

Joint Strategic Needs Assessment Report for Oxfordshire Health and Wellbeing Board, March 2013

Introduction

The Joint Strategic Needs Assessment (JSNA) is a shared data source which sets out the major health needs facing Oxfordshire. We are talking about health here in its broadest sense, not just about specific diseases. Producing a JSNA is a shared duty of County Councils and Clinical Commissioning Groups through their Health and Wellbeing Boards. The findings are expected to have a strong influence on the Joint Health and Wellbeing Strategy. The JSNA has been redesigned and refreshed during 2012-13 and its main findings are presented here. From this analysis it can be concluded that the current priorities set out in the Joint Health and Wellbeing Strategy should be continued.

Development of the Joint Strategic Needs Assessment in 2012-13 has resulted in a broader and more easily accessible collection of data. For the first time we have brought together a wider set of indicators for analysis, including community safety data, information on the Military Community in the county and data relating to social determinants of health such as housing, employment and skills. This information now sits alongside the health and social care data collection that has been so well used in previous JSNA reports. The data collection is also more accessible to a wide range of partners and stakeholders and they have been more engaged in the process of development.

This report covers the headlines of the JSNA. Further detail, including the raw data for further analysis, will be available through the JSNA pages of the Oxfordshire Insight website. This data should be seen as a starting point setting out major themes. All organisations will want to carry out further analysis on each issue that we have highlighted here.

Summary of Analysis for this report

Following discussions with partner organisations and the voluntary and community sector, the JSNA steering group agreed a wide range of indicators for analysis. These indicators were drawn from a wider range of sources than in previous years, including:

- Public Health
- Clinical Commissioning Group
- County Council Commissioning data
- District Councils
- Thames Valley Police
- 2011 Census
- The Office for National Statistics
- The Department for Work and Pensions

Where possible, the analysis looked at the historical trends to see whether needs had increased or decreased over the past year, and whether this was part of a sustained trend. Data was also looked at by Districts and smaller localities to see whether there were differences in health for different areas of the county.

Overall there were few statistically significant variations when compared to the previous year. This is to be expected given that health changes at the population level are slow

moving, and as such, any trends must be treated cautiously. Data from the census helped to give more information about longer term trends. Where relevant trends were observed, these have been outlined below.

The key trends are presented by theme below:

Key Findings

1. Population

- The population of Oxfordshire increased from 607,300 to 654,800 between 2001 and 2011. This is an increase of 8%.
- The number of people aged over 65 increased by 19% between 2001 and 2011. The rate of growth was much higher in the predominantly rural districts (over 20%) than Oxford City where there has been a 5% fall in the number of people over 65.
- The number of children aged 0-4 has increased by 13%. The rate of increase has been much higher in Oxford City (28%) compared to other districts (between 2% and 11%).
- The birth rate is relatively stable among UK born mothers but has increased by 37% among mothers born outside the UK.
- The proportion of black and minority ethnic groups in Oxfordshire has increased from 4% of the total population to 9% between 2001 and 2011.
- The proportion of the population who were born outside the UK increased from 10% of the population to 14% between 2001 and 2011.
- Eight wards in Oxfordshire (5 in the City and 3 in Banbury) show particularly poor outcomes across a range of indicators including child poverty, low skills, low income, poor attainment, higher crime and poor health¹.

2. Employment, economy and skills

- Whilst the percentage of people claiming the Job Seekers Allowance in Oxfordshire has remained below the national and regional level, the rate of increase was higher:
 - The number of Job Seekers Allowance Claimants increased by 115% in Oxfordshire compared to 98% in the South East during the period of February 2002 to February 2012.
 - The rate of increase for the ten year period was highest in Cherwell (141%) and West Oxfordshire (140%).
- The proportion of economically inactive people in Oxfordshire was lower (27%) than England (30%) and the South East region (28%) at the time of the Census (June 2011).
 - Oxford is the only district with an above average proportion of economically inactive people (37%) although this is primarily due to the number of economically inactive students (22% of the working age population).

¹ The wards are Blackbird Leys, Greater Leys, Littlemore, Rose Hill & Iffley, Barton and Sandhills, Banbury Ruscote, Banbury Neithrop and Grimsbury & Castle

- Oxfordshire contains a higher proportion of people (36%) with level 4 qualifications (undergraduate degree or equivalent) than England (27%) and the South East (30%).
 - The proportion is highest in Oxford City at 42% of the population.
 - Oxford City, Banbury, and Abingdon also contain wards with high proportions of people with Level 1 (1-4 GCSEs or equivalent) or no qualifications.
- The cost of housing relative to income for the poorest 25% of people is comparatively high in Oxfordshire at 9:1, representing a 33% increase from 2001 to 2011.
 - This is the fifth highest ratio of any county in the South East.
 - At district level this ratio is highest in Oxford City and South Oxfordshire at 10:1
- There have been a high number of unfilled job vacancies over the past 12 months in the Home Care/Care Assistant field.
 - This has been particularly pronounced in West Oxfordshire and Oxford City.

3. Housing and living environment

- There is a lack of affordable housing across the county and particularly in Oxford.
- The pattern of housing tenure is distinct in Oxford City with a much higher proportion of private rented housing (28%) than other districts (13% to 16%).
- There are higher rates of household overcrowding in the city (number of residents per bedroom) with 13.9% of households deemed to be overcrowded, compared to 6.9% for Oxfordshire. This may be due in large part to the high number of multiple occupancy student accommodation units.
- The number of new houses built each year has declined in recent years from 3500 in 2005/06 to 1500 in 2010/11. The number of newly built affordable houses has remained fairly constant, fluctuating between 500 and 600 over the same period.

4. Armed Forces, their families and Veterans

- There are approximately 9500 serving personnel in the county whose Primary Health Care is provided by the Defence Medical Services. The county also has approximately 1200 military family members whose Primary Health Care is also provided by military GPs and not by the NHS.
- According to longitudinal studies at the national level, outcomes are often good for veterans. However, there is an observable above-average incidence of depression/anxiety disorders and alcohol misuse for some veterans. This group is also more likely than the general population to find it difficult to seek help.
- There is currently little data available to calculate reliably the number of veterans in the local population.

5. Community safety

- The rate of police recorded offences in Oxfordshire fell from 87.2 to 57.9 per 1000 people between 2003 and 2012.

- Oxford City had more than double the rate of offences (110.2) compared to Cherwell (55.0), South Oxfordshire (40.6), West Oxfordshire (34.4), and the Vale (36.6).
- The Crime Survey for England and Wales suggests that the level of recorded crime does not reflect the true incidence of crime in the population. Although figures are not available for Oxfordshire, the estimated prevalence of crime for the South East region was around 83 incidents per 1000 people for the 12 months prior to 2012.
- Police recorded violent offences have been falling since 2008 across the county, from 15.9 to 11.5 per 1000 people.
- The police recorded incidence of Sexual Offences been relatively constant over the past 9 years fluctuating between 1.2 and 1.5 per 1000 people.

6. Giving Children and Young People the best start in life

- Breastfeeding rates at initiation are high in Oxfordshire at 78.7%. This is significantly higher than the national rate of 74.5%. A similar rate is found in all districts. .
- The proportion of overweight children in reception year is 7.3%. This is significantly below the national level of 9.4% Both local and national levels are rising gradually.
- The proportion of year 6 pupils considered obese is more than double the rate for reception age children at 15.5%. However it remains below the national rate for year 6 children, which is 19.20%.
- School attainment remains a mixed picture but there is improvement in performance in younger age groups. Inequalities in outcome remain.
- Teenage pregnancy rates reduced from 28.4 per 1000 females aged 15-17 (2007-2009), to 25.9 for the period 2008 to 2010. Oxford City remains significantly above the county rate at 33.6.
- The rate of referrals to children's social care increased from 389.5 to 460.7 per 10,000 under 18s from 2010/11 to 2011/12.
 - This is lower than the national rate but higher than the 'statistical neighbour' average.
 - It represents an increase of 18.3% compared to a fall of 4.2% at the national level.
- The number of repeat referrals to children's social care increased by 57% between 2009/10 and 2011/12.

7. Ensuring people live well and independently

- The percentage of residents who reported their health to be very bad or bad in the June 2011 Census was lower than the regional and national average.
- Oxfordshire contains a lower proportion of households with at least one adult with a long term health problem or disability (21.7%) than the South East region (23.6%) and the country (26.0%).
- The number of referrals to adult social care has grown at a higher rate than that which would be expected through the effects of an aging population.
- The proportion of Adult Social Care Users who report having enough control over their lives was 78.6% in 2011/12. This puts it in the top 25 % of local authorities nationwide.
- 62.2% of clients in Oxfordshire received self-directed support in 2011/12. This is the 18th highest proportion of all local authorities.

- Oxfordshire county council supports 4,500 people to provide unpaid care to another person.
 - The proportion of people who reported that they provide some form of unpaid care is much higher at 61,130.
 - There appear to be higher proportions of people providing unpaid care in rural areas compared with urban and suburban areas.
- 29% of people aged over 65 were living alone at the time of the census.
 - Across districts, it is estimated that this rate is highest in Oxford City, at 36% of the population.
- At 30.2 per 1000 people, the rate of people claiming disability living allowance in February 2012 in Oxfordshire was well below the national rate (50.4). Districts range from 25.9 in South Oxfordshire to 33.8 in Oxford City.
 - However, when only mental health related conditions (Psychosis, Psychoneurosis, Personality Disorder, Dementia) are considered, the rate for Oxford City (8.4 per 1000 people) is above the national rate (7.4)

8. Preventing chronic health problems and early death

- Life expectancy for both men and women in Oxfordshire is higher than the England average.
- Estimates for 2011/12 suggest that the number of adults participating in physical activity is higher in Oxfordshire (27.4%) than in the South East (24.7%) or England 22.9%.
- The rates of immunisation in Oxfordshire are significantly above the national rates.
- Hospital admissions for alcohol related harm are increasing, especially for men.
- Oxfordshire contains below average prevalence of most of the diseases in the quality outcomes framework. Out of 20 diseases recorded measured by General Practice the following conditions were more prevalent than the UK average in 2011/12:
 - Cancer, Depression, Asthma, Atrial Fibrillation, Chronic Liver Disease
- These figures may reflect the thoroughness of our GP services in identifying disease early rather than high disease rates in the population.
- The uptake of cervical cancer screening increased by 6% among younger women (25-49 yrs) and fell by 2% among older women (50-64 yrs) between 2007/08 and 2011/12. The rate remains higher for older women than for younger women although the gap is closing.
- The diagnosis and early recognition of dementia is increasing across the county and is particularly high in West Oxfordshire.

Conclusion

Analysis of the information available for this report leads to the conclusion that the priorities currently set out in the Joint Health and Wellbeing Strategy should be taken forward in 2013-14.

The 11 priority areas are:

Children and Young People

Priority 1: All children have a healthy start in life and stay healthy into adulthood

Priority 2: Narrowing the gap for our most disadvantaged and vulnerable groups

Priority 3: Keeping all children and young people safer

Priority 4: Raising achievement for all children and young people

Adult Health and Social Care

Priority 5: Living and working well: Adults with long term conditions, physical or learning disability or mental health problems living independently and achieving their full potential

Priority 6: Support older people to live independently with dignity whilst reducing the need for care and support

Priority 7: Working together to improve quality and value for money in the Health and Social Care System

Health Improvement

Priority 8: Preventing early death and improving quality of life in later years

Priority 9: Preventing chronic disease through tackling obesity

Priority 10: Tackling the broader determinants of health through better housing and preventing homelessness

Priority 11: Preventing infectious disease through immunisation

Next steps

The JSNA Steering Group will continue to develop the data collection which underpins the JSNA throughout 2013-14 in the light of feedback from commissioners and service planners. This work will include further analysis of groups with “protected characteristics” (age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation).

Alexandra Bailey, Simon Grove-White. March 2013