an increase on the number of injuries and fatalities recorded in 2014-15.

Table 53 Injuries due to dwelling fires 2010-11 to 2015-16

	2010-11	2011-12	2012-13	2013-14	2014-15	2015-16
Total number of fires	550	504	517	432	423	480
Accidental or unknown cause	528	475	497	416	407	463
Deliberate or other cause	22	29	20	16	16	17
Injuries due to fire	50	47	64	49	49	65
Fatalities	3	3	3	3	1	3

Source: Oxfordshire County Council

Between 2010 and 2016, of the victims where age was recorded, a third were aged in their 20s and 30s and just under a third (30%) were people aged 60 and over.

Fires at non domestic and commercial premises

Across Oxfordshire there are over 30,000 non domestic and commercial premises, this includes some special risks like RAF bases, hospitals, prisons and power stations.

Premises that process or store waste / recycling products can present a fire hazard and, due to the large quantities of materials stored, fires can have a damaging effect on the environment and take a large amount of resources to extinguish.

Some notable recent incidents involving commercial building's in Oxfordshire include:

- South Oxfordshire District Council Offices, fire – January 2015
- Carluccio's Restaurant, Bicester Village, fire – April 2015
- Randolph Hotel, Oxford, fire – April 2015
- Magdalen College School, fire – June 2015
- Recycling Site, Finmere, fire – February 2016

[114] See, for example, Care leavers' transitions to adulthood: https://www.nao.org.uk/report/care-leavers-transitions-to-adulthood/; *Finding Their Feet: Equipping care leavers to reach their potential* (The Centre for Social Justice, January 2015): http://www.centreforsocialjustice.org.uk/publications/finding-their-feet

Victims of doorstep crime and rogue traders

In 2015-16 there were **379** people who were victims of doorstep crime or rogue traders in Oxfordshire, the majority of which were 'selling' building/roofing or gardening work.

The vast majority of victims were older people and Oxfordshire Trading Standards has seen a repeat targeting of elderly and vulnerable victims.

- Between 2012-13 and 2015-16, 87% of victims of doorstep crime and rogue traders (where age was recorded) were aged over 60.

A similar level of doorstep crime occurs in each district of Oxfordshire with slightly higher numbers in Cherwell and Oxford and slightly lower in West Oxfordshire.

Table 54 Victims of doorstep crime and rogue traders

District	2012-13	2013-14	2014-15	2015-16
Cherwell	78	99	80	83
Oxford City	67	66	115	85
South Oxfordshire	83	97	42	63
Vale of White Horse	97	89	56	80
West Oxfordshire	48	79	50	49
SUM of districts	373	430	343	360
District not recorded	*20*	*197*	*34*	*19*
TOTAL Oxfordshire	**393**	**627**	**377**	**379**

Source: Oxfordshire County Council

7.8 Citizens Advice services

Oxfordshire has open-door Citizens Advice services based in offices in Abingdon, Banbury, Bicester, Didcot, Henley, Thame, Oxford and Witney plus outreach and specialist services.

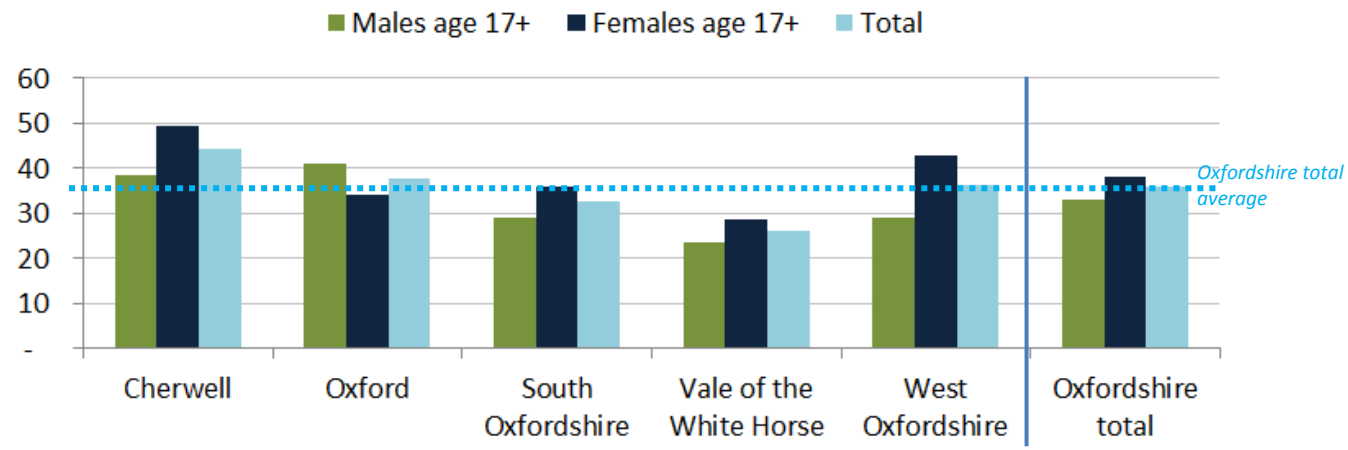
In 2015-16, a total of 25,600 clients accessed Citizens Advice services in Oxfordshire.

Of these, the majority (19,440, 76%) of clients accessed housing, employment, benefits and debt services with the remainder (24%) accessing consumer services.

Clients by gender

In rural districts in Oxfordshire females were more likely than males to access housing, employment, benefits and debt services. In Oxford, these services were more likely to be accessed by males.

Figure 100 Citizens Advice clients* by gender per 1,000 population (crude rate) 2015-16



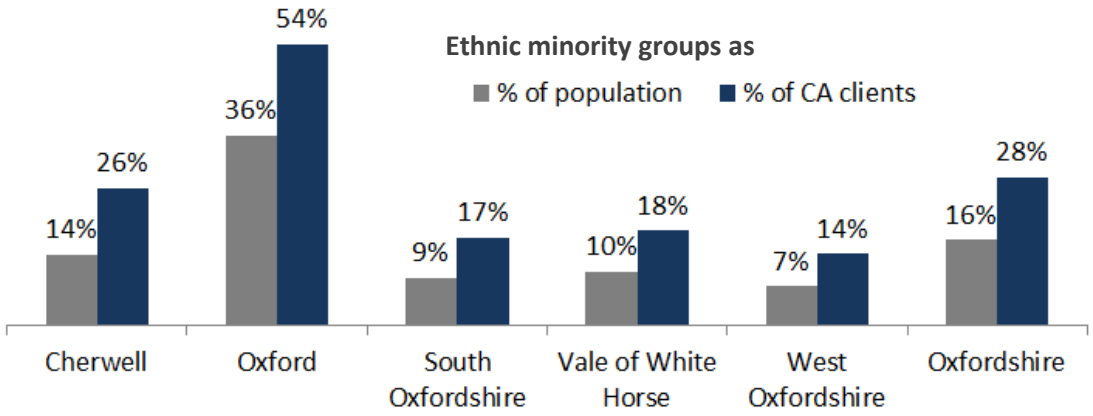
Source: Citizens Advice Agencies Oxfordshire, ONS 2015 population estimates; * not including clients of Consumer services

Clients by ethnicity

The proportion of ethnic minority groups accessing Citizens Advice services was well above the proportion of ethnic minority groups in the general population.

- In 2015-16, just over a quarter (28%) of Citizens Advice clients of housing, employment, benefits and debt services in Oxfordshire were from ethnic minority groups (non-white British). This was well above the proportion of the total population with ethnic minority backgrounds as at 2011 of 16% (Census 2011).
- In Oxford in 2015-16, over half (54%) of Citizens Advice clients of housing, employment, benefits and debt services were from ethnic minority groups. Ethnic minority groups made up 36% of Oxford's total population in 2011.

Figure 101 Proportion of people with ethnic minority backgrounds - Census 2011 population vs Citizens Advice clients* 2015-16



Source: Citizens Advice Agencies Oxfordshire, ONS Census 2011; * not including clients of Consumer services

Clients by age

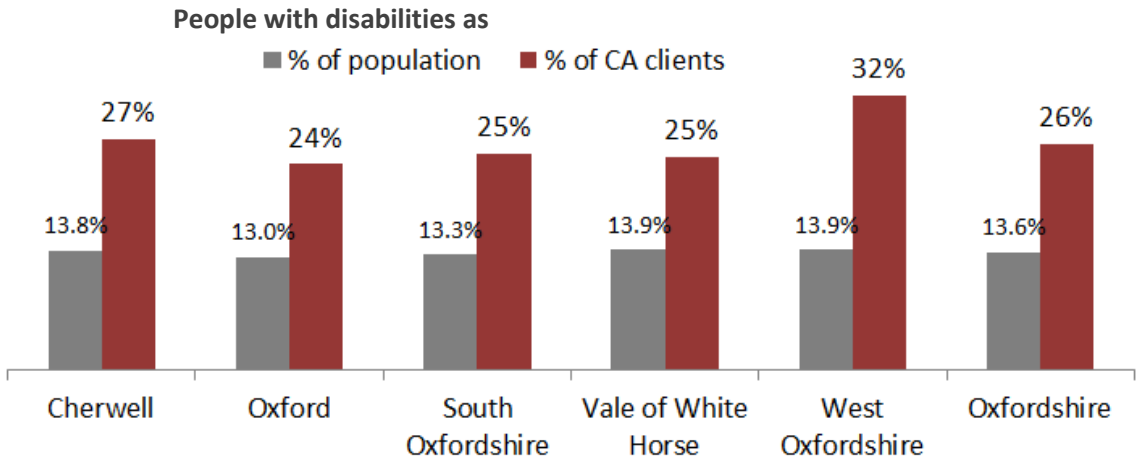
The age profile of Citizens Advice clients has a higher proportion of people in the age range 25 to 64 than average for the population.

- 77% of Citizens Advice clients of housing, employment, benefits and debt services in 2015-16 were aged 25 to 64 compared with 64% of the population of Oxfordshire (ONS mid-2015).

Clients recorded as disabled

Around a quarter (5,000, 26%) of Citizens Advice clients of housing, employment, benefits and debt services in Oxfordshire were recorded as disabled. This was almost double the proportion of people in households with disabilities in the general population in 2011 (Census 2011, 13.6%).

Figure 102 Proportion of people with disabilities - Census 2011 population vs Citizens Advice clients* 2015-16



Source: Citizens Advice Agencies Oxfordshire, ONS Census 2011; * not including clients of Consumer services

Of Citizens Advice clients with disabilities, just over a third had a long term health condition, a quarter had a physical or sensory impairment and 21% (count=1,080) had a mental health problem. The district with the greatest number of clients with a disability was Cherwell. The district with the greatest number of clients with multiple health impairments was Oxford.

Figure 103 Citizens Advice clients* recorded as disabled by disability type 2015-16

	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire	Oxfordshire total	
Long term health condition	447	416	342	214	329	1,748	34%
Mental health problem	290	263	197	148	182	1,080	21%
Physical or sensory impairment	328	235	238	185	312	1,298	26%
Learning difficulty or cognitive impairment	57	43	30	29	52	211	4%
Multiple impairments	72	118	33	27	66	316	6%
Other	167	100	54	50	62	433	9%
Total with disability	**1,361**	**1,175**	**894**	**653**	**1,003**	**5,086**	100%

Source: Citizens Advice Agencies Oxfordshire;* not including clients of Consumer services

Advice and health services

A study by Citizens Advice[115] into non-health demands on GPs found that 80% of the 824 GPs interviewed reported that dealing with non-health queries resulted in decreased time available to treat other patients' health issues, with almost a fifth (19%) of their consultation time being spent on non-medical matters. The most common issues raised were personal relationships, housing, employment, welfare & benefits and debt.

84% of GPs said that they refer patients to an advice agency in the community and only 31% reported that they were able to advise patients adequately themselves.

[115] Caper, K & Plunkett, J (2015), A very general practice: How much time do GPs spend on issues other than health? Citizens Advice https://www.citizensadvice.org.uk/about-us/policy/policy-research-topics/health-and-care-policy-research/public-services-policy-research/a-very-general-practice-how-much-time-do-gps-spend-on-issues-other-than-health/

Benefits in Practice programme

The 'Benefits in Practice' programme in Oxfordshire places welfare rights advisors from the Citizens Advice Bureau in GP practices where debt and other financial problems are contributing to poor mental health and wellbeing. The aim of the service is to improve mental wellbeing by providing advice and information to help patients resolve their legal, financial and other problems.

For the financial year reported (2015-16) there were 8 participating GP practices in Oxford, 2 participating GP practices in Banbury and 2 participating GP practices in West Oxfordshire.

Demographic data for people helped by the *Benefits in Practice* scheme in 2015-16 shows that:

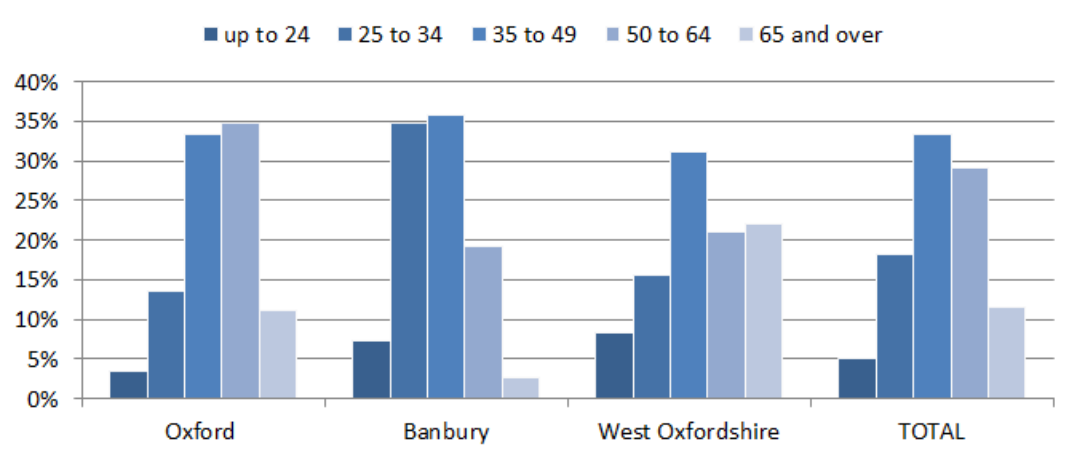
- 61% were female.
- The age profile varied by area with Oxford and West Oxfordshire seeing a higher proportion in the older age groups (50+).
- Just under two thirds of cases (62%) had either a disability or a long term health condition.

Table 55 Clients helped by *Benefits in Practice* programme by gender (2015-16)

	Oxford	Banbury	West Oxfordshire	TOTAL	
Female	212	64	69	345	61%
Male	132	45	39	216	38%
Transsexual	0	0	1	1	0%
TOTAL	344	109	109	562	100%
	61%	19%	19%	100%	

Source: Citizens Advice services Oxfordshire

Figure 104 Proportion of clients helped by *Benefits in Practice* programme by age (2015-16)



Source: Citizens Advice services Oxfordshire. Base: Oxford 344; Banbury 109, West Oxfordshire 109

7.9 Troubled families programme

Oxfordshire's *Troubled Families – Think Families* programme identifies families most in need of intensive support through a combination of measures including:

- Parents or children involved in crime or anti-social behaviour.
- Children who have not been attending school regularly.
- Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.
- Adults out of work or at risk of financial exclusion or young people at risk of worklessness.
- Families affected by domestic violence and abuse.
- Parents or children with a range of health problems.

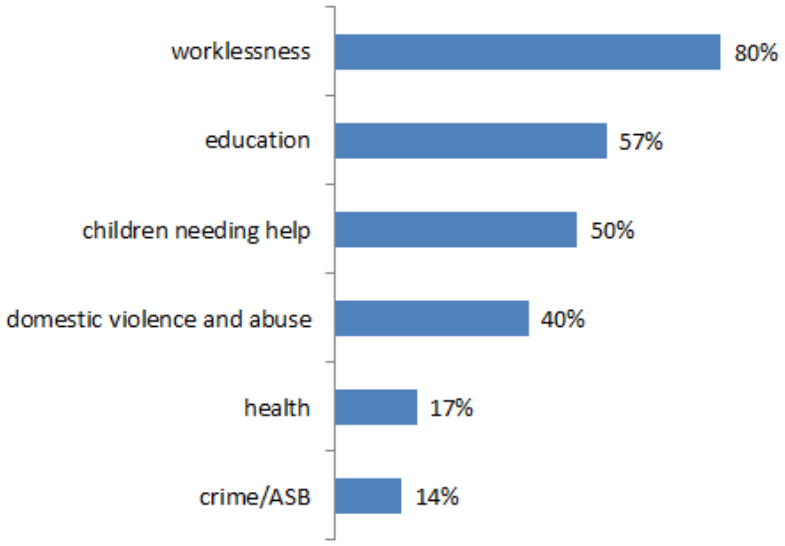
About the Troubled Families Programme

- The first phase of the Troubled Families programme ran from 2012 to 2015
- It set a target to work with, and 'turn around', families with multiple problems
- Problems included crime, anti-social behaviour, truancy and unemployment
- Local authorities ran the programme and received payment-by-results from central Government
- Programme was expanded for 2015-2020 to work with 400,000 additional families
- Second phase targeted additional problems, including domestic violence, health, drug abuse, mental health and children at risk

The Troubled Families programme (England) House of Commons briefing paper 20 Oct 2016

As of October 2016 there was a total of 1,154 families identified in Oxfordshire, 80% of which met the national criteria on worklessness , 57% met the criteria on education and 50% were families where children need help (in need or subject to a child protection plan).

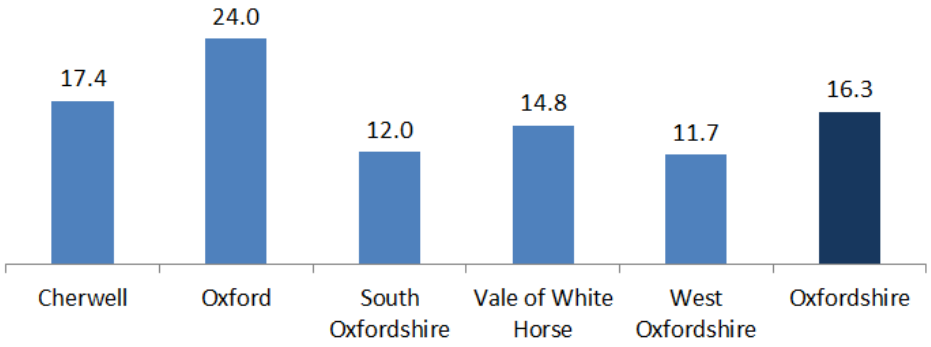
Figure 105 Troubled families identified in Oxfordshire by criteria (October 2016)



Source: Oxfordshire County Council

The rate per 1,000 families of those identified by the Troubled Families programme was highest in Oxford (24 per 1000) and lowest in West Oxfordshire (11.7).

Figure 106 Troubled Families rate per 1,000 families by district (October 2016)



Source: Oxfordshire County Council

Table 56 Troubled Families count and rate (October 2016)

	Troubled Families (count)	% of total in Oxfordshire	TF rate per 1,000 families
Cherwell	300	26%	17.4
Oxford	355	31%	24.0
South Oxfordshire	176	15%	12.0
Vale of White Horse	194	17%	14.8
West Oxfordshire	129	11%	11.7
Oxfordshire	**1,154**	100%	**16.3**

Source: Oxfordshire County Council

7.10 Access to services

Use of the internet

Data on internet use is limited. The statistics in this section are from the ONS Opinions and Lifestyle survey.

Between 2012 and 2016, the proportion of internet-connected households increased for each household type in Great Britain. Households occupied by a single older person (aged 65+) remained the household type with the lowest proportion of internet-connected households (53% in 2016).

Figure 107 Internet connection by household type

Source: ONS Opinions and Lifestyle survey, ONS infographic
https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2016#quality-and-methodology

A significantly lower proportion of disabled people used the internet to find information about goods and services (57% disabled compared with 80% not disabled).

Table 57 Using the internet to find goods and services (95% confidence intervals) 2016

	Lower limit	Survey estimate	Upper limit
Disability status			
Equality Act disabled[1]	52	57	61
Not Equality Act disabled	78	80	82

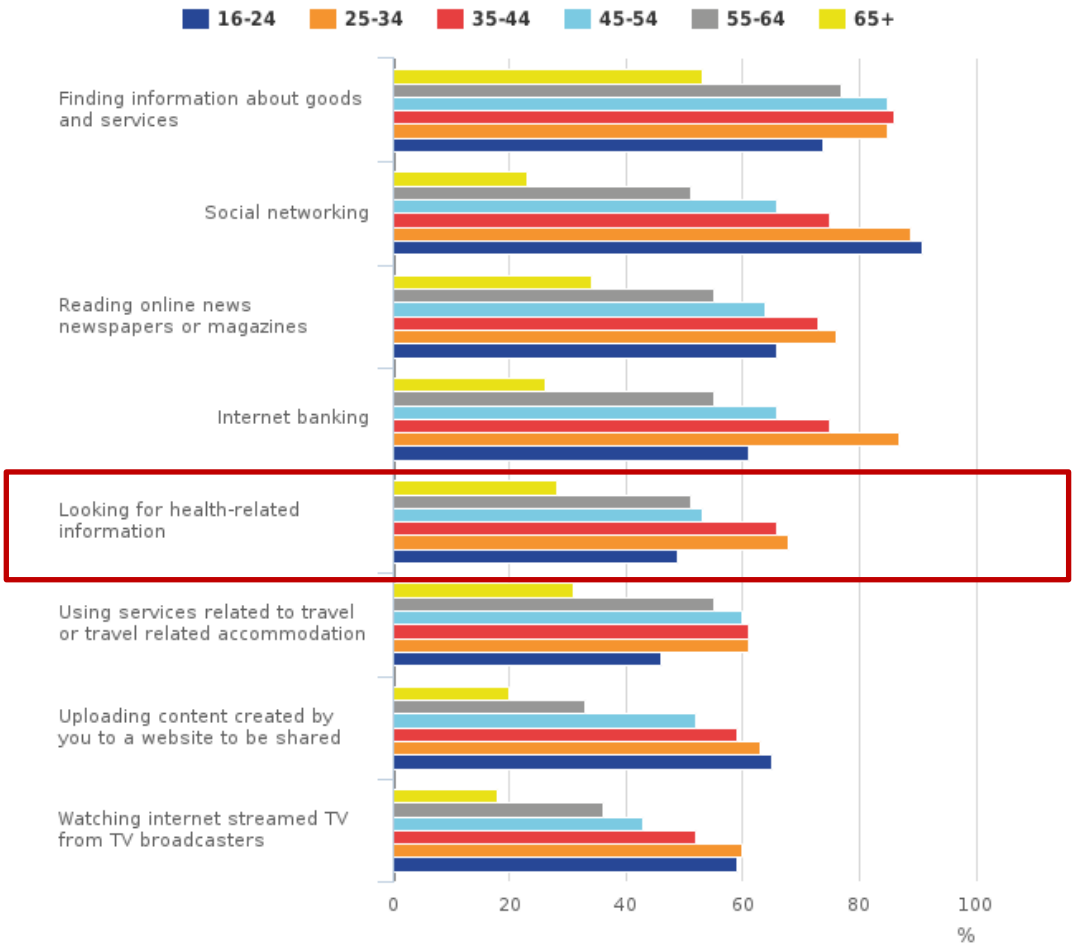
Base: Adults (aged 16+) in Great Britain. Source: Office for National Statistics

1. Equality Act disabled refers to those who have a health condition or illness in line with the Equality Act definition of disability.

Looking for health information online is a less popular use of the internet than many other activities – including for older people.

- Older people were less likely to use the internet to look for health-related information than find information about goods and services, read news or look for travel services.

Figure 108 Internet activities by age group, 2016, Great Britain



Source: ONS Opinions and Lifestyle survey, ONS chart
https://www.ons.gov.uk/peoplepopulationandcommunity/householdcharacteristics/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2016#quality-and-methodology

Distance to health services

Distance to GPs

The Indices of Deprivation 2015 includes an indicator of the average road distance to a GP surgery indicator.

Out of the total of 407 Lower Super Output Areas[116] (LSOAs) in Oxfordshire, 101 (31%) were 2 miles or more (3.2km) from the nearest GP surgery, covering a total population of 157,000 (25%) as of 2011.

There were no areas of Oxford classified as 2 miles or more from a GP surgery.

Areas classified as 2 miles or more from a GP surgery in rural districts in Oxfordshire covered:

- 3,700 households with no car (23% of total households in rural districts)
- 30,300 people aged 0-15 (32% of the total in rural districts)
- 28,800 people aged 65 and over (34% of the older population in rural districts).

Table 58 Households with no car and population in areas of Oxfordshire (LSOAs) with IMD indicator greater than 2 miles to nearest GP surgery

Greater than 2 miles to GP surgery (count)	Count of Lower Super Output Areas >2 miles to GP surgery	Households with no car	Census 2011 population in households	Age 0 to 15 in households	Age 65 and over in households
Cherwell	28	862	41,398	8,390	6,412
Oxford	0	0	0	0	0
South Oxfordshire	31	1,075	46,849	8,973	8,924
Vale of White Horse	22	1,022	38,182	7,359	7,375
West Oxfordshire	20	756	30,625	5,606	6,110
Oxfordshire	**101**	**3,715**	**157,054**	**30,328**	**28,821**
Rural districts	*101*	*3,715*	*157,054*	*30,328*	*28,821*
Greater than 2 miles to a GP surgery as % of total	**% Lower Super Output Areas >2 miles to GP surgery**	**% Households with no car**	**% Census 2011 population in households**	**% Age 0 to 15 in households**	**% Age 65 and over in households**
Cherwell	30%	18%	30%	30%	31%
Oxford	0%	0%	0%	0%	0%
South Oxfordshire	35%	26%	36%	35%	38%
Vale of White Horse	29%	25%	32%	33%	35%
West Oxfordshire	30%	23%	30%	29%	33%
Oxfordshire	**25%**	**17%**	**25%**	**25%**	**29%**
Rural districts	*31%*	*23%*	*32%*	*32%*	*34%*

Source: IMD 2015 and Census 2011 (tables LC4109, LC1104)

[116] Lower Super Output Areas have an average of roughly 1,500 residents and 650 households. Measures of proximity (to give a reasonably compact shape) and social homogeneity (to encourage areas of similar social background) are also included.

8 Gaps in evidence and areas for further research

This section lists areas where evidence is currently lacking or could be improved.

Population and population groups

- More recent data (than the Census 2011 survey) on ethnicity
- Local data on sexual orientation and gender reassignment

Wider determinants

- Forecast change in number and type of jobs
- Part time employment and income
- Quality of housing
- Families living in Houses of Multiple Occupation
- Pupil absences
- More on traffic growth and impact on health
- Monitoring data on walking and cycling (active travel)

Lifestyles

- Local data on volunteering including who volunteers and impact on health
- Data on adults learning new skills

Service use

- Distance and travel options to health services by population group (including equalities groups).

ANNEX: District summaries

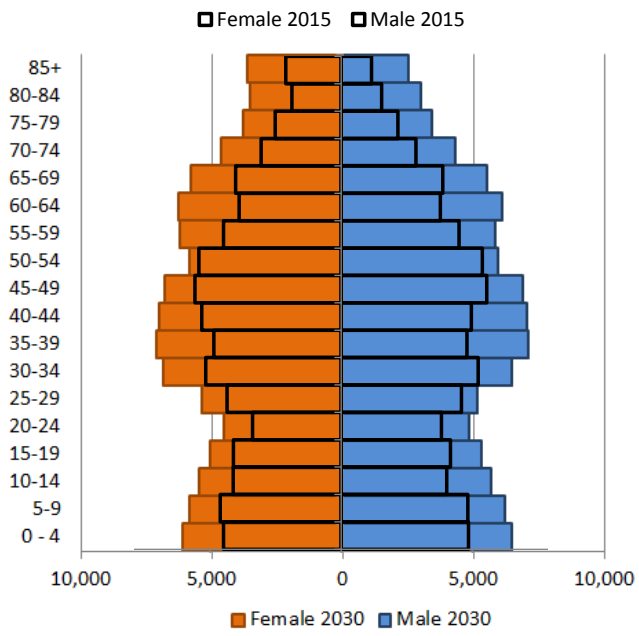
This section provides a summary of key points from this JSNA of relevance for each district in Oxfordshire. Detailed information on the sources of the data is provided in the main report.

8.1 Cherwell

Population

- As of mid-2015, the estimated population of Cherwell was **145,600** residents.
- Just under a third of the total population of Cherwell (30%) lived in areas defined as "rural" by the Office for National Statistics.
- By 2030, Oxfordshire County Council projections, based on expected growth in housing, predict the population of Cherwell will increase by over a third to 197,700 residents (+36%).
- The population aged 85 and over is expected to increase by 88% to 6,200 by 2030.

Predicted change in population, 2015 to 2030



Source: Oxfordshire County Council

Wider Determinants

- Between December 2015 and December 2016 the number of claimants of Job Seeker Allowance and Universal Credit in Cherwell increased from 440 to 500 (+14%). In December 2016, Banbury Grimsbury and Castle ward had the highest number of claimants of wards in Oxfordshire (along with 2 wards in Oxford).
- According to the supplementary indices to the IMD 2015:
  - 3,250 children in Cherwell were affected by income deprivation.
  - 3,115 older people in Cherwell were affected by income deprivation.
- HMRC data shows that the proportion of children aged 0-15 in low income families in Cherwell increased from 10.8% in August 2013 to 11.4% in August 2014.
- As of 2015 the ratio of the cheapest market housing (lower quartile) to lower quartile earnings in Cherwell was 10.34.
- In Cherwell in 2015, average social rents were 10% above the national average.
- Between 2014-15 and 2015-16 there was an increase in rough sleeping in Cherwell.
- The proportion of people cycling in Cherwell (14% in 2014-15) was well below other Oxfordshire districts and below the South East (17%) and national (15%) averages.
- Oxfordshire County Council has recorded a decline in cycle flows in Banbury.
- In 2014 Cherwell had 108 fast food outlets with 39 in Banbury Grimsbury & Castle ward (above the number in Oxford city centre).
- Cherwell has 4 Air Quality Management Areas (AQMAs) which exceed the objective for nitrogen dioxide: two in Banbury and one each in Kidlington and Bicester.

Health

- In 2011 Cherwell was above the regional South East average on the proportion of carers aged 65 and over. The number of carers in this older age group in Cherwell was 1,346, distributed across the district.
- Cherwell district had the highest rate of people combining full time work and caring with 1.84% of the employed population also carers, compared with 1.75% across Oxfordshire and 2.34% in England.
- Of the districts in Oxfordshire, Cherwell had the greatest number of Attendance Allowance claimants (May 2016) in each age group.
- Trend data for Oxfordshire districts shows an increase in the percentage of patients with a recorded diagnosis of a severe and enduring mental health problem in the GP-registered population in Cherwell district.
- There were 18 wards in Oxfordshire with a significantly higher admission ratio for intentional self-harm than England (2010-11 to 2014-15), these included 10 in Oxford, 4 in Cherwell, 3 in Vale of White Horse and 1 in West Oxfordshire.
- There were 5 wards in Oxfordshire with a significantly higher mortality ratio for cancers than England (2010-14). The ward with the highest rate was Banbury Ruscote in Cherwell.
- There were 2 wards in Oxfordshire with significantly higher rates of emergency hospital admissions for coronary heart disease than England (2010-11 to 2014-15): Banbury Ruscote in Cherwell and Northfield Brook in Oxford.
- Mortality due to heart disease has declined in every district in Oxfordshire, with the exception of Cherwell where male mortality due to heart disease increased in both 2014 and 2015.
- There were 7 wards in Oxfordshire with a significantly higher mortality ratio from stroke than England (2010-14) including Caversfield and Banbury Ruscote in Cherwell district. These two Cherwell wards also had higher mortality ratios from respiratory diseases.
- QOF data for GP practices located within Oxfordshire's districts shows that, when compared with the Oxfordshire average, Cherwell had a significantly higher percentage of patients recorded with diabetes.

Lifestyles

- 64% of people aged 16 or over in Cherwell are classified as overweight or obese, similar to the regional and national averages.
- In Cherwell obesity in reception age children increased to from 6.9% in 2014-15 to 7.3% in 2015-16. In Year 6 children (aged 10 or 11) obesity reduced from 19.7% to 17.4%.
- 8 wards in Oxfordshire had a significantly higher rate of hospital admissions linked to alcohol, 7 in Oxford and 1 in Banbury (Grimsbury & Castle).
- In 2016 there were around 2,900 police recorded victims of domestic abuse (crime and incidents) in Cherwell, up by 1% from the previous year.
- Between 2015 and 2016, the number of police recorded victims of rape increased in Cherwell by +14% (to 128) compared with +2% across Oxfordshire.

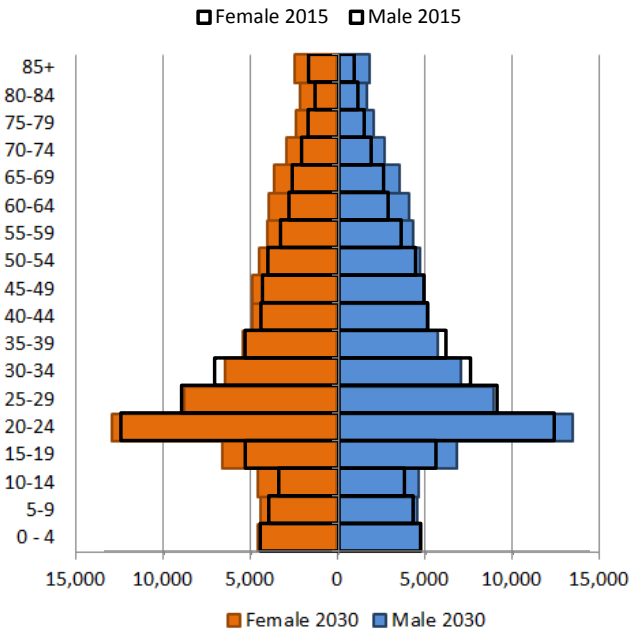
Access to services

- An estimated 30% of the population of Cherwell were in areas greater than 2 miles from the nearest GP surgery including 6,400 people aged 65 and over.

8.2 Oxford

- As of mid-2015, the estimated population of Oxford was **162,100** residents[117].
- By 2030, Oxfordshire County Council projections, based on expected growth in housing, predict the population of Oxford will increase to **180,600** residents (+11%).
- The population aged 85 and over is expected to increase by 50% to 4,200 by 2030.
- Over half of births in Oxford in 2015 were to mothers born outside the UK, the highest proportion of which was to mothers born in Europe.

Predicted change in population, 2015 to 2030



Source: Oxfordshire County Council

Wider Determinants

- Between December 2015 and December 2016 the number of claimants of Job Seeker Allowance and Universal Credit in Oxford increased from 920 to 985 (+7%). In December 2016, Northfield Brook and Blackbird Leys were 2 of the 3 wards in Oxfordshire with the highest number of claimants.
- According to the supplementary indices to the IMD 2015:
  - 5,125 children in Oxford were affected by income deprivation.
  - 3,270 older people in Oxford were affected by income deprivation.
- HMRC data shows that the proportion of children aged 0-15 in low income families in Oxford declined from 19.5% in August 2013 to 19.2% in August 2014.
- As of 2015 the ratio of the cheapest market housing (lower quartile) to lower quartile earnings in Oxford was 11.73.
- The Centre for Cities report 2017 ranks Oxford as the least affordable UK city for housing. The analysis uses average house prices and average earnings and found that:
  - In 2016, the average house price in Britain was 9.8 times the average annual salary.
  - Oxford, London and Cambridge were the top 3 least affordable cities.
  - In Oxford, the least affordable city, house prices were 16.7 times annual salaries. In Burnley, the most affordable city, this figure was 4.1.
- In Oxford in 2015, average social rents were 18% above the national average.
- Between 2014-15 and 2015-16 there was an increase in rough sleeping in Oxford.
- The proportion of people cycling in Oxford (any cycling in the last 4 weeks) appears to have increased and remains well below other Oxfordshire districts and above the South

[117] Note that this is the Oxfordshire County Council estimate which uses the Office for National Statistics 2015 SPD_v2 in preference to the mid-year estimates. The ONS mid-year estimates appear to incorrectly model student flows.

East and national averages. Oxfordshire County Council has recorded an increase in cycle flows in parts of Oxford.
- In September 2010 Oxford City Council made an Air Quality Management Order declaring the whole of the city as an AQMA, to include the 7 localised hotspots where pollution levels of nitrogen dioxide have exceeded national objectives.

Health

- In 2011 Oxford had double the national average of young carers (aged under 16). The number of carers in this age group in Oxford was 90, of which half (45) were residents in the wards of Cowley Marsh, Northfield Brook, Lye Valley, Blackbird Leys and Hinksey Park.
- Oxford was above the regional South East average on the proportion of working age carers aged 35 to 49.
- Trend data for Oxfordshire districts shows an increase in the percentage of patients with a recorded diagnosis of a severe and enduring mental health problem in the GP-registered population in Oxford city.
- There were 18 wards in Oxfordshire with a significantly higher admission ratio for intentional self-harm than England (2010-11 to 2014-15), these included 10 in Oxford, 4 in Cherwell, 3 in Vale of White Horse and 1 in West Oxfordshire.
- Between 2013 and 2015, age standardised mortality rates for cancer in Oxfordshire remained at a broadly similar level. The cancer mortality rate for females in Oxford increased to just above the national average.
- There were 5 wards in Oxfordshire with a significantly higher mortality ratio for cancers than England (2010-14) including 3 in Oxford: Headington Hill & Northway, Blackbird Leys and Cowley.
- There were 2 wards in Oxfordshire with significantly higher rates of emergency hospital admissions for coronary heart disease than England (2010-11 to 2014-15): Banbury Ruscote in Cherwell and Northfield Brook in Oxford.
- There were 7 wards in Oxfordshire with a significantly higher mortality ratio from stroke than England (2010-14) including Cowley in Oxford.

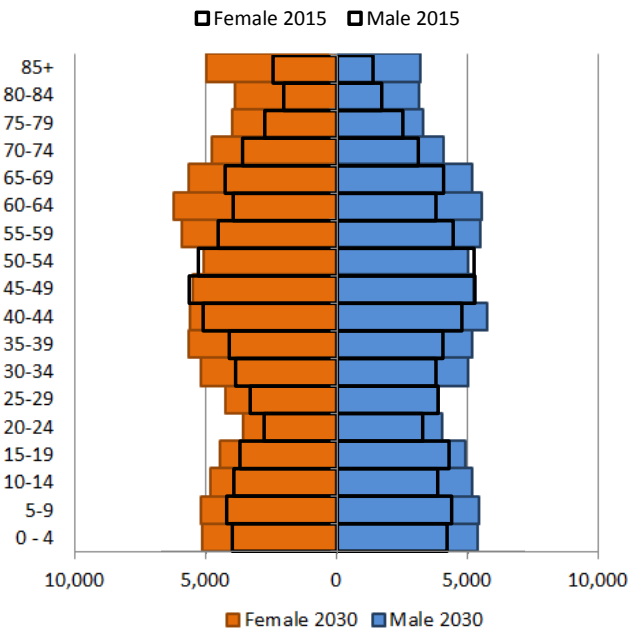
Lifestyles

- 52% of people aged 16 or over in Oxford are classified as overweight or obese, this was below the county, regional and national averages.
- In Oxford, obesity in reception aged children (aged 4 or 5) and Year 6 children (aged 10 or 11) have each increased. Reception increased from 8.0% to 8.8% and Year 6 increased from 19.2% to 20.2%.
- Between the active people survey of Oct12-Oct13 and Apr15-Mar16, there was a statistically significant increase in the proportion of people participating in sport in Oxfordshire as a whole and in Oxford and the Vale of White Horse districts.
- Admission episodes for alcohol-related conditions in Oxford increased between 2013-14 and 2014-15, remaining significantly above the national and regional averages.
- 8 wards in Oxfordshire had a significantly higher rate of hospital admissions linked to alcohol, 7 of which were in Oxford.
- The rate of deaths from drug misuse (not including alcohol and tobacco) was statistically above the national average in Oxford.
- In 2016 there were around 3,300 police recorded victims of domestic abuse (crime and incidents) in Oxford, up by 3% from the previous year.
- Between 2015 and 2016, the number of police recorded victims of Honour Based Violence, Child Sexual Exploitation and Modern Slavery each increased in Oxford.
- The rate of emergency admissions for injuries due to falls in males and females aged 80+ in Oxford was significantly higher than the England rate.

8.3 South Oxfordshire

- As of mid-2015, the estimated population of South Oxfordshire was **137,400** residents.
- By 2030, Oxfordshire County Council projections, based on expected growth in housing, predict the population of South Oxfordshire will increase to **174,700** residents (+27%).
- The population aged 85 and over is expected to more than double (+116%) to 8,200 by 2030.

Predicted change in population, 2015 to 2030



Source: Oxfordshire County Council

Wider Determinants

- Between December 2015 and December 2016 the number of claimants of Job Seeker Allowance and Universal Credit in South Oxfordshire increased from 365 to 410 (+12%).
- According to the supplementary indices to the IMD 2015:
  - 1,935 children in South Oxfordshire were affected by income deprivation.
  - 2,535 older people in South Oxfordshire were affected by income deprivation.
- HMRC data shows that the proportion of children aged 0-15 in low income families in South Oxfordshire increased from 7.7% in August 2013 to 8.3% in August 2014.
- As of 2015 the ratio of the cheapest market housing (lower quartile) to lower quartile earnings in South Oxfordshire was 11.66.
- In South Oxfordshire in 2015, average social rents were 16% above the national average.
- ONS analysis has ranked South Oxfordshire as one of 5 local authorities in England and Wales with the largest decline in affordability of social housing.
- In 2011, the number of cars per household in Oxfordshire districts was highest in South Oxfordshire (1.58), above the average for the South East (1.35) and England (1.16).
- South Oxfordshire has 3 Air Quality Management Areas (AQMAs) which exceed the objective for nitrogen dioxide: Henley, Wallingford and Watlington.

Health

- There were 7 wards in Oxfordshire with a significantly higher mortality ratio from stroke than England (2010-14) including Didcot West in South Oxfordshire district.
- The mortality rate for Dementia and Alzheimer's disease for males in 2015 in South Oxfordshire was above the England average.
- QOF data for GP practices located within Oxfordshire's districts shows that, when compared with the Oxfordshire average, South Oxfordshire had a significantly higher percentage of patients recorded with diabetes.

Lifestyles

- 60% of people aged 16 or over in South Oxfordshire are classified as overweight or obese (below the national average).
- For South Oxfordshire there has been an increase in obesity of reception age children from 5.7% to 6.6% and a decrease from 12.8% to 11.8% for Year 6 children (aged 10 or 11).
- In 2016 there were around 1,700 police recorded victims of domestic abuse (crime and incidents) in South Oxfordshire, a decline of -1% from the previous year.

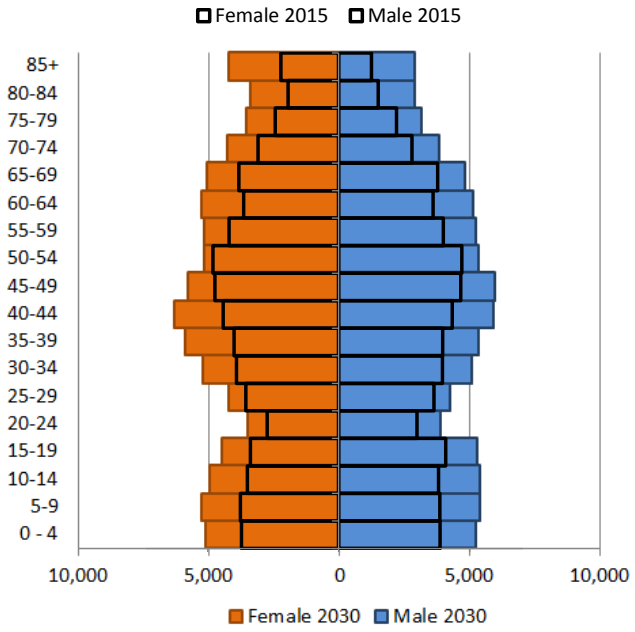
Access to services

- An estimated 36% of the population of South Oxfordshire were in areas greater than 2 miles from the nearest GP surgery including 8,900 people aged 65 and over.

8.4 Vale of White Horse

- As of mid-2015, the estimated population of Vale of White Horse was **126,700** residents.
- By 2030, Oxfordshire County Council projections, based on expected growth in housing, predict the population of Vale of White Horse will increase to **172,200** residents (+27%).
- The population aged 85 and over is expected to more than double (+103%) to 7,100 by 2030.

Predicted change in population, 2015 to 2030



Source: Oxfordshire County Council

Wider Determinants

- Between December 2015 and December 2016 the number of claimants of Job Seeker Allowance and Universal Credit in Vale of White Horse increased from 400 to 415 (+4%).
- According to the supplementary indices to the IMD 2015:
  - 2,045 children in Vale of White Horse were affected by income deprivation.
  - 2,350 older people in Vale of White Horse were affected by income deprivation.
- HMRC data shows that the proportion of children aged 0-15 in low income families in Vale of White Horse increased from 8.9% in August 2013 to 9.4% in August 2014.
- As of 2015 the ratio of the cheapest market housing (lower quartile) to lower quartile earnings in Vale of White Horse was 10.57.
- In Vale of White Horse in 2015, average social rents were 14% above the national average.
- Vale of White Horse has 3 Air Quality Management Areas (AQMAs) which exceed the objective for nitrogen dioxide: Abingdon, Botley and Marcham.

Health

- There were 18 wards in Oxfordshire with a significantly higher admission ratio for intentional self-harm than England (2010-11 to 2014-15) including 3 in Abingdon in Vale of White Horse: Abingdon Fitzharris; Abingdon Abbey Northcourt and Abingdon Caldecott.
- Faringdon in Vale of White Horse had a significantly higher mortality rate than England for respiratory diseases (2014).
- QOF data for GP practices located within Oxfordshire's districts shows that, when compared with the Oxfordshire average, Vale of White Horse had a significantly higher percentage of patients recorded with diabetes.

Lifestyles

- 64% of people aged 16 or over in Vale of White Horse were classified as overweight or obese, similar to the national average.
- In Vale of White Horse there was been a decrease in obesity of reception age children to 5.1% (from 6.6%) and an increase in Year 6 children (aged 10 or 11) to 14.5% (from 13.9%).
- Between the active people survey of Oct12-Oct13 and Apr15-Mar16, there was a statistically significant increase in the proportion of people participating in sport in Oxfordshire as a whole and in Vale of White Horse.
- In 2016 there were around 1,900 police recorded victims of domestic abuse (crime and incidents) in Vale of White Horse, an increase of 11% from the previous year.

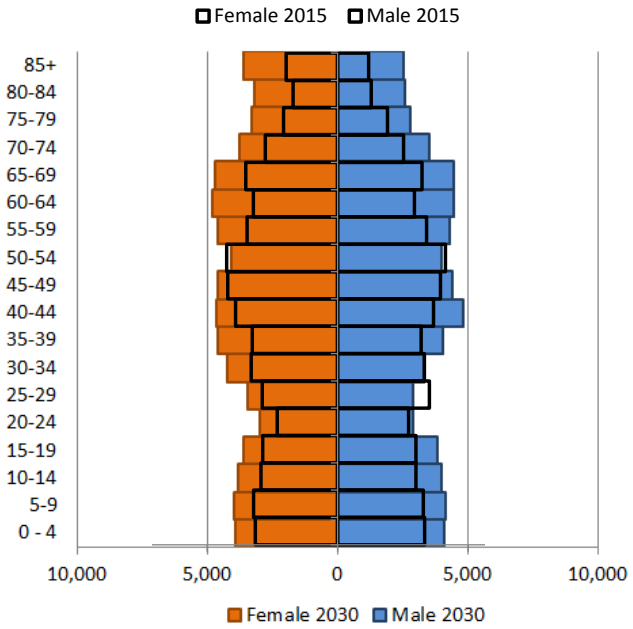
Access to services

- An estimated 32% of the population of Vale of White Horse were in areas greater than 2 miles from the nearest GP surgery including 7,400 people aged 65 and over.

8.5 West Oxfordshire

- As of mid-2015, the estimated population of West Oxfordshire was **108,600** residents.
- By 2030, Oxfordshire County Council projections, based on expected growth in housing, predict the population of West Oxfordshire will increase to **138,900** residents (+28%).
- The population aged 85 and over is expected to almost double (+94%) by 2030, to 8,200.

Predicted change in population, 2015 to 2030



Source: Oxfordshire County Council

Wider Determinants

- Between December 2015 and December 2016 the number of claimants of Job Seeker Allowance and Universal Credit in West Oxfordshire decreased from 370 to 350 (-5%). All other districts in Oxfordshire saw an increase in claimants over this period.
- According to the supplementary indices to the IMD 2015:
  - 1,650 children in West Oxfordshire were affected by income deprivation.
  - 2,230 older people in West Oxfordshire were affected by income deprivation.
- HMRC data shows that the proportion of children aged 0-15 in low income families in West Oxfordshire increased from 8% in August 2013 to 9% in August 2014.
- As of 2015 the ratio of the cheapest market housing (lower quartile) to lower quartile earnings in West Oxfordshire was 11.13.
- In West Oxfordshire in 2015, average social rents were 14% above the national average.
- Comparing rates of walking and cycling between 2013-14 and 2014-15 shows little change in Oxfordshire's districts. The exception was West Oxfordshire where there was a statistically significant increase in cycling between 2013-14 and 2014-15. The increase in West Oxfordshire was in people using a cycle for "utility" reasons (anything other than recreational, i.e. including cycling to work) at least once per month.
- West Oxfordshire has 2 Air Quality Management Areas (AQMAs) which exceed the objective for nitrogen dioxide: Chipping Norton and Witney.

Health

- There were 18 wards in Oxfordshire with a significantly higher admission ratio for intentional self-harm than England (2010-11 to 2014-15) including Witney South in West Oxfordshire.
- Chipping Norton in West Oxfordshire had a significantly higher mortality rate than England for respiratory diseases (2014).

- There were 5 wards in Oxfordshire with a significantly higher mortality ratio for cancers than England (2010-14) including Chipping Norton in West Oxfordshire.
- There were 7 wards in Oxfordshire with a significantly higher mortality ratio from stroke than England (2010-14), mainly in rural areas. These included Chipping Norton and Freeland & Hanborough in West Oxfordshire.
- In each of 2014 and 2015, the age-standardised mortality rate for females due to Dementia and Alzheimer's disease in West Oxfordshire increased and is well above the national and regional averages.
- QOF data for GP practices located within Oxfordshire's districts shows that, when compared with the Oxfordshire average, West Oxfordshire had a significantly higher percentage of patients recorded with diabetes.

Lifestyles

- 65% of people aged 16 or over in West Oxfordshire were classified as overweight or obese, similar to the national average.
- In West Oxfordshire there was been an increase in obesity of reception age children from 5.4% to 6.7% and an increase in obesity of Year 6 children (aged 10 or 11) from 14.8% to 15.6%.
- In 2016 there were around 1,400 police recorded victims of domestic abuse (crime and incidents) in West Oxfordshire, an increase of 2% from the previous year.

Access to services

- An estimated 30% of the population of West Oxfordshire were in areas greater than 2 miles from the nearest GP surgery including 6,100 people aged 65 and over.