Oxfordshire Case for Change
Needs Assessment
and Locality summaries

FINAL

June 2017

Introduction

- This pack has been developed from the Oxfordshire Joint Strategic Needs Assessment and a wide range of health indicators
- The main sections set out data by theme for the Oxfordshire Clinical Commissioning Group (OCCG) area or Oxfordshire county area and district or OCCG locality areas within Oxfordshire where possible. Some national survey data has been included where relevant.
- The final section provides locality summaries with a range of indicators showing the variation in health outcomes across each OCCG locality area

CONTENTS

Summary

Summary – Oxfordshire in context

- Oxfordshire has a **growing and ageing population** and a population that is continuing to become **more ethnically diverse**.
  - Between 2017 and 2032 the younger population (aged below 60) is expected to increase by **+4,800** while the older population aged 60 and over is expected to increase by **+58,100**
- **Oxford city and Banbury have higher rates of overall deprivation, child poverty and poverty affecting older people.**
- An increasing proportion of people are providing unpaid care and **older carers are in poorer health than average**
- **House prices and rents are well above average** and buying a family home now needs 2-3 times median income in Oxfordshire
- **Car ownership has increased significantly in Oxfordshire.** National data shows there has been a decline in children walking to school.
- **An estimated 60% of people in Oxfordshire** aged 16+ were classified as **overweight or obese. 20% of children aged 4-5** and **31% of children aged 10-11** were measured as overweight or obese.
- Areas of Oxfordshire with higher rates of overweight children are also those ranked as relatively deprived. Rates of excess weight are higher in ethnic minority groups. National data shows a decline in physical activity by boys.

Summary – health

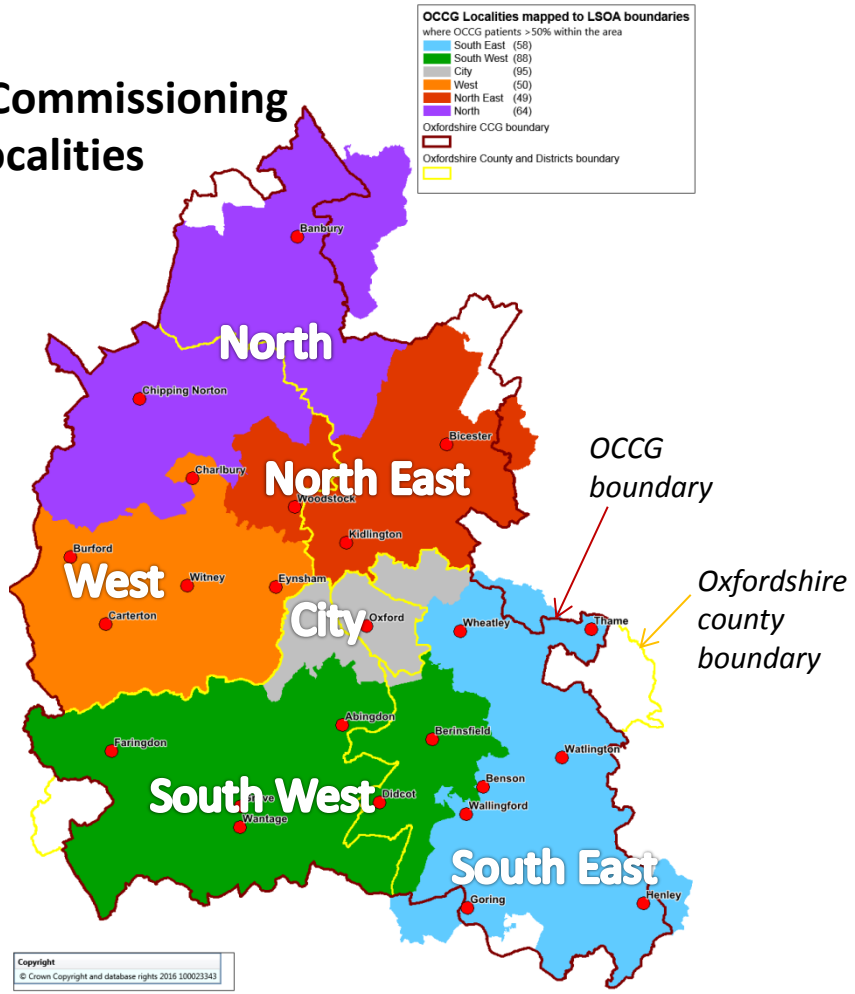
- **Life expectancy** is increasing in Oxfordshire and there is a decreasing gap between males and females. There are clear inequalities, with people in the most deprived areas of Oxfordshire having significantly lower disability free life expectancy than people in the least deprived
- Wards in Oxfordshire with **above-average mortality rates** are mainly those also ranked as most deprived
- **Cancer** was the leading cause of death and the highest cause of preventable deaths for people aged under 75 in Oxfordshire
- Health conditions with a higher than average prevalence in Oxfordshire CCG were **cardiovascular disease, cancer and depression**
- 18 wards in Oxfordshire had significantly higher than average hospital admissions for **intentional self harm**
- Emergency **admissions due to falls** in Oxfordshire was statistically above the national average
- There is an increasing use of health services overall and health services per person
- There has been an **increase in referrals for mental health services** in Oxfordshire **especially in the younger age groups**
- An increasing number and proportion of older social care clients are supported at home

Geography

Geography of Oxfordshire and Oxfordshire Clinical Commissioning Group

Oxfordshire and districts

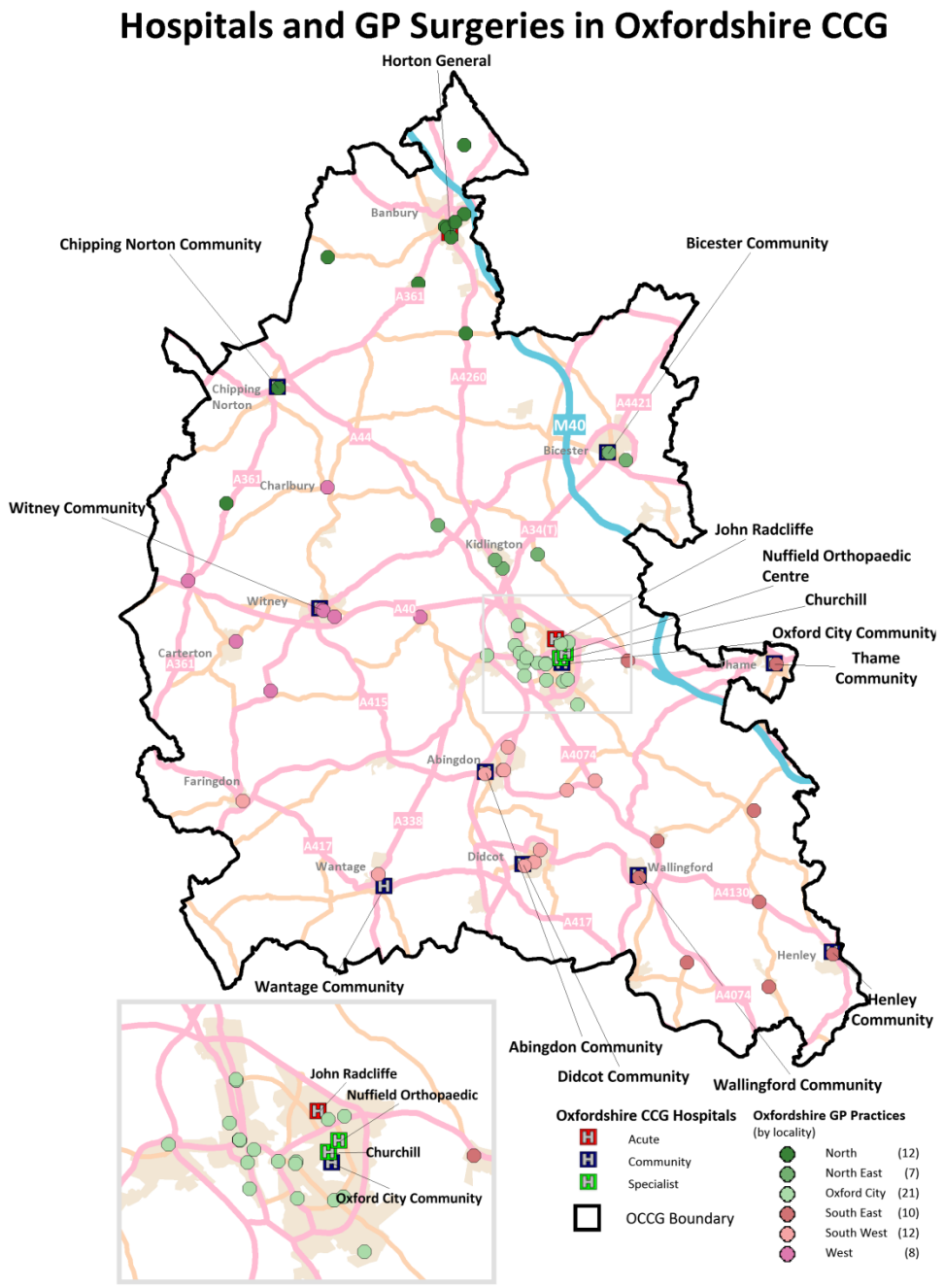
Clinical Commissioning Group localities



Hospitals providing specialist services and GP practices in Oxfordshire

Oxfordshire has:

- 4 Acute hospitals: John Radcliffe hospital, Nuffield Orthopedic Centre, Churchill hospital and the Horton hospital in Banbury
- 9 Community hospitals: Abingdon, Bicester, Chipping Norton, Didcot, Henley, Oxford, Thame, Wallingford, Witney
- 70 GP practices



GP Practice Location data from NHS Digital via UK Health Dimensions. June 2017

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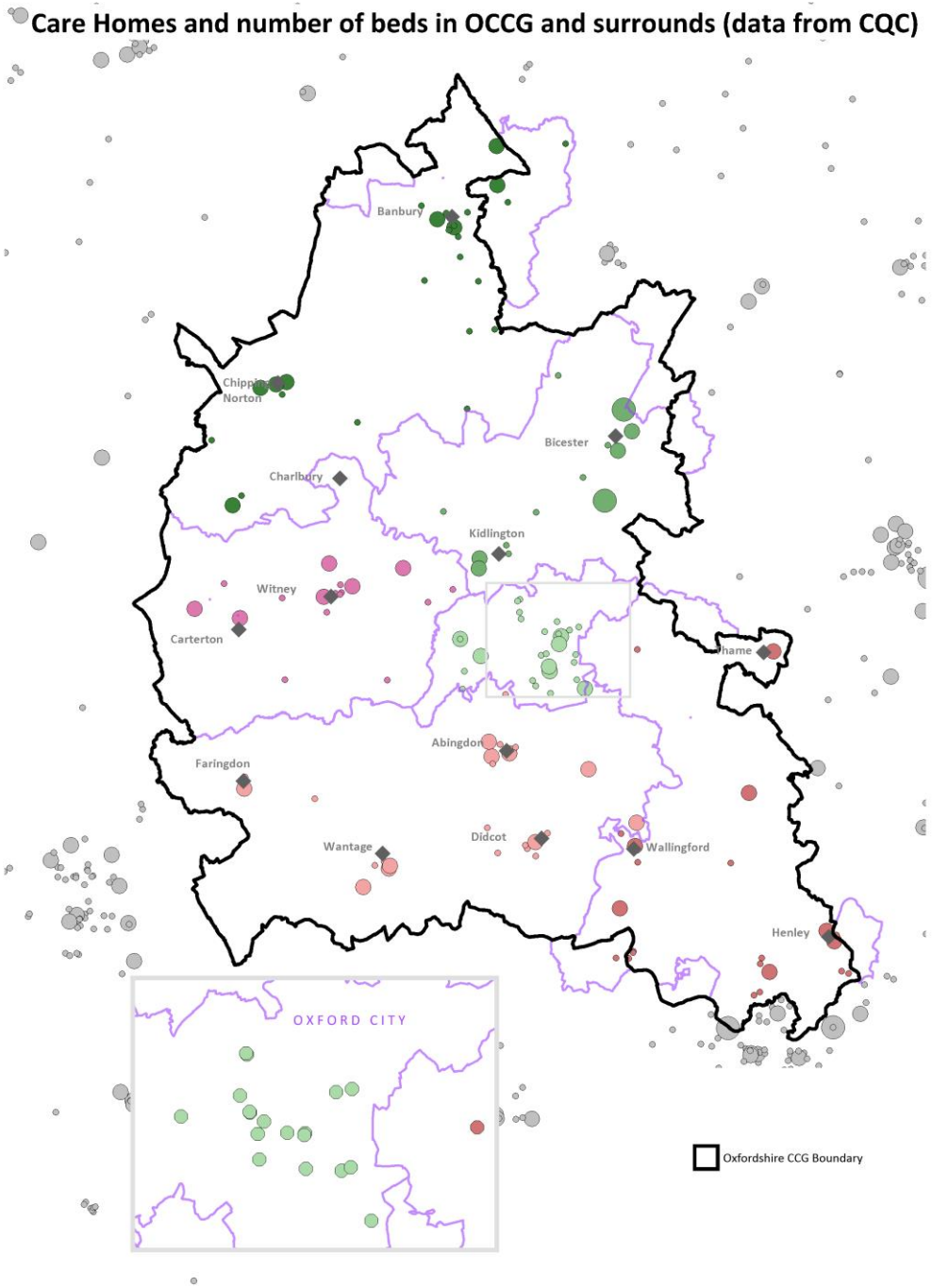
Care homes

- There was a total of 138 care homes within the Oxfordshire CCG localities providing just over 5,000 beds

	Count of care homes	Care home beds
North	27	972
North East	14	645
West	18	647
Oxford City	29	1,011
South East	21	795
South West	29	991
Oxfordshire CCG	**138**	**5,061**



Note that this analysis is for care homes and beds in wards within the locality areas and is consistent with data in the locality annex

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Population projections

Predicted future growth in population – sources of data (1)

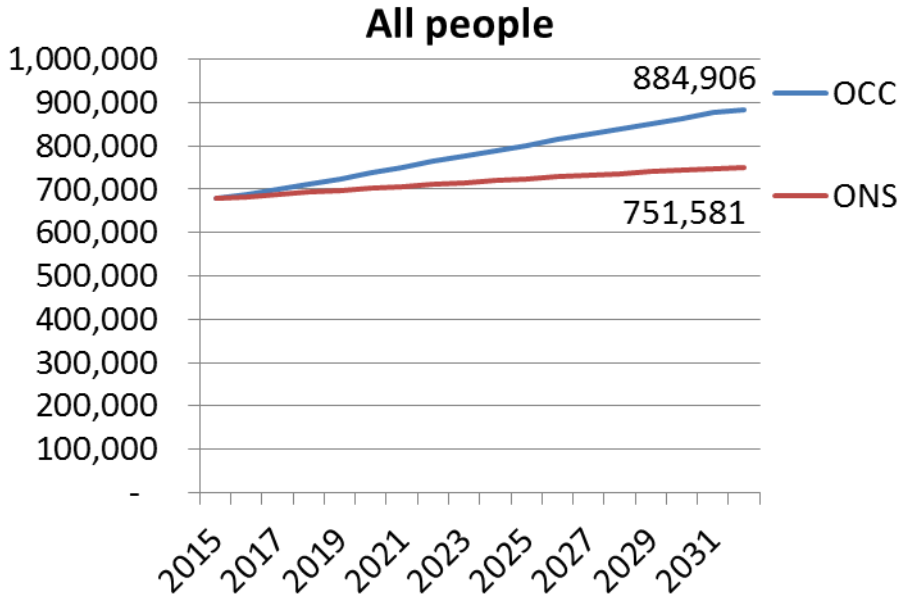
There are two main sources of data on the future growth in population:

- **Oxfordshire County Council** provides forecasts on the basis of how the population has changed in the past AND **assumptions about growth in housing.**
  - *The latest set of County Council forecasts (December 2016) include housing totals between 2015-16 and 2030 which have been derived from the total growth thought likely to be contained in post-Strategic Housing Market Assessment local plans for the period to 2030. There is no detail yet available about which year development will occur in so, in each district, the same number of housing completions have been added per year.*
- The **Office for National Statistics** provides estimates of future population on the basis of how the population has changed in the past i.e. **trend-based projections.**
  - *The latest release of ONS projections are 2014-based. The 2016-based projections are expected to be published in mid 2018.*
- **The County forecasts predict a higher future growth in population than ONS.**

Predicted future growth in population – sources of data (2)

- Oxfordshire County Council (OCC) forecasts include assumptions about future growth based on housing need as set out in the Strategic Housing Market Assessment. The forecasts have been included in the Stage 1 report of the Oxfordshire Infrastructure Strategy
- Office for National Statistics forecasts are based on past trends
- ONS data is produced for all Local Authority areas, allowing Oxfordshire's population growth to be compared with other areas
- Difference..
  - The OCC housing-based predictions suggest a total population in Oxfordshire of almost 900,000 by 2032
  - This is over 100,000 people above the ONS forecast

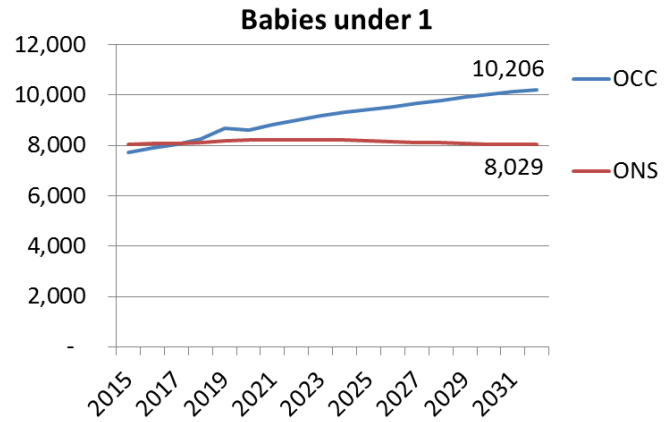
Comparison of Oxfordshire County Council and ONS population forecasts 2015 to 2032

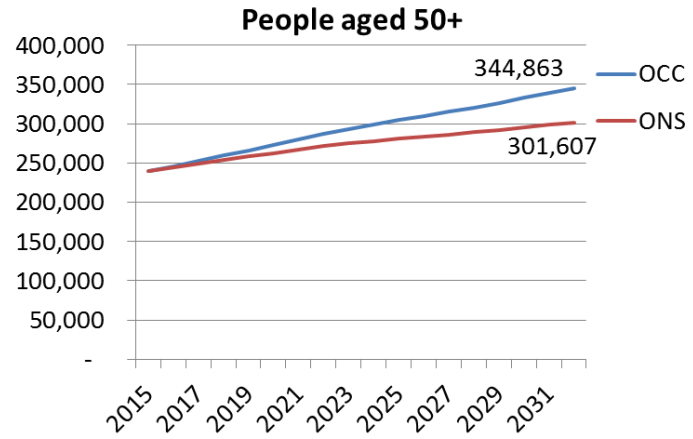


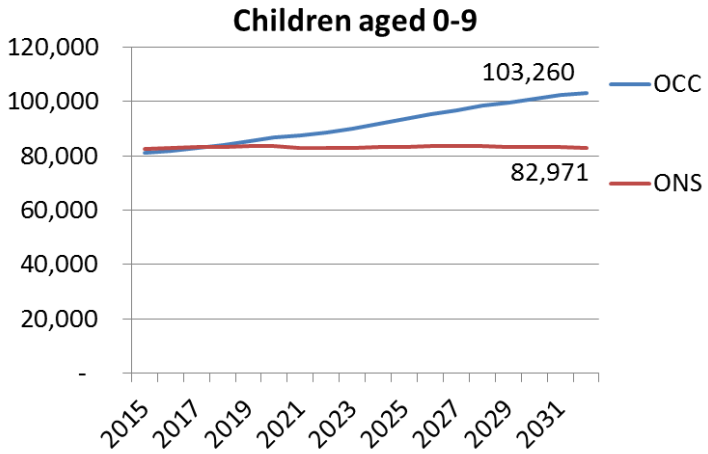
Source: Oxfordshire County Council 2015-based population projections (Dec16) ONS 2014-based population projections
Oxfordshire Infrastructure Strategy Stage 1 report www.oxfordshire.gov.uk/cms/content/oxfordshire-growth-board

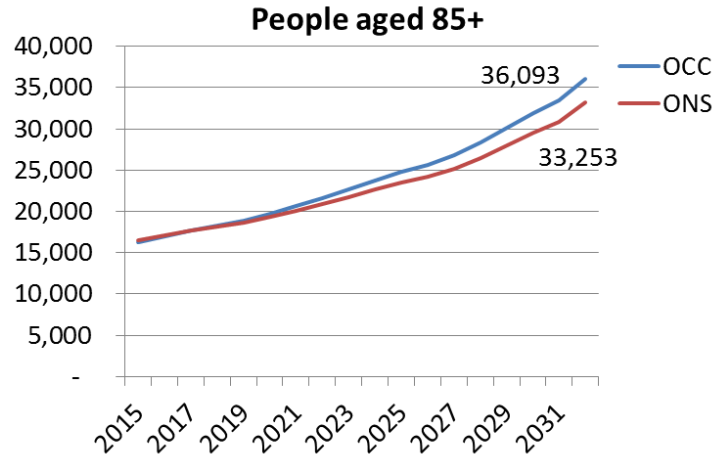
Predicted future growth in population – sources of data (3)

Comparison of Oxfordshire County Council and ONS population forecasts 2015 to 2032









Source: Oxfordshire County Council 2015-based population projections (Dec16) ONS 2014-based population projections
Oxfordshire Infrastructure Strategy Stage 1 report www.oxfordshire.gov.uk/cms/content/oxfordshire-growth-board

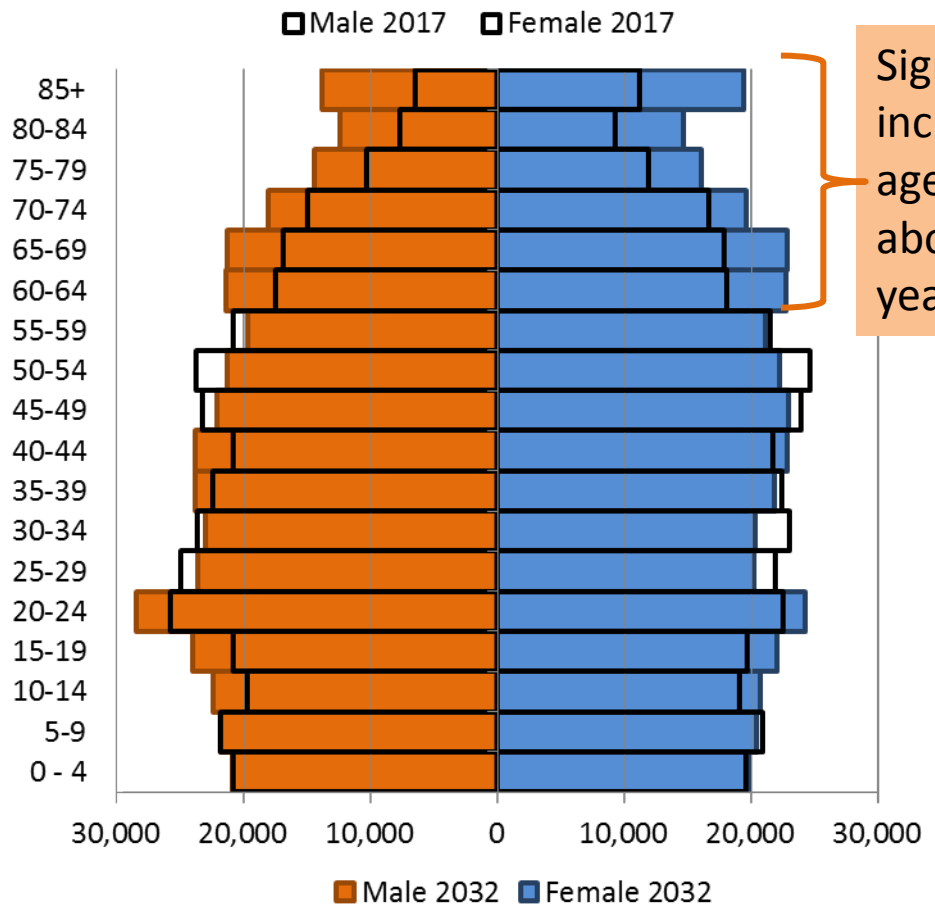
Population data used in this pack

- Office for National Statistics population data is used for the majority of this pack as:
  - this is the data source used by Public Health England as the denominator for health indicators and
  - ONS data enables comparisons between Oxfordshire and other areas
- ONS projections are published for Oxfordshire county and districts. Projections are not available for smaller areas or localities within Oxfordshire CCG

An ageing population

- The ONS projected population of Oxfordshire by age and gender shows a significant increase in each age band above 60 years
- Between 2017 and 2032:
  - the population aged below 60 is expected to increase by **4,800**
  - the population aged 60 and over is expected to increase by **58,100**

Oxfordshire Population by gender 2017 vs 2032 (ONS)

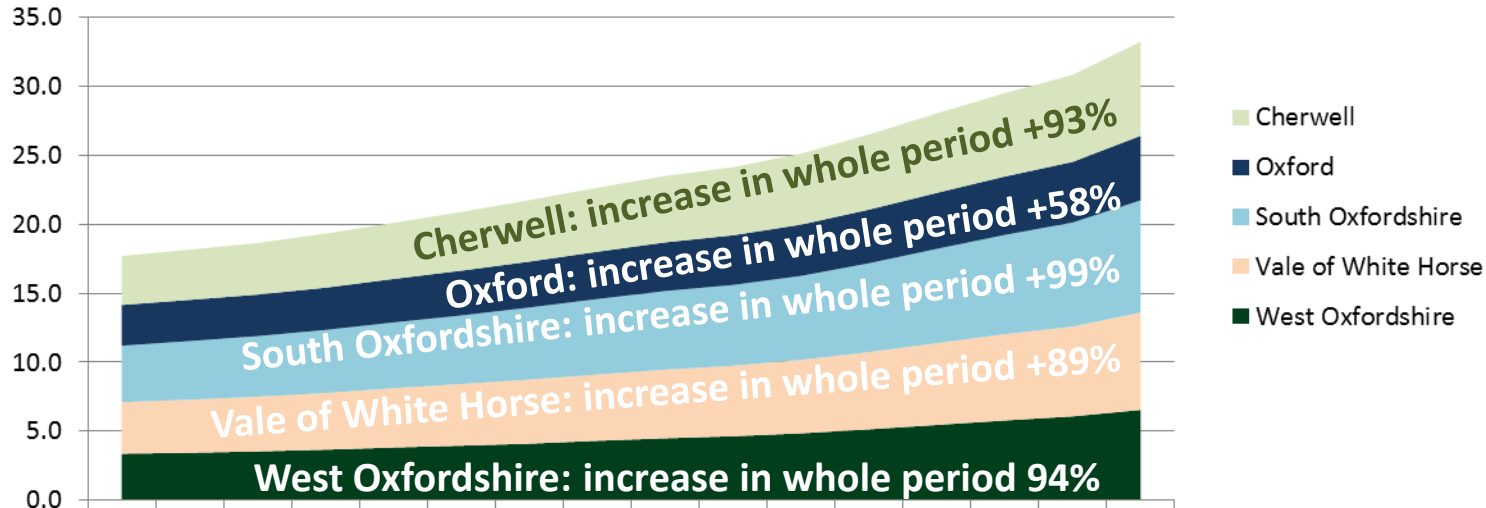


Source: ONS 2014-based population projections

Significant increase predicted in the number of people aged 85 and over

- The increase in the population aged 85 and over between 2017 and 2032 in Oxfordshire is predicted by ONS to be +15,600 (+88%)
- This is above the growth expected in the South East (82%) and England (78%)

Projected population aged 85 and over 2017 to 2032 (thousands) by district



	2017	2018	2019	2020	2021	2022	2023	2024	2025	2026	2027	2028	2029	2030	2031	2032
Cherwell	3.5	3.6	3.7	3.9	4.1	4.3	4.5	4.6	4.8	4.9	5.1	5.4	5.8	6.0	6.3	6.8
Oxford	3.0	3.0	3.0	3.1	3.2	3.2	3.3	3.4	3.5	3.6	3.7	3.9	4.1	4.2	4.4	4.7
South Oxfordshire	4.1	4.2	4.4	4.6	4.8	5.0	5.2	5.5	5.7	5.9	6.1	6.4	6.8	7.2	7.6	8.1
Vale of White Horse	3.7	3.9	4.0	4.1	4.3	4.5	4.6	4.8	5.0	5.1	5.3	5.6	5.9	6.3	6.5	7.1
West Oxfordshire	3.4	3.4	3.5	3.7	3.8	3.9	4.1	4.3	4.5	4.6	4.8	5.1	5.4	5.8	6.1	6.5

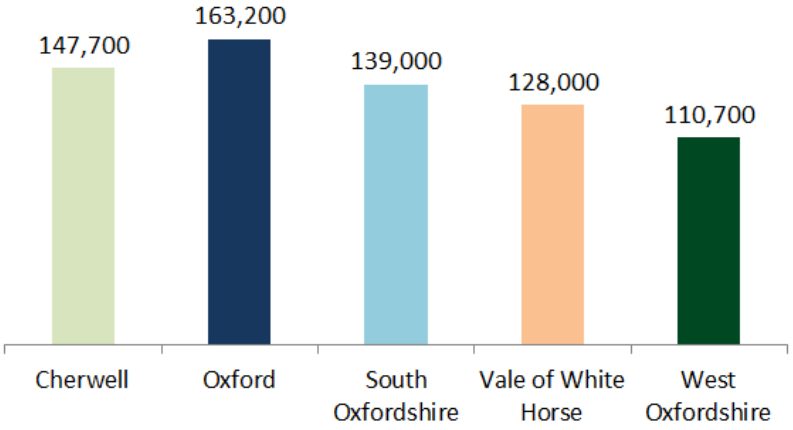
Source: ONS 2014-based population projections

Population groups

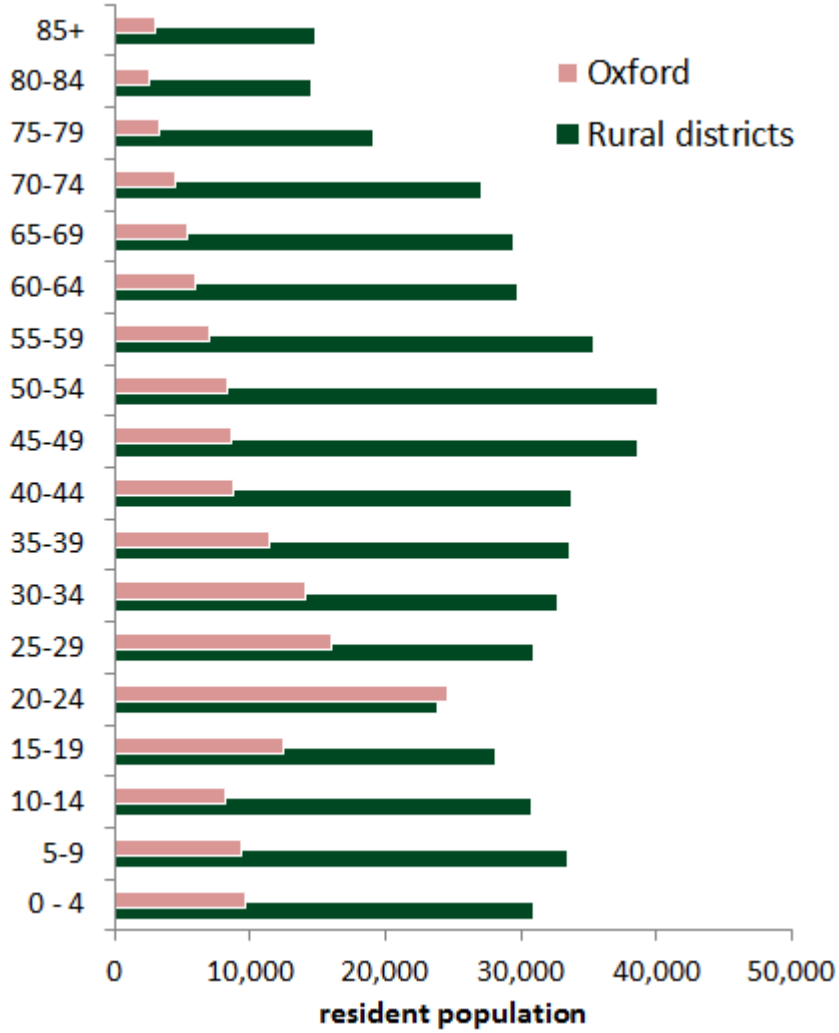
Population mid-2017

- As of mid-2017 the population of Oxfordshire is estimated to be **688,600**
- The age profile of Oxford city is very different to surrounding rural districts with a much higher proportion of people in younger age groups (including students) living in the city

Total estimated resident population



Population by age 2017 Oxford city vs Rural districts (Cherwell, South Oxfordshire, Vale of White Horse, West Oxfordshire)



Source: ONS 2014-based population projections

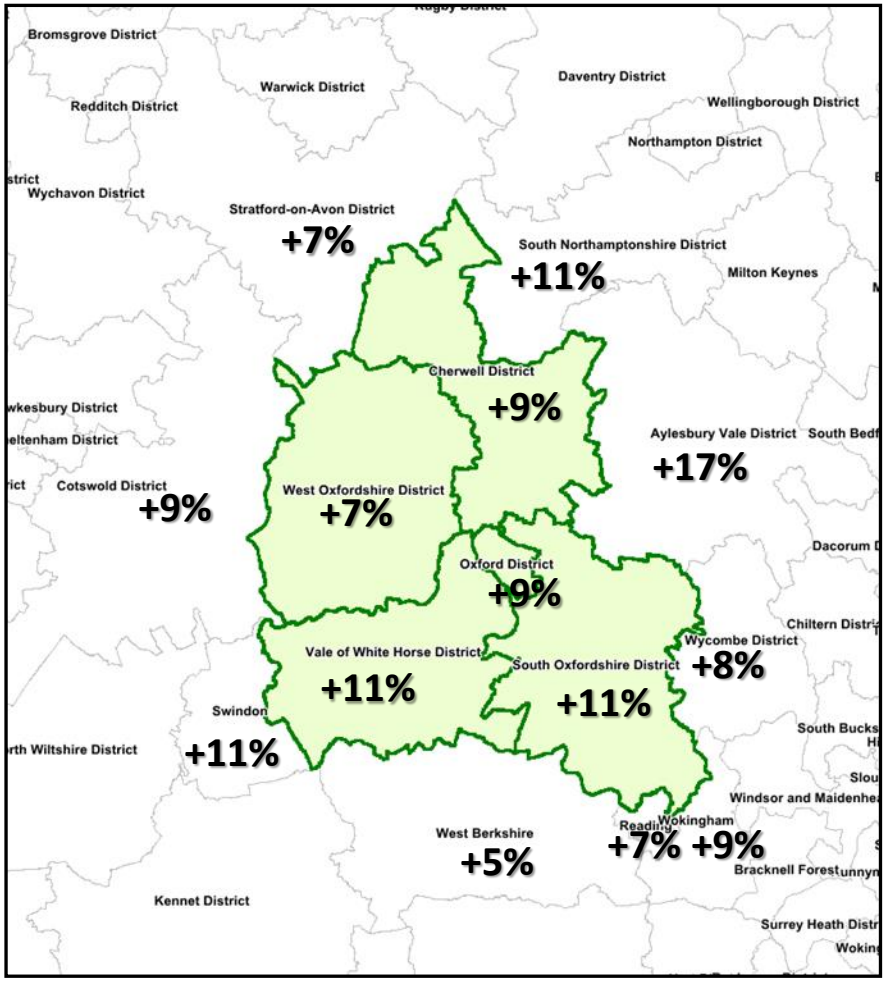
Growth in population of surrounding area (ONS)

- Between 2017 and 2032 the (ONS) predicted increase in the population of Oxfordshire is 63,000 (+9%).
- The increase in surrounding districts in total is predicted to be +131,800 (+10%)

2017 to 2032 (15 year) growth in population

	2017	2032	2017 to 2032	
Oxfordshire total	688,600	751,600	63,000	9%
Cherwell	147,700	160,700	13,000	9%
Oxford	163,200	177,500	14,300	9%
South Oxfordshire	139,000	149,300	10,300	7%
Vale of White Horse	128,000	141,500	13,500	11%
West Oxfordshire	110,700	122,600	11,900	11%
Aylesbury Vale	192,400	224,600	32,200	17%
Cotswold	86,200	93,800	7,700	9%
Reading	165,000	177,100	12,100	7%
South Northamptonshire	90,000	99,400	9,500	11%
Stratford-on-Avon	122,600	130,900	8,300	7%
Swindon	221,700	246,000	24,400	11%
West Berkshire	157,300	164,800	7,500	5%
Wokingham	163,400	178,700	15,300	9%
Wycombe	178,400	193,300	14,900	8%
Total surrounding	1,376,900	1,508,700	131,800	10%

2017 to 2032 (15 year) growth in population (ONS), Oxfordshire and surrounding districts

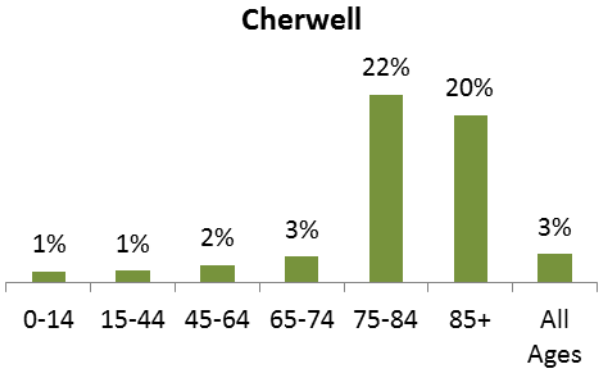


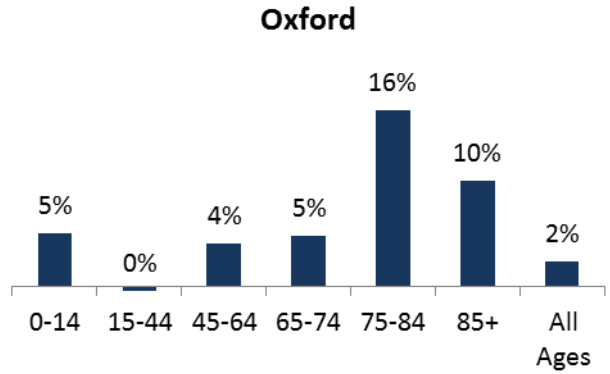
Source: ONS 2014-based population projections

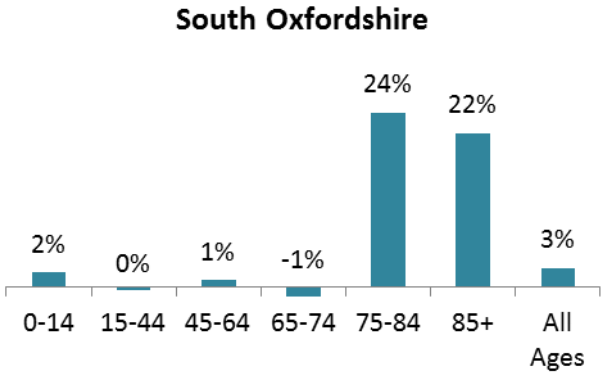
All districts expected to see an increase in the older population

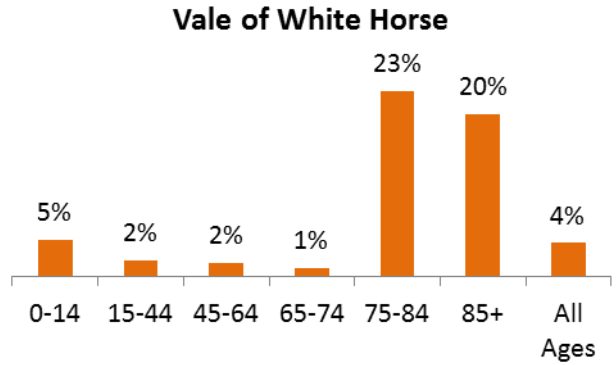
In the 5 year period between 2017 and 2022, the broad age group with the highest growth in all districts and Oxfordshire county is expected to be aged 75 to 84 (+23% in Oxfordshire)

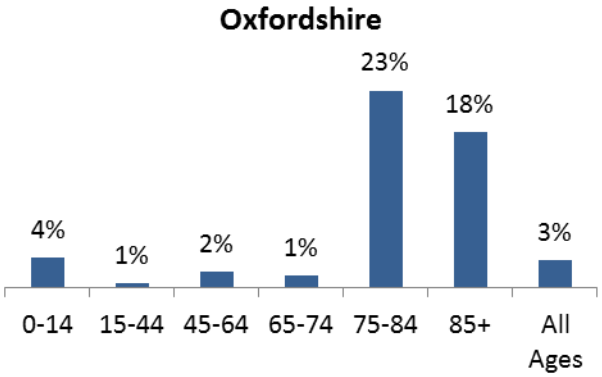
Change in number of residents of Oxfordshire by age 2017 to 2022

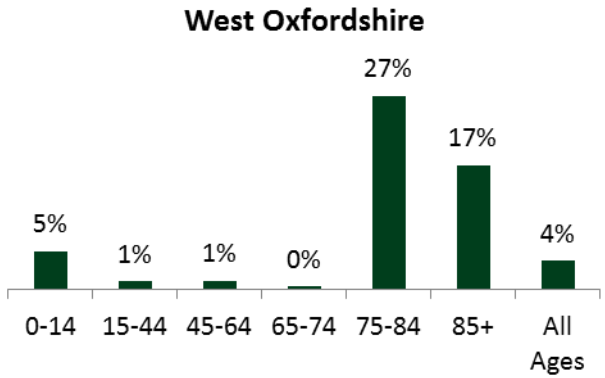










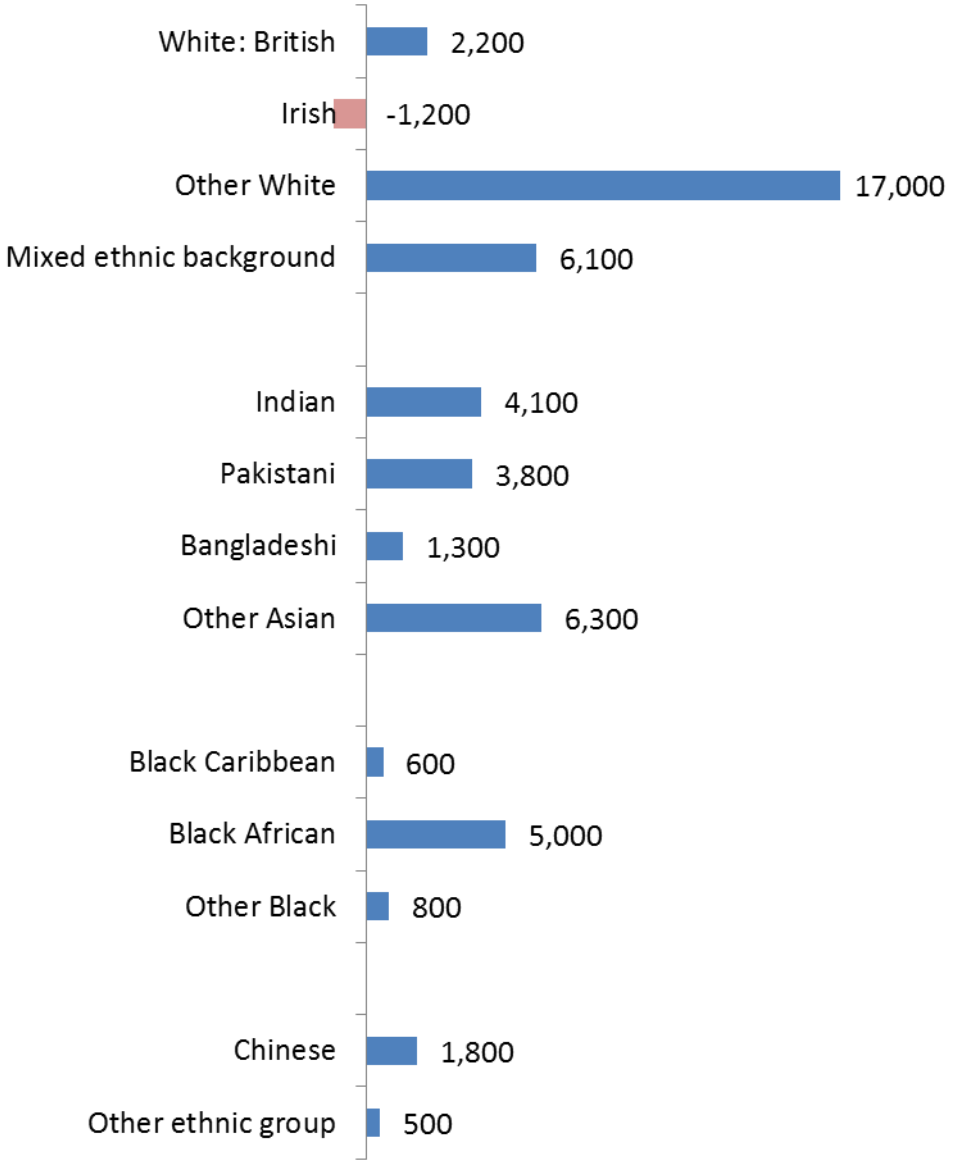


Source: ONS 2014-based population projections

Increasing ethnic diversity

- Between 2001 and 2011 the population of Oxfordshire become more ethnically diverse
- The proportion of the population of ethnic minority backgrounds in Oxfordshire was 10% in 2001 and increased to 16% in 2011

Change in number of residents of Oxfordshire by ethnic group between 2001 and 2011



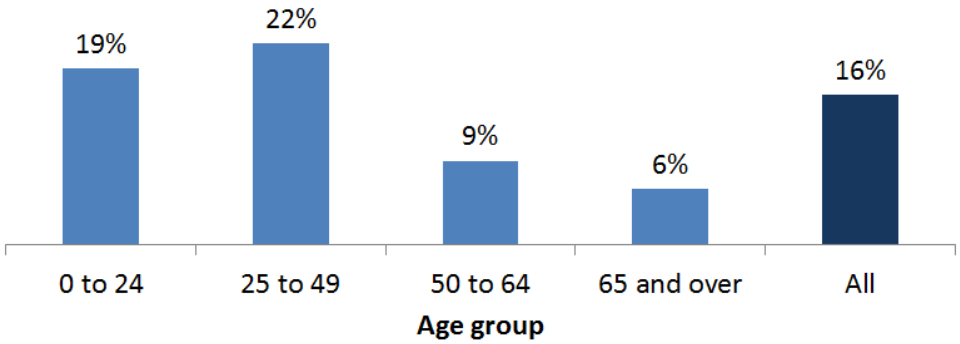
Source: ONS Census 2001 and Census 2011

Ethnic groups have differing age profiles

- The age profile of individual ethnic groups differs significantly:
  - The Irish population is relatively elderly with the highest rate of people with an Irish background in the older population.
  - The mixed/multiple ethnic group is relatively young – a far higher proportion of this group are aged 0-24.
  - The "other white" population, including recent migrants from Europe, is the largest group within the working age category 25-49.
  - The Asian/Asian British and Black ethnic minority groups each have a similar proportion of those aged 0-24 and 25-49 implying families.

- Overall 19% of the younger age group (0-24) in Oxfordshire are from an ethnic minority background compared with 6% of those aged 65 and over.

% of the population from ethnic minority backgrounds by broad age group, Oxfordshire



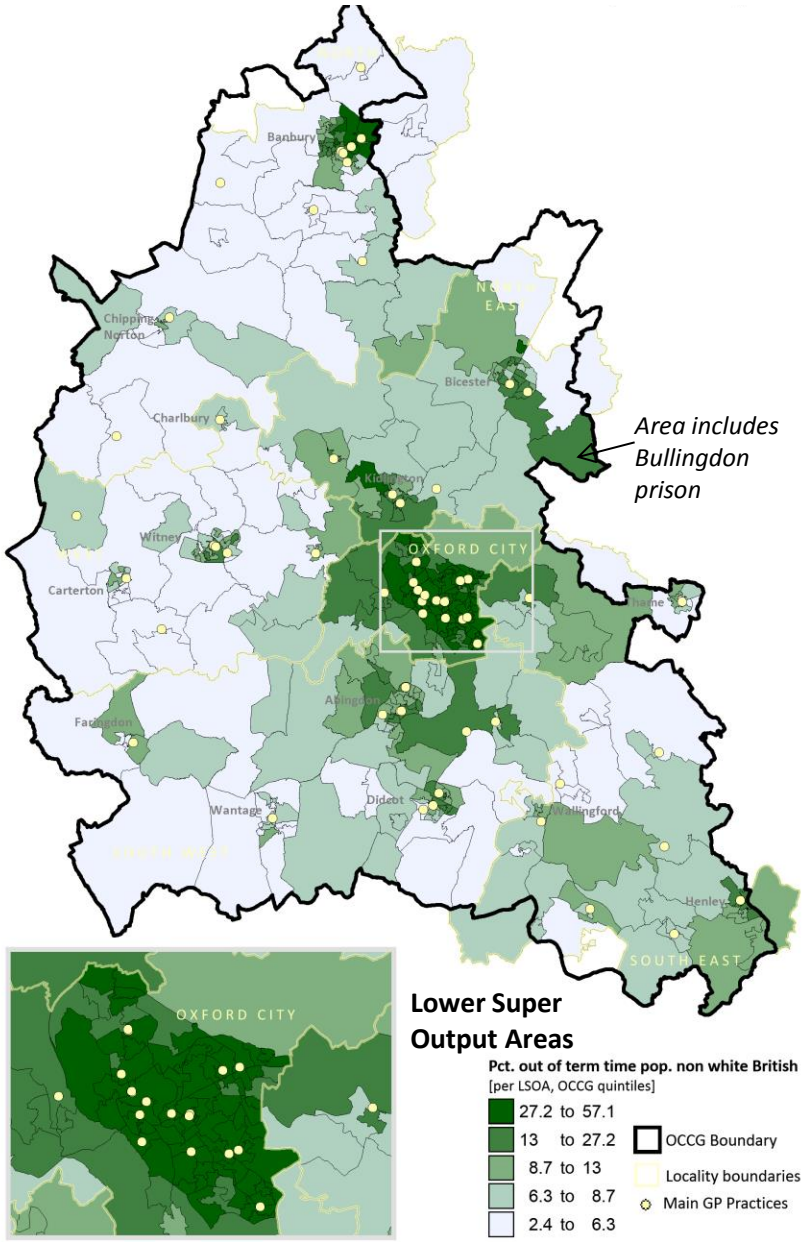
Source: ONS Census 2011; Percentages are the total ethnic minority population divided by the total population of all ethnicities within that age group and area

Ethnic minority population

- The ethnic minority population in Oxfordshire is concentrated in urban areas of Oxford and Banbury
- Banbury has two main ethnic minority population groups – Polish and Pakistani
- Oxford has a very diverse range of ethnic minority groups
- The map shows in the out of term time population, showing % ethnic minority residents (non white British) excluding students

Ethnic minority population (out of term time population)

ONS Census 2011 (table OT201



Demographic data from Office for National Statistics mid-2015 estimates.
In each LSOA polygon, if over 50% of the population is registered to an Oxfordshire CCG (OCCG) GP Practice, then that polygon is given the name of the locality for which the greatest number of patients are registered to a GP practice within.

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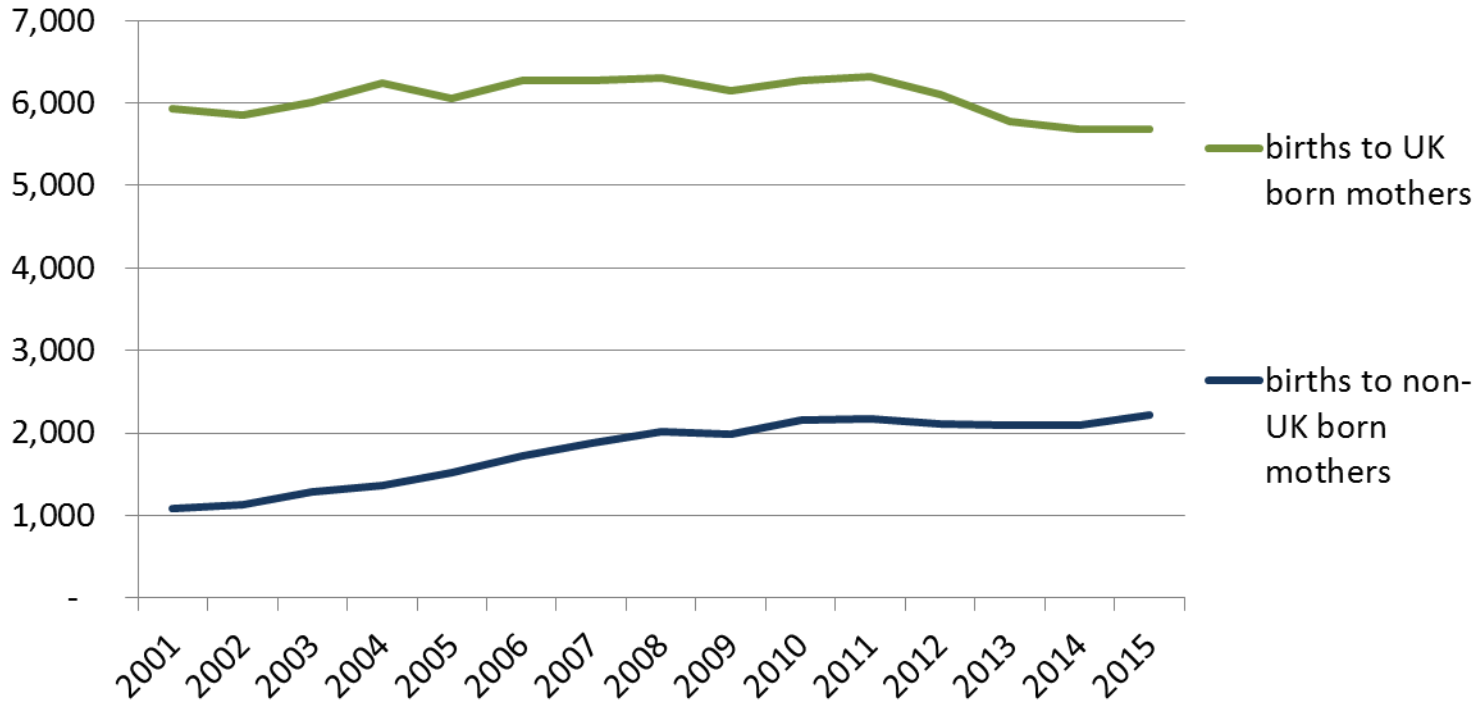
Ethnic diversity expected to continue to increase - births to mothers born outside the UK

- In 2001, 85% of births in Oxfordshire were to UK-born mothers and 15% were to mothers born outside the UK. By 2015 the ratio was 72% to UK-born mothers and 28% to mothers born outside the UK.
- The ethnic diversity of the population is expected to continue to increase

Number of live births in Oxfordshire 2001 to 2015
Births to UK born mothers and to non-UK born mothers

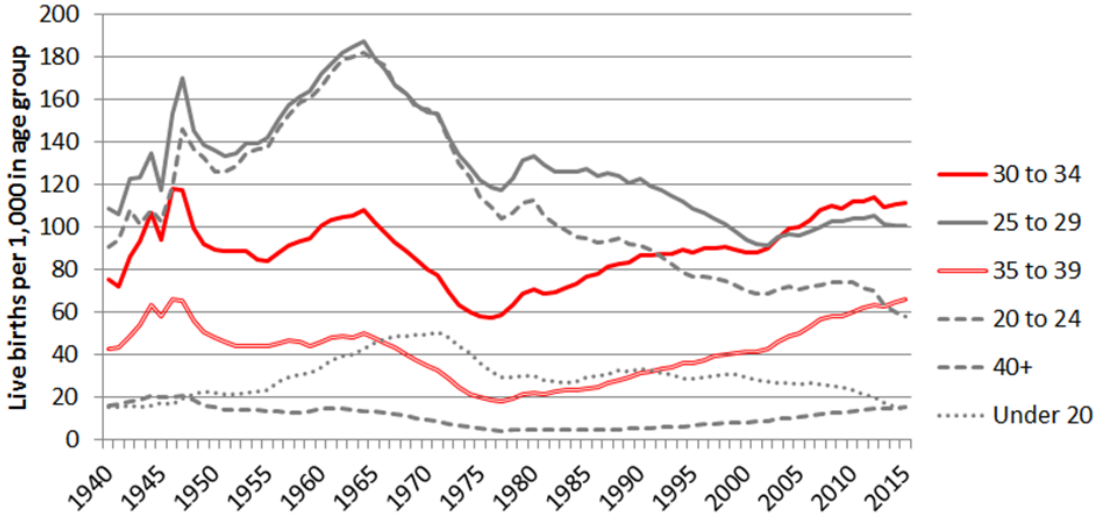


Source: ONS

Births to older mothers

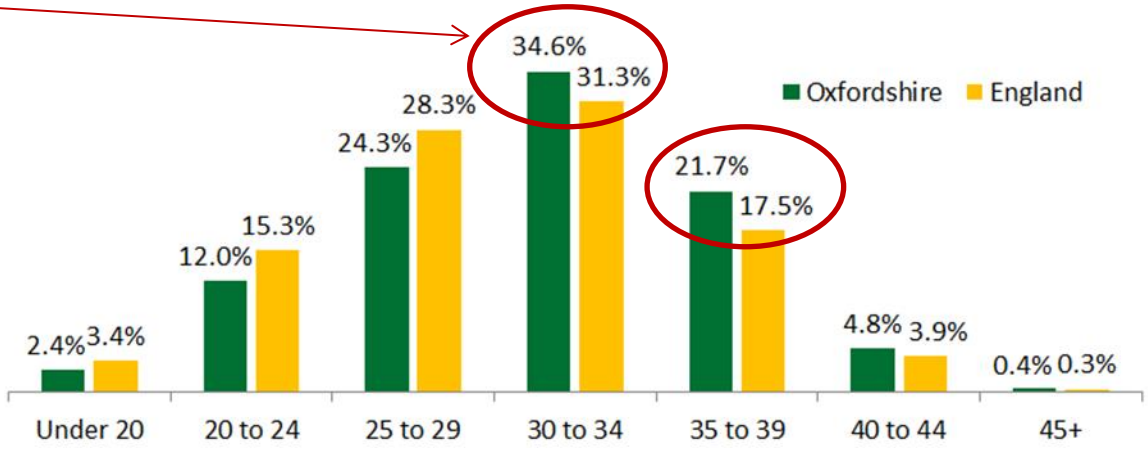
- Long term ONS birth statistics for England and Wales show a change in fertility by age group with declining rates in the under 20s and 20-24 age groups and increasing fertility rates for women in their 30s.
- The latest data shows Oxfordshire had a higher proportion of births to older mothers than the national average

Change in fertility by age of mother England and Wales 1940 to 2015



Source: ONS

Distribution of total live births by age of mother Oxfordshire county vs England

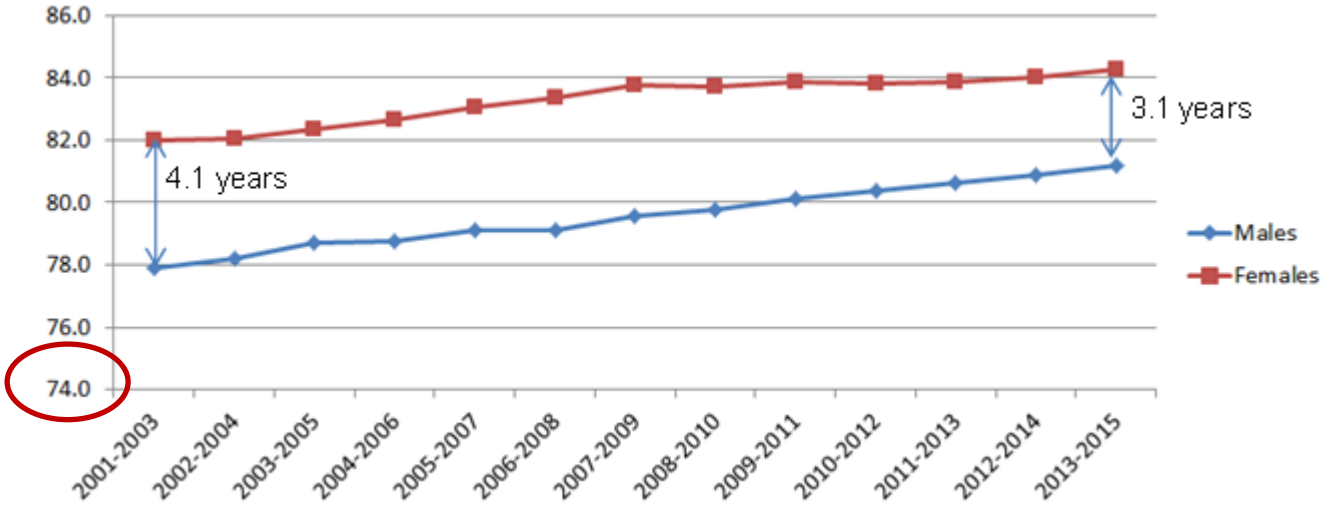


Source: ONS births by mothers usual residence

Increasing life expectancy and decreasing gap between males and females

- Analysis by ONS has found that, over a 30 year period, improvements in life expectancy have been greatest for those in higher socio economic groups.[1]
- Between 2001-03 and 2013-15, the gap between male and female Life Expectancy in Oxfordshire decreased from 4.1 years to 3.1 years.

Change in Life Expectancy in Oxfordshire – males and females to 2013-15



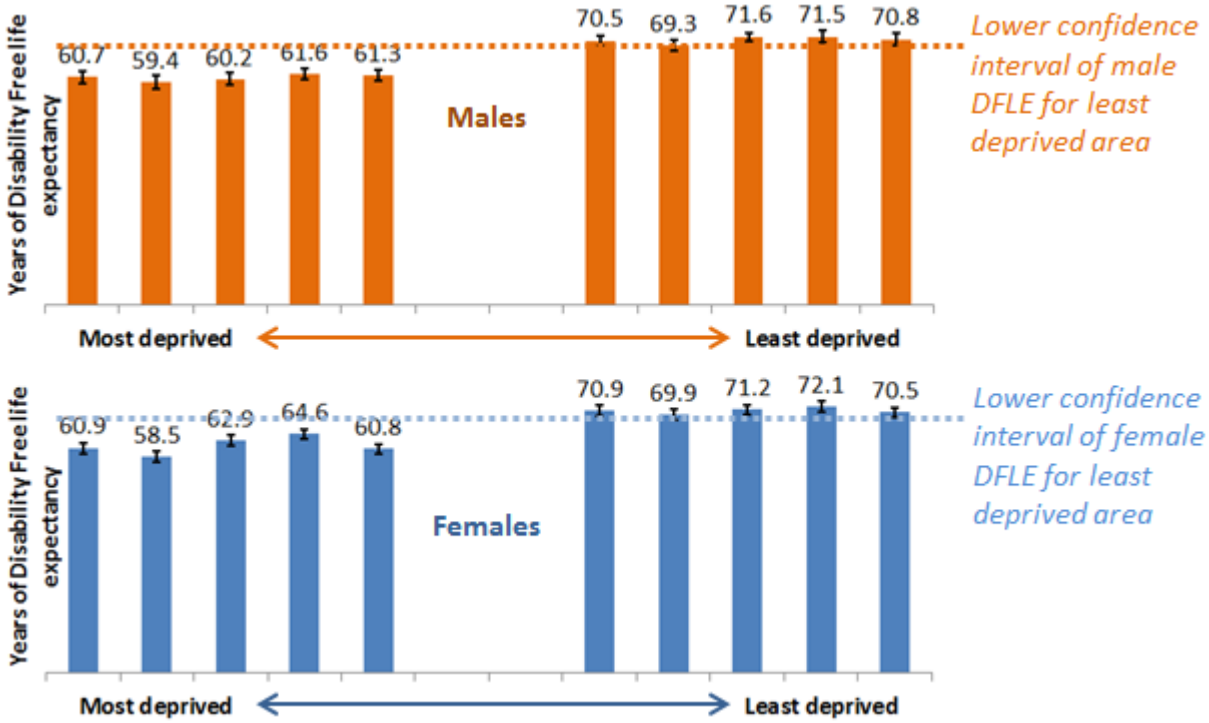
Source: ONS, Crown Copyright 2016; Figures are based on the number of deaths registered and mid-year population estimates, aggregated over 3 consecutive years. (Note that scale does not start at 0)

[1]Source: ONS Trend in life expectancy at birth and at age 65 by socio-economic position based on the National Statistics Socio-economic Classification, England and Wales: 1982—1986 to 2007—2011 (Oct 2015)

Inequality in healthy life expectancy in Oxfordshire

- There are clear inequalities in Disability Free Life Expectancy across Oxfordshire, with people in the most deprived areas having significantly lower Disability Free Life Expectancy compared with the least deprived.
- Data for the combined years 2009 to 2013 shows that for males there was a 10 year gap between the most and least deprived areas. For females the gap was just under 10 years.

Disability Free Life Expectancy: most deprived vs least deprived MSOAs in Oxfordshire, 2009-2013

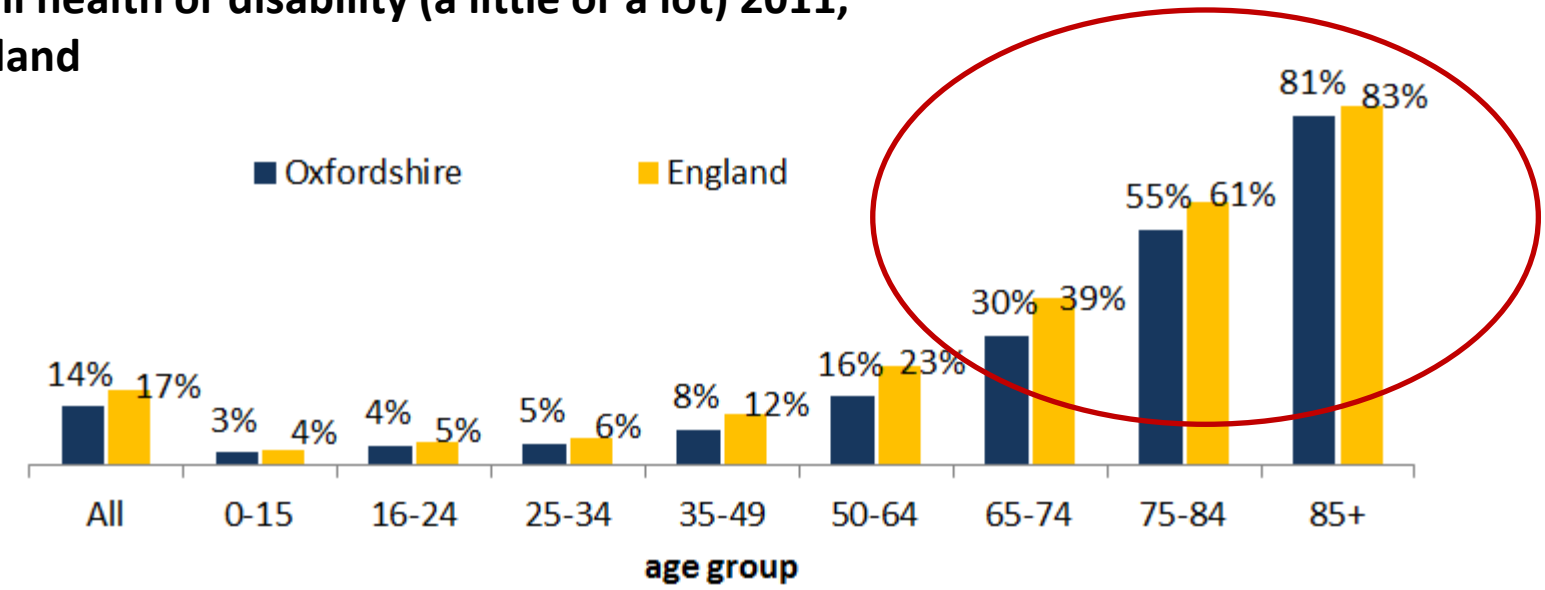


Sources: ONS Disability Free Life Expectancy at birth by MSOA. IMD 2015 ranks and average scores for English Middle Layer Super Output Areas created by Public Health England from population weighted averages of their constituent Lower Super Output Area scores.

Rates of ill health and disability vary significantly by age

- Health in each of the broad age groups in Oxfordshire was better than the England average
- Census 2011 data shows that around 30% of people in Oxfordshire aged 65 to 74 classified themselves as having a health problem or disability that limited their daily activities “a little” or “a lot”.
- This increased to 81% for people who were aged 85 or over

Percentage of residents in households* by age with daily activities limited by ill health or disability (a little or a lot) 2011, Oxfordshire and England

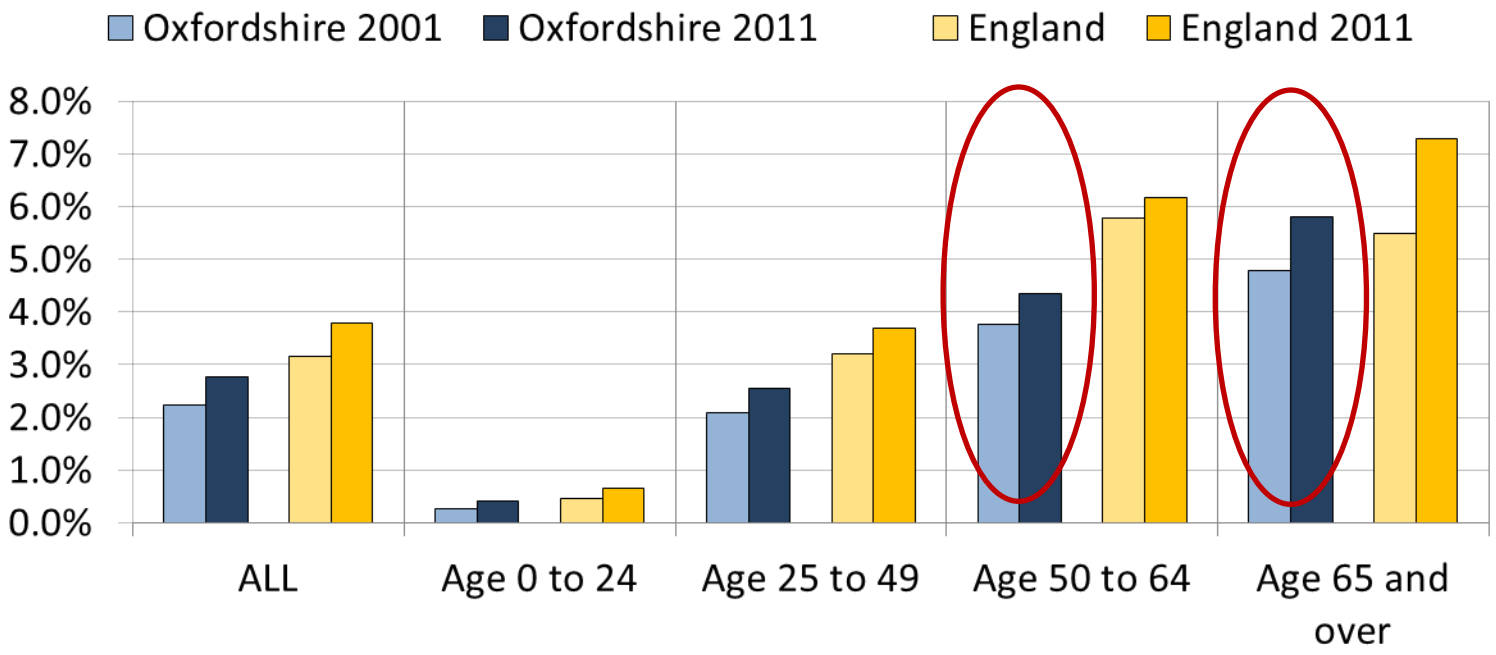


Source: ONS Census 2011 from nomis, table DC3302 *excludes people living in communal establishments such as care homes

An increasing proportion of people are providing unpaid care

- Census data shows an increase in the proportion of people providing unpaid care (of 20 or more hours per week) across all age group in Oxfordshire, remaining below the England average.
- Between 2001 and 2011, the increase in the proportion of carers in the age group 50 to 64 in Oxfordshire was above the increase in that age group nationally.

% of people providing 20 or more hours of unpaid care per week by age 2001 to 2011, Oxfordshire and England

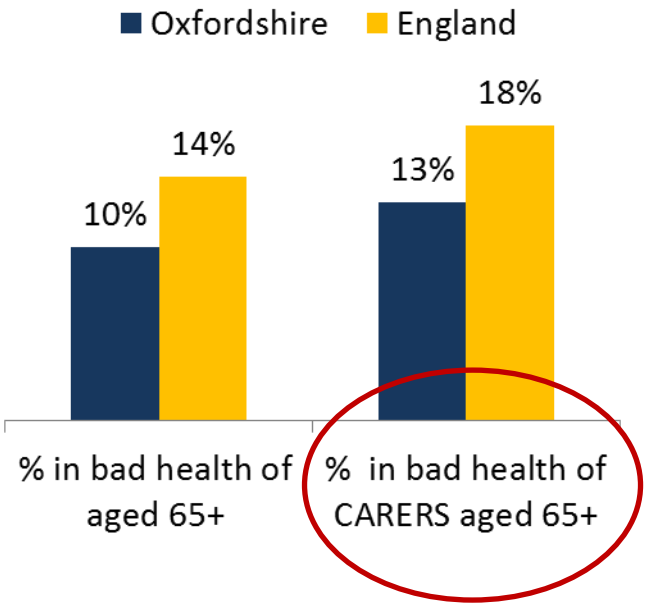


Source: ONS Census 2001 table ST025 and Census 2011 table LC3301; People living in households

Older carers are in poorer health than average

- According to the 2011 Census, 13% of people aged 65 and over in Oxfordshire who were providing 50 or more hours of unpaid care per week classified themselves as being in "bad" health.
- This was above the proportion of the 65+ population in Oxfordshire in "bad" health (10%)

Percent of older people in (self declared) bad health: all people aged 65+ and Carers (50 or more hours per week) aged 65+



Source: ONS Census 2011 table LC3301; People living in households

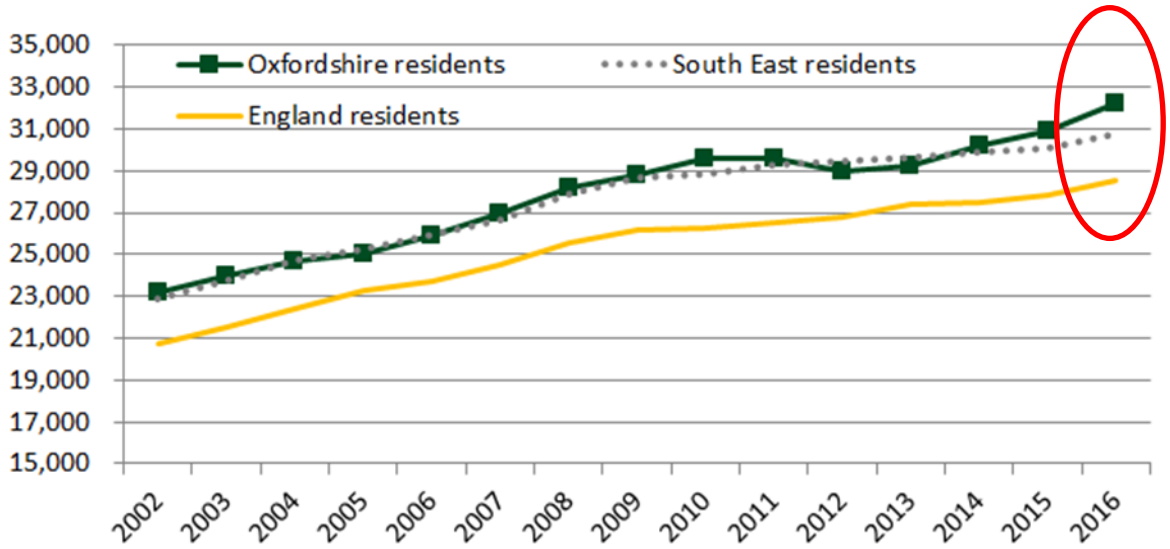
Dahlgren and Whitehead

Wider determinants of health

Earnings of Oxfordshire residents now above regional average

- Income from pay remains relatively high for Oxfordshire residents and (for the first time in the past 15 years of data) median full time earnings for residents was statistically above the South East average

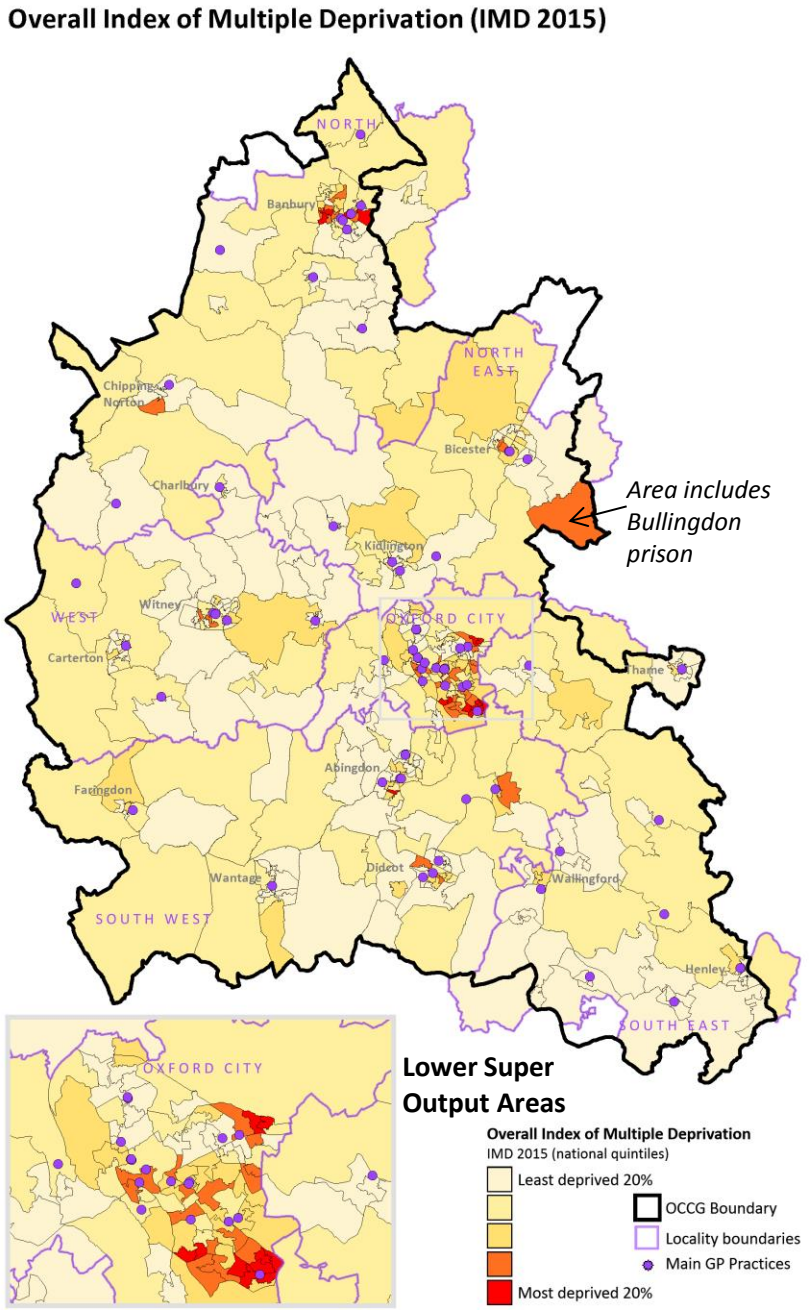
Median gross full time annual pay of residents 2002 to 2016



Source: ONS, annual survey of hours and earnings , chart does not show confidence intervals

Deprivation - overall

- According to the Index of Multiple Deprivation 2015, there were 2 areas of Oxfordshire ranked in the most deprived 10% in England within Rose Hill & Iffley and Northfield Brook wards in Oxford
- There were a further 13 areas within the 10-20% most deprived including:
  - 4 areas of Banbury, 2 areas of Barton (Oxford), 5 areas of Northfield Brook and Blackbird Leys wards (Oxford), 1 area of Rose Hill & Iffley and 1 area of Abingdon
- *(see following chart for number of OCCG patients within each deprivation band)*



Demographic data from Office for National Statistics mid-2015 estimates.
In each LSOA polygon, if over 50% of the population is registered to an Oxfordshire CCG (OCCG) GP Practice, then that polygon is given the name of the locality for which the greatest number of patients are registered to a GP practice within.

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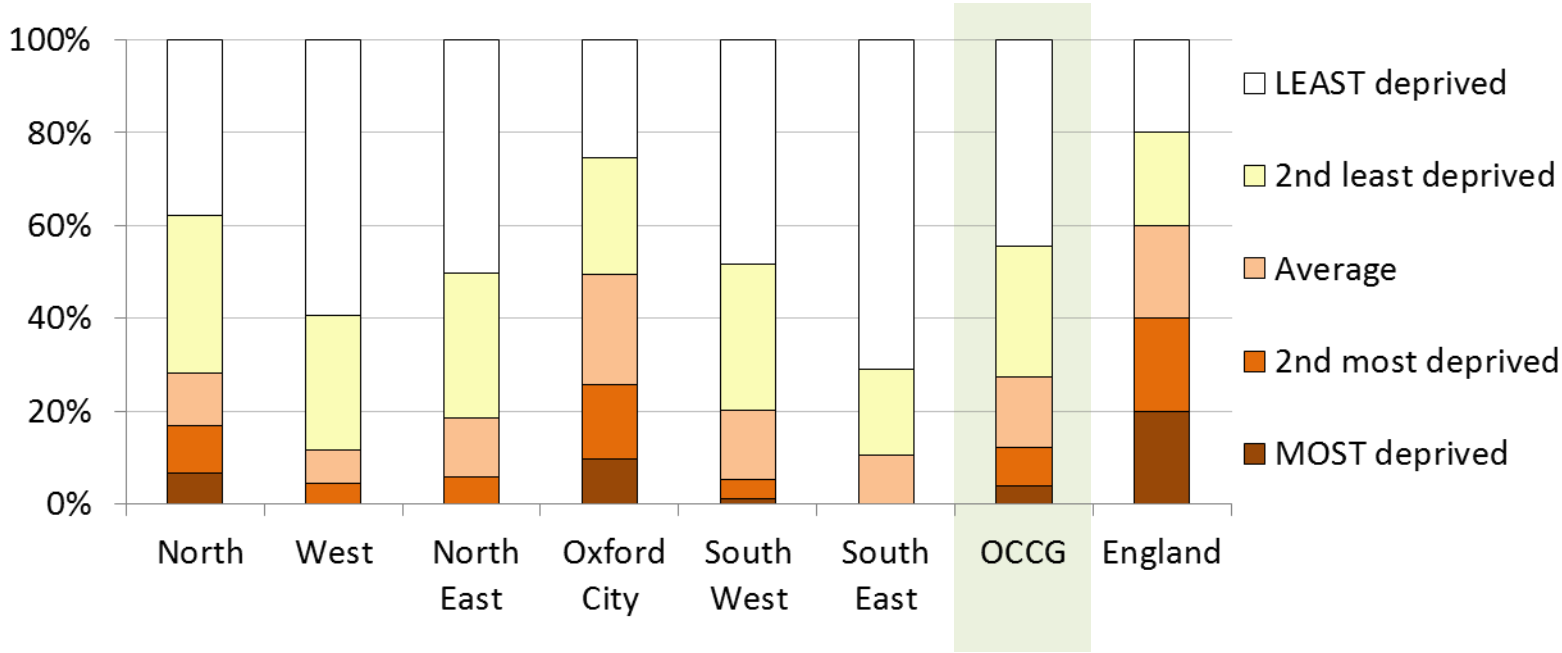
Deprivation by OCCG locality

- 28,600 (4%) of Oxfordshire CCG's patients live in areas ranked within the 20% most deprived
  - The Locality with the highest proportion of patients in deprived areas was Oxford city (19,700, 10%) followed by North (7,300, 7%) and South West (1,600, 1%)
  - West and South East Localities had no patients in the most deprived quintile

Overall Index of Multiple Deprivation 2015
% of OCCG patients in each deprivation quintile

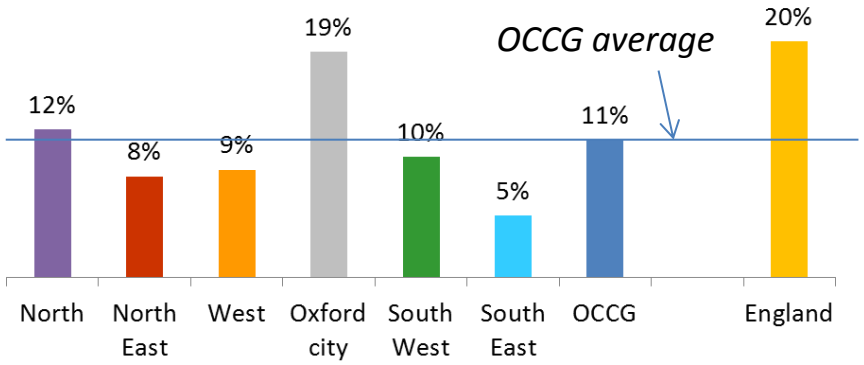


Sources: DCLG and OCCG. The OCCG area in this case is the total of the LSOAs mapped to each locality by patient count. The overall Index of Multiple Deprivation includes 6 domains of Income, Employment, Education, Health, Crime, Barriers to Housing and Services, Living Environment

Child poverty

- Oxford city and North localities each had rates of child poverty above the OCCG average

Rate of child poverty by OCCG locality (from IMD 2015)



Sources: DCLG IMD 2015, Income Deprivation Affecting Children Index
Rate for Localities calculated from the underlying indicator and population denominator for Lower Super Output Areas within each locality area

Demographic data from Office for National Statistics mid-2015 estimates.
In each LSOA polygon, if over 50% of the population is registered to an Oxfordshire CCG (OCCG) GP Practice, then that polygon is given the name of the locality for which the greatest number of patients are registered to a GP practice within.
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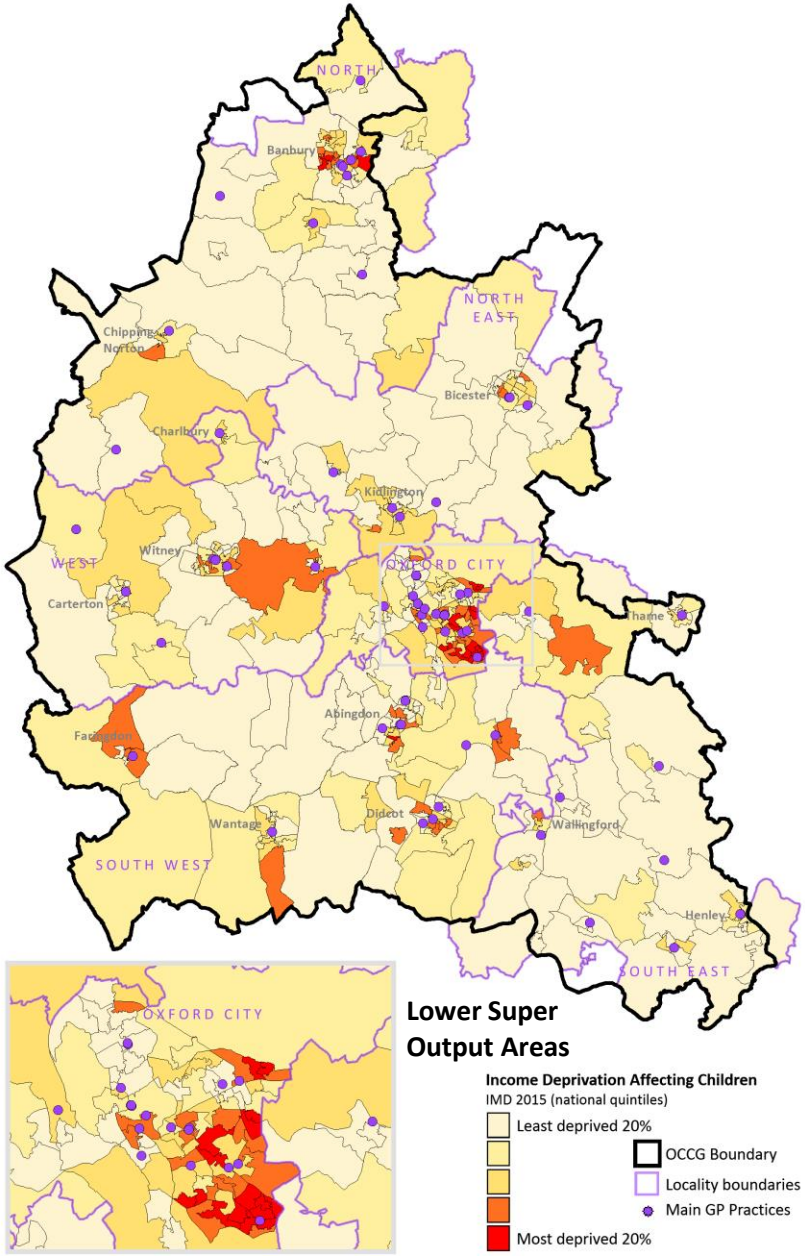
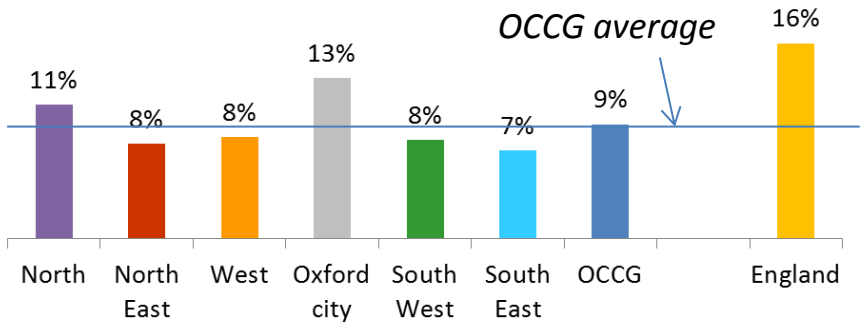
Income Deprivation Affecting Children (IMD 2015)



Poverty affecting older people

- Oxford city and North localities each had rates of poverty affecting older people above the OCCG average

Rate of Poverty affecting older people by OCCG locality (from IMD 2015)



Sources: DCLG IMD 2015, Income Deprivation Affecting Older People Index Rate for Localities calculated from the underlying indicator and population denominator for Lower Super Output Areas within each locality area

Demographic data from Office for National Statistics mid-2015 estimates.
In each LSOA polygon, if over 50% of the population is registered to an Oxfordshire CCG (OCCG) GP Practice, then that polygon is given the name of the locality for which the greatest number of patients are registered to a GP practice within.
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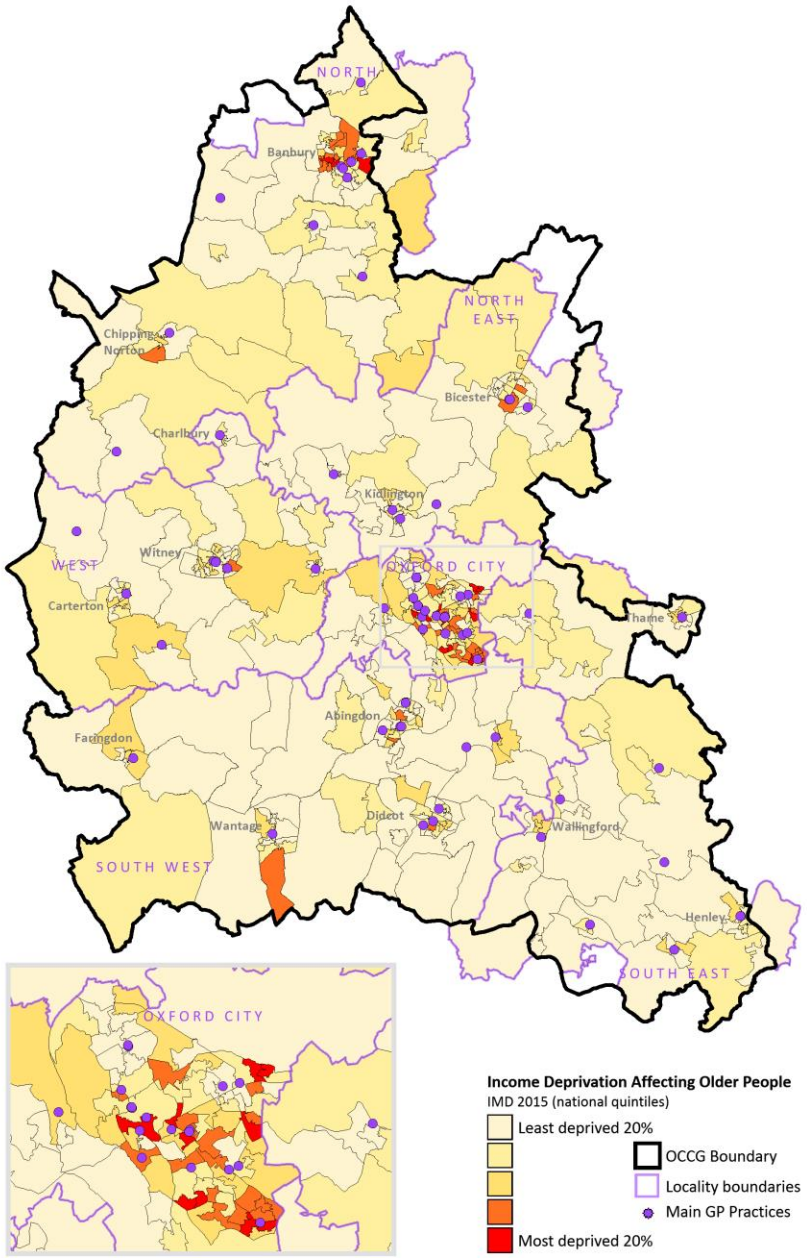
Income Deprivation Affecting Older People (IMD 2015)



Increasing house prices

- Buying a family home now requires 2-3 times a median income (equivalent of 2-3 earners per household or a single higher earner) in each district in Oxfordshire, up from 1-2 times median income in 2001.

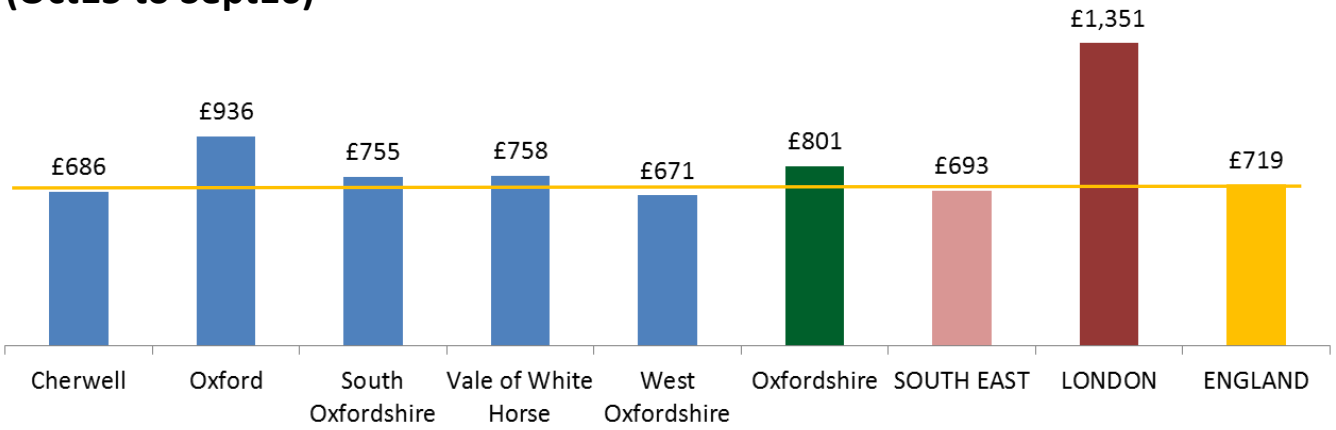
- The Centre for Cities report 2017[1] ranks Oxford as the least affordable UK city for housing. The analysis uses average house prices and average earnings and found that:
  - In Oxford, the least affordable city, average house prices were 16.7 times annual salaries compared with 9.8 in Britain. In Burnley, the most affordable city, this figure was 4.1.

[1]http://www.centreforcities.org/publication/cities-outlook-2017/

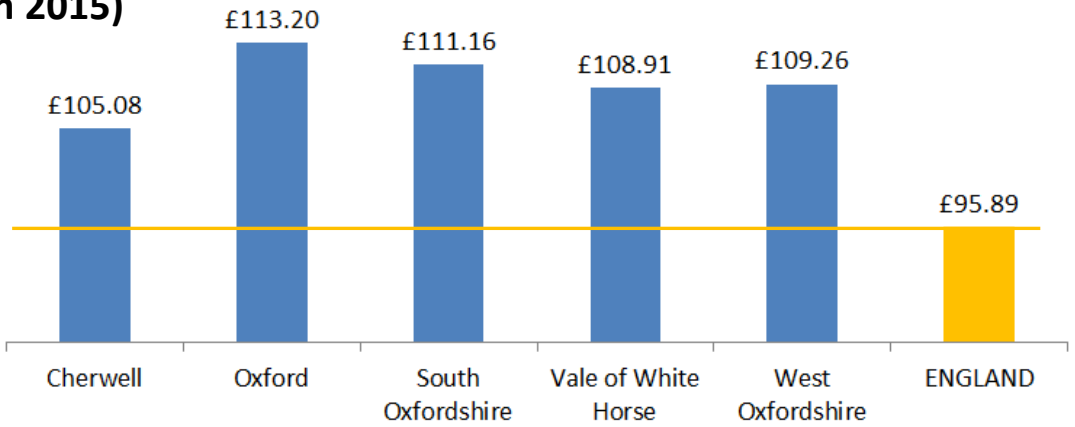
Private rents and social rents above average

- Average one bed private rents in Oxford were well above the South East and England
- Average social rents in Oxfordshire were well above the England average in all districts

Private rents: Average ONE bedroom private rent £ per month (Oct15 to Sept16)



Social rents: Average social rents £ per week (31 March 2015)

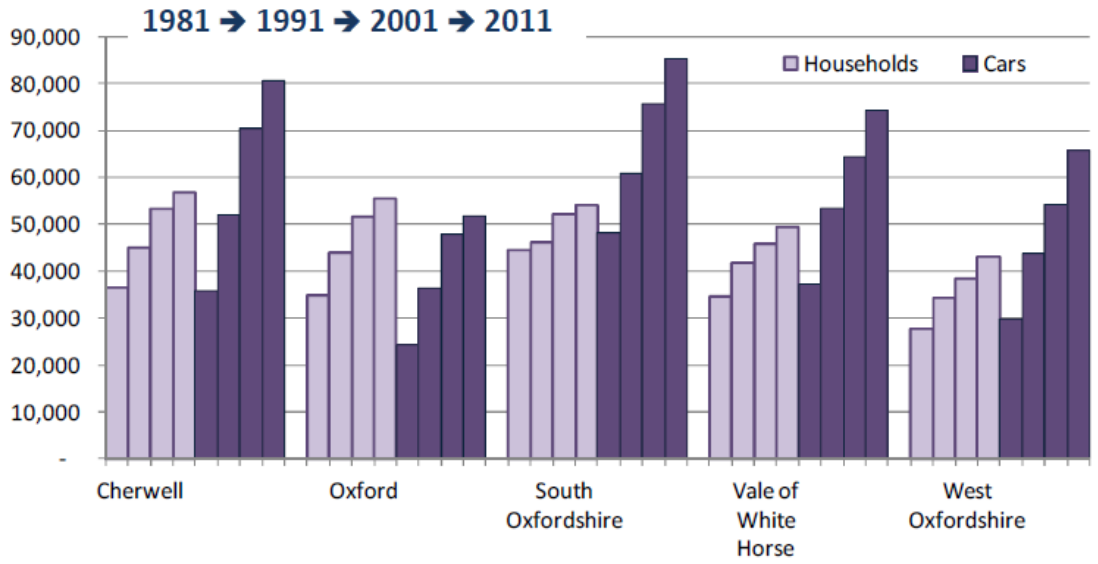


Sources:
Private: Valuation Office Agency private rental market summary statistics, data is available for different property sizes, one bed selected as an example.
Social: DCLG Live tables on rents, lettings and tenancies, table 704, Figures are based on based on general needs stock available for social rent only and are only taken from the larger Private Registered Providers. Data not available by size of property

Increasing car ownership

- Between 1981 and 2011 the growth in the number of cars in each of Oxfordshire's districts was well above the growth in households.
- As of 2011, the number of cars per household in Oxfordshire was 1.38, above the average for the South East (1.35) and England (1.16).
- The number of cars per household in Oxfordshire districts was highest in South Oxfordshire (1.58), West Oxfordshire (1.52), Vale of White Horse (1.50) and Cherwell (1.48) and lowest in Oxford (0.93).

Number of households and number of cars by district 1981 to 2011

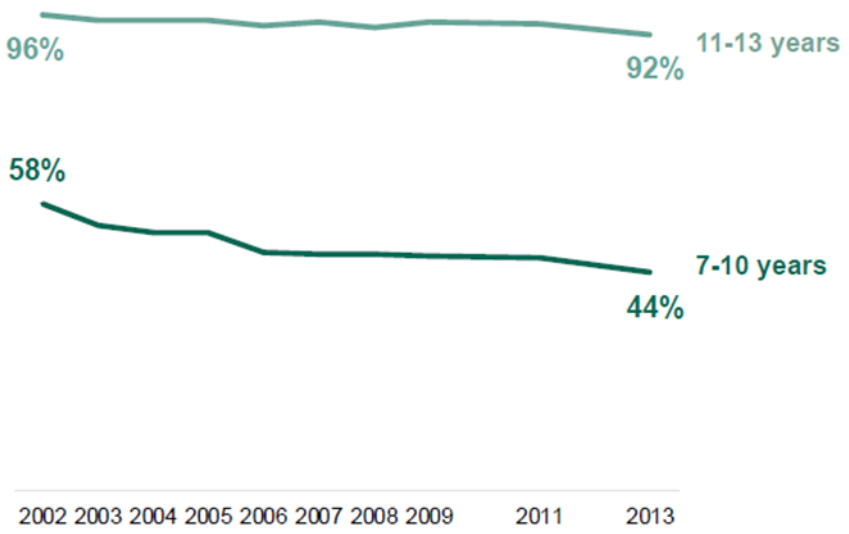


ONS Census 2011, table KS404, 1981 to 2001 original analysis carried out by Oxfordshire County Council transport planning team, chart from District Data Analysis service www.oxford.gov.uk/districtdata

Decline in walking to school

- In England in 1975-76, almost three quarters (74%) of primary aged children walked to school compared with 46% in 2013
- This decline in walking to school is likely to be related to increasing car availability and increasing length of trips to school
- Young children have become less likely to be allowed to cross roads alone.

Trends in the proportion of children (age 7-10 and 11-13) allowed to cross roads alone, either always or sometimes: England, 2002 to 2013



Source: National Travel Survey 2014: Travel to school factsheet; data not available at a local level

Access to healthy food

- There is limited data about access to healthy food at a local level.
- According to analysis by Public Health England, there was a total of 423 fast food outlets in Oxfordshire of which 56% were in Cherwell and Oxford
- Banbury town centre (and surrounding retail areas) had the greatest number of fast food outlets in Oxfordshire, followed by Oxford city centre

Count and rate per 100,000 population of fast food outlets in Oxfordshire (2014)

	Count of outlets	Rate per 100,000 population	*% of Oxfordshire outlets total*
Cherwell	108	75	*26%*
Oxford	127	80	*30%*
South Oxfordshire	73	53	*17%*
Vale of White Horse	59	47	*14%*
West Oxfordshire	56	52	*13%*
Oxfordshire	423	63	*100%*

Source: Public Health England; rate uses ONS population estimate mid 2014

Air quality

- According to the UK government's draft Air Quality Plan published May 2017..
  - Poor air quality is the largest environmental risk to public health in the UK. It is known to have more severe effects on vulnerable groups, for example the elderly, children and people already suffering from pre-existing health conditions such as respiratory and cardiovascular conditions. Studies have suggested that the most deprived areas of Britain bear a disproportionate share of poor air quality.
- Diesel cars and Diesel goods vehicles are each a significant contributor to nitrogen dioxide (NOx) emissions and, according to the draft May 2017 plan, laboratory test-based emission standards have not delivered expected reductions under real world driving conditions.
- Local air quality monitoring in Oxfordshire has found 13 areas where NOx levels exceed objectives, four in Cherwell, the whole of Oxford, three in South Oxfordshire, three in Vale of White Horse and two in West Oxfordshire
- These areas have been designated as Air quality management areas and action plans put in place to reduce pollution.

Health burdens of changing climate expected to be “amplified by an ageing population”*

- Climate models** indicate more heavy rainfall and more frequent heatwaves in future

Oxford Road in Bagley Wood collapsed after the heavy rain in November 2012 saturated the ground. The road reopened a year later. Repairs cost £1 million.

Residents at Bablockhythe had to evacuate their homes due to flooding twice in the opening weeks of 2014.

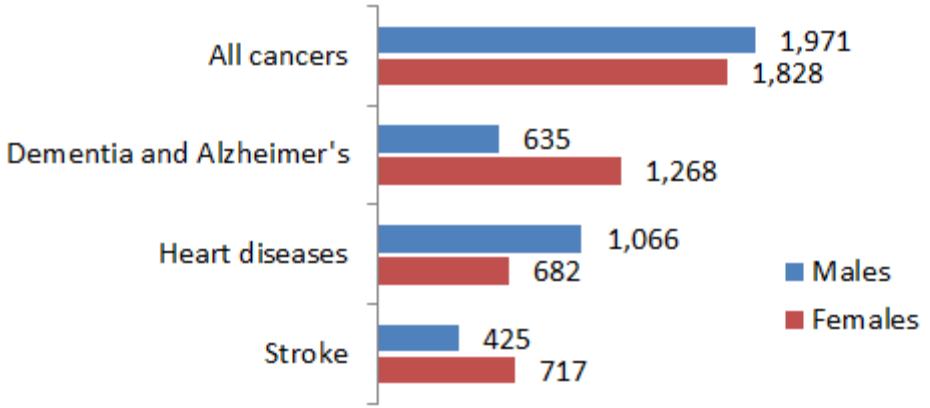
Source: *Health Protection Agency **Oxfordshire in a changing climate, Oxfordshire County Council

Causes of death and health conditions

Main causes of death

- Cancer was the leading cause of death in Oxfordshire (for the combined years 2013, 2014 and 2015), accounting for 26% of male deaths and 22% of female deaths, similar to the national average.
- The second highest cause was:
  - Males: Heart diseases (affecting the supply of blood to the heart), 14% of deaths.
  - Females: Dementia and Alzheimer disease, 15% of deaths.

Leading causes of death in Oxfordshire by gender (2013 to 2015)

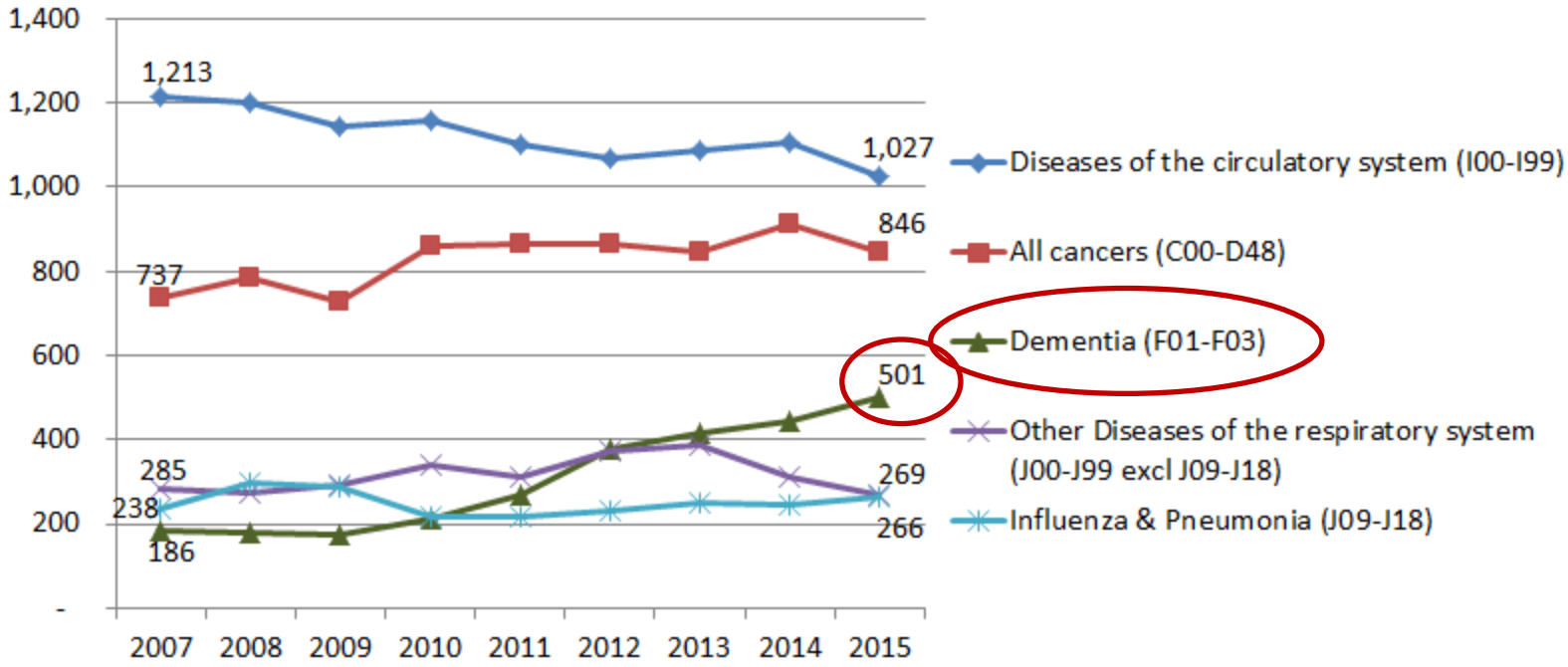


Source: ONS from nomis

Trend in causes of death for older people

Between 2007 and 2015, the number of deaths of older people (aged 75 and over) from circulatory diseases in Oxfordshire declined by 15% while deaths from dementia more than doubled

Leading causes of death in Oxfordshire for people aged 75 and over



Source: ONS data for 2007 to 2013 sourced from that received by Public Health when in Oxfordshire PCT. Data for 2014 and 2015 are sourced from NOMIS. (Note: data for 2014 and 2015 for Other respiratory diseases appear to be quite low. Please use with caution.)

Preventable deaths in Oxfordshire – people aged under 75

- From 2013 to 2015, 59% of deaths of people aged under 75 in Oxfordshire were considered preventable (2,586 of 4,399).
- There was a gender difference, with 59% of male deaths under 75 considered preventable and 41% of female deaths under 75.
- The highest cause of preventable death aged under 75 was cancer with 40% of the total considered preventable in Oxfordshire, just over 1,000 deaths from 2013 to 2015.

Deaths under the age of 75 considered preventable, Oxfordshire (2013 to 2015)

Preventable deaths aged under 75 by cause	Males	Females	TOTAL (n)	TOTAL %
Cancer	510	536	1,047	*40%*
Heart disease & stroke	421	138	559	*22%*
Liver disease	117	72	189	*7%*
Lung disease	97	89	186	*7%*
Other considered to be preventable	386	220	605	*23%*
Total considered to be preventable	1,531 *59%*	1,055 *41%*	2,586 *100%*	*100%*

Public Health England Outcomes Framework (Healthcare and Premature Mortality)

Cancer deaths considered preventable

- Rate of cancer deaths considered preventable in Oxfordshire ranked better than England average

Age-standardised rate of mortality considered preventable from all cancers in those aged <75 per 100,000 population (2013-15)

Compared with benchmark Better Similar Worse

Area	Recent Trend	Neighbour Rank	Count	Value
England	–	-	108,852	81.1
Northamptonshire	–	10	1,457	80.3
Essex	–	12	2,980	76.7
Worcestershire	–	8	1,267	75.9
West Sussex	–	11	1,748	75.0
Suffolk	–	13	1,587	74.6
Warwickshire	–	3	1,120	73.2
Hertfordshire	–	6	1,941	72.7
North Yorkshire	–	14	1,287	69.9
Hampshire	–	5	2,586	69.9
Somerset	–	15	1,142	69.8
Gloucestershire	–	4	1,163	68.4
Leicestershire	–	7	1,219	66.9
Surrey	–	9	1,936	66.7
Cambridgeshire	–	2	1,051	65.7
Oxfordshire	–	-	1,047	64.5
Buckinghamshire	–	1	816	61.0

Source: Public Health England Public Outcomes Framework

Heart disease and stroke deaths considered preventable

- Rate of heart disease and stroke deaths considered preventable in Oxfordshire ranked better than England average

Age-standardised rate of mortality considered preventable from all cardiovascular diseases (incl. heart disease and stroke) in those aged <75 per 100,000 population(2013-15)

Compared with benchmark Better Similar Worse

Area	Recent Trend	Neighbour Rank	Count	Value
England	–	-	64,269	48.1
Northamptonshire	–	10	879	48.6
Warwickshire	–	3	661	43.5
Gloucestershire	–	4	736	43.5
North Yorkshire	–	14	761	41.3
Cambridgeshire	–	2	652	40.7
Leicestershire	–	7	733	40.3
Somerset	–	15	655	40.1
Suffolk	–	13	853	40.0
Essex	–	12	1,546	39.9
West Sussex	–	11	925	39.9
Hertfordshire	–	6	1,041	39.0
Worcestershire	–	8	632	38.0
Hampshire	–	5	1,337	36.2
Oxfordshire	–	-	559	34.7
Surrey	–	9	995	34.4
Buckinghamshire	–	1	411	31.0

Source: Public Health England Public Outcomes Framework

Liver disease deaths considered preventable

- Rate of liver disease deaths considered preventable in Oxfordshire ranked better than England average

Age-standardised rate of mortality considered preventable from liver disease in those aged <75 per 100,000 population (2013-15)

Compared with benchmark Better Similar Worse

Area	Recent Trend	Neighbour Rank	Count	Value
England	–	-	21,922	15.9
Worcestershire	–	8	244	14.8
Northamptonshire	–	10	279	14.7
Gloucestershire	–	4	238	13.9
Warwickshire	–	3	206	13.5
Surrey	–	9	400	13.3
Leicestershire	–	7	225	12.3
Essex	–	12	482	12.2
West Sussex	–	11	270	11.7
Cambridgeshire	–	2	186	11.4
Somerset	–	15	181	11.3
Oxfordshire	–	-	189	11.3
Hertfordshire	–	6	317	11.2
Hampshire	–	5	411	11.0
North Yorkshire	–	14	189	10.4
Suffolk	–	13	201	9.8
Buckinghamshire	–	1	127	9.2

Source: Public Health England Public Outcomes Framework

Respiratory disease deaths considered preventable

- Rate of respiratory deaths considered preventable in Oxfordshire ranked better than England average

Age-standardised rate of mortality considered preventable from respiratory disease in those aged <75 per 100,000 population (2013-15)

Compared with benchmark Better Similar Worse

Area	Recent Trend	Neighbour Rank	Count	Value
England	–	-	23,760	18.1
Northamptonshire	–	10	336	19.1
Somerset	–	15	257	15.6
Gloucestershire	–	4	258	15.3
Essex	–	12	568	14.7
Warwickshire	–	3	213	14.0
Hampshire	–	5	507	13.8
Worcestershire	–	8	233	13.8
Hertfordshire	–	6	343	13.5
West Sussex	–	11	303	12.8
North Yorkshire	–	14	232	12.6
Surrey	–	9	334	11.9
Oxfordshire	–	-	186	11.8
Cambridgeshire	–	2	180	11.5
Leicestershire	–	7	204	11.3
Suffolk	–	13	235	10.9
Buckinghamshire	–	1	106	8.2

Source: Public Health England Public Outcomes Framework

Wards with above-average mortality rates

- *Data is available at a ward level (2015 boundaries, ie not including recent boundary changes in Cherwell) for some mortality indicators*
- **9 wards** had an above-average mortality rate from all causes aged under 75 and **3 wards** for mortality due to Cancer aged under 75. (There were no wards in Oxfordshire with mortality rates above the England average for heart disease or stroke)

Source: Public Health England, produced from ONS data © Copyright 2015

PHE notes accompanying the source data:

- All cause mortality is a fundamental and probably the oldest measure of the health status of a population.
- It represents the cumulative effect of the prevalence of risk factors, prevalence and severity of disease, and the effectiveness of interventions and treatment.
- Differences in levels of all-cause mortality reflect health inequalities between different population groups, e.g. between genders, social classes and ethnic groups..
- SMRs calculated by dividing the observed total deaths in the area by the expected deaths and multiplying by 100. Expected deaths calculated by applying age-specific death rates for England in 2010-14 to each area's population.

Wards in Oxfordshire with above the England average mortality rates for people aged under 75 (2010-2014)

Locality	All causes mortality under 75 (SMR 2010-2014)	Cancer mortality under 75 (SMR 2010-2014)
North	Banbury Ruscote Banbury Grimsbury and Castle Banbury Neithrop	Banbury Ruscote
North East	Caversfield	
Oxford	Blackbird Leys Carfax Churchill Cowley Northfield Brook	Blackbird Leys Headington Hill and Northway

Health conditions

- According to Quality Outcomes Framework data, four conditions had a higher prevalence in Oxfordshire CCG than England:
  - Cardiovascular disease
  - Cancer
  - Depression
  - Osteoporosis

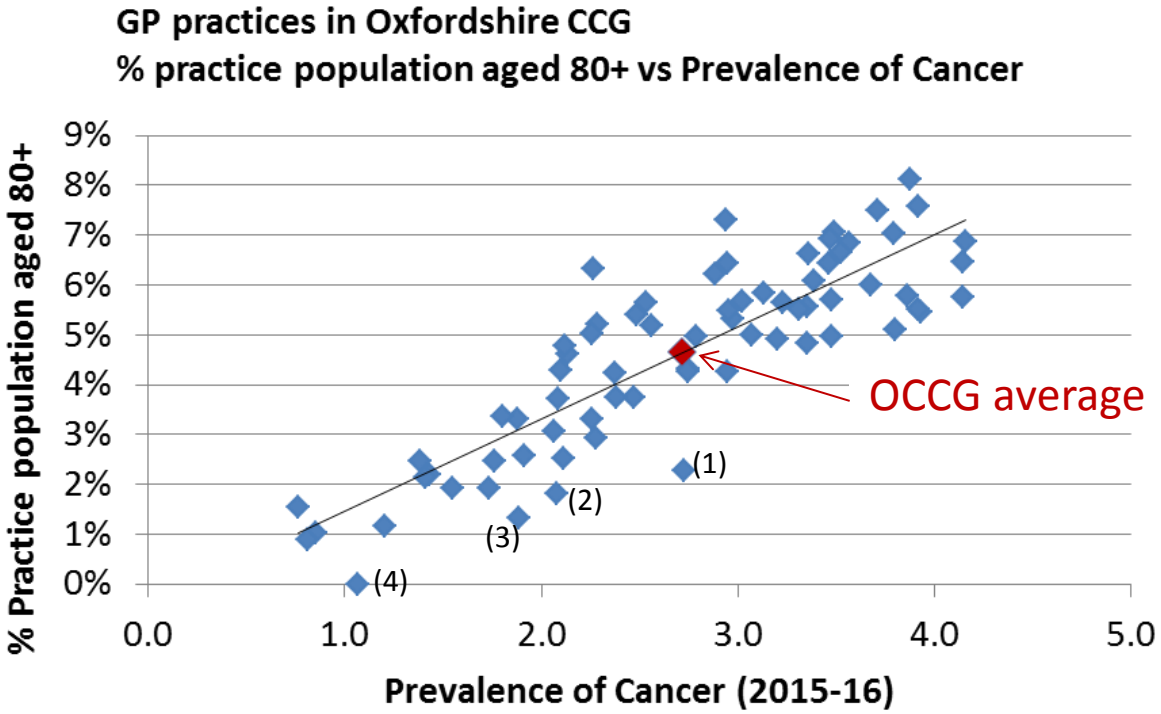
Health conditions Oxfordshire CCG vs England and change in rate 2014-15 to 2015-16

	2014-15	2015-16			
	OCCG Rate	OCCG Count	OCCG Rate		England
Atrial fibrilation	1.54	11,805	1.65	↑	1.71
Cardiovascular disease	1.13	4,496	1.15	↑	1.07
Coronary heart disease	2.51	17,759	2.48	↓	3.2
Heart failure	0.57	4,524	0.63	↑	0.76
Hypertension	12.13	87,506	12.21	↑	13.81
Peripheral arterial disease	0.51	3,643	0.51	-	0.61
Stroke and transient ischaemic attack	1.64	11,963	1.67	↑	1.74
Asthma	5.88	41,126	5.74	↓	5.91
Chronic obstructive pulmonary disease	1.29	9,557	1.33	↑	1.85
Obesity	7.35	43,231	7.55	↑	9.45
Cancer	2.45	19,453	2.71	↑	2.42
Chronic kidney disease	3.45	19,836	3.46	↑	4.1
Diabetes mellitus	4.87	28,627	4.92	↑	6.55
Pallative care	0.27	1,858	0.26	↓	0.34
Dementia	0.7	5,268	0.74	↑	0.76
Depression	7.5	50,865	8.88	↑	8.26
Epilepsy	0.7	4,048	0.71	↑	0.8
Learning disabilities	0.36	2,599	0.36	-	0.46
Mental health	0.78	5,822	0.81	↑	0.9
Osteoporosis	0.23	1,559	0.63*	↑	0.31
Rheumatoid arthritis	0.6	3,670	0.62	↑	0.73

Source: NHS Digital Quality Outcomes Framework; *Note that the Osteoporosis indicator is fairly new indicator and building up from a low base – to be monitored

GP Practices with higher Cancer prevalence also have higher rates of older people

- GP practice Quality Outcomes Framework data shows the highest rates of cancer prevalence (all ages) are in OCCG practices which have a higher proportion of older registered patients



(1) Long Furlong, Abingdon (SW)
(2) Alchester MG Bicester (NE)
(3) Oak Tree Didcot (SW)
(4) Luther Street (Oxford City)

Sources: Numbers of Patients Registered at a GP Practice - October 2016; NHS Digital Quality Outcomes Framework

Mental health – Adult Psychiatric Morbidity Survey 2014

The 2014 Adult Psychiatric Morbidity Survey of Mental Health and Wellbeing (a national survey, published Sept 2016) found that:

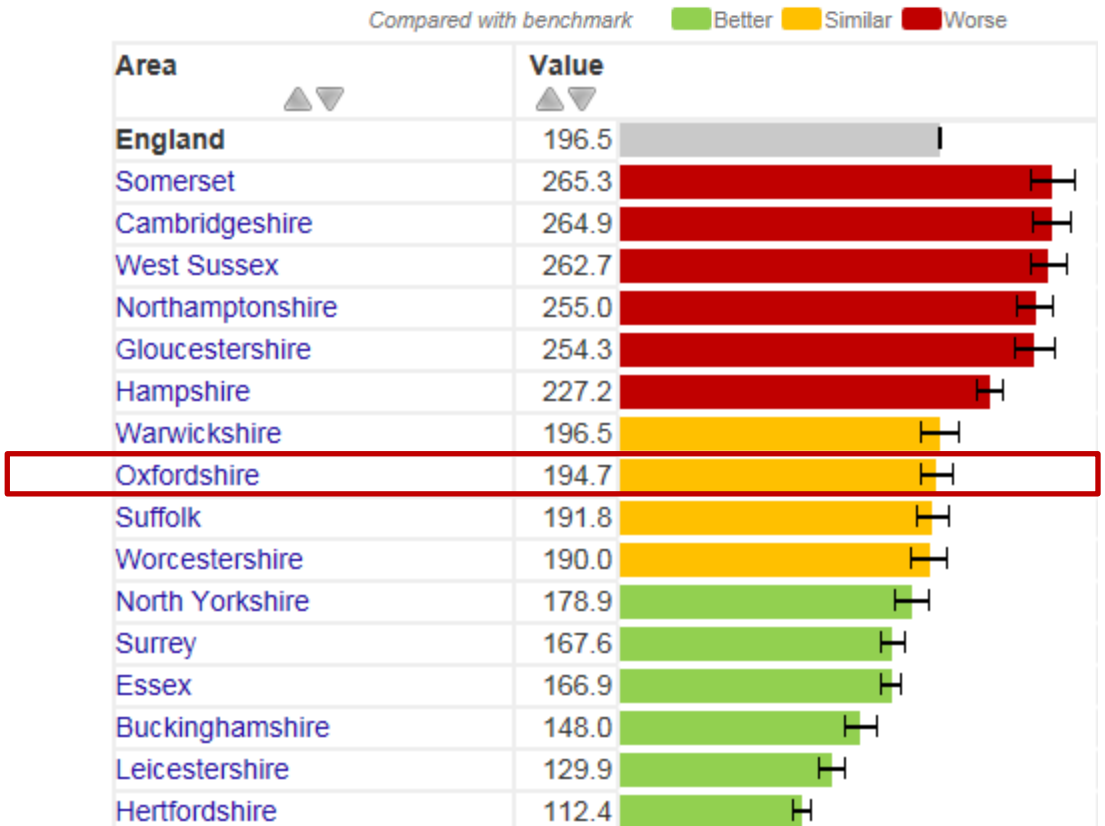
- **One adult in six had a common mental disorder** (CMD): about one woman in five and one man in eight. Since 2000, overall rates of CMD in England steadily increased in women and remained largely stable in men.
- Reported rates of self-harming increased in men and women and across age groups since 2007. However, much of this increase in reporting may have been due to greater awareness about the behaviour.
- Young women have emerged as a high-risk group, with high rates of CMD, self-harm, and positive screens for posttraumatic stress disorder (PTSD) and bipolar disorder.
- The gap between young women and young men increased.
  - In 1993, 16 to 24 year old women (19.2%) were twice as likely as 16 to 24 year old men (8.4%) to have symptoms of CMD. In 2014, CMD symptoms were about three times more common in women of that age (26.0%) than men (9.1%).
- Most mental disorders were more common in people living alone, in poor physical health, and not employed. Claimants of Employment and Support Allowance (ESA), a benefit aimed at those unable to work due to poor health or disability, experienced particularly high rates of all the disorders assessed.

Source: Adult Psychiatric Morbidity Survey series for NHS Digital http://content.digital.nhs.uk/catalogue/PUB21748

Emergency admissions due to self harm similar to England average

- During 2014-15 the number of emergency hospital admissions for intentional self-harm in Oxfordshire was 1,373, similar to the number recorded in 2014-15 (1,387).
- In 2015-16 (as for 2014-15), Oxfordshire's rate of emergency hospital admissions due to self harm was similar to the England average

2015-16 Emergency Hospital Admissions for Intentional Self-Harm, directly age standardised rate, all ages, Persons, Oxfordshire and CIPFA nearest neighbours



Data and chart from Public Health England.

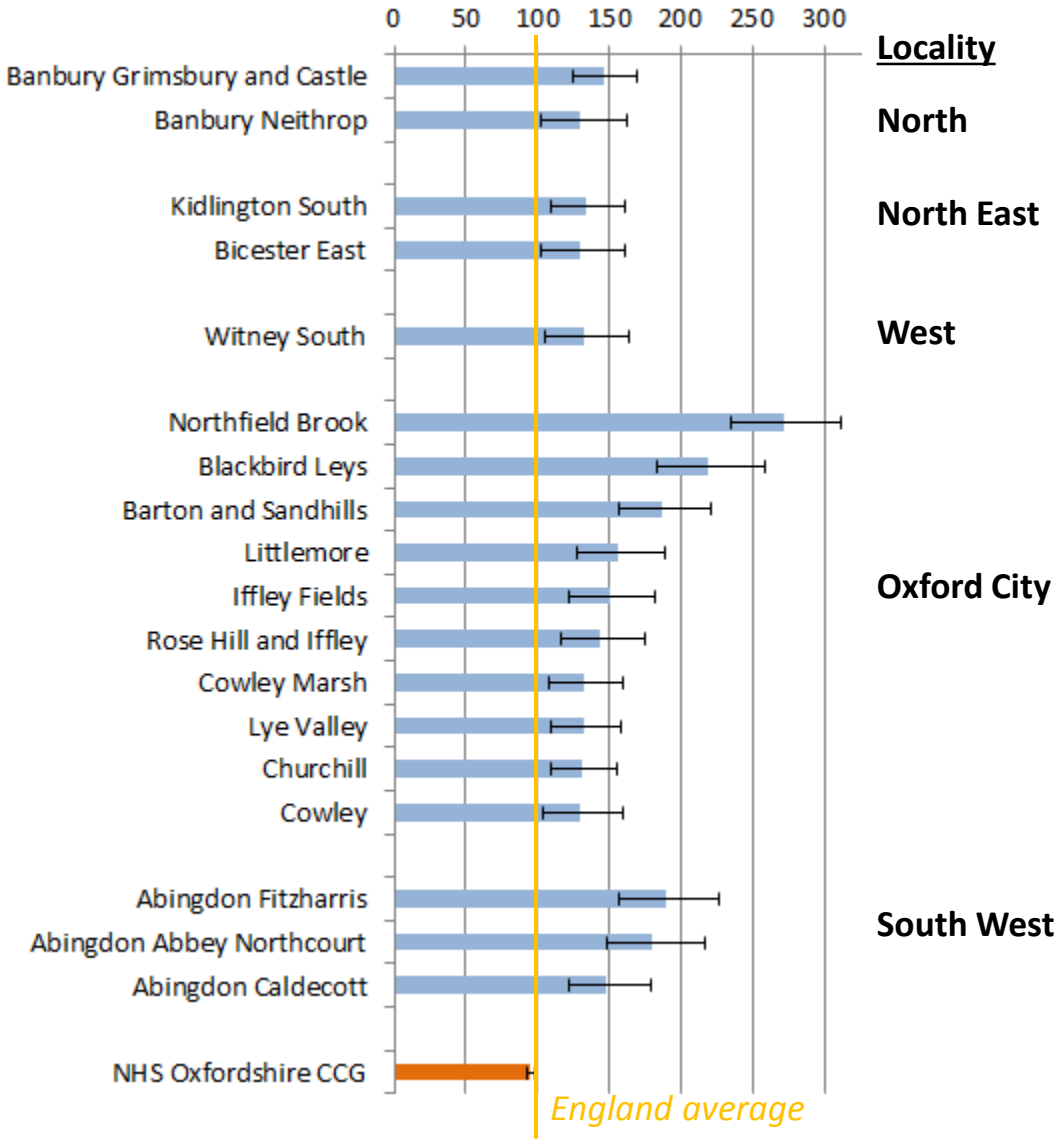
Self harm is one of the top five causes of acute medical admission and those who self-harm have a 1 in 6 chance of repeat attendance at A&E within the year.

Data source: Hospital Episode Statistics (HES), NHS Digital, for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS)

18 wards in Oxfordshire had high hospital admission rates for intentional self harm

Wards in Oxfordshire with a significantly higher admission ratio for intentional self harm than England (2010-11 to 2014-15)

Wards grouped by OCCG locality



Note that this dataset does not include people going to A&E following intentional self harm and not admitted to hospital

PHE notes accompanying the source data:

- *Mental health and well-being is an important aspect of public health.*
- *This indicator is a measure of intentional self-harm as it has not been possible to include a suitable indicator representing all aspects of mental health and well-being.*
- *Self-harm results in more than 98,000 inpatient admissions to hospital a 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.*

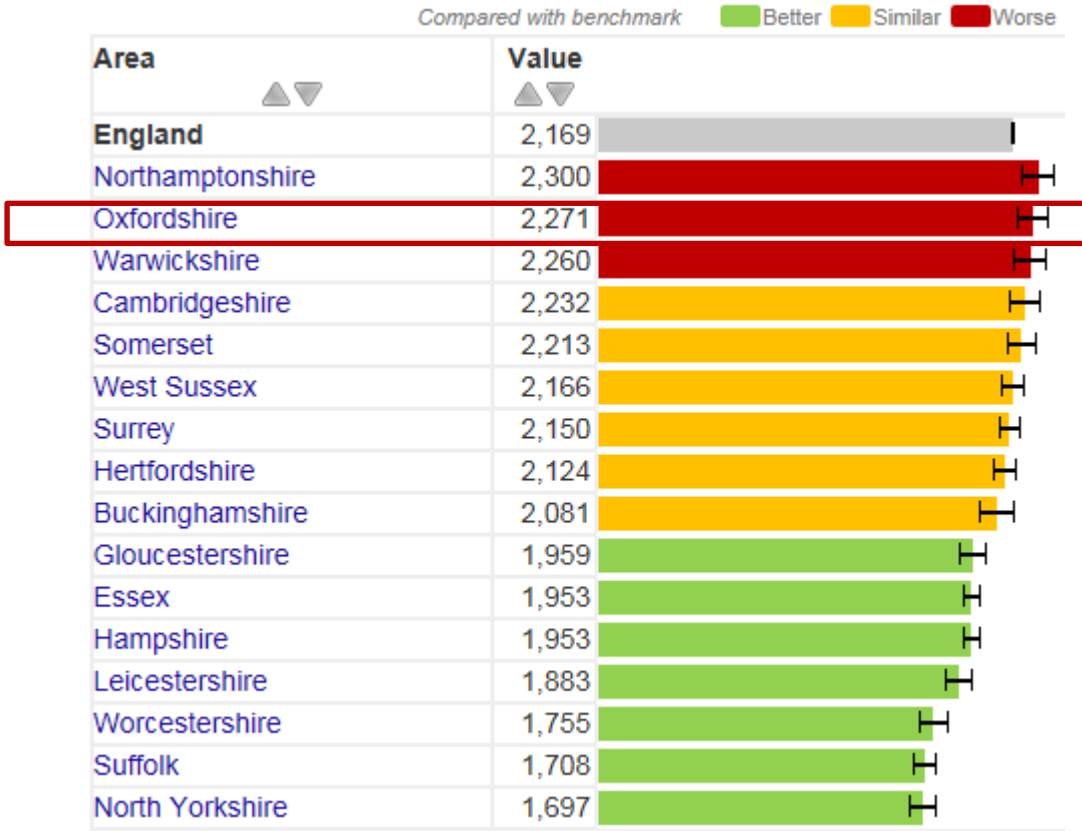
Source: Public Health England Local Data Tool

Emergency admissions due to falls higher than average in Oxfordshire

- *According to Public Health England[1] 30% of people aged 65 and over will fall at least once a year. For those aged 80 and over it is 50%. A fall can lead to pain, distress, loss of confidence and lost independence. In around 5% of cases a fall leads to fracture and hospitalisation.*

- In 2015-16, Oxfordshire's rate of emergency hospital admissions due to falls was above the England average

2015-16 age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population, Oxfordshire and CIPFA nearest neighbours



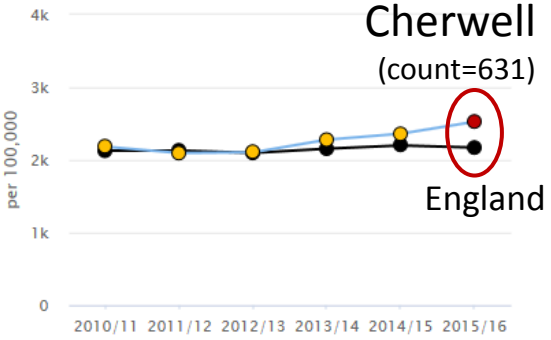
[1]Falls and fracture consensus statement, Supporting commissioning for prevention January 2017

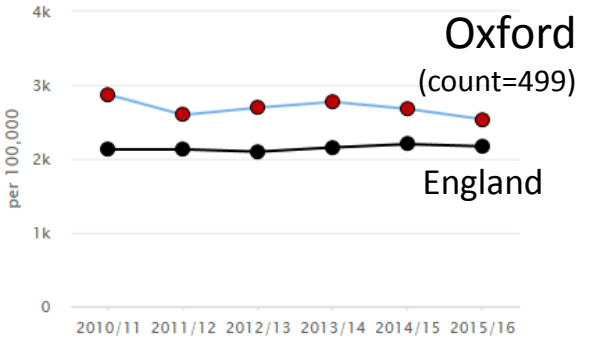
Data and chart from Public Health England.

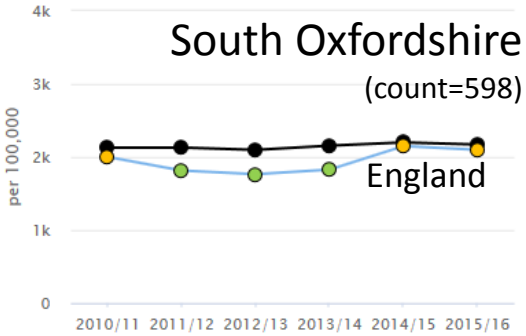
Data source: Hospital Episode Statistics (HES), NHS Digital for the respective financial year, England. Hospital Episode Statistics (HES) Copyright © 2016, Re-used with the permission of NHS Digital. All rights reserved. Local Authority estimates of resident population, Office for National Statistics (ONS)

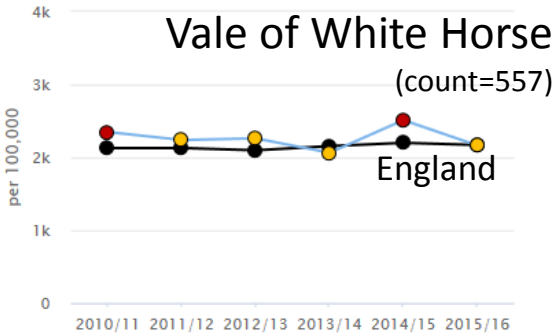
Trend in emergency admissions for injuries due to falls - people aged 65+

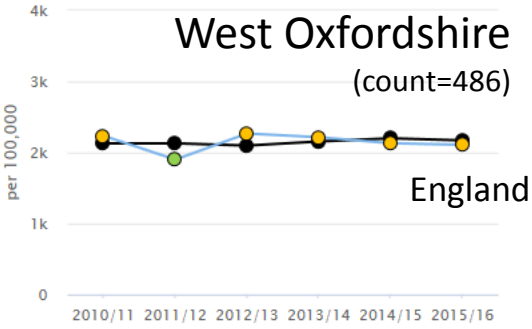
2010-11 to 2015-16 age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population (and count for year 2015-16)

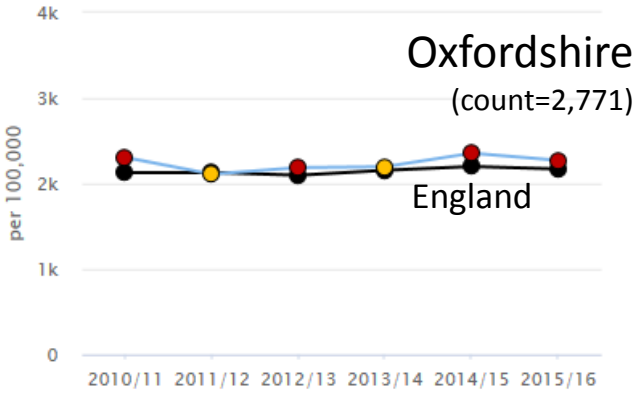












In the most recent year of data the rate increased in Cherwell district

Source: Hospital Episode Statistics (HES), NHS Digital

Lifestyles

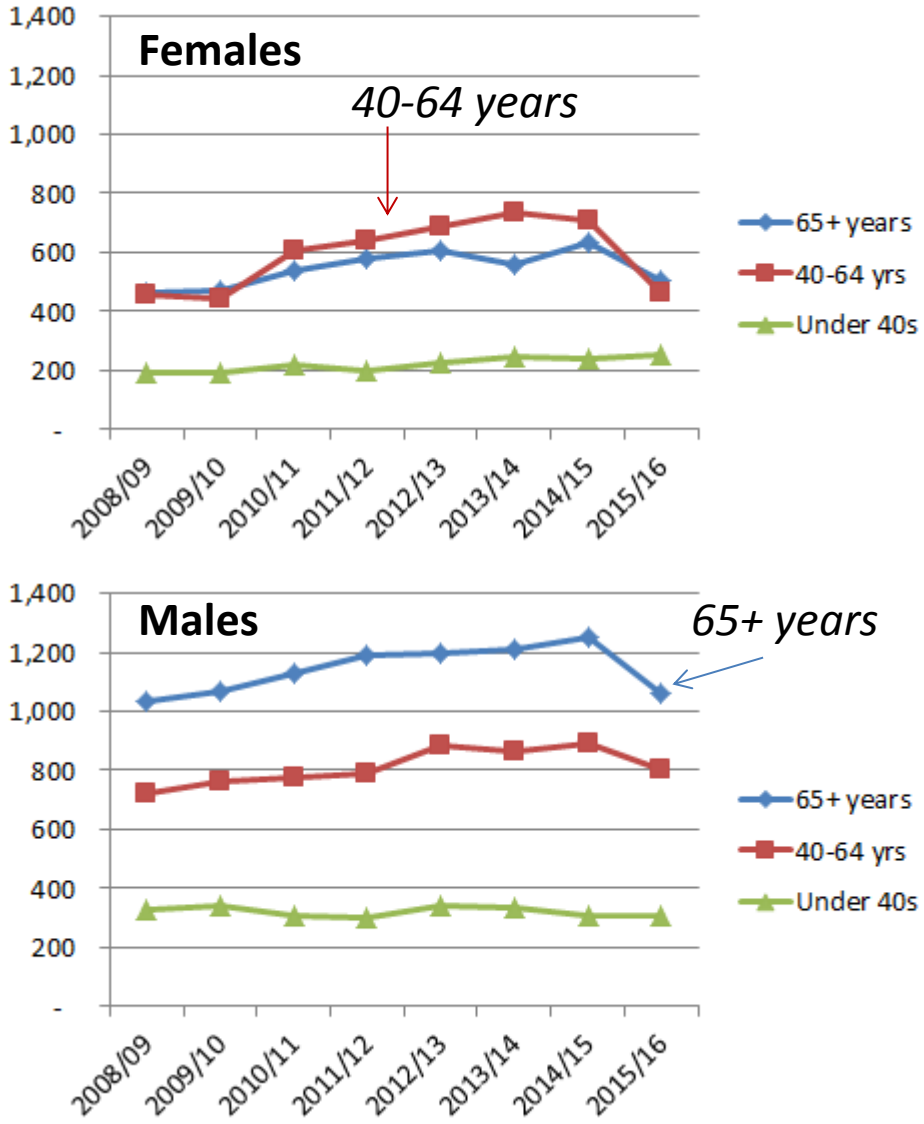
Smoking

- *Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease.*
- Health survey for England data for 2015 shows a national decline in proportion of **adults smoking**.
  - Since 1993 there has been a steady decline in the proportion of men and women who were current smokers, from 28% to 19% in 2015 among men, and from 26% to 17% among women.
- In 2015 an estimated 15.5% of adults in Oxfordshire were smokers, statistically similar to the England average. Smoking prevalence in all of Oxfordshire's districts was either below or similar to national and regional averages.
- In 2015, 5% of adults were currently using e-cigarettes. This is a small increase from 2013, when 3% of adults were e-cigarette users.
- Health survey for England data for 2015 shows a national decline in proportion of **children smoking**. The proportion of children aged 8 to 15 who had ever smoked has decreased overall, from 18% of boys and 20% of girls in 1997 to 4% of both boys and girls in 2015.
- **Smoking in pregnancy** increases the risk of miscarriage, complications during pregnancy, low birth weight, congenital defects, stillbirth, or death within the first week of life. The latest data (2015-16) shows that smoking at time of delivery in Oxfordshire has reduced again to 8.0%. This remains lower than England (10.6%) but indicates there are just over 580 women smoking during pregnancy.

Alcohol-related admissions

- *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.*
- Overall males continue to have higher rates than females for alcohol-related admission episodes.
- Between 2014/15 and 2015/16, admissions rates in the upper age groups (40 to 64 years and 65+) declined for males and females

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

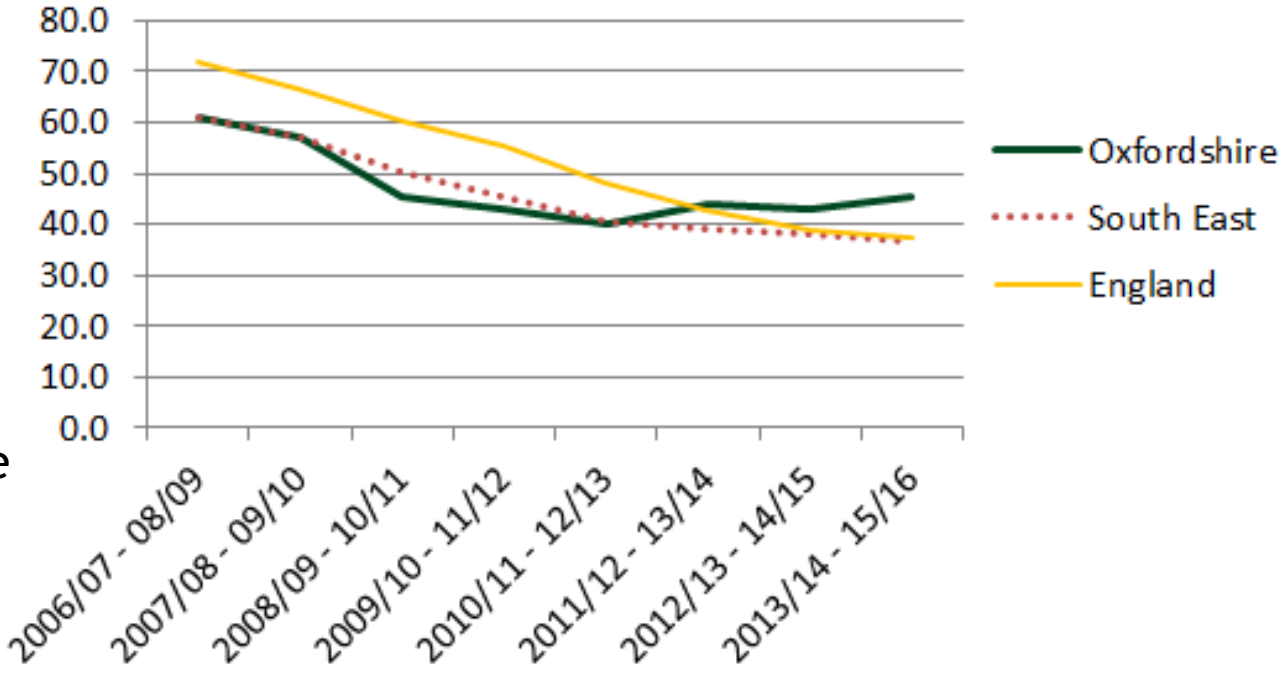


Definition: Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. Source: Public Health England Local Alcohol Profiles from Hospital Episode statistics and ONS population estimates.

Admissions of under 18s due to alcohol increased in Oxfordshire – against the national trend

- There were 193 admissions of people aged under 18 in Oxfordshire due to alcohol-specific conditions in the three year period 2013-14 to 2015-16
- This was an increase on the previous period (count=180), the rate remained above the England and South East average
- Oxford was statistically above the England average on this measure, Cherwell was similar and other districts were below average

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

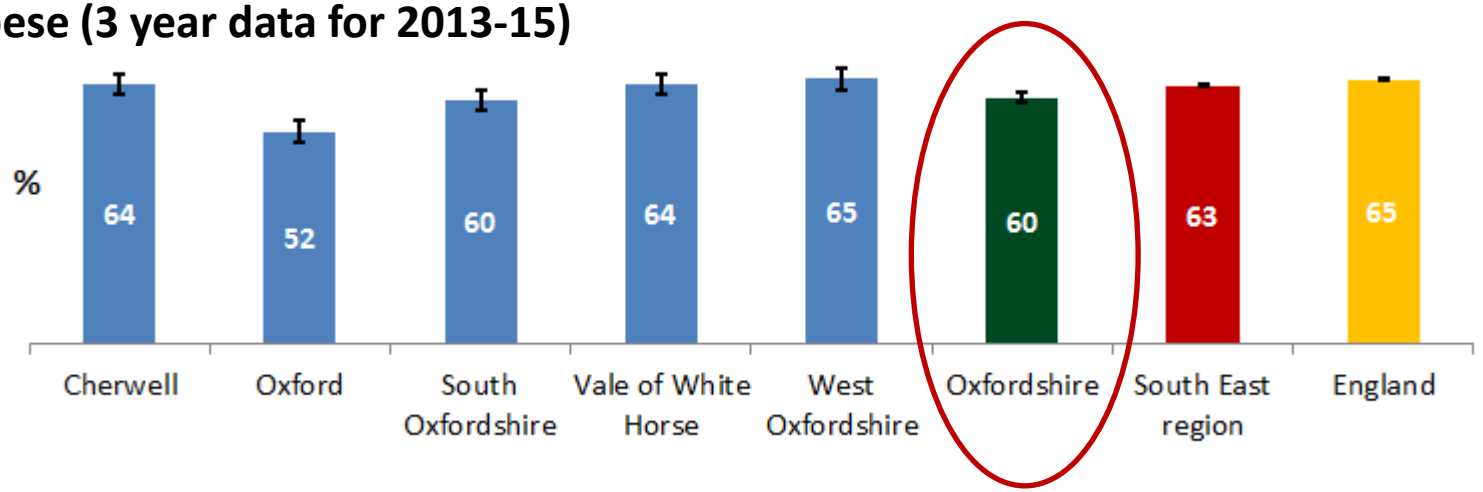


Persons admitted to hospital due to alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population. Number of persons under 18 admitted to hospital due to alcohol-specific conditions divided by the under 18 population of the area and multiplied by 100,000.
Source: Public Health England Local Alcohol Profiles from Hospital Episode statistics and ONS population estimates.

Excess weight - adults

- *Excess weight in adults is recognised as a major determinant of premature mortality and avoidable ill health*
- An estimated 60% of people aged 16 or over in Oxfordshire are classified as overweight or obese (2013-15), lower than the average for England (64.8%) or the South East (63.3%).
- The rate for Oxfordshire was slightly below the previous 3 year period (2012-14: 60.9%).

% of people aged 16 or over classified as overweight or obese (3 year data for 2013-15)



Source: Public Health England, Public Health Outcomes Framework from Active People survey

Excess weight - children

According to the National Child Measurement programme:

- In reception, aged 4 or 5, around 1,500 (20%) children in Oxfordshire were overweight or obese.
- In year 6, aged 10 or 11, there were around 1,900 children overweight or obese and the proportion was higher at 30.5%.

National Child Measurement Programme Local Authority Profile

Oxfordshire vs South East

Compared with benchmark Better Similar Worse

Lower Similar Higher Not Compared

Indicator	Period	Oxon			Region	England	South East region		
		Recent Trend	Count	Value	Value	Value	Worst/ Lowest	Range	Best/ Highest
Reception: Prevalence of underweight	2015/16	→	52	0.67%	0.75%	0.97%	2.55%		0.41%
Reception: Prevalence of healthy weight	2015/16	↑	6,215	79.8%	78.4%	76.9%	74.9%		82.6%
Reception: Prevalence of overweight (including obese)	2015/16	↓	1,524	19.6%	20.9%	22.1%	23.7%		16.6%
Reception: Prevalence of overweight	2015/16	→	981	12.6%	12.8%	12.8%	10.8%		14.6%
Reception: Prevalence of obesity	2015/16	↓	543	7.0%	8.1%	9.3%	11.4%		5.8%
Year 6: Prevalence of underweight	2015/16	→	67	1.06%	1.19%	1.32%	2.33%		0.73%
Year 6: Prevalence of healthy weight	2015/16	→	4,332	68.4%	68.0%	64.5%	58.3%		72.9%
Year 6: Prevalence of overweight (including obese)	2015/16	→	1,935	30.5%	30.8%	34.2%	39.4%		25.8%
Year 6: Prevalence of overweight	2015/16	→	924	14.6%	13.7%	14.3%	10.7%		15.4%
Year 6: Prevalence of obesity	2015/16	→	1,011	16.0%	17.1%	19.8%	24.2%		13.2%
Prevalence of obesity among children in Reception, 5-years data combined	2011/12 - 15/16	–	-	6.8%	8.0%	9.3%	11.3%		6.2%
Prevalence of obesity among children in Year 6, 5-years data combined	2011/12 - 15/16	–	-	16.0%	16.5%	19.2%	22.6%		13.0%

Source: Public Health England

6 areas of Oxfordshire had higher rates of overweight children

- 6 wards in Oxfordshire were significantly above the Oxfordshire CCG average on the proportion of overweight or obese children aged 10-11 (2012-13 to 2014-15):
  - North locality: Banbury Neithrop
  - Oxford locality: Cowley, Northfield Brook, Blackbird Leys, Rose Hill & Iffley, Littlemore
- These areas were also ranked as more deprived
- National and Oxfordshire data shows that excess weight varies by ethnic group with Black and Asian children more likely to be overweight or obese than white British children

Source: National Child Measurement Programme from Public Health England
Number of children classified as overweight or obese in the National Child Measurement Programme (NCMP) attending participating state maintained schools in England as a proportion of all children measured.
Children are classified as overweight (including obese) if their BMI is on or above the 85th centile of the British 1990 growth reference (UK90) according to age and sex.

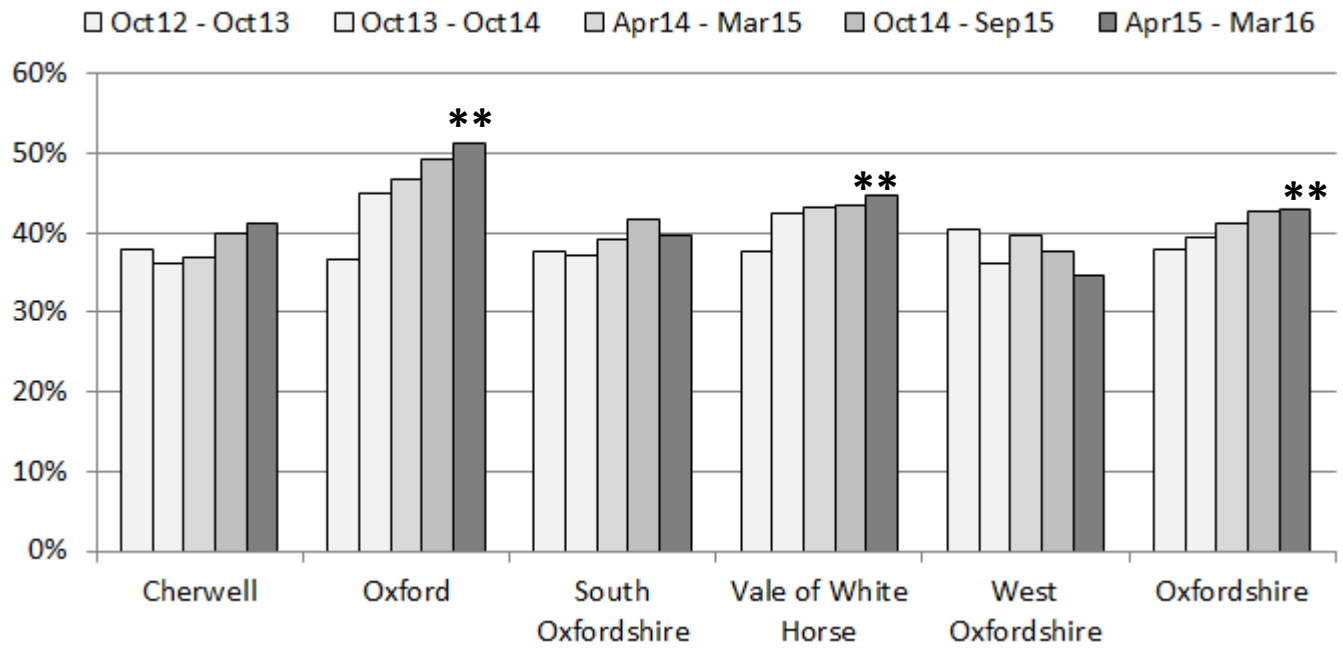
National data shows a decline in physical activity by boys

- According to the 2015 Health survey for England, excluding school-based activities, 22% of children aged 5 to 15 met the physical activity guidelines of being at least moderately active for a minimum of 60 minutes every day.
- There has been a decline in the proportion of boys meeting physical activity recommendations.
  - Among boys, there was a decrease in the proportion meeting physical activity recommendations between 2008 and 2012, falling from 28% in 2008 to 21% in 2012. It has remained at the lower level in 2015, at 23%.
  - Among girls there has been no statistically significant change in the proportion meeting physical activity recommendations over the period, with 19% in 2008 and 20% in 2015

Increase in participation in sport in Oxfordshire

- In 2015-16, 41% of people aged 14+ in Oxfordshire participated in at least 30 minutes of sport at least once a week. This was above the regional and national averages (39.1%, 36.9%)
- Between the active people survey of Oct12-Oct13 and Apr15-Mar16, there was a statistically significant increase in the proportion of people participating in sport in Oxfordshire and in Oxford and the Vale of White Horse districts.

Sports participation indicator - the number of people aged 14 and over participating in at least 30 minutes of sport at moderate intensity at least once a week



Source: Sport England Active People Survey; ** statistically significant increase from Oct12-13 to 2015-16

Participation in at least 4 sessions of moderate intensity for at least 30 minutes in the previous 28 days (the equivalent of at least one session per week) among the population aged 14+. Includes participation in a full range of keepfit classes, participation in bowls and croquet, all recreational cycling

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[1].
  - Lonely individuals more likely to visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term health care[2].
- Analysis by Age UK[3] showed that factors more associated with a higher prevalence of loneliness were:
  - Health
    - The poorer the self-reported health, the more likely the respondent feels lonely.
    - Having difficulty with one or more activities of daily living is positively associated with the prevalence of loneliness
  - Household type:
    - Being single, divorced or separated and widowhood are associated with a higher prevalence of loneliness compared to being married.
    - Household size is inversely related with prevalence of loneliness (the more people in the household the less like the respondent feels lonely).

[1]Social relationships and mortality risk: a meta-analytic review. Holt-Lunstad J, Smith TB, Layton JB. PLoS Med 2010;7(7)
[2]Cohen, G.D. et al. 2006 'The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults' The Gerontologist 46 (6) http://gerontologist.oxfordjournals.org/content/46/6/726
[3]Age UK loneliness heat map http://www.ageuk.org.uk/professional-resources-home/research/loneliness/loneliness-maps/

Older people living alone

- According to Census 2011 data, almost 30,000 households in the area covered by OCCG localities were occupied by an older person living alone
- Rates were higher in rural areas

Locality	All households	Households occupied by single person aged 65+	Percentage
North	40,826	4,871	11.9%
North East	29,849	3,170	10.6%
West	32,001	3,658	11.4%
Oxford City	62,953	7,098	11.3%
South West	56,103	6,325	11.3%
South East	35,730	4,726	13.2%
TOTAL	257,462	29,848	11.6%

Demographic data from Office for National Statistics mid-2015 estimates.
In each LSOA polygon, if over 50% of the population is registered to an Oxfordshire CCG (OCCG) GP Practice, then that polygon is given the name of the locality for which the greatest number of patients are registered to a GP practice within.
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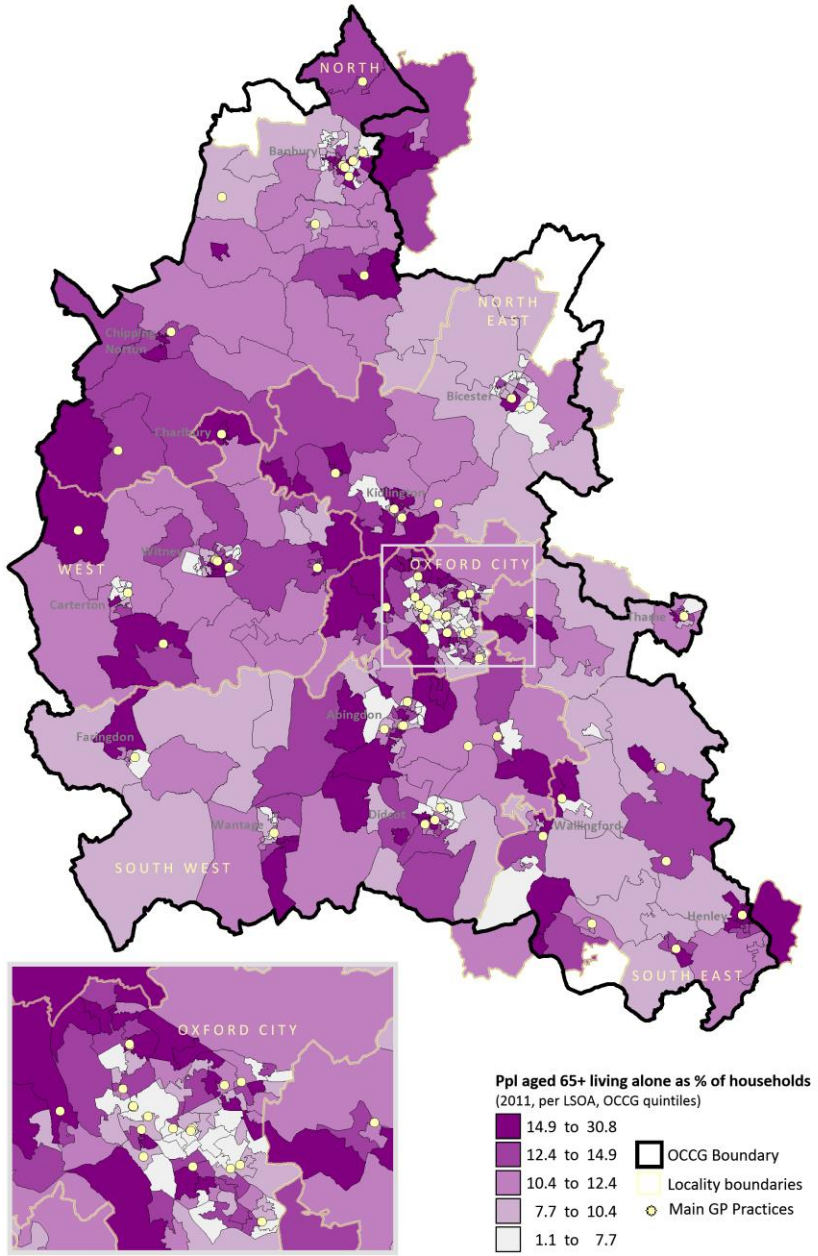
People aged 65 and over living alone as % of households (2011)

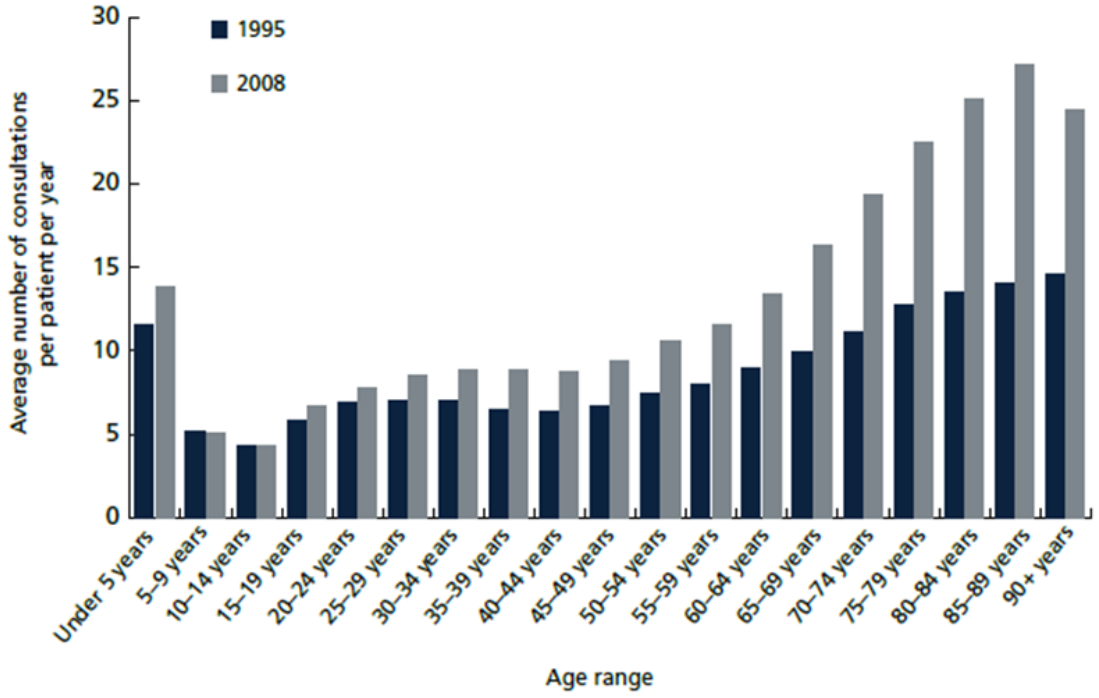


Service use

Increasing use of health services per person

- National data suggests that the number of primary care consultations per patient per year has increased significantly, especially in the older age groups
- More recent analysis comparing 2007 to 2014 primary care consultations has shown this trend continuing

Change in the average number of primary care consultations per patient per year in England 1995 to 2008

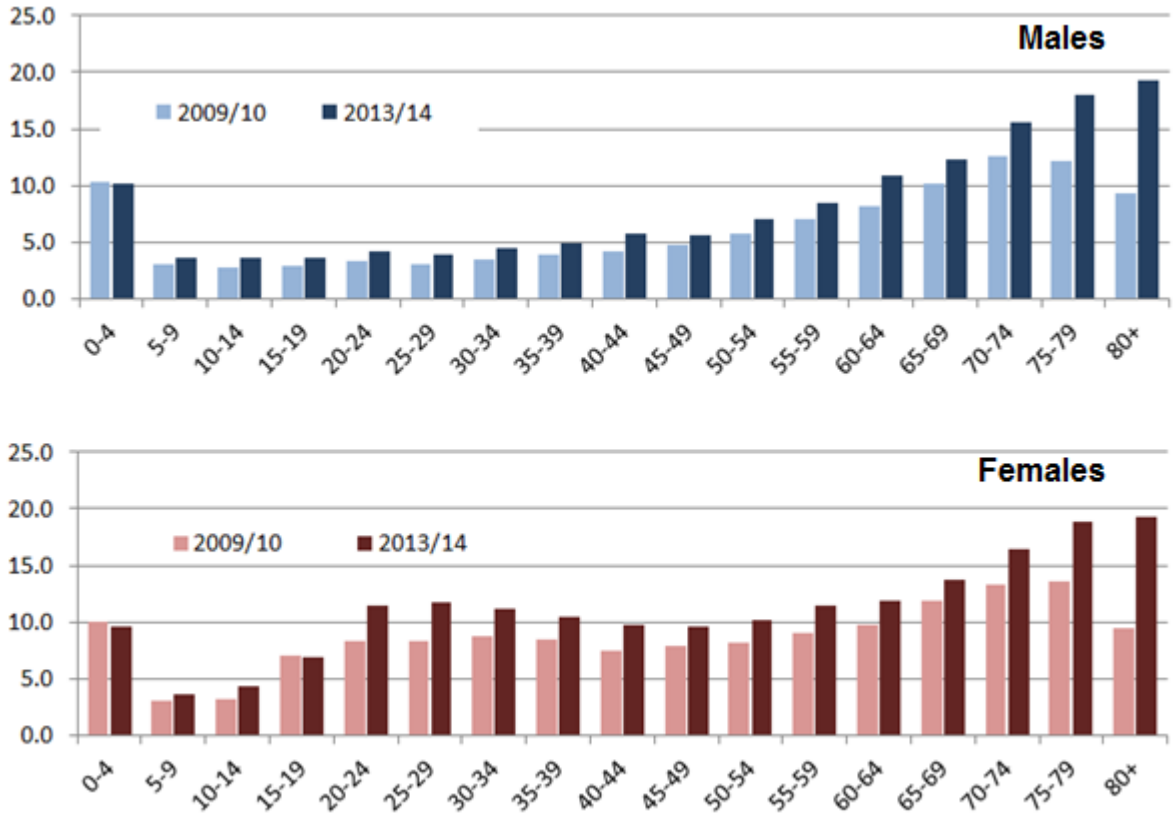


Source: The 2022 GP Compendium of evidence, Royal College of General Practitioners; data from Hippisley-Cox J, Vinogradova Y. Trends in consultation rates in general practice 1995/96 to 2008/9.

Similar pattern observed in sample of GPs in Oxfordshire

- A study by the Oxfordshire Clinical Commissioning Group, used data from 12 (self-selecting) OCCG Practices
- Data shows an increase in consultation rates in the older age bands, similar to the national trend.

Number of primary care consultations per person by age and gender, Oxfordshire CCG (12 GP practices)



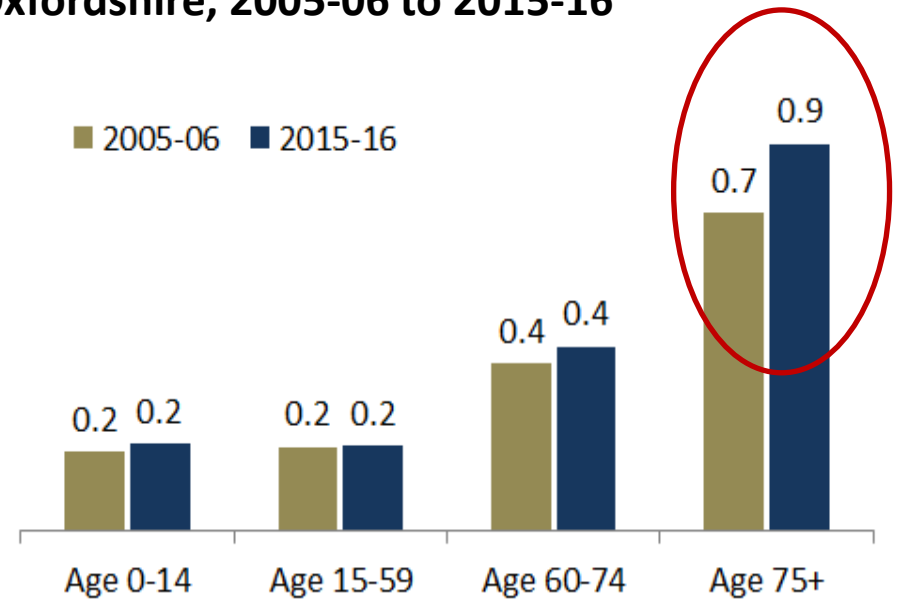
Source: NHS South, Central and West Commissioning Support Unit; includes consultations and administrative tasks including repeat prescriptions

Increase in hospital admissions and admissions per person

- Between 2005-06 and 2015-16 the total number of hospital episodes in Oxfordshire increased by almost a quarter (23%).

- The number of episodes per person in the age group 75+ in Oxfordshire increased from 0.7 per person to 0.9.
  - *This may be influenced by a change in the profile of the 75+ age group as it is now likely to include a higher proportion of the oldest groups (85+)*

Hospital episodes per person by age – Oxfordshire, 2005-06 to 2015-16



Source: NHS Digital, Hospital Episode Statistics for England. Admitted Patient Care statistics (all NHS hospitals); ONS mid year population estimates. Note that data for 2005-06 is for the five Primary Care Trusts in Oxfordshire at that time and data for 2015-16 is for the NHS Oxfordshire Clinical Commissioning Group, there are differences in the geographical boundaries between these areas and the Oxfordshire county population denominator.

National data shows that people with mental health conditions now more likely to access services

- The most recent Adult Psychiatric Morbidity survey found that one person in three with common mental disorders (mainly depression or anxiety) reported current use of mental health treatment in 2014 up from one in four in 2000 and 2007.
  - Change driven by steep increases in reported use of psychotropic medication. Increased use of psychological therapies was also evident among people with more severe mental disorder symptoms.

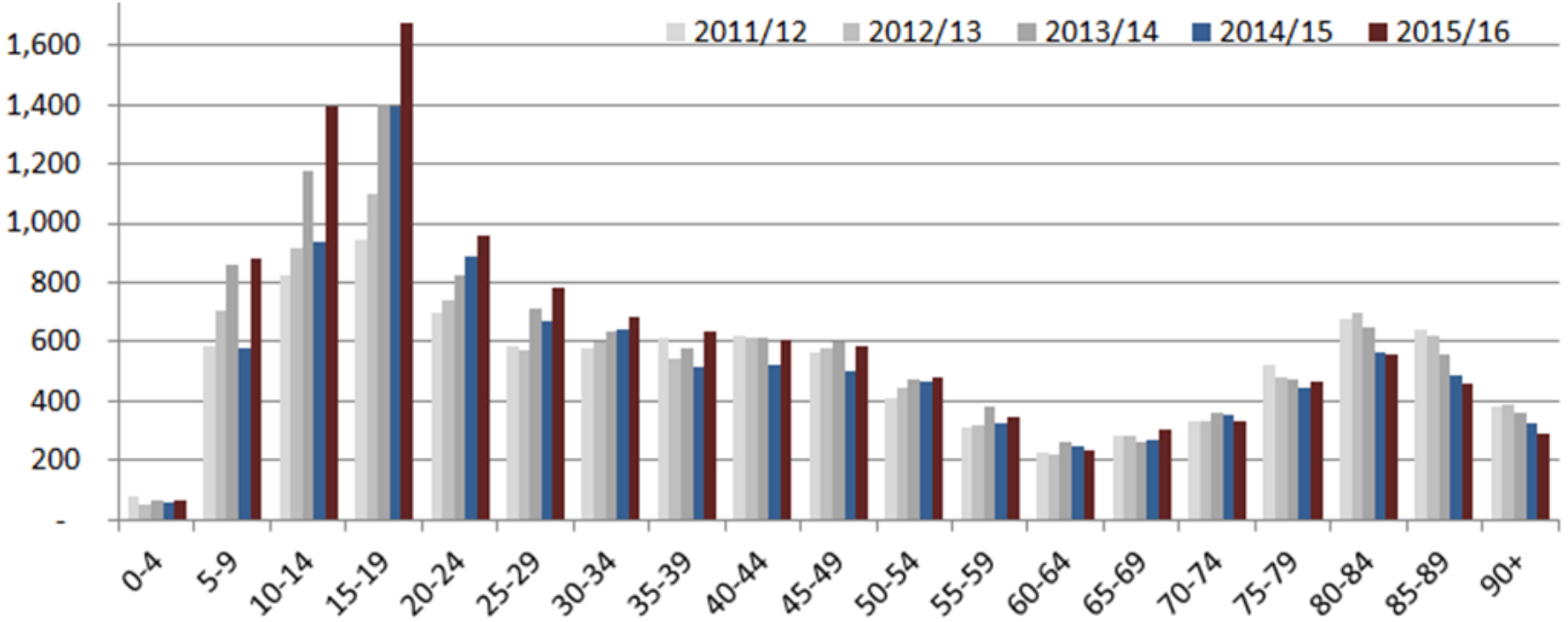
- Since 2007, people with common mental disorders had become more likely to use community services and more likely to discuss their mental health with a GP.

*Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014

Increase in referrals for mental health services in Oxfordshire especially in younger age groups

Between 2011-12 and 2015-16, the number of patients referred to Oxford Health mental health services overall increased by 19%. The number of patient referrals aged 10-14 increased by 70% and aged 15-19 increased by 77%.

Number of Oxfordshire residents referred to Oxford Health mental health services by age (2011-12 to 2015-16)

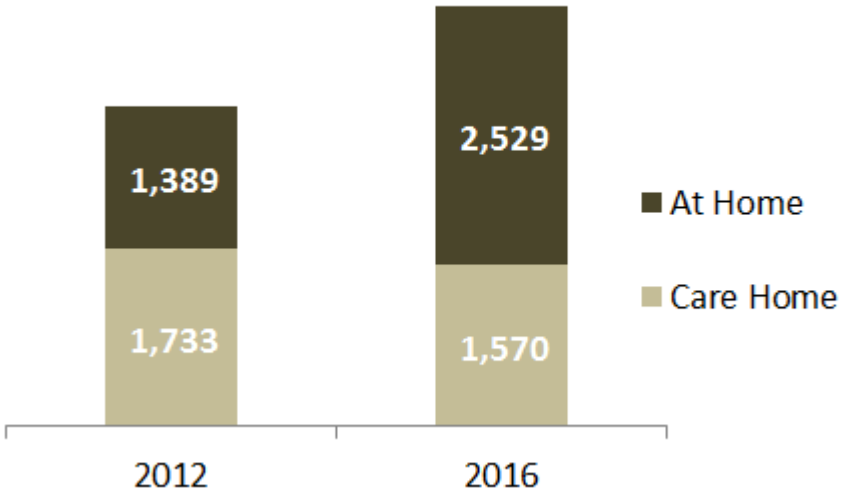


Source: Oxford Health

Increase in social care clients supported at home

There has been an increase in the number and proportion of older long term social care clients who are supported at home: from 44% of clients in 2012 to 62% in 2016

Number of older social care clients supported by Oxfordshire County Council 2012 vs 2016



Source: Oxfordshire County Council

Other services

- The vast majority of victims of doorstep crime and rogue traders were older people and Oxfordshire Trading Standards has seen a repeat targeting of elderly and vulnerable victims
- Data from Oxfordshire's Citizens Advice services shows that:
  - A higher than average proportion of clients of Oxfordshire's Citizens Advice services were disabled (26%, compared with 14% with activities limited by health or disability in Oxfordshire in 2011)
  - Of Citizens Advice clients with disabilities, just over a third had a long term health condition, a quarter had a physical or sensory impairment and one in five (21%) had a mental health problem.
  - The district with the greatest number of clients with multiple health impairments was Oxford.

Access to services

- National data shows that a significantly lower proportion of disabled people used the internet to find information about goods and services (57% disabled compared with 80% not disabled).
- Looking for health information online is a less popular use of the internet than many other activities – including for older people.
- Areas of rural Oxfordshire classified as 2 miles or more from a GP surgery cover almost a third of younger rural residents (aged 0-15, 32%) and a third of the older rural residents (aged 65+, 34%).

Finding out more

Health profiles and statistics for Oxfordshire

- Data published locally:
  - The **Joint Strategic Needs Assessment** provides information about Oxfordshire's population and the factors affecting health, wellbeing, and social care needs. The report is updated annually and the latest version was published in March 2017.
  - The **Oxfordshire Public Health Surveillance Dashboard** has been created by Public Health Oxfordshire to monitor population level trends in the health and wellbeing of the county. Each theme comprises a series of key indicators that are updated once new data becomes available.
- National profiles:
  - Population estimates, forecasts, employment and related data is available from www.nomisweb.co.uk
  - Public Health profiles for districts, county and CCG data include indicators of inequalities. Data is displayed as tables or in spine charts.
  - The Public Health Local Health tool has a wide range of health and related indicators for wards as well as for districts, county and Clinical Commissioning Group areas. Data is available in tables and via an interactive map.
  - The Atlas of variation is a compendium of indicators comparing outcomes, activities and quality of healthcare for Clinical Commissioning group areas in England.
  - The Care Quality Commission publishes a data directory on the location of services that are inspected. This includes care homes and GPs.
  - Commissioning for Vale packs provided by NHS Rightcare show data for Oxfordshire CCG in comparison with similar CCGs. They provide..*indicative data across the 10 highest spending programmes of care to highlight the top priorities (opportunities) for transformation and improvement*.
  - CCG Outcomes Indicator packs

Locality Summaries – see separate section