

Oxfordshire Health and Wellbeing Board

26th September 2024

Oxfordshire Joint Strategic Needs Assessment 2024 & Pharmaceutical Needs Assessment 2025 update

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RECOMMENDATION

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

1. Approve the content of the Joint Strategic Needs Assessment for 2024 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.
3. Note requirements and plans for publishing the update of the Pharmaceutical Needs Assessment.
4. Agree to the proposed approach and plan to align PNA workplan and steering group with ICS partners. Including a PNA publication date of 1st October 2025.

Joint Strategic Needs Assessment (JSNA)

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, commissioned reports, and information from a range of central government departments. Datasets can take time to process, which means that this 2024 JSNA update includes data from 2021 through to 2024.

4. The JSNA is a contemporary assessment of the health and wellbeing needs of the population. However, information about services needed to address population needs is beyond the scope of the JSNA. In some cases, the data may not be recent enough to reflect changes in services.
5. Whilst work is ongoing to transition the JSNA to a dynamic and interactive digital format for 2025, this paper highlights key findings from the 'lighter touch' 2024 Oxfordshire JSNA, as agreed previously by the Health and Wellbeing Board. JSNA 2024 update reports are available, subject to the Board's approval. Please see [Oxfordshire Insight](#).
6. Plans for the continued development of digital JSNA 2025 are also detailed in this paper.

Key findings from the 2024 update of the JSNA

7. A one-page summary of the facts and figures from across the life course in the JSNA 2024 is provided in Annex 1.
8. The Board's attention is also drawn to the following key findings from the JSNA 2024 update reports.

Inclusion Health Groups

9. "Inclusion health" is a term used to describe people who are socially excluded, often underserved and who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. People belonging to inclusion groups tend to have very poor health outcomes, often much worse than the general population and a lower average age of death. This contributes considerably to increasing health inequalities.
10. **Homelessness** - There has been an increasing trend in households owed a homelessness duty in Oxfordshire, and a 39% increase from 2022 to 2023. The numbers of people sleeping rough continues to increase (sampled on a single night each year), with increasing numbers of people from European Union countries. Among Oxfordshire districts, Oxford city has the highest rates of people owed a homeless duty.
11. **Drug and alcohol misuse** - Comparing the pre-pandemic 5-year average (2015/16 to 2019/20) with the 2022/23 count shows a slight decline in those in treatment for opiates and an increase in other substance categories. As of 2022/23 the rate for alcohol-related admissions in Oxfordshire was lower than (better) the national average (347 per 100,000 compared to 475 per 100,000 in England). At county level, admissions for alcohol-specific conditions are falling steadily in under 18-year-olds. However, deaths due to alcohol (all age) are increasing.
12. **Vulnerable migrants** - Although many migrants come to the UK to work or study and are young and/or healthy, some may have increased health needs associated with their experiences either before, during or after migration. At the end of 2023, there were 3,556 people counted in more vulnerable migrant population groups in Oxfordshire. The number of unaccompanied asylum-seeking children in Oxfordshire in 2023 was almost double that seen in each of the previous four years (104 children in 2023). Of the Oxfordshire districts, West Oxfordshire has the highest number of people belonging to specified immigration groups (Homes for Ukraine, Afghan resettlement, supported asylum seekers) per 1,000 population.
13. **Gypsy, Roma and Traveller communities** - This population faces significant discrimination and stigma and are among the most disadvantaged minority groups in the UK. At the time of the 2021 Census, Oxfordshire had a total Gypsy, Roma and Traveller population of 1,880 people. This was 0.26% of the total population, just below the England average (0.29%).
14. **Other vulnerable populations** - Local data for the prevalence and health needs of sex workers in Oxfordshire is lacking, therefore limiting our knowledge of needs for this vulnerable population group. For other vulnerable populations we have prevalence data but need to look to national data or research findings for specific health needs. As of March 2024, the total prison population in

Oxfordshire was 1,391. We have 2,405 children (age 10-17 years) cautioned or sentenced (2022/23), with rates slightly above the regional average. Recorded victims of modern slavery continue to increase, with the highest numbers in Oxford (97 in 2023). In 2023 there were 8,375 police recorded victim survivors of domestic abuse in the County. We have 486 young care leavers (aged 17-21 years) (2023).

15. **Unpaid carers** - Oxfordshire has more than fifty-two thousand residents providing unpaid care, 43% of whom provide more than 20 hours a week of unpaid care (2021). Many carers themselves suffer with long-term health condition(s).

Mental Health and Wellbeing

16. **Children and young people** – Extrapolating from national survey data suggests around 35,700 children and young people in Oxfordshire are suffering with a probable mental disorder. Children with a probable mental disorder are also more likely to live in lower income households and may be less able to afford activities outside of school. They are also less likely to be physically active or spend time in green space.
17. The proportion of primary and secondary school age children who are identified as having social, emotional and mental health need as their primary need, as a percentage of all school pupils, is increasing year on year. This is consistently significantly above the national average. Currently 3,691 pupils in Oxfordshire are supported with a primary need of social, emotional and mental health.
18. The latest data shows the post-pandemic rise in secondary pupils recorded as persistent absentees remains very high at 26.9% (up from 13.5% in 2020/21).
19. **Adults** – Active lives survey data estimates that 6% of people aged 16+ in Oxfordshire feel lonely often or always. Rates of depression continue to increase, with 86,662 currently recorded on GP practice registers (2022/23), including 9,416 newly diagnosed. The cost of living, rising unemployment and high housing costs in Oxfordshire may contribute to poorer mental wellbeing.
20. The population of Oxfordshire is aging and there has been a gradual upwards trend in the prevalence of dementia over the past ten years.
21. There has been a long-term steady decline in unpaid carers reporting enough social contact, although the pattern is in-line with national trends.
22. The prevalence of serious mental illness (schizophrenia, bipolar affective disorder and other psychoses) is 0.88% of patients. This is below the national average.
23. Emergency admissions due to self-harm is falling in recent years.
24. Positively, rates of volunteering in Oxfordshire appear to be higher than the national average and are increasing over time. Volunteering has been shown to have positive benefits for improved mental health and wellbeing.

Special Educational Needs and Disabilities (SEND)

25. Following the 2023 inspection, there has been considerable progress to build a more seamless and robust local area partnership focused on delivering the highest quality services for our children and young people.
26. Alongside the establishment of the SEND Improvement Board and Partnership Development Group, work is focused on three transformation themes: 1. Right Support, Right Time; 2. Right plan Right First Time, Every Time; 3. Right provision, Right Time, Looking to Independence – include representation from all areas of the partnership (including parent/carers).
27. The review of data and the development of data dashboards/key performance indicators is a cross-cutting theme for this transformation work. It is in the final stages of development.
28. There are 15,019 pupils with SEND support in Oxfordshire. The proportion of pupils with Special Educational Needs support in Oxfordshire is above average and increasing. However, the proportion of pupils in Oxfordshire schools with Education Health and Care Plans has remained below the national average. The greatest increase in number of pupils with an Education and Health Care Plan (EHCP) in Oxfordshire has been in primary aged boys and there is a strong link between pupils with EHCP and adversity. Neglect is the most presenting need for children with an EHCP.
29. The primary need in Oxfordshire for SEND support is speech, language and communications followed by social, emotional and mental health. These are higher than the national average and are predicted to continue to increase further locally by 2031.

Healthy Weight

30. Excess weight can lead to serious health consequences such as cardiovascular disease, type 2 diabetes, musculoskeletal disorders, and some cancers. The risk of health problems starts when someone is only very slightly overweight and increases as weight gain increases. Many of these conditions cause long-term suffering for individuals and families, in addition to high costs for the health care system.
31. **Children** - The latest child measurement data shows an improvement (a decrease) in the proportion of children measured as overweight or obese in Oxfordshire, similar to the national trend. At district level, reception-aged children (4-5 years) in Cherwell and Vale of White Horse did not improve as much as the England average and are now similar to the national average (previously better than). At year 6 (aged 10-11 years): Oxford remains the only district similar to (rather than better than) the national average. At smaller geographies, four areas currently have significantly worse proportions of year 6 children with excess weight, corresponding with areas of higher deprivation: Banbury Ruscote (Cherwell), Banbury Grimsbury (Cherwell), and Littlemore & Rose Hill (Oxford) and Blackbird Leys (Oxford).

32. **Adults** - The latest data shows that the prevalence of adults classified as overweight or obese has improved (decreased) in Oxfordshire, in contrast to the national average where the prevalence increased. However, the change (60% in 2021/22 to 57.8% in 2022/23) is not statistically significant. More than two thirds (68%) of adults on Oxfordshire GP practice Learning Disabilities registers were measured as overweight or obese, 10 percentage points above the total adult population.

Gambling Harms

33. Britain has one of the most accessible gambling markets in the world. Concerns regarding the harms associated with gambling have been increasing in the UK in recent years.
34. **Adults** - Estimates for Oxfordshire suggest that just over 18,000 (or 31 per 1,000) adults may benefit from some type of treatment or support for harmful gambling. This is similar to the national figure of 35 people per 1,000 of the adult population.
35. Gambling offline may be more common in populations living in low-income areas of the County, whereas gambling online may be more common in higher-income areas.
36. The levels of support that people with problem gambling may require ranges from brief advice and self-help to psychologist-led cognitive behaviour therapy.
37. **Impacts on children** - It is estimated that more than 10,400 children in Oxfordshire are living in households with an adult who may require treatment and support for gambling.

Local Research

38. Whilst local research approaches, ethos and methodologies vary, insights can help bring the statistical data included in the JSNA to life. It can bring added 'qualitative' depth and, more importantly, highlight the lived experiences and voices of local communities.
39. **Community research** - Recent local research activity in the County includes the establishment of Oxfordshire Community Research Network. This is a network of community groups and organisations, together with local authority, academic and NHS representatives. The network seeks to support more community-led research, to identify research priorities and to facilitate better coordination of public and community involvement in research.
40. Examples of community-led or community involvement in research in 2023 includes work around food insecurity; healthy eating; reducing inequalities in maternal and early years health, including maternal mental health; housing and health; and active travel and use of green space. Healthwatch Oxfordshire have produced several reports related to community experiences of health care services, in addition to their work with community researchers.
41. **Academic research** – Local authority engaged academic research has included work on school children's mental health and wellbeing (Oxwell school survey), and an evaluation of Oxfordshire's new approach to family

safeguarding in children's social care. Oxfordshire County Council is also working more closely with the University of Oxford and Oxford Brookes University through the establishment of a Local Policy Lab (Est.2024) – an initiative to harness the research capabilities and capacity within these universities, to progress work on policy relevant research questions for Oxfordshire.

42. **Needs assessments** - In addition to the JSNA, specific needs assessments on oral health, gambling harms and healthy weight, have been carried out over the past year.

Climate and Health

This section on Climate and Health is new to the JSNA and builds on work related to 2023/24's Director for Public Health Annual Report.

43. **Temperature** - Average annual temperatures continue to rise in Oxfordshire. Against a baseline of annual average temperatures from 1851-1900, the difference has exceeded two degrees Celsius on three occasions, two of which were in the last two years (2006 (+2.00°C), 2022 (+2.43°C), and 2023 (+2.14°C)). Across Oxfordshire, most healthcare facilities are in areas of medium or high heat risk. Oxford City's facilities are the most at risk, with almost all (84%) being in areas of high risk.
44. With increasing concerns around fuel and heating costs, some residents may be more vulnerable to cold winter temperatures. Between 2021 and 2022, the proportion of households in Oxfordshire classified as "fuel poor" increased from 7.9% to 9%, now a total of 26,700 households. This is lower than the south-east (9.7%) and national (13.1%) proportions.
45. **Flooding** - Across Oxfordshire, just one healthcare facility is in a lower risk area for flooding, with the remaining in either medium- or high-risk areas.
46. According to data from The Rivers Trust, comparing 2021 to 2023 there were 1,105 more sewer storm overflow spills counted, an increase of 36%. This amounts to a 15,667-hour increase for the time that untreated sewage flows directly into the environment.
47. **Access to green space** - Public Health evidence shows that that greener neighbourhoods and more exposure to green space correspond to better physical and mental health and wellbeing. A recent report showed that Oxfordshire's accessible greenspace is not evenly distributed, and over 50% of land area in the county (51% to 66%) does not meet any of the Accessible Greenspace Standards (2024).
48. **Air quality** - there are 11 designated Air Quality Management Areas (AQMAs) in Oxfordshire. 2022 monitoring showed that 3 areas (Banbury, Botley and The Plain in Oxford) exceeded the national target for NO₂ of 40 µg/m³. In 2023 The Plain in Oxford was within the legal limit. It is estimated that fine particulate air pollution's effect on mortality in Oxfordshire was equivalent to 354 deaths in 2022. Note that this is not an estimate of deaths directly caused by air pollution but a total representing the contribution of air pollution to all deaths.

49. **Food insecurity** - Across the UK, the number of people in 'food insecure' households rose to 7.2 million in 2022/23, an increase of 2.5 million people since 2021/22. The main reason for an increase in food insecurity was a sharp increase in food prices in 2022/23. The Priority Places for Food Index (PPFI) was initially developed in response to the 2022 cost of living crisis which has put many communities under severe financial pressure and at an increased risk of food insecurity. Cherwell contains the greatest number of highest priority areas (7) while Oxford has the highest percentage of the total in the district (7%). Both Cherwell and Oxford contain both the greatest number and proportion of high priority areas. Of the 34 areas that are ranked as priority 3 or higher, 30 of these are in Cherwell (12) or Oxford (18).
50. **Greenhouse gas emissions** - Between 2008 and 2021, domestic greenhouse gas emissions in Oxfordshire fell by 35%. Per dwelling emissions have reduced by 42%, from 6.0 to 3.5 tCO₂e per dwelling. The district with the lowest domestic emissions per dwelling was Oxford followed by Cherwell. This difference by district will be influenced by the differing profiles of type of dwelling.

Republishing the 2023 JSNA in individual Chapters

51. This is a cosmetic change rather than a content update. Previously, the JSNA was only available as a large PDF document. This document had in-built functionality to navigate its many (300+) pages, however we wanted to provide users a different way to access the JSNA in more convenient, theme-specific documents.
52. To this end, alongside the original document, the JSNA has now been separated into smaller documents. The JSNA website page has also been restructured to make this subdivision of themes more obvious to users accessing the site.

How the findings will be used

53. The main [JSNA report is published in full on Oxfordshire Insight](#) for use by organisations, local communities and residents.
54. The report is accompanied by interactive dashboards to allow users to explore and find data for topics and local communities.
 - [Oxfordshire Local Area Inequalities dashboard](#)
 - [Oxfordshire Population Dashboard](#)
 - [Interactive Early Years JSNA dashboard](#)
 - [Interactive healthy weight story maps](#)
 - [Index of Multiple Deprivation 2019 dashboard](#)
 - [Oxfordshire Local Skills dashboard](#)
55. 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.

56. The 2024 JSNA was used to inform the new [Health and Wellbeing Strategy 2024-2030](#) and will be reviewed as part of the work on the Health and Wellbeing Strategy outcomes reporting.
57. The JSNA report and related resources are used widely as part of service planning. Recent examples include providing population projections for commissioning strategies, use of carers data for the Unpaid Carers Strategy and Action Plan, data on protected characteristics as part of service reviews and contextual data as part of the development of [The Oxfordshire Way in Adult Social Care](#).

Planning the 2025 update to the JSNA

58. Following the March 2024 Health and Wellbeing Board meeting, it was proposed that the transition to a digital product in 2025 will be directed by a steering group with representatives from partners of the Health and Wellbeing Board and any other relevant stakeholders. This will ensure that it involves and reflects the needs of residents, patients and partners across Oxfordshire. Steering group members continue to be sought, with invitations extended to colleagues and partners when sharing the recent updates to the 2024 JSNA. Please see Annex 2 for a planned roadmap for the development of the Digital JSNA.
59. A proposal, outlining a change to the Oxfordshire Insight microsite was submitted to IT Programme Board on 8th August 2024. This project is twofold – firstly the development and publication of a new site in Autumn 2024, alongside the second strand of moving current content onto the new platform by end January 2025. The new digital approach to the JSNA will be a flagship project as part of this second and ongoing phase – and will also be linked into the Business Intelligence Strategic Transformation Programme.
60. The next progress update of the Digital JSNA will be presented to the December 2024 meeting of the Health and Wellbeing Board.

Pharmaceutical Needs Assessment

61. The publication of the Pharmaceutical Needs Assessment (PNA) is a legal duty of the Oxfordshire Health and Wellbeing Board.¹ It is a comprehensive assessment of the current and future pharmaceutical needs of the local population, and the extent to which the current service provision meets these needs.² An updated map of pharmacy provision within the County can be found on the [PNA section of Oxfordshire Insight](#).
62. The [previous Oxfordshire PNA](#) was published on 1 April 2022 and is due to be updated by 31 March 2025.
63. As with many parts of the health and care system, there have been changes in the pharmacy landscape since the publication of the last PNA in 2022. The ICS has been established with the commissioning of pharmacies now delegated to ICBs from NHS England.
64. Key members of the PNA steering group are representatives from NHS pharmacy and primary care, previously working within the Oxfordshire Clinical Commissioning Group, and now incorporated within the BOB ICB, and Community Pharmacy Thames Valley.
65. Due to allowances made during the COVID-19 pandemic, most Health and Wellbeing Boards in England published their last PNA on 1 October 2022, including the four other boards within the BOB ICS area.
66. To allow one PNA steering group across BOB ICS, it is proposed that the development and publication of the Oxfordshire PNA be aligned with the other HWBB PNA publications, and to post-pone publication until 1 October 2025. As planned, there would be no change to the agreed approach, and an Oxfordshire specific PNA would be produced with consultation with Oxfordshire residents, however, alignment across BOB ICS would allow a more coordinated approach from NHS colleagues and the Local Pharmacy Committee. Additionally, this approach would allow better assessment of needs at the County boundaries. It is proposed that an interim or draft PNA would be used to highlight any gaps in need during the period March-October 2025.

Financial Implications

67. 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.

¹ [The National Health Service \(Pharmaceutical and Local Pharmaceutical Services\) Regulations 2013 \(legislation.gov.uk\)](#)

² [National Health Service Act 2006 \(legislation.gov.uk\)](#)

Legal Implications

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

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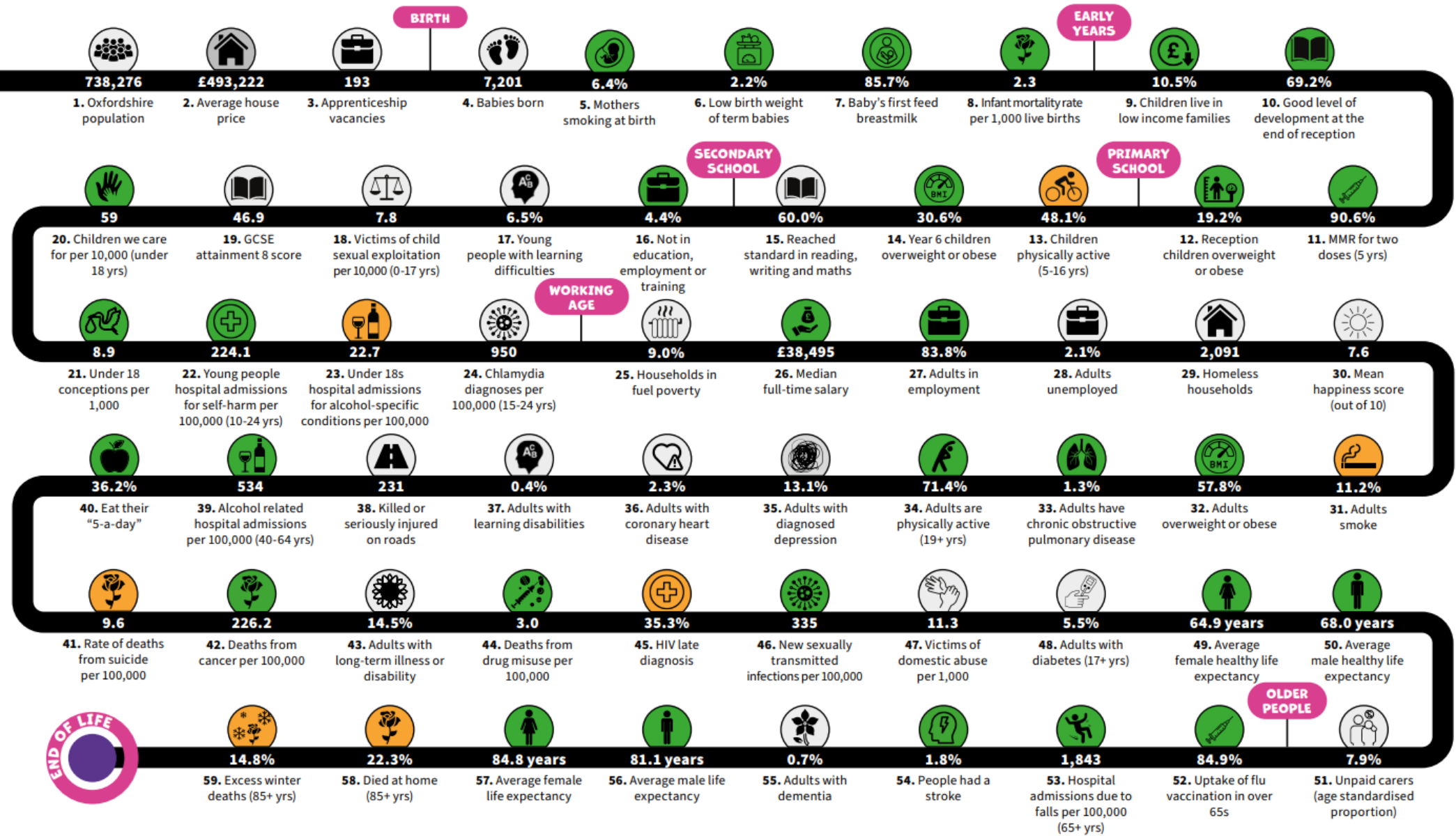
September 2024

Annex 1 - Oxfordshire JSNA health and wellbeing facts and figures 2024

Annex 2 - Digital JSNA development roadmap

Annex 1 - Oxfordshire JSNA health and wellbeing facts and figures 2024

Compared to England average (statistical significance indicated by icon colour): ● Worse ● Similar ● Better ● Not compared



Digital JSNA development roadmap

JSNA 2024 update (September 2024)

- To be published online for the HWB

Collaborative development on Digital JSNA (October and November 2024)

- Collect, clean, and process relevant data
- Work with ITID to build dashboards, focussing on one theme

Collaborative development on the Digital JSNA (January to May 2025)

- Collect, clean, and process relevant data
- Work with ITID to continue building remaining dashboards

Launch Digital JSNA (August 2025)

- Deploy dashboard
- Establish monitoring and maintenance plan

Establish Digital JSNA (September 2024)

- Engage stakeholders
- Define purpose(s) of Digital JSNA
- Define audience(s)
- Create draft designs

Update HWB (December 2024)

- Share progress of Digital JSNA with some worked examples

Test Digital JSNA (June and July 2025)

- 'Red team' the Digital JSNA and log problems
- Test the dashboard with representative users
- Work with ITID to solve identified issues and update design