Oxfordshire Joint Strategic Needs Assessment

Highlight Report for the Health and Wellbeing Board on the refresh of the JSNA, March 2012

(from JSNA data set versions 4 and 5 - 2010/2011 data)

Introduction

The Joint Strategic Needs Assessment (JSNA) for Oxfordshire brings together a vast range of health and healthcare related data including public health, primary care, social care and hospital services. The data has been refreshed during 2011-12 as a national requirement.

The information underpins strategic planning and priority setting across Oxfordshire. Oxfordshire's Health and Wellbeing Board is accountable for ensuring a high quality JSNA is produced.

This short report draws on the full JSNA data set and highlights particular issues that demand attention. It is not a full report on all the trends or interpretation of every indicator within the data set, but it does provide an overview of important issues for discussion. This will provide the context for discussion and priority setting at the Health and Wellbeing Board and for partner agencies to enable strategic planning.

The data is hosted on the Oxfordshire Local Information System (LIS) and can be found at https://data.oxfordshireobservatory.info/IAS/ . Much of the data is available graphically and on user-defined maps. A user account is required for some levels of data. A wealth of data is available at ward level and finer geographies on the LIS. The ward level data in the annex shows a breakdown on some key indicators. Care should be taken when making comparisons due to small numbers in some of the data.

The data remains available and accessible for further investigation on a wide range of issues throughout the year. Plans are also being implemented for a major revision of the JSNA during 2012-13

Summary

Oxfordshire's JSNA dataset is now in its fifth iteration. Although analysis of the refreshed data shows that health and wellbeing overall in Oxfordshire is generally quite stable, we have now included data trends over time which help to highlight potential priorities. These priorities include:

- More people are living into old age but there are significant differences in life expectancy between particular areas, related to relative disadvantage.
- The population is aging, with the number of people aged over 85 set to double over the next 15 years. This is more apparent in rural areas. The number of informal carers needing support is also rising.
- There has been an increase in the percentage of people with a diagnosis of dementia
- School attainment is improving overall, but some groups of young people still have poor outcomes. These inequalities are related to relative disadvantage
- There is persistent childhood obesity which (though lower than national levels) mirrors upward trends in adult obesity too.
- Several diseases that are considered preventable by adopting healthy lifestyles are a cause for concern in some parts of the county.
- Immunisation rates have been good but there are some signs that coverage is slipping.

DRAFT

1. Oxfordshire - people and place

Oxfordshire remains a comparatively healthy and prosperous place to live.

Life expectancy is above the national average across all districts. However, significant differences do remain between areas within the county.

Fig 1. Male life expectancy, 1998-2010

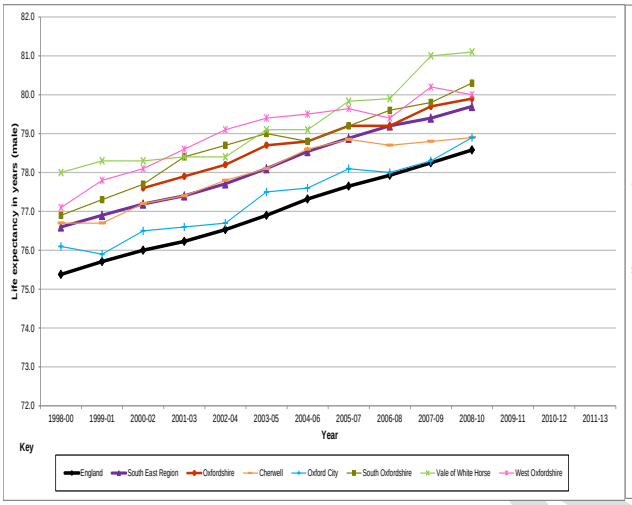
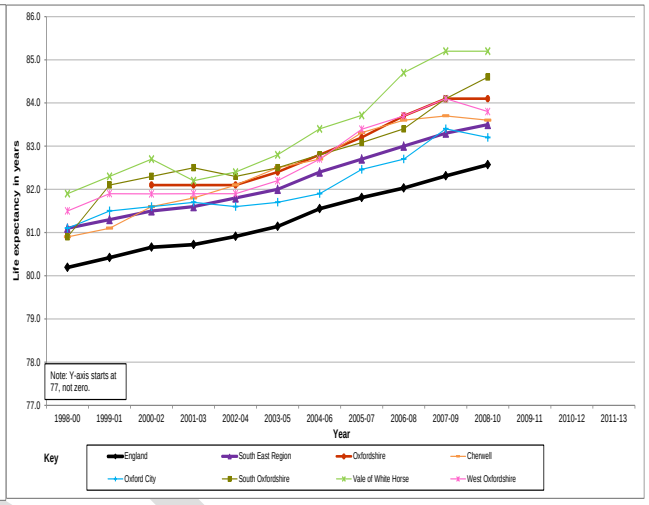


Fig 2. Female life expectancy, 1998-2010



Each year, more people are living into old age. However, these changes to the population are not uniform across the county; with proportionately higher numbers of older people forecast in rural areas, particularly in the west of the county.

Oxford City is has a drastically different demographic profile to the rest of the county. It has a younger population and also a reduced life expectancy in a number of wards.

Population projections suggest that these trends in age structure will continue and associated pressures will therefore intensify over the coming decades.

Fig 3. Population projections for Oxfordshire in 2013

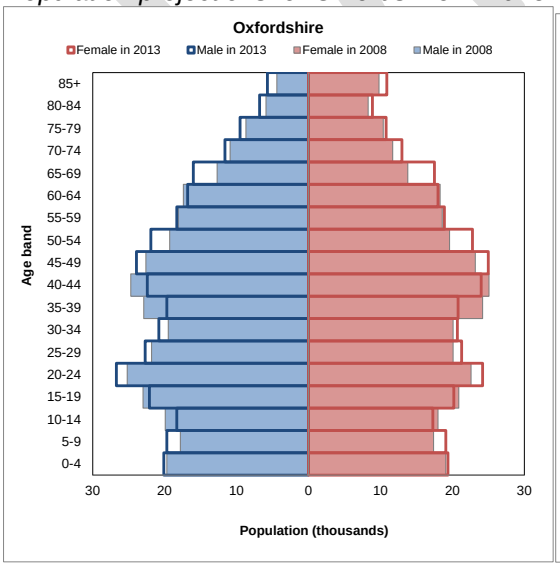
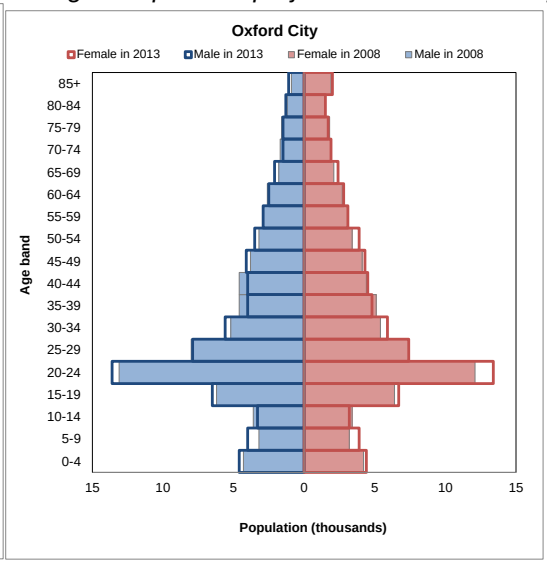
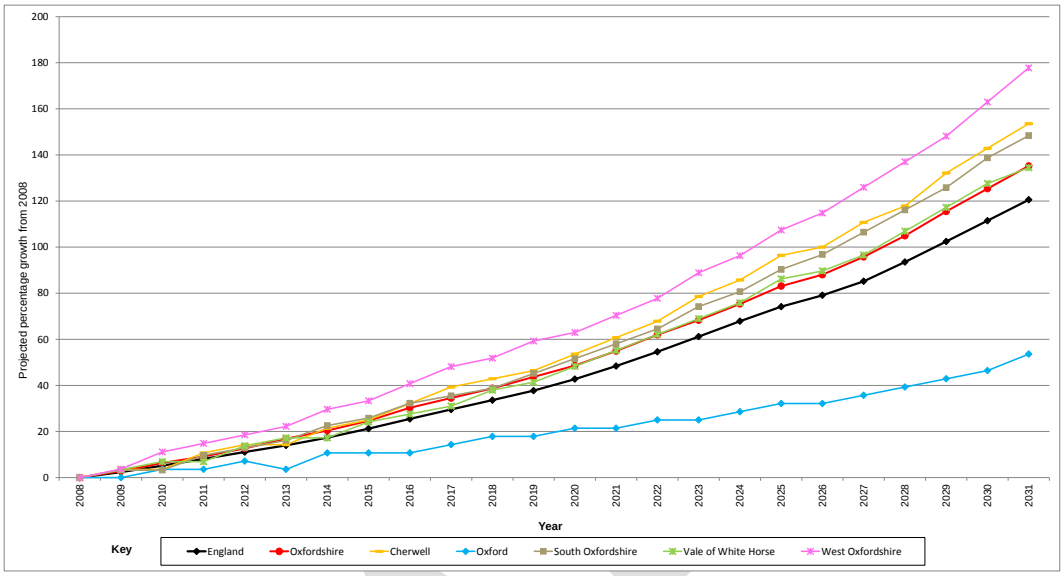


Fig 4. Population projections for Oxford City in 2013



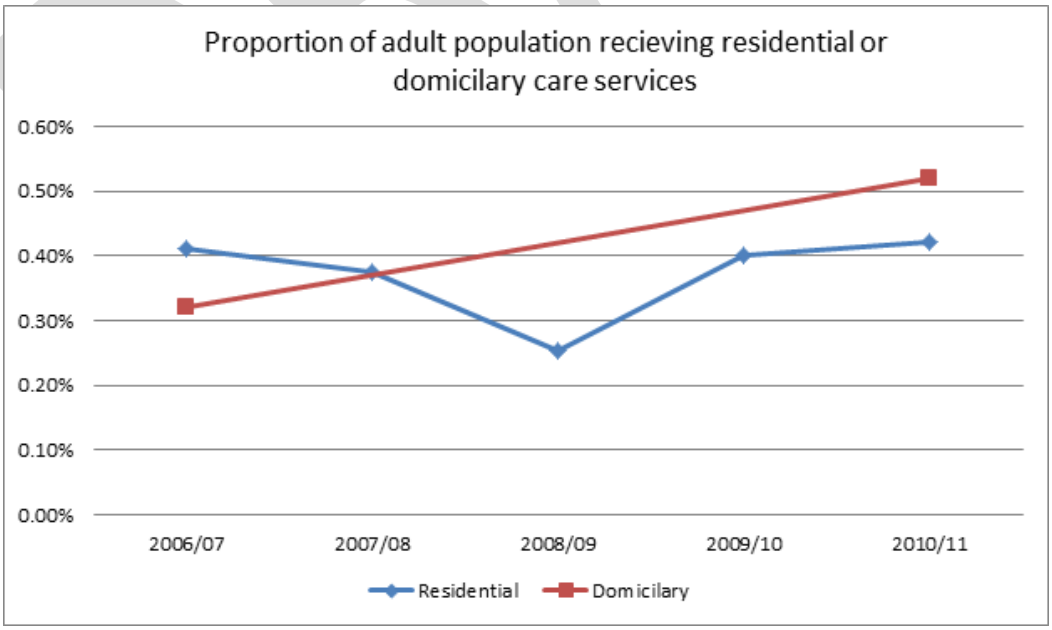
Numbers of people 85+ in particular, are set to double over the next 15 years, with the notable exception of Oxford City. This group traditionally have high health and social care needs associated with aging.

Fig 5. Projected population - Estimated percentage growth from 2008 to 2031 in those aged 85+ years



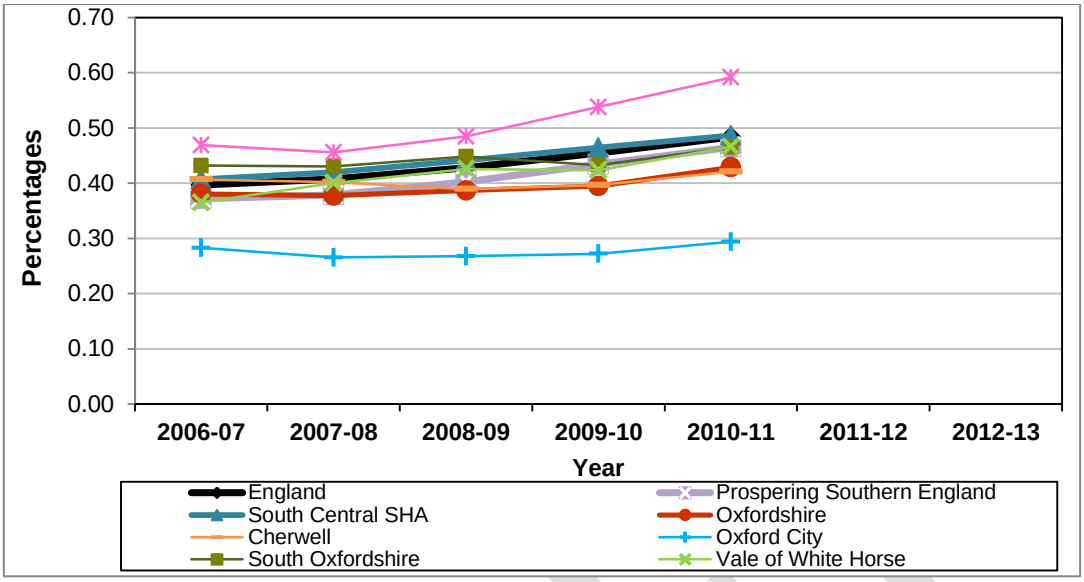
The growing number of older people in Oxfordshire appears to be increasing demand for health and social care services. There are also greater numbers of people with a learning disability surviving into adulthood. Although there has been progress in shifting services from residential to a domiciliary setting in line with policy, the total numbers of people receiving support continue to rise.

Fig 6. Proportion of adult population receiving residential or domiciliary care services



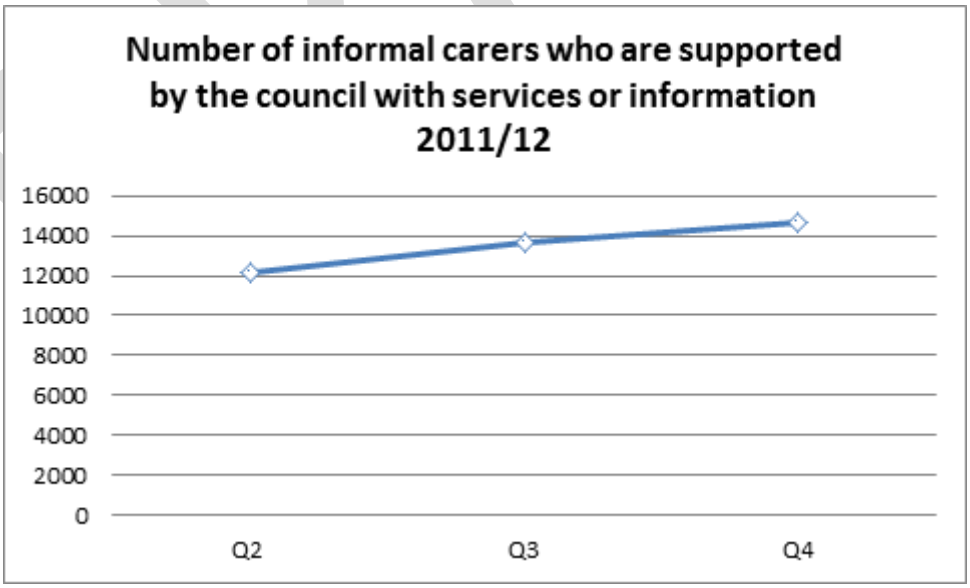
The percentage of patients with a recorded diagnosis of dementia has also increased.

Fig 7. Patients with a recorded diagnosis of dementia in the GP registered population, 2006-2013



As well as increases in the demand for services, recent data show an increase in the number of informal carers given support by Adult Social Care. Whilst carers will be vital in managing increased direct demand for services, this suggests the need to provide adequate support for this group itself.

Fig 8. Number of informal carers in Oxfordshire supported by the council with services or information, 2011-12

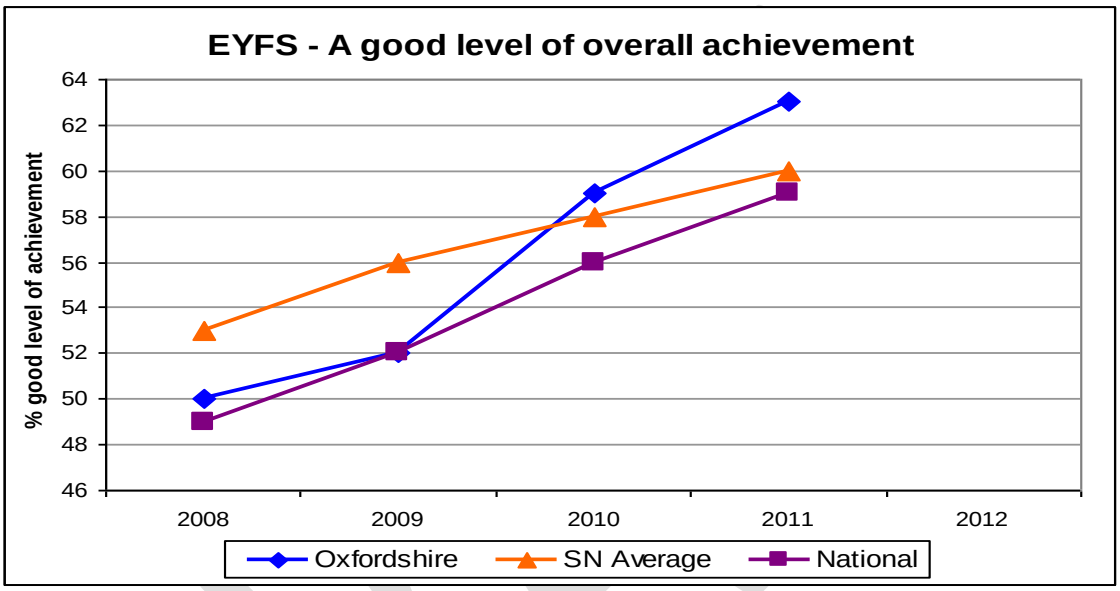


2. Life chances of children and young people

The overall picture of educational attainment is one of strength in early years, but with progressively poorer results at key stages 1 and 4. Early years foundation stage attainment is above both statistical neighbours and national averages, whereas GCSE results this year fell below the national average.

Early Years Foundation Stage

Fig 9. Percentage of pupils receiving a 'good' level of overall achievement[1], 2008-2012



Key Stage One

Fig 10. Percentage of pupils achieving level 2 or above in writing, 2008-2011

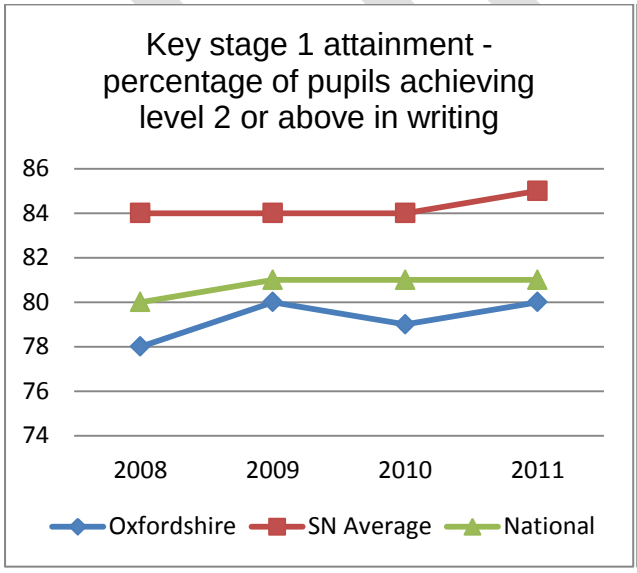
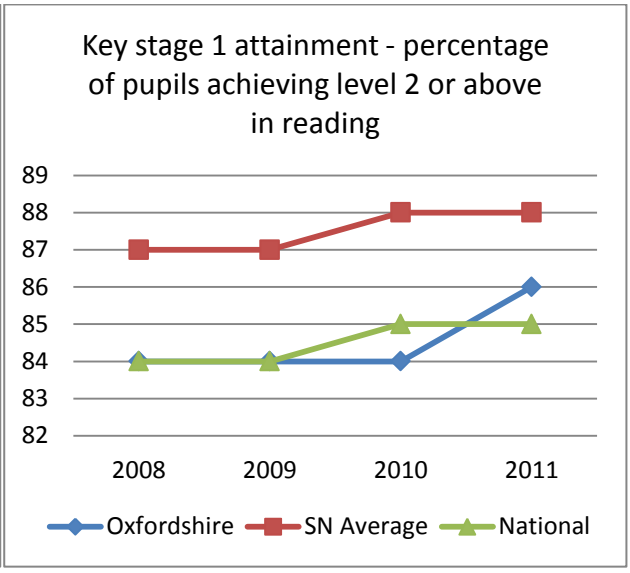


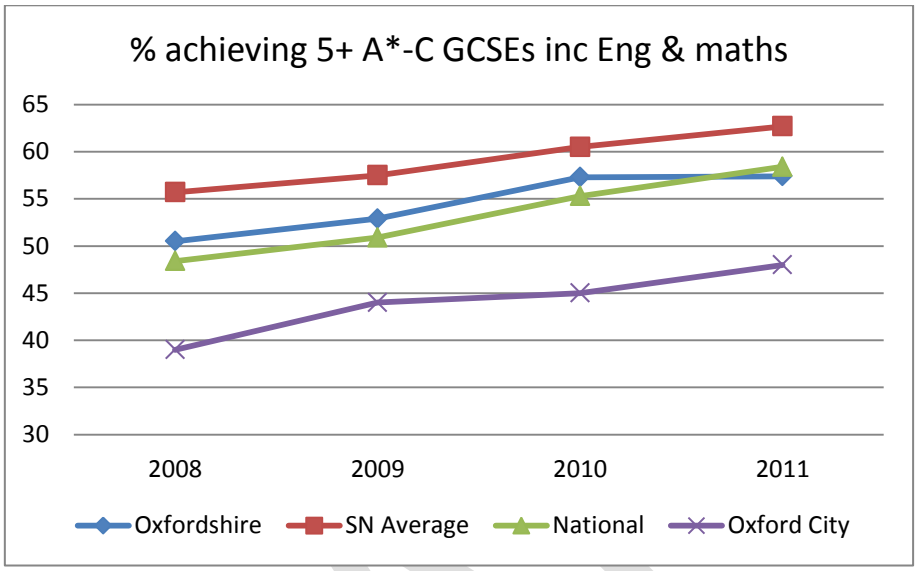
Fig 11. Percentage of pupils achieving level 2 or above in reading, 2008-2011



[1] 78+ points overall and 6+ pointss in Personal, Social & Emotional Development, and Communication, Language & Literacy

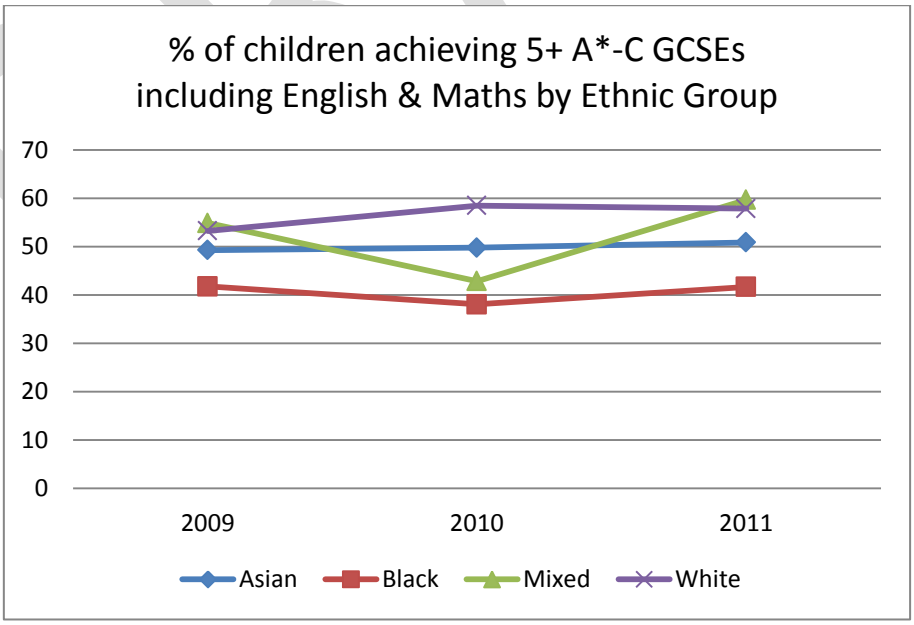
By key stage four, attainment is falling behind Oxfordshire's statistical neighbours. In 2011 GCSE results were particularly disappointing, falling behind the national average. The national trend is towards gradual improvement but there remain significant differences in attainment in Oxfordshire's districts. Oxford City in particular, suffers from poor results.

Fig 12. Percentage of pupils achieving 5 or more A-C GCSEs including English and Maths*



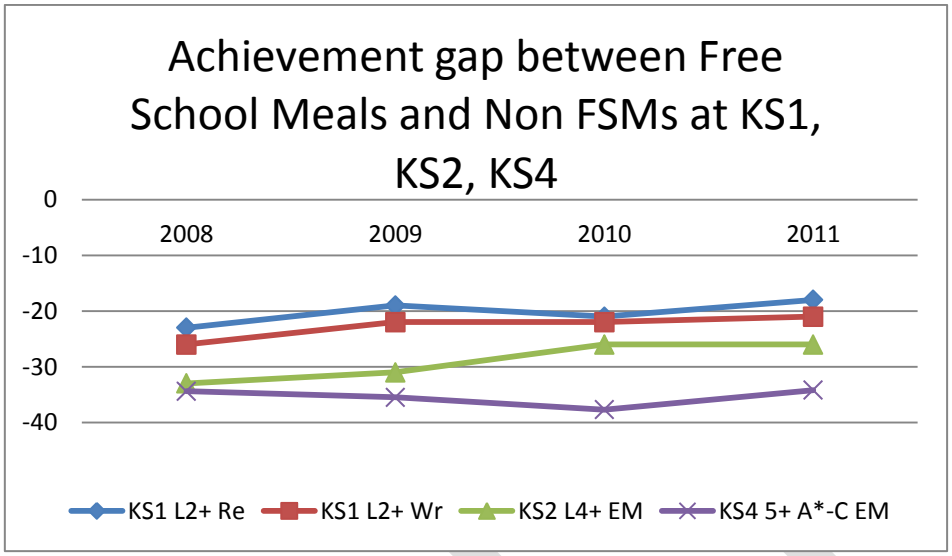
In addition to the geographic inequalities, particular groups are also suffering from poorer educational outcomes. This is an issue for ethnic minorities;

Fig 13. Percentage of children by ethnic group achieving 5 or more A-C GCSEs including English and Maths*



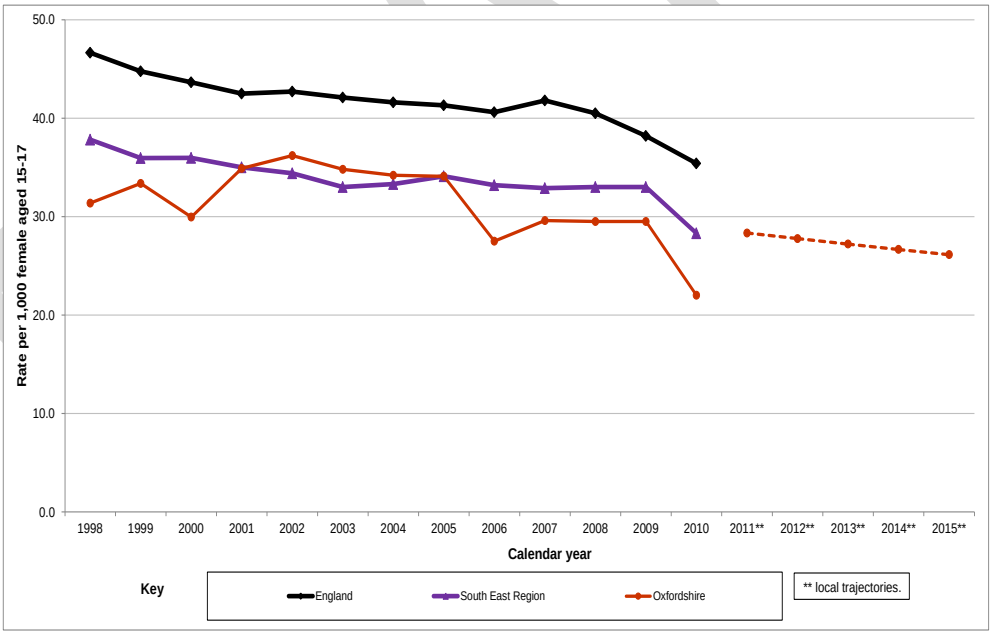
Much of the inequality is rooted in income deprivation and there remains a significant gap in achievement between Children who qualify for free school meals and those who do not. There is some evidence that this is closing but there remains work to do;

Fig 14. Achievement gap between pupils receiving Free School Meals and those who do not at Key Stages 1, 2, and 4, 2008-2011.



One area where targeted intervention has reaped results in improving childhood life chances is in reducing teenage pregnancy

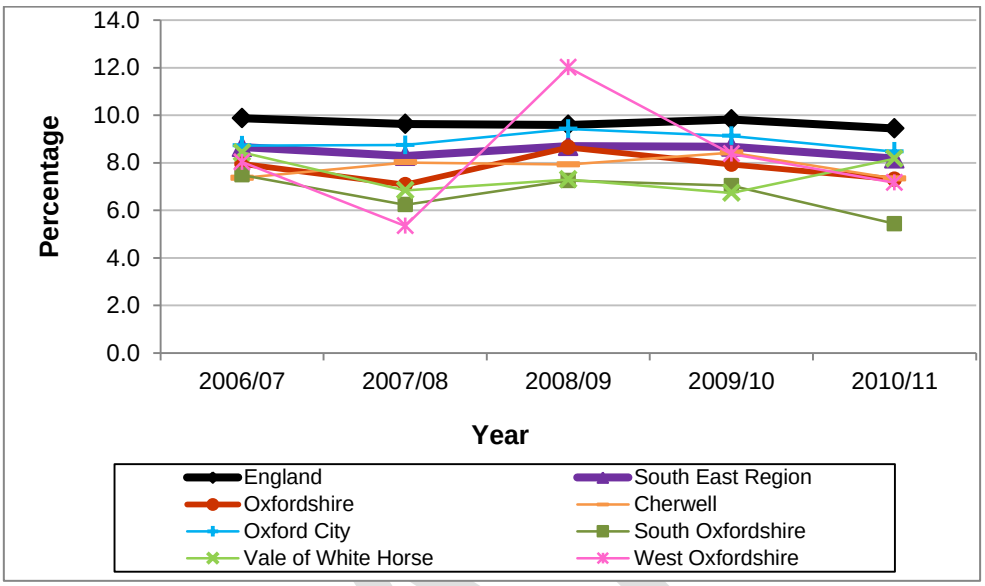
Fig 15. Conception rate per 1,000 female population between 15-17, 1998-2010 (single years)



3. Lifestyle behaviours and prevention of ill health

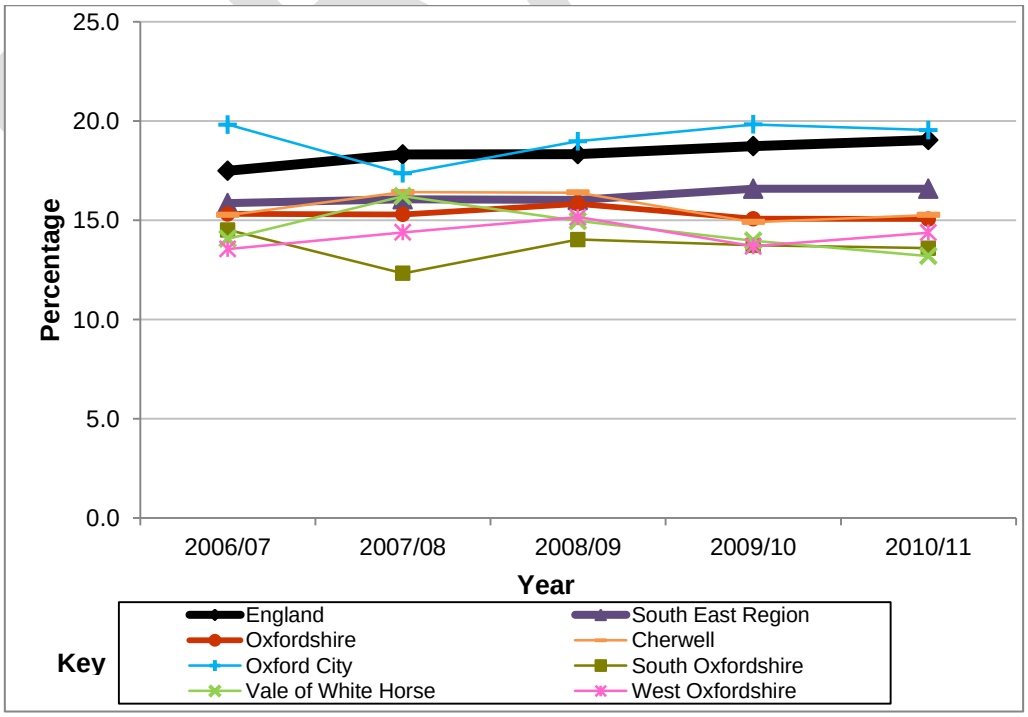
In reception age children there remains a persistent level of obesity (around 8%) which remains below the national average. The level in Oxford city is high for the region however.

Fig 16. Percentage of children in Reception Year who are obese - 2006/07 to 2010/11 (Academic Years)



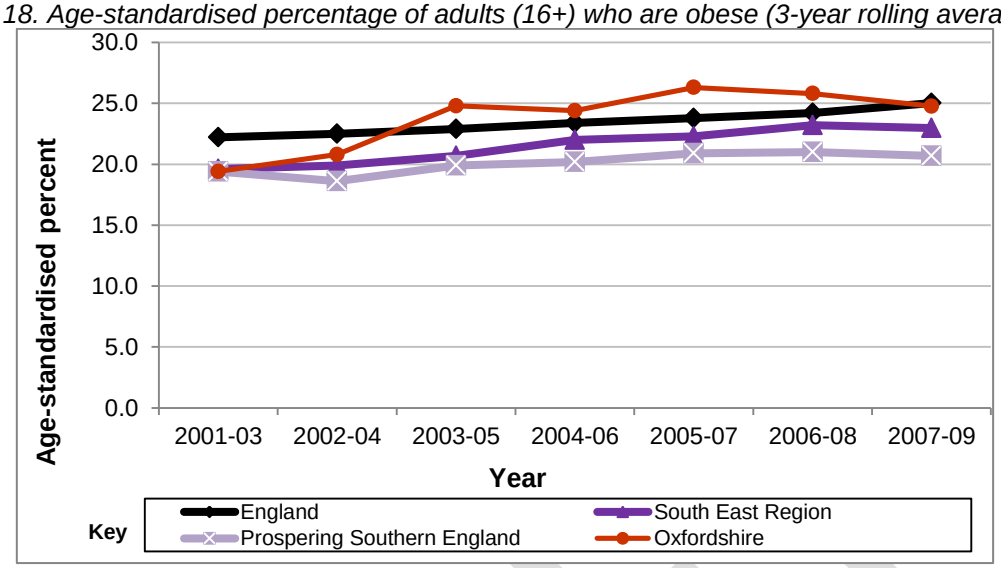
At year 6, 15% of the children weighed are obese. Again this is below national averages, with the exception of Oxford City

Fig 17. Percentage of Year 6 children who are obese: 2006/07 to 2010/11 (Academic Year)



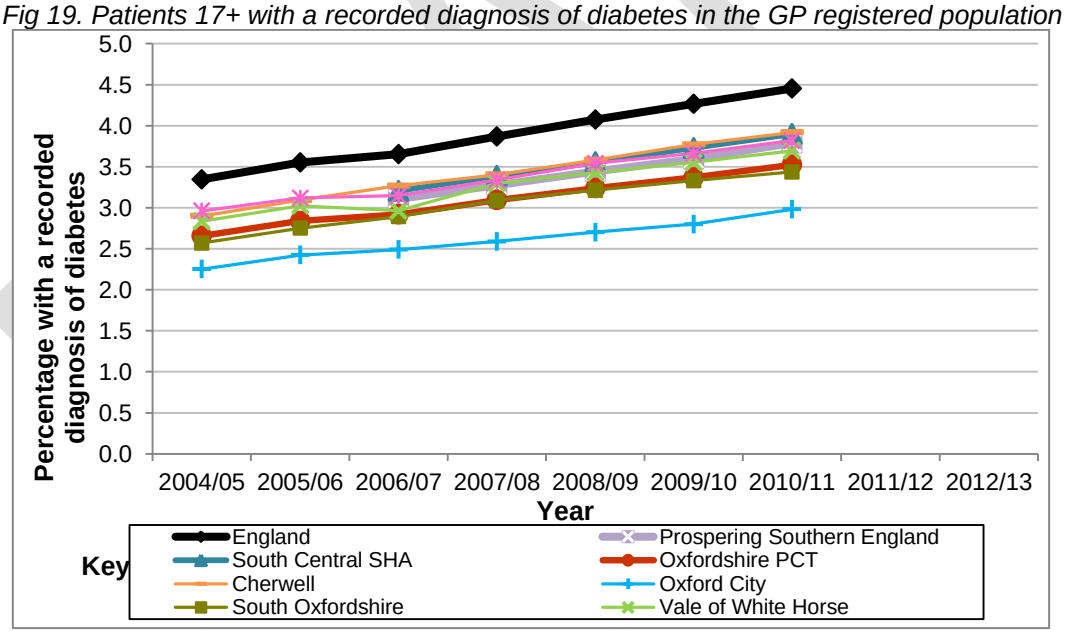
Whilst still slightly below the national level, in adults there is a long-term upward trend in prevalence of obesity in adults in Oxfordshire.

Fig 18. Age-standardised percentage of adults (16+) who are obese (3-year rolling averages)



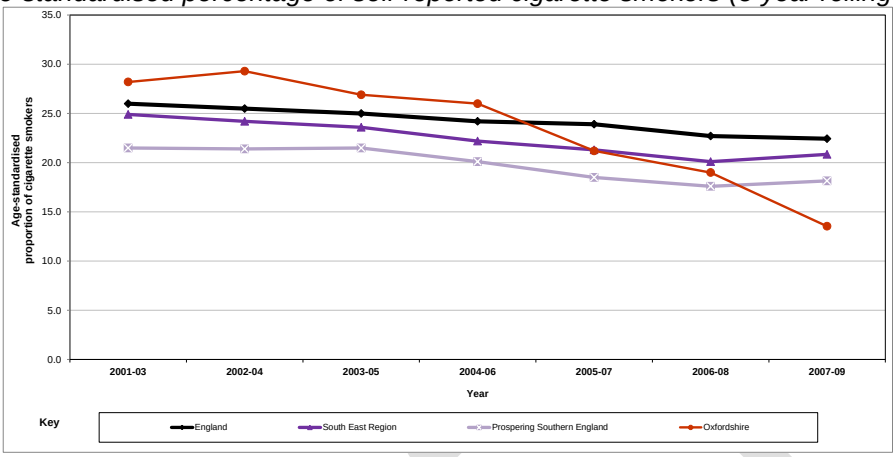
The consistent upward trend in diabetes a chronic disease associated with obesity, perhaps reveals the effects an ongoing increase in obesity will have.

Fig 19. Patients 17+ with a recorded diagnosis of diabetes in the GP registered population



Year on year fewer people are reporting a smoking habit

Fig 20. Age-standardised percentage of self-reported cigarette smokers (3-year rolling averages)



This is a contributory factor to improving lung and heart health (not that the apparent rise in Oxford City lung cancers is not statistically significant).

Fig 21. Directly standardised mortality rate from lung cancers in Males under 75 yrs (3-yr rolling averages)

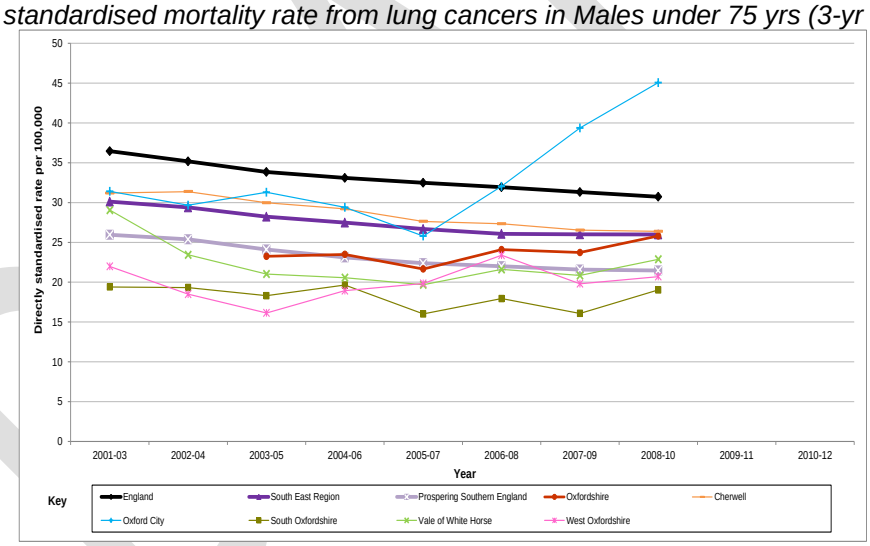
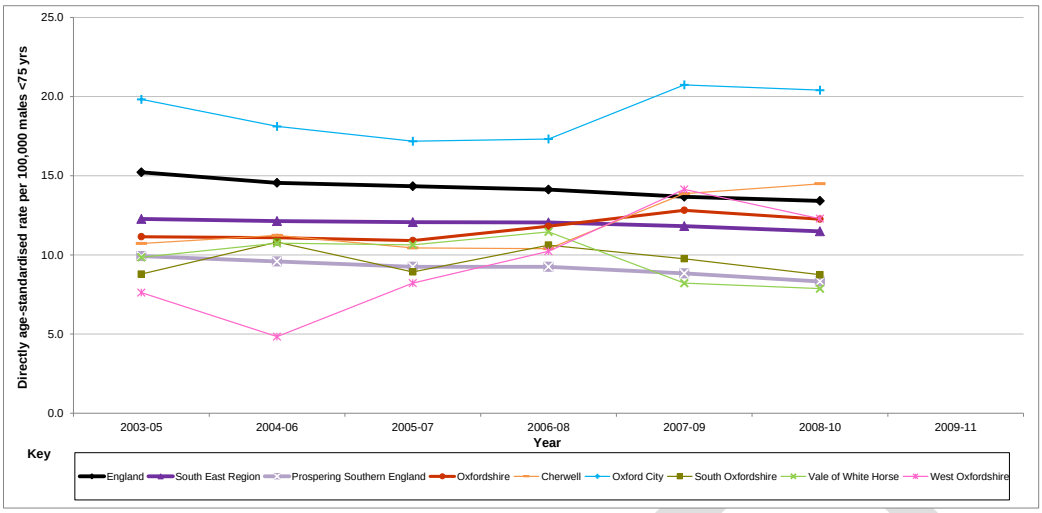
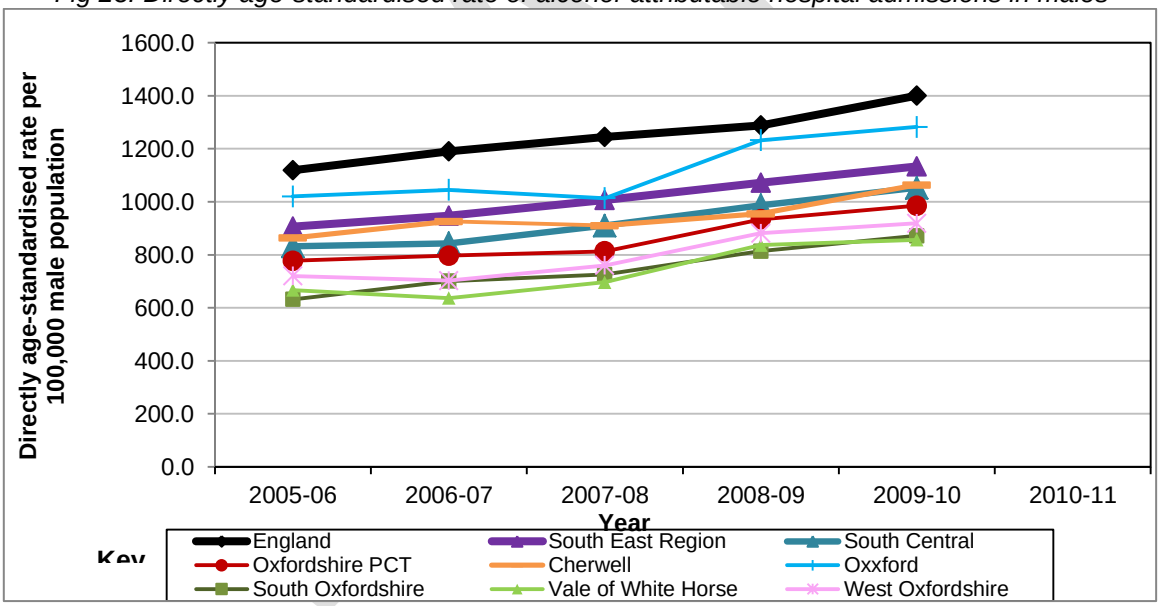


Fig 22. Directly age-standardised mortality rate from chronic obstructive pulmonary disease (COPD) per 100,000 males (under 75 yrs) (3-yr rolling averages)



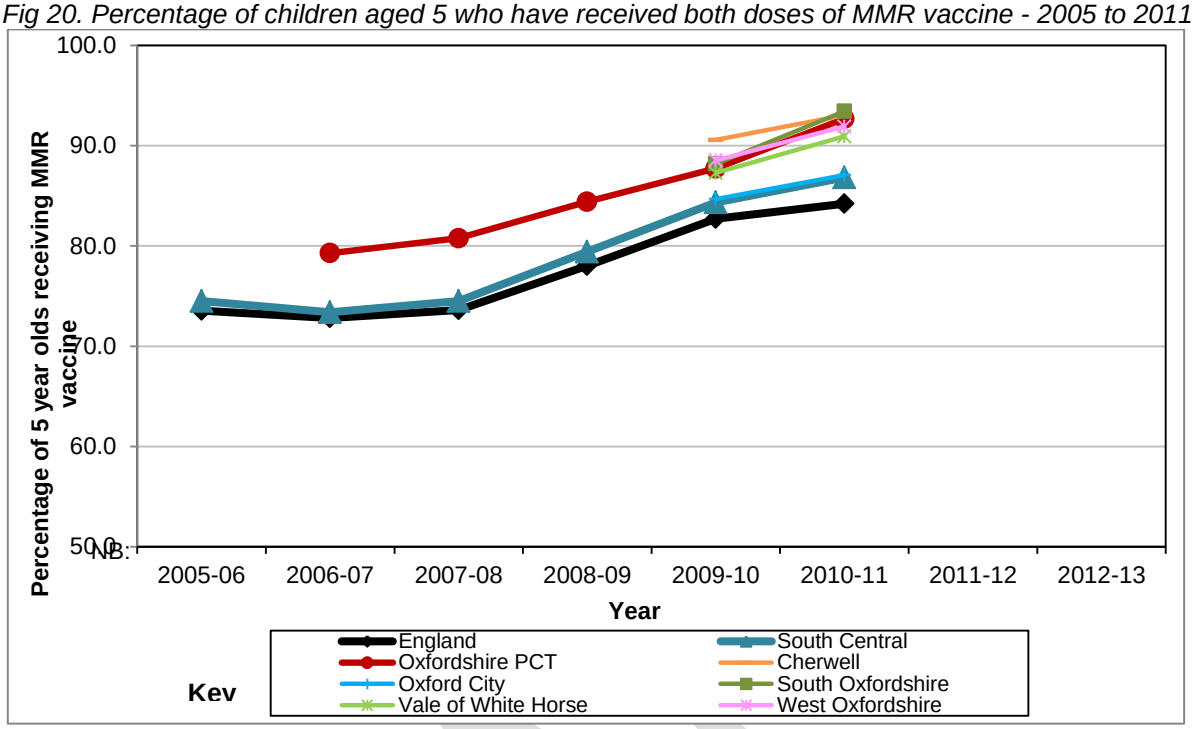
Alcohol consumption however, is a growing challenge with attributable hospital admissions on the rise (twice as high for males and again varying by district).

Fig 23. Directly age-standardised rate of alcohol-attributable hospital admissions in males



Coverage for immunisation against childhood diseases is good in Oxfordshire.

Fig 20. Percentage of children aged 5 who have received both doses of MMR vaccine - 2005 to 2011



Rates for influenza in under 65's however, indicate a recent slippage in what have previously been good rates compared to the national average.

Fig 21. Percentage of patients in clinical at risk groups, aged 6 months to under 65 years, who have received seasonal Influenza vaccine 2006/07 to 2009/10