Public Document Pack

Oxfordshire Health & Wellbeing Board
Thursday, 19 March 2020

ADDENDA

6. Joint Strategic Needs Assessment (JSNA) (Pages 1 - 324)

14:05

The full 324-page JSNA is designed to be viewed digitally.
Please do not print unless absolutely necessary.

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Oxfordshire Health and Wellbeing

Joint Strategic Needs Assessment 2020

DRAFT for
Health and Wellbeing Board 19th March 2020

The Oxfordshire Joint Strategic Needs Assessment identifies the current and future health and wellbeing needs of our local population.

This pack summarises the main findings from a strategic review of evidence about the health and wellbeing of Oxfordshire's residents, based on research carried out between November 2019 and February 2020

The annual JSNA report is provided to the Oxfordshire Health and Wellbeing Board and underpins the Health and Wellbeing strategy

Other JSNA resources include:

- Public Health Dashboards
- Inequalities indicators ward level data – PowerPoint
- Inequalities indicators ward level data - Excel pack
- Community Health and Wellbeing Profiles
- Health Needs Assessments
- JSNA Bitesize

We would like to thank the very many contributors of data and commentary from organisations across Oxfordshire including:

Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, Oxford Health NHS FT, Thames Valley Police, Citizen's Advice Oxfordshire, Age UK Oxfordshire, Healthwatch Oxfordshire, Cherwell District Council, Oxford City Council, South Oxfordshire District Council, Vale of White Horse District Council, West Oxfordshire District Council,

Thanks also to members of the JSNA Steering Group for their oversight and guidance:

Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, Cherwell District Council, Oxford City Council, South Oxfordshire District Council, Vale of White Horse District Council, West Oxfordshire District Council, Healthwatch Oxfordshire, Oxford University

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Information in this report is organised into 8 chapters

You can click between chapters using the tabs at the top of each page

Within each chapter this left-hand sidebar has a clickable contents list

How this report is organised

Chapter 1: Executive summary includes a short overview of findings, findings for young people and older people and the JSNA "snake" summary of key data by life-stage.

Chapter 2: Population with data on the population of Oxfordshire, the latest Office for National Statistics estimates (as of mid-2018), past trends and future projections/forecasts.

Chapter 3: Population groups and protected characteristics summarises data on residents in selected population groups in Oxfordshire including "protected characteristics" as defined under the Equality Act of 2010.

Chapter 4: Health conditions and causes of death includes information on health conditions and causes of deaths in Oxfordshire.

Chapter 5: Behavioural determinants of health provides data on behavioural factors that affect health and wellbeing, such as healthy weight and physical activity, smoking and alcohol, and sexual and reproductive health.

Chapter 6: Wider determinants of health covers conditions in which people are born, grow, live work and age, social, cultural, political, economic, commercial and environmental factors.

Chapter 7: Service use provides an overview of trends from data collected by providers of health, social care and related services in Oxfordshire including Local Authorities, Health service providers, Police and Voluntary sector organisations.

Chapter 8: Local research includes research carried out by organisations in Oxfordshire of relevance to the topics covered by the Joint Strategic Needs Assessment.

Chapter 1

Executive Summary

Oxfordshire summary – overall

Oxfordshire summary – young people

Oxfordshire summary – older people

JSNA 'snake'

Executive summary

- This chapter provides a short summary of the main findings from the 2020 Oxfordshire Joint Strategic Needs Assessment.
- It includes:
  - Headlines from the full report: overall, for young people and for older people,
  - The JSNA "snake" with data by life-stage,

Oxfordshire summary – overall
Oxfordshire summary – young people
Oxfordshire summary – older people
JSNA 'snake'

Health and wellbeing in Oxfordshire

- Oxfordshire's population is relatively healthy.
  - Oxfordshire does better or similar to the national average on most Public Health indicators.
  - Healthy life expectancy in Oxfordshire is significantly higher than national and regional averages for both males and females.
- Earnings of Oxfordshire residents are increasing and above average. Unemployment remains low.
- House prices are continuing to increase and the cost of renting remains well above average.
- Inequalities remain, for example:
  - Oxfordshire's more deprived wards experience significantly higher mortality rates than England.
  - The gap in early years development between lower income pupils and other pupils in Oxfordshire has increased for the second year in a row.
- Higher rates of housebuilding are expected to lead to greater numbers of working age and young people in Oxfordshire. The future growth of the population will vary across the county.
- Oxfordshire's population is ageing, a trend that is forecast to continue.
- Just over 2,000 deaths in Oxfordshire (over three years, 2016-18) were considered preventable including 1,054 cancer deaths and 558 cardiovascular.
- Mental health rates of diagnosis and referrals are continuing to increase.
- Almost two thirds of adults are classified as overweight or obese. Prevalence is higher in males, older people, some ethnic groups and in more deprived areas.
- Air pollution causes more harm than passive smoking, and is linked to asthma, heart disease and stroke. Transport is now the largest source of carbon emissions in Oxfordshire.
- Oxfordshire's first healthy new towns – in Bicester and Barton – have highlighted strong partnership working and people actively managing their health.

Oxfordshire summary - overall

Oxfordshire summary - young people

Oxfordshire summary - older people

JSNA 'snake'

Health and wellbeing in Oxfordshire - young people

- Despite Oxfordshire's relative affluence, 1 in 5 children in Oxfordshire are estimated to be living in poverty (after removing housing costs). Within Oxford City this figure rises to almost one third of children.
- The number of pupils with Special Educational Needs support in Oxfordshire has increased at double the England rate.
- The gap in early years development between lower income pupils and other pupils in Oxfordshire has increased for the second year in a row.
- Average GCSE attainment in Oxfordshire has increased at above the increase seen nationally.
- The persistent absence rate for pupils in Oxfordshire secondary schools has remained above (worse than) the national average.
- The rate of looked after children has continued to increase, with Oxfordshire now above the regional average.
- The % of Oxfordshire's care leavers in employment, education or training has remained below (worse than) the national average.
- There has been a significant increase in the number of police recorded domestic abuse crimes in Oxfordshire involving children.
- The number of mental health referrals for young people has increased significantly over the past 5 years, the latest year has seen a slight fall for young people aged 10-19.
- In Oxfordshire, rates of self-harm hospital admissions in younger people (aged 10-24 years) have increased over time. There was a slight reduction in 2017/18 and rate is now similar to England.
- Alcohol-specific admissions for females under 18 in Oxfordshire remains higher than national and regional averages.
- Similar to previous years, excess weight in children has remained high. One in five in Reception, and one in three in Year 6 was overweight or obese.
- Almost half of children in Oxfordshire are not meeting the daily physical activity guidelines.

Oxfordshire summary - overall

Oxfordshire summary - young people

Oxfordshire summary - older people

JSNA 'snake'

Health and wellbeing in Oxfordshire - older people

- Oxfordshire's population is ageing, with substantial recent and predicted growth in the number of older people.
- People aged 65+ made up 20% of Oxfordshire's four rural districts, compared with 12% of the population of Oxford City (18% overall).
- For people aged 75+, cancer remains the leading cause of death. There has been a significant increase in deaths recorded as a result of Dementia and Alzheimer's disease.
- Falls are the largest cause of emergency hospital admissions for older people (65+); Oxford City has a rate consistently significantly worse than England.
- Fear of falls is the top concern among older users of adult social care services.
- The proportion of older people offered reablement services has remained below national and statistical neighbour averages.
- The rate per population of A&E attendance by Oxfordshire patients has increased fastest in the older age group (65+).
- Alcohol-related hospital admissions are highest in men aged 65+
- The proportion of older social care clients supported at home has continued to increase.
- Almost two thirds of older people are estimated to be self-funding long term care in Oxfordshire.
- Wide areas of rural Oxfordshire are ranked poorly on geographical access to services according to the geographical access to services subdomain of the 2019 Indices of Multiple Deprivation.
- Close to a quarter (23%) of people aged 85+ live in areas of Oxfordshire ranked in the 10% most deprived on access to services.
- Use of the internet by older people is increasing nationally, however a significant number of older or disabled people have never used the internet

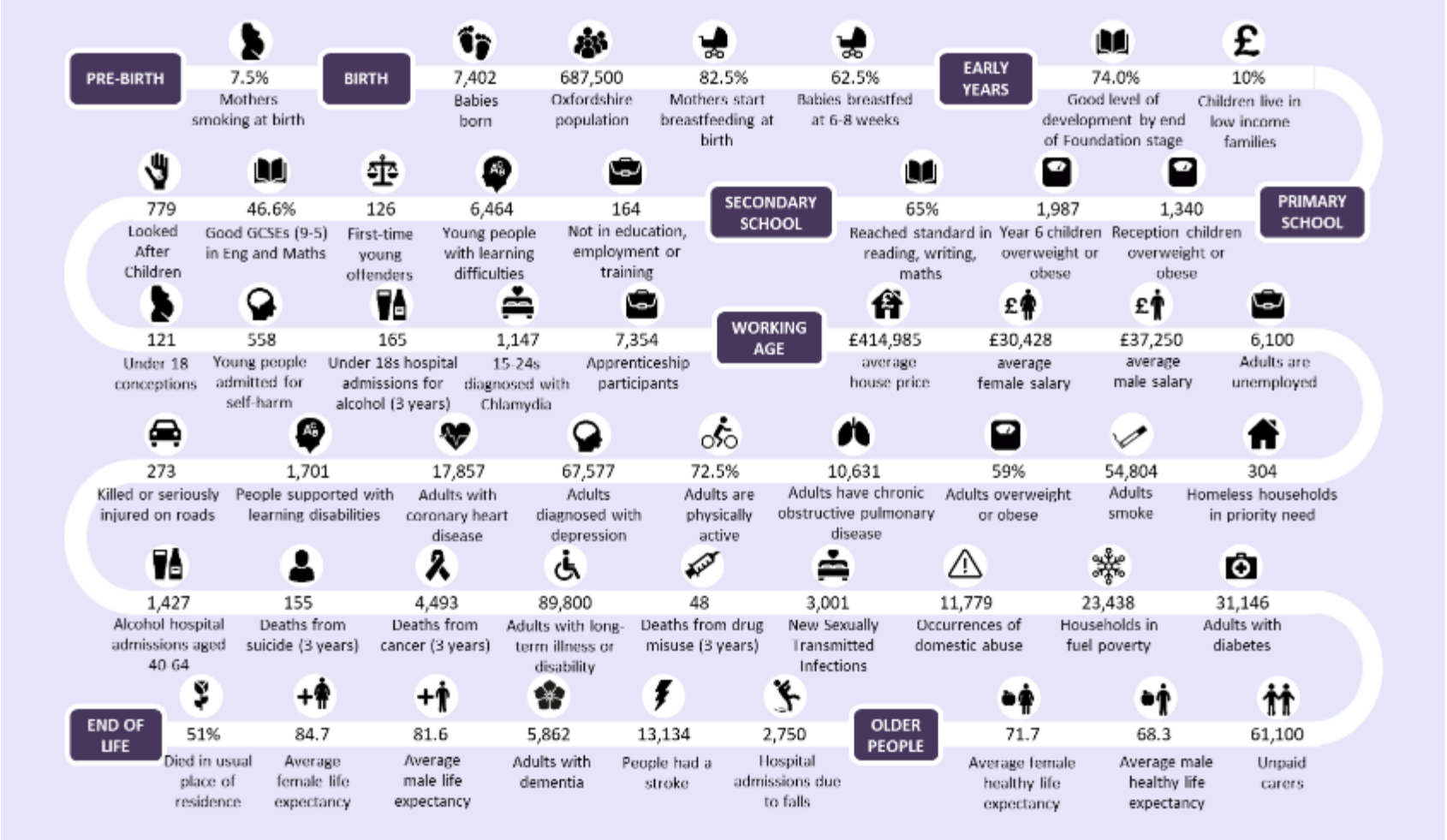
Oxfordshire summary - overall

Oxfordshire summary - young people

Oxfordshire summary - older people

JSNA 'snake'

Oxfordshire Health and wellbeing facts and figures 2020



Chapter 2

Population

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

This chapter..

- This chapter provides data on the population of Oxfordshire, the latest Office for National Statistics estimates (as of mid-2018), past trends and future projections/forecasts.
- Further JSNA resources are available via the JSNA page of Oxfordshire Insight

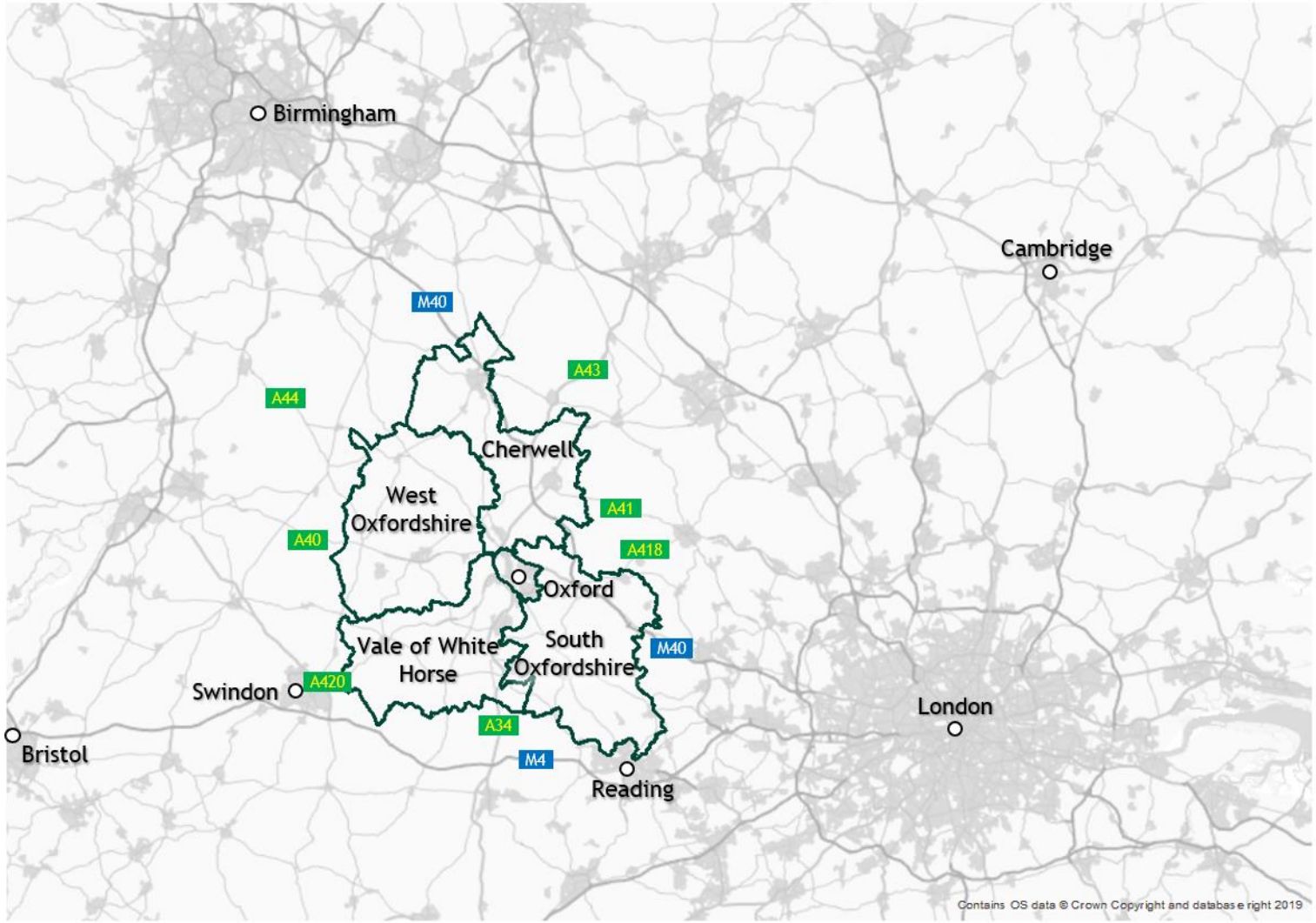
Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Summary

- Oxfordshire has a central England location and is the most rural county in the South East region.
- The majority (60%) of Oxfordshire's population are resident in Oxford City and the county's main towns. The remaining 40% live in smaller towns and villages.
- As of mid-2018:
  - The count of GP registered patients in the Oxfordshire Clinical Commissioning Group (CCG) area was 745,900.
  - The ONS estimate of the resident population of Oxfordshire was 687,500.
- All districts - other than Oxford City - have seen a significant increase in the older 65+ population and relatively little change in the number of young people aged 0-15.
- Between mid-2017 and mid-2018 there was an estimated net inward migration to Oxfordshire.
- The Oxfordshire County Council housing-led forecasts predict a total population in Oxfordshire of 822,200 by 2027, a growth of 134,800 (+20%) since 2017. Over the same period the ONS projections show an increase of +3%.
  - Differences in these estimates are particularly apparent for the younger and working age groups.
  - For older people aged 65 and over, the predicted growth is similar.
- The number of years females spend in poor health has improved from 16.6 years to 13 years. For males the gap has stayed at a similar level (13 years).
- There are clear inequalities in Life Expectancy across Oxfordshire. The gap in LE between the highest and lowest wards for males was 16 years and for females was 13 years.

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Oxfordshire's central location

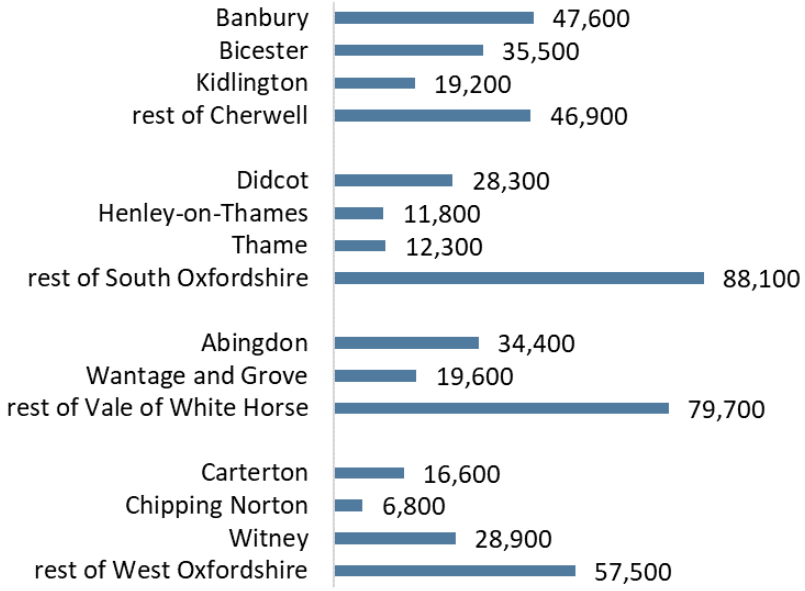


Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

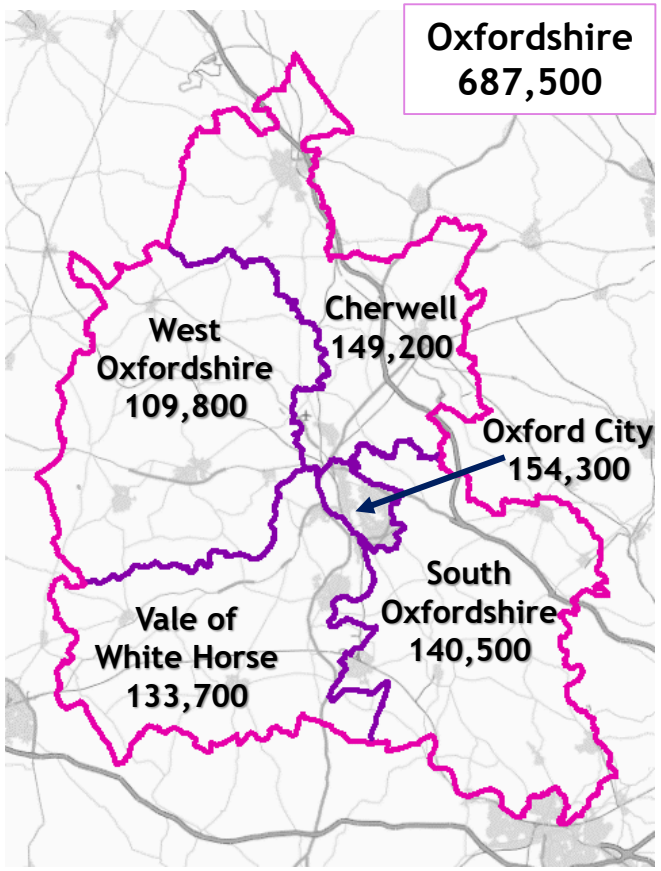
Oxfordshire's resident population

- The latest Office for National Statistics (ONS) mid-2018 estimate of the resident population of Oxfordshire county area was **687,500.**
- The majority (60%) of Oxfordshire's population are resident in Oxford City and the county's main towns. The remaining 40% live in smaller towns and villages.

Oxfordshire Residents (mid-2018, sum of wards)



Oxfordshire county and districts resident population (ONS mid-2018 estimate)



ONS mid-year ward level population estimates (experimental statistics)

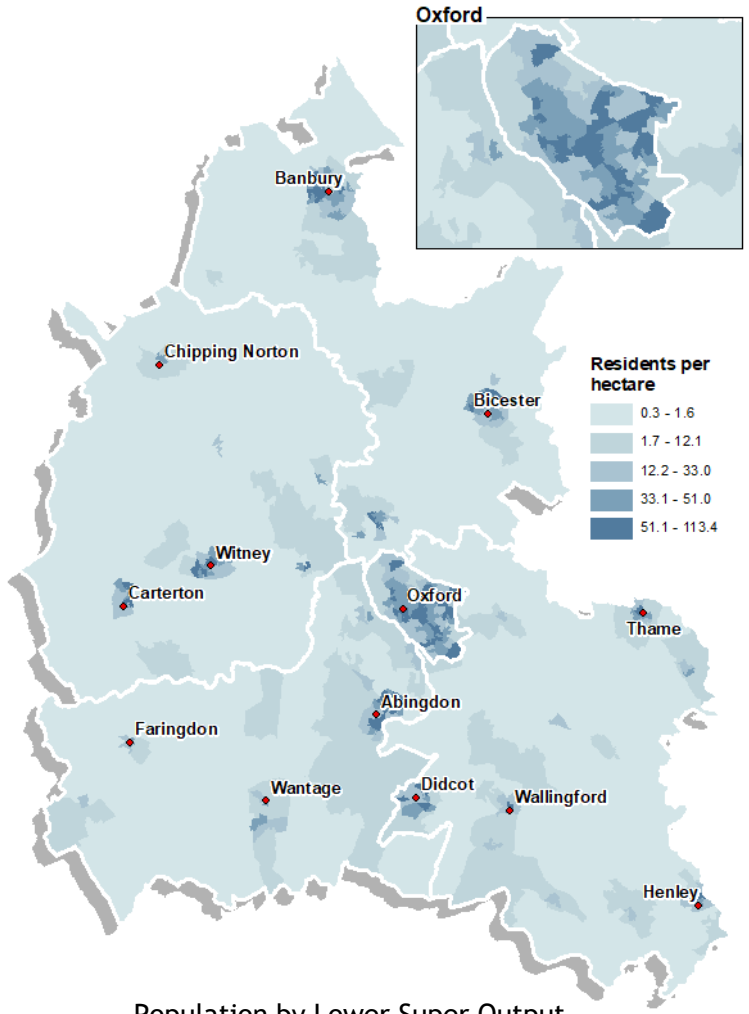
Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Rural county

- Oxfordshire is the most rural county in the South East at 2.6 people per hectare (compared with 4.8 across the region), by district the density in mid-2018 was:
  - Cherwell 2.5 people per hectare
  - Oxford City 33.8
  - South Oxfordshire 2.1
  - Vale of White Horse 2.3
  - West Oxfordshire 1.5
- The higher density areas of Oxfordshire are in the urban centres of:
  - Banbury, Bicester and Kidlington
  - Oxford City
  - Didcot, Thame and Henley-on-Thames
  - Abingdon and Wantage & Grove
  - Carterton and Witney

ONS mid-year population estimates from nomis

Population density (mid-2018)



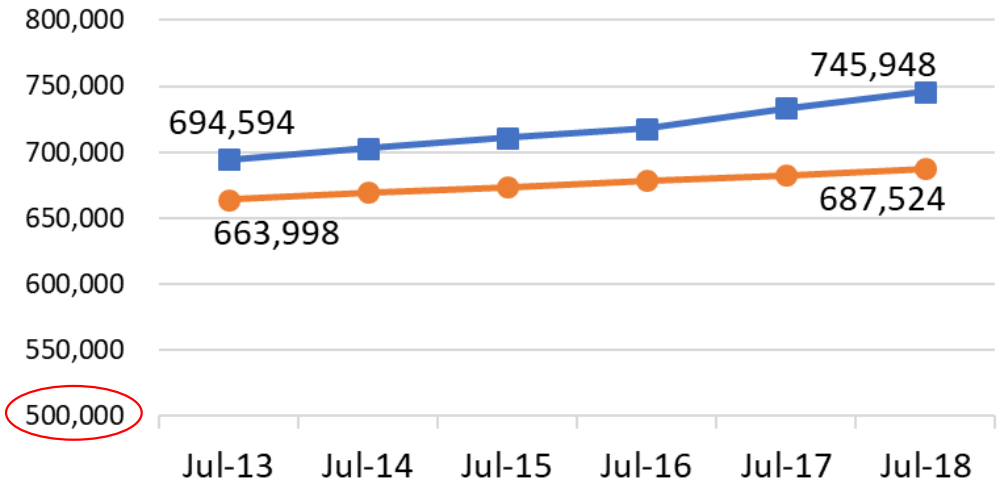
Population by Lower Super Output Area, ONS estimate mid-2018

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

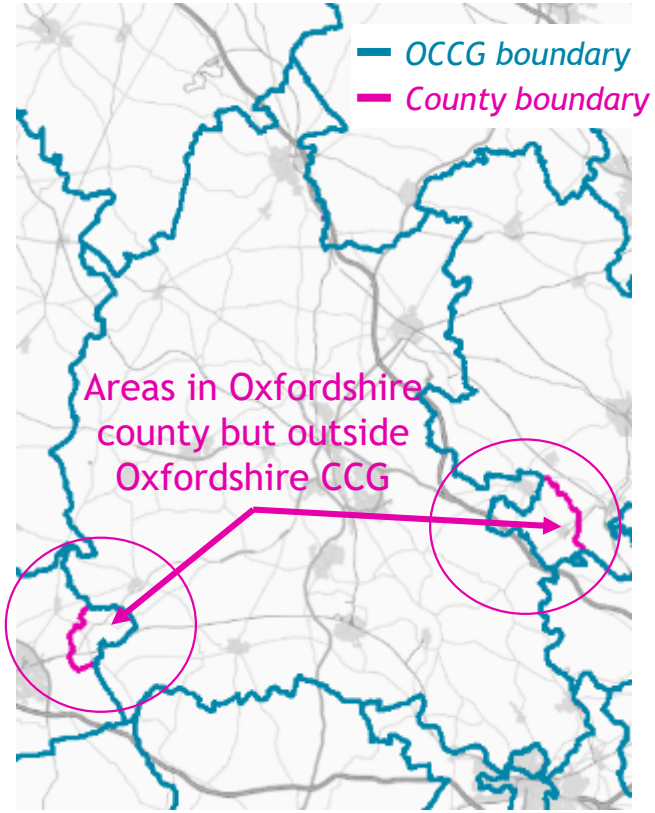
Population of Oxfordshire vs NHS Oxfordshire patient count - 1

- The official Oxfordshire Clinical Commissioning Group area is slightly smaller than the Oxfordshire county area. However the patient count remains above the estimated population and the gap has increased.
- As of mid-2018, the count of OCCG registered patients was 745,900 compared with an ONS estimate of 687,500.

Count of registered patients in Oxfordshire CCG vs ONS estimate of resident population



OCCG and county boundary



ONS mid-year population estimates from nomis "ONS estimate for CCG area" uses CCG to LSOA lookup and population estimate for LSOAs in Oxfordshire CCG area. NHS Digital Patients registered at a GP practice

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Population of Oxfordshire vs NHS Oxfordshire patient count - 2

- Within the OCCG boundary area the ONS estimate of the resident population was 11% below the number of registered patients (mid-2018). The difference is greatest in the age group 18 to 24.
- This difference is important to note when considering the rate of health conditions which have been calculated as % of the total population/patients.

Oxfordshire's population by broad age mid-2018

	0-17	18-24	25-64	65+	TOTAL
NHS patients registered within Oxfordshire CCG area	146,466	77,846	396,565	125,071	**745,948**
ONS estimate of population within the Oxfordshire CCG area	141,395	66,753	341,873	122,393	**672,414**
Difference (CCG area)	*5,071*	*11,093*	*54,692*	*2,678*	***73,534***
As % of ONS estimate	*4%*	*17%*	*16%*	*2%*	***11%***
ONS estimate of total Oxfordshire (county boundary)	144,788	67,545	349,764	125,427	**687,524**

NHS Digital GP registered patients 1 July 2018 and ONS mid-year 2018 population estimates from nomis

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

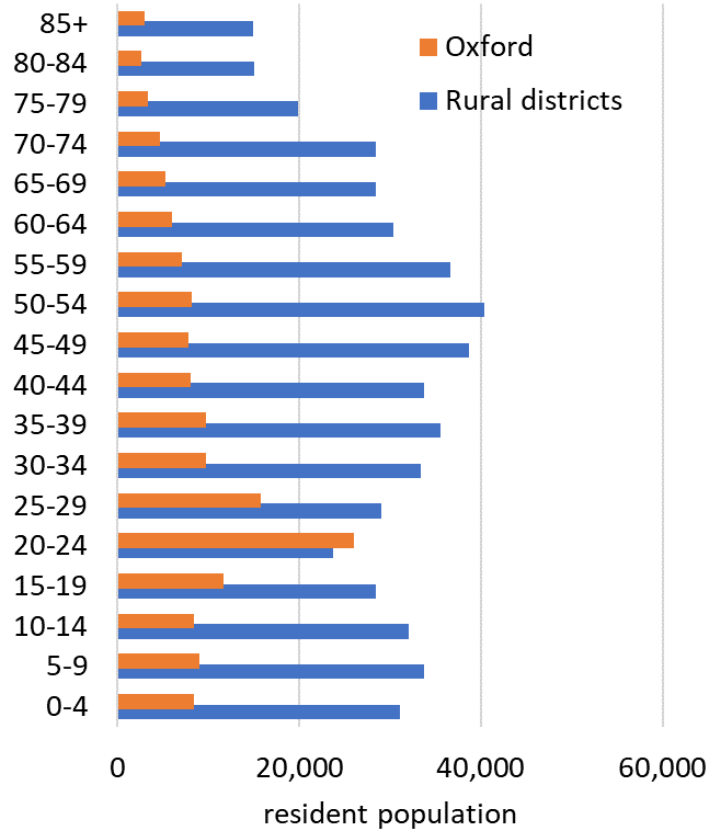
Population by age

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Age profile - Oxford City vs rural Oxfordshire

- Rural districts have a much higher proportion of older people than Oxford City.
- As of mid-2018, the estimated number of people aged 65+ made up 20% of Oxfordshire's four rural districts, compared with 12% of the population of Oxford City (18% overall).
- Oxford City had a much higher proportion of people in younger age groups (including students) and a higher number of people aged 20-24 than living in Oxfordshire's four rural districts.

Population by age mid-2018, Oxford city vs Rural districts (Cherwell, South Oxfordshire, Vale of White Horse, West Oxfordshire)



ONS mid-year 2018 population estimates from nomis

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Average age across Oxfordshire

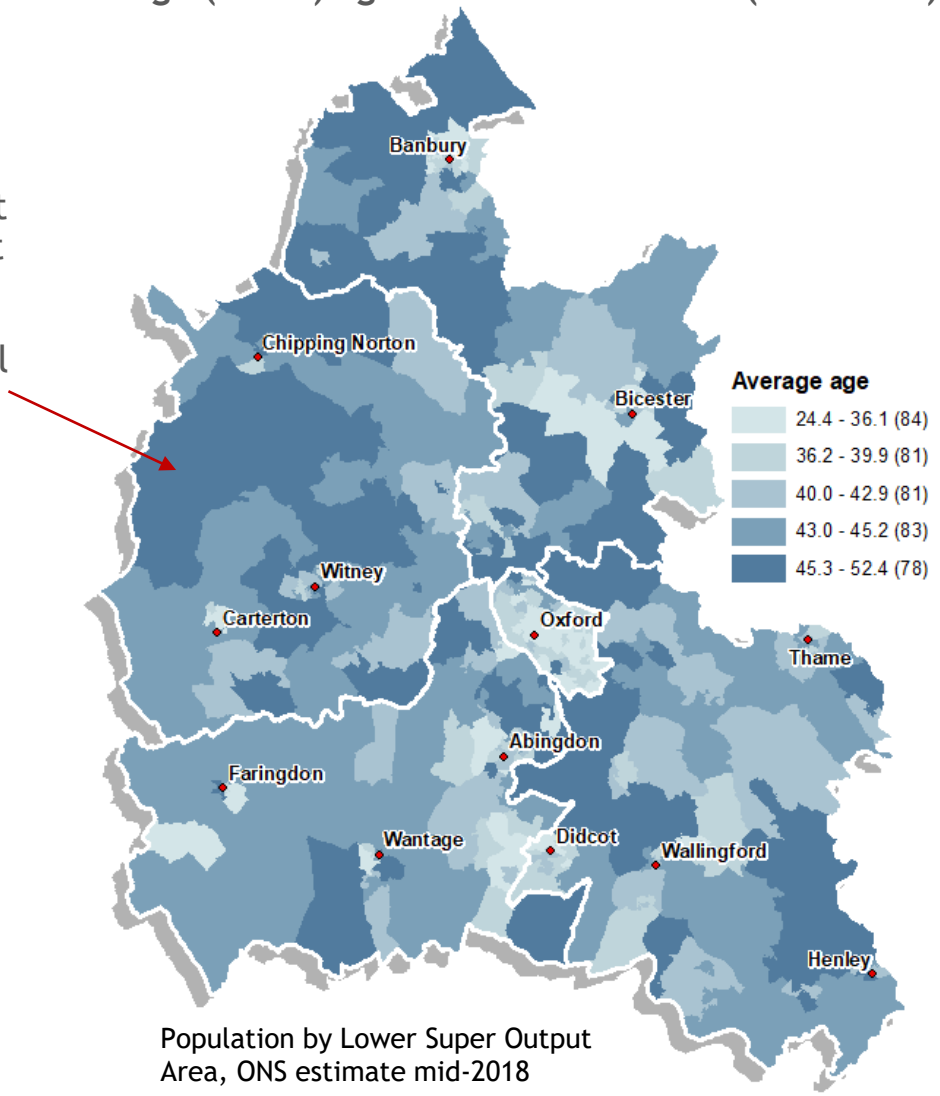
- The average age of Oxfordshire increased slightly from 39.9 years as of mid-2017 to 40.0 years at mid-2018.
- In mid-2018, the average age was lowest in Oxford City (34.7) and highest in West Oxfordshire (42.5).
- At a small area level, wide areas of rural Oxfordshire had an average age above 45 years.

Average age (years) by district

	2017	2018
Cherwell	40.2	40.4
Oxford	34.7	34.7
South Oxfordshire	42.0	42.2
Vale of White Horse	41.4	41.4
West Oxfordshire	42.3	42.5
Oxfordshire	39.9	40.0
England	39.9	40.0

ONS mid-year population estimates from nomis

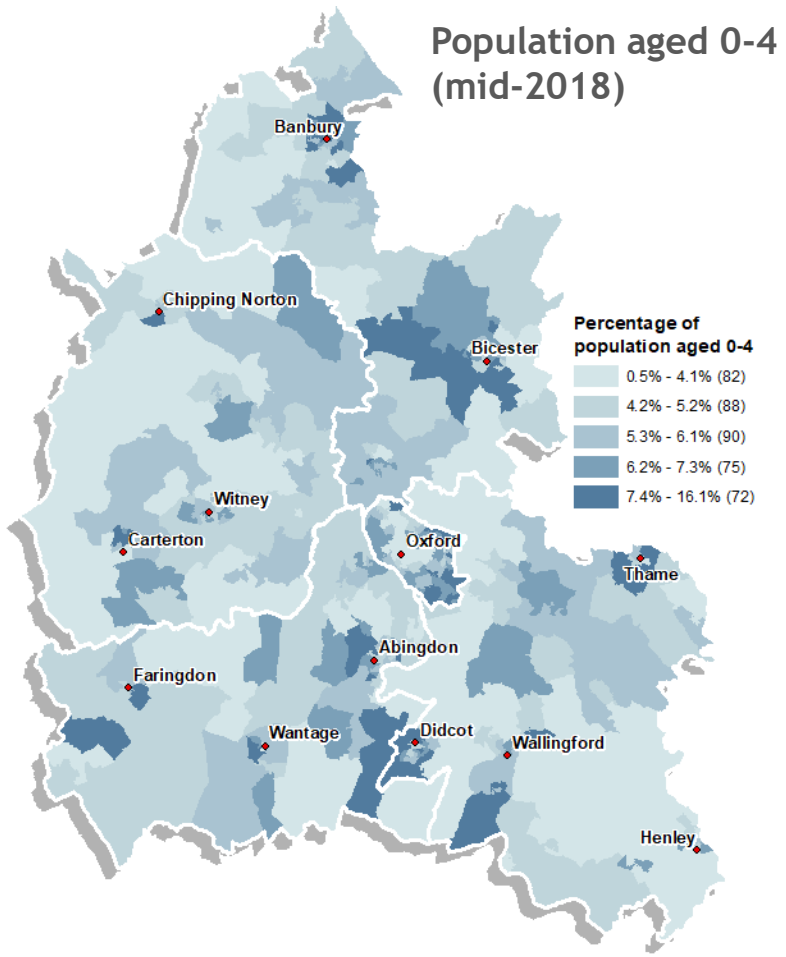
Average (mean) age across Oxfordshire (mid-2018)



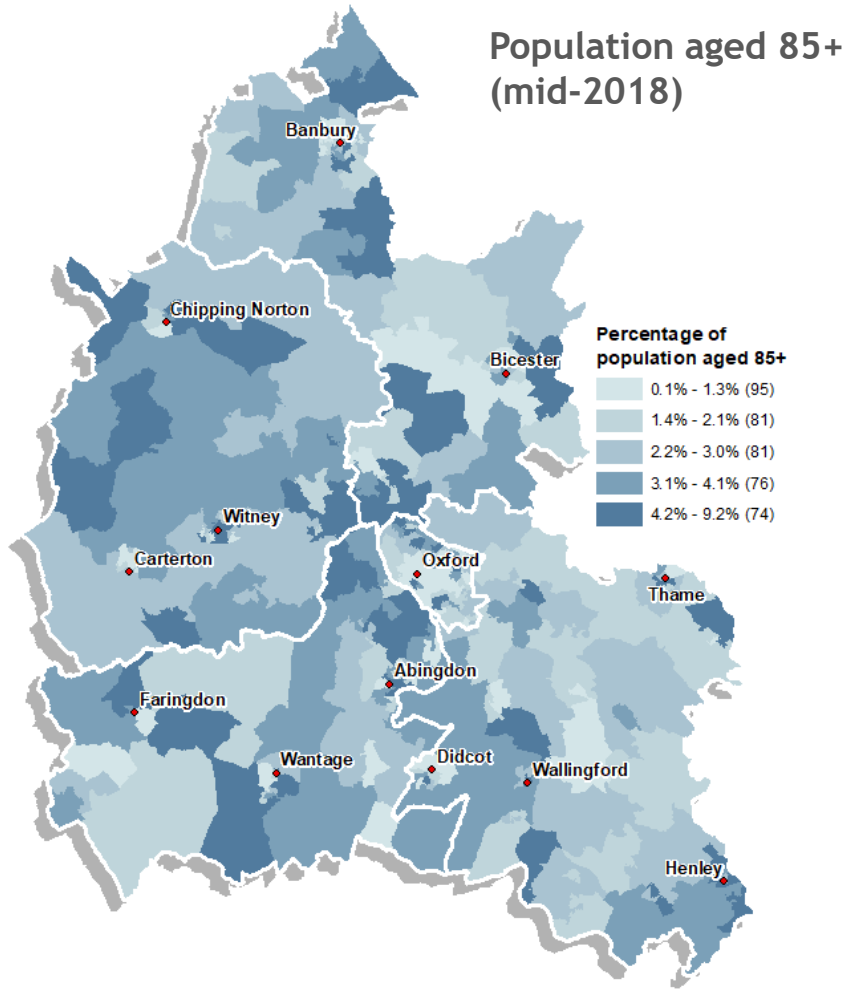
Population by Lower Super Output Area, ONS estimate mid-2018

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Higher rates of 0-4s in urban areas



Higher rates of 85+ in rural Oxfordshire

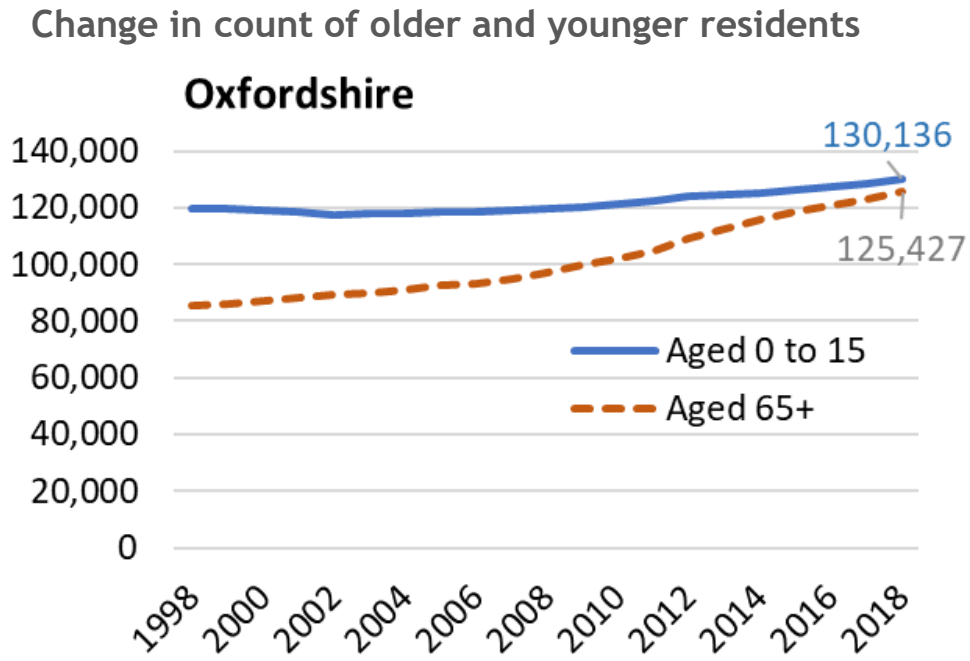


Population by Lower Super Output Area, ONS mid-year population estimates from nomis

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Change in younger and older populations - Oxfordshire

- Over the past 20 years (between 1998 and 2018), there has been an increase in the population of Oxfordshire from 597,000 to 687,500, a growth of 90,500 (+15%)
- The younger age group, aged 0-15, increased by 9%
- The older age group, aged 65+, increased by 47%



ONS mid-year population estimates from nomis

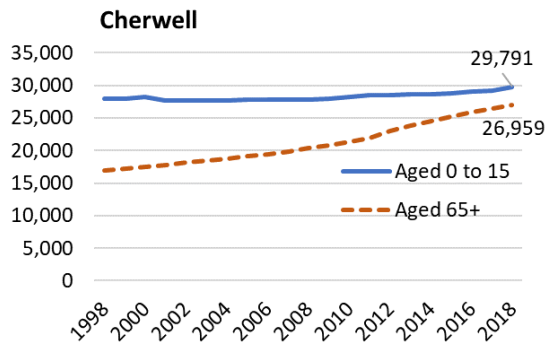
next slide for charts by district

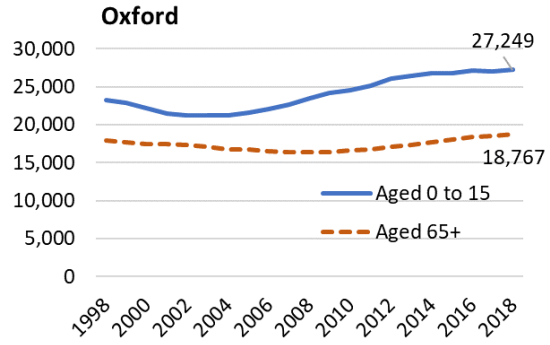
Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

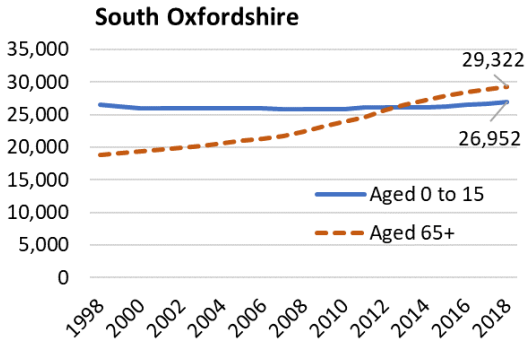
Change in younger and older populations - Oxfordshire's districts

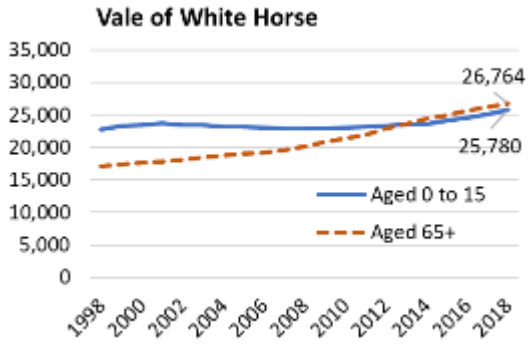
- All districts - other than Oxford City - have seen a significant increase in the older 65+ population and relatively little change in the number of young people aged 0-15
- For South Oxfordshire, Vale of White Horse and West Oxfordshire, the number of 65+ now exceeds the number of 0-15s

Change in count of older and younger residents by district







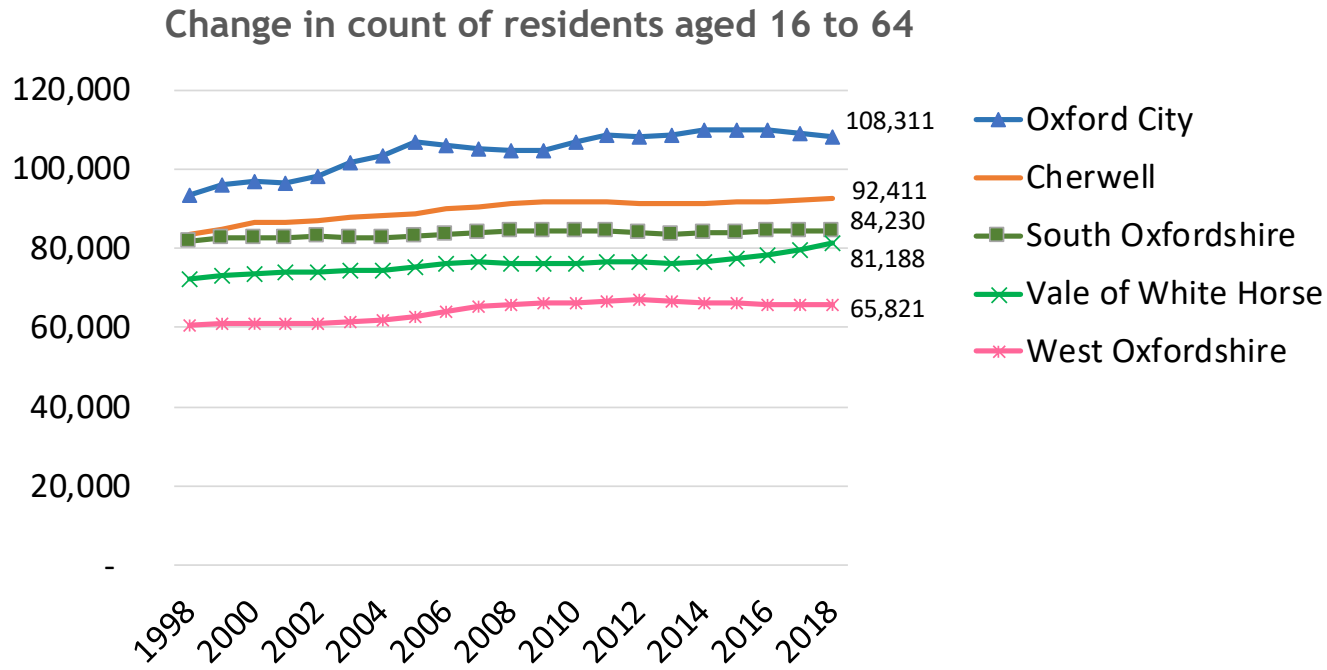


ONS mid-year population estimates from nomis

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Change in working age population

- Between 1998 and 2018 the population aged 16 to 64 in Oxfordshire increased by 10% (from 391,600 to 432,000, +40,300).
- The increase were greatest in Oxford City (+16%) and Vale of White Horse (+12%) and lowest in South Oxfordshire (+3%), West Oxfordshire (9%) and Cherwell (11%).



ONS mid-year population estimates from nomis

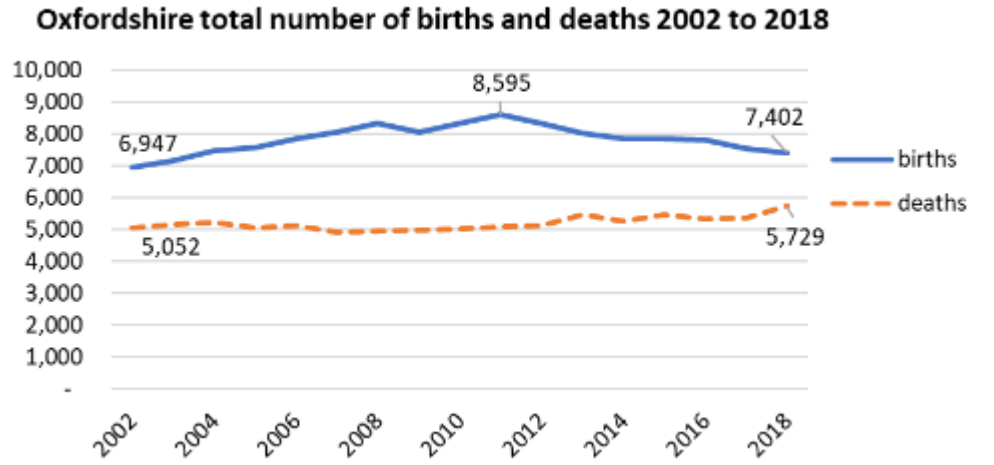
Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Births, deaths and migration

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Births and deaths

- Between mid-2017 and mid-2018 there were 7,402 births and 5,729 deaths in Oxfordshire
- This is a "natural change" increase of 1,673 people

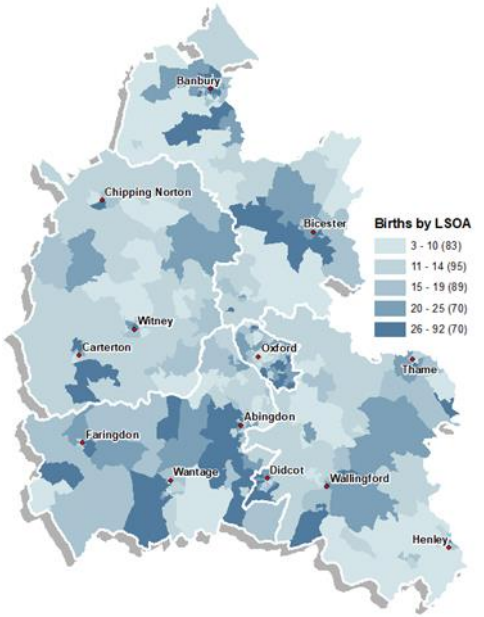


- The natural change increase was greatest in Oxford followed by Cherwell
- In West Oxfordshire the number of births was slightly below the number of deaths

By district: births, deaths and natural change mid-2017 to mid-2018

	Births	Deaths	Natural change
Cherwell	1,818	1,258	560
Oxford	1,643	962	681
South Oxfordshire	1,461	1,281	180
Vale of White Horse	1,451	1,152	299
West Oxfordshire	1,029	1,076	-47
Oxfordshire	**7,402**	**5,729**	**1,673**

Count of births by LSOA (mid-2018)



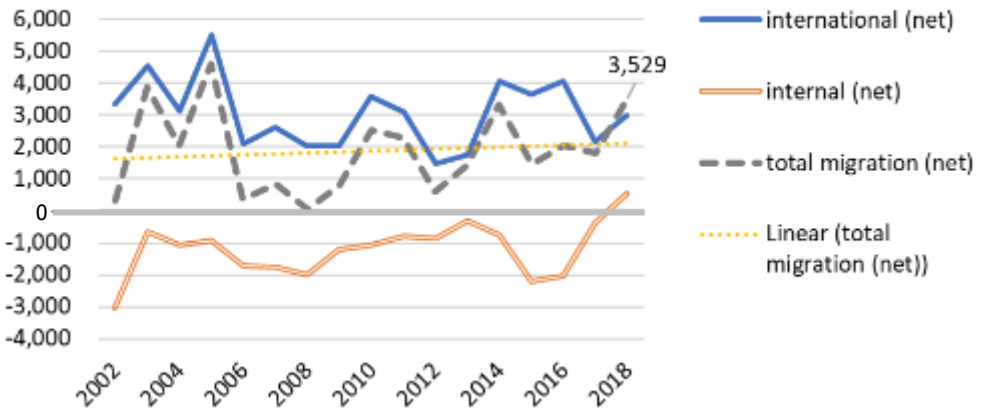
ONS mid-year population estimates components of change

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Migration estimates

- Between mid-2017 and mid-2018 there was an estimated (net) inward migration of 3,529 people moving into Oxfordshire.
- This consisted of 544 net internal migrants – those from elsewhere in the UK – and 2,985 international net migrants (the majority of these to Oxford City).
- This was the first time since before 2002 that the net internal migration into Oxfordshire was positive.
- Since 2002 the inward migration into Oxfordshire has fluctuated greatly but has shown a slight increasing linear trend.

Oxfordshire migration 2002 to 2018



By district: Net internal and international migration mid-2017 to mid-2018

	Internal (net)	International (net)	Total net migration
Cherwell	766	273	1,039
Oxford	-3,082	2,146	-936
South Oxfordshire	472	158	630
Vale of White Horse	1,895	295	2,190
West Oxfordshire	493	113	606
Oxfordshire	544	2,985	3,529

ONS mid-year population estimates components of change

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Ethnicity

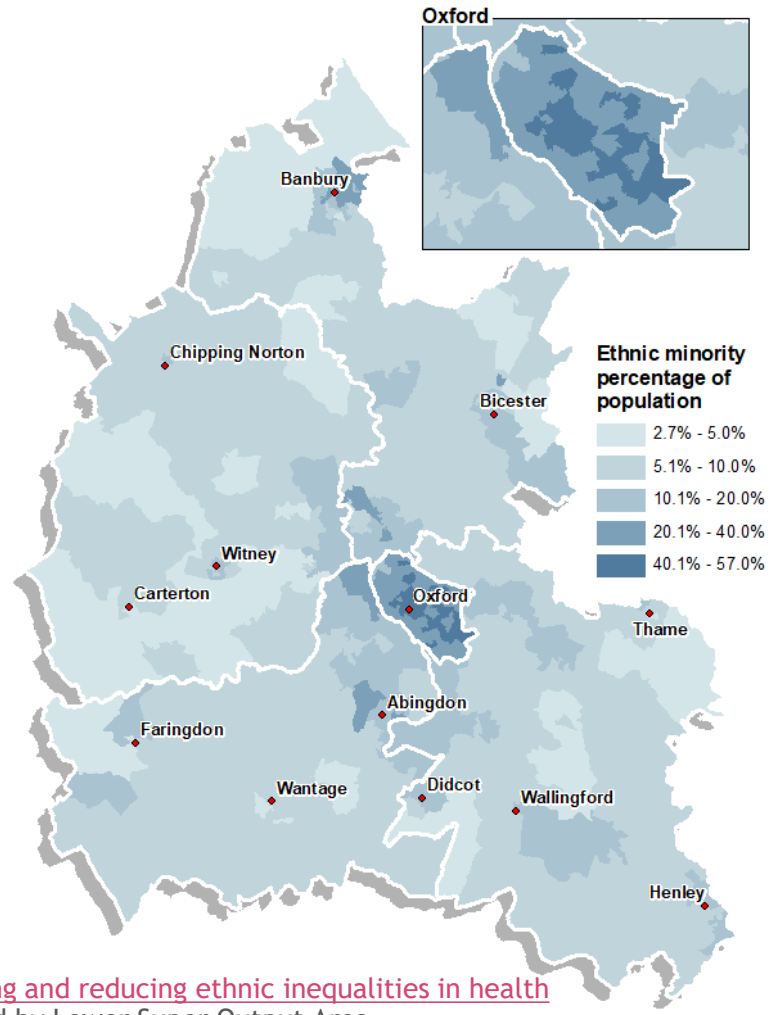
Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Ethnicity

According to Public Health England, ethnic identity influences health outcomes via multiple routes. For example, experiences of discrimination and exclusion, as well as the fear of such negative incidents, have been shown to have a significant impact on mental and physical health. Health-related practices, including healthcare-seeking behaviours, also vary importantly between ethnic groups.
Some minority ethnic groups appear to have much better health status than the White British population and some much worse. Some ethnic minority groups have higher rates of diabetes.

- According to the ONS Census 2011 survey, 16% of the total resident population of Oxfordshire was from an ethnic minority background, compared with 20% across England.
- The majority of the ethnic minority population in Oxfordshire is based in urban areas of Oxford and Banbury.
- Oxford City has a very diverse range of ethnic minority groups.
- The map shows the out of term time (i.e. excluding students) non white British population as % of all residents.

Out of term time ethnic minority as a percentage of the population



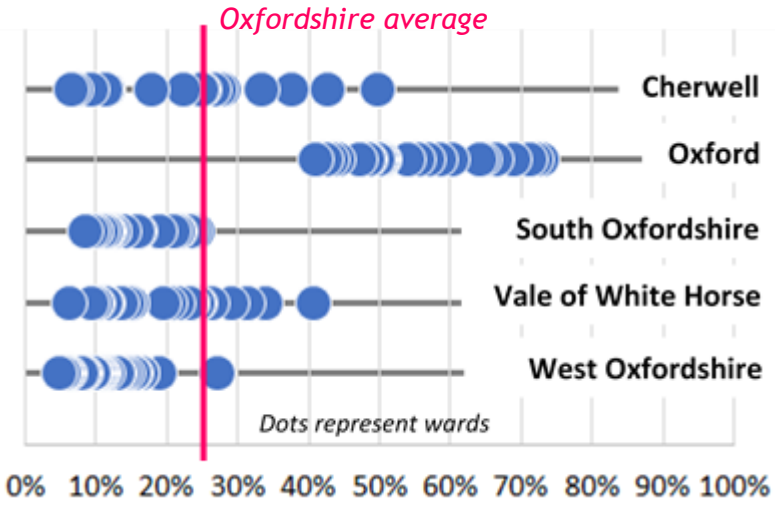
Public Health England Local action on health inequalities: understanding and reducing ethnic inequalities in health
ONS Census 2011 table LC2101 and table OT201EW from nomis, mapped by Lower Super Output Area

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Ethnicity of Oxfordshire's primary school pupils

- As of January 2019, 26% of pupils at primary schools (in years 1 to 6) in Oxfordshire were from ethnic minority backgrounds. In Oxford City, 55% of primary pupils were from ethnic minorities.
- In 17 out of 24 wards in Oxford City, over half of pupils were from ethnic minority backgrounds. The ward with the highest proportion was Cowley Marsh.
- Outside Oxford, the highest ranked wards were two wards in Banbury (Cherwell) and Botley & Sunningwell ward (Vale).
- Oxford City has a very wide range of languages spoken (as a first language) by primary school pupils.

% of primary school pupils in each ward (by district) from ethnic minority groups



- As of January 2019, there were 35 languages spoken by 10 or more primary school pupils in Oxford City.
- The top first languages (other than English) of primary school pupils across Oxfordshire were Polish (1,146 pupils), Urdu (545), Portuguese (421) and Arabic (397).

Oxfordshire County Council from pupil census data January 2019. Pupils at state primary schools (not including independent school pupils); see JSNA bitesize on pupil ethnicity

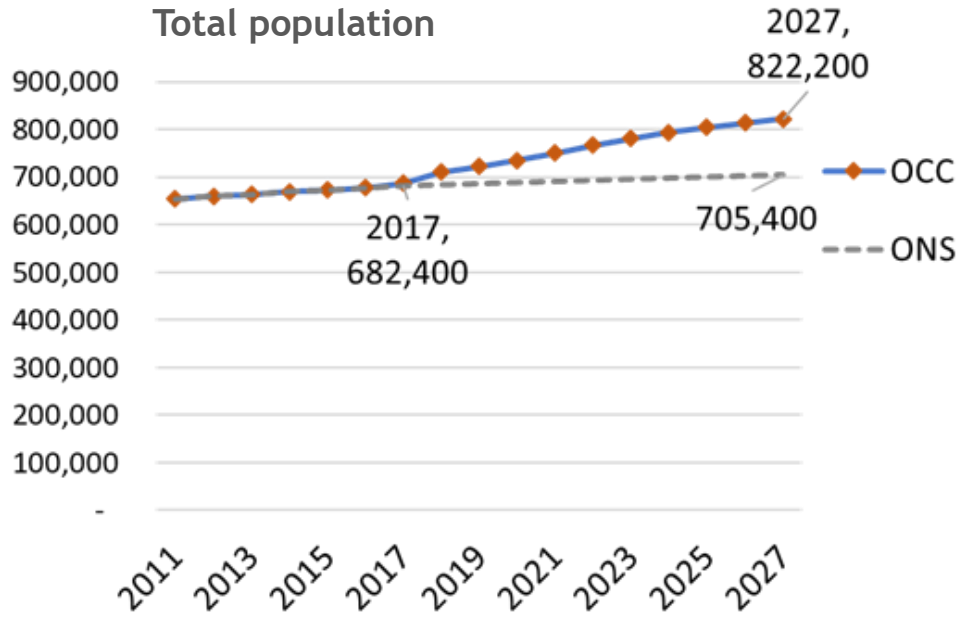
Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Predicted growth in population

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Population growth - housing-led vs ONS trend-based

- There are two alternative scenarios for the future change in population:
  - Oxfordshire County Council's housing-led forecasts which incorporate district council plans for a higher rate of house building than in the recent past.
  - ONS projections based on past trends.
- The OCC housing-led forecasts predict a total population in Oxfordshire of 822,200 by 2027, a growth of 134,800 (+20%) since 2017. Over the same period the ONS projections show an increase of +3%.
- Most of this difference is a result of including housing growth within the County Council forecasts.



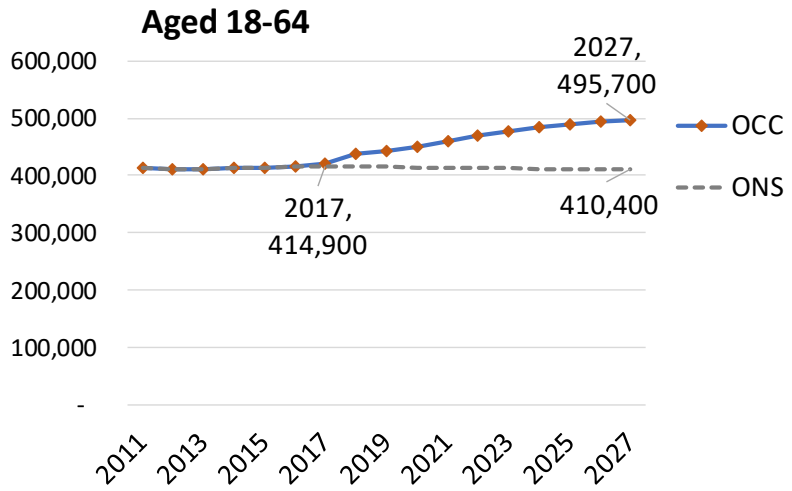
Oxfordshire County Council population forecasts (released August 2019)

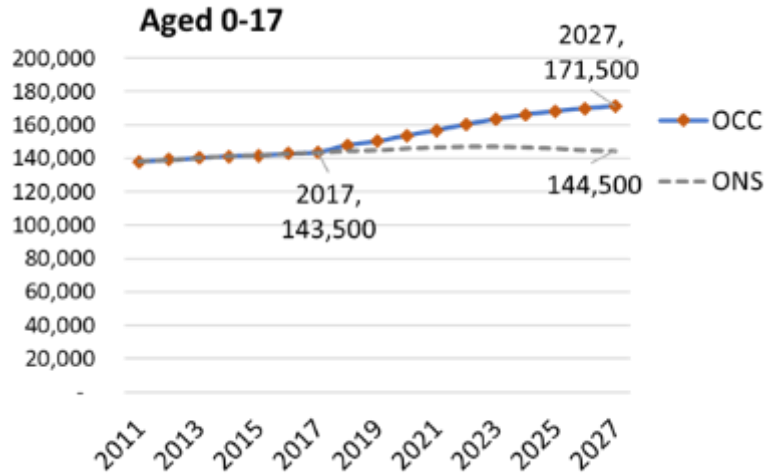
ONS 2016-based subnational population projections

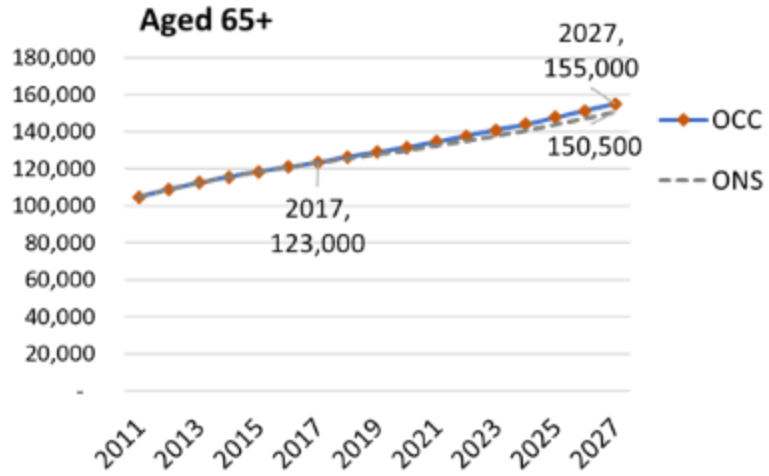
Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Trend by age

- Differences are particularly apparent for the younger and working age groups.
- For older people aged 65 and over, the predicted growth is similar.







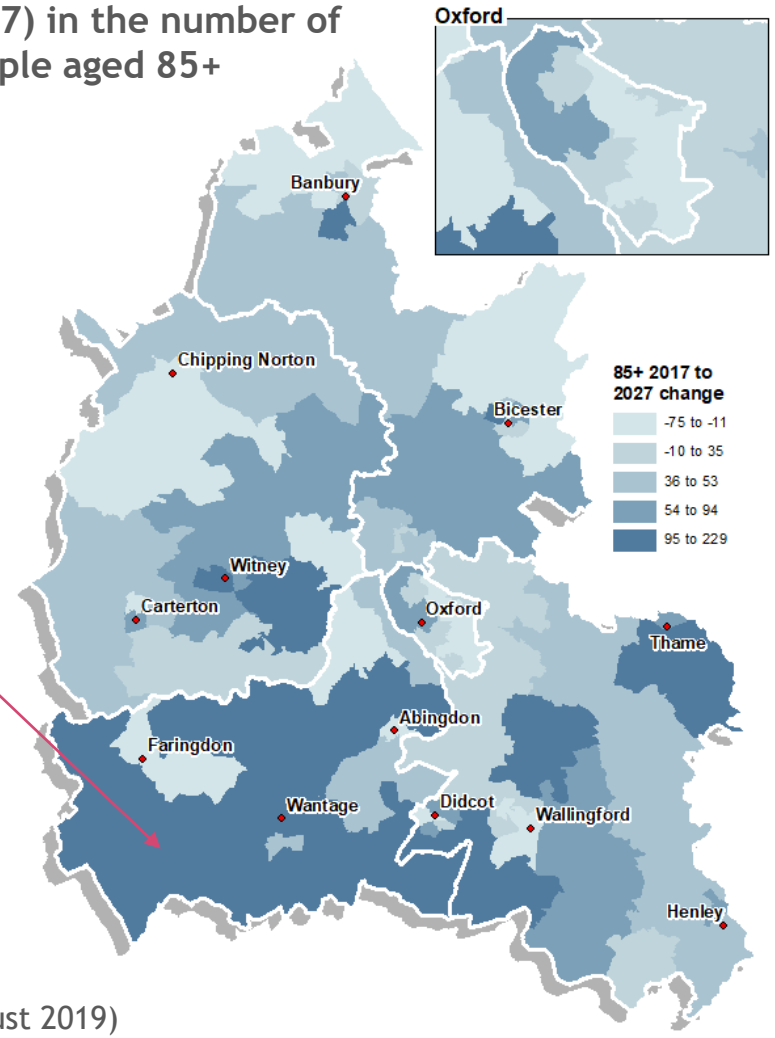
Oxfordshire County Council population forecasts (released August 2019)
ONS 2016-based subnational population projections

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Growth in the oldest population

- The oldest age group, those aged 85 and over, is predicted to increase from 18,000 in mid 2019 to 21,300 by mid 2027, an increase of 3,300 people (+18%)
- The areas with the greatest growth in the number of people aged 85 and over are expected to be:
  - Rural areas of Vale of White Horse district
  - Part of Banbury
  - Parts of Abingdon
  - Part of the area around Eynsham and parts of Witney
  - Rural areas of South Oxfordshire (Chalgrove, Chinnor, Cholsey)

Forecast change (2017 to 2027) in the number of people aged 85+



Oxfordshire County Council population forecasts (released August 2019)
mapped by Middle Layer Super Output Area

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

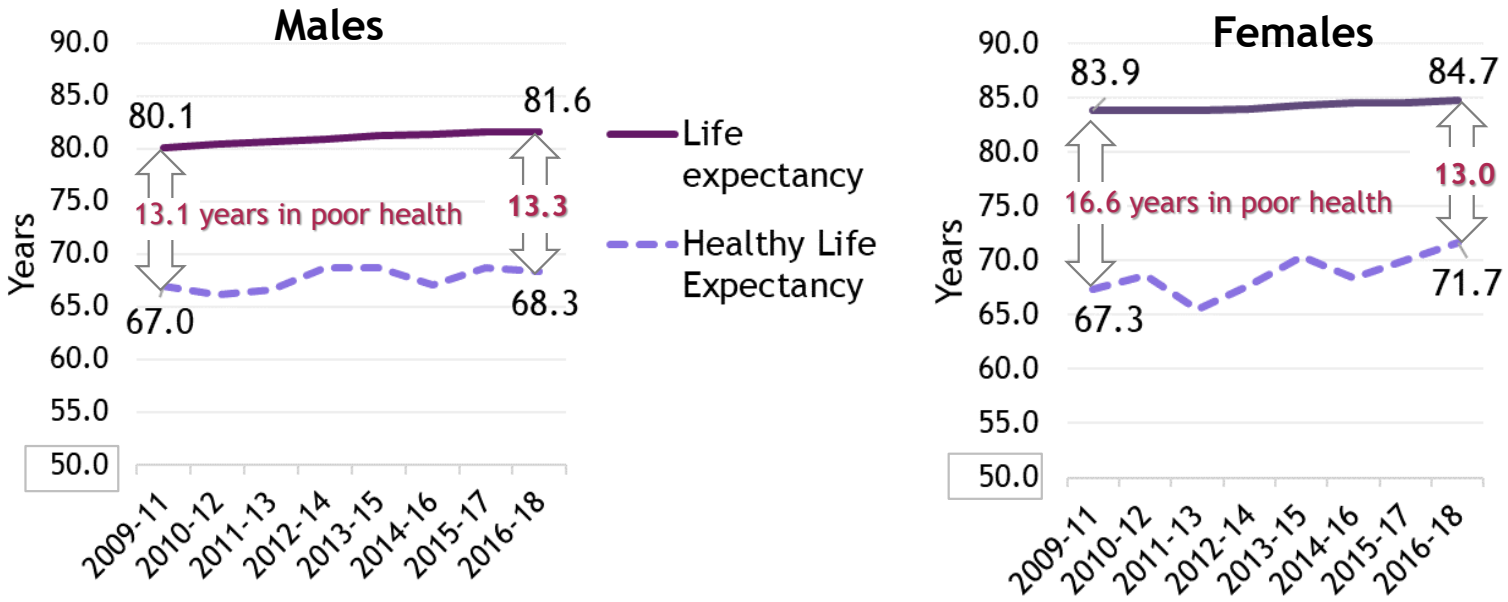
Life Expectancy

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Life Expectancy and Healthy Life Expectancy

- Life Expectancy (LE) and Healthy Life Expectancy (HLE) has increased for males and females in Oxfordshire.
- The difference between LE and HLE, years spent in poor health, for females has improved from 16.6 years to 13 years, for males the gap has stayed at a similar level (13 years).

Life Expectancy and Healthy Life Expectancy at birth in Oxfordshire



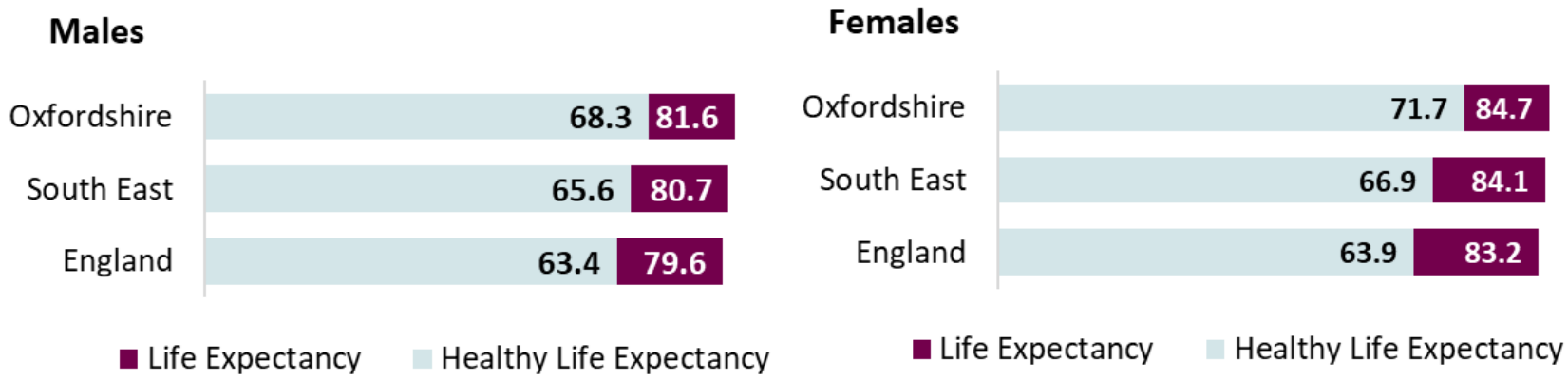
ONS Life Expectancy; vertical axes does not start at zero

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Life Expectancy better than average

- Oxfordshire was (statistically) better than each of the South East and England averages on both Life Expectancy and healthy Life Expectancy at birth.
  - Females in Oxfordshire are expected to live for **13.1 years in poorer health**, compared with 17.2 years in the South East and 19.3 years in England.
  - Males in Oxfordshire are expected to live for **13.3 years in poorer health**, compared with 15 years in the South East and 16.3 years in England

Life Expectancy and healthy Life Expectancy at birth 2016-2018



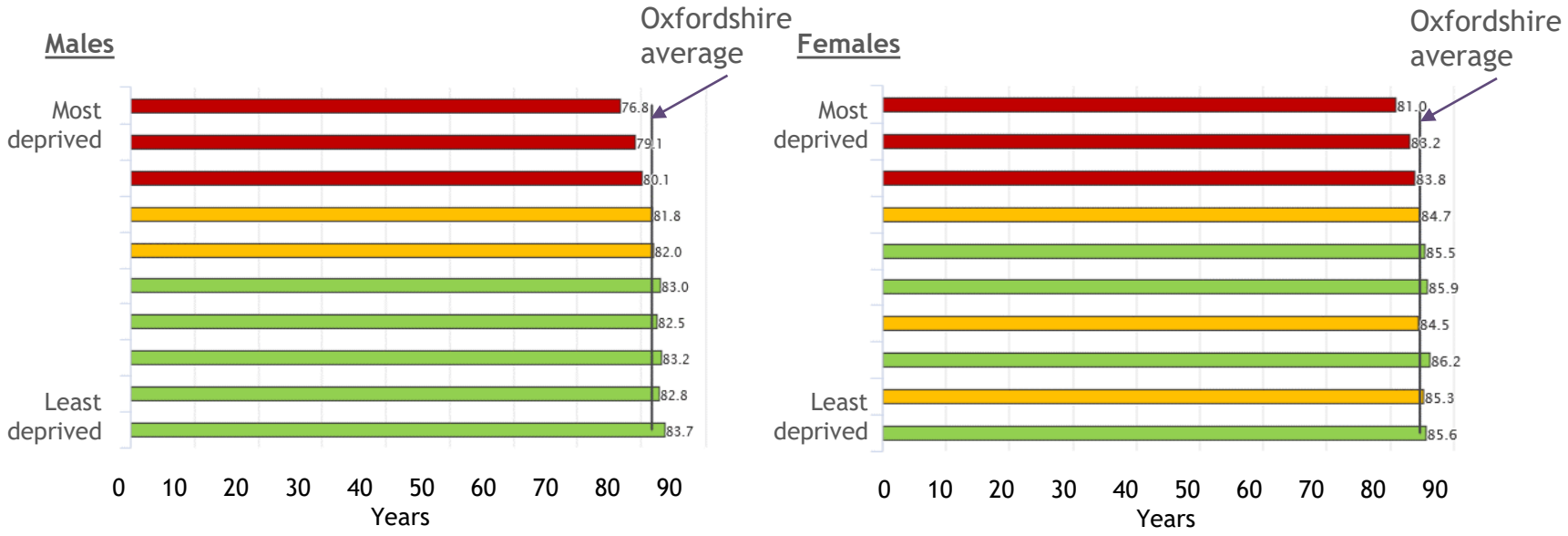
ONS Health state Life Expectancy at birth and at age 65 by local areas, 2016-2018,

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Inequalities in Life Expectancy - by areas of deprivation

- There are clear inequalities in Life Expectancy across Oxfordshire, with people in the more deprived areas having significantly lower Life Expectancy compared with the less deprived.
- Data for the combined years 2015 to 2017 shows that for males there was gap of almost 7 years between the most and least deprived areas. For females the gap was just under 5 years.

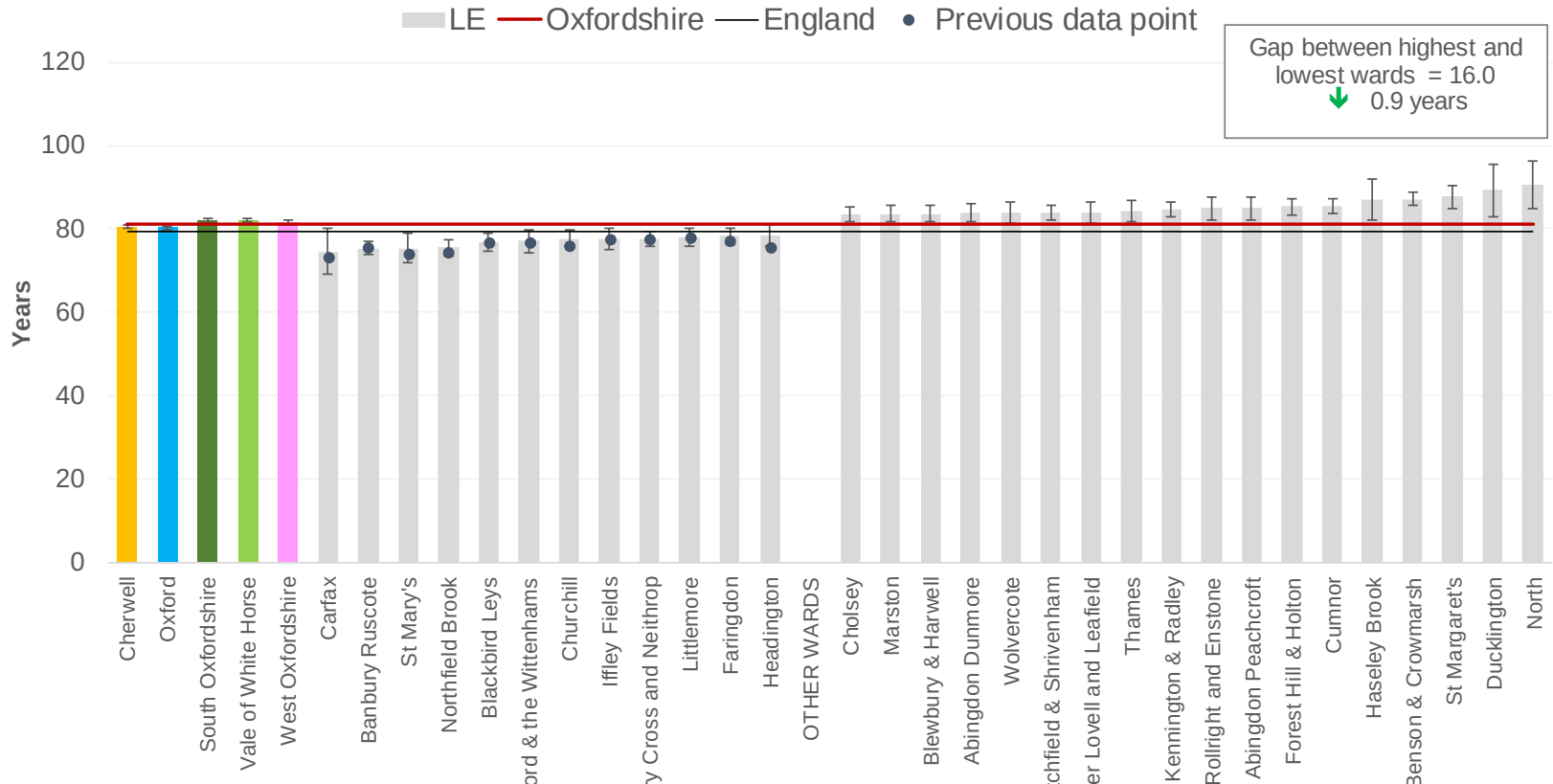
Oxfordshire Life Expectancy at birth by deprivation: males and females, 2015-17



Life Expectancy at Birth, ONS from PHE Public Health Outcomes Framework

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

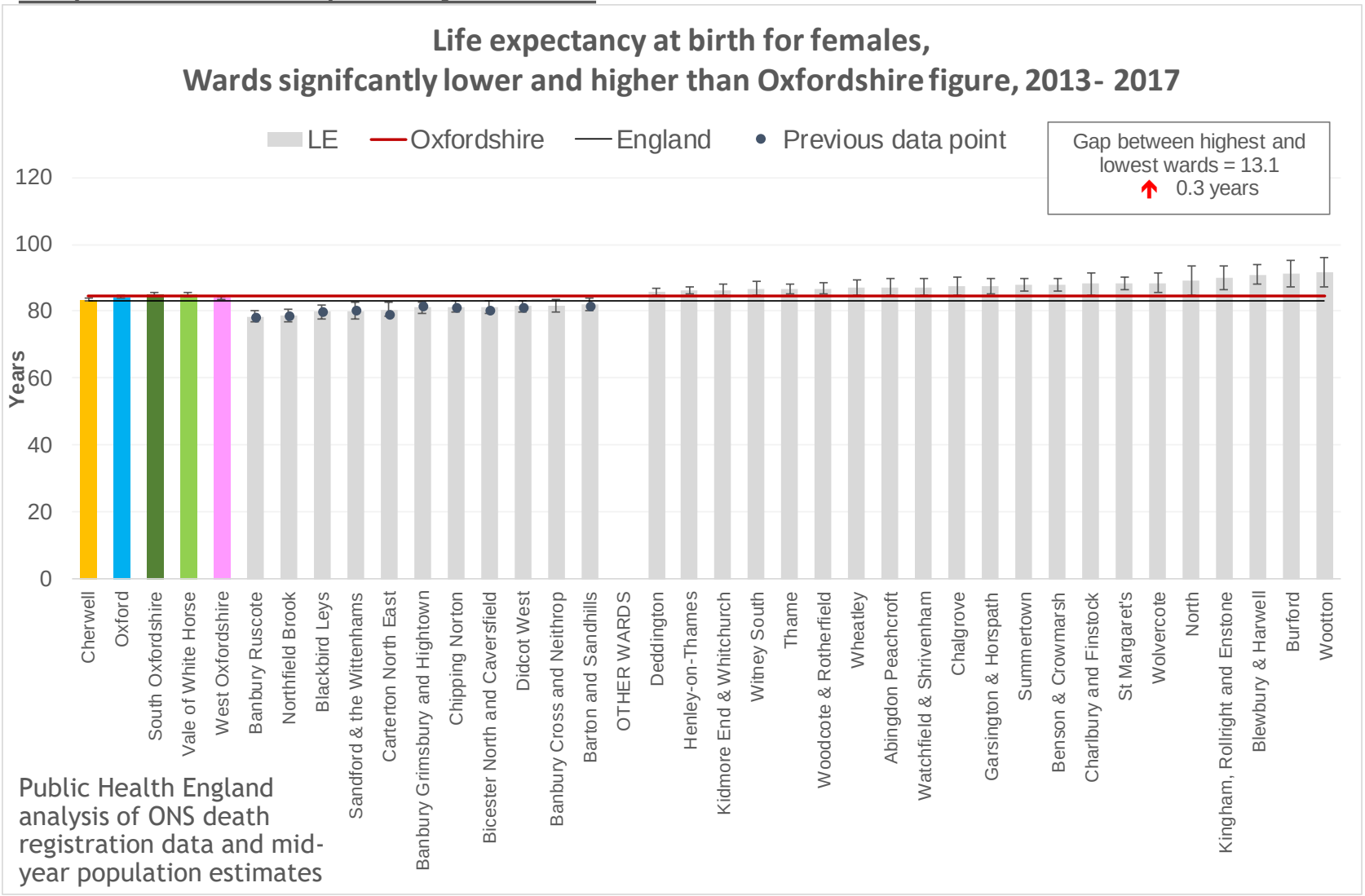
Inequalities in Life Expectancy - males



Public Health England analysis of ONS death registration data and mid-year population estimates

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Inequalities in Life Expectancy - females



Public Health England analysis of ONS death registration data and mid-year population estimates

Introduction
Summary
Oxfordshire's location
Oxfordshire's resident population
Rural County
GP registered patients
Population by age
Births and deaths
Migration
Ethnicity
Predicted growth in population
Life Expectancy
Finding out more

Finding out more

- Oxfordshire County Council population forecasts are published on the Oxfordshire Insight Population page (scroll down to "future population change")
- ONS population estimates and population projections for county and districts are available from www.nomisweb.co.uk
- ONS population estimates for wards are available from the ONS website https://www.ons.gov.uk/peoplepopulationandcommunity/populationandmigration/populationestimates/datasets/wardlevelmidyearpopulationestimatesexperimental
- ONS Life Expectancy data is available from:
  - ONS National Life Tables
  - Public Health England Fingertips
- ONS Migration flows
  - ONS interactive tool internal migration

Chapter 3

Population groups and protected characteristics

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

This chapter..

- This chapter provides data on residents in selected population groups in Oxfordshire including "protected characteristics" as defined under the Equality Act of 2010.
- The format is a series of factsheets giving the latest data – some of which is from the Census 2011 survey.
- In some cases local data is unavailable, so figures for Oxfordshire have been estimated from national surveys and local population data.
- There is also information for practitioners on carrying out an equity audit
- Further JSNA resources are available via the JSNA page of Oxfordshire Insight.

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Summary - Oxfordshire in numbers

Population group	Count	Source
Total population	**687,600**	ONS mid-2018
Aged 0-15	**130,100**	ONS mid-2018
Aged 16-64	**432,000**	ONS mid-2018
Aged 65+	**125,400**	ONS mid-2018
Full time students (Oxford Uni, Oxford Brookes)	**33,220**	HESA 2017-18
Part time students (Oxford Uni, Oxford Brookes)	**8,870**	HESA 2017-18
Estimated people with a disability	**137,500**	FRS 2017-18 and ONS pop
Claiming Personal Independent Payments	**12,705**	May 2019, DWP
Claiming Attendance Allowance (over state pension age)	**13,101**	May 2019, DWP
Adults with Learning Difficulties supported by Adult Social Care	**1,701**	Oxfordshire County Council 1Apr19
Pupils with Learning Difficulties in state primary, secondary and special schools	**6,464**	DfE January 2019
Pupils with Autism in state primary, secondary and special schools	**1,785**	DfE January 2019

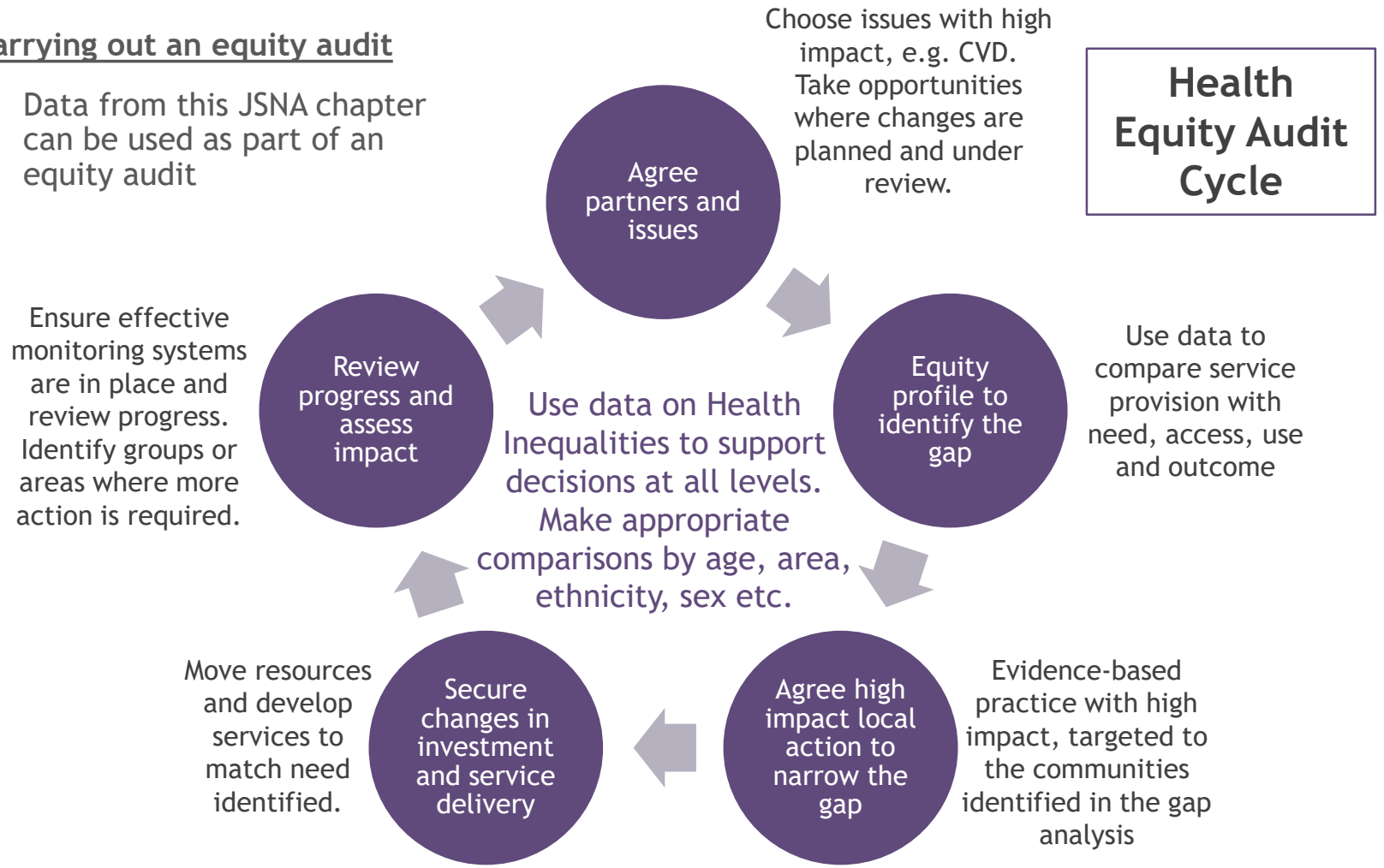
Population group	Count	Source
Married households	**128,400**	ONS Census 2011
Households in registered same-sex civil partnership	**682**	ONS Census 2011
Live births	**7,365**	ONS 2018
Ethnic minority	**107,000**	ONS Census 2011
Born outside UK	**92,500**	ONS Census 2011
Gypsy or Irish Traveller	**623**	ONS Census 2011
With a religion	**422,576**	ONS Census 2011
Estimated Lesbian, Gay or Bisexual	**11,500**	ONS UK est 2017
Carers registered with GP practices	**18,071**	OCCG 30-Sept-19
Adult carers receiving health and social care support	**4,105**	NHS Digital 2018-19
Young carers receiving support	**779**	Oxfordshire County Council (Feb 2019)
Regular armed forces	**9,560**	MoD 1-Apr-19
Residents in receipt of an Armed Forces pension, War pension and Armed Forces compensation scheme	**6,592**	MoD 31-Mar-19

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Carrying out an equity audit

- Data from this JSNA chapter can be used as part of an equity audit

Health Equity Audit Cycle



See...Evidence, resources and guidance from Public Health England and partners to help support national, regional and local areas to reduce health inequalities.

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Age and sex

- As of mid-2018 there were 342,700 (49.8%) males and 344,800 (50.2%) females living in Oxfordshire, a total of **687,600** residents.
- Compared with England, Oxfordshire had a higher proportion of residents aged 15-19 and 20-24 and a lower proportion of 25-29 and 30-34 year olds.
- The number of students resident in Oxford city affects this age profile

ONS mid-year population estimates from nomis

Male and Female Oxfordshire residents, count and proportion of total vs England (mid-2018)

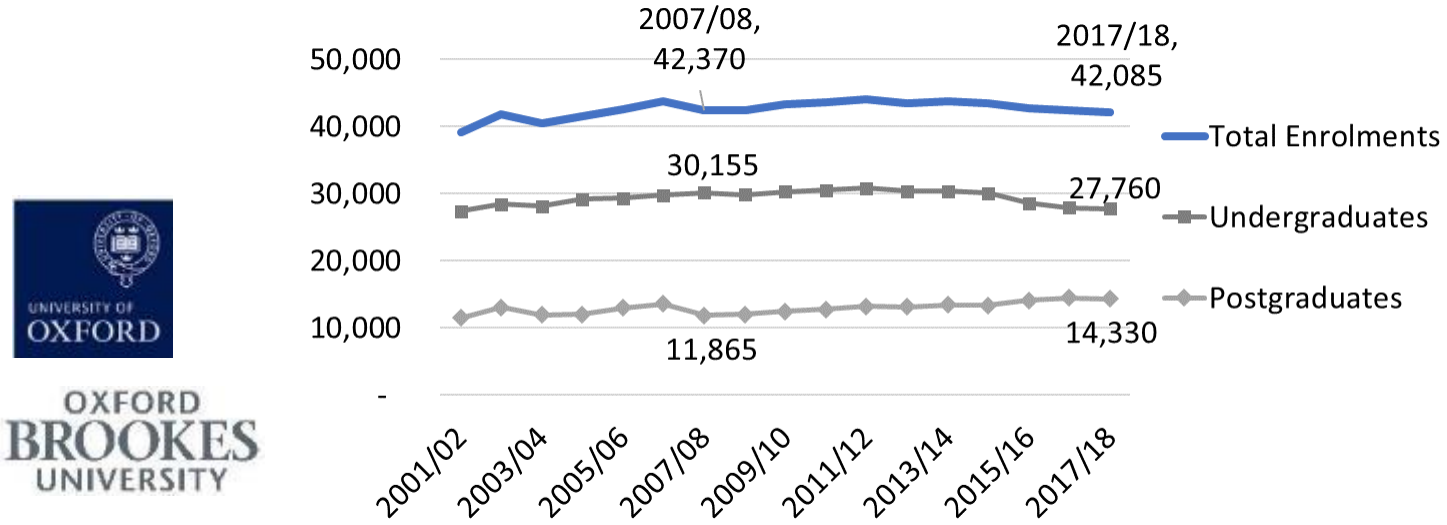
	Oxfordshire					
	Male	Female	Total		England	difference
0-4	20,400	19,000	39,400	5.7%	6.0%	-0.2
5-9	22,000	20,800	42,800	6.2%	6.3%	-0.1
10-14	20,600	19,900	40,500	5.9%	5.8%	0.0
15-19	20,200	19,800	40,000	5.8%	5.5%	0.3
20-24	26,400	23,200	49,700	7.2%	6.3%	0.9
25-29	24,200	20,600	44,800	6.5%	6.8%	-0.3
30-34	22,000	21,200	43,100	6.3%	6.8%	-0.5
35-39	22,600	22,700	45,300	6.6%	6.6%	-0.1
40-44	20,600	21,100	41,800	6.1%	6.1%	0.0
45-49	22,700	23,700	46,400	6.7%	6.8%	0.0
50-54	24,000	24,400	48,400	7.0%	7.0%	0.0
55-59	21,500	22,100	43,700	6.3%	6.4%	0.0
60-64	17,800	18,500	36,300	5.3%	5.4%	-0.2
65-69	16,300	17,400	33,700	4.9%	5.0%	-0.1
70-74	15,800	17,300	33,100	4.8%	4.9%	-0.1
75-79	10,700	12,500	23,200	3.4%	3.3%	0.0
80-84	8,000	9,600	17,600	2.6%	2.5%	0.1
85+	6,900	11,000	17,800	2.6%	2.4%	0.2
Total	342,700	344,800	687,600	100%		

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Students

- Oxford's two universities – Oxford Brookes and the University of Oxford - had just over 33,220 full time students and 8,870 part time students enrolled for the academic year 2017-18.
- Between 2007/08 and 2017/18 the undergraduate population declined by 2,400 (-8%) and the postgraduate population increased by 2,500 (+21%). This has resulted in a similar number of students and an older age profile.
- The majority of University of Oxford students live within Oxford city. Oxford Brookes has a campus in Headington, two campuses close to Oxford (in Wheatley and Harcourt Hill, Botley) and a campus in Swindon.

Student enrolments (full time and part time), Oxford Brookes and University of Oxford



HESA Where do HE students study?

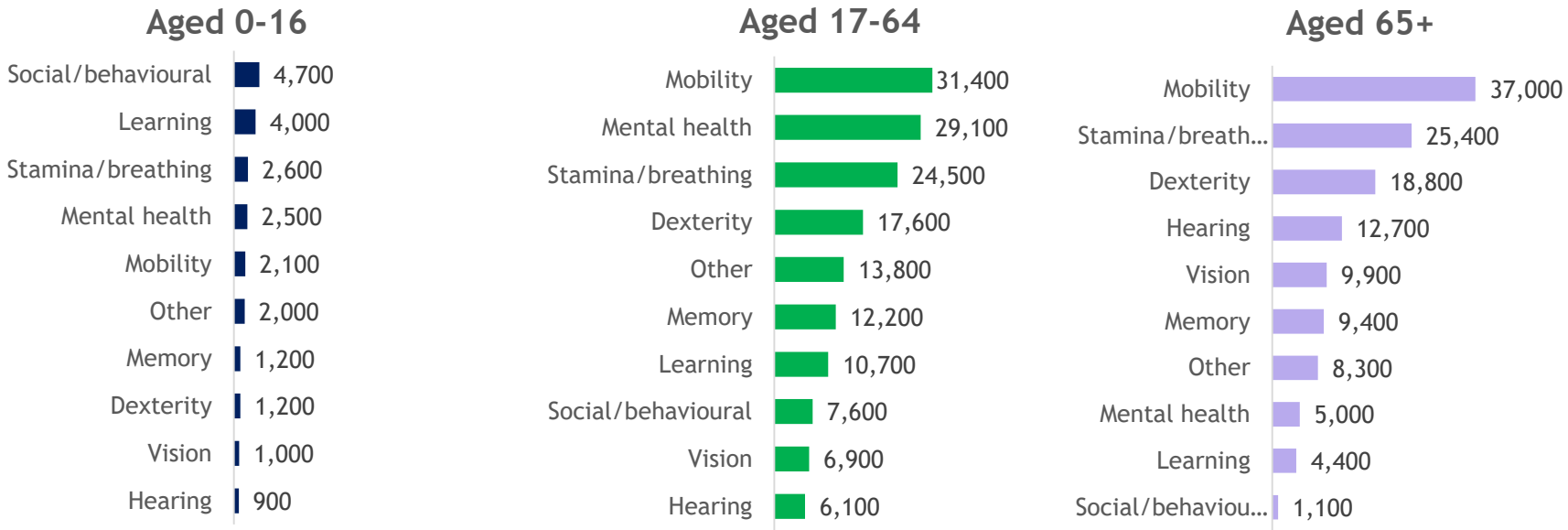
Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Disability

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Disability - Oxfordshire estimates from national survey data

- The Family Resources Survey provides national disability estimates annually which can be scaled to Oxfordshire using population numbers.
- In 2017/18 around 20% of people in the South East region have a disability, equating to an estimated **137,500** people in Oxfordshire.
- The top impairment types were social/behavioural for children and mobility for adults with estimated numbers for Oxfordshire below.



Department for Work and Pensions, Family Resources Survey 2017-18 (released 28 March 2019) scaled by ONS mid-2018 population estimates from nomis.

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Disability - Benefits claimants

- **Employment and Support Allowance (ESA)** supports those with a disability or health condition that affects work. ESA has replaced **Incapacity Benefit (IB)** and **Severe Disablement Allowance (SDA).**
- **Personal Independence Payment (PIP)** helps with extra costs for working age adults with long term ill-health or a disability. From 2013, PIP has replaced **Disability Living Allowance (DLA)** for working age adults, but DLA still applies for young people aged under 16.
- **Attendance Allowance** helps with extra costs for care and supervision due to a disability for state pension age residents who do not receive DLA/PIP
- In May 2019 there was a total of **49,026** disability-related benefits claimed in Oxfordshire

Disability-related benefit claimed in Oxfordshire to May 2019

	May-13	May-15	May-17	May-19
IB and SDA	3,906	947	453	284
ESA	10,955	14,215	14,167	11,064
DLA	20,502	19,797	15,581	11,872
PIP	-	2,179	7,998	12,705
Attendance Allowance	13,732	13,266	13,051	13,101
Total	49,095	50,404	51,250	49,026

Descriptions from Gov.uk and data from DWP Stat-Xplore using cases with entitlement for DLA, PIP and Attendance Allowance (which includes those in receipt of an allowance and those with entitlement where pay has been temporarily suspended, for example if they are in hospital)

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Disability - Learning disabilities

According to NHS Digital:

Females with learning disabilities had a life expectancy 18 years lower than the general population. Males had around 14 years lower than the general population.

Epilepsy is 25.2 times more prevalent in patients with learning disabilities than those without.

- As of 1 April 2019 there was a total **1,701** adults receiving long term social care for learning disabilities in Oxfordshire from Oxfordshire County Council Adult Social Care services.
- In 2018-19 there were a total of **2,946** people with learning disabilities (all ages) registered with GP practices in Oxfordshire Clinical Commissioning Group
- According to the school census (January 2019) in Oxfordshire there was a total of **6,464** pupils with learning difficulties (including specific, moderate, severe, profound and multiple) in schools in Oxfordshire:
  - 3,069 pupils with learning difficulties in state primary schools (6% of pupils) and
  - 2,827 pupils with learning difficulties in state secondary schools (7% of pupils)
  - 568 pupils with learning difficulties in special schools (46% of pupils)

For data on health, health checks and screening of people with learning disabilities see JSNA bitesize Health and Care of People with Learning Disabilities: 2017-18

NHS Digital, Health and Care of People with Learning Disabilities , Experimental Statistics: 2017 to 2018
NHS Digital, Quality and Outcomes Framework 2018-19
Department for Education, Special educational needs in England: 2019

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Disability - 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. 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

- In January 2019, there were **1,785** pupils in Oxfordshire registered with their primary/main type of need as Autism Spectrum Disorder, 1.9% of all pupils
  - Of these, 621 were in state-funded primary schools, 780 were in state-funded secondary schools and 384 were in special schools
- This is an increase in the number of registrations, with 1,548 pupils in January 2018 and 1,319 in January 2017
- The proportion of pupils with autism was well above the England average in Oxfordshire's state-funded secondary schools (2% compared with 1.3%)

Percentage of total pupils in Oxfordshire with primary type of need as Autism Spectrum Disorder

	Jan 2017	Jan 2018	Jan 2019	*England Jan 2019*
Primary schools	0.9%	1.0%	1.1%	*1.1%*
Secondary schools	1.4%	1.7%	2.0%	*1.3%*
Special schools	25.2%	28.9%	31.2%	*29.7%*
Total	1.4%	1.7%	1.9%	*1.6%*

DfE Special educational needs in England: 2019

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Gender identity

- *Gender identity is a personal internal perception of oneself and, as such, the gender category with which a person identifies may not match the sex they were registered at birth. In contrast, sex is biologically determined.*
- *Gender identity can have important links with health and wellbeing and being transgender is linked to a greater risk of self-harm and thoughts of suicide*[1]
- There is limited information on gender identity and data at a local level is not available
- During the 2018-19 financial year there were 379 applications for gender recognition certificates in the UK, a slight increase on 2017-18 (370).[2]

1. LGBT Public Health Outcomes Framework Companion Document
2. Ministry of Justice Tribunal Statistics Quarterly: July to September 2019

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Marriage and civil partnership

Same-sex civil partnerships were introduced in the UK in December 2005 and same-sex marriage became legal in March 2014.

- 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 as a whole.
- In 2016 in Oxfordshire there were 3,501 marriages of opposite-sex couples of which 2,432 (69.4%) were both of their first and most were aged 25-34 (50.0% male, 55.1% female).
- Also in 2016 there were 84 same-sex marriages (40 male, 44 female) which was a lower proportion compared to opposite-sex than in England (2.3% in Oxfordshire compared to 2.8% in England)

ONS Census 2011 table KS103EW from nomis and ONS Marriages in England and Wales 2016 (released March 2019)

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Pregnancy and maternity

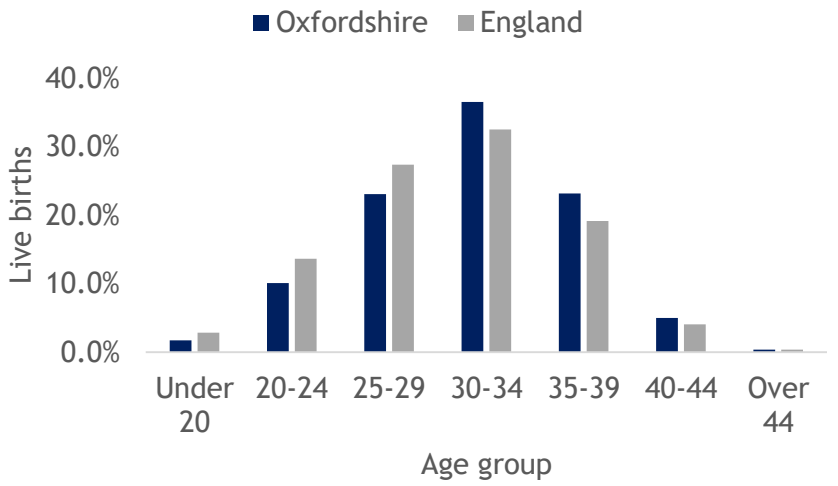
- There were 7,365 live births in Oxfordshire in 2018.
- Oxfordshire had an above-average proportion of births to older mothers.
- The trend in fertility in Oxfordshire follows the national trend of an increase between 2000 and 2011, followed by a decrease from 2011 to 2018.
- Oxfordshire's general fertility rate* in 2018 was 57.3 and in Oxford City was 43.6. This low rate in Oxford means that the county average was below the England average of 59.2.

*live births per 1,000 female population aged 15 to 44

ONS Births characteristics 2018 and Nomis theme "life events"

See also: Teenage conceptions

Proportion of births by mother's age 2018



Fertility rate and births

	General fertility rate	Live births
Cherwell	65.1	1,754
Oxford	43.6	1,662
South Oxfordshire	62.4	1,413
Vale of White Horse	64.2	1,479
West Oxfordshire	59.0	1,057
Oxfordshire	57.3	7,365
England	59.2	625,651

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Ethnicity

- In 2011, there were 107,000 people in Oxfordshire of an ethnic minority background (non white British) up from 60,900 in 2001
- The proportion of the population from ethnic minority backgrounds in Oxfordshire increased to 16% in 2011, remaining below the England average (20%)
- The greatest number of additional residents was in the "Other White" group (17,000 additional people) an increase of 71%. This group increased by 90% across England.

Country of birth data from the Census shows that there were 92,500 people born outside the UK living in Oxfordshire in 2011

- 30,400 people in Oxfordshire were born in EU countries (not including the UK) of which 17,200 were member countries in 2011 and 13,200 were accession countries including Poland and Romania
- Outside the EU, the largest non-UK born groups were United States (5,700), India (5,000) and Ireland (4,800)

ONS Census 2011 table KS201EW from nomis

Population by ethnic group (Census 2011)

	Oxfordshire 2001	Oxfordshire 2011	Oxfordshire 2001 to 2011		*England 2001 to 2011*
White: British	544,572	546,801	2,229	0%	*-1%*
All ethnic minority	60,916 (10%)	106,997 (16%)	46,081	76%	*68%*
Irish	7,525	6,291	-1,234	-16%	*-17%*
Other White	23,947	40,912	16,965	71%	*90%*
Mixed ethnic background	7,103	13,233	6,130	86%	*85%*
Indian	4,068	8,140	4,072	100%	*36%*
Pakistani	4,007	7,846	3,839	96%	*57%*
Bangladeshi	1,184	2,491	1,307	110%	*59%*
Other Asian	1,221	7,562	6,341	519%	*245%*
Black Caribbean	2,453	3,070	617	25%	*5%*
Black African	2,046	7,039	4,993	244%	*105%*
Other Black	503	1,315	812	161%	*191%*
Chinese	3,849	5,618	1,769	46%	*72%*
Other ethnic group	3,010	3,480	470	16%	*156%*
TOTAL	**605,488**	**653,798**	**48,310**	**8%**	***8%***

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Travellers

- At the time of the 2011 Census, there were 623 people living in Oxfordshire identifying as Gypsy or Irish Traveller.
- The district with both the highest count and rate was West Oxfordshire.
- 51.5% live in rural parts of Oxfordshire compared to 24.0% nationally.

ONS Census 2011 table KS201EW from nomis

Number and rate of Travellers in Oxfordshire (Census 2011)

	Gypsy or Irish Travellers	Rate per 10,000 residents
Cherwell	105	7.4
Oxford	92	6.1
South Oxfordshire	135	10.1
Vale of White Horse	109	9.0
West Oxfordshire	182	17.4
Oxfordshire	**623**	**9.5**
England	54,895	10.4

Wards with most Travellers (Census 2011)

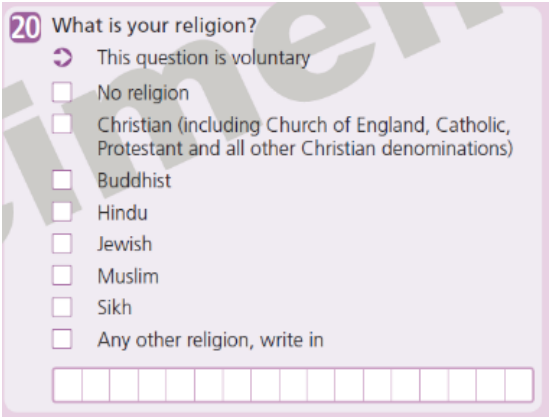
	Gypsy or Irish Travellers	Rate per 10,000 residents
Hailey, Minster Lovell and Leafield	36	88.7
Banbury Ruscote	29	34.2
Sandford	27	106.8
Standlake, Aston and Stanton Harcourt	27	64.2

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Religion or belief

- The question on religion in the 2011 Census survey was voluntary.
- The proportion of residents in Oxfordshire stating a religion was 65%, just below the national average (68%).
- Of those stating a religion, a higher than average proportion were Christian (93% Oxfordshire compared with 87% national).
- The largest non-Christian group was Muslim with 15,700 residents in the county, the majority living in Oxford city.

2011 Census question on religion


20 What is your religion?
This question is voluntary
No religion
Christian (including Church of England, Catholic, Protestant and all other Christian denominations)
Buddhist
Hindu
Jewish
Muslim
Sikh
Any other religion, write in

Religion (Census 2011)

	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire	Oxfordshire	England
All residents	141,868	151,906	134,257	120,988	104,779	653,798	53,012,456
Christian	96,063	89,021	87,833	79,496	70,163	422,576	36,094,120
Buddhist	90,564	72,924	85,292	76,589	68,537	393,906	31,479,876
Hindu	563	1,431	467	462	334	3,257	238,626
Jewish	575	2,044	472	566	221	3,878	806,199
Muslim	164	1,072	281	196	180	1,893	261,282
Sikh	3,196	10,320	710	1,073	435	15,734	2,660,116
Other religion	438	434	106	177	37	1,192	420,196
Religion not stated	9,739	12,611	10,026	8,987	7,515	48,878	3,804,104
Has religion	96,063	89,021	87,833	79,496	70,163	422,576	36,094,120
% has religion	68	59	65	66	67	65	68
No religion	36,066	50,274	36,398	32,505	27,101	182,344	13,114,232
% no religion	25	33	27	27	26	28	25

ONS Census 2011 table KS209EW from nomis

Most frequently stated religions as % of total

	Oxfordshire	England
Christian	93.2%	87.2%
Muslim	3.7%	7.4%
Hindu	0.9%	2.2%
Buddhist	0.8%	0.7%
Other religion	0.6%	0.6%
Jewish	0.4%	0.7%
Sikh	0.3%	1.2%

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Sexual orientation

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Sexual orientation - Numbers

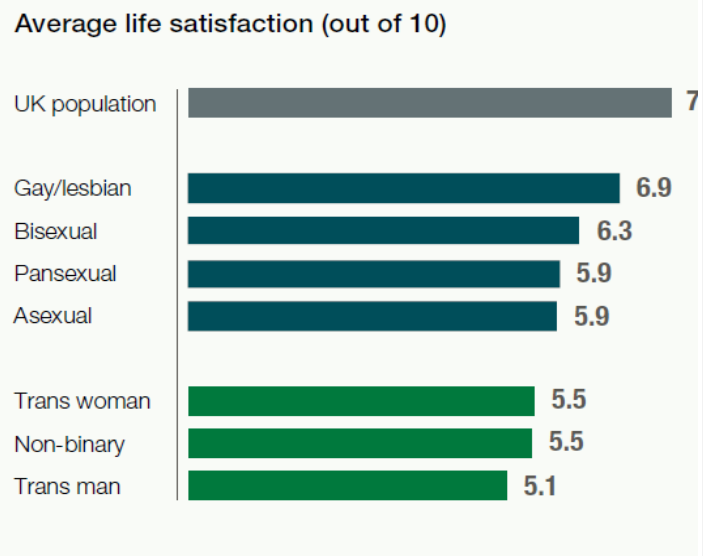
- There remains very limited data on sexual orientation – people identifying as heterosexual/straight, gay/lesbian, bisexual or another sexual orientation.
- One indicator is the number of people in a same-sex registered partnership, which for Oxfordshire in 2011 was around **1,400** people. This will be, however, a significant undercount of the total lesbian, gay or bisexual (LGB) population.
- ONS experimental statistics on sexual identity found that:
  - The proportion identifying as lesbian, gay or bisexual (LGB) increased from 1.6% in 2014 to 2.2% in 2018. The rate in the South East region was similar, at 2.2% of the population.
  - The population aged 16 to 24 were the age group most likely to identify as LGB in 2018 (UK, 4.4%).
  - Men (2.5%) were more likely to identify as LGB than women (2.0%) in 2018.
  - More than two-thirds (68.7%) of people who identified as LGB were single (never married or in a civil partnership).
- Using the proportion of LGB population by age from this research, it is estimated that there was a total of **12,300** people aged 16+ in Oxfordshire identifying as lesbian, gay or bisexual in 2018.

ONS Sexual orientation, UK 2018 (released 6 March 2020); ONS 2018 mid-year population estimates from nomis

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Sexual orientation - Experience

- In February 2019, ONS published detailed data from a major online survey on LGBT experience. Responses from over 100,000 LGBT people in the UK showed that:
  - LGBT respondents are less satisfied with their life than the general UK population (rating satisfaction 6.5 on average out of 10 compared with 7.7). Trans respondents had particularly low scores (around 5.4 out of 10).
  - More than two thirds of LGBT respondents said they avoid holding hands with a same-sex partner for fear of a negative reaction from others.
  - At least two in five respondents had experienced an incident because they were LGBT, such as verbal harassment or physical violence, in the 12 months preceding the survey. However, more than nine in ten of the most serious incidents went unreported, often because respondents thought 'it happens all the time'.
  - 2% of respondents had undergone conversion or reparative therapy in an attempt to 'cure' them of being LGBT, and a further 5% had been offered it.
  - 24% of respondents had accessed mental health services in the 12 months preceding the survey.



In July 2017, the Government launched a survey to gather more information about the experiences of LGBT people in the UK. The survey response was unprecedented – over 108,000 people participated, making it the largest national survey of LGBT people in the world to date. ONS has published a detailed research report on the headline findings and a summary report. These focus on the experiences of LGBT people in the areas of safety, health, education and the workplace.

For charts and data by question see data viewer

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Inequalities in health outcomes - Lesbian, Gay, Bisexual and Trans (LGBT) communities

- A report published by the Women and Equalities Committee has found that too often LGBT people are expected to fit into systems that assume they are straight and cisgender. The Committee has found that deep inequalities exist in health outcomes for these communities and that treating them "the same" as non-LGBT people will not address these poor outcomes.
- The report talks about the disparities in health and social care that is experienced by LGBT people. Services need to understand where the disparities are in order to formulate strategies to tackle them. This is especially true for the transgender population, where the LGBT Survey found that some of the greatest health disparities exist.

"Unacceptable inequalities in health outcomes" for LGBT people "glare out wherever you look"

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Carers

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Carers - Numbers

Census 2011 survey[1]

- According to the Census 2011 survey:
  - 61,100 residents of Oxfordshire were providing unpaid care.
  - 17,400 residents of Oxfordshire were providing 20 or more hours of unpaid care, of whom a third (34%) were aged 65 or over.
  - 4,200 residents were combining full time work with providing 20 or more hours per week of unpaid care.

Carers known to Social Care[2]

- In 2018-19, there was a total of 4,105 carers in Oxfordshire who were registered and receiving a service in the form of a carers assessment or direct payment from a pooled budget (health and social care). This was 0.76% of the adult population, just above the regional average (0.70%) and below national average (0.79%).
- Around 48% of registered carers receiving services, were aged 65 and over.

Carers known to GP practices[3]

- As of 31 September 2019, there were 18,071 carers reported by 66 (out of 70) GP practices in Oxfordshire Clinical Commissioning Group.
- This was around 1,000 above the previous year (16,978 reported by 70 out of 70 practices as of 30/09/2018).

[1] ONS Census 2011 table LC3304 from nomis ; [2] Adult Social Care Activity and Finance Report, England - 2018-19 ; [3] Oxfordshire Clinical Commissioning Group

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Young carers

- Census data suggests that there were around 1,300 young people aged under 16 providing unpaid care in Oxfordshire in 2011.
- As of February 2019, Oxfordshire County Council's children's services was supporting 779 young carers.

Young Carers in Oxfordshire (Census 2011)

	Number of aged 0-15 providing unpaid care	Percentage of aged 0-15 providing unpaid care compared to population
Cherwell	288	1.0%
Oxford	353	1.4%
South Oxfordshire	268	1.0%
Vale of White Horse	196	0.8%
West Oxfordshire	197	1.0%
Oxfordshire	1,302	1.1%
England		1.1%

ONS Census 2011 table LC3304 from nomis ; Oxfordshire County Council

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Carers - Experience

- The latest survey of Adult Carers (2018-19) has found that..
- An above average and increasing proportion of carers in Oxfordshire reported feelings of stress and financial difficulties.
  - The proportion of carers in Oxfordshire who say that caring had caused them feelings of stress has increased from 58.7% in 2016-17 to 63.5% in 2018-19 (+4.8). Across England this increased from 58.7% to 60.6% (+1.9).
  - The proportion of carers in Oxfordshire who say that caring had caused "some" or "a lot" of financial difficulties has increased from 44.8% in 2016-17 to 51.0% in 2018-19 (+6.2). Across England this increased from 45.6% to 46.6% (+1.0).
- Just under a third of carer respondents (31%) in Oxfordshire reported that they have had to see their own GP in the last 12 months because of their caring role, above the national average of 29%.
- The rate has fallen since the last survey, particularly in the upper age groups.
- There appears to have been a large increase for carers aged 18 to 49 (from a small sample).
- This may be an indication of younger carers in poorer health than the previous survey and/or an indication this age group are now more likely to seek support from their GP.
- ONS research shows that "sandwich carers" – those who care for both sick, disabled or older relatives and dependent children – are more likely to report symptoms of mental ill-health, feel less satisfied with life, and struggle financially compared with the general population.

Oxfordshire Carers Survey 2018-19 JSNA briefing and ONS research on sandwich carers

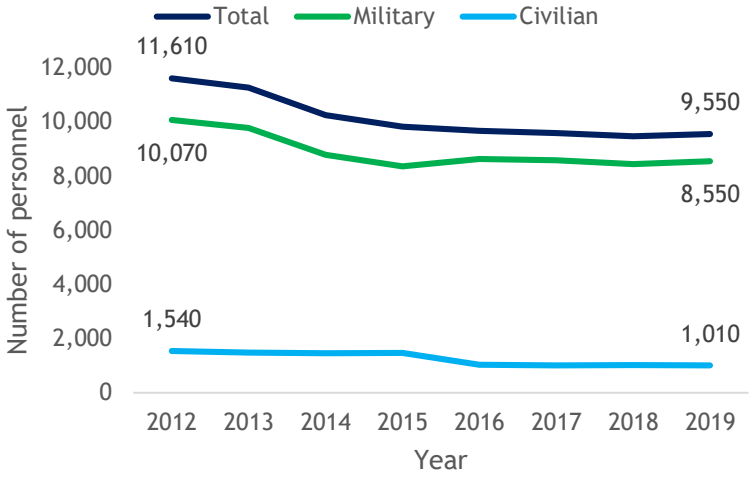
Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Armed forces

- **Current personnel**
  - As of 1 April 2019 there were 9,550 regular armed forces (military and civilian) personnel stationed in Oxfordshire (although not necessarily all resident in the county).
  - This was a slight increase compared to the previous year (9,470 on 1 April 2018) but well below the number as of April 2012 (11,610).
- **Ex-personnel**
  - As of 31 March 2019 there were 6,592 recipients of pensions/compensation under the Armed Forces Pension Scheme, War Pension Scheme and Armed Forces Compensation Scheme.
  - This continues the trend of a gradual increase in recipients since 2014.

Ministry of Defence, location of UK regular service and civilian personnel annual statistics and location of armed forces pension and compensation recipients

Armed Forces Personnel stationed in Oxfordshire, 2012 to 2018



Armed Forces pension and compensation recipients in Oxfordshire 2018 to 2019

	31-Mar-18	31-Mar-19	2018 to 2019	
Cherwell	1,297	1,314	17	0.9%
Oxford	257	262	5	1.3%
South Oxfordshire	1,172	1,185	13	1.9%
Vale of White Horse	1,636	1,647	11	1.1%
West Oxfordshire	2,174	2,184	10	0.7%
Oxfordshire	6,546	6,592	56	0.5%

Introduction
Summary
Carrying out an equity audit
Age and sex
Students
Disability
Gender identity
Marriage and civil partnership
Pregnancy and maternity
Ethnicity
Travellers
Religion or belief
Sexual orientation
Carers
Armed forces
Finding out more

Finding out more

- For further information on population and disability it may be useful to reference other sections of the JSNA, for example Chapter 2: Population and Chapter 4: Health conditions and causes of death
- Office for National Statistics provides national survey data (for example the Family Resources Survey) and population estimates
- Further data, including at ward level, on claimants of benefits is available from DWP Stat-Xplore
- Additional data on pupils is available from Department for Education DfE Schools, Pupils and their characteristics
- Oxfordshire Public Health dashboard on ethnicity with district data
- A wide range of Census 2011 data is available from nomis

Chapter 4

Health conditions and causes of death

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

This chapter..

- This chapter provides information on health conditions and causes of deaths in Oxfordshire.
- It includes information on the premature deaths in people under 75 years which are considered to be preventable.
- The health of people in Oxfordshire is generally better than the England average. There are, however, small areas within Oxfordshire that have significantly worse health outcomes than Oxfordshire or England overall. Please refer to the Basket of Inequality Indicators in the Annex for a full picture in Oxfordshire.

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Summary - Health conditions

- The health conditions with the greatest number of GP-registered patients in Oxfordshire were:
  - Hypertension (high blood pressure): 94,300 patients
  - Depression: 67,600 patients
  - Asthma: 43,900 patients
  - Diabetes: 31,100 patients
- Around 14% of population suffer with a musculoskeletal condition. Depression and anxiety are four times more common in people with persistent pain.
- There are over 137,000 people of all ages with 2 or more chronic conditions in Oxfordshire. Prevalence increases as age increases.
- Depression is responsible for 12% of the global burden of non-fatal disease. Prevalence of depression is increasing in Oxfordshire.
- Mental health problems in young people can be correlated against maternal education.
- Oxfordshire's rate of self-harm has remained stable but it is too early to tell if this trend will continue.

Summary - Causes of death

- Cancer remains the leading cause of death in Oxfordshire, followed by Heart Disease for males and Dementia for females.
- Deaths from Dementia and Alzheimer's disease have continued to increase in Oxfordshire - similar to the national trend. This may be affected by improvements in diagnosis.
- An increasing number and proportion of deaths are in a usual place of residence.
- Just over 2,000 deaths in Oxfordshire (2016-18) were considered preventable including:
  - 1,054 cancer deaths
  - 558 cardiovascular
  - 246 respiratory
  - 217 liver disease
- Oxfordshire's more deprived wards experience significantly higher mortality rates than England.
- The proportion of premature deaths attributable to socioeconomic inequality in Oxfordshire ranged from 12% in Vale of White Horse to 34% in Oxford City.

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Health conditions

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Health conditions - Oxfordshire CCG and England

- The health conditions with the greatest number of GP-registered patients in Oxfordshire were:
  - Hypertension (high blood pressure): 94,300 patients
  - Depression: 67,600 patients
  - Asthma: 43,900 patients
  - Diabetes: 31,100 patients
- Four health conditions in Oxfordshire were above the England average:
  - Cancer
  - Cardiovascular disease
  - Depression and
  - Osteoporosis

NHS Digital QOF data for GP Practices

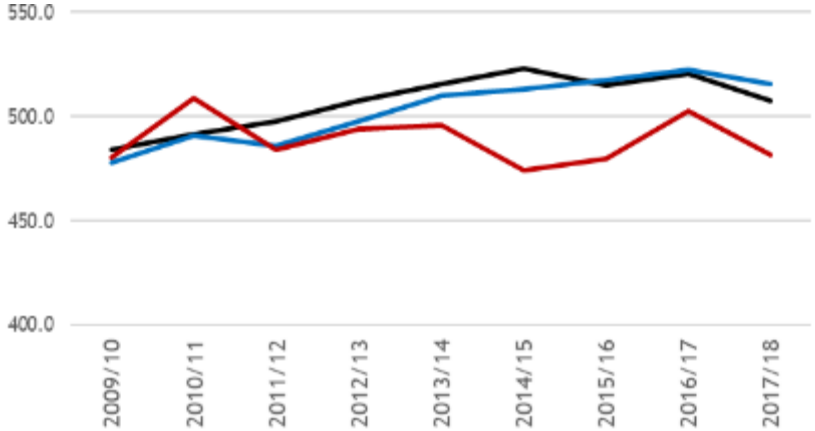
Oxfordshire CCG	2017-18		2018-19			
	Count	Rate	Count	Rate	pp change	England rate
Cardiovascular group						
Atrial fibrillation	14,025	1.89	14,948	1.97	0.08	1.98
Cardiovascular disease	4,848	1.20	4,946	1.20	0.00	1.13
Coronary heart disease	17,737	2.39	17,857	2.35	-0.03	3.10
Heart failure	5,223	0.70	5,768	0.76	0.06	0.93
Hypertension	92,220	12.40	94,342	12.43	0.03	13.96
Periph. arterial disease	3,657	0.49	3,624	0.48	-0.01	0.60
Stroke and TIA	12,862	1.73	13,134	1.73	0.00	1.77
Respiratory group						
Asthma	42,558	5.72	43,906	5.78	0.06	6.05
Chronic obstructive pulmonary disease	10,243	1.38	10,631	1.40	0.02	1.93
Lifestyle group						
Obesity	50,559	8.47	55,220	9.04	0.58	10.12
High dependency and other long-term conditions group						
Cancer	23,132	3.11	25,860	3.41	0.30	2.98
Chronic kidney disease	19,708	3.30	19,695	3.23	-0.07	4.09
Diabetes mellitus	30,108	4.97	31,146	5.03	0.06	6.93
Palliative care	1,786	0.24	1,886	0.25	0.01	0.40
Mental health and neurology group						
Dementia	5,579	0.75	5,862	0.77	0.02	0.78
Depression	61,874	10.36	67,557	11.06	0.70	10.74
Epilepsy	4,140	0.69	4,280	0.70	0.01	0.79
Learning disabilities	2,765	0.37	2,946	0.39		0.50
Mental health	6,341	0.85	6,620	0.87	0.02	0.96
Musculoskeletal group						
Osteoporosis	2,978	1.15	3,693	1.39	0.24	0.79
Rheumatoid arthritis	3,949	0.64	4,187	0.67	0.02	0.76

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Cancer incidence

- Since 2011/12, Oxfordshire has continued to have a lower incidence (new cases) rate of cancer (482 per 100,000) than England (517) and the South East Region (515).
- There are approximately 3,500 new cancer cases each year in Oxfordshire.
- The Global Burden of Disease (GBD) tool enables users to look at risk factors associated with some diseases.

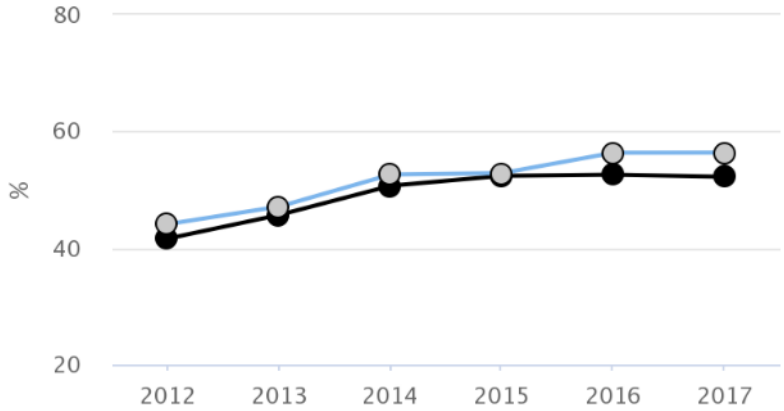
Crude incidence rate of cancer (new cases per 100,000 population)



- New cases of cancer* diagnosed at stage 1 and 2 (shown as a proportion of all new cases of cancer diagnosed) have improved in Oxfordshire.
- In 2017, 1,492 new cases of cancer were diagnosed at stage 1 or 2 in Oxfordshire.

*Note - this indicator is labelled as experimental because of variation in data quality: the indicator values primarily represent variation in completeness of staging information.

Cancer diagnosed at an early stage (Oxfordshire and England (black line)



Public Health England Cancer Profile, Public Health Outcomes Framework

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

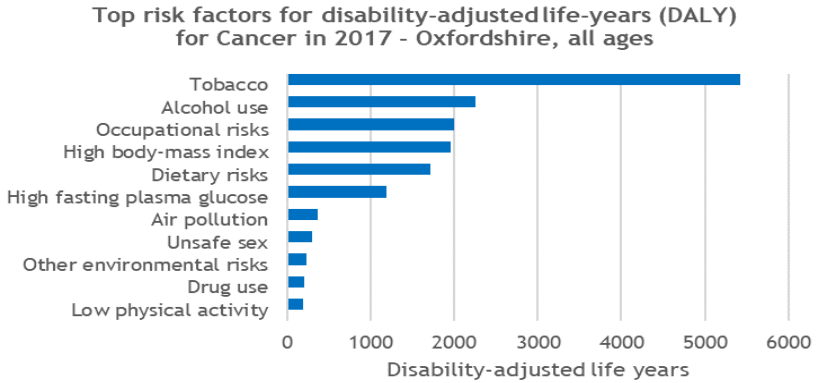
Cancer - risk factors

- The two main risk factors for cancer are use of tobacco and alcohol use.
- The chart shows disability adjusted life years* for each of the risk factors. For tobacco over 5,000 DALYs could be saved in Oxfordshire. For alcohol use just over 2,000 DALYs could be saved across Oxfordshire.
- For the younger age group, 15-49 years, alcohol use has a higher number of DALYs than tobacco.
- Data for 2015-17 shows that Oxfordshire had 675 new cases of alcohol-related cancer (35.9 per 100,000). This gives a similar rate to England (37.8 per 100,000).

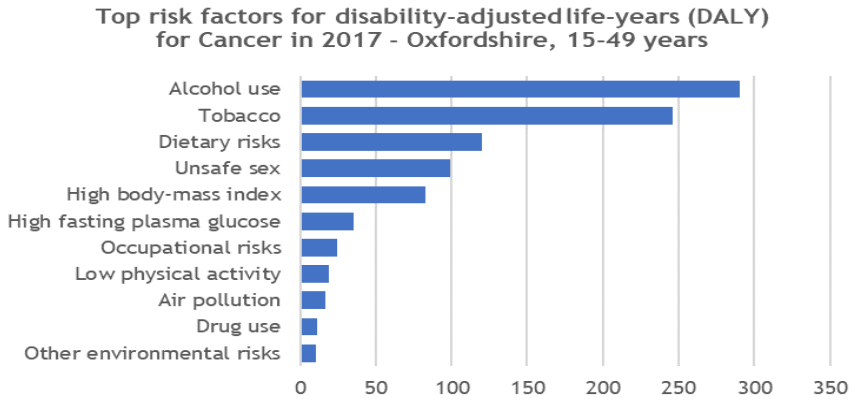
*Disability adjusted life year = the sum of years of potential life lost due to premature death, and the years of productive life lost due to disability. DALYs are used to measure the combined quantity and quality of life of a population.

IHME Global Burden of Disease tool

Top risk factors for disability-adjusted life-years (DALY) for Cancer in 2017, Oxfordshire, all ages



Top risk factors for disability-adjusted life-years (DALY) for Cancer in 2017, Oxfordshire, aged 15-49 years



Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Cardiovascular disease

- **Cardiovascular disease (CVD)** refers to disease of the heart or blood vessels.
- **CVD** also includes stroke and high blood pressure.

Coronary heart disease (CHD)

- There were 17,857 people (all ages) registered with CHD among Oxfordshire GP practices in 2018-19 (2.35% of all patients, compared to 3.1% nationally)
- In 2018/19 the hospital admission rate for CHD in Oxfordshire CCG was 367.5. This is significantly lower than the England rate (488.0).
- **Inequalities -** two wards in Oxfordshire - Banbury Ruscote and Blackbird Leys in Oxford - were significantly worse than the England average for emergency hospital admissions for CHD (combined years 2013/14 to 2017/18)

Stroke

- 13,134 patients at Oxfordshire GP practices had recorded stroke or transient ischaemic attack (TIA). This is 1.73% of all Oxfordshire patients, similar to national average (1.77%)
- There were 870 hospital admissions for stroke in Oxfordshire for all ages in 2018/19; this is a rate of 134.0 per 100,000 population, significantly below the national average (166.0 per 100,000). The admission rate for stroke in the CCG has reduced by 26% since 2004/05.
- **Inequalities -** two wards in Oxfordshire - Blackbird Leys and Banbury Grimsbury & Hightown - were significantly worse than the England average for emergency hospital admissions for stroke (combined years 2013/14 to 2017/18)

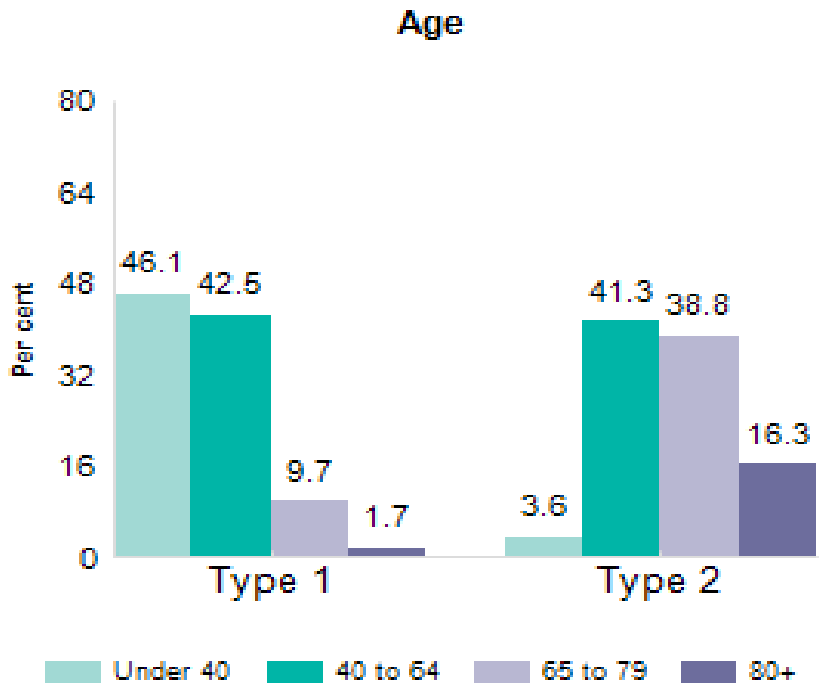
Public Health England Heart Disease Profile Reports, Local Health

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Diabetes

- In 2018/19 there were 31,146 people, aged 17 years or older who had been diagnosed with diabetes in Oxfordshire CCG.
- The Oxfordshire prevalence of 5% was the lowest in the South East NHS region.
- The latest prevalence of diagnosed and undiagnosed diabetes in Oxfordshire (2017), was an estimated 7.2% (England 8.5%)
- Estimates from 2017/18 show that Type 1 diabetes particularly affects younger people, while type 2 affects older people.

Distribution of people with type 1 and type 2 diabetes in Oxfordshire by age (2017/18)



Public Health England Diabetes profile

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Musculoskeletal conditions

- Good musculoskeletal health (MSK) is an important component of maintaining a person's functional abilities throughout the life course.
- MSK conditions affect the bones, joints, muscles and spine, and are a common cause of severe long-term pain and physical disability. There are three groups:
  - Inflammatory conditions e.g. rheumatoid arthritis;
  - Conditions of MSK pain e.g. osteoarthritis and back pain;
  - Osteoporosis and fragility fractures, e.g. a fracture after a fall from standing height.
- Each year, 20% of people see a doctor in the UK about a MSK problem.
- In Oxfordshire, there are an estimated 13.9% of people with a MSK condition (2018/19). Confidence intervals (CIs) on the chart show the range within which the estimate could fall.

Percentage reporting a long-term MSK problem 2018/19 (districts in Oxfordshire)

Area	Value	Lower CI	Upper CI
England	16.9	16.8	17.0
Oxfordshire	13.9	13.2	14.7
Cherwell	16.7	14.9	18.4
Oxford	10.1	8.7	11.4
South Oxfordshire	14.1	12.4	15.7
Vale of White Horse	14.2	12.3	16.2
West Oxfordshire	16.4	14.3	18.4

Public Health England Applying all our health, Public Health England Profile MSK Conditions

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Musculoskeletal conditions and depression / anxiety

- Depression and anxiety is four times more common among people in persistent pain compared to those without pain. Data from the GP Patient Survey is used to estimate the percentage of people aged 18+ years reporting an MSK condition, either long term back pain or long term joint pain, who also report feeling depressed or anxious.

Percentage of people aged 18+ years reporting an MSK condition, either long term back pain or long term joint pain, who also report feeling depressed or anxious 2018/19

Area	Value	Lower CI	Upper CI
England	24.1	23.9	24.4
Oxfordshire	19.6	17.5	21.7
Cherwell	19.3	15.1	23.5
Oxford	19.9	15.3	24.4
South Oxfordshire	18.6	14.3	23.0
Vale of White Horse	21.8	16.5	27.1
West Oxfordshire	18.3	13.3	23.4

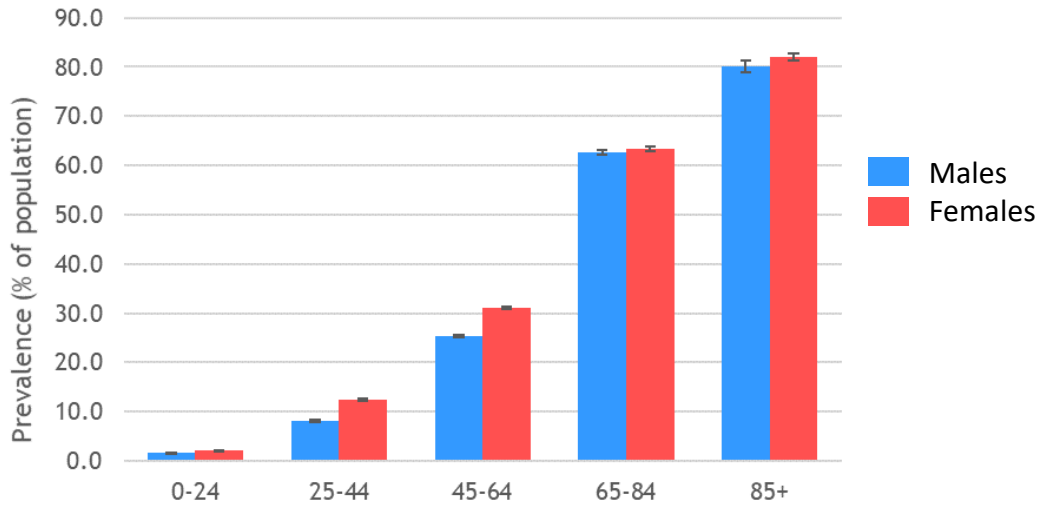
Public Health England Profile MSK Conditions

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Multi-morbidity

- There are over 137,000 people of all ages with 2 or more chronic conditions (2+MM) in Oxfordshire, according to expected prevalence estimates (based on observed prevalence estimates provided by Barnett and colleagues and mid-2011 population estimates).
- Prevalence within each age-group increases as age increases.
- There are 40 or more conditions (both physical and mental) included in this list. For example hypertension, asthma and CHD (physical); depression, anxiety and alcohol problems (mental).

Prevalence of 2 or more chronic conditions in Oxfordshire by age group and gender



Multimorbidity means more than two illnesses or diseases occurring **in the** same person at the same time. Public Health England: SW Local Knowledge and Intelligence Service - Age+sex specific estimates of multimorbidity

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Sensory Impairment - Sight loss

- One in every five people in the UK will start to live with sight loss in their lifetime.
- In Oxfordshire, there are an estimated 21,900 (3.2% of total population) living with sight loss in varying stages - low, moderate and severe.
- This figure is expected to increase to 29,000 by 2030.
- There are 1,300 people registered blind, 10 of which are children; a further 1,060 are registered as partially sighted, 30 of which are children.

Impact of sight loss - national data

- According to the RNIB:
  - Only 27% of blind and partially sighted people of working age are in employment
  - Only 17% of blind and partially sighted people are offered emotional support in response to their deteriorating vision
  - 35 per cent of blind and partially sighted people say that they sometimes, frequently or always experience negative attitudes from the public in relation to their sight loss.

Royal National Inst. Blind People RNIB.org.uk Sight Loss Data Tool Version 4, My Voice 2015

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Sensory Impairment - Hearing loss

- Hearing loss is a major public health issue that now affects over 9 million people in England. Due to our ageing population and the increasing prevalence of age-related hearing loss, this is set to grow to 13 million by 2035.
- NHS England estimates that the prevalence of hearing loss in Oxfordshire will increase from 20% in 2015 to 26% in 2035.

Estimated prevalence (%) of hearing loss of 25dBHL* or more in the adult population (18+ years)

	2015	2020	2025	2030	2035
Oxfordshire	20	22	23	25	26
South East	22	23	25	26	27
England	21	22	23	24	25

- The estimated number in 2020 is over 120,000 – 35% of these are aged 51-70 and over 50% of these are over 71 years of age.
- The number of people with hearing loss is estimated to increase to 160,000 by 2035.

*Hearing tests use pure tone audiometry where a person is presented with different frequencies (measured in decibels hearing level (dBHL) A threshold of 25dBHL indicates a hearing loss and threshold of 65dBHL indicates a severe hearing loss.

NHS England Hearing Loss Data Tool

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Mental Health

- The estimated prevalence of common mental health disorders in people aged 16+ registered in Oxfordshire CCG was 75,892 (14%) in 2017. In people aged 65+ the figure was 10,277 (8.5%).
- The chart below shows the prevalence and incidence of common mental health conditions within Oxfordshire CCG (note varied time scales).

Indicator	Period	Oxfordshire			NHS region -local office	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Depression: Recorded prevalence (aged 18+)	2018/19	↑	67,557	11.1%	10.8%*	10.7%*	17.3%		5.7%
Depression: QOF incidence (18+) - new diagnosis	2018/19	↑	11,632	1.9%	1.7%*	1.7%*	3.3%		0.8%
Estimated prevalence of common mental disorders: % of population aged 16 & over	2017	–	75,892	14.0*	-	16.9*	24.0		12.0
Estimated prevalence of common mental disorders: % of population aged 65 & over	2017	–	10,277	8.5*	-	10.2*	14.7		7.6
Long-term mental health problems (GP Patient Survey): % of respondents (aged 16+)	2018/19	–	829	9.2%	-	9.9%	15.2%		5.6%
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+	2016/17	↑	1,138	11.6%	-	13.7%	21.3%		9.2%

Public Health England Common Mental Health Disorders

Link to Service Use chapter

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

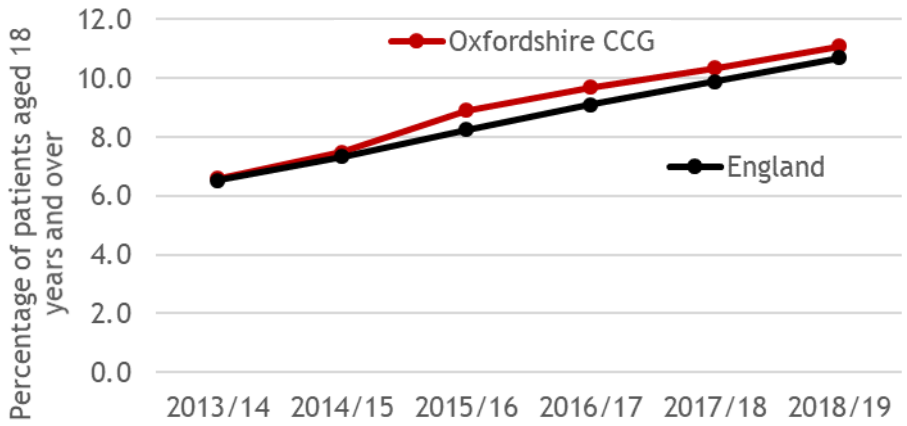
Mental Health - Depression

Depression affects different people in different ways but it can include some or all of the following symptoms: feelings of sadness and hopelessness; losing interest in things; feeling tearful; feeling constantly tired, sleeping badly, having no appetite. It can result in significantly reduced quality of life for the patient their family and carers.

- Depression is responsible for 12% of the global burden of non-fatal disease and is expected to be the world's second most disabling disease by 2020 (after cardiovascular disease). It is also responsible for 109 million lost working days every year in England at a cost of £9billion.

- In 2018/19 there were 67,557 patients (aged 18 or over) with a diagnosis of depression in Oxfordshire's GP practices. This is a higher number than the previous year; rates of depression are increasing, year on year.

Prevalence of diagnosed depression, 2013/14 to 2018/19



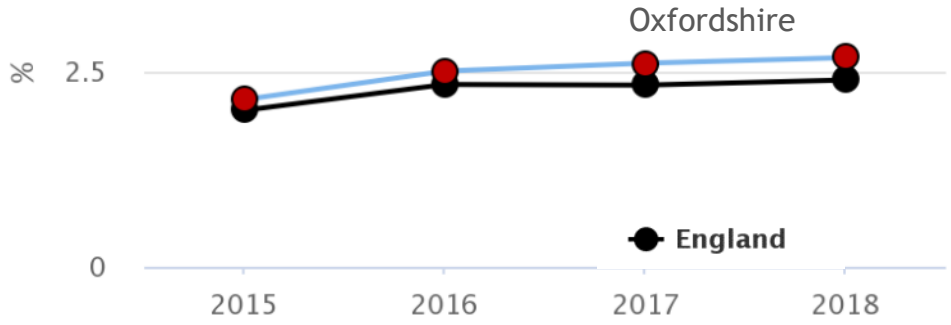
Public Health England Mental Health and Wellbeing JSNA

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Social, emotional and mental health needs in school pupils with Special Educational Needs

- This indicator shows the number of pupils where the primary need is social, emotional and mental health, expressed as a percentage of all school pupils. It is likely that there are pupils with mental health need that are not identified in this dataset.
- The National Clinical Practice Guidelines published by the British Psychological Society state that children with learning or physical disabilities have a risk of developing a mental health problem compared to the national population.
- Oxfordshire has an increasing and above-average percentage of children with social, emotional and mental health needs.

Percentage of children with social, emotional and mental health needs - Oxfordshire and England



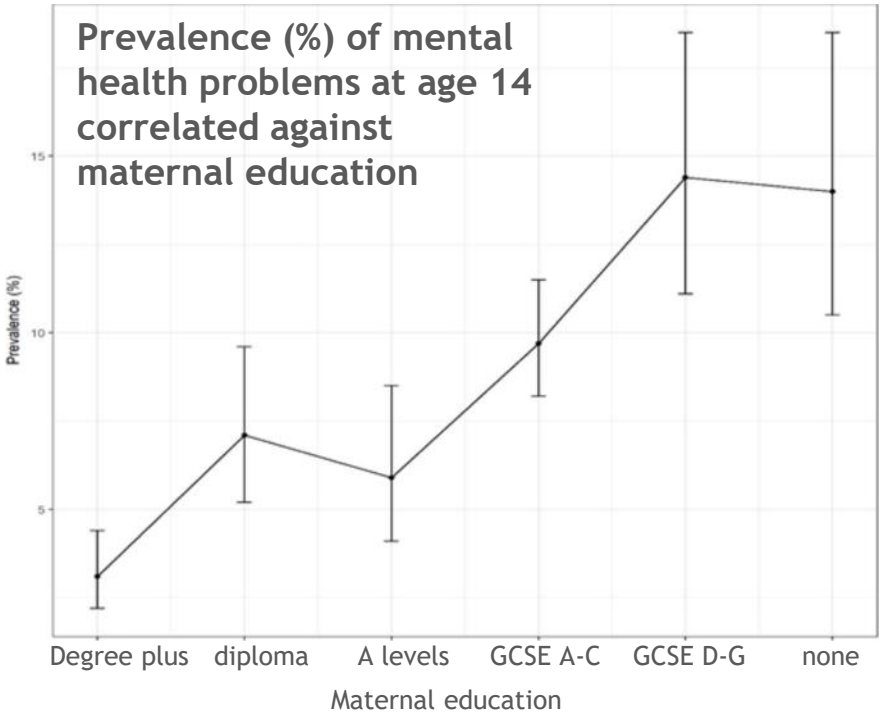
Public Health England, Mental Health and Wellbeing JSNA

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Early life factors and social inequalities in adolescent mental health - national data

- Adolescent mental health is poor in the UK, and there are concerning indications that the situation may be deteriorating, with UK universities reporting a dramatic rise in students reporting mental health conditions over recent years.
- Some research, using data from the UK Millennium Cohort Study, shows a clear social gradient in socio-emotional behavioural problems, where the proportion of children reporting problems increased as childhood SEC (socio-economic conditions) level decreased, as measured by maternal educational qualification level (see extracted chart below).

- The chart on the right shows prevalence of adolescent mental health problems at age 14 years correlated against maternal education
- Young people aged 14 years with mothers educated to degree level are less likely to have mental health problems (3.1%) compared to those whose mothers have no qualifications (14%).
- NB note wide confidence intervals but the two on the right are significantly higher than the two on the left.



Journal of Epidemiology & Community Health

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Mental health - high risk groups (national data)

- Some sub-groups are more exposed and vulnerable to unfavourable social, economic, and environmental circumstances. These subgroups, interrelated with ethnicity, gender and age, are at higher risk of mental health problems.
- The following groups are identified as being of high risk of mental health problems
  - black and minority ethnic groups
  - people living with physical disabilities
  - people living with learning disabilities
  - people with alcohol and/or drug dependence
  - prison population, offenders and victims of crime
  - LGBT (lesbian, gay, bisexual and transgender) people
  - Carers
  - People with sensory impairment
  - Homeless people
  - Refugees and asylum seekers
- There are other examples of high risk groups
  - Those associated with poverty and socio-economic disadvantage
  - At various points across the life course e.g. pregnancy, motherhood, people with poor physical health, isolated older people or those in living in care homes.

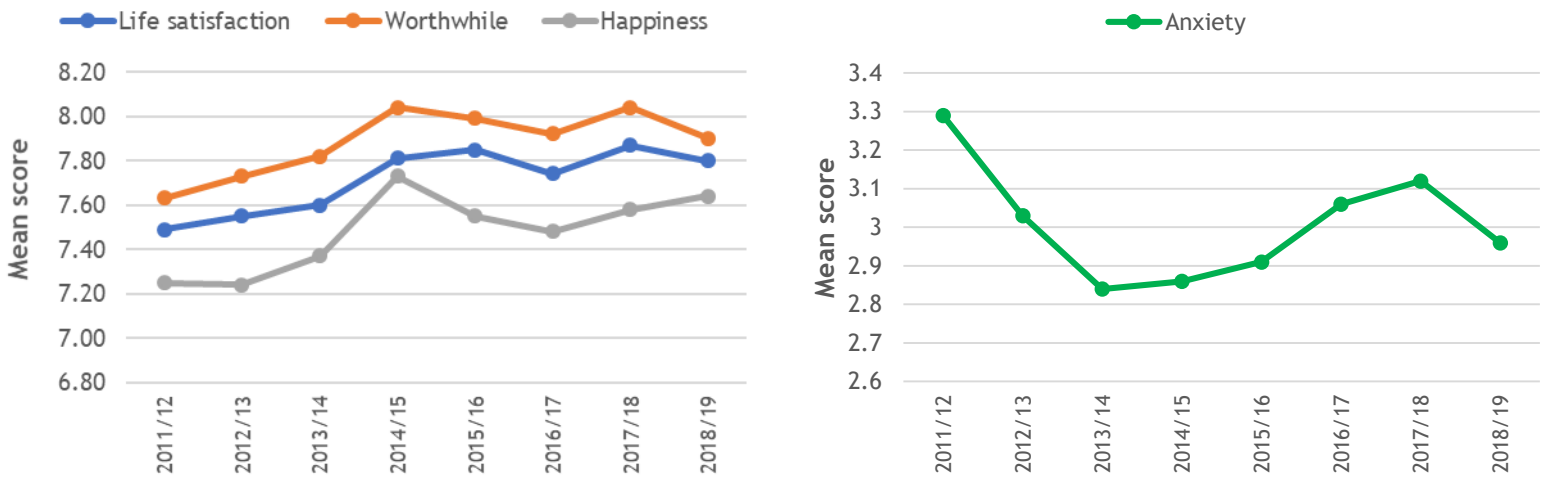
Public Health England Mental Health: Population Factors

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Personal well-being - Oxfordshire

- Between the years ending March 2018 and March 2019, there was very little change in the ratings of personal well-being measures. ONS publishes estimates of life satisfaction, feeling that the things done in life are worthwhile, happiness and anxiety at local authority level.
- In Oxfordshire, the mean score for happiness has increased slightly. However life satisfaction and feeling worthwhile have decreased slightly. Anxiety has also decreased slightly.

Trend in average well-being scores in Oxfordshire



ONS Personal well-being in the UK *note that vertical scales do not start at zero*

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Children and Young People's well-being - national data

Started in October 2018, the State of the Nation report integrates available evidence on the state of children and young people's wellbeing, to provide an accessible narrative on current evidence to guide discourse and action.

- The majority of children and young people report being relatively happy with their lives. 84.9% of children (10-15 years) report being relatively happy with their.
- Similarly for young people (16-24 years), 82.9% report high or very high satisfaction with their lives, but 3% report low life satisfaction.
- There is some evidence that FSM (Free School Meal) pupils' wellbeing is lower than their non-FSM peers, but both FSM and SEN (Special Educational Need) status are not consistent indicators of poor wellbeing.
- These findings, in corroboration with others in the report produced by Department for Education, suggest that children's underlying characteristics and experiences may be more important determinants of their wellbeing, which are not neatly captured by FSM or SEN status.

- See also Mental Health in Oxfordshire: children and young people and VOXY 'Be Supported' Questionnaire 2019

Department for Education State of the Nation 2019

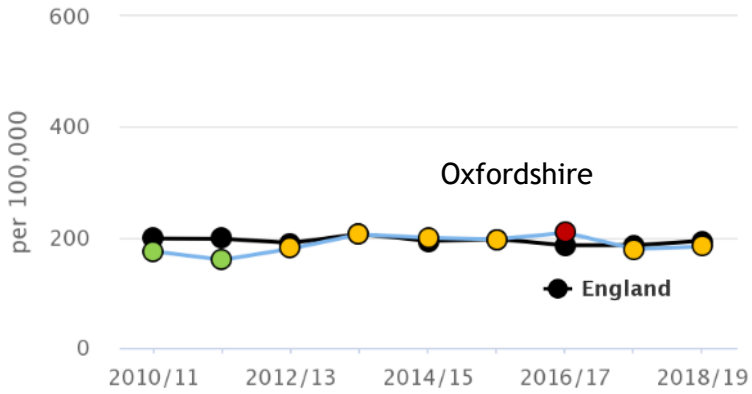
Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Self Harm - Oxfordshire

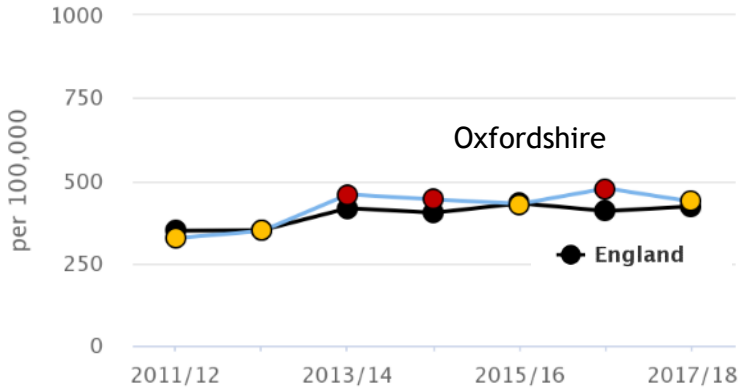
- Self-harm results in approximately 110,000 inpatient admissions to hospital each year in England, 99% are emergency admissions.
- Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self harm.
- Oxfordshire's rate of hospital admissions for self-harm has increased since 2010/11 and has a similar rate to England.
- Hospital admissions for self-harm in younger people have increased in recent years across all areas.
- In Oxfordshire, rates of self-harm hospital admissions in younger people (aged 10-24 years) have increased over time. There was a slight reduction in 2017/18 and the rate is now similar to England.

PHE Mental Health & Wellbeing Profile

Hospital admissions as a result of self-harm (all ages)



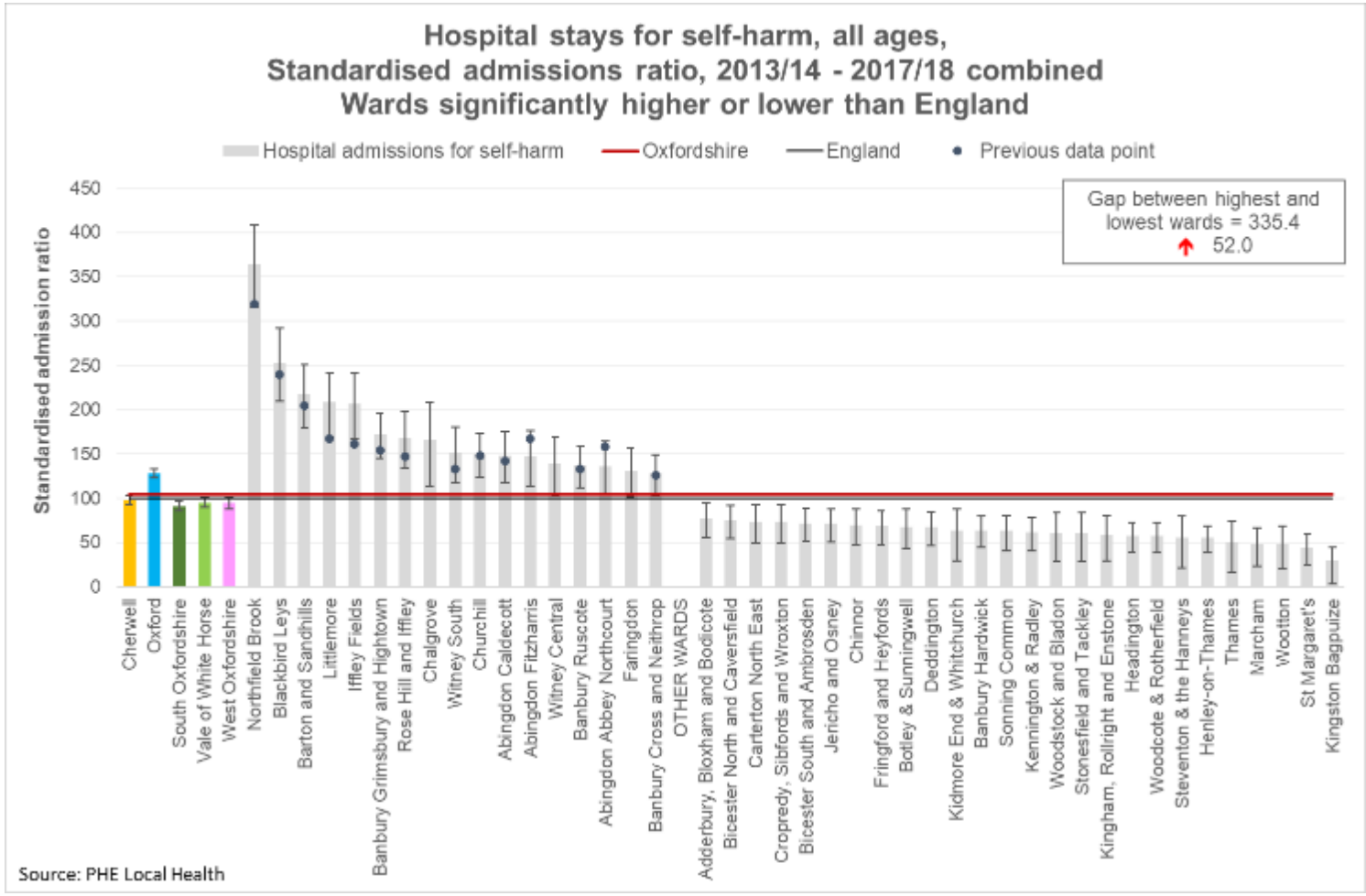
Hospital admissions as a result of self-harm (10-24 years)



Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Inequalities - hospital stays for self-harm

- Some wards in Oxford City and Banbury have significantly higher rates of hospital stays for self-harm than England.



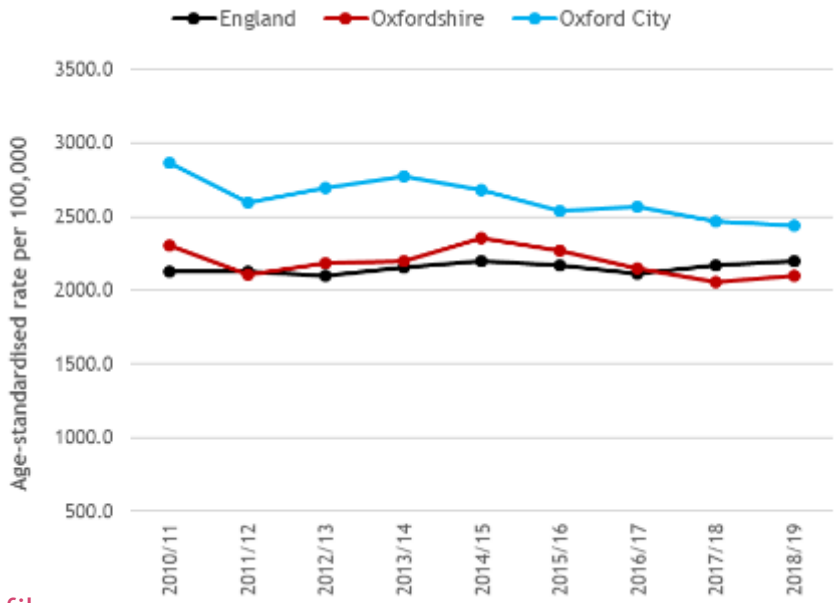
Public Health England Local Health

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Emergency hospital admissions due to falls

- According to Public Health England, falls are the largest cause of emergency hospital admissions (nationally) for older people, and significantly impact on long term outcomes, e.g. being a major reason why people move from their own home to long-term nursing or residential care.
- Oxfordshire's rate of hospital admissions for falls in older people is significantly lower than national rate.
- Oxford City has a significantly higher rate than England. Despite this, it has a similar number of admissions to other districts (~500-550 in each district). This is very likely due to there being less older people in Oxford City.

Emergency hospital admissions due to falls in people aged 65 and over



Public Health England Productive Healthy Ageing Profile

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Causes of death

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Mortality indicators from Public Health Outcomes Framework

- Oxfordshire is significantly better than the England average on 10 of the 14 public health outcomes indicators related to mortality.
- Oxfordshire is similar to average for the remaining 4 indicators:
  - Mortality from communicable diseases (including influenza)
  - Suicide rate
  - Excess winter deaths: all ages and 85+

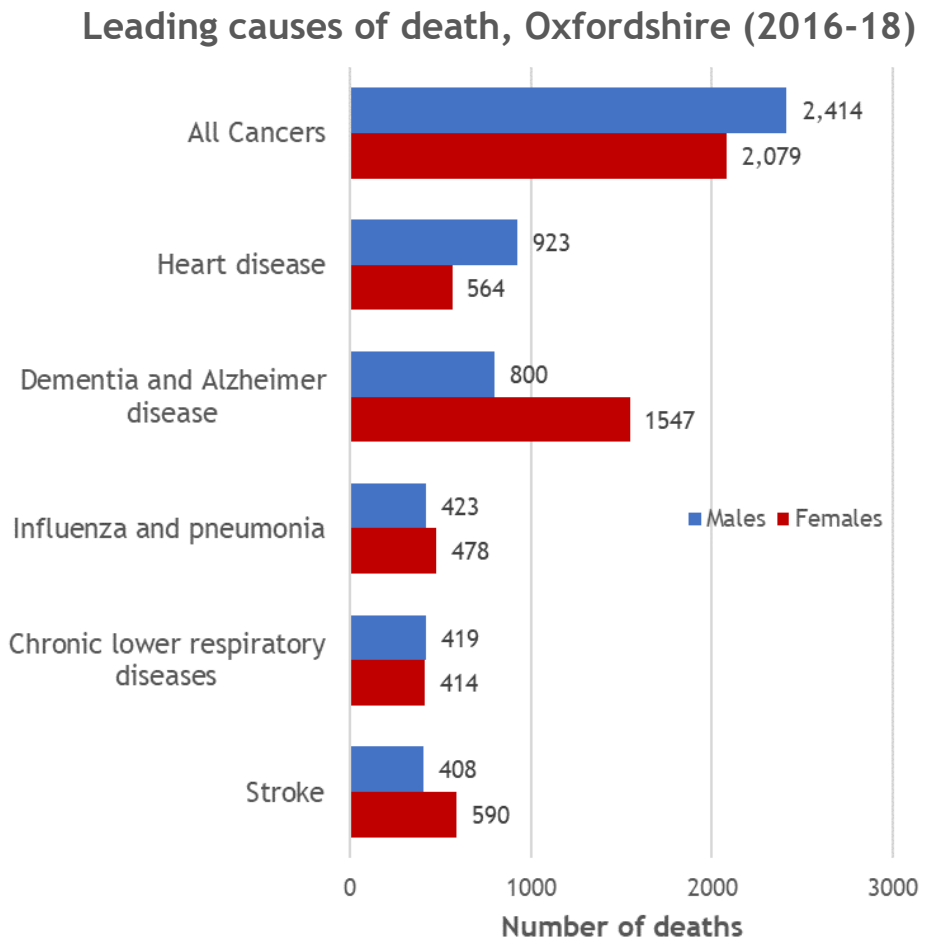
Indicator	Period	Oxon Recent Trend	Oxon Count	Oxon Value	Region England Value	England Value	England Worst	England Range	England Best
Infant mortality rate (Persons, <1 yr) New data	2016 - 18	–	57	2.5	3.6	3.9	5.7		2.5
Mortality rate from causes considered preventable (Persons, All ages)	2016 - 18	–	2,662	138.7	158.0	180.8	228.5		125.3
Under 75 mortality rate from all cardiovascular diseases (Persons, <75 yrs)	2016 - 18	–	889	51.4	59.0	71.7	105.7		46.1
Under 75 mortality rate from cardiovascular diseases considered preventable (Persons, <75 yrs)	2016 - 18	–	558	32.3	36.3	45.3	70.8		28.6
Under 75 mortality rate from cancer (Persons, <75 yrs)	2016 - 18	–	1,961	113.4	123.6	132.3	154.0		108.8
Under 75 mortality rate from cancer considered preventable (Persons, <75 yrs)	2016 - 18	–	1,054	61.0	69.8	76.3	93.7		58.4
Under 75 mortality rate from liver disease (Persons, <75 yrs)	2016 - 18	–	256	14.7	15.7	18.5	26.3		11.0
Under 75 mortality rate from liver disease considered preventable (Persons, <75 yrs)	2016 - 18	–	217	12.5	13.9	16.3	23.9		9.1
Under 75 mortality rate from respiratory disease (Persons, <75 yrs)	2016 - 18	–	448	26.0	26.7	34.7	47.6		17.5
Under 75 mortality rate from respiratory disease considered preventable (Persons, <75 yrs)	2016 - 18	–	246	14.3	15.9	19.2	32.7		8.7
Mortality rate from a range of specified communicable diseases, including influenza (Persons, All ages)	2016 - 18	–	216	10.9	9.8	11.3	15.9		6.8
Suicide rate (Persons, 10+ yrs)	2016 - 18	–	155	8.6	9.2	9.6	14.4		6.7
Excess winter deaths index (Persons, All ages)	Aug 2017 -Jul 2018	–	528	30.4%	30.2%	30.1%	35.4%		21.7%
Excess winter deaths index (age 85+) (Persons, 85+ yrs)	Aug 2017 -Jul 2018	–	383	50.5%	39.6%	41.1%	50.5%		23.1%

Public Health England Public Health Outcomes Framework

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Leading causes of death (all ages)

- Cancer is the leading cause of death in males and females in Oxfordshire, accounting for 30% of male deaths and 24% of female deaths.
- This reflects the main cause of death in England.
- In females, the second main cause of death is Dementia and Alzheimer Diseases (18%). In males Heart Disease remains the second main cause of death (11%).
- Dementia & Alzheimer account for 10% of male deaths.

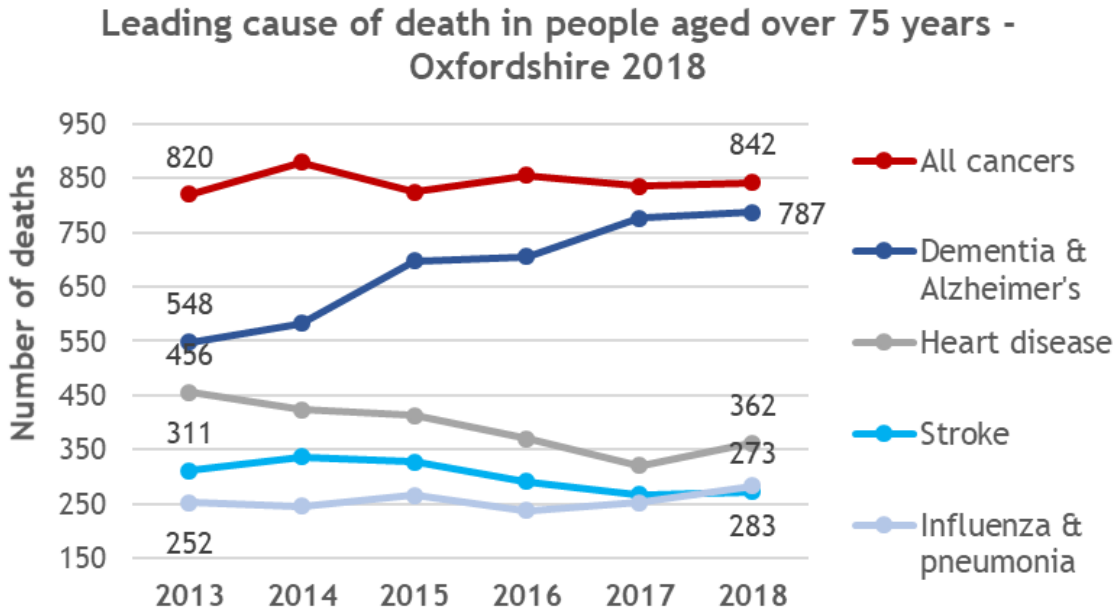


Data extracted from NOMIS

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Leading cause of death in people aged 75 years and over

- Cancers remain the leading cause of death but are levelling off in this age group.
- Dementia and Alzheimer's disease continues to be a leading cause of death for older people (75+ years).
- The same is true nationally and regionally. This may be partly due to the attempts to improve diagnosis of dementia across the health system.



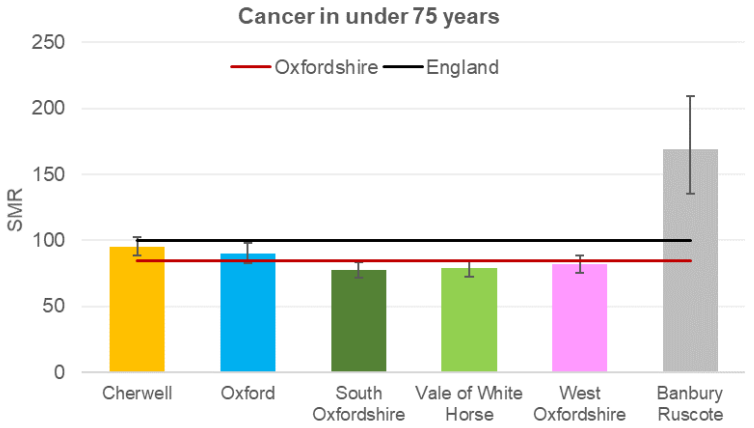
- Deaths from heart disease in those aged 75+ have reduced over this time period from 12% of all deaths in 2017 to 9% in 2018.
- Stroke deaths in older people have also reduced over this time period (from 311 to 273).

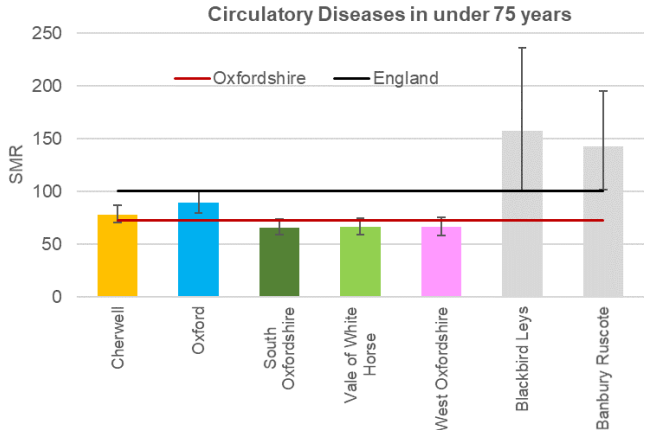
Data extracted from NOMIS

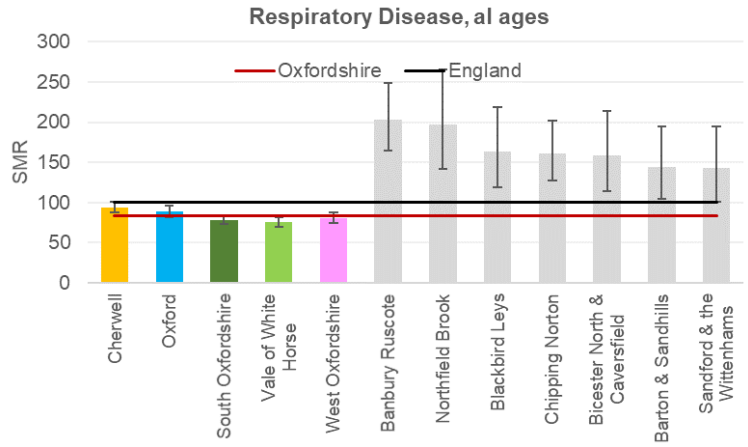
Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

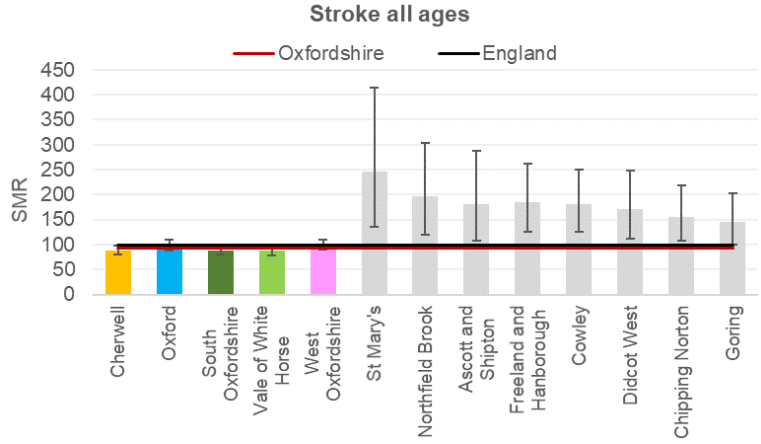
Mortality and inequalities

- Some wards experience significantly higher standard mortality ratios (SMR) than England*. The charts below show these wards compared to England (always 100) and Oxfordshire SNR.









*Standardised ratios are not designed for comparison between areas but only compared to England (the standard).

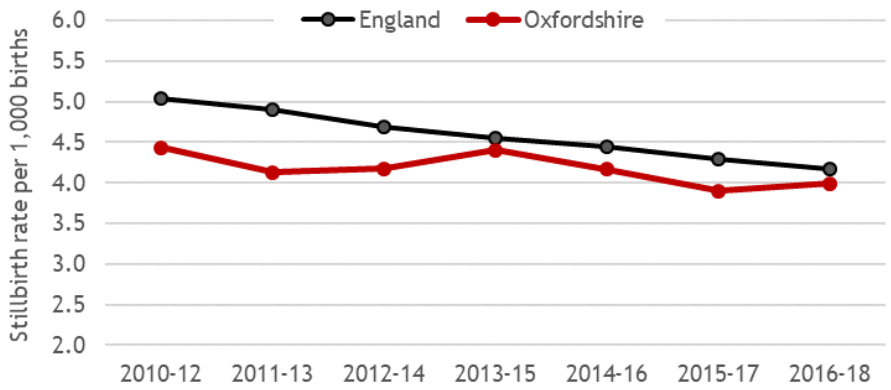
Public Health England Local Health

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Stillbirth and neonatal mortality

- Deaths in babies and young children are monitored via the NHS Outcomes Framework.
- **Stillbirth rates** have decreased during the time period 2010-11 to 2016-18 There were 90 stillbirths between 2016 and 2018 in Oxfordshire.
- **Neonatal mortality** includes stillbirths and deaths under 28 days. Latest data for 2017 indicates there were 45 incidences of neonatal mortality in Oxfordshire.
- **Infant mortality** rate measures infant deaths under 1 years of age (per 1000 live births). There were 57 infant deaths during 2016-18 in Oxfordshire.
- In 2017, infant mortality rates were higher in most deprived areas than in least deprived areas in England (5.2 deaths per 1,000 in most deprived areas compared with 2.7 per 1,000 live births in least deprived).

Stillbirth rate 2010-12 to 2016-18



Infant mortality in Oxfordshire districts 2016-18

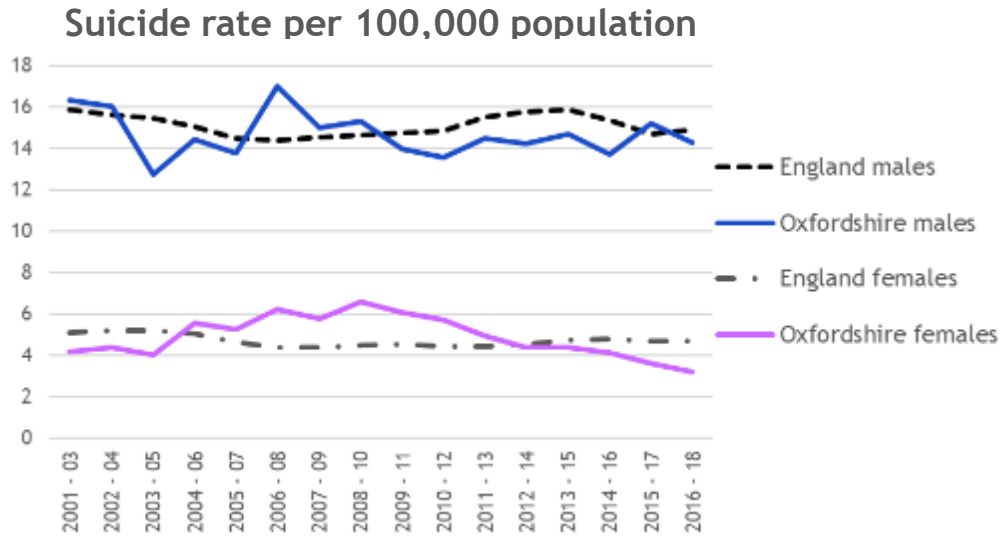
Area	Value	Lower CI	Upper CI
England	3.9	3.8	4.0
Oxfordshire	2.9	2.2	3.7
Cherwell	2.4	1.3	4.1
Oxford	3.2	1.9	5.1
South Oxfordshire	2.4	1.2	4.3
Vale of White Horse	3.3	1.8	5.5
West Oxfordshire	3.3	1.6	5.9

Public Health England Child & Maternal Health Profile and Public Health Outcomes Framework

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Deaths from suicide

- In Oxfordshire, there were **155 deaths** from suicide between 2016 and 2018, 126 (81%) of which were male
- The suicide rate in Oxfordshire males is statistically similar to England, and the rate for females is now significantly lower than the national average. There are no significant differences between the districts



- In 2018, analysis by Oxfordshire County Council Public Health team identified the following contributing factors to deaths from suicide in Oxfordshire: relationship issues; bereavement; financial problems; alcohol; chronic physical health conditions
- In England, it is estimated that among young people aged 12-17 for 1 suicide, 370 young people present at hospital with self-harm, and 3,900 young people self-harm in the community

PHE Mental Health & Wellbeing Profile
PHE Public Health Outcomes Framework
NHS Digital, Mental Health of Children and Young People in England

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Suicide and deaths from drug misuse

- National data show that people born in the 1960s and 1970s are dying from suicide or drug poisoning in greater numbers than any other generation.
  - ONS data for England and Wales has shown that in the late 1980s to early 1990s, the age at which most people died by taking their own lives or drug poisoning was concentrated around this generation, when they were in their 20s.
  - Since that time, deaths from these two causes have continued to affect the same generation, who are currently in their 40s and 50s to a higher degree than any other. A similar effect is seen in the USA and Canada.
  - Analysis of the Global Burden of Disease Survey 2013 shows that drug use disorders are now the third ranked cause of death in the 15-49 age group in England.
- Local data shows that Oxfordshire has one of the lowest rates of deaths from drug misuse in the South East region and is significantly lower than the England average.
  - However there were still 48 deaths (DSR rate 2.4 per 100,000) from drug misuse between 2016 and 2018 in Oxfordshire, compared to 1,021 in South East (rate 3.9);
  - More than half of these deaths were in Oxford City.

Public Health England Mortality Profile,
ONS Middle-aged generation most likely to die by suicide and drug poisoning,
Samaritans

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Premature mortality attributable to socioeconomic inequality

- A cross-sectional study of 2·5 million premature deaths in England between **January 2003 and December 2018** found that one in three was attributable to neighbourhood deprivation measured by upstream determinants of health including income, employment, education, and crime. Inequality was greatest for respiratory, cardiovascular, and infectious diseases.
- According to this study, there were 5,121 deaths in Oxfordshire attributable to neighbourhood deprivation. These were due to a number of causes but the top four were Ischaemic Heart Disease (582), All Cancers (1129), Chronic Obstructive Pulmonary Disorder (COPD) (607) and Stroke (189).
- At upper tier local authority level the proportion of deaths attributable to socioeconomic inequality ranged from 58% in Manchester to 13% in South Cambridgeshire. The proportions for Oxfordshire districts are shown below.

% deaths attributable to socioeconomic inequality (data from 2003 to 2018)

NB: total deaths for 15 years in people under 75 years of age

	Observed deaths	Attributable deaths to inequality	Proportion attributable
Cherwell	5673	1519	27%
Oxford City	4953	1672	34%
South Oxfordshire	5079	753	15%
Vale of White Horse	4457	551	12%
West Oxfordshire	3994	627	16%

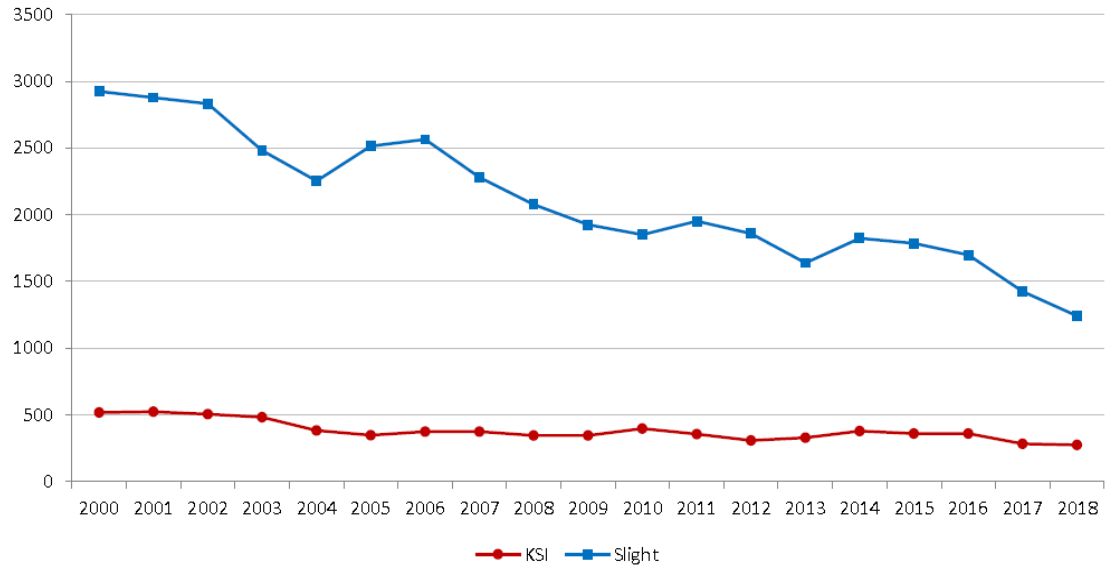
The Lancet, Premature mortality attributable to socioeconomic inequality in England
UCL, Premature Mortality Attributable to Socioeconomic Inequality (MASI)

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Oxfordshire Road Casualties

- In 2018 there were a total of 1,513 road casualties in Oxfordshire, 31 of which were fatal and 242 of which were serious. This includes pedestrians and cyclists as well as motor vehicle occupants.
- Killed or seriously injured (KSI) numbers have fallen over time (see chart below). Oxfordshire is relatively high among it's statistical neighbours.
- Casualties for adult pedal cyclists have reduced in recent years (274 in 2012 to 231 in 2018). Over half of pedal cyclist casualties (140) are in Oxford City.

Oxfordshire total road casualties



Oxfordshire County Council Road Casualty Report See also Crashmap.co.uk

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Oxfordshire road casualties by district

- Killed and serious injuries from road accidents for the districts in Oxfordshire in 2018 are shown in the table below.
- Cherwell had the highest number of serious injuries (59). Oxford City had no fatal accidents during 2018.

		Pedestrian	Pedal cycle	Motor cycle	Car	Other	total
Cherwell	Fatal			1	6		7
	Serious	10	11	10	25	3	59
Oxford	Fatal						0
	Serious	9	14	9	9	2	43
South Oxfordshire	Fatal	1			5	1	7
	Serious	2	9	11	23	2	47
Vale of White Horse	Fatal	1	1	1	4	1	8
	Serious	7	4	4	24	2	41
West Oxfordshire	Fatal	1	3	3	2		9
	Serious	5	3	12	29	3	52

Oxfordshire County Council Road Casualty Report

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Avoidable mortality - an introduction

The Office for National Statistics (ONS) defines avoidable mortality as..

Avoidable mortality:
avoidable deaths are all those defined as preventable, amenable (treatable) or both, where each death is counted only once; where a cause of death is both preventable and amenable, all deaths from that cause are counted in both categories when they are presented separately.

Amenable mortality:
a death is amenable (treatable) if, in the light of medical knowledge and technology available at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided through good quality healthcare.

Preventable mortality:
a death is preventable if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided by public health interventions in the broadest sense.

ONS, Avoidable mortality in the UK

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Preventable mortality

- Deaths that are considered preventable could be associated with risk factors such as obesity, inactivity, smoking and alcohol consumption.
- Cancer is the leading cause of death in people under 75 years of age (1,961) in Oxfordshire. Just over half of these are considered to be preventable (1,054).
- Between 2016 and 2018 there were a total of 3,554 deaths in those under 75 years of age, from all cancers, cardiovascular disease, liver disease and respiratory disease. 58% of these (2,075) were considered to be preventable.
- There is a slight gender difference, with males having a higher percentage (60% of preventable deaths) than females (57%).

Deaths under the age of 75 from four causes considered preventable, Oxfordshire 2016-18

	All deaths under 75 years			Deaths considered preventable		
By cause	Males	Females	Total	Males	Females	Total
All cardiovascular diseases	609	280	889	425	133	558
All cancers	1,063	898	1,961	546	508	1,054
Liver disease	161	95	256	136	81	217
Respiratory disease	263	185	448	141	105	246
Total of these four disease groups	**2,096**	**1,458**	**3,554**	**1,248**	**827**	**2,075**
% considered preventable				60%	57%	58%

- Preventable deaths are more likely in people from more deprived areas.

Public Health England Mortality Profile

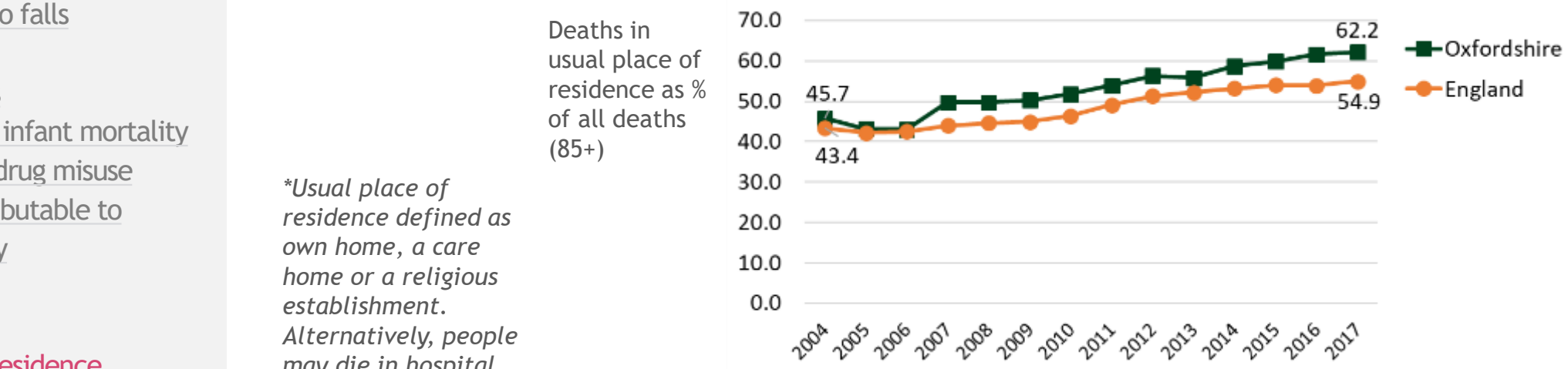
Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Deaths occurring in usual place of residence

- An increasing proportion of deaths in Oxfordshire (and nationally) are in a usual place of residence*.
- In people of all ages in Oxfordshire, deaths in usual place of residence have increased from 1,808 (37% of the total) in 2004 to 2,724 (51%) in 2018.
- In older people (85+ years), deaths in usual place of residence have doubled from 756 (45%) in 2004 to 1,544 (62%) in 2018. There is little difference between the districts in Oxfordshire.

Usual place of residence defined as own home, a care home or a religious establishment. Alternatively, people may die in hospital.

Deaths in usual place of residence in people aged 85+ years



Public Health England Palliative and End of Care Life Profile

Introduction
Summary
Health conditions
Cancer
Cardiovascular disease
Diabetes
Musculoskeletal conditions
Multi-morbidity
Sensory impairment
Mental health & Personal well-being
Self-harm
Hospital admissions due to falls
Causes of death
Mortality and inequalities
Stillbirths and neonatal / infant mortality
Suicide and deaths from drug misuse
Premature mortality attributable to socio-economic inequality
Road casualties
Avoidable mortality
Deaths in usual place of residence
Finding out more

Finding out more

- Public Health England Oxfordshire Health Profile
- JSNA Health Inequalities Annex
- More information on many of these topics is available from Oxfordshire's Public Health Surveillance Dashboard
- Prevention concordat for better mental health (includes various Oxfordshire organisations listed as signatories).
- Mental health statistics: prevalence, services and funding in England
- Children and young people mental health prevention evidence from PHE
- Live Well Oxfordshire contains a range of support services across Oxfordshire for adults (18+), families and carers.
- The Health Survey for England
- Global Burden of Disease Tool provides a tool to quantify health loss from hundreds of diseases, injuries, and risk factors, so that health systems can be improved and disparities can be eliminated.
- Public Health England Mortality Profile
- Mortality data available from the Office for National Statistics
- Crashmap.co.uk contains information about reported crashes from 1999 onwards and is completely free to view details about collision locations, dates, times, and the number of casualties and vehicles associated.

Chapter 5

Behavioural determinants of health

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

This chapter…

- This chapter provides data on behavioural factors that affect health and wellbeing, such as healthy weight and physical activity, smoking and alcohol, and sexual and reproductive health
- In many cases local data are unavailable, so national data have been used instead
- For some topics it may be useful to refer to other JSNA chapters. For example, for healthy weight and physical activity, it may be useful to look at the Wider Determinants of Health chapter, which includes active travel, healthy place-shaping, and availability of healthy food
- For other topics in this chapter it may be useful to look at the Service Use chapter which includes information on Public Health commissioned services including smoking cessation, and specialist sexual health services
- Further JSNA resources are available via the JSNA page of Oxfordshire Insight

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Summary (1)

- Behavioural risk factors account for a large proportion of the local burden of disease
- Smoking prevalence in Oxfordshire continues to decrease and remains below national and regional averages. It does, however, disproportionately affect people from some ethnic groups, nationalities and occupation groups
- E-cigarettes are currently the most popular stop smoking aid in England - over half of e-cigarette users have stopped smoking completely
- The proportion of men and women who drink alcohol is highest amongst people aged 65 to 74. Adults in less deprived areas are more likely to drink over 14 units per week than those in more deprived areas
- Hospital admission episodes for alcohol-specific and alcohol-related conditions are significantly lower than national and regional rates
- In adult age groups, males have higher rates of alcohol-related admission episodes than females. Admissions in under 18s are higher in females than males
- Younger people are more likely to have taken illicit drugs than older people. The higher rates of drug use were associated with higher frequency of visits to pubs, bars and nightclubs
- The rate of hospital admissions for poisoning by drug misuse in Oxfordshire is similar to regional and national rates
- Dietary risk factors accounted for nearly 12,000 lost years of healthy life (DALYs) in 2017
- Leading dietary risk factors include low whole grains, low fruit, low nuts and seeds, high sodium, low vegetables

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

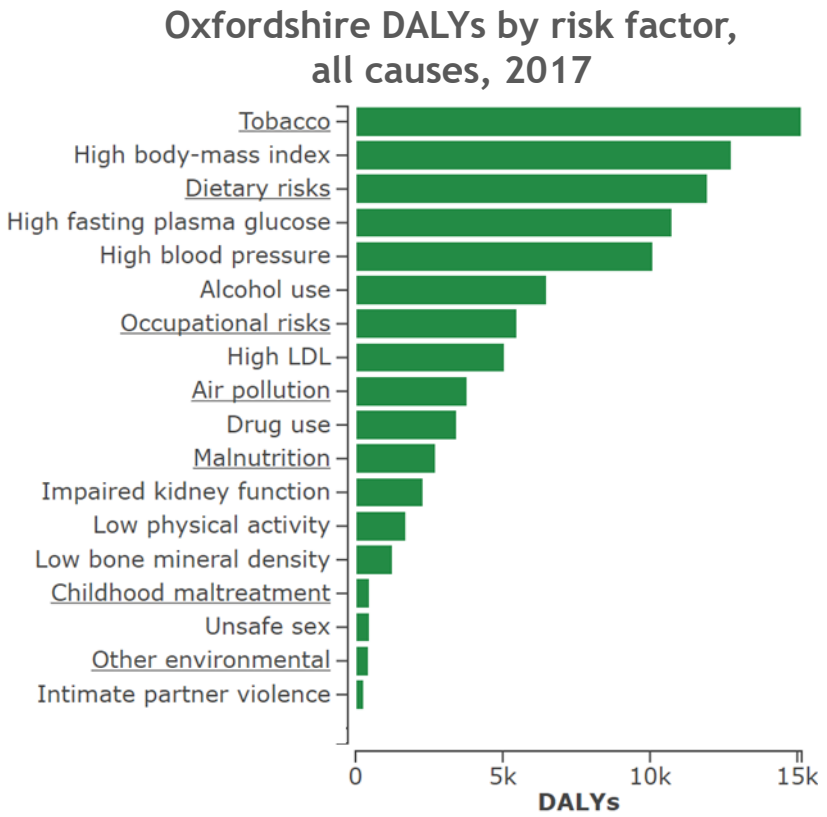
Summary (2)

- Almost two thirds of adults are classified as overweight or obese. Prevalence is higher in males, older people, some ethnic groups and more deprived areas
- Similar to previous years, excess weight in children has remained high. One in five in Reception, and one in three in Year 6 was overweight or obese
- Obesity prevalence is higher in boys than in girls in Oxfordshire, and the disparity increases between Reception and Year 6
- National data show that prevalence of healthy weight varies by ethnic group, and decreases as deprivation increases
- A slightly higher percentage of Oxfordshire adults meets recommended physical activity guideline (150 minutes per week) than national and regional figures, but 3 out of 10 adults do not meet the guidelines
- More Oxfordshire children and young people are achieving enough physical activity per day than the national average, but nearly half do not
- The rate of new STI diagnoses (excluding chlamydia in under 25s) in Oxfordshire has decreased and is significantly lower than national, and similar to the regional rate
- The rate of teenage conceptions in Oxfordshire is significantly lower than the national average and is decreasing broadly in line with national and regional trends
- The percentage of babies with low birth weight in Oxfordshire remains lower than national levels, and breastfeeding prevalence stays high in the county, well above national levels
- Dental decay in 5 year olds is decreasing in the county, but one in five children is still affected

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Behavioural risk factors of disease

- In Oxfordshire, it was estimated that health-related behaviours accounted for a quarter of the total burden of disease in 2017
- This is equivalent to 39,220 years of healthy life lost (measured using Disability Adjusted Life Years (DALYs) - see note below for more information)
- The leading behavioural risk factors were:
  - Tobacco
  - Dietary risks and High BMI
  - Alcohol use
  - Drug use



One Disability Adjusted Life Year (DALY) can be thought of as one lost year of "healthy" life. DALYs 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.
The sum of DALYs for a population is a measurement of the gap between current health status and the situation where the entire population lives to an advanced age, free of disease and disability.

Institute for Health Metrics and Evaluation (IHME), GBD Compare. (Accessed 07.01.20)
World Health Organisation, Metrics: Disability Adjusted Life Year (DALY)

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity - adult
Overweight and obesity - child
Physical activity - adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Smoking, alcohol and drugs

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

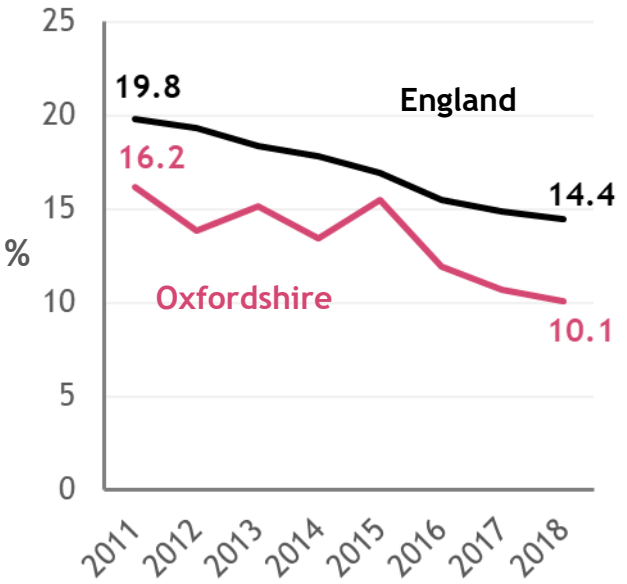
Smoking prevalence is decreasing nationally

Smoking is the leading cause of preventable ill health and premature mortality in the UK, with about half of all life-long smokers dying prematurely, losing on average about 10 years of life.

It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking still accounts for 1 in 6 of all deaths in England, and there are huge inequalities in smoking and smoking related deaths. Reducing smoking rates is the single biggest thing we can do to improve the nation's health.

- The adult smoking rate in England is continuing to decline year on year and is now at a record low
- In 2018, an estimated 10.1% of adults in Oxfordshire were smokers, down from 16.2% in 2011 and significantly lower than the England average of 14.4%. This is equivalent to approximately **54,800** adults in Oxfordshire
- Smoking prevalence in all of Oxfordshire's districts is either below or similar to the national average:
  - Prevalence is highest in South Oxfordshire (13.4%), Cherwell (11.4%) and West Oxfordshire (10.7%)

Smoking prevalence, 2011 - 2018

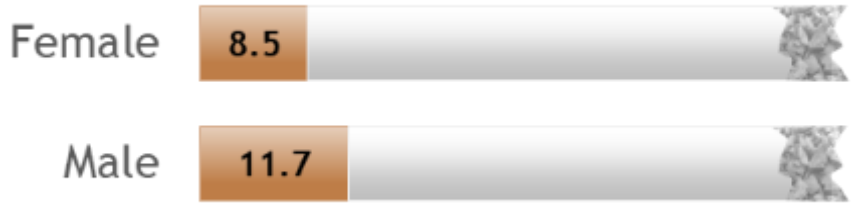


Public Health England, Local Tobacco Control Profiles
Office for National Statistics, Adults smoking habits in the UK: 2018

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

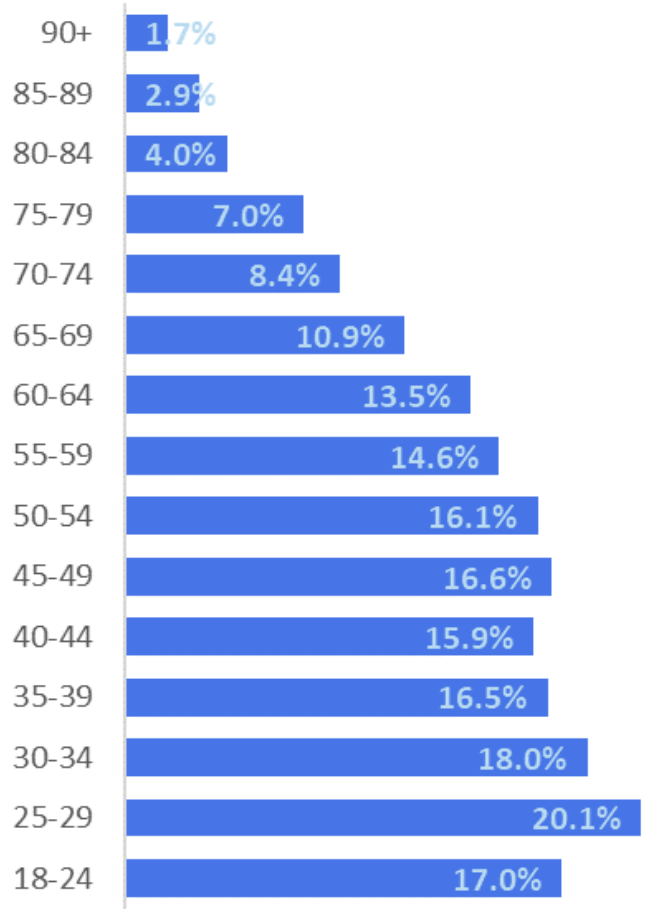
Smoking prevalence varies across demographic groups

- National data show that smoking prevalence is highest in the 25-29 age group, and generally decreases as age increases
- There is also variation by ethnicity and country of birth:
  - Smoking prevalence is highest in Mixed (20.4%), Other ethnicity (15.5%) and White (15%) ethnic groups
  - Smoking prevalence by country of birth ranges from 24.7% in those born in Poland, to 5.2% in those born in India
- Data for Oxfordshire show that Smoking is more prevalent in males, with 11.7% (31,400) men and 8.5% (23,400) women in Oxfordshire currently smoking



Public Health England, Local Tobacco Control Profiles

Smoking prevalence by age group, England 2018



Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

National data show a decline in children smoking

- In 2018, 5% of school pupils aged 11-15 in England were classified as current smokers. Though not significantly different from the surveys in 2014 and 2016 (6%), the proportion has generally declined over time since 1996, when 22% of pupils were current smokers
- In Oxfordshire, this is equivalent to around 2,000 pupils aged 11-15 currently smoking
- Current smoking prevalence was highest among white pupils (6%), and lowest among Asian (2%) and black (1%) pupils
- Likelihood of being a current smoker increased with age, drinking alcohol, drug use, e-cigarette use, having played truant, number of current smokers at home and having friends who smoke
- For non-smokers, the most popular beliefs about why people their own age smoke were “to look cool in front of their friends” (80%), “they are addicted to cigarettes” (71%) and “their friends pressure them into it” (69%)
- However, for those who were regular smokers, the most popular answers were “it helps them cope with stress in their life” (95%), “it helps them relax” (82%) and “they are addicted to cigarettes” (80%)

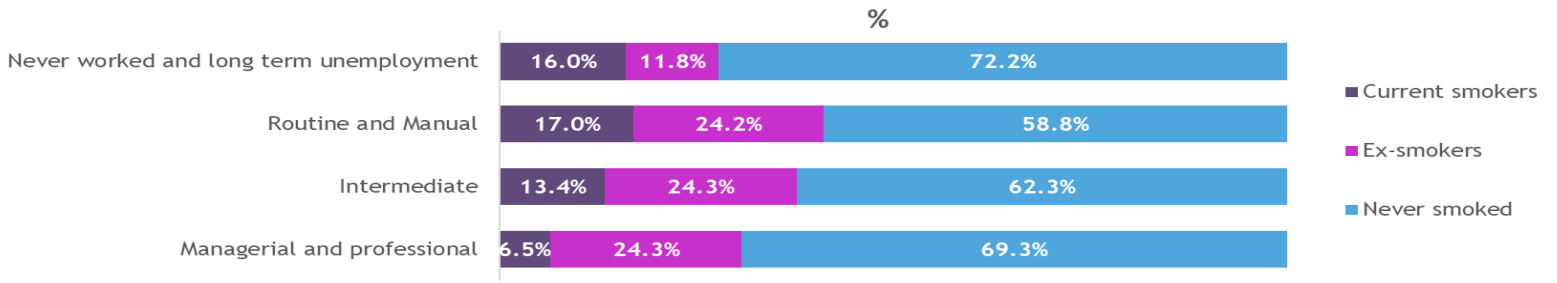
NHS Digital, Smoking, Drinking and Drug Use among Young People in England 2018

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Smoking prevalence is more concentrated among more disadvantaged communities

- For Oxfordshire adults in routine and manual occupations, smoking prevalence is 17%, 2.5 times higher than in the managerial and professional group (6.5%). Prevalence in the routine and manual group has decreased from 33% in 2015

Smoking Prevalence in adults (18-64) by socioeconomic group, Oxfordshire, 2018



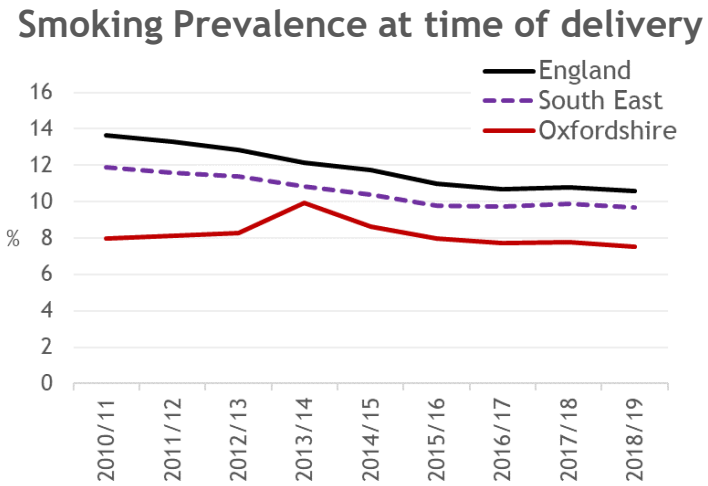
- National data show that:
  - those with no qualifications had the highest proportion of current smokers (29.8%), which is around four times the proportion of those with a degree (7.5%)
  - a significantly lower proportion of those who own their property outright (8.3%) or with a mortgage (10.7%) currently smoke, compared with those who rent (31.0% in local authority or housing association renters, and 22.6% in private renters)
  - in 2017, the proportion of current smokers was significantly higher in people who identified as gay or lesbian (23.1%) or bisexual (23.3%), than heterosexual (straight) people (15.9%)

Public Health England, Local Tobacco Control Profiles
Office for National Statistics, Adults smoking habits in the UK: 2018
See also: ASH, Health inequalities resource pack and Smoking and poverty report 2019

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Smoking in other groups

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. These include complications during labour and an increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden unexpected death in infancy.



- The latest data (2018/19) shows that smoking prevalence at time of delivery in Oxfordshire is 7.5%. This remains significantly lower than England (10.6%) but indicates that there were over 480 women smoking throughout pregnancy that year

It's a common belief that smoking helps relieve stress and anxiety, but over time smoking increases tension, anxiety and likelihood of developing depression. Evidence suggests the beneficial effect of stopping smoking on symptoms of anxiety and depression can equal that of taking antidepressants.

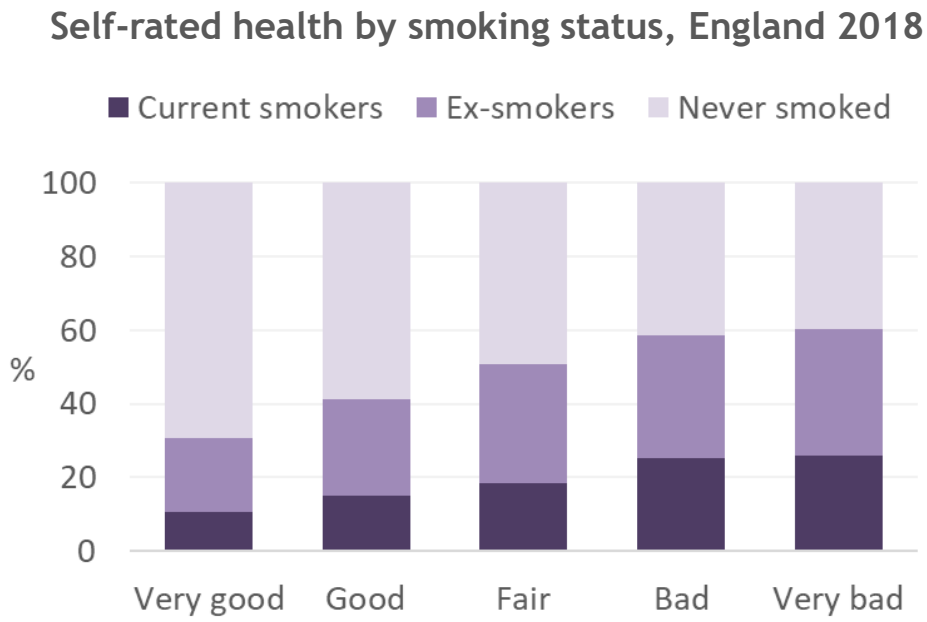
- People with mental health problems are around twice as likely to smoke than the general population, and tend to smoke more heavily. Smoking plays a major role in the 10-20 year gap in life expectancy between those who do and don't experience mental health problems
- 33% of all cigarettes smoked are smoked by people with a mental disorder
- Data from the GP Patient Survey (GPPS) show that 22.7% adults with a long term mental health condition in Oxfordshire smoke

Public Health England, Local Tobacco Control Profiles and NHS, Stopping smoking is good for your mental health
See also Oxfordshire Public Health Surveillance Dashboard: smoking at time of delivery

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Smoking as a cause of ill-health

- National data show that those who have 'bad' or 'very bad' self-rated health are more likely to be smokers than those with 'good' or 'very good' health
- In the three-year period 2016-18, there were **2,044 deaths** attributable to smoking in Oxfordshire, including 166 deaths from heart disease and 62 deaths from stroke. In the same period, there were 8,176 potential years of life lost due to smoking related illness



- Other related causes of mortality in Oxfordshire, though not specifically attributable to smoking, include 773 deaths from lung cancer, 71 deaths from oral cancer, 725 deaths from COPD, 90 stillbirths and 44 deaths at under 28 days over the same three-year period 2016-18
- In Oxfordshire over the three years 2015-17, there were 1,133 lung cancer registrations, 235 oral cancer registrations, and 245 oesophageal cancer registrations

Public Health England, Local Tobacco Control Profiles

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

E-cigarette use and vaping - national data

Although not risk-free, e-cigarettes are far less harmful than smoking. Using a nicotine-containing e-cigarette makes it much more likely someone will quit successfully than relying on willpower alone, but it's important to use regulated e-liquids and never risk vaping home-made or illicit e-liquids or adding substances. PHE's advice is that:

For smokers: You should stop smoking completely. Getting expert support combined with using an e-cigarette doubles your chances of quitting successfully.

For people who vape nicotine: if you are still smoking, you should stop and switch completely to vaping, then come off nicotine when you are confident you won't relapse to smoking.

If you have never smoked: Don't vape.

- E-cigarettes are currently the most popular stop smoking aid in England - in 2018, 6.3% of people in Great Britain reported currently using an e-cigarette
- Vaping was most common among current cigarette smokers (15.0%) and ex-cigarette smokers (12.8%); only 0.8% of people who have never smoked reported that they currently vape
- Over half (51%) of e-cigarette users have stopped smoking completely and of the 45% who still smoke, half say that they are vaping in order to stop smoking
- Data for school pupils aged 11-15 show that 1.3% of girls and 2.9% of boys are regular e-cigarette users. 48% of pupils say their usual source of e-cigarette being given them by someone; 37% say they usually buy them from a shop

PHE, Vaping and lung disease in the US: PHE's advice
Office for National Statistics, Adults smoking habits in the UK: 2018
NHS Digital, Smoking, Drinking and Drug Use among Young People in England 2018
See also: ASH, Use of e-cigarettes among adults, Use of e-cigarettes among young people in Great Britain 2019

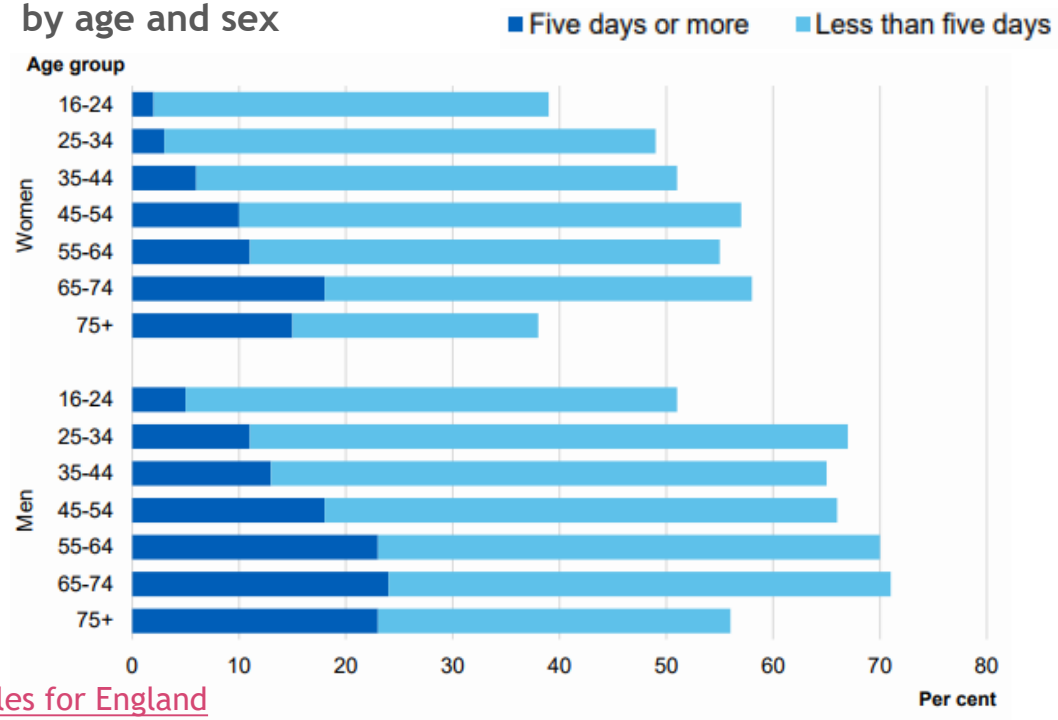
Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Alcohol consumption – national data

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually. The Chief Medical Officers' guideline for adults who drink regularly or frequently (i.e. most weeks) is that it is safest not to drink more than **14 units per week** on a regular basis

- National survey data show that 65% of men and 50% of women had drunk alcohol in the last week
- The proportion of men and women drinking in the last week increased with age and was highest among both men and women aged 65 to 74 (71% and 58% respectively)
- In the 75+ age group the prevalence of drinking in the last week decreased among both sexes

Number of days on which drank alcohol in the last week, by age and sex



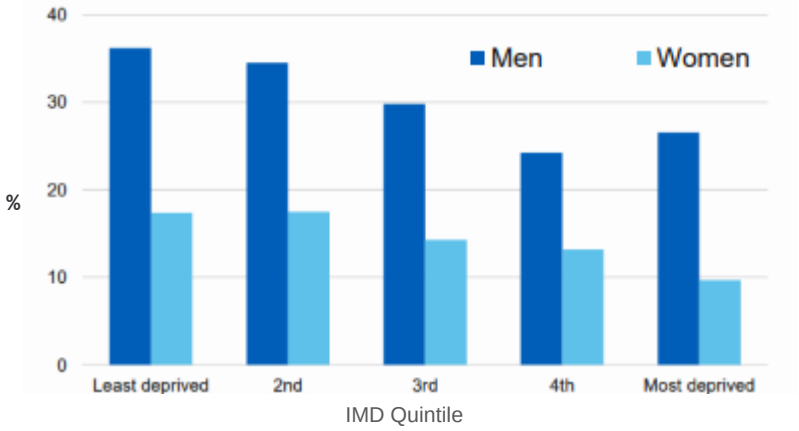
Public Health England, Local Alcohol Profiles for England
NHS Digital, Health Survey for England 2018
Department of Health and Social Care, Alcohol consumption: advice on low risk drinking

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Alcohol consumption - national data

- Adults in least deprived areas were more likely to drink over 14 units pw (27%) than those in most deprived areas (18%)
- 36% of men in the least deprived areas drank at increasing and higher risk levels, compared with 27% of men in the most deprived areas
- 17% of women in the least deprived areas drank more than 14 units compared with 10% of women in the most deprived areas.

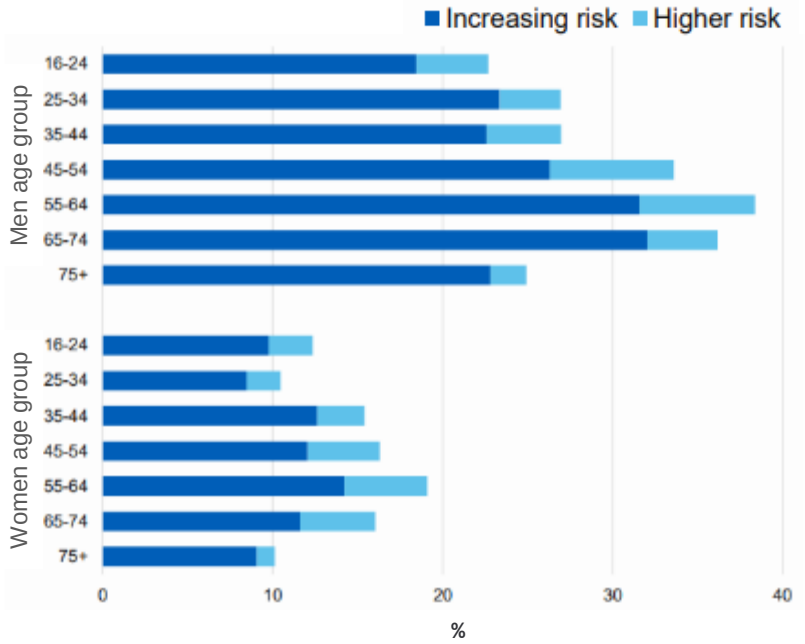
Proportion of adults drinking at increased or higher risk of harm, by deprivation and sex



NHS Digital, Health Survey for England 2018

- 30% of men and 14% of women drank at increasing and higher risk levels (over 14 units per week)
- 5% of men drank over 50 units and 3% of women drank over 35 units (higher risk levels) in the last week

Proportion of adults drinking at increased or higher risk of harm, by age and sex

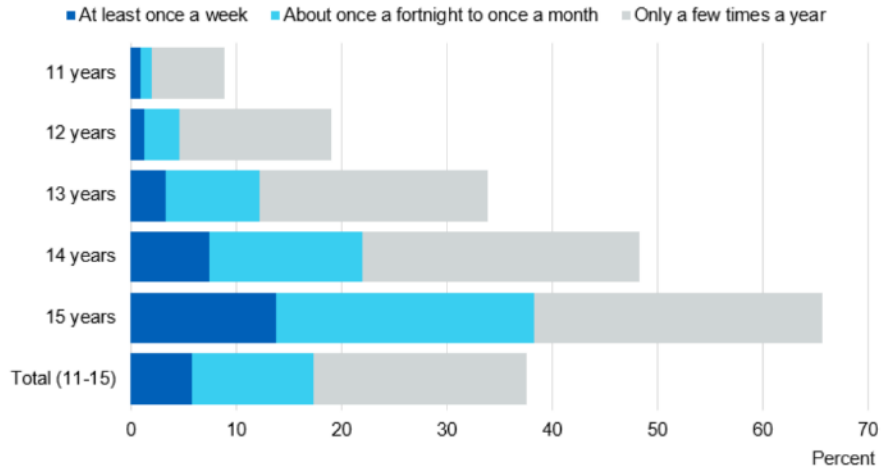


Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

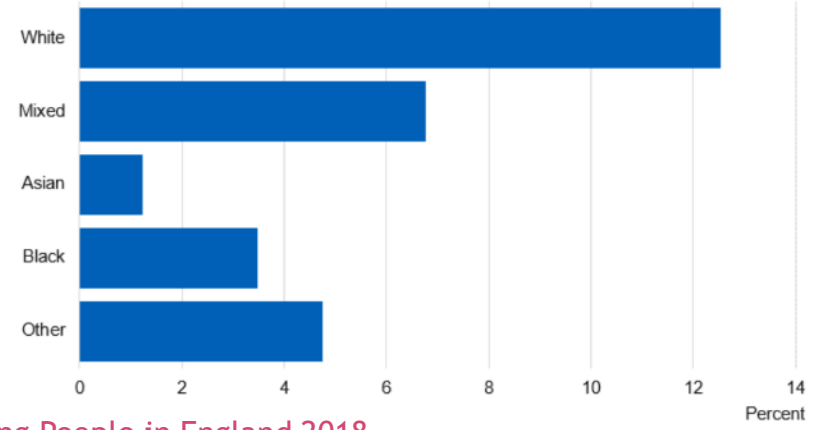
Alcohol drinking in young people - national data

- 6% of all pupils aged 11-15 said they usually drank alcohol at least once per week
  - a further 11% of pupils said they usually drank between once a fortnight and once a month, meaning a total of 17% who said they usually drank alcohol at least once a month
- The proportion usually drinking once a week increased with age, from 1% of 11 year olds to 14% of 15 year olds
- White pupils were most likely to have had an alcoholic drink in the last week, with 13% having done so
  - This compares to 7% of Mixed ethnicity pupils, 3% of Black pupils and only 1% of Asian pupils

Usual frequency of drinking by school pupils, by age



Had an alcoholic drink in the last week, by ethnicity



NHS Digital, Smoking, Drinking and Drug Use among Young People in England 2018

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Alcohol-related hospital admissions

- In 2018/19, there were 3,114 admission episodes for **alcohol-specific** conditions in Oxfordshire, equivalent to 472 admissions per 100,000 population
  - This is significantly lower than national and regional rates
  - This was made up of 2,029 admissions in males and 1,085 admissions in females
  - These include admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition code only
- There were 3,316 admission episodes for **alcohol-related** conditions in Oxfordshire, equivalent to 497 admissions per 100,000 population
  - This is significantly lower than national and regional rates
  - This was made up of 2,099 admissions in males and 1,217 admissions in females
  - These include admissions to hospital where the primary diagnosis is an alcohol-related condition, or a secondary diagnosis is an alcohol-related external cause
- When a **broader definition** is used, there were 11,822 admission episodes for alcohol-related conditions, equivalent to a rate of 1,802 admissions per 100,000 population
  - This is significantly lower than national and regional rates
  - This was made up of 7,682 admissions in males and 4,140 admissions in females
  - These include admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable code

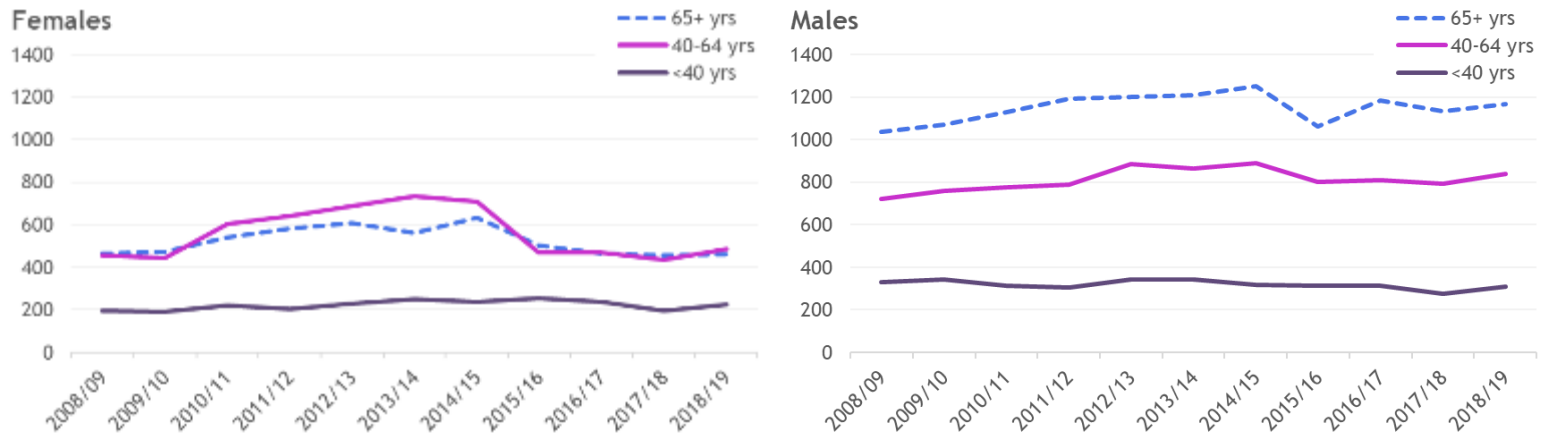
Public Health England, Local Alcohol Profiles for England

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Alcohol-related hospital admissions by age group

- Overall, males continue to have higher rates than females for alcohol-related admission episodes
- Although admissions in Oxfordshire are significantly lower than England in all adult age groups for both males and females, between 2017/18 and 2018/19 there has been an increase in admissions for both males and females across all three age groups
- National data show that these admissions tend to be more prevalent in more deprived groups

Admission episodes for alcohol-related conditions, directly standardised rate per 100,000 people, Oxfordshire males and females by age



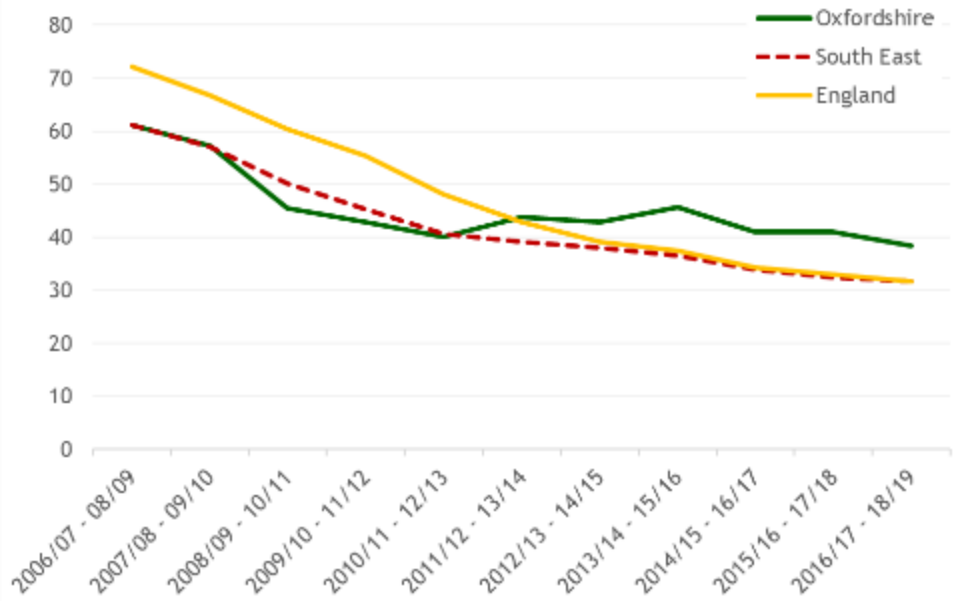
Public Health England, Local Alcohol Profiles for England
Definition: Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code (narrow).

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Alcohol specific hospital admissions in under 18s

- There were 165 admissions of people aged under 18 in Oxfordshire due to alcohol-specific conditions in the three year period 2016/17 to 2018/19
- This is equivalent to a rate of 38.3 admissions per 100,000 population, significantly higher than the England and South East averages
- Unlike the older age groups, admissions are higher in females than males. In the most recent data, the rate per 100,000 in Oxfordshire was 27.2 in males (similar to England and South East) and 49.9 in females (significantly worse than England and South East)

Under 18s admitted to hospital due to alcohol-specific conditions - under 18 year olds, crude rate per 100,000 population



Public Health England, Local Alcohol Profile for England
Definition: Persons admitted to hospital due to alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population. Number of persons under 18 admitted to hospital due to alcohol-specific conditions divided by the under 18 population of the area and multiplied by 100,000.

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Alcohol-related conditions - other impacts

- In 2018/19, there were nearly 6,000 hospital admissions for alcohol-related cardiovascular disease in Oxfordshire (rate 916 per 100,000 population, significantly lower than national average). In the same year, there were 761 admissions for alcoholic liver disease; 952 for alcohol-related unintentional injuries; 227 for intentional self-poisoning from alcohol; and 315 for mental and behavioural disorders due to use of alcohol. See also alcohol-related crime.

Compared with benchmark: Better | Similar | Worse | Not compared

Benchmark Value: Worst | 25th Percentile | 75th Percentile | Best

Indicator	Period	Oxon			Region England	England	England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Admission episodes for alcoholic liver disease (Broad) (Persons, All ages) New data	2018/19	–	761	117.9	96.0	131.2	302.5		46.5
Admission episodes for alcohol-related cardiovascular disease (Broad) (Persons, All ages) New data	2018/19	–	5,967	916	990	1219	2,037		558
Admission episodes for alcohol-related unintentional injuries (Narrow) (Persons, All ages) New data	2018/19	–	952	142.3	137.5	152.5	247.5		93.2
Admission episodes for intentional self-poisoning by and exposure to alcohol (Narrow) (Persons, All ages) New data	2018/19	–	227	32.9	46.7	49.1	124.1		5.9
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow) (Persons, All ages) New data	2018/19	–	315	47.2	52.2	75.6	250.8		22.4

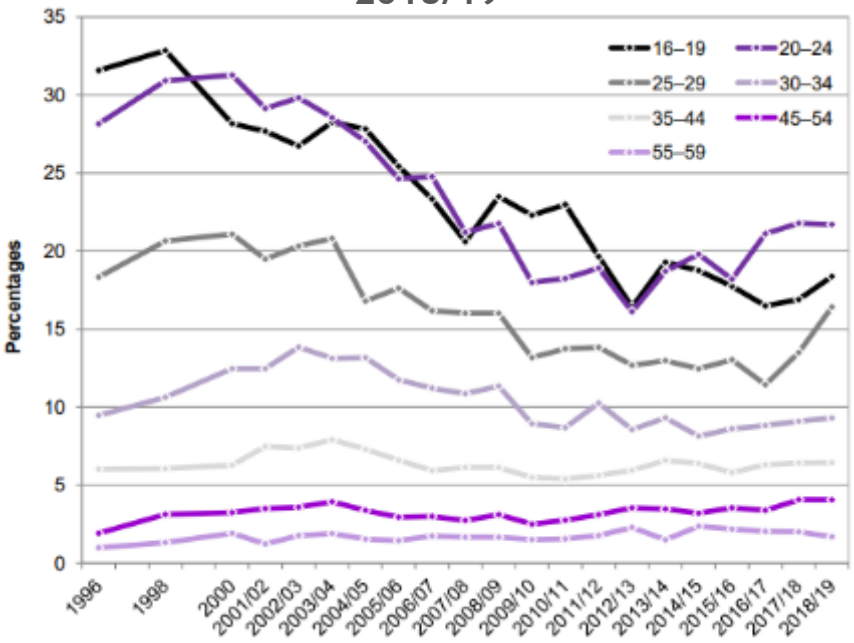
For more information about these conditions, see Health Conditions and causes of death
Public Health England, Local Alcohol Profiles for England

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Illicit drug use - national data

- National data show that around 1 in 11 (9.4%) people aged 16 to 59 had taken an illicit drug in the last year, indicating an increase since the 2015/16 survey (8.3%)
  - 1 in 20 (5%) had taken a drug in the last month
- Younger people are more likely to have taken drugs than older people
- Around 1 in 5 (20.3%) people aged 16-24 had taken a drug in the last year, with an apparent increase since the 2015/16 survey (18.0%)
  - 1 in 9 (11.4%) had taken a drug in the last month
- 1 in 25 (3.7%) people aged 16-59 years reported taking a Class A drug in the last year, following a generally upward trend since 2011/12
  - This increase was driven primarily by use of powder cocaine and ecstasy in 16-24 year olds
  - 1 in 11 (8.7%) 16-24 year olds had taken a Class A drug in the last year

Proportion of 16 to 59 year olds using any illicit drug in the last year by age group, 1996 to 2018/19



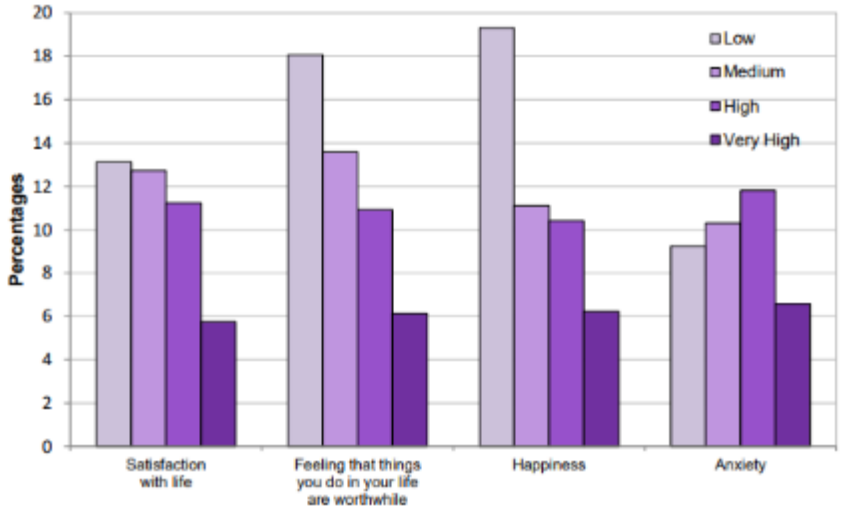
Home Office, Drugs Misuse: Findings from the 2018/19 Crime Survey for England and Wales

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Drug use by personal, household and area characteristics and lifestyle factors - national data

- Men (12.6%) were around twice as likely as women (6.3%) to take any drug in the last year
- Higher prevalence of drug use was associated with more frequent visits to pubs, bars and nightclubs
  - Class A drug use in the last year was around 11 times higher among those who had visited a nightclub at least four times in the past month (24.5%), compared with those who had not visited a nightclub in the past month (2.3
- People living in urban areas (9.8%) were more likely to have taken any drug in the last year than those living in rural areas (7.7%)
- People with self-reported lower levels of happiness were more likely to have taken any drug in the last year than those with self-reported higher levels of happiness
  - 1 in 5 (19.3%) adults who had classified themselves as having low levels of happiness reported using 'any drug' in the last year
  - 1 in 16 (6.2%) of those classified as having very high levels of self-reported happiness had used a drug in the last year

Proportion of 16 to 59 year olds using any drug in the last year by wellbeing measures, 2018/19



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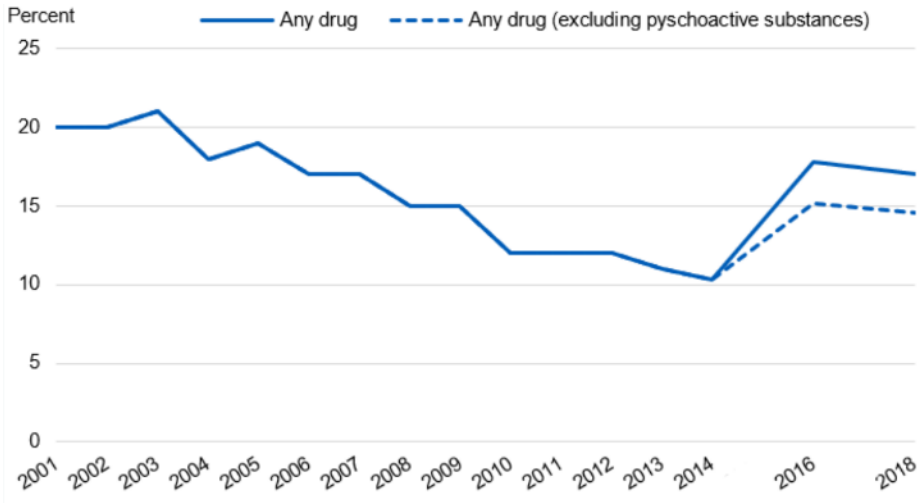
Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Drug use in school pupils aged 11-15 - national data

- In 2018, 24% of pupils reported they had ever taken drugs, the same as in 2016
- 17% of pupils said that they had taken drugs in the last year, compared to 18% in 2016 (not a statistically significant difference)

Pupils who have taken drugs in the last year, 2001 to 2018



- The difference in prevalence between the proportion of boys (18%) and girls (16%) who had taken drugs in the last year was not statistically significant
- The likelihood of having taken drugs in the last year increased with age, from 5% of 11 year olds to 31% of 15 year olds
- Asian pupils were less likely than other ethnic groups to have taken drugs in the last year; 13%, compared to 23% of mixed ethnicity pupils, 18% of Black pupils, and 17% of White pupils

NHS Digital, Smoking, Drinking and Drug Use among Young People in England 2018

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Hospital admissions related to drug misuse

- In 2018/19, there were 40 admissions for drug-related mental and behavioural disorders in Oxfordshire. This equates to 6 admissions per 100,000 population, lower than the regional (7 per 100,000) and national (13 per 100,000) rates
- In the same period, there were 795 admissions where drug-related mental and behavioural disorders were a factor, which equates to 116 admissions per 100,000, higher than the regional rate (110 per 100,000) but lower than the national rate (175 per 100,000)
- There were 185 admissions (27 per 100,000) for poisoning by drug misuse in Oxfordshire in 2018/19, compared to 26 per 100,000 in the region and 33 per 100,000 in England
- National data show that more men than women were admitted to hospital for drug related mental and behavioural disorders (74% male), but similar proportions for admissions due to poisoning by drug misuse (49% male)
- Admissions for drug related mental and behavioural disorders, and for poisoning by drug misuse, show similar age profiles. Levels are highest for younger people (apart from those under 16), peaking between ages 25 and 34. Admissions for drug related mental and behavioural disorders are very uncommon in those aged under 16 and over 64. Although admissions amongst older people are low, numbers are rising most in those aged over 45
- Admission rates for both drug related mental and behavioural disorders, and for poisoning by drug misuse increase with the level of deprivation
- See also: drug-related deaths

NHS Digital, Statistics on Drug Misuse, England, 2019 and data visualisation tool

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

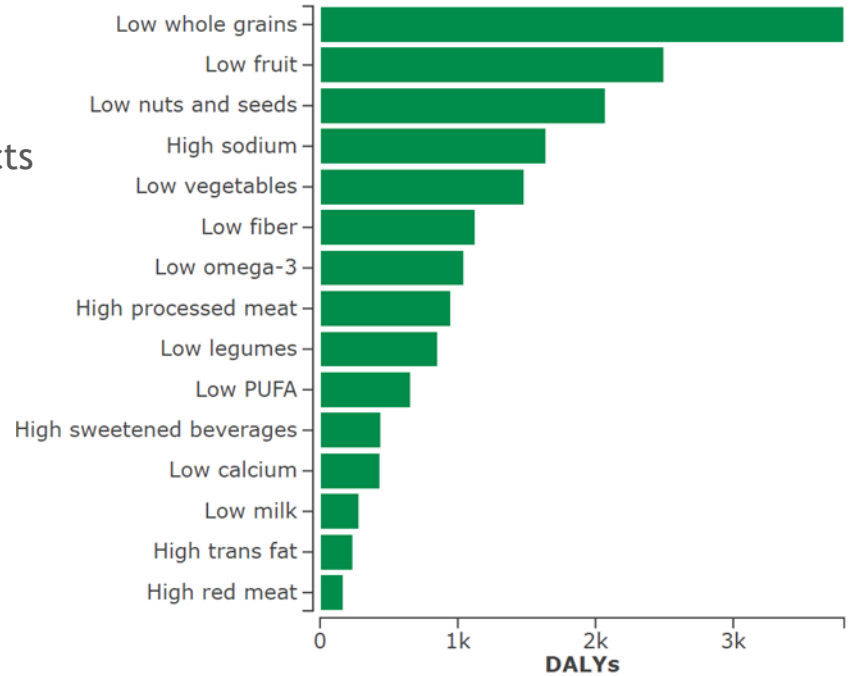
Diet, overweight and physical activity

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Dietary risk factors

- There is a lack of reliable data on people's food choices in Oxfordshire; the following data show the effect of dietary risk factors on the total burden of disease (DALYs) in Oxfordshire
- In 2017, dietary risk factors accounted for nearly 12,000 lost years of healthy life (DALYs) due to cardiovascular diseases, diabetes and kidney disease, and neoplasms
- There is some uncertainty over the effects of specific foods, but current evidence suggests the leading dietary risk factors are:
  - Low whole grains
  - Low fruit
  - Low nuts and seeds
  - High sodium
  - Low vegetables
- See also: affordability of healthy food

Oxfordshire DALYs by dietary risk factor, all causes, 2017



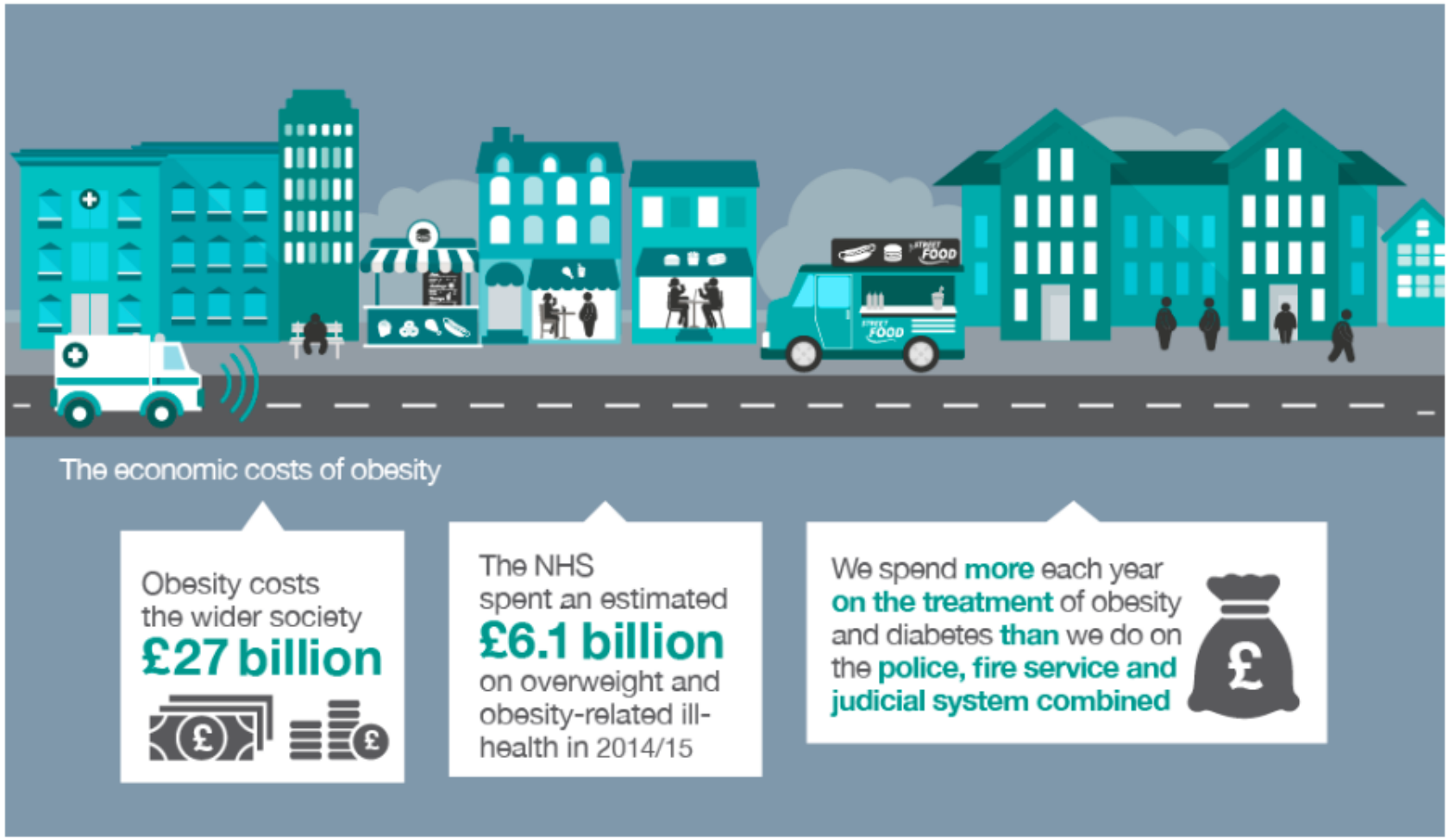
One Disability Adjusted Life Year (DALY) can be thought of as one lost year of "healthy" life. DALYs are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences. The sum of DALYs for a population is a measurement of the gap between current health status and the situation where the entire population lives to an advanced age, free of disease and disability.

Institute for Health Metrics and Evaluation (IHME), GBD Compare. (Accessed 07.01.20)

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity - adult
Overweight and obesity - child
Physical activity - adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

The economic costs of obesity

Public Health England



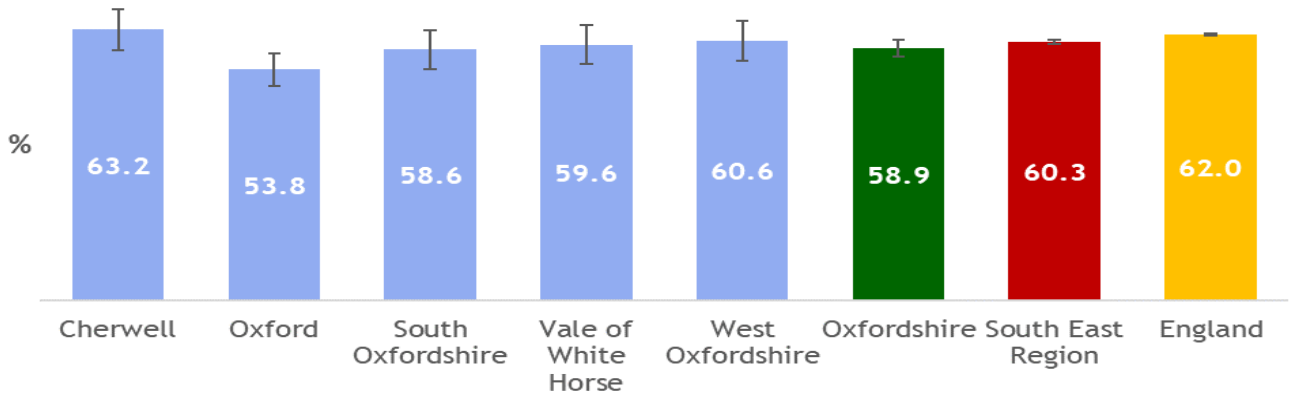
Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Adult overweight and obesity

Excess weight in adults is a complex problem with multiple causes and significant implications for health and beyond. It is recognised as a major determinant of premature mortality and avoidable ill health. Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m2. Obesity is defined as a BMI greater than or equal to 30.

- An estimated 58.9% of people aged 18 or over in Oxfordshire are classified as overweight or obese (2017/18), significantly lower than the average for England (62%) and similar to the South East (60.3%)
- This percentage for Oxfordshire shows a significant increase since 2015/16 (54.5%)

Percentage of adults (18+) classified as overweight or obese, 2017/18



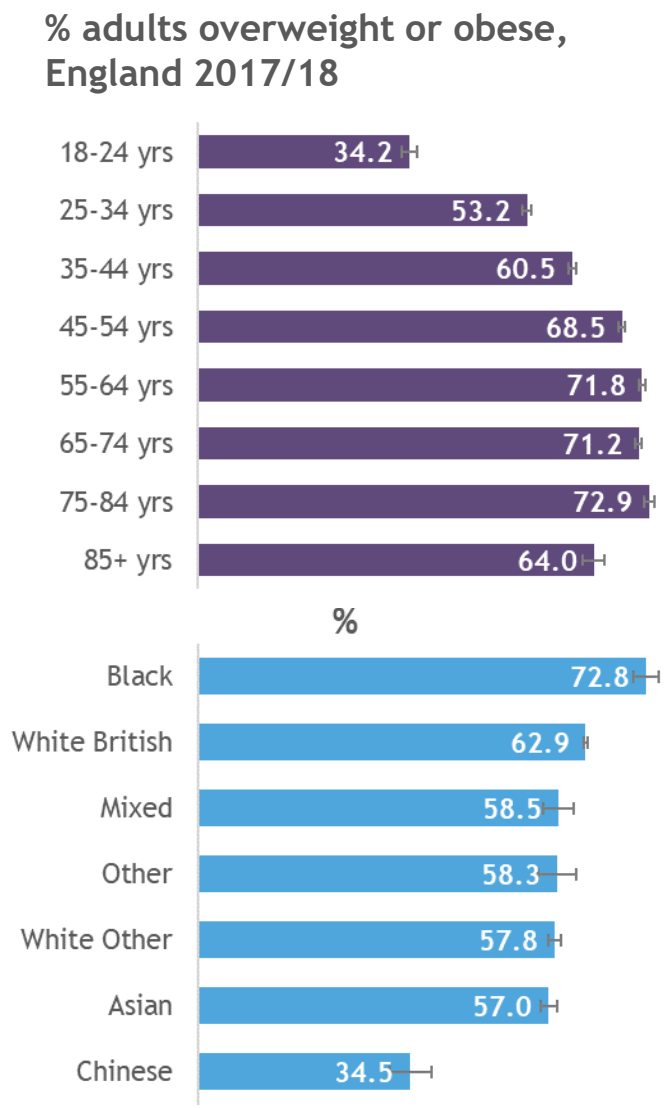
Public Health England, Physical Activity Profile , Whole systems approach to obesity

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity - adult
Overweight and obesity - child
Physical activity - adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Adult overweight and obesity - inequalities

- National data show that overweight and obesity prevalence tends to be higher in older age groups, ranging from 34.2% in the 18-24 years age group to 72.9% in the 75-84 years age group
- White British and Black ethnic groups have significantly higher prevalence than the national average (62%); prevalence in all other ethnic groups is significantly lower
- Prevalence is higher in males (68.3%) than in females (55.5%)
- Obesity increases with deprivation, with 67.4% people living in the most deprived areas experiencing overweight or obesity, compared to 56.4% people living in the least deprived areas
- 70% of those who were disabled are overweight or obese, compared to 60% of those who are not disabled
- Obesity prevalence also decreases as education level increases

Public Health England, Physical Activity Profile



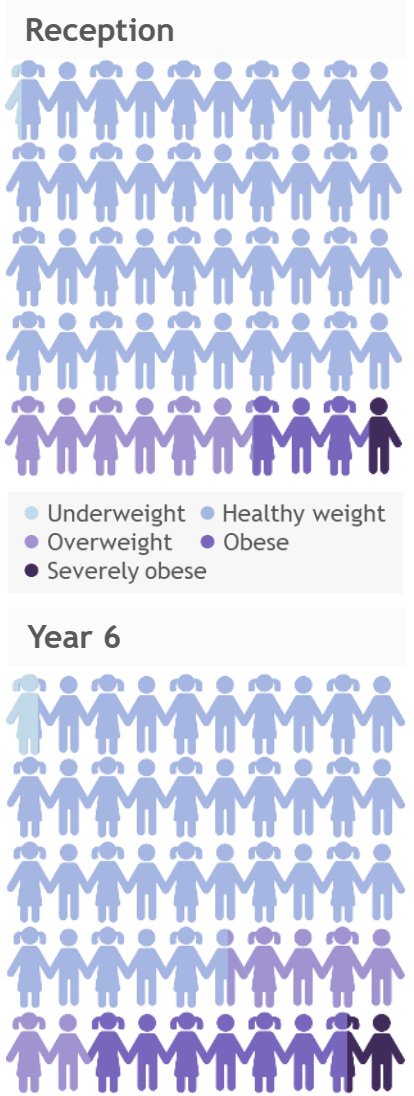
Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Excess weight in children

Obesity is associated with poor psychological and emotional health. Obese children are more likely to become obese adults with a higher risk of morbidity, disability and premature mortality in adulthood.

- The majority of measured children in Oxfordshire are a healthy weight (8 out of 10 Reception children; 7 in 10 Year 6 children)
- Since 2007/08, overweight or obesity prevalence has remained stable in Oxfordshire (and nationally) for both reception and year 6
- In 2018/19, around 1,340 (19%) Reception children, aged 4 or 5, in Oxfordshire were overweight or obese
  - More than 520 of these children (7.6% of total) were obese, including over 100 who were severely obese (1.5% of total)
- Overweight and obesity prevalence increases over the course of primary school - in Year 6, aged 10 or 11, 29% of children were overweight or obese, equivalent to around 1,990 children
  - Over 1,080 of these children (15.7% of total) were obese, including 190 who were severely obese (2.7% of total)
- Prevalence of underweight is also higher by Year 6: 0.6% in Reception compared to 1.4% in Year 6

Public Health England, NCMP and Child Obesity Profile
Public Health England, Childhood Obesity: applying all our health

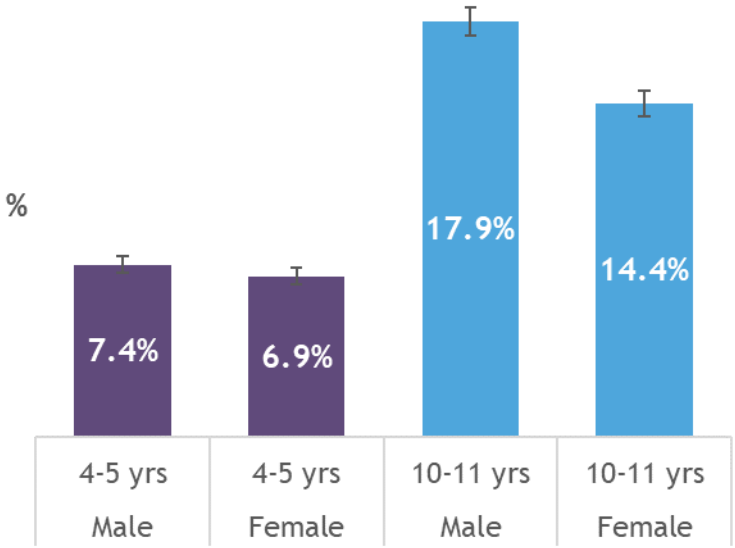


Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity - adult
Overweight and obesity - child
Physical activity - adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Childhood obesity - inequalities

- Obesity prevalence is higher in boys than in girls in Oxfordshire, and the disparity increases between Reception and Year 6
  - In Reception, 7.4% of boys were obese compared to 6.9% of girls
  - This difference is not statistically significant
  - By Year 6, 17.9% of boys were obese, compared to 14.4% of girls
  - This difference is statistically significant

Obesity prevalence by age and gender, Oxfordshire, 2014/15 - 18/19 combined



- National data show that ethnicity has an effect on obesity prevalence in both Year 6 and Reception boys and girls
  - Obesity prevalence is highest in children from Black, Pakistani, and Bangladeshi ethnic groups
  - Ethnic disparities in obesity prevalence are in general greater in Year 6 than in Reception

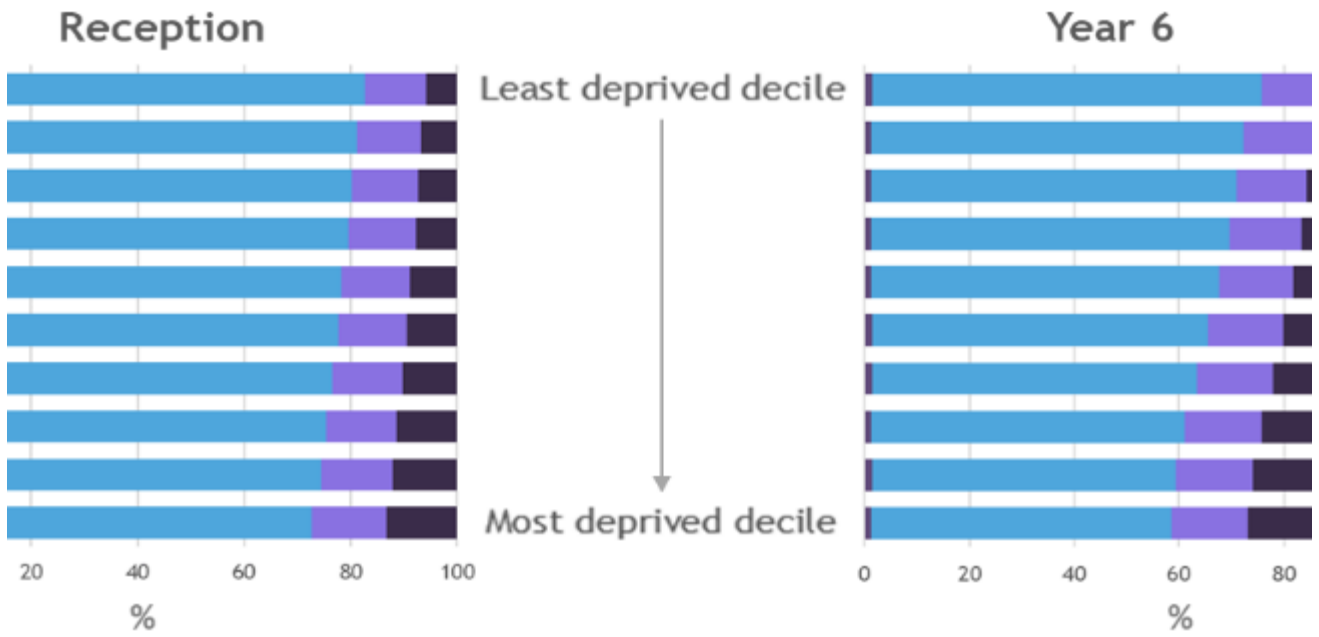
Public Health England, NCMP and Child Obesity Profile

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Childhood obesity - inequalities

- National data show that prevalence of healthy weight decreases as deprivation increases
- In Reception, 27% of children in the most deprived decile are overweight (including obese), compared to 17% of children in the least deprived decile
- In Year 6, 41% of children in the most deprived decile are overweight (including obese), compared to 27% of children in the least deprived decile

Weight categories of children across deprivation deciles, England 2018/19

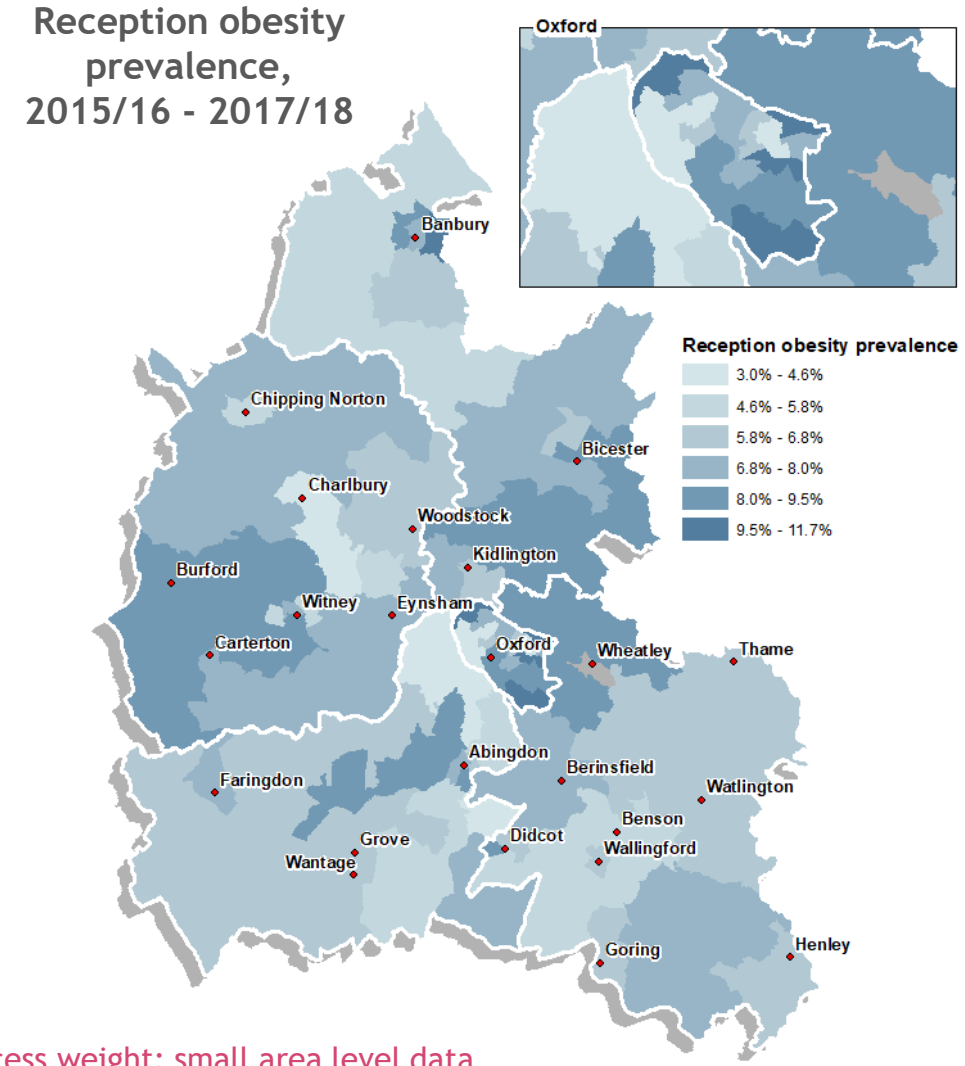


Public Health England, NCMP and Child Obesity Profile

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Childhood obesity map - Reception

- The prevalence of obesity varies by geography
- At ward level, numbers of children measured are small so data are reported for years 2015/16 to 2017/18 combined
- In Reception (aged 4 or 5), obesity prevalence ranges from 3.0% in Headington to 11.7% in Blackbird Leys
- There are two wards that have a significantly higher obesity prevalence than the Oxfordshire average:
  - Blackbird Leys
  - Northfield Brook

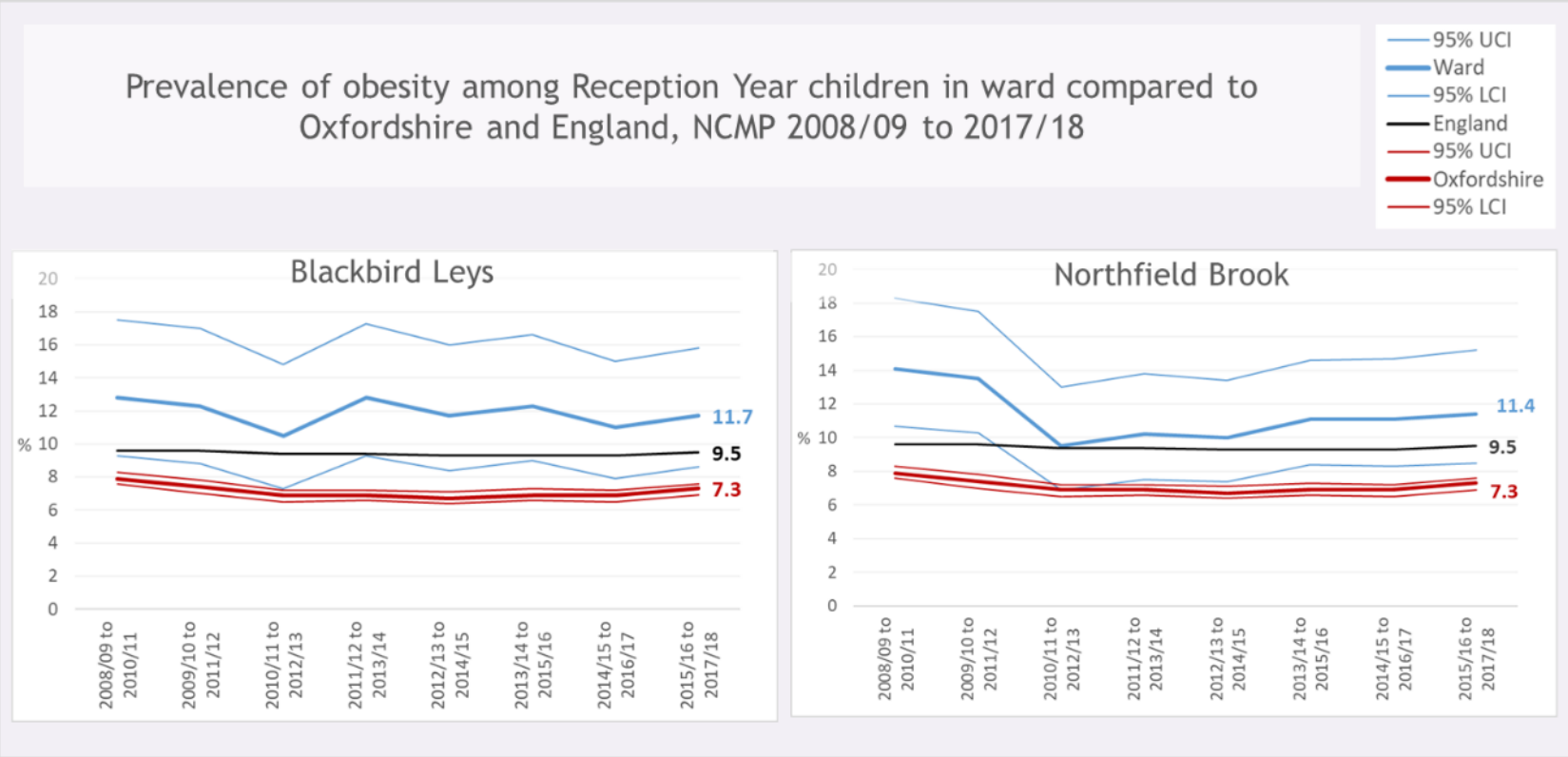


Public Health England, Childhood obesity and excess weight: small area level data

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Childhood obesity - trends in areas significantly higher than Oxfordshire average

- The charts below show trends in obesity for those wards that have significantly higher prevalence of obesity than the Oxfordshire average



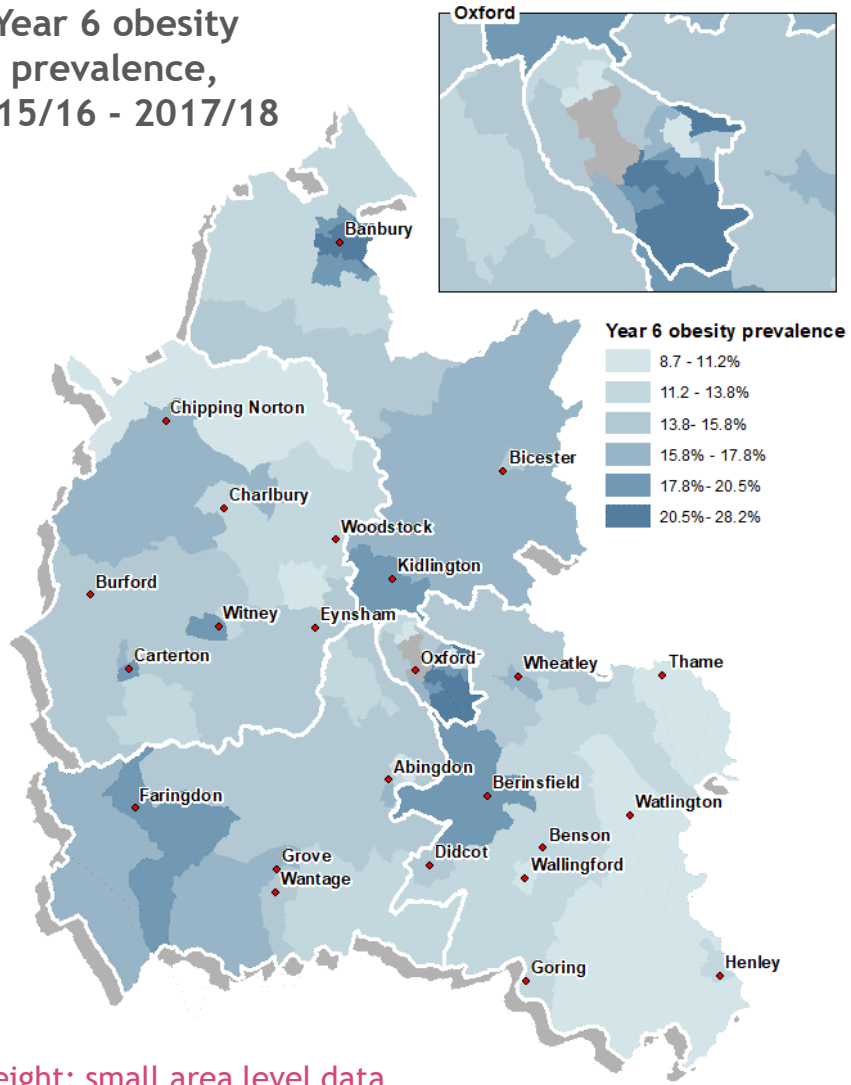
Public Health England, Childhood obesity and excess weight: small area level data

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Childhood obesity map - Year 6

- In Year 6 (aged 10 or 11), obesity prevalence ranges from 8.7% in Wallingford to 28.2% in Littlemore
- There are 11 wards that have a significantly higher prevalence than the Oxfordshire average:
  - Littlemore
  - Blackbird Leys
  - Rose Hill & Iffley
  - Banbury Ruscote
  - Northfield Brook
  - Cowley Marsh
  - Lye Valley
  - Barton & Sandhills
  - Cowley
  - Banbury Cross & Neithrop
  - Banbury Grimsbury & Hightown

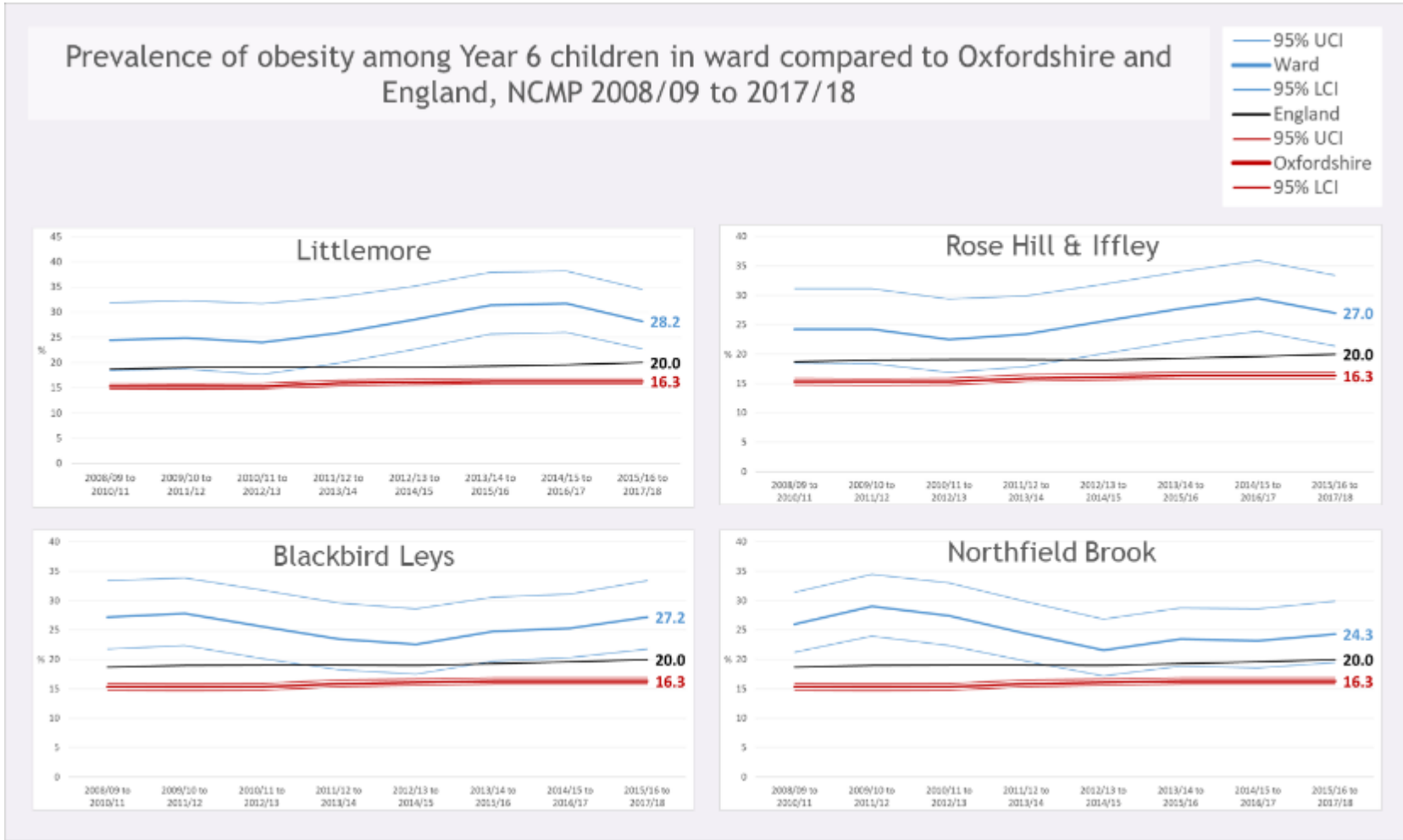
Year 6 obesity prevalence, 2015/16 - 2017/18



Public Health England, Childhood obesity and excess weight: small area level data

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

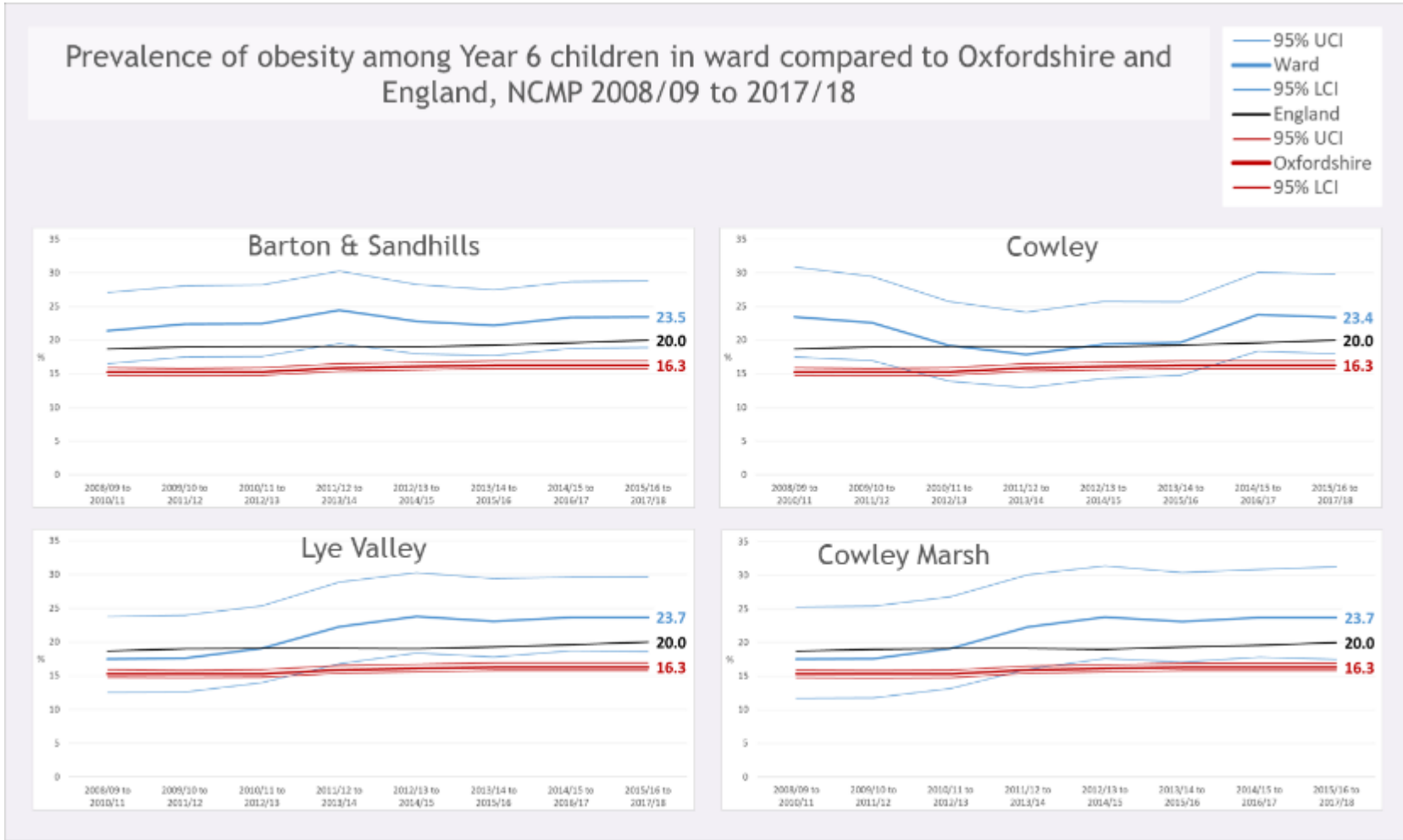
Childhood obesity - trends in areas significantly higher than Oxfordshire average



Public Health England, Childhood obesity and excess weight: small area level data

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

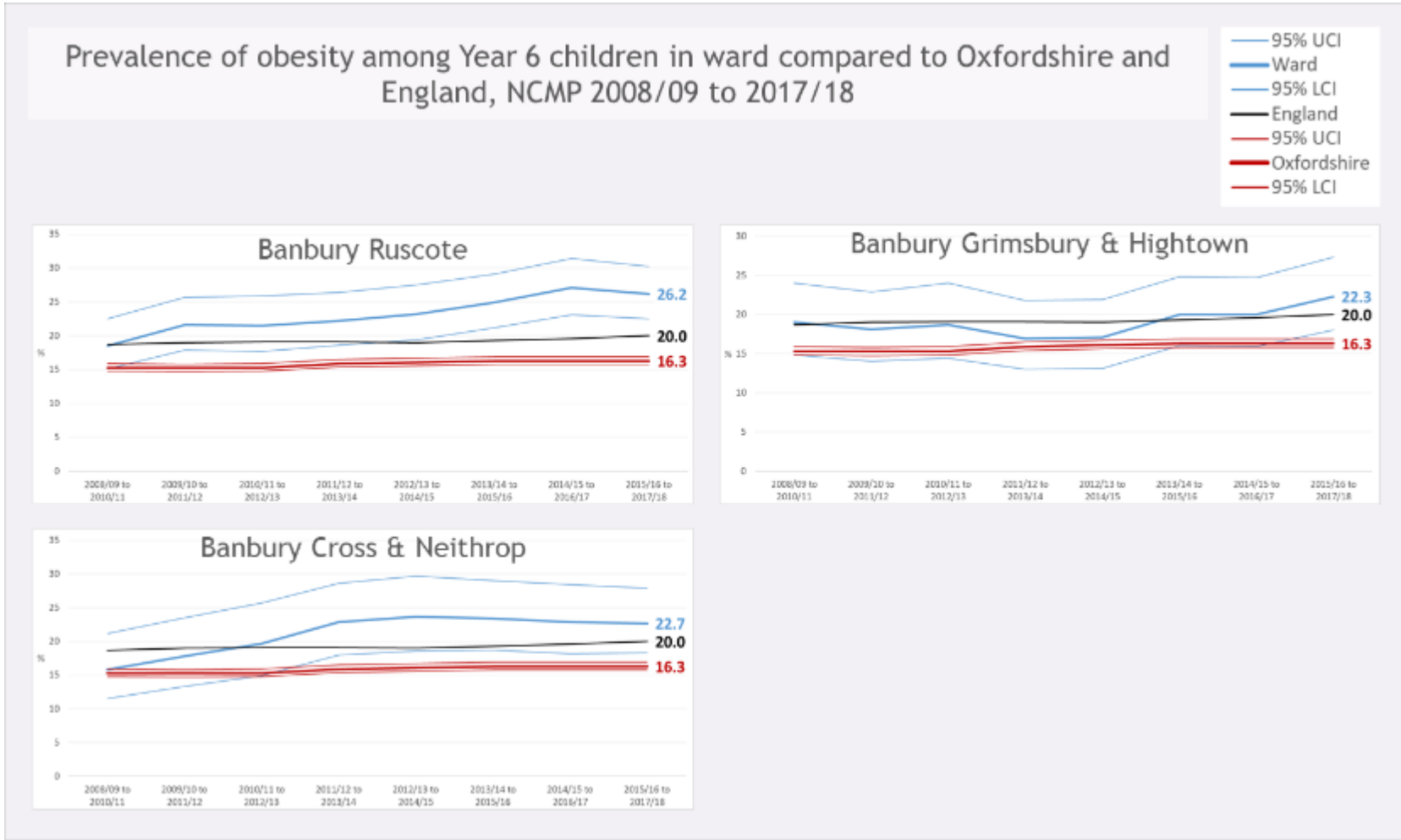
Childhood obesity - trends in areas significantly higher than Oxfordshire average



Public Health England, Childhood obesity and excess weight: small area level data

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Childhood obesity - trends in areas significantly higher than Oxfordshire average



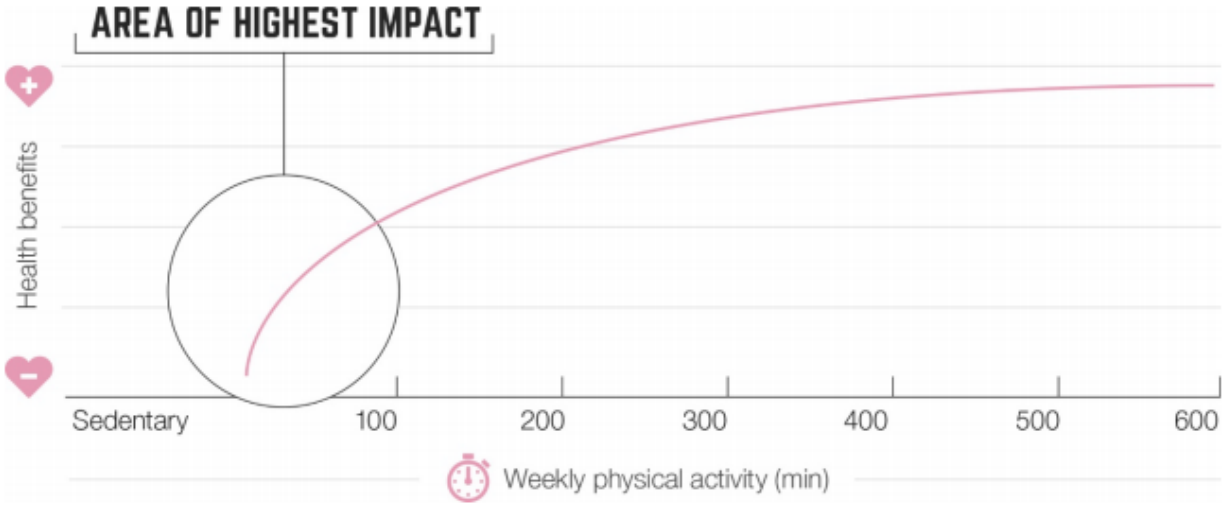
Public Health England, Childhood obesity and excess weight: small area level data

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Physical activity

- In general, the more time spent being physically active, the greater the health benefits
- Improvements in health are especially significant for those currently doing the lowest levels of activity (fewer than 30 minutes per week), as the gains per additional minute of physical activity will be proportionately greater

Dose-response curve of physical activity and health benefits



- In 2017, Low Physical Activity caused 124 (2.2% of total) deaths and 352 years lived with disability (YLDs) in Oxfordshire, due to cardiovascular diseases, diabetes and kidney disease, and neoplasms

Institute for Health Metrics and Evaluation (IHME), GBD Compare
Department of Health and Social Care, UK Chief Medical Officers' Physical Activity Guidelines

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

CMO guidelines for adults' physical activity

- CMO guidelines are for adults to achieve at least 150 minutes of moderate intensity activity per week
- Guidelines can also be met by doing 75 minutes of vigorous activity per week, or a combination of moderate and vigorous
- There are also specific guidelines for disabled adults, pregnant women, and women after childbirth – though these all aim for 150 minutes moderate intensity activity every week

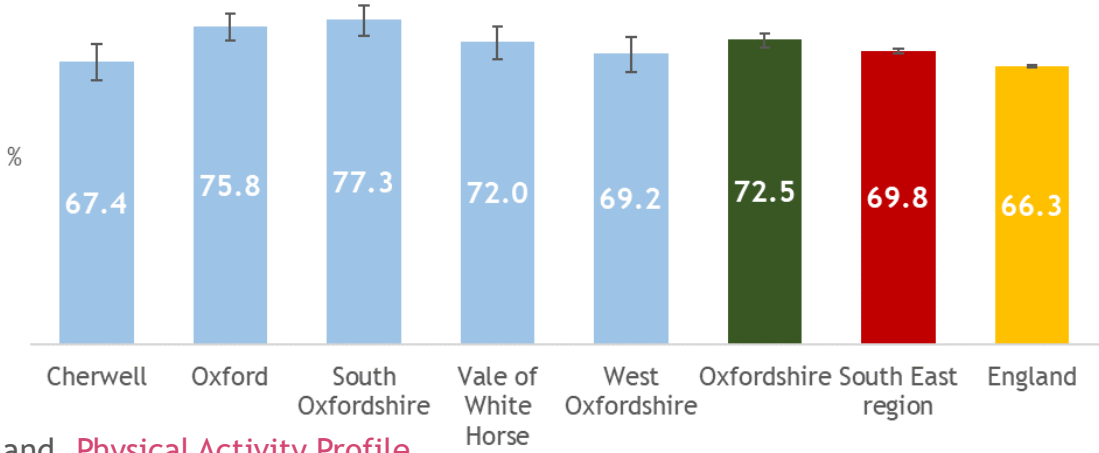
Department of Health and Social Care, UK Chief Medical Officers' Physical Activity Guidelines

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity - adult
Overweight and obesity - child
Physical activity - adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Physical activity in adults - overall

- A slightly higher percentage of Oxfordshire adults meets the physical activity guideline than national and regional figures, but 3 out of 10 adults do not
- Nationally, the data show that participation in physical activity is lower in older age groups, more deprived groups, unemployed or economically inactive groups, routine and manual workers, and disabled people
- White and Mixed ethnic groups had higher proportions of active adults than Asian and Black groups
- A higher percentage of males were physically active than females
- See also: active travel (walking and cycling)

% of Oxfordshire adults (19+) meeting physical activity recommendations, 2017/18



Public Health England, Physical Activity Profile

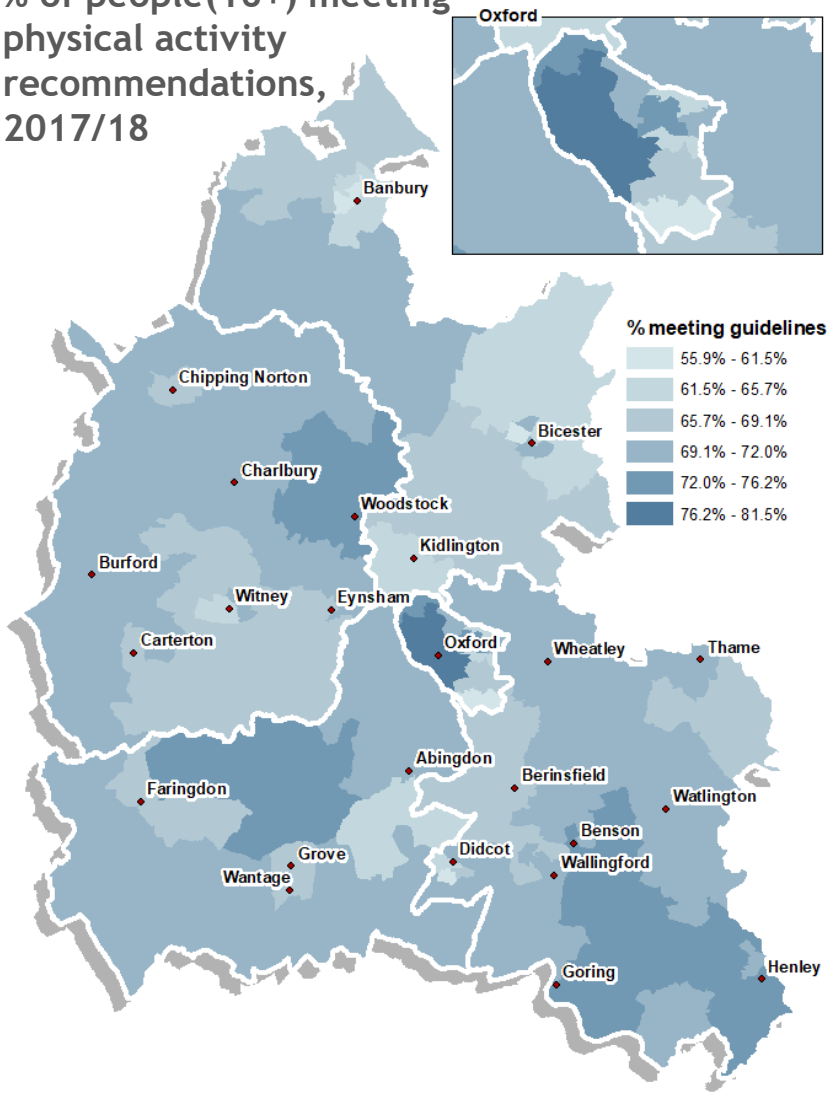
Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Physical activity in adults - Oxfordshire

- These estimates are calculated using the same data as local authority figures (previous page), but use adults **aged 16+** as their population. They report the proportion of people meeting CMO physical activity guidelines for adults (150 minutes per week). Current CMO guidelines for 16-18 year olds recommend at least 60 minutes and up to several hours of physical activity per day
- These estimates indicate that the proportion of people aged 16+ meeting adult physical activity guidelines tends to be higher in more affluent areas of the county
- Percentages are lowest in the south of Oxford (Blackbird Leys, Northfield Brook, Littlemore), Banbury (Ruscote and Neithrop), Bicester and Kidlington

Sport England, Small area estimates

% of people(16+) meeting physical activity recommendations, 2017/18



Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

CMO guidelines for children's physical activity

- Guidelines for children aged between 5 and 18 are to achieve 60 minutes physical activity per day. This can be an average of 60 minutes per day across the week
- For children under 5 years the guidelines are for 180 minutes activity per day
- Keeping active can help to build confidence and social skills; develop coordination; improve concentration and learning; strengthen muscles and bones; improve health and fitness; maintain healthy weight; sleep better

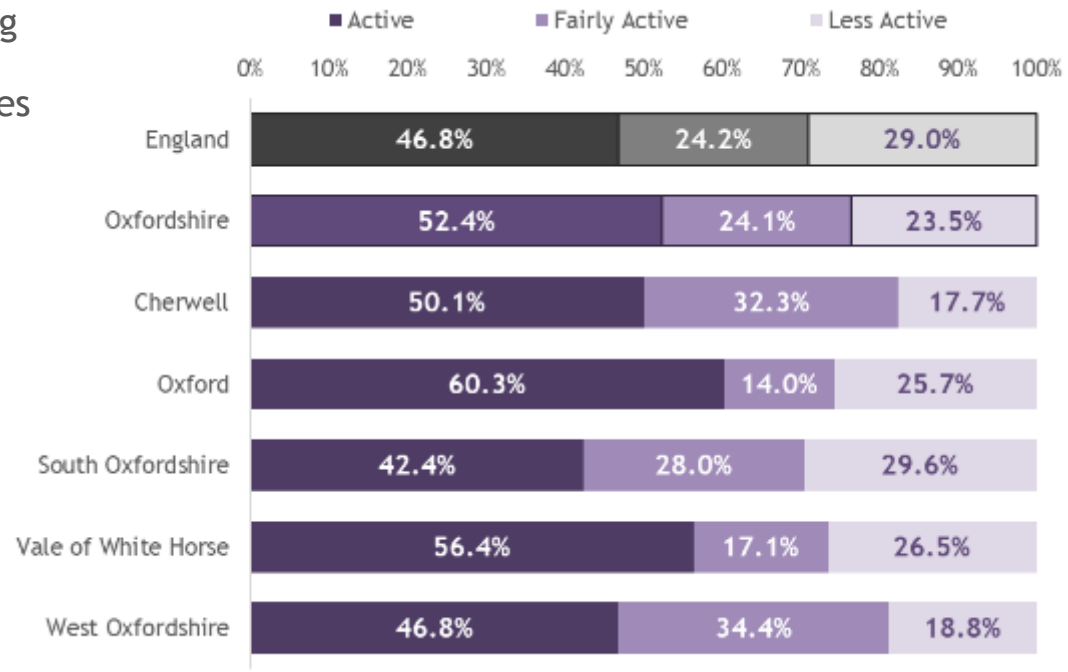
Department of Health and Social Care, UK Chief Medical Officers' Physical Activity Guidelines

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity - adult
Overweight and obesity - child
Physical activity - adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Physical activity in children - Oxfordshire

- In Oxfordshire, 52.4% of children and young people are achieving an average of 60 minutes of physical activity per day, higher than the national average of 46.8%
- Although encouraging, this means that there could be **42,100** children in Oxfordshire schools not doing enough physical activity
- These estimates include the activities of walking, cycling, dance, fitness activities, sporting activities, riding a scooter, and active play and informal activities
- Active – Doing an average of 60 minutes or more a day across the week (420+ minutes pw)
- Fairly active – Doing an average of 30-59 minutes a day across the week (210-419 minutes a week)
- Less active – Doing less than an average of 30 minutes a day across the week (less than 210 minutes a week)

Sport and Physical Activity levels of Children and Young People in school years 1-11



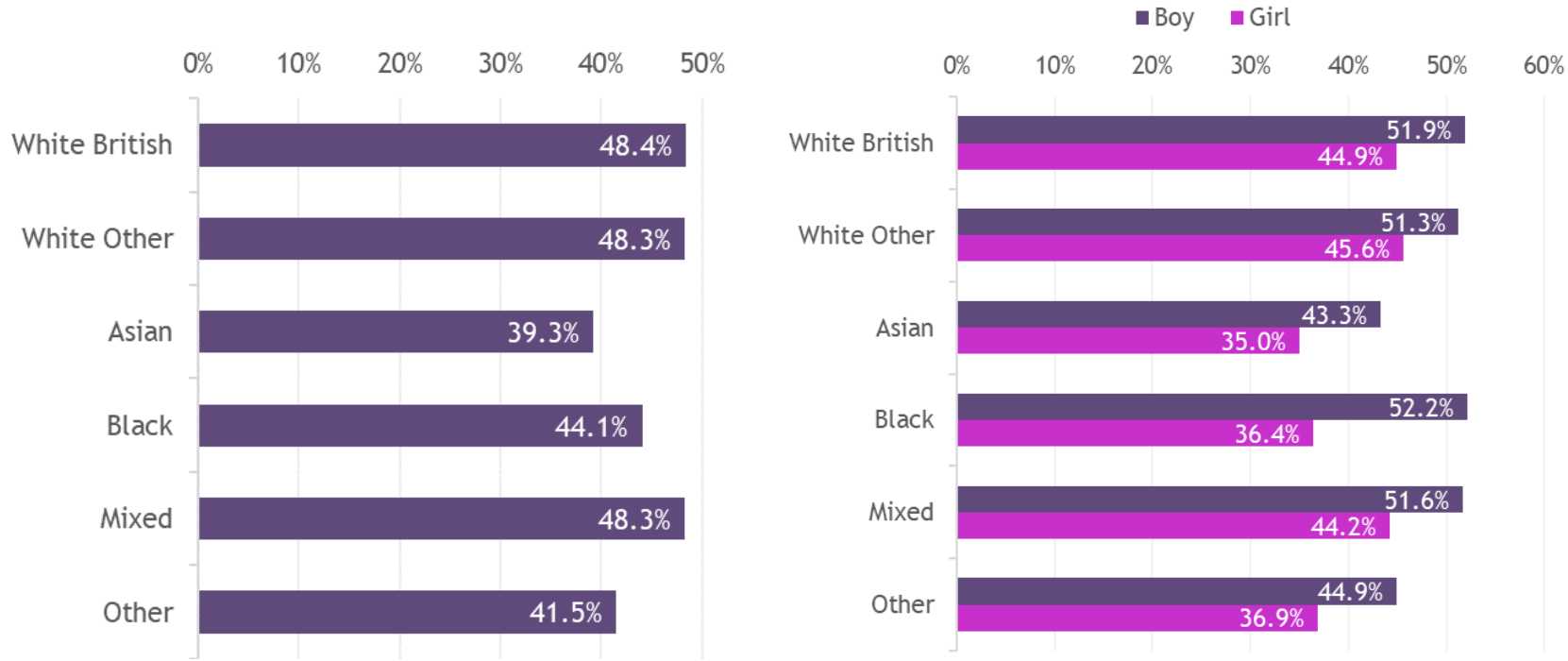
Sport England, Active Lives Children and Young people Survey 2018/19

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Inequalities in children's physical activity - national data

- National data show that a higher proportion of boys (50.6%) are active than girls (43.0%)
- Physical activity is highest in White and Mixed ethnic groups, but splitting by gender shows that this is not always the case
- A higher proportion of boys are active than girls across all ethnic groups

Sport and Physical Activity levels of Children and Young People, school years 1-11, 2018/19



Sport England, Active Lives Children and Young people Survey 2018/19

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity - adult
Overweight and obesity - child
Physical activity - adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Sexual and reproductive health

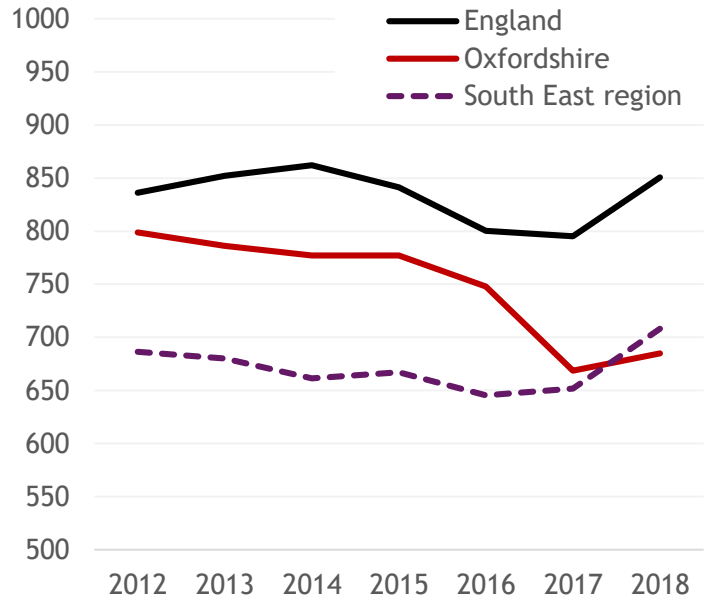
Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Sexually Transmitted Infections

STIs are a major public health concern, which may seriously impact the health and wellbeing of affected individuals, as well as being costly to healthcare services. If left undiagnosed and untreated, common STIs can cause a range of complications and long-term health problems, from adverse pregnancy outcomes to neonatal and infant infections, and cardiovascular and neurological damage.

- In 2018, the rate of new STI diagnoses (excluding chlamydia in under 25s) in Oxfordshire was 685 diagnoses per 100,000 people aged 15-64 – significantly lower than the England average (851 per 100,000), and similar to the rate in the South East (708 per 100,000)
- Oxfordshire's rate has decreased between 2012 and 2018. It has consistently been significantly below the England average in this period
- Oxfordshire's rate is equivalent to approximately 3,000 new diagnoses in 2018. The number of diagnoses is related to the number of tests taken – in the same year, 70,774 tests were taken by people in Oxfordshire
- See also specialist sexual health services

New STI diagnoses (excluding chlamydia in under 25s) per 100,000 population



Public Health England, Sexual and Reproductive Health Profiles and Health Matters: Preventing STIs
See also: Public Health Surveillance Dashboard and Oxfordshire Sexual Health Needs Assessment 2018 and Spotlight on Sexually transmitted infections in the South East

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Sexually Transmitted Infections

- Chlamydia diagnoses in 15-24 year olds are measured separately. In 2018, the rate of these diagnoses was 1,277 per 100,000 people in Oxfordshire, significantly lower than the South East (1,615) and England (1,975) rates. This may be influenced by the uptake of chlamydia screening
  - The rate in Oxfordshire females was 1,469 per 100,000, significantly higher than the rate in males (802 per 100,000)

- Reflecting national trends, STIs in Oxfordshire disproportionately affect young people (women in particular), Men who have Sex with Men (MSM), people of black ethnicity and those from more deprived backgrounds. Data on other high risk and hard to reach groups is lacking. Known inequalities in STI diagnosis rates affecting risk groups are greatest in Cherwell (compared to other districts)

Public Health England, Sexual and Reproductive Health Profiles and Health Matters: Preventing STIs and Oxfordshire Sexual Health Needs Assessment 2018; see also Oxfordshire Public Health Surveillance Dashboard

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Teenage conceptions

- Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children
- The rate of teenage conceptions in Oxfordshire is significantly lower than the national average, and has been decreasing broadly in line with national and regional trends since the early 2000s. This has largely been driven by decreases in Oxford City.
- In 2017/18, 0.5% of all Oxfordshire births were to mothers aged under 18

Number and rate (per 1,000) of conceptions to women aged under 18 years

	2016		2017		
	Number	Rate	Number	Rate	Change
Cherwell	34	12.9	24	9.5	↓
Oxford	25	11.5	30	14.4	↑
South Oxon	25	10.2	32	13.5	↑
VoWH	27	12.5	18	8.5	↓
West Oxon	20	10.8	17	9.5	↓
Oxfordshire	**131**	**11.6**	**121**	**11.1**	↓
South East		15.0		13.9	↓
England		18.8		17.8	↓

This indicator measures all conceptions in females under 18 whether the pregnancy ends in birth or termination
Public Health England, Sexual and Reproductive Health Profile

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Breastfeeding and low birth weight

Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of infection and child obesity, as well as encouraging a strong bond between mother and baby. Breastfeeding initiation within 48 hours of delivery is recorded in hospital, and is recorded again at the Health Visitor check at 6-8 weeks after delivery.

- In 2015/16, 82.5% Oxfordshire mothers initiated breastfeeding, compared to 77.3% in the South East and 74.5% in England
  - More recent data have not been published due to data quality issues
- In 2018/19, prevalence of breastfeeding at 6-8 weeks in Oxfordshire was 62.5%, significantly higher than the prevalence in England overall (46.2%)

Low birth weight increases the risk of childhood mortality and has an influence on future adult health status. Risk factors for low birth weight include the health of the mother, particularly during the pregnancy including maternal smoking, substance misuse, nutritional status and maternal weight. Ethnicity, genetics, socioeconomic status, age and multiple pregnancy are also factors.

- In 2017, 1.9% of live births at full term (at least 37 weeks gestational age) in Oxfordshire had a recorded birth weight under 2500g - significantly lower than the regional average (2.4%) the national average (2.8%).
- National data show that the proportion of births with low birth weight is highest in more deprived areas.

Public Health England, Child and Maternal Health profile

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity - adult
Overweight and obesity - child
Physical activity - adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

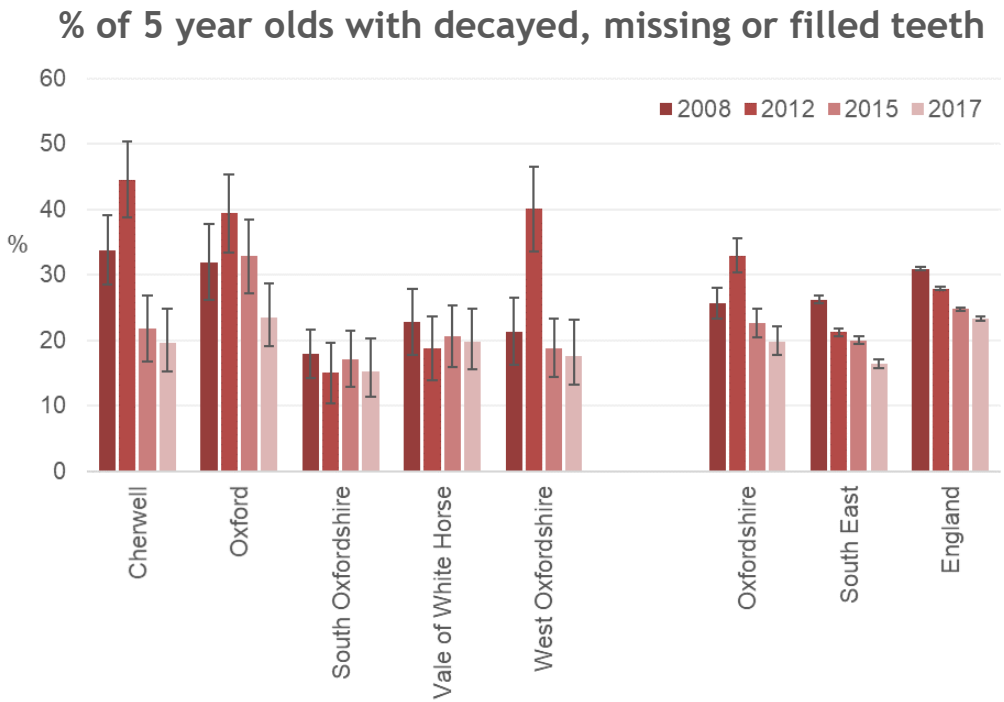
Oral health

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Oral health: one in five Oxfordshire children has tooth decay by age five

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. High levels of consumption of sugar-containing food and drink is also a contributory factor to other issues of public health concern in children – for example, childhood obesity.

- 19.8% of 5 year olds in Oxfordshire had decay experience in 2017, lower (better) than the national average of 23.3%
- Those children with decay experience had an average of 3.2 decayed, missing, or filled teeth
- This is an improvement on the rate in 2015, when Oxfordshire (22.7%) was similar to the national average (24.7%)
- In 2017, none of the districts were significantly different from the Oxfordshire figure. South Oxfordshire and West Oxfordshire were significantly lower than England



National Dental Epidemiology Programme for England, Oral Health Survey of five-year-old children

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity - adult
Overweight and obesity - child
Physical activity - adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Volunteering

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity - adult
Overweight and obesity - child
Physical activity - adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Volunteering - national data

- There are many perceived benefits of volunteering, including:
  - enjoyment
  - personal achievement
  - making a difference
  - meeting new people, and contact with people from different backgrounds and cultures
  - broadening experience and skills
  - improved confidence, mental health and wellbeing
- Research using the British Household Panel Study has also shown that volunteering in secondary school and college has a positive effect on first employment, and in turn on salaries later in life
- It also showed that volunteering helps people return to work more rapidly after a break e.g. raising children or unemployment

NCVO, Time Well Spent survey 2020
Social Science Research, The economic benefits of volunteering and social class

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity - adult
Overweight and obesity - child
Physical activity - adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Volunteering - national data

- There is a lack of reliable data on volunteering rates in Oxfordshire. National data show that people living in the south of England were more likely to be recent volunteers than the England average (42% vs 38%) - they were also more likely to volunteer frequently (28% vs 25%)
- Those educated to a higher level are more likely to have volunteered recently. Separating by working status, those working part-time (less than 8 hours a week) are most likely to have volunteered recently

People aged **65 and over** were the **most likely** to have volunteered recently.

45%

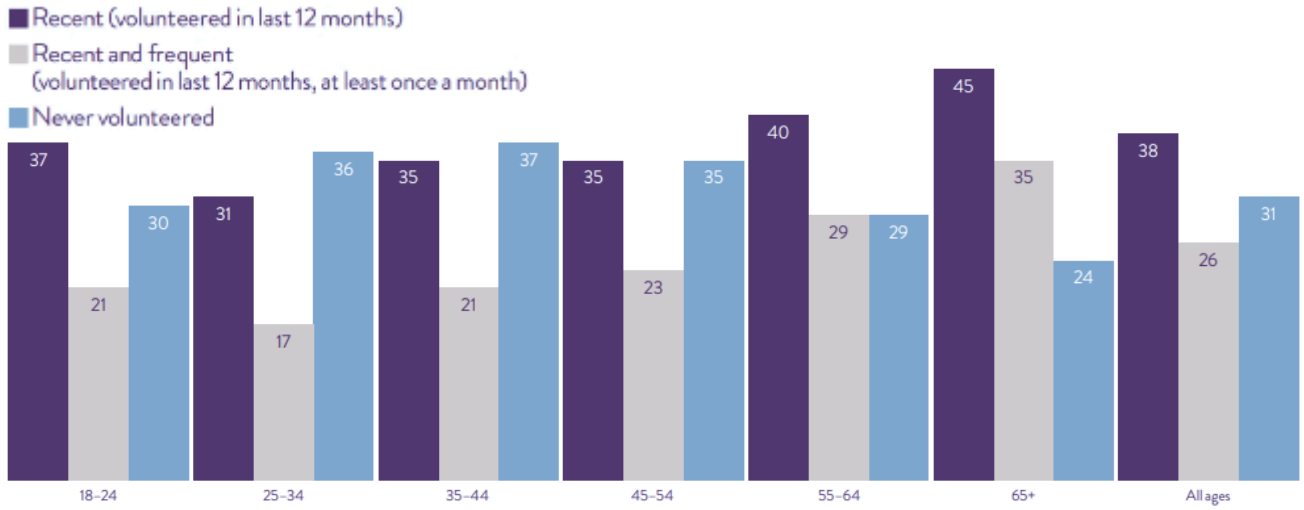
of 65+ year-olds

VS

31%

of 25–34 year-olds

Proportion of recent volunteers, recent and frequent volunteers, and those who have never volunteered (% of age group)



NCVO, Time Well Spent survey 2019

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity - adult
Overweight and obesity - child
Physical activity - adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Gambling

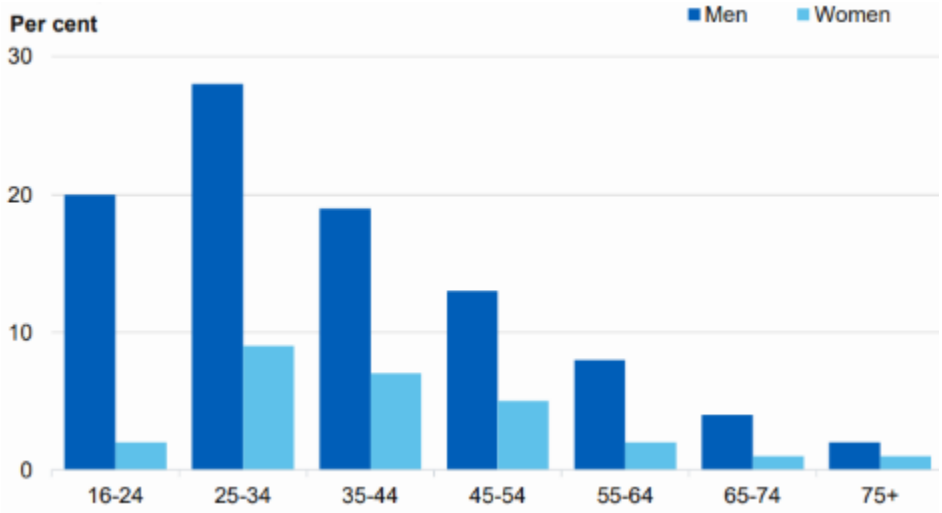
Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Gambling behaviour - national data

Gambling is a leisure activity enjoyed by many, and the majority of those who gamble appear to do so without signs of problematic behaviour. There are however some individuals who experience significant harm as a result of their gambling. Great Britain has one of the most accessible gambling markets in the world; opportunities to gamble exist on most high streets and, with the spread of the internet, in virtually every home.

- In 2018, 54% of adults had participated in some form of gambling in the past 12 months. The proportion was highest in the 45-54 age group at 60%, and lowest in 16-24s with 39%
  NB most forms of gambling are illegal for under 18s which will affect gambling prevalence in the 16-24 age group
- 15% of men had participated in **online** gambling in the previous 12 months, compared with 4% of women
- Unlike gambling overall, online gambling peaks in the 25-34 age group, then declines with age for both sexes. 28% of the 25-34 age group for men had participated in online gambling, compared with less than 5% of those aged 65 and over. Similarly, 9% of women in the 25 to 34 age group had participated in online gambling.

Participation in any online gambling in the last 12 months by age and sex



NHS Digital, Health Survey for England 2018
Gambling Commission, Gambling-related harm as a public health issue

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Problem gambling - national data

For problem gamblers, harm can include higher levels of physical and mental illness, debt problems, relationship breakdown and, in some cases, criminality. It can also be associated with substance misuse. Younger males, and people from certain social and ethnic groups, are potentially more vulnerable than others.

The Health Survey for England 2018 identified at risk or problematic gambling in its population:

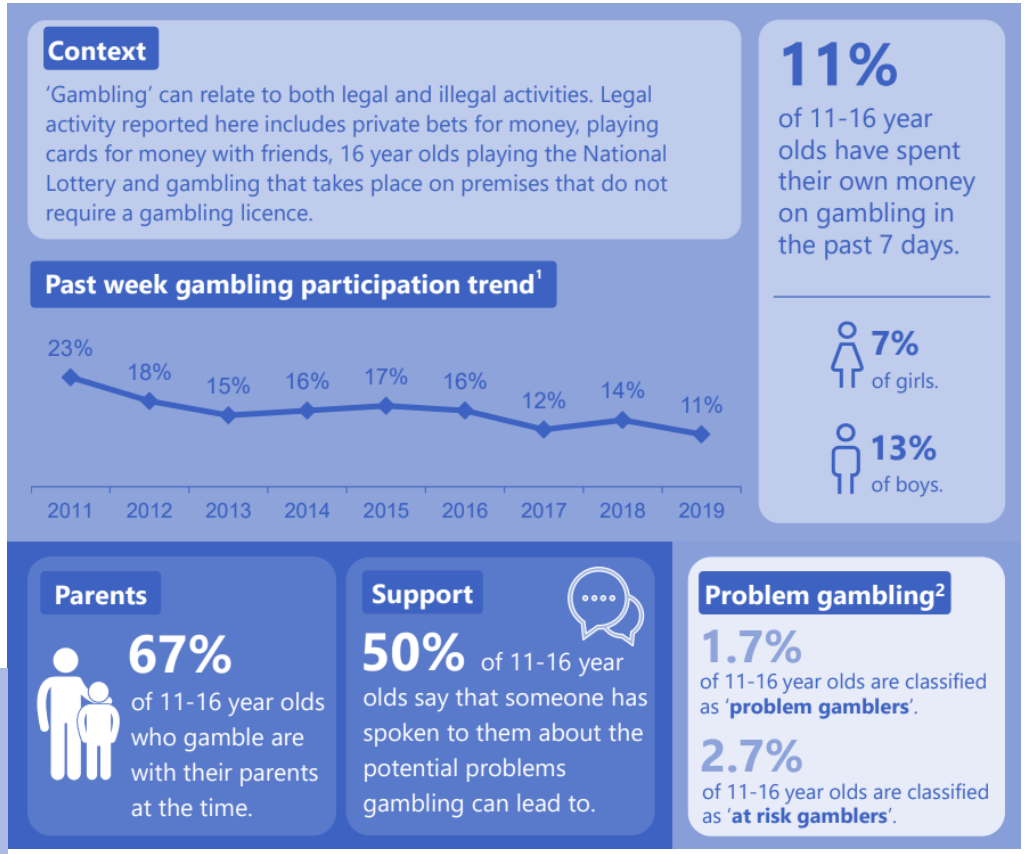
- The Problem Gambling Severity Index (PGSI) consists of nine items ranging from 'chasing losses' to 'gambling causing health problems' to 'feeling guilty about gambling'. Each item is scored and summed to create a total ranging from 0 to 27. A PGSI score of 8 or more represents a problem gambler.
- The PGSI scores showed **0.4%** of adults were identified as problem gamblers (score 8+) and **3.6%** as problem or at-risk gamblers (score 1+)
- The proportion of men identified as problem or at-risk gamblers is substantially higher than women, with 6% of men and 2% of women identified
- The proportion of problem or at-risk gamblers decreases with age from between 5% and 7% in those age 16 to 44 to 1% of those age 75+

Gambling Commission, Gambling-related harm as a public health issue
NHS Digital, Health Survey for England 2018

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity - adult
Overweight and obesity - child
Physical activity - adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Gambling in young people aged 11-16 - national data

- The most common type of gambling activity that young people are taking part in is private bets for money (e.g. with friends) (5%) with a further 3% playing cards with friends for money; 4% of 11-16 year olds report playing on fruit or slot machines in the past seven days
- Young people who say they have gambled in the past seven days spent an average of £17 on gambling during this period



- 74% of 11-16 year olds say they know who they would go to for help if they had problems with gambling

Gambling Commission, Young People and Gambling Survey 2019

Introduction
Summary
Behavioural risk factors of disease
Smoking
E-cigarette use
Alcohol consumption
Alcohol-related hospital admissions
Drug use
Drug misuse related hospital admissions
Dietary risk factors
Overweight and obesity – adult
Overweight and obesity - child
Physical activity – adult
Physical activity - child
Sexual health
Teenage conceptions
Breastfeeding & low birth weight
Oral health
Volunteering
Gambling
Finding out more

Finding out more

- More information on many of these topics is available from Public Health England Fingertips tool, Health Survey for England, and Office for National Statistics. Other JSNA resources including the Public Health Surveillance Dashboard are available from Oxfordshire Insight
- More specific resources and fact sheets are also available for:
  - Smoking: Action on Smoking and Health (ASH)
  - Alcohol: Alcohol Change UK, Alcohol Health Alliance UK, drinkaware, PHE alcohol dependence prevalence estimates, PHE evidence review, ONS alcohol specific deaths
  - Drug misuse: Crime Survey for England and Wales, PHE Drug health harms: national intelligence
  - Obesity: PHE obesity and the food environment, RSPH Routing out childhood obesity, OECD: The heavy burden of obesity, CMO special report: Time to solve childhood obesity, Guys & St Thomas charity reports, PHE Childhood obesity: applying all our health, NHS Digital
  - Physical activity: UK CMO physical activity guidelines, Sport England inequalities factsheets, PHE Physical Activity: Applying all our health, BMA: Steps to increase physical activity in the UK, also see Wider Determinants of Health chapter for information about active and healthy travel, and healthy place-shaping
  - Sexual Health: PHE Health matters: preventing STIs, Spotlight on STIs in the South East, HIV in the UK, Women and HIV in the UK
  - Volunteering: NCVO research
  - Gambling: Gambling Commission statistics and research
  - Other: Association for Young People's Health Key Data on Young People 2019

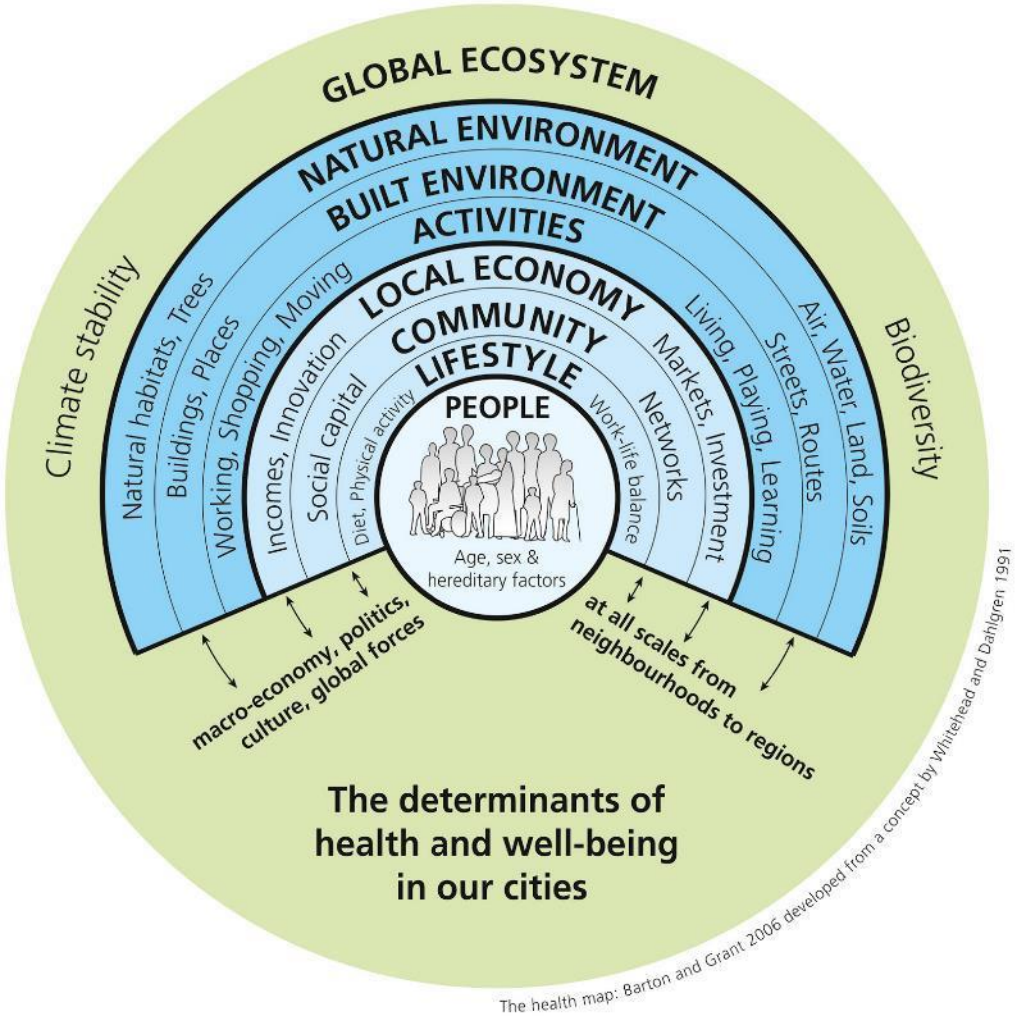
Chapter 6

Wider determinants of health

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

This chapter…

- No single aspect of people's lives determines their health and wellbeing. Factors as varied as employment status, transport options, quality of housing and access to green space all affect people's health outcomes.
- The wider determinants of health are the conditions in which people are born, grow, live work and age. They include social, cultural, political, economic, commercial and environmental factors.
- The strongest influences on people's health are social determinants such as their level of education, income, quality of housing and employment.



The Health Foundation, Reframing the conversation on social determinants

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Summary - 1

Work, income and deprivation

- Earnings of Oxfordshire residents have remained above the South East and national averages.
- Oxfordshire's rate of employment remains above the England average and the number of people unemployed remains low.
- The number of people from overseas registering for a National Insurance number in Oxfordshire has continued to decline.
- There are higher rates of child poverty in parts of Banbury and Oxford City.
- After housing costs, 1 in 5 children in Oxfordshire are estimated to be living in poverty – within the city of Oxford, however, this figure rises to almost one-third.
- More areas of Oxfordshire are now ranked as deprived on the Income Deprivation Affecting Older People Index (within the worst 10%).
- The number of households in fuel poverty has declined again.
- The burden of obesity is falling hardest on children in low income families. One of the main risk factors for obesity is the food and drink environment.
- It may be difficult to attain a healthy balanced diet while earning the Real Living Wage in Oxford City.
- On 31 Dec 2017 there were 459 fast food outlets across Oxfordshire - the highest number of these were in Oxford City and Cherwell.

Housing and homelessness

- All districts in Oxfordshire had a lower quartile affordability ratio which was over 11 times lower earnings.
- The cost of renting privately in Oxfordshire remains well above the South East and national averages.
- It is estimated that around 1,000 adults sleep rough or in supported accommodation in Oxfordshire in a year and around 500 on any given night.
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services.

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Summary -2

Education and qualifications

- Schools in Oxford City have a diverse set of pupils with 78 languages spoken in primary schools.
- The number of pupils with Special Educational Needs support in Oxfordshire has increased at double the England rate.
- The gap in early years development between pupils eligible for Free School Meals and other pupils in Oxfordshire has increased for the second year in a row.
- For children aged 10-11, the attainment gap, between those eligible for FSM and those who were not, stayed similar for girls and improved for boys.
- Average GCSE attainment in Oxfordshire has increased at above the increase seen nationally. Scores for Cherwell, Oxford and South Oxfordshire each increased, Vale of White Horse and West Oxfordshire declined.
- The persistent absence rate for pupils in Oxfordshire secondary schools has remained above the national average.

Physical and social environment

- Oxfordshire's first healthy new towns programmes – in Bicester and Barton – have highlighted strong partnership working and people actively managing their health.
- Most of Oxfordshire has followed the national trend of increasing participation in active travel (walking and cycling), however Cherwell has seen a slight decrease.
- Air pollution causes more harm than passive smoking. It has been estimated that cutting air pollution in Oxford City would reduce the numbers of cases of coronary heart disease, lung cancer, chest infections and low lung capacity.
- Oxford City is planning to become the world's first Zero Emission Zone by 2035. Registration of ultra low emission vehicles are currently low, but increasing across Oxfordshire.
- The UK Climate Projections 2018, show we can expect to see continuing changes.
  - The frequency and intensity of extreme **heatwaves** are each expected to increase.
  - **Rainfall** downpours may become heavier when they occur.

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

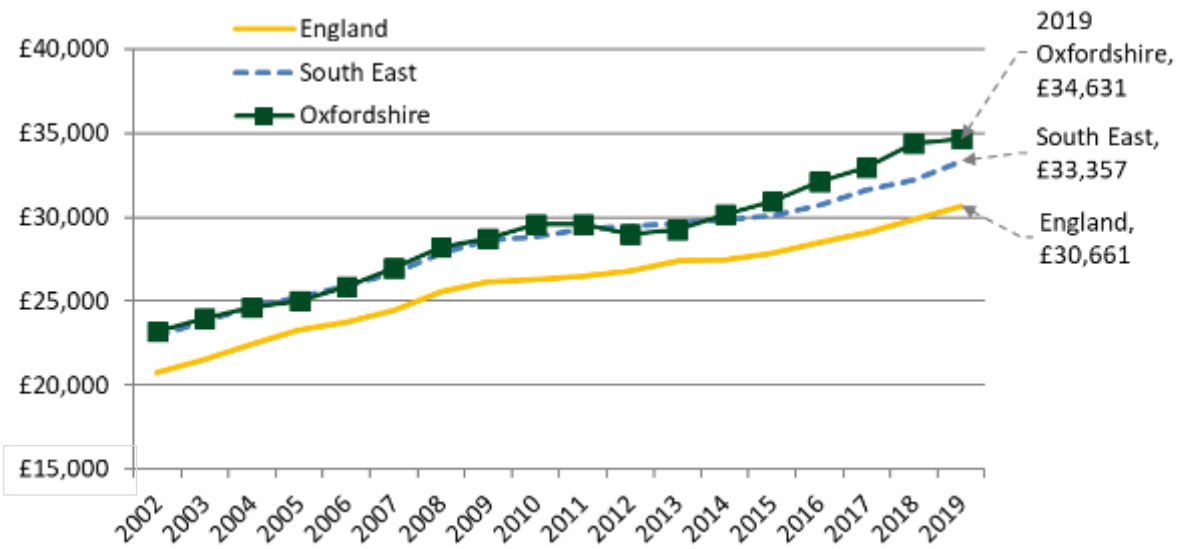
Work and income

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Earnings of Oxfordshire residents

- The latest year of earnings data (2019) shows Oxfordshire remaining (statistically) above the South East average on median pay of full time workers.
  - Oxfordshire's resident earnings increased from £34,400 in 2018 to £34,600 in 2019 (+£200). Across the South East, earnings grew from £32,200 to £33,400 (+£1,200).

Median, gross annual pay of full time workers



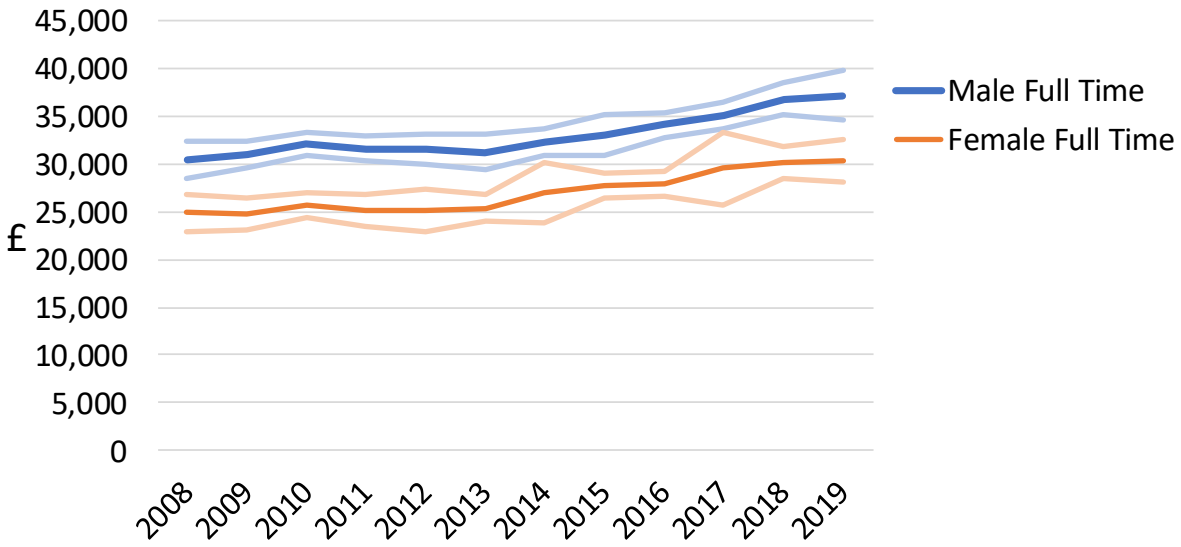
Annual Survey of Hours and Earnings from nomis; Note: earnings data has not been adjusted for inflation.
The median is the data value at which 50% of data values are above it and 50% of data values are below it.
Note vertical axis does not start at zero; chart does not show confidence intervals

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

The gap between male and female full time earnings

- In 2019, median full time earnings of males was £37,250 and females was £30,428, a gap of £6,822
- This was the biggest gender pay gap (amount) in Oxfordshire in any year since 2008
- The gender pay gap in Oxfordshire has remained below the regional and national averages
- Full time pay of males was 18% more than females in Oxfordshire, compared with 19% in the South East and 22% in England

Median gross full time annual pay of males and females in Oxfordshire showing confidence intervals



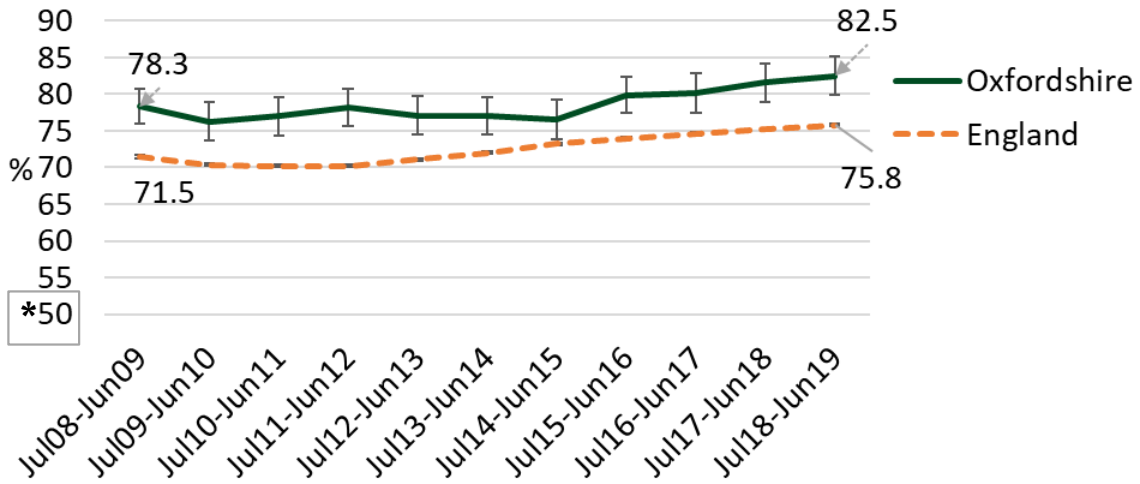
Annual Survey of Hours and Earnings from nomis. Note: earnings data has not been adjusted for inflation. The median is the data value at which 50% of data values are above it and 50% of data values are below it.

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Oxfordshire's employment rate

- There has been an apparent increase in the rate of employment in Oxfordshire over 10 years from 78.3% of people aged 16-64 (Jul08-Jun09) to 82.5 (Jul18-Jun19), the difference is not statistically significant.
- Oxfordshire's employment rate remains significantly above the England average

Employment rate in Oxfordshire and England, people aged 16-64



For information on the Labour Market in Oxfordshire see October 2019 report on behalf of the Oxfordshire Local Enterprise Partnership analysing skills demand and supply. Report highlights Oxfordshire's strongly performing economy with the challenges of a tight labour market and a small pool of labour to support growth aspirations.

Annual Population Survey from nomis. Note that district level data is based on a small sample and, therefore, subject to wider confidence intervals. *Vertical axis does not start at zero. Chart shows confidence intervals; overlapping error bars means the difference is not statistically significant.

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Unemployment

- The estimated total number of people unemployed in Oxfordshire (Oct18-Sep19) was 6,100, down from an estimated 7,700 in the previous year.
- The comparative rate of unemployment for Oct18-Sep19 remains relatively low in Oxfordshire at 1.6% (+/- 0.9), lower than the South East region (3.1% +/- 0.3) and lower than the England rate (3.9% +/- 0.1).
- Model-based estimates for districts *(NB: uses different methodology to county estimates)* show that the lowest rate was in West Oxfordshire (2.0% +/-0.8) and the highest rate was Oxford City (3.1% +/-1.1).

Unemployment count and rate

From Annual Population survey	Oct17-Sep18	Oct18-Sep19	*Change 2017-18 to 2018-19*		Rate Oct18-Sep19
Oxfordshire	7,700	6,100	-1,600	-21%	1.6
South East	159,800	149,400	-10,400	-7%	3.1
England	1,179,700	1,126,500	-53,200	-5%	3.9
Unemployment Model-based estimates					
Cherwell	2,300	1,900	-400	-17%	2.4
Oxford	3,100	2,800	-300	-10%	3.1
South Oxfordshire	1,800	1,800	0	0%	2.3
Vale of White Horse	1,900	1,800	-100	-5%	2.8
West Oxfordshire	1,500	1,300	-200	-13%	2

Unemployment count: all people aged 16+ without a job who were available to start work in the two weeks following their interview and who had either looked for work in the four weeks prior to interview or were waiting to start a job they had already obtained. Unemployment rate: the unemployment count as a percentage of the economically active population aged 16+.

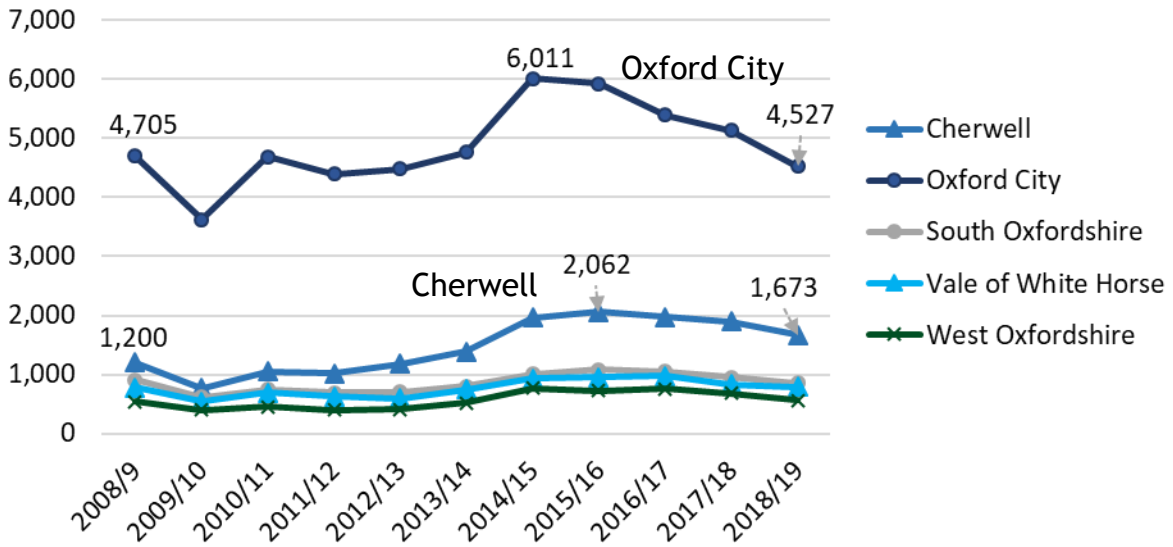
ONS Annual Population Survey for Oxfordshire, South East and England; DWP Model-Based estimates of unemployment for districts from nomis This dataset gives the official unemployment figures for local authorities. According to ONS, the model-based estimate improves on the Annual Population Survey estimate by borrowing strength from the claimant count to produce an estimate that is more precise.

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Overseas registrations for a National Insurance number

- The number of people from overseas registering for a NI number is an indication of inward migration for work in Oxfordshire.
- Between 2017-18 and 2018-19, National Insurance number registrations from overseas nationals (NINo) in Oxfordshire fell from 9,485 to 8,404 (-11%). This was a greater decline than the average for the South East and England (-4%)
- Oxford City accounted for 54% of the Oxfordshire total in 2018-19 and Cherwell a further 20%
- 66% of overseas registrations in 2018-19 in Oxfordshire were from EU nationals

National Insurance Number registrations by overseas nationals



DWP National Insurance number allocations to adult overseas nationals entering the UK

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Poverty and deprivation

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Note on changes to measuring child poverty

- There are a number of sources of statistics on child poverty in local authority areas:
  - End Child Poverty statistics, published May 2019. Child poverty estimates combines administrative data with results from the Understanding Society UK survey 2016 to 2018 (survey includes around 10,000 children nationally).
  - HMRC: personal tax credits: children in low-income families local measure, latest data as of 31 August 2016
  - DWP: Children in out-of-work benefit households, latest data as of 31 May 2017
  - Indices of Deprivation, Income Deprivation Affecting Children Index, IMD 2019, datasets as of August 2015 from DWP and HMRC. August 2015 was chosen to allow a consistent definition of income deprivation and uses a combination of Universal Credit and legacy benefits (see IMD 2019 technical report)
- From spring 2020, HMRC and DWP will be producing combined statistics on the living standards for children by local area to "reduce volatility in the measure of children in low-income families".
- This report includes child poverty at ward level from End Child Poverty statistics and the Income Deprivation Affecting Children Index

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Child Poverty statistics

- According to *End Child Poverty* estimates (2017-18), Oxford City was ranked 19th highest (higher rate of child poverty) out of 68 Local Authorities in the South East on *child poverty after housing costs* and well above other districts in Oxfordshire.
- After removing housing costs, 1 in 5 children in Oxfordshire are estimated to be living in poverty – within Oxford City this figure rises to almost one third of children.

Note: End Child Poverty estimates (produced by Loughborough University) are based on the probability of children living in households with income less than 60% of the median (mid-point), not limited to those living in households in receipt of benefits

**Households are living in poverty if their household income (adjusted to account for household size,) is less than 60% of the median (mid-point).*

Child poverty measures for Oxfordshire districts

	ECP child poverty after housing costs* 2017/18 (count and % of children)		HMRC % all children in low-income families Aug 2016	DWP Children aged 0-18 in Out-of-work Benefit Households May 2017
Cherwell	8,073	23%	10%	2,450
Oxford	10,132	29%	16%	3,260
South Oxfordshire	6,033	18%	8%	1,700
Vale of White Horse	6,753	22%	8%	1,950
West Oxfordshire	4,802	19%	8%	1,410
Oxfordshire	35,793	22%	10%	10,770
England			17%	

HMRC Personal tax credits: Children in low-income families local measure: 2016 snapshot
DWP Children in out-of-work benefit households
End child poverty statistics May 2019

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

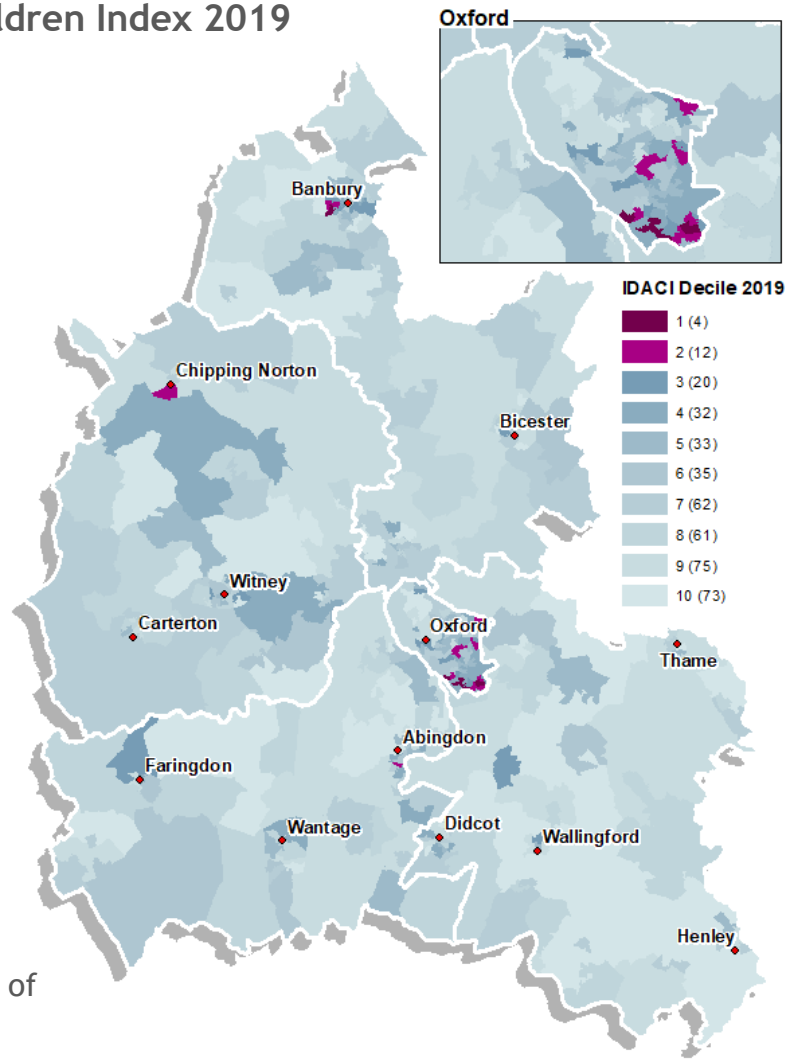
IMD: Income Deprivation Affecting Children

- According to the 2019 Income Deprivation Affecting Children Index (IDACI) there was a total of 11,990 children in poverty in Oxfordshire.
- 4 areas of Oxfordshire were in the most deprived 10% nationally, down from 7 areas ranked as most deprived in 2015.
- The most deprived areas on the IDACI 2019, were in parts of Banbury Ruscote, Blackbird Leys, Littlemore and Rose Hill & Iffley wards.

The Income Deprivation Affecting Children Index (IDACI) is the proportion of all children aged 0 to 15 living in income deprived families, that either receive Income Support or income-based benefits or families in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs. Child asylum seekers are not included in the IDACI. Data is as of 2015/16.
LSOAs are Lower Super Output Areas, a statistical geography with an average population in Oxfordshire of 1,600 residents

Ministry of Housing, Communities & Local Government indices of deprivation – income deprivation affecting children index

Decile of LSOAs in Oxfordshire on Income Deprivation Affecting Children Index 2019



Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

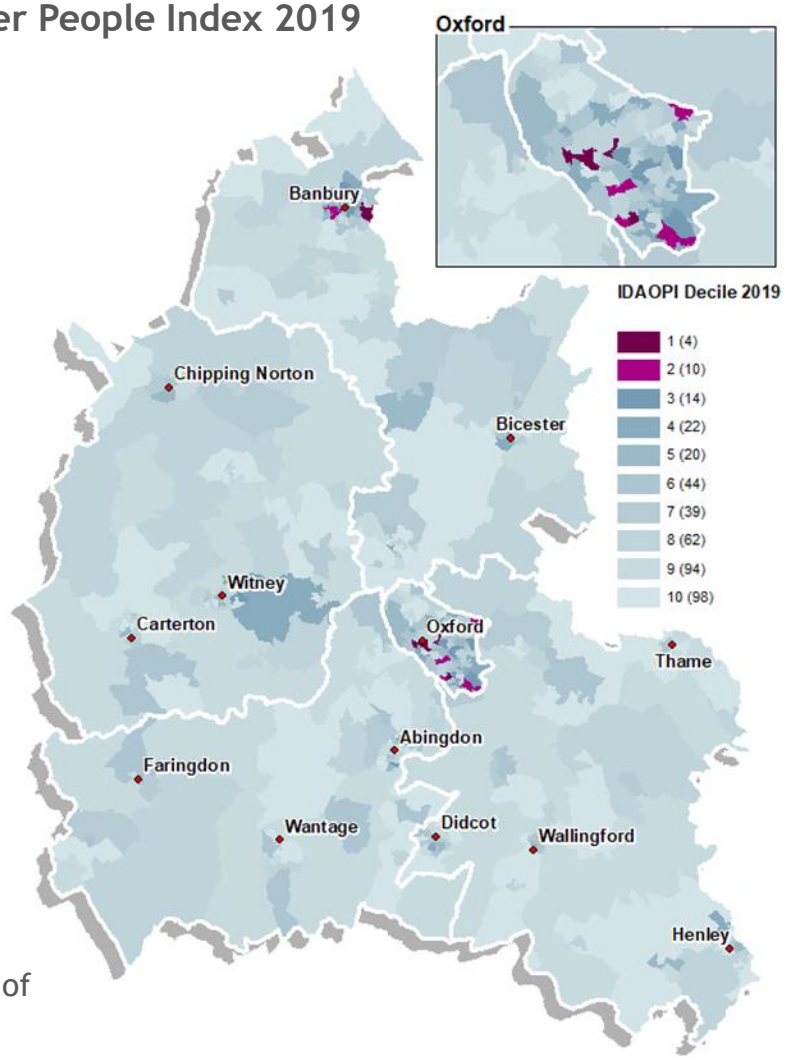
IMD: Income Deprivation Affecting Older People

- According to the 2019 Income Deprivation Affecting Older People Index (IDAOPI) there was a total of 11,725 older people in poverty in Oxfordshire.
- 4 areas of Oxfordshire were in the most deprived 10% nationally, up from 1 area ranked as most deprived in 2015.
- The most deprived areas on the IDAOPI 2019, were in parts of Banbury Grimsbury & Hightown ward and in Carfax, Rose Hill & Iffley and St. Clement's wards.

The Income Deprivation Affecting Older People Index (IDAOPI) is the proportion of all those aged 60 or over who experience income deprivation: adults aged 60 or over receiving Income Support or income-based benefits or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs.
Data is as of 2015/16.
LSOAs are Lower Super Output Areas, a statistical geography with an average population in Oxfordshire of 1,600 residents

Ministry of Housing, Communities & Local Government indices of deprivation – income deprivation affecting older people index

Decile of LSOAs in Oxfordshire on Income Deprivation Affecting Older People Index 2019



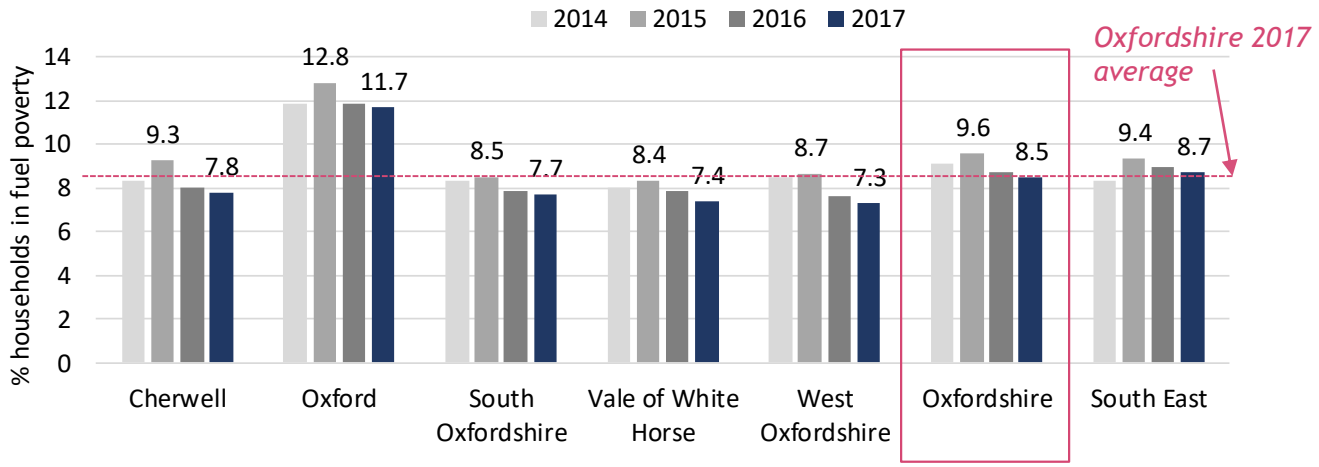
Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Fuel poverty

- *A household is considered to be fuel poor if fuel costs are above average and, were they to spend that amount, they would be left with a residual income below official poverty line. Fuel poverty is distinct from general poverty; some households could be pushed into fuel poverty if they have high energy costs.*
- Between 2016 and 2017, the number of households in Oxfordshire classified as "fuel poor" reduced from 23,900 to 23,400 (-500, -2%), similar to the decrease across the South East region.
- As of 2017, Oxford City remains significantly worse than the national average on fuel poverty. Other Oxfordshire districts are each significantly better than average.
- All districts show a reducing number of households in fuel poverty over time

Sub-regional fuel poverty 2017 data published June 2019

Percentage of households in fuel poverty (2014 to 2017)



Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Fuel poverty

- Of the 23,400 households classified as fuel poor in Oxfordshire in 2017, 67% were in urban areas and 33% in rural areas.
- Areas with higher rates of fuel poverty within Oxford include parts of St Clement's, St Mary's, Churchill, Iffley Fields, Rose Hill & Iffley and Jericho & Osney wards.
- Outside of Oxford, the areas with higher rates of fuel poverty include parts of: Witney Central, Banbury Ruscote, Banbury Grimsbury & Hightown Fringford & Heyfords and Abingdon Caldecott wards.

A household is considered to be fuel poor if fuel costs are above average and, were they to spend that amount, they would be left with a residual income below official poverty line. Fuel poverty is distinct from general poverty; some households could be pushed into fuel poverty if they have high energy costs.
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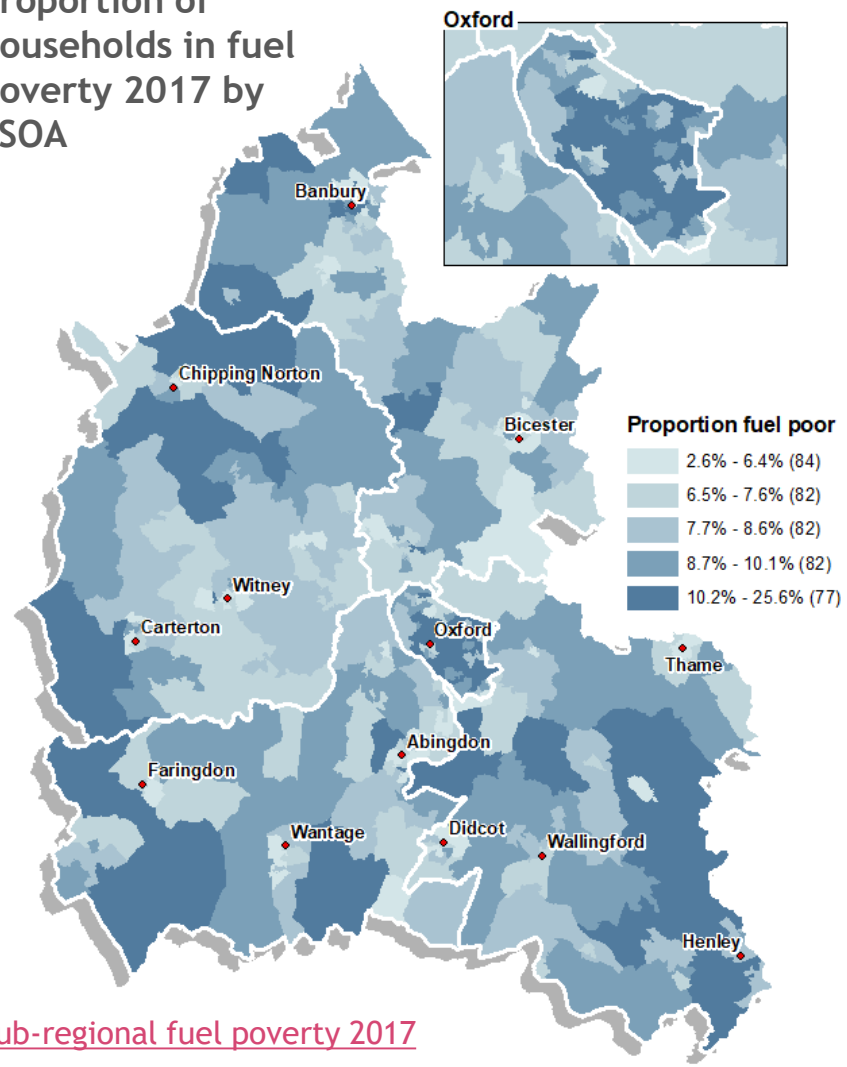
Estimated proportion of households in fuel poverty 2017 by LSOA

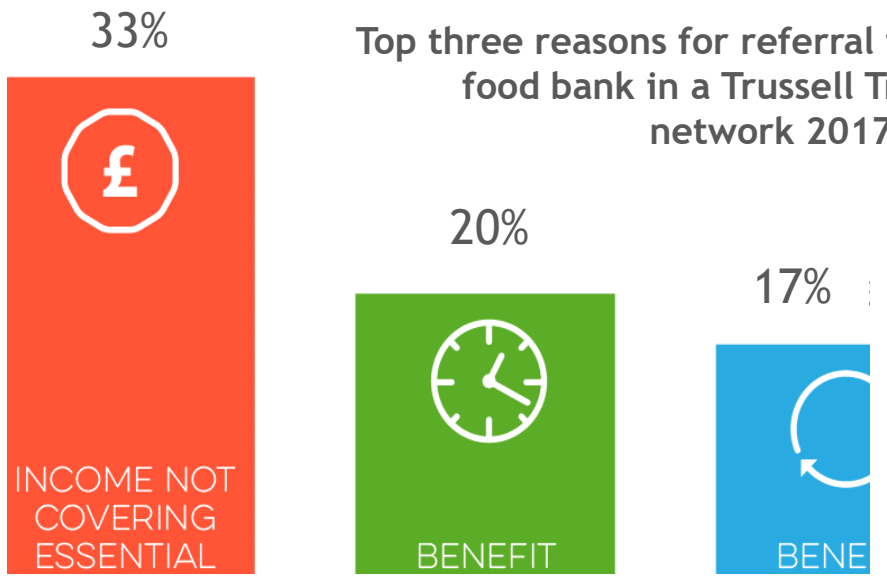


Department for Business, Energy & Industrial Strategy, Sub-regional fuel poverty 2017

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Food poverty and Food banks - national data

- Food banks provide emergency food and support to people locked in poverty.
- Between 1 April 2018 and 31 March 2019, Trussell Trust's food bank network distributed 1.6 million 3-day emergency food supplies to people in crisis, a 19% increase on the previous year.
- More than half a million of these went to children.
- The top three reasons for referral to a food bank in Trussell Trust network in 2017/18 were income not covering essential costs, benefit delays, and benefit changes



Trussell Trust

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Food poverty and Food banks - Oxfordshire

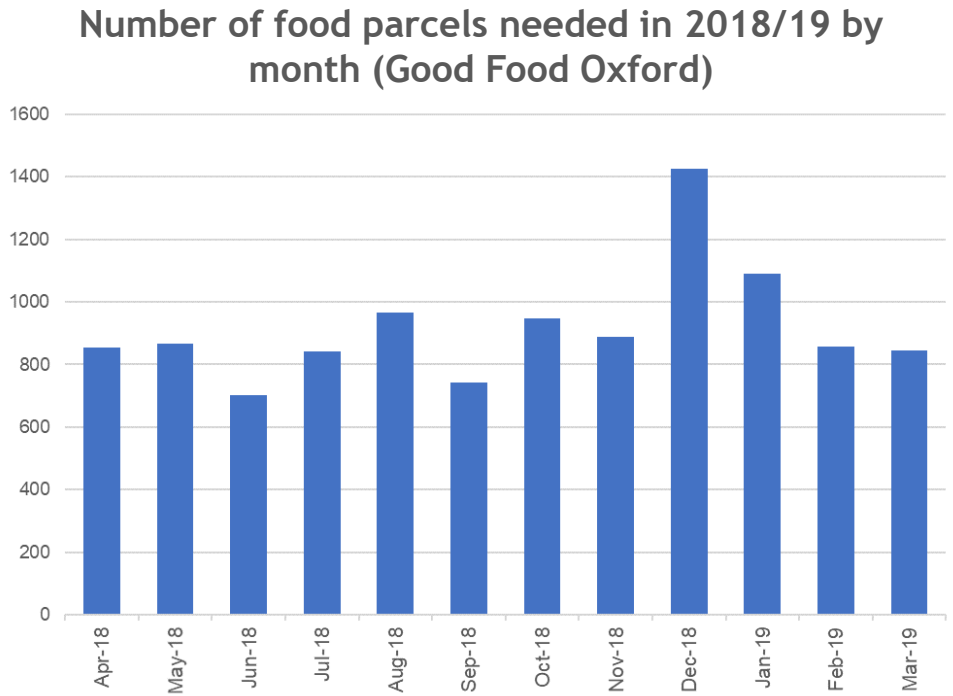
- Good Food Oxford (GFO) continues to support existing work of organisations in and around Oxford City to improve the food system with new initiatives and collaborations.
- A study funded by Oxford City Council and commissioned by GFO demonstrated that even workers in receipt of the Real Living Wage living in Oxford continue to be financially insecure.
- With housing costs significantly underestimated in Living Wage calculations, it may be difficult to attain a healthy balanced diet while earning the Real Living Wage in Oxford City.

- Data from Good Food Oxford shows a total of 11,031 recorded food parcels given to those in need during 2018-19 (adults benefitted 6,657 times and children 4,374 times). This has increased since the previous year.
- Children benefitting during 2018/19 made up 40% of total food parcels.
- Changes noted in Oxfordshire Foodbanks include schools requesting more food to support breakfast or after-school clubs
- Oxford Foodbank focus is on food-waste reduction rather than food poverty; the work is with organisations e.g. community cafes, rather than individuals

Good Food Oxford study
Good Food Oxford including Forum Minutes

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Use of foodbanks in Oxfordshire



- From the data provided, the average number of food parcels needed each month is around 900.
- The chart shows that the number of food parcels needed increased in December to over 1400.
- At some food banks, users have found it helpful to stop for a hot drink and a chat with other users.

Note: Data is received in full from eight foodbanks in Oxfordshire.
Partial data is received for 2 others and 3 do not provide any data.
Foodbanks are not necessarily registered with the Trussell Trust network.

Data sourced from Good Food Oxford including Forum Minutes

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Free School Meals and Healthy Start Vouchers in Oxfordshire

Free school meals are offered to children whose parents receive benefits such as Income Support, Income-based Employment and Support Allowance, Income-based Jobseekers allowance etc.

- There is a high proportion of eligible children in state-funded schools that do not claim free school meals (at January 2019)
  - 10.6% in nursery and primary schools (South East 17.2% and England 22.4%)
  - 7.7% in secondary schools (South East 9.5% and England 14.1%)
  - 29.7% in special schools* (South East 31% and England 37.5%).

Healthy Start Vouchers help to give families the very best start in life. Women who are pregnant and those with children under 4 years could get vouchers to help buy some basic foods.

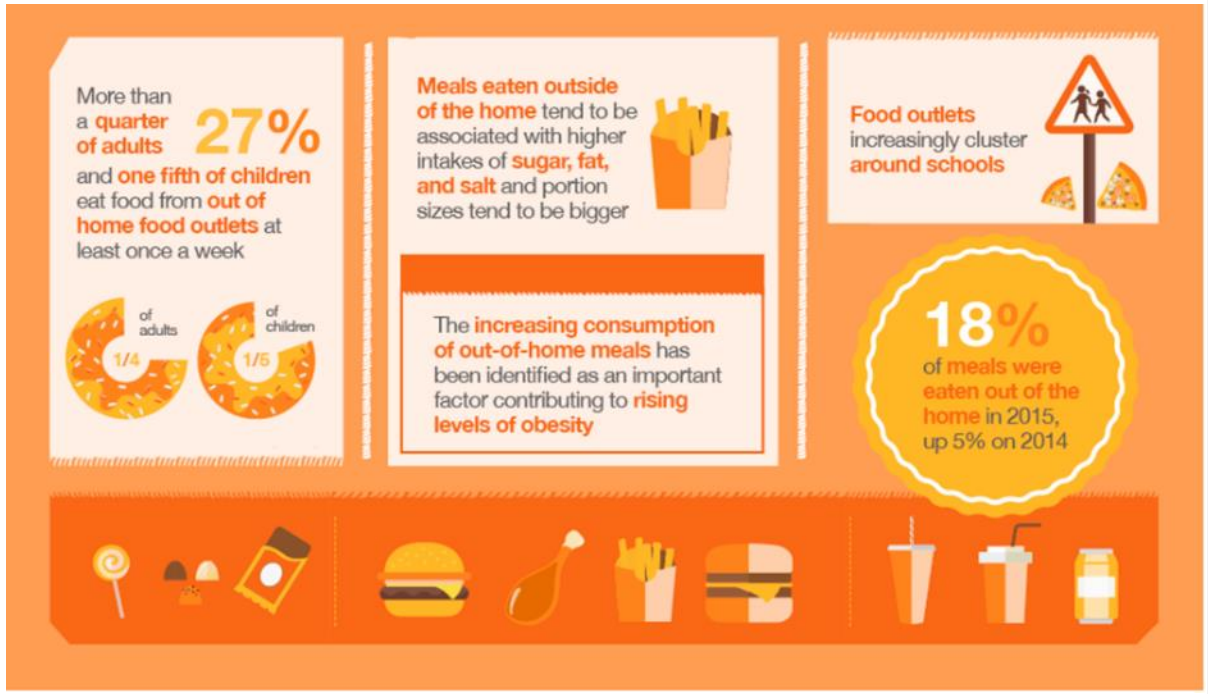
- On average in Oxfordshire, 50% of those who would be eligible, apply and receive vouchers. The highest uptake is in the North East region (just over 61%).

*Includes maintained special schools, special academies, non-maintained special schools and general hospital schools
Department of Education, Schools, pupils and their characteristics 2018
Healthy Start

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Affordability of healthy food - national data

- The burden of obesity is falling hardest on children in low income families.
- One of the main risk factors for obesity is the food and drink environment.
- The Food Foundation was established to help address this need. The Food Foundation is an independent organisation with a mission to change food policy and business practice to ensure everyone can afford and access a healthy diet.



In 2019, the Food Foundation published the Children's Future Food Inquiry Report

- One in three children (4.1million) are living in poverty in the UK. For their families to be able to afford the Government's recommended diet, they would have to spend an estimated 35% of their income on food, once their housing costs have been taken care of.

PHE **Health matters** | Food Foundation | Children's Future Food Inquiry | Healthy Start Vouchers

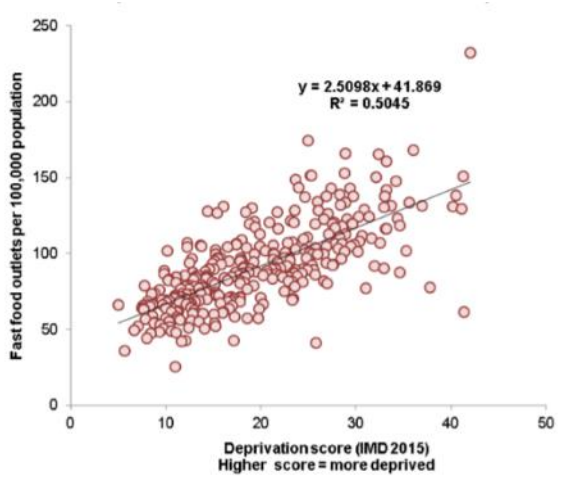
Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Fast food outlets

- There is strong evidence linking the density of fast food outlets to the level of area deprivation
- On 31 Dec 2017 there were 459 fast food outlets across Oxfordshire - the highest number of these were in Oxford City and Cherwell
- The rate per population across Oxfordshire was significantly lower than in England as a whole – this was especially the case in the more rural districts outside Oxford City
- National planning guidance states: "Planning policies and decisions should aim to … support healthy lifestyles… – for example through the provision of … access to healthier food"

Public Health England, density of fast food outlets; 2019 review of the use of the planning system to regulate hot food takeaway outlets

Relationship between fast food outlets and deprivation by local authority



This chart illustrates the association between density of fast food outlets and area level deprivation.

The local authorities with a higher deprivation score (i.e. more deprived) have a greater density of fast food outlets.

Evidence from health survey data shows that the prevalence of overweight and obesity also rises with deprivation and fruit and vegetable consumption falls with deprivation.[5,6]

*City of London data excluded from chart

Density of fast food outlets in Oxfordshire - 31 Dec 2017

	Count of outlets	Rate per 100,000 pop
Cherwell	107	73.0
Oxford	127	81.8
South Oxfordshire	92	66.1
Vale of White Horse	61	47.4
West Oxfordshire	72	66.2
Oxfordshire	459	67.7
England		96.1

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

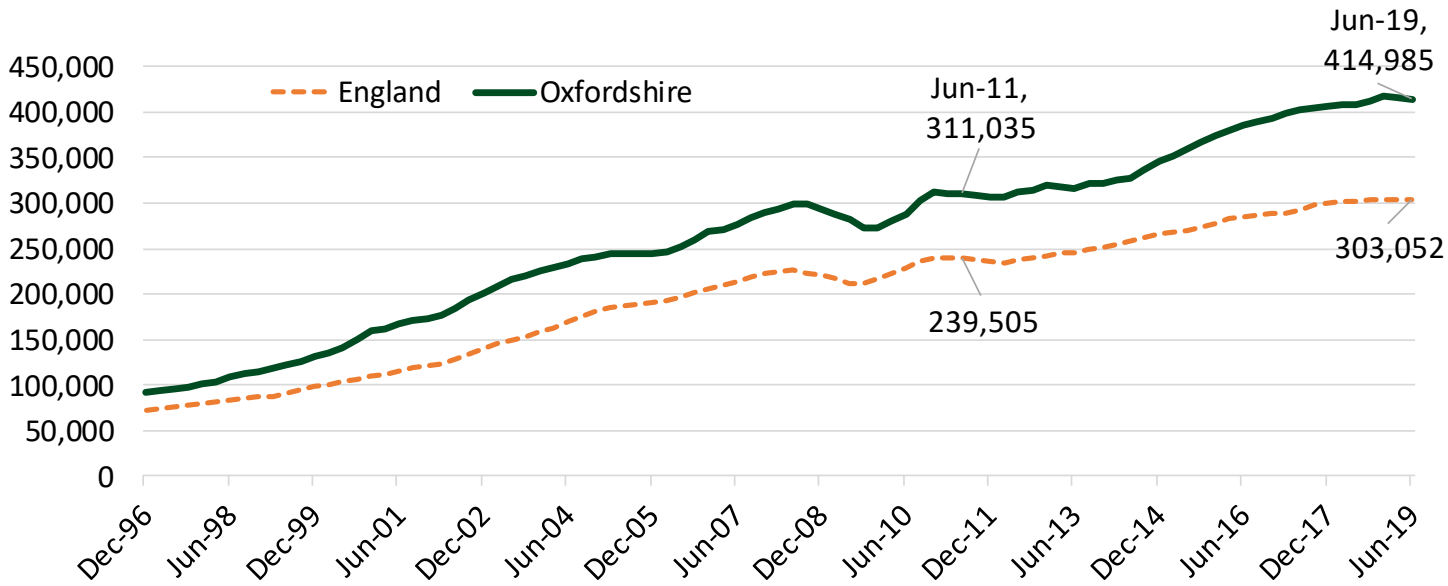
Housing and homelessness

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Above-average increase in house prices

- Between year ending June 2018 and year ending June 2019, average house prices in Oxfordshire increased from £408,839 to £414,985. The change of +1.5% in Oxfordshire was above the increase across England of 0.6%.

Average house prices (all dwellings), year ending Dec 1996 to year ending Jun 2019



ONS Mean house prices for administrative geographies: HPSSA dataset 12, released 13 December 2019

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

House price to earnings ratio

- The ratio of the cheapest market housing (lower quartile) to lower earnings in Oxfordshire was 11.47 in 2018, remaining much less affordable than the England average (7.29).
- All districts in Oxfordshire had a lower quartile affordability ratio which was over 11 times lower earnings.

Ratio of lower quartile house price to lower quartile gross annual (where available) workplace-based earnings 2014 to 2018

	2014	2015	2016	2017	2018
Cherwell	9.45	10.21	11.14	*10.51*	11.14
Oxford	10.41	*11.36*	12.23	12.17	12.07
South Oxfordshire	10.97	*11.00*	12.67	13.00	13.93
Vale of White Horse	8.83	9.45	10.27	10.88	11.27
West Oxfordshire	*9.97*	10.15	12.52	12.56	12.54
Oxfordshire	9.64	10.14	11.12	11.40	11.47
England	6.91	7.11	7.16	7.26	7.29

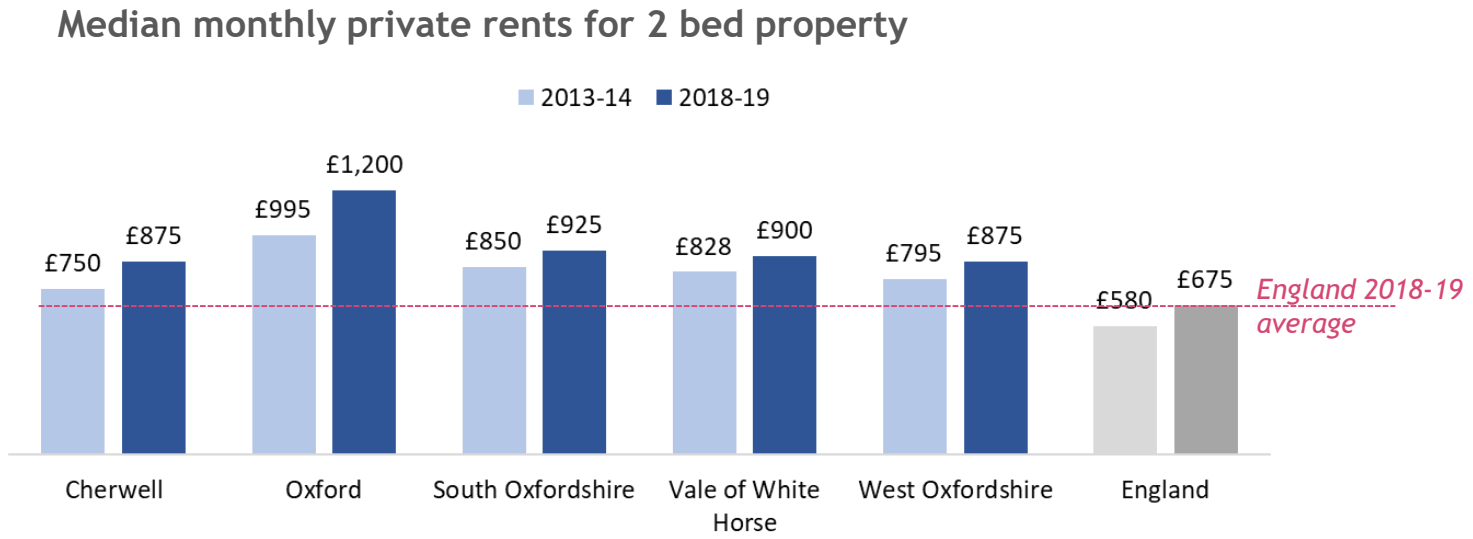
ONS House prices to workplace earnings ratio

1. House price data are taken from ONS House Price Statistics for Small Areas for the year ending September.
2. Earnings data are taken from the Annual Survey of Hours and Earnings. These figures are estimates of gross workplace-based individual full-time annual earnings where available.
3. Data for annual earnings are not available for some areas since 1999. For these areas the ratio of house prices to earnings has been calculated using annualised weekly earnings. These are recorded in bold grey italics. Annualised weekly earnings are not produced on an identical basis to annual earnings and are therefore not directly comparable.

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Cost of renting in Oxfordshire

- As of 2018-19 the median (mid-point) private rent for a 2 bed property in Oxfordshire was £953, well above the average for the South East (£875) and England (£675)
- In Oxford the median was £1,200 per month, 21% higher than in 2013-14.

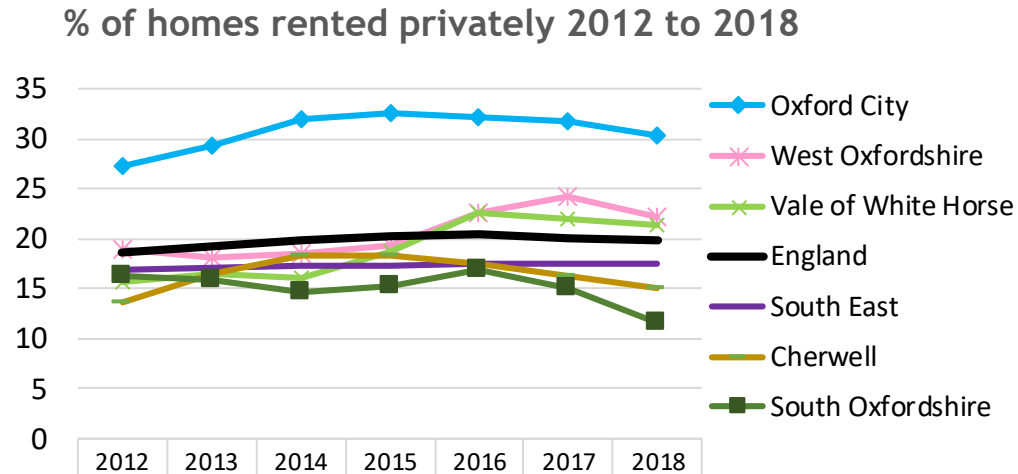


Valuation Office Agency Private rental market summary statistics

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Proportion of homes rented privately

- ONS estimates that, in 2018, the proportion of homes being rented privately was above the England average in Oxford City, West Oxfordshire and Vale of White Horse.
- Between 2017 to 2018 there was a slight decline in the % rented homes in all districts in Oxfordshire.



	2012	2013	2014	2015	2016	2017	2018
Oxford City	27.21	29.25	32.03	32.46	32.13	31.74	30.25
West Oxfordshire	18.92	18.04	18.44	19.36	22.58	24.15	22.16
Vale of White Horse	15.7	16.58	16.14	18.74	22.56	22.02	21.27
England	18.54	19.22	19.78	20.27	20.36	20.03	19.89
South East	16.9	17	17.27	17.39	17.49	17.49	17.4
Cherwell	13.54	16.5	18.41	18.37	17.41	16.35	15.11
South Oxfordshire	16.3	15.88	14.56	15.2	16.85	15.12	11.53

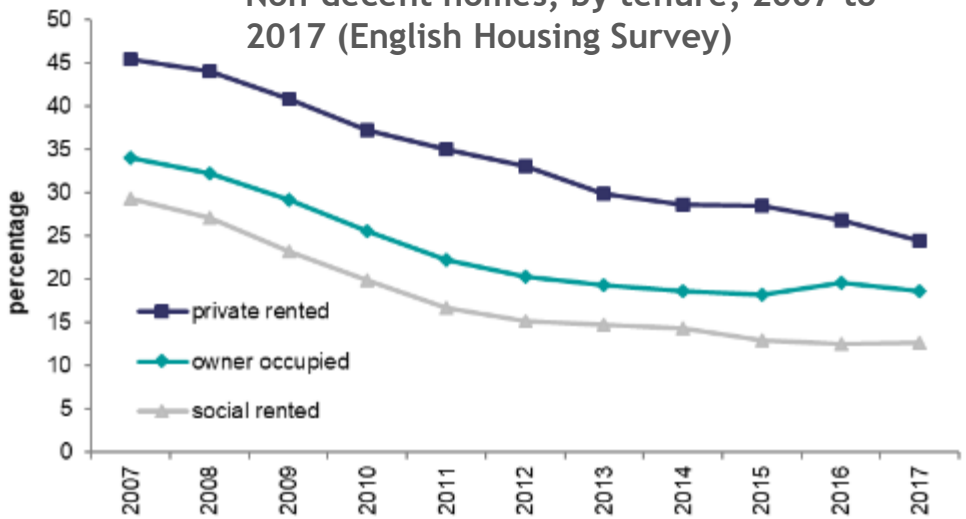
ONS Subnational dwelling stock by tenure estimates to 2018; note confidence intervals apply (not shown)

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Non-decent homes - national data

- *A decent home meets the following four criteria (a) meets the current statutory minimum standard for housing; (b) is in a reasonable state of repair; (c) has reasonably modern facilities and services; (d) provides a reasonable degree of thermal comfort (insulation and heating) .*
- Over the last decade, the proportion of non-decent homes has declined from 33% of stock in 2008 to 18% in 2018.
- The English Housing Survey notes that the private rented sector had the highest proportion of non-decent homes (25%), while the social rented sector had the lowest (13%). Among owner occupied homes, 19% failed to meet the Decent Homes Standard in 2017.
- There are no direct statistics at district level.

Non-decent homes, by tenure, 2007 to 2017 (English Housing Survey)



Decent home guidance (latest version 2006);
English Housing Survey 2017-18

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Rough sleeping

- The homeless population is difficult to see and measure but represents a broad group with diverse needs
- No formal estimates exist for the size of the street homeless population in Oxfordshire. The best guess of the number of rough sleepers at any one time comes from estimates based on street counts.
- A health needs assessment of the adult street homeless population in Oxfordshire estimated that, on any one night, **100-150** people sleep rough somewhere in the county and between **350-400** homeless adults sleep in some form of supported accommodation each night.
- It is estimated that **600-700** people sleep rough somewhere in Oxfordshire in the course of a year, and around **600-650** homeless adults are accommodated in some form of supported accommodation in the course of a year.
- By combining annual estimates of rough sleepers (~600-700) with those in supported accommodation (~600-650), and then discounting the overlap between these groups (~200-300), it is estimated that **around 1,000 homeless adults sleep rough or in supported accommodation in the course of a year**. Around 500 homeless adults either sleep rough (~100-150) or in supported accommodation (~350-400) on any given night.
- Around 80% of homeless adults are male, but the proportion of women has increased in recent years. Most homeless adults are aged between 30 and 50, but the proportion of young people has increased in recent years

Oxfordshire County Council, A health needs assessment of the adult street homeless population in Oxfordshire
See also: King's Fund, Delivering health and care for people who sleep rough: going above and beyond

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

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.
  - Lonely individuals are more likely to visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term health care.
- Analysis by Age UK3 showed that factors more associated with a higher prevalence of loneliness were health and household type.
- In 2015 Age UK published heat maps showing the variation in the risk of loneliness within local authority districts. These maps highlight the following areas as being in the highest risk quintile of all neighbourhoods in England:
  - Cherwell: Banbury, Bicester Town
  - Oxford: Blackbird Leys, Wood Farm, Barton, St Clements, Jericho, Cowley
  - South Oxfordshire: Didcot South
- ONS has developed recommended indicators of loneliness and is implementing a harmonised approach to measuring loneliness across government

Age UK, Loneliness Heat Map
Holt-Lunstad, et al. 2010, Social relationships and mortality risk: a meta-analytic review
Cohen, et al. 2006, The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Education and qualifications

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Pupils in Oxfordshire schools

- There was a total of **112,715** pupils in schools in Oxfordshire (January 2019), up from 111,291 in January 2018 (+1,424, +1.3%)
- Of these, 84.6% were attending state-funded schools (nursery, primary, secondary, special)
- As of January 2018, 15.2% of pupils in Oxfordshire attended independent schools. This was over double the national average (6.6%) and a similar proportion to the Oxfordshire figure recorded in January 2011 (15.1%)

Count and percentage of pupils at types of schools in Oxfordshire

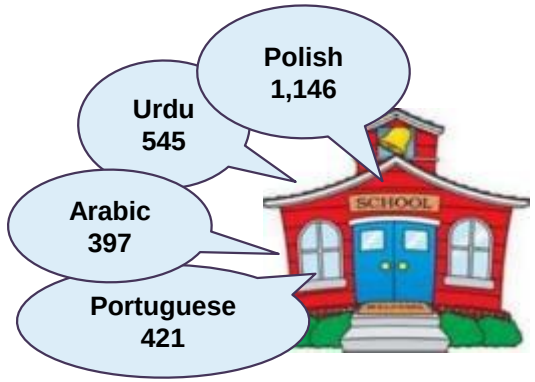
	Oxfordshire				2019 % of total	
	2018	2019	2018 to 2019		Oxfordshire	England
State-funded nursey	488	517	29	*5.9%*	*0.5%*	*0.5%*
State-funded primary	54,319	54,374	55	*0.1%*	*48.2%*	*53.6%*
State-funded secondary	38,290	39,360	1,070	*2.8%*	*34.9%*	*37.7%*
Special - state	1,098	1,152	54	*4.9%*	*1.0%*	*1.4%*
Special - non maintained	68	79	11	*16.2%*	*0.1%*	*0.0%*
Pupil referral units	53	57	4	*7.5%*	*0.1%*	*0.2%*
Independent	16,975	17,176	201	*1.2%*	*15.2%*	*6.6%*
All schools	**111,291**	**112,715**	**1,424**	***1.3%***	***100%***	***100%***

Department for Education, Schools, pupils and their characteristics: January 2019

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

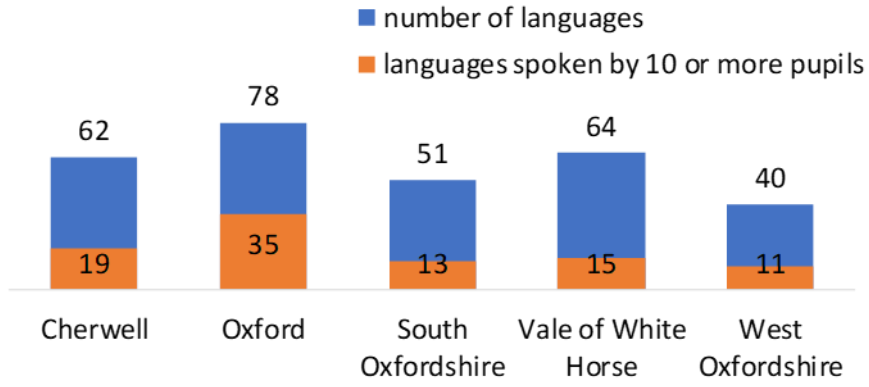
First language of Oxfordshire's school pupils

- The top first languages (other than English) of primary school pupils across Oxfordshire were: Polish (1,146 pupils), Urdu (545), Portuguese (421) and Arabic (397).



- Oxford City has a very wide range of languages spoken (as a first language) by primary school pupils.
- As of January 2019, in Oxford City, there were 78 different languages spoken and 35 of these were spoken by 10 or more primary school pupils.

Number of first languages (other than English) spoken by primary school pupils (January 2019)



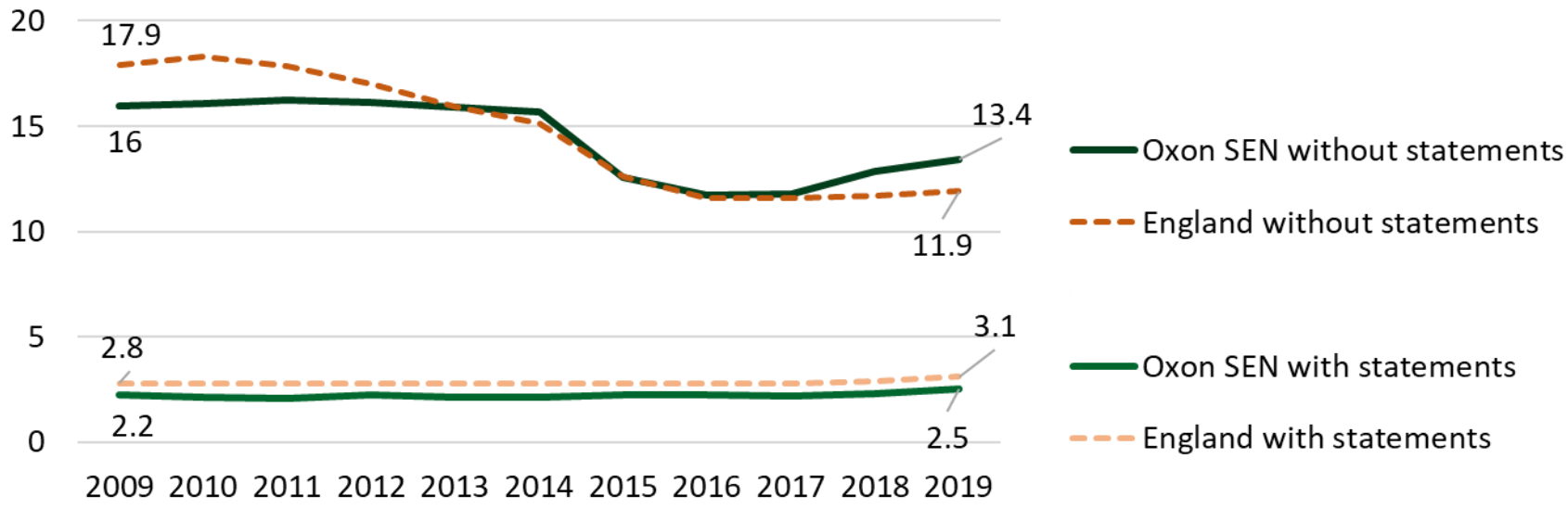
Oxfordshire County Council, School census January 2019; see JSNA bitesize on pupil ethnicity

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Pupils with Special Educational Needs Support

- As of January 2019, there were 17,900 pupils attending schools in Oxfordshire with Special Educational Needs (SEN) support. This was up from 16,900 in January 2017 (+1,000, +6%). The percentage increase was double the increase across England (+3%).
- The % of pupils with SEN support without statements at schools in Oxfordshire is now 1.5 percentage points above the rate for England.

% Pupils with Special Educational Needs support, Oxfordshire vs England



Special educational needs in England: Jan19, Department for Education, based on where child attends school

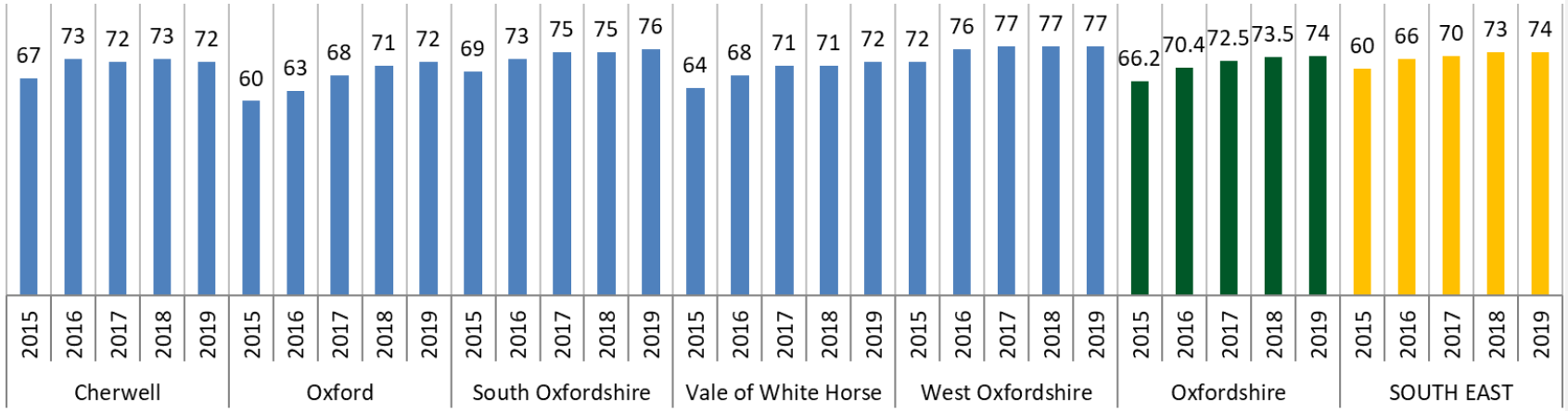
Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Early Years Foundation Stage overall trend

- The proportion of pupils aged 5 achieving a good level of development in Early Learning Goals in Oxfordshire and Oxford City has improved each year since 2015.
- In academic year ending 2019, results were above the South East average in South Oxfordshire and West Oxfordshire but below average in Cherwell, Oxford and Vale of White Horse.

The Early Years Foundation Stage Profile is an assessment of children's development at the end of the academic year in which the child turns 5.
There are 17 Early Learning Goals including health and self-care, reading, numbers, making relationships and being imaginative.
Practitioners' assessments are based on observing a child's daily activities and events.
A new set of Early Learning Goals will be in use from September 2020.

% achieving a good level of development in all Early Learning Goals to academic year ending in 2019



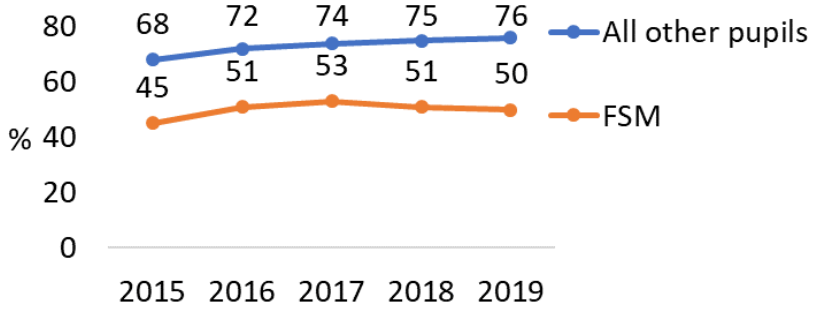
Early years foundation stage profile results, Department for Education, based on area of pupil residency

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Early Years Foundation Stage inequalities

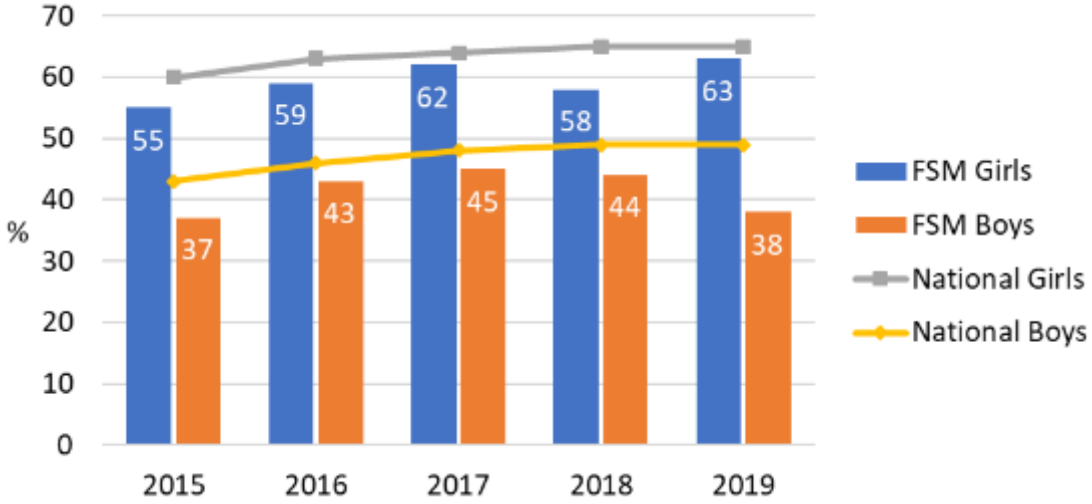
- The gap in early years development between pupils eligible for Free School Meals (FSM) and other pupils in Oxfordshire has increased for the second year in a row from 24 to 26 points.

% achieving a good level of early years development Oxfordshire by Free School Meals



- The early years achievement by FSM boys in Oxfordshire has fallen for the second year in a row and is well below the average for FSM boys in England.
- Early years achievement by FSM girls in Oxfordshire has increased.

% achieving a good level of early years development by Free School Meals and gender, Oxfordshire vs England



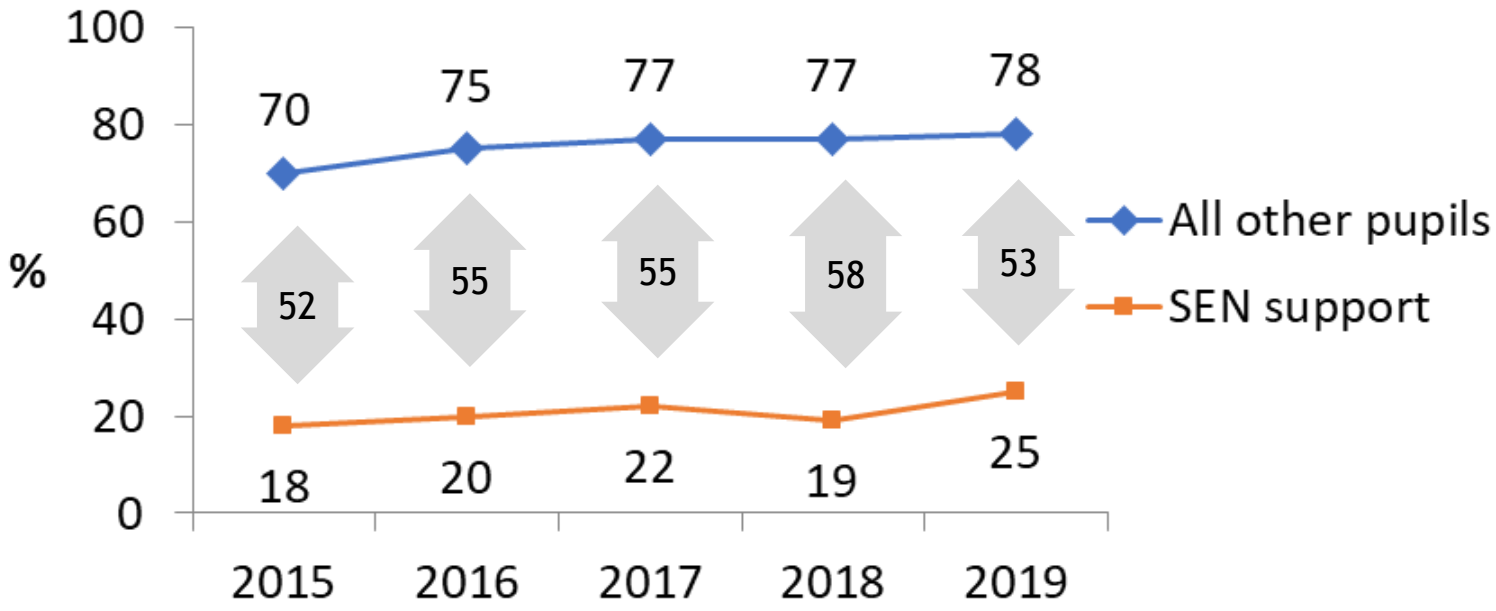
Early years foundation stage profile results, Department for Education, based on area of pupil residency

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Early Years Foundation Stage and Special Educational Needs

- Between 2018 and 2019, the early results for pupils with Special Educational Needs support (SEN) increased from 19% to 25% and the gap with other pupils in Oxfordshire decreased from 58 to 53 percentage points

% achieving a good level of early years development Oxfordshire by SEN



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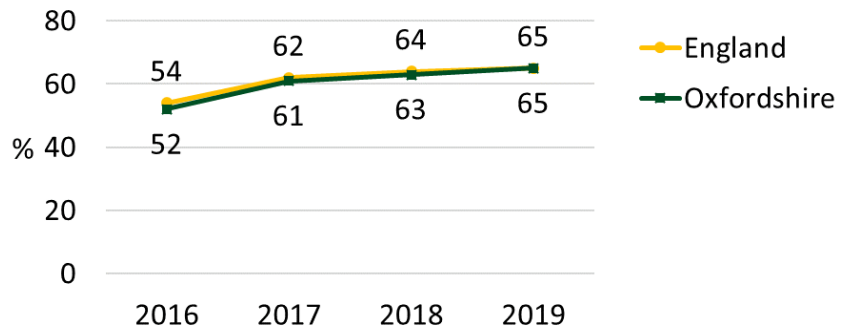
Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Primary results (Key Stage 2)

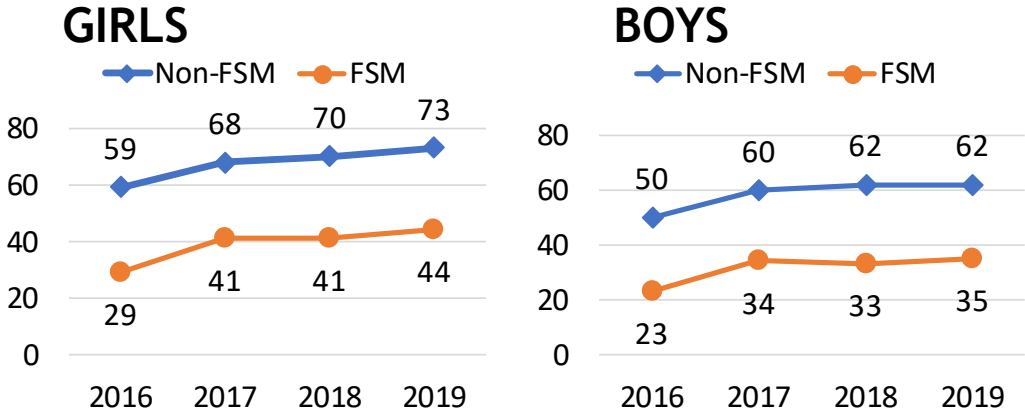
- In 2019, 65% of the 7,435 eligible 10-11 year old pupils in Oxfordshire attained at least the expected standard at Key Stage 2 in reading, writing and mathematics, similar to the national average.

Percentage of pupils achieving at least the expected standard at Key Stage 2, Oxfordshire vs England



- Between 2018 and 2019, the attainment gap, between those eligible for FSM and those who were not, remained similar for girls (29 point difference) and decreased for boys (from 29 point gap to 27)

Percentage of pupils achieving at least the expected standard at Key Stage 2, Oxfordshire, by FSM and gender



Department for Education, National curriculum assessments: key stage 2, 2019 (revised)

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

GCSE results - Attainment

- Average GCSE results, measured by the Attainment 8 score[1], in Oxfordshire has increased this year from 46.7 to 47.4 (+0.7). This is above the increase seen nationally (+0.3).
- Between 2017/18 and 2018/19, the scores for Cherwell (+1.5), Oxford City (+1.3) and South Oxfordshire (+1.6) each increased. Scores for Vale of White Horse (-1.2) and West Oxfordshire (-1.1) each declined.
- Oxford City has remained below the national average.

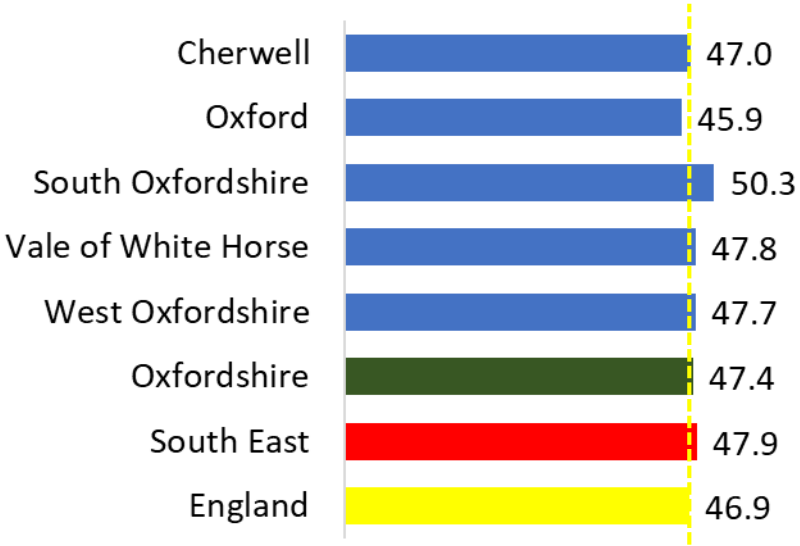
[1] A pupil's Attainment 8 score is calculated by adding up the points for their 8 subjects (with English and Maths counted twice), and dividing by 10. A Local Authority Attainment 8 score is the average of all of its eligible pupils' scores.

DfE Final data released 6 February 2020

Attainment 8 score per pupil, trend

	2016/17	2017/18	2018/19
Oxfordshire	47.6	46.7	47.4
England (state funded)	46.4	46.4	46.7
Oxfordshire ranking (national)	44th	Joint 58th	Joint 52nd
	2nd Quartile	2nd Quartile	2nd Quartile

Average Attainment 8 score per pupil, 2018/19



Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

GCSE results - Progress

- In 2018/19 the overall Progress 8 score[1] per pupil in Oxfordshire was +0.07 and is (statistically) significantly above the national average .

- Progress 8 scores were above average in South Oxfordshire and Oxford City and similar (overlapping confidence intervals) to the national average in Cherwell, Vale of White Horse and West Oxfordshire.

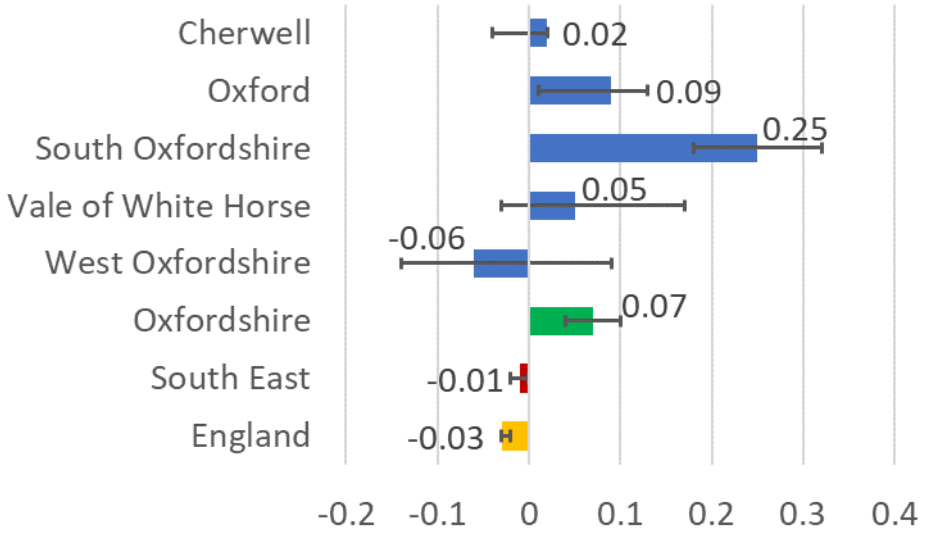
[1] A Progress 8 score of +1 means pupils are achieving an average of 1 grade more than similar pupils elsewhere. A score of -1 means pupils are achieving an average of 1 grade less. -0.5 is the minimum standard expected.

DfE Final data released 6 February 2020

Progress 8 score per pupil, trend

	2016/17	2017/18	2018/19
Oxfordshire	0.00	-0.01	0.07
England (state funded)	-0.03	-0.02	-0.03
Oxfordshire ranking (national)	Joint 61st	64th	Joint 41st
	2nd Quartile	2nd Quartile	2nd Quartile

Average Progress 8 score per pupil, 2018/19

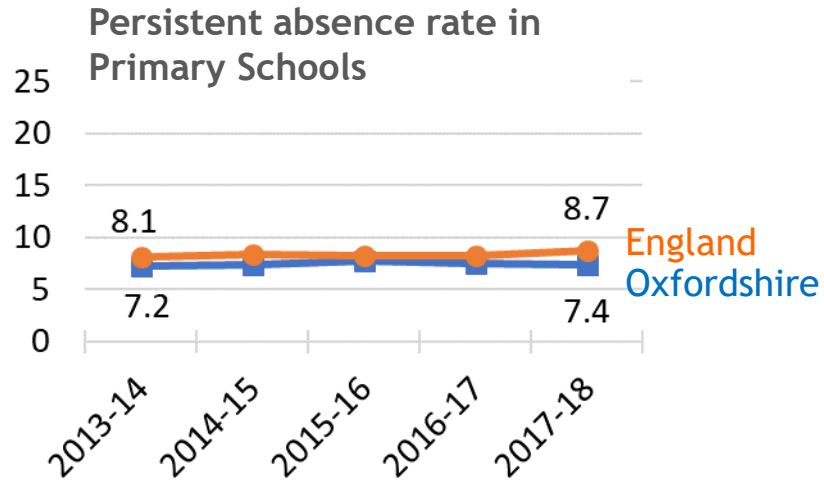


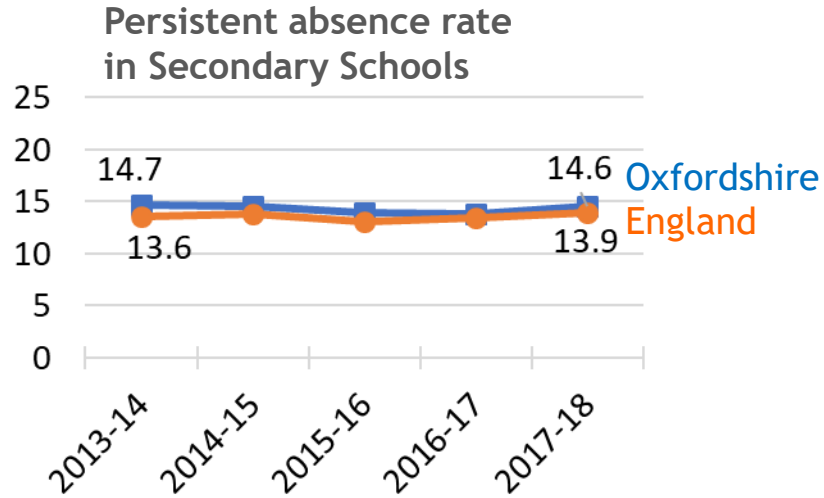
Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Persistent absence from school

- The most recent release of statistics on the proportion of pupils classified as persistently absent shows that between 2016-17 and 2017-18:
  - The rate of persistent absence for primary school pupils in Oxfordshire declined slightly from 7.5 to 7.4 (-0.1pp). This contrasted with the English trend, where the rate increased from 8.3 to 8.7 (+0.4pp);
  - The rate of persistent absence for secondary school pupils in Oxfordshire increased from 13.8 to 14.6 (+0.8pp). This was above the increase seen nationally – 13.5 to 13.9 (+0.4pp).

Pupil enrolments missing 10 percent or more of their own possible sessions (due to authorised or unauthorised absence) are classified as persistent absentees. Change in methodology from 2013-14 onwards. Persistent Absence based on 6 half terms rather than 5.





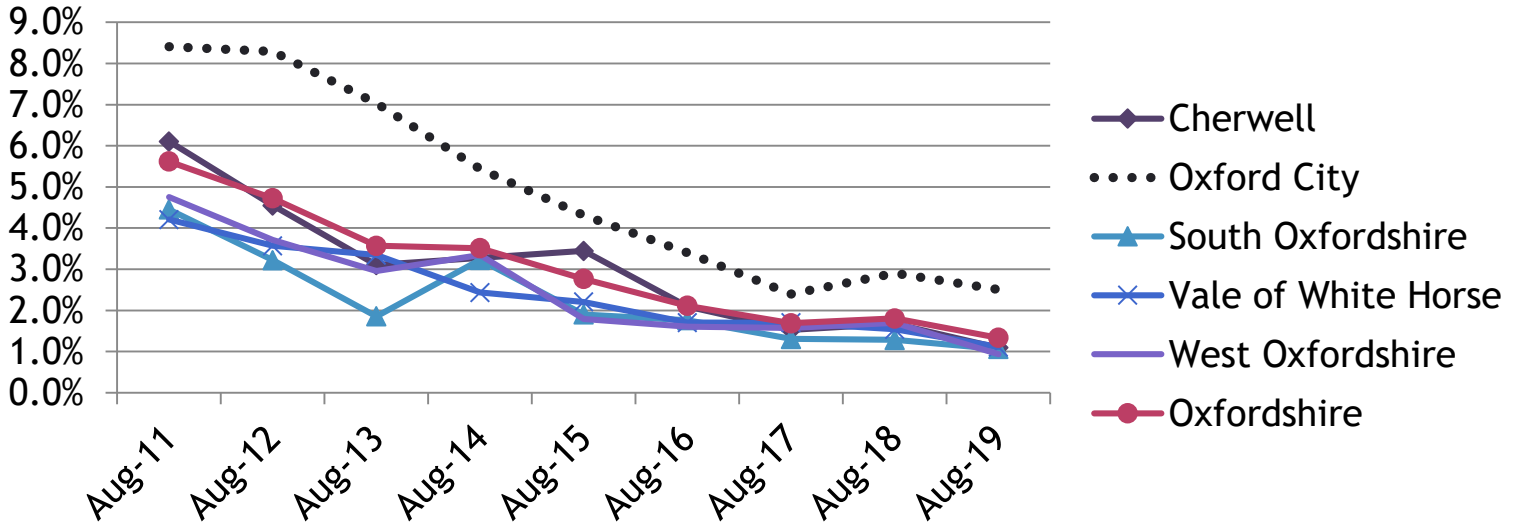
DfE Pupil Absence statistics (2018/19 data not available until March 2020)

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Young people Not in Education, Employment or Training (NEET)

- As of August 2019, in the age range 16 to 18 (school year 12-13), there was a total of **164 (1.3%)** young people in Oxfordshire who were classified as Not in Education, Employment or Training (NEET)
- There was a decline in the rate of young people classified as NEET in every district between August 2018 to August 2019. This is in line with recent trend.
- The district with the highest rate of young people classified as NEET was Oxford City (2.5%). This more than double that seen in each of the four other districts.

Proportion of young people aged 16-18 who are Not in Education, Employment or Training



Oxfordshire County Council

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Apprenticeships

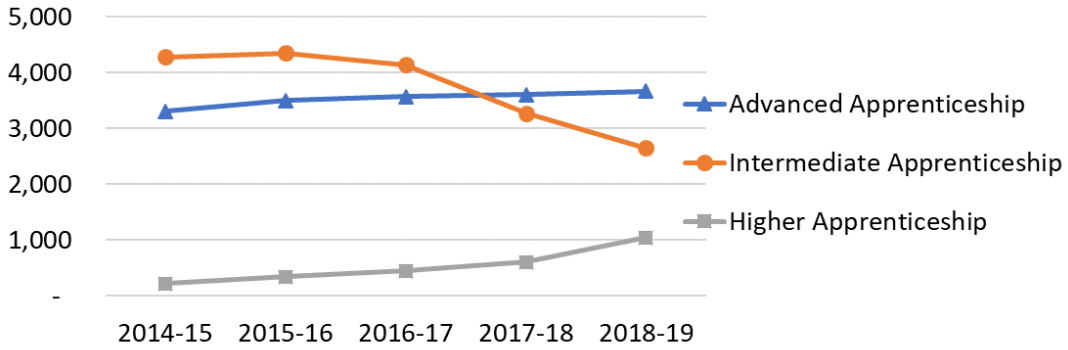
- In 2018-19, there was a total of 7,354 participants in apprenticeships in Oxfordshire.
- While there was an increase in the number of advanced and higher apprenticeships, there was also a decline in "intermediate apprenticeships" - this was similar to the national trend.
- The district with the highest rate of apprenticeships per working age population was Vale of White Horse.

[1]Apprenticeships can be studied at different qualification levels:

Name	Level	Equivalent educational level
Intermediate	2	5 GCSE passes at grades A* to C
Advanced	3	2 A level passes
Higher	4,5,6 and 7	Foundation degree and above

Local Authority Districts are based on the delivery postcode reported on the Individual Learner Record

Apprenticeship participants, Oxfordshire 2014-15 to 2018-19



Apprenticeship participants 2018-19

	Advanced	Higher	Intermediate	TOTAL	*Per working age pop*
Cherwell	880	161	576	1,617	*1.8%*
Oxford City	870	449	696	2,015	*1.9%*
South Oxfordshire	475	136	336	947	*1.2%*
Vale of White Horse	880	210	676	1,766	*2.3%*
West Oxfordshire	556	88	365	1,009	*1.6%*
Oxfordshire	3,661	1,044	2,649	7,354	*1.8%*

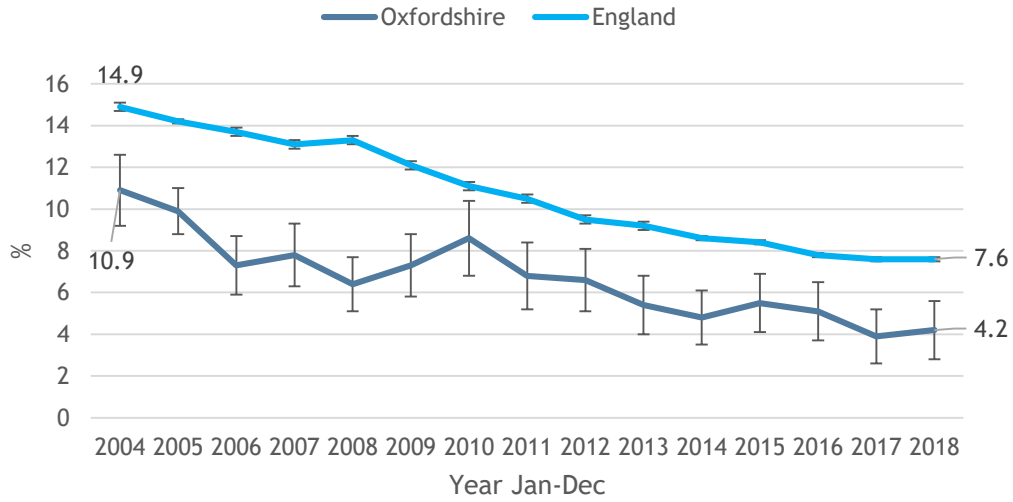
Department for Education Apprenticeships and traineeships data; ONS 2018 mid-year estimate

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Adults without qualifications

- National data shows that some of the most vulnerable members of society have the least access to the training and learning that could help boost their career prospects
- The proportion of working age adults in Oxfordshire with no qualifications (4.2%) was below the national average (7.6%) in the period Jan-Dec 2018
- Since 2004, the proportion of adults with no qualifications in Oxfordshire has generally decreased, in line with the national trend.

Proportion of the working age population (16-64) with no qualifications (NVQ)



ONS analysis of Adult Education Survey 2016 and ONS Annual Population Survey from nomis

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Healthy place-shaping

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Healthy place-shaping

Healthy place-shaping is a practical mechanism for creating healthier communities through unified planning.

- *'Healthy place-shaping is a collaborative process which aims to create sustainable, well-designed communities where healthy behaviours are the norm and which provide a sense of belonging and safety, a sense of identity and a sense of community. It is also a means of shaping local services, infrastructure and the economy through the application of knowledge about what creates good health, improves productivity and benefits the economy, thus providing efficiencies for the taxpayer.'*

Healthy place-shaping is based on :

- Shaping the built environment, green spaces and infrastructure at a local level to improve health and wellbeing
- Working with local people and local organisations, schools etc to engage them in planning places, facilities and services through 'community activation'
- Re-shaping health, wellbeing and care services (and the infrastructure which supports them) to achieve health benefits. This includes health services, social care, leisure and recreation services, community centres etc.

- See also Healthy Urban Mobility reports

Oxfordshire Growth Board NHS England Healthy New Towns

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Healthy place-shaping

Healthy place-shaping is not just about new developments; it applies to any geographical area experiencing significant change or growth. It is designed to ensure that all residents have the opportunity to benefit in terms of health and wellbeing. It also applies to how new developments are connected to existing communities.

Healthy place-shaping is an approach to planning healthy communities which can be applied in many ways at many levels. In Oxfordshire it can be applied at 3 geographical levels:

- Town/village/new development level. Healthy place-shaping applied to all new and existing developments within Districts and the City so as to create healthy communities in the broadest sense. It involves very local changes to individual's behaviour, lifestyles and engagement alongside changes to local infrastructure and services. This is fundamental as a concept and underpins the two approaches below.
- Locality level. This applies to the re-design and transformation of services in localities covering larger populations. This approach considers how the services of many organisations (including NHS, Local Authority and voluntary sector organisations) and their built assets and supporting infrastructure interlock to benefit the health and wellbeing of local residents.
- County level and beyond. This applies the approach to health and wellbeing issues affecting larger strategic infrastructure plans. It covers, for example, travel and transport planning, workforce planning, the development of the local economy and productivity issues. These factors are integral to the health and wellbeing of local residents and the development of future health and care services.

Oxfordshire Growth Board NHS England Healthy New Towns

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Bicester Healthy New Town

The Healthy Bicester programme continues to undertake a range of activities to develop a built environment that promotes health and wellbeing, to support schools, local businesses and community groups, to enable people to be active, to make healthy food choices and to be good neighbours, and residents to take care of their health and reduce or delay the need for treatment.

Bicester Healthy New Town

Preventing Illness

- 2,800 primary school children now do the 'Daily Mile' at school. Over 50 families have attended HENRY parenting courses to help them establish healthy behaviours in the early years of life.
- Four new running groups have been set up in Bicester and a new junior park run established, attracting over 100 children every Sunday.
- Cycling has been promoted through bikeability courses run in the school holidays and over 100 bikes have been checked or repaired for free at monthly Dr Bike sessions.

Improving Self-Care

- 2,000 people regularly follow the Healthy Bicester Facebook Page and can access information about national and local support for their health and wellbeing
- Last year's Sixth form volunteer fayre matched 32 students with local community groups, (19% of attendees), building their capacity to offer more support

Reducing the Need for Treatment

- Bicester has continued to run diabetes education meetings at which local GPs and a range of community groups and District Council run services have encouraged people with diabetes to better manage their condition. In Cherwell 300 patients were referred into the Go Active for Diabetes motivational coaching service provided by the District Council with 52.8% successfully enrolled. Follow up with one Bicester practice showed 50% of patients either stabilised or reduced their blood sugars.

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Barton Healthy New Town

- Strong Partnership working including Oxford City Council, Grosvenor, Oxfordshire County Council Public Health, Oxfordshire Clinical Commissioning Group and the OX3+ Primary Care Network.
- Evaluation completed for: healthy eating activities; proactive population health-targeting patients at risk of specific conditions; Team Around the Patient.
- Supporting the creation of a community partnership to bring residents together to take action on the things that are important to them.
- Working on the development of a 5 year forward strategy for the continuation of the Barton Healthy New Town programme, which aligns with the aims of the Primary Care Network. Funding committed from Grosvenor which will further support and build on the proactive health model from the previous 3 years.

Barton Healthy New Town

Community well-being

- The wayfinding signage for trails is planned for completion late summer 2020 in line with the public art installation.
- In 2019, the Pavilion was handed over to the Phoenix Sports Association on 30th April and the Adult pitch was completed and available for the Clubs first match on 31st August, with the Junior pitch open for play in September.
- The Linear Park was fully opened and accessible to the public on 6th September 2019 and is now being used by the social prescribers as one of the walking routes that the health walk group takes.
- In 2019, Barton Surgery expanded from 3 consultation rooms to 6 consultation rooms with the addition of two new meeting rooms. Barton Surgery is now accommodating several new and existing health services including: Abdominal Aortic Aneurysm (AAA) ultrasound screening, Midwife antenatal clinic, Podiatrist, Listening Centre and MIND Clinics for mental health counselling, Drug and Alcohol worker, an expanded Social Prescribing Service, Nurse and Phlebotomy Clinics. There are also plans to have nurse led minor illness clinics running there.
- The new primary school at Barton Park is due to be opened in time for the start of the term in September 2020.

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Active travel

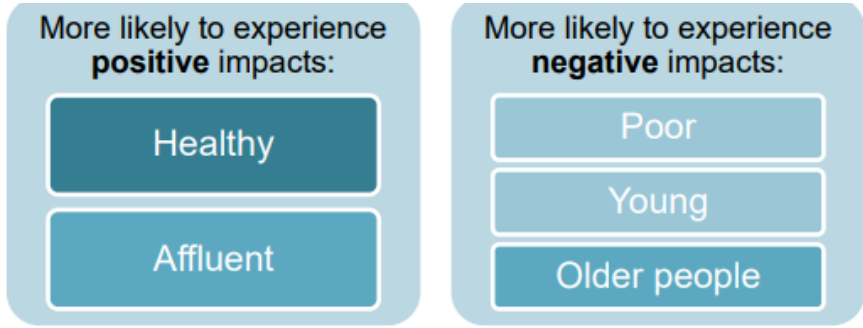
Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Transport, health and well-being - national data

- A report prepared for the Department of Transport has highlighted the physical health and mental welling impacts of transport.
  - "Good transport links allow people to connect and maintain relationships with others, access work opportunities, education or leisure activities outside their homes… Furthermore, it has been shown that shorter travel times improve wellbeing, while commutes lasting between 60 and 90 minutes have the biggest negative impact on wellbeing."
- Impacts are experienced differently by different groups in society. In general, healthy and affluent groups are more likely to experience positive impacts. In contrast, those on lower incomes, the young and older people are more likely to experience negative impacts.
- Without accessible, affordable transport, individual and groups can become stranded and cut off from opportunities. This makes them vulnerable to social exclusion.
- Concessionary bus passes improve connectivity and reduce isolation for older people and those with disabilities. This improves mental health and wellbeing amongst these groups.

Transport, Health & Wellbeing, an evidence review

Effects of transport on physical health by sub-group



Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Active travel

- Active travel is cycling or walking for travel (rather than for leisure)
- In November 2017/18, Oxfordshire had the highest proportion of adults (43.3%) participating in active travel (at least twice in the last 28 days) of all of England's county councils – Cambridgeshire was second (42.0%)
- Although Oxford City had a very high proportion of adults participating in active travel (64.4%), 3 of the 4 other districts were either similar too, or below, the national average (36.8%)
- While most of Oxfordshire followed the national trend of increasing participation from Nov 2016/17 to Nov 2017/18, Cherwell experienced a slight decrease
- There is a weight of evidence suggesting that, if walking and cycling can be increased, they can potentially lead to important health gains at population level, and thus benefit the NHS and the wider health and care system.

Proportion of adults who participated in active travel at least twice in the last 28 days

	Nov 2016/17	Nov 2017/18	Change
Cherwell	33.5%	33.3%	-0.2%
Oxford	59.6%	64.4%	4.8%
South Oxfordshire	34.9%	36.8%	1.9%
Vale of White Horse	41.8%	42.1%	0.3%
West Oxfordshire	34.2%	35.8%	1.6%
Oxfordshire	41.8%	43.3%	1.5%
England	36.3%	36.8%	0.5%

Sport England, Active Lives Survey
PHE Cycling and walking for individual & and population health benefits

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Walking

- In 2017/18, an estimated 76% of adults walked at least once per week in Oxfordshire, an increase from 72% in 2016/17
- Oxford had the highest proportion of adults walking (continuously for over 10 minutes) at least once a week. (80%) - all five districts were above the national average (70%)

Car access [NTS]

389 trips
303 miles

234 trips
189 miles

People without access to a car walk more and further than those that have access to a car.

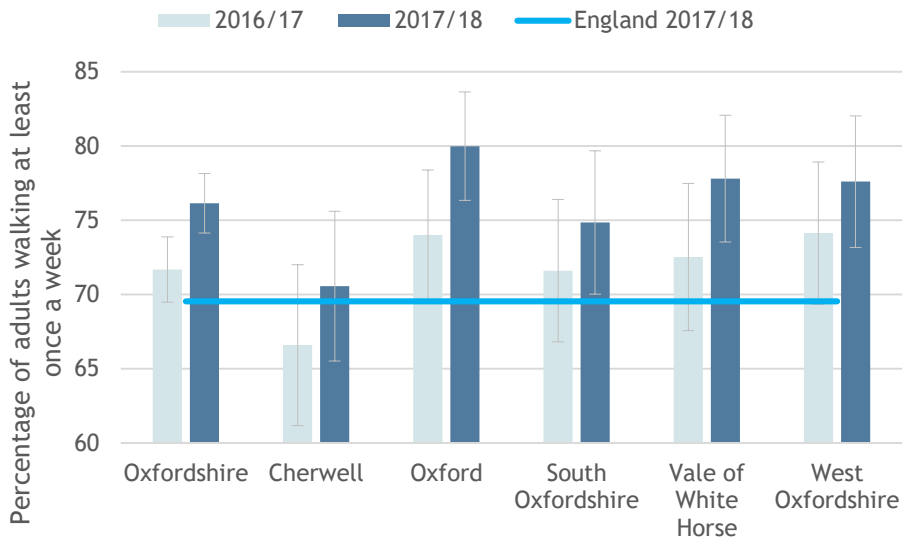
Mobility [NTS]

264 trips
225 miles

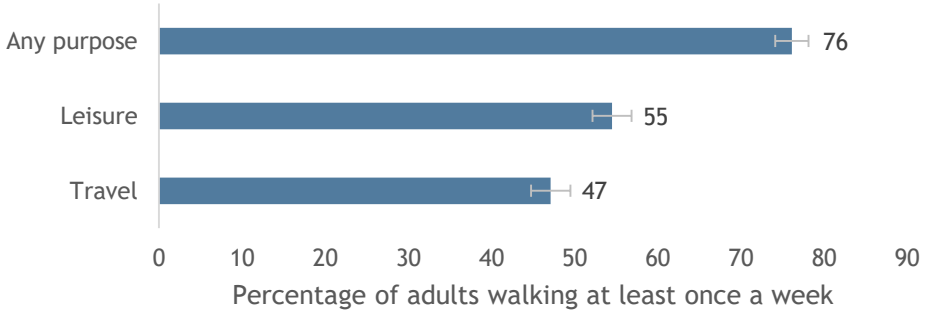
138 trips
84 miles

Adults with no mobility difficulties make twice as many walking trips and walk nearly three times as far as those with mobility difficulties.

Proportion of adults who do any walking at least once per week - mid-Nov 2017 to mid-Nov 2018



Proportion of purpose's of walking in Oxfordshire mid-Nov 2017 to mid-Nov 2018



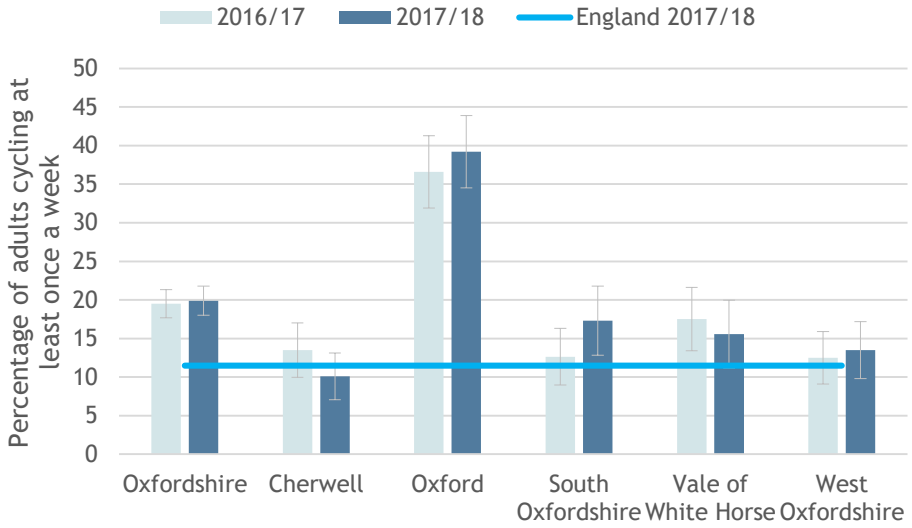
Department for Transport Walking and cycling statistics, England: 2018; National Travel Survey 2018 (NTS)

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Cycling

- In 2017/18, an estimated 19.9% of adults cycled at least once per week, much greater than the national average (11.5%)
- This number is similar to previous years
- Nationally, Oxford had the second highest prevalence for cycling at least once per week (39%) – it was only below Cambridge (57%)
- Nationally men cycle 2.5 as many trips as women (compared to women who walk slightly more)

Proportion of adults who do any cycling at least once per week - mid-Nov 2017 to mid-Nov 2018



Travel purpose [NTS]

36% of cycling trips are for **commuting/ business**

35% of cycling trips are for **leisure purposes**

Leisure purposes: Visit friends at home and elsewhere, entertainment, sport, holiday and day trip.

Department for Transport Walking and cycling statistics, England: 2018; National Travel Survey 2018 (NTS)

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Active travel to school programme

- Living Streets, the UK charity for everyday walking, has the stated ambition: "Every child that can, walks to school."
- The challenge is a behavioural change programme that incentivises primary school children, their parents and teachers to travel actively all or part of the way to school.
- Every day pupils record how they get to school on the WOW Travel Tracker. Children who walk at least once per week for a month are rewarded with themed badges.
- Compared to previous years, there are fewer schools in Oxfordshire signed up to the project this year (11).
- However, of those who are still engaged, between 3 Sept 2019 and 29 Jan 2020:
  - There was an average of 692 trips per day;
  - Of these 86% (n.596) were active;
  - There were 1,144 badges earned.

Living Streets UK

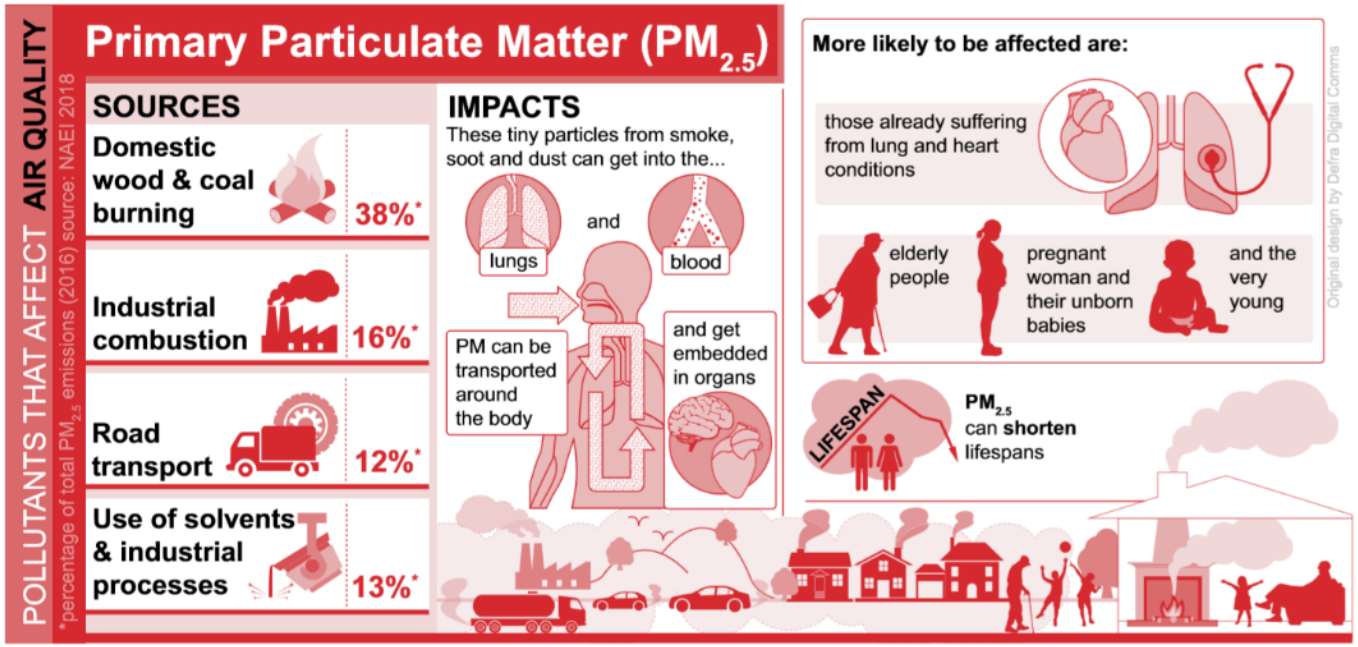
Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Air pollution

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Air pollution and health - national data

Air pollution is the largest environmental health risk in the UK. It causes more harm than passive smoking. Conditions exacerbated by air pollution include asthma, chronic bronchitis, chronic heart disease (CHD), and strokes. For most people, the health benefits of walking and cycling far outweigh the risks of roadside exposure to air pollution. Aside from the health benefits of the additional exercise, it has the potential to reduce exposure to air pollution – this is because air quality inside a car or van can be worse than it is outside.



Air pollution comes from many sources; 38% of UK primary particulate matter (PM) emissions come from burning wood and coal, 12% from road transport and 13% from solvent use and industrial processes

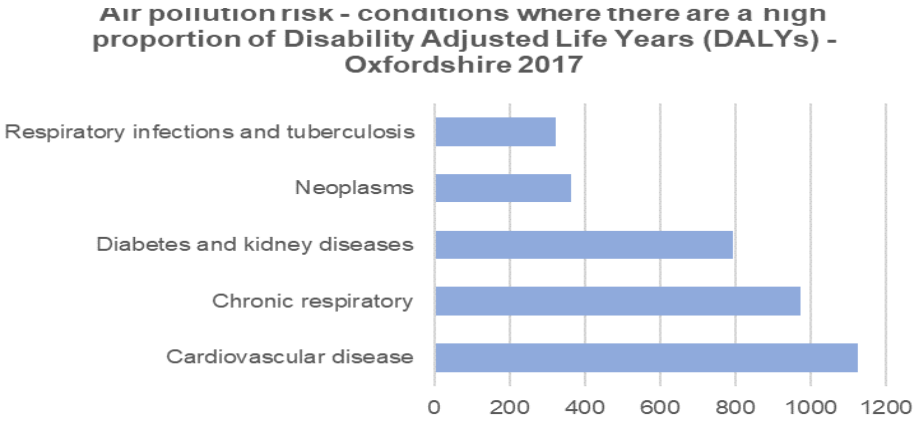
Department for Environment, Food & Rural Affairs, Clean Air Strategy 2019

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Health Impacts of Air Pollution

- $PM_{2.5}$ is particularly harmful since the small particles can easily get deep into the lungs where they can cause damage to the tissue. Exposure has been linked to a range of health outcomes including asthma, respiratory disease, coronary heart disease, stroke, and lung cancer, with emerging evidence showing impacts on diabetes and low birth weight.
- Inhaling NO_2 affects our health by diffusing into the cells which line the respiratory tract. This can cause effects such as tightening of the airways in the lungs (causing wheezing, coughing, shortness of breath), inflammation, and a reduced immune response. NO_2 has been associated with causing asthma, and lung cancer, with emerging evidence showing impacts on type 2 diabetes, low birth weight and dementia. NO_2 can also exacerbate existing conditions, especially asthma.
- In Oxfordshire, it was estimated that 3,578 years of healthy life were lost due to air pollution in 2017 (measured using Disability Adjusted Life Years, DALYs)
- These were mainly attributed to CVD, chronic respiratory, diabetes and kidney diseases.

Burden of disease (DALYs) caused by ambient particulate matter, Oxfordshire, 2017



IHME, Global Burden of Disease tool, accessed 17.02.2020
PHE, Estimation of costs to the NHS And social care due to the health impact of air pollution

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Health Impacts of Air Pollution in Oxford

Research by King's College London highlights some of the impacts of air pollution in Oxford.

- Each year on average, higher air pollution days in Oxford are responsible for:
  - 6 more cardiac arrests outside hospital
  - 4 more hospital admissions for stroke
  - 5 more people to hospital for cardiovascular disease than lower air pollution days.
- Roadside air pollution in Oxford stunts lung growth in children by 14.1%.
- In Oxford, an extra 1 adult and 1 child are hospitalised with asthma on days where air pollution is high compared to days where air pollution is low on average each year.
- On high air pollution days, 4 more children with asthma in Oxford experience asthma symptoms than on lower pollution days.
- Cutting air pollution in Oxford by one fifth would result in:
  - 83 fewer cases of coronary heart disease each year
  - 28 fewer cases of lung cancer each year
  - 77 fewer children with low lung function each year
  - 38 fewer asthmatic children with bronchitic symptoms each year
  - 31 fewer children with a chest infection (acute bronchitis) each year
  - 1 less baby born underweight each year
  - an increase in children's lung capacity by around 2.8%

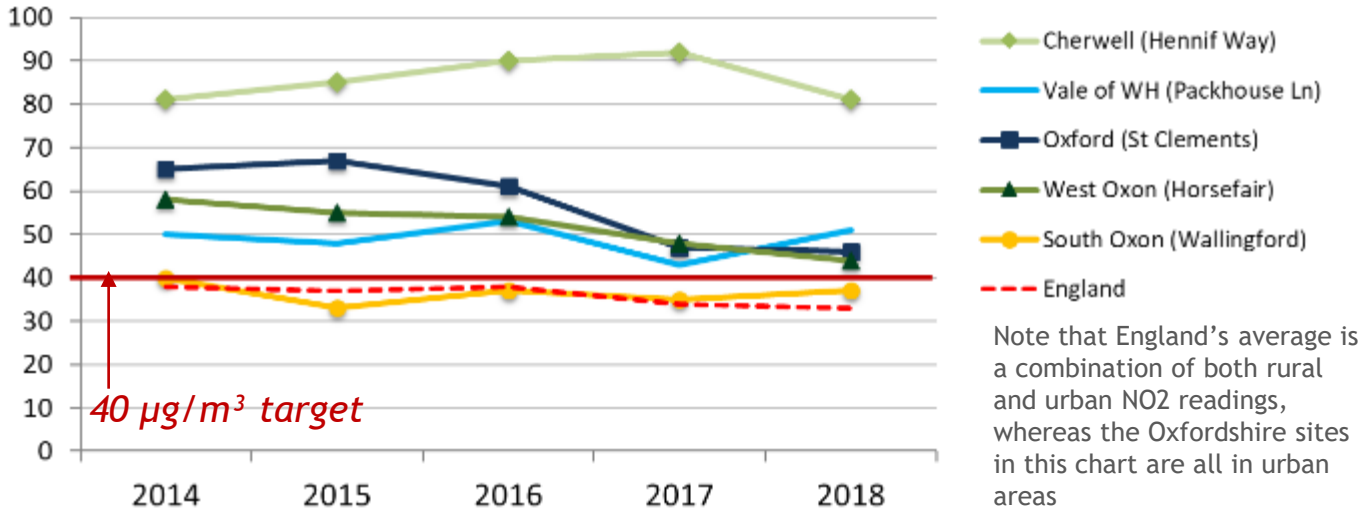
King's College London and Clean Air Fund

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Air pollution - Oxfordshire

- Oxfordshire has 13 designated Air Quality Management Areas where air quality objectives are not being met: 4 in Cherwell (2 in Banbury, 1 each in Bicester and Kidlington); the city of Oxford, 3 in South Oxfordshire (Henley, Wallingford and Watlington); 3 in Vale of White Horse (Abingdon, Botley and Marcham) and 2 in West Oxfordshire (Chipping Norton, Witney).
- Oxford City is planning to become the world's first Zero Emission Zone by 2035. This project will begin by banning petrol and diesel vehicles from the city centre by December 2020, expanding further by 2021-22 and ultimately covering the whole city by 2035.
- Over the past 5 years, the sites with the highest readings for Nitrogen Dioxide (NO_2) in Oxfordshire have generally seen a declining trend, although most are still above the target.

NO_2 (µg/m³) annual mean at selected sites in Oxfordshire (showing the highest readings in each district)



Note that England's average is a combination of both rural and urban NO2 readings, whereas the Oxfordshire sites in this chart are all in urban areas

Data provided by Oxfordshire District Data Analysis Service
Oxfordshire Air Quality, Air Quality Management Areas, EU Air Quality Standards

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

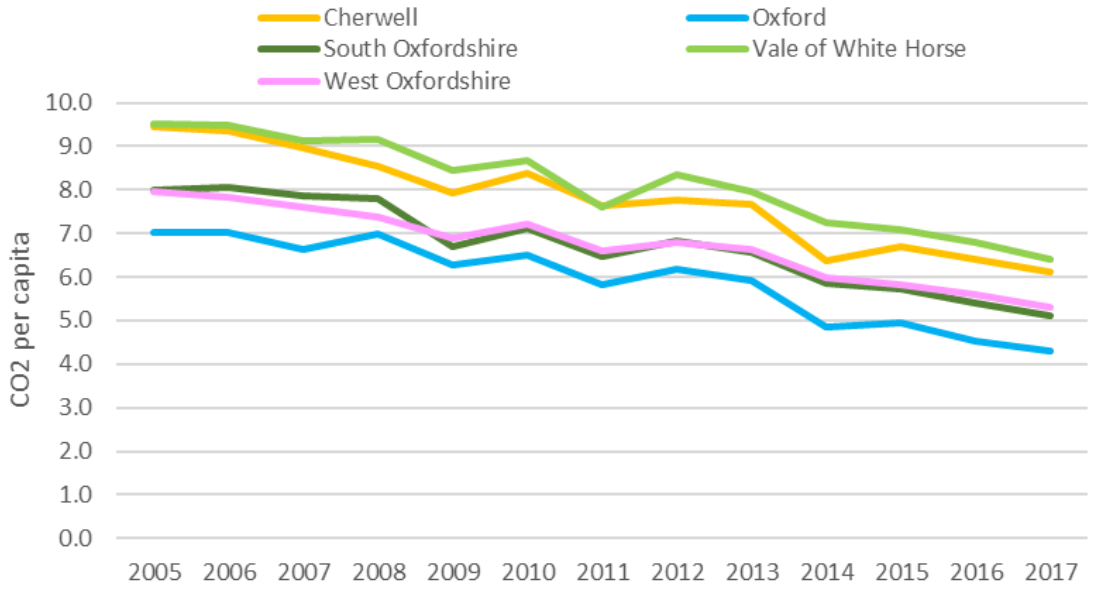
Climate change

Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Carbon dioxide emissions

- The Oxfordshire Energy Strategy sets a target to halve countywide CO_2 emissions by 2030 (from a 2008 baseline) and a pathway to net zero by 2050.
- Total emissions have fallen by 25% since 2008.
- Over the same period emissions per capita have reduced from 8.8 tonnes per person to 6.2 tonnes, a 30% decrease.
- The main driver of the decrease in UK emissions in 2017 was a change in the fuel mix for electricity generation, with a decrease in the use of coal and more use of renewables.

Oxfordshire district CO_2 emission estimates per capita, 2005-2017



Department for Business, Energy and Industrial Strategy, Local authority and regional carbon dioxide emissions

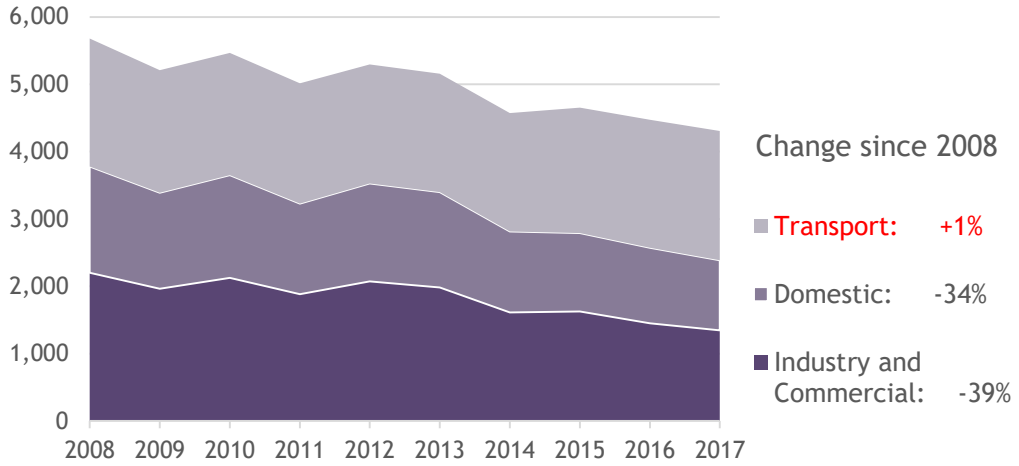
Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Sources of carbon dioxide

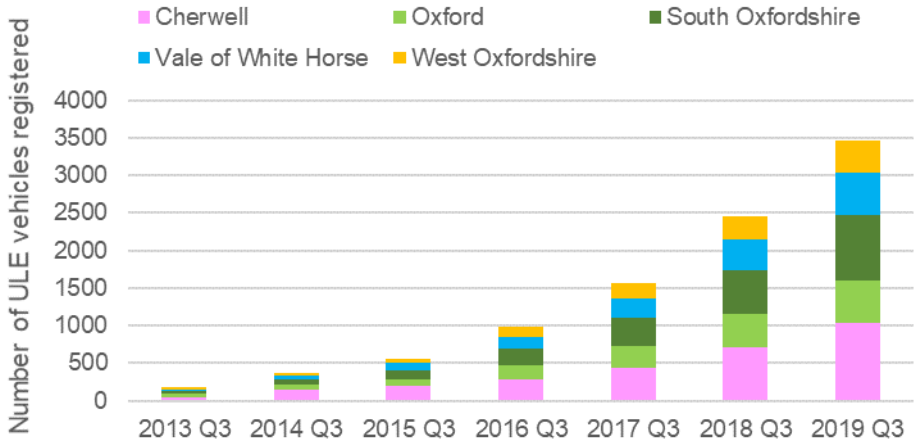
- Between 2008 and 2017 industrial & commercial emissions fell by 39%, domestic emissions by 34%.
- At the same time, transport emissions increased by 1% and now make up the largest share with 45% of total emissions.
- About 5,000 petrol cars are registered per year in Oxfordshire – the number of registered diesel cars is decreasing.
- Registration of ultra low emission vehicles are very low by comparison but it is worth noting that numbers are increasing across Oxfordshire (from 177 in 2013 to 3,465 in 2019).

UK local authority and regional carbon dioxide emissions national statistics: 2005-2017
Department for Transport and DVLA, All vehicles

Oxfordshire Carbon Emissions by source



Ultra low emission vehicles registered in Oxfordshire, 2013 to 2019



Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Impacts of Climate Change

- Recent work by the Environmental Change Institute at the University of Oxford has found that recent extreme weather events are made more likely by climate change. For example the heatwaves occurring in Europe in recent years (2003, 2010, 2015, 2017, 2018, June 2019, this study) were made much more likely and more intense due to human-induced climate change.
- An extreme rainfall event such as that brought by Storm Desmond, in early 2017, was found to be 60% more likely due to climate change.
- Even with global reductions in greenhouse gas emissions, the impacts will continue to be felt in the coming years.
- Climate models indicate that severe weather events, such as heavy rainfall and heatwaves could become more frequent in the future

University of Oxford Environmental Change Institute
Image from BBC news

Flood warnings, January 2017

UK record high temperatures

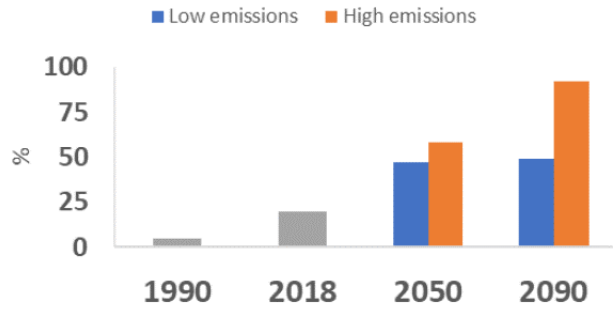
Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Climate change

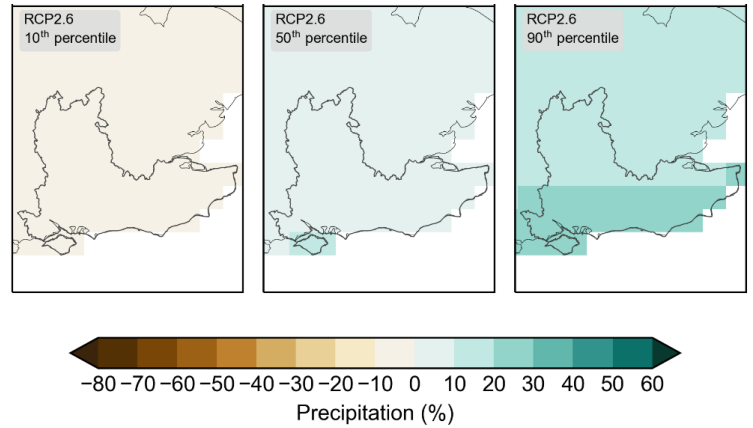
- The UK Climate Projections, 2018, show we can expect to see continuing changes in the coming years:
  - **Temperature:** All areas of the UK are expected to warm, more so in summer than in winter. Changes in summer mean temperatures are expected to be greatest in parts of southern England. Winter nights are also expected to become milder.
  - **Heatwaves:** The frequency and intensity of extreme heatwaves are both expected to increase over this century.
  - **Rainfall:** Whilst annual average rainfall may not change much, regional and seasonal changes may occur. There will be an increased chance of summers having lower rainfall, particularly in southern England, but downpours may become heavier when they occur.
- The delivery of health and social care is disrupted by extreme weather such as floods, storms, heatwaves and severe winters.

Met Office, UK Climate Projections 2018 (UKCP18) overview slidepack

Chance of exceeding Summer 2018 temperature



Winter precipitation anomaly in South East England for 2020-39 minus 1981-2000



Summary
Work and income
Poverty and deprivation
Child poverty
Older People and poverty
Fuel poverty
Food poverty
Housing
Homelessness
Isolation and loneliness
Education and qualifications
Special Educational Needs
Early years
GCSE
Persistent absence
NEET and Apprenticeships
Healthy Place-Shaping
Active travel
Air pollution
Climate change
Finding out more

Finding out more

- PHE Fingertips Wider Determinants of Health profile
- PHE A-Z of the root causes of ill health

Healthy New Towns

- NHS England, Healthy New Towns
- King's Fund Supporting the Healthy New Towns programme
- Town and County Planning Association reports
- LGA, Shaping Healthy Places: exploring the district council role in health
- WHO, Healthy environments for healthier populations
- Rojas-Rueda et al., Green spaces and mortality: a systematic review and meta-analysis of cohort studies

Climate change

- Oxfordshire County Council, Climate action in Oxfordshire
- UK Climate Projections 2018 (UKCP18)

Chapter 7

Service use

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

This chapter…

- This chapter provides an overview of trends from data collected by providers of health, social care and related services in Oxfordshire including Local Authorities, Health service providers, Police and Voluntary sector organisations.
- With thanks to the analysts and service experts who worked with us and provided advice and data extracts for this chapter.

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Summary (1)

Primary health care

- GP practices are now organised into 19 Primary Care Networks in Oxfordshire with GP patient populations ranging from 30,000 to 67,000.
- Oxfordshire has a higher GP to patient ratio than the national average and a lower ratio for nurses and admin staff.
- A higher proportion of GP appointments were carried out by telephone in Oxfordshire than the South East and England averages.

Secondary health care

- Unplanned hospital admissions/attendances (emergency, maternity, transfers) have increased faster than planned admissions.
- The rate per population of A&E attendance by Oxfordshire patients has increased fastest in the older age group (65+).
- Delayed Transfers of Care (delay to moves out of hospital) in Oxfordshire has reduced significantly since the peak in June 2017.

Mental health services

- Since 2017/18 there has been a slight fall in mental health referrals for young people aged 10-19 and a continued increase for people aged 20-39.
- There has been an improvement in waiting times for Child and Adolescent Mental Health Services, however the proportion seen within 12 weeks is still well below the target.

Children's social care

- Referrals to Children's social care and number of children on child protection plans in Oxfordshire have each declined.
- The rate of looked after children has continued to increase, with Oxfordshire now above the regional average.
- The % of Oxfordshire's care leavers in employment, education or training remains below (worse than) the national average.
- The rate of Troubled Families in Oxfordshire was highest in Oxford City and Cherwell
- There is potential for an increase in demand for children's social care services by 2027, depending on levels of housing growth.

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Summary (2)

Adult social care

- The proportion of older people offered reablement services has remained below national and statistical neighbour averages.
- The proportion of older social care clients supported at home has continued to increase.
- Fear of falls is the top concern among users of adult social care services.
- Almost two thirds of older people estimated to be self-funding long term care in Oxfordshire.
- Potential for an increase in demand for adult social care services (irrespective of housing growth).

Community safety services

- Police have recorded an increase in the number of victims of domestic abuse and elder abuse and a significant increase in victims of Modern Slavery.
- The number of rape victims has remained similar and there has been a fall in the number of victims of Child Sexual Exploitation.
- The number of victims of doorstep crime or rogue traders in Oxfordshire has continued to decline.

Health support and preventing ill-health

- There has been a slight decline in number of adults in specialist drug treatment.
- Interventions by School Health Nurses and College Health Nurses were most frequently for mental health and wellbeing, and sexual health.

Access to services

- Wide areas of rural Oxfordshire are ranked poorly on geographical access to services according to the geographical access to services subdomain of the 2019 Indices of Multiple Deprivation.
- Close to a quarter (23%) of people aged 85+ live in areas of Oxfordshire ranked in the 10% most deprived on access to services.
- Use of the internet by older people is increasing, however a significant number of older or disabled people have never used the internet.

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Primary care

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Primary Care Networks - Introduction

- The NHS Long Term Plan sets out the priorities for healthcare over the next 10 years with a focus on preventing ill-health, improving care, supporting staff and investing in new technology.
- As part of the plan, Primary Care Networks (PCNs) across England have been established as groups of GP practices serving a minimum patient population of 30,000 people.
- PCNs will deliver the NHS Long Term Plan commitments including:
  - Improved access for patients including a core digital offer,
  - PCN service specifications including structured medication review and medicines optimisation, enhanced health in care homes and supporting early cancer diagnosis during 2020/21 which further specifications being introduced in 2021/22.
- The mechanism being used to channel funds to PCNs is the Directed Enhanced Service (DES). These are voluntary add-ons to the core GP contract, and have been used for several years to incentivise specific services, for example vaccination programmes, or care for people with dementia.
- Additional staff that can be employed by PCNs are:
  - clinical pharmacists and pharmacy technicians
  - social prescribing link workers, care co-ordinators and health and well being coaches
  - physician associates
  - first contact physiotherapists, occupational therapists, dietitians, chiropodists/podiatrists
  - community paramedics (from 2021)
  - Mental health practitioners (from April 2021)

NHS England, Investment and evolution: a five-year framework for GP contract reform to implement The NHS Long Term Plan

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

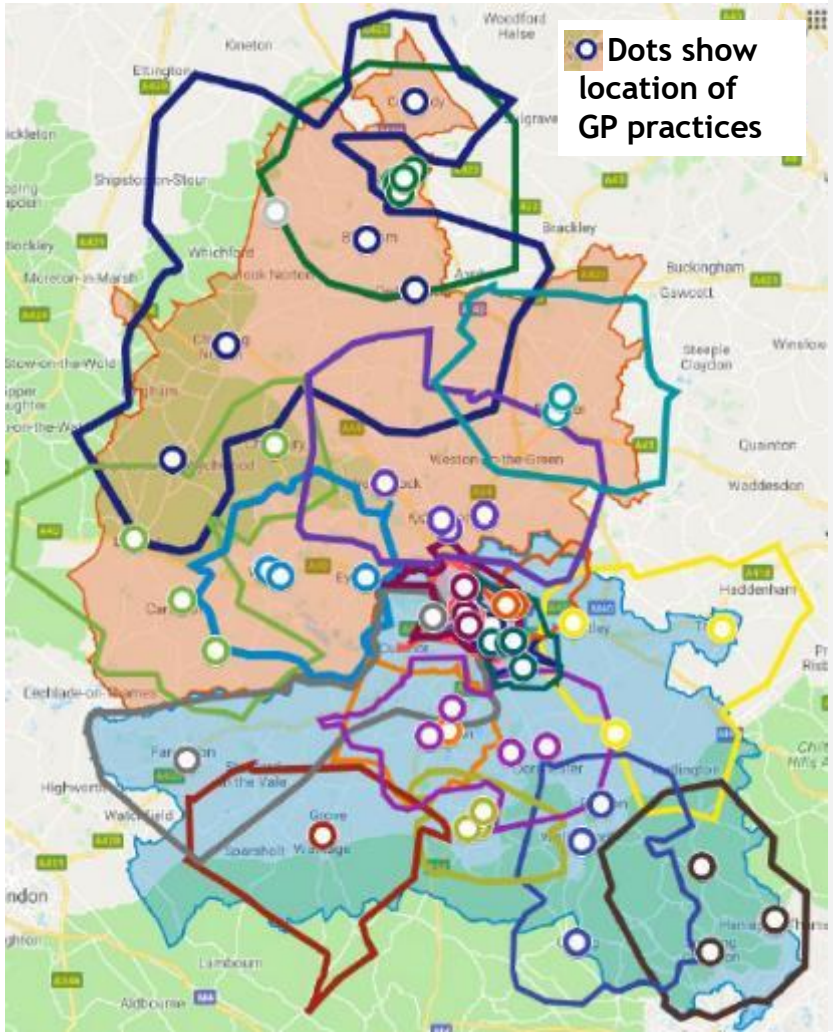
Primary Care Networks in Oxfordshire

- There are 19 Primary Care Networks in Oxfordshire with GP patient populations ranging from 30,000 to 67,000

Primary Care Network	Population (Nov 2019)
Abingdon & Districts	29,926
Abingdon Central	34,278
Banbury	66,709
Bicester	50,327
City- East Oxford	47,812
City OX3+	46,848
Didcot	42,961
Eynsham and West	51,195
Healthier Oxford City Network	44,506
Henley SonNet	33,369
Kidlington, Islip, Woodstock and Yarnton (KIWY)	35,292
North Oxfordshire Rural Alliance (NORA)	45,260
Oxford Central	40,108
Rural West	31,715
South East Oxford Health Alliance (SEOxHA)	41,191
Thame	30,573
Wallingford and Surrounds	32,376
Wantage	30,127
White Horse Botley	31,442
Oxfordshire	766,015

Oxfordshire CCG PCNs

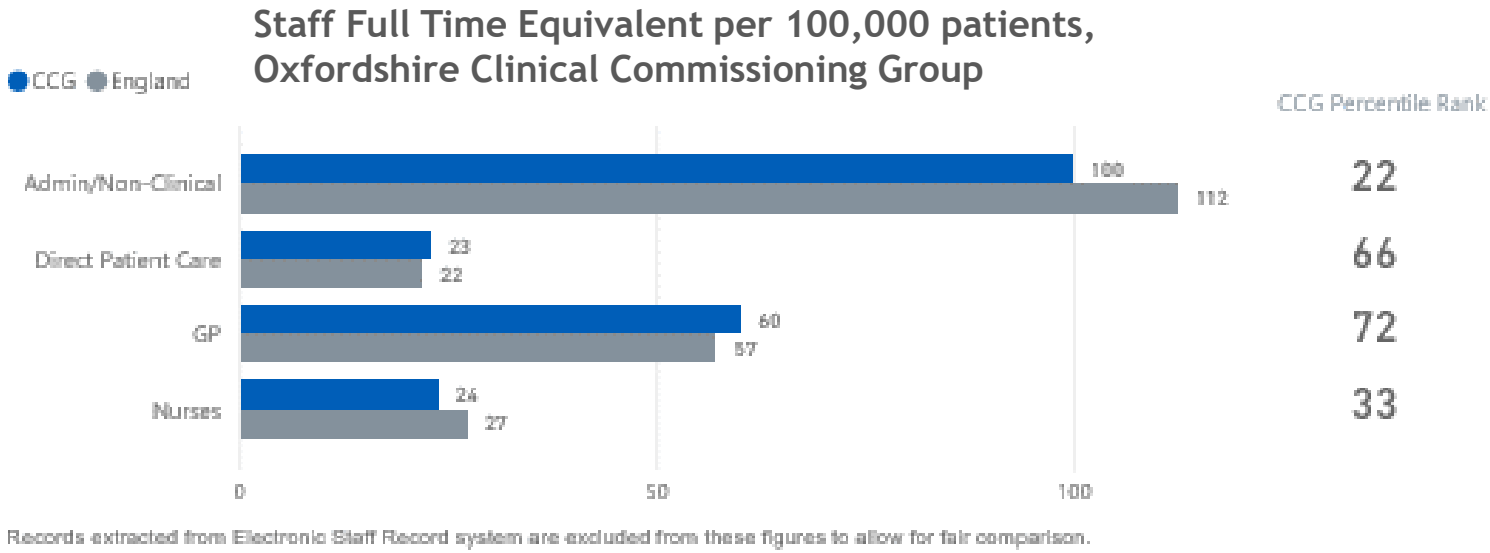
Oxfordshire's Primary Care Networks showing boundaries based on GP practice catchment areas



Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

GP to patient ratio

- There are 68 GP practices in Oxfordshire.
- Overall, Oxfordshire CCG had a ratio of..
  - 60 GPs per 100,000 patients, above the average of 57 for England
  - 24 nurses per 100,000 patients, below the average of 27 for England
  - 23 direct patient care staff per 100,000 patients, similar to the average of 22 for England
  - 100 admin staff per 100,000 patients below the average of 112 for England



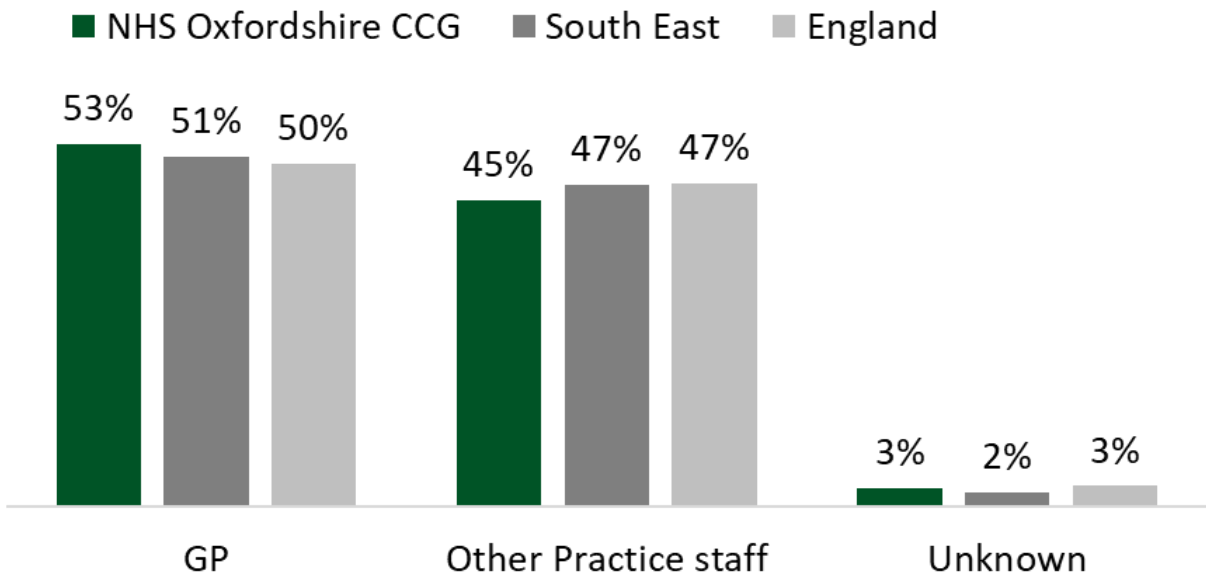
NHS Digital General Practice Workforce selected CCG information September 2019

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Proportion of primary care appointments by GPs vs nurses

- Of the **340,500** appointments with NHS Oxfordshire Clinical Commissioning Group GP practices in November 2019, 53% were carried out by GPs, just above the regional (51%) and national (50%) averages.
- This is similar to November 2018 (Oxfordshire CCG 53% vs 52% in the South East and 50% in England).

Appointments in General Practice by Health Care Professional Type November 2019



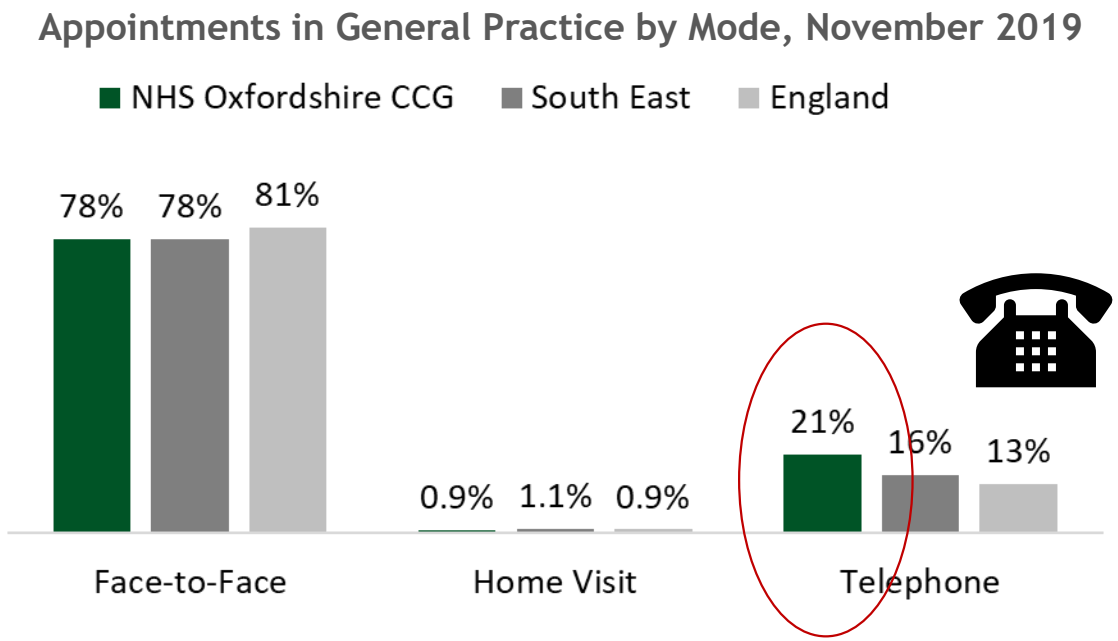
NHS Digital Appointments in General Practice November 2019

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Proportion of appointments carried out by telephone

- Of the 340,500 appointments with NHS Oxfordshire Clinical Commissioning Group GP practices in November 2019, 21% were carried out over the phone compared with 16% in the South East and 13% across England.
- Data for the previous year, November 2018, shows a similar pattern (telephone appointments = 21% OCCG, 16% SE, 13% England).

The mode of the appointment shows the setting of the consultation. Some video conference appointments may be logged by the practice as face-to-face.
Most face-to-face time is booked as individual appointment time, typically with one patient attending each time slot. By contrast, many telephone triage and home visits appear as one long blocked period of time which are not booked to individual patients.
Unless home visits and telephone triage are logged as individual appointments and booked to a patient they will not appear in this publication.



NHS Digital Appointments in General Practice November 2019

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Satisfaction of GP patients

- According to the 2019 GP patient survey, Oxfordshire patients were (statistically) more likely to rate their GP practice healthcare professional as good (or very good) at..
  - Giving you enough time (88% vs 87% nationally),
  - Listening to you (92% vs 89%) and
  - Treating you with care and concern (90% vs 87%)
- Oxfordshire patients were also more likely to agree that they had enough support from local services or organisations to help manage their long term health condition (85% vs 78% nationally)
- 43% of Oxfordshire patients with long term health conditions had had a conversation with their GP practice about what is important when managing their health (39% nationally). Of these 60% had a plan. 94% of those with a plan found it very or fairly helpful.

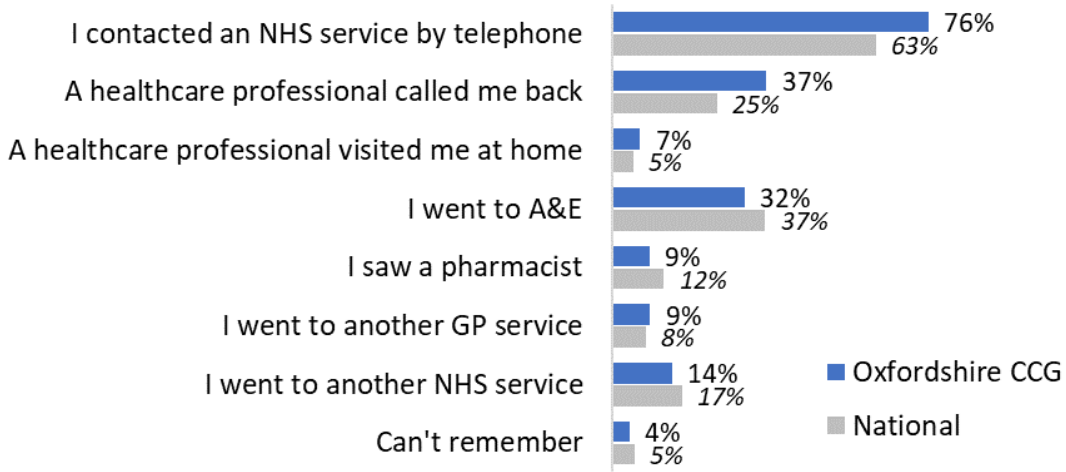
NHS GP Patient Survey 2019 (fieldwork Jan-March 2019, July 2019 publication)

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Out of hours, phone, digital access

- Of the respondents who said they had tried to contact an NHS service when their GP practice was closed in the past 12 months, a higher proportion than average in Oxfordshire made contact with an NHS service or healthcare professional by phone.

Considering all of the services you contacted when your GP practice was closed, which of the following happened on that occasion? (multiple responses possible)



- A slightly higher than average proportion of Oxfordshire CCG respondents than average ordered repeat prescriptions online (20% vs 16% nationally) and accessed medical records online (6% vs 4%)

NHS GP Patient Survey 2019 (fieldwork Jan-March 2019, July 2019 publication) question 45

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Secondary health care

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Medical provision in Oxfordshire

- Urgent medical care in Oxfordshire (as of February 2020) for the public is provided by:
  - Accident and Emergency departments of the John Radcliffe Hospital in Oxford and Horton Hospital in Banbury (Oxford University Hospitals NHS Trust)
  - Minor Injuries Unit (MIU) in Henley, Witney and Abingdon (Oxford Health NHS FT). MIUs have X-Ray facilities and are for injuries, such as deep cuts, eye injuries, broken bones, severe sprains, minor head injury, minor burns and scalds[1].
  - First Aid Unit (FAU) Chipping Norton, Wallingford and Bicester (Oxford Health NHS FT). FAUs are also for minor injuries but do not have X-Ray facilities[1].
- In addition, GPs can refer Oxfordshire patients to:
  - Emergency Multidisciplinary Units (EMU) providing sub-acute care based at Abingdon and Witney community hospitals (Oxford Health NHS FT)
  - Rapid Access Care Unit (RACU) for non bed-based care, Townlands Hospital Henley (Oxford Health NHS FT)

[1] NHS Oxford Health NHS Foundation Trust Minor Injuries Units and First Aid Units

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

NHS job vacancies

- In June 2019 there were 582 advertised vacancy full-time equivalents in Oxford University Hospitals NHS FT and Oxford Health NHS FT published, down from 816 in June 2018.
- The greatest fall in advertised jobs was for nurses (down from 378 to 220).

Number of advertised vacancy full-time equivalents in Oxford University Hospitals NHS FT and Oxford Health NHS FT (Experimental Statistics)

	Jun-17	Jun-18	Jun-19	*change June 2018 to June 2019*
Additional Clinical Services	75	76	63	*-13*
Additional Professional Scientific and Technical	26	29	7	*-22*
Administrative and Clerical	142	183	134	*-49*
Allied Health Professionals	67	80	73	*-8*
Estates and Ancillary	26	17	4	*-13*
Healthcare Scientists	7	13	22	*9*
Medical and Dental	46	40	59	*19*
Nursing and Midwifery Registered	325	378	220	*-157*
Students	3	0	0	*0*
Total	**717**	**816**	**582**	***-234***

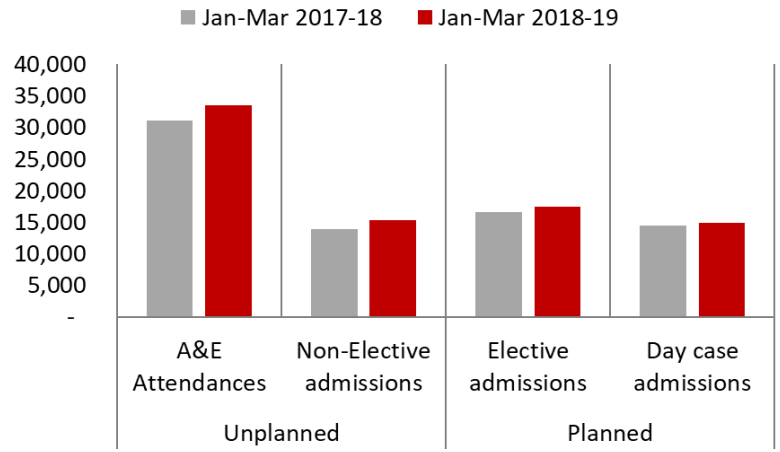
NHS Digital NHS Vacancy Statistics England – to June 2019, Provisional Experimental Statistics from NHS jobs

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Planned and unplanned hospital attendances and admissions

- A comparison of hospital attendance/admissions data for Oxfordshire Clinical Commissioning Group (CCG) patients, shows an increase in both unplanned (A&E and non-elective) and planned (elective and day case) and an increase in outpatients (first attendances).
- Unplanned attendances/admissions has increased at a faster rate than planned admissions.

Hospital activity - count of attendances, Oxfordshire CCG



A Non-Elective Admission is one that has not been arranged in advance. It may be an emergency admission, a maternity admission or a transfer from a Hospital Bed in another Health Care Provider.

		Jan-Mar 2017-18	Jan-Mar 2018-19	*difference*	
Unplanned	A&E Attendances	31,040	33,533	*2,493*	*8%*
	Non-Elective admissions	13,861	15,382	*1,521*	*11%*
Planned	Elective admissions	16,607	17,411	*804*	*5%*
	Day case admissions	14,411	14,872	*461*	*3%*
	Outpatients first attendance	**52,375**	**58,389**	***6,014***	***11%***

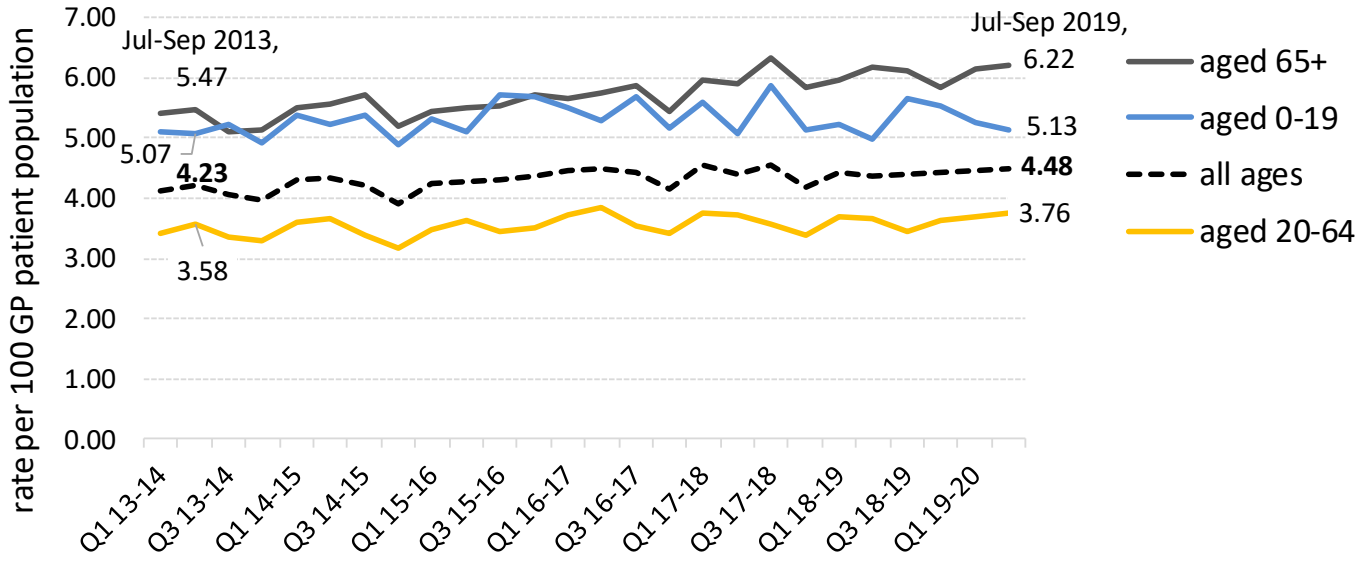
Oxfordshire Clinical Commissioning Group provided by NHS South, Central and West Commissioning Support Unit

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Rate per population of A&E patients by age

- The proportion of older people (aged 65+) attending A&E has been increasing at a faster rate than the younger or working age populations.
- Between Quarter 2 (Jul-Sep) 2013-14 and Q2 2019-20, the rate of patients (of all ages) attending A&E increased from 4.23 to 4.48 per 100 patients per quarter.
- The rate of older people attending A&E has increased from 5.47 to 6.22.

A&E Type 1 attendances Oxfordshire CCG, rate by broad age group per 100 GP patient population per quarter



Oxfordshire Clinical Commissioning Group provided by NHS South, Central and West Commissioning Support Unit

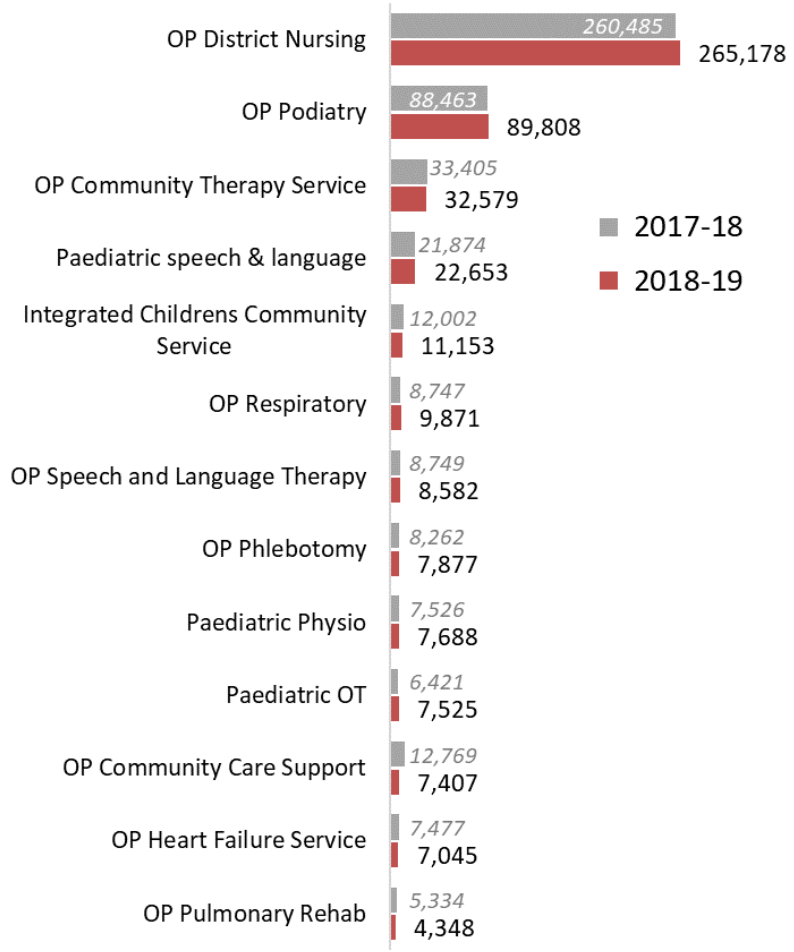
Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Oxford Health Community Services

- In 2018-19, just over half of attended appointments with Oxford Health Community Services were for the District Nursing service, similar to the proportion in 2017-18

Oxfordshire Clinical Commissioning Group.
Financial year total for Oxfordshire CCG. Attended on time or, if late, before the relevant Care Professional was ready to see the patient

Oxford Health NHS FT, top community services by attended appointments 2017-18 and 2018-19

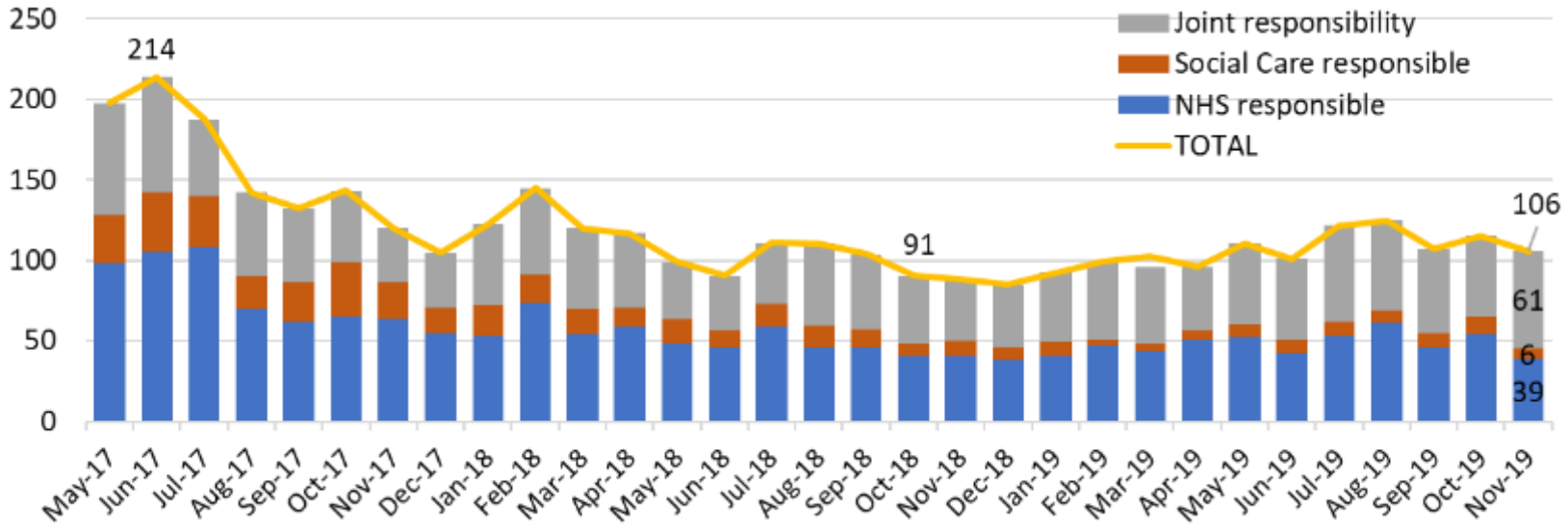


Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Delayed transfers of care

- Delayed Transfers of Care (delay to moves out of hospital) in Oxfordshire has reduced significantly since the peak in June 2017.
- In November 2019 there was a total of 106 Delayed Transfers of Care (beds) by NHS and Social Care providers in Oxfordshire.

Delayed transfers of care (beds) Oxfordshire Local Authority by responsible organisation (all providers)



Oxfordshire Clinical Commissioning Group, report based on NHS Digital Delayed Transfers of Care Data

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Mental health services

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

People accessing talking therapies

- *Improving Access to Psychological Therapies programme (IAPT) is run by the NHS in England and offers NICE-approved therapies for treating people with depression or anxiety.*
- Between April 2018 and March 2019, 15,105 Oxfordshire Clinical Commissioning Group patients were referred to IAPT services and 11,060 (73%) started treatment.
- Of the OCCG patients who entered treatment:
  - 91% were aged 18 to 64
  - 66% were female
  - 17% were from an ethnic minority group (compared with 16% ethnic minority in Oxfordshire county)
  - 3% were ex-armed forces
- 6,760 finished a course of IAPT treatment and 3,275 moved to recovery (i.e. they were no longer classed as having a clinical case of a mental health problem).
- 3,090 showed a reliable improvement in their condition after finishing a course of IAPT treatment.

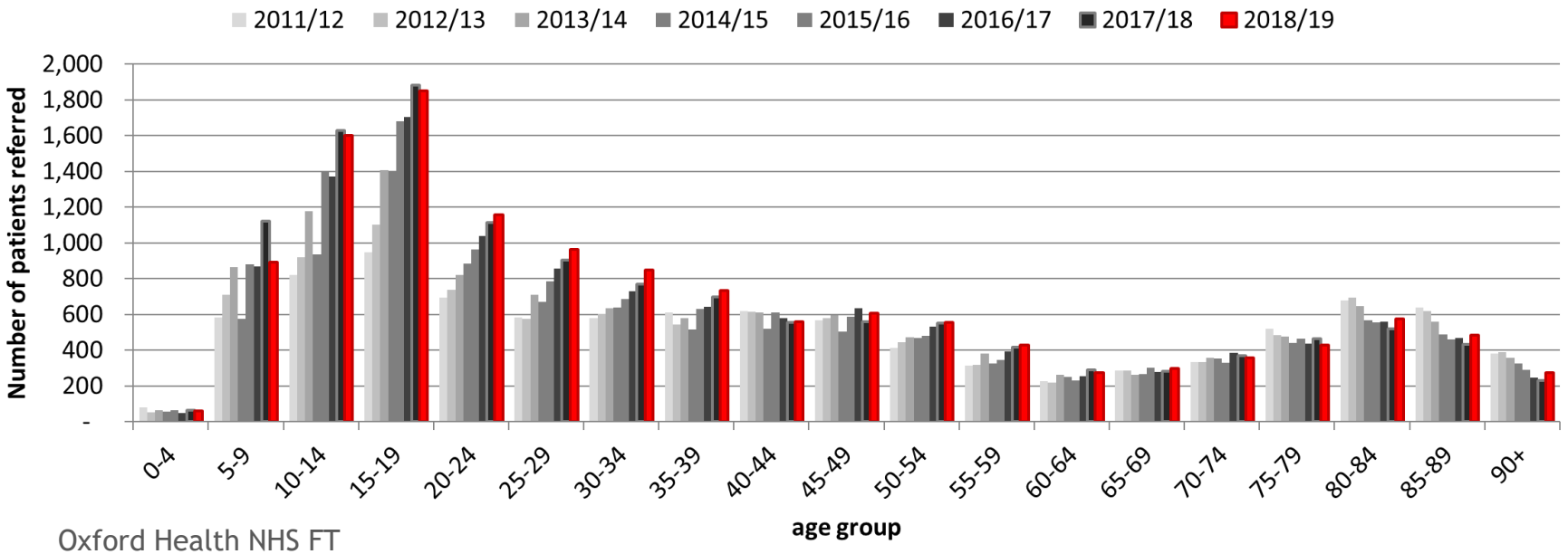
Psychological Therapies, Annual report on the use of IAPT services 2018-19
Data used here is sum of quarterly IAPT reports for Oxfordshire CCG in 2018-19
See also NHS Mental Health dashboard with quarterly data for Oxfordshire CCG

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Patients referred for mental health services by age

- Between 2011/12 and 2018/19, the number of Oxfordshire patients referred to Oxford Health mental health services increased by 31% overall and by:
  - +81% for people aged 0-19;
  - +15% for people aged 20 and over.
- The latest year has seen slight fall in the age group 10-19 (-2% between 2017/18 and 2018/19) and an increase for people aged 20-39 (+6%).

Oxfordshire patients referred to Oxford Health mental health services by age



Oxford Health NHS FT

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Mental health referrals by district

- District data shows Cherwell and Oxford had higher numbers of residents referred to Oxford Health for mental health services
- 1.8% of Oxfordshire residents were referred to Oxford Health mental health services in 2018-19.
- The rates were highest in Cherwell, Oxford and West Oxfordshire and lowest in South Oxfordshire

Number of Oxfordshire residents referred to Oxford Health mental health services Oxfordshire districts 2018/19

	Count	Rate per pop 2018/19	*Rate 2017/18*
Cherwell	2,809	1.9%	*2.0%*
Oxford	3,001	1.9%	*2.0%*
South Oxfordshire	2,234	1.6%	*1.5%*
Vale of White Horse	2,306	1.7%	*1.7%*
West Oxfordshire	2,059	1.9%	*1.9%*
Oxfordshire	12,409	1.8%	*1.8%*

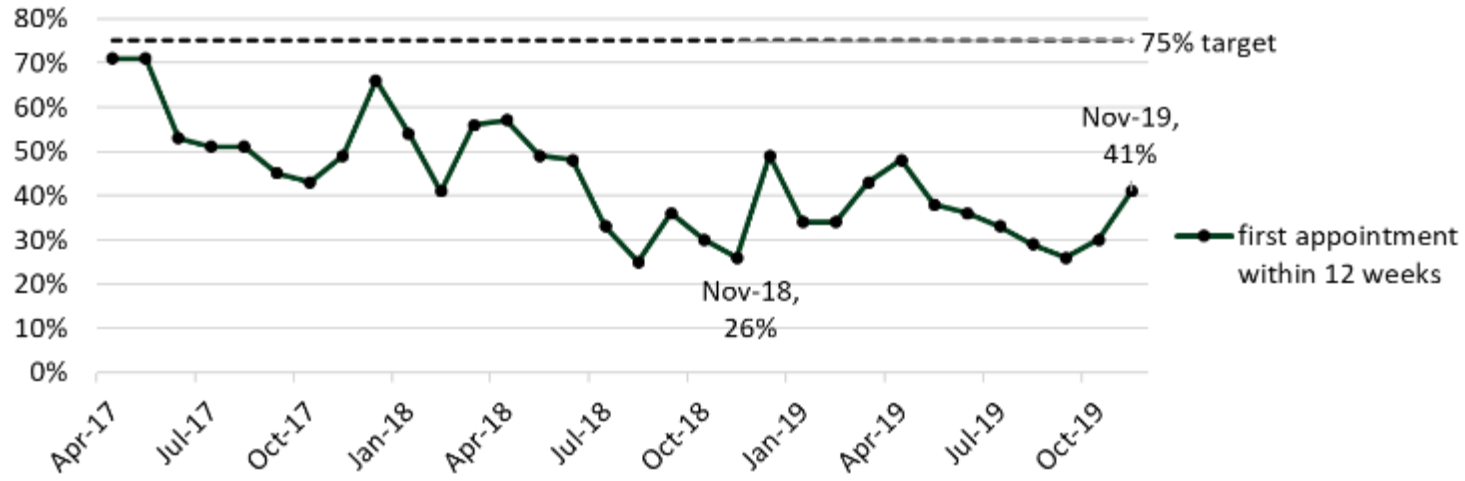
Oxford Health NHS FT; rate uses ONS mid-2018 population estimates (all ages) from nomis

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

CAMHS % patients referred with first appointment within 12 weeks

- As of April 2017, almost three quarters (71%) of young people, in the Oxfordshire Clinical Commissioning Group area who were referred to Child and Adolescent Mental Health Services (CAMHS), were seen within 12 weeks.
- In November 2019, 41% of referrals were seen within 12 weeks, well below the 75% target.

% of patients referred to CAMHS with first appointment within 12 weeks



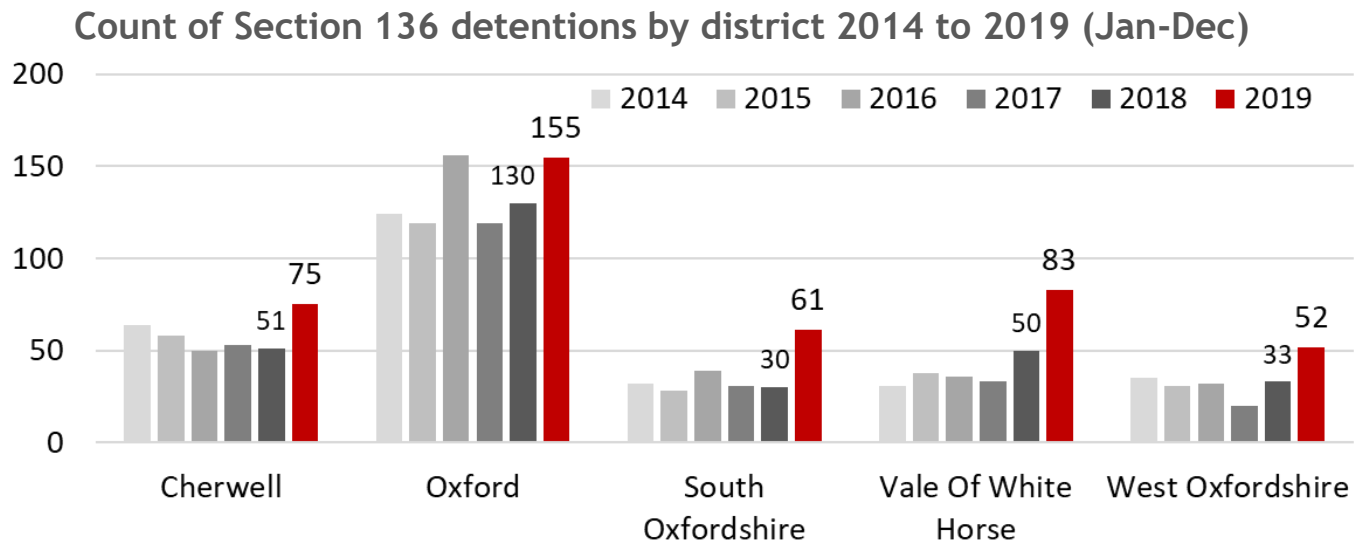
Oxfordshire Clinical Commissioning Group

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Police detentions under S136 of mental health act

- Between 2018 and 2019, there was a significant increase in section 136 detentions in Oxfordshire, from 294 to 426 (+132, +45%).
- During the six years from 2014 to 2019, there was a total of 1,849 Section 136 detentions in Oxfordshire of which 803 (43%) were in Oxford City.
- In the latest year, there were increases in detentions in all districts with the greatest percentage increases in South Oxfordshire and Vale of White Horse districts.
- The greatest increases have been for females and for people in their 20s and in their 40s.

Section 136 of the Mental Health Act enables the police to act if they believe that someone is suffering from a mental illness and needs immediate treatment or care. The police may take that person from a public place to a place of safety, either for their own protection or for the protection of others. This is known as a Section 136 detention.



Thames Valley Police Crime Recording System - NICHE RMS & Mental Health Master

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

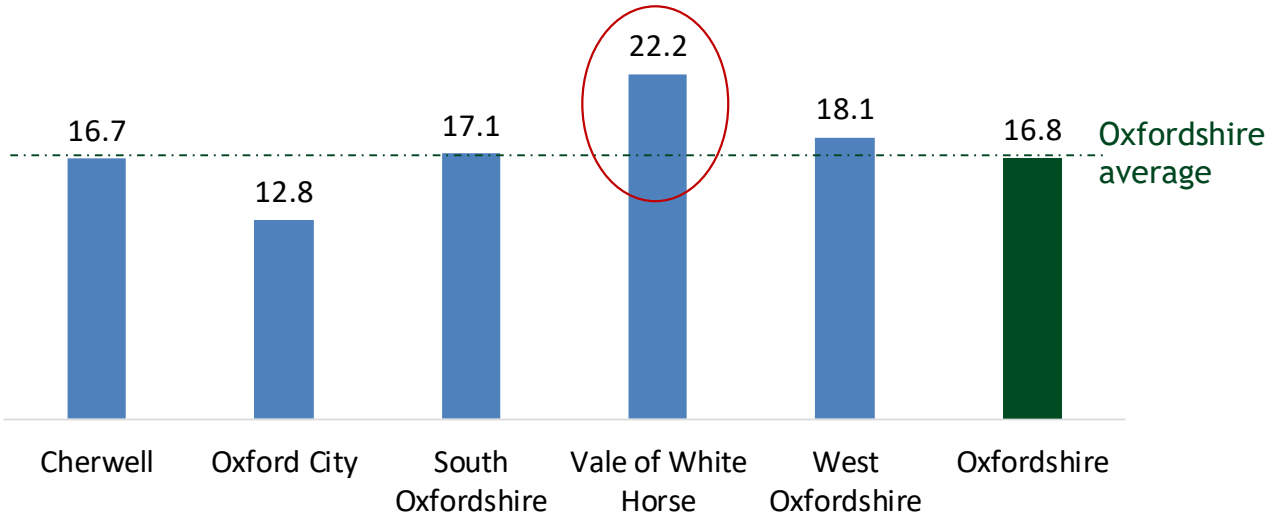
Register of disabled children

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Register of disabled children

- As of 30 September 2019 there were a total of 3,854 children and young people aged 0-25 on Oxfordshire County Council's register of disabled children[1].
- The district area with the highest rate of children and young people on the register was Vale of White Horse with 22.2 per 1,000 aged 0-25, compared with 16.8 for Oxfordshire.

Rate of children and young people aged 0-25 on Oxfordshire disability register per 1,000 population (30 September 2019)



Oxfordshire County Council, Disability Services, ONS mid-2018 population estimates

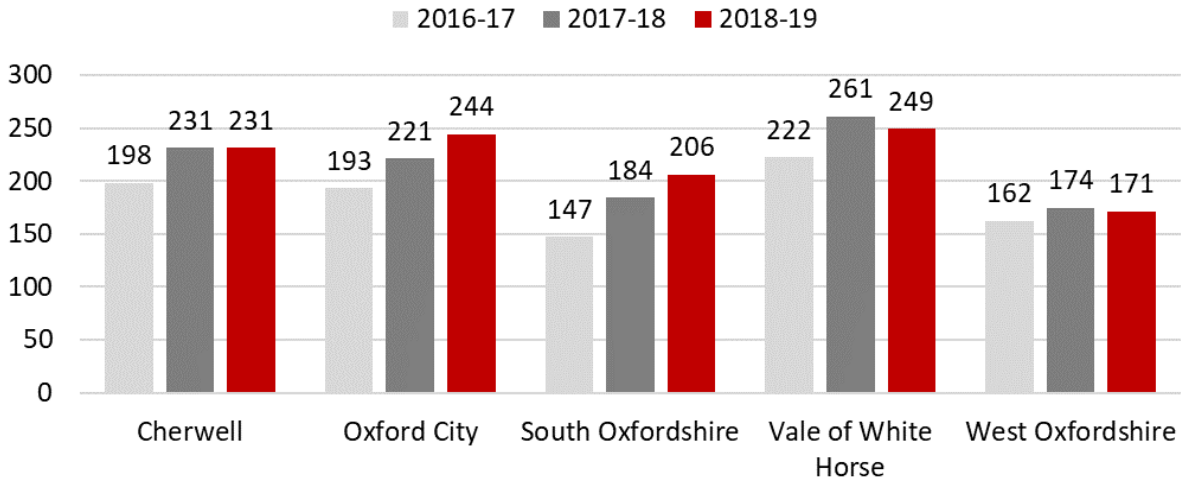
[1] Oxfordshire County Council's register of disabled children sources data from (a) Social Care Services; (b) Short Breaks for disabled children; (c) Applicants for MAX Card (discounts for families with disabled children) Includes children with autism

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Short breaks for disabled children - trend

- There has been a small increase in the number of short breaks for disabled children, from 1,117 in 2017-18 to 1,141 in 2018-19 (+24,+2%).
- 38.3% of children added to the disability register in 2018-19 had short break activity in 2018-19.

Number of short breaks for disabled children in Oxfordshire, 2016-17 to 2018-19



Oxfordshire County Council, Disability Services

Note: Short breaks provide opportunities for disabled children and young people to spend time away from their families and have fun; they also provide families with a break from their caring responsibilities. Short Break Services are commissioned by Oxfordshire County Council

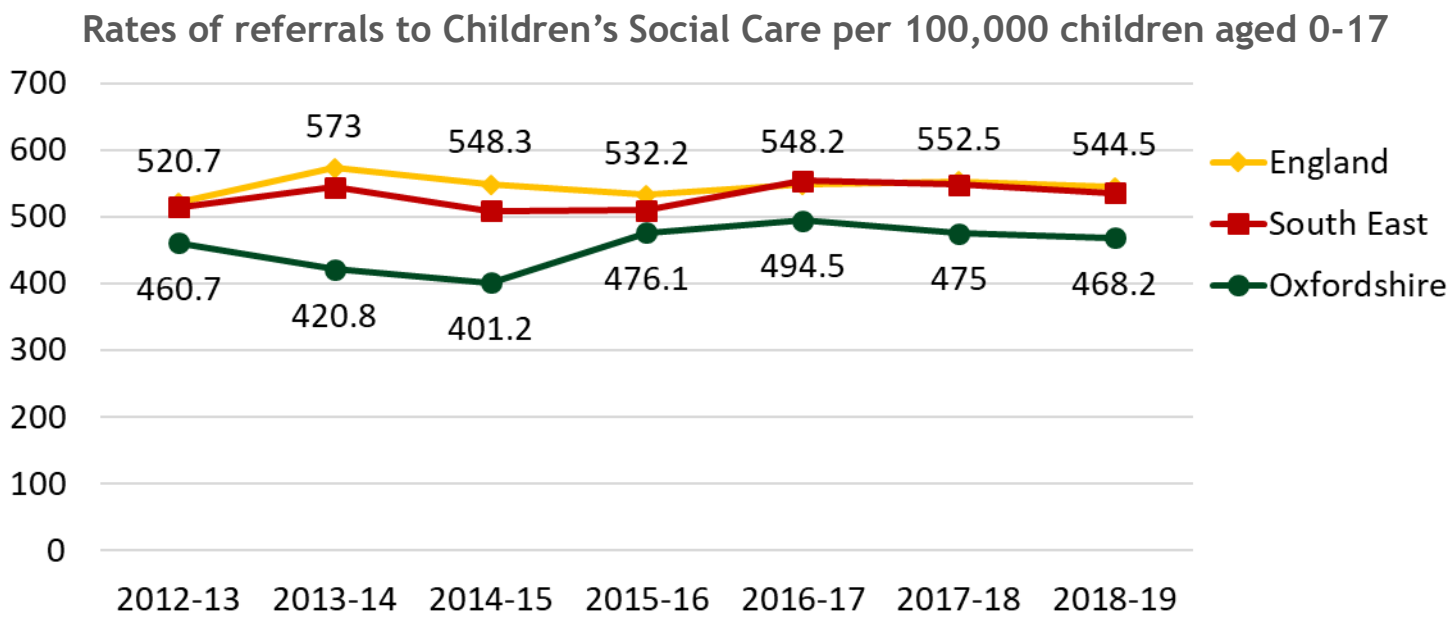
Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Children's social care

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Referrals to Children's social care

- As at the end of March 2019 there were 6,779 referrals to child social care in Oxfordshire related to 6,177 children. This was a reduction in the number and rate per population compared with the previous year (6,814 referrals and 6,326 children).
- A relatively high proportion of referrals resulted in no further action (17% in Oxfordshire compared with 8% nationally)



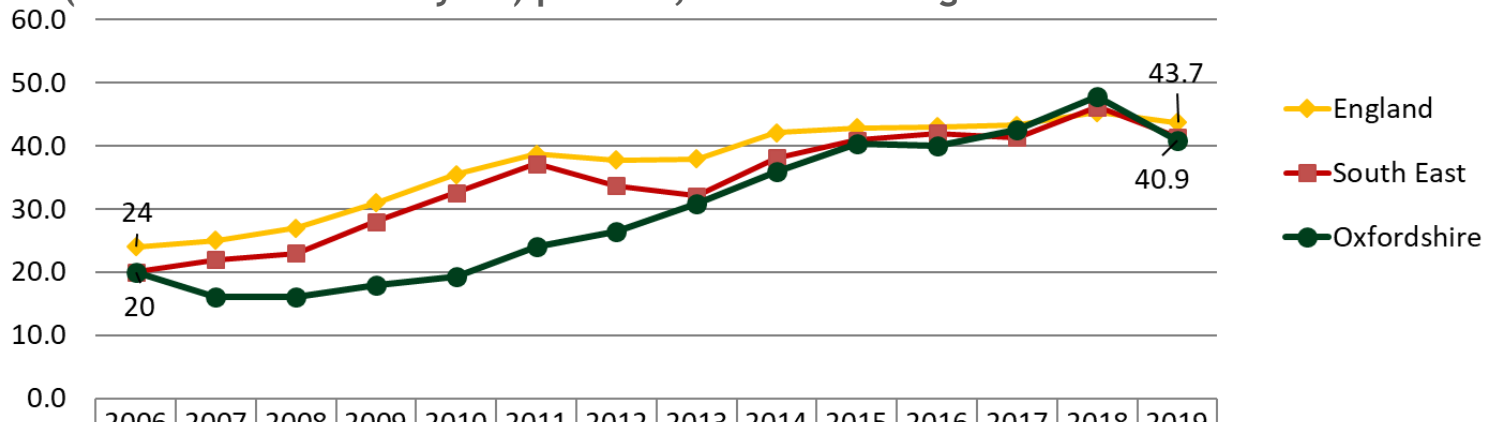
Department for Education Characteristics of children in need: 2018 to 2019

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Children on child protection plans

- The number of children on child protection plans in Oxfordshire declined between 31 March 2018 and 31 March 2019, from 687 to 592 (-95, -14%)
- The latest data (31 March 2019) shows Oxfordshire above the national average
- The most recent data held by Oxfordshire County Council (not published) shows that at the end of December 2019, this number had remained stable and is just below 600 (not shown on chart)

Rate of children who were the subject of a child protection plan (as at 31 March each year) per 100,000 children aged 0-17



	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
England	24	25	27	31	36	39	38	38	42	43	43	43.3	45.3	43.7
South East	20	22	23	28	33	37	34	32	38	41	42	41.3	46.2	41.4
Oxfordshire	20	16	16	18	19	24	26	31	36	40	40	42.6	47.9	40.9

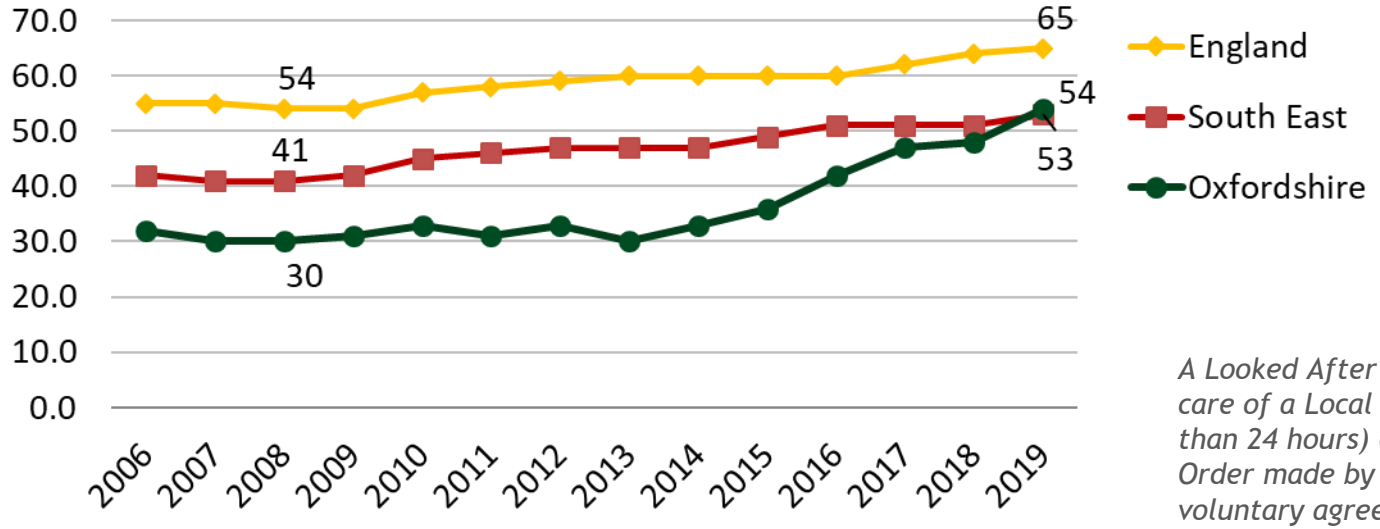
Department for Education Characteristics of children in need: 2018 to 2019

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Looked after children

- At the end of March 2019 there were **779** looked after children in Oxfordshire, up from 684 as of 31 March 2018 (+95, +14%).
- At the end of December 2019 this had increased slightly to 786 looked after children (not shown on chart).
- The latest published data (for 31 March19) shows Oxfordshire below the national average and above the regional average.
- During the year 2018-19 there were 64 looked after children who were unaccompanied asylum-seeking children in Oxfordshire, just above the number in 2017-18 (57)

Rates of Looked After Children (as at 31 March each year) per 10,000 children aged 0-17



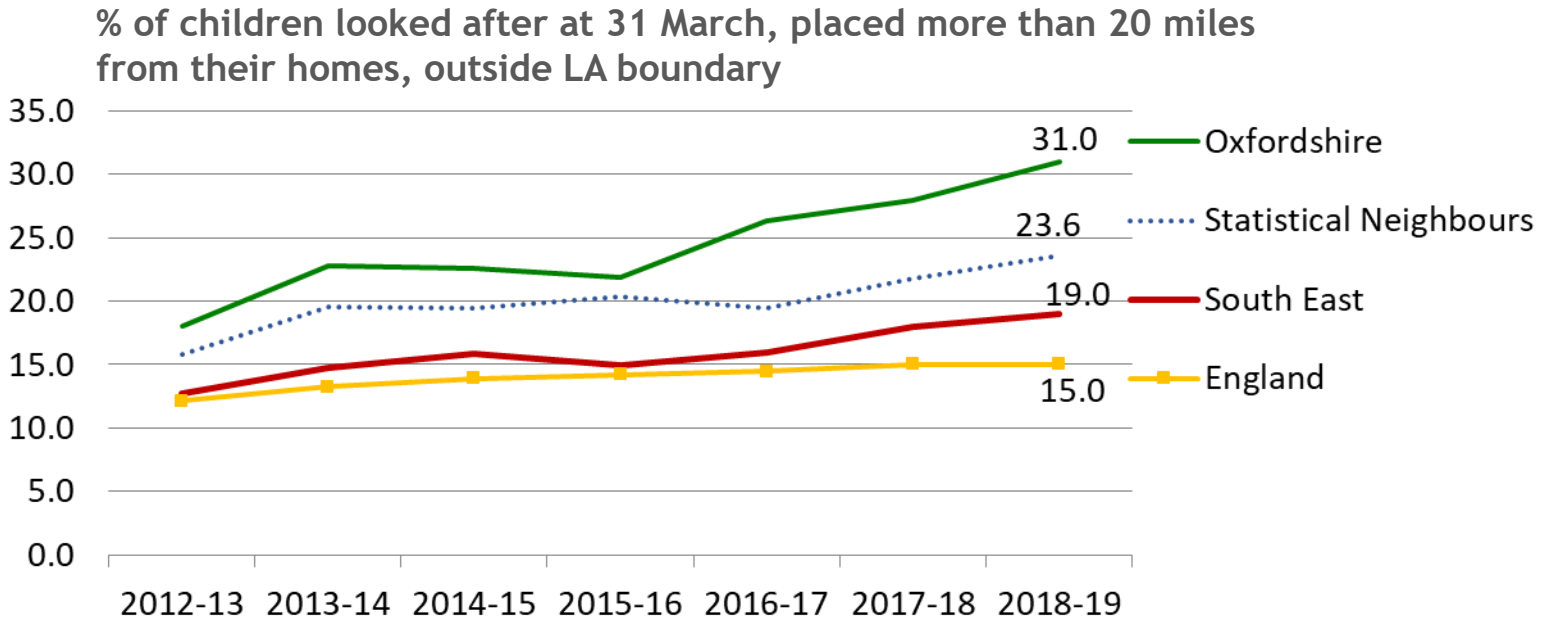
Department for Education Statistics on Looked After Children

A Looked After Child is a child in the care of a Local Authority (for more than 24 hours) either through a Care Order made by a Court or by voluntary agreement with their parent(s).

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Looked after children placed out of county

- The proportion of Oxfordshire's Looked After Children placed more than 20 miles from their home and outside Oxfordshire, increased from 28% as at 31 March 2018 to 31% as at March 2019.
- Oxfordshire was well above the regional and national averages and 3rd in its group of 11 statistical neighbours on this measure (up from 4th in the group in 2018).



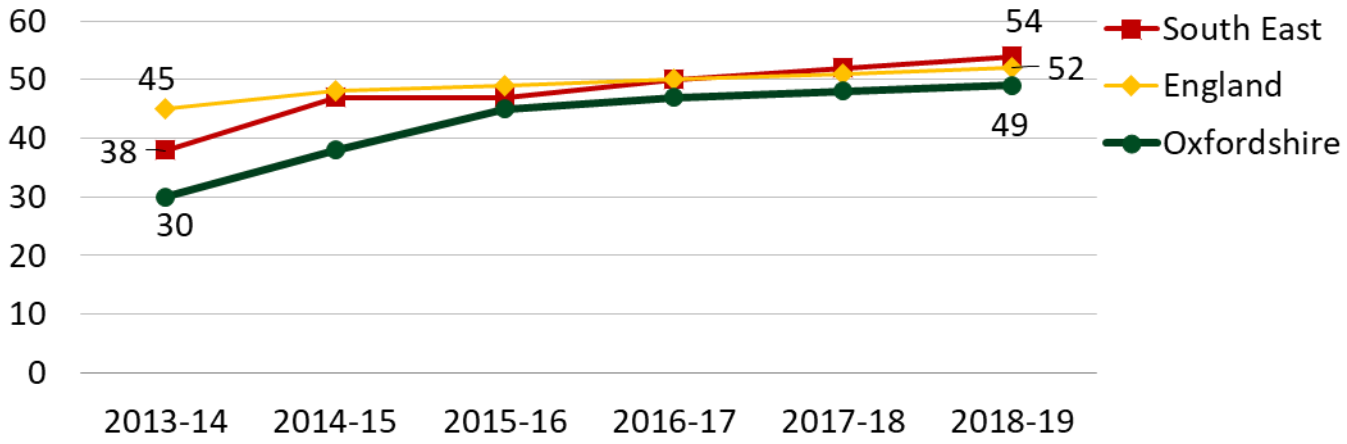
Department for Education, downloaded from Local Authority Interactive tool

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Care leavers in employment, education or training

- *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.*
- As of 31 March 2019, there were 275 care leavers[1] in Oxfordshire. Of these, 136 (49%) were in education, employment or training and the education/employment, 89 were Not in Employment, Education or Training (NEET) and the status of a further 50 was unknown.
- Oxfordshire has remained below (worse than) the regional and national averages on this measure.

Percentage of Care leavers aged 19-21 in education, employment or training



Department for Education Statistics on Looked After Children
NOTE: [1] Care leavers now aged 19, 20 and 21 who were looked after for a total of at least 13 weeks after their 14th birthday including some time after their 16th birthday

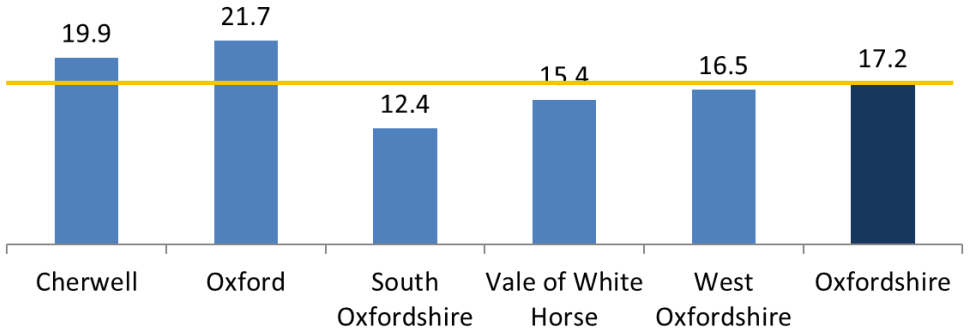
Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Troubled Families programme

- From Jan-Dec 2019, there were 1,306 families identified in Oxfordshire that met two or more of the six Troubled Families criteria[1].
- This was a rate of 17.2 families per 1,000 families with dependent children in Oxfordshire. The rate was above average in Cherwell (19.9) and in Oxford city (21.7).
- The majority of wards (76%) have 20 or fewer troubled families. The wards with the highest numbers were in Banbury, Oxford, Bicester and Didcot.

For background on the programme see Troubled families House of Commons briefing paper January 2020

Families identified in Troubled Families programme 2019, rate per 1,000 families



Wards in Oxfordshire with the highest numbers of families identified as part of the Troubled Families programme (2019)

Ward	count
Banbury Ruscote	52
Banbury Cross and Neithrop	43
Blackbird Leys	40
Northfield Brook	34
Banbury Grimsbury and Hightown	30
Bicester West	30
Didcot South	29
Barton and Sandhills	28
Didcot West	28
Banbury Hardwick	27

[1] The six Troubled Families criteria are:
health; education; crime/ASB; children needing help; domestic violence and abuse; worklessness
Oxfordshire County Council, rate calculated using ONS Census 2011 households with dependent children

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Estimate of future demand

- *There are two sources of predicted population growth for Oxfordshire: (1) Oxfordshire County Council forecasts which include assumptions on housing development (2) ONS projections based on past trends*
- National ONS projections suggests a slight fall in the population of children aged 0-17, whereas Oxfordshire County Council's local forecasts predict an increase.
- Applying the current rate of referrals to child social care (i.e. assuming no change in prevalence) to population forecasts/projections gives a potential change by 2027 of:

+1,000 (6,800 to 7,700, rounded) from 2019 to 2027 based on Oxfordshire County Council population forecasts including housing growth

No change (6,800 to 6,800) from 2019 to 2027 based on ONS trend-based population projections

Oxfordshire County Council; OCC forecasts; ONS 2016-based population projections

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Adult social care

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Reablement and short term social care interventions

- Between April 2018 and March 2019, 2,553 people in Oxfordshire received reablement.
  - Of these 1,387 were helped to leave hospital, 390 were diverted from hospital and 776 were supported via a community referral
- In the same period 3,140 people who made requests for support in Oxfordshire received equipment or Occupational Therapy (OT) support.
  - This is equivalent to a rate of 579 per 100,000 population, above the average for Oxfordshire's nearest neighbours (451) and below the England rate (770*).
- In 2018-19, 1.7% of older people (aged 65+) in Oxfordshire who left hospital were supported via reablement compared to 2.8% nationally (see following slide).

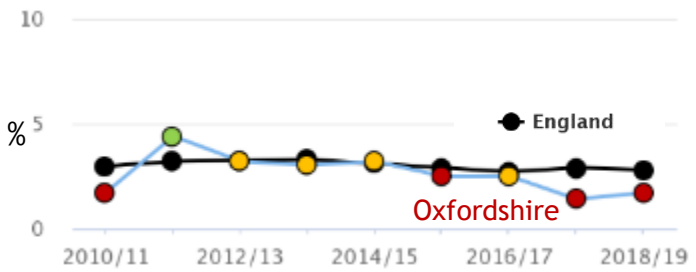
Oxfordshire County Council, Department of Health SALT return STS001 tables 1a and 1b, "low level support" (equipment). *Oxfordshire is expected to be lower than the England average given the health and income profile of the county.

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Reablement

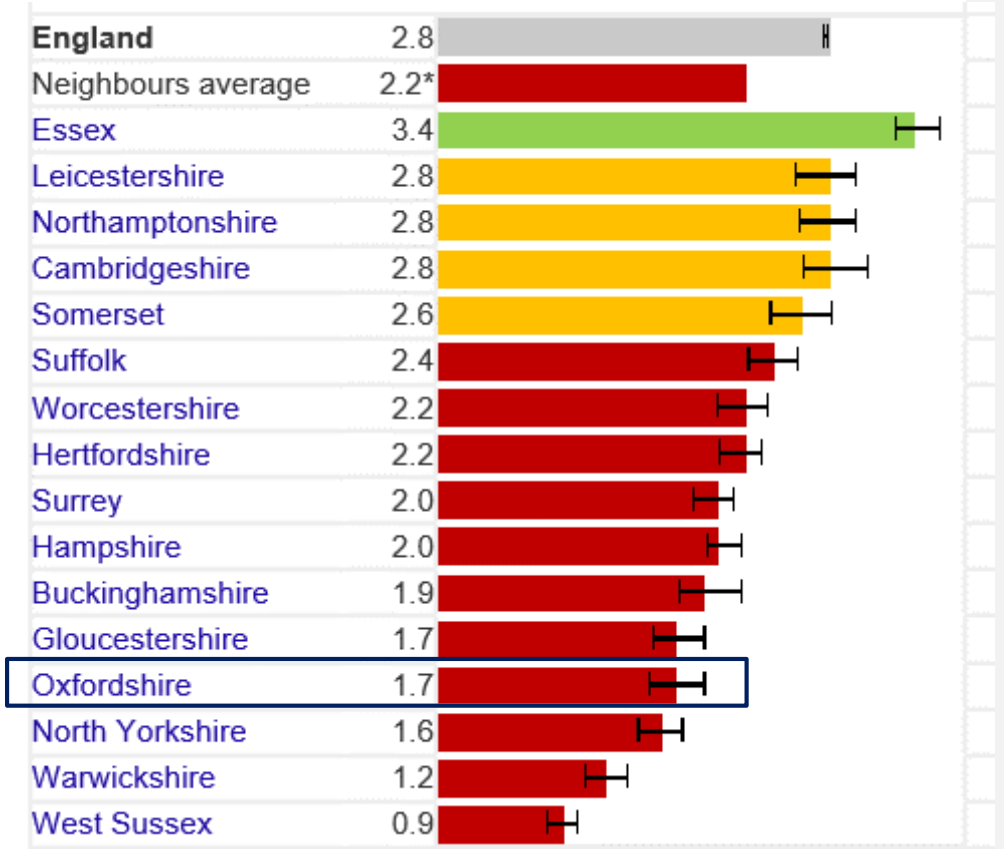
- As of 2018-19, Oxfordshire was ranked 13 in it's group of 16 statistical neighbours on the % of older people offered reablement services following discharge from hospital.
- Oxfordshire has remained (statistically) below the national average.

Percentage of people aged 65 and over offered reablement services following discharge from hospital - trend



Public Health England fingertips reablement

Percentage of people aged 65 and over offered reablement services following discharge from hospital, Oxfordshire and Statistical Neighbours (2018-19)



Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Adults provided with long-term social care

- As of 3 April 2019 there were **6,310** adults in Oxfordshire receiving on-going long-term social care from Oxfordshire County Council, up from 6,094 at 3 April 2018 (+3.5%).
- The majority (62%) of Oxfordshire's on-going long-term social care clients were older people aged 65 and over. 18% were aged 90 or over.
- Just over a quarter (27%) of people receiving social care support are people with learning disabilities.

Number of adults provided with long-term social care services by Oxfordshire County Council as of 3 April 2019

	Learning Disability	Physical/ Mental	Total	%
TOTAL	**1,679**	**4,631**	**6,310**	***100%***
% of Total	*27%*	*73%*	*100%*	
aged 65 and over	187	3,703	3,890	*62%*
aged 18 to 49	1,038	394	1,432	*23%*
aged 50 to 59	322	300	622	*10%*
aged 60 to 69	197	443	640	*10%*
aged 70 to 79	95	810	905	*14%*
aged 80 to 89	21	1,544	1,565	*25%*
aged 90 and over	6	1,140	1,146	*18%*

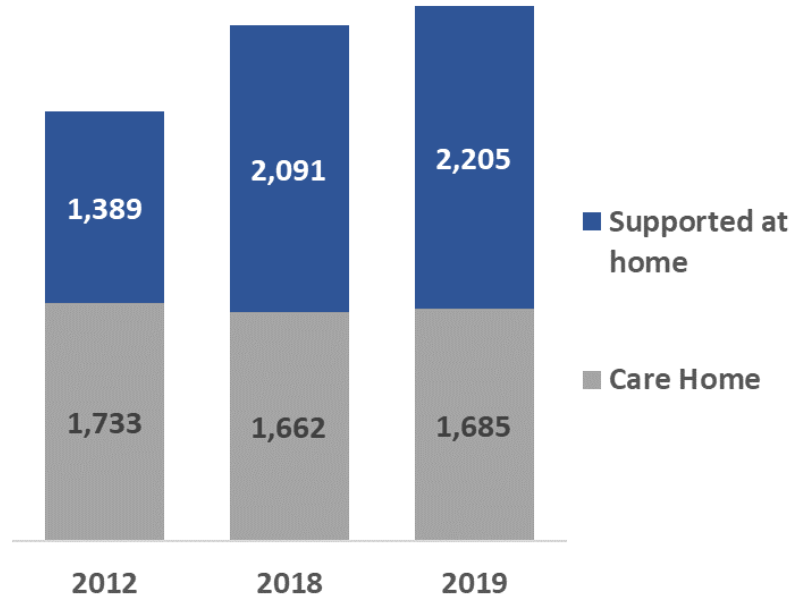
Oxfordshire County Council CONTROCC system

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Older social care clients supported at home

- The proportion of older adults receiving a social care service at home (rather than in a care home) has risen.
- At the beginning of April 2019, 57% of older adult social care clients were receiving a service at home up from 56% the previous year and 44% at the start of April 2012.

Number of older clients (65+) of long-term social care services provided by Oxfordshire County Council receiving services at home vs in a care home (3 April each year)



Oxfordshire County Council CONTROCC system

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Older people supported by social care services by district

- By district, the highest number of older people being supported with long-term social care services as of April 2019 was Cherwell and the highest rate (per 1,000 population aged 65+) was Oxford city.
- South Oxfordshire had the lowest rates of people supported either in a care home or at home.

Older clients (65+) of long-term social care services provided by Oxfordshire County Council by setting: count and rate per 1,000 population as of 1 April 2019

	Care home count	*Rate*	At home count	*Rate*	TOTAL count	*rate*
Cherwell	350	*13.0*	510	*18.9*	860	*31.9*
Oxford	266	*14.2*	460	*24.5*	726	*38.7*
South Oxfordshire	271	*9.2*	413	*14.1*	684	*23.3*
Vale of White Horse	298	*11.1*	413	*15.4*	711	*26.6*
West Oxfordshire	362	*15.3*	397	*16.8*	759	*32.1*
Oxfordshire	**1,547**	***12.3***	**2,193**	***17.5***	**3,740**	***29.8***
Outside Oxfordshire	138		12		150	
Total	**1,685**		**2,205**		**3,890**	

Oxfordshire County Council CONTROCC system

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Care home beds for older people in Oxfordshire

- As of 3 February 2020, there were 116 care homes in Oxfordshire providing **5,194** care home beds for older people of which 4,020 (77%) included nursing care.
- As a proportion of the number of residents aged 85 and over, the rate of care home beds for older people in Oxfordshire was 29 per 100, just below the South East (30.4) and England (30) averages.
- Cherwell and West Oxfordshire were each above the national, regional and county averages.

Care home beds for older people in Oxfordshire (Feb 2020)

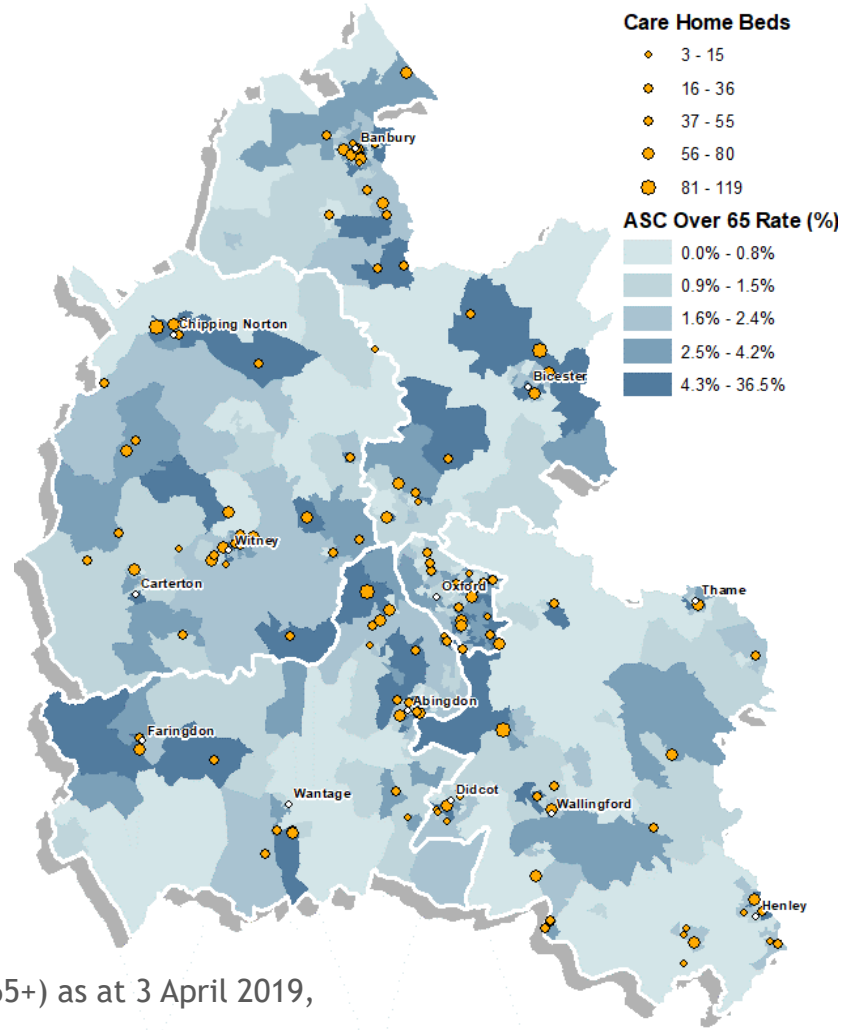
	Care homes	Beds for older people	Beds with nursing	*Beds per pop aged 85+*
Cherwell	26	1,260	1,049	*35*
Oxford City	16	699	423	*24*
South Oxfordshire	23	1,000	856	*25*
Vale of White Horse	25	1,053	782	*28*
West Oxfordshire	26	1,182	910	*35*
Oxfordshire	116	5,194	4,020	*29*

Source: Care Quality Commission (with filters) as of 3 February 2020. ONS 2018 population estimates from nomis

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Distribution of adult social care users

- Older adult social care users are more likely to be living in urban areas of Oxfordshire than the general older population.
  - 69% of older (aged 65+) adult social care users live in urban areas compared with 58% in urban areas of the total 65+ population.
- Areas of rural Oxfordshire with higher rates of social care users aged 65+ include Chipping Norton and Enstone, the Shrivenham area and areas around Bicester.

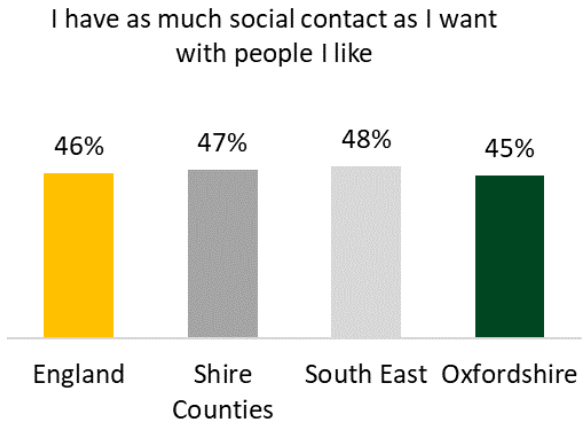


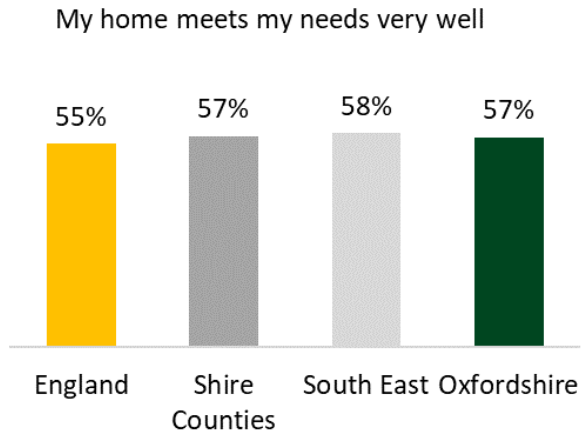
Oxfordshire County Council, adult social care users (aged 65+) as at 3 April 2019, care home beds CQC April 2019

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Adult Social Care Users Survey

- According to the Adult Social Care Survey 2018-19, 45% of care user respondents have as much social contact as they would like, below the South East (48%) and England (46%) averages.
- 57% of care user respondents in Oxfordshire believe their home is designed to meet their needs "very well". This is just below the average for the South East (58%) and above the England average (55%).





Source: Personal Social Services Adult Social Care Survey, England - 2018-19, question 8a and 17
Note: The adult Social Care User Survey is a national survey run annually, 2018-19 was sent out in Feb 2019. The survey covers individuals who were in receipt of a local authority funded long term support service. 622 out of a sample of 2171 responded (28.7%)

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Older social care users worries about safety

- The top worries about safety for older Oxfordshire social care users (aged 65 and over) were: falling over inside the house, falling over outside and uneven, dangerous pavements.

If you worry about your safety, which things concern you most? Oxfordshire Social Care User Survey 2018-19, people aged 65+

% agreeing	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire	Oxfordshire
Falling over inside the house	48%	48%	51%	47%	42%	47%
Falling over outside	32%	35%	28%	27%	34%	31%
Uneven, dangerous pavements	21%	25%	16%	24%	30%	23%
Too many changes in care staff	16%	24%	19%	13%	19%	18%
Care staff not arriving	11%	22%	16%	10%	10%	13%
Silent phone calls	7%	13%	7%	11%	10%	10%
Tripping over shoes or rugs	9%	6%	4%	16%	3%	8%
Feeling not noticed in a wheelchair	4%	13%	7%	5%	4%	6%
Knowing who to call/phone when needing help	4%	11%	6%	6%	3%	6%
Not having the right equipment to keep you safe	8%	6%	3%	10%	0%	6%
Is there anything else that makes you feel unsafe?	4%	3%	6%	5%	1%	4%
Local crime	4%	5%	4%	7%	1%	4%
Intimidation by people who are drunk in public	2%	6%	1%	1%	0%	2%
Local groups of youths	2%	5%	1%	2%	1%	2%
Intimidation by members of the public	1%	3%	3%	0%	1%	2%
Other residents in the care home	8%	13%	4%	5%	6%	7%
Being harmed by someone who cares for me	2%	2%	4%	13%	4%	5%
BASE	98	63	67	88	67	386

Adult Social Care Users Survey 2018-19, Oxfordshire County Council, Q25
Note – these were locally added questions which means the data is for Oxfordshire only

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Estimate of older people self-funding long term care in Oxfordshire

- People with an assessed care need and income and savings below £14,250 will have their care paid by the Local Authority. Between £14,250 and £23,250 is shared payment. Above the £23,250 threshold requires people to pay for their own care (self-fund).
- As of 1 April 2019, around 4,000* older people (aged 65+) were supported by Oxfordshire County Council or NHS continuing healthcare either in care home beds or in their own home.
- Using the information on numbers of care home beds and a national ratio of self funders at home vs in care homes gives an estimate of 6,200 older people self-funding long term care in Oxfordshire (63% of the total).

Estimate of older people who are self-funding long term care in Oxfordshire (1 April 2019)

	Count
1. OCC and NHS continuing healthcare funded care home beds	
1.1 People aged 65+ in Care homes* who are OCC funded (end March 2019)	1,600
1.2 Care home beds funded through NHS continuing healthcare (end March 2019)	200
2. Total care home beds	
2.1 Total care home beds for older people (CQC as of 1 April 2019)	5,200
2.2 Estimate of total care home beds in use (OCC estimate 90%)	4,600
Estimate of Care home beds occupied by self-funders	2,800
3. Care at home	
3.1 People aged 65+ receiving OCC funded care in own home (end March 2019)	2,200
3.2 Ratio of self-funders at home VS self-funders in care homes (data from national seminar on Funding Reform July 2013)	2
Estimate of people self-funding care at home	3,400
TOTAL self-funding (rounded)	**6,200**
TOTAL supported by OCC or NHS (rounded)	**4,000**

Oxfordshire County Council estimate. *adults supported by social care aged 65+ only (i.e. not including people aged 18-64 with learning difficulties or other care needs; Age UK paying for care

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Estimate of future demand

- There are two sources of predicted population growth for Oxfordshire: (1) Oxfordshire County Council forecasts which include assumptions on housing development (2) ONS projections based on past trends
- Applying the current rate of older people (aged 65+) provided with long-term social care (i.e. assuming no change in prevalence) to population forecasts/projections gives a potential change by 2027 of:

+800 (4,200 to 5,800) from 2019 to 2027 based on Oxfordshire County Council population forecasts including housing growth

+700 (4,200 to 5,500) from 2019 to 2027 based on ONS trend-based population projections

Oxfordshire County Council; OCC forecasts; ONS 2016-based population projections

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Community safety services

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Victims of abuse and exploitation

- The following table is a summary of the number of victims in Oxfordshire recorded by Thames Valley Police
- Police have recorded an increase in the number of victims of domestic abuse and elder abuse and a significant increase in victims of Modern Slavery.
- The number of rape victims has remained similar and there has been a fall in the number of victims of Child Sexual Exploitation.

Number of police recorded victims of abuse and exploitation in Oxfordshire 2018 and 2019 (Jan-Dec)

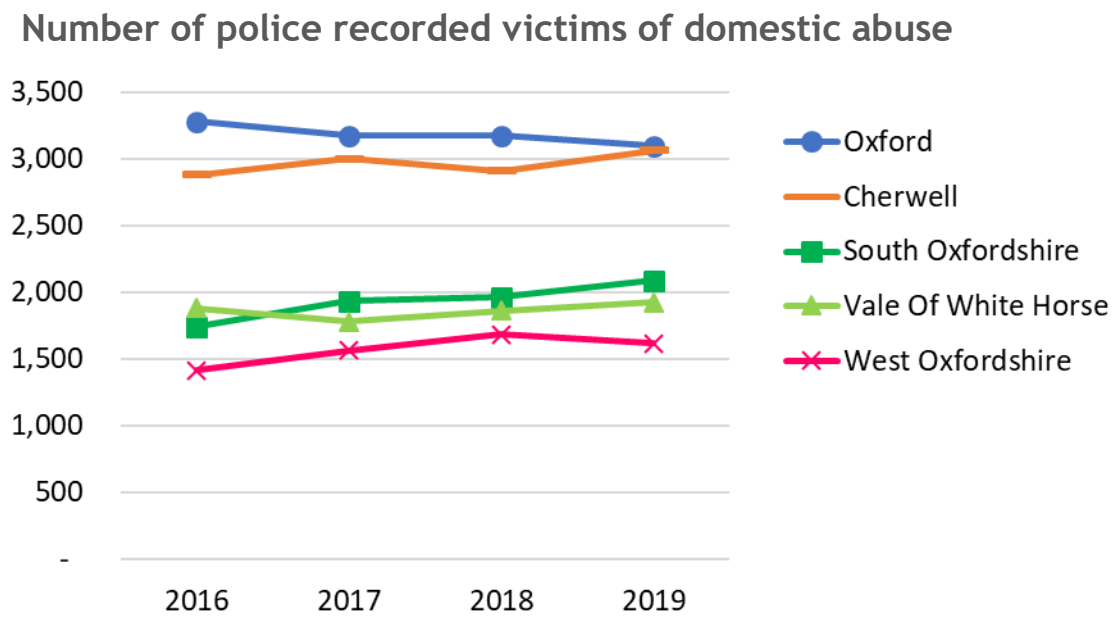
Recorded victims of..	2018	2019	2018 to 2019	% change
domestic abuse	11,586	11,779	193	2%
elder abuse	1,363	1,595	232	17%
rape	699	698	-1	0%
modern slavery	144	168	24	17%
child sexual exploitation	138	78	-60	-43%
honour-based violence	34	44	10	29%
female genital mutilation	5	2	-3	

Thames Valley Police Crime Recording System - Niche RMS

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Victims of domestic abuse

- As of 2019 Thames Valley Police recorded a total of 11,779 victims of domestic abuse in Oxfordshire, above the number in 2018 (11,586, +193, +2%).
- The rate of domestic abuse victims per population was highest in Cherwell (2.1%), above the county average of 1.7% in Oxfordshire and above Oxford (2.0%), South Oxfordshire (1.5%), Vale of White Horse (1.4%) and West Oxfordshire (1.5%).
- The age group with the greatest number of victims in 2019 was people aged 25 to 49 with 59% of the total.
- The age group with the greatest increase between 2018 and 2019 was those aged 50 to 64 (+161, +11%).



Thames Valley Police Crime Recording System - Niche RMS; ONS mid-2018 population estimate from nomis

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Domestic abuse affecting children

- There has been a significant increase in the number of police recorded domestic abuse crimes in Oxfordshire involving children.
- This may be a result of a genuine increase, or changes in recording practice or both.
- The district with the highest rate per population in 2018/19 was Cherwell

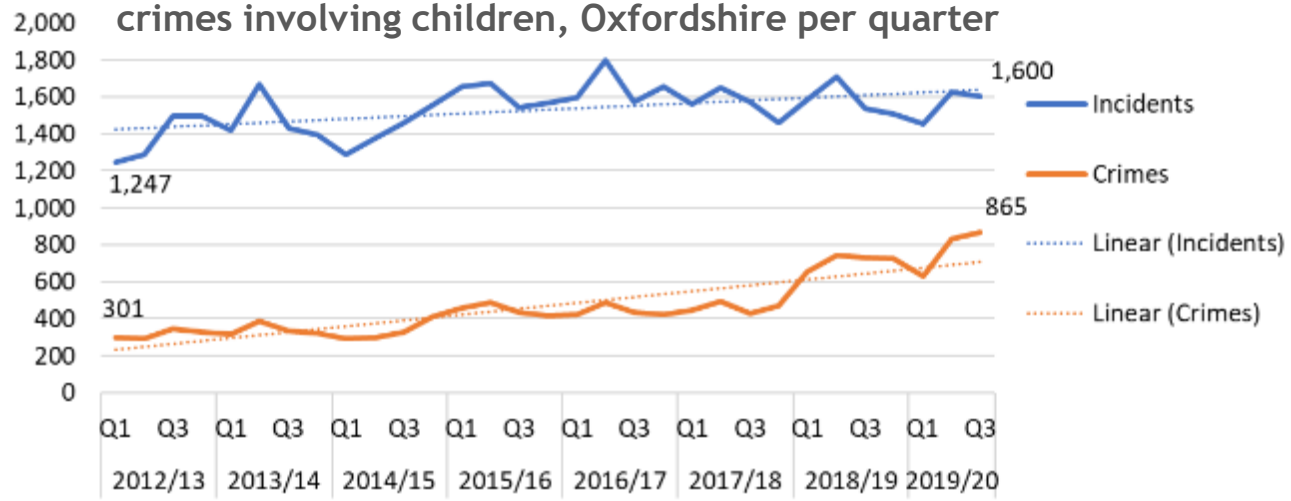
Police recorded domestic crimes involving children, by district per year

	2017/18	2018/19	*2017/18 to 2018/19*		Per pop
Cherwell	491	726	*235*	*48%*	0.49%
Oxford	486	731	*245*	*50%*	0.47%
South Oxfordshire	317	470	*153*	*48%*	0.33%
Vale of White Horse	299	480	*181*	*61%*	0.36%
West Oxfordshire	249	447	*198*	*80%*	0.41%
Oxfordshire	1,842	2,854	*1,012*	*55%*	0.42%

All DA incidents where the person role matches the word 'Child' or the person age at time of offence is between 0-17. This will include any child linked to the offence in anyway (aggrieved, suspect, offender or witness).

Thames Valley Police Crime Recording System - Niche RMS

Number of police recorded domestic abuse incidents and crimes involving children, Oxfordshire per quarter



Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Rape victims

- In 2018 and 2019, Thames Valley Police recorded similar numbers of victims of rape crimes and crime related occurrences in Oxfordshire with 699 in 2018 to 698 in 2019. This has remained well above the number recorded in 2016 and in 2017 (which may be a result of increased awareness and/or changes in recording practice).
- *NOTE: that police recorded rape is at the time of reporting rather than time of offence.*

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

Victims of Rape (Crime and Crime related occurrences)

	2016	2017	2018	2019	*2018 to 2019*
Cherwell	128	136	144	180	*36*
Oxford	228	222	293	248	*-45*
South Oxfordshire	70	98	88	108	*20*
Vale Of White Horse	69	82	102	92	*-10*
West Oxfordshire	53	73	72	70	*-2*
Oxfordshire	**548**	**611**	**699**	**698**	*-1*

Thames Valley Police Crime Recording System - Niche RMS. Year is Jan-Dec. Note: The above data is for all victims of Rape offences and will include people who have been victims multiple times during the period.

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Female genital mutilation, forced marriage and honour based violence

- As of 2019 Thames Valley Police recorded a total of:
  - 2 victims of Female Genital Mutilation in Oxfordshire, down from 5 in 2018;
  - No victims of forced marriage in Oxfordshire, down from 3 in 2018;
  - 44 victims of honour-based violence in Oxfordshire, mainly in Cherwell and Oxford (see table below). This was above the number in 2018 (34).

Note: 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.

Victims of Honour-based violence (Crime and non Crime)

	2016	2017	2018	2019	*2018 to 2019*
Cherwell	15	10	10	26	*16*
Oxford	36	47	20	13	*-7*
South Oxfordshire	1	5	0	2	*2*
Vale Of White Horse	8	3	2	2	*0*
West Oxfordshire	0	4	2	1	*-1*
Oxfordshire	**60**	**69**	**34**	**44**	*10*

Thames Valley Police Crime Recording System - Niche RMS Note: The above HBV 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

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Modern Slavery

- In 2019 (Jan-Dec) Thames Valley Police recorded 168 victims of Modern Slavery and Trafficking (into, out of or within the UK) in Oxfordshire.
- This was an increase on the number in 2018 (144, +24) and has continued an increasing trend.
- Note that this increase is mainly a result of recording practice following a change of guidance. Police forces are now required to classify every National Referral Mechanism (NRM) submission that they receive as a crime, both from their own officers and external agencies.

According to the Home Office Modern Slavery awareness booklet Modern Slavery is a serious and often hidden crime in which people are exploited for criminal gain. The impact can be devastating for the victims.
Modern slavery comprises slavery, servitude, forced and compulsory labour and human trafficking.
There were an estimated 40 million people in slavery globally in 2016 and 10,000 -13,000 potential victims in the UK, however many victims are not identified or reported.

Victims of Modern Slavery and Trafficking - All Occurrences (Crime and Non Crime)

	2016	2017	2018	2019	*2018 to 2019*
Cherwell	12	30	51	39	*-12*
Oxford	20	50	52	78	*26*
South Oxfordshire	1	6	13	22	*9*
Vale Of White Horse	2	15	24	14	*-10*
West Oxfordshire	2	5	4	15	*11*
Oxfordshire	**37**	**106**	**144**	**168**	*24*

Thames Valley Police Crime Recording System - Niche RMS. 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 exploitation or sexual exploitation, into, out of or within the UK.

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Child Sexual Exploitation

- In 2019 (Jan-Dec) Thames Valley Police recorded 78 victims of child sexual exploitation (CSE) in Oxfordshire, significantly below the number recorded in 2018 (138).
- Oxford City saw the greatest fall in CSE victims, from 78 in 2018 to 12 in 2019.

Note: The definition of Child Sexual Exploitation from government guidance is:
Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Victims of Child Sexual Exploitation All Occurrences (Crime and Non Crime)

	2016	2017	2018	2019	*2018 to 2019*
Cherwell	41	36	31	29	*-2*
Oxford	94	21	78	12	*-66*
South Oxfordshire	16	24	7	19	*12*
Vale Of White Horse	10	16	18	10	*-8*
West Oxfordshire	9	9	4	8	*4*
Oxfordshire	**170**	**106**	**138**	**78**	*-60*

Thames Valley Police Crime Recording System - Niche RMS. 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'

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Older Victims of Abuse

- In 2019 (Jan-Dec) Thames Valley Police recorded 377 older victims (aged 65 or over) of crimes of violence or sexual offences.
- This was a small increase on the number in 2018 (371) and has continued an increasing trend. This increase is above the growth in the older population in Oxfordshire.
- The rate per population aged 65+ was highest in Oxford City (0.47% compared with 0.3% in Oxfordshire)

Victims aged 65 or over of violence against the person or sexual offences (crimes)

	2016	2017	2018	2019	*2018 to 2019*	*2019 rate per pop*
Cherwell	46	42	75	85	*10*	*0.32%*
Oxford	48	73	76	88	*12*	*0.47%*
South Oxfordshire	46	52	87	71	*-16*	*0.24%*
Vale Of White Horse	38	45	75	70	*-5*	*0.26%*
West Oxfordshire	34	27	58	63	*5*	*0.27%*
Oxfordshire	**212**	**239**	**371**	**377**	*6*	*0.3%*
Oxfordshire rate per population aged 65+	*0.18%*	*0.19%*	*0.3%*	*0.3%*		

Thames Valley Police Crime Recording System - Niche RMS. ONS 2018 mid-year estimate of population aged 65+

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Victims of fires

- In 2018-19 there were 420 dwelling fires in Oxfordshire up from 387 in 2017-18 (+33, +9%).
- There were 48 recorded injuries due to fire (up from 23 in 2017-18) including 1 fire-related fatality.

Fires linked to drugs and alcohol

- During the 2018/19 financial year there were 23 dwelling fires in Oxfordshire with a cause that may have been linked to drugs or alcohol, accounting for 7% of the 315 total dwelling fires during this period. This is above the number in each of the previous two years (11 in 2017/18 and 18 in 2016/17).
  - Two thirds (16) of the fires linked to drugs and alcohol were accidental, 6 were deliberate and 1 unknown
  - Falling asleep was a major contributing factor in 6 fires, "distraction" contributed to a further 3 fires

Note: the general consensus from fire and rescue crews is that they do not believe they are qualified to judge whether a person is under the influence. This means the data is likely be an underestimation.

Number of victims of fire related injuries/fatalities by broad age group

Oxfordshire County Council Fire and Rescue Services

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19
age 0-20	7	11	5	7	8	5	3	6
age 21 to 60	28	34	31	23	20	13	6	24
age 61+	18	13	12	9	11	11	5	18
unknown	0	13	21	5	17	19	9	0
Total	53	71	69	44	56	48	23	48

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Victims of doorstep crime

- In 2018-19 there were 277 victims of doorstep crime or rogue traders in Oxfordshire, down from 284 in the previous year, a fall of 2% (-7).
- The majority of victims continue to be elderly residents.
- The top 3 types of "services" were (1) Roofing, (2) Gardening and landscaping and (3) Product selling*.

Count of victims of doorstep crime and rogue traders in Oxfordshire

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	*2017-18 to 2018-19*	
Cherwell	78	99	80	83	80	58	58	*0*	*0%*
Oxford City	67	66	115	85	101	58	50	*-8*	*-14%*
South Oxfordshire	83	97	42	63	73	62	67	*5*	*8%*
Vale of White Horse	97	89	56	80	58	44	55	*11*	*25%*
West Oxfordshire	48	79	50	49	53	36	45	*9*	*25%*
SUM of districts	373	430	343	360	365	258	275	*17*	*7%*
Not recorded	20	197	34	19	12	26	2	*-24*	*-92%*
TOTAL Oxfordshire	**393**	**627**	**377**	**379**	**377**	**284**	**277**	*-7*	*-2%*

Oxfordshire County Council Trading Standards

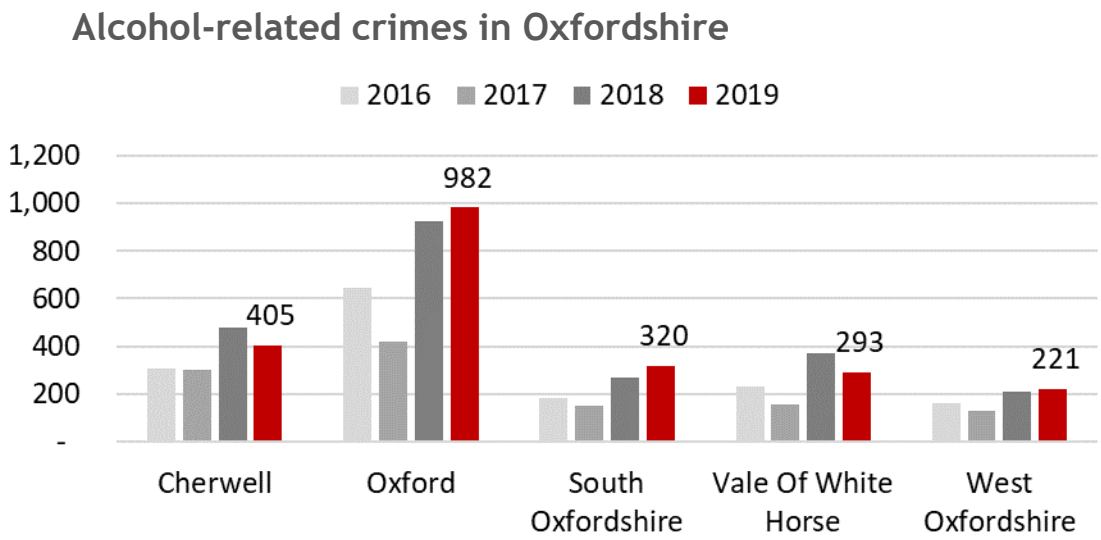
**The category 'product selling' refers mostly to 'Nottingham knockers' who target mostly elderly/ vulnerable residents to sell cleaning or kitchen products. This is often linked to burglaries.*

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Alcohol-related crime

- In 2019 (Jan-Dec) Thames Valley Police recorded 2,221 alcohol-related crimes in Oxfordshire similar to the number in 2018 (2,248). Alcohol-related crimes were 5% of all crimes in the county.
- Between 2018 and 2019, Alcohol-related crime increased in South Oxfordshire and Oxford City and declined in other districts.

Note: This data is for all recorded crimes in Oxfordshire where the substance use field has been recorded as 'Alcohol' related. 2018 data has also had the new qualifiers of 'Alcohol related - crime suspect' and 'Alcohol related - crime victim' added to the report.



Thames Valley Police Crime Recording System - Niche RMS

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Health support and preventing ill-health

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Drug and alcohol services

Adults

- In 2018/19 there were 1,870 adults (aged 18 and over) in specialist drug treatment in Oxfordshire. This is down again by 2% from last year.
- The majority of those in drug treatment were aged between 30 to 49 (1,346 - 72%)
- The number of adults in treatment for alcohol only in Oxfordshire in 2018-19 was 587, the majority of whom were aged 30 to 59. (78%)

Young people

- In 2018/19 the number of young people (aged under 18 years) in specialist substance misuse services in Oxfordshire was 185.
  - 71 began using their main substance before they reached 15 years of age
  - 79 were using two or more substance (this includes Alcohol)
  - 30 reported being affected by others' substance misuse.
  - 47 identified as having a mental health treatment needs
  - 40 receiving treatment for their mental health need(s)
- Referrals were predominantly from education services (31%) and children and family services (47%).
- See also illicit drug use and Oxfordshire Drug and Alcohol Needs Assessment

Oxfordshire County Council, Public Health team

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Health Visiting and Family Nurse Partnership

- *The **Health Visiting service** transitioned from NHS to Local Authority in October 2015. Public Health (Oxfordshire County Council) recommissioned the service for Oxfordshire in 2016; new contract started in April 2017.*
- There were 7,167 births in 2018-19 to Oxfordshire residents.
- In 2018-19, health visitors had 10,800 direct contacts and 13,589 indirect contacts.
- Pregnant mothers are seen during the antenatal period, and again at 6-8 weeks to receive a maternal mood assessment.
- Babies are seen and checked at least by 14 days old, at 6-8 weeks and at 1 year and 2 years.

- *The **Family Nurse Partnership (FNP)** supports first time mothers aged up to 19 years. It focuses on supporting young mothers for a healthy pregnancy, improving child's health and development and improving parents' economic self-sufficiency.*
- Oxfordshire has 200 places available. Once the child reaches 2 years they transition into the Health Visitor Service and receive ongoing advice and support.
- This service was embedded within 0-5 Public Health Service which started in April 2017

Oxfordshire County Council

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Health Nurse Services

- *The **School Health Nursing (SHN)** Service is for children and young people aged 5-19 years. A new contract continuing to deliver the full service began in April 2019.*
- During 2018-19 there were 22,066 contacts with SHN and 35,851 interventions.
- The reasons for interventions are vast but mainly fall into the categories identified below:
  - Liaison – 24% (speaking with others to gather/provide information for a case)
  - Mental Health & Wellbeing - 18%
  - Sexual Health - 17%
  - Safeguarding - 21%

- *The **College Nurse Service** is for young people aged 14-25 years attending a college.*
- Total contacts in 2018-19 were 1,283.
- There were 2,839 interventions as a result of these contacts.
- Reasons for interventions were predominantly sexual health (67%).
- Mental health accounted for a further 10% of interventions.

Oxfordshire County Council

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Stop Smoking Services

- Smokefreelife Oxfordshire aims to ensure priority populations (pregnant women, people with mental ill health, routine and manual workers and those with long term conditions) can easily access effective support to stop smoking.
- During 2018/19, 2000 smokers successfully stopped. Of which 52% were from the priority populations:

  - 53 pregnant women
  - 56 under 18 years of age
  - 48 with mental ill health
  - 405 with a long term condition
  - 478 routine and manual workers

Oxfordshire County Council

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Specialist Sexual Health Services

- The Oxfordshire Sexual Health Service provides free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception across 9 separate clinics, tiered from Level 1-3 (set by the British Association for Sexual Health and HIV (BASHH) across the 9 sites in Oxfordshire:
  - Level 1 - for asymptomatic services users
  - Level 2 - for symptomatic service users
  - Level 3 - for service users with complex/specialist needs.
- During 2018/19, there were 35,087 face-to-face contacts for STI testing and treatment with 94% seen within 48 hours* of contacting the service. In addition, there were 3,757 STI test kits requested via online pathways.
- During 2018/19, there were 19,974 face-to-face contacts for contraception with 91% seen within 48 hours of contacting the service. In addition, there were 25,752 free condoms distributed to under 25's
- See also sexual and reproductive health

* People with needs relating to STIs, whether they have symptoms or not, should have "rapid" and open access to a range of local confidential services for STI testing and treatment as set by BASHH. Two working days enables quick STI testing and, where applicable, treatment, to break the chain of onward transmission.

Oxfordshire County Council *Standards for the management of sexually transmitted infections (STIs)*

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Contraception Services in primary care

- The **Long Acting Reversible Contraception (LARC) Service** in GP Practice settings provides further access to methods of birth control that provide effective contraception for an extended period of time without requiring user action. The provision of services fitting LARC's is seen as essential health care in preventing unplanned pregnancies.
- During 2018/19, there were 5025 LARCs fitted (excluding injections) by GP Practices. For 2018, the rate of GP prescribed LARC (excluding injections) was 41.5 per 1,000 resident female population aged 15-44 years. Greater than both the South East (38.4) and England (29.2) averages.
- Access to emergency contraception comes in the form of **a Emergency Hormonal Contraception (EHC) Service**, commonly known as the 'the morning after pill', and can be accessed within Community Pharmacy settings. The aim of the service is to reduce the risk of unintended and unwanted pregnancy in young women.
- During 2018/19, there were 1688 consultations to provide EHC, for free, for women aged 21 years and under where there was unprotected sexual intercourse (where pregnancy was not desired), or in the event of contraceptive failure (i.e. a split condom).
- See also sexual and reproductive health

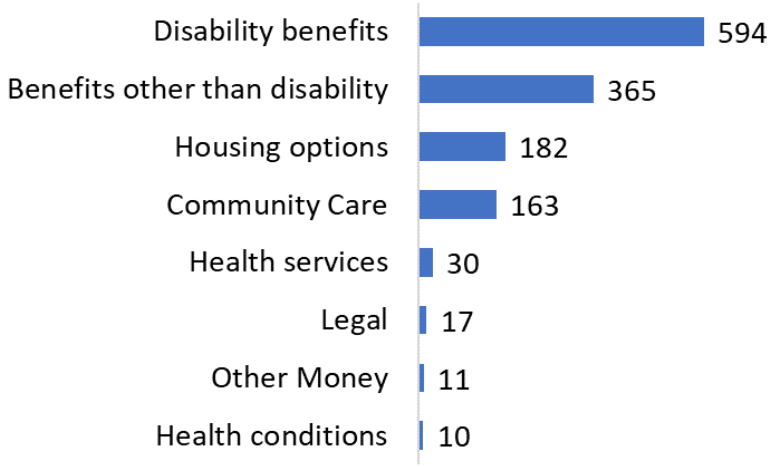
Oxfordshire County Council

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Age UK Oxfordshire helpline

- Of the 1,341 enquiries to the general Age UK Oxfordshire helpline from January to December 2019:
  - 64.5% were female, 35% male (0.5% withheld),
  - 42% had a long term illness, disability or memory issues,
  - 21% were recorded as living alone,
  - 14% had an informal carer living with them,
  - 7% were carers.
- The top reasons for contacting the helpline were: benefits, including disability-related, housing options and community care.

Top reasons for contacting the Age UK Oxfordshire general helpline Jan-Dec 2019



Age UK Oxfordshire. Note that data relates to the general Age UK Oxfordshire helpline. Full demographic details are not always recorded from each enquirer, e.g. if the enquiry is unrelated to disability then the disability status of the caller may not be recorded. Enquiries may cover more than one topic.

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

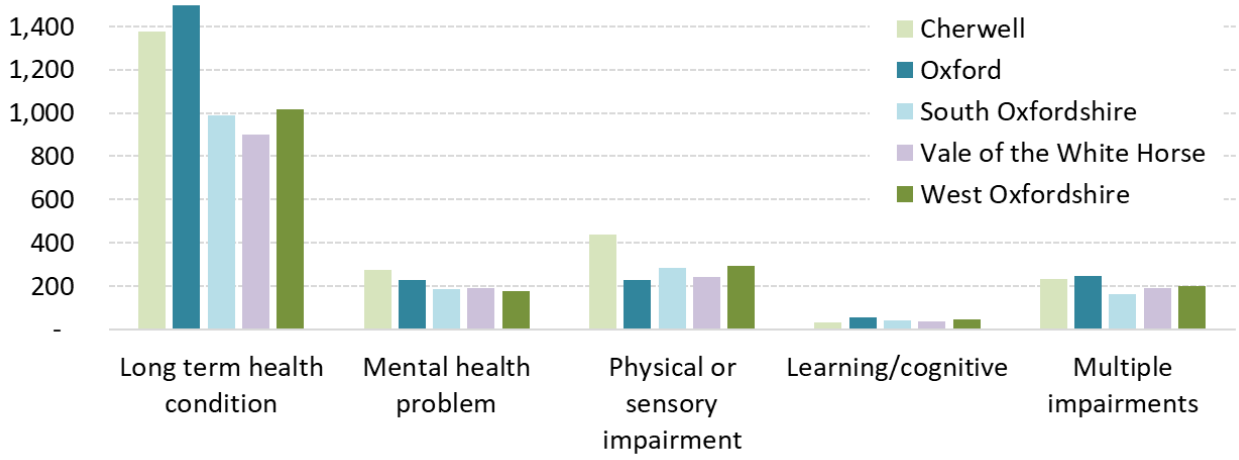
Citizens Advice

- Around 24,400 people, 3.5% of Oxfordshire's population, accessed Citizens Advice services in 2018-19. Of those accessing advice about housing, employment, benefits and debt there were:
  - Significantly more people from an ethnic minority background than the general population
  - A higher proportion of females (57% vs 43% males)
- Just under half of people accessing Citizens Advice Oxfordshire services were recorded as living with a disability. Of these, 57% had a long term condition, 15% physical disability, 10% mental health problem and 10% learning/cognitive difficulty.

Oxfordshire has open-door Citizens Advice services based in offices in Abingdon, Banbury, Bicester, Didcot, Henley, Thame, Oxford, and Witney. Citizens Advice also runs outreach services in Brackley, Carterton, Chipping Norton, Farringdon, Kidlington, RAF Benson, RAF Brize Norton, South Abingdon, Shipton-under-Wychwood, Wallingford, Watlington, and Woodcote.

Citizens Advice agencies Oxfordshire

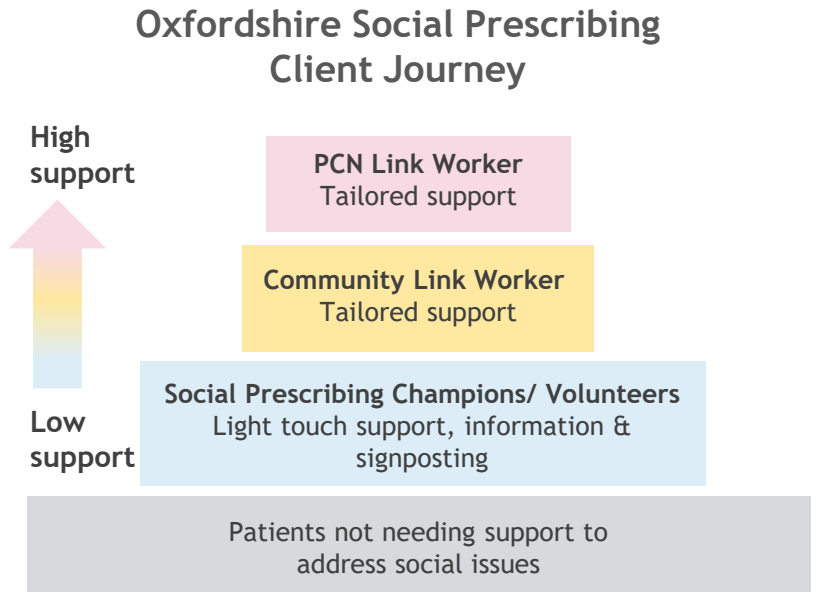
Citizens Advice clients (count) by recorded disability (2018-19)



Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Social prescribing

- Social prescribing link workers connect people to wider community support, which can help to improve their health and well-being and engage and deal with some of their underlying causes of ill health[1].
- Social prescribing schemes may lead to a reduction in the use of NHS services, including GP attendance. 59% of GPs think social prescribing can help reduce their workload[2].
- The *Oxfordshire Social Prescribing Client Journey model* provides different types of service according to the level of support needed.
- Social prescribing services are being rolled out in all parts of Oxfordshire.
- Information on social prescribing activities and outcomes in Oxfordshire will be included in future versions of the JSNA.



[1] NHS England: Delivering universal personalised care [2] NHS England Social Prescribing

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Access to services

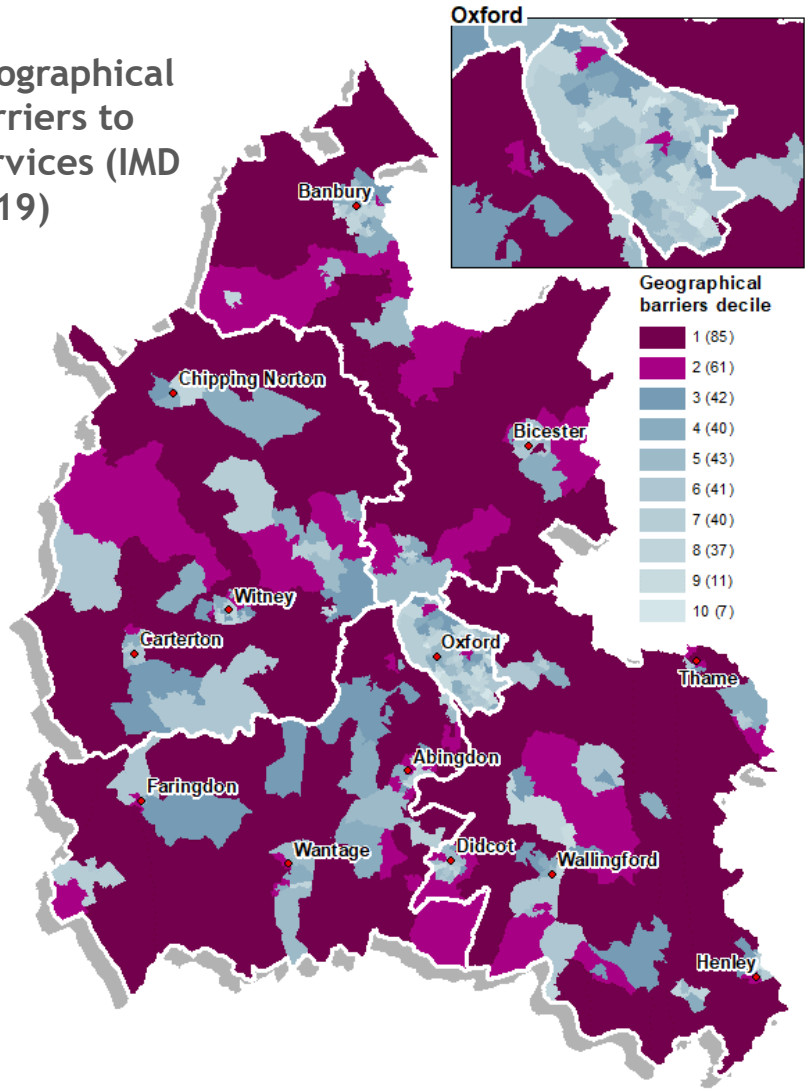
Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Geographical access to services

- 85 out of 407 lower super output areas (LSOAs) in Oxfordshire are ranked within the most deprived 10% nationally on the geographical access to services sub-domain (road distance to post office, primary school, GP and supermarket) of the 2019 IMD.
- By district the number of LSOAs ranked within the 10% most deprived are:
  - Cherwell: 22 out of 93
  - Oxford: 1 out of 83
  - South Oxfordshire: 25 out of 89
  - Vale of White Horse: 24 out of 76
  - West Oxfordshire: 13 out of 66
- Areas ranked poorly on geographical access to services (within worst 10%) include:
  - 21% of the total population
  - 27,600 (21%) people aged 0-15
  - 30,100 (24%) people aged 65+ and
  - 4,000 (23%) people aged 85+

English indices of deprivation 2019, MCLG

Geographical Barriers to Services (IMD 2019)



Mapping by Oxfordshire County Council, by Lower Super Output Area

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Internet use (national)

- According to the latest (national) ONS data[1] on internet use:
  - The generation gap is closing, with recent (in last 3 months) internet use..
    - in the 65 to 74 age group increasing from 52% in 2011 to 83% in 2019
    - in those aged 75+ increasing from 20% in 2011 to 47% in 2019
  - 18% of disabled adults had never used the internet in 2019, down from 20% in 2018.
- Based on these findings, it is estimated that 36,600 older people (aged 65+) living in Oxfordshire have never used the internet.

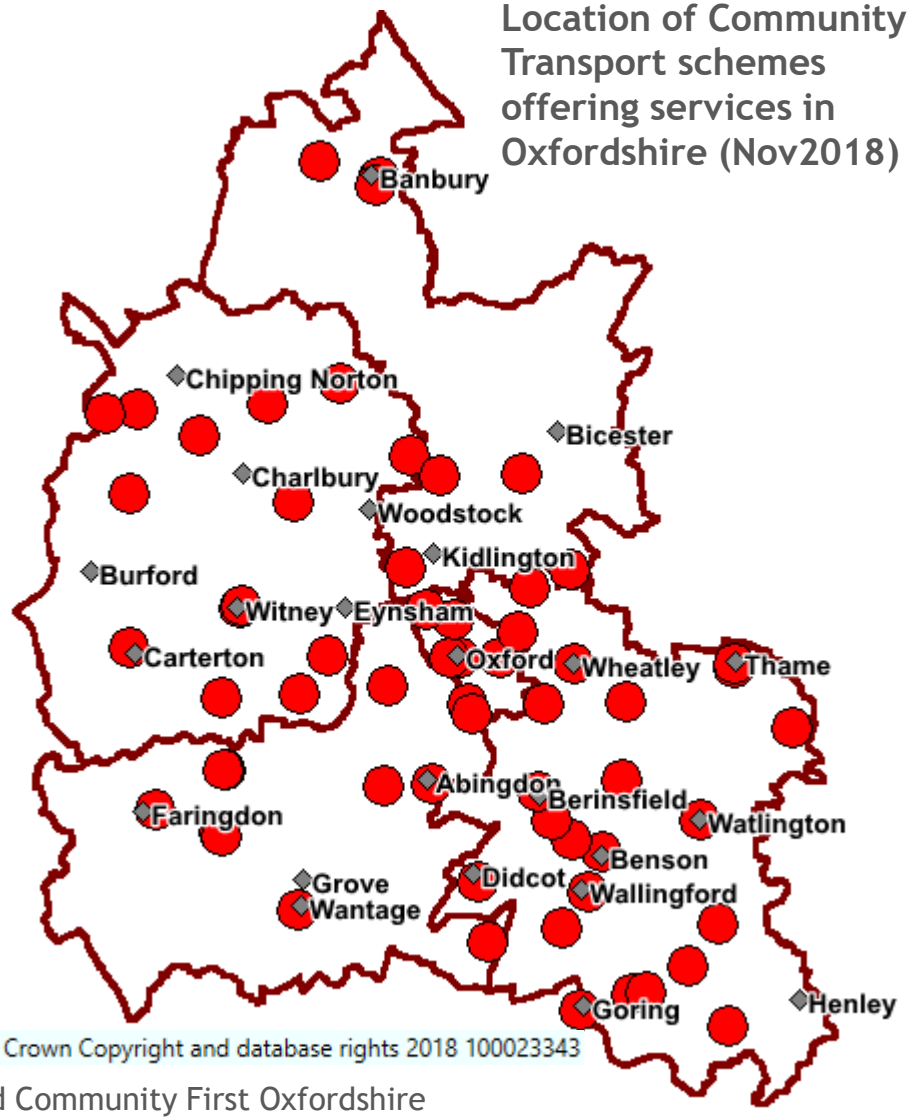
Source: [1] Internet users, UK: 2019; ONS 2018 mid-year population estimate

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Community transport schemes operate throughout Oxfordshire

- The community transport directory as of November 2018, lists a total of 72 schemes in Oxfordshire offering a very wide range of services – some with limited availability and local to one parish and some operating a timetabled service over a wide area.
- Of these, there were:
  - 10 in Cherwell
  - 7 in Oxford
  - 26 in South Oxfordshire
  - 16 in Vale of White Horse
  - 13 in West Oxfordshire

Location of Community Transport schemes offering services in Oxfordshire (Nov2018)



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From CT directory, Oxfordshire County Council and Community First Oxfordshire

Introduction
Summary
Primary Care Networks (PCNs)
Primary health care
Secondary health care
Mental health services
Register of disabled children
Children's social care
Adult social care
Community safety services
Health support and preventing ill-health
Access to services
Finding out more

Finding out more

- Indices of Deprivation 2019
- Care Quality Commission surveys
- Live Well Oxfordshire
- Mental health statistics: prevalence, services and funding in England House of Commons Library Briefing 23 January 2020
- The state of children's mental health services January 2020 the Children's Commissioner
- NHS Mental Health dashboard with quarterly data for Oxfordshire CCG
- Public Health England fingertips

Chapter 8

Local research

Introduction
Reports by Healthwatch Oxfordshire
Reports by the Oxfordshire Community Foundation
A Life on the Living Wage
Fast Forward Oxfordshire
Healthy Urban Mobility (HUM) reports
Street homeless population Health Needs Assessment
Skills and Labour Market Research
Mental Health in Oxfordshire: children and young people
VOXY 'Be Supported' Questionnaire 2019
HMP Bullingdon Health Needs Assessment
Drug and Alcohol Health Needs Assessment
Finding out more

Introduction

- This chapter provides an overview of research carried out by organisations in Oxfordshire of relevance to the topics covered by the Joint Strategic Needs Assessment.
- This is not an exhaustive list of local research for Oxfordshire, rather a collection of reports that have come to our attention since the publication of the last JSNA report.
- Reports have been published by the authors and are available via their websites.
- Note that reports and findings are the responsibility of the individual authors/organisations and any enquiries should be directed to them.
- Older reports can be found in the previous (2019) JSNA Local Research chapter, and a full list of health needs assessments is available via the Oxfordshire JSNA pages.

Introduction
Reports by Healthwatch Oxfordshire
Reports by the Oxfordshire Community Foundation
A Life on the Living Wage
Fast Forward Oxfordshire
Healthy Urban Mobility (HUM) reports
Street homeless population Health Needs Assessment
Skills and Labour Market Research
Mental Health in Oxfordshire: children and young people
VOXY 'Be Supported' Questionnaire 2019
HMP Bullingdon Health Needs Assessment
Drug and Alcohol Health Needs Assessment
Finding out more

Reports by Healthwatch Oxfordshire

Healthwatch Oxfordshire is the independent watchdog, established in 2012 under the Health and Social Care Act.

Healthwatch Oxfordshire listens to the experiences of people in Oxfordshire using health and social care services through thematic and geographical research, outreach and engagement, with the aim of ensuring these voices are heard by those that design and deliver services.

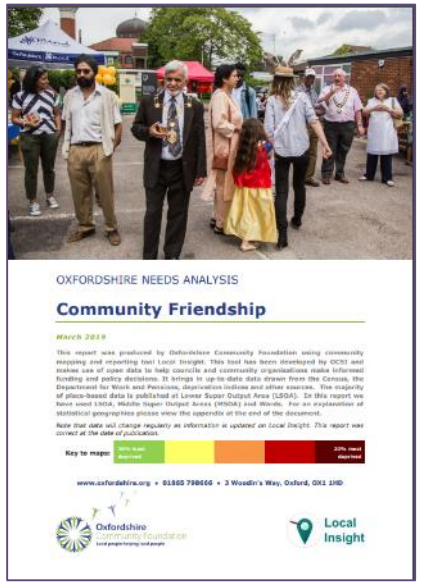
Healthwatch Oxfordshire has produced a number of reports during 2019-20, including:

- Men's Health in Oxford: a video produced with East Oxford United Football Club
- NHS Long Term Plan Engagement Report
- Boaters and Bargees Access to Health and Social Care in Oxfordshire
- 'Enter and View' Reports into mental health and other settings across Oxfordshire
- BOB STP Maternity Survey Delivering better births in Oxfordshire
- Asian Women's Focus Group
- Plus other reports that can be seen on Healthwatch Oxfordshire website www.healthwatchoxfordshire.co.uk

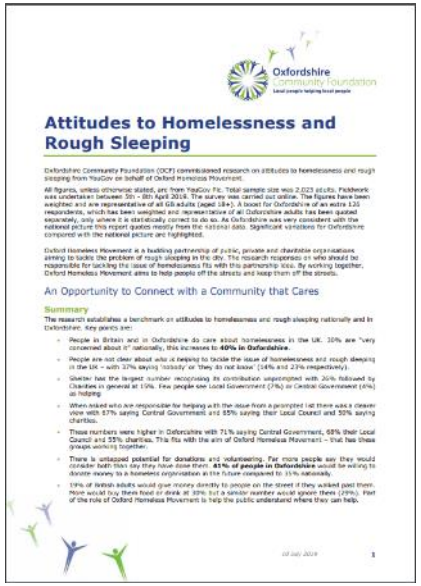
Healthwatch Oxfordshire

Introduction
Reports by Healthwatch Oxfordshire
Reports by the Oxfordshire Community Foundation
A Life on the Living Wage
Fast Forward Oxfordshire
Healthy Urban Mobility (HUM) reports
Street homeless population Health Needs Assessment
Skills and Labour Market Research
Mental Health in Oxfordshire: children and young people
VOXY 'Be Supported' Questionnaire 2019
HMP Bullingdon Health Needs Assessment
Drug and Alcohol Health Needs Assessment
Finding out more

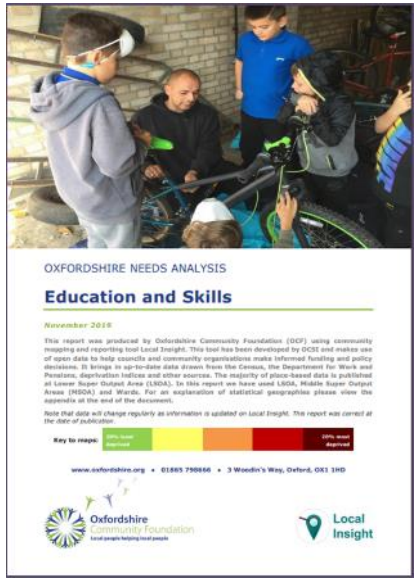
Reports by the Oxfordshire Community Foundation



- March 2019 report showing maps and data from the Local Insight tool highlighting the variation in belonging, ethnic and socio-economic diversity.



- July 2019, research by YouGov on attitudes to homelessness on behalf of Oxford Homeless Movement



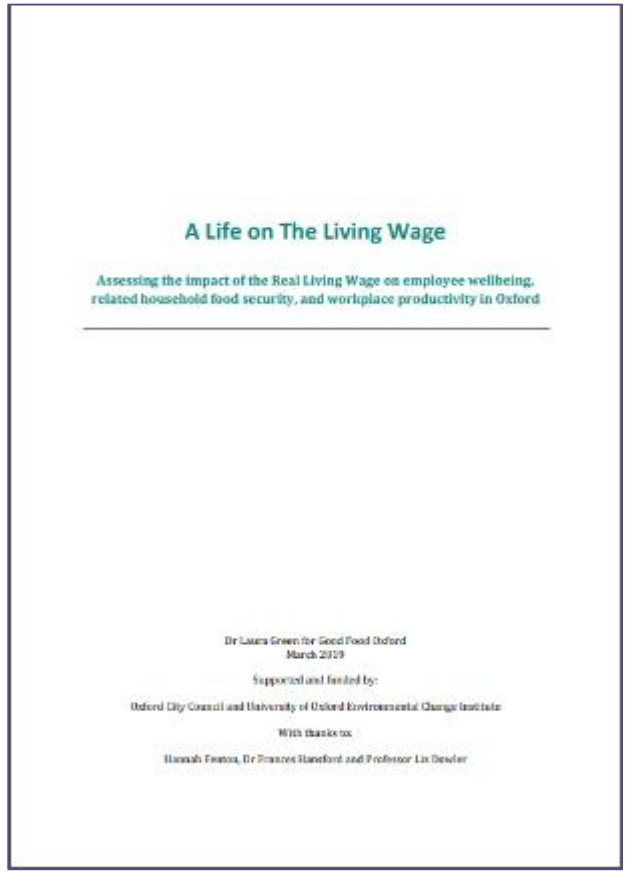
- November 2019 report showing maps and data from the Local Insight tool highlighting the variation in education and skills across Oxfordshire

Oxfordshire Community Foundation

Introduction
Reports by Healthwatch Oxfordshire
Reports by the Oxfordshire Community Foundation
A Life on the Living Wage
Fast Forward Oxfordshire
Healthy Urban Mobility (HUM) reports
Street homeless population Health Needs Assessment
Skills and Labour Market Research
Mental Health in Oxfordshire: children and young people
VOXY 'Be Supported' Questionnaire 2019
HMP Bullingdon Health Needs Assessment
Drug and Alcohol Health Needs Assessment
Finding out more

A Life on the Living Wage

- Report by Dr Laura Green for Good Food Oxford assessing the impact of the Real Living Wage on employee wellbeing, related household food security, and workplace productivity in Oxford.
- It highlights that there are employees in receipt of the Real Living Wage in Oxford who continue to be financially insecure, at serious risk of food poverty, and heavily reliant on others to maintain an acceptable standard of living.
- Those most satisfied while earning the Real Living Wage were in training roles or were relatively new to the workplace in general.
- Employers identified a range of benefits associated with Living Wage accreditation for organisations, including improvements in staff retention and employee satisfaction.
- The report recommends the Real Living Wage as an absolute minimum for workers in Oxford, with a higher Oxford Living Wage being preferable to address high costs of living in the city.


A Life on The Living Wage

Assessing the impact of the Real Living Wage on employee wellbeing, related household food security, and workplace productivity in Oxford

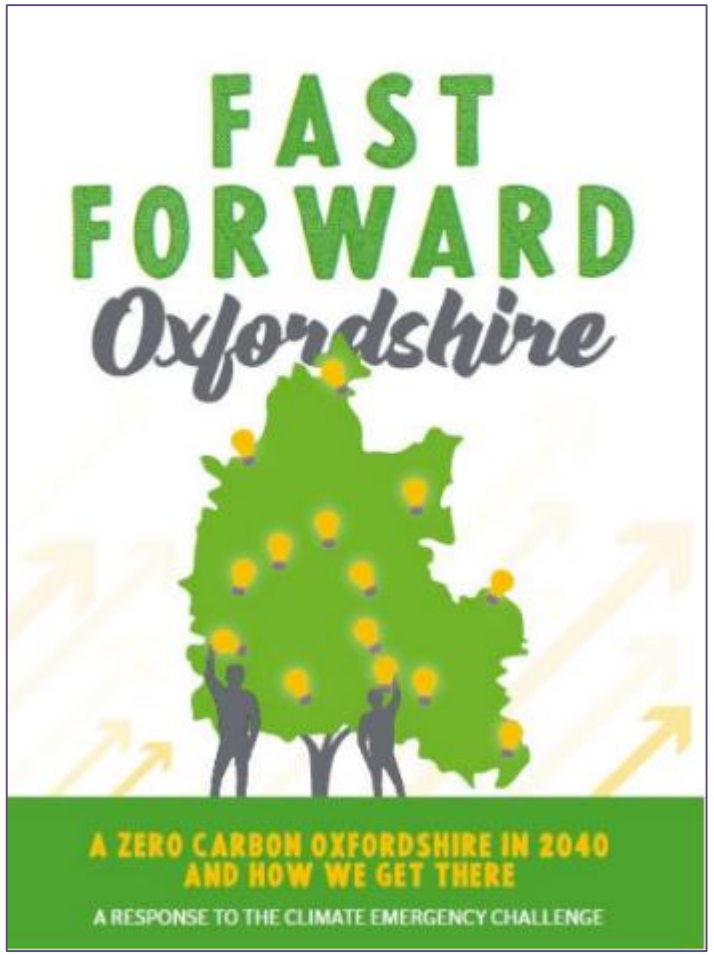
Good Food Oxford

Introduction
Reports by Healthwatch Oxfordshire
Reports by the Oxfordshire Community Foundation
A Life on the Living Wage
Fast Forward Oxfordshire
Healthy Urban Mobility (HUM) reports
Street homeless population Health Needs Assessment
Skills and Labour Market Research
Mental Health in Oxfordshire: children and young people
VOXY 'Be Supported' Questionnaire 2019
HMP Bullingdon Health Needs Assessment
Drug and Alcohol Health Needs Assessment
Finding out more

Fast Forward Oxfordshire

- Report by Oxford Friends of the Earth about achieving a zero-carbon future. It includes policy recommendations and examples of existing good practice, alongside visions for what a zero-carbon Oxfordshire might look like in 2040
- Policy goals centre around:
  - Homes - energy efficiency and eliminating fuel poverty
  - Transport – integrated cycling, walking, and public transport systems
  - Work – building circular economy, ensuring high quality green jobs
  - Energy - fossil-free energy system and energy demand reduction
  - Food – eating more locally grown food, fruit, vegetables, grains and pulses
  - Nature - restoring habitats and species, increasing tree cover and biodiversity
- A summary of recommendations is available

Friends of the Earth Oxford

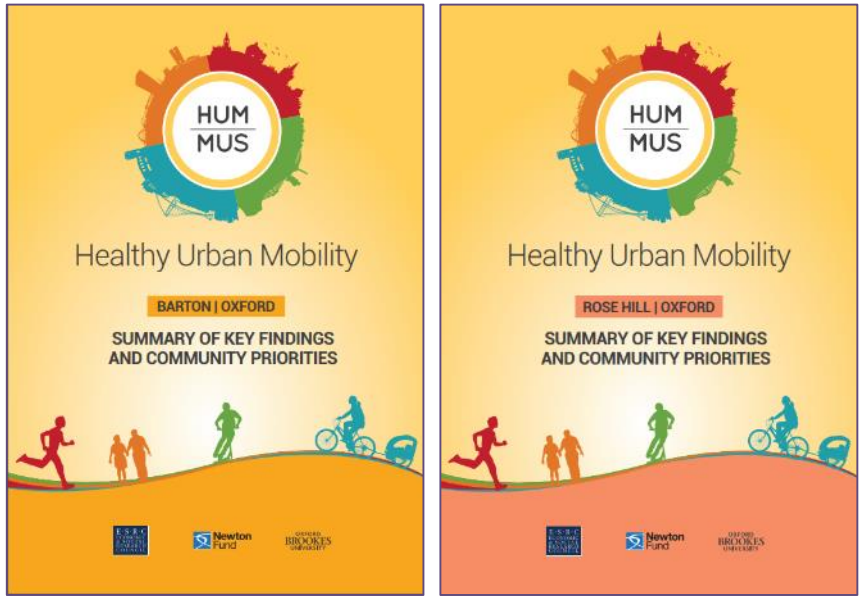


Introduction
Reports by Healthwatch Oxfordshire
Reports by the Oxfordshire Community Foundation
A Life on the Living Wage
Fast Forward Oxfordshire
Healthy Urban Mobility (HUM) reports
Street homeless population Health Needs Assessment
Skills and Labour Market Research
Mental Health in Oxfordshire: children and young people
VOXY 'Be Supported' Questionnaire 2019
HMP Bullingdon Health Needs Assessment
Drug and Alcohol Health Needs Assessment
Finding out more

Healthy Urban Mobility (HUM) reports

- Oxford Brookes University project to understand the links between health and wellbeing and how people move around (or not) in their neighbourhood and the city. There are summary reports for Rose Hill and Barton.
- The reports are a starting point to understand the day-to-day experience of getting about on foot and by car, bus and bicycle.
- The reports identify community priority actions for improving health and wellbeing through mobility in Rose Hill and Barton, such as:
  - Stopping pavement parking
  - Pedestrian and cycle crossings
  - Reducing traffic speed
  - Signage of cycle routes and walks
  - Better street lighting
  - Separated, continuous cycle track
  - 'No idling' zones

HUM-MUS



'I think that pavements are turning into car parks and it's not fair on the pedestrian'.

'Ashhurst Way [the main road through the estate] is very, very dangerous, lots of buses and cars'.

'Onto the blessed ring-road cycle track. It's so nice! Very lucky!'.

Introduction
Reports by Healthwatch Oxfordshire
Reports by the Oxfordshire Community Foundation
A Life on the Living Wage
Fast Forward Oxfordshire
Healthy Urban Mobility (HUM) reports
Street homeless population Health Needs Assessment
Skills and Labour Market Research
Mental Health in Oxfordshire: children and young people
VOXY 'Be Supported' Questionnaire 2019
HMP Bullingdon Health Needs Assessment
Drug and Alcohol Health Needs Assessment
Finding out more

Street homeless population Health Needs Assessment

- Health Needs Assessment carried out by Oxfordshire County Council.
- No formal estimates exist for the size of the street homeless population in Oxfordshire. Based on the limited data available, it is estimated that 600-700 people sleep rough somewhere in Oxfordshire in the course of a year, and around 600 to 650 homeless adults are accommodated in some form of supported accommodation in the course of a year.
- By combining annual estimates of rough sleepers and those in supported accommodation, and discounting the overlap between these groups, it is estimated that around 1,000 homeless adults sleep rough or in supported accommodation in the course of a year.
- Around 80% of homeless adults are male, but the proportion of women has increased in recent years. Most homeless adults are aged between 30 and 50, but the proportion of young people has increased in recent years.

OXFORDSHIRE COUNTY COUNCIL

A health needs assessment of the adult street homeless population in Oxfordshire.

July 2019

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1

Available via Oxfordshire Insight

Introduction
Reports by Healthwatch Oxfordshire
Reports by the Oxfordshire Community Foundation
A Life on the Living Wage
Fast Forward Oxfordshire
Healthy Urban Mobility (HUM) reports
Street homeless population Health Needs Assessment
Skills and Labour Market Research
Mental Health in Oxfordshire: children and young people
VOXY 'Be Supported' Questionnaire 2019
HMP Bullingdon Health Needs Assessment
Drug and Alcohol Health Needs Assessment
Finding out more

Skills and Labour Market Research

- October 2019 report on behalf of the Oxfordshire Local Enterprise Partnership analysing skills demand and supply.
- Report highlights Oxfordshire's strongly performing economy with the challenges of a tight labour market and a small pool of labour to support growth aspirations.
- One of the themes of the report is inequalities:
  - "Not all sections of society are benefitting from Oxfordshire's growth and from the increased economic success of Oxfordshire. There are areas of overall and labour market deprivation in the City of Oxford, which prevent residents being able to access opportunities being created through recent economic growth. Working with these communities to ensure they have the right skills to participate will help alleviate some of these challenges."

OxLEP

Introduction
Reports by Healthwatch Oxfordshire
Reports by the Oxfordshire Community Foundation
A Life on the Living Wage
Fast Forward Oxfordshire
Healthy Urban Mobility (HUM) reports
Street homeless population Health Needs Assessment
Skills and Labour Market Research
Mental Health in Oxfordshire: children and young people
VOXY 'Be Supported' Questionnaire 2019
HMP Bullingdon Health Needs Assessment
Drug and Alcohol Health Needs Assessment
Finding out more

Mental Health in Oxfordshire: children and young people

- Report by University of Oxford students, Isaac Hadfield and Joanna Gregory, on behalf of Oxfordshire Discovery College (founded in September 2019 with the support of mental health charity Elmore) and Oxfordshire Youth.
- The report covers data on mental health in Oxfordshire (with reference to the Oxfordshire JSNA), provision of mental health services, assessment of Recovery and Discovery Colleges.
- It highlights increasing number of children and young people in Oxfordshire affected by mental health problems, child poverty, lack of organisations providing LGBTQ+ and integration services and under-representation of family support and disability/inclusion.
- It recommends further work to explore the development of an independent Discovery College for children and young people in Oxfordshire.

Oxfordshire Discovery College

Introduction
Reports by Healthwatch Oxfordshire
Reports by the Oxfordshire Community Foundation
A Life on the Living Wage
Fast Forward Oxfordshire
Healthy Urban Mobility (HUM) reports
Street homeless population Health Needs Assessment
Skills and Labour Market Research
Mental Health in Oxfordshire: children and young people
VOXY 'Be Supported' Questionnaire 2019
HMP Bullingdon Health Needs Assessment
Drug and Alcohol Health Needs Assessment
Finding out more

VOXY 'Be Supported' Questionnaire 2019

- Children's Trust Board survey of children and young people in Oxfordshire about how supported they feel by the services they access and use.

Results showed that:

- 81% said they knew who to speak to when they needed support
- 67% said that when they speak to staff they feel they are experienced and caring
- 67% said they were able to access information in a way which suited them best
- 59% said they felt listened to and believed
- 59% said they had inspiring role models
- 66% said that overall they felt supported enough by the services they used

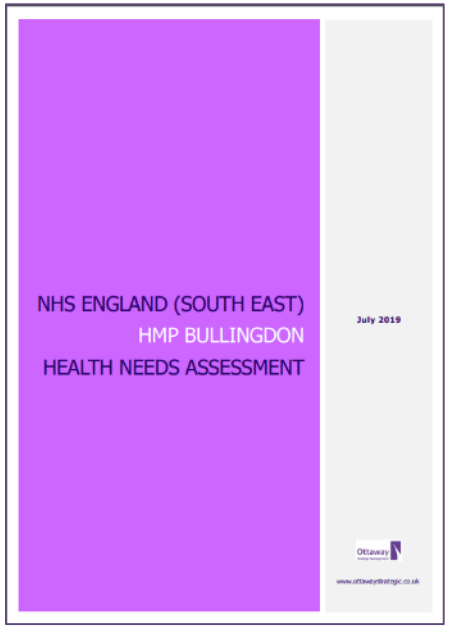
Oxfordshire Children's Trust Board, Summary report, Engagement report, and Key messages

VOXY and Oxfordshire Plan 2050

Introduction
Reports by Healthwatch Oxfordshire
Reports by the Oxfordshire Community Foundation
A Life on the Living Wage
Fast Forward Oxfordshire
Healthy Urban Mobility (HUM) reports
Street homeless population Health Needs Assessment
Skills and Labour Market Research
Mental Health in Oxfordshire: children and young people
VOXY 'Be Supported' Questionnaire 2019
HMP Bullingdon Health Needs Assessment
Drug and Alcohol Health Needs Assessment
Finding out more

HMP Bullingdon Health Needs Assessment

- Health Needs Assessment by NHS England undertaken on HMP Bullingdon, a local and resettlement prison with a population of 1,058 at the time of the assessment (May 2019).
- Physical health needs were found to be relatively stable and demonstrated an increasing prevalence of some chronic conditions. HMP Bullingdon has a higher prevalence of asthma, epilepsy and diabetes, but a lower prevalence of depression, obesity and hypertension in comparison to similar prisons.
- Mental health services carry a caseload of 95 prisoners per month, representing 12% of the prison population. Service utilisation for mental health clinics is high at 91% with low DNA rates of 6%. The assessment found that the need for primary and secondary mental health services far outweighed the capacity of providers to deliver interventions.
- In May 2019, 16% of the prison population was in clinical substance misuse treatment and 18% were in psychosocial substance misuse treatment. The assessment found that there are effective processes in place for early identification and engagement with treatment.
- Regarding social care, surveys revealed concerns with respect to the adequacy of staffing and social care provision generally and indicated an increased need of social care for older adults with more adaptations required for their environment.
- These trends are likely to be affected following the prison's reconfiguration in October 2019.

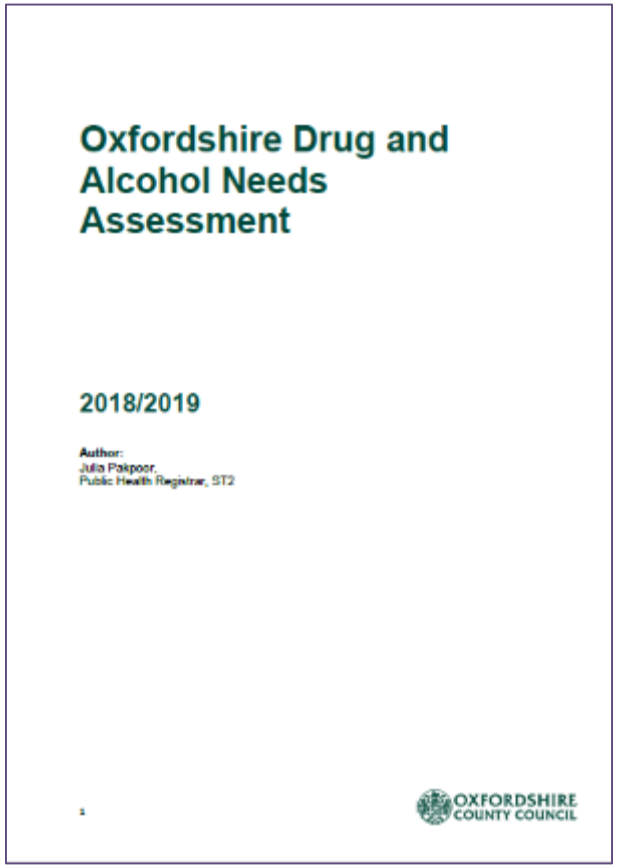


Access via Oxfordshire Insight

Introduction
Reports by Healthwatch Oxfordshire
Reports by the Oxfordshire Community Foundation
A Life on the Living Wage
Fast Forward Oxfordshire
Healthy Urban Mobility (HUM) reports
Street homeless population Health Needs Assessment
Skills and Labour Market Research
Mental Health in Oxfordshire: children and young people
VOXY 'Be Supported' Questionnaire 2019
HMP Bullingdon Health Needs Assessment
Drug and Alcohol Health Needs Assessment
Finding out more

Drug and Alcohol Health Needs Assessment

- Individuals with alcohol dependence or substance misuse face substantial associated socioeconomic and health inequalities, including higher rates of premature morbidity and mortality.
- Young white males who live in socioeconomically deprived urban areas have the highest rates of alcohol and drug misuse in Oxfordshire
- The estimated 'unmet need' in Oxfordshire is 87% of alcohol-dependent adults and 40-60% of crack and/or opiate users.
- Among new presentations to treatment services in Oxfordshire in 2017/18, 24% of alcohol only service users and 16% of drug treatment service users reported living with children.
- Among new presentations to alcohol treatment services in Oxfordshire, 51% were identified as having a mental health treatment need. Of these, 94% were recorded to be receiving treatment from mental health services.
- The majority (54%) of Oxfordshire service users in treatment for alcohol misuse cite other concomitant substance misuse; the most commonly cited drugs being crack, cannabis, and cocaine.



Available via Oxfordshire Insight

Introduction
Reports by Healthwatch Oxfordshire
Reports by the Oxfordshire Community Foundation
A Life on the Living Wage
Fast Forward Oxfordshire
Healthy Urban Mobility (HUM) reports
Street homeless population Health Needs Assessment
Skills and Labour Market Research
Mental Health in Oxfordshire: children and young people
VOXY 'Be Supported' Questionnaire 2019
HMP Bullingdon Health Needs Assessment
Drug and Alcohol Health Needs Assessment
Finding out more

Finding out more

- For local examples of healthy place-shaping:
  - see information on Bicester and Barton Healthy New Towns sections of Wider determinants of health
  - see also NHS England's Putting Health Into Place and other Healthy New Towns reports

- For more local health needs assessments, browse the JSNA web pages

Finding out more

Related JSNA resources for Oxfordshire are published alongside this report on Oxfordshire Insight, including:

- Public Health Dashboards
- Inequalities indicators ward level data - Excel pack
- Inequalities indicators ward level data - PowerPoint
- Community Health and Wellbeing Profiles
- Health Needs Assessments
- JSNA Bitesize

Public Health England provides a wide range of health indicators and profiles on Fingertips

ONS population estimates and population projections for county and districts, benefits claimants and the annual population survey are available from www.nomisweb.co.uk

Oxfordshire County Council population forecasts are published on Oxfordshire Insight

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