

# Oxfordshire Joint Strategic Needs Assessment 2019


## SUMMARY OF FINDINGS





March 2019




# Introduction to the Oxfordshire Joint Strategic Needs Assessment: Health and Wellbeing facts and figures

 The Oxfordshire Joint Strategic Needs Assessment identifies the current and future health and wellbeing needs of our local population.

 The annual JSNA report is provided to the Oxfordshire Health and Wellbeing Board and underpins the Health and Wellbeing strategy

 Other JSNA resources include:  
[Public Health Dashboards](#)  
[Health Needs Assessments](#)  
[Community Health and Wellbeing Profiles](#)  
[JSNA Bitesize](#)

 This summary section is Chapter 1 of the 2019 update

## **Chapter 1: Summary**

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**This pack** summarises the main findings from a strategic review of evidence about the health and wellbeing of Oxfordshire's residents, based on research carried out between November 2018 and February 2019

**We would like to thank** the very many contributors of data and commentary from organisations across Oxfordshire including:

Oxfordshire County Council, Cherwell District Council, Oxford City Council, South Oxfordshire District Council, Vale of White Horse District Council, West Oxfordshire District Council, Oxfordshire Clinical Commissioning Group, Oxford Health NHS FT, Thames Valley Police, Citizen's Advice Oxfordshire, Age UK Oxfordshire, Healthwatch Oxfordshire

Thanks also to members of the JSNA Steering Group for their oversight and guidance (Oxfordshire County Council, Oxfordshire Clinical Commissioning Group, West Oxfordshire District Council for districts, Healthwatch Oxfordshire)

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JSNA

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# Health and wellbeing in Oxfordshire - overall

- 📌 Oxfordshire's population is relatively healthy
  - Oxfordshire does better or similar to the national average on most Public Health indicators.
  - Healthy life expectancy in Oxfordshire is significantly higher than national and regional averages for both males and females.
- 📌 Earnings of Oxfordshire residents are increasing and above average
- 📌 House prices are continuing to increase and more people are renting privately
- 📌 The future growth of the population (especially the numbers of young people) is very dependent on levels of house building in future and will vary across the county
- 📌 Our population is ageing, a trend that is forecast to continue
- 📌 Inequalities remain
  - Household income varies significantly across the county
  - Life expectancy is lower in more deprived areas
- 📌 Cancer remains the leading cause of death in Oxfordshire and is the highest cause of preventable deaths in people aged under 75
- 📌 Over half of adults in Oxfordshire are overweight or obese, and three in ten adults are not meeting physical activity guidelines
- 📌 There has been an increase in A&E and unplanned admissions and a decline in planned admissions and outpatients
- 📌 Mental health diagnosis and referrals are continuing to increase
- 📌 Evidence is starting to emerge from the healthy new town programmes in Oxfordshire, showing people of all ages becoming more physically active and managing their health and wellbeing

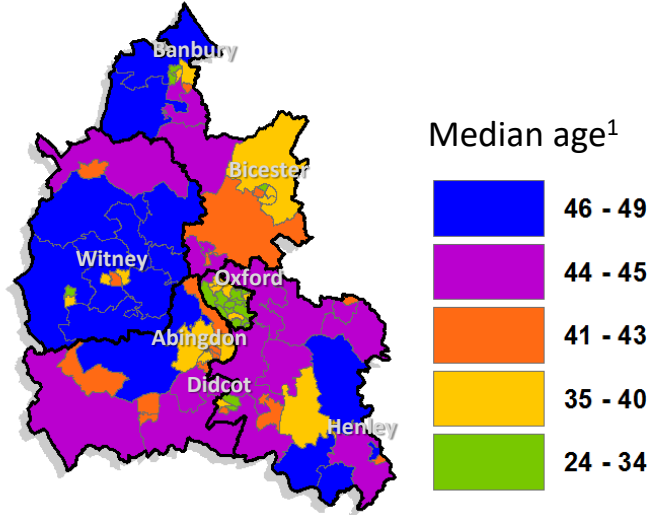
## Health and wellbeing in Oxfordshire - young people

- There has been a slight increase in rates of child poverty in Oxfordshire
- The ethnic diversity of Oxfordshire's school population is increasing
- Early years results (aged 5) for poorer pupils, for pupils with Special Educational Needs and for Asian pupils in Oxfordshire are each below average and have declined
- The achievement of Oxfordshire's disadvantaged children aged 10-11 has remained below the national average
- Unauthorised absence from secondary schools has increased at a faster rate than nationally
- There has been an increase in looked after children in Oxfordshire and in children placed outside the county
- The % of Oxfordshire's care leavers in employment, education or training remains below the national average
- Referrals to Oxford Health for mental health services in Oxfordshire in younger age groups have continued to increase
- The pressure on Child and Adolescent Mental Health Services in Oxfordshire has increased
- Self-harm admissions are increasing in young people (aged 10-24 years) in Oxfordshire and are above the national average
- Alcohol-specific admissions in under 18s in Oxfordshire were higher than national and regional averages
- Similar to previous years, excess weight in children in Oxfordshire has remained high. One in five children in Reception, and one in three children in Year 6 was overweight or obese.
- Children's participation in sport and physical activity is declining nationally, and most children in Oxfordshire are not meeting the daily physical activity guidelines

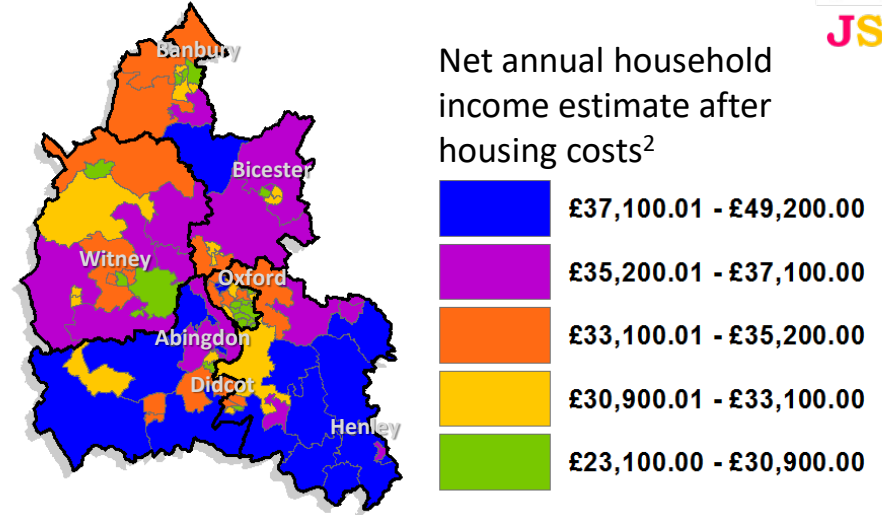
# Health and wellbeing in Oxfordshire - older people

- 📌 Oxfordshire's population is ageing, with substantial recent and predicted growth in the number of people aged 85 and over.
- 📌 Dementia and Alzheimer's disease are increasing as leading cause of death in people over 75
- 📌 Falls are the largest cause of emergency hospital admissions for older people (65+); Oxford City has a rate consistently significantly worse than England
- 📌 There has been an increase in reablement (from a low base) and in the number of adults provided with long-term social care
- 📌 There has been an increase in the proportion of older social care clients supported at home
- 📌 Social care users in Oxfordshire less likely to feel socially isolated and more likely to believe their home meets their needs than average
- 📌 Older social care users worry most about falling over
- 📌 Almost two thirds of older people are estimated to be self-funding long term care in Oxfordshire
- 📌 Potential increase in demand for social care services by 2031, similar whether or not housing growth is included
- 📌 Wide areas of rural Oxfordshire are ranked poorly on geographical access to services according to the geographical access to services subdomain of the 2015 Indices of Multiple Deprivation
- 📌 Use of the internet by older people is increasing, however a significant number of older or disabled people have never used the internet

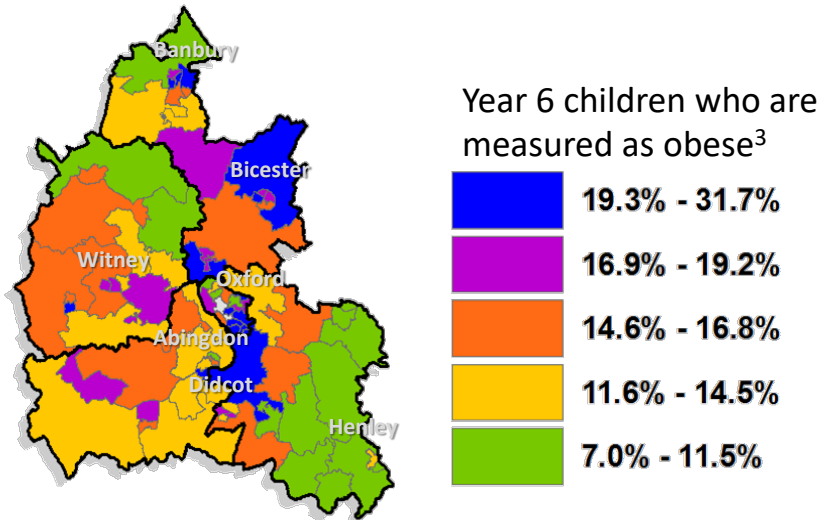
## Rural areas have an older age profile than urban areas



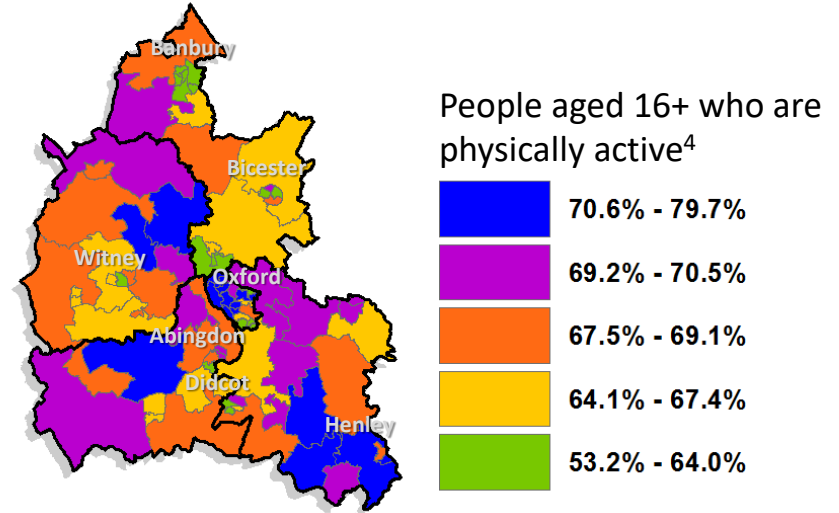
## Rural and southern Oxfordshire are more affluent than other areas



## Child obesity rates are higher in Oxford and Banbury



## Physical activity rates are higher in more affluent areas

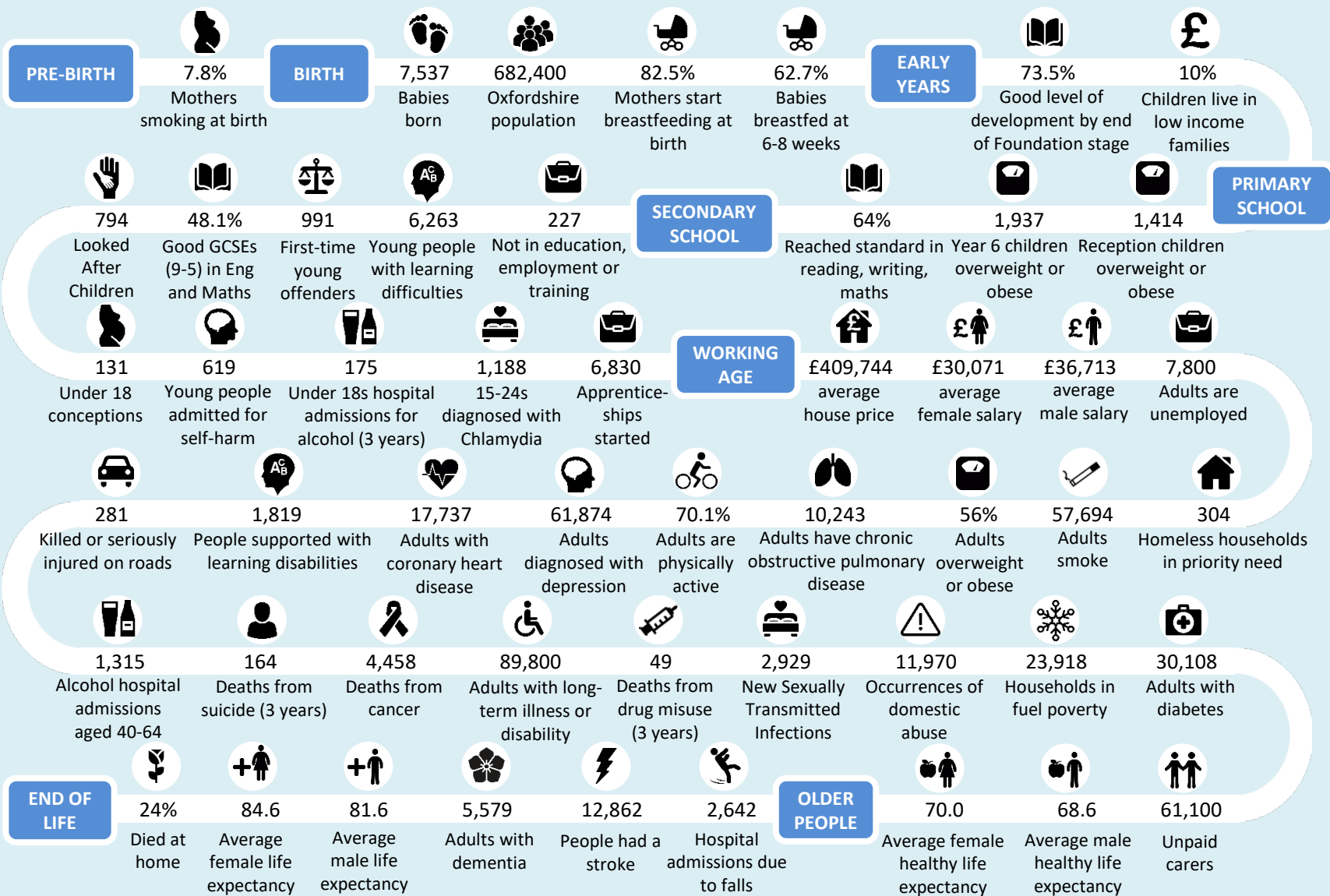


Sources: [1] ONS Census 2011; [2] ONS data as of 2016, released 2018; [3] PHE, 3 years to March 2017; [4] Sport England 2016-17.

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# Oxfordshire JSNA, health and wellbeing facts and figures 2019





# **SUMMARY SLIDES FROM INDIVIDUAL JSNA CHAPTERS**

## Chapter 2: Population SUMMARY

-  Oxfordshire's population is estimated at 682,400 (mid-2017) and the county is the most rural in the South East region
-  The majority (60%) of Oxfordshire's residents are concentrated in Oxford City and the county's main towns, with almost 40% of people living in smaller towns and villages.
-  Oxfordshire's past population growth has been driven by natural change (as births outnumber deaths) and international migration.
-  Pupil data indicates that Oxfordshire's ethnic minority population has increased since the last national census in 2011:
  - As of January 2018, just over a quarter (26%) of primary school pupils were from an ethnic minority background, up from 19% in 2011
  - Around 1 in 5 (22%) of secondary school pupils were from an ethnic minority background up from 15% in 2011
-  Including Oxfordshire's planned housing growth in population forecasts results in a significant increase in the working age and younger populations
-  Oxfordshire's population is ageing (with or without housing growth). The population aged 85+ is expected to increase by 63% (+10,900) by 2032
-  Life Expectancy (LE) is continuing to increase and male LE is catching up with female LE.
-  There are clear inequalities across Oxfordshire, with people in the more deprived areas having significantly lower Life Expectancy compared with the less deprived.
-  The gap in Life Expectancy between more deprived and less deprived areas in Oxfordshire appears to have increased.
-  Healthy life expectancy in Oxfordshire is significantly higher than national and regional averages for both males and females.

# Chapter 3: Population Groups in Oxfordshire SUMMARY

Population group	count	source
Total population	<b>682,400</b>	ONS mid-2017
Aged 0-15	<b>128,200</b>	ONS mid-2017
Aged 16-64	<b>431,000</b>	ONS mid-2017
Aged 65+	<b>123,200</b>	ONS mid-2017
Full time students (Oxford Uni, Oxford Brookes)	<b>36,600</b>	HESA 2016-17,
Part time students (Oxford Uni, Oxford Brookes)	<b>9,000</b>	HESA 2016-17
Estimated people with a disability	<b>129,700</b>	FRS 2016-17 and ONS pop
Claiming Personal Independent Payments	<b>11,554</b>	Oct 2018, DWP
Claiming Attendance Allowance (over state pension age)	<b>11,775</b>	May 2018, DWP
Adults with Learning Difficulties supported by Adult Social Care	<b>1,800</b>	Oxfordshire County Council 31Mar18
Pupils with Learning Difficulties in state primary, secondary and special schools	<b>6,263</b>	DfE January 2018
Pupils with Autism in state primary, secondary and special schools	<b>1,548</b>	DfE January 2018







Population group	count	source
Married households	<b>128,400</b>	ONS Census 2011
Households in registered same-sex civil partnership	<b>682</b>	ONS Census 2011
Live births	<b>7,352</b>	ONS 2017
Still births	<b>25</b>	ONS 2017
Low birth weight babies	<b>131</b>	ONS 2017
Ethnic minority	<b>107,000</b>	ONS Census 2011
Born outside UK	<b>92,500</b>	ONS Census 2011
Gypsy or Irish Traveller	<b>623</b>	ONS Census 2011
With a religion	<b>422,576</b>	ONS Census 2011
Estimated Lesbian, Gay or Bisexual	<b>11,500</b>	ONS UK est 2017
Carers registered with GP practices	<b>17,340</b>	OCCG 31Dec18
Adult carers receiving health and social care support	<b>4,400</b>	Oxfordshire County Council (pooled) 2018
Young carers receiving support	<b>779</b>	Oxfordshire County Council (Feb 2019)
Regular armed forces	<b>9,350</b>	MoD 1Apr18
Residents in receipt of an Armed Forces pension, War pension and Armed Forces compensation scheme	<b>6,500</b>	MoD 31Mar18

## Chapter 4: Wider determinants of health SUMMARY (1)

### Work, income and deprivation

-  Earnings growth for Oxfordshire residents continues to outpace the South East region
-  Household income varies significantly across Oxfordshire
-  Oxfordshire's economic activity rate remains above the England average and the unemployment rate remains low
-  The number of people from overseas registering for a National Insurance number in Oxfordshire has declined
-  There has been a slight increase in rates of child poverty in Oxfordshire
-  The number of households in fuel poverty has declined
-  Healthy eating is less affordable for low income families and there has been a rise in the use of emergency food provision such as food banks.

### Housing and homelessness

-  The cheapest market housing is over 10 times the lower earnings in each district in Oxfordshire
-  Tenure estimates suggest that 26% of private dwellings in Oxfordshire were privately rented in 2017, up from 22% in 2012.
-  The cost of renting privately in Oxfordshire remains well above the South East and national averages
-  Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Areas with the highest risk of loneliness are in Cherwell (Banbury, Bicester Town); Oxford (Blackbird Leys, Wood Farm, Barton, St Clements, Jericho, Cowley) and South Oxfordshire (Didcot South)
-  There has been a fall in the number of people in temporary accommodation
-  The number of people sleeping rough has continued to rise

## Chapter 4: Wider determinants of health SUMMARY (2)

### Education and qualifications

- Early years (aged 5) results for boys has improved. Early years results for free school meals pupils, for pupils with SEN and for Asian pupils in Oxfordshire are each below average. The gap between these disadvantaged pupils and other pupils has got wider
- The % of pupils aged 5 achieving a good level of development in Early Learning Goals in Oxford city has improved each year since 2014
- For children aged 10-11, achievement of Oxfordshire's disadvantaged children has remained below national average
- Pupils attaining "strong" passes in GCSE English and Maths was above average in Oxfordshire, below average in Cherwell
- Unauthorised absence from secondary schools has increased at a faster rate than nationally
- Fewer people in Oxfordshire have no qualifications (2017 compared with 2010)

### Physical and social environment

- Active Travel through cycling and walking is increasing but there has been no change in people walking or cycling at least once a week.
- There is strong evidence linking the density of fast food outlets to the level of area deprivation
- Conditions exacerbated by air pollution include asthma, chronic bronchitis, chronic heart disease (CHD), and stroke.
- Health impacts of climate change will mainly be felt through changes in temperature, disease and pollution.
- Evaluation evidence is starting to emerge from the healthy new town programmes in Bicester and Barton, highlighting strong partnership working and people actively managing their health

## Chapter 5: Causes of death and health conditions SUMMARY

- 📌 Cancer remains the leading cause of death in Oxfordshire
- 📌 Dementia and Alzheimer's disease are increasing as leading cause of death in people over 75
- 📌 Over half of deaths in those under 75 were considered preventable, and the highest cause of preventable death in those under 75 was cancer
- 📌 The Public Health England local health profile for Oxfordshire shows that, for the majority of indicators, Oxfordshire fairs well compared with the national average
- 📌 Cardiovascular, cancer, depression and osteoporosis have higher prevalence in Oxfordshire GP-recorded data than national average
- 📌 Cancer incidence rate is similar to national average
- 📌 Depression diagnosis among adults is increasing. The rate of social, emotional and mental health needs of school pupils in Oxfordshire is increasing and remains above the national average.
- 📌 Emergency hospital admissions for self-harm for all ages have decreased, but are increasing in young people (aged 10-24 years) in Oxfordshire and now significantly higher than England
- 📌 The rate of deaths by suicide remains similar to national and regional rates
- 📌 Falls are the largest cause of emergency hospital admissions for older people (65+); the rate of admissions due to falls in Oxford City has remained above the national average
- 📌 Oxfordshire estimated to have 430 blind or partially sighted children and young people.
- 📌 Over 40% of people 50+ years have hearing loss, rising to 71% in people 70+ years



## Public Health profile (from chapter 5)

The Public Health England local health profile for Oxfordshire shows that, for the majority of indicators, Oxfordshire fares well compared to national average.

Indicators that are worse than average are killed and seriously injured on roads, hospital stays for self harm, diabetes diagnosis and alcohol-specific hospital stays in young people.

The chart below shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator. However, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



	Indicator names	Period	Local count	Local value	Eng value	Eng worst		Eng best
Life expectancy and causes of death	1 Life expectancy at birth (Male)	2014 - 16	n/a	81.4	79.5	74.2		83.7
	2 Life expectancy at birth (Female)	2014 - 16	n/a	84.6	83.1	79.4		86.8
	3 Under 75 mortality rate: all causes	2014 - 16	4,402	262.5	333.8	545.7		237.8
	4 Under 75 mortality rate: cardiovascular	2014 - 16	855	51.7	73.5	141.3		45.6
	5 Under 75 mortality rate: cancer	2014 - 16	1,904	114.7	136.8	195.3		100.0
	6 Suicide rate	2014 - 16	156	8.7	9.9	18.3		6.1
Injuries and ill health	7 Killed and seriously injured on roads	2014 - 16	1,096	53.9	39.7	71.3	●	13.5
	8 Hospital stays for self-harm	2016/17	1,465	206.1	185.3	578.9	●	50.6
	9 Hip fractures in older people (aged 65+)	2016/17	721	573.8	575.0	854.2	●	364.7
	10 Cancer diagnosed at early stage	2016	1,536	56.3	52.6	44.7	○	60.0
	11 Diabetes diagnoses (aged 17+)	2017	n/a	67.8	77.1	54.3	●	96.3
	12 Dementia diagnoses (aged 65+)	2017	5,331	66.7	67.9	53.8	●	90.8
Behavioural risk factors	13 Alcohol-specific hospital stays (under 18s)	2014/15 - 16/17	174	40.9	34.2	100.0	●	6.5
	14 Alcohol-related harm hospital stays	2016/17	3,241	493.2	636.4	1,151.1	●	388.2
	15 Smoking prevalence in adults (aged 18+)	2017	57,340	10.7	14.9	23.1	●	8.1
	16 Physically active adults (aged 19+)	2016/17	n/a	70.1	66.0	53.3	●	78.0
Child health	17 Excess weight in adults (aged 18+)	2016/17	n/a	56.0	61.3	74.9	●	40.5
	18 Under 18 conceptions	2016	131	11.6	18.8	36.5	●	4.6
	19 Smoking status at time of delivery	2016/17	559	7.7	10.7	28.1	●	2.3
	20 Breastfeeding initiation	2016/17	6,253	**88	74.5	37.9	●	96.7
Inequalities	21 Infant mortality rate	2014 - 16	62	2.6	3.9	7.9	●	1.6
	22 Obese children (aged 10-11)	2016/17	1,085	16.9	20.0	29.2	●	11.3
Wider determinants of health	23 Deprivation score (IMD 2015)	2015	n/a	11.5	21.8	42.0	○	5.7
	24 Smoking prevalence: routine and manual occupations	2017	n/a	24.4	25.7	38.9	●	13.9
	25 Children in low income families (under 16s)	2015	11,825	10.0	16.8	30.5	●	6.1
	26 GCSEs achieved	2015/16	3,480	59.5	57.8	44.8	●	74.6
	27 Employment rate (aged 16-64)	2016/17	340,000	79.6	74.4	60.9	●	82.4
Health protection	28 Statutory homelessness	2016/17	80	0.3 <sup>98</sup>	0.8	9.6	●	0.0
	29 Violent crime (violence offences)	2016/17	7,706	11.4	20.0	42.2	●	7.0
	30 Excess winter deaths	Aug 2013 - Jul 2016	899	17.8	17.9	28.9	●	7.4
	31 New sexually transmitted infections	2017	2,929	669.4	793.8	3,215.3	●	329.4
	32 New cases of tuberculosis	2014 - 16	163	8.0	10.9	69.0	●	1.3

For full details on each indicator, see the definitions tab of the Health Profiles online tool: [www.healthprofiles.info](http://www.healthprofiles.info)






## Chapter 6: Lifestyles SUMMARY





- Smoking prevalence in Oxfordshire is lower than the England average and is decreasing, but prevalence remains high for adults in routine and manual occupation groups
- Alcohol-related hospital admissions in Oxfordshire adults were significantly lower than in England overall for males in all age groups, and females over age 40. Admissions for females under 40 were similar to England overall. Alcohol-specific admissions in under 18s were higher than national and regional averages
- The rate of deaths from drug misuse remains below the national and regional averages
- Over half of adults in Oxfordshire are overweight or obese, and three in ten adults are not meeting physical activity guidelines
- Similar to previous years, excess weight in children has remained high. One in five children in Reception, and one in three children in Year 6 was overweight or obese.
- Children's participation in sport and physical activity is declining nationally, and most children in Oxfordshire are not meeting the daily physical activity guidelines
- The percentage of babies with low birth weight in Oxfordshire remains lower than national levels, and breastfeeding prevalence stays high in the county, well above national levels
- Dental decay in 5 year olds is decreasing in the county, but one in five children is still affected
- New diagnoses of sexually transmitted infections have continued to decrease in Oxfordshire, and the rate is now similar to the South East average
- The rate of teenage conceptions in Oxfordshire is significantly lower than the national average and is decreasing broadly in line with national and regional trends

# Chapter 7: Service use SUMMARY (1)



## Primary health care

-  Oxfordshire has a higher GP to patient ratio than the national average and a lower ratio for nurses and admin staff
-  The difference between the number of registered GP patients and the estimated population has increased and could affect comparisons of health outcomes
-  A higher proportion of GP appointments were carried out by telephone in Oxfordshire than average







## Secondary health care

-  NHS job vacancies have increased in Oxfordshire
-  There has been an increase in A&E and unplanned admissions and a decline in planned admissions and outpatients
-  Outpatient (first attendances) rate per population has increased in the older age group
-  Delayed transfers of care (out of hospital) in Oxfordshire has continued to fall

## Mental health services







-  Continued increase in referrals to Oxford Health for mental health services in Oxfordshire in younger age groups
-  The pressure on Child and Adolescent Mental Health Services in Oxfordshire has increased

## Children's social care



-  Referrals to Children's social care in Oxfordshire have declined
-  The number of children on child protection plans in Oxfordshire has increased and data shows rates above average. The most recent data held by Oxfordshire County Council (not published) shows the number has fallen.
-  Increase in looked after children and in children placed outside Oxfordshire
-  The % of Oxfordshire's care leavers in employment, education or training remains below the national average
-  The rate of Troubled Families in Oxfordshire was highest in Oxford City and Cherwell
-  Potential increase in demand for children's social care services by 2031, depends on level of housing growth


## Chapter 7: Service use SUMMARY (2)

### Adult social care




-  Increase in reablement (from a low base) and in number of adults provided with long-term social care
-  Increase in the proportion of older social care clients supported at home
-  Social care users in Oxfordshire less likely to feel socially isolated and more likely to believe their home meets their needs than average
-  Older social care users worry most about falling over
-  Almost two thirds of older people estimated to be self-funding long term care in Oxfordshire
-  Potential increase in demand for social similar whether or not housing growth is included

### Community safety services



-  Domestic abuse crimes and incidents in Oxfordshire has remained at a similar level to the previous year. There have been increases in younger and older victims of domestic abuse and male victims
-  Police have recorded a significant increase in the number of victims of rape, especially in Oxford City. There have been increases in victims of Child Sexual Exploitation and Modern Slavery in Oxfordshire.

-  The number of victims of doorstep crime or rogue traders in Oxfordshire has declined again

### Health support and preventing ill-health

-  Slight decline in number of adults in specialist drug treatment
-  Since the introduction of Universal Credit, Citizens Advice Oxfordshire has seen a significant increase in clients seeking advice
-  Mental health and wellbeing accounted for 20% of interventions by School Health Nurses and 14% of interventions by the College Nurse Service in Oxfordshire.

### Access to services

-  Wide areas of rural Oxfordshire are ranked poorly on geographical access to services according to the geographical access to services subdomain of the 2015 Indices of Multiple Deprivation █
-  Use of the internet by older people is increasing, however a significant number of older or disabled people have never used the internet

## Finding out more

The latest JSNA giving health and wellbeing facts and figures for Oxfordshire is available on [Oxfordshire Insight](#)

[Oxfordshire JSNA report](#)

[ANNEX: Inequalities indicators ward level data](#)

[Ward inequalities indicators excel pack including OCCG and District summaries](#)

[Public Health Dashboards](#)

[Health Needs Assessments](#)

[Community Health and Wellbeing Profiles](#)

Public Health England provides a wide range of health indicators and profiles on [Fingertips](#)

ONS population estimates and population projections for county and districts, benefits claimants and the annual population survey are available from [www.nomisweb.co.uk](http://www.nomisweb.co.uk)

Oxfordshire County Council population forecasts are published on Oxfordshire Insight (select “future population change”)

<http://insight.oxfordshire.gov.uk/cms/population-0>