

Oxfordshire Health and Wellbeing Board

29th June 2023

Oxfordshire Joint Strategic Needs Assessment 2023 update

Report by Ansaf Azhar Corporate Director of Public Health & Wellbeing, Oxfordshire County Council

RECOMMENDATION

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

1. Note the content of the Joint Strategic Needs Assessment for 2023 and encourage widespread use of this information in planning, developing and evaluating services across the county.
2. Contribute information and intelligence to the JSNA Steering Group to further the development of the JSNA in future years, and to participate in making information more accessible to everyone.

Introduction

1. The Joint Strategic Needs Assessment (JSNA) is a statutory annual report provided to the Health and Wellbeing Board and published in full on [Oxfordshire Insight](#). It provides an evidence-base for the Health and Wellbeing Strategy and is an opportunity for an annual discussion about the key issues and trends from a review of a very wide range of health-related information about Oxfordshire.
2. Producing the JSNA is a collaborative project with contributions from many analysts and sector specialists from Oxfordshire's Local Authorities, NHS, Thames Valley Police, Healthwatch Oxfordshire and Voluntary Sector organisations.
3. In addition to local datasets, the report makes use of data from NHS Digital, the Office for National Statistics and the Office for Health Improvement & Disparities. Datasets can take time to process, which means that this 2023 JSNA update includes information from 2021 as well as more recent data from 2022 and 2023. The JSNA will include data from the Census 2021.
4. It is important to note that the JSNA does not include information about services needed to support the health and wellbeing of the population and, in some cases, the data may not be recent enough to reflect changes in services.
5. This paper gives an overview of the key findings from the 2023 Oxfordshire JSNA and plans for the continued development of JSNA resources.

Key findings from the 2023 update of the JSNA

6. A one-page summary of the facts and figures from across the life course in the JSNA 2023 are provided in Annex 1.
7. The Board's attention is also drawn to the following key findings from the JSNA 2023.

8. **Population and demographics**

We have seen an increase in the population in Oxfordshire above the growth in England. We have also seen an increase in mixed or multiple ethnic groups. Population forecasting predicts a future rise in older people.

9. The first Census 2021 results show that, over the 10-year period, 2011 to 2021, Oxfordshire's population increased by 10.9% (+71,500). This was above the growth across England of 6.6%.
10. The number of older people aged 65 and over in Oxfordshire increased by 25% (+25,900). (Chapter 2 slide5). The oldest age group, those aged 85 and over, is predicted to increase by 2031 to 5,900 people (+31%).
11. The number of young children aged under 5 declined by 8% (-3,100).
12. According to the Census 2021, 0.6% of Oxfordshire residents aged 16+ identify with a gender which differs from their sex registered at birth, which is higher than the national average.
13. The population from mixed or multiple ethnic groups has increased by 71% (+9,378) over the past 10 years.

14. **Starting Well**

Many Oxfordshire children reach a good level of development by the time they start school, however those eligible for Free School Meals (FSM) had a lower than average (worse than) good level of development. This is also the case for children living in areas with higher income deprivation. Oxfordshire continues to have a higher than average proportion of pupils with Special Educational Needs (SEN) support, although the gap with England has narrowed. The number of mental health referrals for young people has increased significantly. There are clear inequalities for childhood obesity by deprivation, sex, and ethnic group.

15. Similar to the national trend (4.2% for boys), Oxfordshire has an increasing percentage of children with social, emotional, and mental health needs, with a higher prevalence in boys (4.8%).
16. **Education** - The GCSE average attainment 8 score¹ in Cherwell (48.6) was below (worse than) the England and South East average.
17. **Education and Special Educational Needs Support** - Oxfordshire continues to have a higher-than-average proportion of pupils with SEN support, although the gap with England has narrowed.

¹ A pupils Attainment 8 score is calculated by adding up the points for their 8 subjects and dividing by 10. A Local Authority Attainment 8 score is the average of all the eligible pupils' scores.

18. The proportion of pupils with autism was above the England average in Oxfordshire's state-funded secondary schools (2.7% compared with 1.8%), however, the total prevalence (all schools) is similar. (Chapter 3 slide 12)
19. The number of children looked after (CLA) in key stage 2 with SEN support and with Autistic Spectrum Disorder was 9 percentage points above the percentage for England (16% in Oxfordshire vs England 7.3%).
20. **Education, deprivation, and poverty** - Although Oxfordshire is below the national average for pupils eligible for FSM, there are areas where primary school pupils have a higher rate including Rose Hill and Iffley, Banbury Ruscote and Littlemore. Half the primary school pupils in these areas received a FSM on Census Day. These areas are also in the 20% most deprived nationally.
21. Outcomes also vary by levels of income deprivation. Using the Income Deprivation Affecting Children Index (IDACI), based on the child's residence, the percentage of children with a good level of development is higher for children who live in less deprived areas, and lower for children who live in more deprived areas.
22. South Oxfordshire (37.4%) had the lowest percentage of children (eligible for FSMs) who had a good level of development compared to the other Oxfordshire districts.
23. The percentage of children with FSM status achieving the expected level in the phonics screening check in Year 1 was 10 percentage points lower in Oxfordshire than the England value (51.9% compared to 62%).
24. The 2021/22 early years foundation stage results show Oxfordshire has a lower percentage of children eligible for FSMs who had a good level of development (43.1%), than the South East (47.4%) and England (49.1%) rate.
25. **Mental Health** - Between 2020-21 and 2022-23, the number of referrals of Oxfordshire patients to Oxford Health for mental health services increased by 23% for people aged 0-4.
26. **Disability** - Areas of Oxfordshire ranked as more deprived on child poverty also have higher rates of children and young people on the Oxfordshire disability register.
27. **Children cared for** - The proportion of Oxfordshire's cared for children who were placed more than 20 miles from their home and outside Oxfordshire remained at 36% as at March 2022. The Oxfordshire rate is above the regional and national rates.
28. **Living Well**

Despite Oxfordshire's relative affluence there are wide inequalities in health and wellbeing. The cost of living, including house/rental prices, energy prices, cost of food etc. are continuing to increase, and in many cases are above the England average. There are 13,636 people providing over 50 hours of unpaid care in Oxfordshire, many of whom are not in good health. Some health conditions are above the national average including cancer and osteoporosis.
29. **Carers** - Census 2021 shows 52,674 (7.7%) of residents in Oxfordshire were providing unpaid care, of which 13,636 (2%) were providing 50+ hours. In

England, the proportion of people who provided 50 or more hours of unpaid care a week was 2.8% in 2021. 23% of people providing unpaid care in Oxfordshire were not in good health (self-reported). This was below (better than) the national average of 28% of people providing unpaid care in England who were not in good health.

30. **Health Conditions** - The prevalence of cancer in Oxfordshire in 2021-22 was above the national average.
31. The prevalence of Cancer and Osteoporosis in Oxfordshire were above the England average.
32. Two of Oxfordshire's small areas, Banbury Ruscote and Banbury Neithrop had significantly higher rates of hospital admissions for coronary heart disease than England.
33. Six of Oxfordshire's small areas had significantly higher rates of hospital admissions for heart attacks than England.
34. People with learning disabilities (LD) are likely to have much higher rates of certain health conditions than the general population. Rates of Epilepsy are almost 30 times as high for people with LD.
35. Some small areas of Oxfordshire experience significantly higher standard mortality ratios than the average with the high rates of deaths from cancer, circulatory diseases and stroke for people aged under 75.
36. **Mental health** - The prevalence of depression in adults has further increased in Oxfordshire, however remained just below the England average
37. **Economic activity** - Data shows 82.2% of people aged 16-64 are economically active in Oxfordshire. This is above the England average (78.7%).
38. Oxfordshire has a greater proportion of those who are economically inactive due to being a student (33.0%) and retired (23.4%) than the England average. Of those that are economically inactive, 88.6% of people in Oxfordshire did not want a job, this is lower (worse) than the England average (82.1%).
39. The Census 2021 shows some of the small areas that have the highest levels of economic inactivity due to long term sickness or disability. These are Blackbird Leys (9%), Northfield Brook (9%) and Banbury Grimsbury (8%). This is above the South East (3.1%) and England (4.1%) average.
40. **Deprivation and poverty** - According to the Census 2021, there were areas of Oxfordshire that were classified as deprived on four dimensions including education, employment, health, and housing. Households were deprived if they met one or more of the four dimensions of deprivation. Parts of Blackbird Leys, Banbury Ruscote, Greater Leys, Littlemore, and Rose Hill were deprived in three or four dimensions.
41. Oxford City (10.0% of households) remains significantly worse than the regional average (8.4%) on fuel poverty².

² Fuel Poverty - Fuel poverty in England is measured using the Low Income Low Energy Efficiency (LILEE) indicator. A household is considered to be fuel poor if: they are living in a property with a fuel poverty energy efficiency rating of band D or below and when they spend the required amount to heat their home, they are left with a residual income below the official poverty line.

42. ONS (Office for National Statistics) data shows that rising prices of food are having a disproportionate effect on lower income households.
43. The cost of renting in Oxfordshire is 49% higher than England.
44. The cost of house-buying in Oxfordshire is 61% higher than England (based on lower quartile price paid).
45. **Loneliness** - Oxfordshire was ranked the loneliest county compared with its statistical neighbours. The districts ranked highest on the rate of adults who felt lonely always/often or some of the time were Oxford City and Cherwell, which were each significantly above the Oxfordshire (24%) and national (22%) averages.
46. **Crime** - In 2022 (Jan-Dec) Thames Valley Police recorded a total of 7,818 victims of domestic abuse in Oxfordshire. This was 2% above the 3-year average for the years 2019 to 2021, with the greatest increases in West Oxfordshire (+7%) and Cherwell (5%).
47. **Built and natural environment** - Twenty-two of Oxfordshire's small areas were rated as having the worst carbon footprint per person in the county. Some were rated in the worst 1% in England.

48. **Ageing Well**
Oxfordshire's population is ageing, with a substantial recent and predicted growth in the number of older people and decline in younger people. There are clear inequalities in life expectancy across Oxfordshire and the number of hospital admissions due to falls is above the national average. We have also seen an increase in the uptake of mental health services for older people and the dementia diagnosis rate is significantly worse than the England average.
49. **Life Expectancy** - The number of years spent in poor health in Oxfordshire has remained unchanged at 15.5 years for females and 13.6 years for males.
50. There are clear inequalities in Life Expectancy across Oxfordshire. Males living in the more affluent areas of the county are expected to live around 11 years longer than those in poorer areas. For females, the gap in life expectancy is around 12 years.
51. **Falls** - In 2021-22 the rate of hospital admissions due to falls in Oxfordshire was above the national average. Oxford City has had a consistently high rate of admissions due to falls, the rate in Cherwell has seen a significant increase and was statistically above (worse than) the England average.
52. **Mental Health** - Between 2020-21 and 2022-23, the number of referrals of Oxfordshire patients to Oxford Health for mental health services increased by 9% for people aged 80-84.
53. **Dementia** - The estimated dementia diagnosis rate (aged 65 and over) in Oxfordshire (60.7%) is significantly worse than the England (62%) average. The higher the percentage the better.
54. **Adult social care** - Older adult social care users (living at home) are more likely to be living in urban areas of Oxfordshire than the general older population.

Areas with higher rates of adult social care users living at home include the more deprived urban areas of Oxfordshire in Oxford, Banbury, and part of Abingdon.

55. **Prevention**

56. **Mortality** - The highest rates of preventable mortality found in males by district (2018-20) were in Oxford City and West Oxfordshire. The highest rates for females were in Cherwell and Oxford City.

57. In the five-year period, 2016 to 2020, Oxfordshire had a total of 3,230 deaths considered preventable in people aged under 75 years. Oxfordshire had the second lowest rate of deaths from causes considered preventable under 75 years (calendar years 2016 to 2020) in its group of statistical neighbours and was well below (better than) the national average.

58. **Tobacco** - Between 2017 and 2019 (combined 3 years), there was an estimated 1,698 tobacco-related deaths in Oxfordshire. The rate of deaths was below the England average. However, the ONS Annual Population Survey shows the prevalence of smoking in working age adults in routine and manual occupations in Oxfordshire was 30.7%. This was well above the England rate of 24.5%.

59. **Alcohol** - Under 18s admissions were higher in females than males. In the most recent data the rate per 100,000 in Oxfordshire was 22.2 in males (similar to England and South East) and 46.9 in females (significantly worse than England and South East).

60. **Obesity and physical exercise** - Cherwell had the highest (65.8%) percentage of adults classified as overweight or obese. This was above the England average of 63.5%. (Chapter 5 slide 27). Adults on the learning disabilities register had a higher rate (68%) of being classified as obese or overweight than those who were not on the register (58%).

61. There are clear inequalities for childhood obesity by deprivation, sex, and ethnic group. Combined 5-year data for 2016/17 to 2021/22 shows that children were more likely to be obese in the more deprived areas of Oxfordshire (a pattern observed nationally). In Oxfordshire primary schools, the prevalence of obesity was highest in boys than girls and in Black and Asian groups.

62. A slightly higher percentage of Oxfordshire adults meet the physical activity guideline than national and regional figures, but roughly 1 in 4 Oxfordshire adults do not. Recent figures show 46.6% of children and young people in Oxfordshire were achieving an average of 60 minutes of physical activity per day, similar to the national average of 47.2%.

63. **Oral Health** - Data collected during the 2021 to 2022 school year shows that 18.5% of 5-year-olds in Oxfordshire had experienced tooth decay, significantly lower (better) than the national average of 23.7%. However, Oxford was significantly worse than the Oxfordshire average. (Chapter 5 slide 46)

How the findings will be used

64. The main [JSNA report is published in full on Oxfordshire Insight](#) for use by organisations, local communities and residents.

65. The report is accompanied by interactive dashboards to allow users to explore and find data for topics and local communities.
66. As in previous years, the JSNA will be widely disseminated to partners represented on the HWBB. Further JSNA presentations are also planned for the Oxfordshire Analyst Network and will be provided to partners on request.
67. The JSNA report and related resources are used widely as part of service planning. Recent examples include providing benchmarking information on hospital admissions due to falls, data on the health and care workforce, supporting the review of care beds and the latest information on Mental Health and Wellbeing for the Commissioning team.
68. The JSNA will inform the future version of the Health and Wellbeing Board's Joint Local Health and Wellbeing Strategy

Planning the 2024 update to the JSNA

69. The next update to the JSNA board will be mid-2024 with date to be confirmed.
70. The format of the JSNA will be reviewed and work carried out to continue to improve accessibility and the scope of the JSNA's interactive resources.

Financial Implications

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

Legal Implications

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

ANSAF AZHAR, CORPORATE DIRECTOR FOR PUBLIC HEALTH AND WELLBEING

Contact Officer: Steven Bow
Interim Consultant in Public Health
Steven.Bow@oxfordshire.gov.uk

June 2023

Annex 1 - Oxfordshire JSNA health and wellbeing facts and figures 2023

Oxfordshire JSNA, health and wellbeing facts and figures 2023

