

Oxfordshire Health and Wellbeing Board

6 October 2022

Oxfordshire Joint Strategic Needs Assessment 2022 update

Report by Corporate Director of Public Health & Community Safety,
Oxfordshire County Council

RECOMMENDATION

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

- a) Note the content of the Joint Strategic Needs Assessment for 2022 and encourage widespread use of this information in planning, developing and evaluating services across the county.
- b) Contribute information and intelligence to the JSNA Steering Group to further the development of the JSNA in future years, and to participate in making information more accessible to everyone.

Introduction

1. The Joint Strategic Needs Assessment (JSNA) is a statutory annual report provided to the Health and Wellbeing Board and published in full on [Oxfordshire Insight](#). It provides an evidence-base for the Health and Wellbeing Strategy and is an opportunity for an annual discussion about the key issues and trends from a review of a very wide range of health-related information about Oxfordshire.
2. Producing the JSNA is a collaborative project with contributions from many analysts and sector specialists from Oxfordshire's Local Authorities, NHS, Thames Valley Police, Healthwatch Oxfordshire and Voluntary Sector organisations.
3. In addition to local datasets, the report makes use of data from NHS Digital, the Office for National Statistics and the Office for Health Improvement & Disparities. Datasets can take time to process, which means that this 2022 JSNA update includes information from 2020 as well as more recent data from 2021 and 2022. Only limited data is available at this stage from Census 2021 due to the release timings from the ONS.
4. It is important to note that the JSNA does not include information about services needed to support the health and wellbeing of the population and, in some cases, the data may not be recent enough to reflect changes in services.
5. This paper gives an overview of the key findings from the 2022 Oxfordshire JSNA and plans for the continued development of JSNA resources.

Key findings from the 2022 update of the JSNA

6. A one-page summary of the facts and figures from across the life course in the JSNA 2022 are provided in Annex 1.
7. The Board's attention is also drawn to the following key findings from the JSNA 2022
8. **Overall, Oxfordshire has a growing and ageing population. The number of young children aged under 5 has declined, most significantly in Oxford City.**
 - The first Census 2021 results show that, over the 10-year period, 2011 to 2021, Oxfordshire's population increased from 653,800 to 725,300, up by 10.9% (+71,500). This was above the growth across England of 6.6%.
 - The number of older people aged 65 and over in Oxfordshire increased by 25% (+25,900).
 - The number of young children aged under 5 declined by 8% (-3,100).
9. **The COVID-19 pandemic has had both direct and indirect impacts on health and wellbeing. Often these impacts are felt more acutely by those already experiencing poorer health outcomes or health inequalities.**
 - **Direct** - as a result of COVID-19 infection:
 - Between March 2020 and March 2022 in Oxfordshire, there was a total of 211,588 confirmed cases of COVID-19 and 1,273 deaths with COVID-19 on the death certificate.
 - **Indirect** - including:
 - **Mental health** - services have seen growing numbers of mental health referrals, especially for young people, and increasing numbers of children with social, emotional and mental health needs. The latest ONS measures of personal wellbeing (2020-21) for Oxfordshire show a decline in reported happiness and an increase in anxiety. The average level of anxiety in Oxfordshire has remained above the England average.
 - **Physical activity** - in trends likely to be affected by a change in the number of people working from home, adults walking and cycling for travel (rather than leisure) has decreased in all areas of Oxfordshire over the past 3 years (2018 vs 2021).
 - **Unemployment** - the number of people claiming unemployment benefits in Oxfordshire has reduced significantly since the peak in May 2020 but remain around 85% above pre-pandemic levels.
 - **Domestic abuse** – the number of police-recorded victims of domestic abuse increased in 2020 and again in 2021 with the greatest increases in Cherwell and Vale of White Horse districts.
 - **Volunteering** - nationally, the proportion of people participating in formal volunteering has dropped significantly. Oxfordshire

projects have reported a reduction in the number of older people volunteering.

- Ofcom research indicates that the pandemic has created an even greater **digital divide**.
- The **dementia** diagnosis rate has not yet recovered to pre-pandemic levels and the number of dementia referrals has increased significantly.

10. **Non-communicable diseases such as Cancer and Cardiovascular Disease remain the leading causes of death. For the three years 2019 to 2021, COVID-19 accounted for 5% of deaths in Oxfordshire. Excess deaths from causes other than COVID-19 were above average in Cherwell and Vale of White Horse.**

- Oxfordshire's leading cause of death (2019 to 2021) was *Cancer*, followed by *Heart Disease* for males and *Dementia & Alzheimer disease* for females. COVID-19 accounted for 5% of deaths in this period.
- From March 2020 to December 2021, Oxfordshire had a total of 1,138 excess deaths (11.5% of total deaths). The districts with the highest rates of excess deaths were Cherwell and Vale of White Horse which were each above the national average. In each of these districts there was a higher proportion of excess deaths due to causes other than COVID-19.

11. **On most county-wide indicators of health and wellbeing, Oxfordshire is rated as better than or similar to average. Exceptions, i.e. where Oxfordshire was worse than average, include hospital admissions due to falls, rates of loneliness and GP-recorded rates of cancer and depression.**

- In 2020-21 the rate of hospital admissions due to falls in Oxfordshire was above (worse than) the national average. Oxford City has had a consistently high rate of admissions due to falls, the rate in Cherwell has seen a recent and significant increase.
- Adults in Oxfordshire were significantly more likely to feel lonely than average, with the highest rates in Oxford City and Cherwell. The large-scale GP patient survey shows Oxfordshire as above-average on people feeling "isolated from others".
- GP-recorded rates of cancer and depression were each above average in 2019-20 and again in 2020-21.

12. **Although ranked as healthy overall, Oxfordshire has areas with poorer health outcomes, many of which are also ranked as deprived. National data shows that lower income households are being disproportionately affected by rising prices.**

- There are clear inequalities in Life Expectancy across Oxfordshire. Males living in the more affluent areas of the county are expected to live around 11 years longer than those in poorer areas. For females the gap in life expectancy is around 12 years.

- In Oxfordshire's most deprived areas, just over a third (36%) of pupils were eligible for Free School Meals. In the least deprived areas of Oxfordshire the rate was 7%.
 - ONS data from mid-2022, shows that rising prices are having a disproportionate effect on lower income households.
13. **The provision of a wide range of Health and Care services was impacted by the pandemic and the commissioning of services was reorganised in mid-2022.**
- **COVID-19 vaccination** - from December 2020 Oxfordshire operated a major COVID-19 vaccination programme.
 - **Preventative services** – many preventative services were reduced or halted by the pandemic including (for example) the NHS Health Check programme. Interventions by School Health Nurses were affected by COVID-19 as the majority of children and young people were not in school from March to June 2020 and staff were redeployed.
 - **Primary care** - telephone appointments were higher than face-to-face in early 2020 and remain high. GP Patient Survey 2022 data shows a drop in overall experience of GP practices in Oxfordshire and nationally. Oxfordshire has remained above (better than) average. Fewer respondents have found it 'easy' to get through to their GP by phone.
 - **Secondary care** - compared with 2019-20 (pre-pandemic) there has been a significant increase in 111 calls and in outpatient attendances. The rate of A&E attendances is relatively unchanged.
 - **Reorganisation** - in July 2022, Oxfordshire Clinical Commissioning Group was dissolved. The new Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board was established in its place and is now the local NHS commissioning body.

How the findings will be used

14. The main [JSNA report is published in full on Oxfordshire Insight](#) for use by organisations, local communities and residents.
15. The report is accompanied by interactive dashboards to allow users to explore and find data for topics and local communities.
16. As in previous years, the JSNA will be widely disseminated to partners represented on the HWBB. Further JSNA presentations are also planned for the Oxfordshire Analyst Network and will be provided to partners on request.
17. The JSNA report and related resources are used widely as part of service planning. Recent examples include providing benchmarking information on hospital admissions due to falls, data on the health and care workforce, supporting the review of care beds and the latest information on Mental Health and Wellbeing for the Commissioning team.

18. The JSNA will inform both the developing Integrated Care Partnership Strategy as well future versions of the Health and Wellbeing Board's Joint Local Health and Wellbeing Strategy

Planning the 2023 update to the JSNA

19. The next update to the JSNA will be presented to the June 2023 meeting of the Health and Wellbeing Board.
20. The main development work will start in April 2023 and by that time we expect to have further data available from the ONS Census 2021 survey. This will enable the inclusion of in-depth multi-variate analysis such as: differences in health by age, sex, rurality, disability and ethnicity; the demographic and health profile of carers, armed forces and other groups; the type and size of housing.
21. The format of the JSNA will be reviewed and work carried out to continue to improve accessibility and the scope of the JSNA's interactive resources.

Financial Implications

22. There are no financial implications relating to this report as the work on publishing an annual JSNA and producing population forecasts is already accounted for within business as usual service planning.

Legal Implications

23. There are no legal implications relating to this report.

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Annex 1- Oxfordshire JSNA health and wellbeing facts and figures 2022

Oxfordshire JSNA, health and wellbeing facts and figures 2022

Oxfordshire

