


# Oxfordshire Health and Wellbeing

Joint Strategic Needs Assessment 2022

*Oxfordshire*



**JSNA**



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

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 July and September 2022.

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

Other JSNA resources include:

[Oxfordshire Local Area Inequalities dashboard](#)

[Early years JSNA data dashboard](#)

[Community Insight Profiles](#)

[Health Needs Assessments](#)

[JSNA Bitesize](#)

web: [insight.oxfordshire.gov.uk/jsna](https://insight.oxfordshire.gov.uk/jsna)

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

Oxfordshire County Council, NHS Oxfordshire (BOB ICB) and NHS South, Central and West Commissioning Support Unit, Oxford Health NHS FT, Thames Valley Police, Citizen's Advice Oxfordshire, Age UK Oxfordshire, Healthwatch Oxfordshire, Cherwell District Council, Oxford City Council, South Oxfordshire District Council, Vale of White Horse District Council, West Oxfordshire District Council

**Thanks also to members of the JSNA Steering Group for their oversight and guidance:**

Oxfordshire County Council, NHS Oxfordshire (BOB ICB), Cherwell District Council, Oxford City Council, South Oxfordshire District Council, Vale of White Horse District Council, West Oxfordshire District Council, Healthwatch Oxfordshire, Oxford University

This report was signed off at the October 2022 meeting of the Oxfordshire Health and Wellbeing Board.

Last updated: 7<sup>th</sup> October 2022

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Information in this report is organised into 8 chapters

You can click between chapters using the tabs at the top of each page

Within each chapter this left-hand sidebar has a clickable contents list

### How this report is organised

**Chapter 1: Executive summary** includes a short overview of findings, the JSNA summary “snake” of key data by life-stage, and an inequalities data “tartan rug” for Oxfordshire showing health and wellbeing indicators at Middle Layer Super Output Area level

**Chapter 2: Population** with data on the population of Oxfordshire, the latest Office for National Statistics estimates, past trends and future projections/forecasts.

**Chapter 3: Population groups and protected characteristics** summarises data on residents in selected population groups in Oxfordshire including “protected characteristics” as defined under the **Equality Act of 2010**.

**Chapter 4: Health conditions and causes of death** includes information on health conditions and causes of deaths in Oxfordshire, including coronavirus (COVID-19).

**Chapter 5: Behavioural determinants of health** provides data on behavioural factors that affect health and wellbeing, such as healthy weight and physical activity, smoking and alcohol, and sexual and reproductive health.

**Chapter 6: Wider determinants of health** covers conditions in which people are born, grow, live work and age, social, cultural, political, economic, commercial and environmental factors.

**Chapter 7: Service use** provides an overview of trends from data collected by providers of health, social care and related services in Oxfordshire including Local Authorities, Health service providers, Police and Voluntary sector organisations.

**Chapter 8: Local research** includes research carried out by organisations in Oxfordshire of relevance to the topics covered by the Joint Strategic Needs Assessment.



## Chapter 1

# Executive Summary

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## Introduction

- This chapter provides a short summary of the main findings from the 2022 Oxfordshire Joint Strategic Needs Assessment.
- It includes:
  - An introduction to Oxfordshire and health and wellbeing overall;
  - A one-page summary of the data showing the impact of COVID-19 on health and wellbeing in Oxfordshire;
  - One-page summaries for young people (Start well), for working age adults (Live well) and for older people (Age well);
  - A JSNA visual summary “snake” showing data by life-stage;
  - Small area data with health and wellbeing indicators at Middle Layer Super Output Area level and highlighting which areas rank as worse or better than the England averages.
- The report is accompanied by interactive resources available at [Joint Strategic Needs Assessment | Oxfordshire Insight](#)

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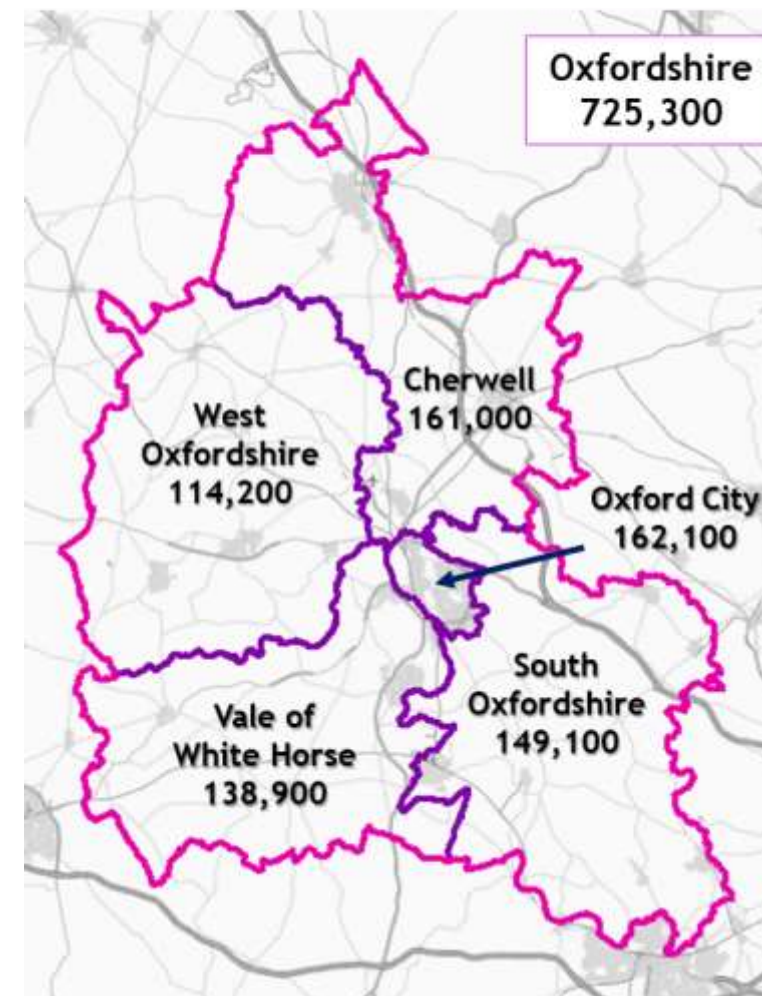
JSNA data by small area

Oxfordshire’s population

- The first release of Census 2021 results shows that Oxfordshire was home to an estimated 725,300 people.
- Oxfordshire’s population grew by 71,500 (10.9%) since the last Census in 2011 when it was 653,800. This increase in Oxfordshire was above the growth across England (6.6%).
- Between 2011 and 2021, Oxfordshire saw significant increases in the resident population of:
  - Young people aged 5 to 14 (+15%)
  - Working aged people in their 30s (+15%) and 50s (+27%)
  - Older people aged 65+ (+25%)
- There has been a fall in the number of children aged 0-4 (-8%). This decline in the number of young children was most significant in Oxford City.

First results from Census 2021 in England and Wales - Office for National Statistics ([ons.gov.uk](https://ons.gov.uk)) Interactive tools and population downloads for Oxfordshire [Population](#) | [Oxfordshire Insight](#)

Oxfordshire county and districts resident population (ONS Census 2021)



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## Health and wellbeing in Oxfordshire overall

- Oxfordshire is the most **rural county** in the South East region.
- Oxfordshire's population is **relatively healthy**.
  - Oxfordshire does better or similar to the national average on most Public Health indicators.
  - Life expectancy and healthy **life expectancy** in Oxfordshire are each significantly higher than national and regional averages for both males and females.
- Oxfordshire's population is **ageing**, a trend that is forecast to continue.
- **House prices** are continuing to increase, and the cost of renting remains well above average.
- The **future increase in the population** (especially the numbers of young people) is very dependent on levels of house building in future and will vary across the county.
- For 2019 to 2021, Cancer was the **leading cause of death** in Oxfordshire, followed by Heart Disease for males and Dementia & Alzheimer Diseases for females.
- The prevalence of Cancer and Depression in Oxfordshire in 2020-21 were each above the national average.
- The latest ONS measures of personal wellbeing (2020-21) for Oxfordshire show a decline in reported **happiness** and an increase in anxiety. The average level of **anxiety** in Oxfordshire has remained above the England average.
- Mental health rates of **diagnosis** and **referrals** are continuing to increase.
- Despite Oxfordshire's relative affluence there are wide inequalities in health and wellbeing. Males living in the more affluent areas of the county are expected to live around 11 years longer than those in poorer areas. For females the gap in **life expectancy** is around 12 years.

Explore [OHID Local Authority Health profile](#)

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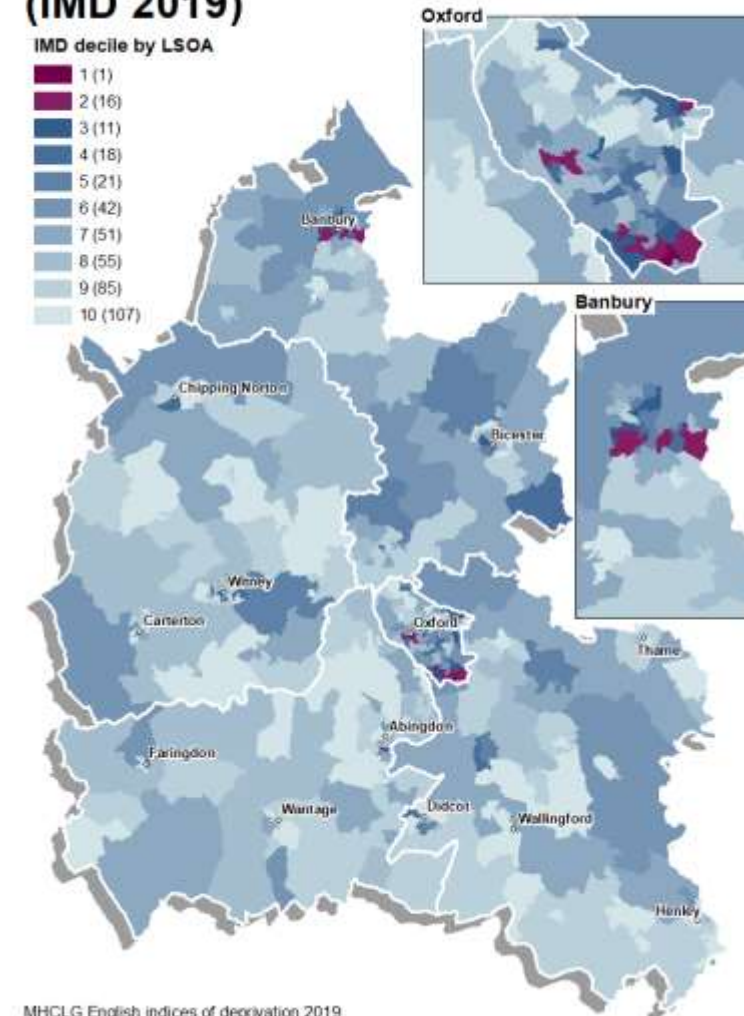
Deprivation

- According to the Indices of Multiple Deprivation (IMD 2019), Oxfordshire was ranked the 10th least deprived of 151 upper-tier local authorities in England (up from 11th in 2015).
- Oxfordshire had 1 out of 407 Lower Super Output Areas (LSOAs) ranked within the 10% most deprived areas nationally, part of Northfield Brook ward, south east Oxford.
- A further 16 areas were ranked in the 20% most deprived areas nationally, 9 in Oxford City, 6 in Banbury and 1 in Abingdon.

[Explore deprivation data using our interactive dashboard on Oxfordshire Insight](#)

MHCLG [English indices of deprivation 2019](#)

**Index of Multiple Deprivation (IMD 2019)**





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## The impact of COVID-19 on Health and Wellbeing

- Between March 2020 and March 2022 in Oxfordshire, there was a total of 211,588 confirmed **cases of COVID-19** and 1,273 **deaths with COVID-19 on the death certificate**. COVID deaths accounted for 10% of deaths overall, 15% of deaths in hospital and 15% of deaths in care homes.
- The districts with the highest rates of **excess deaths** (Mar20-Dec21) were Cherwell and Vale of White Horse which were each above the national average.
- National data shows that:
  - COVID-19 has had a disproportionate impact on ethnic minority communities.
  - The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas.
  - People with learning disabilities with COVID-19 were five times more likely to be admitted to hospital and eight times more likely to die compared with the general population of England.
- In 2020 and again in 2021, police recorded increases in the number of **victims** of domestic abuse.
- From December 2020 Oxfordshire operated a major **COVID-19 vaccination programme**.
- The **NHS Health Check programme** was significantly reduced at the start of the pandemic. The latest data shows Oxfordshire well below average on take-up of health checks.
- Interventions by **School Health Nurses** and College Health Nurses were affected by COVID-19 as the majority of children and young people were not in school from Mar20 to Jun20 and staff were redeployed.
- Compared with 2019-20 (pre-pandemic) there has been a significant increase in 111 calls and in **outpatient attendances**. The rate of **A&E attendances** is relatively unchanged.
- The **dementia** diagnosis rate has not yet recovered to pre-pandemic levels and the number of dementia referrals in Oxfordshire has increased significantly.
- Ofcom research indicates that the pandemic has created an even greater **digital divide**.

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## Health and wellbeing in Oxfordshire - Start well

- A higher proportion than average of Oxfordshire's children reach a **good level of development** at age 2 to 2 ½ years.
- After removing housing costs, 11% of children in Oxfordshire are estimated to be living in **poverty** - within the city of Oxford this figure rises to 14%.
- In Oxfordshire's most deprived areas, just over a third (36%) of pupils were eligible for **Free School Meals**, over double the average of 14%.
- Oxfordshire continues to have a higher than average proportion of pupils with **Special Educational Needs** support, although the gap with England has narrowed.
- The average **GCSE attainment** in Oxfordshire in 2021 was slightly higher than the England average. Oxford City was below average.
- The rate of young people classified **as Not in Education, Employment or Training** has fallen significantly since a peak in 2020.
- Pupils in Oxford City are from a very **diverse range of backgrounds**. Pupils attending primary schools in the city have over 100 different first languages.
- The number of mental health **referrals for young people** has increased significantly.
- The rate of hospital admissions due to **alcohol-specific conditions** in under 18s for females in Oxfordshire was significantly higher (worse than) the regional and national averages. Rates for males under 18 were similar to average.
- National estimates show that 3% of school pupils aged 11 to 15 were current **smokers**, equivalent to around 1,200 pupils in Oxfordshire.
- The **child weight** measurement programme has been affected by school closures through the pandemic. The last full dataset (2019-20) showed almost one in five children in Reception, and almost one in three children in Year 6 was overweight or obese.
- Just over half of Oxfordshire's children and young people were meeting the guidelines for **physical activity**, above the national average. An estimated 44,000 children in Oxfordshire's schools were not doing enough physical activity.

See also [Child Health Profiles](#)

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## Health and wellbeing in Oxfordshire - Live well

- Rates of **fuel poverty** increased between 2019 and 2020 (latest data). Two thirds of households classified as fuel poor were in rural areas.
- The number of people claiming **unemployment benefits** has reduced significantly since the peak in May 2020 but remain around 85% above pre-pandemic levels.
- The number of **people from overseas** registering for a National Insurance number in Oxfordshire has continued to decline.
- Over half of Oxfordshire adults are classified as **overweight or obese** (58%). Prevalence is higher in males, older people, some ethnic groups and more deprived areas.
- A slightly higher percentage of Oxfordshire adults meets recommended **physical activity** guideline (150 minutes per week) than national and regional figures. Almost 1 in 4 adults do not meet the guidelines.
- Just over 1 in 10 of Oxfordshire's adult population (11.5%) were estimated to be current **smokers** in 2020. The rate of smoking in working-age people in manual occupations was over double, at 23%.
- Around 14% of the population suffer with a **musculoskeletal condition**. Depression and anxiety are more common in people with persistent pain.

- Adults in Oxfordshire were significantly more likely to feel **lonely** than average, with the highest rates in Oxford City and Cherwell.
- The large-scale GP patient survey shows Oxfordshire as above-average on people feeling **isolated from others**.
- In trends likely to be affected by a change in the number of people working from home, adults **walking and cycling for travel** (rather than leisure) has decreased in all areas of Oxfordshire over the past 3 years (2018 vs 2021).
- **Climate-sensitive health risks** include respiratory and heat-related illnesses, mental and psychosocial health.

### Learning Disabilities

- People with learning disabilities (LD) have a **lower life expectancy** than average and are likely to have much higher rates of certain health conditions than the general population. Rates of Epilepsy are almost 30 times higher for people with LD.
- Over two thirds (68%) of adults on Oxfordshire GP practice **Learning Disabilities registers were measured as overweight or obese**, 10 percentage points above the general adult population.

See also [Learning Disability Profiles](#)

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## Health and wellbeing in Oxfordshire - Age well

- Oxfordshire’s population is ageing, with a substantial **recent** and **predicted growth** in the number of older people.
- Oxfordshire has a relatively low rate of **older people claiming pension credit**, however, it is estimated that 4,300 older residents are eligible but not claiming.
- In 2020-21 the rate of **hospital admissions due to falls** in Oxfordshire was above the national average. Oxford City has had a consistently high rate of admissions due to falls, the rate in Cherwell has seen a recent and significant increase.
- The proportion of older people offered **reablement services** has increased significantly, moving from below average to similar to the national average.
- Areas with higher rates of **adult social care users** living at home include the more deprived urban areas of Oxfordshire in Oxford, Banbury and part of Abingdon.
- In 2020 and again in 2021, there were increases in the number of police recorded **older victims** of violence.
- Close to a quarter (23%) of people aged 85+ live in areas of Oxfordshire ranked in the most deprived areas nationally on **access to services**.
- Research has found that the abrupt cessation of volunteering of and for older people due to COVID-19 is likely to have negatively impacted health and wellbeing.
- Nationally, the proportion of people participating in formal volunteering has dropped significantly, informal volunteering has increased.
- Oxfordshire projects have reported a reduction in the number of **older people volunteering**.

See also [Productive Healthy Ageing Profiles](#)

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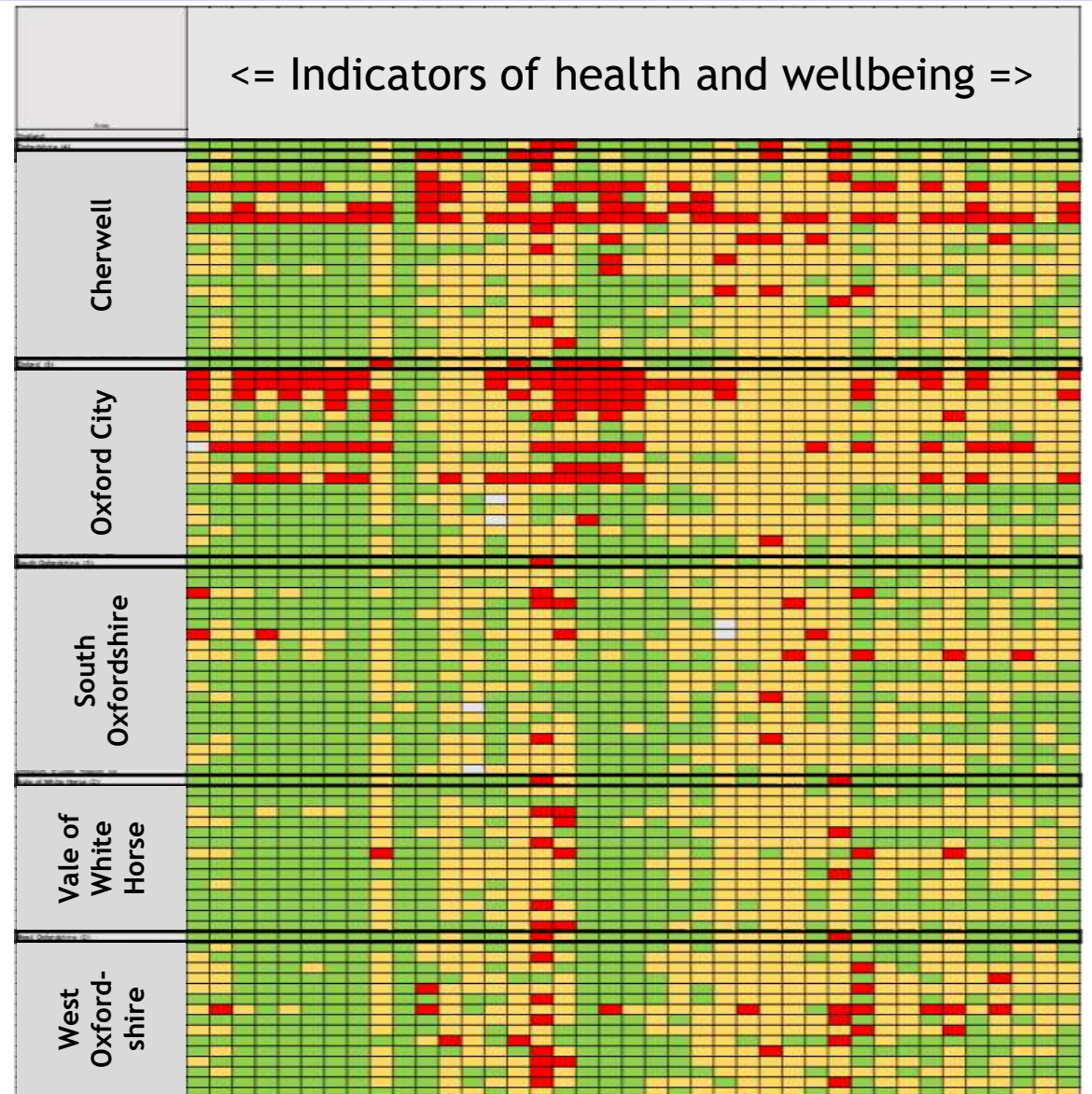
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### Health inequalities - small area overview

- The table shows health indicators for small areas in Oxfordshire grouped by district
- Overall, most indicators are ranked as significantly better or similar to the England average
- Areas that are ranked as significantly worse tend to be concentrated in Oxford City and Banbury
- Explore this data using our [inequalities dashboard](#)

Data by Middle Layer Super Output Area (86 MSOAs in Oxfordshire) from Public Health England Fingertips [Local Health](#)

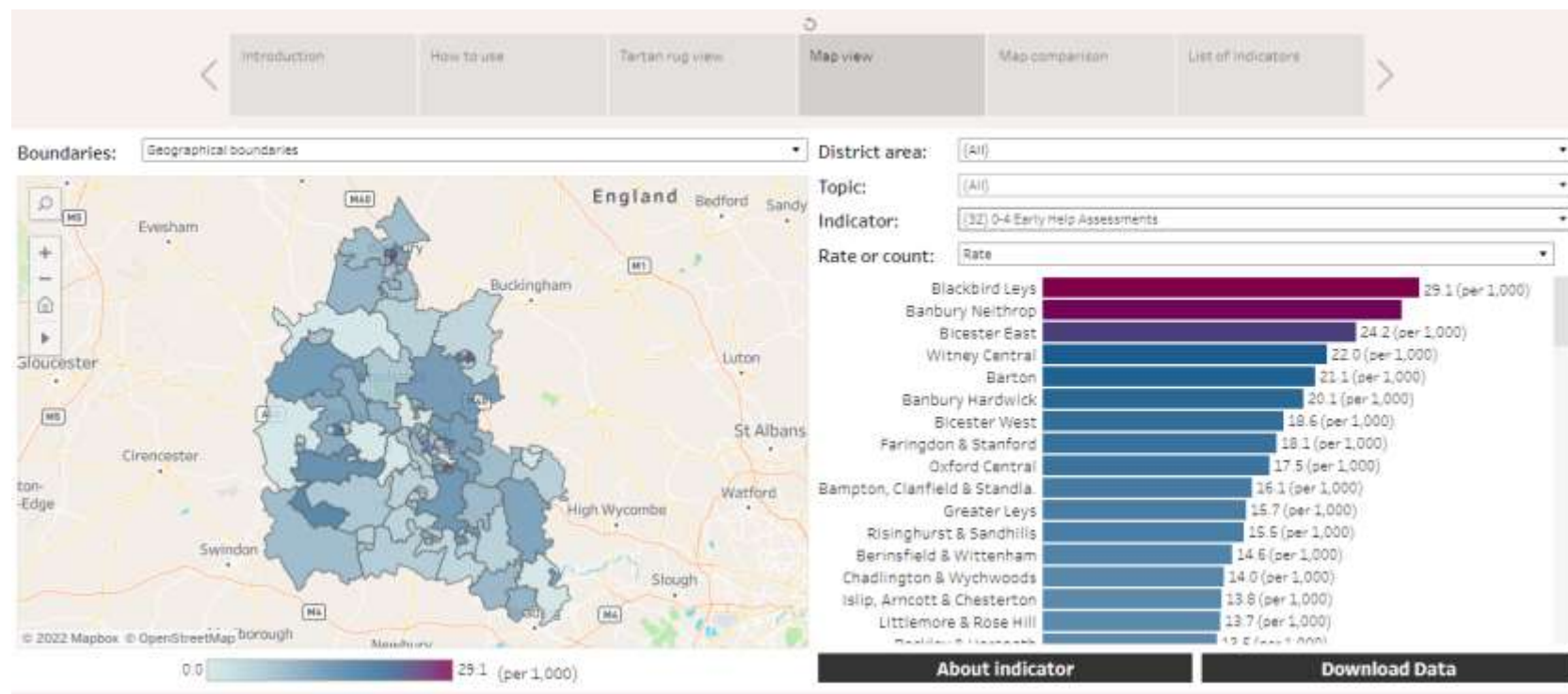
- Significantly worse than England
- Statistically similar to England
- Significantly better than England



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## Early Years JSNA data dashboard

- The Early Years JSNA data dashboard shares a wide range of data at small area level for children aged 0-4 in Oxfordshire. The dashboard was developed as a collaborative project for the Oxfordshire Children’s Trust.
- Data is from national published sources and from local organisations including Oxford Health NHS FT, Oxfordshire County Council and Thames Valley Police and can be visualised in maps, charts and as a summary “tartan rug”.



[Workbook: Children in Oxfordshire \(tableau.com\)](#)



## Chapter 2

# Population



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This chapter..

- This chapter provides data on the population of Oxfordshire, the latest Office for National Statistics estimates, past trends, future projections/forecasts and life expectancy.
- Further JSNA resources are available via the [JSNA page of Oxfordshire Insight](#)
- **NOTE**
  - This chapter includes data accessed in July and August 2022.
  - **At** the time of publication, only limited data had been released by ONS from the Census 2021 survey (total counts at Local Authority level) and ONS had yet to update the mid-year estimates to match the Census 2021 results.
  - This means that it was not possible to use Census 2021 data as the basis for the majority of the following analysis.
  - **Please see Oxfordshire Insight** for the most recent population data for Oxfordshire.

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*Note that, at the time of publication, only limited data had been released from the Census 2021 survey. Census 2021 extracts for Oxfordshire are being published on [Oxfordshire Insight](#)*

**Summary**

- Oxfordshire has a central England location and is the most rural county in the South East region.
- The majority (60%) of Oxfordshire's population are resident in Oxford City and the county's main towns. The remaining 40% live in smaller towns and villages.
- At the time of publication there was only limited data available from the Census 2021 survey. The sources used in this chapter include:
  - The latest (mid-2020) ONS estimate of the resident population of Oxfordshire of 696,800 (also available at small area level).
  - The Census 2021 ONS estimate for Oxfordshire of 725,300 (district level only).
  - The count of GP registered patients in the Oxfordshire Clinical Commissioning Group (CCG) area of 773,409.
- In urban areas there is a higher proportion of those aged 0-4, while in rural Oxfordshire there is a higher rate of people aged 85+.
- All districts - other than Oxford City - have seen a significant increase in the older (aged 65+) population and relatively little change in the number of young people aged 0-15.
- Between mid-2019 and mid-2020 there was an increase in net inward migration to Oxfordshire.
- The Oxfordshire County Council housing-led forecasts (Feb22) predict a total county population of 853,500 by 2030, a growth of 157,600 (20%) since 2020. Over the same period the ONS projections show an increase of +4%.
  - Differences in these estimates are particularly apparent for the younger and working age groups. For older people aged 65 and over, the predicted growth is similar.
- The number of years spent in poor health in Oxfordshire has remained relatively unchanged at 15.5 years for females and 13.6 years for males.
- There are clear inequalities in Life Expectancy across Oxfordshire. Males living in the more affluent areas of the county are expected to live around 11 years longer than those in poorer areas. For females the gap in life expectancy is around 12 years.

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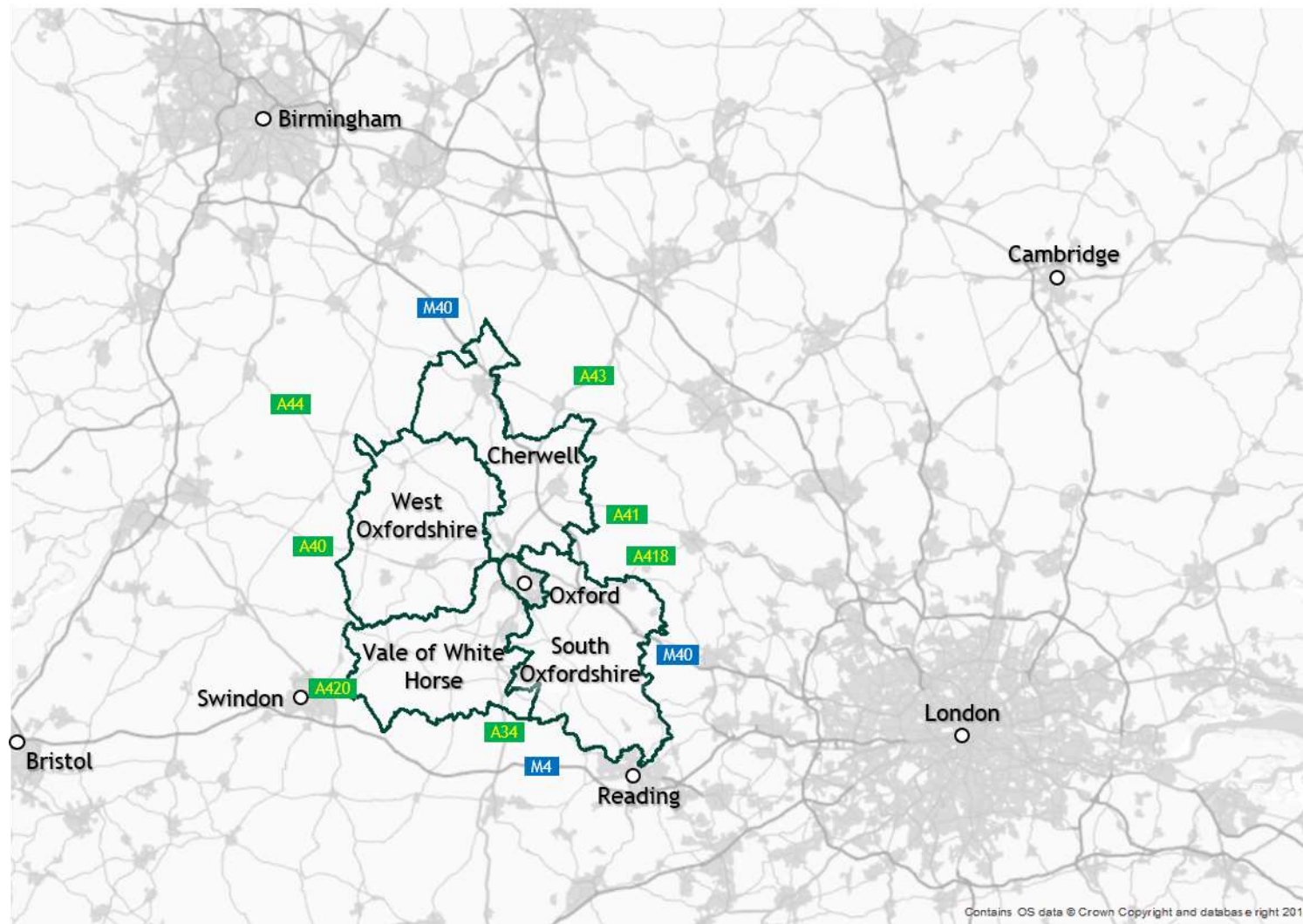
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## Oxfordshire's central location in southern England



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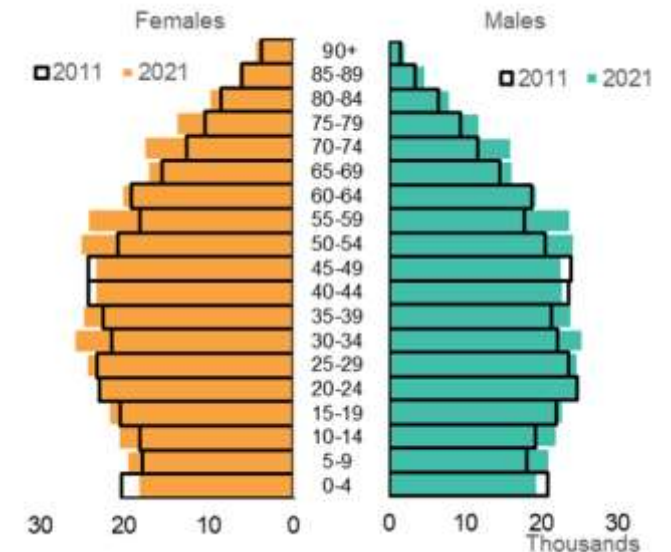
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*Note that the Census 2021 total population for Oxfordshire was significantly above the previous mid-2020 ONS estimate. It is expected that ONS will update historical population estimates (from 2012 to 2020) based on the 2011 and 2021 Census findings.*

**Early results from the Census 2021 survey highlight Oxfordshire's growing population**

- On Census Day, 21 March 2021, the size of the usual resident population in Oxfordshire was **725,300**.
- Oxfordshire's population grew by 71,500 (10.9%) since the last Census in 2011 when it was 653,800 residents. This increase in Oxfordshire was above the growth across England (6.6%).
- Between 2011 and 2021, Oxfordshire saw significant increases in the resident population of:
  - Young people aged 5 to 14 (+15%)
  - Working aged people in their 30s (+15%) and 50s (+27%)
  - Older people aged 65+ (+25%)
- There has been a fall in the number of children aged 0-4 (-8%). This decline in the number of young children was most significant in Oxford City.

**Oxfordshire population by 5-year age band and sex  
Census 2011 and 2021**



[First results from Census 2021 in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)  
 Interactive tools and population downloads for Oxfordshire [Population | Oxfordshire Insight](#)  
 Census 2021 extracts for Oxfordshire [Census | Oxfordshire Insight](#)

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## Oxfordshire's Census 2021 population by district

- The first release of Census 2021 results show an increase in population in each district in Oxfordshire since 2011, with the greatest changes in Cherwell and Vale of White Horse.

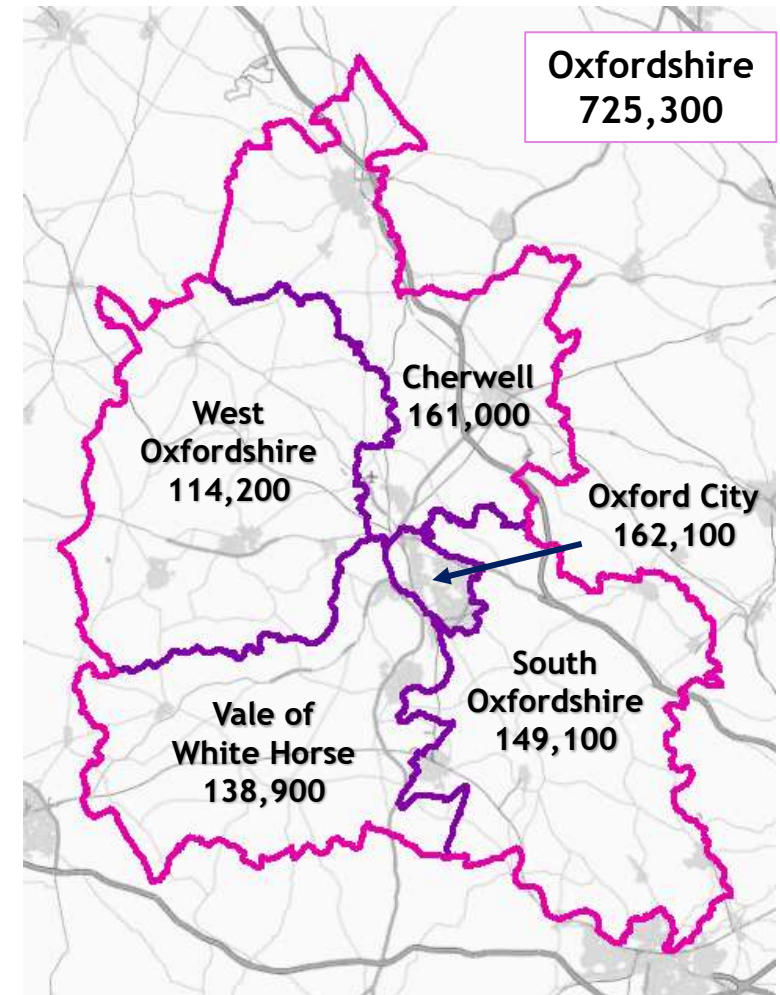
	Census 2011	Census 2021	Change	% change
Cherwell	141,900	161,000	19,100	13.5
Oxford	151,900	162,100	10,200	6.7
South Oxfordshire	134,300	149,100	14,800	11.1
Vale of White Horse	121,000	138,900	17,900	14.8
West Oxfordshire	104,800	114,200	9,400	9.0

[First results from Census 2021 in England and Wales - Office for National Statistics \(ons.gov.uk\)](#)

Interactive tools and population downloads for Oxfordshire [Population | Oxfordshire Insight](#)

Census 2021 extracts for Oxfordshire [Census | Oxfordshire Insight](#)

## Oxfordshire county and districts resident population (ONS Census 2021)



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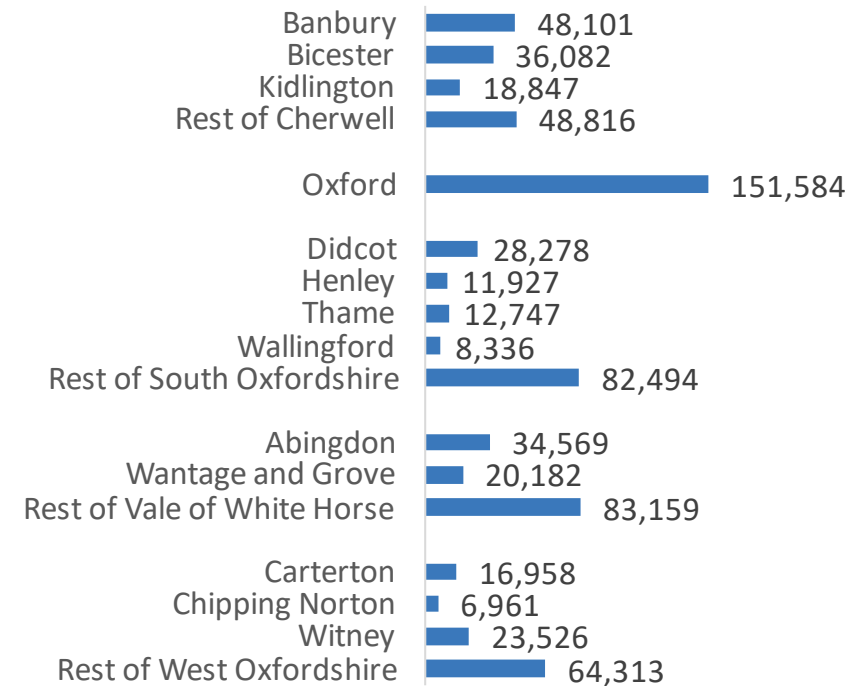
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*Note that, at the time of publication, only limited data had been released from the Census 2021 survey. Census 2021 extracts for Oxfordshire are being published on [Oxfordshire Insight](#)*

## Oxfordshire's resident population by town

- **NOTE: as of end September 2022, ONS Census 2021 had not been published for geographical areas below Local Authority.**
- *This slide, therefore, uses the most recent small area population estimate (mid 2020).*
- As of mid-2020, 22% of Oxfordshire's population are resident in Oxford City and 38% in the county's main towns. The remaining 40% live in smaller towns and villages.

## Oxfordshire residents by town (mid-2020, sum of wards)



ONS mid-year ward level population estimates from [nomis](#) For the latest population estimates see the [population page on Oxfordshire Insight](#)

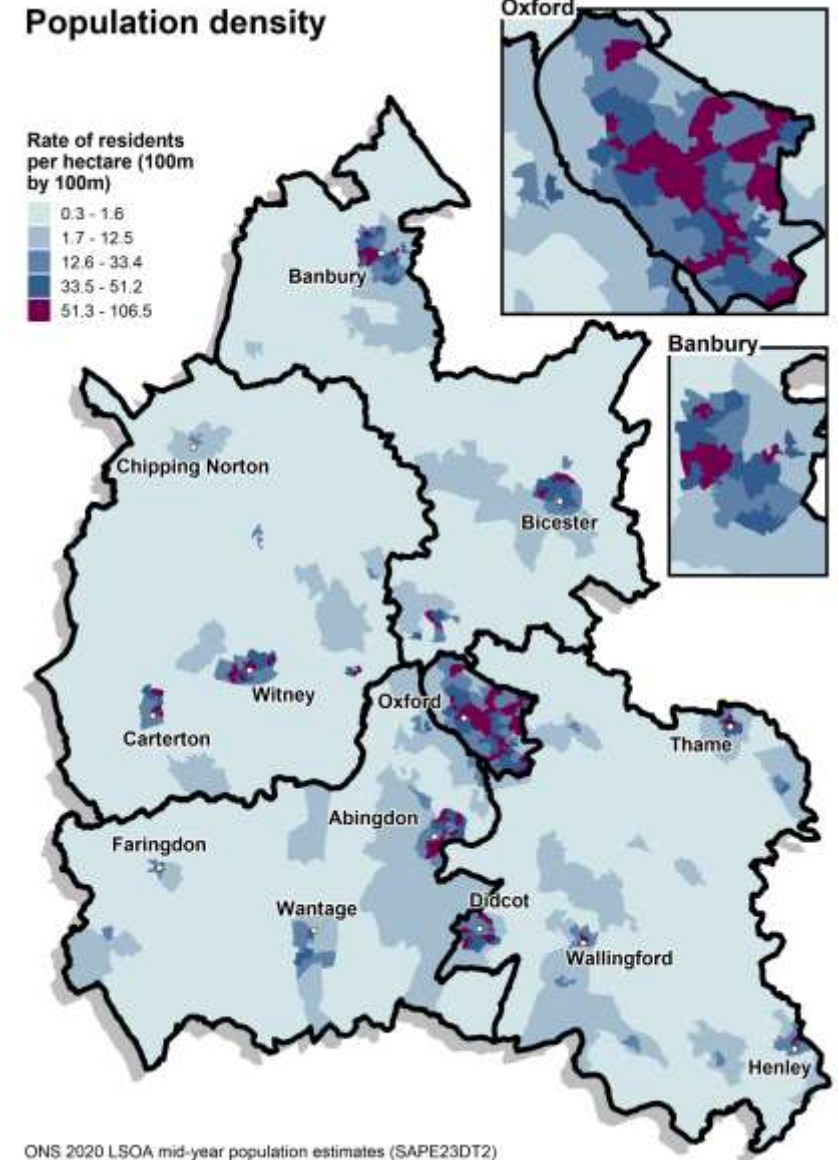
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*Note that, at the time of publication, only limited data had been released from the Census 2021 survey. Census 2021 extracts for Oxfordshire are being published on [Oxfordshire Insight](#)*

### Population density

- Oxfordshire is the most rural county in the South East at 2.6 people per hectare (compared with 4.7 across the region), by district the density in mid-2020 was:
  - Cherwell: 2.6 people per hectare
  - Oxford City: 33.2
  - South Oxfordshire: 2.1
  - Vale of White Horse: 2.4
  - West Oxfordshire: 1.6
  
- The higher density areas of Oxfordshire are in the urban centres of:
  - Banbury, Bicester and Kidlington
  - Oxford City
  - Didcot, Thame and Henley-on-Thames
  - Abingdon and Wantage & Grove
  - Carterton and Witney

ONS mid-year population estimates from [nomis](#)  
For the latest population estimates see the [population page on Oxfordshire Insight](#)



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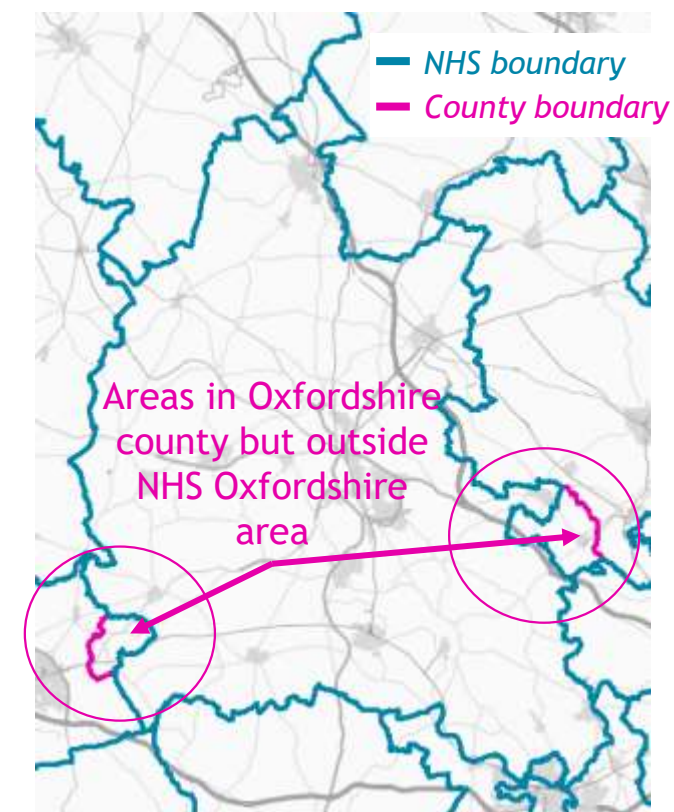
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*Note that, at the time of publication, only limited data had been released from the Census 2021 survey. Census 2021 extracts for Oxfordshire are being published on [Oxfordshire Insight](#)*

## NHS Oxfordshire GP patient count vs Oxfordshire county population

- The official NHS Oxfordshire area is slightly smaller than the Oxfordshire county area. However the patient count remains above the estimated population and the gap has increased.
- As of mid-2020, the count of NHS GP registered patients was 773,400 compared with an ONS estimate of Oxfordshire's county population of 696,900, a difference of 76,500.
- The greater number of patients recorded by the NHS, despite the smaller geographical area, is partly a result of ONS under-estimation and partly a result of the inclusion of:
  - GP registered patients who live outside the county (and use GPs within Oxfordshire) and
  - patients who have relocated and are no longer living in Oxfordshire (in some cases no longer in the UK).

### NHS Oxfordshire and Oxfordshire county boundary



ONS mid-year population estimates from [nomis](#)  
NHS Digital [Patients registered at a GP practice](#)



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# Population by age

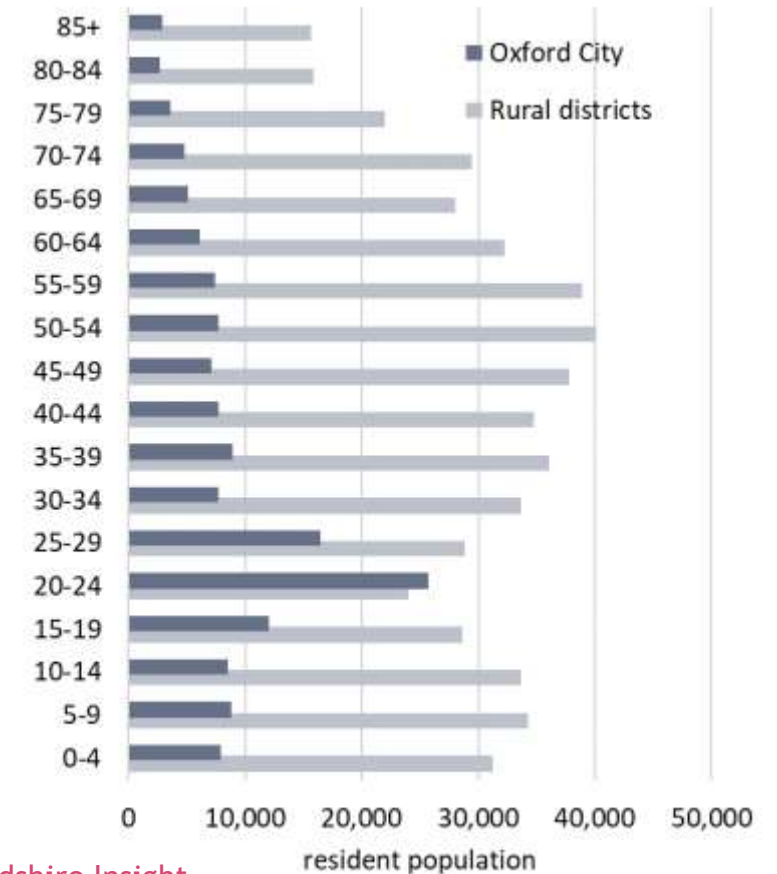
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*Note that, at the time of publication, only limited data had been released from the Census 2021 survey. Census 2021 extracts for Oxfordshire are being published on [Oxfordshire Insight](#)*

### Difference in age profile Oxford City vs rural Oxfordshire districts

- Rural districts have a much higher proportion of older people than Oxford City
  - In 2020, older people aged 65+ made up 20% of the estimated population of Oxfordshire's four rural districts, compared with 13% of the population of Oxford City
- Oxford City had a much higher proportion of people in younger age groups (including students) and a higher number of people aged 20-24 than living in Oxfordshire's four rural districts

Population by age mid-2020, Oxford City vs Rural districts (Cherwell, South Oxfordshire, Vale of White Horse, West Oxfordshire)



ONS mid-year 2020 population estimates from [nomis](#)  
For Census 2021 populations please see [Population | Oxfordshire Insight](#)

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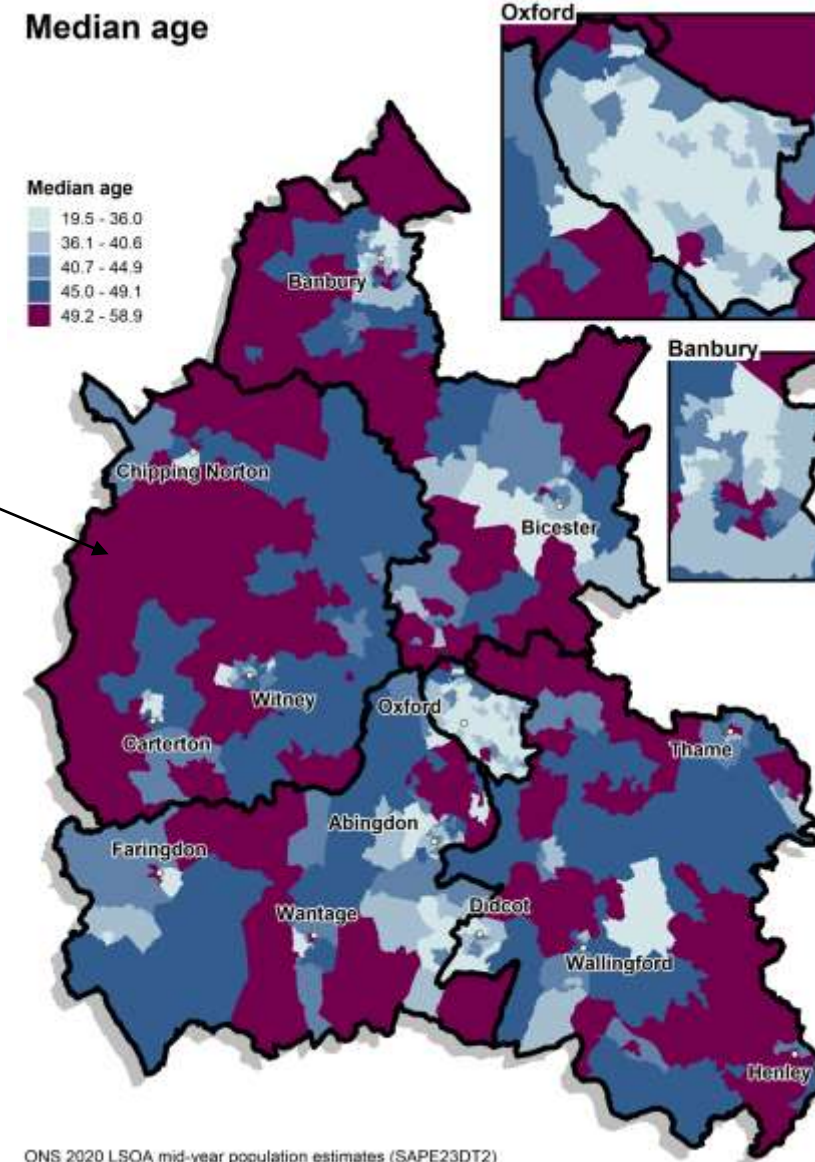
### Median age across Oxfordshire

- The median\* age of Oxfordshire increased slightly from 39.7 years as of mid-2017 to 40.2 years at mid-2020.
- In mid-2020, the median age was lowest in Oxford City (28.6 years) and highest in West Oxfordshire (44.7 years)
- At a small area level, wide areas of rural Oxfordshire had a median age above 49 years

### Median age (years) by district

	2017	2018	2019	2020
Cherwell	41.0	41.1	41.2	41.5
Oxford	29.7	29.0	28.9	28.6
South Oxfordshire	44.1	44.3	44.4	44.4
Vale of White Horse	42.7	42.6	42.5	42.5
West Oxfordshire	44.2	44.4	44.7	44.7
Oxfordshire	39.7	39.8	40.1	40.2
England	39.8	39.9	40.0	40.2

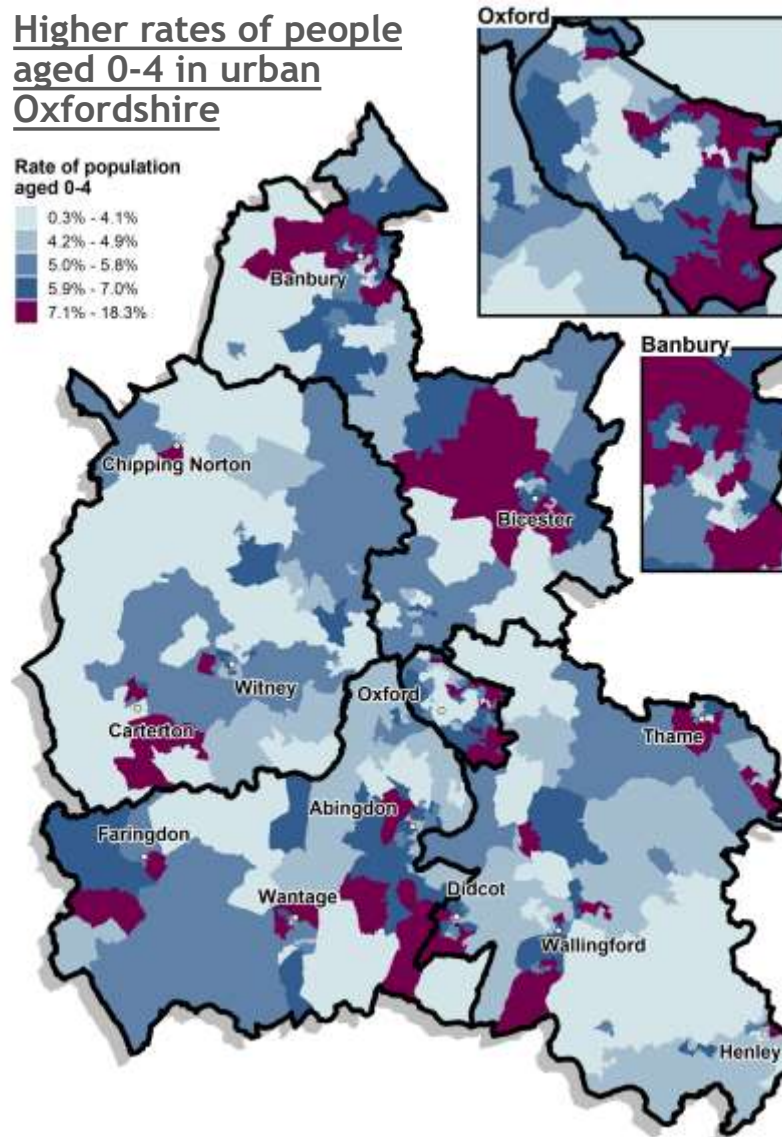
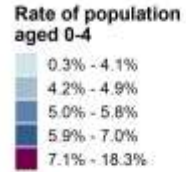
ONS mid-year population estimates from [nomis](#)  
\*Median age is the mid-point, where half the population is aged under and half aged over the value



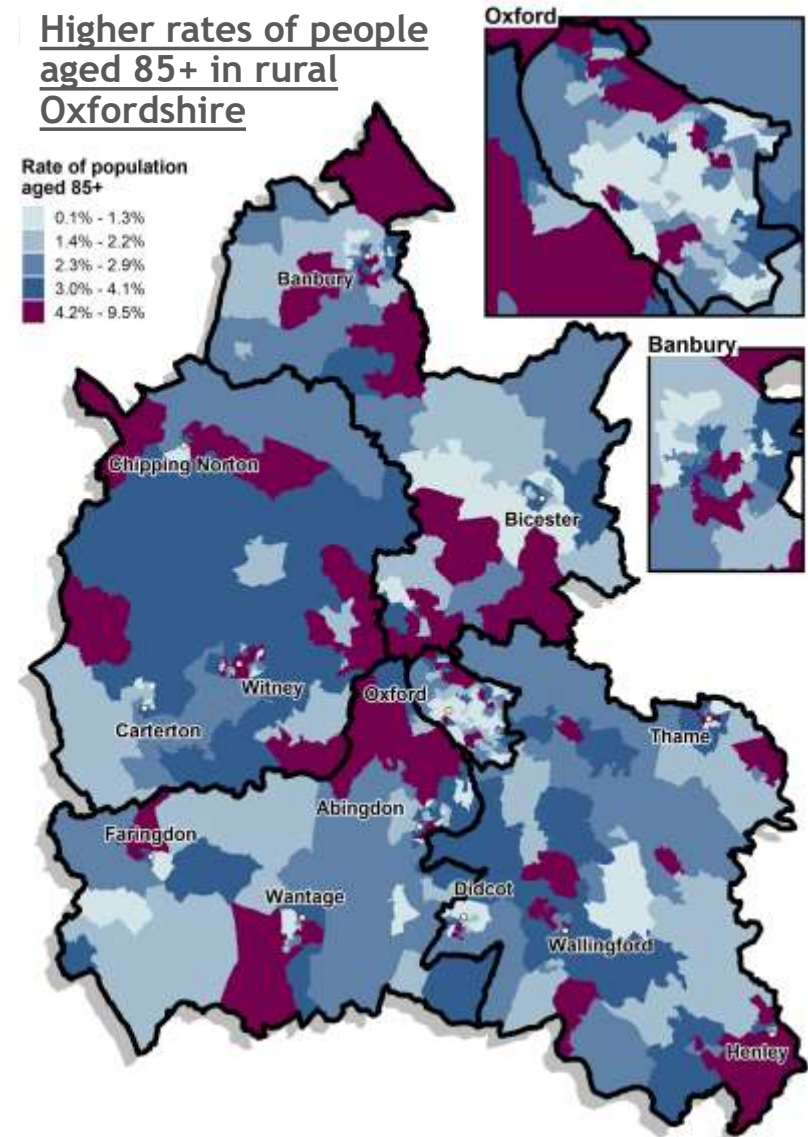
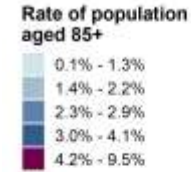
ONS 2020 LSOA mid-year population estimates (SAPE23DT2)

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### Higher rates of people aged 0-4 in urban Oxfordshire



### Higher rates of people aged 85+ in rural Oxfordshire



Population by Lower Super Output Area mid-2019, ONS mid-year population estimates from [nomis](#)

*Note that, at the time of publication, only limited data had been released from the Census 2021 survey. Census 2021 extracts for Oxfordshire are being published on [Oxfordshire Insight](#)*

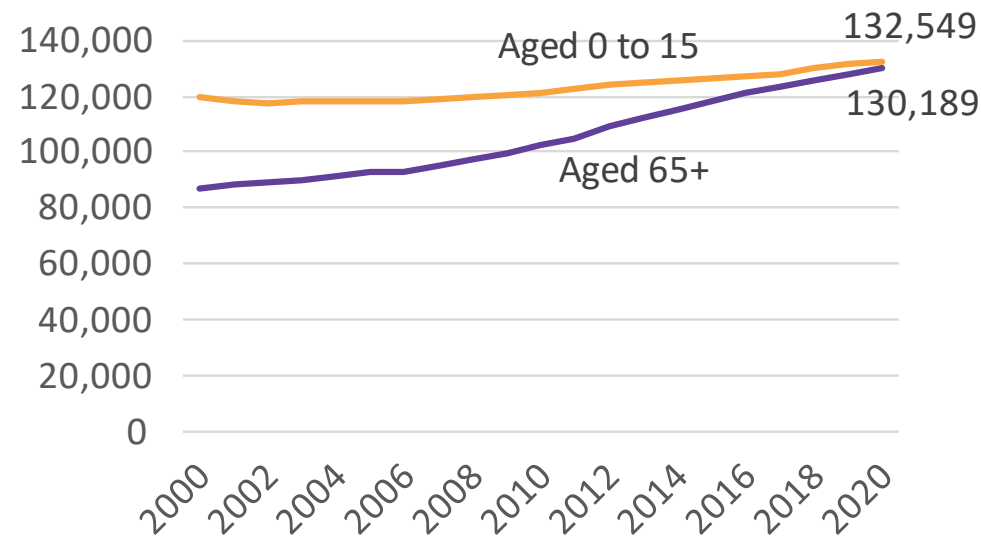
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### Oxfordshire's older population has increased faster than the number of young people

- Over the past 20 years (between 2000 and 2020), there was an increase in the population of Oxfordshire from 607,100 to 696,900, a growth of 89,800 (+15%)
- The younger age group, aged 0-15, increased by 11%
- The older age group, aged 65 and over, increased by 50%

**Oxfordshire - change in count of older and younger residents, ONS 2000 to 2020**



ONS mid-year population estimates from [nomis](#)

[next slide](#) for charts by district

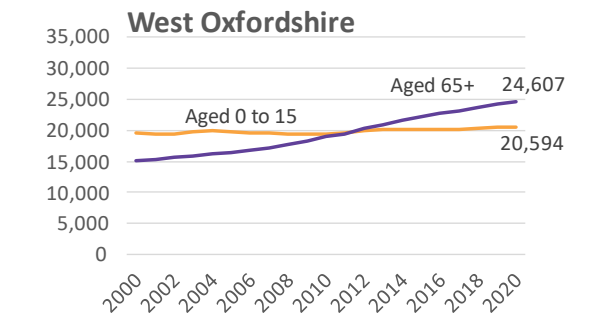
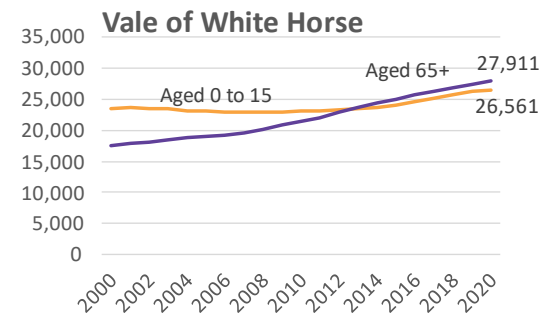
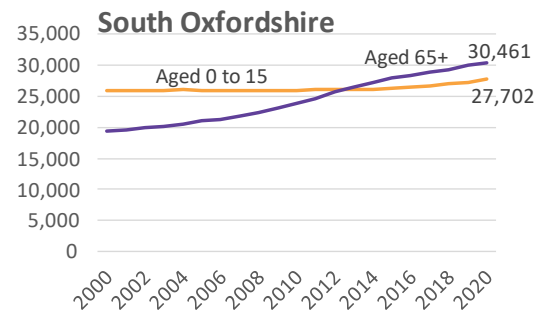
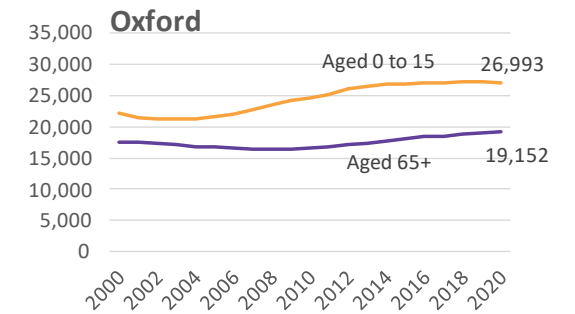
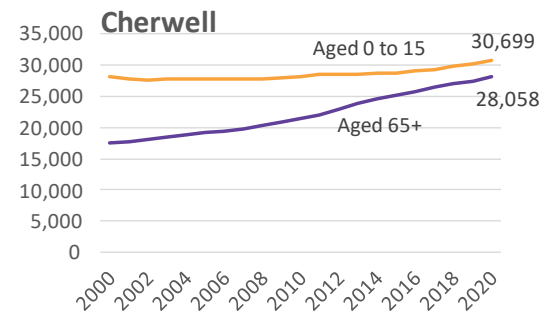
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## Change in younger and older populations - Oxfordshire's districts

- All districts - other than Oxford City - have seen a substantial increase in the older 65+ population and relatively little change in the number of young people aged 0-15.
- For South Oxfordshire, Vale of White Horse and West Oxfordshire, the number of 65+ exceeds the number of 0-15s.

### Change in count of older and younger residents by district ONS 2000 to 2020



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### Vale of White Horse has seen the greatest increase in the working age population

- Between 2000 and 2020 the working age population aged 16 to 64 in Oxfordshire increased by 8% (from 400,800 to 434,100, +33,400). This was below the overall growth in population (all ages) of 15% (as a result of the significant growth in older people).
- The increase in the number of working age residents was greatest in Vale of White Horse (+13%) and lowest in South Oxfordshire (+4%).

Change in count and rate per population of residents aged 16 to 64 (ONS mid year estimates)

	2000 (count)	2000 (rate)	2020 (count)	2020 (rate)	2000 to 2020 (count)	% change
Cherwell	86,620	65%	93,089	61%	6,469	7%
Oxford	96,957	71%	105,439	70%	8,482	9%
South Oxfordshire	82,601	65%	85,619	60%	3,018	4%
Vale of White Horse	73,635	64%	83,438	61%	9,803	13%
West Oxfordshire	60,937	64%	66,557	60%	5,620	9%
<b>Oxfordshire</b>	<b>400,750</b>	<b>66%</b>	<b>434,142</b>	<b>62%</b>	<b>33,392</b>	<b>8%</b>

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# Births, deaths and migration

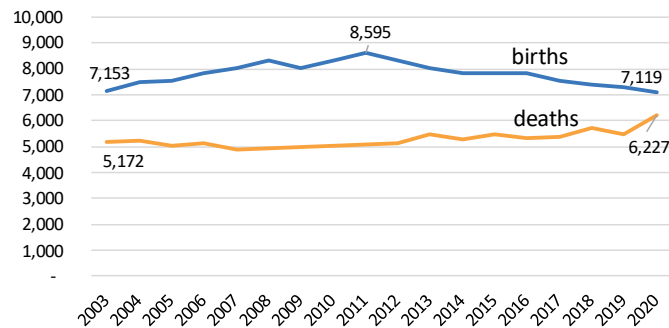


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## Births and deaths

- Between mid-2019 and mid-2020 there were 7,119 births and 6,227 deaths in Oxfordshire. This is a “natural change” increase of 892 people.
- The mid-2019 to mid-2020 period covers the start of the COVID-19 pandemic which will have contributed to the rise in the number of deaths.

Oxfordshire total number of births and deaths 2003 to 2020

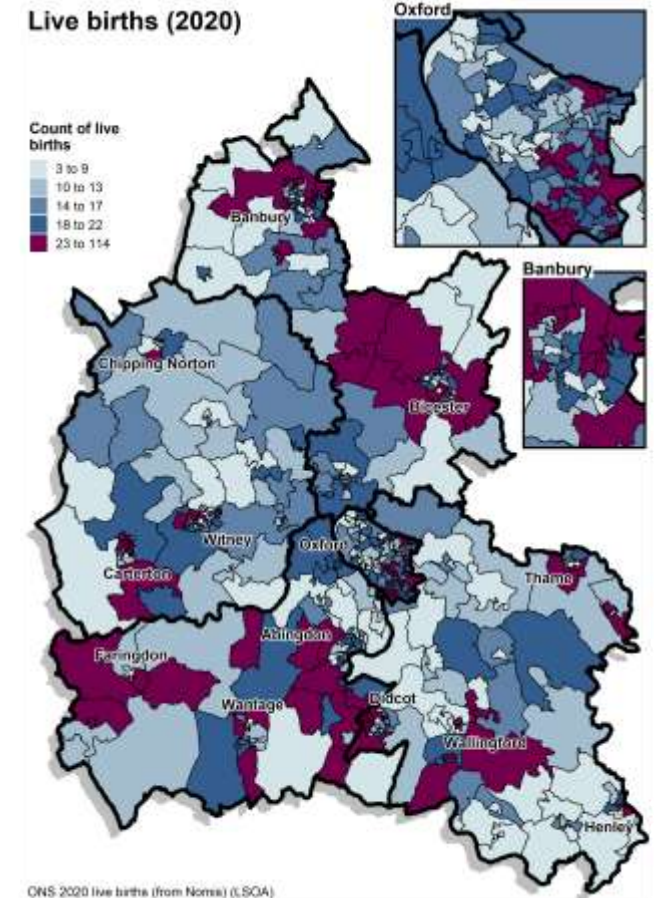


District births, deaths and natural change mid-2019 to mid-2020

	Births	Deaths	Natural change
Cherwell	1,784	1,410	374
Oxford	1,441	1,011	430
South Oxfordshire	1,418	1,364	54
Vale of White Horse	1,438	1,234	204
West Oxfordshire	1,038	1,208	-170
<b>Oxfordshire</b>	<b>7,119</b>	<b>6,227</b>	<b>892</b>

[ONS mid-year population estimates components of change](#)

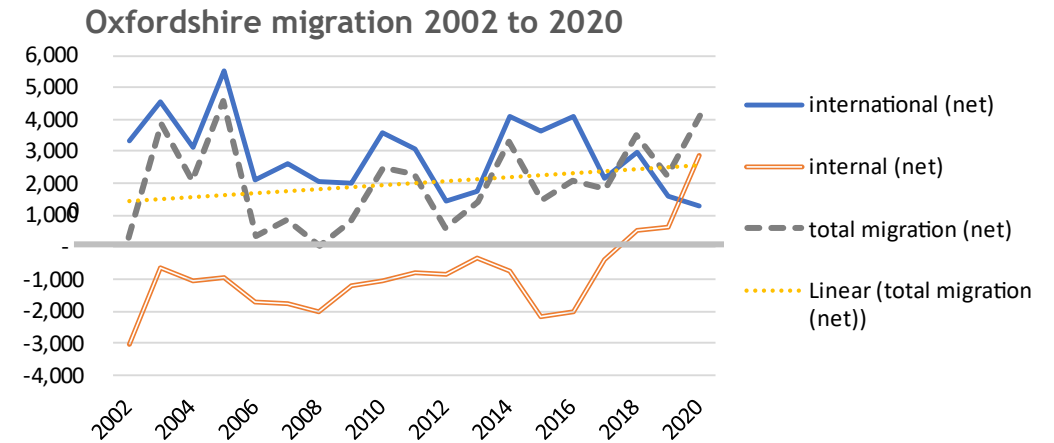
Live births (2020)



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### Increasing (net) migration into Oxfordshire

- Between mid-2019 and mid-2020 there was an estimated (net) inward migration of 4,135 people moving into Oxfordshire.
- Internal migration has continued to increase with 2,878 people additional people (net) moving to Oxfordshire from mid-2019 to mid-2020, well above the 632 in 2018-19.



### By district: Net internal and international migration mid-2019 to mid-2020

	Internal (net)	International (net)	Total net migration
Cherwell	1,348	-343	1,005
Oxford	-2,910	1,582	-1,328
South Oxfordshire	1,665	-48	1,617
Vale of White Horse	1,414	93	1,507
West Oxfordshire	1,351	-17	1,334
<b>Oxfordshire</b>	<b>2,868</b>	<b>1,267</b>	<b>4,135</b>

*Note that Oxfordshire County Council population modelling has highlighted issues with ONS estimates of migration for those aged in their twenties in Oxford City - likely to be due to the transient nature of this population. It is expected that data from the 2021 Census will provide some clarity in this area.*

ONS [mid-year population estimates components of change](#)

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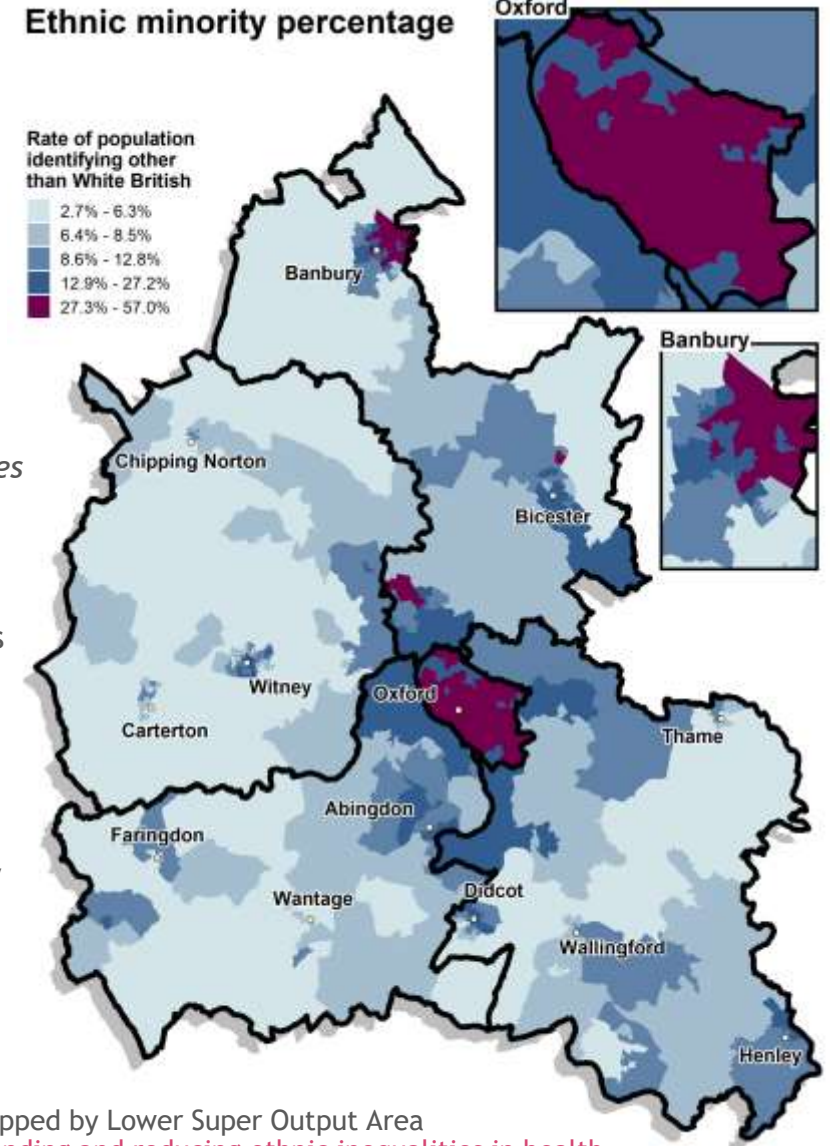
## Ethnicity

According to Public Health England, ethnic identity influences health outcomes via multiple routes. For example, experiences of discrimination and exclusion, as well as the fear of such negative incidents, have been shown to have a significant impact on mental and physical health. Health-related practices, including healthcare-seeking behaviours, also vary importantly between ethnic groups.

Some minority ethnic groups appear to have much better health status than the White British population and some much worse. Some ethnic minority groups have higher rates of diabetes.

- According to the ONS Census 2011 survey, 16% of the total resident population of Oxfordshire was from an ethnic minority background, compared with 20% across England.
- The majority of the ethnic minority population in Oxfordshire is based in urban areas of Oxford and Banbury.
- Oxford City has a very diverse range of ethnic minority groups.
- The map shows the out of term time (i.e. excluding students) non white British population as % of all residents.

### Ethnic minority percentage



ONS Census 2011 table LC2101 and table OT201EW from [nomis](#), mapped by Lower Super Output Area  
Public Health England [Local action on health inequalities: understanding and reducing ethnic inequalities in health](#)

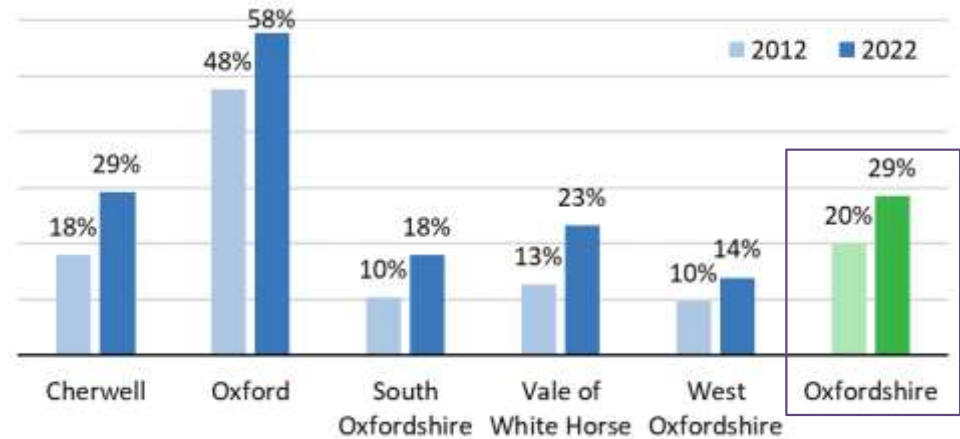
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### Ethnicity of Oxfordshire's school pupils

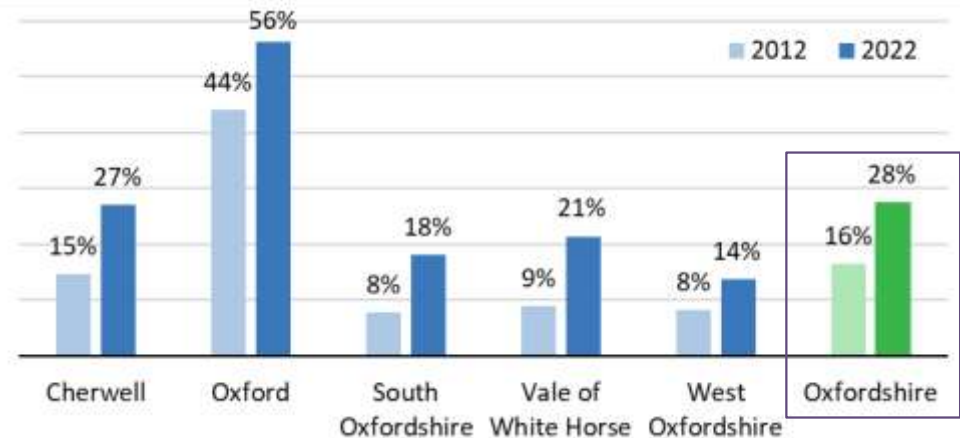
- Between 2012 and 2022 the diversity of Oxfordshire's pupils increased
- As of January 2022, 29% of pupils at state primary schools (in years 1 to 6) and 28% of pupils (years 7-11) in state secondary schools in Oxfordshire were from ethnic minority backgrounds.
- The proportion of pupils of ethnic minority backgrounds of all pupils years 1 to 11 by district was:
  - Cherwell 28%
  - Oxford 57%
  - South Oxfordshire 18%
  - Vale of White Horse 23%
  - West Oxfordshire 14%
- Oxford City has a very wide range of languages spoken (as a first language) by primary school pupils.

### Ethnic Minority (non-white British) as % of those with recorded ethnicity

Primary pupils, years 1 to 6



Secondary pupils, years 7 to 11



Oxfordshire County Council from pupil census data. Pupils at state schools (not including independent schools)

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# Predicted growth in population

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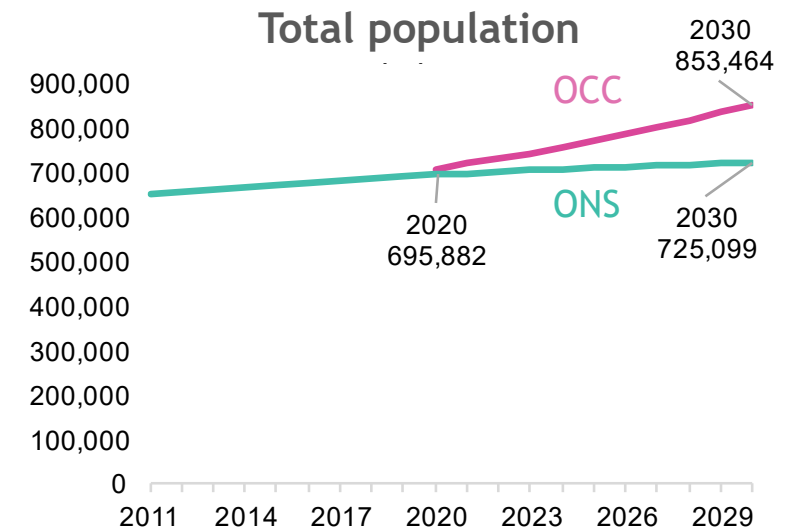
### Population growth - housing-led vs ONS trend-based

There are two alternative scenarios for the future change in population: (1) Oxfordshire County Council's housing-led forecasts which incorporate district council plans for a higher rate of house building than in the recent past and (2) ONS projections based on past trends.

- The February 2022 update of the Oxfordshire County Council housing-led forecasts predict a total population in Oxfordshire of 853,500 by 2030, a growth of 157,600 (+20%). Over the same period the ONS projections show an increase of +4%.

*This set of forecasts contain county-wide adjustments relative to planned district housing trajectories as of December 2021 to account for the potential impact of COVID-19 on housebuilding.*

*It is important to note that the rate of housebuilding is an input to the model and the outputs reflect the expected population if that level of housebuilding takes place. The forecasts, therefore, are not indicative of housing need, and should not be used or interpreted as such.*

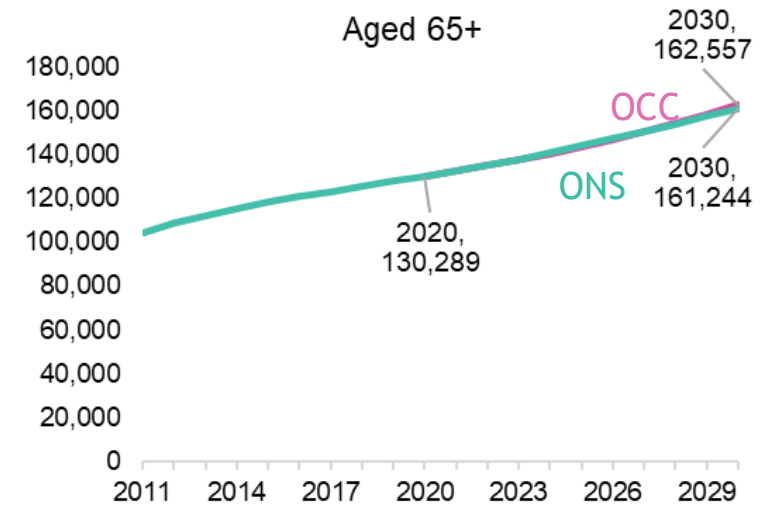
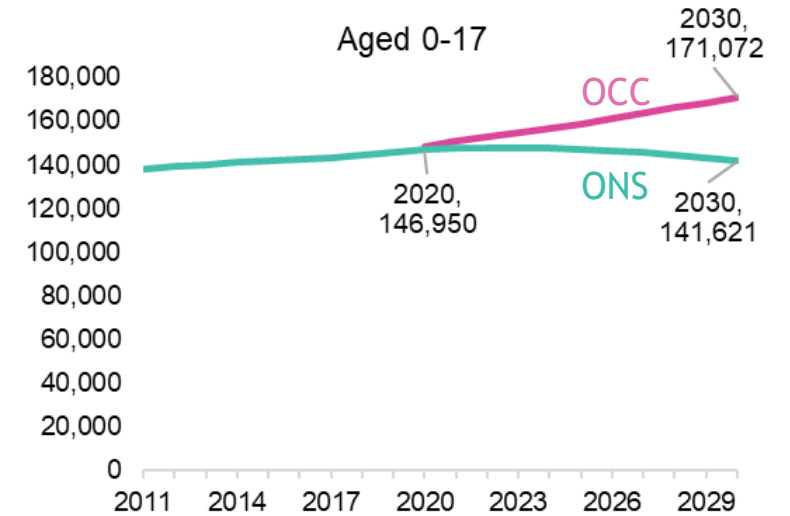
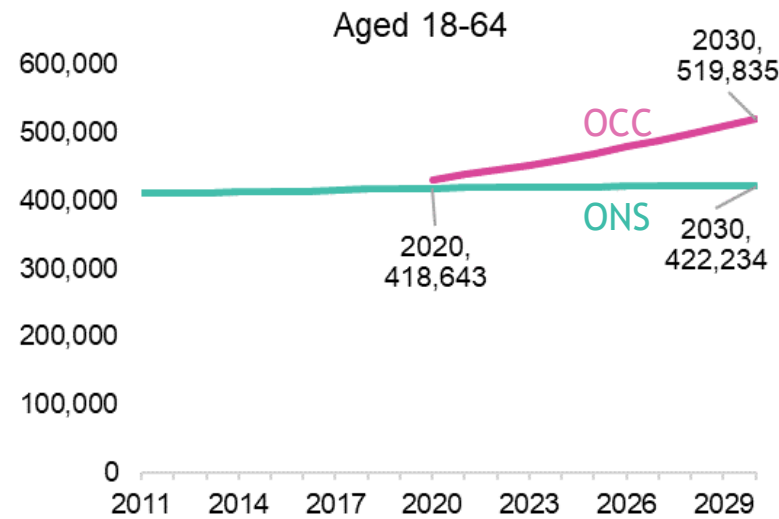


[Oxfordshire County Council population forecasts](#) (released February 2021);  
[ONS 2018-based subnational population projections](#)

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### Trend by age

- Differences are particularly apparent for the younger and working age groups.
- For older people aged 65 and over, the predicted growth is similar.



[Oxfordshire County Council population forecasts](#)  
(released February 2021);  
[ONS 2018-based subnational population projections](#)

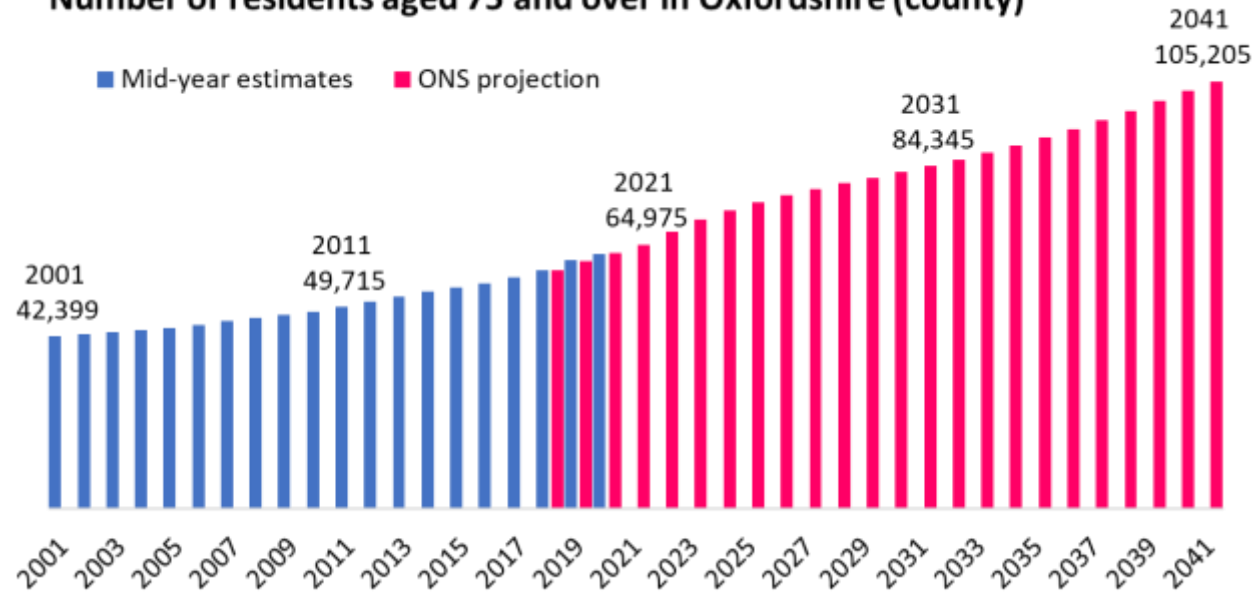


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### Growth in the oldest population historical and projected trend

- ONS population estimates show that the number of people aged 75+ in Oxfordshire increased by 22,600 over the 20 years from 2001 to 2021.
- In the 20 year period between 2021 and 2041, this age group is expected to increase by 40,200 residents, almost double the number added in the previous 20 years (2001 to 2021).
- New Census 2021 data shows a slightly lower number of people aged 75+... 62,200 (compared with 65,000). New projections will not be available for some time

**Number of residents aged 75 and over in Oxfordshire (county)**



**Census 2021**  
75+ 62,200

ONS mid-year population estimates and projections from [www.nomisweb.co.uk](http://www.nomisweb.co.uk) accessed 8<sup>th</sup> June 2022

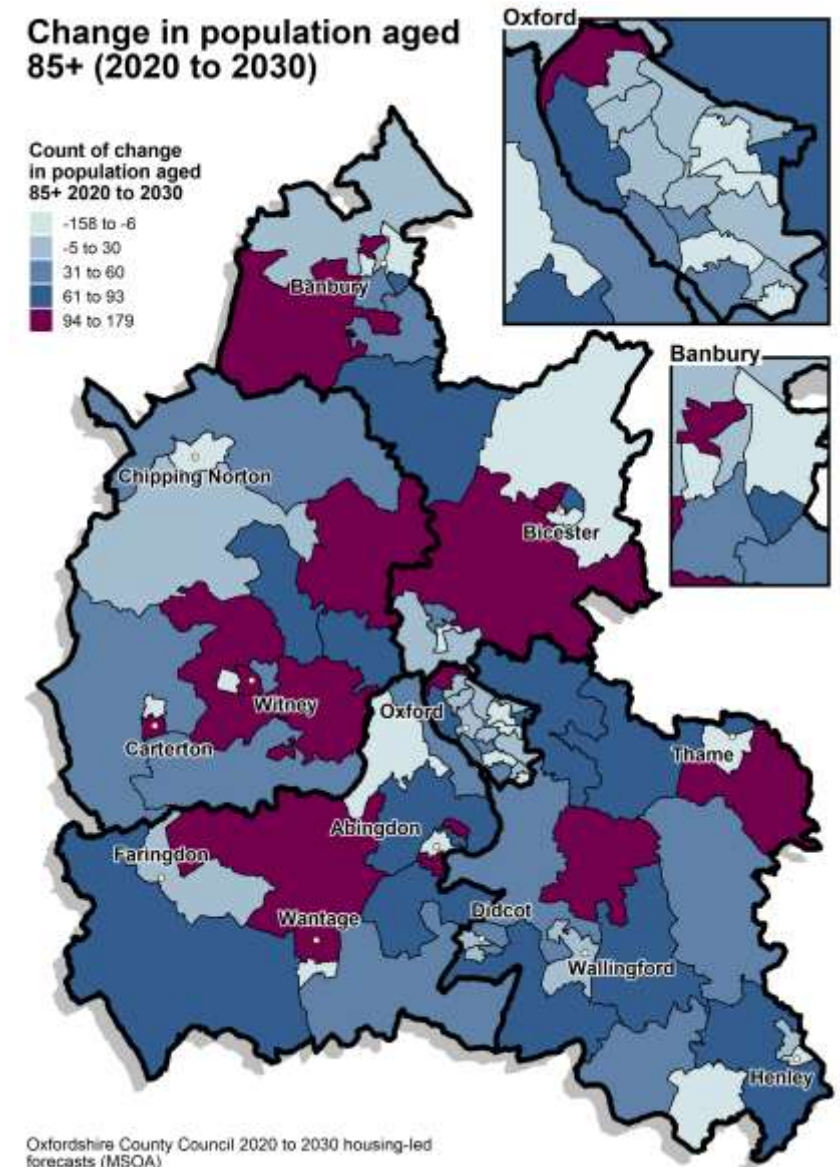
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### Growth in the oldest population by area

- The oldest age group, those aged 85 and over, is predicted to increase from 18,600 in mid-2020 to 21,900 by mid-2030, an increase of 3,300 people (+18%)
- The areas with the greatest growth in the number of people aged 85 and over are predicted to be:
  - Parts of Banbury, Bicester, Witney and surrounding areas
  - Parts of Abingdon
  - Parts of rural South Oxfordshire and rural Vale of White Horse
- There is a predicted decline in Chipping Norton and areas outside Bicester, Banbury, Thame and to the west of Oxford.

[Oxfordshire County Council population forecasts](#)  
(released Feb22)

**Change in population aged 85+ (2020 to 2030)**



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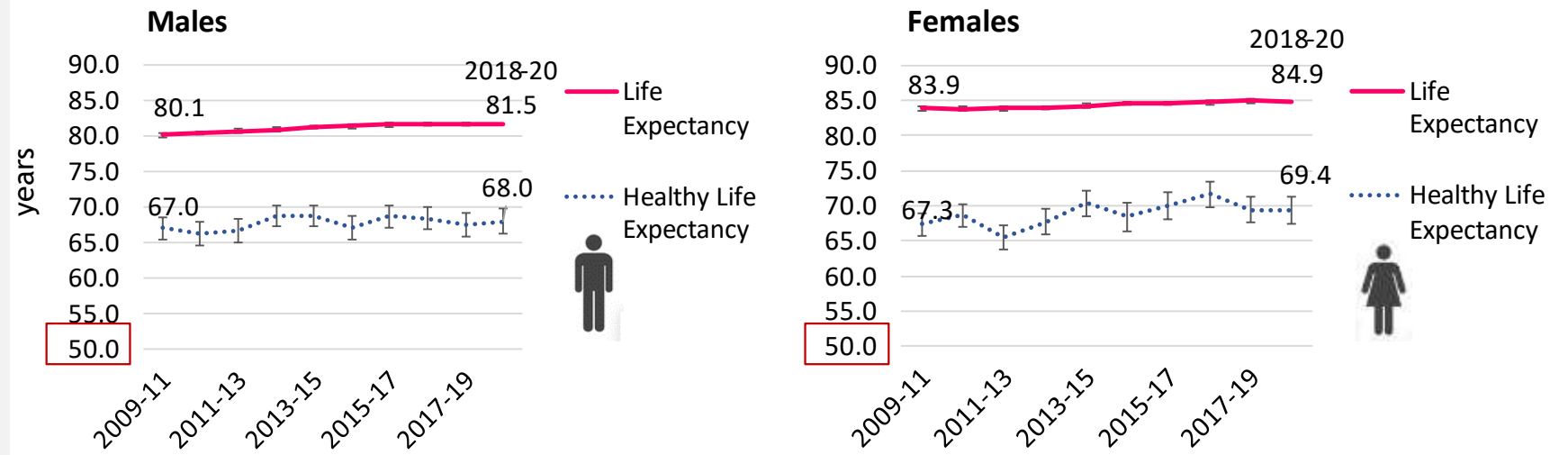
# Life Expectancy

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### Years spent in poorer health has remained relatively unchanged

- Between 2009-11 and 2018-20 (combined years) the number of years spent in poor health in Oxfordshire (difference between Life Expectancy and Healthy Life Expectancy), for females appears to have improved from 16.5 years to 15.5 years, for males the gap appears to have worsened from 13.1 to 13.6 years (although neither change is significant).
- It is not yet possible to evaluate the impact of the COVID-19 pandemic on this data.

**Life Expectancy and Healthy Life Expectancy at birth in Oxfordshire 2009-11 to 2018-20**



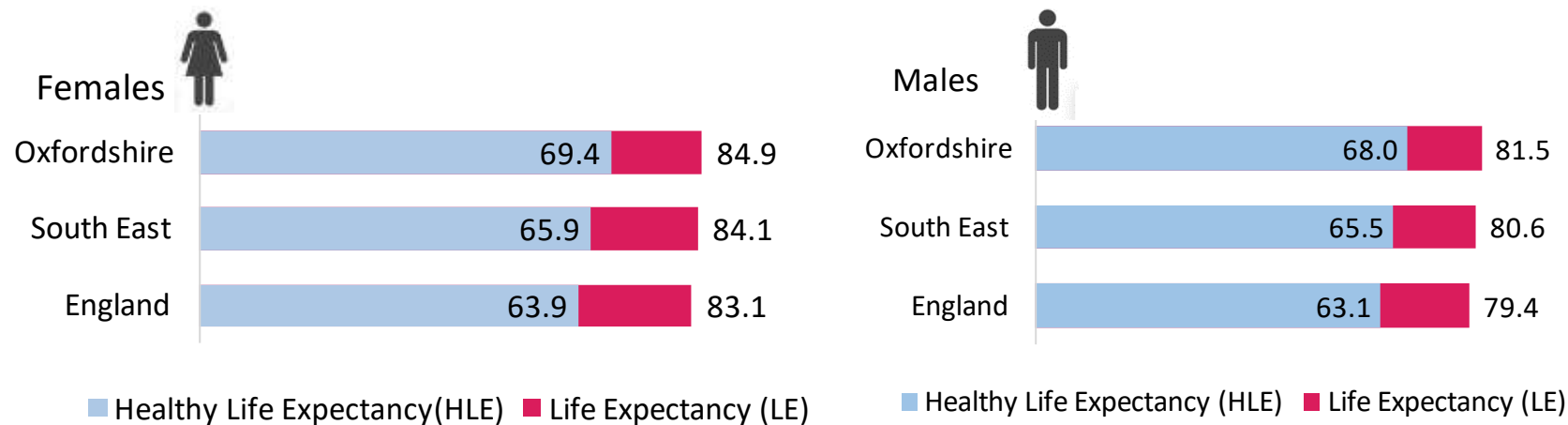
OHID fingertips. Note that vertical axes do not start at zero

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### Healthy Life Expectancy better than average

- The 3 year combined data for 2018-20 shows that Oxfordshire has remained (statistically) better than each of the South East and England averages on both Life Expectancy and Healthy Life Expectancy at birth.
  - Females in Oxfordshire are expected to live for **15.5 years in poorer health**, compared with 18.2 years in the South East and 19.3 years in England.
  - Males in Oxfordshire are expected to live for **13.6 years in poorer health**, compared with 15.1 years in the South East and 16.3 years in England

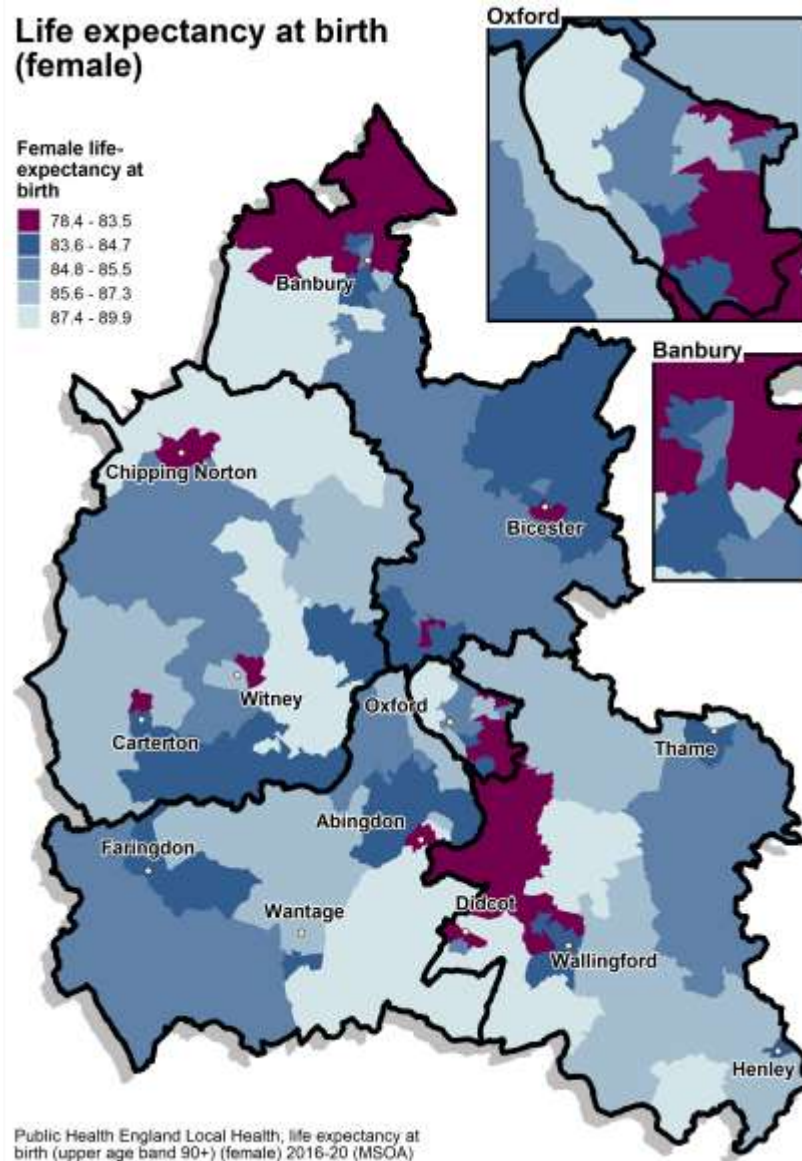
Life Expectancy and Healthy Life Expectancy at birth 2018-2020



[Health state life expectancy, all ages, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

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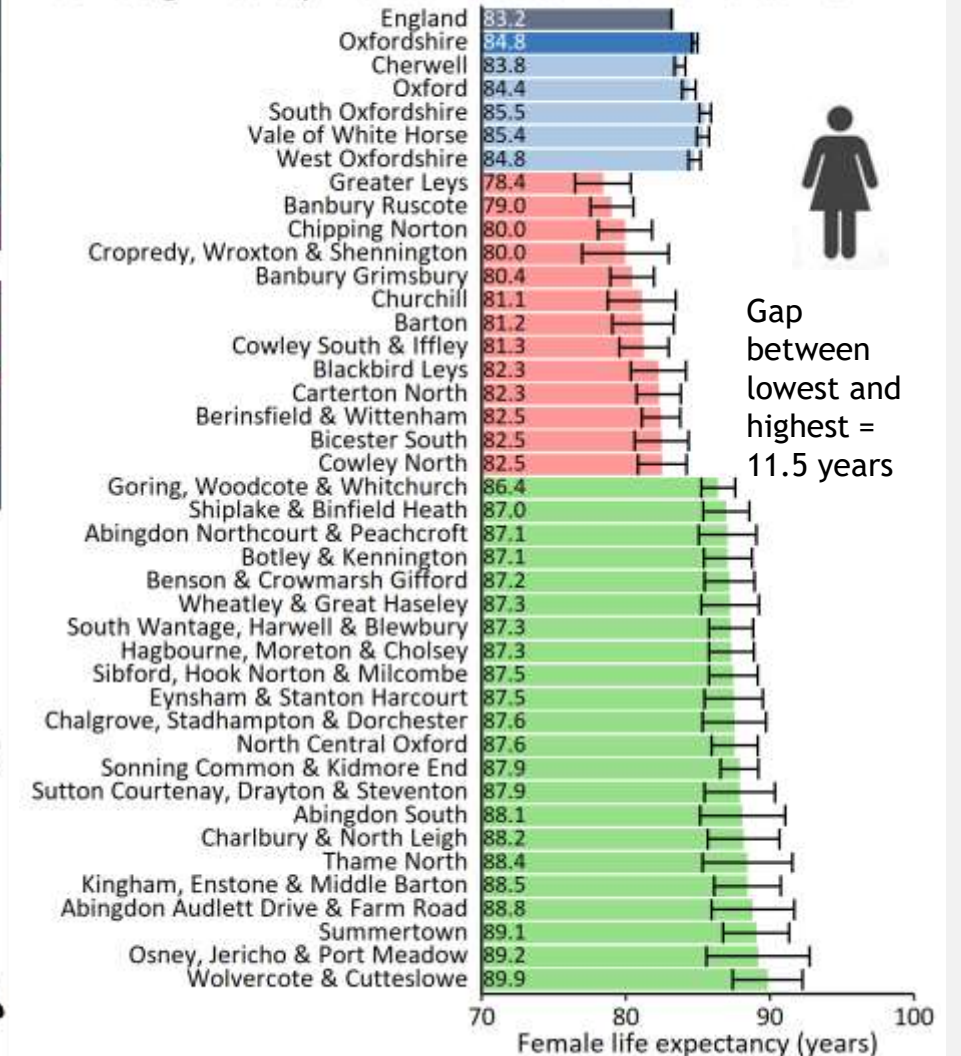
### Life expectancy at birth (female)



Public Health England Local Health, life expectancy at birth (upper age band 90+) (female) 2016-20 (MSOA)

### Life expectancy at birth for females, 2016-20

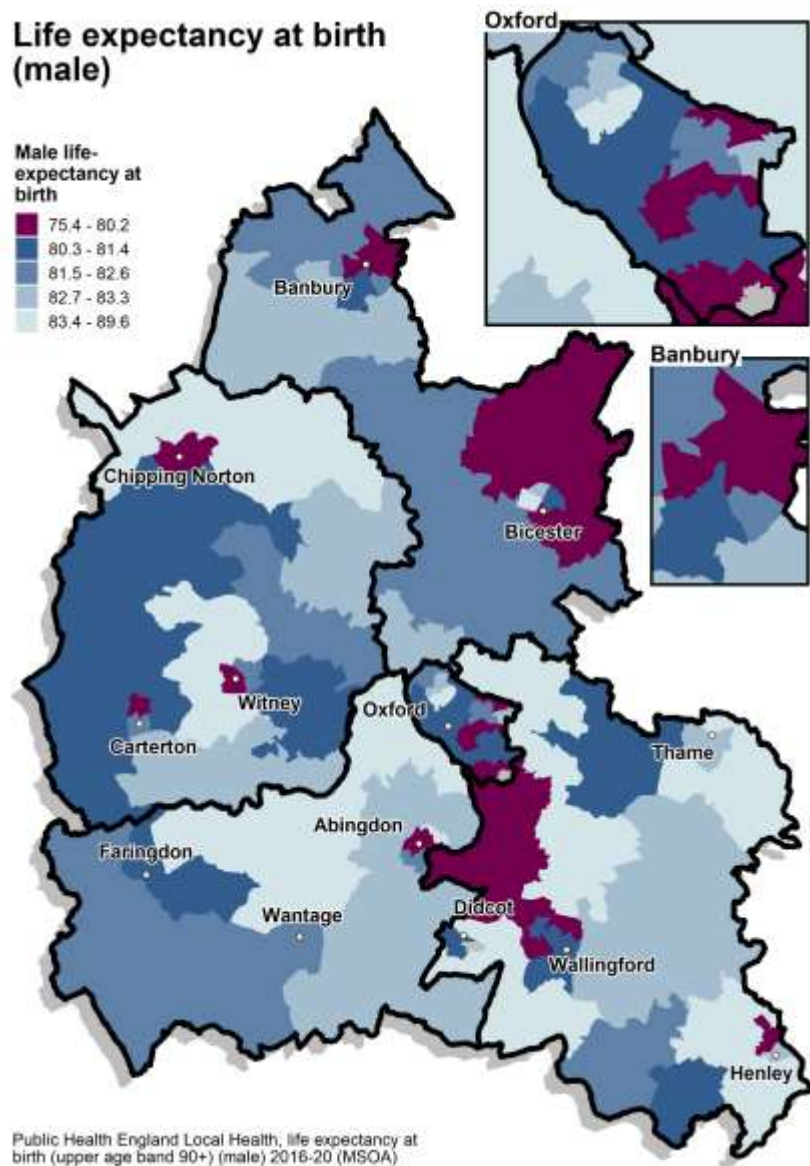
MSOAs significantly worse and better than Oxfordshire



[Explore inequalities data using our interactive dashboard](#)

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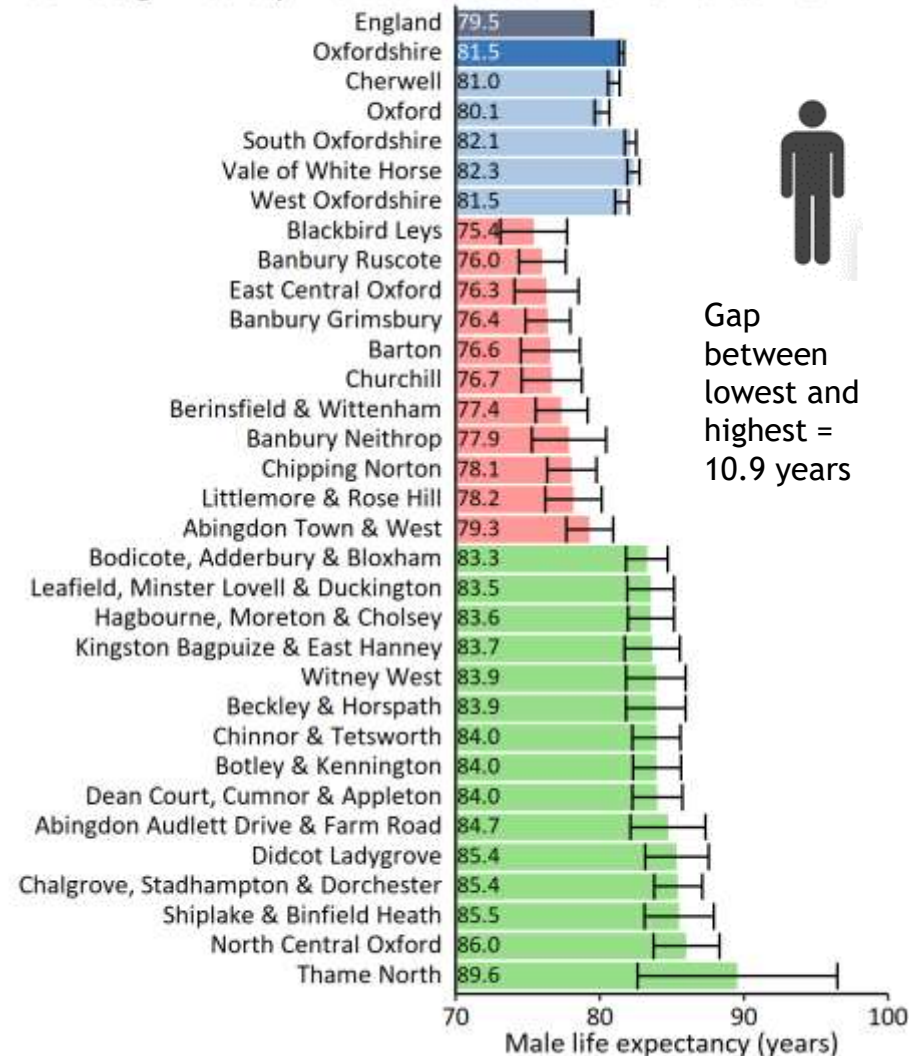
### Life expectancy at birth (male)



Public Health England Local Health, life expectancy at birth (upper age band 90+) (male) 2016-20 (MSOA)

### Life expectancy at birth for males, 2016-20

MSOAs significantly worse and better than Oxfordshire



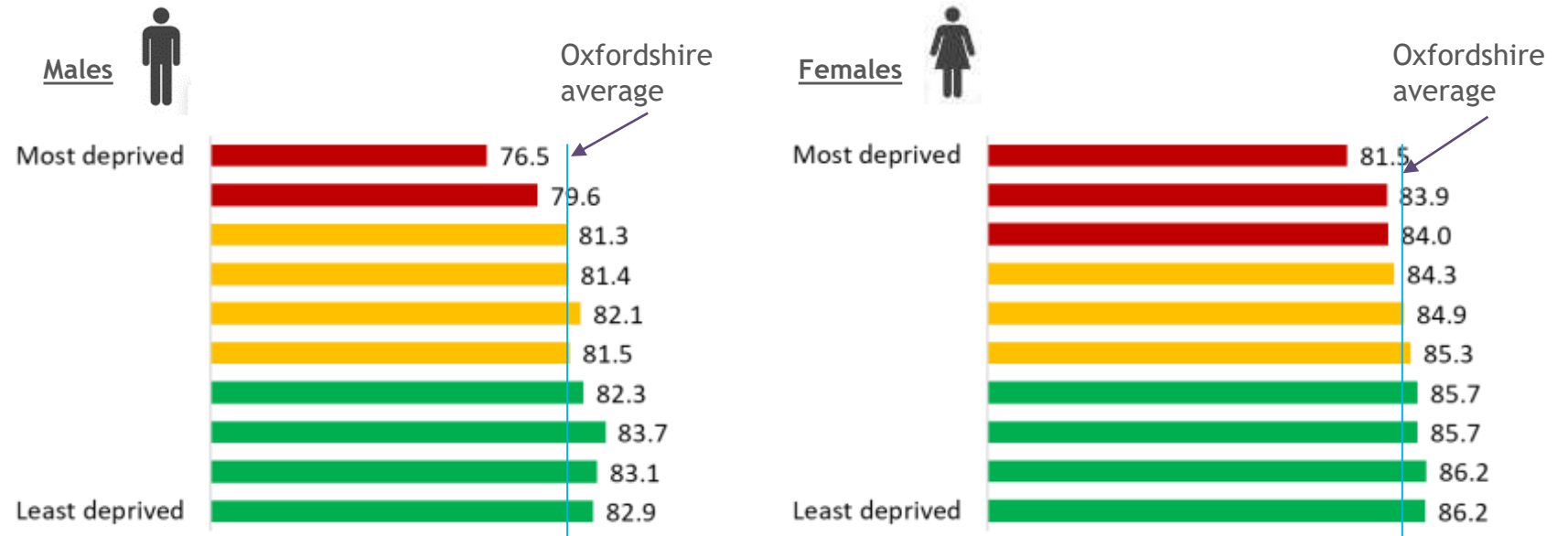
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### Inequalities in Life Expectancy by areas of deprivation

- There are clear inequalities in Life Expectancy across Oxfordshire, with people in the most deprived areas having significantly lower Life Expectancy compared with the least deprived.
- Data for the combined years 2018 to 2020 shows that for males there was a gap of 6.4 years between the most and least deprived areas. For females the gap was 4.7 years.

Oxfordshire Life Expectancy at birth by deprivation: males and females, 2018-20



[Health Inequalities Dashboard](#) based on IMD 2019 for Lower Layer Super Output Areas (accessed July 2022)



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## Inequalities in Life Expectancy - people with Learning Disabilities - national

*The way that NHS Digital measures life expectancy difference for people with Learning Disabilities has changed.*

### 2017/18

#### Females

- Life expectancy 83
- Females with Learning Disabilities 65
- Difference = **18 years**

#### Males

- Life expectancy 80
- Males with Learning Disabilities 66
- Difference = **14 years**

NHS Digital [Health and Care of People with learning disabilities, experimental statistics 2017-18](#)

### 2018/19

- People with a **learning disability** aged 0-74 were between 3.87 and 4.11 times more likely to die in the period 2016-19 than people in the general population in the same age and sex group

NHS Digital [Health and Care of People with Learning Disabilities 2018/19 \(Jan2020\)](#)

Latest data from NHS Digital is [Health and Care of People with Learning Disabilities Experimental Statistics 2020 to 2021](#) but NB this does not include life expectancy or mortality data (as of 1 Feb 2022)

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### Finding out more

- Oxfordshire County Council population forecasts are published on the [Oxfordshire Insight Population page](#) (see “future population change”)
- ONS population estimates and population projections for county and districts are available from [www.nomisweb.co.uk](http://www.nomisweb.co.uk)
- [ONS Census 2021 release calendar](#)
- Census 2021 extracts for Oxfordshire are published on [Oxfordshire Insight](#)
- ONS Life Expectancy data is available from:
  - [ONS National Life Tables](#)
  - [Public health profiles - OHID \(phe.org.uk\)](http://phe.org.uk)
  - [Health Inequalities Dashboard \(phe.gov.uk\)](http://phe.gov.uk)
- ONS Migration flows
  - [ONS interactive tool internal migration- Section 8](#)



## Chapter 3

# Population groups and protected characteristics

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## This chapter..

- This chapter provides data on residents in selected population groups in Oxfordshire including “protected characteristics” as defined under the [Equality Act of 2010](#).
- The format is a series of factsheets giving the latest data.
- There is also information for practitioners on [carrying out an equity audit](#)
- *Note that, at the time of publication, only limited data had been released from the Census 2021 survey. Census 2021 extracts for Oxfordshire are being published on [Oxfordshire Insight](#)*
- Where local data was unavailable, figures for Oxfordshire have been estimated from national surveys and local population data.
- Further JSNA resources are available via the [JSNA page of Oxfordshire Insight](#)
- Note that the terminology (i.e. disability, gender identity) used, is reflective of the terminology used in the studies, data sources, and research papers referred to throughout this chapter.

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*Note that, at the time of publication, only limited data had been released from the Census 2021 survey. Census 2021 extracts for Oxfordshire are being published on [Oxfordshire Insight](#)*

## Summary - Oxfordshire in Numbers

Population group	Count	Source
Total population	696,880	ONS mid-2020
Aged 0-15	132,549	ONS mid-2020
Aged 16-64	434,142	ONS mid-2020
Aged 65+	130,189	ONS mid-2020
Full time students (Oxford Uni, Oxford Brookes)	35,260	HESA 2020-21
Part time students (Oxford Uni, Oxford Brookes)	9,695	HESA 2020-21
Estimated people with a disability	153,300	FRS 2020-21 and ONS pop
Claiming Personal Independent Payments	16,104	Nov 2021, DWP
Claiming Attendance Allowance (over state pension age)	11,726	Nov 2021, DWP
Adults with Learning Difficulties supported by Adult Social Care	1,661	Oxfordshire County Council 1Apr22
Pupils with Learning Difficulties in state primary, secondary and special schools	6,371	DfE January 2021
Pupils with Autism in state primary, secondary and special schools	2,385	DfE January 2022

Population group	Count	Source
Married households	128,400	ONS Census 2011
Households in registered same-sex civil partnership	682	ONS Census 2011
Live births	7,380	ONS 2020
Ethnic minority (non white British)	107,000	ONS Census 2011
Born outside UK	92,500	ONS Census 2011
Gypsy or Irish Traveller	623	ONS Census 2011
With a religion	422,576	ONS Census 2011
Estimated Lesbian, Gay or Bisexual	18,446	ONS UK 2020
Carers registered with GP practices	21,746	OCCG 31-March-22
Adult carers receiving health and social care support	4,275	NHS Digital 2020-21
Young carers receiving support	271	Oxfordshire County Council (March 2022)
Regular armed forces	9,480	MoD 1Apr21
Residents in receipt of an Armed Forces pension, War pension and Armed Forces compensation scheme	6,606	MoD 31Mar21

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### Carrying Out an Equity Audit

- Data from this JSNA chapter can be used as part of an equity audit

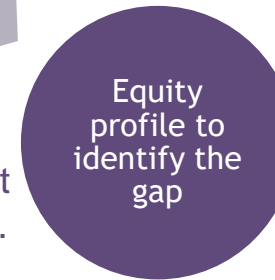
Ensure effective monitoring systems are in place and review progress. Identify groups or areas where more action is required.



Use data on Health Inequalities to support decisions at all levels. Make appropriate comparisons by age, area, ethnicity, sex etc.



Choose issues with high impact, e.g. CVD\*. Take opportunities where changes are planned and under review.



**Health Equity Audit Cycle**

Use data to compare service provision with need, access, use and outcome



Evidence-based practice with high impact, targeted to the communities identified in the gap analysis



Move resources and develop services to match need identified.

See also [Evidence, resources and guidance from Public Health England and partners to help support national, regional and local areas to reduce health inequalities.](#) \* Cardio Vascular Disease.

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*Note that, at the time of publication, only limited data had been released from the Census 2021 survey. Census 2021 extracts for Oxfordshire are being published on [Oxfordshire Insight](#)*

## Age and Sex

- As of mid-2020 there were 347,569 (49.9%) males and 349,311 (50.1%) females living in Oxfordshire, a total of 696,880 residents.
- By broad age Oxfordshire’s population (2020) was:
  - 132,549 aged 0 to 15
  - 434,142 aged 16 to 64
  - 130,189 aged 65+
- Compared with England, Oxfordshire had a higher proportion of residents aged 15-24 and 75+ and a lower proportion of 30-34 year olds.
- The number of students resident in Oxford City affects this age profile (see [following slide](#))

Percentage Point Difference is the numerical difference between the percentage of the population groups in Oxfordshire and England

For further information, refer to Interactive tools and population downloads for Oxfordshire [Population | Oxfordshire Insight](#)

## Male and Female Oxfordshire residents, count and proportion of total vs England (mid-2020)

Age	Male	Female	Oxfordshire Total	%	England	Percentage Point Difference
0-4	20,405	18,811	39,216	5.6%	5.7%	-0.1
5-9	22,298	20,837	43,135	6.2%	6.3%	-0.1
10-14	21,639	20,616	42,255	6.1%	6.1%	0.0
15-19	20,622	20,080	40,702	5.8%	5.5%	0.3
20-24	26,292	23,453	49,745	7.1%	6.1%	1.0
25-29	24,519	20,822	45,341	6.5%	6.7%	-0.2
30-34	21,522	19,897	41,419	5.9%	6.8%	-0.8
35-39	22,123	22,839	44,962	6.5%	6.6%	-0.2
40-44	21,279	21,218	42,497	6.1%	6.1%	0.0
45-49	21,888	23,042	44,930	6.4%	6.4%	0.0
50-54	23,489	24,287	47,776	6.9%	6.9%	0.0
55-59	22,926	23,330	46,256	6.6%	6.7%	0.0
60-64	18,852	19,605	38,457	5.5%	5.7%	-0.1
65-69	15,945	17,206	33,151	4.8%	4.9%	-0.2
70-74	16,393	17,863	34,256	4.9%	5.0%	-0.1
75-79	11,800	13,829	25,629	3.7%	3.6%	0.1
80-84	8,307	10,226	18,533	2.7%	2.6%	0.1
85+	7,270	11,350	18,620	2.7%	2.5%	0.2
Total	347,569	349,311	696,880	100%	100%	0.0

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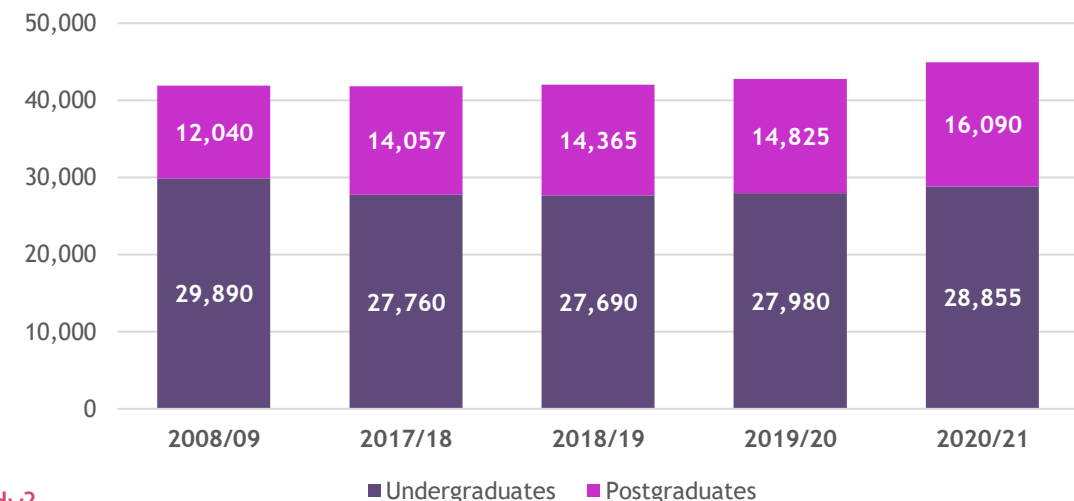
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## Students

- Oxford's two universities - Oxford Brookes and the University of Oxford - had 35,260 full time students and 9,695 part time students enrolled for the academic year 2020-21.
- Between 2008/09 and 2020/21 the undergraduate population declined by 964 (-3.5%) and the postgraduate population increased by 4,050 (+33%). Overall, the uptake of both undergraduate and post graduate enrolment has seen an increase, and from 2018/19 has increased by 3,015 (7%). However, due to the way in which students grades weren't normalised in the typical way post covid-19, this inflated rate of enrolment may be due to changes in grading during the pandemic.
- The majority of University of Oxford students live within Oxford City although some part-time students might not be Oxford residents. Oxford Brookes has a campus in Headington, two campuses close to Oxford (in Wheatley and Harcourt Hill, Botley) and a campus in Swindon.

### Student enrolments (full time and part time), Oxford Brookes and University of Oxford



HESA [Where do HE students study?](#)



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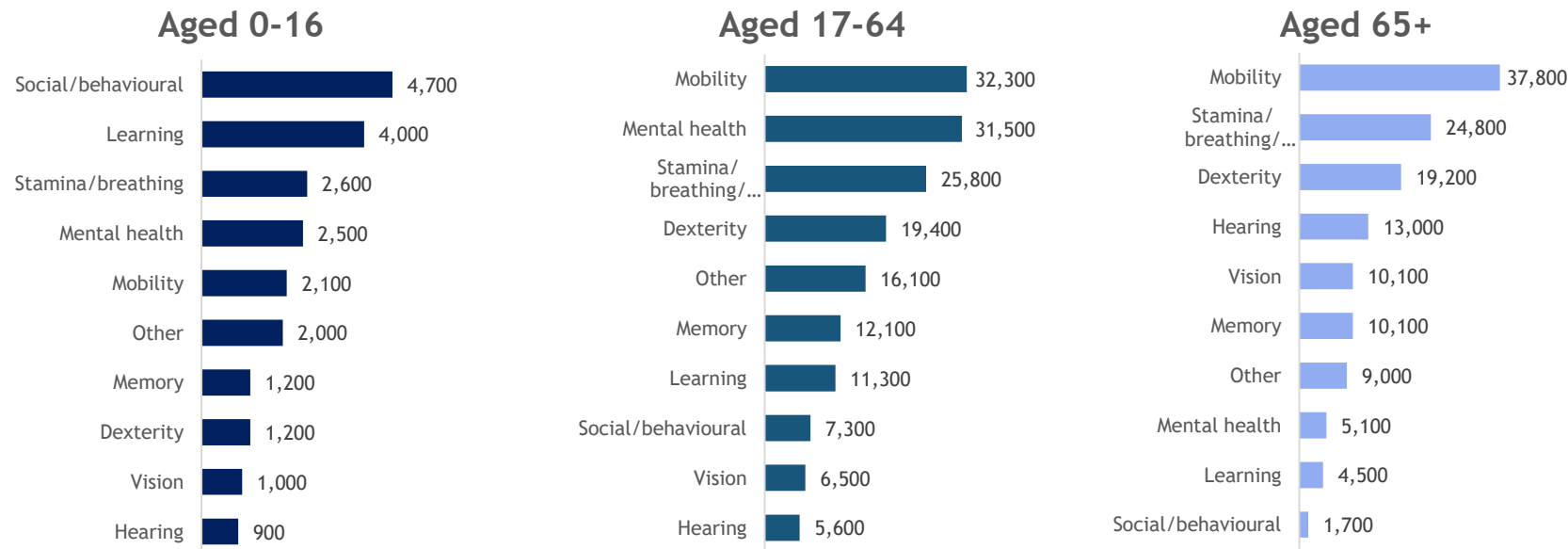
# Disability

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## Disability - Oxfordshire Estimates from National Survey Data

The Family Resources Survey provides national disability estimates annually which can be scaled to Oxfordshire using population numbers.

- In 2020/21 it was estimated that around 20% of people in the South East region had a disability, just below the prevalence in England of 22%
- The top impairment types were social/behavioural for children and mobility for adults, with estimated numbers for Oxfordshire shown below.



[Family Resources Survey: financial year 2020 to 2021 - GOV.UK \(www.gov.uk\)](#) (released 31 March 2022) scaled by ONS mid-2020 population estimate for Oxfordshire. **Note that Census 2021 data on disability is not yet available (expected to be released from October 2022), see Census 2021 on [Oxfordshire Insight](#)**

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*Note that Census 2021 data on disability is not yet available (expected to be released from October 2022), see [Census 2021 on Oxfordshire Insight](#)*

## Estimate of people living in households with disabilities by age using UK prevalence

- Using UK prevalence of disability by age from the Family Resources Survey and the latest ONS population estimates, gives an estimated (rounded) total of people with disabilities (in households) in Oxfordshire of **153,300**.

*\*Not including people in communal establishments including care homes*

[Family Resources Survey: financial year 2020 to 2021 - GOV.UK \(www.gov.uk\)](#)  
ONS mid-2020 population estimate from [nomis](#)

### Estimate of people living in households\* in Oxfordshire with disabilities

Age band	Male disabled UK prevalence (%)	Female disabled UK prevalence (%)	Male disabled	Female disabled	Total disabled
0-4	5	2	1,000	400	1,400
5-9	11	6	2,500	1,300	3,800
10-14	13	9	2,800	1,900	4,700
15-19	11	13	2,300	2,600	4,900
20-24	15	15	3,900	3,500	7,400
25-29	13	16	3,200	3,300	6,500
30-34	10	17	2,200	3,400	5,600
35-39	12	19	2,700	4,300	7,000
40-44	16	21	3,400	4,500	7,900
45-49	17	25	3,700	5,800	9,500
50-54	21	26	4,900	6,300	11,200
55-59	25	31	5,700	7,200	12,900
60-64	29	33	5,500	6,500	12,000
65-69	33	37	5,300	6,400	11,700
70-74	38	41	6,200	7,300	13,500
75-79	43	43	5,100	5,900	11,000
80+	56	61	8,700	13,200	21,900
<b>All ages</b>	<b>20%</b>	<b>24%</b>	<b>69,500</b>	<b>83,800</b>	<b>153,300</b>

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## Disability - Benefits Claimants

*Employment and Support Allowance (ESA)* supports those with a disability or health condition that affects work. ESA has replaced *Incapacity Benefit (IB)* and *Severe Disablement Allowance (SDA)*.

*Personal Independence Payment (PIP)* helps with extra costs for working age adults with long term ill-health or a disability. From 2013, PIP has replaced *Disability Living Allowance (DLA)* for working age adults, but DLA still applies for young people aged under 16.

*Attendance Allowance* helps with extra costs for care and supervision due to a disability for state pension age residents who do not receive DLA/PIP

- In November 2021 there was a total of **49,653** disability-related benefits claimed in Oxfordshire.

### Disability-related benefits claimed in Oxfordshire to November 2021

	Nov-18	Nov-19	Nov-20	Nov-21
Incapacity Benefit and Severe Disablement Allowance	354	266	240	218
Employment and Support Allowance	11,599	10,685	10,464	9,990
Disability Living Allowance	12,253	11,709	11,538	11,615
Personal Independence Payment	11,806	13,408	14,774	16,104
Attendance Allowance	11,878	11,903	11,765	11,726
<b>Total</b>	<b>47,890</b>	<b>47,971</b>	<b>48,781</b>	<b>49,653</b>

Descriptions from [Gov.uk](#) and data from [DWP Stat-Xplore](#) using cases with entitlement for DLA, PIP and Attendance Allowance (which includes those in receipt of an allowance and those with entitlement where pay has been temporarily suspended, for example if they are in hospital)

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## Disability - Learning disabilities

*According to NHS Digital:*

- *People with a learning disability aged 0-74 were between **3.87** and **4.11** times more likely to die in the period 2016-19 than people in the general population in the same age and sex group.*
  - *Epilepsy is **26** times more common in people with learning disabilities than those without.*
- As of 1 April 2022 there was a total **1,661** adults receiving long-term social care for learning disabilities in Oxfordshire from Oxfordshire County Council Adult Social Care services.
- In 2020-21 there was a total of **3,093** people with learning disabilities (all ages) registered with GP practices in Oxfordshire Clinical Commissioning Group
- According to the school census (as of January 2022) in Oxfordshire there was a total of **6,371** pupils with learning difficulties (including specific, moderate, severe, profound and multiple) in schools in Oxfordshire:
  - 2,843 pupils with learning difficulties in state primary schools (5.1% of pupils) and
  - 2,957 pupils with learning difficulties in state secondary schools (7% of pupils)
  - 571 pupils with learning difficulties in special schools (43% of pupils)

For data on health, health checks and screening of people with learning disabilities, see JSNA bitesize [Health and Care of People with Learning Disabilities](#)

NHS Digital, [Health and Care of People with Learning Disabilities, Experimental Statistics: 2020 to 2021](#)

NHS Digital, [Quality and Outcomes Framework 2020-21](#)

Department for Education, [Special educational needs in England: 2021/2022](#)

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## Disability - Autism

*Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. The common diagnostic term for autism is ‘Autism Spectrum Disorder’ (ASD). Autism as a spectrum condition means that autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions*

- In January 2022, there were **2,385** pupils in Oxfordshire registered with their primary/main type of need as Autism Spectrum Disorder, 2.0% of all pupils
  - Of these, 859 were in state-funded primary schools, 1,093 were in state-funded secondary schools and 433 were in special schools
- This is an increase in the number of registrations, with 1,938 in January 2020 and 2,135 pupils in January 2021.
- The proportion of pupils with autism was well above the England average in Oxfordshire’s state-funded secondary schools (2.6% compared with 1.8%), however, the total prevalence (all schools) is similar.

### Percentage of total pupils in Oxfordshire with primary type of need as Autism Spectrum Disorder

	Jan 2020	Jan 2021	Jan 2022	England Jan 2022
Primary schools	1.2%	1.4%	1.6%	1.5%
Secondary schools	2.2%	2.3%	2.6%	1.8%
Special schools	30.3%	31.6%	33.0%	33.5%
<b>Total</b>	<b>2.0%</b>	<b>1.9%</b>	<b>2.0%</b>	<b>2.0%</b>

DfE, [Special educational needs in England: 2021/22](#)

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**Note that Census 2021 data on gender identity is not yet available (expected to be released from October 2022), see Census 2021 on [Oxfordshire Insight](#)**

## Gender identity - National

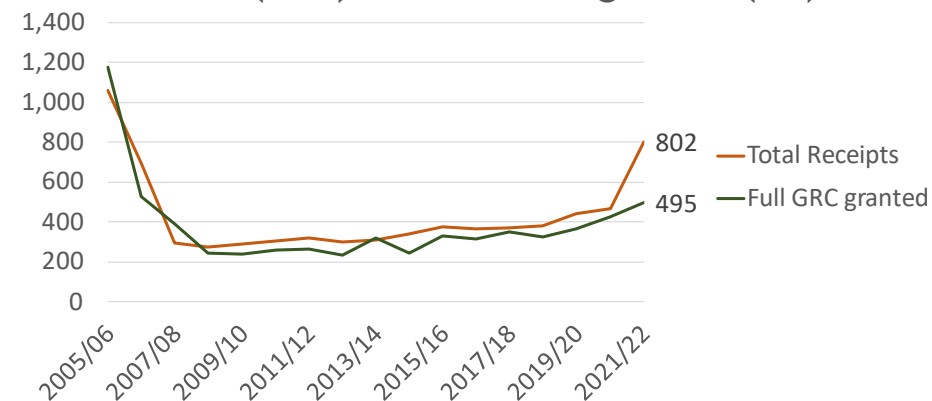
*Gender identity is a personal internal perception of oneself and, as such, the gender category with which a person identifies may not match the sex they were registered at birth. In contrast, sex is biologically determined.*

*Gender identity in those who don't identify with the gender binary can face many problems with their health and **wellbeing**. Data shows that Transgender people have a higher risk of **self-harm** and thoughts of **suicide**.<sup>1</sup>*

- Between 2020/21 and 2021/22 the number of applications for gender recognition certificates in the UK increased from 466 to 802 (+336, +72%).<sup>2</sup>
- In May 2021 the cost of a GRC fell from £140 to £5, which may have contributed to the increase in demand at that time.

*Notes: A Gender Recognition Certificate (GRC) is needed for trans people to change their birth certificate and their sex marker with HMRC. At the point of roll-out of this service in 2005 following the Gender Recognition Act 2004, there was a large backlog of applicants which accounts for the initial spike in applications. Demand then fell significantly, and has been steadily rising since 2008/09. There is a time-lag difference between applications received and granted. In 2021/22, 93% of GRC applications processed were granted.*

Count of Applications for Gender Recognition Certificates (GRC) received and granted (UK)



[1] [LGBT Public Health Outcomes Framework Companion Document](#) [2] [Tribunal Statistics Quarterly: January to March 2022](#) including statistics on the Gender Recognition Certificate applied for and granted by HMCTS Gender Recognition Panel

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*Note that Census 2021 data on marital status is not yet available (expected to be released from October 2022), see [Census 2021 on Oxfordshire Insight](#)*

## Marriage and Civil Partnership

*Same-sex civil partnerships were introduced in the UK in December 2005 and same-sex marriage became legal in March 2014.*

- At the time of the Census 2011 survey there were 128,400 married households in Oxfordshire and 682 households in a registered same-sex civil partnership. The latest census data from 2021 is expected to be available by the end of 2022.
- The proportional rate of households married or in a same-sex civil partnership in Oxfordshire (5.6) was above the rate for England as a whole (4.9) per 1000 of the population.
- In 2019 in Oxfordshire there were:
  - 2,880 marriages of opposite-sex couples of which 2,124 (73.7%) were first marriages for both partners.
  - 64 same-sex marriages (26 male, 38 female). The percentage of same-sex marriages (of all marriages) was lower in Oxfordshire than in England (2.4% in Oxfordshire compared to 2.9% in England).

ONS Census 2011 table KS103EW from [nomis](#) and [ONS Marriages in England and Wales 2019](#) (released May 2022)  
 Note: from 28/3/2019 to 16/9/2019 there was a data issue with the bride and groom age figures for the 2016 data. This only affected the age of bride, age of groom and age difference figures for 2016 and has now been rectified.



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## Pregnancy and Maternity

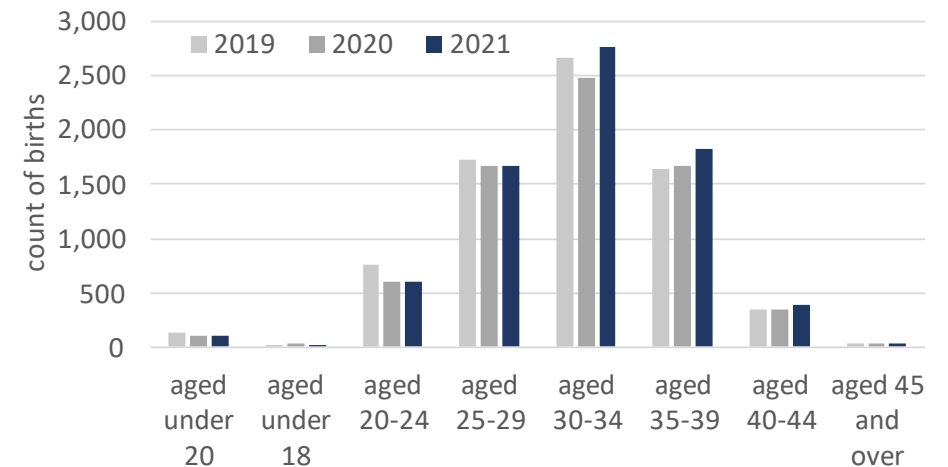
- Between 2019 and 2021, the number of births in Oxfordshire overall increased by 1% to a total of 7,380.
- Births increased in Cherwell (+4%), South Oxfordshire (+8%) and West Oxfordshire (+7%).
- By age of mother, the number of births between 2019 and 2021 in Oxfordshire to younger mothers, up to age 29, declined by 8%.
- Above this age there were increases for:
  - Mothers aged 30-34 (+107, +4%)
  - Mothers aged 35-39 (+172, +10%)
  - Mothers aged 40-44 (+40, +12%)

Nomis theme “life events”

## Live births 2019 to 2021 (Jan-Dec)

	2019	2020	2021	2019 to 2021	
Cherwell	1,810	1,734	1,884	74	4%
Oxford	1,541	1,408	1,374	-167	-11%
South Oxfordshire	1,400	1,366	1,518	118	8%
Vale of White Horse	1,501	1,389	1,492	-9	-1%
West Oxfordshire	1,035	1,034	1,112	77	7%
Oxfordshire	7,287	6,931	7,380	93	1%

## Count of births by age of mother 2019 to 2021 - Oxfordshire



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*Note that Census 2021 data on ethnicity is not yet available (expected to be released from October 2022), see [Census 2021 on Oxfordshire Insight](#)*

## Ethnicity

- In 2011, there were 107,000 people in Oxfordshire of an ethnic minority background (non white British) up from 60,900 in 2001. The proportion of the population from ethnic minority backgrounds in Oxfordshire increased to 16% in 2011, remaining below the England average (20%)
- The greatest number of additional residents was in the “Other White” group (17,000 additional people) an increase of 71%. This group increased by 90% across England.

Country of birth data from the Census shows that there were 92,500 people born outside the UK living in Oxfordshire in 2011

- 30,400 people in Oxfordshire were born in EU countries (not including the UK) of which 17,200 (57%) were member countries in 2011 and 13,200 (43%) were accession countries including Poland and Romania
- Outside the EU, the largest non-UK born groups were United States (5,700), India (5,000) and South Africa (3,700)

ONS Census 2011 tables KS201EW and KS203EW from [nomis](#). For further information, please see: [Ethnic group, national identity and religion - Office for National Statistics \(ons.gov.uk\)](#)

## Population by ethnic group (Census 2011)

	Oxfordshire 2001	Oxfordshire 2011	Oxfordshire 2001 to 2011		England 2001 to 2011
White British	544,572	546,801	2,229	0%	-1%
All ethnic minority	60,916 (10%)	106,997 (16%)	46,081	76%	68%
White Irish	7,525	6,291	-1,234	-16%	-17%
Other White	23,947	40,912	16,965	71%	90%
Mixed ethnic background	7,103	13,233	6,130	86%	85%
Indian	4,068	8,140	4,072	100%	36%
Pakistani	4,007	7,846	3,839	96%	57%
Bangladeshi	1,184	2,491	1,307	110%	59%
Other Asian	1,221	7,562	6,341	519%	245%
Black Caribbean	2,453	3,070	617	25%	5%
Black African	2,046	7,039	4,993	244%	105%
Other Black	503	1,315	812	161%	191%
Chinese	3,849	5,618	1,769	46%	72%
Other ethnic group	3,010	3,480	470	16%	156%
<b>TOTAL</b>	<b>605,488</b>	<b>653,798</b>	<b>48,310</b>	<b>8%</b>	<b>8%</b>

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*Note that Census 2021 data on ethnicity is not yet available (expected to be released from October 2022), see Census 2021 on [Oxfordshire Insight](#)*

## Travellers

- At the time of the 2011 Census, there were 623 people living in Oxfordshire identifying as Gypsy or Irish Traveller.
- The district with both the highest count and rate was West Oxfordshire.
- 51.5% live in rural parts of Oxfordshire compared to 24.0% nationally.

ONS Census 2011 table KS201EW from [nomis](#)

## Number and rate of Travellers in Oxfordshire (Census 2011)

	Gypsy or Irish Travellers	Rate per 10,000 residents
Cherwell	105	7.4
Oxford	92	6.1
South Oxfordshire	135	10.1
Vale of White Horse	109	9.0
West Oxfordshire	182	17.4
<b>Oxfordshire</b>	<b>623</b>	<b>9.5</b>
England	54,895	10.4

## Wards with most Travellers (Census 2011)

	Gypsy or Irish Travellers	Rate per 10,000 residents
Hailey, Minster Lovell and Leafield	36	88.7
Banbury Ruscote	29	34.2
Sandford	27	106.8
Standlake, Aston and Stanton Harcourt	27	64.2

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*Note that Census 2021 data on religion or belief is not yet available (expected to be released from October 2022), see [Census 2021 on Oxfordshire Insight](#)*

## Religion or Belief

- The question on religion in the 2011 Census survey was voluntary.
- The proportion of residents in Oxfordshire stating a religion was 65%, just below the national average (68%).
- Of those stating a religion, a higher than average proportion were Christian (93% Oxfordshire compared with 87% national).
- The largest non-Christian group was Muslim with 15,700 residents in the county, the majority living in Oxford City.

## 2011 Census question on religion

## Religion or Belief (Census 2011)

	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire	Oxfordshire	England
All residents	141,868	151,906	134,257	120,988	104,779	653,798	53,012,456
Has religion	96,063	89,021	87,833	79,496	70,163	422,576	36,094,120
<b>% has religion</b>	<b>68%</b>	<b>59%</b>	<b>65%</b>	<b>66%</b>	<b>67%</b>	<b>65%</b>	<b>68%</b>
Christian	90,564	72,924	85,292	76,589	68,537	393,906	31,479,876
Buddhist	563	1,431	467	462	334	3,257	238,626
Hindu	575	2,044	472	566	221	3,878	806,199
Jewish	164	1,072	281	196	180	1,893	261,282
Muslim	3,196	10,320	710	1,073	435	15,734	2,660,116
Sikh	438	434	106	177	37	1,192	420,196
Religion not stated	9,739	12,611	10,026	8,987	7,515	48,878	3,804,104
<b>% Religion not stated</b>	<b>7%</b>	<b>8%</b>	<b>8%</b>	<b>7%</b>	<b>7%</b>	<b>7%</b>	<b>7%</b>
No religion	36,066	50,274	36,398	32,505	27,101	182,344	13,114,232
<b>% no religion</b>	<b>25%</b>	<b>33%</b>	<b>27%</b>	<b>27%</b>	<b>26%</b>	<b>28%</b>	<b>25%</b>

## Most frequently stated religions as % of total

	Oxfordshire	England
Christian	93.2%	87.2%
Muslim	3.7%	7.4%
Hindu	0.9%	2.2%
Buddhist	0.8%	0.7%
Other religion	0.6%	0.6%
Jewish	0.4%	0.7%
Sikh	0.3%	1.2%

ONS Census 2011 table KS209EW from [nomis](#)

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# Sexual Orientation

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*Note that Census 2021 data on sexual orientation is not yet available (expected to be released from October 2022), see Census 2021 on [Oxfordshire Insight](#)*

## Sexual Orientation - Estimated from National Data

*There remains very limited data on sexual orientation - people identifying as heterosexual/straight, gay/lesbian, bisexual or another sexual orientation.*

- ONS experimental statistics on sexual identity found that:
  - In 2020, 3.1% of the UK population identified themselves as lesbian, gay or bisexual (LGB), up from previous years. The South East region shows the same percentage with 3.1% of the population identifying themselves as in the LGB categories.
  - UK figures show that the population aged 16 to 24 were the age group most likely to identify as LGB in 2020 (8% in 2020, up from 6.7% in 2019, and 4.4% in 2018).
  - More males (54%) than females (46%) identified themselves as LGB in 2018.
  - The population who identified as LGB in 2020 were most likely to be single, never married or civil partnered, at 73.4%.

- Using the proportion of LGB population by age from this research, it is estimated that there was a total of **18,446** people aged 16+ in Oxfordshire identifying as lesbian, gay or bisexual in 2020.\*\*

[ONS Sexual orientation UK 2020](#) (released May 2022) and ONS 2020 mid-year population estimates from [nomis](#)

\*LGB refers to the categories used in the datasets.

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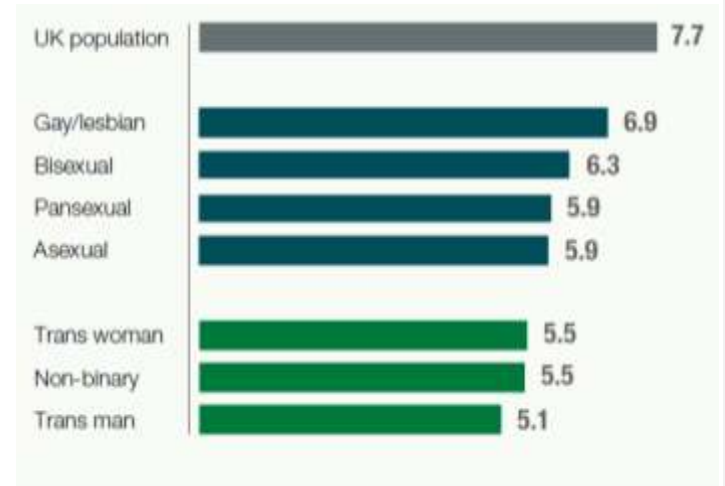
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## Sexual Orientation - Experience

- In February 2019, ONS published detailed data from a major online survey on LGBT experience of health, safety, education, and the workplace.
- Responses from over 100,000 LGBT people in the UK showed that:
  - LGBT respondents are less satisfied with their life than the general UK population (rating satisfaction 6.5 on average out of 10 compared with 7.7). Trans respondents had particularly low satisfaction scores (around 5.4 out of 10).
  - More than two thirds of LGBT respondents said they avoid holding hands with a same-sex partner for fear of a negative reaction from others.
  - At least two in five respondents had experienced an incident because they were LGBT, such as verbal harassment or physical violence, in the 12 months preceding the survey. However, more than nine in ten of the most serious incidents went unreported, often because respondents thought ‘it happens all the time’.
  - 2% of respondents had undergone conversion or reparative therapy in an attempt to ‘cure’ them of being LGBT, and a further 5% had been offered it.
  - 24% of respondents had accessed mental health services in the 12 months preceding the survey.

## Average life satisfaction (out of 10)



In July 2017, the Government launched a survey to gather more information about the experiences of LGBT people in the UK. The survey response was unprecedented - over 108,000 people participated, making it the largest national survey of LGBT people in the world to date. In 2019, ONS published a detailed [research report](#) on the headline findings and a [summary report](#). These focus on the experiences of LGBT people in the areas of safety, health, education and the workplace.

For charts and data by question see [data viewer](#)

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*Note that Census 2021 data on sexual orientation is not yet available (expected to be released from October 2022), see Census 2021 on [Oxfordshire Insight](#)*

## Inequalities in Health Outcomes - Lesbian, Gay, Bisexual and Trans (LGBT) Communities

- A report published by the Women and Equalities Committee found that too often LGBT people are expected to fit into systems that assume they are straight and cisgender. The Committee has found that deep inequalities exist in health outcomes for these communities and that treating them “the same” as non-LGBT people will not address these poor outcomes.
- The report talks about the disparities in health and social care that is experienced by LGBT people. Services need to understand where the disparities are in order to formulate strategies to tackle them. This is especially true for the transgender population, where the LGBT Survey found that some of the greatest health disparities exist.

[“Unacceptable inequalities in health outcomes” for LGBT people “glare out wherever you look”](#) October 2019.



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# Carers

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*Note that Census 2021 data on carers is not yet available (expected to be released from October 2022), see [Census 2021 on Oxfordshire Insight](#)*

## Carers - numbers

### Census 2011 survey<sup>1</sup>

- According to the Census 2011 survey:
  - 61,100 residents of Oxfordshire were providing unpaid care.
  - 17,400 residents of Oxfordshire were providing 20 or more hours of unpaid care, of whom a third (34%) were aged 65 or over.
  - 4,200 residents were combining full time work with providing 20 or more hours per week of unpaid care.

### Carers known to Social Care<sup>2</sup>

- In 2020-21, there was a total of 4,275 carers in Oxfordshire who were registered and receiving a service in the form of a carers assessment or direct payment from a pooled budget (health and social care). This was 0.77% of the adult population, above the regional average (0.72%) and below national average (0.84%).
- Around 44% of registered carers receiving services, were aged 65 and over.

### Carers known to GP practices<sup>3</sup>

- As of 31 March 2022, there were 21,746 carers registered by 66 GP practices in Oxfordshire Clinical Commissioning Group.
- This was 291 above the previous year (21,455 as of 31Mar21).

[1] ONS Census 2011 table LC3304 from [nomis](#) ; [2] [Adult Social Care Activity and Finance Report, England - 2020-21](#) ; [3] Oxfordshire Clinical Commissioning Group.

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*Note that Census 2021 data on carers is not yet available (expected to be released from October 2022), see [Census 2021 on Oxfordshire Insight](#)*

## Young Carers

- Census data suggests that there were around 1,300 young people aged under 16 providing unpaid care in Oxfordshire in 2011.
- Oxfordshire County Council’s children’s services is supporting 271 young carers (March 2022)

### Young Carers in Oxfordshire (Census 2011)

	Number of aged 0-15 providing unpaid care	Percentage of aged 0-15 providing unpaid care compared to population
Cherwell	288	1.0%
Oxford	353	1.4%
South Oxfordshire	268	1.0%
Vale of White Horse	196	0.8%
West Oxfordshire	197	1.0%
Oxfordshire	1,302	1.1%
England		1.1%

GP registered data on carers. ONS Census 2011 table LC3304 from [nomis](#) ; Oxfordshire County Council.

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## Carers - Experience

The latest survey of Adult Carers (2021-22) found that...

- The proportion of carers in Oxfordshire who reported feelings of stress and financial difficulties is slightly lower than the England average (below).
- The proportion of carers in Oxfordshire who say that caring had caused them feelings of stress has decreased from 63.5% in 2018-19 to 63.1% in 2021-22 (-0.4%)\*. Across England this increased from 60.6% to 67.1% (+6.5%).
- The proportion of carers in Oxfordshire who say that caring had caused “some” or “a lot” of financial difficulties has decreased from 51.0% in 2018-19 to 43.1% in 2021-22 (-7.9%). Across England this decreased from 46.6% to 42.9% (-3.7%).
- Just under a fifth of carer respondents (19.8%) in Oxfordshire reported that they have had to see their own GP in the last 12 months because of their caring role, below the national average of 21.8%.
  - The rate has fallen since the last survey, particularly in the upper age groups.
  - There appears to have been a sustained increase for carers aged 18 to 49 (from a small sample).
  - This may be an indication of younger carers in poorer health than the previous survey and/or an indication this age group are now more likely to seek support from their GP.
- ONS research shows that “sandwich carers” - those who care for both sick, disabled or older relatives and dependent children - are more likely to report symptoms of mental ill-health, feel less satisfied with life, and struggle financially compared with the general population.

[Personal Social Services Survey of Adult Carers in England, 2021-22](#) and [ONS research on sandwich carers](#)

*\*This slight difference may be due to a sampling error.*

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*Note that Census 2021 data on armed forces is not yet available (expected to be released from October 2022), see Census 2021 on [Oxfordshire Insight](#)*

## Armed Forces

### Current personnel

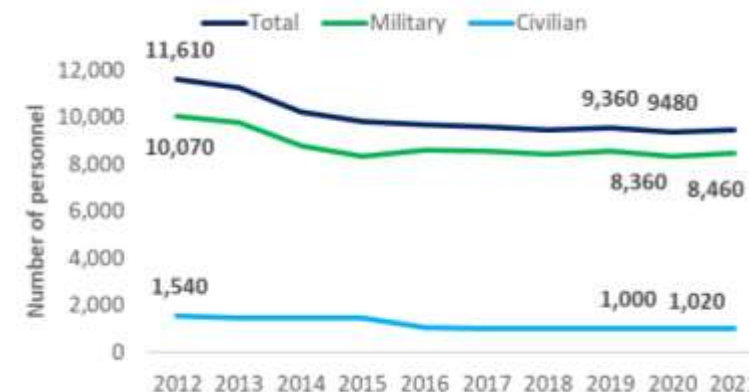
- As of 1 April 2021 there were 9,480 regular armed forces (military and civilian) personnel stationed in Oxfordshire (although not necessarily all resident in the county).
- This was a slight increase compared with the previous year (9,360 as of 1 April 2020), though well below the number as of April 2012 (11,610).

### Ex-personnel

- As of 31 March 2021 there were 6,606 recipients of pensions/compensation under the Armed Forces Pension Scheme, War Pension Scheme and Armed Forces Compensation Scheme.
- This is the first year since 2014 this figure has decreased, albeit very slightly.

Ministry of Defence, [Location of UK regular service and civilian personnel annual statistics: 2021](#) and [Location of armed forces pension and compensation recipients 2021](#)

Armed Forces Personnel stationed in Oxfordshire, 2012 to 2021



Armed Forces pension and compensation recipients in Oxfordshire

	31-Mar-20	31-Mar-21	2020 to 2021	
Cherwell	1,335	1,316	-19	-1.4%
Oxford	248	250	2	0.8%
South Oxon	1,203	1,186	-17	-1.4%
Vale of WH	1,651	1,661	10	0.6%
West Oxon	2,186	2,193	7	0.3%
Oxfordshire	6,623	6,606	-17	-0.3%

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### Finding out more

- For further information on population and disability it may be useful to reference other sections of the JSNA, for example Chapter 1: Population and Chapter 4: Health conditions and causes of death
- Office for National Statistics provides national survey data (for example the Family Resources Survey) and [population estimates](#)
- Further data, including at ward level, on claimants of benefits is available from [DWP Stat-Xplore](#)
- Additional data on pupils is available from Department for Education DfE [Schools, Pupils and their characteristics](#)
- Oxfordshire [Public Health dashboard](#) on ethnicity with district data
- A wide range of data is available from [nomis](#)
- For Census 2021 extracts and publications for Oxfordshire see [Oxfordshire Insight](#)



## Chapter 4

# Health conditions and causes of death

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Cardiovascular disease

Musculoskeletal conditions

Sensory impairment

Learning Disabilities

Personal wellbeing & Mental health

Self-harm

Hospital admissions due to falls

Causes of death

Leading causes of death

Mortality and inequalities

Avoidable mortality

Deaths at home

Stillbirths and neonatal mortality

Suicide and deaths from drug misuse

Road casualties

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This chapter..

- This chapter provides information on health conditions and causes of deaths in Oxfordshire.
- It includes information on COVID cases and deaths and a range of health conditions and mortality statistics.
- Further JSNA resources are available via the [JSNA page of Oxfordshire Insight](#)
- Note on data sources:
  - The majority of the data on health conditions relies on recorded cases which will reflect who is in contact with services and is diagnosed. This can particularly affect estimates of the prevalence of certain health conditions such as hypertension, dementia and depression.



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Summary COVID-19

- Between March 2020 and March 2022 in Oxfordshire, there was a total of 211,588 confirmed cases of COVID-19 and 1,273 deaths with COVID-19 on the death certificate. COVID deaths accounted for 10% of deaths overall, 15% of deaths in hospital and 15% of deaths in care homes.
- The districts with the highest rates of excess deaths (Mar20-Dec21) were Cherwell and Vale of White Horse which were each above the national average.
- National data shows that:
  - COVID-19 has had a disproportionate impact on ethnic minority communities.
  - The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas.
  - People with learning disabilities with COVID-19 were five times more likely to be admitted to hospital and eight times more likely to die compared with the general population of England.

Summary - Health conditions

- The health conditions with the greatest number of GP-registered patients in Oxfordshire in 2020-21 were:
  - Hypertension (high blood pressure): 97,892 patients
  - Depression: 79,244 patients
  - Asthma: 43,968 patients
  - Obesity: 42,099 patients
- The prevalence of cancer and depression in Oxfordshire in 2020-21 were each above the national average.
- People with learning disabilities are more than twice as likely to have diabetes than the general population.
- In 2020-21 the rate of hospital admissions due to falls in Oxfordshire was above the national average. Oxford City has had a consistently high rate of admissions due to falls, the rate in Cherwell has seen a recent and significant increase.

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## Summary - Health conditions contd..

- The latest ONS measures of personal wellbeing (2020-21) for Oxfordshire show a decline in reported happiness and an increase in anxiety. The average level of anxiety in Oxfordshire has remained above the England average.
- The government's *State of the Nation 2021* report shows a deterioration in the mental health of young people during the pandemic and other impacts including increased loneliness and poorer physical health.
- An increasing proportion of Oxfordshire's state school pupils are recorded with a special educational need of social, emotional and mental health.
- The prevalence of depression in adults is continuing to increase in Oxfordshire.

## Summary - Causes of death

- In 2019 to 2021, *Cancer* was the leading cause of death in Oxfordshire, followed by *Heart Disease* for males and *Dementia & Alzheimer Diseases* for females.
- Areas of Oxfordshire with higher rates of death from cancer were two areas of Banbury, Iffley Fields in Oxford, Bicester East and the Littlemore/Rose Hill area of Oxford
- National data shows that premature mortality (under 75 years) is closely associated with deprivation.
- The highest rates of preventable mortality found in males by district (2018-20) were in Oxford City and West Oxfordshire. The highest rates for females were in Cherwell and Oxford City.
- Between 2017 and 2019 (combined 3 years), there was an estimated 1,698 tobacco-related deaths in Oxfordshire. The rate of deaths was below the England average.
- An increasing number and proportion of deaths in Oxfordshire happen at home.

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**Introduction to data on COVID-19**

- This section on COVID-19 provides an overview of cases and deaths and signposts some of the wide array of national research and data resources that were developed in response to the pandemic.
- COVID-19 continues to be monitored, however case data is affected by the ending of universal testing on 1 April 2022.
- The impacts of COVID-19 are both:
  - Direct: infection, deaths and ongoing symptoms (long COVID), and
  - Indirect: including:
    - Excess deaths for reasons other than COVID
    - Impacts on wider health and wellbeing including physical activity, loneliness and mental health (see Behavioural and Wider determinants of health).

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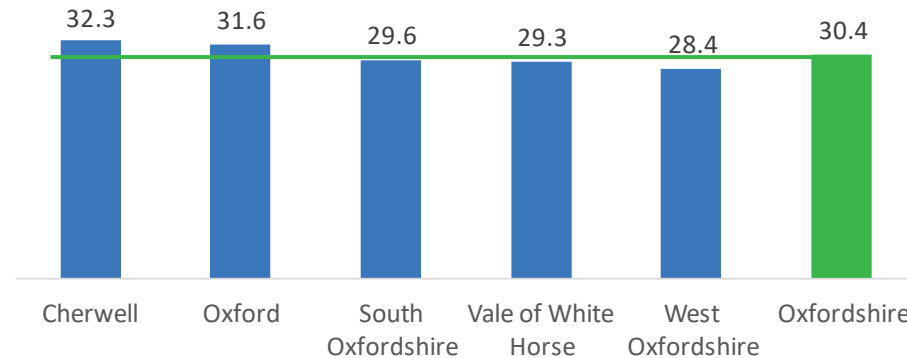
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**Cases of coronavirus (COVID-19)**

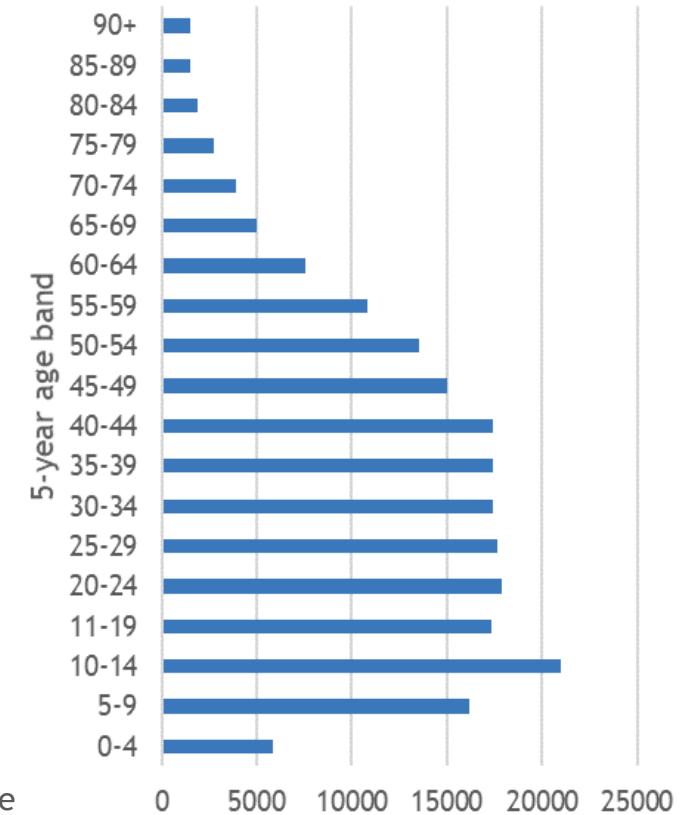
- Between March 2020 and March 2022, there was a total of 211,588 confirmed cases of COVID-19 in people living in Oxfordshire, equivalent to a rate of 30.4 cases per 100 population.
- The majority of these cases were in the working age population.
- The highest rates per population were in Cherwell and Oxford City.

**Confirmed rate of cases of COVID-19, Oxfordshire per 100 Mar20 to Mar22**



Source: UKHSA, ONS 2020 mid year estimate; analysis by Oxfordshire County Council. For more information about COVID-19, see [Finding out more - coronavirus \(COVID-19\)](#); data for 2 March 2020 to 1 April 2022

**Count of confirmed cases of COVID-19 by 5-year age band, Oxfordshire, March 2020 - March 2022**



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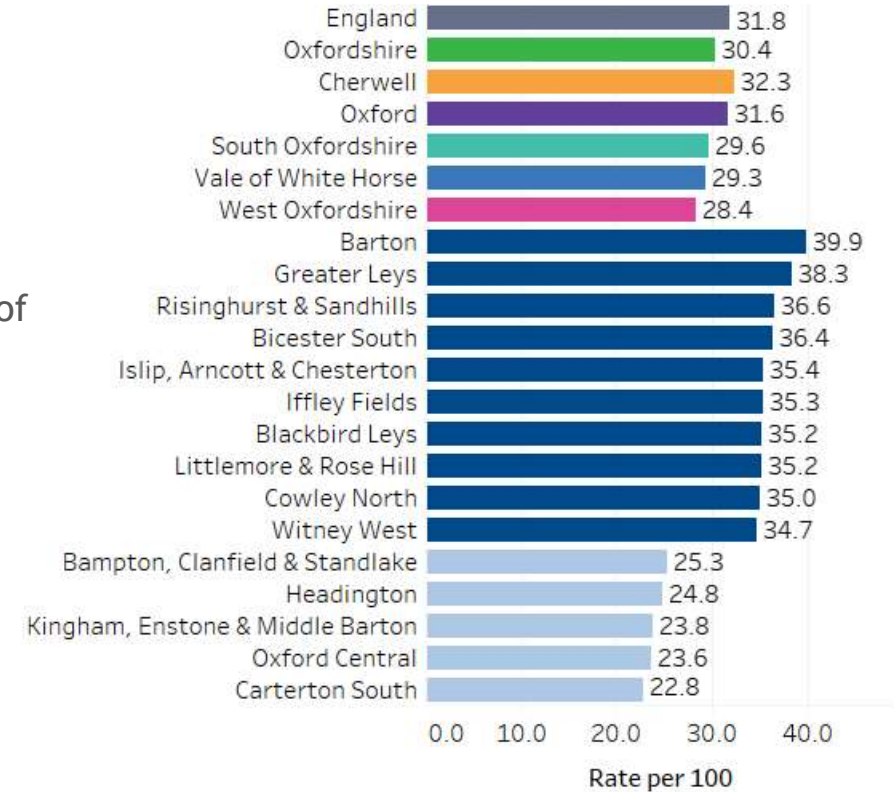
### Variation in cases of coronavirus (COVID-19) - Oxfordshire

- Areas of Oxfordshire with the highest rates of COVID-19 cases (Mar20 to Mar22) were:
  - Barton (Oxford)
  - Greater Leys (Oxford)
  - Risinghurst & Sandhills (Oxford)
- Some of the higher COVID areas are also ranked as more deprived.
  - Areas that include the most deprived LSOA\*s (according to the 2019 Indices of Deprivation) are Barton, Greater Leys, Blackbird Leys, Littlemore & Rose Hill.

England data from: [England Summary | Coronavirus \(COVID-19\) in the UK \(data.gov.uk\)](#);  
 Oxfordshire data from: COVID-19 Situational Awareness Explorer; ONS 2020 mid year estimate. Analysis by Oxfordshire County Council. For more information about COVID-19, see [Finding out more - coronavirus \(COVID-19\)](#); data for 2 March 2020 to 1 April 2022  
 \*MSOA= Middle Layer Super Output area (86 in Oxfordshire) LSOA= Lower Layer Super Output area (407 in Oxfordshire)

### Confirmed rate of cases of COVID-19 (per 100) Mar20 to Mar22

Oxfordshire, districts, 10 MSOA\*s with highest rates and 5 MSOAs with lowest rates in Oxfordshire



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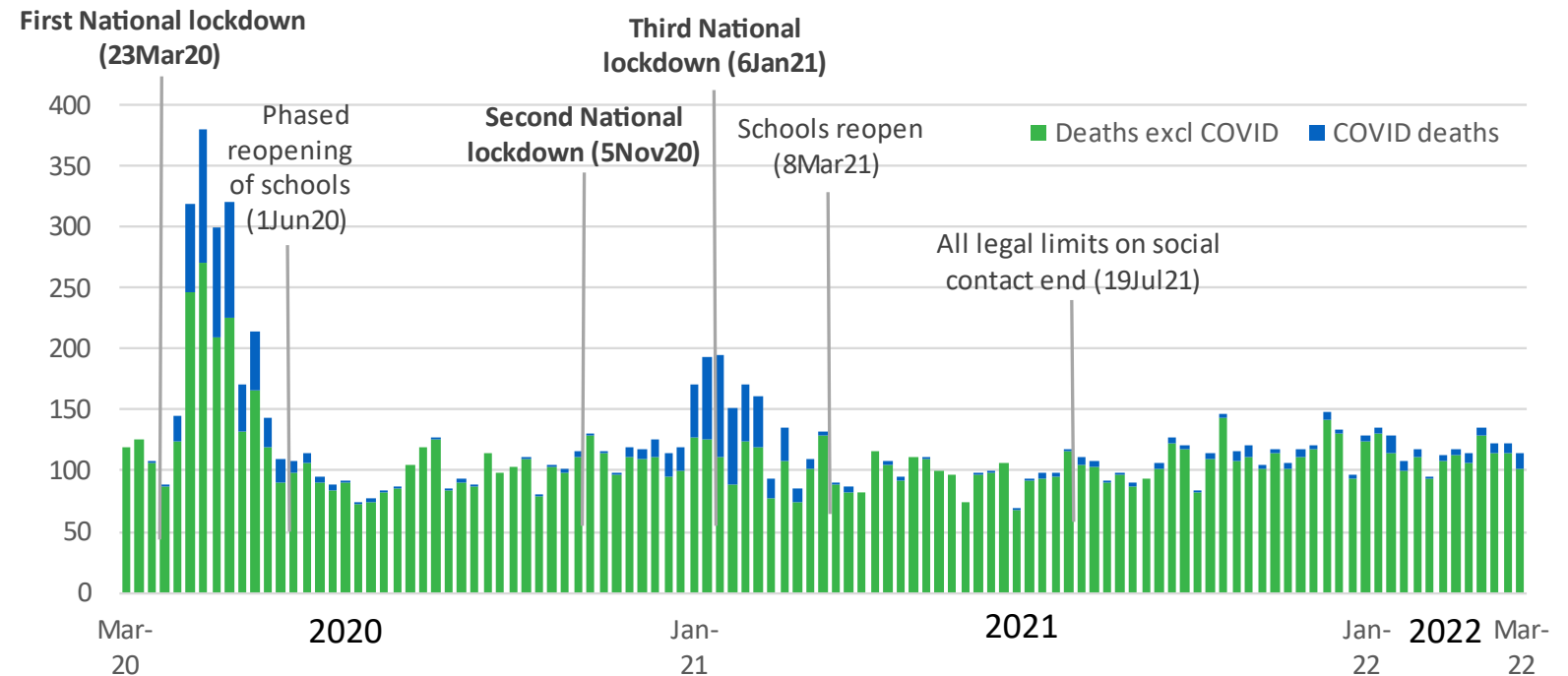
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## Deaths from coronavirus (COVID-19)

- Between March 2020 and March 2022 there was a total of 1,273 deaths with COVID-19 on the death certificate in Oxfordshire, 10% of the total number deaths.
- The highest numbers of COVID-19 deaths were recorded in two periods: from 30 March 2020 to 1 June 2020 and from 14 December 2020 to 1 March 2021.

### Registered deaths by week of occurrence, Oxfordshire, March 2020 to March 2022



ONS, [Deaths registrations and occurrences by Local Authority and Health Board](#) \*Accessed 09.08.2022  
For more information about COVID-19, see [Finding out more - coronavirus \(COVID-19\)](#)

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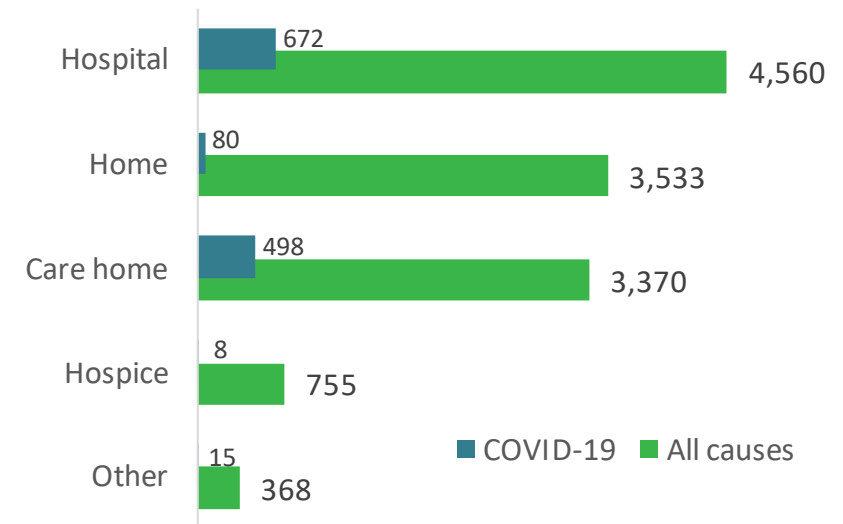
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## Deaths by setting

- Between March 2020 and March 2022, Oxfordshire's COVID-19 deaths accounted for 10% of overall deaths and:
  - 15% of deaths in hospital
  - 15% of deaths in care homes
  - 2% of deaths at home
  - 1% of deaths in a hospice

Count of registered deaths by setting, Oxfordshire, March 2020 to March 2022



ONS, [Deaths registrations and occurrences by Local Authority and Health Board](#) Accessed 09.08.2022  
For more information about COVID-19, see [Finding out more - coronavirus \(COVID-19\)](#)



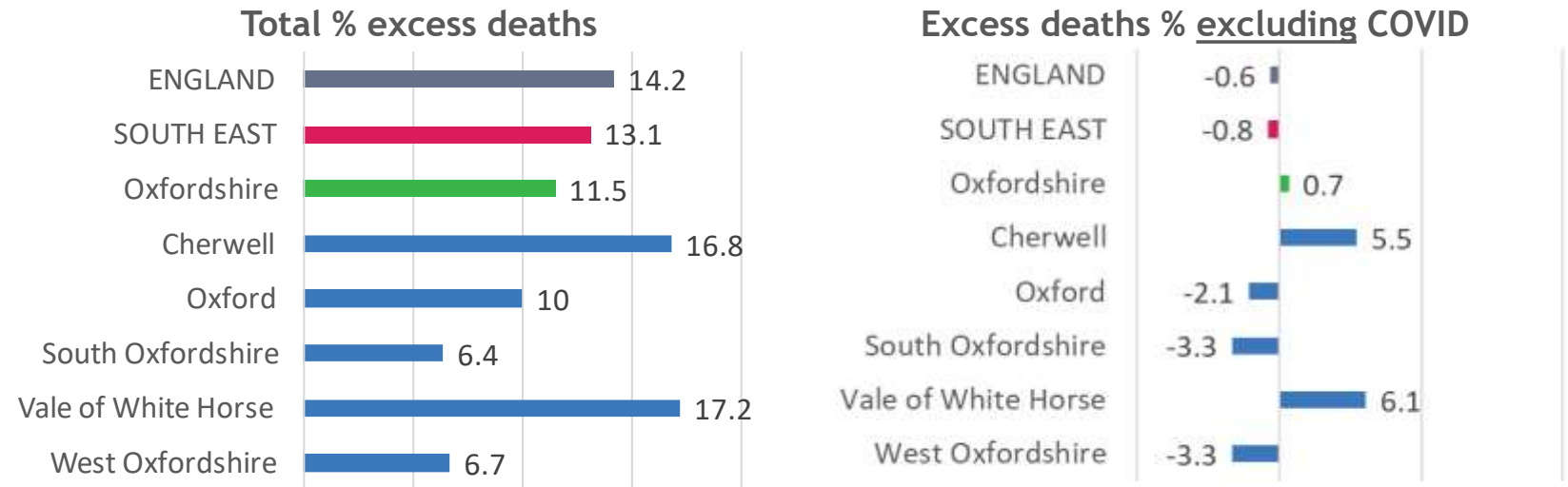
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## Excess deaths

*Excess deaths are defined as the number of deaths above or below the five-year average.*

- From March 2020 to December 2021, Oxfordshire had a total of 1,138 excess deaths (11.5% of total deaths).
- The districts with the highest rates of excess deaths (Mar20-Dec21) were Cherwell and Vale of White Horse which were each above the national average. In each of these districts there was a higher proportion of excess deaths due to causes other than COVID-19.

Percentage of excess deaths, March 2020 to December 2021



[Excess deaths in England and Wales - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk) (released March 2022)

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## Coronavirus (COVID-19) health inequalities - national

The Cabinet Office Race Disparity Unit published a final report on COVID-19 health inequalities in December 2021.

The work found that:

- The main factors behind the higher risk of COVID-19 infection for ethnic minority groups include occupation (particularly for those in frontline roles, such as NHS workers), living with children in multigenerational households, and living in densely populated urban areas with poor air quality and higher levels of deprivation.
- Once a person is infected, factors such as older age, male sex, having a disability or a pre-existing health condition (such as diabetes) are likely to increase the risk of dying from COVID-19.
- While ethnicity itself was not thought to be a risk factor, recent research by Oxford University identified the gene responsible for doubling the risk of respiratory failure from COVID-19, carried by 61% of people with South Asian ancestry. This goes some way to explaining the higher death rates and hospitalisations in that group.

[Final report on progress to address COVID-19 health inequalities](#) (Dec21)

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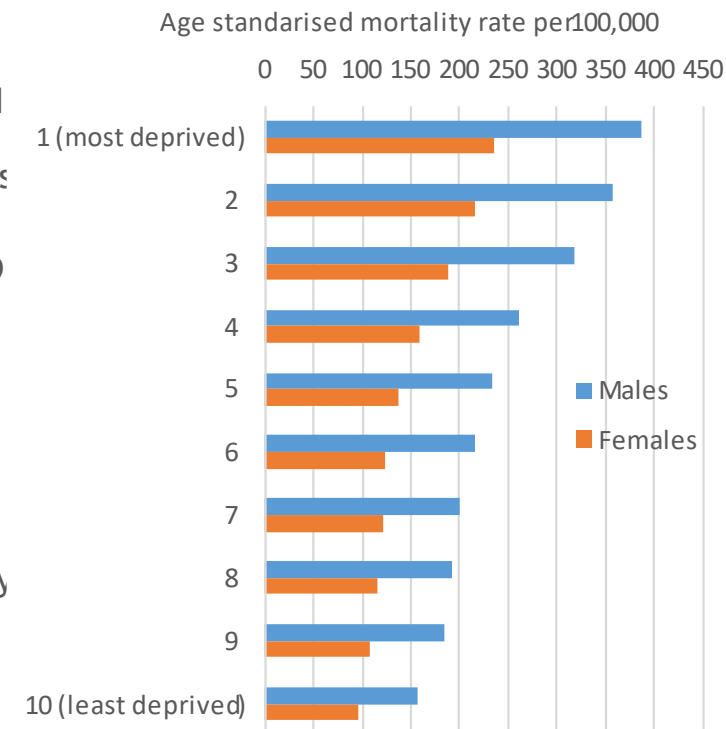
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**Inequality in deaths from coronavirus (COVID-19) - national**

- National data shows that people who live in **deprived areas** have higher diagnosis rates and death rates than those living in less deprived areas. The mortality rates from COVID-19 in the most deprived areas were more than double the least deprived areas.
- Poor outcomes from COVID-19 infection in deprived areas remain after adjusting for age, sex, region and **ethnicity**, but the role of comorbidities requires further investigation.
- Risk of dying among those diagnosed with COVID-19 was also higher in males than females. This is greater than the inequality seen in mortality rates in previous years, indicating greater inequality in death rates from COVID-19.
- These inequalities largely replicate existing inequalities in mortality rates in previous years, except for BAME groups, as mortality was previously higher in White ethnic groups.
- High diagnosis rates may be due to geographic proximity to infections or a high proportion of workers in occupations that are more likely to be exposed.

**Death rate in confirmed COVID-19 cases by deprivation and sex, March 2020 to April 2021, England**



PHE [Disparities in the risk and outcomes of COVID-19](#) PHE [Deaths due to COVID-19 by local area and deprivation](#)  
For more information about COVID-19, see [Finding out more - coronavirus \(COVID-19\)](#)

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**Coronavirus and people with learning disabilities - national**

- In November 2020, Public Health England reviewed data on the deaths of people identified as having learning difficulties in England during the COVID-19 pandemic. The report found that:
  - After adjusting for under-reporting the estimated COVID-19 death rate for people with learning disabilities was 369 per 100,000 adults, which is 3.6 times the rate in the general population.
  - Age-specific COVID-19 death rates per 100,000 population were higher for people with learning disabilities across all adult age groups, but by a greater margin in younger age groups.
  - PHE data on the number of outbreaks in care homes indicates that care homes looking after people with learning disabilities were less likely than other care homes to have had COVID-19 outbreaks. This is likely to be related to the fact they have fewer bed spaces.
  - It's hard to comment on the scale of deaths in community social care because the numbers of people receiving care from providers which are likely to report their deaths is not clear. This level of additional mortality is similar to the level in residential care.
- BMJ Research published in July 2021 found that:
  - People with learning disabilities with covid-19 were five times more likely to be admitted to hospital and eight times more likely to die compared with the general population of England.
  - Risks were particularly high for those with severe to profound learning disability, Down's syndrome and cerebral palsy.

[COVID 19 deaths of people identified as having learning disabilities: summary - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/news/covid-19-deaths-of-people-identified-as-having-learning-disabilities-summary) (Nov20)  
[People with learning disabilities “extremely vulnerable” to the effects of covid-19 | BMJ](https://www.bmj.com/content/363/n8187/nr-2021-06722) (Jul21)

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## Ongoing symptoms following coronavirus - national

- ONS data shows that for the UK, an estimated 3.1% of the population were experiencing self-reported long COVID (symptoms continuing for more than four weeks after the first suspected coronavirus (COVID-19) infection that were not explained by something else).
- Of people with self-reported long COVID, the time they first had (or suspected they had) COVID-19 was:
  - Less than 12 weeks previously = 13%
  - At least 12 weeks previously = 83%
  - At least one year previously = 22%
- Fatigue continued to be the most common symptom reported by individuals experiencing long COVID (62% of those with self-reported long COVID), followed by shortness of breath (37%), difficulty concentrating (33%), and muscle ache (31%).
- As a proportion of the UK population, the prevalence of self-reported long COVID was greatest in people aged 35 to 69 years, females, people living in more deprived areas, those working in social care, those aged 16 years or over who were not working and not looking for work, and those with another activity-limiting health condition or disability.

[Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK - Office for National Statistics \(ons.gov.uk\)](#) Published 1 Sept 22 The estimates presented in this analysis relate to self-reported long COVID, as experienced by study participants who responded to a representative survey, rather than clinically diagnosed ongoing symptomatic COVID-19 or post-COVID-19 syndrome in the full population.

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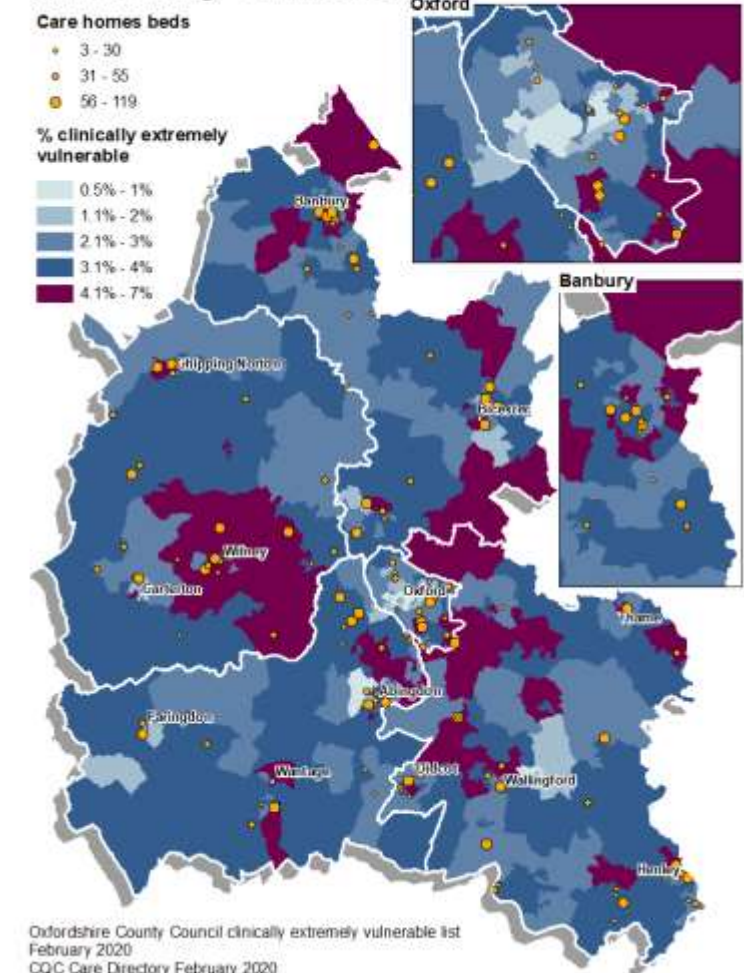
## Mapping Oxfordshire’s Clinically Extremely Vulnerable Population

- As of 15 February 2021, there were 21,598 people who had been identified as Clinically Extremely Vulnerable (CEV) and at highest risk from COVID-19 across Oxfordshire (3.12% of population)
- The district with the highest rate of CEV per population was West Oxfordshire
- The map shows how CEV varies across Oxfordshire, with dots showing locations of care homes

District	Count	Proportion of population
Cherwell	5,011	3.33%
Oxford	3,926	2.58%
South Oxfordshire	4,677	3.29%
Vale of White Horse	4,117	3.03%
West Oxfordshire	3,853	3.48%

Oxfordshire County Council, 15 February 2021  
[NHS list of categories of people at high risk \(clinically extremely vulnerable\)](#); denominator: ONS mid-2019 population estimates

## % of population who are clinically extremely vulnerable



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# Health conditions

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## Health conditions - Oxfordshire and England

- The health conditions with the greatest number of GP-registered patients in Oxfordshire were:
  - Hypertension (high blood pressure): 97,892 patients
  - Depression: 79,244 patients
  - Asthma: 43,968 patients
  - Obesity: 42,099 patients

- Four health conditions in Oxfordshire were above the England average:
  - Atrial Fibrillation (abnormal heart rate)
  - Cancer
  - Depression
  - Osteoporosis\*

A new indicator has been added for Non-diabetic hyperglycaemia.

QOF 2021-22 - NHS Digital

	2019-20		2020-21			
	Count	Rate	Count	Rate	pp change	England rate
<b>Cardiovascular group</b>						
Atrial fibrillation	15,352	2.02	16,025	2.06	+0.04	2.05
Coronary heart disease	17,508	2.30	17,946	2.30	0	3.05
Heart failure	5,525	0.73	5,995	0.77	+0.04	0.91
Hypertension	95,454	12.55	97,892	12.56	+0.01	13.93
Periph. arterial disease	3,551	0.47	3,639	0.47	0	0.59
Stroke and TIA	13,131	1.73	13,511	1.73	+0.01	1.80
<b>Respiratory group</b>						
Asthma	47,255	6.21	43,968	5.99	*	6.38
Chronic obstructive pulmonary disease	10,544	1.39	10,796	1.38	*	1.93
<b>Lifestyle group</b>						
Obesity	56,369	9.20	42,099	6.69	-2.51	6.88
<b>High dependency and other long-term conditions group</b>						
Cancer	26,796	3.52	28,461	3.65	+0.13	3.21
Chronic kidney disease	18,872	3.08	18,966	3.01	-0.07	3.96
Diabetes mellitus	31,254	5.02	32,971	5.16	+0.14	7.11
Palliative care	2,413	0.32	2,293	0.29	-0.02	0.47
<b>Mental health and neurology group</b>						
Dementia	5,700	0.75	5,423	0.70	-0.05	0.71
Depression	72,187	11.79	79,244	12.59	+0.81	12.29
Epilepsy	4,284	0.70	4,469	0.71	+0.01	0.80
Learning disabilities	2,972	0.39	3,093	0.40	+0.01	0.53
Mental health	6,270	0.82	6,561	0.84	+0.02	0.95
<b>Musculoskeletal group</b>						
Osteoporosis	4,030	1.52	4,153	1.50	-0.01	0.76
Rheumatoid arthritis	4,143	0.66	4,347	0.67	+0.01	0.77
Non-diabetic hyperglycaemia (new)			21,243	3.38		5.31



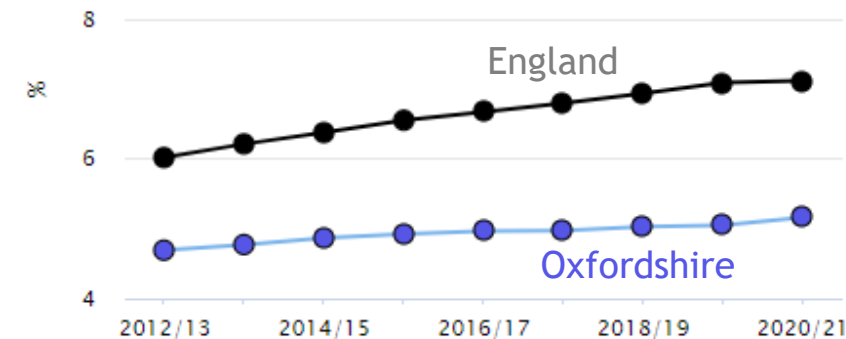
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## Diabetes

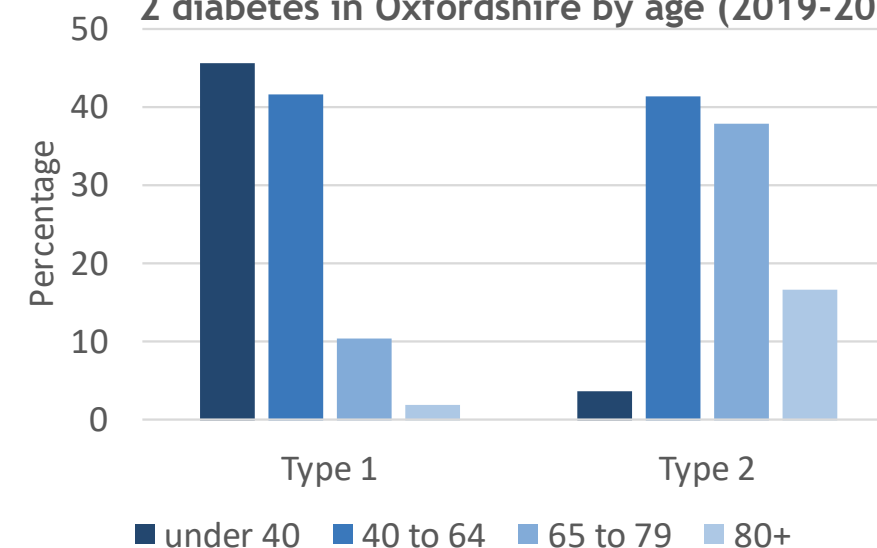
- In 2020-21 there were 32,971 GP registered patients aged 17 years or older who had been diagnosed with type 1 and type 2 diabetes in Oxfordshire.
- The prevalence of diabetes in the NHS Oxfordshire area was 5.2% in 2020-21, well below the England average of 7.1%.
- The most recent (2017) estimate of the prevalence of diagnosed and undiagnosed diabetes in the NHS Oxfordshire area was 7.2% (compared with 8.5% in England at that time).
- Estimates from 2019-20 show that Type 1 diabetes particularly affects younger people, while type 2 affects older people.

Public Health England [Diabetes profile](#) for Oxfordshire CCG accessed 2 Sep 22

Diabetes prevalence (17+) to 2020-21



Distribution of people with type 1 and type 2 diabetes in Oxfordshire by age (2019-20)



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## Cancer incidence

- Cancer standardised incidence rates for combined years (2015 to 2019) for Oxfordshire show a significantly higher prevalence in breast cancers and in prostate cancers compared with England.

Indicator	Period	Recent Trend	Oxon		Region England			England		
			Count	Value	Value	Value	Worst	Range		Best
Incidence rate of alcohol-related cancer (Persons)	2017 - 19	–	705	36.27	37.01	38.00	48.11			29.15
Incidence rate of alcohol-related cancer (Male)	2017 - 19	–	320	35.07	36.79	39.36	57.89			28.05
Incidence rate of alcohol-related cancer (Female)	2017 - 19	–	385	37.64	37.53	37.09	42.33			28.73
Incidence of all cancers, standardised incidence ratio	2015 - 19	–	18,957	97.7	-	100.0	116.6			72.6
Incidence of breast cancer, standardised incidence ratio	2015 - 19	–	2,995	105.0	-	100.0	152.2			73.9
Incidence of colorectal cancer, standardised incidence ratio	2015 - 19	–	2,225	100.4	-	100.0	120.5			65.6
Incidence of lung cancer, standardised incidence ratio	2015 - 19	–	1,958	80.7	-	100.0	206.2			45.1
Incidence of prostate cancer, standardised incidence ratio	2015 - 19	–	3,205	116.9	-	100.0	145.4			63.7

Public health profiles - OHID ([phe.org.uk](http://phe.org.uk)) for Oxfordshire accessed 2 Sept 22

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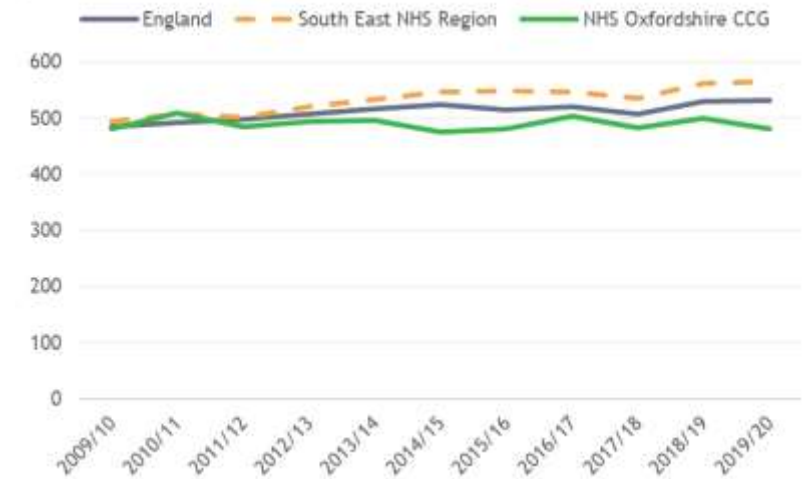
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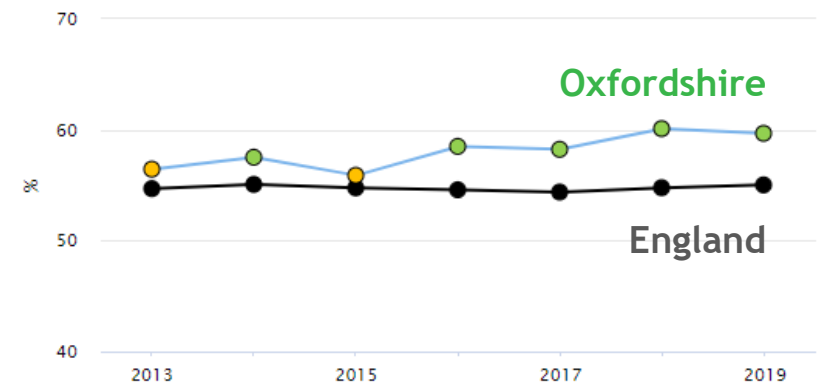
**New cancer cases and diagnosis**

- In 2019-20, there were 3,719 people in Oxfordshire diagnosed with new cases of cancer.
- This is equivalent to a rate of 480 per 100,000 population, significantly lower than England (531) and the South East Region (566) averages.
- The percentage of cancers diagnosed at stages 1 and 2 (shown as a proportion of all new cases of cancer diagnosed) have remained above (better than) the England rate.
- In 2019, 1,681 new cases of cancer were diagnosed at stage 1 or 2 in Oxfordshire.

**Crude incidence rate of cancer (new cases per 100,000 population)**



**Cancer diagnosed at stages 1 and 2**



Public Health England [Cancer Profile](#), [Public Health Outcomes Framework](#) for Oxfordshire CCG accessed 2 Sept 22

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## Cardiovascular disease

*Cardiovascular disease (CVD) refers to disease of the heart or blood vessels. CVD also includes stroke and high blood pressure.*

### Coronary heart disease (CHD)

- There were 17,946 people (all ages) registered with CHD among Oxfordshire GP practices in 2020-21 (2.30% of all patients, compared to 3.05% nationally).
- In 2020-21 the hospital admission rate for CHD in Oxfordshire CCG was 284.9 per 100,000 people (1,865 admissions). This is significantly lower than the England rate (368).
- **Inequalities** - two wards in Oxfordshire - Banbury Ruscote and Blackbird Leys in Oxford - were significantly worse than the England average for emergency hospital admissions for CHD (combined years 2015-16 to 2019-20).

### Stroke

- 13,511 patients at Oxfordshire GP practices in 2020-21 had recorded stroke or transient ischaemic attack (TIA). This is 1.73% of all Oxfordshire patients, just below the national average (1.8%).
- In 2020-21 the admission rate for stroke in NHS Oxfordshire CCG was 140.0 for every 100,000 people in the population (945 admissions). This is significantly lower than England (161.8). The admission rate for stroke in the CCG has decreased by 23.4% between 2004-05 and 2020-21.
- **Inequalities** - two wards in Oxfordshire - Blackbird Leys and Banbury Grimsbury - were significantly worse than the England average for emergency hospital admissions for stroke (combined years 2016-17 to 2020-21).

Public Health England [Heart Disease and Stroke Profile Reports](#), [Local Health](#) for Oxfordshire CCG accessed 9 Aug 22

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## Musculoskeletal conditions

Good musculoskeletal health (MSK) is an important component of maintaining a person's functional abilities throughout the life course. MSK conditions affect the bones, joints, muscles and spine, and are a common cause of severe long-term pain and physical disability. There are three groups:

- Inflammatory conditions e.g. rheumatoid arthritis;
  - Conditions of MSK pain e.g. osteoarthritis and back pain;
  - Osteoporosis and fragility fractures, e.g. a fracture after a fall from standing height.
- Each year, 20% of people see a doctor in the UK about a MSK problem.
  - In Oxfordshire (2021), there are an estimated 13.6% of people living with a long term MSK condition.

Percentage reporting a long-term MSK problem 2021 (districts in Oxfordshire)

Area	Value	95% Lower CI	95% Upper CI
England	17.0	16.9	17.1
Oxfordshire	13.6	12.9	14.4
West Oxfordshire	16.0	14.1	17.9
Cherwell	15.2	13.5	16.9
Vale of White Horse	13.7	11.8	15.7
South Oxfordshire	13.5	12.0	15.1
Oxford	10.9	9.5	12.4

Public Health England [Applying all our health](#)  
Public Health England [Profile MSK Conditions](#)

Confidence intervals (CIs) on the chart show the range within which the estimate could fall.

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**Musculoskeletal conditions and mental health**

*In the UK, musculoskeletal conditions are the leading cause of disability accounting for 30.5% of all years lived with disability; 26% of adults report having been diagnosed with at least one mental illness over their lifetime. Data from the GP Patient Survey has been used to raise awareness of the association between musculoskeletal conditions and mental health conditions and to stimulate better pain management strategies.*

- Data which estimates the likelihood of people with a musculoskeletal (MSK) condition also living with a mental health condition shows:
  - A higher likelihood of MSK with a mental health condition in England.
  - A likelihood in Oxfordshire that is similar to the national average (no significant difference, indicated by overlapping confidence intervals).

**Odds ratio of reporting a mental health condition among people with and without an MSK condition 2021**

	95% Lower CI	95% Upper CI
England	1.4	1.4
Oxfordshire	1.0	1.4
West Oxfordshire	0.9	2.3
Oxford	1.0	1.9
South Oxfordshire	0.8	1.7
Cherwell	0.7	1.6
Vale of White Horse	0.6	1.5

*An odds ratio of 1 represents no difference between long-term mental health condition prevalence rates in the two groups. An odds ratio higher than 1 signifies the group with a long-term musculoskeletal condition are more likely to have a mental health condition than their counterparts.*

Public Health England [Profile MSK Conditions](#)

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## Sensory Impairment - Sight loss

- One in every five people in the UK will start to live with sight loss in their lifetime. The main causes of sight loss are uncorrected refracted error, age-related macular degeneration, cataract, glaucoma and diabetic eye disease.
- In Oxfordshire, there are an estimated 23,400 people (3.4% of total population) living with sight loss, including 20,290 people living with partial sight and 3,140 people living with blindness. It is estimated that there will be 29,000 people in Oxfordshire living with sight loss by 2030.
- There are 1,085 people registered blind, 35 of which are children; a further 735 are registered as partially sighted, 25 of which are children.
- National data from RNIB's Understanding Society survey show that only one in four blind and partially sighted people of working age are in employment. People with sight loss were twice as likely to have difficulty managing financially than the general population (16% compared to 7%). In Oxfordshire, there were 510 blind and partially sighted people claiming either Personal Independence Payment (PIP) or Disabled Living Allowance (DLA).
- Compared to the UK average, people with sight loss reported significantly reduced **wellbeing**.
- The most common form of transport for people with sight loss was by car. In Oxfordshire, 217 blue badges were issued to people with sight loss in 2015-16. 582 blue badges were held by people registered blind in 2016, which represents 35% of people who are registered blind
- People with learning disabilities are 10 times more likely to experience sight loss than the general population.

RNIB [Sight Loss Data Tool Version 4](#),

[Understanding Society: comparing the circumstances of people with sight loss to the UK population](#)

For information, see RNIB's report [Living with Sight Loss Through Lockdown](#)

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## Sensory Impairment - Hearing Impairment

*Hearing Impairment is a major public health issue that now affects over 9 million people in England. Due to our ageing population and the increasing prevalence of age-related hearing loss, this is set to grow to 13 million by 2035.*

- NHS England estimates that the prevalence of hearing loss in Oxfordshire will increase from 20% in 2015 to 26% in 2035.

Estimated prevalence (%) of hearing loss of 25dBHL\* or more in the adult population (18+ years)

	2015	2020	2025	2030	2035
Oxfordshire	20	22	23	25	26
South East	22	23	25	26	27
England	21	22	23	24	25

- The estimated number in 2020 is over 120,000 - 35% of these are aged 51-70 and over 50% of these are over 71 years of age.
- The number of people with hearing loss is estimated to increase to 160,000 by 2035.

\*Hearing tests use pure tone audiometry where a person is presented with different frequencies (measured in decibels hearing level (dBHL) A threshold of 25dBHL indicates a hearing loss and threshold of 65dBHL indicates a severe hearing loss.

[NHS England » Hearing Loss Data Tool](#)



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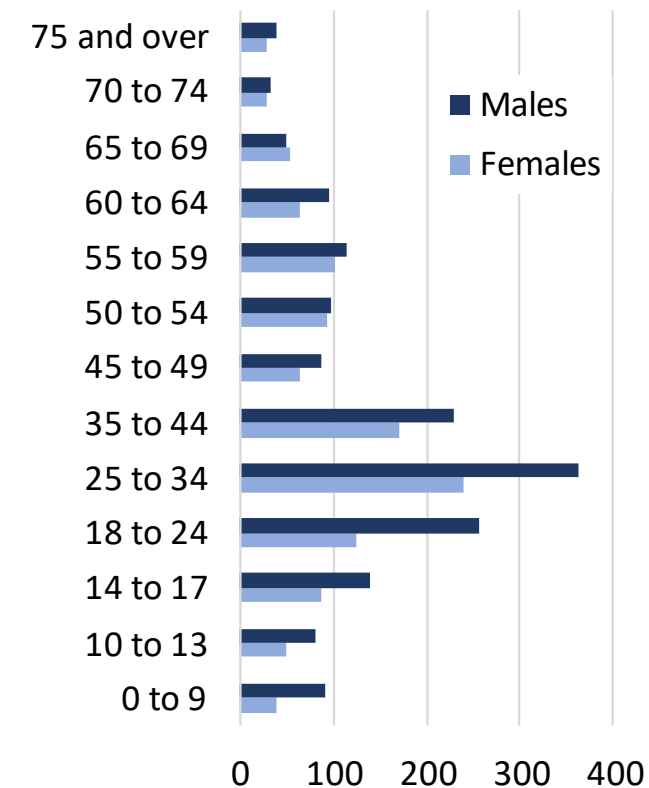
**Learning Disabilities by gender and age**

- Experimental statistics show that, as of 31 March 2021, there were 2,820 patients recorded on their GP’s Learning Disabilities (LD) register in Oxfordshire.
- Patients with LD made up 0.38% of the total patient register in Oxfordshire (0.5% in England)
- By gender and age, the NHS Oxfordshire LD register included more males than females and more people aged 18 to 49:
  - 1,679 males (60%)
  - 1,141 females (40%)
  - 1,535 people aged 18 to 49 (54%)
  - 798 people aged 50+ (29%)

**Health and Care of People with Learning Disabilities Experimental Statistics 2020 to 2021 - NHS Digital**

Notes from NHS Digital: The outbreak of Coronavirus (COVID-19) has led to unprecedented changes in the work and behaviour of GP practices and consequently the data in this publication may have been impacted, including indicators and contextual data from patients registered at a GP Practice.

**Number of patients recorded on their general practice’s learning disabilities register, Oxfordshire GP practices as at 31 March 2021**



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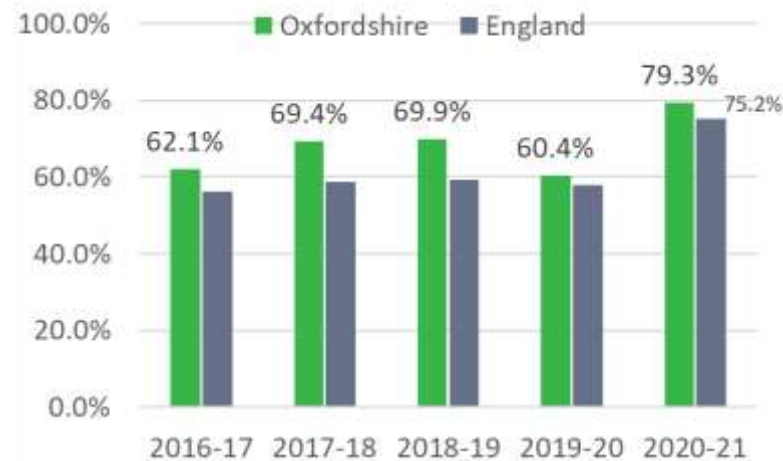
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## Health Checks for people with Learning disabilities

- In 2020-21 Oxfordshire GP practices provided a health check to 79% of registered patients with learning disabilities (aged 14 and over).
- This was above the England average in 2020-21 and above the Oxfordshire rate for each of the previous years 2016-17 to 2019-20.

Percentage of patients who had a learning disability health check (aged 14 or over) in the 12 months to 31 March each year



[Health and Care of People with Learning Disabilities Experimental Statistics 2020 to 2021 - NHS Digital](#)  
From interactive dashboard

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## Learning Disabilities and health conditions

- People with learning disabilities (LD) are likely to have much higher rates of certain health conditions than the general population.
- Rates of Epilepsy are almost 30 times as high for people with LD.
- People with LD are more than twice as likely to have **diabetes** than the general population and similarly likely to have **cancer**

### [Health and Care of People with Learning Disabilities Experimental Statistics 2020 to 2021 - NHS Digital](#)

#### Interactive data visualisation

SPR = Standardised Prevalence Ratio XX times as likely as the population

To make a valid comparison, the number of cases in people with learning disabilities is shown as a percentage of the number expected if the general population age and sex specific rates had been applied to them.

A figure of more than 1 means the condition occurs more often than expected in people with learning disabilities, e.g. SPR = 2 means the condition is twice as common as expected in people with learning disabilities

## NHS Oxfordshire patients 2020-21

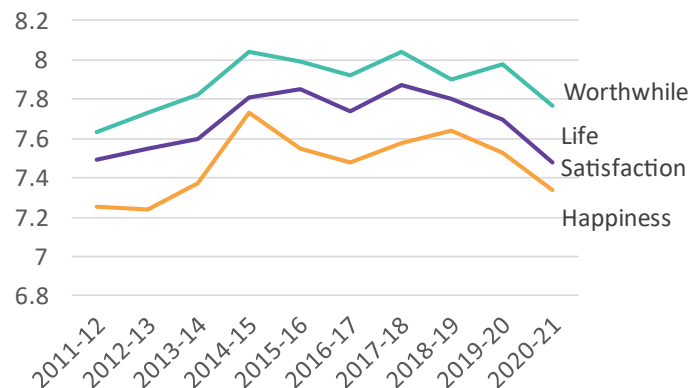
Disease category	SPR*	Observed	Expected
Epilepsy	29.6	485	16
Autism	19.0	726	38
Mental Health	6.5	152	24
Dementia	6.4	45	7
ADHD	5.9	171	29
Hypothyroidism	3.2	238	74
Diabetes – non-Type 1	2.3	180	77
Diabetes – Type 1	2.2	27	12
Stroke	1.9	51	27
Heart Failure	1.6	20	12
Asthma	1.6	247	151
Blood pressure	1.5	2,294	1,503
Hypertension	1.2	280	233
Depression	1.1	416	376
Cancer	1.0	68	67

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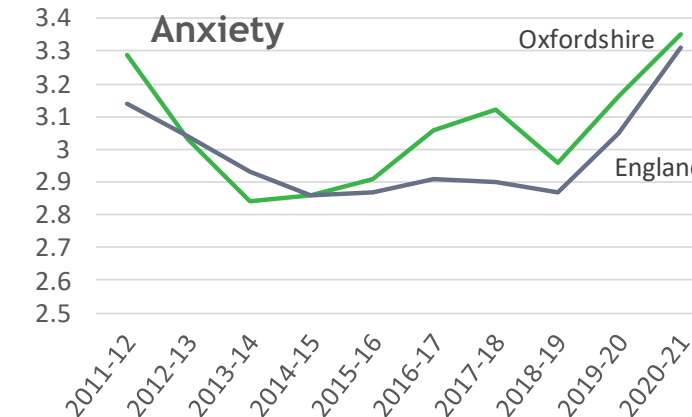
## Personal wellbeing

- The latest ONS measures of personal wellbeing for Oxfordshire have each worsened.
  - Between the years ending March 2020 and March 2021, the mean score for feeling “worthwhile”, “happiness” and “life satisfaction” each decreased by 3%.
  - Levels of reported anxiety in Oxfordshire have continued to increase and remain above the England average.

Trend in average wellbeing scores in Oxfordshire to year ending March 2021



Trend in average level of Anxiety to year ending March 2021, Oxfordshire vs England



**ONS Personal wellbeing in the UK** note that vertical scales do not start at zero

The personal wellbeing estimates are from the Annual Population Survey (APS), which provides a representative sample of those living in private residential households in the UK. People living in communal establishments (such as care homes) or other non-household situations are not represented in this survey and this may be important in interpreting the findings in relation to those people reporting lower personal wellbeing.

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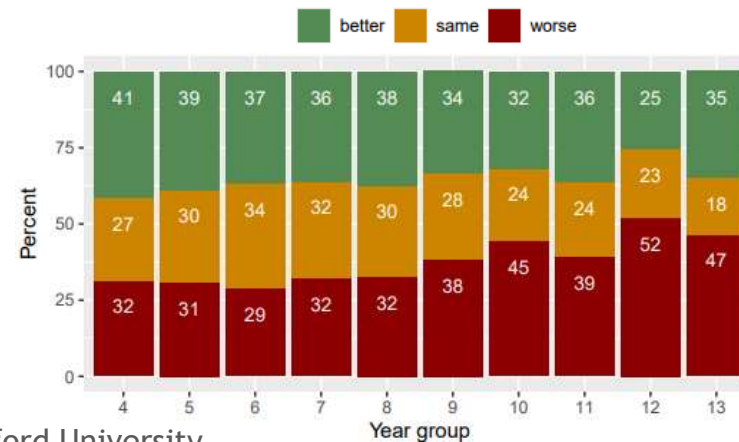
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**Mental wellbeing in schools**

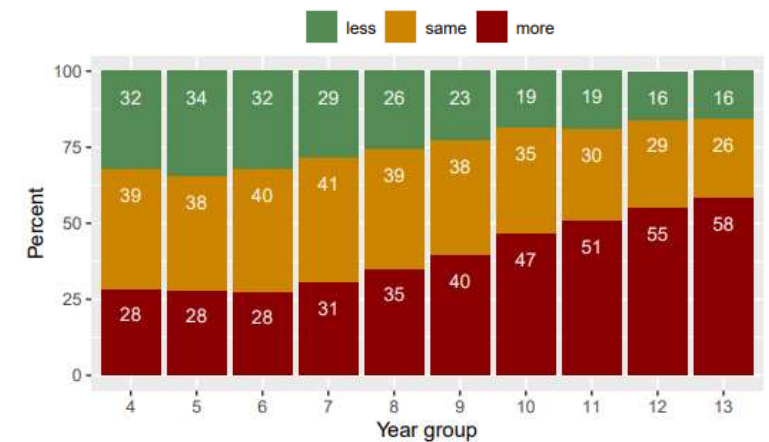
*In 2019, the OxWell School Survey collected pupils' responses to questions on a range of health and wellbeing-related issues. 4,390 pupils at Oxfordshire schools took part. The OxWell School survey 2020 collected data from 19,000 children and young people at schools in six counties in the south of England.*

- In 2019, it was found that primary school pupils scored numerically higher in wellbeing compared to secondary and FE college students in Oxfordshire, and there were more students in year 12 than in years 8&10 with low mental wellbeing. This overall pattern fits with adolescence being a critical age for the onset of mental health problems.
- In 2020, the survey of six counties asked about the effect of lockdown on happiness and loneliness:

**Effect of lockdown on general happiness**



**Effect of lockdown on feeling lonely**



Oxford University,

[Preliminary Summary Report from the OxWell School Survey 2020](#), [Oxfordshire OxWell School Survey 2019](#)

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## Children and Young People’s wellbeing - national

*The Department for Education "State of the Nation" report was first published in October 2018 and integrates available evidence on the state of children and young people’s wellbeing, to provide an accessible narrative on current evidence to guide discourse and action.*

The 2021 DfE State of the Nation report found that:

- Children and young people’s mental health and wellbeing had, on average, reduced during the pandemic, particularly during periods of school closures.
- Rates of probable mental health disorders among children and young people remain higher in 2021 than they were in 2017, though this may have been influenced by the timing of data collection, which occurred during and shortly after the periods of lockdown restrictions in early 2021.
- The data also indicated potential pandemic impacts on other measures of health and wellbeing, including increased loneliness and poorer physical health as measured by obesity rates.
- Evidence was also found for a link between family connectedness, problems with family functioning, and mental health problems in children and young people, suggesting that disruptions in one area of wellbeing could lead to poorer outcomes in another.
- Older respondents and females were more likely to indicate poorer outcomes than younger respondents and males on a range of the outcomes across domains of wellbeing.

Department for Education [State of the Nation 2021](#) (published Feb21)

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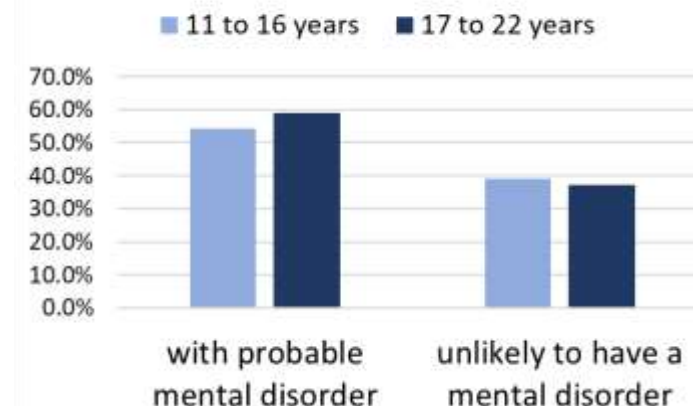
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## Mental health, COVID-19 and young people - national

- ONS COVID-19 analysis has found...

- The proportion of children (aged 5-16 years) experiencing a probable mental disorder increased from one in nine in 2017 to one in six in July 2020.
- Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse.

### % lockdown has made life worse



- A YoungMinds report, June/July 2020, reported significant deterioration in mental health of young people with existing mental health needs, particularly linked to increased loneliness and anxiety. This often led to increased condition-specific coping strategies, including:

- greater levels of food restriction in respondents with eating disorders;
- worsening of rituals/‘checking’ in respondents with OCD; and
- an increase in **self-harm** amongst those already self-harming prior to the pandemic.

ONS [Coronavirus \(COVID-19\) Review: data and analysis, March to October 2020, Impact on Mental Health](#)  
 YoungMinds [Coronavirus: Impact on young people with mental health needs, Summer 2020](#)

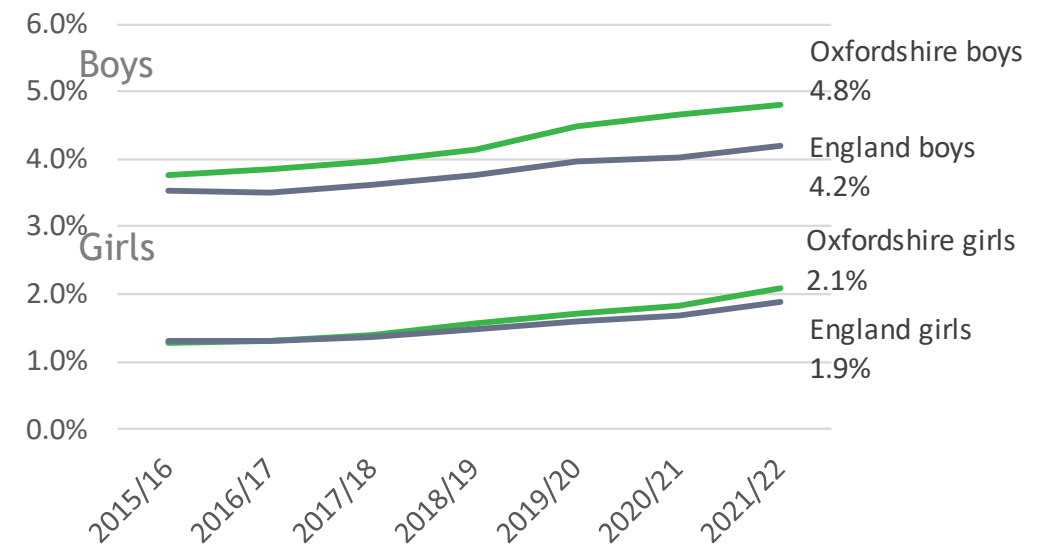
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## Social, emotional and mental health needs in school pupils with Special Educational Needs

The measure below shows the number of pupils with SEN support or an Education, Health and Care plan where the primary need is social, emotional and mental health, expressed as a percentage of all school pupils. It is likely that there are pupils with social, emotional and mental health needs that are not reflected in this dataset. The National Clinical Practice Guidelines published by the British Psychological Society state that children with learning or physical disabilities have a higher risk of developing a mental health problem compared to the national population.

- Similar to the national trend, Oxfordshire has an increasing percentage of children with social, emotional and mental health needs, with a higher prevalence in boys.

**Percentage of all state school children with social, emotional and mental health needs - Oxfordshire and England to 2021-22**



[Special educational needs in England, Academic Year 2021/22 - Explore education statistics - GOV.UK \(explore-education-statistics.service.gov.uk\)](#)



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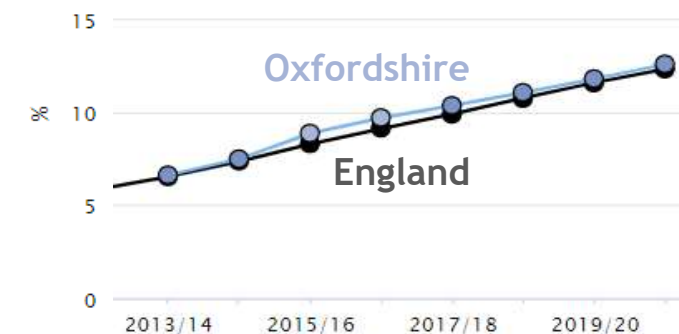
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## Mental Health - Depression

*Depression affects different people in different ways but it can include some or all of the following symptoms: feelings of sadness and hopelessness; losing interest in things; feeling tearful; feeling constantly tired, sleeping badly, having no appetite. It can result in significantly reduced quality of life for the patient their family and carers.*

- In 2020-21 there were 79,657 patients (aged 18 or over) with a diagnosis of depression registered by Oxfordshire's GP practices.
- The prevalence of recorded depression in Oxfordshire has continued to increase, up from 11.8% of patients in 2019-20 to 12.5% of patients in 2020-21.
- The prevalence in 2020-21 was slightly higher than the England average of 12.3%.

The percentage of patients aged 18 and over with depression, as recorded on practice disease registers, to 2020-21



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**Self Harm**

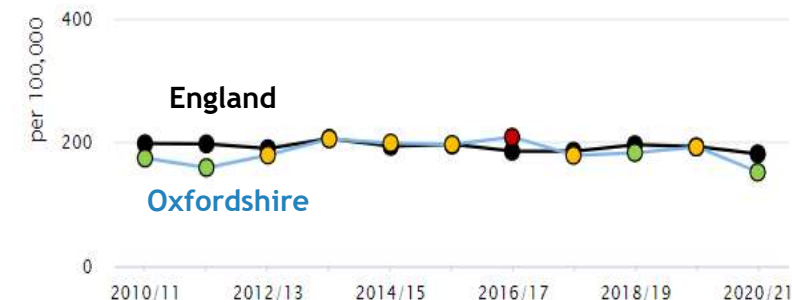
*Self-harm results in approximately 110,000 inpatient admissions to hospital each year in England, 99% are emergency admissions.*

*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.*

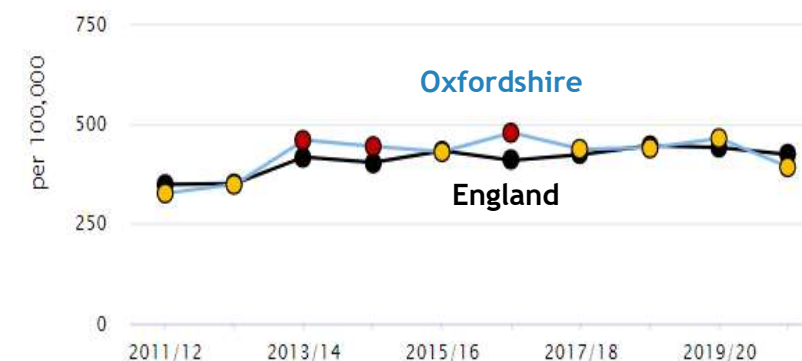
- Oxfordshire’s rate of hospital admissions for self-harm had increased since 2010-11, but during the pandemic in 2020-21 admissions decreased to 1,085, equivalent to a rate of 151.7 per 100,000 population, significantly lower than England and the South East average.
- In Oxfordshire rates of self-harm hospital admissions in children and young people (aged 10-24 years) have remained relatively steady over time. In 2020-21 there were 515 admissions, equivalent to a rate of 390.2 per 100,000 population. This is similar to England.

PHE [Mental Health & Wellbeing Profile](#)

**Hospital admissions as a result of self-harm (all ages)**



**Hospital admissions as a result of self-harm (10-24 years)**



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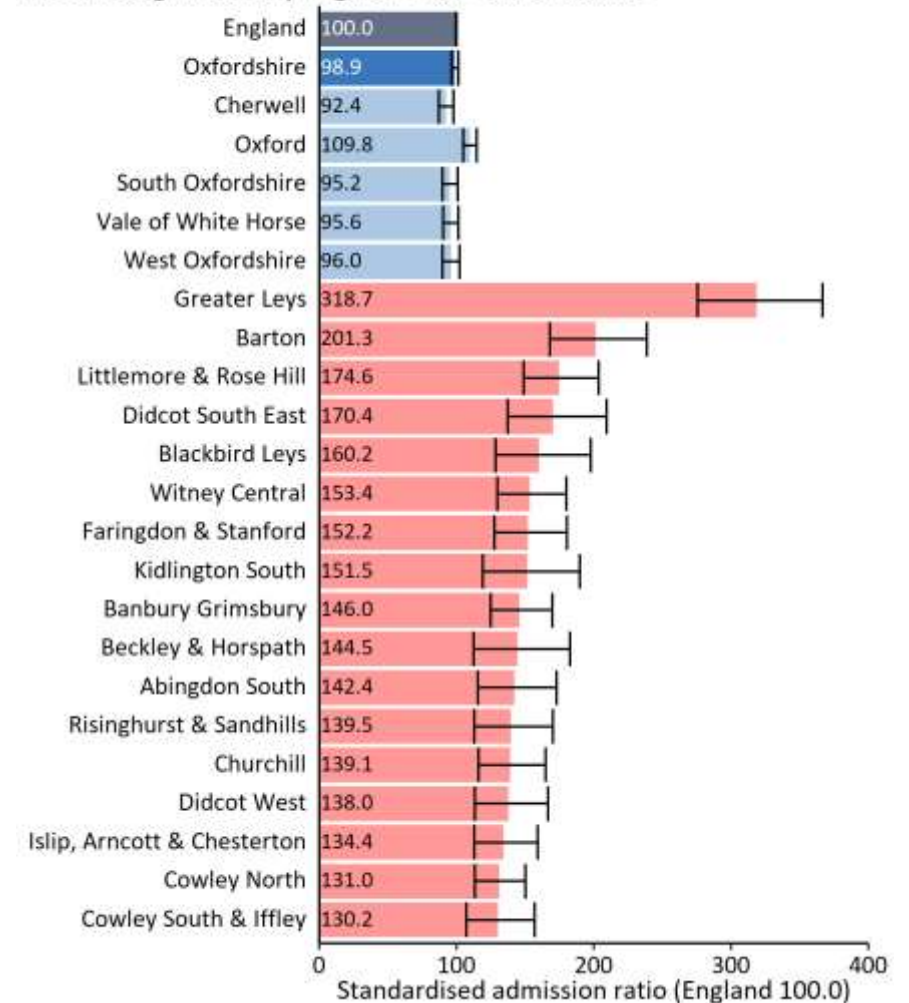
### Inequalities - hospital stays for self-harm

- 23 of Oxfordshire’s 86 Middle Layer Super Output Areas (MSOAs) had significantly higher rates of hospital stays for self-harm than England (combined 5 years of data 2015-16 to 2019-20)
- The areas with the highest rates for self-harm were Greater Leys, Barton, Littlemore & Rose Hill, Blackbird Leys, and Blackbird Leys.

NB: There are concerns about the quality of this indicator.

From OHID [Local Health Explore inequalities data using our interactive dashboard](#)

**Emergency hospital admissions for intentional self harm, standardised admission ratio, 2016/17 - 20/21**  
MSOAs significantly higher than Oxfordshire



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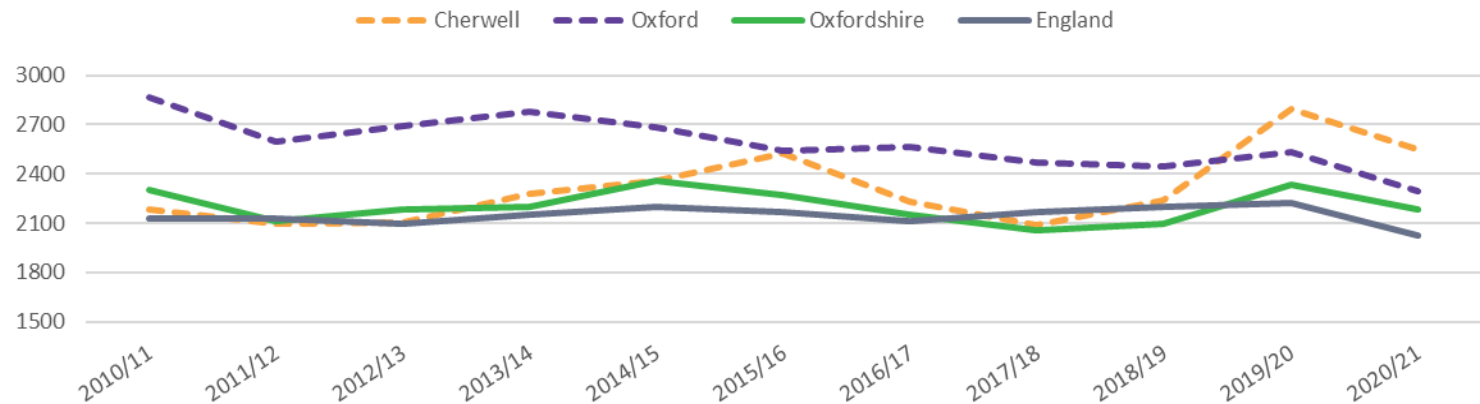
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**Emergency hospital admissions due to falls**

*Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes, for example being one reason why people move from their own home to long-term nursing or residential care.*

- In 2020-21 there were 3,005 hospital admissions due to falls in people aged 65 and over in Oxfordshire. The rate of hospital admissions for falls in older people is higher than national rate (2,186 per 100,00 population in Oxon compared to 2,023 in England).
- The five district areas in Oxfordshire each had similar counts of hospital admissions (400-750 per district), however over the last ten years, the rate per population has been consistently higher in Oxford City. The rate in Cherwell has increased significantly.

**Emergency hospital admissions due to falls in people aged 65 and over (standardised rate per 100,000)**



[Productive Healthy Ageing Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

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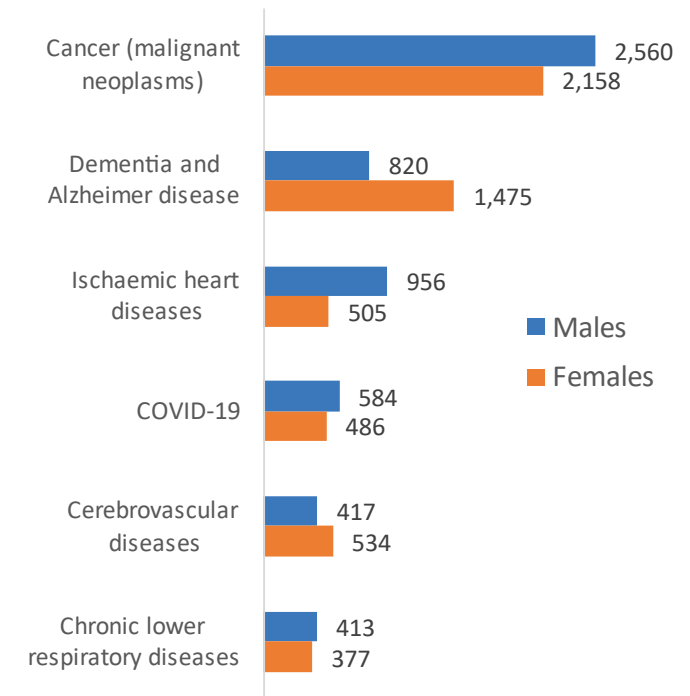
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**Leading causes of death (all ages)**

- For the combined years 2019 to 2021, Cancer was the leading cause of death in males and females in Oxfordshire, accounting for 24% of male deaths and 22% of female deaths.
- This reflected the main cause of death in England.
- In females, the second main cause of death was Dementia and Alzheimer Diseases (15%). In males Heart Disease remained the second main cause of death (9%).
- COVID-19 deaths accounted for 5% of all male and female deaths for combined years 2019 to 2021.

ONS from [NOMIS](#)

**Leading causes of death, Oxfordshire (2019 to 2021)**



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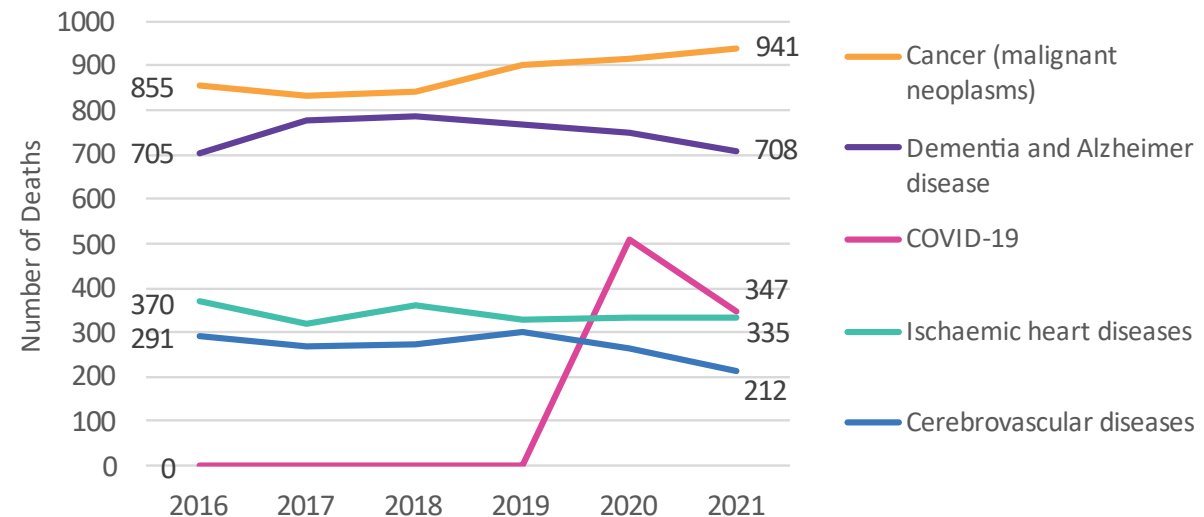
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## Leading causes of death in people aged 75 years and over

- Cancers remain the leading cause of death amongst the 75+ age group in Oxfordshire with 941 deaths in 2021 (22% of the total).
- In each year 2020 and 2021, the number of deaths due to Dementia and Alzheimer’s disease declined, the proportion of deaths remained at 17%.
- COVID-19 deaths in people aged 75+ accounted for 11% of deaths in 2020 and 8% of deaths in 2021.

Leading causes of death in people aged 75 years and over, Oxfordshire 2016 to 2021



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## Mortality indicators from Public Health Outcomes Framework

- Oxfordshire was ranked as significantly better than the England values on 7 of 12 key public health outcomes indicators related to mortality and similar to average on the remaining 5 indicators.

Indicator	Period	Oxon			England	
		Recent Trend	Count	Value	Range	
Infant mortality rate (Persons, <1 yr)	2018 - 20	–	42	1.9		
Under 75 mortality rate from all cardiovascular diseases (Persons, <75 yrs)	2020	➔	317	53.1		
Under 75 mortality rate from cardiovascular diseases considered preventable (2019 definition) (Persons, <75 yrs)	2020	➔	127	21.3		
Under 75 mortality rate from cancer (Persons, <75 yrs)	2020	➔	645	108.3		
Under 75 mortality rate from cancer considered preventable (2019 definition) (Persons, <75 yrs)	2020	➔	238	39.9		
Under 75 mortality rate from liver disease (Persons, <75 yrs)	2020	➔	102	17.1		
Under 75 mortality rate from liver disease considered preventable (2019 definition) (Persons, <75 yrs)	2020	➔	92	15.4		
Under 75 mortality rate from respiratory disease (Persons, <75 yrs)	2020	➔	125	20.8		
Under 75 mortality rate from respiratory disease considered preventable (2019 definition) (Persons, <75 yrs)	2020	➔	86	14.4		
Suicide rate (Persons, 10+ yrs) <span style="background-color: green; color: white; padding: 2px;">New data</span>	2018 - 20	–	158	8.7		
Excess winter deaths index (Persons, All ages)	Aug 2019 - Jul 2020	–	230	12.6%		
Excess winter deaths index (age 85+) (Persons, 85+ yrs)	Aug 2019 - Jul 2020	–	180	21.7%		

● Better 95%   
 ● Similar   
 ● Worse 95%   
 ○ Not applicable

Recent trends:   
 – Could not be calculated   
 ➔ No significant change   
 ↑ Increasing & getting worse   
 ↑ Increasing & getting better   
 ↓ Decreasing & getting worse   
 ↓ Decreasing & getting better

### Public Health Outcomes Framework

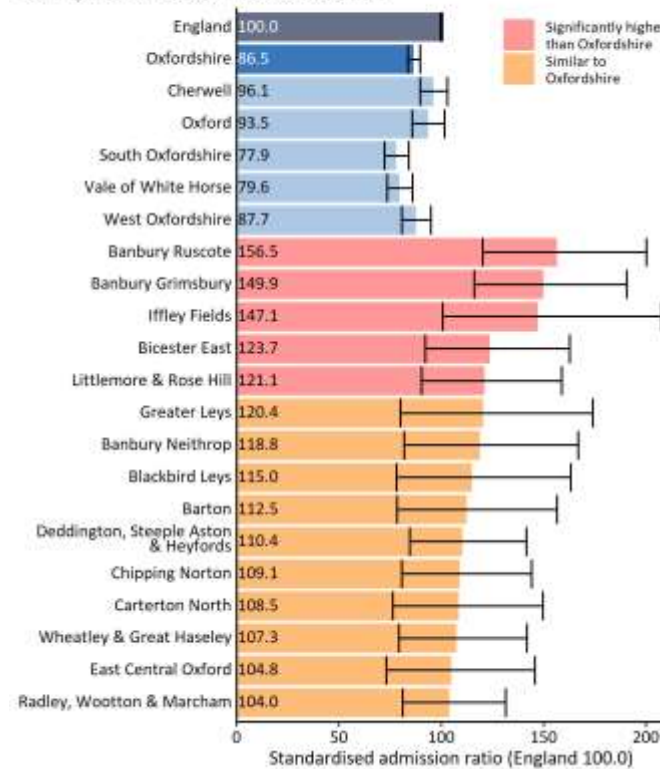


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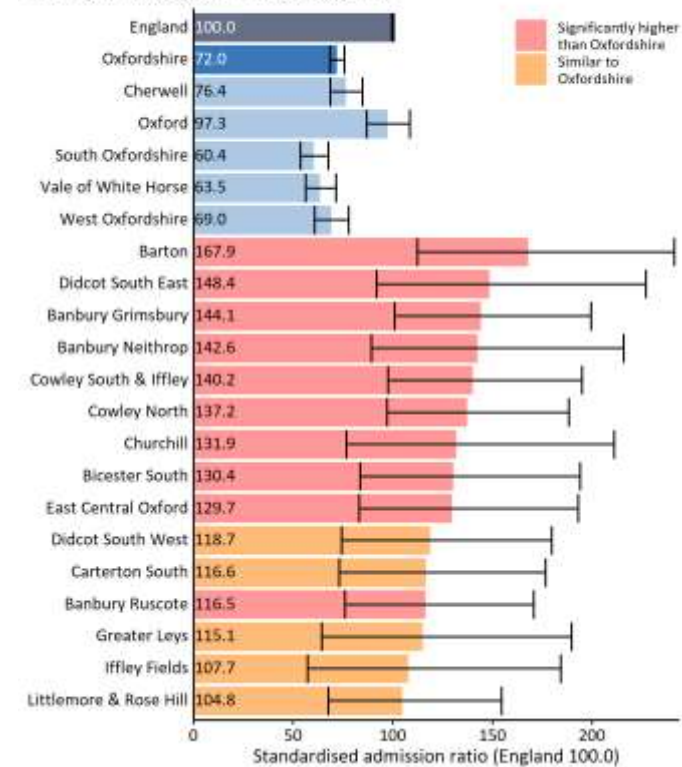
## Mortality and inequalities

- Some areas of Oxfordshire experience significantly higher standard mortality ratios (SMR) than the average. The charts below show top 15 (out of 86) Middle Layer Super Output Areas (MSOAs) with the highest rates of deaths from cancer and deaths from circulatory diseases for people aged under 75.

**Deaths from all cancer, under 75 years standardised mortality ratio, 2016-20**  
15 highest MSOAs in Oxfordshire



**Deaths from circulatory disease, under 75 years standardised mortality ratio, 2016-20**  
15 highest MSOAs in Oxfordshire



OHID [Local Health](#)

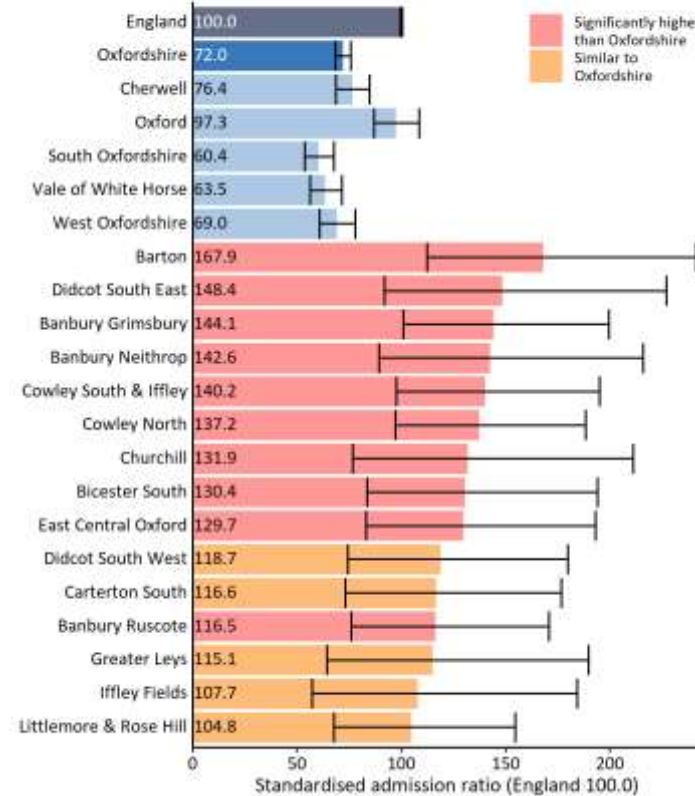
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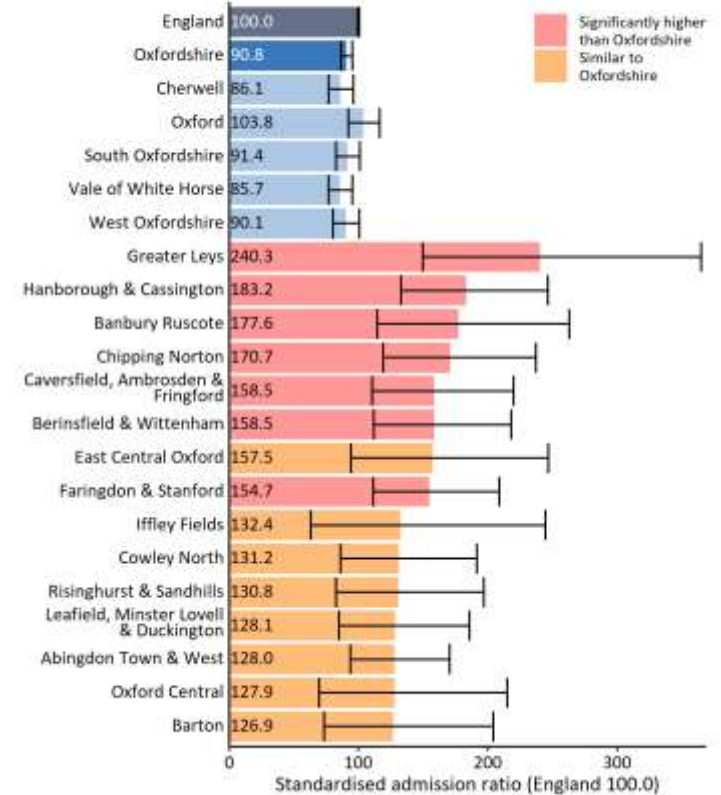
## Mortality and inequalities

- The charts below show the top 15 (out of 86) Middle Layer Super Output Areas (MSOAs) with the highest rates of deaths from respiratory diseases and deaths from stroke (all ages).

**Deaths from circulatory disease, under 75 years standardised mortality ratio, 2016-20**  
15 highest MSOAs in Oxfordshire



**Deaths from stroke, all ages standardised mortality ratio, 2016-20**  
15 highest MSOAs in Oxfordshire



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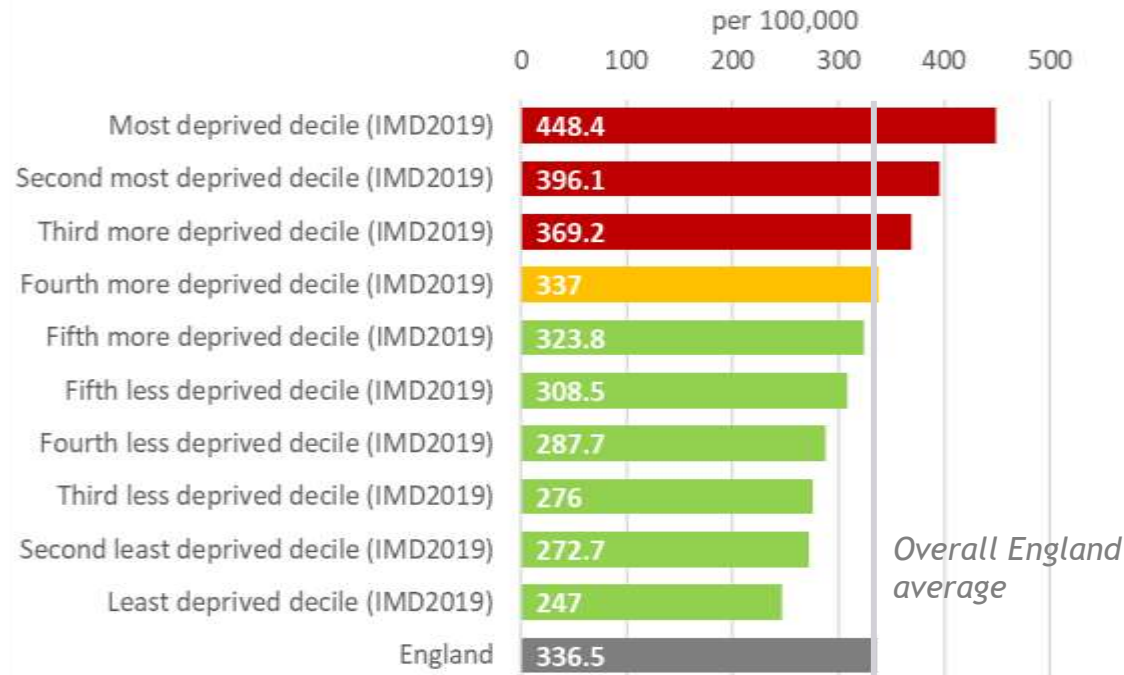
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### Premature mortality attributable to socioeconomic inequality - national

- The under 75 mortality rate for a District or Unitary Authority in England is closely associated with its level of deprivation, with more **deprived areas** experiencing higher premature mortality rates in general.

**Under 75 mortality rate from all causes (persons, 3 years 2018-20) England**



Not available for Oxfordshire. Deprivation deciles are based on the Index of Multiple Deprivation 2019 district local authority score. [Mortality Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk/mortality-profile-data)

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## Avoidable mortality - an introduction

The Office for National Statistics (ONS) defines avoidable mortality as..

### **Avoidable mortality:**

refers to deaths that are preventable or treatable.

### **Treatable mortality:**

refers to causes of death that can be mainly avoided through timely and effective healthcare interventions, including secondary prevention and treatment (that is, after the onset of disease, to reduce case-fatality).

### **Preventable mortality:**

refers to causes of death that can be mainly avoided through effective public health and primary prevention interventions (that is, before the onset of diseases or injuries, to reduce incidence). Examples could include deaths associated with risk factors such as obesity, inactivity, smoking and alcohol consumption.

[Avoidable mortality in Great Britain - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

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**Treatable mortality**

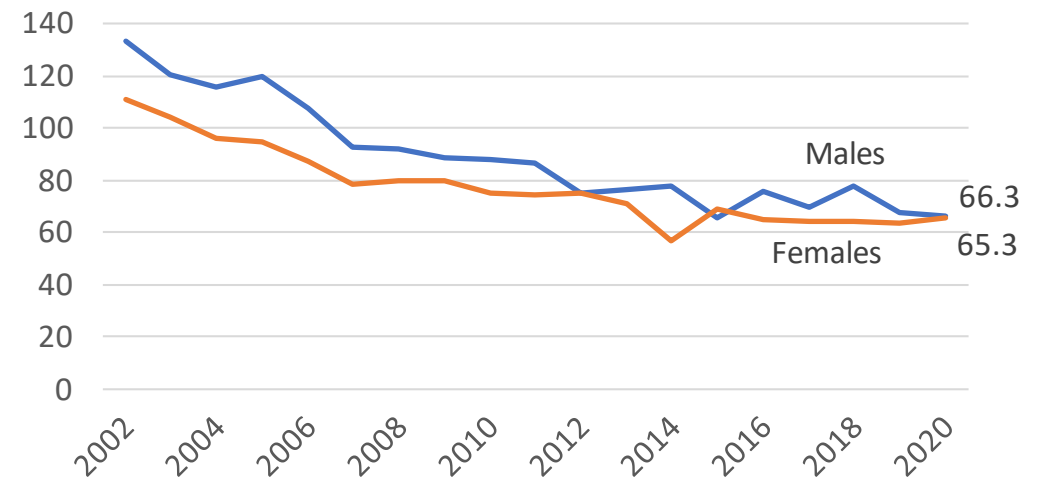
- Between 2013 and 2020 rates of treatable mortality for males and females in Oxfordshire have remained similar.
- In 2020, NHS Oxfordshire was ranked as having the third lowest (i.e. third best) rate of treatable mortality of the 106 Clinical Commissioning Group areas (area definitions at that time) in England for males and within the lowest quarter (84 out of 106) for females.

Treatable mortality refers to causes of death that can be mainly avoided through timely and effective healthcare interventions.

[Avoidable mortality in Great Britain - Office for National Statistics \(ons.gov.uk\)](#)

NOTES: 1. Age-standardised mortality rates are expressed per 100,000 people and standardised to the 2013 European Standard Population. 2. Figures exclude deaths of non-residents. 3. Figures are for deaths registered in each calendar year. 4. Figures are based on boundaries as of August 2021.

**Age-standardised treatable mortality rates for patients registered to Oxfordshire GP practices, 2002 to 2020**



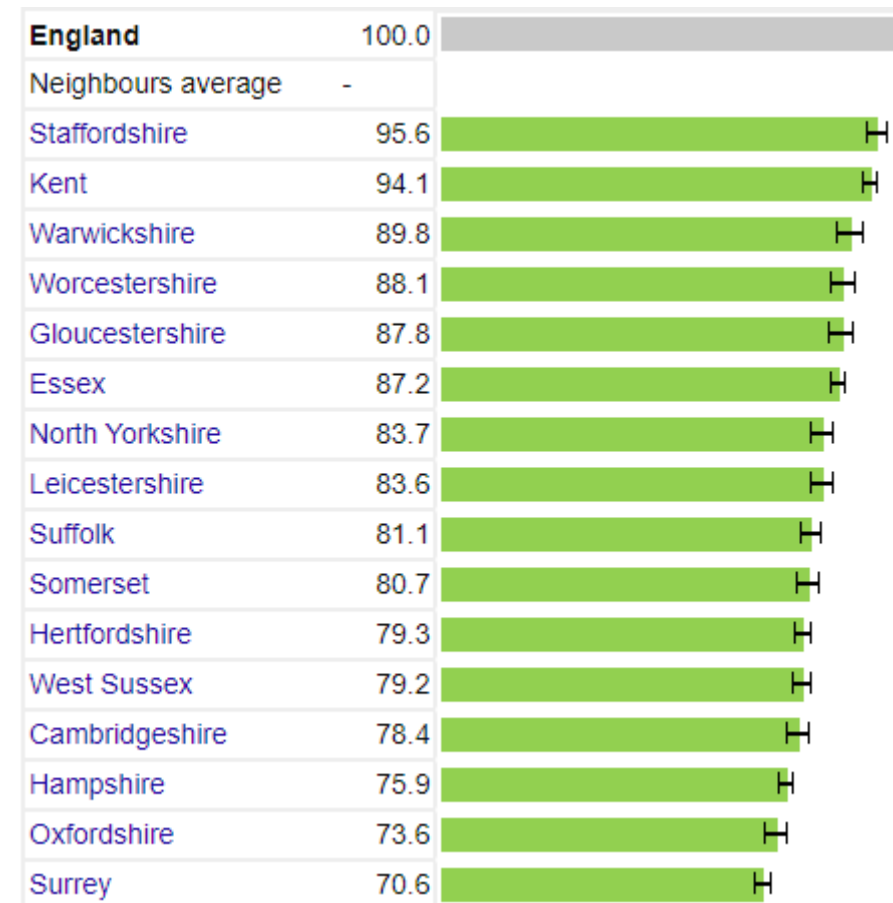
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### Preventable mortality

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

[Public health profiles - OHID \(phe.org.uk\)](#)  
 Preventable mortality refers to causes of death that can be mainly avoided through effective public health and primary prevention interventions. Figures are for deaths registered in five-year calendar periods.

### Deaths from causes considered preventable, under 75 years (2016 to 2020) indirectly standardised ratio per 100 Oxfordshire county vs statistical neighbours

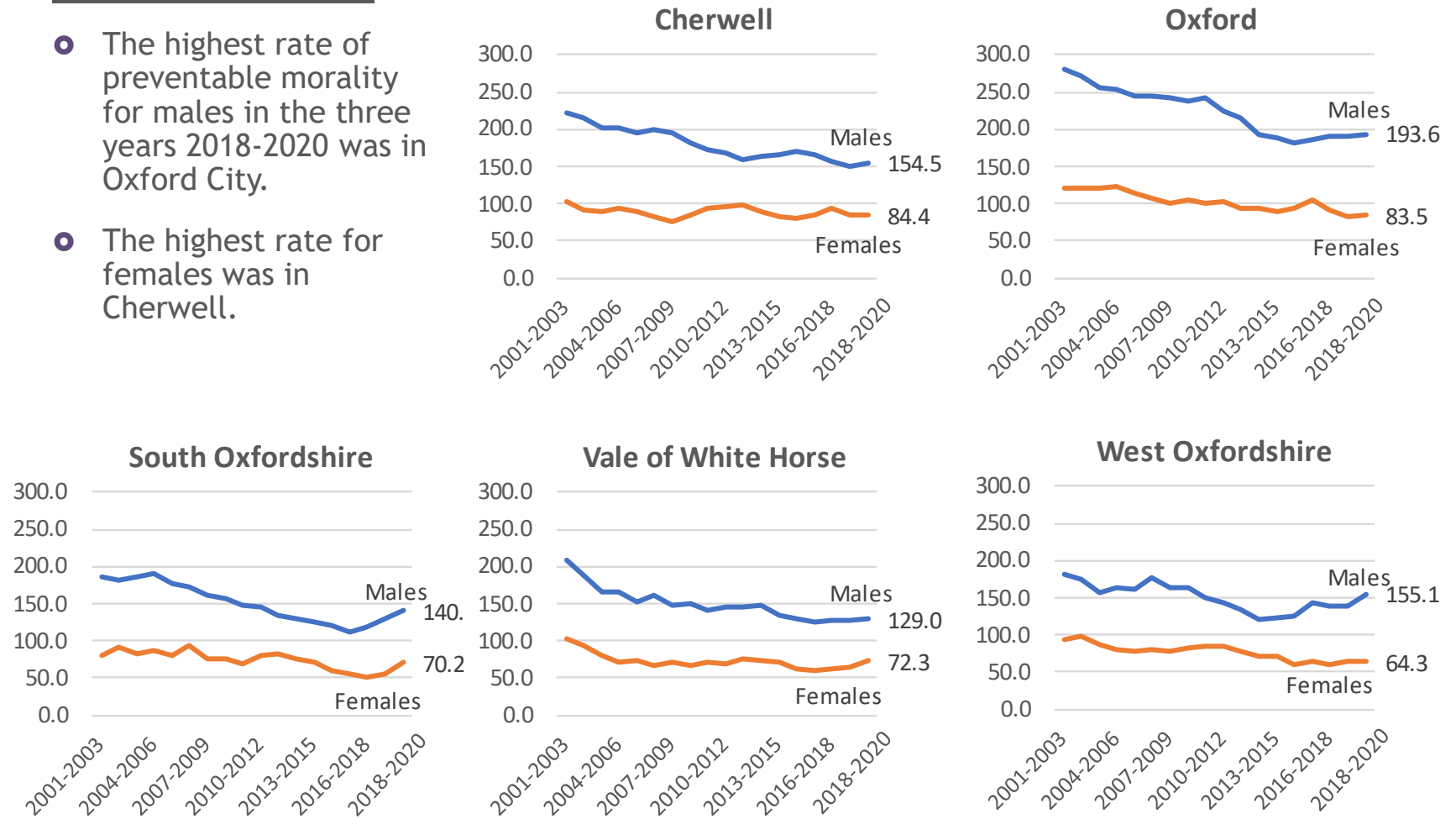


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### Preventable mortality

- The highest rate of preventable mortality for males in the three years 2018-2020 was in Oxford City.
- The highest rate for females was in Cherwell.

### Age-standardised preventable mortality rates to 2018-20



**Avoidable mortality in Great Britain - Office for National Statistics ([ons.gov.uk](https://ons.gov.uk));** Preventable mortality refers to causes of death that can be mainly avoided through effective public health and primary prevention interventions. Figures are for deaths registered in three-year calendar periods.

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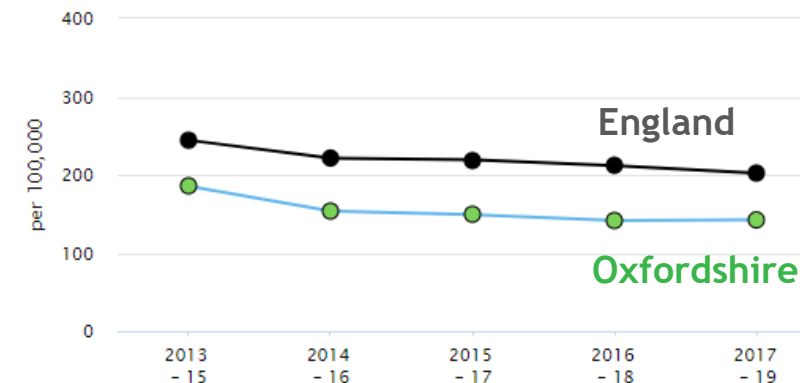
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**Preventable mortality - tobacco-related deaths**

- For the three years (combined) 2017 to 2019, the number of tobacco-related deaths in Oxfordshire was an estimated 1,698.
- The rate of smoking attributable mortality in Oxfordshire has remained similar since 2014-16.
- The rate per 100,000 in Oxfordshire in 2017-19 was 142.3 and was significantly below the England rate (202.2).

**Deaths attributable to smoking, directly age standardised rate per 100,000 for persons aged 35 years+ to 2017-19**



From [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](https://www.phe.org.uk) Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'. The estimated number of smoking-attributable deaths is calculated by multiplying the observed number of deaths (smoking attributable deaths) by the SAFs (Smoking Attributable Fraction).



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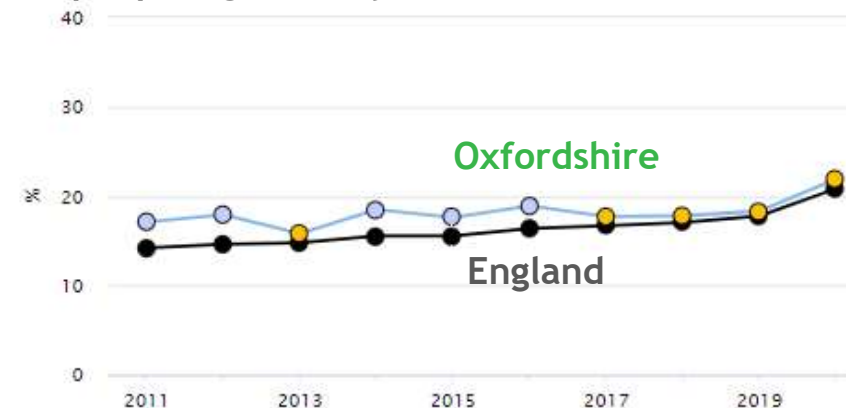
**Deaths occurring at home**

- An increasing proportion of deaths in Oxfordshire (and nationally) happen at home\*.
- In people of all ages in Oxfordshire, the proportion of all deaths that occurred at home increased from 21% of the total in 2009 to 26.9% of the total in 2020.
- In older people (85+ years), the proportion of deaths at home has increased from 17.1% of the total in 2011 to 21.9% in 2020.

*\*'Home' is defined as a person's usual place of residence, excluding care homes or other establishments where people live communally, for example monasteries, hostels, prisons and children's homes. It is important to recognise that the 'at home' group does not include the many very old people who die in a care home and who may have been long-term residents of that care home.*

[Palliative and End of Life Care Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

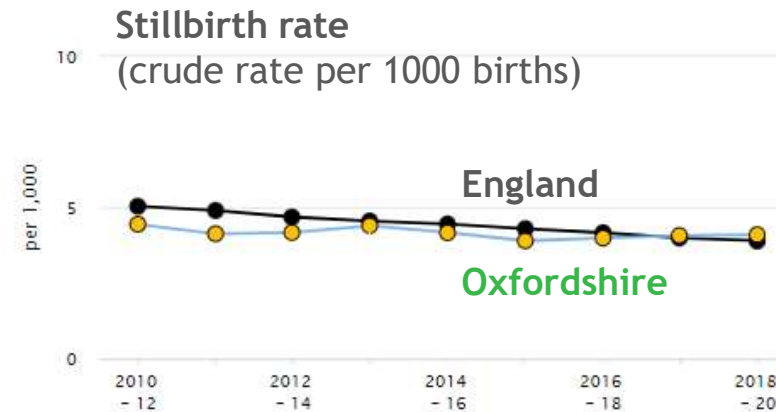
**Percentage of deaths that occur at home, people aged 85+ years to 2020**



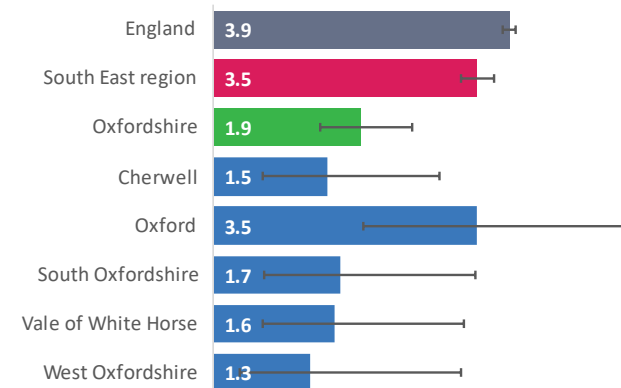
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## Stillbirth and neonatal mortality

- In the three year period between 2018 and 2020, there were 88 stillbirths in Oxfordshire. The rate has remained at 4.1 per 1,000 births, just above the England rate (3.9).
  
- Neonatal mortality includes stillbirths and deaths under 28 days. Latest data for 2019 indicates that there were 38 incidences of neonatal mortality in Oxfordshire.
  
- Infant mortality rate measures infant deaths under 1 years of age (per 1000 live births). There were 42 infant deaths during 2018-20 in Oxfordshire.
  
- In 2020, infant mortality rates were higher in most **deprived areas** than in least deprived areas in England (5.7 deaths per 1,000 in most deprived areas compared with 2.7 per 1,000 live births in least deprived).



## Infant mortality in Oxfordshire districts 2018 -20



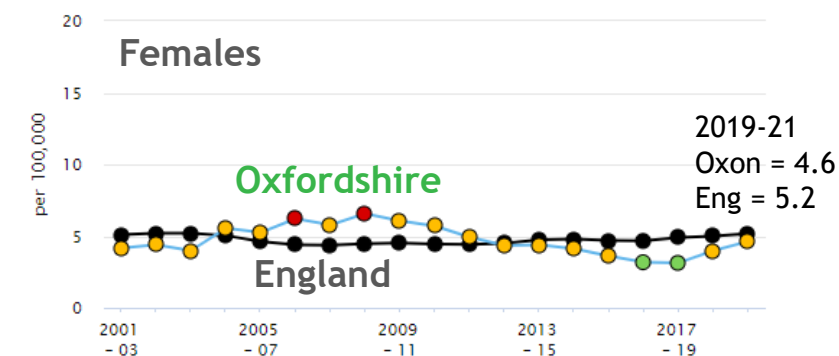
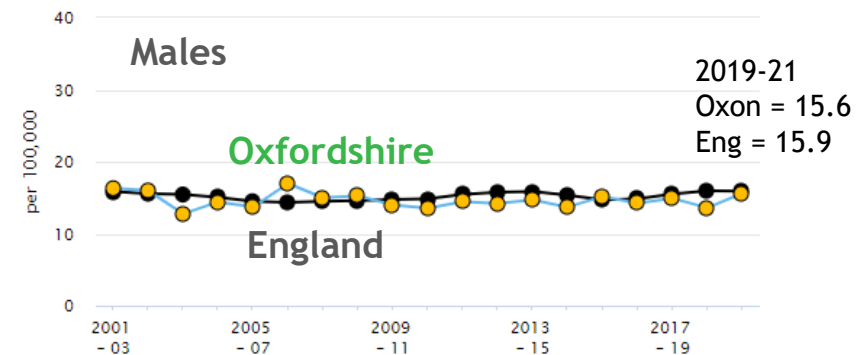
[Public health profiles - OHID \(phe.org.uk\)](#) ; [Public Health Outcomes Framework](#); [Child and infant mortality in England and Wales: 2020](#)

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## Deaths from suicide

- For the three years 2019 to 2021, there were 181 deaths from suicide in Oxfordshire, 138 (76%) males and 43 (24%) females.
- The total suicide rate in Oxfordshire (for all persons, males and females) in 2019-21 was similar to the England rate.
- In 2018, local analysis identified the following most common contributing factors to deaths from suicide in Oxfordshire: relationship issues; bereavement; financial problems; alcohol; chronic physical health conditions.

Age-standardised mortality rate from suicide per 100,000 population to 2019-21



*Note differences in vertical scale*

[Public health profiles - OHID \(phe.org.uk\)](http://phe.org.uk)  
[Oxfordshire Suicide and Self-Harm Prevention Strategy](#)

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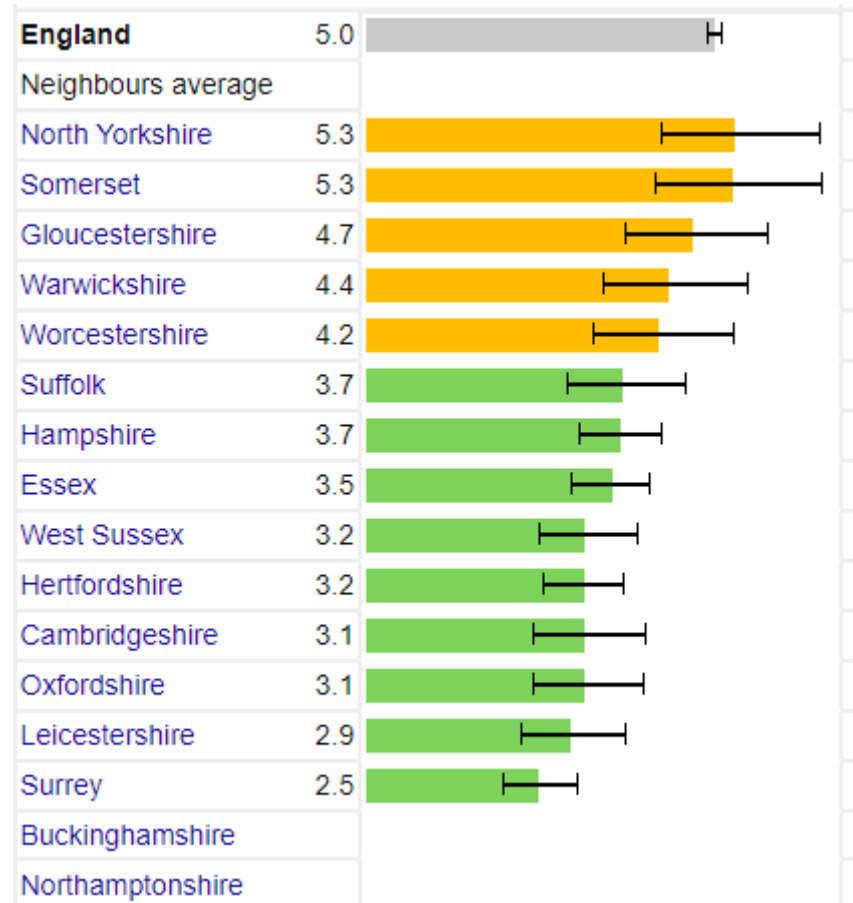
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**Deaths from drug misuse**

- For the three years (combined) 2018 to 2020, Oxfordshire had a total of 63 deaths from drug misuse, 46 (73%) males and 17 (27%) females.
- Oxfordshire had one of the lowest rates of deaths from drug misuse in its group of statistical neighbours and was below the national average.

[Mortality Profile - Data - OHID \(phe.org.uk\)](#)

**Deaths from drug misuse (persons) 2018 to 2020 directly standardised rate per 100,000 Oxfordshire and nearest neighbours**



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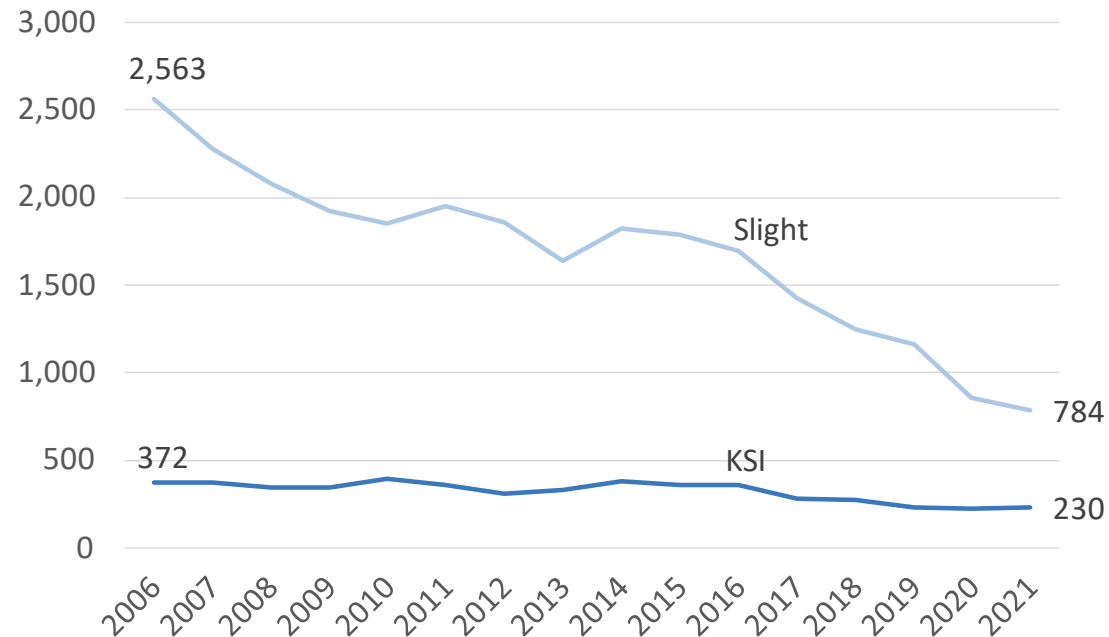
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**Oxfordshire Road Casualties**

- In 2021, there was a total of 1,014 police-reported road casualties in Oxfordshire of which 230 were the more serious “killed or seriously injured” (KSI). This was a decline of 6% on the number in 2020 (1,082 in total, including 225 KSI).
- The number of people killed or seriously injured (KSI) has fallen over time.

**Total ‘Slight’ and ‘Killed or Seriously Injured’ casualties in Oxfordshire by year 2005 to 2020**



Oxfordshire County Council [Road Casualty Report](#) Also see [Crashmap.co.uk](#)

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## Oxfordshire serious road casualties by district

- Fatal and serious injuries from road accidents for the districts in Oxfordshire in 2020 are shown in the table below.
- Cherwell had the highest number of serious injuries (49). All districts had at least one fatality during 2020.

### Number of people killed or seriously injured in road accidents 2020

		Pedestrian	Pedal cycle	Motor cycle	Car	Other	Total
Cherwell	Fatal	1	1	2	8	0	<b>12</b>
	Serious	4	8	13	19	5	<b>49</b>
Oxford	Fatal	0	1	0	0	0	<b>1</b>
	Serious	5	15	6	4	1	<b>31</b>
South Oxfordshire	Fatal	1	2	1	3	0	<b>7</b>
	Serious	0	7	9	15	3	<b>34</b>
Vale of White Horse	Fatal	2	0	1	2	2	<b>7</b>
	Serious	7	8	3	16	4	<b>35</b>
West Oxfordshire	Fatal	0	1	1	2	3	<b>7</b>
	Serious	3	3	11	20	2	<b>39</b>

Oxfordshire County Council [Road Casualty Report](#)

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- Public Health England [Oxfordshire Health Profile](#)
- Oxfordshire JSNA [Local Area Inequalities Dashboard](#)
- [Prevention concordat for better mental health](#) (includes various Oxfordshire organisations listed as signatories).
- [Special educational needs and children's mental health services - House of Commons Library \(parliament.uk\)](#)
- [COVID-19 Mental health and wellbeing surveillance report PHE](#)
- [Severe mental illness \(SMI\) profile](#)
- NHS Digital [Health Survey for England](#)
- Public Health England [Mortality Profile](#)
- Mortality data available from the [Office for National Statistics](#)
- NHS Digital [General Practice data hub](#)
- [Crashmap.co.uk](#) contains information about reported crashes from 1999 onwards and is completely free to view details about collision locations, dates, times, and the number of casualties and vehicles associated.

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## Finding out more - coronavirus (COVID-19)

- Frequently updated data sources:
  - [Oxfordshire's COVID-19 Dashboard](#)
  - [Gov.uk Coronavirus \(COVID-19\) in the UK](#)
  - [Gov.UK \(Daily\) Deaths within 28 days of positive test](#)
  - [ONS \(Weekly\) Death registrations and occurrences by local authority and health board](#)
  - [ONS \(Weekly\) Number of deaths in care homes notified to the CQC](#)
  - [ONS data and analysis on COVID-19 and its effect on the economy and society](#)
  - [PHE Wider Impacts of COVID-19 on Health \(WICH\) monitoring tool](#)
- Further analysis:
  - [British Red Cross COVID-19 vulnerability index](#)
  - [PHE SARS-CoV-2 confirmed England deaths: report](#)
  - [ONS Coronavirus infection survey](#)
  - [ONS COVID-19 Health inequalities monitoring in England tool \(CHIME\)](#)
  - [ONS Wider impacts of COVID-19 on health monitoring tool](#)
  - [ONS Characteristics associated with the risk of deaths involving coronavirus \(COVID-19\) among people receiving a booster vaccination](#)
  - [ONS Mental health outcomes following COVID-19 infection compared to non-infected controls](#)





## Chapter 5

# Behavioural determinants of health

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## This chapter...

- This chapter provides data on behavioural factors that affect health and wellbeing, such as healthy weight and physical activity, smoking and alcohol, and sexual and reproductive health.
- For some topics it may be useful to refer to other JSNA chapters. For example, for healthy weight and physical activity, it may be useful to look at the Wider Determinants of Health chapter, which includes active travel, healthy place-shaping, and availability of healthy food.
- For other topics in this chapter it may be useful to look at the Service Use chapter which includes information on Public Health commissioned services including smoking cessation, and specialist sexual health services.
- Further JSNA resources are available via the [JSNA page of Oxfordshire Insight](#).
- **NOTE:** published data is not yet available for:
  - The National Child Measurement Data on child obesity - to be released Nov22.
  - Health Survey for England 2021 - to be released Dec22.

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### Summary (1)

- Behavioural risk factors account for a large proportion of the local burden of disease.
- Just over 1 in 10 of Oxfordshire’s adult population (11.5%) were estimated to be current smokers in 2020. The rate of smoking in working age people in manual occupations was over double, at 23%.
- National estimates show that 3% of school pupils aged 11 to 15 were current smokers, equivalent to around 1,200 pupils in Oxfordshire.
- The proportion of men and women who drink alcohol (nationally) is highest amongst people aged 55 to 74. Adults in the highest income households are more likely to drink over 14 units per week than those in lower income households.
- Hospital admission episodes for alcohol-specific and alcohol-related conditions in Oxfordshire remain significantly below national and regional rates.
- The rate of hospital admissions due to alcohol-specific conditions in under 18s for females in Oxfordshire was significantly higher (worse than) the regional and national averages. Rates for males under 18 were similar to average.
- Dietary risk factors accounted for over 11,500 lost years of healthy life (DALYs) in 2019.
- Over half of Oxfordshire adults are classified as overweight or obese (58%). Prevalence is higher in males, older people, some ethnic groups and more deprived areas.
- Over two thirds (68%) of adults on Oxfordshire GP practice Learning Disabilities registers were measured as overweight or obese, 10 percentage points above the general adult population.
- The child weight measurement programme has been affected by school closures through the pandemic. The last full dataset (2019-20) showed almost one in five children in Reception, and almost one in three children in Year 6 was overweight or obese.
- Obesity prevalence was higher in boys than in girls in Oxfordshire, and the disparity increases between Reception and Year 6.

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## Summary (2)

- National data shows a variation in the prevalence of healthy weight by ethnic group and by deprivation; rates of obesity and severe obesity are higher in more deprived areas.
- A slightly higher percentage of Oxfordshire adults meets recommended physical activity guideline (150 minutes per week) than national and regional figures. Almost 1 in 4 adults do not meet the guidelines.
- Just over half of Oxfordshire's children and young people were meeting the guidelines for physical activity, above the national average. An estimated 44,000 children in Oxfordshire's schools were not doing enough physical activity.
- The rate of new Sexually Transmitted Infection (STI) diagnoses (excluding chlamydia in under 25s) in Oxfordshire is significantly lower than national and regional rates.
- 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.
- Rates of breastfeeding in Oxfordshire remain well above the national average.
- Just over 1 in 5 of children aged 5 in Oxfordshire had tooth decay, similar to the national average.
- Research has found that (1) volunteering has a positive impact on health and (2) the abrupt cessation of volunteering of and for older people due to COVID-19 is likely to have negatively impacted health and wellbeing.
- Nationally, the proportion of people participating in formal volunteering has dropped significantly, informal volunteering has increased.
- Oxfordshire projects have reported a reduction in the number of older people volunteering.

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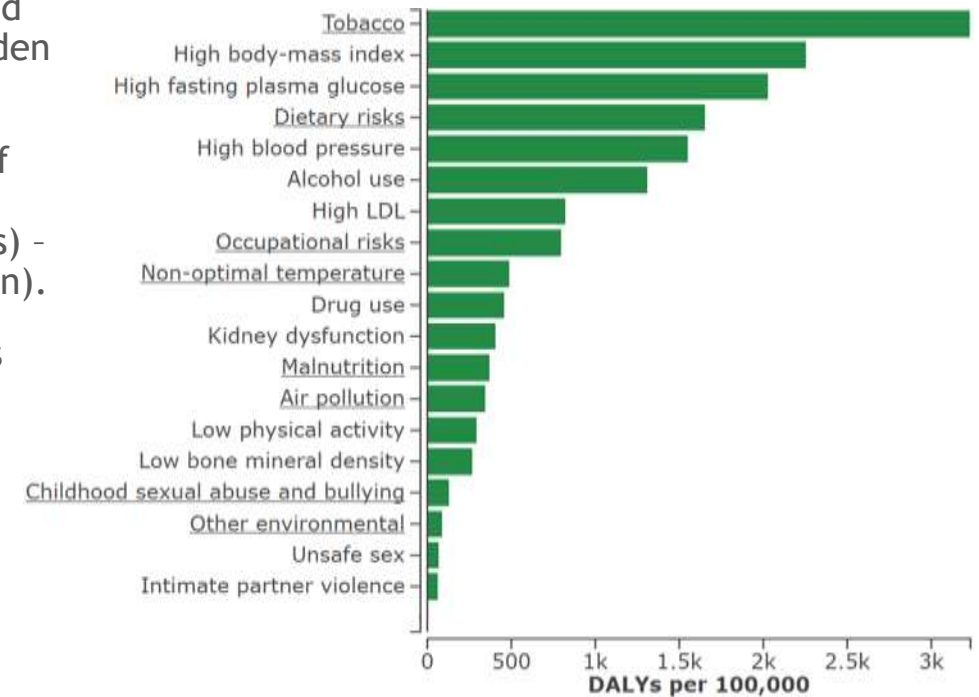
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## Behavioural risk factors of disease

- In Oxfordshire, it was estimated that health-related behaviours accounted for a quarter (26%) of the total burden of disease in 2019.
- This is equivalent to 47,600 years of healthy life lost (measured using Disability Adjusted Life Years (DALYs) - see note below for more information).
- The leading behavioural risk factors were:
  - **Tobacco**
  - **Dietary risks** and **High BMI**
  - **Alcohol use**
  - **Drug use**

Oxfordshire DALYs by risk factor, all causes, 2019



One Disability Adjusted Life Year (DALY) can be thought of as one lost year of "healthy" life. DALYs are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences. The sum of DALYs for a population is a measurement of the gap between current health status and the situation where the entire population lives to an advanced age, free of disease and disability.

Institute for Health Metrics and Evaluation (IHME), [GBD Compare](#). (Accessed 11.01.20)  
World Health Organisation, [Metrics: Disability Adjusted Life Year \(DALY\)](#)

# Smoking, alcohol and drugs

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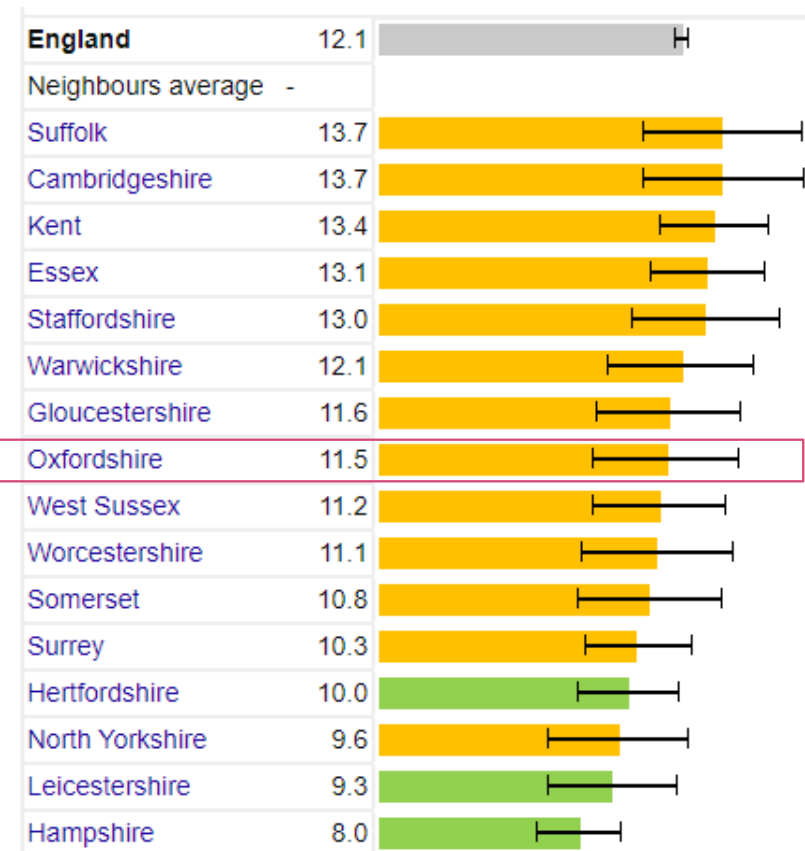
### Smoking compared with statistical neighbours

- As of 2020, 11.5% of the adult population of Oxfordshire were estimated to be current smokers, similar to the England average (12.1%).
- *Note that, due to COVID, data collection moved to telephone-only interviews which gave “a sudden and implausible drop” in rates of adults smoking<sup>1</sup>. This 2020 data therefore cannot be compared with previous years.*

*Data for 2020 is based on Q2-Q4 survey collection only due to the impact of the COVID-19 pandemic. As such, the confidence limits are wider than observed for a typical year of APS which has resulted in fewer local areas being statistically significantly higher or lower than the England average. This will not be the case with the 2021 release which will again be based on a full calendar year.*

*These data have not been age-standardised and, therefore, variation between area values may be a result of differences in population structure.*

### Smoking Prevalence in adults (18+) current smokers (2020) Oxfordshire vs nearest statistical neighbours



[Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#) [1] [Smoking prevalence in the UK and the impact of data collection changes - Office for National Statistics \(ons.gov.uk\)](#)

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## Smoking prevalence by demographic groups - national

- National data<sup>1</sup> from 2019 shows that the likelihood of being a current smoker is highest in younger age groups. Adults aged 25 to 34 were most likely to smoke (19%), with those aged 65 and over the least likely (8%).
- There is also variation by **ethnicity** and **country of birth**:
  - Smoking prevalence is highest in Mixed (19.5%), Other ethnicity (15.6%) and White (14.4%) ethnic groups
  - Smoking prevalence by country of birth ranges from 23.9% in those born in Poland, to 5.4% in those born in India
- In 2018, the proportion of current smokers was significantly higher in people who identified as gay or lesbian (22.2%) than among heterosexual (straight) people (15.5%).

## Mental health and smoking

- A Centre for Mental Health report<sup>2</sup> commissioned by the VCSE Health and Wellbeing Alliance, found...
  - People with severe mental illness are more likely to smoke than the general population and to smoke more heavily and some people with severe mental illness may be at increased risk of smoking-related illness compared to the general population, even after adjusting for clinical and demographic factors.
- Department of Health estimates<sup>3</sup> that between 50% and 70% of people with severe mental illness are smokers and 50% of deaths in this group are from smoking-related illnesses.

[1] [Statistics on Smoking - NHS Digital](#) [2] [CentreforMH Smoking Cessation](#) [3] [Improving the physical health of people with mental health conditions](#)

See also JSNA bitesize [Smoking and Inequalities](#) [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#)



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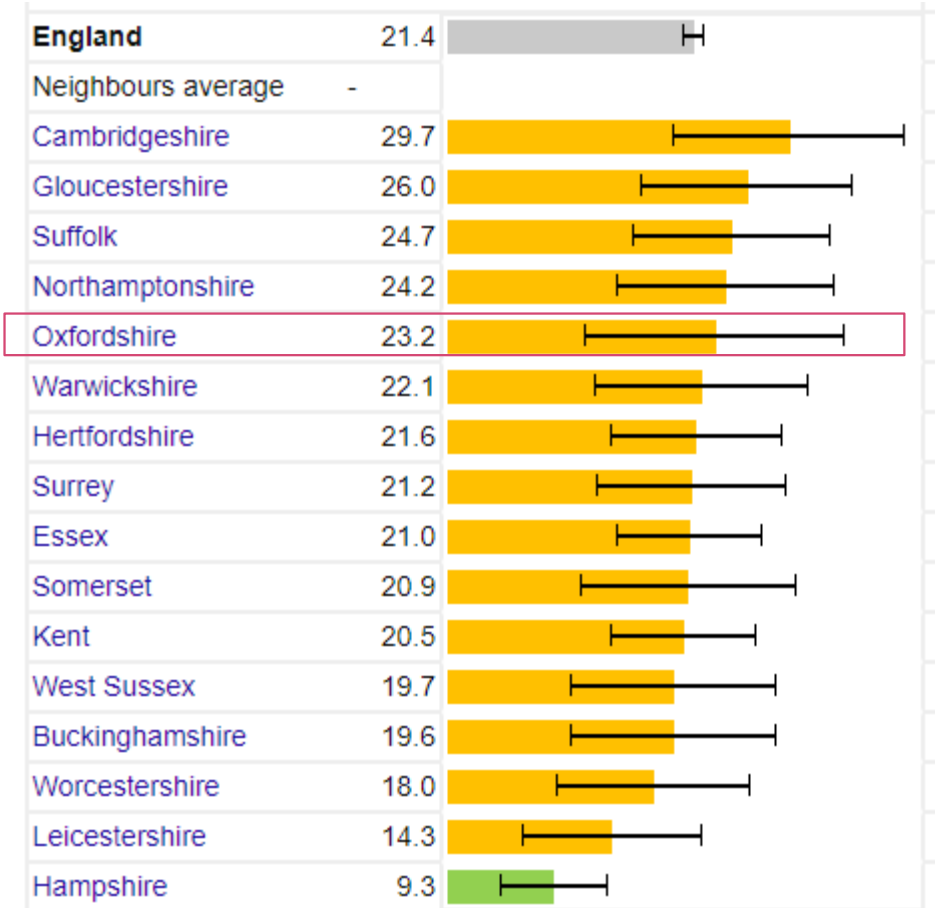
## Smoking and occupation

- The Smoking Toolkit Study<sup>1</sup> (July 2021) shows that people from manual occupations were significantly more likely to be smokers than those from professional/clerical occupations (20% vs 11.5%).
- According to data from the Annual Population Survey (2020) the prevalence of smoking in working age adults in routine and manual occupations in Oxfordshire was 23.2%. This was statistically similar to the England average.

*NOTE: Data for 2020 is based on Q2-Q4 survey collection only due to the impact of the COVID-19 pandemic. As such, the confidence limits are wider than observed for a typical year of APS which has resulted in fewer local areas being statistically significantly higher or lower than the England average. This will not be the case with the 2021 release which will again be based on a full calendar year. These data have not been age-standardised and, therefore, variation between area values may be a result of differences in population structure.*

[Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#)  
[\[1\] Top Line Findings - Graphs - Smoking in England](#)

## Smoking Prevalence in adults (18-64) in routine and manual occupations 2020, Oxfordshire vs nearest statistical neighbours



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## Children smoking - national

- In 2021, 3% of school pupils aged 11-15 in England were classified as current smokers. This value is lower than in 2018 (5%) and 2016 (6%). The proportion has generally declined over time since 1996, when 22% of pupils were current smokers.
- In Oxfordshire, this was equivalent to around 1,200 pupils aged 11-15 currently smoking (based on ONS 2020 population estimate).
- Current smoking prevalence was highest among white pupils (4%), and lowest among Asian (1%) pupils.
- Likelihood of being a current smoker increased with: age; drinking alcohol; drug use; e-cigarette use; having played truant; number of current smokers at home; having friends who smoke.
- Low wellbeing was more likely amongst pupils who had recently smoked, drank alcohol and/or had taken drugs. Pupils who had recently\* smoked, drank alcohol and taken drugs were more likely to report low levels of life satisfaction (57%) compared with pupils who have only done one of these (35%), and those who have done none of these (18%).

[Smoking, Drinking and Drug Use among Young People in England, 2021 - NHS Digital](#)

\*recently refers to smoking in the last week, drinking alcohol in the last week, and taking drugs in the last month

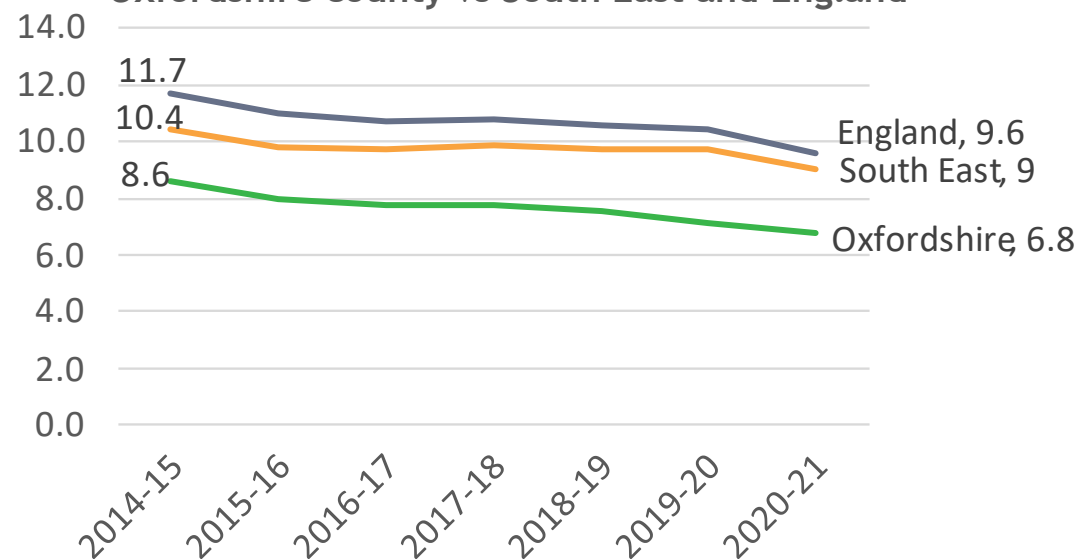
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## Smoking in pregnancy

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. These include complications during labour and an increased risk of miscarriage, premature birth, *stillbirth*, *low birth-weight* and sudden unexpected death in infancy.

- The latest data for 2020-21, shows that smoking prevalence at time of delivery in Oxfordshire was 6.8%. This remains significantly lower than England (9.6%). There were 420 women smoking at time of delivery that year.

Smoking prevalence at time of delivery to 2020-21  
Oxfordshire county vs South East and England



[Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#)

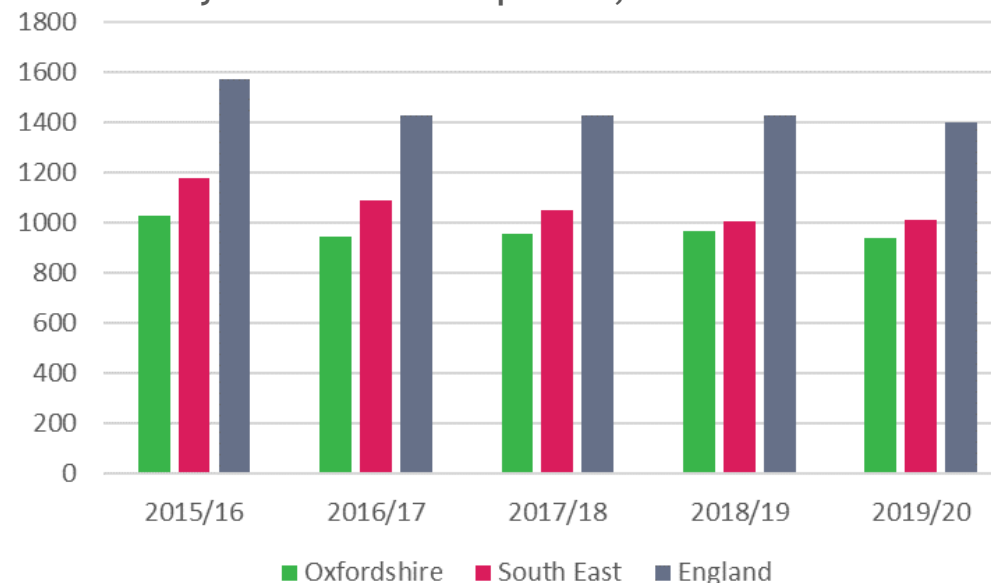
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## Smoking attributable hospital admissions

Smoking accounts for approximately 5.5% of the NHS budget. Admissions to hospital due to smoking related conditions not only represent a large demand on NHS resources, but can also be used as a proxy for variations in smoking related ill health in the general population across England.

- In 2019-20, there was an estimated total of **3,720 admissions** attributable to smoking in Oxfordshire.
- The rate of smoking attributable hospital admissions was significantly lower in Oxfordshire than in the South East and England.

Smoking attributable hospital admissions  
Directly standardised rate per 100,000



[Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#)

The estimated number of smoking-attributable hospital admissions is calculated by multiplying number of hospital admissions by the SAFs (Smoking Attributable Fraction)

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## E-cigarette use and vaping - national

*Although not risk-free, e-cigarettes are far less harmful than smoking. Using a nicotine-containing e-cigarette makes it much more likely someone will quit successfully than relying on willpower alone, but it's important to use regulated e-liquids and never risk vaping home-made or illicit e-liquids or adding substances. PHE's advice is that:*

- *For smokers: You should stop smoking completely. Getting expert support combined with using an e-cigarette doubles your chances of quitting successfully.*
- *For people who vape nicotine: if you are still smoking, you should stop and switch completely to vaping, then come off nicotine when you are confident you won't relapse to smoking.*
- *If you have never smoked: Don't vape.*
- E-cigarettes are increasingly being used by smokers to help quit smoking. In 2019, 5.7% of people in Great Britain reported currently using an e-cigarette.
- Vaping was most common among current cigarette smokers (15.5%) and ex-cigarette smokers (11.7%); only 0.4% of people who have never smoked reported that they currently vape.
- The most common reason given for vaping was as an aid to stop smoking, with approximately half (50.6%) of vapers reporting using e-cigarettes for that purpose in 2019.
- More recent data (2021) for school pupils aged 11-15 shows that 5% of girls and 4% of boys were regular e-cigarette users. 61% of pupils say their usual source of e-cigarette being given them by someone; 57% say they usually buy them from a shop.

PHE, [Vaping and lung disease in the US: PHE's advice](#)

Office for National Statistics, [Adults smoking habits in the UK: 2019](#)

[Smoking, Drinking and Drug Use among Young People in England, 2021 - NHS Digital](#)

See also: ASH, [Use of e-cigarettes among adults](#), [Use of e-cigarettes among young people in Great Britain 2019](#)

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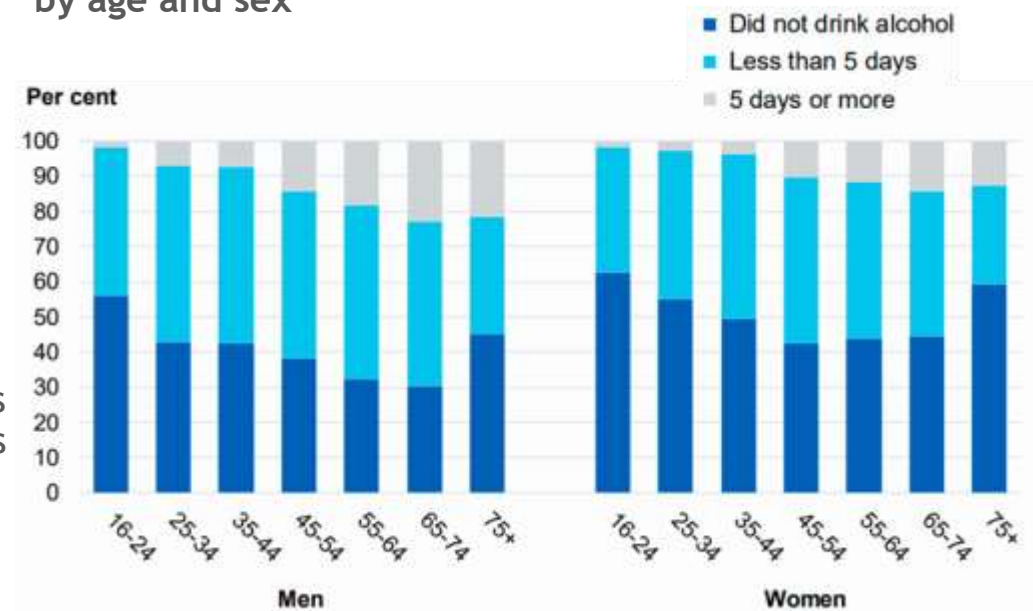
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## Alcohol consumption - national

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. The Chief Medical Officers' guideline for adults who drink regularly or frequently (i.e. most weeks) is that it is safest not to drink more than 14 units per week on a regular basis.

- National survey data show that 59% of men and 50% of women had drunk alcohol in the last week.
- The proportion drinking in the last week increased with age from 41% of 16-24 year olds to 62% of those aged 55-74 years old, but decreased in the oldest age group.
- 10% of people reported drinking alcohol on five or more days. This ranged from 2% in 16-24 year olds up to 13% women aged 65-74 and 23% men aged 65-74 years old.

Number of days on which drank alcohol in the last week, by age and sex



[Local Alcohol Profiles for England - Data - OHID \(phe.org.uk\)](#)

NHS Digital, [Health Survey for England 2019](#) (new survey will be released December 2022)

Department of Health and Social Care, [Alcohol consumption: advice on low risk drinking](#)

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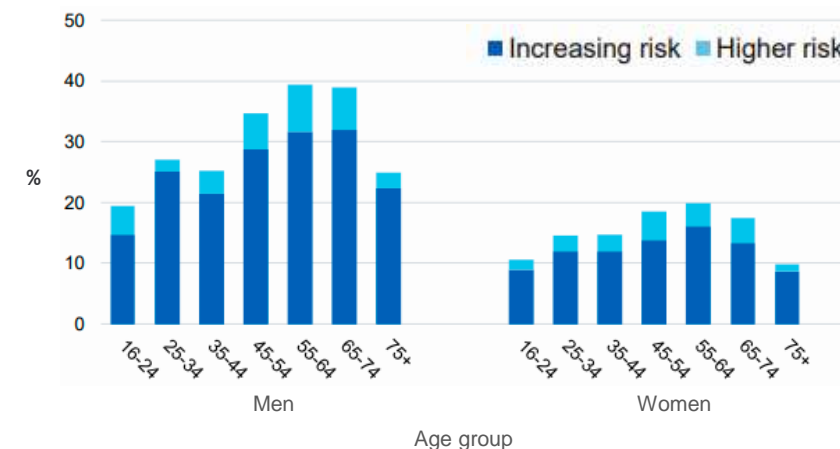
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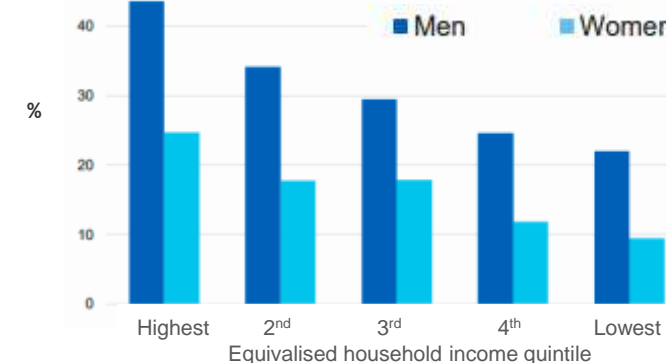
**Alcohol consumption - national**

- A higher proportion of men than women drank at increasing risk of harm (over 14 units a week); 30% of men and 15% of women.
- 5% of men drank over 50 units a week and 3% of women drank over 35 units a week (higher risk).
- The proportions of men and women who reported drinking over 14 units of alcohol weekly increased with household income.
- In the highest income households 44% of men and 25% of women drank at this level, compared with 22% of men and 9% of women in the lowest income households.
- The proportion of non-drinkers increased as the household income decreased from 10% of non-drinkers in the highest income quintile to 33% in the lowest income quintile.

**Proportion of adults drinking over 14 units a week, by age and sex**



**Proportion of adults drinking over 14 units a week, by household income and sex**



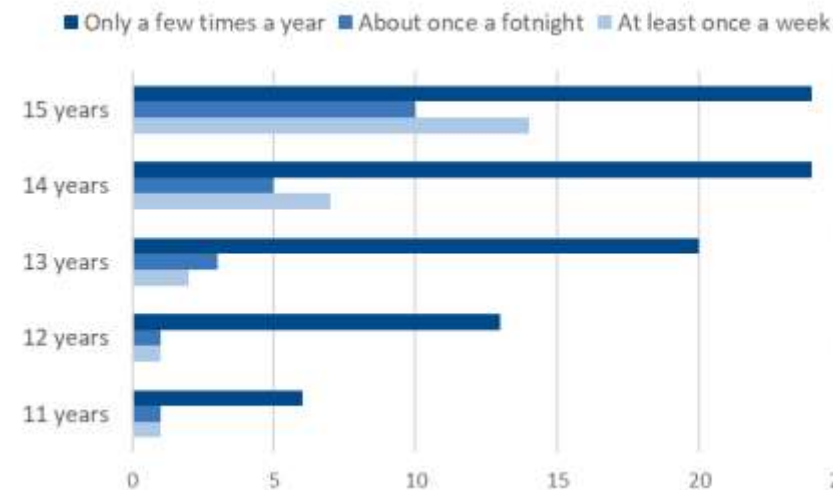
NHS Digital, [Health Survey for England 2019](#) (new survey will be released December 2022)

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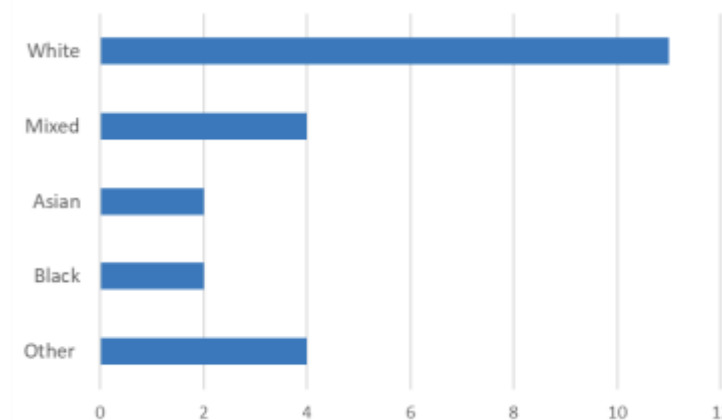
### Alcohol drinking in young people - national

- According to the Smoking, Drinking and Drug Use among Young People 2021 survey, 6% of all pupils aged 11-15 years said they usually drank alcohol at least once per week.
- A further 11% of pupils said they usually drank between once a fortnight and once a month, meaning a total of 17% who said they usually drank alcohol at least once a month.
- The proportion usually drinking once a week increased with age, from 1% of 11 year olds to 14% of 15 year olds.
- White pupils were most likely to have had an alcoholic drink in the last week, with 11% having done so.
  - This compares with 4% of Mixed ethnicity pupils, 4% of Other ethnic background, 2% Black pupils and 2% of Asian pupils.

Usual frequency of drinking by school pupils, by age



Had an alcoholic drink in the last week, by ethnicity



Smoking, Drinking and Drug Use among Young People in England, 2021 - NHS Digital released Sept22



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## Alcohol-related hospital admissions

- In 2020-21, there were 3,015 admission episodes for **alcohol-specific** conditions in Oxfordshire, equivalent to 451 admissions per 100,000 population.
  - This was significantly lower than national and regional rates.
  - This was made up of 1,945 admissions in males and 1,070 admissions in females.
  - These included admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition code only.
  
- There were 2,303 admission episodes for **alcohol-related** conditions in Oxfordshire, equivalent to 343 admissions per 100,000 population.
  - This was significantly lower than national and regional rates.
  - This was made up of 1,537 admissions in males and 766 admissions in females.
  - These included admissions to hospital where the primary diagnosis is an alcohol-related condition, or a secondary diagnosis is an alcohol-related external cause.
  
- When a **broader definition** is used, there were 8,067 admission episodes for alcohol-related conditions, equivalent to a rate of 1,200 admissions per 100,000 population.
  - This was significantly lower than national and regional rates.
  - This was made up of 5,864 admissions in males and 2,203 admissions in females.
  - These included admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable code.

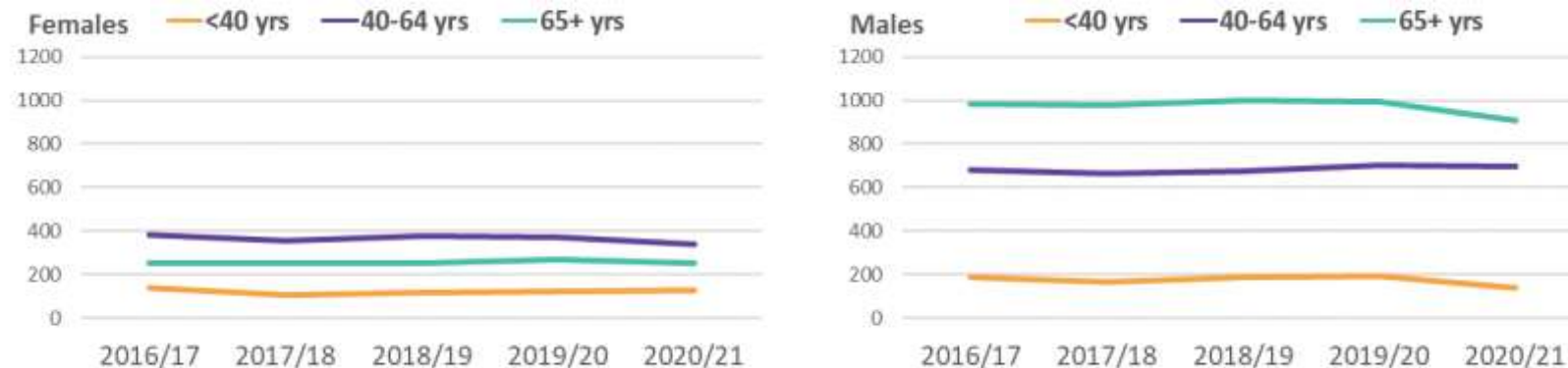
[Local Alcohol Profiles for England - OHID \(phe.org.uk\)](#)

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### Alcohol-related hospital admissions by age group

- Overall, males continue to have higher rates than females for alcohol-related hospital admissions.
- Admissions in Oxfordshire are significantly lower than England in all adult age groups for both males and females. During 2020-21 there was a decrease in admissions for males in all age groups and for females there has been a decrease except for age group under 40.
- National data show that these admissions tend to be more prevalent in more deprived groups.

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



[Local Alcohol Profiles for England - OHID \(phe.org.uk\)](https://phe.org.uk)

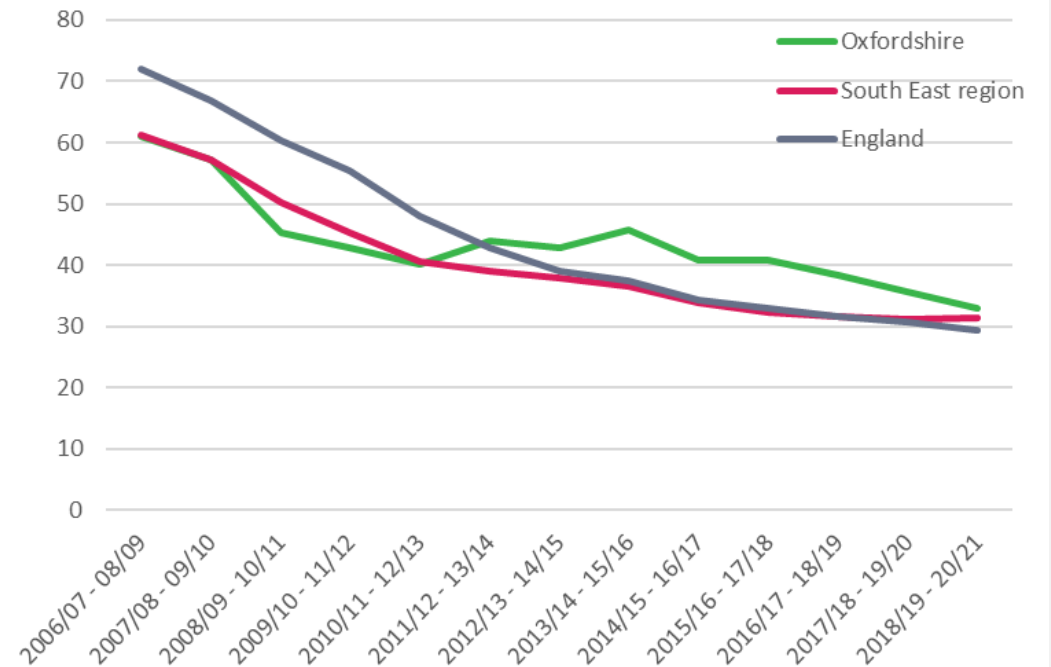
Definition: Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. (narrow)

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## Alcohol specific hospital admissions in under 18s

- There were 145 admissions of people aged under 18 in Oxfordshire due to alcohol-specific conditions in the three year period 2018-19 to 2020-21.
- This is equivalent to a rate of 33 admissions per 100,000 population, significantly similar to England and South East averages.
- Unlike the older age groups, admissions were higher in females than males. In the most recent data, the rate per 100,000 in Oxfordshire was 22.2 in males (similar to England and South East) and 46.9 in females (significantly worse than England and South East).

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



[Local Alcohol Profiles for England - OHID \(phe.org.uk\)](#)

Definition: 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.

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## Alcohol-related conditions - other impacts

- In 2020-21, there were over 3,500 hospital admissions for alcohol-related cardiovascular disease in Oxfordshire (rate 526 per 100,000 population, significantly lower than national average). In the same year, there were 816 admissions for alcoholic liver disease; 312 for alcohol-related unintentional injuries; 343 for mental and behavioural disorders due to use of alcohol and 152 casualties in road traffic accidents where a failed breath test or refusal to provide a sample.

Compared with benchmark: ● Better ● Similar ● Worse ○ Not compared

Indicator	Period	Oxon		Region England		England		Range	Best
		Recent Trend	Count	Value	Value	Value	Worst		
Admission episodes for alcoholic liver disease (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons, All ages)	2020/21	↑	816	122.4	101.4	128.3	282.9		63.3
Admission episodes for alcohol-related cardiovascular disease (Broad): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons, All ages)	2020/21	→	3,564	526	545	613	897		336
Admission episodes for alcohol-related unintentional injuries (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons, All ages)	2020/21	→	312	46.8	41.6	43.7	73.9		28.1
Admission episodes for mental and behavioural disorders due to use of alcohol (Narrow): New method. This indicator uses a new set of attributable fractions, and so differ from that originally published. (Persons, All ages)	2020/21	→	343	51.8	51.8	69.7	207.3		27.0
Casualties in road traffic accidents where a failed breath test (or refusal to provide a sample) occurred (Persons, All ages)	2018 - 20	-	152	3.89%	4.14%	3.60%	7.34%		0.85%

New data

[Local Alcohol Profiles for England - OHID \(phe.org.uk\)](https://phe.org.uk)

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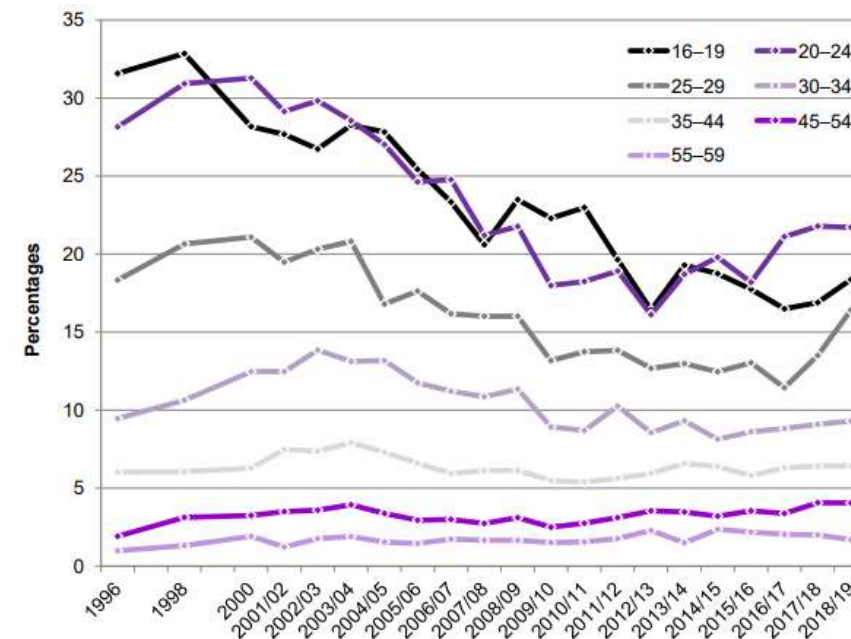
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**Illicit drug use - national**

- National data from 2018-19 shows that around 1 in 11 (9.4%) people aged 16 to 59 had taken an illicit drug in the previous year, an increase since the 2015-16 survey (8.3%).
  - 1 in 20 (5%) had taken a drug in the last month.
- Younger people were more likely to have taken drugs than older people.
- Around 1 in 5 (20.3%) people aged 16-24 had taken a drug in the last year, with an apparent increase since the 2015-16 survey (18.0%).
  - 1 in 9 (11.4%) had taken a drug in the last month.
- 1 in 25 (3.7%) people aged 16-59 years reported taking a Class A drug in the last year, following a generally upward trend since 2011-12 .
  - This increase was driven primarily by use of powder cocaine and ecstasy in 16-24 year olds.
  - 1 in 11 (8.7%) 16-24 year olds had taken a Class A drug in the last year.

**Proportion of 16 to 59 year olds using any illicit drug in the last year by age group, 1996 to 2018-19**



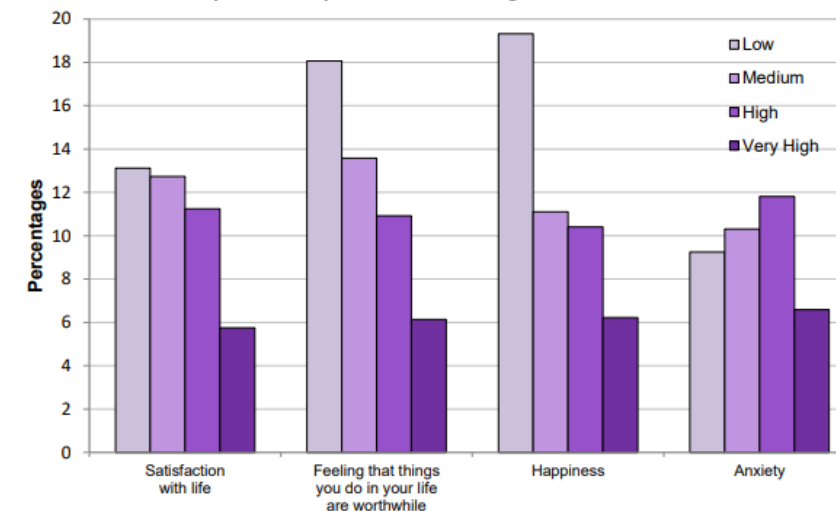
Home Office, [Drugs Misuse: Findings from the 2018-19 Crime Survey for England and Wales](#)

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### Drug use by personal, household and area characteristics and lifestyle factors - national

- In 2018-19, men (12.6%) were around twice as likely as women (6.3%) to take any drug in the last year.
- Higher prevalence of drug use was associated with more frequent visits to pubs, bars and nightclubs.
  - Class A drug use in the last year was around 11 times higher among those who had visited a nightclub at least four times in the past month (24.5%), compared with those who had not visited a nightclub in the past month (2.3).
- People living in urban areas (9.8%) were more likely to have taken any drug in the last year than those living in rural areas (7.7%).
- People with self-reported lower levels of happiness were more likely to have taken any drug in the last year than those with self-reported higher levels of happiness.
  - 1 in 5 (19.3%) adults who had classified themselves as having low levels of happiness reported using 'any drug' in the last year.
  - 1 in 16 (6.2%) of those classified as having very high levels of self-reported happiness had used a drug in the last year.

**Proportion of 16 to 59 year olds using any drug in the last year by wellbeing measures, 2018-19**



Home Office, [Drugs Misuse: Findings from the 2018-19 Crime Survey for England and Wales](#)

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## Drug use in school pupils aged 11-15 years - national

- In 2021, 18% of pupils reported they had ever taken drugs, this was lower than the 2018 and 2016 value of 24%.
- The proportion of pupils who said that they had taken drugs in the last year also fell and was 12% in 2021 compared with 17% in 2018.
- A lower proportion of boys (11%) than girls (13%) had taken drugs in the last year. The difference was statistically significant.
- The likelihood of having taken drugs in the last year increased with age, from 3% of 11 year olds to 24% of 15 year olds.
- Asian pupils were less likely than other ethnic groups to have taken drugs in the last year: 8%, compared with 15% of mixed ethnicity pupils, 13% of Black pupils, and 12% of White pupils.

[Smoking, Drinking and Drug Use among Young People in England, 2021 - NHS Digital](#) released Sept22

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## Hospital admissions related to drug misuse: Oxfordshire

- In 2019-20, there were 40 admissions for drug-related mental and behavioural disorders in Oxfordshire. This equates to 6 admissions per 100,000 population, lower than the regional (8 per 100,000) and national (13 per 100,000) rates.
- In the same period, there were 750 admissions where drug-related mental and behavioural disorders were a factor, which equates to 110 admissions per 100,000, this has decreased from the previous year and is now lower than the regional rate (122 per 100,000) and the national rate (181 per 100,000).
- There were 180 admissions (26 per 100,000) for poisoning by drug misuse in Oxfordshire in 2019-20, compared with 28 per 100,000 in the region and 31 per 100,000 in England.

## National

- National data shows that more men than women were admitted to hospital for drug related mental and behavioural disorders (73% male), but similar proportions for admissions due to poisoning by drug misuse (49% male).
- Admissions for drug related mental and behavioural disorders, and for poisoning by drug misuse, show similar age profiles. Levels are highest for younger people (apart from those under 16), peaking between ages 25 and 34. Admissions for drug-related mental and behavioural disorders are lowest for those aged under 16 and over 64. Although admissions amongst older people are low, numbers are rising most in those aged over 45.
- Admission rates for both drug related mental and behavioural disorders, and for poisoning by drug misuse increase with the level of deprivation.

[Statistics on Drug Misuse, England 2020 - NHS Digital](#) and [LA data visualisation tool](#)



# Diet, overweight and physical activity

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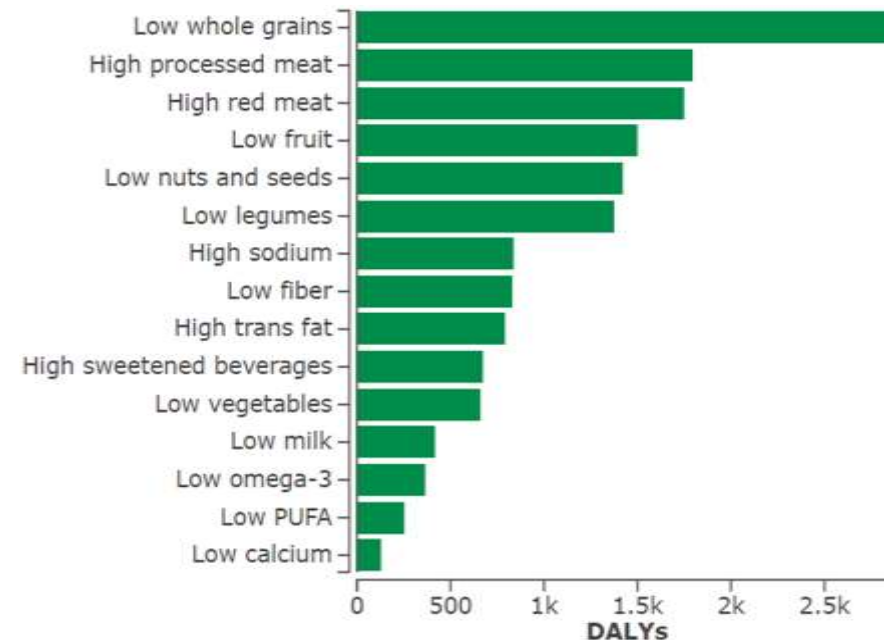
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**Dietary risk factors**

- There is a lack of reliable data on people’s food choices in Oxfordshire; the following data show the effect of dietary risk factors on the total burden of disease (DALYs) in Oxfordshire.
- In 2019, dietary risk factors accounted for over 11,500 lost years of healthy life (DALYs) due to cardiovascular diseases, diabetes and kidney disease, and neoplasms.
- There is some uncertainty over the effects of specific foods, but current evidence suggests the leading dietary risk factors are:
  - Having a diet low in whole grains, fruit, nuts, seeds and legumes
  - Having a diet high in processed meat, red meat and sodium
- See also: **affordability of healthy food**

**Oxfordshire DALYs by dietary risk factor, all causes, 2019**



One Disability Adjusted Life Year (DALY) can be thought of as one lost year of "healthy" life. DALYs are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences. The sum of DALYs for a population is a measurement of the gap between current health status and the situation where the entire population lives to an advanced age, free of disease and disability.

Institute for Health Metrics and Evaluation (IHME), [GBD Compare](#). (Accessed 12.01.21)

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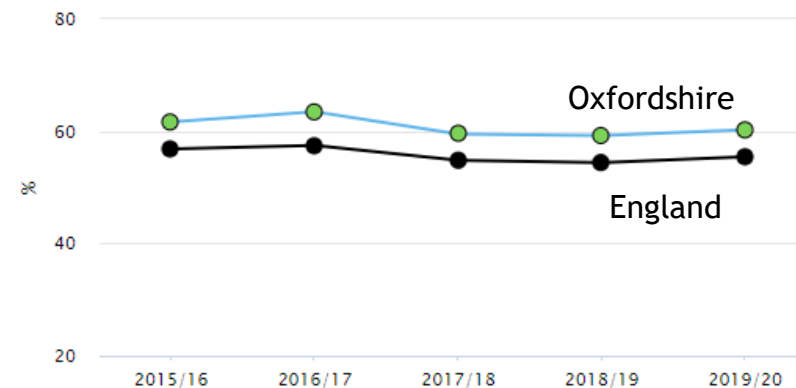
### Diet: 5-a-day

- According to the Sport England Active Lives survey, in 2019-20 Oxfordshire was above average on the proportion of the population meeting (self-reported) the recommended 5 or more portions of fruit or vegetables per day (60.2% compared with 55.4%).
- Cherwell district was significantly below average (50.9%).

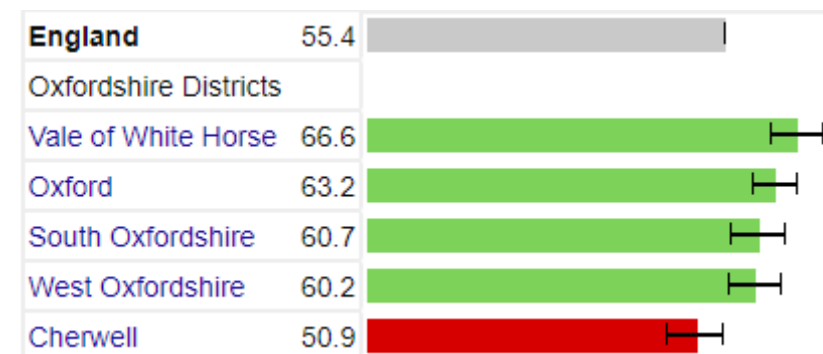
From Active Lives Adult Survey, Sport England [Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk) (last updated May 2022)

*Respondents were asked:*  
 - How many portions of fruit did you eat yesterday? Please include all fruit, including fresh, frozen, dried or tinned fruit, stewed fruit or fruit juices and smoothies. Fruit juice only counts as one portion no matter how much you drink.  
 - How many portions of vegetables did you eat yesterday? Please include fresh, frozen, raw or tinned vegetables, but do not include any potatoes you ate. Beans and pulses only count as one portion no matter how much of them you eat.

Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults)



Proportion of the population meeting the recommended '5-a-day' on a 'usual day' (adults) 2019-20



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## The economic costs of obesity



Health matters: obesity and the food environment - GOV.UK ([www.gov.uk](http://www.gov.uk)) (2017)

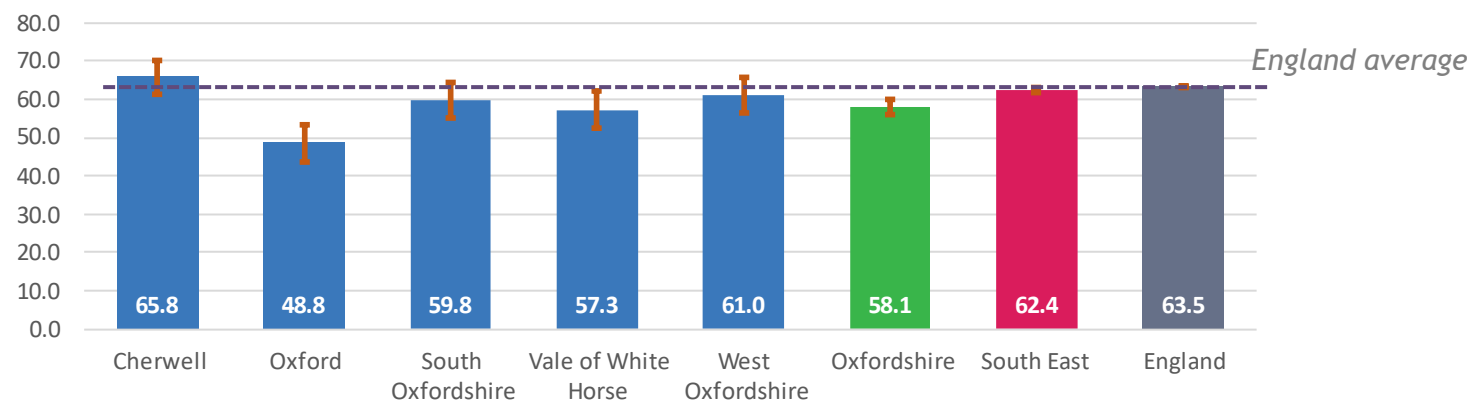
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## Adult overweight and obesity

Excess weight in adults is a complex problem with multiple causes and significant implications for health and wellbeing. It is recognised as a major determinant of premature mortality and avoidable ill health. Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m<sup>2</sup>. Obesity is defined as a BMI greater than or equal to 30.

- An estimated 58% of people aged 18 or over in Oxfordshire were classified as overweight or obese in 2020-21, significantly lower than the average for England (63.5%) and the South East (62.4%).
- Oxford district had the lowest percentage of adults classified as overweight or obese (48.8%), while Cherwell had the highest (65.8%). Oxford's low percentage of adults overweight/obese is likely to be linked to the younger age profile of the population in the city.

Percentage of adults (18+) classified as overweight or obese, 2020-21



Public Health England, [Physical Activity Profile](#) , [Whole systems approach to obesity](#)  
Explore [Healthy Weight Story Maps \(arcgis.com\)](#)

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### Overweight and obesity of adults with Learning Disabilities

- Of adults (aged 18+) on Oxfordshire GP practice Learning Disabilities registers and having a BMI test, 40% were measured as obese and a further 28% were overweight. 68% in total either overweight or obese.
- This was well above the 21% of adults in Oxfordshire who were classified as obese from the Active Lives Survey and the further 37% who were overweight. 58% in total either overweight or obese.

**Rates of overweight and obesity in Oxfordshire (aged 18+) total vs adults with Learning Disabilities**



[NHS Digital Health and Care of People with Learning Disabilities 2020-21](#)

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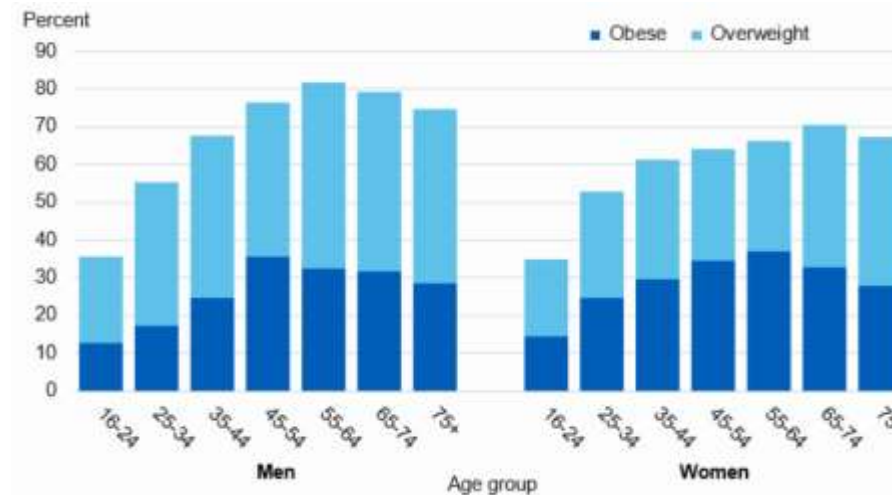
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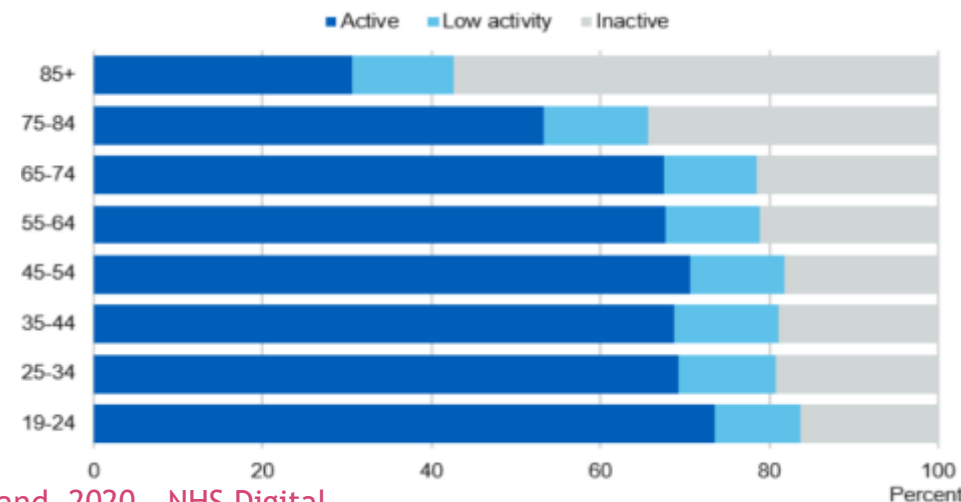
**Inequalities in adult overweight and obesity - national**

- National data show that overweight and obesity prevalence increased with age among both men and women. It was highest among men aged between 55 and 64 years (82%) and women aged between 65 and 74 years (70%).
- National data for 2020-21 shows the prevalence of obesity (including severe obesity) rising from 14.4% to 25.5% in Year 6.
- The proportion of adults who were obese also increased with age and was highest among men aged between 45 and 54 years (36%) and among women aged between 55 and 64 years (37%).

**% adults overweight or obese, England-2018**



**Adult physical activity by age group, England-2019**



[Statistics on Obesity, Physical Activity and Diet, England, 2020 - NHS Digital](#)

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## Excess weight in children

*Obesity is associated with poor psychological and emotional health. Obese children are more likely to become obese adults with a higher risk of morbidity, disability and premature mortality in adulthood.*

- The majority of measured children in Oxfordshire are a healthy weight (8 out of 10 Reception children; 7 in 10 Year 6 children).
- Since 2007-08, overweight or obesity prevalence has remained relatively stable in Oxfordshire for both reception and year 6.
- In 2019-20, around 18.6% of Reception year children, aged 4 or 5, in Oxfordshire were overweight or obese. This included 6.7% of all children who were obese, and 1.5% who were severely obese.
- Overweight and obesity prevalence increases over the course of primary school - in Year 6, aged 10 or 11, 29.4% of children were overweight or obese. This included 16.1% of all children who were obese, and 3.0% of children who were severely obese.
- Prevalence of underweight is also higher by Year 6: 1.0% in Reception compared to 1.5% in Year 6.

The National Child Measurement Programme (NCMP) measures the height and weight of children in Reception year and Year 6 attending participating state maintained schools in England. The NCMP data collection stopped in March 2020 when schools were closed due to the Covid-19 pandemic. In a usual NCMP collection year, national participation rates are around 95% of all eligible children, however in 2019-20 the number of children measured was around 75% of previous years.

NOTE: NCMP data for 2020-21 is only available at England level, next release Nov22 [NCMP and Child Obesity Profile](#) [Childhood Obesity: applying all our health](#) Explore [Healthy Weight Story Maps \(arcgis.com\)](#)

### Reception



### Year 6



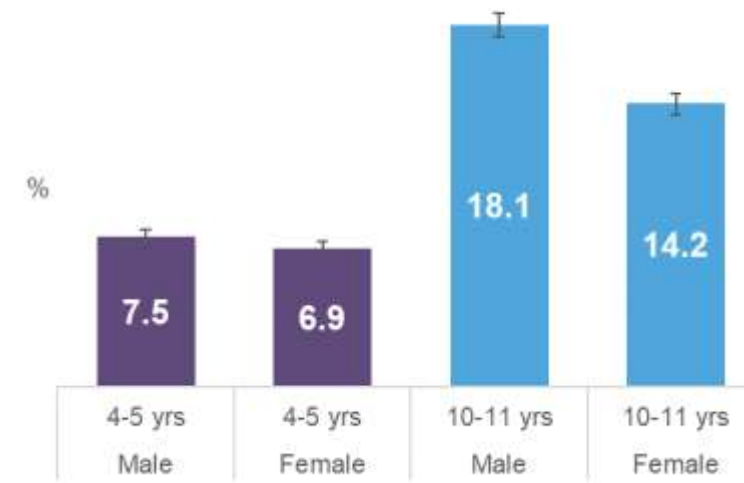


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### Childhood obesity - inequalities

- Obesity prevalence is higher in boys than in girls in Oxfordshire, and the disparity increases between Reception and Year 6.
  - In Reception, 7.5% of boys were obese compared to 6.9% of girls
  - This difference is not statistically significant
  - By Year 6, 18.1% of boys were obese, compared to 14.2% of girls
  - This difference is statistically significant
  
- National data show that ethnicity has an effect on obesity prevalence in both Year 6 and Reception boys and girls. This may be influenced by the higher rates of ethnic minorities populations in areas of deprivation which have poorer access to healthy food.
  - Obesity prevalence is highest in children from Black, Pakistani, and Bangladeshi ethnic groups
  - Ethnic disparities in obesity prevalence are in general greater in Year 6 than in Reception

Obesity prevalence by age and gender, Oxfordshire, 2015-16-19-20 combined



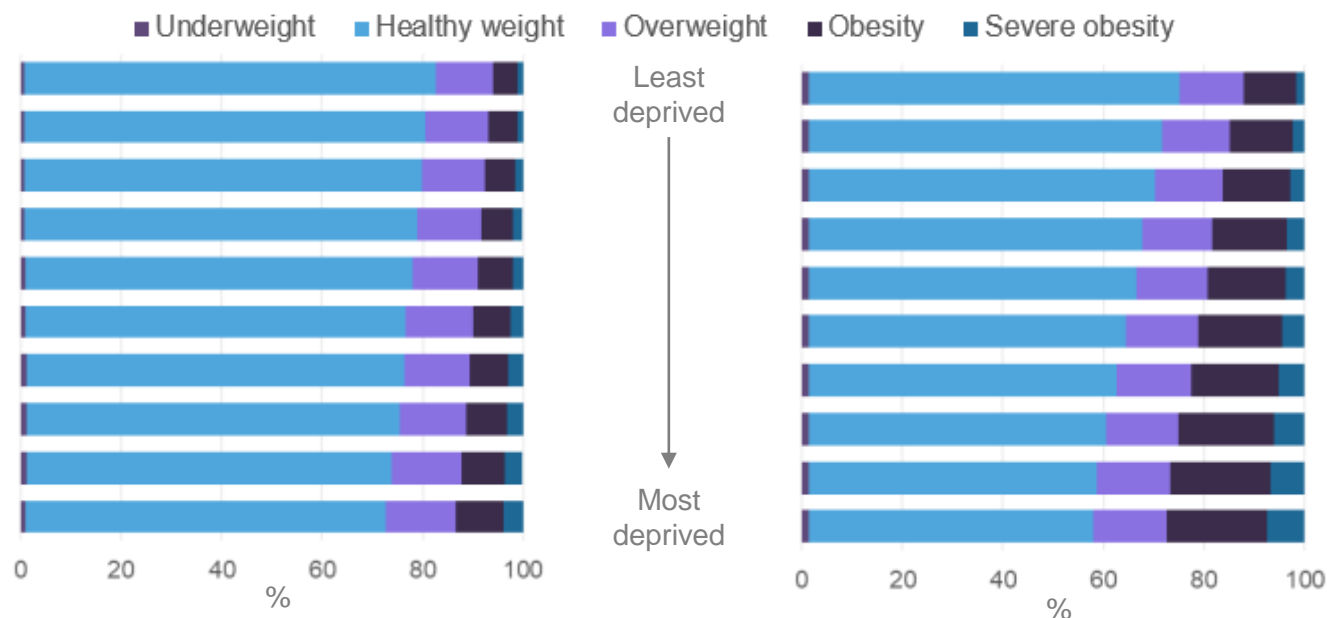
NOTE: NCMP data for 2020-21 is only available at England level, next release Nov22  
[Obesity Profile - Data - OHID \(phe.org.uk\)](#)

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### Inequalities in childhood obesity - national

- National data show that prevalence of healthy weight decreases as **deprivation** increases.
- In Reception, 27% of children in the most deprived decile are overweight (including obese), compared to 17% of children in the least deprived decile.
- In Year 6, 42% of children in the most deprived decile are overweight (including obese), compared to 25% of children in the least deprived decile.

**Weight categories of children across deprivation deciles, England 2019-20**



NOTE: NCMP data for 2020-21 is only available at England level, next release Nov22  
[NCMP and Child Obesity Profile](#)

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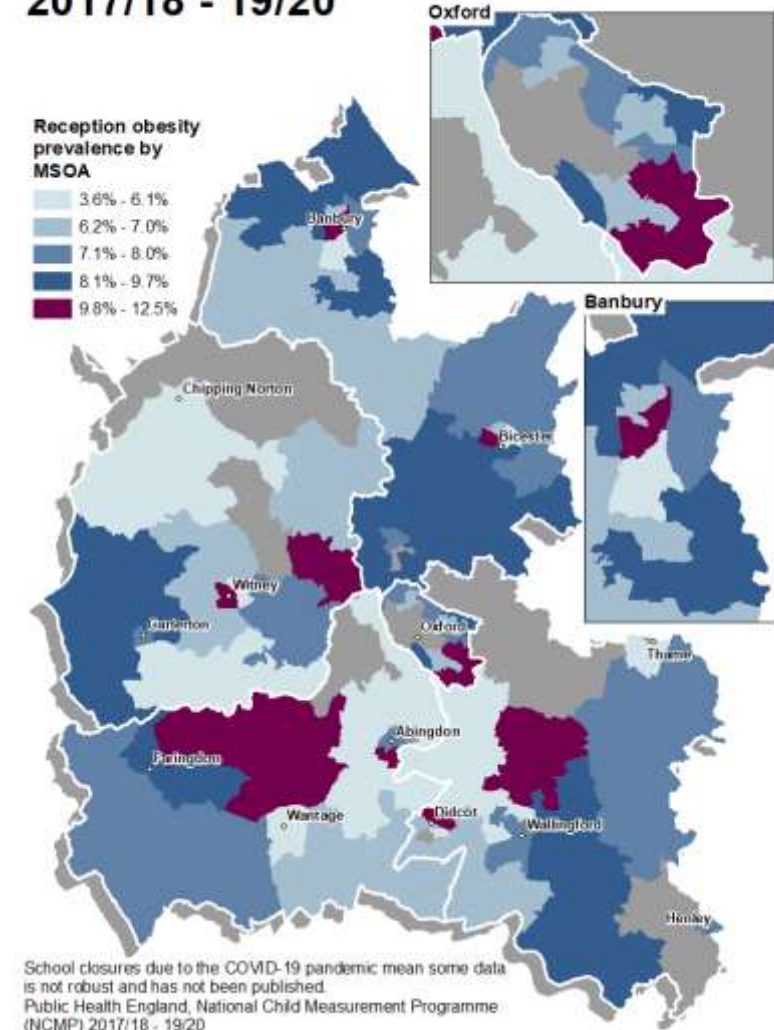
### Childhood obesity map - Reception

At small area level, numbers of children measured are small so data are reported for years 2017-18 to 2019-20 combined. Additionally, the 2019-20 NCMP data collection stopped in March 2020 when schools were closed due to the Covid-19 pandemic, which means data for some areas is not robust and has not been published. Data is available at ward level, but has been suppressed to a higher degree than data at MSOA level; for this reason we have reported data by MSOA.

- The prevalence of obesity varies within Oxfordshire.
- In Reception (aged 4 or 5), obesity prevalence ranges from 3.6% in Botley and Kennington to 12.5% in Kingston Bagpuize & East Hanney.
- Areas (MSOAs) that have a significantly higher obesity prevalence than the Oxfordshire average include: Littlemore & Rose Hill; Cowley North; Bicester West; Abingdon South; Chalgrove, Stadhampton & Dorchester; Banbury Ruscote; Blackbird Leys.

NOTE: NCMP data for 2020-21 is only available at England level, next release Nov22  
[Childhood obesity and excess weight: small area level data](#)  
 Explore [Healthy Weight Story Maps \(arcgis.com\)](https://arcgis.com)

### Reception obesity prevalence, 2017/18 - 19/20

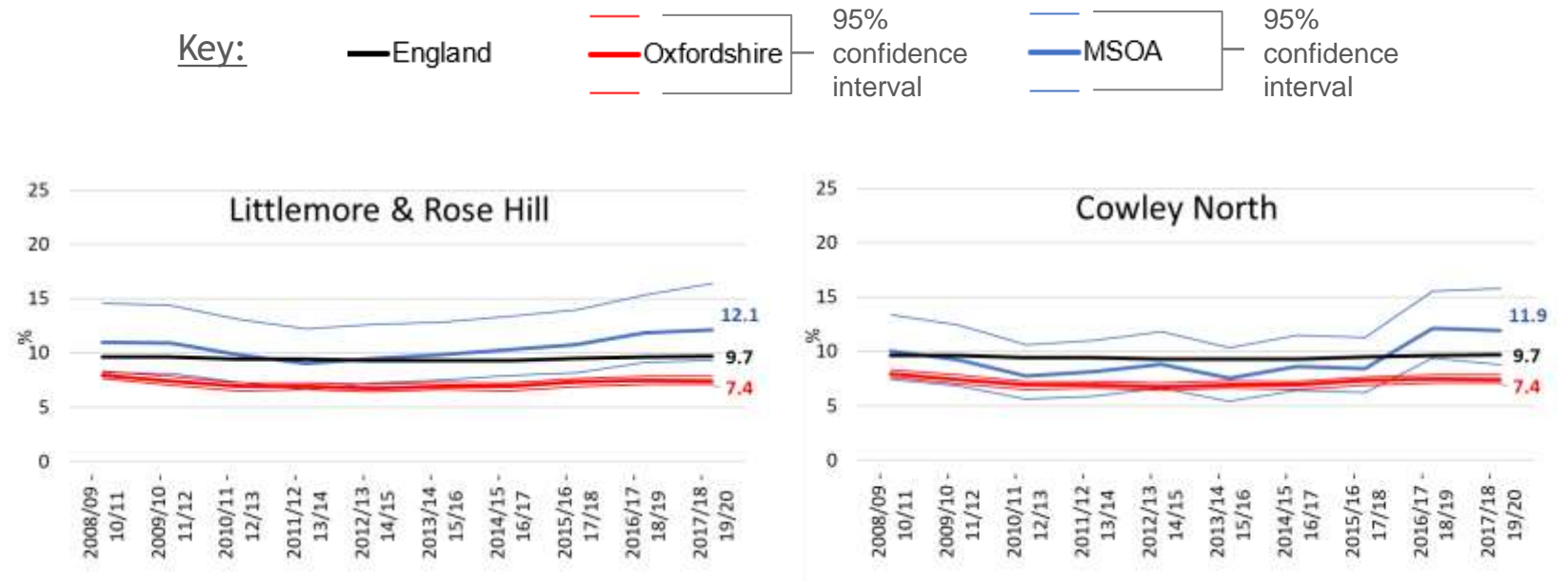


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### Childhood obesity - Reception trends in areas significantly higher than Oxfordshire average

- The charts below show trends in obesity for MSOAs that have significantly higher prevalence of obesity than the Oxfordshire average

Prevalence of obesity among Reception Year children in MSOA compared to Oxfordshire and England, NCMP 2008-09 to 2019-20

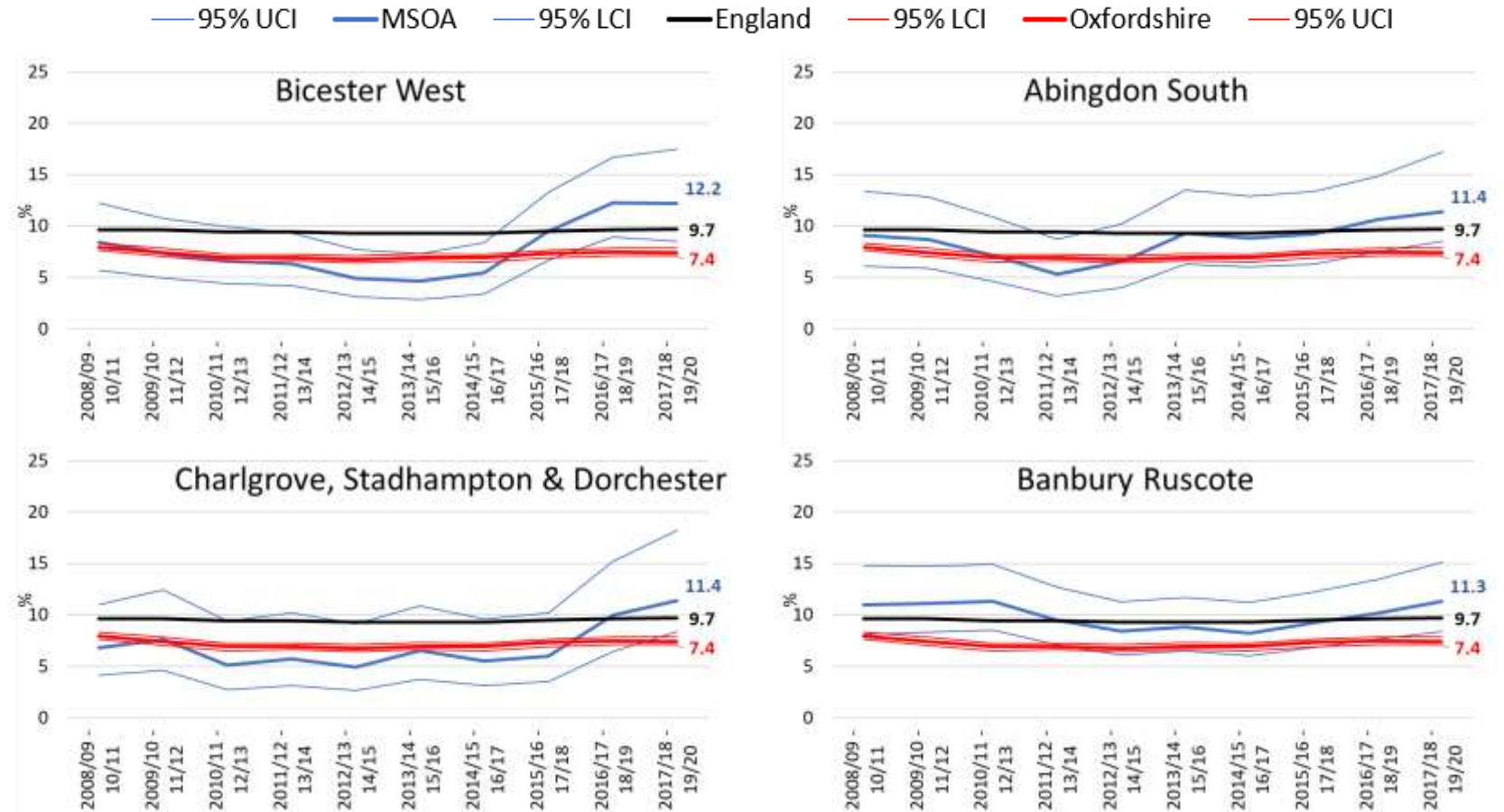


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Prevalence of obesity among Reception Year children in MSOA compared to Oxfordshire and England, NCMP 2008-09 to 2019-20



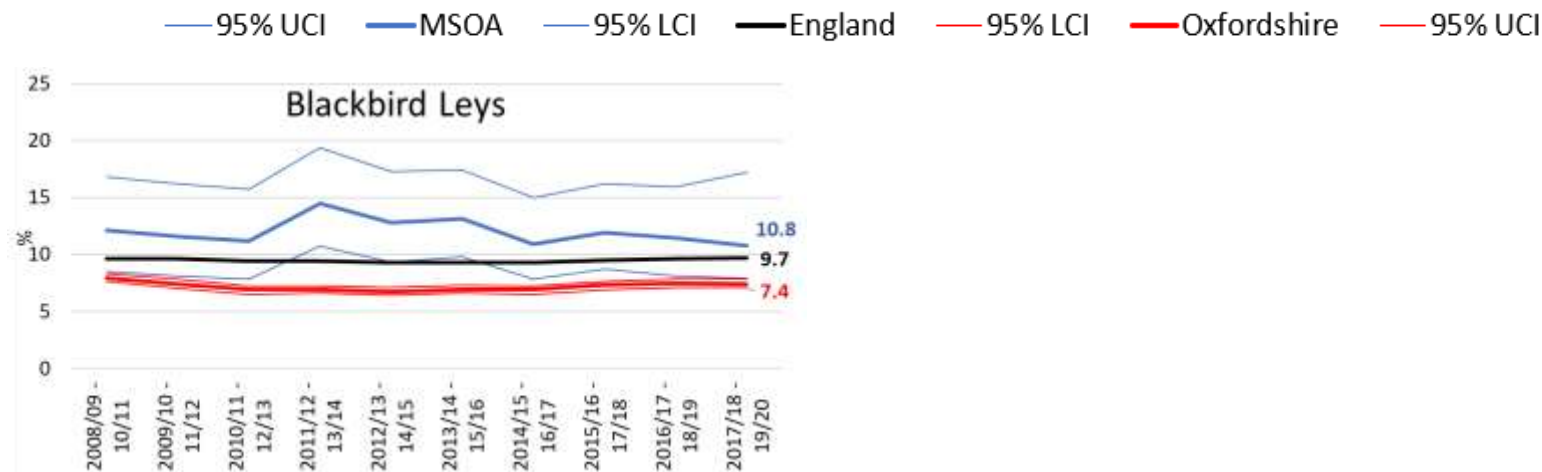
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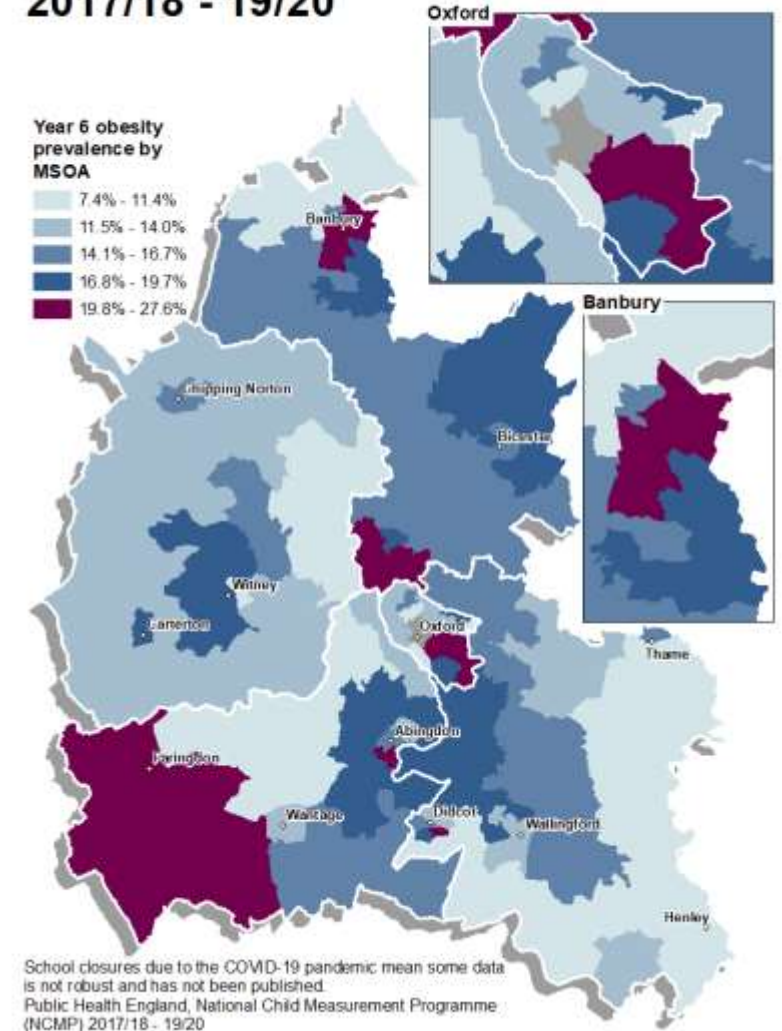
### Childhood obesity map - Year 6

At small area level, numbers of children measured are small so data are reported for years 2017-18 to 2019-20 combined. Additionally, the 2019-20 NCMP data collection stopped in March 2020 when schools were closed due to the Covid-19 pandemic, which means data for some areas is not robust and has not been published. Data is available at ward level, but has been suppressed to a higher degree than data at MSOA level; for this reason we have reported data by MSOA.

- In Year 6 (aged 10 or 11), obesity prevalence ranges from 7.4% in North Central Oxford to 27.6% in Didcot South East
- Areas (MSOAs) that have a significantly higher prevalence than the Oxfordshire average include:
  - Didcot South East
  - Banbury Ruscote
  - Blackbird Leys
  - Greater Leys
  - Faringdon & Stanford
  - Cowley North
  - Banbury Neithrop
  - Begbroke, Yarnton & Water Eaton

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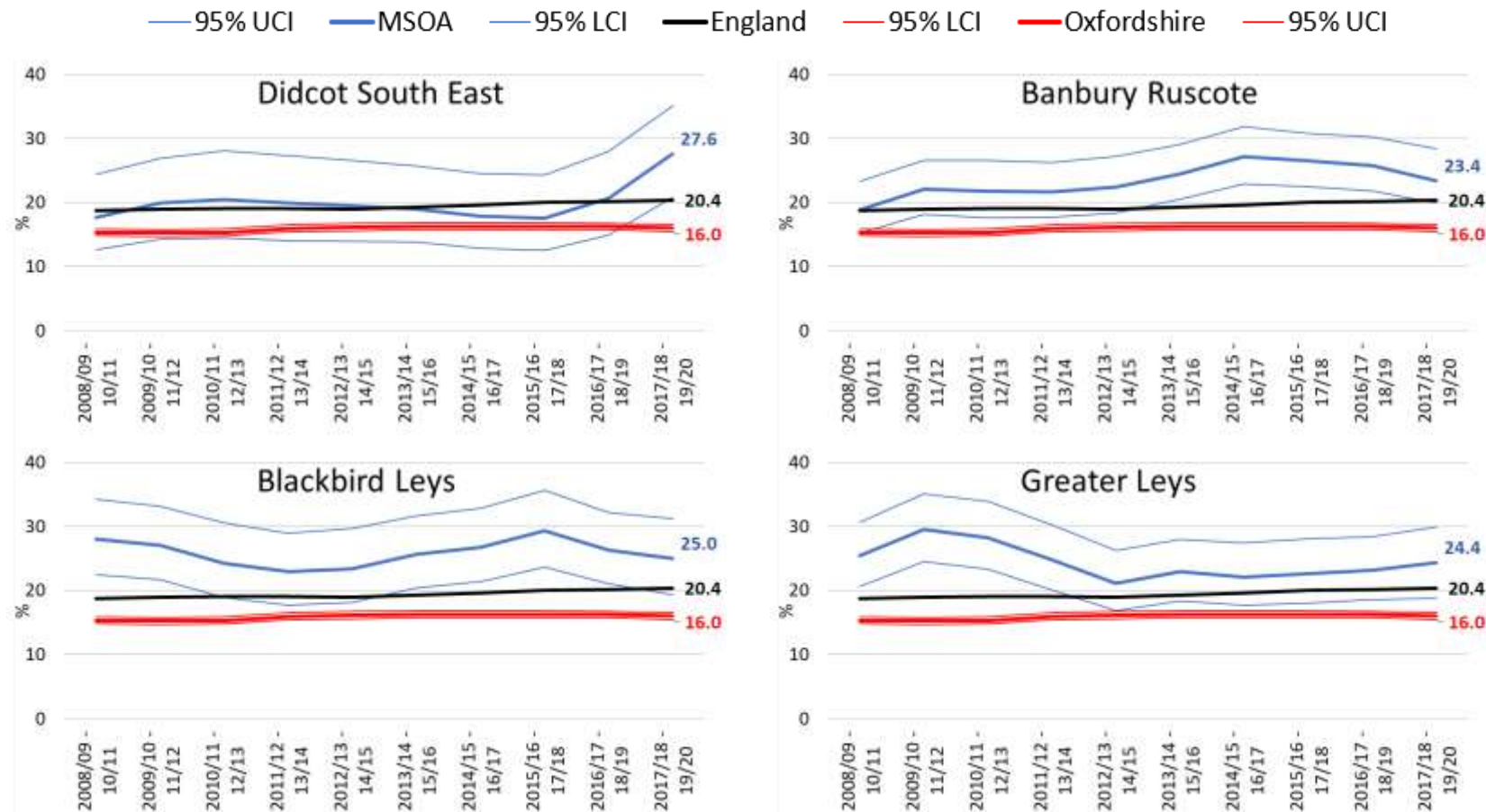
### Year 6 obesity prevalence, 2017/18 - 19/20



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### Childhood obesity - Year 6 trends in areas significantly higher than Oxfordshire average

Prevalence of obesity among Year 6 children in MSOA compared to Oxfordshire and England, NCMP 2008-09 to 2019-20



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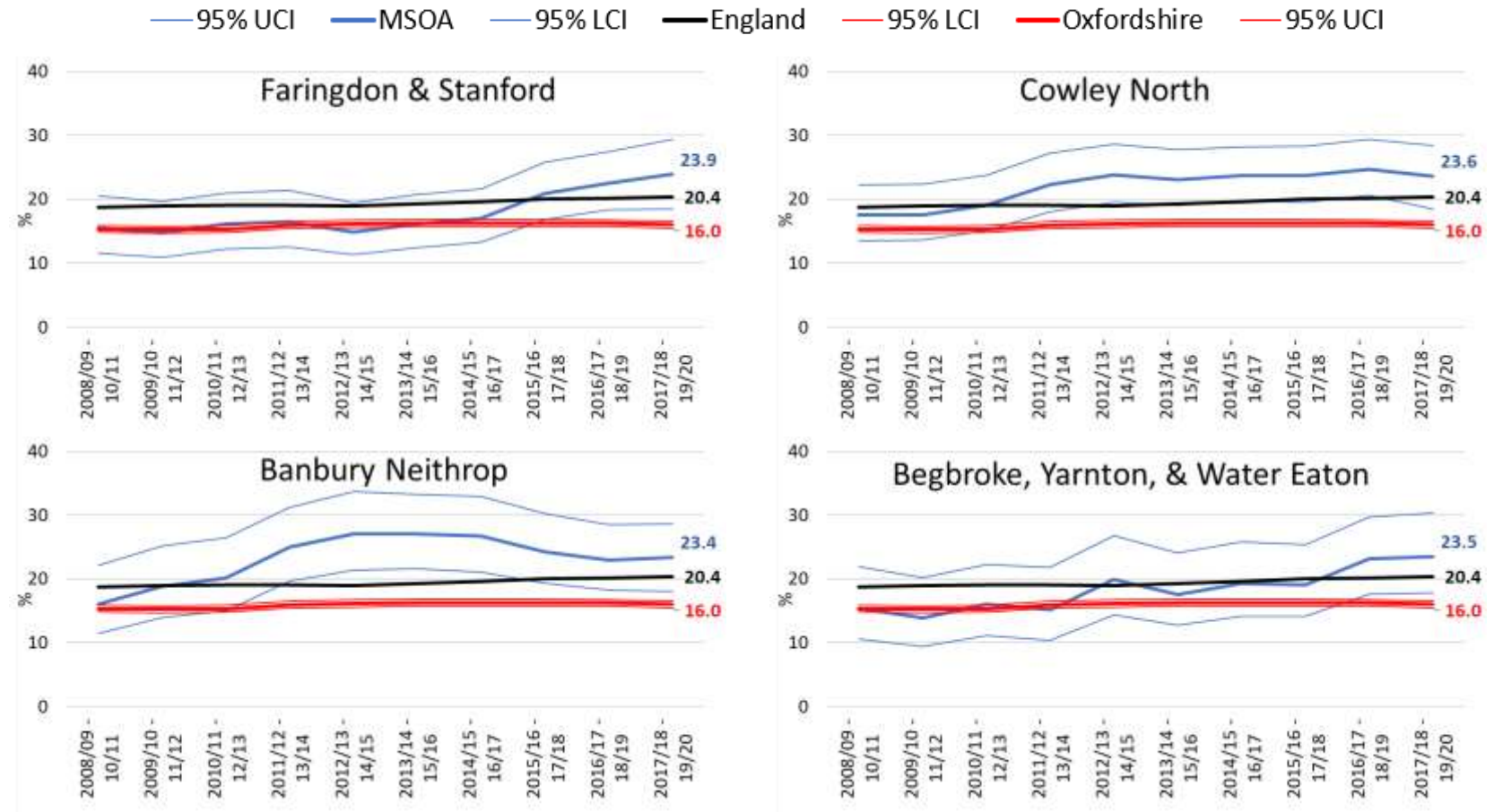
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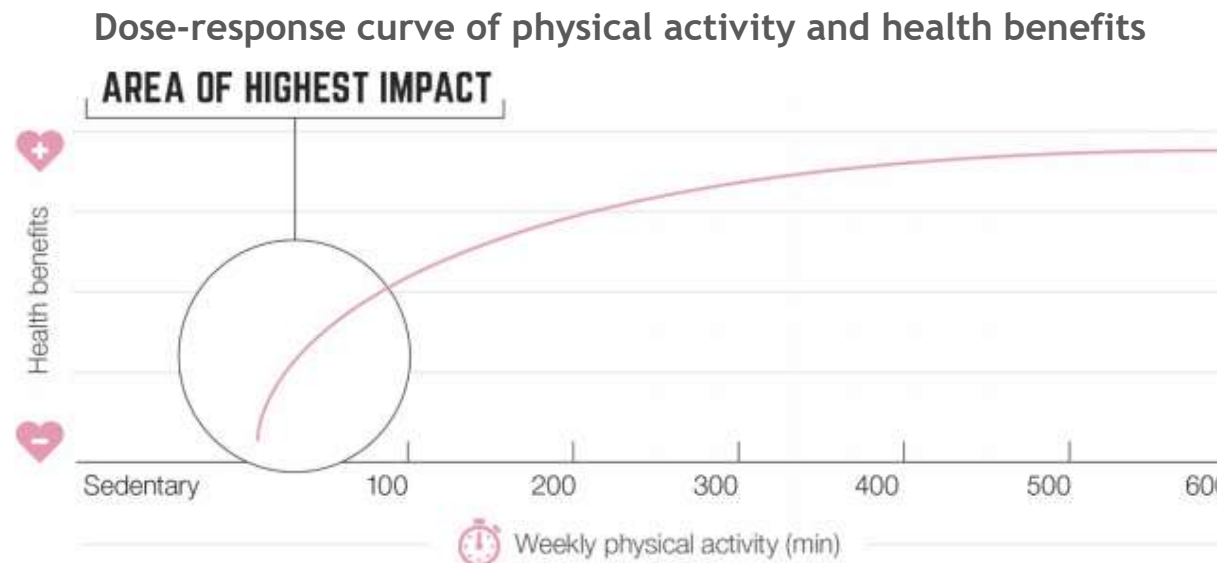
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## Physical activity

- In general, the more time spent being physically active, the greater the health benefits.
- Improvements in health are especially significant for those currently doing the lowest levels of activity (fewer than 30 minutes per week), as the gains per additional minute of physical activity will be proportionately greater.



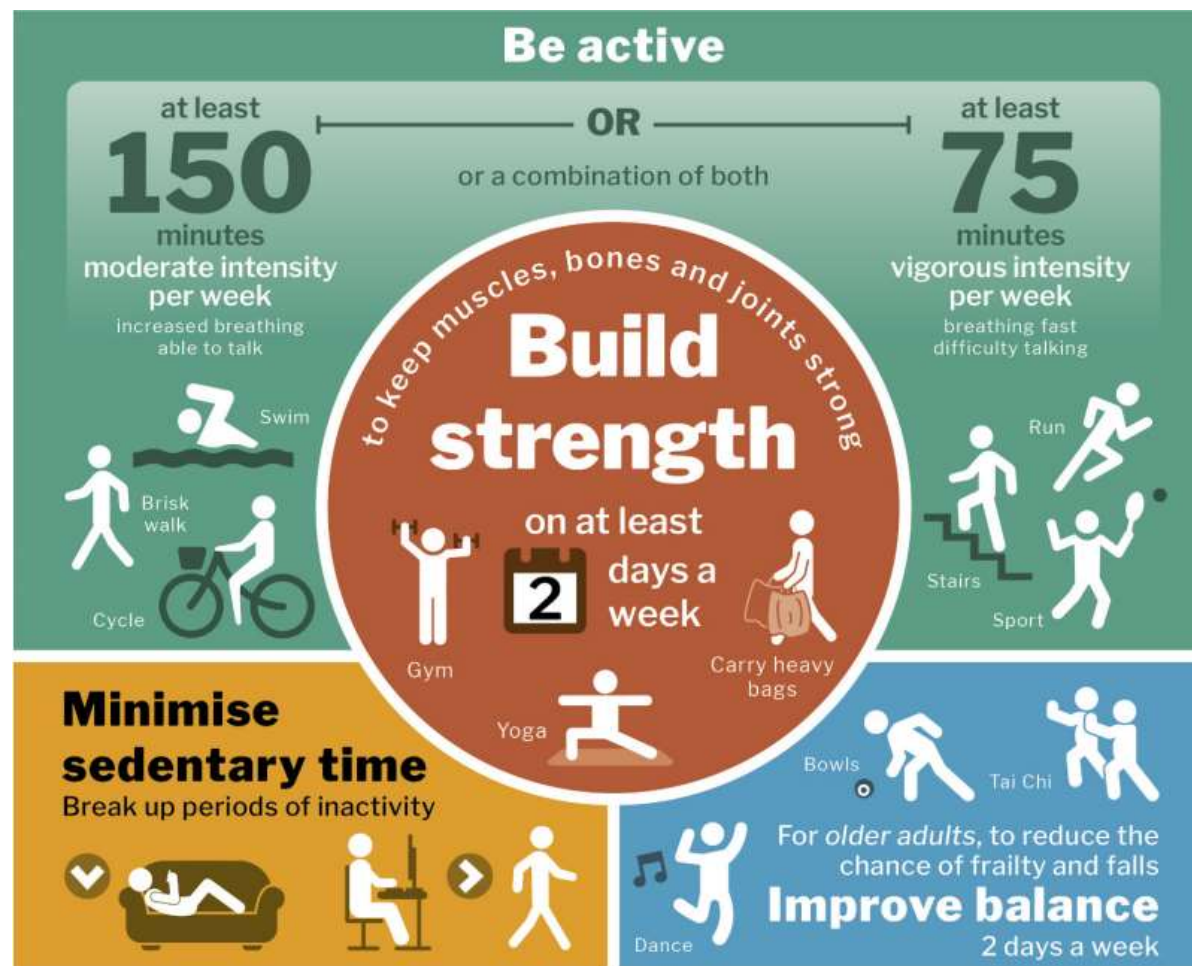
- In 2019, low Physical Activity caused 121 (2.2% of total) deaths and 676 years lived with disability (YLDs) in Oxfordshire, due to **cardiovascular diseases**, **diabetes** and kidney disease, and **neoplasms**. A healthy weight assessment is being developed for Oxfordshire.

Institute for Health Metrics and Evaluation (IHME), [GBD Compare](#) (Accessed 12.1.21)

Department of Health and Social Care, [UK Chief Medical Officers' Physical Activity Guidelines](#)

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## Chief Medical Officer (CMO) guidelines for adults' physical activity



- CMO guidelines are for adults to achieve at least 150 minutes of moderate intensity activity per week.
- Guidelines can also be met by doing 75 minutes of vigorous activity per week, or a combination of moderate and vigorous.
- There are also specific guidelines for disabled adults, pregnant women, and women after childbirth - though these all aim for 150 minutes moderate intensity activity every week.

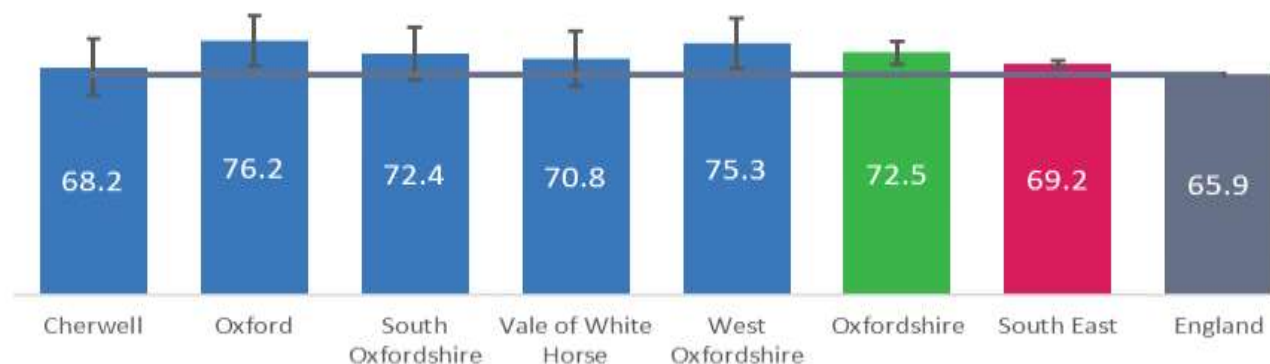
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### Physical activity in adults - overall

- A slightly higher percentage of Oxfordshire adults meet the physical activity guideline than national and regional figures, but roughly 1 in 4 Oxfordshire adults do not.
- Nationally, the data show that participation in physical activity is lower in older age groups, more **deprived groups**, **unemployed** or economically inactive groups, routine and manual workers, those who had never worked or were unemployed, and people with **disability**.
- Barriers to physical activity for those in more deprived areas include time, cost, lack of access to green space and safety concerns.
- The percentage of physically active adults was lower in Asian, Black, and Chinese **ethnic groups** than the average.
- A higher percentage of males were physically active than females.

% of Oxfordshire adults (19+) meeting physical activity recommendations, 2020-21



[Physical Activity - Data - OHID \(phe.org.uk\)](#)

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## CMO guidelines for children’s physical activity

- Guidelines for children aged between 5 and 18 are to achieve 60 minutes physical activity per day. This can be an average of 60 minutes per day across the week.
- For children under 5 years the guidelines are for 180 minutes activity per day.
- Keeping active can help to build confidence and social skills; develop coordination; improve concentration and learning; strengthen muscles and bones; improve health and fitness; maintain healthy weight; sleep better.

### Be physically active

Spread activity throughout the day

Aim for an average of at least **60** minutes per day across week

All activities should make you breathe faster & feel warmer

 PLAY	 RUN/WALK	 BIKE	 ACTIVE TRAVEL
 SWIM	 SKATE	Activities to develop movement skills, and muscle and bone strength <b>ACROSS WEEK</b>	 SPORT
 SKIP	 CLIMB		 WORKOUT
<b>Get strong</b>		 INACTIVITY	<b>Move more</b>

**Find ways to help all children and young people accumulate an average of at least 60 minutes physical activity per day across the week**

Department of Health and Social Care, [UK Chief Medical Officers' Physical Activity Guidelines](#)

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## Physical activity in children

- In the academic year 2020-21, 51.2% of children and young people in Oxfordshire were achieving an average of 60 minutes of physical activity per day, higher than the national average of 45%.
- Although encouraging, and a significant increase since 2017-18, this means that there could be 44,000 children in Oxfordshire schools not doing enough physical activity.

These estimates include the activities of walking, cycling, dance, fitness activities, sporting activities, riding a scooter, and active play and informal activities.

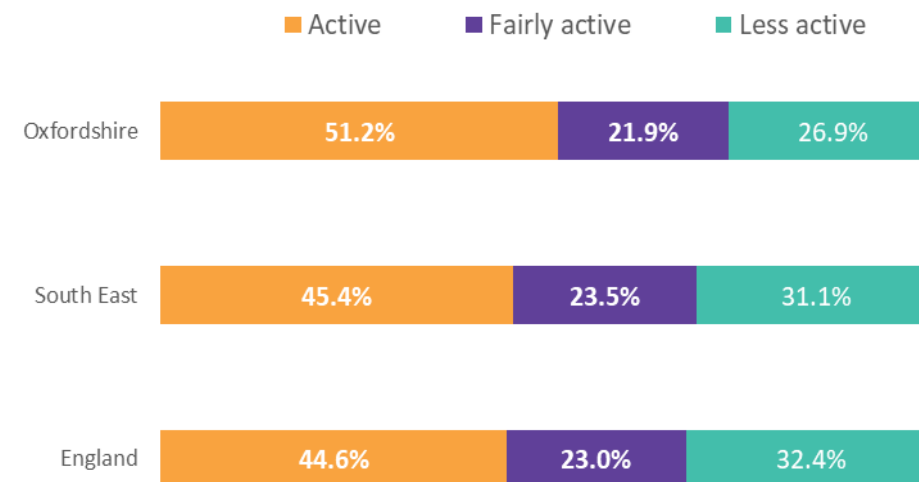
Active - Doing an average of 60 minutes or more a day across the week (420+ minutes pw).

Fairly active - Doing an average of 30-59 minutes a day across the week (210-419 minutes a week).

Less active - Doing less than an average of 30 minutes a day across the week (less than 210 minutes a week).

Sport England, [Active Lives | Results \(sportengland.org\)](https://www.sportengland.org/active-lives/)

### Sport and Physical Activity levels of Children and Young People in school years 1-11 (2020-21)

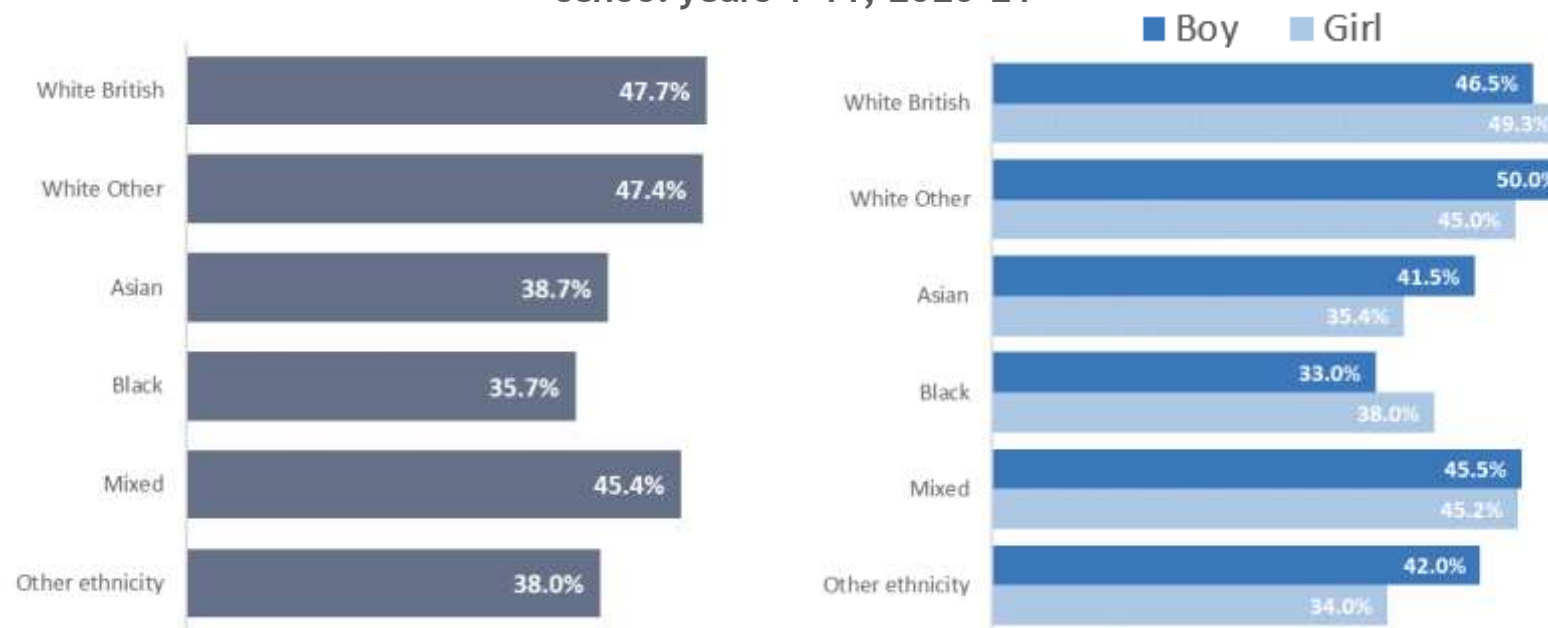


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### Inequalities in children’s physical activity - national

- National data show that the levels of activity in 2020-21 between boys (44.7%) and girls (45.3%) are similar.
- Physical activity was highest in White and Mixed ethnic groups.

Sport and Physical Activity levels of Children and Young People, school years 1-11, 2020-21



[Active Lives | Results \(sportengland.org\)](#)

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## Children's physical activity and COVID-19- national

- Analysis by Sport England compared activity in the summer term (mid-May to late-July) 2020 to the summer term in 2019.
- The proportion of children and young people reporting they were active during mid-May to late-July (the summer term) fell by 2.3 percentage points (pp) compared to the same period 12 months earlier.
- Whilst activity levels in all groups have been impacted, the impact was greater for some groups than others:
  - Boys saw a notable drop in activity levels: down 6.4pp to 51% in 2020.
  - Girls saw activity levels increase: up 2.4pp to 52% in 2020.
  - Whilst activity levels did not change amongst those from the least affluent families, they remain lower than for those from the most affluent families.
  - Activity levels have fallen for children and young people from Asian, Black, Mixed and Other ethnic groups, but those drops are of a greater magnitude amongst boys from Mixed ethnicities and all children and young people from Black, and Other ethnic groups.

Sport England, [Active Lives Children and Young People Survey Coronavirus \(covid-19\) Report](#)



# Sexual and reproductive health

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## Sexually Transmitted Infections

*STIs are a major public health concern, which may seriously impact the health and wellbeing of affected individuals, as well as being costly to healthcare services. If left undiagnosed and untreated, common STIs can cause a range of complications and long-term health problems, from adverse pregnancy outcomes to neonatal and infant infections, and cardiovascular and neurological damage.*

- In 2020, the rate of new STI diagnoses (excluding chlamydia in under 25s) in Oxfordshire was 288 diagnoses per 100,000 people aged 15-64 years - significantly lower than the average for England (619 per 100,000), and the average for the South East (461 per 100,000).
- Oxfordshire's rate continues to decrease since 2012 and has consistently been significantly below the England average in the period.
- Oxfordshire's rate is equivalent to approximately 1,273 new diagnoses in 2020. The number of diagnoses is related to the number of tests taken - in the same year, 16,293 tests were taken by people in Oxfordshire.

**New STI diagnoses (excluding chlamydia in under 25s) per 100,000 population**



[Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](#) and [Health Matters: Preventing STIs](#)  
See also: [Oxfordshire Sexual Health Needs Assessment 2018](#) and [Spotlight on Sexually transmitted infections in the South East](#)

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## Sexually Transmitted Infections

- Chlamydia diagnoses in 15-24 year olds are measured separately. In 2020, the rate of these diagnoses was 588 per 100,000 people in Oxfordshire, significantly lower than the South East (1,222) and England (1,408) rates.
- The rate in Oxfordshire females was 864 per 100,000, significantly higher than the rate in males (330 per 100,000).
- Reflecting national trends, STIs in Oxfordshire disproportionately affect young people (women in particular), **Men who have Sex with Men (MSM)**, people of black **ethnicity** and those from more **deprived** backgrounds. Data on other high risk and hard to reach groups is lacking. Known inequalities in STI diagnosis rates affecting risk groups are greatest in Cherwell (compared to other districts).



[Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](#) and [Health Matters: Preventing STIs and Oxfordshire Sexual Health Needs Assessment 2018](#)

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## Teenage conceptions

Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children.

- In 2020, the rate of teenage conceptions in Oxfordshire was significantly lower than the national rate, and has been decreasing broadly in line with national and regional trends since the early 2000s. This has largely been driven by decreases in Oxford City.

Number and rate (per 1,000) of conceptions to females aged under 15-17 years

Area	2019		2020		Recent trend
	Count	Rate	Count	Rate	
Cherwell	25	9.9	26	9.9	↔
Oxford	22	9.8	14	5.8	↔
South Oxon	23	9.7	5	2.1	↓
VoWH	19	9.1	15	6.6	↔
West Oxon	21	11.8	15	8.3	↔
<b>Oxfordshire</b>	<b>110</b>	<b>10.0</b>	<b>75</b>	<b>6.5</b>	↓
South East		12.7		15.7	
England		10.6		13.0	

This indicator measures all conceptions in females under 18 whether the pregnancy ends in birth or termination  
[Sexual and Reproductive Health Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

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## Breastfeeding and low birth weight

*Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of infection and child obesity, as well as encouraging a strong bond between mother and baby. Breastfeeding initiation within 48 hours of delivery is recorded in hospital, and is recorded again at the Health Visitor check at 6-8 weeks after delivery.*

- In 2018-19, 98.7% of babies born to Oxfordshire mothers had a first feed of breastmilk, significantly higher than the average in England (67.4%), and the highest percentage in the South East region (72.7% regional average).
- In 2019-20, prevalence of breastfeeding at 6-8 weeks in Oxfordshire was 61.2%, significantly higher than the prevalence in England overall (48%).

*Low birth weight increases the risk of childhood mortality and has an influence on future adult health status. Risk factors for low birth weight include the health of the mother, particularly during the pregnancy including maternal **smoking**, **substance misuse**, nutritional status and **maternal weight**. **Ethnicity**, genetics, **socioeconomic status**, age and multiple pregnancy are also factors.*

- In 2018, 2.3% of live births at full term (at least 37 weeks gestational age) in Oxfordshire had a recorded birth weight under 2500g - statistically similar to the regional average (2.6%) and significantly lower than the national average (2.9%).
- National data show that the proportion of births with low birth weight is highest in more deprived areas.

[Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

# Oral health

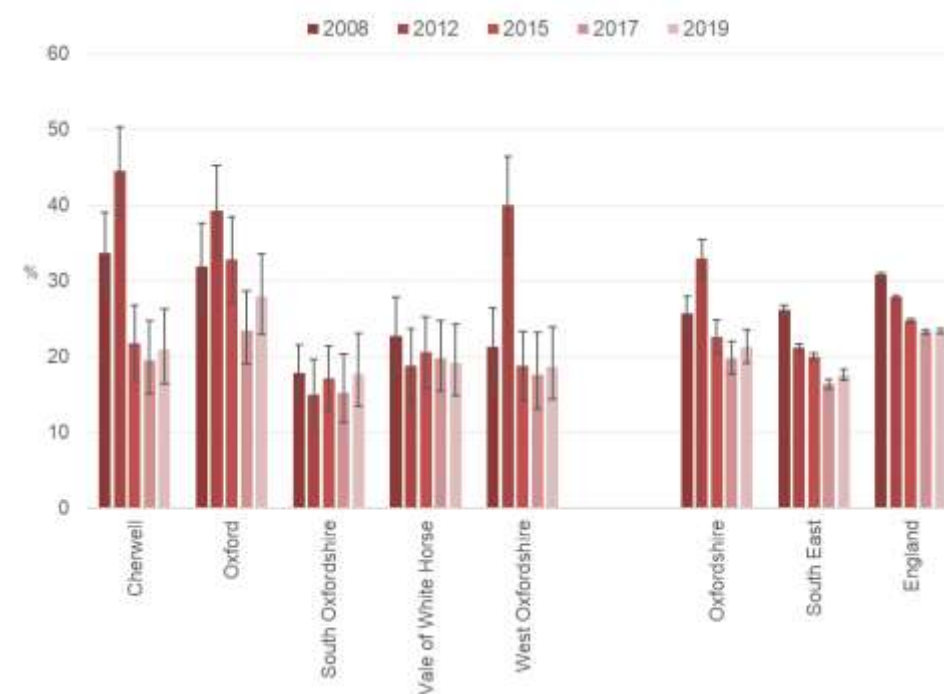
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## Oral health: one in five Oxfordshire children has tooth decay by age five

*Tooth decay is a predominantly preventable disease. Significant levels remain, resulting in pain, sleep loss, time off school and in some cases, treatment under general anaesthetic. High levels of consumption of sugar-containing food and drink is also a contributory factor to other issues of public health concern in children - for example, **childhood obesity**.*

- 21.3% of 5 year olds in Oxfordshire had decay experience in 2019, lower (better) than the national average of 23.3%, though this difference is not statistically significant.
- None of the districts were significantly different from the Oxfordshire or national figure.
- The percentage in Oxford is significantly higher than the South East average.\*
- Those children with decay experience had an average of 3.2 decayed, missing, or filled teeth.

% of 5 year olds with decayed, missing or filled teeth



National Dental Epidemiology Programme for England, [Oral health survey of 5-year-old children 2019](#)  
 \* Excludes Isle of Wight; Portsmouth; Southampton; Surrey; West Sussex. See more [Health watch Oxfordshire report on access to dental services during COVID-19](#)

# Volunteering



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## Volunteering and health

- Research<sup>1</sup> has found that participation in voluntary services is significantly predictive of:
  - better mental and physical health, life satisfaction, self-esteem, happiness;
  - lower depressive symptoms, psychological distress, and mortality and functional inability.
  
- A 2020 study<sup>2</sup> found that:
  - The abrupt cessation of volunteering activities of and for older people because of the COVID-19 pandemic is highly likely to have negative health and wellbeing effects on older adults with long-term and far-reaching policy implications.

[1] <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-017-4561-8>

[2] [Pandemic policy making: the health and wellbeing effects of the cessation of volunteering on older adults during the COVID-19 pandemic | Emerald Insight](#)

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## Volunteering during the Covid-19 pandemic- Oxfordshire

A report on Oxfordshire projects set up to support communities through COVID-19<sup>1</sup> highlights the role of volunteers:

- *Volunteers were crucial to delivering services.*
- *In a few instances volunteers became the front line of health and support services.*
- *There was a loss of many volunteers who were themselves vulnerable due to age or health concerns.*
- *Younger volunteers came forward for periods of the pandemic.*
- *Personal connections became very important to recruit volunteers.*
- *Volunteers supported improvements in loneliness, isolation and mental health:*
  - *Interaction with staff and volunteers whether through befriending on the phone or in person, advice, caseworkers and support groups, tea parties, participating in group exercise, receiving food parcels, gardening support or a lift in volunteer transport, provided company and a lifeline for many people experiencing challenges.*
  - *Volunteer transport helped alleviate the stress of sometimes difficult medical and personal situations by ensuring clients had a reliable, accessible and cost effective, caring service with drivers acting as companions as well as drivers.*

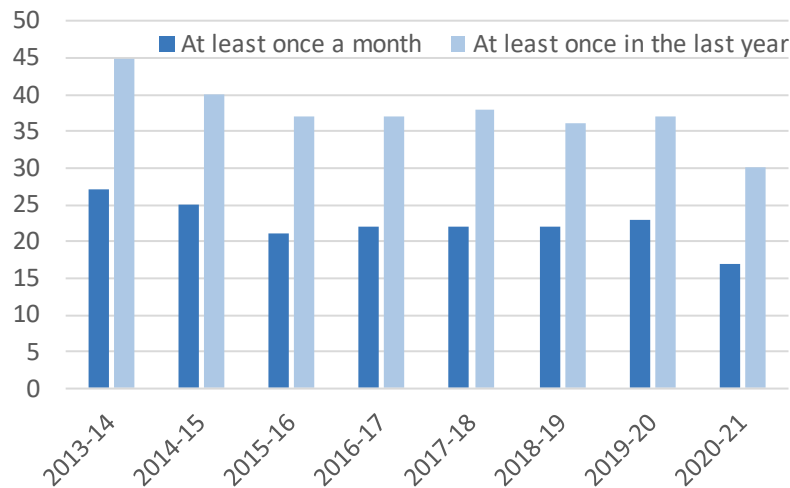
[1] Community First Oxfordshire and OCVA [Supporting Communities through COVID-19 fund](#) - report on impact published August 2022

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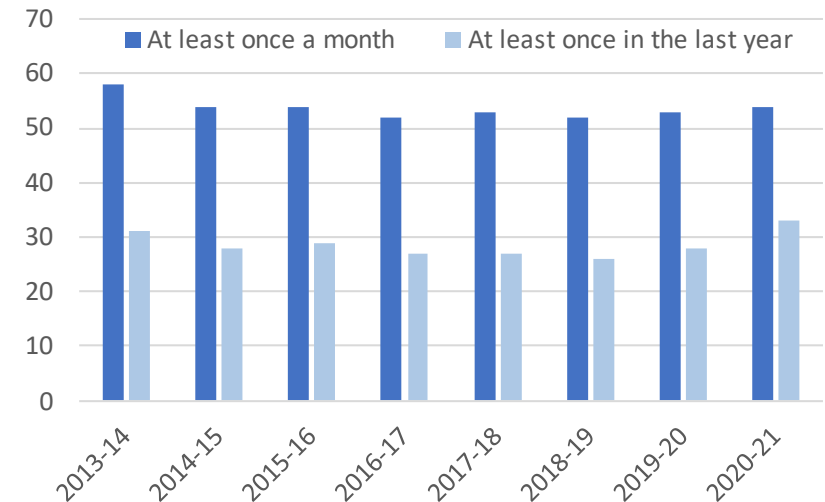
## Volunteering - national trend

- The 2020-21 Community Life survey found that the most common barriers to volunteering were work commitments and other activities taking up spare time.
- Between 2019-20 and 2020-21, the proportion of people participating in formal volunteering dropped significantly while rates of informal volunteering increased.
  - Formal volunteering (at least once a year) declined from 37% to 30% (-7ppt).
  - Informal volunteering (at least once a year) increased from 28% to 33% (+5ppt).

**Participation in formal volunteering, 2013-14 to 2020-21**



**Participation in informal volunteering, 2013-14 to 2020-21**

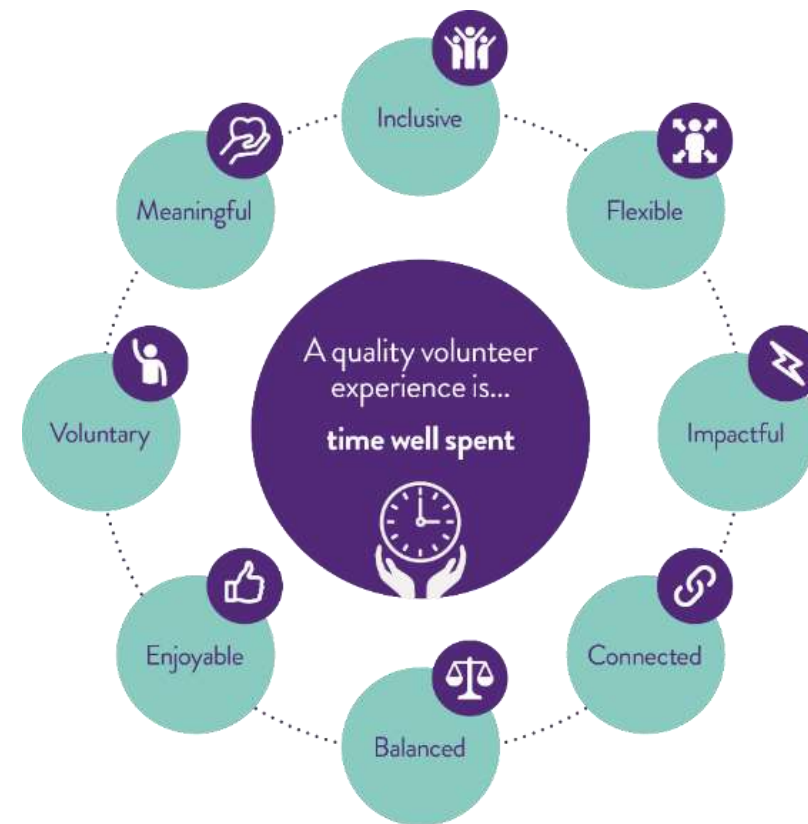


[Community life survey](#) published July 2021 DCMS Social Science Research, [The economic benefits of volunteering and social class](#)

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### Volunteering impact of COVID-19 - national

- As most face-to-face volunteering had to pause, the pandemic led to innovative ways of creating volunteering spaces.
- The Royal Voluntary Service research notes how the NHS volunteer responder scheme was digitally run, and activities such as delivery, befriending and mentoring became core parts of pandemic volunteering.
- The context of volunteering shifted towards digital (social media or coordinating virtual activities), moved outdoors, or at a safe social distance.



NCVO, [Time Well Spent impact of covid-19](#)

# Gambling

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## Gambling behaviour - national

*Gambling is a leisure activity enjoyed by many, and the majority of those who gamble appear to do so without signs of problematic behaviour. There are however some individuals who experience significant harm as a result of their gambling. Great Britain has one of the most accessible gambling markets in the world; opportunities to gamble exist on most high streets and, with the spread of the internet, in virtually every home.*

- In 2018, 54% of adults had participated in some form of gambling in the past 12 months. The proportion was highest in the 45-54 age group at 60%, and lowest in 16-24s with 39%  
NB most forms of gambling are illegal for under 18s which will affect gambling prevalence in the 16-24 age group
- 15% of men had participated in **online** gambling in the previous 12 months, compared with 4% of women
- Unlike gambling overall, online gambling peaks in the 25-34 age group, then declines with age for both sexes. 28% of the 25-34 age group for men had participated in online gambling, compared with less than 5% of those aged 65 and over. Similarly, 9% of women in the 25 to 34 age group had participated in online gambling.



NHS Digital, [Health Survey for England 2018: Supplementary analysis on gambling - NHS Digital](#)  
Gambling Commission, [Gambling-related harm as a public health issue](#)

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## Problem gambling - national

*For problem gamblers, harm can include higher levels of physical and mental illness, debt problems, relationship breakdown and, in some cases, criminality. It can also be associated with substance misuse. Younger males, and people from certain social and ethnic groups, are potentially more vulnerable than others.*

The Health Survey for England 2018 identified at risk or problematic gambling in its population:

- The Problem Gambling Severity Index (PGSI) consists of nine items ranging from ‘chasing losses’ to ‘gambling causing health problems’ to ‘feeling guilty about gambling’. Each item is scored and summed to create a total ranging from 0 to 27. A PGSI score of 8 or more represents a problem gambler.
- The PGSI scores showed **0.4%** of adults were identified as problem gamblers (score 8+) and **3.6%** as problem or at-risk gamblers (score 1+)
- The proportion of men identified as problem or at-risk gamblers is substantially higher than women, with 6% of men and 2% of women identified
- The proportion of problem or at-risk gamblers decreases with age from between 5% and 7% in those age 16 to 44 to 1% of those age 75+

Gambling Commission, [Gambling-related harm as a public health issue](#)

NHS Digital, [Health Survey for England 2018: Supplementary analysis on gambling - NHS Digital](#)

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## Finding out more

- More information on many of these topics is available from:
  - [Public health profiles - OHID \(phe.org.uk\)](#)
  - [Health Survey for England - NHS Digital](#)
  - [Office for National Statistics](#)
- Other JSNA resources are available from [Oxfordshire Insight](#)
- Explore obesity and related data with our [Health Weight Story map](#)





## Chapter 6

# Wider determinants of health

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## Introduction

- This chapter provides data on **social**, economic and environmental factors that affect health and wellbeing, such as unemployment, poverty, housing, education and the environment.
- The quality of the built and natural environment, including housing quality, access to green spaces that enable nature connectivity, educational attainment and the ability to access secure employment and a living wage, and whether you live in a neighbourhood that enables social interaction and offers easy access by sustainable active travel to local facilities and services, are all important determinants of health and wellbeing.
- In areas of deprivation, these determinants of health are important drivers of health inequalities and can result in multi-generational poor health and wellbeing.
- Healthy place shaping is a mechanism that aims to reduce health inequalities by improving these wider determinants of health, working with communities in a place based and cross sectoral approach to promote health and wellbeing.
- Health impact assessments provide a systematic mechanism for considering these wider determinants of health when planning new developments using [Oxfordshire's HIA toolkit](#)
- Further JSNA resources are available via the [JSNA page of Oxfordshire Insight](#).
- This update includes the most recent datasets accessed July to Sept 2022.

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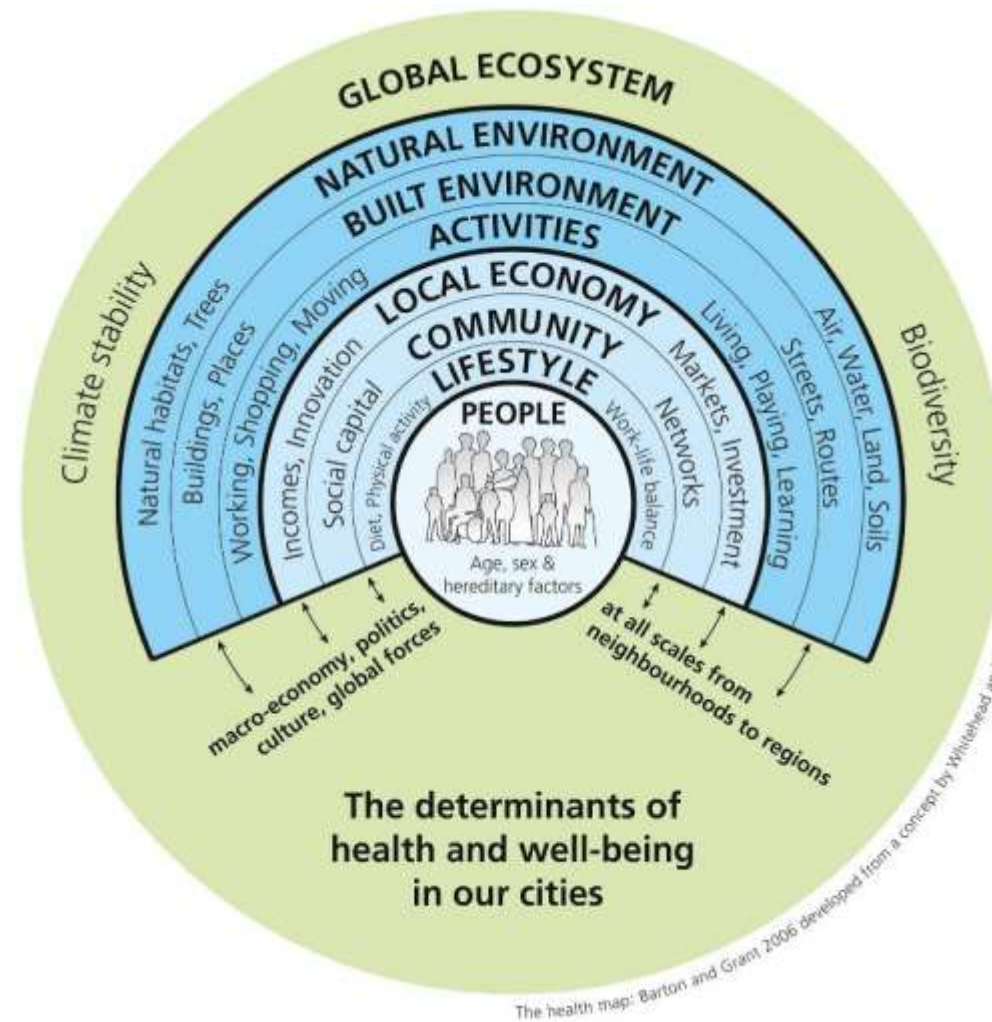
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**Wider Determinants of Health**

- No single aspect of people’s lives determines their health and wellbeing. Factors as varied as employment status, transport options, quality of housing and access to green space all affect people’s health outcomes.
- The wider determinants of health are the conditions in which people are born, grow, live work and age. They include social, cultural, political, economic, commercial and environmental factors.
- The strongest influences on people’s health are social determinants such as their level of education, income, quality of housing and employment.



The Health Foundation, [Reframing the conversation on social determinants](#)

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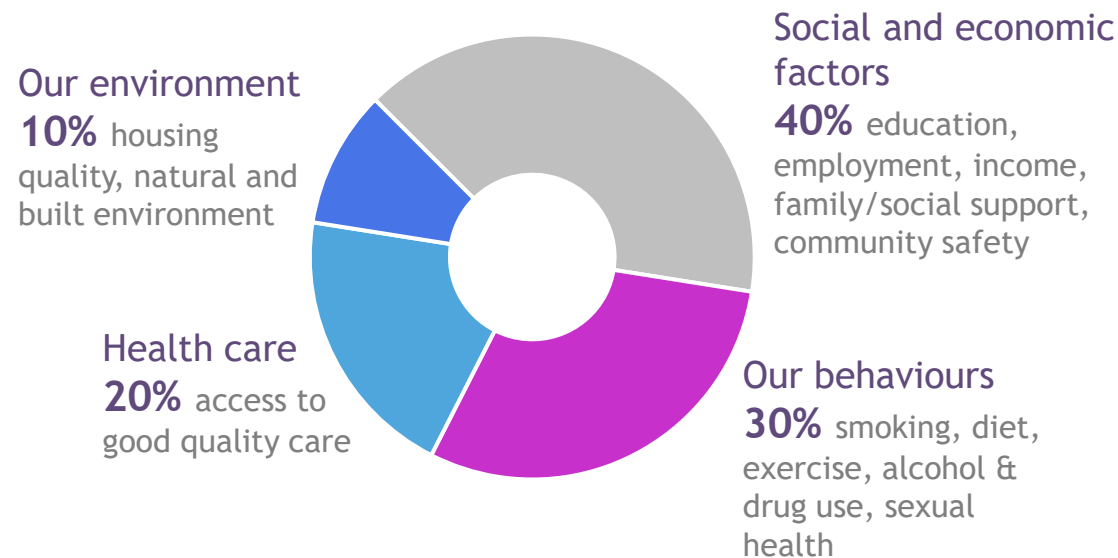
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Factors affecting health outcomes

- The NHS Population Health Management programme (part of the **NHS Long Term Plan**) encompasses health, the wider determinants of health (social, economic, environmental) and the crucial role of communities and local people.
- Only 20% of a person’s health outcomes are attributed to access to good quality health care.

**Factors affecting health outcomes**



From [NHS England Population Health Management](#)

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## Introduction to Healthy Place Shaping

Healthy place-shaping is a collaborative approach which aims to create sustainable, well designed, thriving communities where healthy behaviours are the norm and which provide a sense of belonging, identity and community.

This approach can apply to new developments and to the regeneration of existing communities and involves action across these three areas:

- **The built environment:** shaping the built environment, public realm, green spaces and infrastructure at a local level to encourage healthy living
- **Community activation:** helping local people to live healthier lives with the support of community groups, schools, and employers
- **New models of care:** delivering new approaches to care closer to home and minimising hospital-based care.



[Healthy place shaping | Oxfordshire County Council](#)

# Summary

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## Summary - 1

### Work, income and deprivation

- The employment rate in Oxfordshire has declined - from above the national average to similar to average.
- The number of people claiming unemployment benefits has reduced significantly since the peak in May 2020 but remain around 85% above pre-pandemic levels.
- The number of people from overseas registering for a National Insurance number in Oxfordshire has continued to decline.
- Deprivation data shows higher rates of child poverty in parts of Banbury and Oxford City.
- After removing housing costs, 11% of children in Oxfordshire are estimated to be living in poverty - within the city of Oxford this figure rises to 14%.
- Oxfordshire has a relatively low rate of older people claiming pension credit, however, it is estimated that 4,300 older residents are eligible but not claiming.

- Rates of fuel poverty increased between 2019 and 2020 (latest data). Two thirds of households classified as fuel poor were in rural areas.
- National data shows that rising prices are having a disproportionate effect on lower income households.
- In Oxfordshire's most deprived areas, just over a third (36%) of pupils were eligible for Free School Meals, over double the average of 14%.

### Housing and homelessness

- House prices and the cost to rent in Oxfordshire have each continued to increase.
- Cheaper market housing has become less affordable for lower earners in Oxfordshire and the county remains much less affordable than the England average.
- The proportion of dwellings with low energy performance was highest in owner-occupied and private rented sectors in South Oxfordshire.
- During the first lockdown there was a peak in households assessed as homeless in Oxford City.
- Annual homelessness data for Oxfordshire shows a change in the profile of households with a lower proportion of households with children and a higher proportion of single adult households.



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### Education and qualifications

- Oxfordshire continues to have a higher than average proportion of pupils with Special Educational Needs support, although the gap with England has narrowed.
- The average GCSE attainment in Oxfordshire in 2021 was slightly higher than the England average. Oxford City was below average.
- The rate of young people classified as Not in Education, Employment or Training has fallen significantly since a peak in 2020.
- Pupils in Oxford City are from a very diverse range of backgrounds. Pupils attending primary schools in the city have over 100 different first languages.

### Built, natural and social environment

- During the first lockdown (March 2020), Oxfordshire saw a dramatic reduction in traffic flows with Oxford inner cordon with a 73% decrease in traffic flow. By June 2021 traffic in Oxfordshire, excluding Oxford City, had increased to slightly above pre-pandemic levels. Traffic at Oxford's inner and outer cordons has remained below pre-pandemic levels.

- In trends likely to be affected by a change in the number of people working from home, adults walking and cycling for travel (rather than leisure) has decreased in all areas of Oxfordshire over the past 3 years (2018 vs 2021).
- A new national indicator estimates 5.6% of deaths in England in 2020 were associated with long-term exposure to particulate air pollution.
- Climate-sensitive health risks include respiratory and heat-related illnesses, mental and psychosocial health.
- Natural England's People and Nature Survey shows that access to nature and associated health benefits is currently inequitably distributed and contributes to health inequalities.
- People with an underlying health condition are more likely to feel lonely.
- Adults in Oxfordshire were significantly more likely to feel lonely than average, with the highest rates in Oxford City and Cherwell.
- The large-scale GP patient survey shows Oxfordshire as above-average on people feeling isolated from others.

# Work, income and deprivation

- [Earnings and employment](#)
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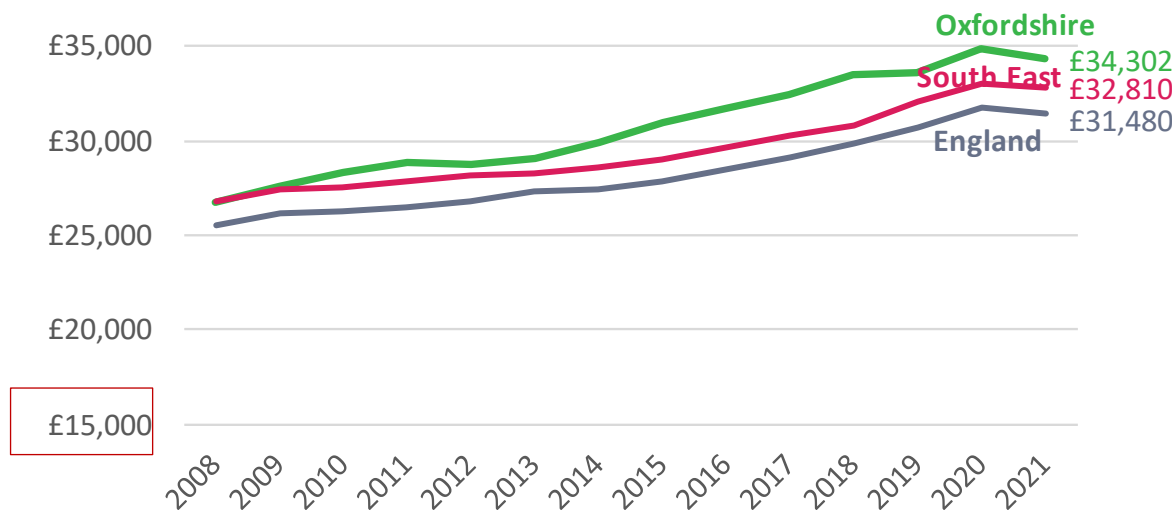
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### Earnings of workers in Oxfordshire

- Oxfordshire’s median gross annual pay of full time workers (people working in Oxfordshire) as of April 2021 was (statistically) similar to the South East.
- The median pay of Oxfordshire’s resident full-time workers apparently declined from £34,900 in 2020 to £34,300 in 2021 (-£600, -2%). Across the South East, earnings fell by £200 (-1%). Taking into account the survey confidence intervals, these trends were not significant.

**Median gross annual pay of full time workers in the area 2008 to 2021**



The Annual Survey of Hours and Earnings (ASHE) is based on a 1% sample of employee jobs taken from HM Revenue and Customs PAYE records. ASHE does not cover the self-employed nor does it cover employees not paid during the reference period.

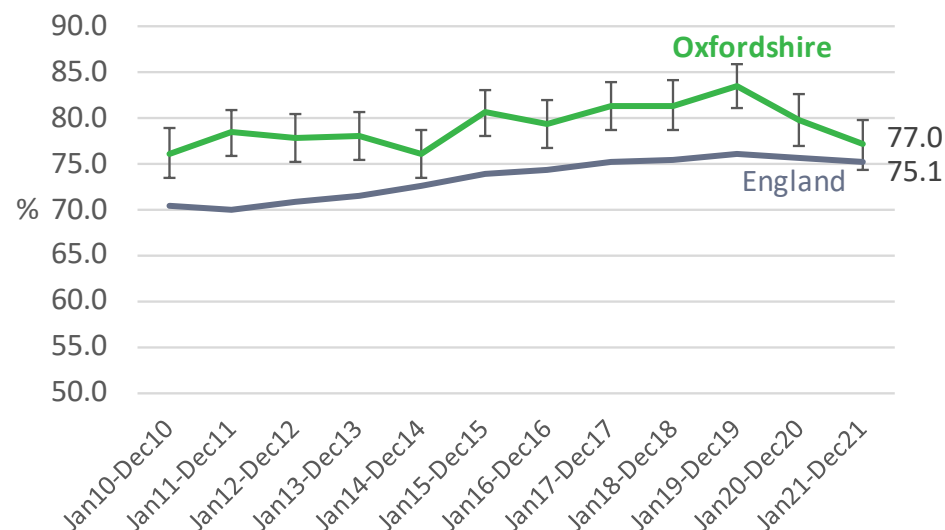
[Employee earnings in the UK - Office for National Statistics \(ons.gov.uk\)](#) from nomis; Note: earnings data has not been adjusted for inflation. The median is the data value at which 50% of data values are above it and 50% of data values are below it. Note vertical axis does not start at zero; chart does not show confidence intervals

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## Oxfordshire's employment rate

- According to the ONS Annual Population Survey, there has been an apparent decline in the rate of employment in Oxfordshire from Jan-Dec19 to Jan-Dec21, the difference is not statistically significant.
- The latest data as of Jan-Dec21, shows Oxfordshire's employment rate as statistically similar to the England average.

Employment rate in Oxfordshire and England, people aged 16-64



Annual Population Survey from [nomis](#). Note that district level data is based on a small sample and, therefore, subject to wider confidence intervals. Vertical axis does not start at zero. Chart shows confidence intervals; overlapping error bars means the difference is not statistically significant.

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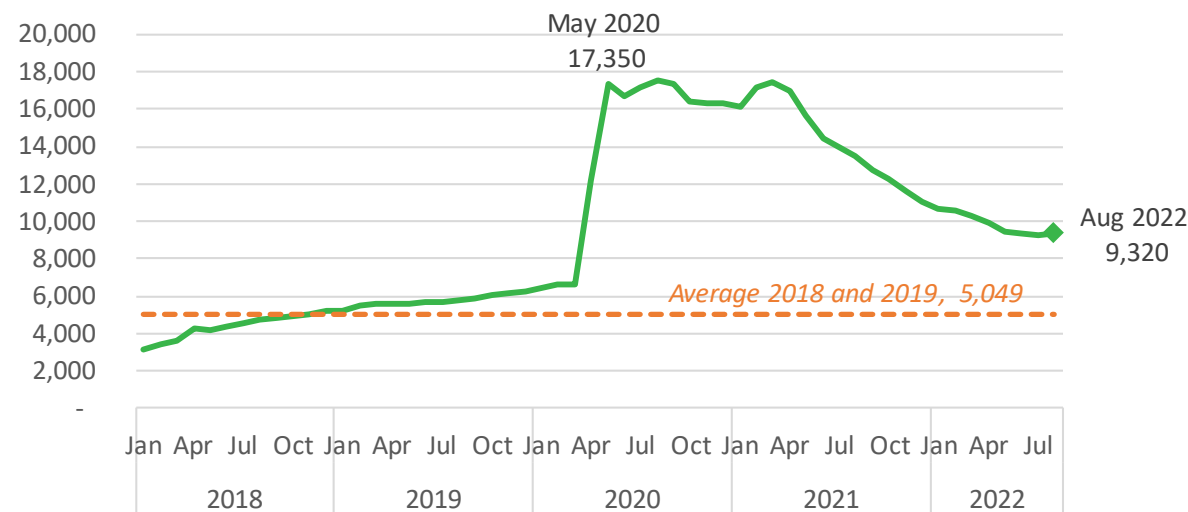
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## Unemployment

- In April 2020 and May 2020 there were significant increases in the number of people claiming unemployment related benefits in Oxfordshire (and nationally) as a result of the COVID-19 lockdown.
- Claimant count data for August 2022 shows the number of people claiming unemployment-related benefits in Oxfordshire was 9,320, down from 17,350 in May 2020 but remaining 85% above the average for the two year period 2018 and 2019.

**Oxfordshire monthly count of unemployment claimants  
January 2018 to August 2022**



DWP from [nomis](#) For further information see [Economy page on Oxfordshire Insight](#)

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### Claimant count by district

- The district with the highest number of unemployment claimants in May 2022 in Oxfordshire was Oxford City (2,860), followed by Cherwell (2,125).
- Between May 2021 and May 2022, Oxford City had the greatest percentage point decline in the unemployment (claimant) rate per population.

### Change in unemployment claimants by district May 2021 to May 2022

	May-21 count	Rate per pop aged 16-64	May-22 count	Rate per pop aged 16-64	May-21 to May-22 ppt change
Cherwell	3,645	4.7%	2,125	2.8%	-1.98
Oxford	4,645	6.6%	2,860	4.1%	-2.56
South Oxfordshire	2,665	3.7%	1,620	2.3%	-1.47
Vale of White Horse	2,520	3.6%	1,710	2.5%	-1.17
West Oxfordshire	2,185	3.9%	1,310	2.3%	-1.55
Oxfordshire	15,655	4.6%	9,620	2.8%	-1.76
England	2,113,170	7.8%	1,388,160	5.1%	-2.67

DWP from [nomis](#) and ONS mid-2020 population estimates  
 For further information see [Economy page on Oxfordshire Insight](#)

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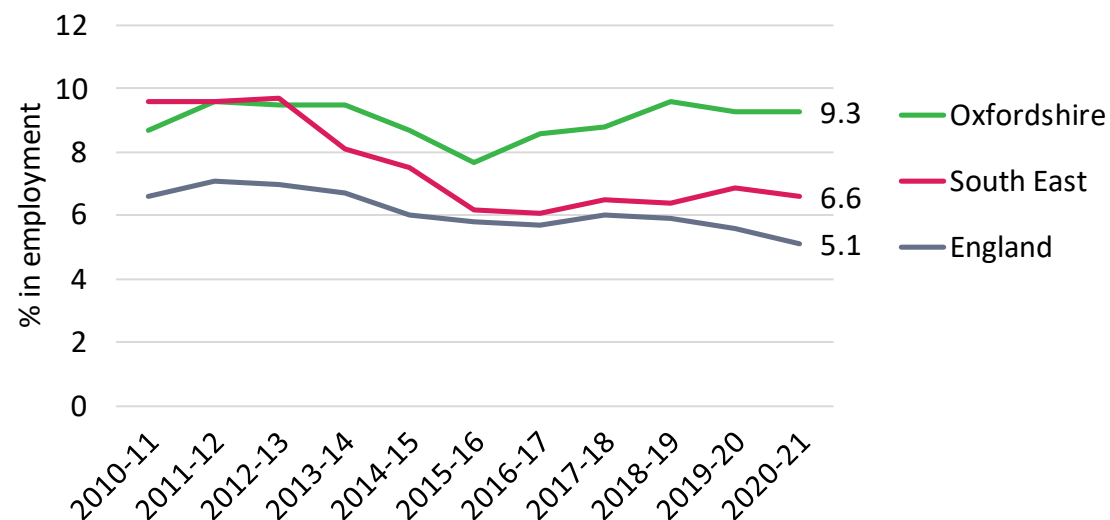
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## Employment of people with Learning Disabilities

- Just under 9% of Learning Disabled adults supported by long-term social care services in Oxfordshire were in employment in 2020/21 (9.3%), the same rate as the previous year.
- This has remained above the regional (6.6%) and national (5.1%) averages which each saw a slight decline.

**Proportion of working age (18-64) social care service users who received long-term support during the year with a primary support reason of learning disability support, who are in paid employment (%)**



NHS Digital [Measures from the Adult Social Care Outcomes Framework, England - 2020-21 - NHS Digital](#)

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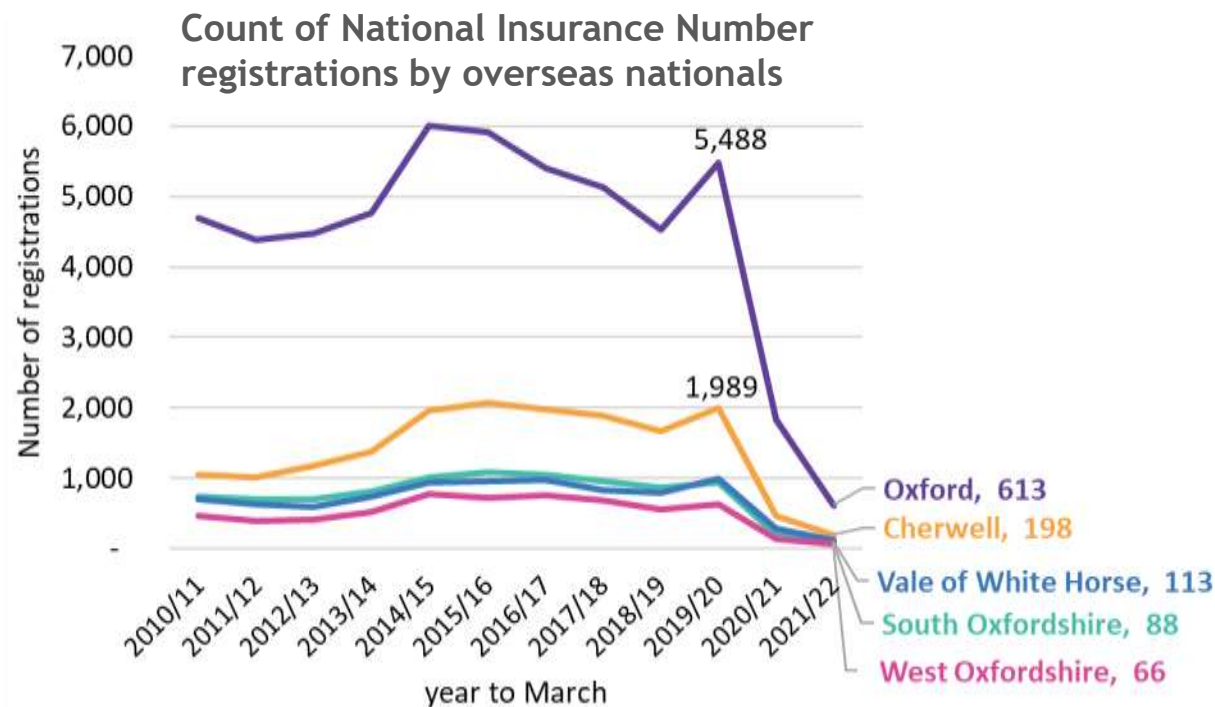
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## Overseas registrations for a National Insurance number

*The number of people from overseas registering for a NI number is an indication of inward migration for work*

- In 2021-22 the number of new National Insurance number registrations from overseas nationals (NINo) in Oxfordshire was around one tenth of the number in 2019-20 (from 10,046 to 1,078). This decline was similar to South East and England.
- Oxford City accounted for 57% of the Oxfordshire total in 2021-21 and Cherwell a further 18%.

NOTE: Free movement ended with Brexit on 31 December 2020 and COVID restrictions affected travel from March 2020.



DWP [National Insurance number allocations to adult overseas nationals entering the UK](#)



# Poverty and deprivation

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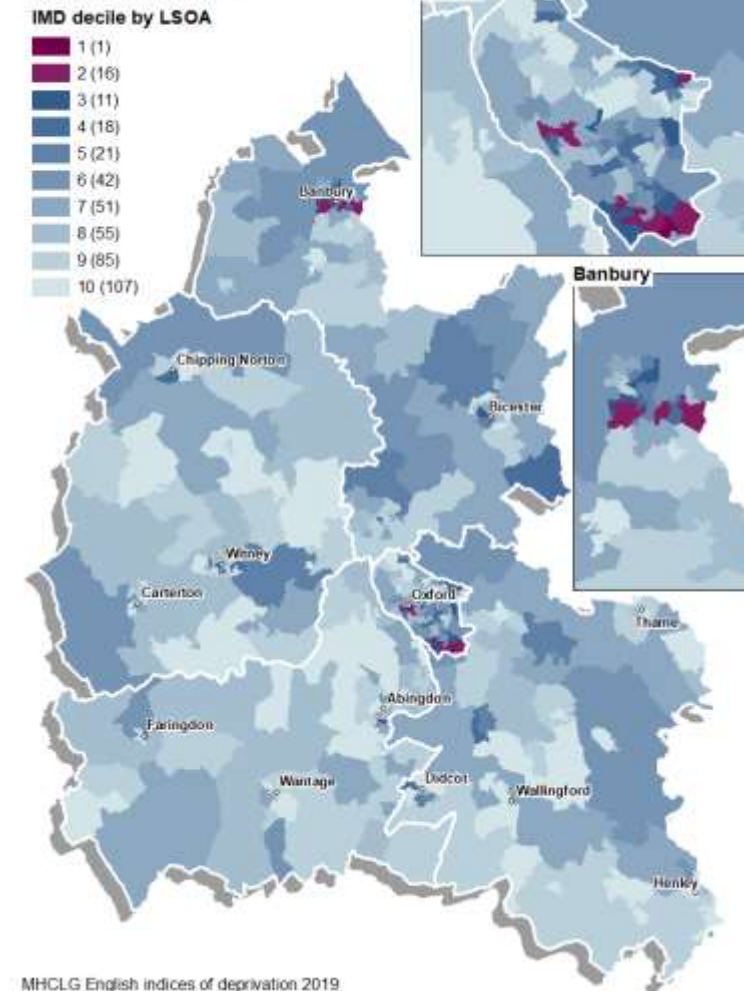
### Deprivation

- According to the Indices of Multiple Deprivation (IMD 2019), Oxfordshire was ranked the 10th least deprived of 151 upper-tier local authorities in England (up from 11th in 2015).
- Oxfordshire had 1 out of 407 Lower Super Output Areas (LSOAs) ranked within the 10% most deprived areas nationally, part of Northfield Brook ward, south east Oxford.
- A further 16 areas were ranked in the 20% most deprived areas nationally, 9 in Oxford City, 6 in Banbury and 1 in Abingdon.

[Explore deprivation data using our interactive dashboard on Oxfordshire Insight](#)

[English indices of deprivation 2019 - GOV.UK \(www.gov.uk\)](http://www.gov.uk)

### Index of Multiple Deprivation (IMD 2019)



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## Child Poverty statistics

- In 2020-21 there was an estimated total of 14,866 children aged 0-15 lived in low-income families in Oxfordshire and an estimated 18,212 children and young people aged 0-19 (Relative measure Before Housing Costs).
- The rate of child poverty (aged 0-15) in 2020-21 in Oxfordshire was 11.2% of children and was highest in Oxford City (14.3%) and Cherwell (13.1%). 18.5% of children in England were in households in relative low income before housing costs.

### Children in relative low income families before housing costs (2020-21)

Age band	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire
0-4	1,155	1,000	695	707	583
5-10	1,509	1,492	929	895	769
11-15	1,365	1,368	854	827	711
16-19	818	916	563	561	488
<b>TOTAL</b>	<b>4,850</b>	<b>4,772</b>	<b>3,042</b>	<b>2,991</b>	<b>2,553</b>
<b>Rate of child poverty (aged 0-15)</b>	<b>13.1%</b>	<b>14.3%</b>	<b>8.9%</b>	<b>9.2%</b>	<b>10.0%</b>

*Relative low-income is defined as a family whose equivalised income is below 60 per cent of contemporary median income. Gross income measure is Before Housing Costs (BHC) and includes contributions from earnings, state support and pensions.*

[Children in low income families: local area statistics 2014 to 2021 - GOV.UK \(www.gov.uk\)](#) Note that Child poverty rates are only calculated for children aged 0-15 “due to difficulty identifying 16 to 19 year olds defined as child dependents in the population estimates” [DWP]

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### IMD: Income Deprivation Affecting Children

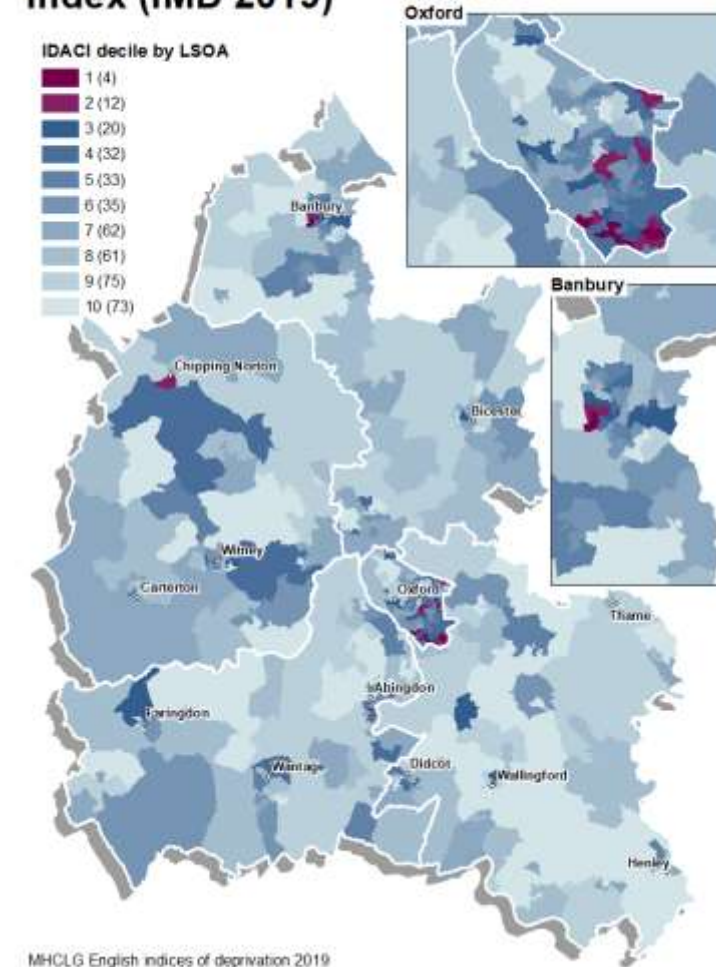
- According to the 2019 Income Deprivation Affecting Children Index (IDACI) there was a total of 11,990 children in poverty in Oxfordshire.
- 4 areas of Oxfordshire were in the most deprived 10% nationally, down from 7 areas ranked as most deprived in 2015.
- The most deprived areas on the IDACI 2019, were in parts of Banbury Ruscote, Blackbird Leys, Littlemore and Rose Hill & Iffley wards.

The Income Deprivation Affecting Children Index (IDACI) is the proportion of all children aged 0 to 15 living in income deprived families, that either receive Income Support or income-based benefits or families in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs. Child asylum seekers are not included in the IDACI. Data is as of 2015/16.

LSOAs are Lower Super Output Areas, a statistical geography with an average population in Oxfordshire of 1,600 residents

Ministry of Housing, Communities & Local Government indices of deprivation - [income deprivation affecting children index](#)

### Income Deprivation Affecting Children Index (IMD 2019)



MHCLG English indices of deprivation 2019

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## Older people in poverty

- As of February 2022, there was a total of 8,238 claimants of pension credit in Oxfordshire, this was a rate of 63 per 1000 people aged 65+, below the rate for the South East (82) and well below England (112).
- The highest rate per population was in Oxford City.
- Using DWP's national estimates of the take-up of pension credit<sup>1</sup> suggests 4,300 older residents of Oxfordshire who are eligible for the benefit but not claiming.

### Pension credit claimants February 2022

	Guarantee only	Savings only	Both savings and guarantee	TOTAL	<i>total per 1000 population aged 65+</i>	<i>Estimate of total eligible[1]</i>	<i>Eligible not claiming</i>
Cherwell	961	303	628	1,891	67	2,881	990
Oxford	1,220	230	493	1,947	102	2,881	934
South Oxfordshire	787	273	549	1,603	53	2,465	862
Vale of White Horse	700	256	460	1,411	51	2,184	773
West Oxfordshire	664	242	481	1,386	56	2,131	745
<b>Oxfordshire</b>	<b>4,332</b>	<b>1,304</b>	<b>2,611</b>	<b>8,238</b>	<b>63</b>	12,544	4,306

DWP from statXplore

[1] [DWP estimates](#) show that 73% of those entitled to Pension Guarantee Credit and 43% of those entitled to Pension Savings Credit received the benefit in 2020. This difference in take-up could be influenced by the difference in the average weekly amounts people were entitled to. The estimated average weekly amount unclaimed for Guarantee Credit (£57) was substantially higher than Savings Credit only (£6).

See also [New JSNA bitesize on Pension Credit | Oxfordshire Insight](#)

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### IMD: Income Deprivation Affecting Older People

- According to the 2019 Income Deprivation Affecting Older People Index (IDAOPi) there was a total of 11,725 older people in poverty in Oxfordshire.
- 4 areas of Oxfordshire were in the most deprived 10% nationally, up from 1 area ranked as most deprived in 2015.
- The most deprived areas on the IDAOPi 2019, were in parts of Banbury Grimsbury & Hightown ward and in Carfax, Rose Hill & Iffley and St. Clement's wards.

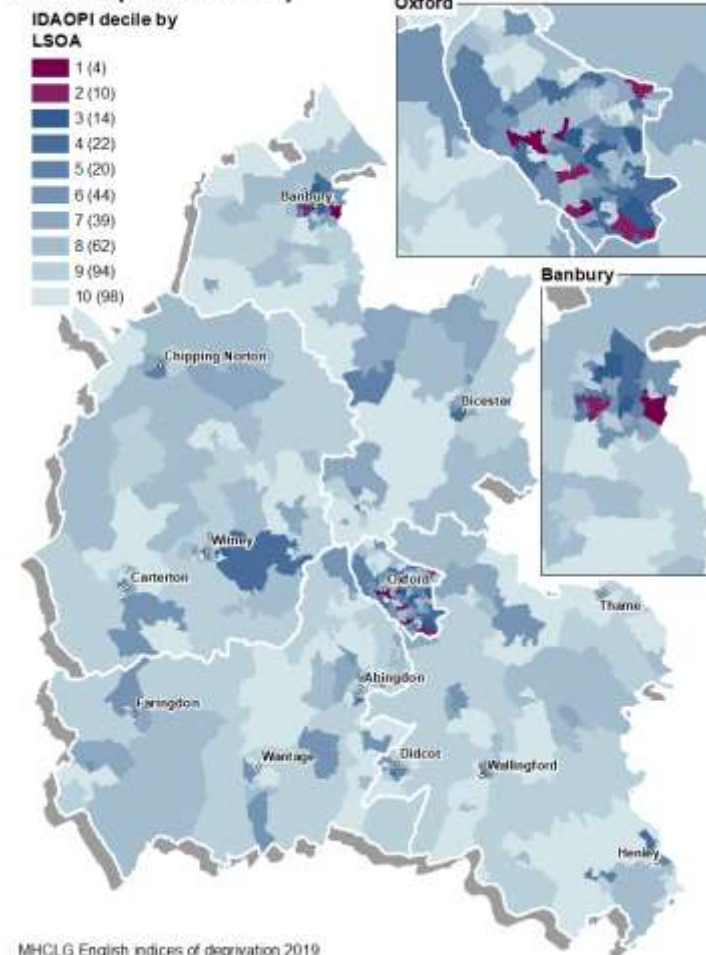
The Income Deprivation Affecting Older People Index (IDAOPi) is the proportion of all those aged 60 or over who experience income deprivation: adults aged 60 or over receiving Income Support or income-based benefits or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs.

Data is as of 2015/16.

LSOAs are Lower Super Output Areas, a statistical geography with an average population in Oxfordshire of 1,600 residents

Ministry of Housing, Communities & Local Government indices deprivation - [income deprivation affecting older people index](#)

### Income Deprivation Affecting Older People Index (IMD 2019)



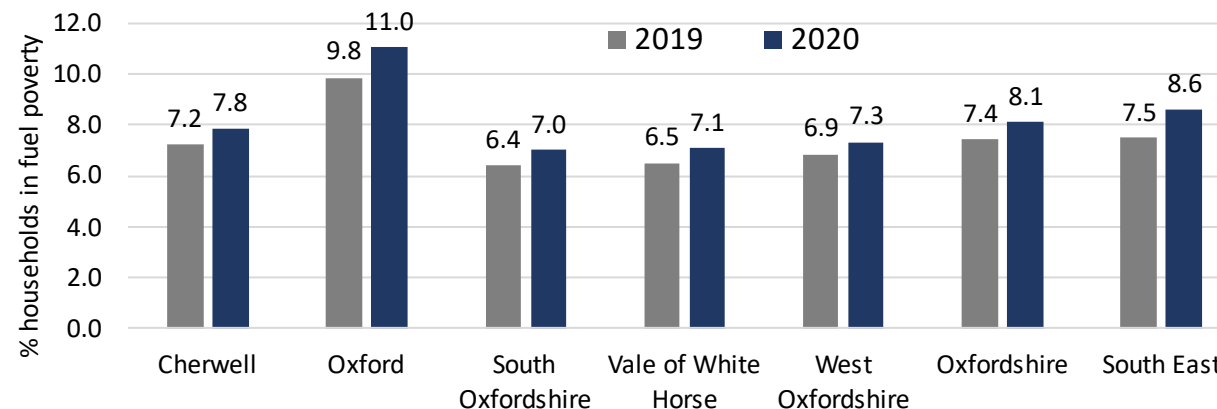
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## Fuel poverty

A household is considered to be fuel poor if: (a) they have a fuel poverty energy efficiency rating (FPEER) of band D or below; and (b) if they were to spend their modelled energy costs, they would be left with a residual income below the official poverty line.

- Between 2019 and 2020, the number of households in Oxfordshire classified as “fuel poor” increased from 20,746 to 22,861 (+2,115, +10%).
- Oxford City remains significantly worse than the regional average on fuel poverty. Other Oxfordshire districts are each significantly better than average.
- Of the 22,861 households classified as fuel poor in Oxfordshire in 2020, 33% were in urban areas and 67% in rural areas.

Percentage of households in fuel poverty (2019 and 2020)



Dept for Business, Energy and Industrial Strategy [Fuel poverty sub-regional statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/fuel-poverty-sub-regional-statistics)  
experimental statistics last updated April 2022

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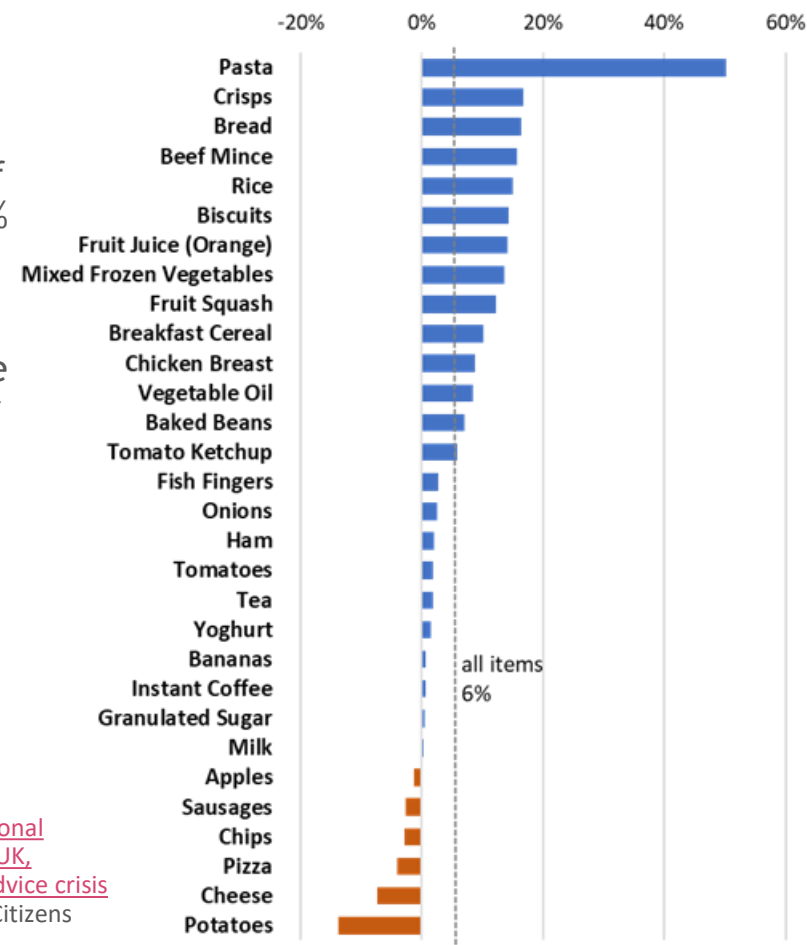
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### Cost of food - national

- ONS data<sup>1</sup> shows that rising prices are having a disproportionate effect on lower income households.
- ONS experimental analysis of 30 lowest price food products in seven supermarkets<sup>2</sup> showed increases in the year to April 2022 for 24 out of 30 items with low price pasta increasing by 50% in the year.
- In March 2022, Citizens Advice (national) data<sup>3</sup> showed a continued monthly increase in people needing crisis support (help with Food Banks or Other Charitable Support) with a 44% increase compared with March 2021.
- In 2021-22, Citizen’s Advice North Oxfordshire and South Northants issued 651 food vouchers used in food banks in Cherwell. Each voucher supported, on average, 2.6 people (1.5 adults and 1.2 children)<sup>4</sup>.

[1] [Inflation and the cost of living for UK households, overview - Office for National Statistics \(ons.gov.uk\)](#) [2] [Tracking the price of the lowest-cost grocery items, UK, experimental analysis - Office for National Statistics \(ons.gov.uk\)](#) [3] [Citizens Advice crisis support record broken again in March - Citizens Advice](#) [4] Data provided by Citizens Advice North Oxon and South Northants

### Lowest price of selected 30 everyday groceries, item-level price changes, April 2022 compared with April 2021





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## Healthy Start Vouchers

*Healthy Start is a government public health scheme that provides a nutritional safety net for pregnant women, new mums and young children in very low-income families. Healthy Start Vouchers are provided to women who are 10 weeks pregnant or have a child under four years and who are claiming income-related benefits. A voucher is worth £3.10 and can be spent on milk, fruit or vegetables.*

- As of March 2022 there were 2,639 recipients of Health Start vouchers in Oxfordshire out of 3,817 eligible, a take up of 69%. This was below the England average of 71%.

Take up of Healthy Start Vouchers, March 2022

Local Authority	Total Entitled Beneficiaries	Total Eligible Beneficiaries	Uptake (%)
Cherwell	622	955	65%
Oxford	674	907	74%
South Oxfordshire	422	639	66%
Vale of White Horse	559	759	74%
West Oxfordshire	362	557	65%
Oxfordshire	2,639	3,817	69%

[Healthy Start uptake data](#) (accessed Sept22)

Total Entitled Beneficiaries: The total number of active beneficiaries across the paper voucher and pre-paid digital card schemes (for the reporting month)

Total Eligible Beneficiaries: The total number of beneficiaries eligible to receive the healthy start benefit (for the month prior to the entitled reporting month) (source: HMRC/DWP scan data)

Uptake (%) Total entitled beneficiaries/total eligible beneficiaries

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## Free School Meals

*Free school meals are available to pupils in receipt of, or whose parents are in receipt of, one or more of the following benefits:*

- *Universal Credit (provided you have an annual net earned income of no more than £7,400, as assessed by earnings from up to three of your most recent assessment periods)*
- *Income Support; Income-based Jobseeker's Allowance; Income-related Employment and Support Allowance*
- *Support under Part VI of the Immigration and Asylum Act 1999*
- *The guarantee element of Pension Credit*
- *Child Tax Credit (provided you're not also entitled to Working Tax Credit and have an annual gross income of no more than £16,190)*
- *Working Tax Credit run-on - paid for four weeks after you stop qualifying for Working Tax Credit.*
- As of January 2022, a total of 13,879 pupils at schools in Oxfordshire were known to be eligible for Free School Meals.
- In Oxfordshire's most deprived areas, just over a third (36%) of pupils were eligible for Free School Meals, over double the average of 14%. In the least deprived areas of Oxfordshire the rate was 7%.

*"Known to be eligible" is for all state funded schools and for all pupils of any age*

*Note that, since 1 April 2018, transitional protections have been in place which will continue to be in place during the roll out of Universal Credit. This has meant that pupils eligible for free school meals on or after 1 April 2018 retain their free school meals eligibility even if their circumstances change. This has been the main driver in the increase in the proportion of pupils eligible for free school meals as pupils continue to become eligible but fewer people stop being eligible*

Department for Education January 2022 School Census

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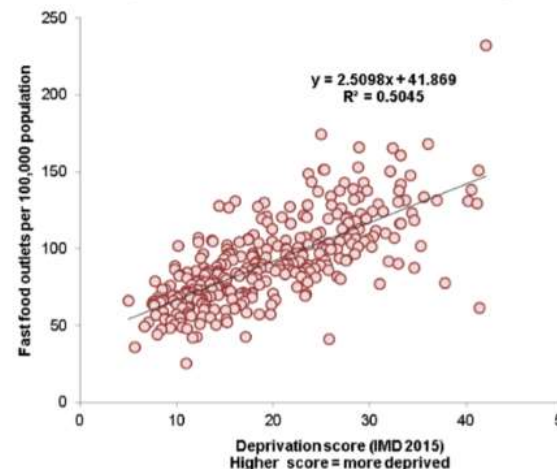
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### Fast food outlets

- In December 2020 there were 479 fast food outlets across Oxfordshire - the highest number of these were in Cherwell and Oxford
- Nationally, local authorities that are ranked as more deprived also have a greater density of fast food outlets

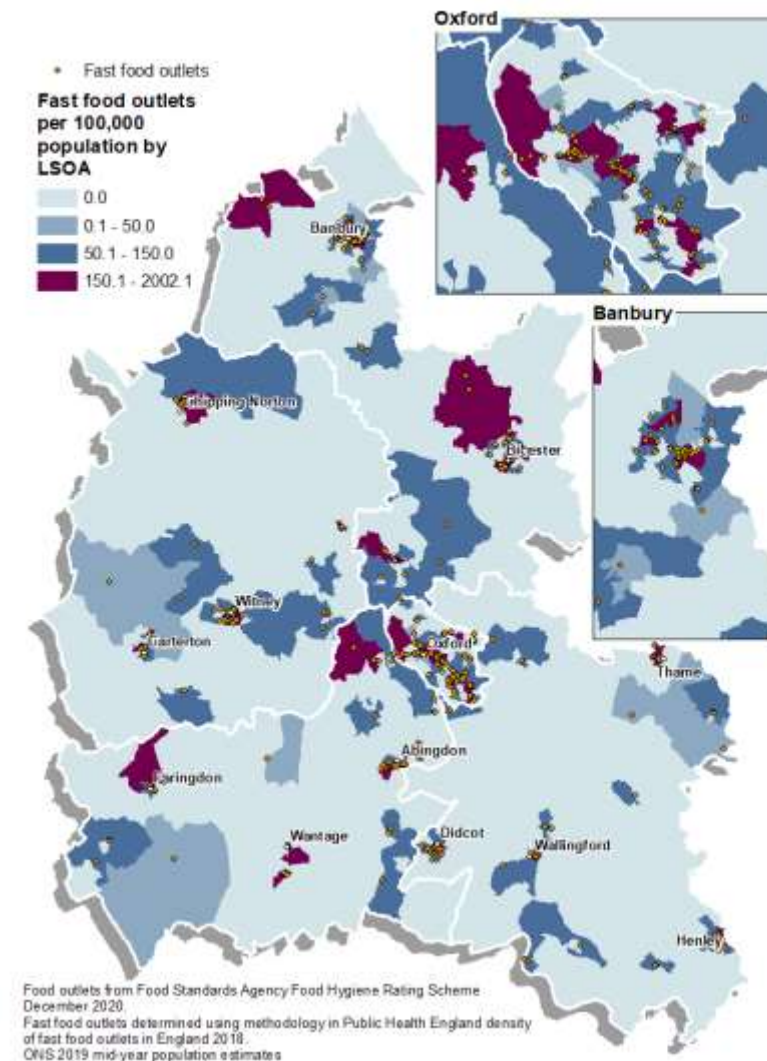
Relationship between fast food outlets and deprivation by local authority (excludes City of London data)



- **National planning guidance** states: “Planning policies and decisions should aim to ... support healthy lifestyles... - for example through the provision of ... access to healthier food”

Public Health England, [density of fast food outlets; 2019 review of the use of the planning system to regulate hot food takeaway outlets](#)

### Fast food outlets



# Housing and homelessness

- [Housing affordability](#)
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## Housing affordability

- The impacts of housing affordability on health can be viewed in two ways<sup>1</sup> :
  - Direct - causing issues with mental and physical wellbeing (e.g. stress and anxiety).
  - Indirect - causing a reduction in disposable income that might otherwise be used to promote a healthy lifestyle (e.g. food quality and exercise).
- Research on housing affordability and health:
  - A 2010 study in the U.S., of 10,004 residents of Philadelphia compared health outcomes of resident self reported to be living in unaffordable or affordable housing<sup>2</sup>. They found:
    - People living in unaffordable housing had increased chances of poor self-rated health; hypertension; arthritis; cost-related healthcare nonadherence and cost-related prescription nonadherence.
    - Renting rather than owning a home heightened the association between unaffordable housing and self-rated health.
  - A 2017 research partnership between Shelter and ComRes<sup>3</sup>, of 20 GPs and 3,500 English Adults, found:
    - Where housing was seen as the sole cause of mental health conditions, the most commonly cited conditions were anxiety and depression.
    - 1 in 5 English adults (21%) said a housing issue had negatively impacted upon their mental health in the last 5 years.
    - Housing affordability was the most frequently referenced issue by those who saw housing pressures having had a negative impact upon their mental health.

[1] [Better housing is crucial for our health and the COVID-19 recovery - The Health Foundation](#)

[2] [Housing affordability and health among homeowners and renters - PubMed \(nih.gov\)](#)

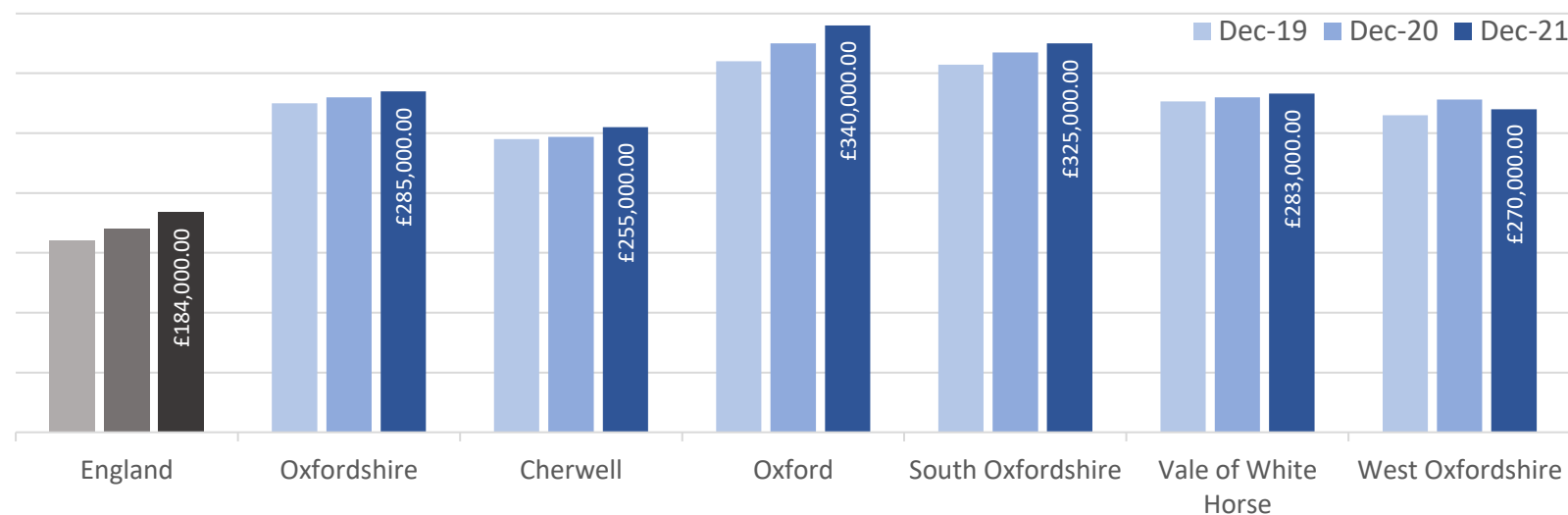
[3] [Research: The impact of housing problems on mental health - Shelter England](#)

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## House prices in Oxfordshire

- At the end of 2021, the average house price for Oxfordshire was £468,004. The lower quartile house price in Oxfordshire was £285,000, this was 55% higher than the lower quartile national average.
- From December 2019 to December 2021, Oxfordshire saw a 4% increase in lower quartile house prices.
- House prices across Oxfordshire's five local authorities increased. Oxford City had the largest increase in house prices at 10%, compared with 15% increase for England.

Lower Quartile Price Paid (all dwellings), year ending Dec 2019 to year ending Dec 2021<sup>1</sup>



[1] [Lower quartile house prices for administrative geographies: HPSSA dataset 15 - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

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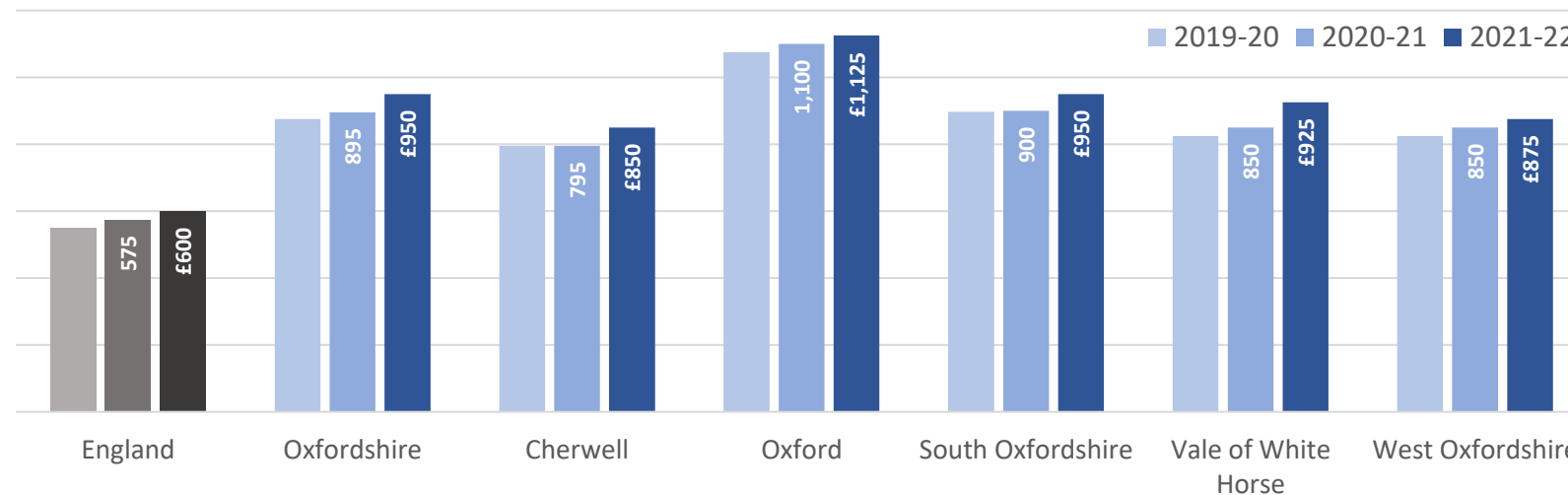
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### Cost of renting

- As of 2021-22, the lower quartile private rent for a 2 bedroom property in Oxfordshire was £950 p/m, this was 58% higher than England (£600).
- In the three years period from 2019-2020 to 2021-2022, the lower quartile private rent across Oxfordshire’s districts all increased. The highest increase was in Vale of White Horse from £825 to £925 (12%).

Lower Quartile Private Rents (2 bedroom), financial years 2019-20 to 2021-22<sup>1</sup>



[1] [Private rental market summary statistics in England - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk/private-rental-market-summary-statistics-in-england)

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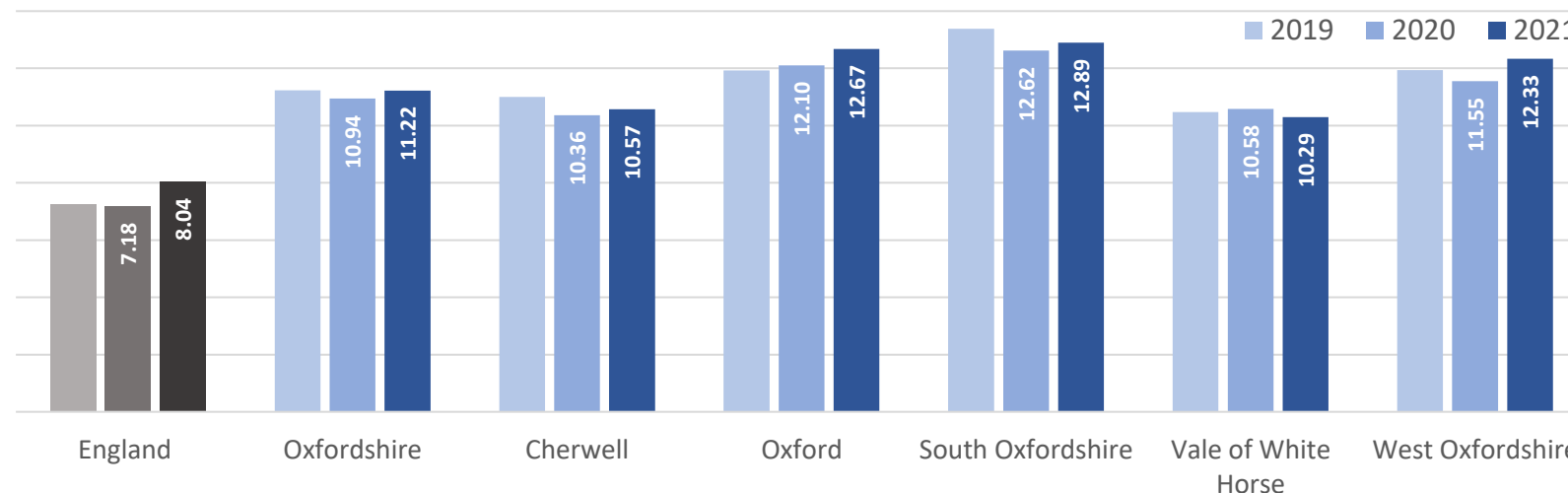
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### Housing affordability - workplace-based earnings

- The ratio of the cheapest market housing and lowest earnings (lower quartile) in 2021 shows that housing was much less affordable in Oxfordshire than England (11 compared with 8 in England).
- Between 2020 and 2021 the lower quartile affordability ratio increased in all districts other than Vale of White Horse and Oxfordshire as a whole - which meant that cheaper housing became less affordable for low income workers in four out of five districts.

Lower Quartile Affordability Ratio (workplace-based earnings), 2019-2021<sup>1</sup>



[1] [House price to workplace-based earnings ratio - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)



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## Housing quality and condition

- This relates to the physical characteristics of homes, such as damp<sup>1</sup>.
  - Studies have linked damp to a number of health problems, including respiratory issues, physical pain, and headaches, particularly affecting children.
- Research on housing quality and health:
  - A study from 2018, investigated tenant healthcare utilisation associated with upgrading 8,558 council houses to a national quality standard<sup>2</sup>. They found:
    - Residents aged 60 years and over living in homes when improvements were made were associated with up to 39% fewer admissions compared with those living in homes that were not upgraded<sup>2</sup>.
    - Reduced admissions were associated with electrical systems, windows and doors, wall insulation, and garden paths<sup>2</sup>.
  - A major New Zealand study from 2020, using linked datasets for over 200,000 homes, found that a national home insulation intervention was associated with reduced hospital admissions<sup>3</sup>. They found:
    - Excess winter mortality and morbidity are often greater in countries with relatively mild climates than in countries with colder climates<sup>3</sup>.
    - This paradox has been linked to poorer thermal efficiency of housing in temperate countries leading to colder indoor temperatures and creating an environment more susceptible to damp and mould<sup>3</sup>.

[1] [Better housing is crucial for our health and the COVID-19 recovery - The Health Foundation](#)

[2] [Emergency hospital admissions associated with a non-randomised housing intervention meeting national housing quality standards: a longitudinal data linkage study | Journal of Epidemiology & Community Health \(bmj.com\)](#)

[3] [Association between home insulation and hospital admission rates: retrospective cohort study using linked data from a national intervention programme | The BMJ](#)

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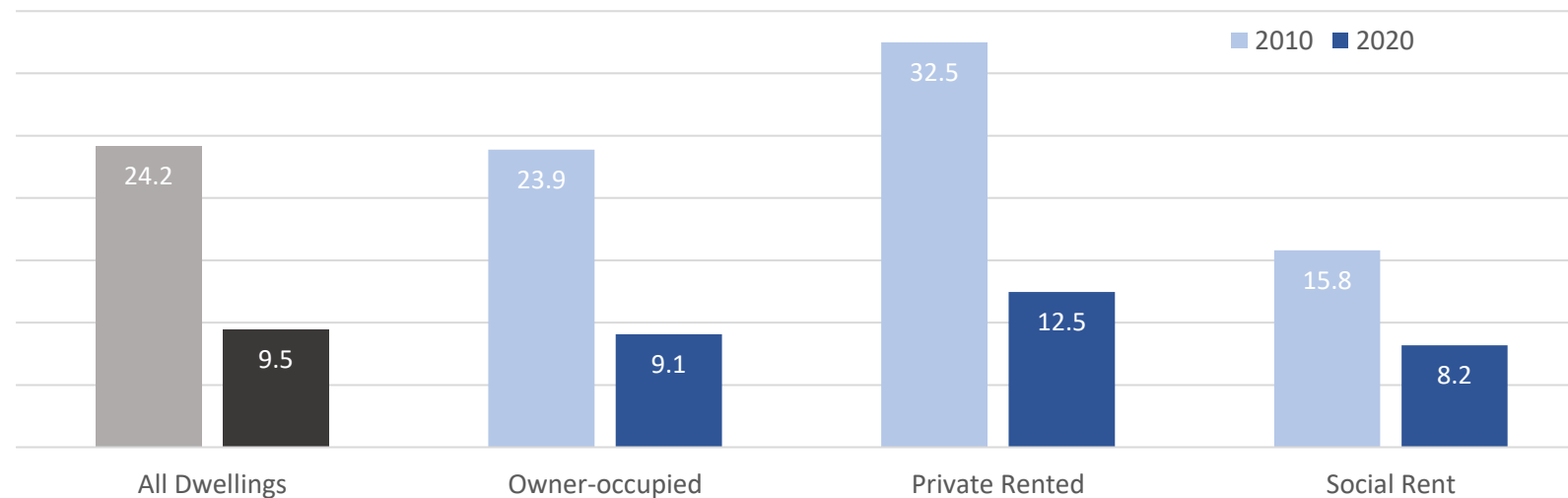
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### House quality and condition - non-decent homes in the South East

- Between 2010 and 2020, the number of non-decent homes in the South East Region reduced from 834,000 to 363,000.
- The percentage of non-decent homes remains highest in private rented sector at 12.5%.
- Social Rent tenures remain the lowest percentage of non-decent homes at 8.2%.
- In Oxfordshire, these percentages would equate to around: 18,000 non-decent owner occupied dwellings; 7,400 non-decent private rented dwellings; 3,600 non-decent social rent dwellings.

Non-Decent Homes (%), by Tenure (2010 - 2020), South East Region<sup>1</sup>



[1] [English Housing Survey, 2020 to 2021: housing quality and condition - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-housing-survey-2020-to-2021-housing-quality-and-condition)

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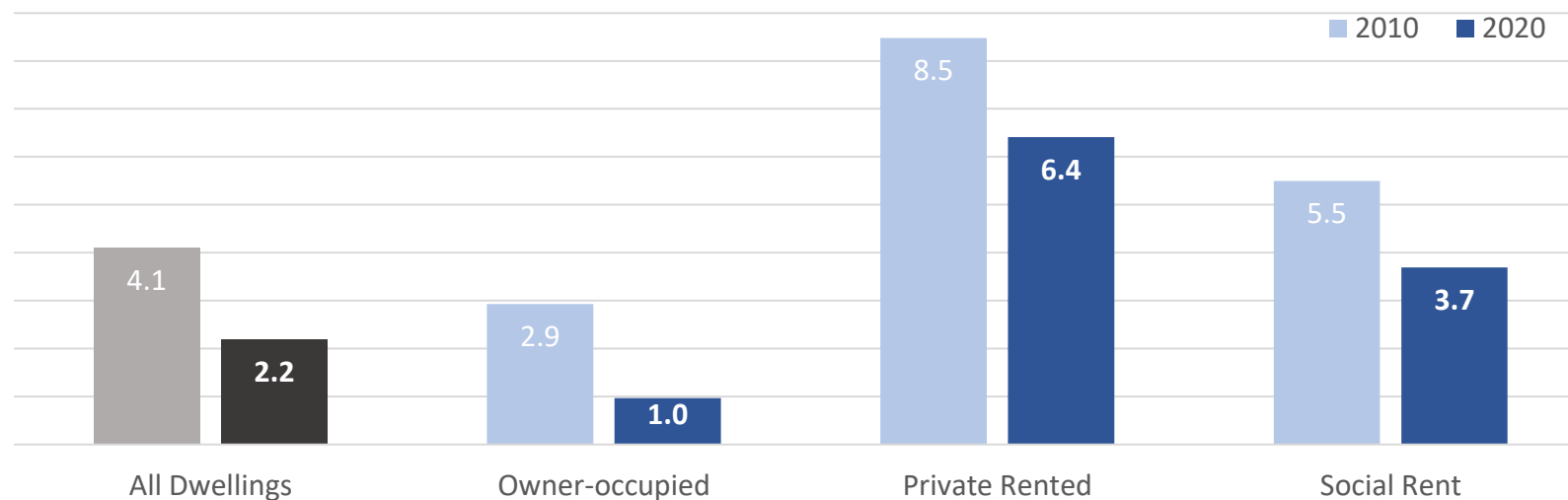
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### House quality and condition - homes with damp problems in the South East

- According to the English Housing Survey, damp problems in the South East decreased across all tenure types. Owner-occupied dwellings had the greatest decrease in damp problems.
- Damp problems remains highest in private rented dwellings at 6.4%.
- In Oxfordshire, these percentages would equate to damp problems in around: 2,000 owner-occupied dwellings; 3,800 private rented dwellings and 1,600 social rent dwellings.

Damp Problems (%), by Tenure (2010 - 2020), South East Region<sup>1</sup>



[1] [English Housing Survey, 2020 to 2021: housing quality and condition - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/english-housing-survey-2020-to-2021-housing-quality-and-condition)

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## House quality and condition - EPC (Energy Performance Certificate)

- An Energy Performance Certificate (EPC) indicates the energy efficiency of a building. It is based on data about a building's energy features (for example, the building materials used and the heating systems and insulation).
- The EPC records how energy efficient a property is as a building, using an A to G rating scale where A is the most efficient and G is the least efficient.
- There is a strong relationship between energy efficiency and housing quality, and most homes with poor energy efficiency do not meet the Decent Homes Standard<sup>1</sup>.

[1] [English Housing Survey, 2020 to 2021: housing quality and condition - GOV.UK \(www.gov.uk\)](#)

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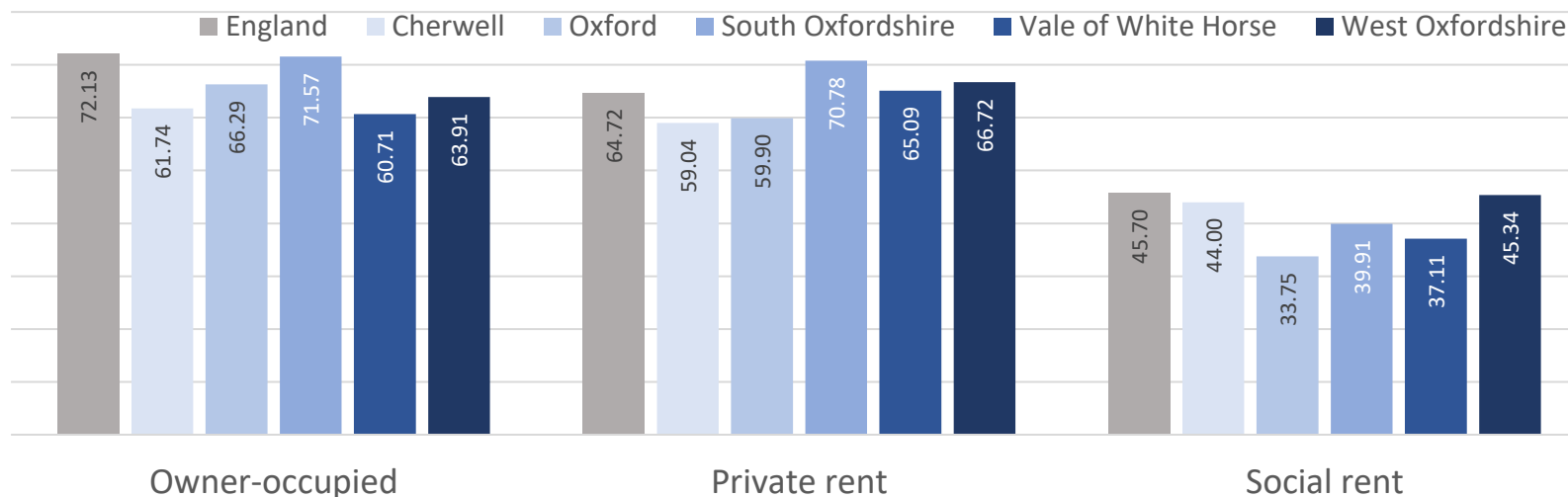
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### House Quality and Condition - EPC (Energy Performance Certificate)

- At the end of March 2021, the social rented sector was the best performing in terms of % energy efficient dwellings in Oxfordshire and nationally.
- Of the districts in Oxfordshire, South Oxfordshire district had the highest proportion of owner-occupied and private rented dwellings rated with a low energy performance.

Dwellings with least efficient EPC Band D-G (%), by Tenure (March 2021)<sup>1,2</sup>  
Oxfordshire districts and England



[1] [Energy efficiency of Housing, England and Wales, country and region - Office for National Statistics \(ons.gov.uk\)](#)

[2] [Energy efficiency of Housing, England and Wales, local authority districts - Office for National Statistics \(ons.gov.uk\)](#)

Note 1: This data does not reflect all dwellings because not every dwelling has an EPC (they are only required when a dwelling is constructed, sold or let).  
Note 2: EPCs are valid for 10 years. This dataset contains EPCs that are no longer valid.

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## Homelessness and health - national

- People without a home are in poorer health and live shorter lives than average. National data shows:
  - 80% of homeless people reported that some form of mental health issue and 45% had a diagnosed mental health condition<sup>1</sup>.
  - Two thirds of people cite drug or alcohol use as a reason for first becoming homeless<sup>2</sup>.
  - 85% of people who are homeless smoke<sup>3</sup>.
  - Almost two in five deaths of homeless people were related to drug poisoning<sup>4</sup>.
  - People who are homeless die on average 30 years younger. In 2019, the average age at death for identified homeless deaths was 46 years for males and 43 years for females, compared with 76 years for men and 81 years for women (England and Wales)<sup>4</sup>.
- In addition, research by Crisis has found that:
  - Homeless people are 17 times more likely to be victims of violence<sup>5</sup>. Almost 1 in 4 female rough sleepers had been sexually assaulted<sup>6</sup>.

[1] [Homeless Link. \(2014\)](#)

[2] [Crisis: Drugs and alcohol](#)

[3] [Groundswell Report 2016](#)

[4] [ONS Deaths of homeless people 2019](#)

[5] [Crisis 2016](#)

[6] [Crisis 2013](#)

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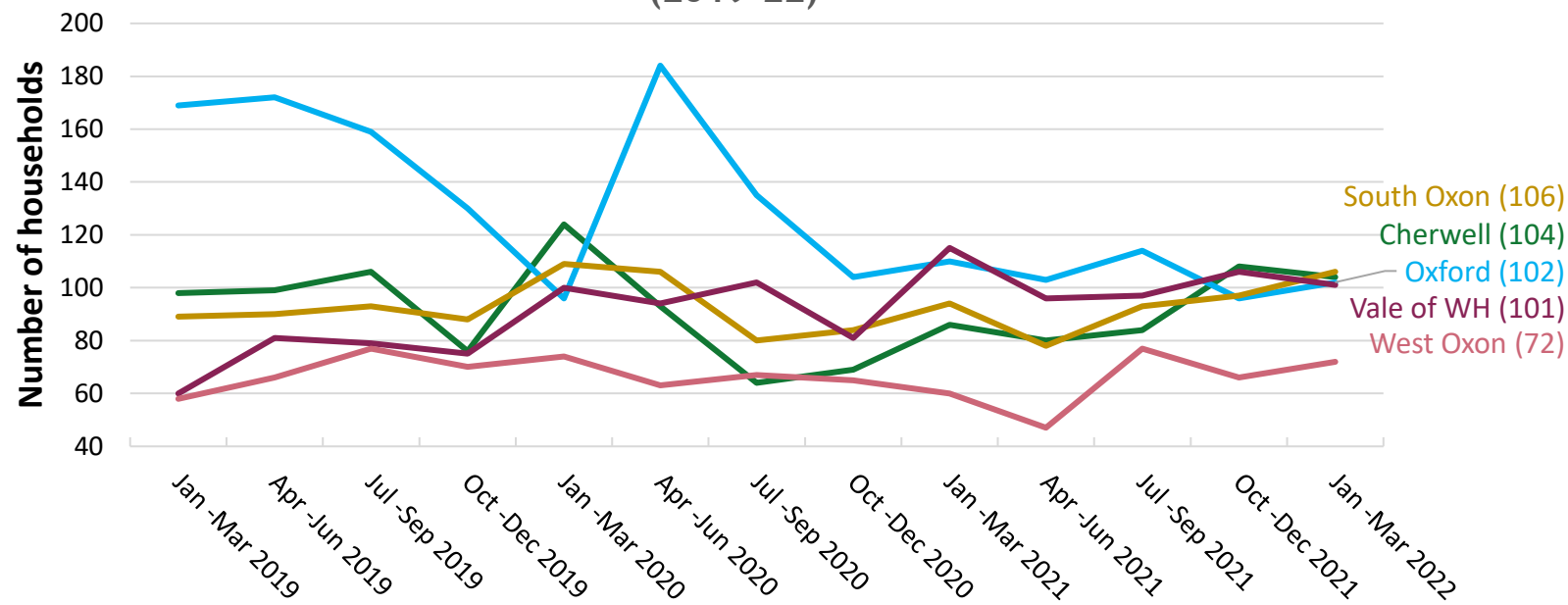
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## Homelessness

- For the financial year 2020-21, there was a total of 1,883 households assessed as owed a homelessness duty (prevention or relief) in Oxfordshire, below the previous year (1,964 in 2019-20).
- Between April and June in 2020, during the first lockdown, there was a peak in assessed households in Oxford City (184).

Total count of households assessed as owed a homeless prevention or relief duty by quarter (2019-22)<sup>1</sup>



[1] [Homelessness statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk/homelessness-statistics)

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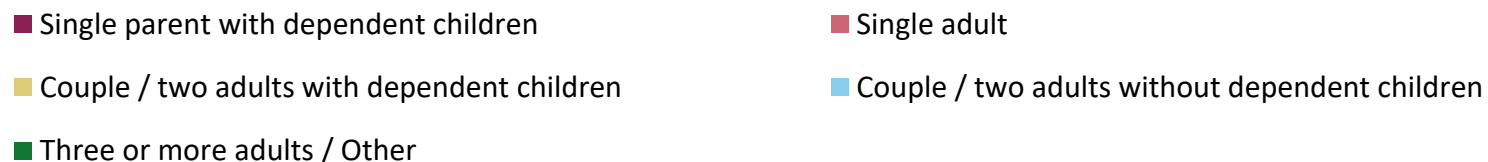
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## Homelessness

- In 2020-21, the group with the highest number of applications assessed as owed a prevention or relief duty in Oxfordshire was Single adults (1,254, 67%).
- Between 2019-20 and 2020-21, the proportion of households with children (single or couple) decreased and the proportion of single adult households increased.

### Number of households owed a prevention or relief duty by household composition<sup>1</sup>



[1] [Homelessness statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk)



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## Rough sleeping

- The homeless population is difficult to see and measure but represents a broad group with diverse needs.. The best guess of the number of rough sleepers at any one time comes from estimates based on street counts.
- A health needs assessment of the adult street homeless population in Oxfordshire in 2019 estimated that, on any one night, **100-150** people sleep rough somewhere in the county and between **350-400** homeless adults sleep in some form of supported accommodation each night.
- It is estimated that **600-700** people sleep rough somewhere in Oxfordshire in the course of a year, and around **600-650** homeless adults are accommodated in some form of supported accommodation in the course of a year.
- By combining annual estimates of rough sleepers (~600-700) with those in supported accommodation (~600-650), and then discounting the overlap between these groups (~200-300), it is estimated that **around 1,000 homeless adults sleep rough or in supported accommodation in the course of a year**. Around 500 homeless adults either sleep rough (~100-150) or in supported accommodation (~350-400) on any given night.
- Around 80% of homeless adults are male, but the proportion of women has increased in recent years. Most homeless adults are aged between 30 and 50, but the proportion of young people has increased in recent years.

Oxfordshire County Council, [A health needs assessment of the adult street homeless population in Oxfordshire](#)

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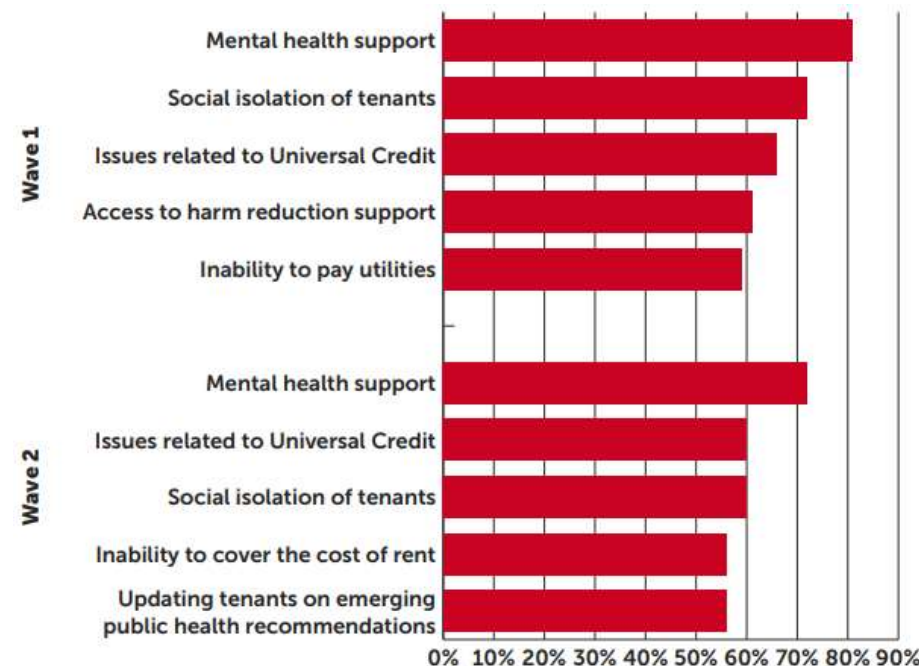
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### Rough sleeping and COVID-19 - national

- According to Crisis (Nov2020) there has been a continued new flow of people experiencing homelessness since the start of the pandemic.
- Towards the start of the pandemic the increase was driven by those already experiencing homelessness who became more visible as their living situations forced them to access help.
- Towards the second wave of the pandemic, there have been bigger increases from people who are experiencing homelessness for the first time, people who have been furloughed and those who are newly unemployed.
- Survey data show that in both waves, support needs highlighted were around mental health, loneliness and isolation.

Top 5 reported challenges related to supporting people currently housed and at risk of homelessness, 2020



Crisis, [The impact of COVID-19 on people facing homelessness and service provision across Great Britain \(2020\)](#)

# Education and qualifications

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- [First language of primary school pupils](#)
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## Education and health

The Public Health England Mental Health JSNA toolkit sets out the role of education in wellbeing, including that:

- *Education is an important determinant of later health and wellbeing. It improves peoples' life chances, increases their ability to access health services and enables people to live healthier lives.*
- *Education increases peoples' ability to get a job and avoid living in poverty.*
- *Participation in adult learning can help encourage wellbeing and protect against age-related cognitive decline in older adults.*
- *Education can also improve levels of health literacy. People with low health literacy experience a range of poorer health outcomes and are more likely to engage in behaviours that risk their health.*

### Note on data used in this section

- Note that, as a result of the pandemic, a range of statistics on educational outcomes were not updated in 2020 or 2021. Early Years Foundation Stage results are available in the previous 2021 Oxfordshire JSNA but are not included here.

[2. Mental health: environmental factors - GOV.UK \(www.gov.uk\)](#)

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## Pupils in Oxfordshire schools

- There was a total of **116,781** pupils attending 360 schools in Oxfordshire (January 2022), up from 112,715 pupils at 354 schools in January 2019 (+4,066, +4%).
- Of these, 84.6% were attending state-funded schools (nursery, primary, secondary, special).
- As of January 2022, 15.3% of pupils in Oxfordshire attended independent schools. This was over double the national average (6.5%) and a similar proportion to the Oxfordshire figure recorded in January 2011 (15.1%).

### Count and percentage of pupils at types of schools in Oxfordshire, 2019 and 2022

	2019	2022	2019 to 2022		Oxon %	Eng %
State-funded nursery	517	532	15	3%	0%	0%
State-funded primary	54,374	54,977	603	1%	47%	52%
State-funded secondary	39,360	41,987	2,627	7%	36%	40%
State-funded special school	1,152	1,313	161	14%	1%	2%
Non-maintained special school	79	94	15	19%	0%	0%
Pupil referral unit	57	15	-42	-74%	0%	0%
Independent school	17,176	17,863	687	4%	15%	6%
<b>TOTAL</b>	<b>112,715</b>	<b>116,781</b>	<b>4,966</b>	<b>4%</b>	<b>100%</b>	<b>100%</b>

Department for Education, [Schools, pupils and their characteristics: January 2022](#)

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## Child development

*From 2015 all children in England became eligible for a Healthy Child Programme development review, delivered as part of the universal health visitor service, around their second birthday.*

- As of 2020-21, Oxfordshire was statistically above (better than) the national average on the proportion of children achieving a good level of development at 2-2 ½ years (85.1% compared with 82.9%).

[Child and Maternal Health - Data - OHID \(phe.org.uk\)](#)

Percentage of children who received a 2-2½ year review who were at or above the expected level in the in all five Ages and Stages Questionnaire-3 (ASQ-3) domains. OHID using interim reporting of health visiting metrics

Note that there are concerns about the quality of this data (accessed 23 Sept22)

## Percentage of children achieving a good level of development at 2-2 ½ years (2020-21)

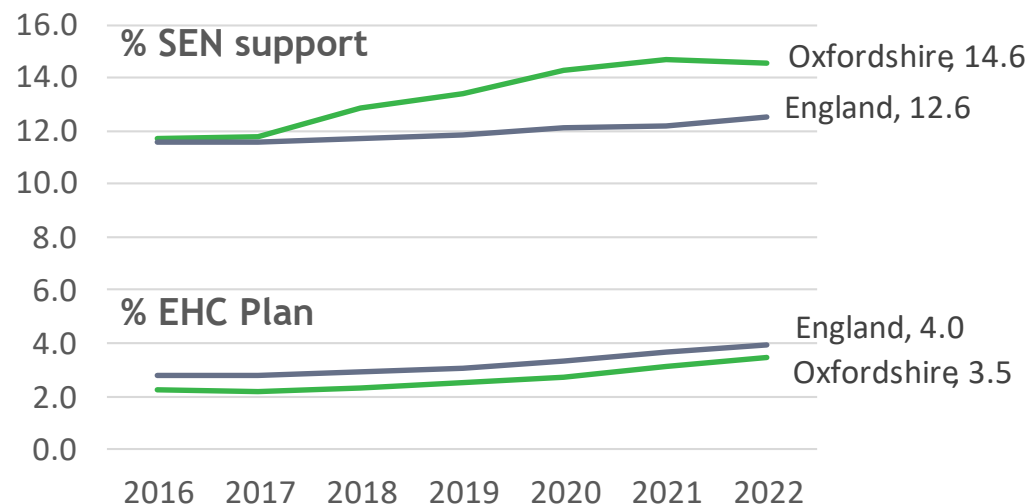
England	306,858	82.9*	
South East region	62,528	83.4*	
Wokingham	1,217	94.6*	
Bracknell Forest	759	93.1*	
East Sussex	3,853	90.8	
Reading	727	90.7*	
Buckinghamshire UA	3,047	89.2	
Hampshire	9,443	86.9	
West Berkshire	765	86.3*	
Medway	1,979	85.7	
Oxfordshire	2,247	85.1	
Southampton	1,988	84.0	
West Sussex	6,459	84.0	
Portsmouth	976	83.5	
Brighton and Hove	1,446	83.2	
Milton Keynes	2,050	81.8	
Windsor and Maidenhe	859	81.2	
Isle of Wight	662	80.7	
Surrey	13,960	80.0	
Slough	1,335	79.9	
Kent	8,756	77.9	

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## Pupils with Special Educational Needs Support

- As of January 2022, there were 21,045 pupils attending schools in Oxfordshire with Special Educational Needs (SEN) support or with an Education, Health and Care (EHC) Plan. This was up from 19,322 in January 2020 (+1,723, +9%). This percentage increase over 2 years was just above the increase across England (+8%).
- The % of pupils with SEN support at schools in Oxfordshire in January 2022 was 2 percentage points above the percentage for England.

### % Pupils with Special Educational Needs support, Oxfordshire vs England



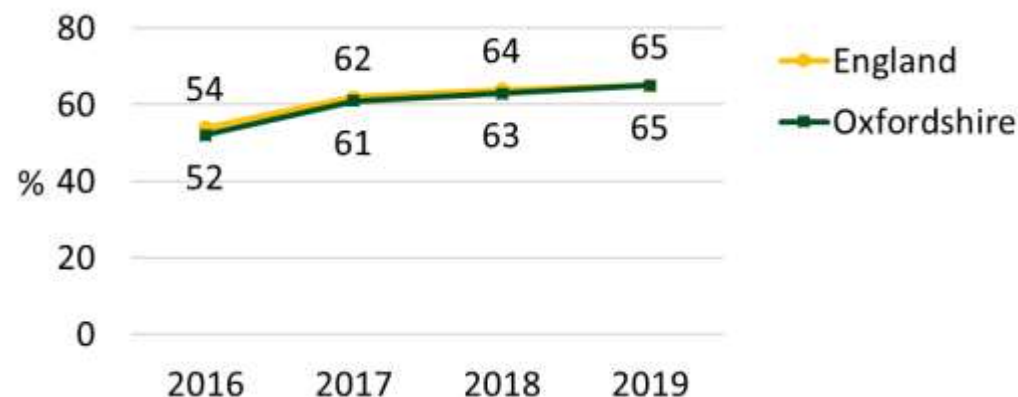
[Special educational needs in England: January 2022](#) Department for Education, based on where child attends school

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## Primary results (Key Stage 2)

- In 2019, 65% of the 7,435 eligible 10-11 year old pupils in Oxfordshire attained at least the expected standard at Key Stage 2 in reading, writing and mathematics, similar to the national average.

Percentage of pupils achieving at least the expected standard at Key Stage 2  
Oxfordshire vs England



Department for Education, [National curriculum assessments: key stage 2, 2019 \(revised\)](#)  
[Note from DfE on primary performance tables](#): In response to the COVID-19 pandemic, the Department for Education cancelled the 2019/20 and 2020/21 national curriculum assessments and associated data collections. As primary national curriculum assessments will be returning in 2021/22 for the first time since 2018/19, without any adaptations, the results will not be published in key stage 2 performance tables in academic year 2021/22.

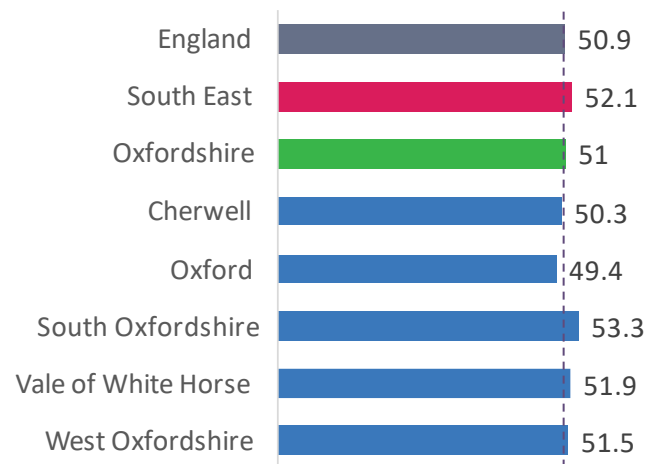


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## GCSE attainment

- The average GCSE attainment 8 score for Oxfordshire in 2021 was 51.0 was above the England average (50.9) and below the average for the South East (52.1).
- The districts in Oxfordshire with the lowest average GCSE scores were Cherwell and Oxford.

### Average Attainment 8 score per pupil 2021



*The changes to the way GCSE grades have been awarded over the last two years mean 2021 pupil attainment data should not be directly compared to pupil attainment data from previous years. Due to the COVID-19 pandemic, the summer exam series for the 2020/21 academic year was cancelled. GCSE grades were determined by teachers based on the range of evidence available (teacher-assessed grades). This is a different process to that of the previous year 2019/20 when pupils were awarded either a centre assessment grade (known as CAGs, based on what the school or college believed the pupil would most likely have achieved had exams gone ahead) or their calculated grade using a model developed by Ofqual - whichever was the higher of the two.*

A pupil's Attainment 8 score is calculated by adding up the points for their 8 subjects (with English and Maths counted twice), and dividing by 10. A Local Authority Attainment 8 score is the average of all of its eligible pupils' scores.

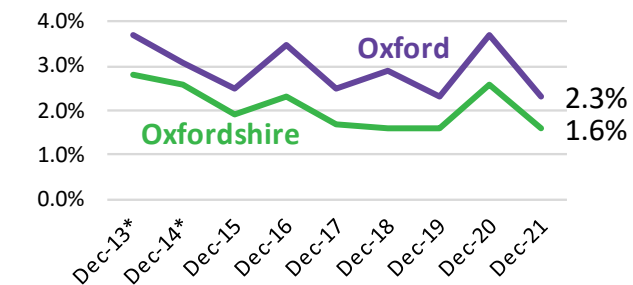
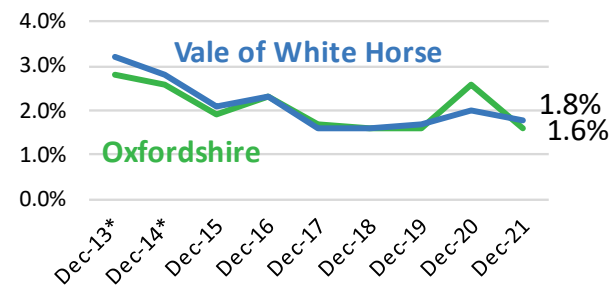
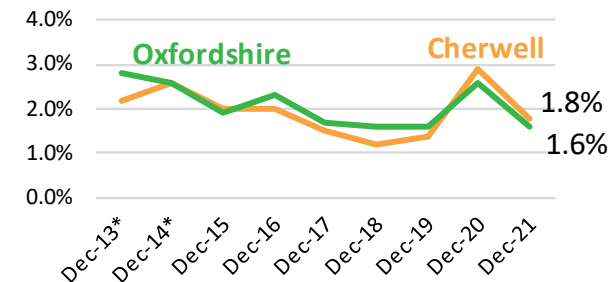
[Key stage 4 performance, Academic Year 2020/21 - Explore education statistics - GOV.UK \(explore-education-statistics.service.gov.uk\)](https://explore-education-statistics.service.gov.uk)

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### Young people Not in Education, Employment or Training

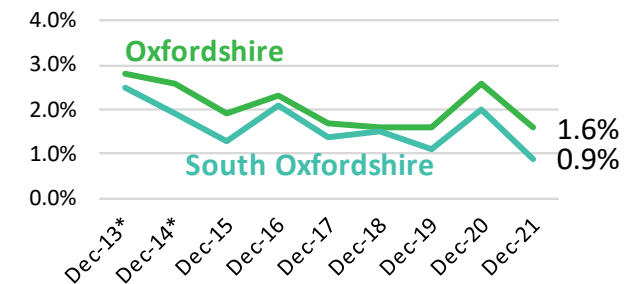
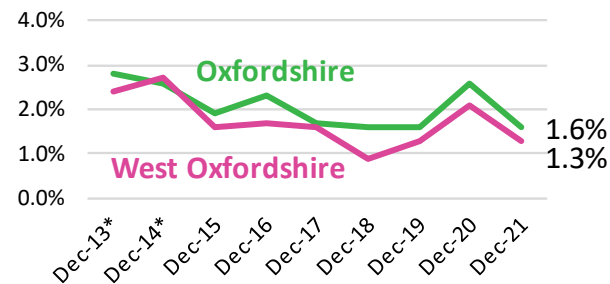
- As of December 2021, in the age range 16 to 18 (school year 12-13), there was a total of 215 (1.6%) young people in Oxfordshire who were classified as Not in Education, Employment or Training (NEET). This was similar to the rate in December 2019 (1.6%) and below a peak in December 2020.
- The district with the highest rate of young people classified as NEET was Oxford City (2.3%).

### Proportion of young people aged 16-18 who are Not in Education, Employment or Training



### Oxfordshire County Council

Note\* in 2013 and 2014 Local Authorities had to track and support a wider range of young people (years 12 to 14) which could account for higher NEET in those years



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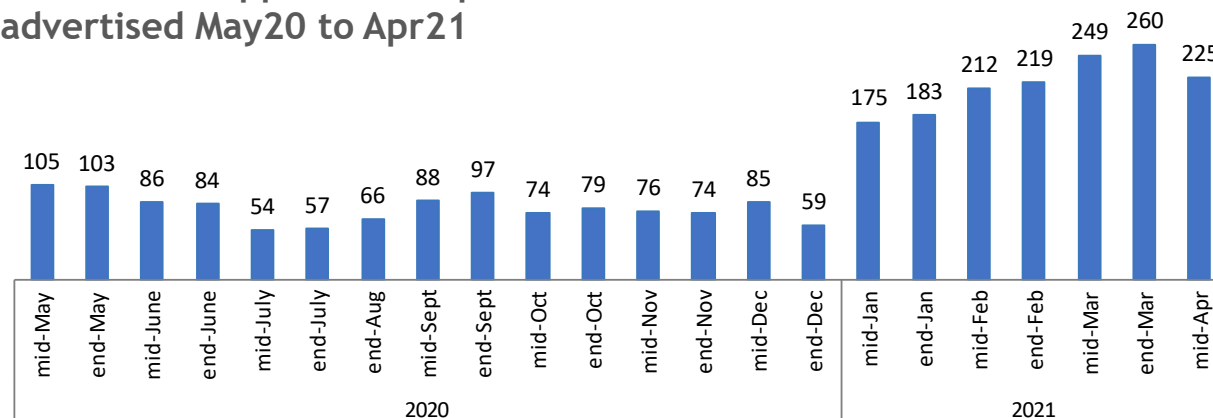
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### Apprenticeships

- The COVID-19 pandemic and lockdowns reduced advertised apprenticeship opportunities in Oxfordshire for young people.
- Data for January to April 2021 shows that Apprenticeship vacancies have recovered. The average of the first 3 months of 2021 was over 2.5 times the average for 2020.

**Oxfordshire Apprenticeship vacancies advertised May20 to Apr21**



NOTE: In this update we have chosen to show apprenticeship vacancy data to illustrate the change in this type of opportunity for young people and the impact of the COVID-19 lockdowns. We believe that DfE counts of apprenticeships are currently inflated - many apprenticeships that would have ended naturally without COVID-19 lockdowns have had contracts extended or those young people were put on furlough, these still count as being in an apprenticeship. In addition, the introduction of the apprenticeship levy means that money can be spent on current members of staff and so counts do not reflect new people starting in apprenticeship (particularly affects higher level apprenticeships).  
 Oxfordshire County Council based on vacancies on [www.oxme.info](http://www.oxme.info) (counts by month not available for previous years)

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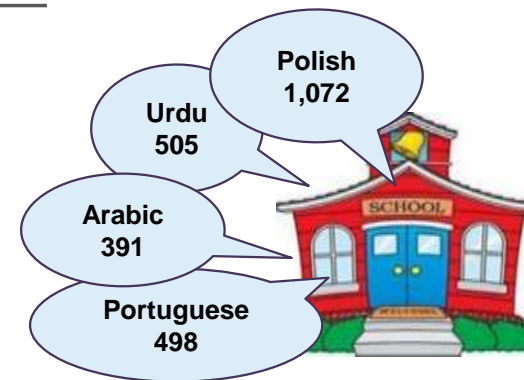
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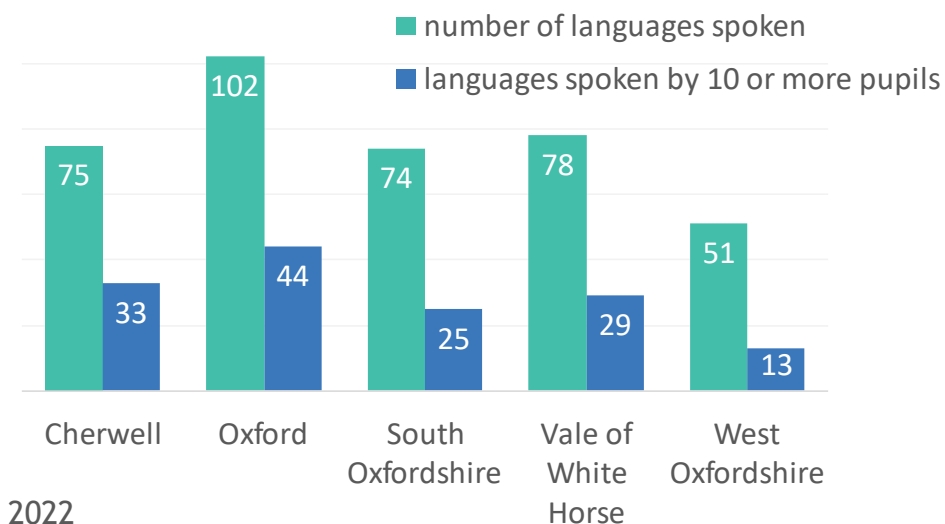
### First language of Oxfordshire’s primary school pupils

- The top first languages (other than English) of primary school pupils across Oxfordshire were: Polish (1,072 pupils), Urdu (505), Portuguese (498) and Arabic (391).



- Oxford City has a very wide range of languages spoken (as a first language) by primary school pupils.
- As of January 2022, in Oxford City, there were at least 102 different languages spoken and 44 of these were spoken by 10 or more primary school pupils.

**Number of first languages (other than English) spoken by primary school pupils (January 2022)**



Oxfordshire County Council, School census January 2022

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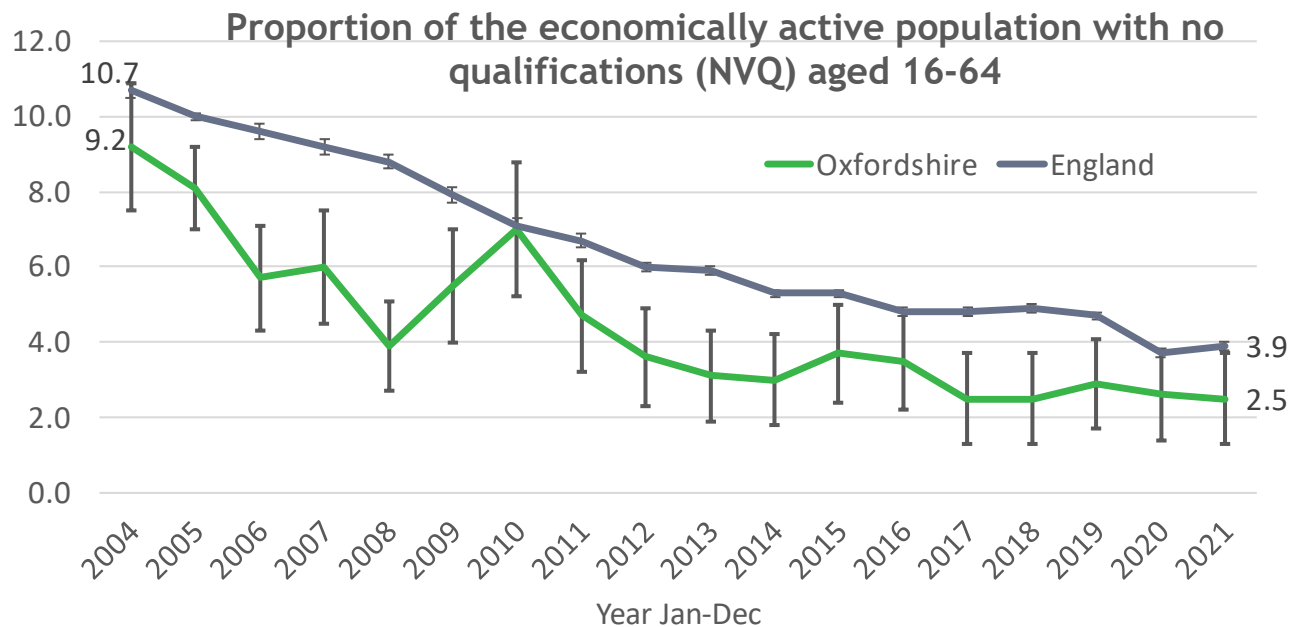
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### Adults without qualifications

*National data shows that some of the most vulnerable members of society have the least access to the training and learning that could help improve their career prospects*

- The proportion of the economically active population in Oxfordshire with no qualifications (2.5%) was statistically below the national average (3.9%) in the period Jan-Dec 2021.
- Since 2004, the proportion of adults with no qualifications in Oxfordshire has decreased, in line with the national trend.



ONS [analysis](#) of Adult Education Survey 2016 and ONS Annual Population Survey from [nomis](#)

# The built and natural environment

- [Built environment](#)
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## The built environment

- The built environment can affect health directly and indirectly either through immediate, passive impact (e.g. effects of indoor environmental quality) or by influencing behaviours that can affect health, which can involve individuals' active participation (e.g. encouraging walking to increase physical activity)<sup>1</sup>.
- The quality of the built and natural environment, including housing quality and affordability, access to green spaces that enable nature connectivity, and a neighbourhood that enables social interaction and sustainable, active travel to local facilities and services, are all important determinants of health and wellbeing.
- Greener living environments which support nature connectivity are known to reduce the impact of other socioeconomic determinants of health (such as low income), whilst nature-based activities or specific interventions offer the greatest health benefits to people from more deprived backgrounds or with established health needs.
- Natural England's People and Nature Survey shows that access to nature and associated health benefits is currently inequitably distributed and contributes to health inequalities in Oxfordshire.
- Healthy place shaping uses a number of tools including Health Impact Assessments, the 20 minute neighbourhood dashboard and local cycling and walking plans to promote a health enabling built environment.

[The impact of the built environment on health behaviours and disease transmission in social systems | Philosophical Transactions of the Royal Society B: Biological Sciences \(royalsocietypublishing.org\)](#)

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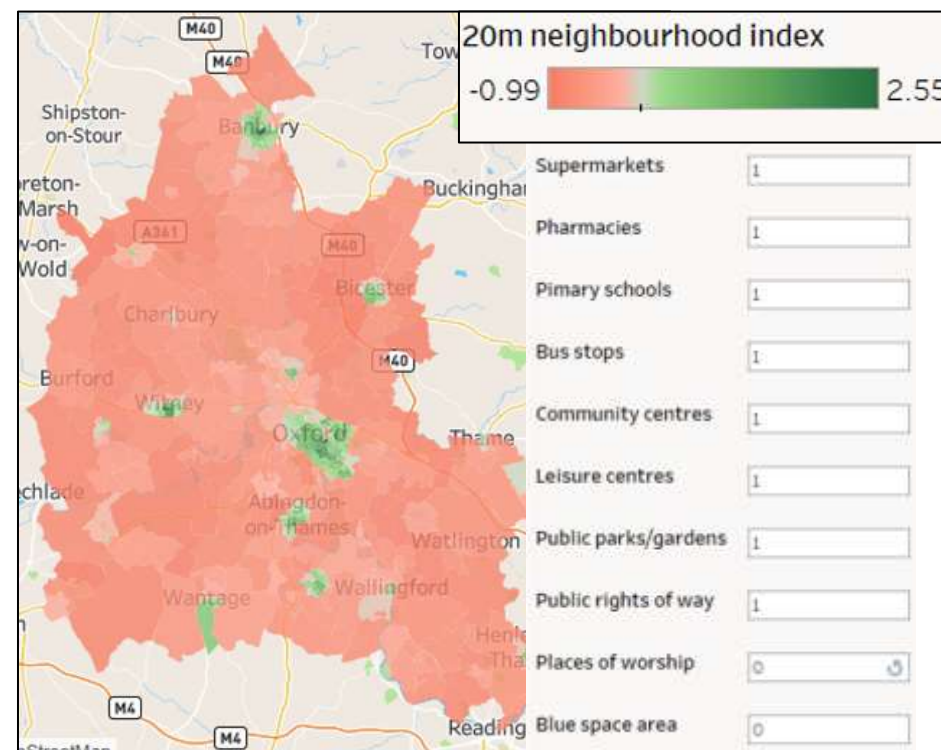
## 20 minute neighbourhoods

- Oxfordshire has developed a [20 minute neighbourhood dashboard](#) which allows selection and weighting of community facilities to create and display a 20 minute index.
- 20 minute neighbourhoods are places where residents can meet most of their daily needs\* within a short walk or cycle. The benefits include healthier communities, cleaner air, stronger local economies, and better resilience against climate change.
- 20 minute neighbourhoods involve a 10 minute walk out and a 10 minute walk back however:
 

*“ - the name is not the point, nor is the number of minutes specified. What matters is that, at its best, this is a holistic and transformational approach to place-making, with significant potential to improve people’s health and wellbeing.” (TCPA, 2021)*

\*E.g. shopping, school, community and healthcare facilities, places of work, green spaces

Example display from 20 minute neighbourhood tool showing overall picture of areas within a short distance of community services



[Link to online 20 minute neighbourhood dashboard](#)



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## COVID-19 and our relationship with nature

An April 2021 summary by ONS found that:

- People exercised more during lockdowns, when there was less to do - highest during lockdown in spring 2020.
- High-income households increased their time spent keeping fit during lockdown, while low-income households did not
- Nature supported people’s well-being during lockdown.
- Use of outdoors depends on access.
- People with lower incomes were more likely to report dissatisfaction with the quality of their green space.
- At that time (April 2021) it was unclear whether or not there would be a long term change in people’s perception of nature.

Change in mobility to parks and public green spaces compared with a baseline period (3 January to 6 February 2020), Google mobility (UK, 2020) compared with Natural England (England, 2009 to 2018)

More or less visits to and time spent in parks in 2020 compared with a normal year.



Source: Google - COVID-19 Community Mobility Reports, Natural England - Monitor of Engagement with the Natural Environment

[How has lockdown changed our relationship with nature? - Office for National Statistics](#)

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## People and Nature survey - national

*The People and Nature survey (online panel) by Natural England has replaced the previous, “Monitor of Engagement with the Nature Environment” survey (face-to-face).*

- The People and Nature survey for England from April 2020 to March 2021 showed that reasons for not spending free time outdoors included:
  - COVID-19 restrictions
  - Health
  - “too busy”
- Reasons linked to the natural environment included:
  - Nowhere near me is nice enough (9%)
  - Fear/worry about crime or Anti Social Behaviour (5%)
  - Lack of facilities and access points for those with disabilities (4%)
  - Fear / worry about getting hurt or injured (3%)

[Welcome to the People and Nature Survey \(arcgis.com\)](https://arcgis.com)

## What was the main reason or reasons for not spending free time outdoors in the last 14 days?\* England (Apr20 to Mar21)

Reason	
Stayed at home to stop coronavirus spreading / Government restrictions	48%
Bad / poor weather	31%
Poor physical health (or illness)	14%
Too busy at home	12%
Too busy at work / with family commitments	11%
Nowhere near me is nice enough	9%
Poor mental health or well being	8%
Not interested	7%
No particular reason	6%
Fear / worry about crime or ASB	5%
Prefer to do other leisure activities	5%
Lack of facilities and access points for those with disabilities	4%
Cost / too expensive	3%
Fear / worry about getting hurt or injured	3%
Other (specify)	2%

\* This is a multi-select question so percentages will not total 100%.

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### Access to public green space

*The COVID-19 lockdown emphasised the importance of access to public green space and gardens.*

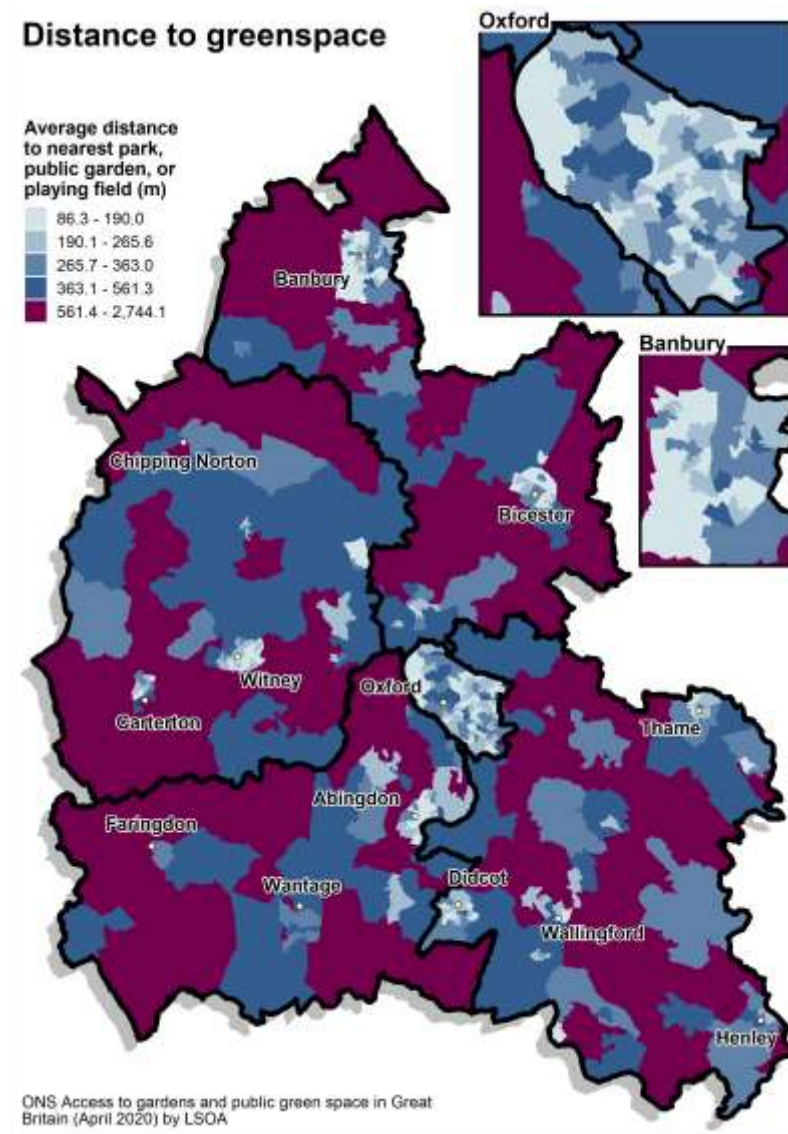
- According to ONS analysis of Ordnance Survey data, the average distance to parks, public gardens or playing fields (greenspace) varies across Oxfordshire, with the greater distances in rural areas (as might be expected).
- By district, average distances were lowest in Oxford City and greatest in Vale of White Horse.
- *Note that this data shows proximity to rather than use of green spaces.*

**Average distance (m) to nearest park, public garden or playing field (April 2020)**

	Average distance
Cherwell	440
Oxford	290
South Oxfordshire	475
Vale of White Horse	533
West Oxfordshire	462
South East	394
England	385

ONS [Access to parks, public gardens or playing fields](#)

### Distance to greenspace



# Active travel

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## Introduction to Active Travel

A key priority for Oxfordshire is to provide residents with more options for travel. Supporting and encouraging active travel - walking and cycling - will help improve people's wellbeing and help address the climate crisis.

The Department for Transport's active travel fund supports the following:

- Improved and new cycle routes in Bicester and Witney
- Six low traffic neighbourhoods - an area where motorised traffic is prevented from taking shortcuts through a residential area by means of traffic filters.
- Quietway's through the LTNs - signed cycling routes linking key destinations that follow backstreet routes avoiding some of the busier highly roads in the area.
- Quickways - cycle routes linking key destinations via main routes into the city centre.
- 20mph routes in the city



[Active Travel | Oxfordshire County Council](#)

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## Impact of COVID-19 on traffic - Oxfordshire

- During the first lockdown (March 2020), Oxfordshire saw a dramatic reduction in traffic flows with Oxford inner cordon with a 73% decrease in traffic flow.
- By June 2021 traffic in Oxfordshire, excluding Oxford City, had increased to slightly above pre-pandemic levels.
- Traffic at Oxford's inner and outer cordons has remained below pre-pandemic levels.

5 day average traffic - percentage change since baseline\* for Oxfordshire county (excl city) and inner, outer cordons of the City



Oxford Inner Cordon Chart is based on 5 inner city Automatic Traffic Counters located on Woodstock Rd, Banbury Rd, Magdalen Bridge, Folly Bridge & Osney Bridge. Live feed ATC were installed between Dec 2019 and Jan 2020. 5 day average is from Monday to Friday. \*Baseline figure has been calculated from Feb/March 2020 flows.

[Transport Monitoring | Oxfordshire County Council](#)

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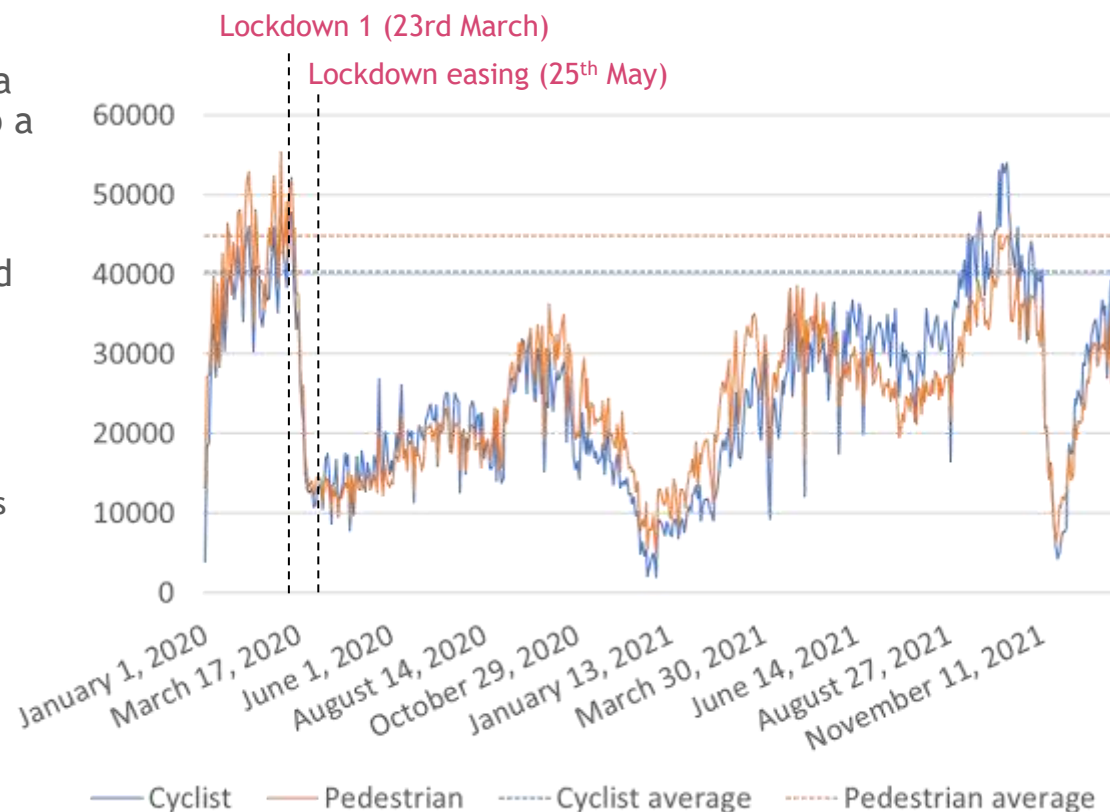
[Finding out more](#)

### Impact of COVID-19 on cycling and walking

- During the first lockdown, Oxfordshire saw a significant decrease on cycling and walking on Oxfordshire roads
- Cycling and pedestrians saw a decrease of 75% compared to a similar day in February 2020.
- In October 2021, cycling was 34% higher than the pre-covid baseline

Oxfordshire County Council’s ‘Vivacity Lab’ (VL) smart detection system sensors use machine learning software which locates and classifies road users within the field of view (of the sensor). There are 73 active VL sensors in Oxfordshire, of which 64 are in Oxford City. The chart uses VL data to show data for pedestrians and cyclists across Oxfordshire based on peak time only (7am-10am & 4pm-7pm Monday to Friday).

**Cyclists and pedestrians on Oxfordshire roads (mainly Oxford City) January 2020 to February 2022**



iHUB (Environment & Economy, Oxfordshire County Council)

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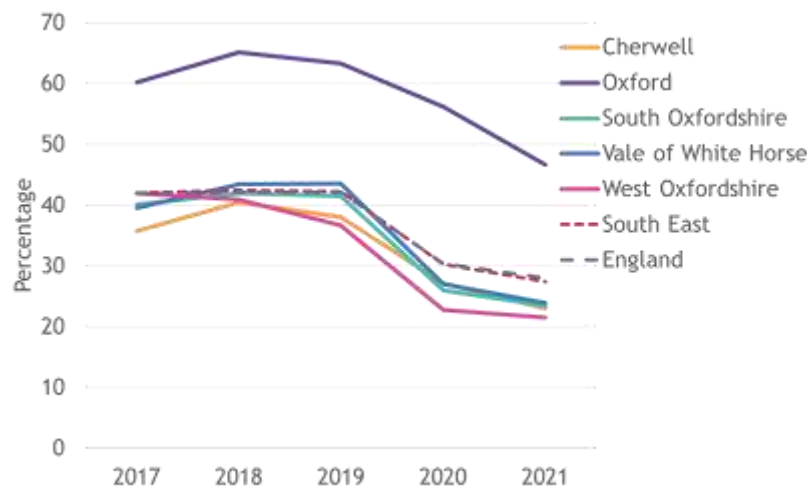
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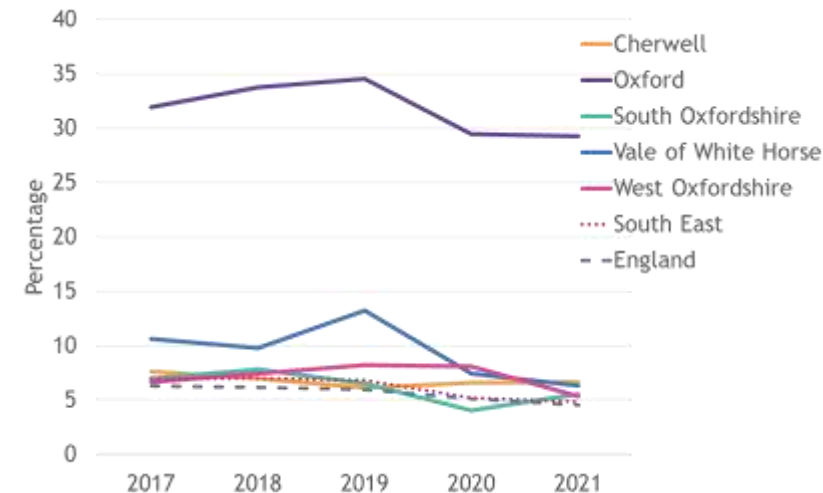
## Impact of COVID-19 on adult active travel - Oxfordshire

- In trends likely to be affected by a change in the number of people working from home, adults walking and cycling for travel (rather than leisure) has decreased in all areas of Oxfordshire over the past 3 years (2018 vs 2021).
- Oxford has seen the greatest decrease in cycling for travel, 5%, compared to the South East and England decrease of 2% (Nov 2018 vs 2021).
- Vale of White Horse has seen the greatest decrease in walking for travel, 20%, compared to the South East (-15%) and England (-14%)

Adults walking for travel, at least once per week, November 2017 to November 2021



Adults cycling for travel, at least once per week, November 2017 to November 2021



[Walking and cycling statistics 2021](#)



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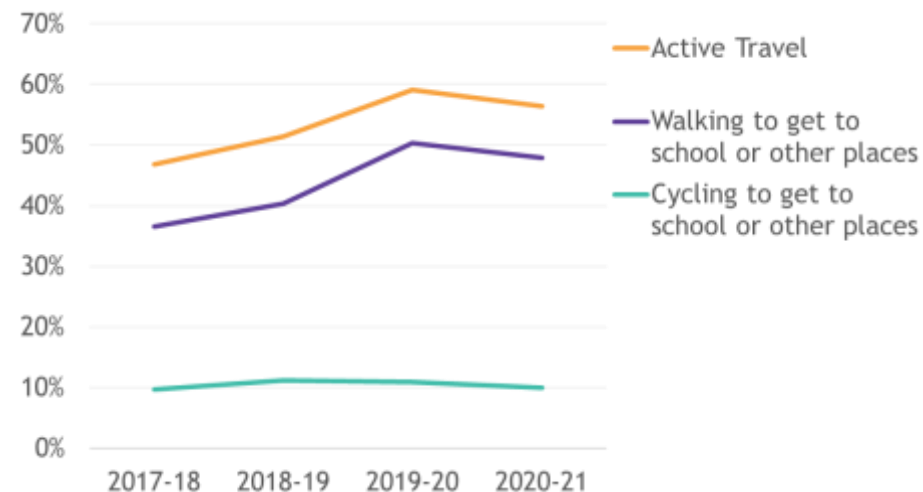
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### Impact of COVID-19 on walking or cycling to school - national

- In 2020-21, 46% of children aged 5 to 16 in England walked or cycled to school, down from 50% in 2019-20.
- There were decreases in walking as the usual means of travel to school amongst both primary school children (aged 5 to 10) and secondary school children (aged 11 to 16). Levels decreased amongst primary school children from 52% in 2019-20 to 49% in 2020-21, and secondary school children from 42% to 37%.
- These trends will have been influenced by school closures and the reduction in public transport and private car use during the pandemic.

Walking or cycling to get to school, once per week or more, academic years 2017-18 to 20-21



Note: Data on travel to school is impacted by changes in travel behaviour due to the coronavirus pandemic as well as school closures during this period. Data for 2020 and 2021, as well as changes from previous years should be interpreted accordingly.

This is not available at an Oxfordshire level

[Walking and cycling statistics 2021](#); [Active Lives Survey](#)

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## Active travel in Oxfordshire

- The latest Sport England data (November 2020-21) shows that Oxfordshire county had the second highest proportion of adults (28.2%) participating in active travel (at least twice in the last 28 days) of England’s counties. Cambridgeshire was highest at 29.8%.
- Oxford City had a high proportion of adults participating in active travel (51%). West Oxfordshire (20%) was well below the national average (26%).
- There has been a significant drop in active travel in all districts since November 2019-20. This may be due to changes in active travel because of coronavirus and home working.

### Participation in active travel: At least twice in the last 28 days

	Nov 2019/20	Nov 2020/21	Change
Cherwell	26%	23%	-3%
Oxford	56%	51%	-5%
South Oxfordshire	22%	21%	-1%
Vale of White Horse	29%	21%	-8%
West Oxfordshire	26%	20%	-6%
Oxfordshire	33%	28%	-5%
England	28%	26%	-1.6%

Sport England, [Active Lives Survey](#) latest data as at 04/08/2022

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## Cycling survey in Oxfordshire 2019

- The aim of the Oxfordshire Cycle Survey 2019 was to understand cyclists' choices when making cycle journeys
- The survey was carried out online from June to August 2019 and was completed by over 3,700 people
- The results showed that people in Oxford tend to cycle as a mode of travel and recreation, whereas those outside Oxford use the cycle predominantly for recreation.
- The differences are particularly clear for high frequency journeys, such as travelling to work 84% (Oxford cyclists) vs 56% (non-Oxford cyclists), shopping 65% (Oxford cyclists) vs 35% (non-Oxford cyclists) and going into the town centre 78% (Oxford cyclists) vs 41% (non-Oxford cyclists).
- In contrast, a greater percentage of non-Oxford cyclists make recreational cycle journeys (78%), such as cycling for fun or fitness.

Oxfordshire County Council  
**Oxfordshire Cycle Survey 2019**

Note each respondent could choose 3 reasons.  
 Showing top 5 choices only

### Why do cyclists choose to cycle?

Choice	Oxford Cyclists	Non Oxford cyclists
1 <sup>st</sup>	Exercise/health 58%	Exercise/health 85%
2 <sup>nd</sup>	Quickest time 51%	Enjoy cycling 65%
3 <sup>rd</sup>	Environment 49%	Environment 53%
4 <sup>th</sup>	Convenient 39%	Convenient 22%
5 <sup>th</sup>	Enjoy cycling 34%	Quickest time 14%

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## Introduction of Low Traffic Neighbourhoods

- Low traffic neighbourhoods (LTN's) are an area where motorised traffic is prevented from taking shortcuts through a residential area by means of traffic filters. This creates quieter and safer streets where residents may feel safer and more comfortable when making local journeys by bus, by cycle or on foot.
- There are six low traffic neighbourhoods in Oxfordshire. Overall figures within the LTNs show an increase in walking and cycling when compared to control sites and pre-LTN levels and a reduction in car traffic volumes.
- Data from Vivacity sensors monitored traffic volumes during 2021, comparing to 2019 levels for equivalent months and control sites showed that:
  - Car traffic volumes have decreased by 42% from March to November 2021 with greater reductions of 51% between July until November 2021
  - Pedestrian volumes have increased by 19% from March to November 2021
  - Cycling volumes have increased by 22.5% from March 2021 to November 2021

[Cowley LTNs - Experimental Traffic Regulation Order \(24/02/2022\) | Oxfordshire County Council](#)

iHUB (Environment & Economy, Oxfordshire County Council) - Oxfordshire County Council's 'Vivacity Lab' (VL) smart detection system sensors use machine learning software which locates and classifies road users within the field of view (of the sensor).

# Air quality

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## Air quality and health - national

*Poor air quality is a significant public health issue. There is strong evidence that air pollution causes the development of coronary heart disease, stroke, respiratory disease, and lung cancer, exacerbates asthma and has a contributory role in mortality ([Air Pollution Evidence Review](#) - PHE, 2019).*

*The annual burden of air pollution in the UK has been estimated to be equivalent to approximately 28,000-36,000 deaths at typical ages and an associated loss of population life of 328,000-416,000 life years lost (COMEAP, 2018).*

*Although air pollution can be harmful to everyone, it particularly affects people living in polluted areas, those who are exposed to higher levels of air pollution in their day-to-day lives, and those who are more susceptible to health problems caused by air pollution, widening health inequalities.*

*The annual average metric is a summary of typical environmental conditions and the population weighting accounts for human exposure. In addition to this indicator, other air pollutants (such as NO<sub>2</sub>), as well as indoor air pollutants, are also considered important.*

Primary Particulate Matter (PM<sub>2.5</sub>) can shorten lifespans. Those most likely to be affected are:

- People already suffering from lung and heart conditions;
- Elderly people, pregnant women and their unborn babies and the very young.

Nitrogen Oxides (NO<sub>x</sub>) exacerbate symptoms of those already suffering from lung or heart conditions

- Short-term exposure to high concentrations of NO<sub>2</sub> can cause inflammation of the airways
- Increases susceptibility to respiratory infections and allergens

A new national indicator\* estimates 5.6% of deaths in England in 2020 were associated with long-term exposure to particulate air pollution.

[Health matters: air pollution - GOV.UK \(www.gov.uk\)](#)

\*Fraction of mortality attributable to particulate air pollution (new method)

[Public health profiles - OHID \(phe.org.uk\)](#)

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## Health Impacts of poor air quality

*PM<sub>2.5</sub> is particularly harmful because the particles are very small and can travel deep into the lungs where they can cause damage to the tissue. Exposure has been linked to a range of health outcomes including asthma, respiratory disease, coronary **heart disease**, stroke, and lung **cancer**, with emerging evidence showing impacts on **diabetes** and **low birth weight**.*

*Inhaling NO<sub>2</sub> affects our health by diffusing into the cells which line the respiratory tract. This can cause effects such as tightening of the airways in the lungs (causing wheezing, coughing, shortness of breath), inflammation, and a reduced immune response. NO<sub>2</sub> has been associated with causing asthma, and lung cancer, with emerging evidence showing impacts on type 2 diabetes, low birth weight and dementia. NO<sub>2</sub> can also exacerbate existing conditions, especially asthma.*

- In Oxfordshire, it was estimated that over 2,300 years of healthy life (DALYs) were lost due to ambient particulate matter in 2019. These were mainly attributed to cardiovascular diseases, diabetes and kidney diseases, and chronic respiratory diseases.

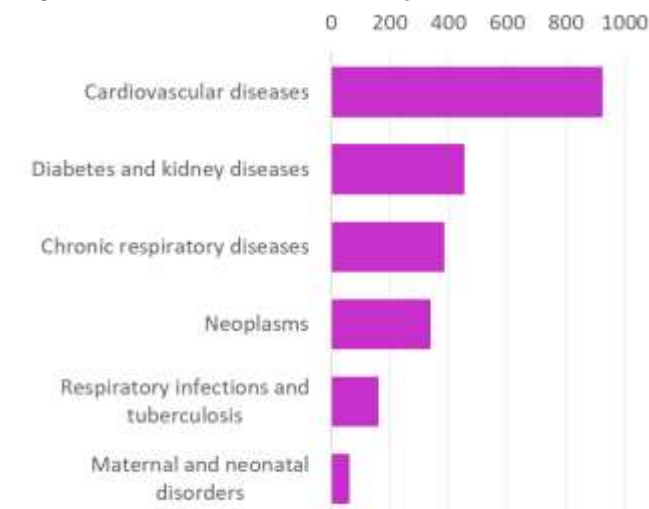
One Disability Adjusted Life Year (DALY) can be thought of as one lost year of "healthy" life. DALYs are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences.

The sum of DALYs for a population is a measurement of the gap between current health status and the situation where the entire population lives to an advanced age, free of disease and disability.

IHME, [Global Burden of Disease tool](#), accessed 26.01.2021

PHE, [Estimation of costs to the NHS And social care due to the health impact of air pollution](#)

**Oxfordshire DALYs from ambient particulate matter, by cause, 2019**



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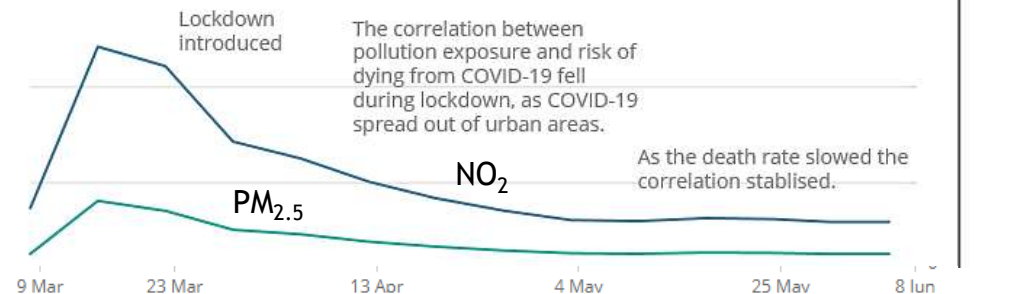
## Air pollution and COVID-19 deaths - national data

*Consistent exposure to air pollution is a known cause of breathing difficulties and other long-term conditions in the lungs and the heart.*

- ONS data shows that more than one-third (35%) of deaths involving COVID-19 in England up to the end of June 2020 had a respiratory or cardiovascular disease as the main pre-existing health condition.
- ONS analysis found that *“polluted areas initially had higher rates of COVID-19 deaths, but this trend decreased as the death toll rose”*.

### Correlation between COVID-19 deaths in England and 10-year exposure to nitrogen dioxide (NO<sub>2</sub>) and fine particulate matter (PM<sub>2.5</sub>)

At the start of the pandemic infection rates were highest in cities where air pollution is also high



### ONS [Does exposure to air pollution increase the risk of dying from the coronavirus \(COVID-19\)? 2020](#)

Analysis includes 46,471 deaths involving COVID-19 among usual residents of England between 7 March 2020 and 12 June 2020, registered by 22 June 2020.



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## Health Impacts of Air Pollution in Oxford

Research by King's College London (Nov20) highlighted some of the impacts of air pollution in Oxford.

- Each year on average, higher air pollution days in Oxford are responsible for:
  - 6 more cardiac arrests outside hospital.
  - 4 more hospital admissions for stroke.
  - 5 more people to hospital for cardiovascular disease than lower air pollution days.
- Roadside air pollution in Oxford stunts lung growth in children by 14.1%.
- In Oxford, an extra 1 adult and 1 child are hospitalised with asthma on days where air pollution is high compared to days where air pollution is low on average each year.
- On high air pollution days, 4 more children with asthma in Oxford experience asthma symptoms than on lower pollution days.
- Cutting air pollution in Oxford by one fifth would result in:
  - 83 fewer cases of coronary heart disease each year.
  - 28 fewer cases of lung cancer each year.
  - 77 fewer children with low lung function each year.
  - 38 fewer asthmatic children with bronchitic symptoms each year.
  - 31 fewer children with a chest infection (acute bronchitis) each year.
  - 1 less baby born underweight each year.
  - an increase in children's lung capacity by around 2.8%.

[King's College London](#) and Clean Air Fund

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## Air pollution - Oxfordshire

- Oxfordshire has 13 designated Air Quality Management Areas where air quality objectives are not being met.
- The latest (2020) modelled air pollution data from DEFRA highlights urban centres and roads in Oxfordshire with the highest annual average levels of nitrogen oxides.
- The sites with the highest readings for Nitrogen Dioxide (NO<sub>2</sub>) in Cherwell, Oxford and West Oxfordshire have each seen a slight increase since 2020. The sites with the highest readings of NO<sub>2</sub> in South Oxfordshire and Vale of White Horse have seen a decrease in readings.

Nitrogen dioxide and nitric oxide are referred to together as oxides of nitrogen (NO<sub>x</sub>).

[Modelled background pollution data - Defra, UK](#)

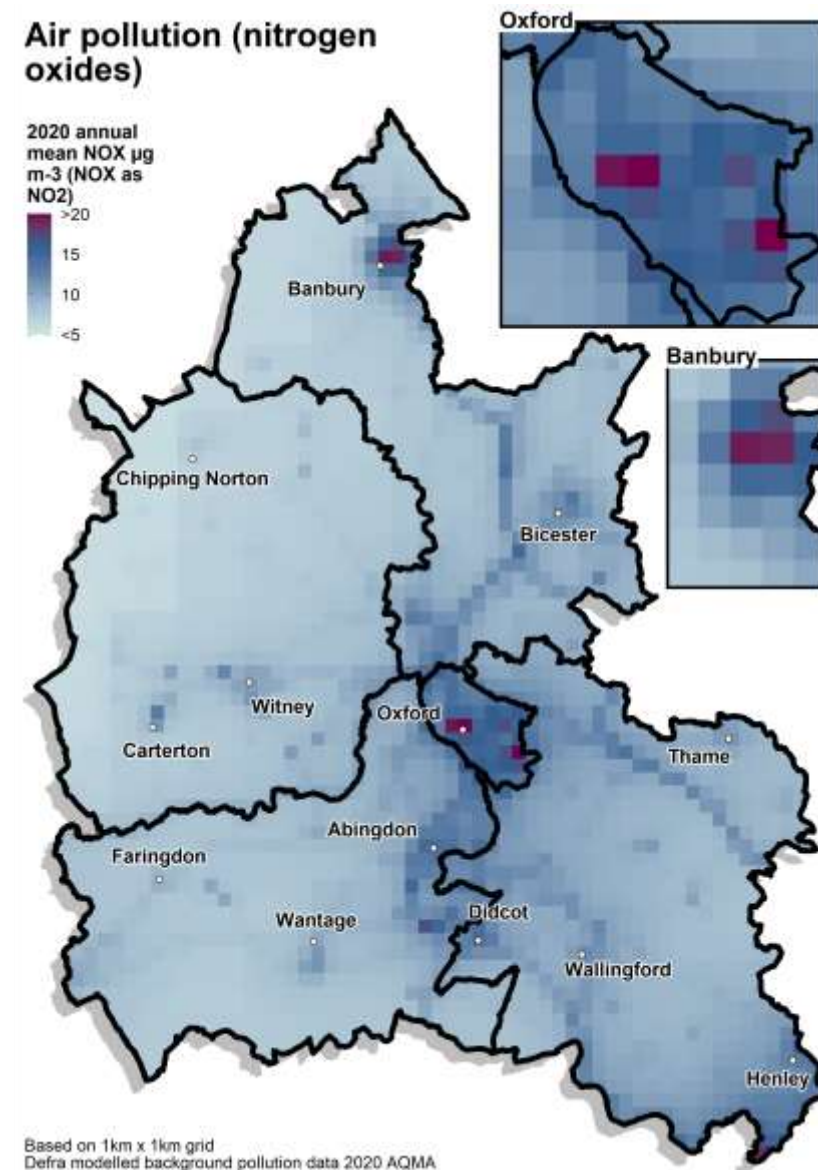
[Oxfordshire AirQuality \(air-quality.info\)](#)

Air quality reports: [Cherwell](#) [Oxford City](#) [South Oxfordshire](#)

[Vale of White Horse](#) [West Oxfordshire](#)

## Air pollution (nitrogen oxides)

2020 annual mean NO<sub>x</sub> µg m<sup>-3</sup> (NO<sub>x</sub> as NO<sub>2</sub>)



Based on 1km x 1km grid  
Defra modelled background pollution data 2020 AQMA

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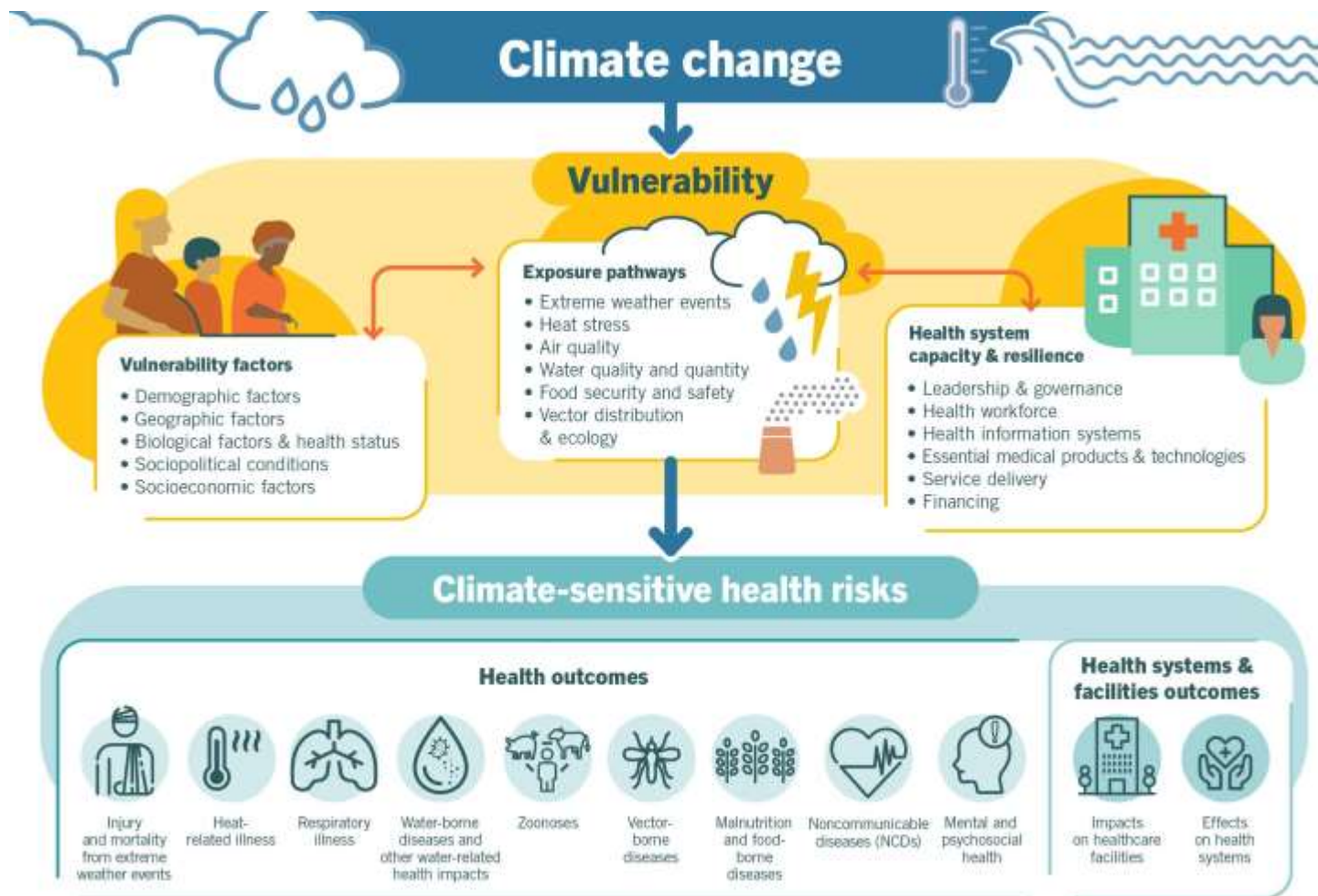
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## Climate-sensitive health risks



WHO 30 October 2021

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### Carbon dioxide emissions

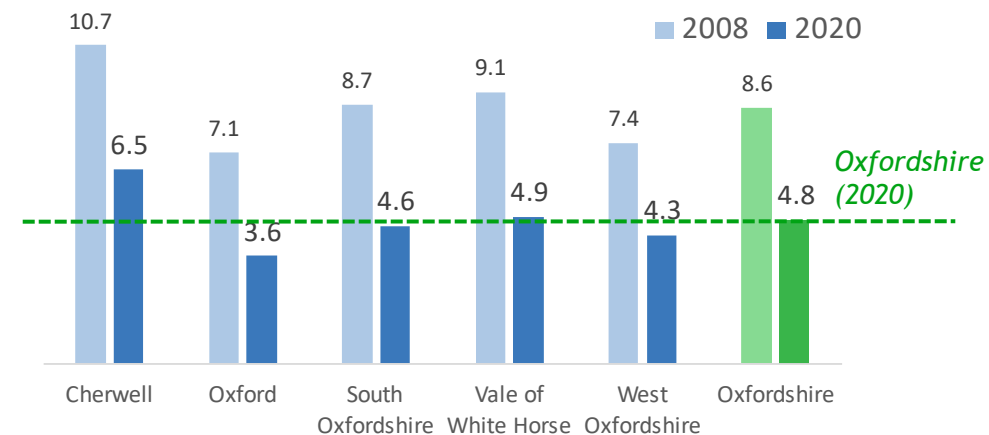
Between 2008\* and 2020:

- Total carbon emissions from Oxfordshire fell by 39% between 2008 and 2020, from 5,516.1 kt to 3,346.3 CO<sub>2</sub>e.
- Per capita emission have reduced by 44%, from 8.6 to 4.8 tCO<sub>2</sub>e.

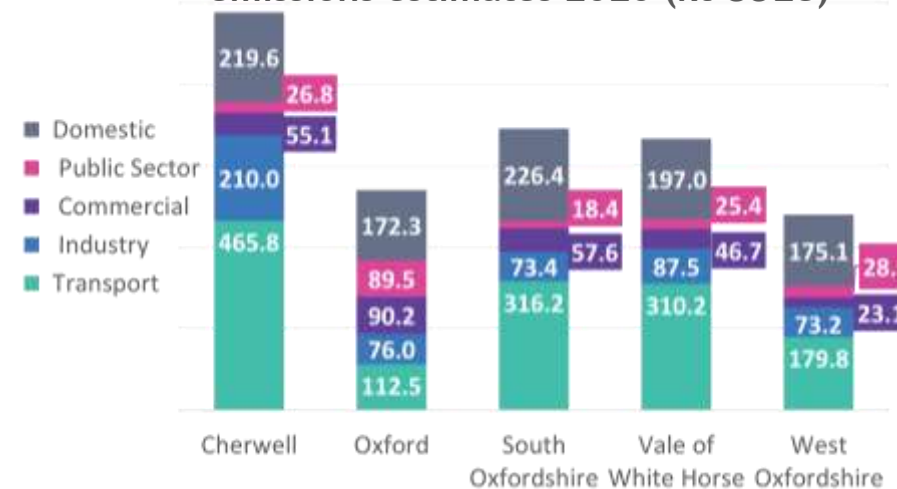
- In 2020, Cherwell district had the highest overall CO<sub>2</sub> emissions (984 kt CO<sub>2</sub>) with 47% (466) relating to transport.

Department for Business, Energy and Industrial Strategy, [Local authority and regional carbon dioxide emissions](#) includes all sources, latest data as of Jan21 Methodology changes may mean previously published figures may differ from those noted above. \*2008 is the baseline year for the Oxfordshire Energy Strategy emission reduction target

Oxfordshire Carbon Emissions per person 2008 vs 2020 (tCO<sub>2</sub>e)



Oxfordshire carbon dioxide (CO<sub>2</sub>) emissions estimates 2020 (kt CO<sub>2</sub>e)



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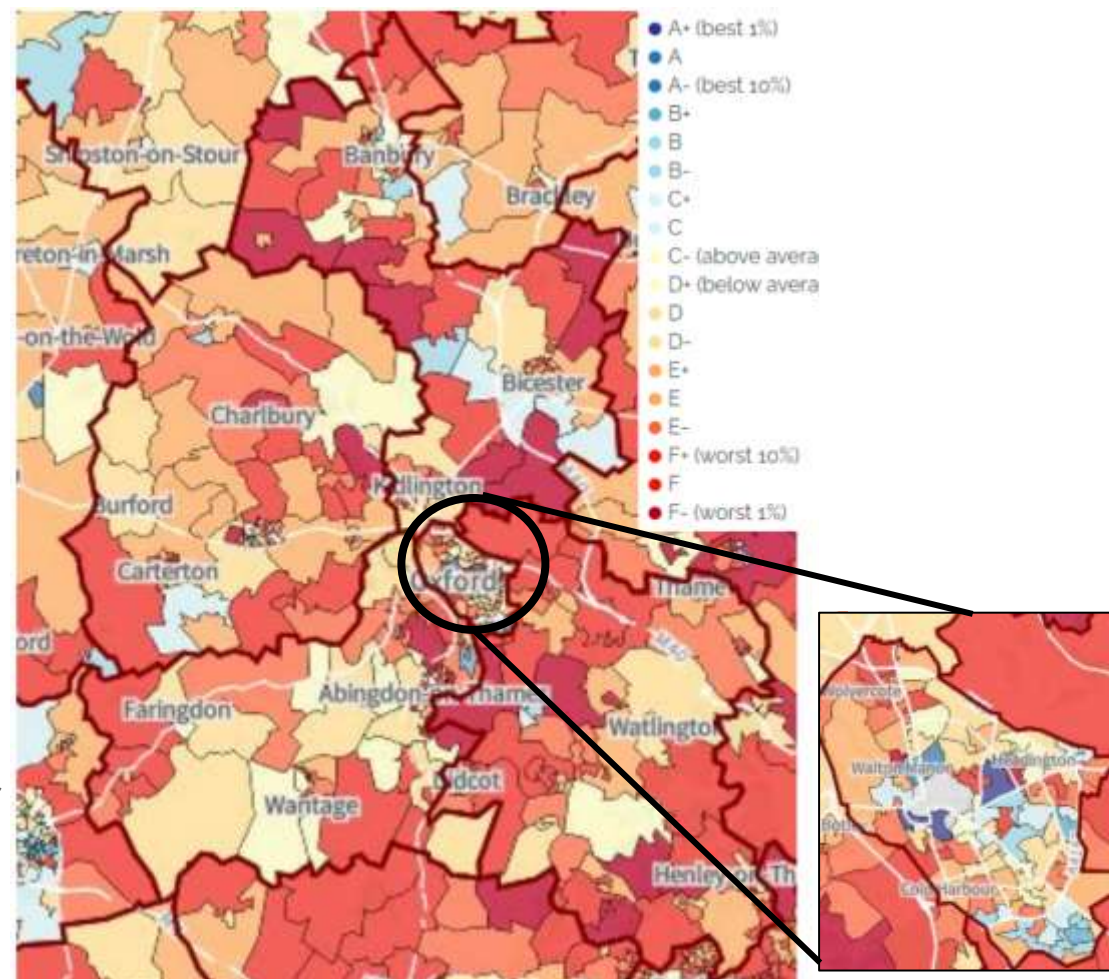
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### Place-based carbon calculator

- The Place-Based Carbon Calculator estimates the average (consumption based) carbon footprint per person for each LSOA\* in England.
- 24 of Oxfordshire’s 407 LSOAs were rated in the worst 1% in England with a grading of F- “high emissions”.
- These areas of high emissions include rural parts of Cherwell and South Oxfordshire; a mix of rural and urban areas of Vale of White Horse and West Oxfordshire, and parts of North ward and Headington in Oxford City.



[Place-based carbon calculator](#) last updated 07/07/2021 [A place-based carbon calculator for England | Zenodo](#)  
\*LSOA = Lower Super Output Area with an average of 1,300 residents

# Social environment and loneliness

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## Community and voluntary groups

### Volunteering as a result of COVID-19<sup>1</sup>

- Between March and May 2020, over 15,000 volunteers in Oxfordshire were recorded as available to help with supporting clinically vulnerable residents and over 33,000 tasks were recorded including:
  - Medication deliveries;
  - Food boxes and shopping;
  - Check in a chat calls;
  - Welfare checks;
  - Wellness support from street champions.

### Community and voluntary groups

- In 2020-21 Oxfordshire Community and Voluntary Action (OCVA) had 3,313 groups and organisations registered on its database<sup>2</sup>.
- The Live Well Oxfordshire database provides a searchable directory of activities and support for health and wellbeing with links and contact details [Live Well Oxfordshire Home - Oxfordshire](#)

[1] VCSE/CSG Community Resilience report, 2020

[2] [OCVA annual report](#)



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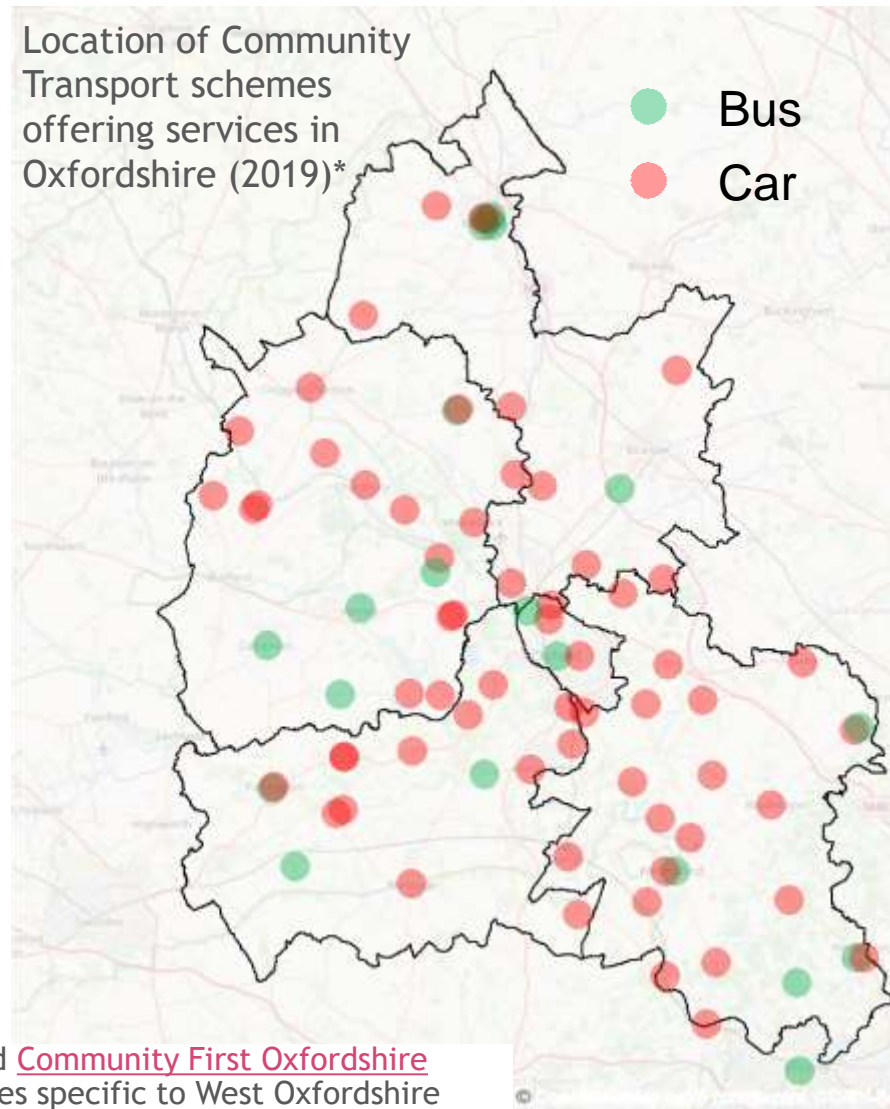
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### Community transport schemes operate throughout Oxfordshire

- The November 2020 community transport directory (information as of 2019) lists a total of 86 schemes in Oxfordshire offering a very wide range of services - some are local and others cover the whole county.
- Of these, there were:
  - 15 in Cherwell
  - 5 in Oxford
  - 24 in South Oxfordshire
  - 19 in Vale of White Horse
  - 21 in West Oxfordshire
  - 2 that cover the entire county

Location of Community Transport schemes offering services in Oxfordshire (2019)\*



From CT directory, Oxfordshire County Council and [Community First Oxfordshire](#)  
 \*Map excludes 2 county-wide services and 2 services specific to West Oxfordshire

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## Loneliness research - national

- Research published April 2021 by ONS found that:
  - Age and marital status are known to be significant factors in experiences of loneliness. Pre-pandemic, those aged 16 to 24 years, renting, and single were more likely to say they often felt lonely than older age groups or those who were married.
  - Research during the pandemic found nearly two-thirds of students have reported a worsening in their mental health and well-being. Over a quarter report feeling lonely often or always, a significantly higher amount than the adult population (8%). This is likely to be affecting loneliness scores for younger people in general at a local level.

### [Mapping loneliness during the coronavirus pandemic - Office for National Statistics \(ons.gov.uk\)](#)

The values in the chart are odds ratios; this is the comparison of the odds of reporting lockdown loneliness for someone in a certain age group compared with those aged 75 years and over, while controlling for other possible influences.

Lockdown loneliness is defined as those who said their well-being had been affected by the coronavirus through feeling lonely in the last seven days.

### Younger people were more likely to experience “lockdown loneliness”

Odds of reporting feeling lonely in last 7 days, of people who said their well-being was affected by the coronavirus, Great Britain, 14 October 2020 to 22 February 2021.



Source: Office for National Statistics - Opinions and Lifestyle Survey

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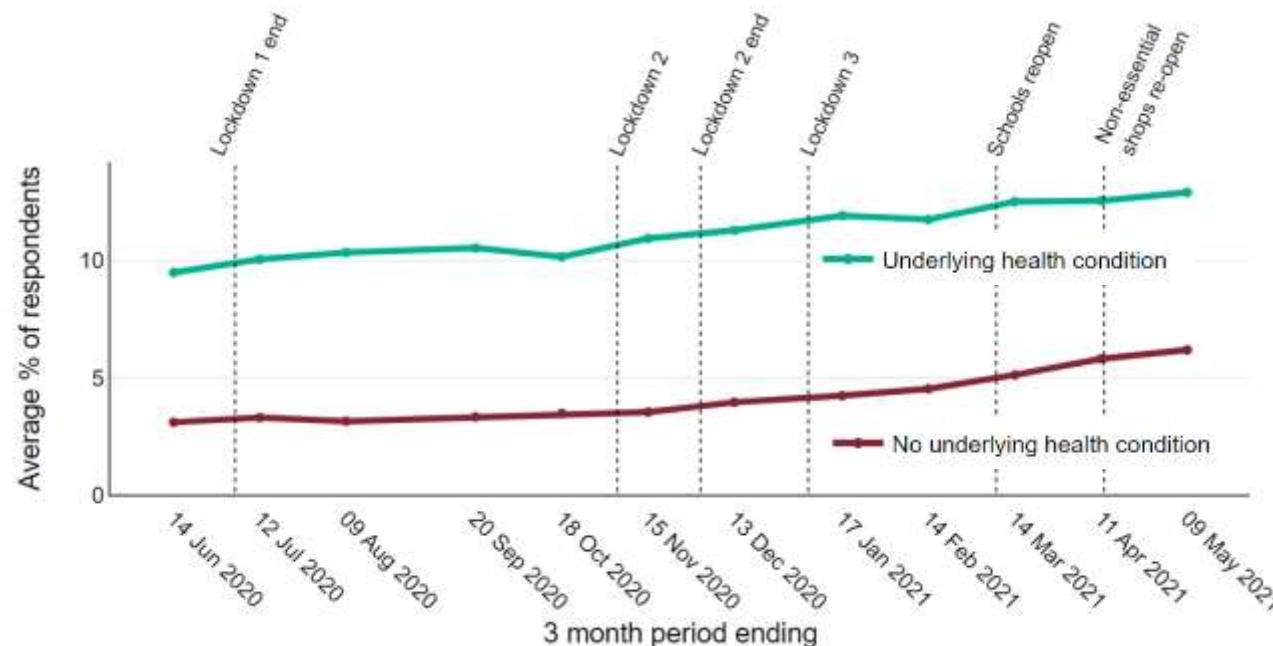
### Loneliness and health - national

- Data from the ONS Opinions and Lifestyle survey (included in the national Wider Impacts of COVID dashboard) from June 2020 to May 2021, shows higher rates of loneliness in people with an underlying health condition.
  - In July 2020, 10.1% of those with underlying health conditions felt lonely often, compared with 3.3% of those with no underlying health condition.
  - By May 2021 this had risen to 12.9% of those with underlying health conditions felt lonely often, compared with 6.2% of those with no underlying health condition

Percentage of respondents who are “often” lonely in England, by underlying health condition

[Wider Impacts of COVID-19 \(phe.gov.uk\)](#)

PHE/OHID analysis of Opinions and Lifestyle Survey data from ONS



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## Loneliness - Oxfordshire

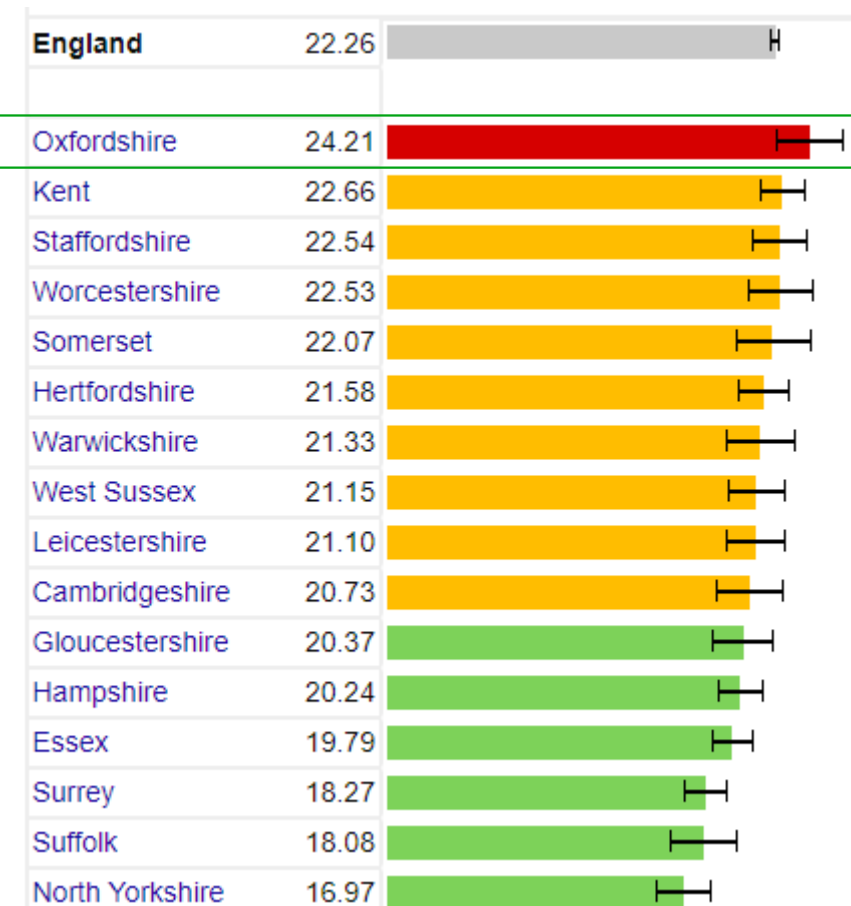
*Loneliness is a feeling that most people will experience at some point in their lives. When people feel lonely most or all of the time, it can have a serious impact on an individual's well-being, and their ability to function in society. Feeling lonely frequently is linked to early deaths and its health impact is thought to be on a par with other public health priorities like obesity or smoking. Lonely people are more likely to be readmitted to hospital or have a longer stay and there is also evidence that lonely people are more likely to visit a GP or A&E and more likely to enter local authority funded residential care.*

- According to the loneliness measure from the Active Lives survey (Nov20-Nov21), the rate of adults who felt lonely always/often or some of the time in Oxfordshire was above the national average (24% vs 22%).
- Oxfordshire was ranked highest (most lonely) compared with its statistical neighbours on this measure.

[Public health profiles - OHID \(phe.org.uk\)](#) (from Active Lives Adult Survey, Sport England)

The percentage of adults (aged 16+) that responded to the question "How often do you feel lonely?" with "Always / often" or "Some of the time" (Nov20 to Nov21)

### Oxfordshire vs statistical neighbours



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## Loneliness - Oxfordshire's Districts

- The districts in Oxfordshire ranked highest on the rate of adults who felt lonely always/often or some of the time were Oxford City and Cherwell which were each significantly above the Oxfordshire (24%) and national (22%) averages.
- Vale of White Horse, South Oxfordshire and West Oxfordshire were each similar to the national average.

The percentage of adults (aged 16+) that responded to the question "How often do you feel lonely?" with "Always / often" or "Some of the time" (Nov20 to Nov21)  
Oxfordshire's Districts

England	22.26	
Oxfordshire Districts		
Oxford	29.43	
Cherwell	26.70	
Vale of White Horse	22.06	
South Oxfordshire	21.89	
West Oxfordshire	18.98	

[Public health profiles - OHID \(phe.org.uk\)](#) (from Active Lives Adult Survey, Sport England)

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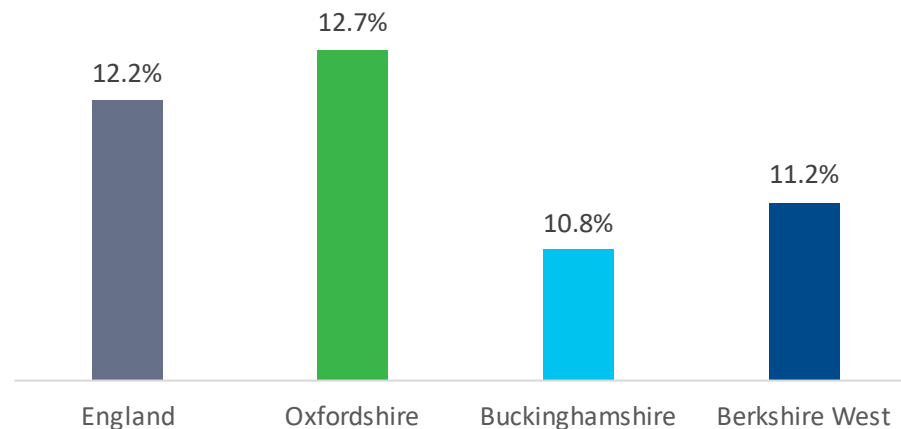
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### Feeling isolated - GP patients survey

- According to the Oxfordshire’s GP Patient survey (2022), Oxfordshire was above average and above both Buckinghamshire and Berkshire West on the proportion “feeling isolated from others”.

GP Patient survey 2022, people responding yes to “feeling isolated from others”



Data from [GP Patient Survey 2022 results - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/gp-patient-survey-2022) Analysis by NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, Population Health Management. Oxfordshire base = 9,211 respondents

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### Finding out more

- Citizens Advice cost of living data dashboard [CA cost of living data dashboard | Flourish](#)
- PHE Fingertips [Wider Determinants of Health profile](#)
- Oxfordshire Insight- [Deprivation dashboard](#)

### Healthy Place Shaping

- NHS England, [Healthy New Towns](#)
- King's Fund [Supporting the Healthy New Towns programme](#)
- [20 minute neighbourhoods dashboard](#)
- [The impact of the built environment on health behaviours and disease transmission in social systems](#)
- Rojas-Rueda et al. [Green spaces and mortality: a systematic review and meta-analysis of cohort studies](#)
- [Access to gardens and public green space in Great Britain - Office for National Statistics \(ons.gov.uk\)](#)

### Climate change

- Oxfordshire County Council [Climate action in Oxfordshire](#)
- Oxfordshire Districts Air Quality [Air Quality](#)
- Climate Change Committee [Climate change advice](#)
- UK Health Security Agency [Understanding the health effects of climate change](#)
- Defra [Air quality map](#)



## Chapter 7

# Service use



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## This chapter...

- This chapter provides an overview of data collected by providers of health, social care and related services in Oxfordshire including Local Authorities, Health service providers, Police and Voluntary sector organisations.
- Health and care service data in this chapter has been divided into:
  - Primary care - mainly data on use of General Practice services (GPs)
  - Secondary care - mainly hospital-based services
  - Mental health services - data is included from health providers
  - Social care services - Oxfordshire County Council adult and child social care, private care providers
  - Community safety services - police and trading standards
  - Health support - health visiting/nursing, smoking, alcohol, drugs services, sexual health, support from library services and voluntary sector services
- Further JSNA resources are available via the [JSNA page of Oxfordshire Insight](#).
- With thanks to the analysts and service experts who worked with us and provided advice and data extracts for this chapter.

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## Summary (1)

### Changes to Health and Care services

- In July 2022, Oxfordshire Clinical Commissioning Group was dissolved. The new Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board was established in its place and is now the local NHS commissioning body.

### Primary health care

- Oxfordshire has an above-average number of GPs and a below-average number of nurses per population. Primary care appointments were more likely to be carried out by a GP than nationally.
- Telephone appointments were higher than face-to-face in early 2020 and remain high.
- GP Patient Survey 2022 data shows a drop in overall experience of GP practices in Oxfordshire and nationally. Oxfordshire has remained above (better than) average. Fewer respondents have found it 'easy' to get through to their GP by phone.
- From December 2020 Oxfordshire operated a major COVID-19 vaccination programme.

### Secondary health care

- Compared with 2019-20 (pre-pandemic) there has been a significant increase in 111 calls and in outpatient attendances. The rate of A&E attendances is relatively unchanged.

- Oxford Health Community Services saw increases in Falls and Care Home Support and Community Therapy services and decreases in Podiatry and District Nursing.

### Mental health and dementia services

- Mental health services have seen growing numbers of referrals, especially for young people:
  - The number of referrals to Talking therapies in 2021-22 was 20% above the previous year.
  - The number of patients referred to Oxford Health for mental health services increased by 22% overall compared with 2019-20 and by 33% for people aged 20-24.
- The dementia diagnosis rate has not yet recovered to pre-pandemic levels and the number of dementia referrals has increased significantly.

### Children's social care

- Comparing the latest year of 2021-22 to the pre-pandemic year 2019-20, shows:
  - A reduction in the rate of referrals to children's social care;
  - A similar rate of children who were the subject of a child protection plan;
  - An increase in the rate of cared for children.

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## Summary (2)

- The percentage of Oxfordshire's care leavers in employment, education or training remains below (worse than) the national average, however the gap has reduced.
- There is potential for an increase in demand for children's social care services by 2030, depending on levels of housing growth.

### Adult social care

- The proportion of older people offered reablement services has improved significantly, moving from below average to similar to the national average.
- Areas with higher rates of adult social care users living at home include the more deprived urban areas of Oxfordshire in Oxford, Banbury and part of Abingdon.
- There is potential for an increase in demand for adult social care services as a result of the ageing population.

### Community safety services

- In 2021 (Jan-Dec), police recorded an increase compared to recent years in the number of victims of domestic abuse, older victims of violence and sexual offences, rape, modern slavery and child sexual exploitation in Oxfordshire.

- The number of scams reported by Oxfordshire residents increased significantly at the start of the pandemic and have remained high.

### Health support and preventing ill-health

- The NHS Health Check programme was significantly reduced at the start of the pandemic. The latest data shows Oxfordshire significantly below average on take-up of health checks.
- Interventions by School Health Nurses and College Health Nurses were affected by COVID-19 as the majority of children and young people were not in school from Mar20 to Jun20 and staff were redeployed.
- Oxfordshire's Library service has supported a significant increase in health and wellbeing activities and in health-related conversations with library visitors.

### Access to services and digital exclusion

- Close to a quarter (23%) of people aged 85+ live in areas of Oxfordshire ranked in the most deprived areas nationally on access to services.
- Ofcom research indicates that the pandemic has created an even greater digital divide.
- Research by Oxford University found that the digital support offered by Oxfordshire's libraries is reaching a relatively high proportion of people on low incomes who need help accessing financial support and jobs.

# Changes to Health and Care Services

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## Buckinghamshire, Oxfordshire, Berkshire West Integrated Care System set up in 2022

- The [2022 Health and Care Act](#) set up 42 new Integrated Care Systems (ICSs) across England.
- Each Integrated Care System has two core parts: an Integrated Care Board (ICB) and an Integrated Care Partnership (ICP).
  - an Integrated Care Board (ICB) is a statutory NHS organisation that decides how to spend the NHS budget and plans how to improve people's health, deliver high-quality care and get better value for money.
  - an Integrated Care Partnership (ICP) is a statutory committee that brings the NHS together with local authorities and other key partners, to develop the overall strategy to improve health and wellbeing.
- NHS trusts are also coming together as “provider collaboratives”, new partnerships between hospitals, mental health services and community services.
- From 1 July 2022, the new Buckinghamshire, Oxfordshire, Berkshire West Integrated Care Board (BOB ICB) took over the commissioning responsibilities of the area's three Clinical Commissioning Groups (CCGs - which were dissolved from 30 June), together with some current national functions, including community pharmacy, optometry and dentistry.
- ICS's are expected to reduce inequalities in healthcare and the NHS has provided a [Core20PLUS5](#) framework to support this work.

[What is the Integrated Care System? | BOB ICB](#)

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## Primary Care Networks

- The **NHS Long Term Plan** set out priorities for healthcare with a focus on preventing ill-health, improving care, supporting staff and investing in new technology.
- As part of the plan, Primary Care Networks (PCNs) were established across England in 2019 and continue to evolve as groups of GP practices serving patient population of 30-50,000.
- Oxfordshire's 20 PCNs continue to deliver the NHS Long Term Plan commitments including:
  - Improved access for patients including a core digital offer,
  - During 2021-22 PCN service specifications included structured medication review and medicines optimisation, enhanced health in care homes, supporting early cancer diagnosis, social prescribing and inequalities planning.
- PCNs are funded by a Directed Enhanced Service (DES) - a voluntary add-on to the core GP contract. They receive allocations for some core costs plus supporting care homes.
- Most of their funding is to employ additional staff, currently:
  - clinical pharmacists and pharmacy technicians
  - social prescribing link workers, care co-ordinators and health and wellbeing coaches
  - physician associates
  - first contact physiotherapists, occupational therapists, dietitians, podiatrists
  - nursing associates and trainees
  - community paramedics and mental health practitioners

NHS England, [Investment and Evolution: Update to the GP contract agreement 2020/21 - 2023/24](#)

NHS England, [A five-year framework for GP contract reform to implement The NHS Long Term Plan](#)

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## Primary Care Networks in Oxfordshire

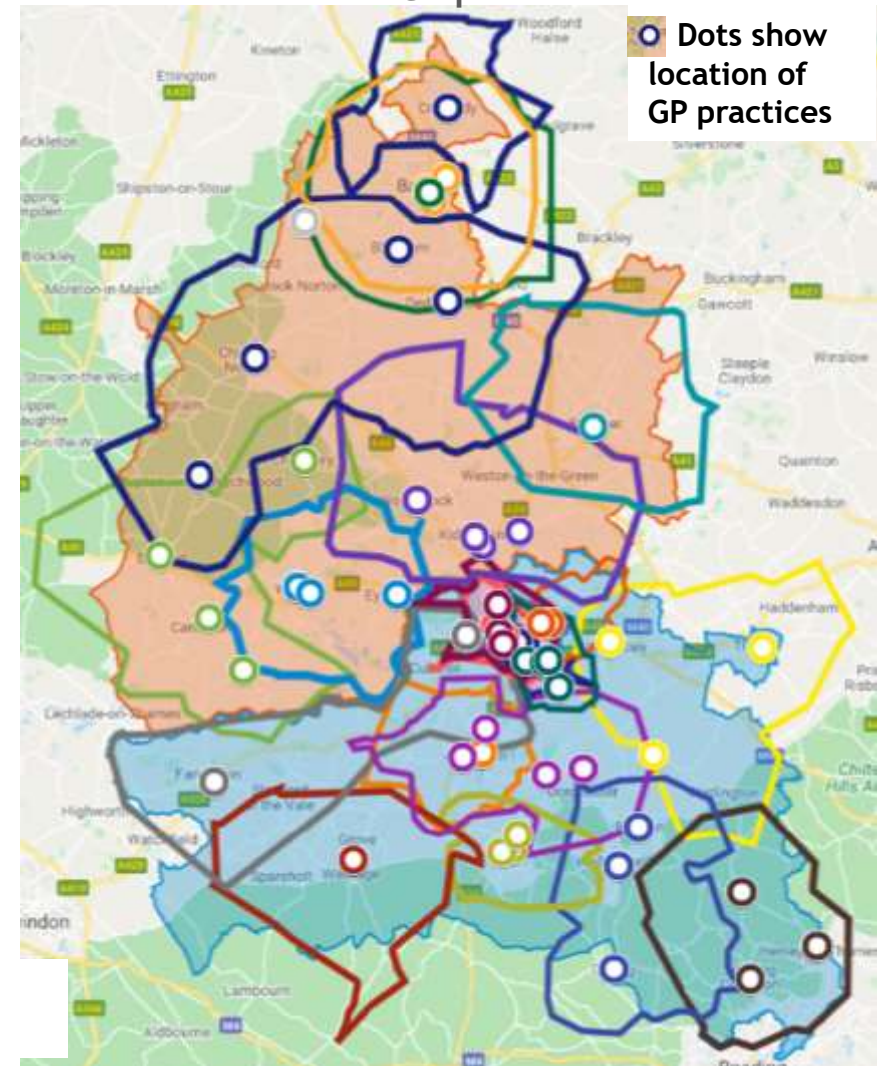
- There are 20 Primary Care Networks in Oxfordshire providing for between 27,000 and 52,000 (GP patient population)

### PCNs as of December 2020

Northern Oxfordshire	Oxford
Banbury Cross	City - East Oxford
Banbury Alliance	City - OX3+
NORA (North Oxfordshire Rural Alliance)	Oxford Central
Bicester	Healthier City Oxford Network
KIWY (Kidlington, Islip, Woodstock, Yarnton)	SEOxHA
Eynsham & Witney	
Rural West	
Southern Oxfordshire	
Henley SonNet	Abingdon Central
Thame	Abingdon & District
Wallingford & Surrounds	Wantage
Didcot	White Horse Botley

NHS Oxfordshire [Primary Care Networks](#)  
Sibford Surgery is not part of a PCN

## Oxfordshire's Primary Care Networks showing boundaries based on GP practice catchment areas



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## Adult Social Care

- Adult social care is provided by Local Authorities and covers a wide range of activities to help people who are older or living with disability or physical or mental illness live independently and stay well and safe.
- Social care includes:
  - support in people's own homes (e.g. home care or 'domiciliary care');
  - care provided by care homes and nursing homes ('residential care');
  - 'reablement' services to help people regain independence;
  - providing information and advice;
  - and providing support for family carers.
- Social care is often categorised as 'short-term' or 'long-term':
  - Short-term care refers to a care package that is time limited with the intention of maximising the independence of the individual using the care service and eliminating their need for ongoing support.
  - Long-term services range from high-intensity services like nursing care to lower-intensity community support.
- In Oxfordshire, adult social care services are commissioned by Oxfordshire County Council

[Key facts and figures about adult social care | The King's Fund \(kingsfund.org.uk\)](#)

[Adult social care | Oxfordshire County Council livewell.oxfordshire.gov.uk](#)



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## Adult Social Care Charging Reforms, October 2023

- From October 2023, there will be an introduction of a new £86,000 cap on the amount anyone in England will need to spend on their personal care over their lifetime.
- There will also be a change to the capital limits at which a person becomes eligible for financial support from their local authority.
- The lower capital limit, the point at which people become eligible to receive some financial support from their local authority, will rise to £100,000 from the current £23,250
- The lower capital limit, the threshold below which people will not have to pay anything for their care from their assets will increase to £20,000 from £14,250.

System	Assets less than £14,250	Assets £14,250 to £23,250 (£20,000 after reform)	Assets £23,250 (£20,000 after reform) to £100k	Assets over £100k
<b>Current System</b>	Fully LA funded for their care (except contributions from income)	Partially LA funded for their care under means test (plus contributions from income)	Entirely Self-funded for their care	
<b>Reformed System</b>	Fully LA funded for their care (except contributions from income)	Partially LA funded for their care under means test (plus contributions from income)	Partially LA funded for their care under means test (plus contributions from income)	Entirely Self-funded for their care, unless they reach the cap

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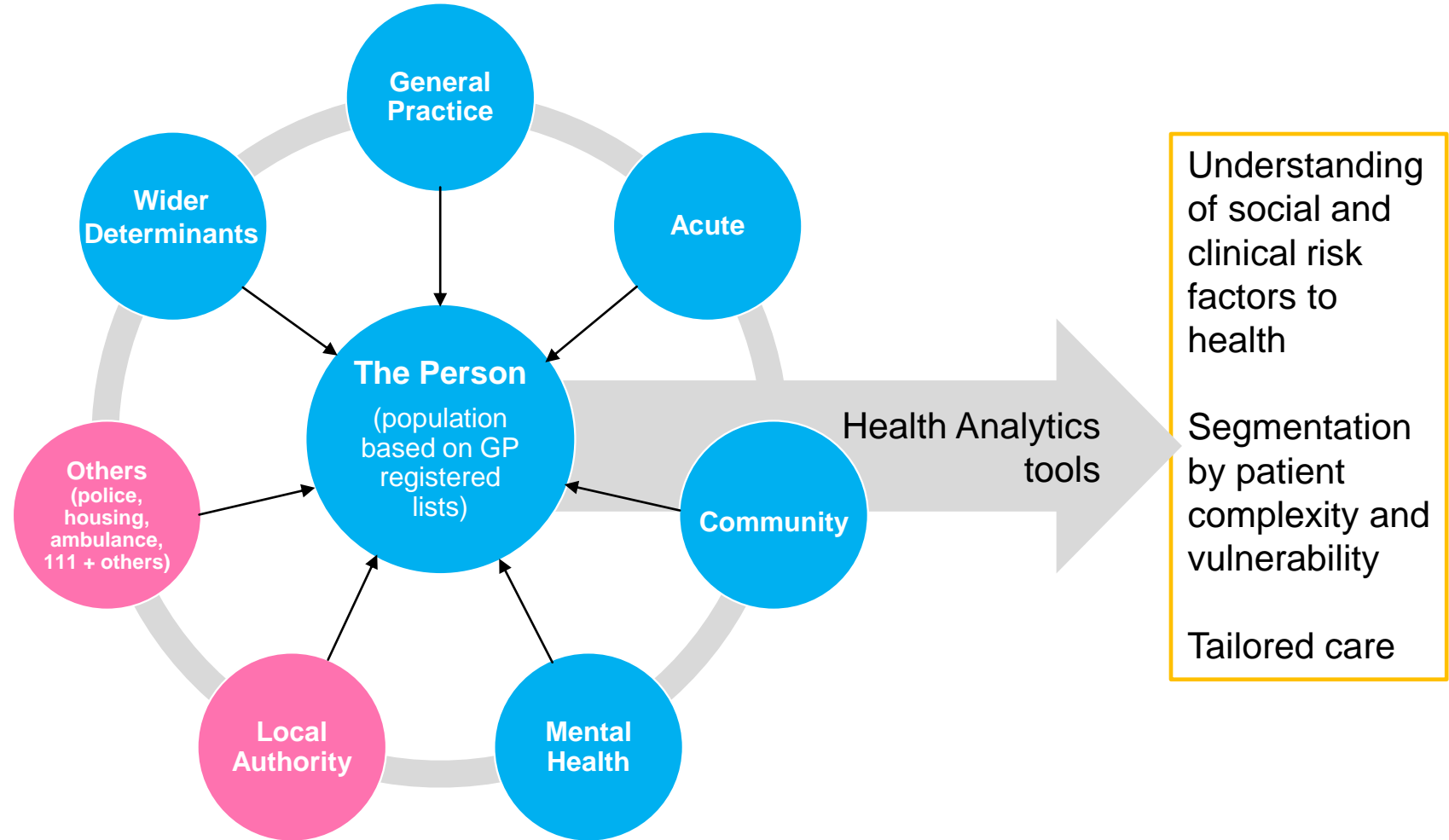
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Oxfordshire is developing linked datasets for Population Health analytics



NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board

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## Primary health care

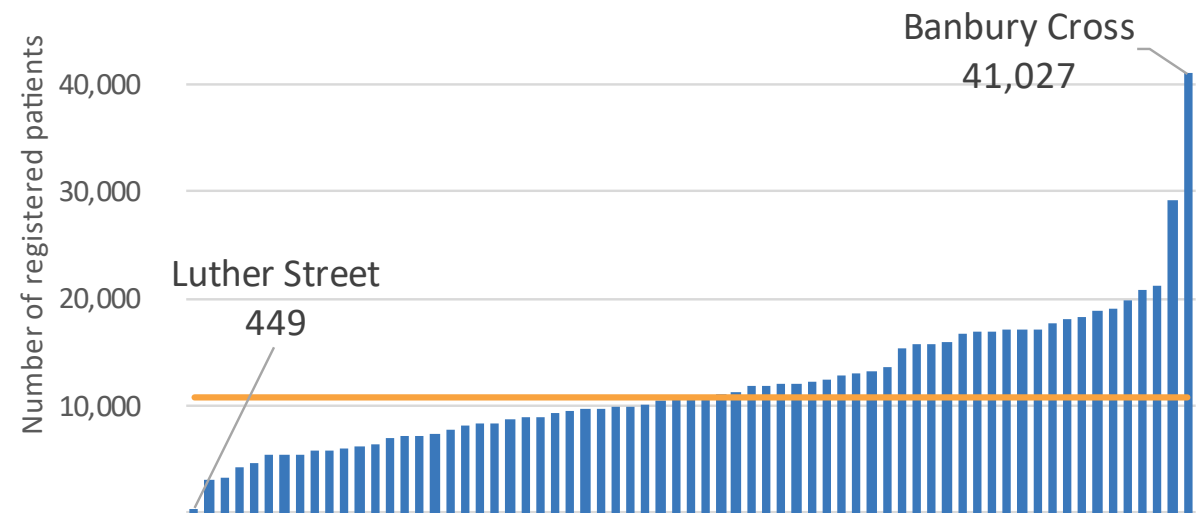
Primary care services provide the first point of contact in the healthcare system, acting as the 'front door' of the NHS. Primary care includes general practice, community pharmacy, dental, and optometry (eye health) services.

- In Oxfordshire there are: 67 GP practices, 85 General Dental practices, 8 Orthodontic practices and 105 Community Pharmacies (August 2022)
- As of July 2022, the number of patients registered at GP practices in Oxfordshire ranges from 41,027 (Banbury Cross Health Centre) to 449 (Luther Street Medical Practice\*, Oxford).

### Oxfordshire GP practices, by number of registered patients (Jul22)

**Orange line = median (10,740 patients)**

\* Luther Street Medical Practice provides healthcare to people experiencing homelessness in Oxford City.



NHS England, [Primary care services](#) NHS Digital, [Patients Registered at a GP Practice, July 2022 - NHS Digital](#)  
Oxfordshire [Pharmaceutical Needs Assessment](#)

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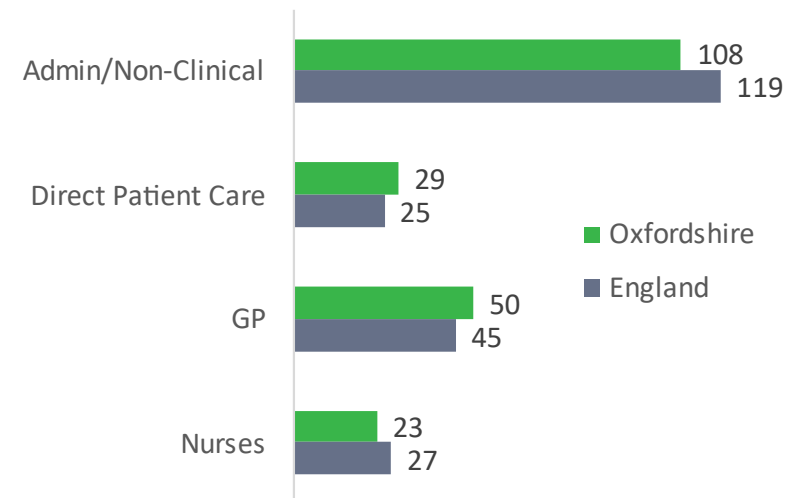
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## GP workforce to patient ratio

- As of July 2022, Oxfordshire's primary care workforce included (full time equivalent) 399 GPs and 183 nurses with ratios of..
  - 50 GPs per 100,000 patients, above the average of 45 for England
  - 23 nurses per 100,000 patients, below the average of 27 for England
  - 29 direct patient care staff per 100,000 patients, above the average of 25 for England
  - 108 admin staff per 100,000 patients below the average of 118 for England

Staff Full Time Equivalent per 100,000 patients, Oxfordshire (July 2022)



NHS Digital [General Practice Workforce](#) selected information from dashboard July 2022  
 GP Registrar records are excluded as not all training placement locations are identified in the data

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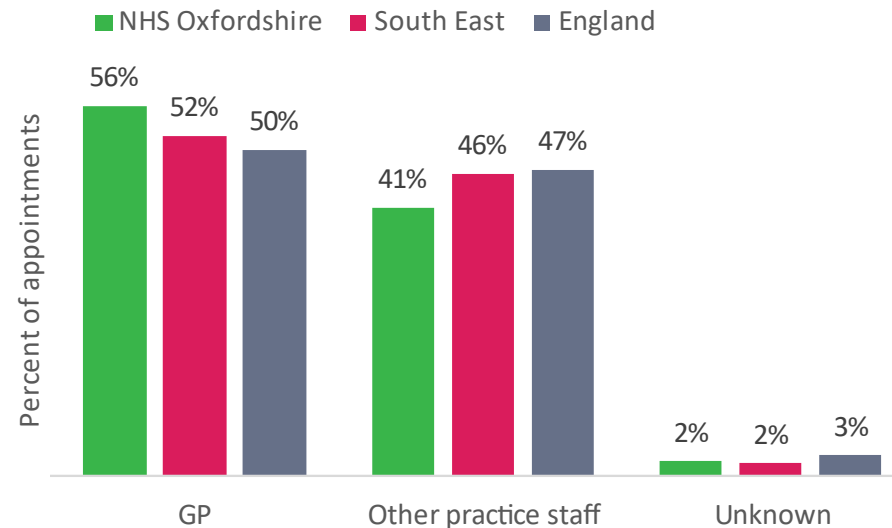
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### Proportion of primary care appointments by health care professional type

- Of the 327,616 appointments with NHS Oxfordshire GP practices carried out in June 2022, 56% were by GPs, above the regional (52%) and national (50%) proportions.
- This is similar to June 2019 (NHS Oxfordshire 56% vs 54% in the South East and 53% in England).

**Appointments in General Practice by Health Care Professional Type - June 2022**



[Appointments in General Practice, June 2022 - NHS Digital](#) (66 of 67 GP practices in Oxfordshire included)

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### Proportion of appointments carried out by telephone

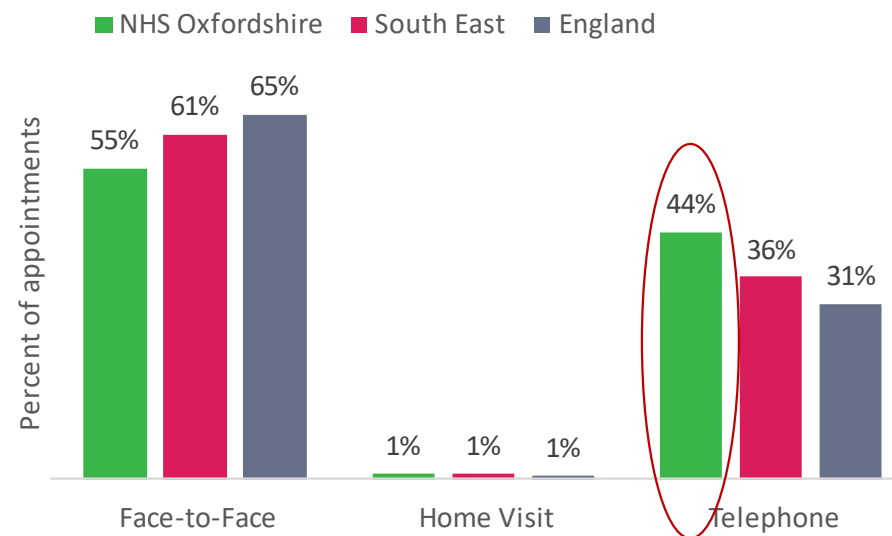
- Of the 329,260 appointments with NHS Oxfordshire GP practices in June 2022, 44% were carried out over the phone compared with 36% in the South East and 31% nationally
- This is an increase compared to June 2019 (telephone appointments = 24% NHS Oxfordshire, 16% SE, and 14% England) - largely due to the COVID-19 pandemic and the introduction of total triage<sup>1</sup>.

*The mode of the appointment shows the setting of the consultation. Some video conference appointments may be logged by the practice as face-to-face.*

*Most face-to-face time is booked as individual appointment time, typically with one patient attending each time slot. By contrast, many telephone triage and home visits appear as one long blocked period of time which are not booked to individual patients.*

*Unless home visits and telephone triage are logged as individual appointments and booked to a patient they will not appear in this publication.*

### Appointments in General Practice by Mode, June 2022



[Appointments in General Practice, June 2022 - NHS Digital](#) (66 of 67 GP practices in Oxfordshire included)

[1] Total triage is the system by which every patient contacting a practice is first triaged before deciding what steps need to be taken to support that patient

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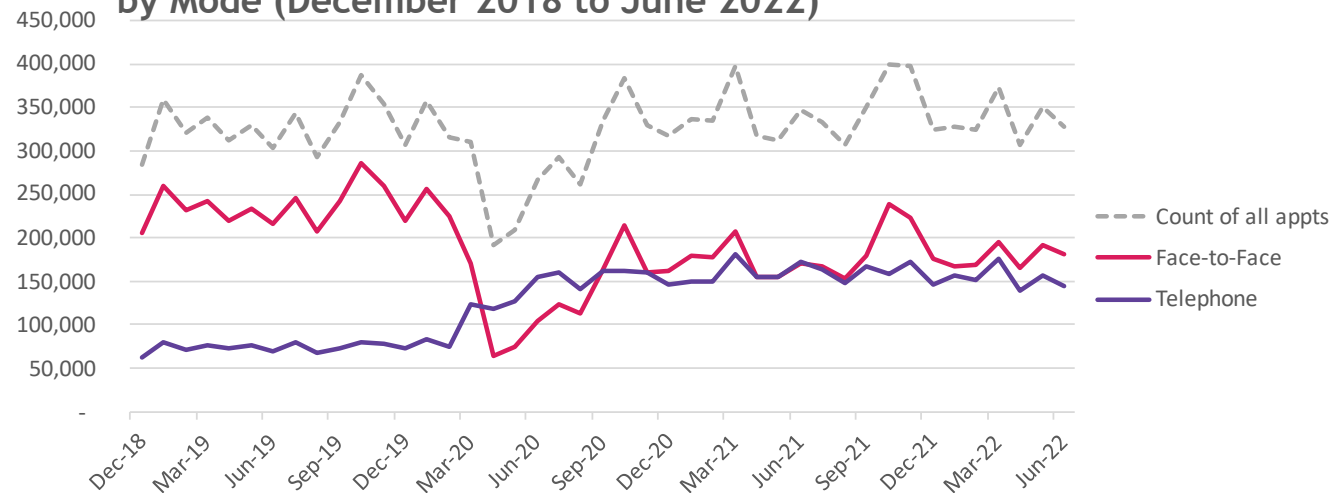
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### GP appointments by main mode: trend over time

- Following the first rise of COVID-19 cases in early 2020, the number of face to face GP appointments in Oxfordshire dropped sharply, accompanied by an increase in the number of telephone appointments.
- Between July 2021 and June 2022 the monthly average number of face-to-face GP appointments in Oxfordshire was 15% above the number carried out by telephone (184,800 face-to-face vs 157,600 by telephone average per month).

**Oxfordshire monthly count of appointments in General Practice by Mode (December 2018 to June 2022)**



[Appointments in General Practice, June 2022 - NHS Digital](#) (66 of 67 GP practices in Oxfordshire included)  
 [1] Total triage is the system by which every patient contacting a practice is first triaged before deciding what steps need to be taken to support that patient



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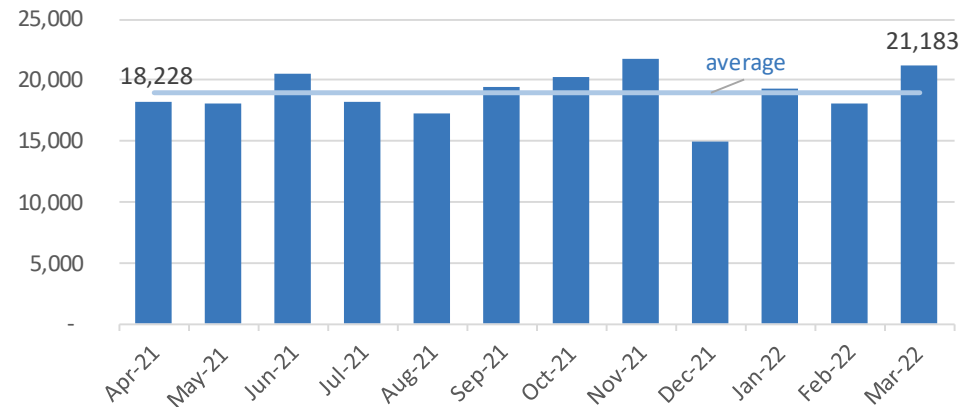
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## Use of online consultations

- Between April 2021 and March 2022, the online consultation platform used by 51 of the 67 GP practices in Oxfordshire, eConsult, shows a similar level of use between April 2021 and March 2022 with an average of almost 19,000 requests submitted per month.

**Oxfordshire GPs (76% of GP Practices)  
Online consultations via eConsult 2021-22**



Source: NHS Oxfordshire

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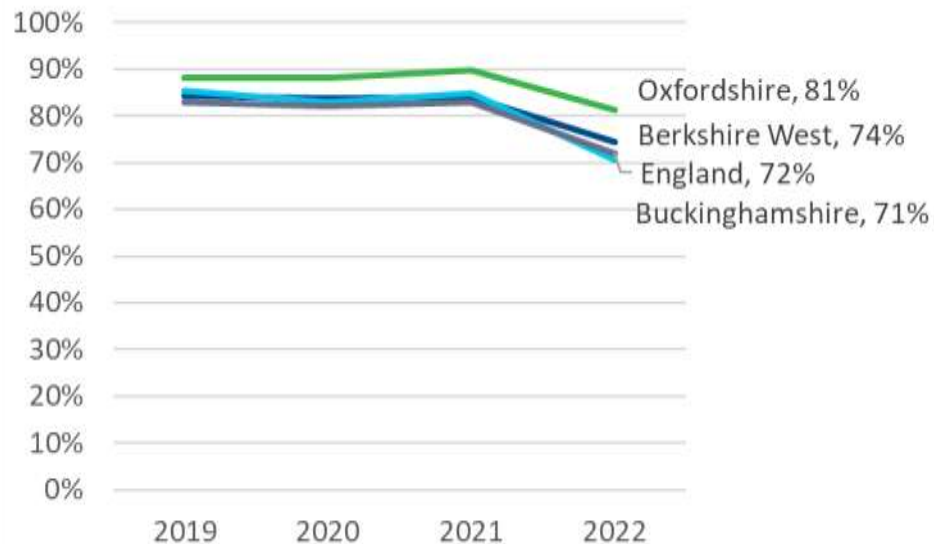
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## GP Patient survey - overall experience of GP practice

- GP Patient survey respondents who ranked their overall experience of their GP as 'very good' or 'fairly good' in 2022 was well below that in 2021 in Oxfordshire, Berkshire West, Buckinghamshire and nationally.
- Oxfordshire has remained above the national average (81% compared with 72% in England).

### Overall experience of GP practice - % Summary result - Good (Combined 'very good' and 'fairly good' responses)



*Note: The 2022 GP Patient survey was conducted from 10 Jan to 11 Apr 2022. This was after a rise in Covid-19 cases in Dec 2021 but as restrictions were being eased. The 2021 survey took place during the third Covid-19 lockdown.*

Data from [GP Patient Survey 2022 results - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/gp-patient-survey-2022) Analysis by NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, Population Health Management

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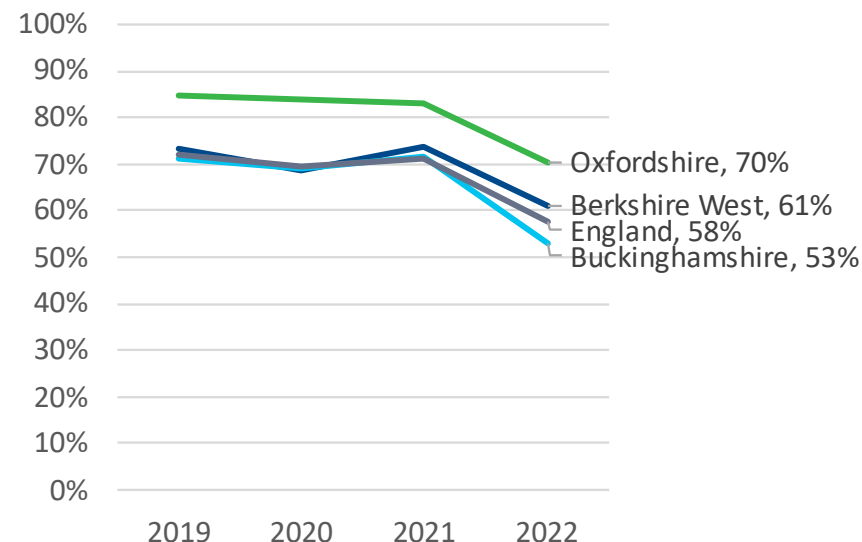
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## GP Patient survey - getting through on the phone

- Oxfordshire was above average on the proportion of GP Patient survey respondents who found it easy (very or fairly) to get through to a practice on the phone.

Percentage of people who said it was 'very easy' or 'fairly easy' to get through to a practice on the phone.



*Note: The 2022 GP Patient survey was conducted from 10 Jan to 11 Apr 2022. This was after a rise in Covid-19 cases in Dec 2021 but as restrictions were being eased. The 2021 survey took place during the third Covid-19 lockdown.*

Data from [GP Patient Survey 2022 results - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/gp-patient-survey-2022) Analysis by NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, Population Health Management

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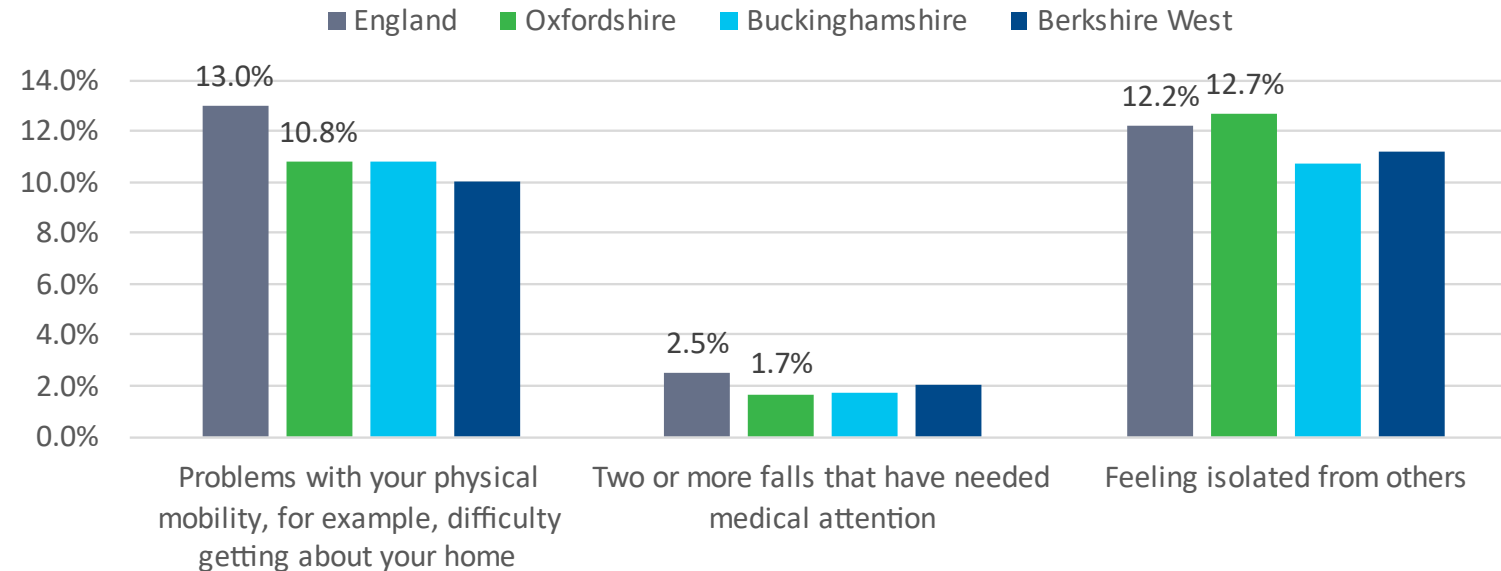
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### GP Patient survey - physical mobility, falls and isolation

- The proportion of Oxfordshire's GP Patient survey respondents (2022) was lower than the national average on (a) problems with physical mobility and (b) two or more falls needing medical attention.
- Oxfordshire was above average and above both Buckinghamshire and Berkshire West on the proportion from the GP Patient survey "feeling isolated from others".

#### GP Patient survey 2022, people responding yes to...



Data from [GP Patient Survey 2022 results - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/gp-patient-survey-2022) Analysis by NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, Population Health Management

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## GP patient survey dental statistics

- Data from the GP patient survey shows that as of Jan-Apr21, Oxfordshire had an above-average proportion of respondents successful in getting an NHS dental appointment (79% compared with 74% across England) and an above average experience of NHS services (79% vs 77%).
- The latest data for Jan-Mar22 for NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board\* was 76% successful in the last year (73% Eng). (Ratings are only available at national level).

Percentage successful in getting an NHS dental appointment (Jan-Apr21)

Overall, how would you describe your experience of NHS dental services? Percentage Very good and fairly good\* (Jan-Apr21)



[Survey and Reports \(gp-patient.co.uk\)](#) for data from 2021 (weighted); \*Data for 2022 is at ICS level and not available for Oxfordshire Place; [Statistics » GP Patient Survey Dental Statistics; January to March 2022, England](#)

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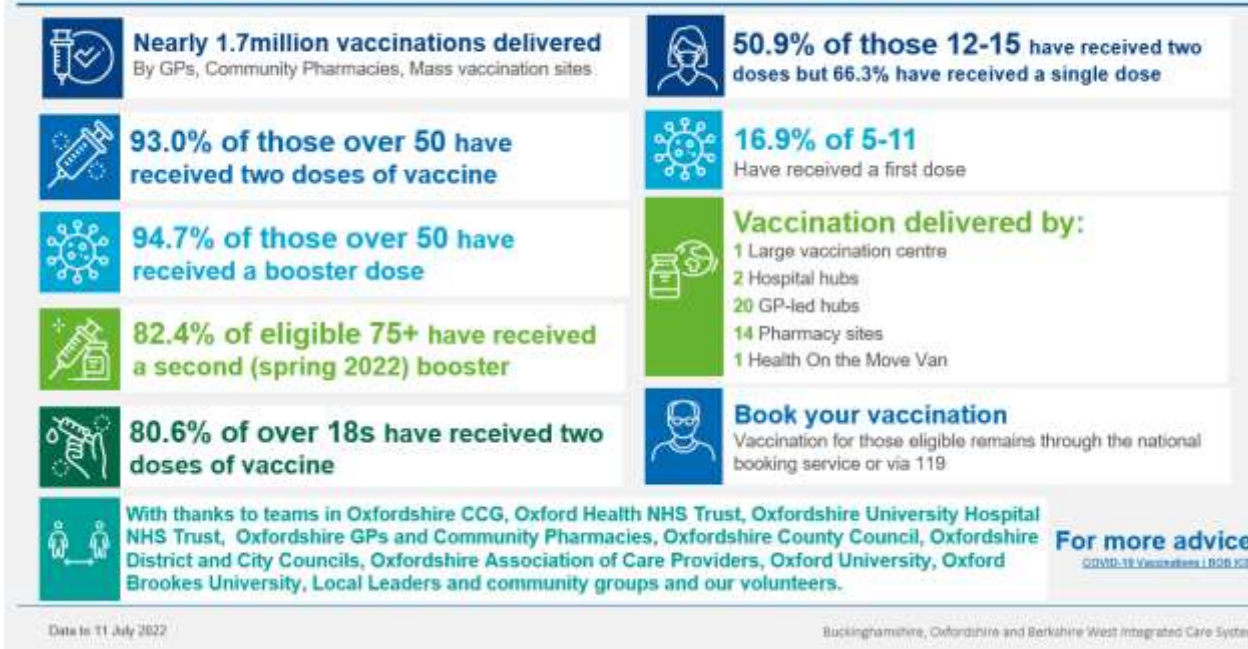
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## COVID-19 vaccination programme 2020-21

- The COVID-19 vaccination programme went live in Oxfordshire in December 2020 and involved setting up a large vaccination centre, GP-led hubs, pharmacy sites, hospital hubs and a mobile service<sup>1</sup>.
- All first doses for adults aged 18 were offered by July 2021 and second doses by the end of September/early October 2021. In December, the programme was accelerated to offer booster jabs to adults by the end of December 2021

### Covid-19: Vaccinations in numbers across Oxfordshire



[Oxfordshire Clinical Commissioning Group Annual Report 2021/22](#)

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## COVID-19 vaccination rates - national

- ONS data on the uptake of the COVID-19 vaccine shows that for England:
  - The proportion of people aged 18 years and over who were unvaccinated in July 2022 was highest for those identifying as Black Caribbean (39.1%), followed by those identifying as White Other (25.2%) and Black African (24.8%). The lowest proportions of unvaccinated adults were in the White British (8.6%) and Indian (9.2%) ethnic groups.
  - The proportion of adults who were unvaccinated was also higher for those:
    - living in more deprived areas, urban areas, or social rented housing,
    - who were not born in the UK or did not have English as a main language,
    - who have never worked or are long-term unemployed,
    - who are limited a lot by a disability,
    - who identify as Muslim or as having an “Other Religion”,
    - who were male.
  - Unvaccinated people accounted for a higher proportion of patients admitted to critical care with confirmed COVID-19 than of the population aged over 18 years.

[Coronavirus \(COVID-19\) latest insights - Office for National Statistics \(ons.gov.uk\)](#) version 12 Sept 22

# Social prescribing



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**Social prescribing - introduction**

- Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses<sup>1</sup>.
- Recognising that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.
- In order to understand the take-up and impact of social prescribing, the Professional Records Standards Body<sup>2</sup> is developing a social prescribing standard. The standard is in three parts:
  - The referral to social prescribing (unless it's a self-referral)
  - The link worker's record
  - The message back to the GP and referrer (if different)
- The standard is in draft form (as of August 2022) and the endorsement and approval process is in progress.

[1] [What is social prescribing? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk)

[2] [Social Prescribing Standard V0.2 - PRSB \(theprsb.org\)](https://www.theprsb.org)

Further information:

- Social Prescribing hub with a heat map (at ICS level) [Social prescribing heat maps | ORCHID RSC](#)
- Research network [Home – Oxford Social Prescribing Research Network](#)

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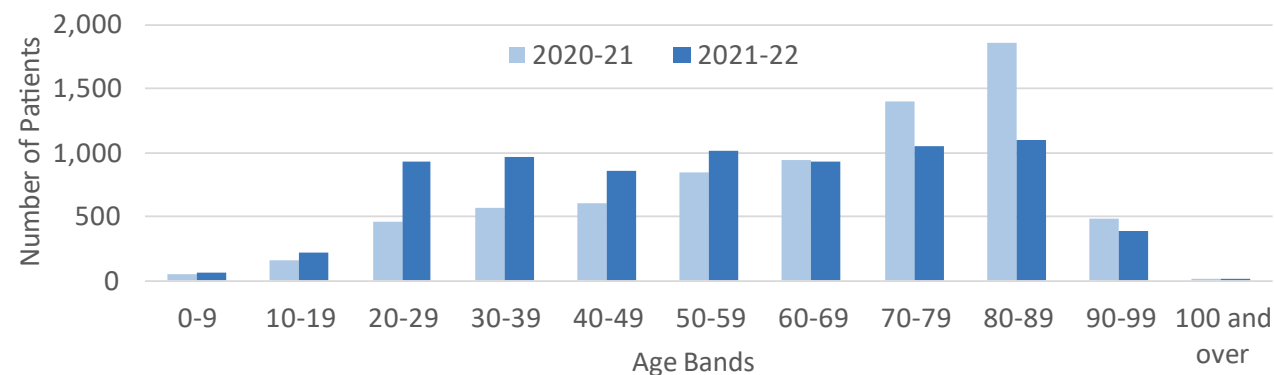
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## Use of social prescribing

- Social prescribing is being rolled out in Oxfordshire with a variety of local arrangements including:
  - Link workers employed directly by GP practices
  - Link workers provided by Oxfordshire Mind, Age UK Oxfordshire or a neighbouring Primary Care Network of GP practices
- In 2021-22 there was a total of 7,552 patients referred to Social Prescribing in Oxfordshire and 10,717 referrals. Almost two thirds (62%) of patients referred were female and 38% were male.
- Between 2020-21 and 2021-22 there was an increase in the number of younger people and a decrease in the number of older people referred.

### Age breakdown of Oxfordshire GP Patients referred to Social Prescribing (2020-21 and 2021-22)



Provided by NHS South, Central and West Commissioning Support Unit

# Secondary health care

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## Medical provision in Oxfordshire

- The public are advised to use the [NHS 111 online service](#) or NHS 111 by phone for an urgent medical problem and the NHS 999 service for a medical or mental health emergency
- Urgent medical care in Oxfordshire is provided by:
  - Accident and Emergency departments of the John Radcliffe Hospital in Oxford and Horton Hospital in Banbury (Oxford University Hospitals NHS Trust)
  - Minor Injuries Unit (MIU) in Henley, Witney and Abingdon (Oxford Health NHS FT). MIUs have X-Ray facilities and are for injuries, such as deep cuts, eye injuries, broken bones, severe sprains, minor head injury, minor burns and scalds<sup>1</sup>.
  - First Aid Unit (FAU) Chipping Norton and Bicester (Oxford Health NHS FT). FAUs are also for minor injuries but do not have X-Ray facilities<sup>1</sup>. The Wallingford FAU is closed temporarily (*website accessed Jan21*)
- In addition, GPs can refer Oxfordshire patients to:
  - Emergency Multidisciplinary Units (EMU) providing sub-acute care based at Abingdon and Witney community hospitals (Oxford Health NHS FT)
  - Rapid Access Care Unit (RACU) for non bed-based care, Townlands Hospital Henley (Oxford Health NHS FT)

[1] NHS Oxford Health NHS Foundation Trust [Minor Injuries Units and First Aid Units](#)

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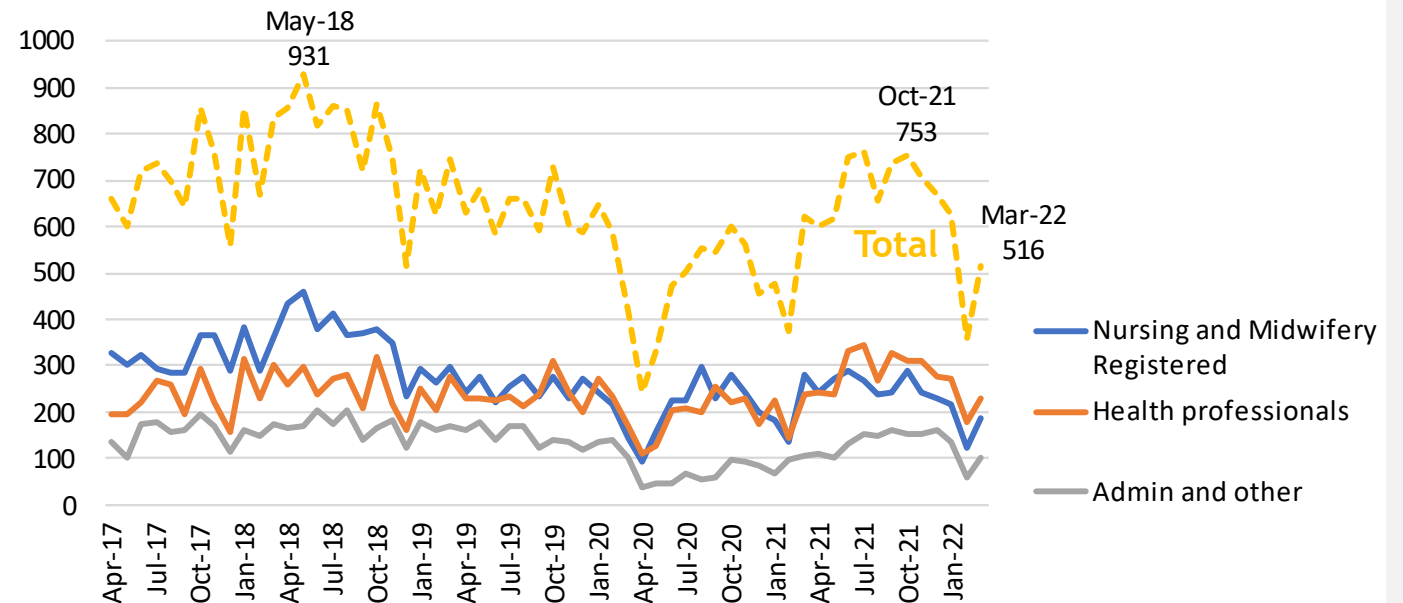
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## NHS job vacancies in Oxfordshire

- The number of advertised vacancies for staff at NHS organisations in Oxfordshire dropped significantly at the start of the COVID-19 pandemic and at times of COVID pressures in winter 2021 and winter 2022.
- In March 2022 there were **516** advertised vacancy full-time equivalents for NHS Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS FT and Oxford Health NHS FT. This was below the most recent peak in October 2021 of 758.

**Number of advertised vacancy full-time equivalents in Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS FT and Oxford Health NHS FT**



[Advertised FTE in England by NHS England region, organisation, NWD Staff Group - NHS Digital](#)

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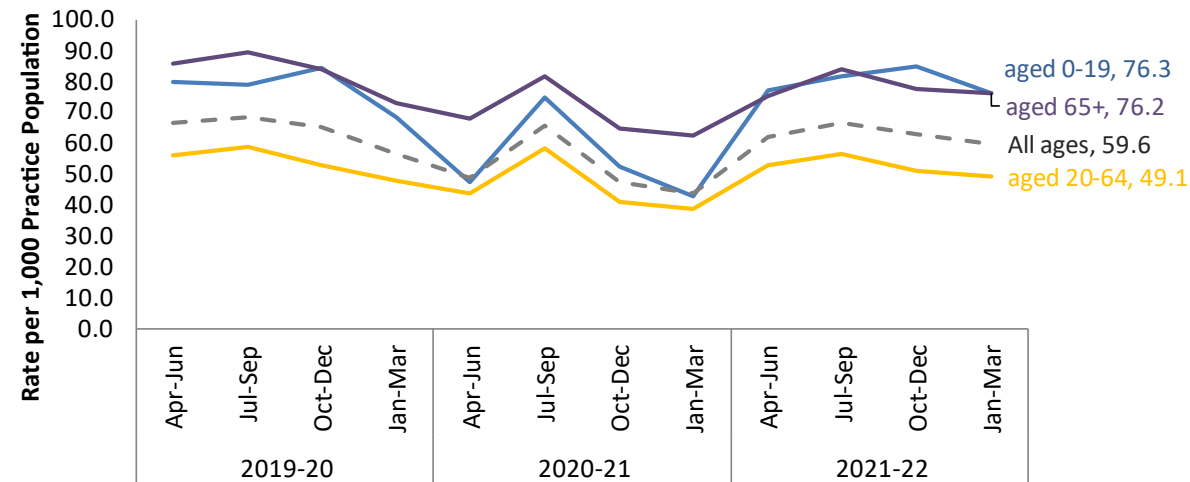
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## Use of acute services by broad age

- As a result of the COVID pandemic, in Apr-Jun20 and again in Jan-Mar21, the rate of attendance at Accident and Emergency fell significantly for all ages - with the greatest reduction, on each occasion, in the youngest age group, age 0-19.
- The rates of A&E attendances by age for Jan-Mar22 were similar to the average for 2019-20

**A&E Type 1 attendances Oxfordshire patients, rate by broad age group per 1,000 GP patient population per quarter**



Provided by NHS South, Central and West Commissioning Support Unit

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## Use of hospital services

- In 2020-21, as a result of the COVID-19 pandemic, the monthly counts of use of hospital services was well below the previous year.
- Comparing the average monthly counts between 2019-20 (pre-pandemic) and 2021-22 for Oxfordshire patients, shows significant increases in 111 calls and outpatient attendances. Outpatient procedures more than doubled\*.

### Average monthly count of unplanned and planned use of hospital services (April to March)

		2019-20	2020-21	2021-22	% change 2019-20 to 2021-22
Unplanned	111 Calls	11,401	14,196	12,756	11.9%
	Out of Hours	7,971	8,164	6,191	-22.3%
	Ambulance (SCAS)	9,810	8,094	7,753	-21.0%
	A&E (All)	16,362	13,303	16,435	0.4%
	Non-Elective	6,405	5,629	6,467	1.0%
Planned	Elective and Daycase	5,454	3,460	4,943	-9.4%
	Outpatients First Attendance	18,010	14,982	21,086	17.1%
	Outpatients Follow-ups attendance	29,392	24,821	30,052	2.2%
	Outpatient Procedures	7,657	11,264	17,218	124.9%

Provided by NHS South, Central and West Commissioning Support Unit, NCDR data

*A Non-Elective Admission is one that has not been arranged in advance. It may be an emergency admission, a maternity admission or a transfer from a Hospital Bed in another Health Care Provider.*

*\*Note that OUH started recording additional Diagnostic Imaging in 2020. Without this change in recording, the First Outpatient activity would be approximately 25% lower.*

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### Oxford Health Community Services

- Between 2019-20 and 2021-22, the Oxford Health Community Services that showed the greatest reductions in average monthly counts were:
  - Podiatry (-1,812, -26%),
  - District Nursing (-1,526, -6%)
- The greatest increases in numbers were in:
  - Falls and Care Home Support (+967, +328%)
  - Community Therapy Service (+828, +36%)

provided by NHS South, Central and West Commissioning Support Unit  
 Note that a number of staff were redeployed from Oxford Health Community Services from March 2020 to help with COVID efforts around the healthcare system

### Oxford Health NHS FT, top community services - monthly average of attended appointments

Specialty – monthly average	2019-20	2020-21	2021-22	2019-20 to 2021-22
District Nursing	23,820	23,080	22,295	-1,526 -6%
Podiatry	7,064	4,724	5,252	-1,812 -26%
Community Therapy Service CH	2,383	3,023	3,241	858 36%
Oxon Integrated Therapies Paediatric SALT	1,894	1,864	1,857	-37 -2%
Respiratory Home Oxygen and Pulmonary Rehab	1,476	1,426	1,815	339 23%
Falls and Care Home Support Service	295	641	1,262	967 328%
Childrens Community Nursing	809	891	1,098	288 36%
Cardiology Service	677	979	1,005	327 48%
Oxon Integrated Therapies Paediatric OT	1,065	742	916	-149 -14%
Phlebotomy	642	687	699	58 9%
Oxon Speech and Language Therapy	734	578	648	-86 -12%
Oxon Integrated Therapies Paediatric Physio	746	603	614	-132 -18%
Diabetes Service	571	669	550	-22 -4%
Bladder and Bowel Service	361	352	332	-29 -8%



# Mental health services

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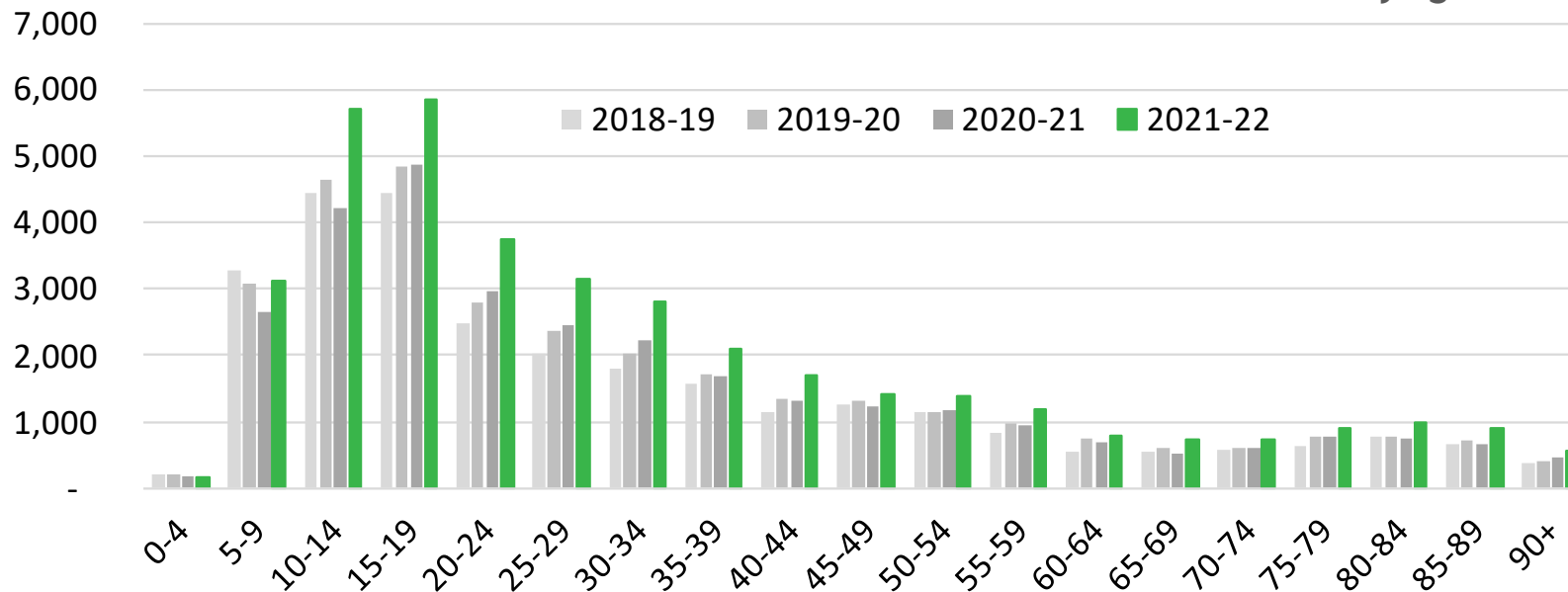
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### Referrals for mental health services by age

- Between 2019-20 and 2021-22, the number of referrals of Oxfordshire patients to Oxford Health for mental health services increased by 22% overall and by:
  - +22% for people aged 10 to 19
  - +33% for people aged 20 to 24
  - +28% for people aged 25 to 49
  - +20% for people aged 50+

Oxfordshire count of referrals to Oxford Health mental health services by age



Oxford Health NHS FT; all Oxfordshire patients including those living outside Oxfordshire. Includes Adult Mental Health; Complex Needs Service; Older Adult Mental Health; Psychological Services; CAMHS; Eating Disorders; Learning Disabilities; Perinatal; Forensics

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## Talking therapies for depression or anxiety

*Improving Access to Psychological Therapies programme (IAPT) is run by the NHS in England and offers NICE-approved therapies for treating people with depression or anxiety.*

- Between April 2020 and March 2021 15,575 NHS Oxfordshire patients were referred to IAPT services and 11,905 (76%) started treatment. This is slightly higher than the England average, where 70% of referrals started treatment.
- Of the NHS Oxfordshire patients who entered treatment:
  - 93% were aged 18 to 64
  - 69% were female
  - 10% were from an ethnic minority group (compared with 16% ethnic minority in Oxfordshire county<sup>1</sup>)
  - 4% were ex-armed forces
- 6,715 finished a course of IAPT treatment and 3,235 moved to recovery (i.e. they were no longer classed as having a clinical case of a mental health problem).
- 4,495 showed a reliable improvement in their condition after finishing a course of IAPT treatment.

Data used here is taken from [Psychological Therapies, Report on the use of IAPT services](#)

See also [NHS Mental Health dashboard](#) with quarterly data for Oxfordshire CCG

[1] Census 2011, table KS201 ethnic minority = all groups other than white British (all ages)

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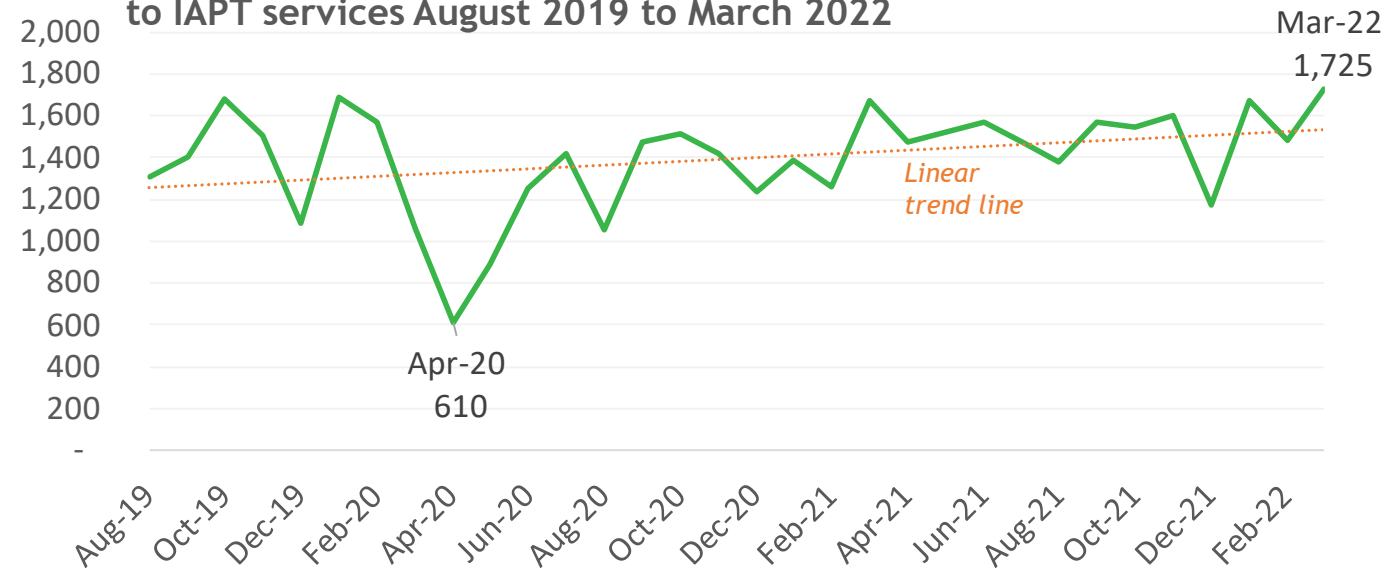
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**People accessing talking therapies**

- The number of Oxfordshire patients referred to Talking therapy services (IAPT) fell in March and April 2020 at the start of the first COVID-19 lockdown and has continued to increase since that time.
- Between the year ending March 2021 and year ending March 2022, the average number of IAPT referrals increased by 20% (from a monthly average of 1,265 to 1,515, +250).

**Count of “referrals received” of NHS Oxfordshire patients to IAPT services August 2019 to March 2022**



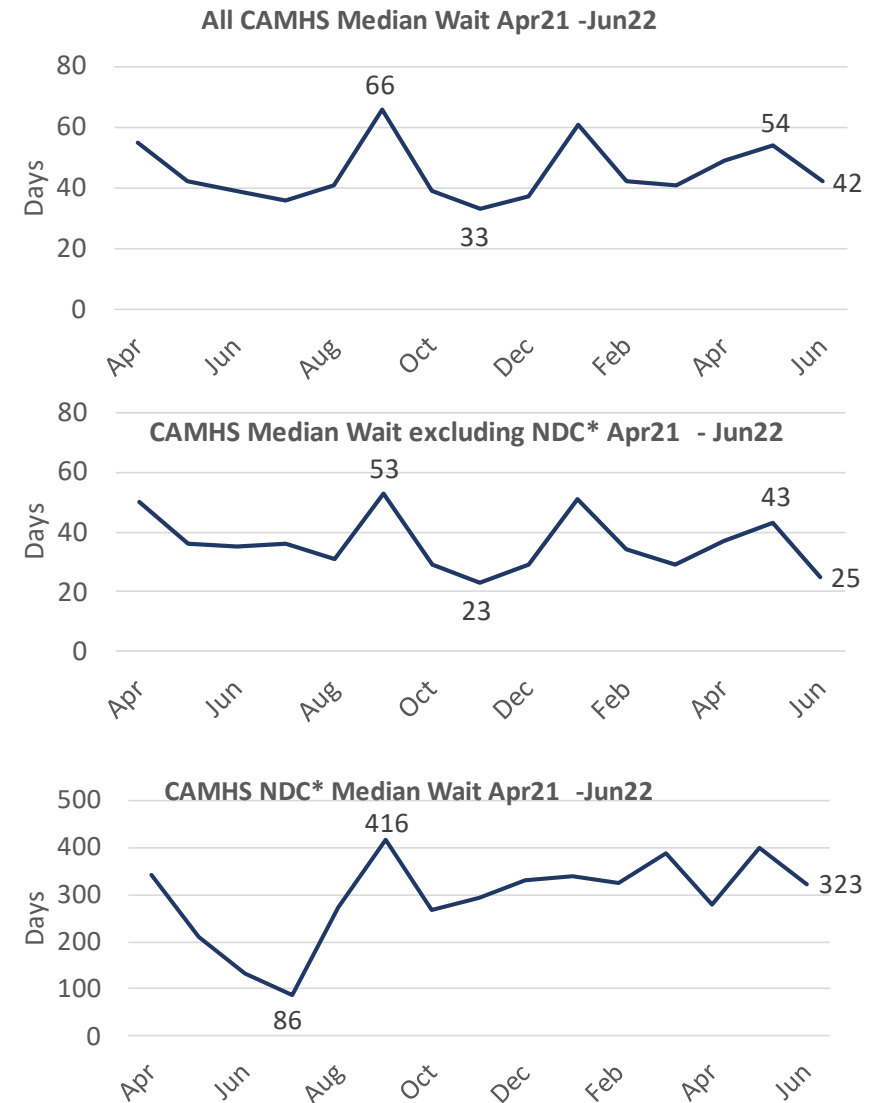
NHS Digital: [Psychological Therapies, Report on the use of IAPT services](#) (report accessed: for July 2022)

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### Access to Child and Adolescent Mental Health Services (CAMHS)

- Between January and June 2022, the median\* number of days of all children and young people waiting for CAMHS appointments was between 40 and 60 days (42 in June 2022).
- Between August 2021 and June 2022, Median Waiting Days for the Neuro-developmental Diagnostic Clinic\* has been close to or over 300 days (10 months).

Oxfordshire Health NHS FT \*The Neuro-developmental Diagnostic Clinic (NDC) is one of the specialist Child and Adolescent Mental Health Services (CAMHS). The NDC offers diagnostic assessment of autism and attention deficit hyperactivity disorder (ADHD), as well as other neuro-developmental conditions  
\*median refers the point above and below which half (50%) the observed data falls, the midpoint of the data.



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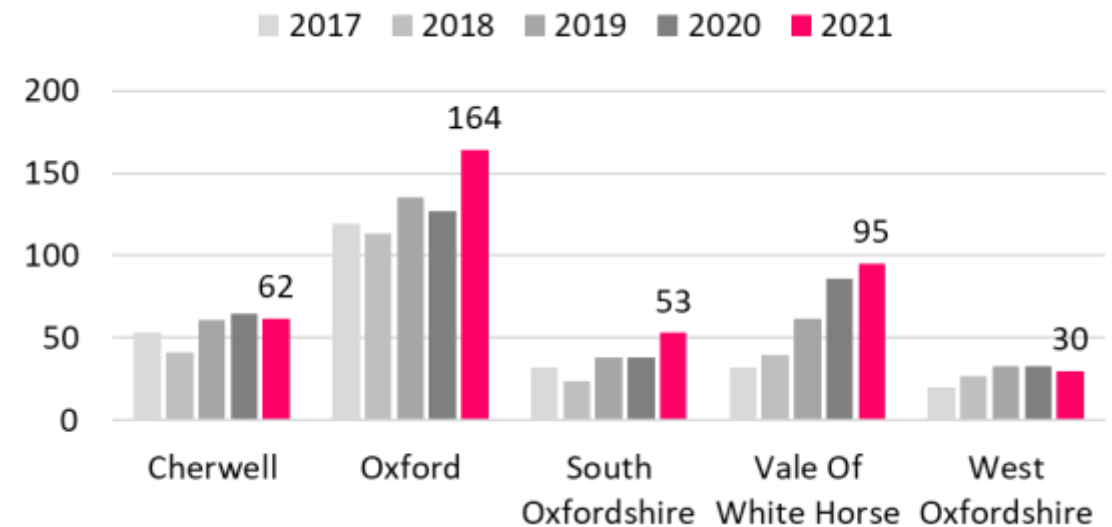
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## Police detentions under S136 of mental health act

*Section 136 of the Mental Health Act enables the police to act if they believe that someone is suffering from a mental illness and needs immediate treatment or care. The police may take that person from a public place to a place of safety, either for their own protection or for the protection of others. This is known as a Section 136 detention.*

- In 2021 (Jan-Dec) Thames Valley Police recorded a total of 404 section 136 detentions in Oxfordshire.
- This was 31% above the 3 year average (for the years 2018 to 2020), and above the increase across Thames Valley (+22%)
- The district with the greatest increase was South Oxfordshire (+59%)

Count of Section 136 detentions by district 2016 to 2021 (Jan-Dec)



Thames Valley Police Crime Recording System - NICHE RMS & Mental Health Master

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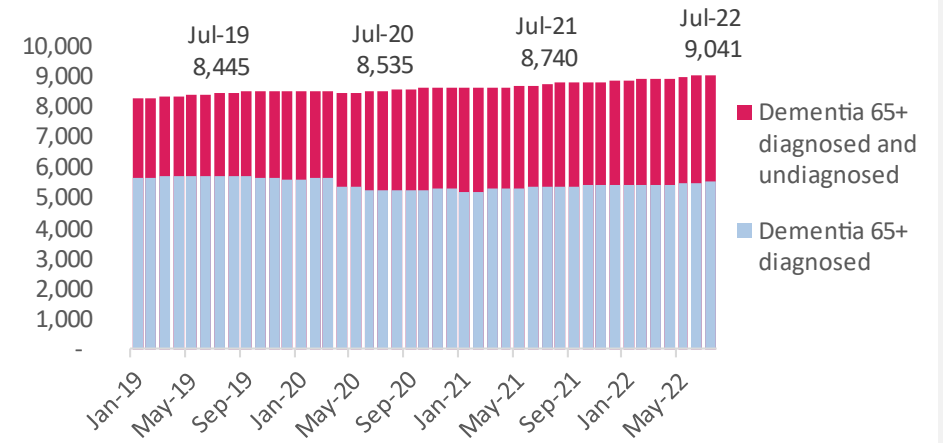
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**Dementia services**

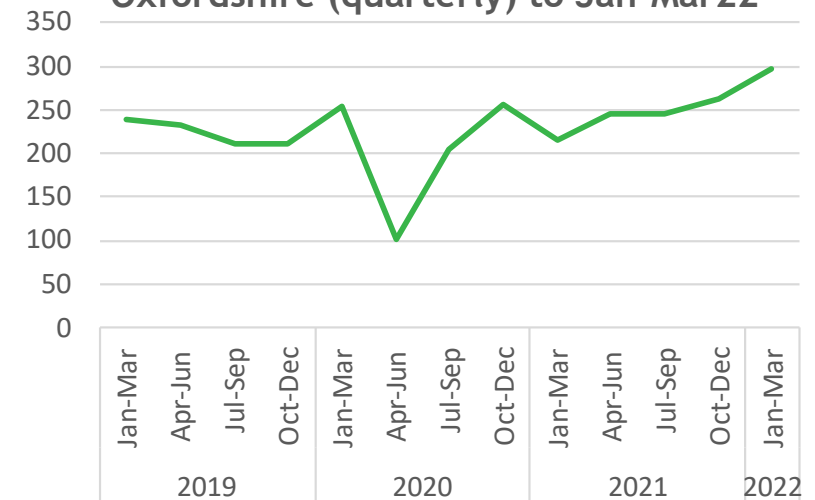
- As of July 2022, NHS modelled data shows the total number of older people aged 65+ with dementia in Oxfordshire (diagnosed and undiagnosed) was around 9,000.
- This includes 5,511 registered patients with dementia aged 65+ recorded by Oxfordshire GPs, a diagnosis rate of 61%.
- The dementia diagnosis rate had not returned to pre-pandemic levels of around 67%.
- The Dementia Oxfordshire community support service mainly takes referrals from Memory Clinics and GPs, these dropped significantly in April 2020.**
- By August 2020, these referrals had returned to pre-pandemic levels and have continued to increase.
  - Dementia Oxfordshire referrals in Jan-Mar 2022 were 25% higher than Jan-Mar 2019.

[Recorded Dementia Diagnoses - NHS Digital Dementia Oxfordshire](#)

**Oxfordshire count of total patients aged 65+ with dementia - diagnosed and undiagnosed**



**Count of referrals to Dementia Oxfordshire (quarterly) to Jan-Mar22**



# Children's social care



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## Children's social care - summary

- Comparing the latest year of 2021-22 to the pre-pandemic year 2019-20 shows:
  - A reduction in the yearly rate of referrals to children's social care;
  - A similar rate of children who were the subject of a child protection plan (as of March);
  - An increase in the rate of cared for children (as of March).

### Change over time in rates of children recorded by children's social care Rate per 10,000 children aged 0-17

	2017-18	2018-19	2019-20	2020-21	2021-22	2021-22 vs 2019-20
Yearly rate of referrals to Children's Social Care	475	468.2	<b>513.4</b>	439.1	<b>452.7</b>	-60.7
Rate of children who were the subject of a child protection plan (as of March)	47.9	40.9	<b>37.2</b>	30.5	<b>37.7</b>	0.5
Rate of cared for children (as of March)	48	54	<b>52</b>	53	<b>58</b>	5.7

Department for Education [Statistics on Looked After Children](#)  
Department for Education, downloaded from [Local Authority Interactive tool](#).

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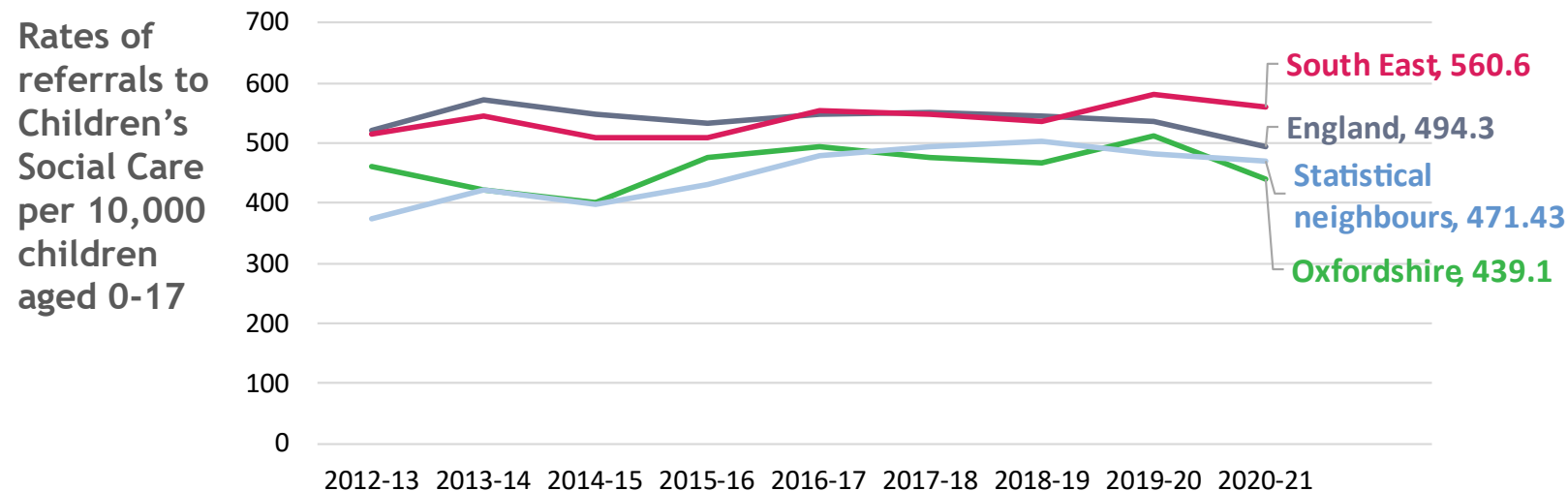
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## Referrals to Children's social care

- During 2020-21 there were 6,503 referrals to children's social care in Oxfordshire related to 5,503 children. Referrals were 13% below the previous year (down from 7,502) and below comparator rates.
- A significantly higher proportion of referrals than nationally resulted in no further action (12% in Oxfordshire compared with 6% nationally).
- The most recent data held by Oxfordshire County Council (not yet published) shows that at the end of March 2022, there had been 6,704 referrals to children's social care (453).



Department for Education [Characteristics of children in need: 2020 to 2021 - GOV.UK \(www.gov.uk\)](#)

[Local authority interactive tool \(LAIT\) - GOV.UK \(www.gov.uk\)](#)

Statistical neighbours include: Hertfordshire, Buckinghamshire, Wiltshire, West Berkshire, West Sussex, Bath and North East Somerset, Bracknell Forest, Cambridgeshire, Hampshire, and Gloucestershire.

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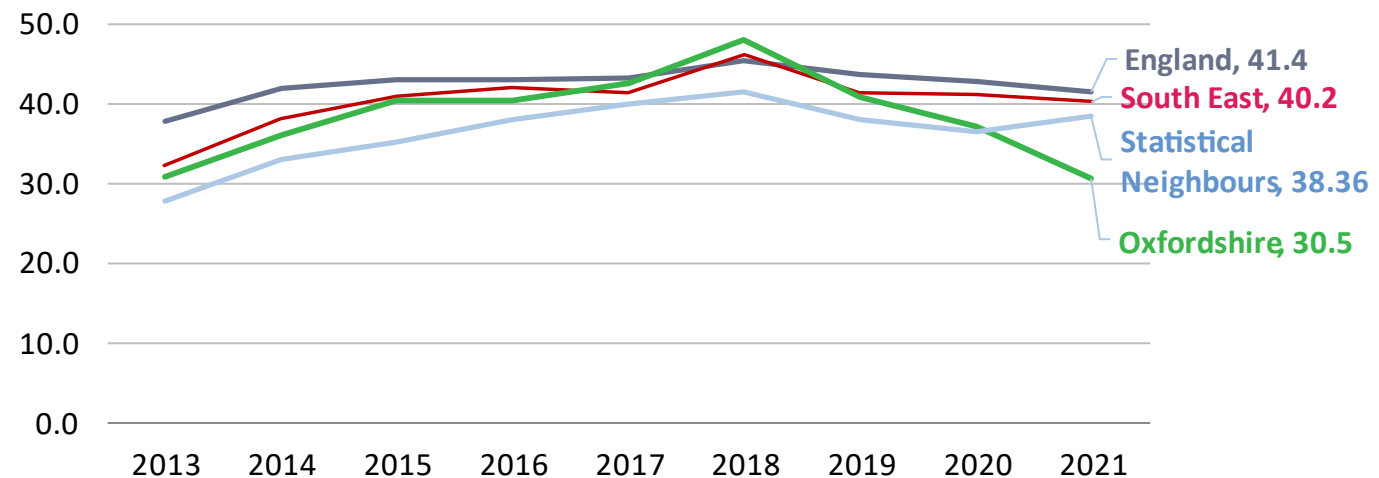
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## Children on child protection plans

- The number of children on child protection plans in Oxfordshire declined between 31 March 2020 and 31 March 2021, from 543 to 451 (-92, -13%). This decline is also present in the rate of children on child protection plans, a continued reversal of the growth that occurred between 2007-08 and 2017-18.
- The data as of 31 March 2021 shows Oxfordshire well below the national rate.
- The most recent data held by Oxfordshire County Council (not yet published) shows that at the end of March 2022, the number of children on child protection plans had increased to 37.7 (not shown on chart).

Rate of children who were the subject of a child protection plan (as at 31 March each year) per 10,000 children aged 0-17



Department for Education [Characteristics of children in need: 2020 to 2021 - GOV.UK \(www.gov.uk\)](#)

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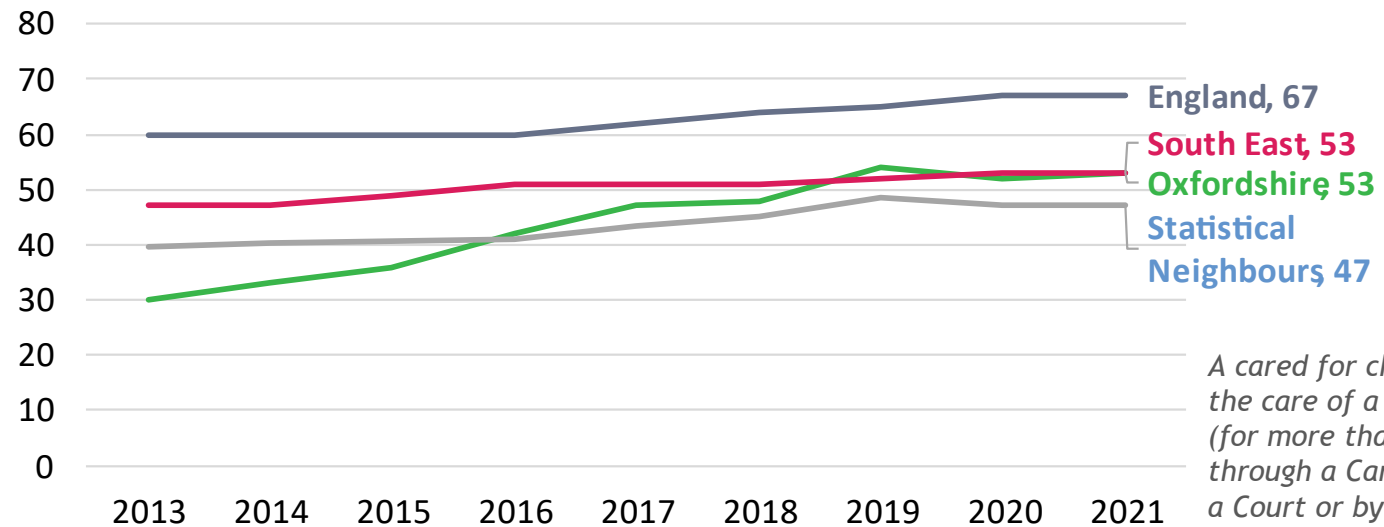
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**Children we care for**

- At the end of March 2021 there were **784** cared for children in Oxfordshire, up from 767 as of 31 March 2020 (+17, +2%).
- The rate of cared for children as of March 2021 was similar to the South East average.
- The most recent data held by Oxfordshire County Council (not yet published) shows that at the end of March 2022, there were **854** cared for children (57.7 per 10,000).
- As at 31 March 2022 there were 58 cared for children who were unaccompanied asylum-seeking children in Oxfordshire, below the number for 2019 (64).

**Rates of cared for children (as at 31 March each year) per 10,000 children aged 0-17**



*A cared for child is a child in the care of a Local Authority (for more than 24 hours) either through a Care Order made by a Court or by voluntary agreement with their parent(s).*

Department for Education, downloaded from [Local Authority Interactive tool](#).

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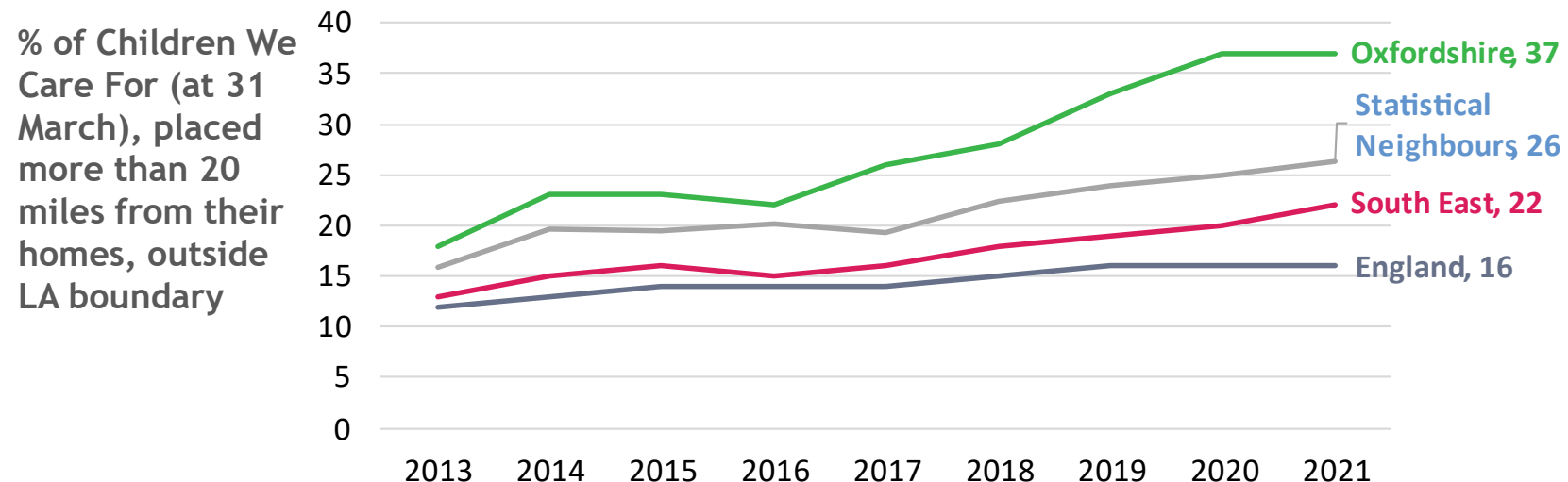
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### Children we care for - placed out of county

- The proportion of Oxfordshire's cared for children who were placed more than 20 miles from their home and outside Oxfordshire remained at 36% as at March 2021.
- Oxfordshire was well above the regional and national rates.
- The most recent data held by Oxfordshire County Council (not yet published) shows that at the end of March 2022, there were 36% of cared for children placed more than 20 miles and out of county.



Department for Education, downloaded from [Local Authority Interactive tool](#). Statistical neighbours include: Hertfordshire, Buckinghamshire, Wiltshire, West Berkshire, West Sussex, Bath and North East Somerset, Bracknell Forest, Cambridgeshire, Hampshire, and Gloucestershire.

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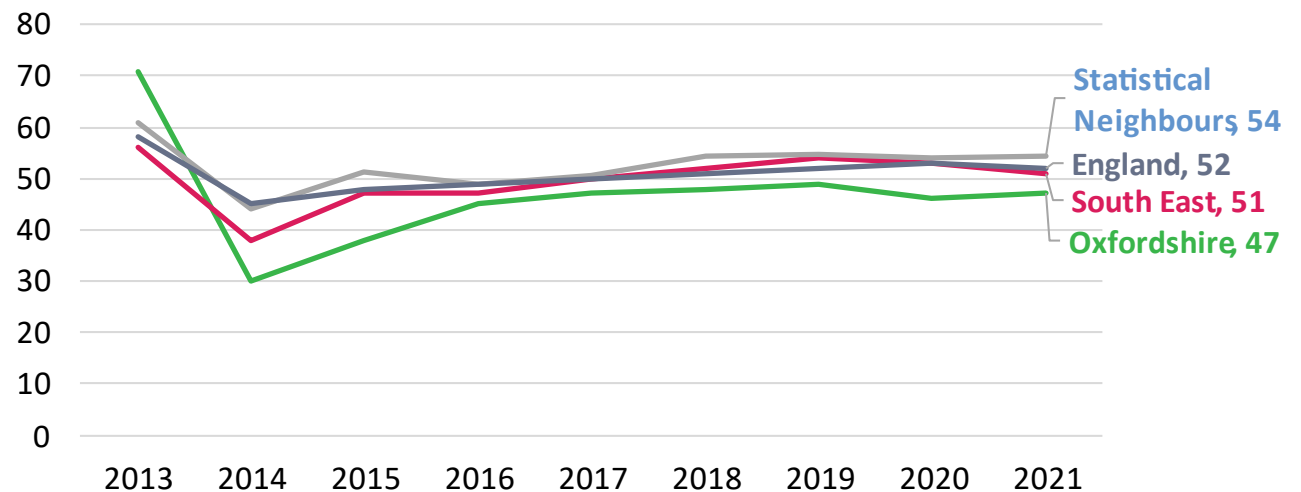
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## Care leavers in employment, education or training

Young people leaving care tend to be particularly vulnerable to poor health and wellbeing. For example, national research shows that they are at greater risk of social exclusion, unemployment, health problems, and offending.

- As of 31 March 2021, there were 301 care leavers<sup>1</sup> in Oxfordshire. Of these, 141 (47%) were in education, employment or training.
- Oxfordshire has remained below (worse than) the regional and national averages on this measure.
- The most recent data held by Oxfordshire County Council (not yet published) shows that at the end of March 2022, there were 184 (55%) of care leavers in education, employment or training.

Percentage of Care leavers aged 19-21 in education, employment or training



Department for Education, downloaded from [Local Authority Interactive tool](#). Next updated Nov22  
 NOTE: [1] Care leavers now aged 19, 20 and 21 who were looked after for a total of at least 13 weeks after their 14th birthday including some time after their 16th birthday

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### Estimate of future demand for children's social care

*There are two sources of predicted population growth for Oxfordshire: (1) Oxfordshire County Council forecasts which include assumptions on housing development (2) ONS projections based on past trends*

- National ONS projections suggests a slight fall in the population of children aged 0-17, whereas Oxfordshire County Council's local forecasts predict an increase.
- Applying the current rate of referrals to child social care (i.e. assuming no change in prevalence) to population forecasts/projections gives a potential change by 2030 of:

**+1,000** (6,500 to 7,500, rounded) from 2020 to 2030 based on Oxfordshire County Council population forecasts including housing growth

**-200** (6,500 to 6,300, rounded) from 2020 to 2030 based on ONS trend-based population projections

Oxfordshire County Council; [OCC forecasts](#); [ONS 2018-based population projections](#)

# Register of disabled children



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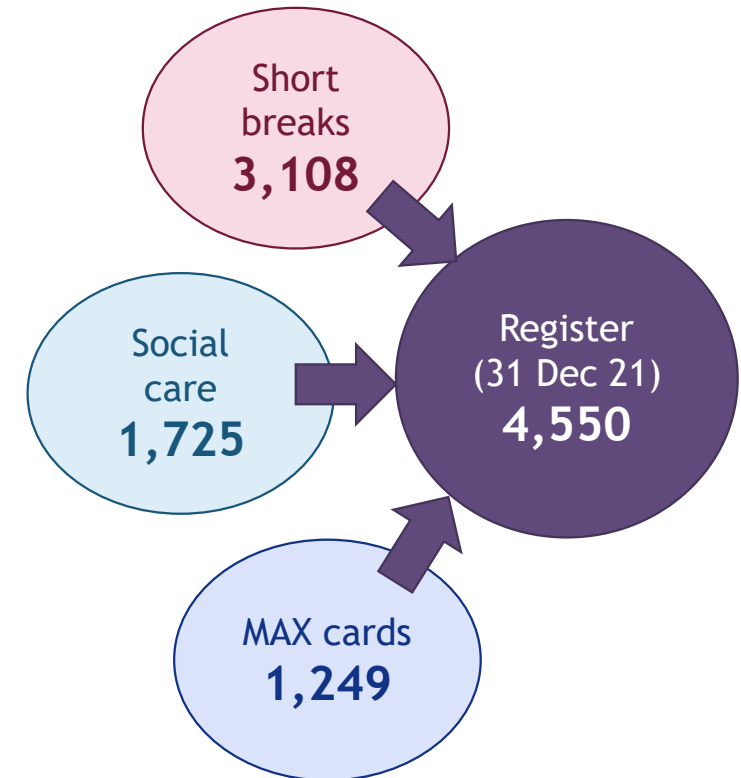
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## Register of Disabled Children

- The Oxfordshire County Council register of disabled children is compiled from three sources:
  - Short Breaks
  - Social Care Children cases with a disability
  - MAX Cards (had a discount card for SEN or disabled child)
- As of 31 December 2021 there were 4,550 children and young people aged 0-24 (up to 25) on the register



Oxfordshire County Council Disability Register Data 31 Mar 2021  
 Social Care Children data from Apr13 to Dec21; Short Breaks data from Apr12 to Dec21; MAX cards data Apr15 to Sept21

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## Disability registered children more likely to be male and of secondary school age

- Of the total of 4,550 children and young people on the disability register in Oxfordshire as of 31 December 2021:
  - 31.5% had a recorded gender of female
  - 68.5% had a recorded gender of male
- Half of young people on the disability register were aged 10-17

### Register of disabled children by age (Dec21)

Age band	Count	Percent of total
0-4	119	3%
5-9	748	16%
10-14	1,358	30%
15-19	1,495	33%
20-24	830	18%
<b>TOTAL</b>	<b>4,550</b>	<b>100%</b>
0-17	3,132	69%
10-17	2,265	50%

Source: Oxfordshire County Council Disability Register Data 31Dec21

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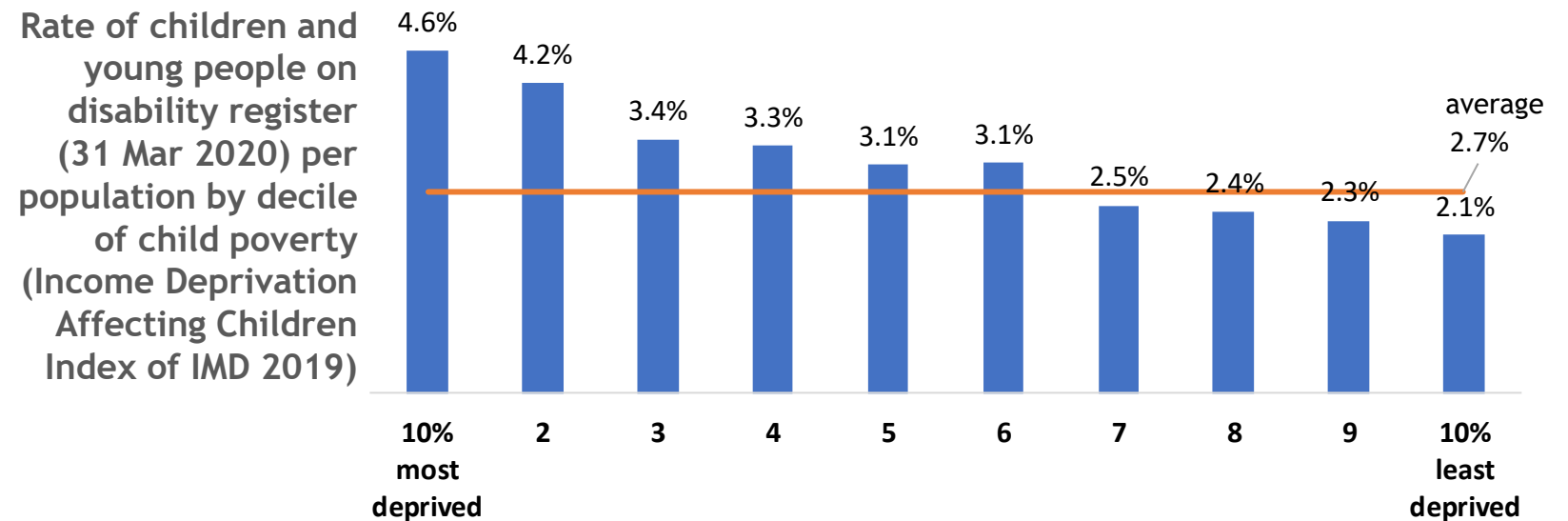
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### Disability register by child poverty index

- Research by Contact a Family in 2012, and cited by Public Health England, estimated that it costs three times as much to raise a disabled child<sup>[1]</sup>
- Areas of Oxfordshire ranked as more deprived on child poverty also have higher rates of children and young people on the Oxfordshire disability register



Disability register Oxfordshire County Council as of 31 March 2020 MHCLG IMD 2019 Income Deprivation Affecting Children decile Denominator used is children aged 0-17 from ONS mid year population estimate by LSOA as of mid 2018

[1] [Public Health England Disabilities in Children and Young People in London September 2017](#)

<sup>1</sup>[Contact a Family \(2012\) Counting the Costs 2012: The Financial reality for families with disabled children UK](#)

# Adult social care

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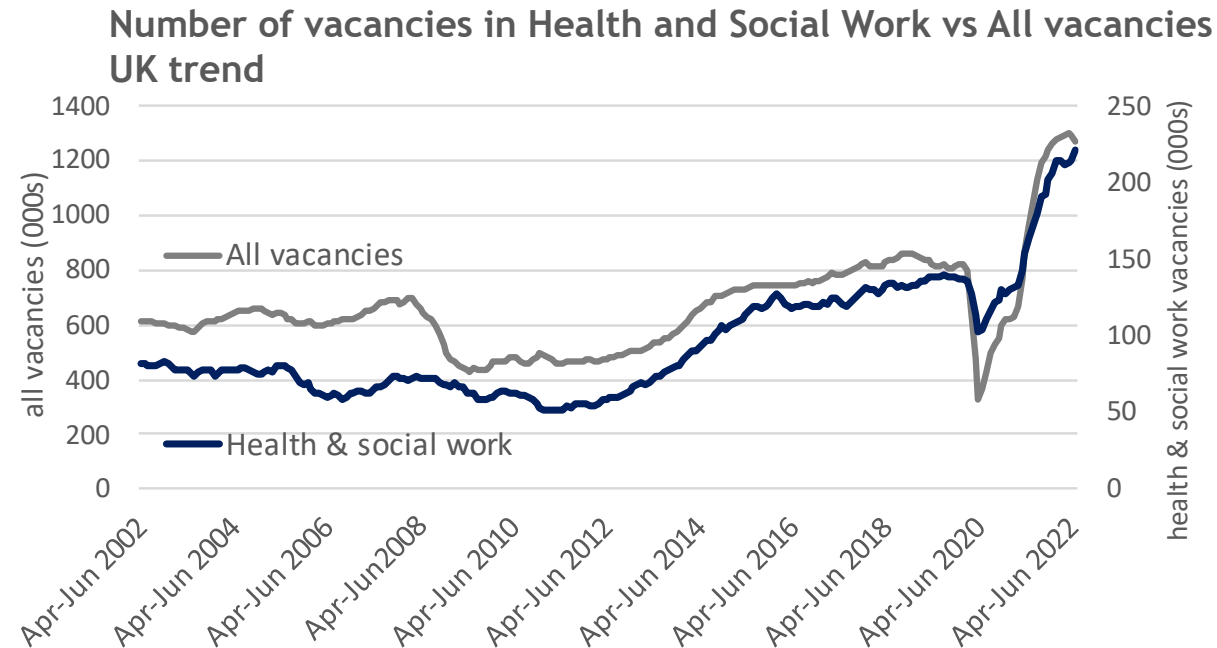
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## Vacancies in health and social work continuing to increase - national

- Job vacancies for all types of jobs in the UK have seen a slight reduction in the latest data (May-June 2022) to a vacancy rate of 4.2 per 100 jobs.
- Vacancies in health and social work however have continued to increase and remain above average at 5.2 per 100 jobs.



[Vacancies and jobs in the UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

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## Adult Social Care workforce

- The total number of (whole time equivalent) jobs in Adult Social Care (ASC) in Oxfordshire in 2020-21 was 11,500, equivalent to a rate of 89 per 1000 people aged 65+. This was above the rate per population of selected comparator areas.
- The ASC workforce turnover rate in 2020-21 was 33% and the vacancy rate was 6.4%.

### Adult Social Care workforce statistics 2020-21, Oxfordshire and selected comparator authorities

	Jobs (whole time equivalent)	Jobs per 1,000 people aged 65+	Turnover rate	Vacancy rate
Buckinghamshire	8,600	83	33%	7.9%
Cambridgeshire	10,500	83	37%	5.6%
<b>Oxfordshire</b>	<b>11,500</b>	<b>89</b>	<b>33%</b>	<b>6.4%</b>
West Berkshire	2,600	82	28%	5.7%

[Local area information \(skillsforcare.org.uk\)](#)  
from the Adult Social Care Workforce Data Set  
[Population estimates: Census 2021 \(ons.gov.uk\)](#)

These 2020-21 estimates refer to the adult social care sector as those jobs in the local authority sector and independent sectors only. Those working in the NHS and for direct payment recipients are not included in these workforce estimates.

Independent sector information is derived from the ASC-WDS as at March 2021, and local authority information is correct as at September 2020.

Data has been rounded.

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**Reablement and short term social care interventions**

- Between April 2021 and March 2022, 2,663 people in Oxfordshire received reablement.
  - Of these, 2,331 were helped to leave hospital, 30 were diverted from hospital and 302 were supported via a community referral.
- In the same period 2,983 people who made requests for support in Oxfordshire received equipment or Occupational Therapy (OT) support.
- In 2020-21, 3.2% of older people (aged 65+) in Oxfordshire who left hospital were supported via reablement compared to 3.1% nationally (see following slide).

Oxfordshire County Council, Department of Health SALT return STS001 tables 1a and 1b, “low level support” (equipment). \*Oxfordshire is expected to be lower than the England average given the health and income profile of the county.

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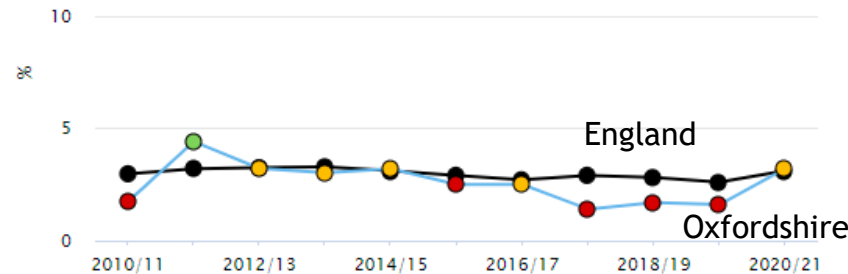
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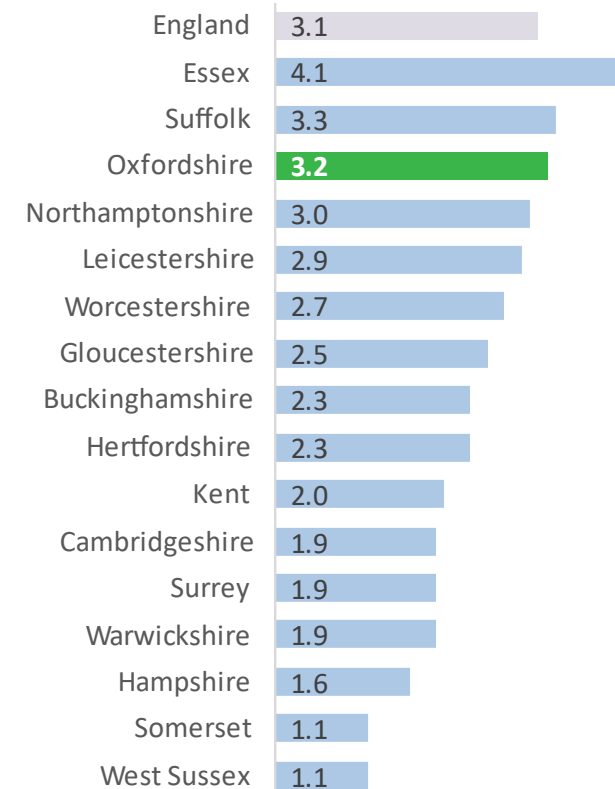
**Reablement**

- As of 2020-21, Oxfordshire was ranked 3rd in its group of 16 statistical neighbours on the % of older people offered reablement services following discharge from hospital.
- Oxfordshire is now similar to the national average.

**Percentage of people aged 65 and over offered reablement services following discharge from hospital to 2020-21**



**Percentage of people aged 65 and over offered reablement services following discharge from hospital, Oxfordshire and Statistical Neighbours (2020-21)**



[Measures from the Adult Social Care Outcomes Framework](#), England 2020-21 (statistical neighbours are relevant to adult social care) [Public health profiles - OHID \(phe.org.uk\)](http://phe.org.uk)



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## Adults provided with long-term social care

- As of 1 April 2022 there were **5,954** adults in Oxfordshire receiving ongoing long-term social care from Oxfordshire County Council, down from 6,197 at 1 April 2020 (-3.9%).
- The majority (60%) of Oxfordshire's ongoing long-term social care clients were older people aged 65 and over. 16% were aged 90 or over.
- Just over a quarter (27%) of people receiving social care support are people with learning disabilities.

### Number of adults provided with long-term social care services by Oxfordshire County Council as of 1 April 2022

	Learning Disability	Physical/Mental	Total	%
<b>TOTAL</b>	<b>1,661</b>	<b>4,599</b>	<b>6,260</b>	<b>100%</b>
% of Total	27%	73%	100%	
aged 65 and over	181	3,620	3,801	60%
aged 18 to 49	1,048	430	1,478	24%
aged 50 to 59	306	336	642	10%
aged 60 to 69	212	502	714	11%
aged 70 to 79	71	980	961	15%
aged 80 to 89	22	1443	1465	24%
aged 90 and over	2	998	1000	16%

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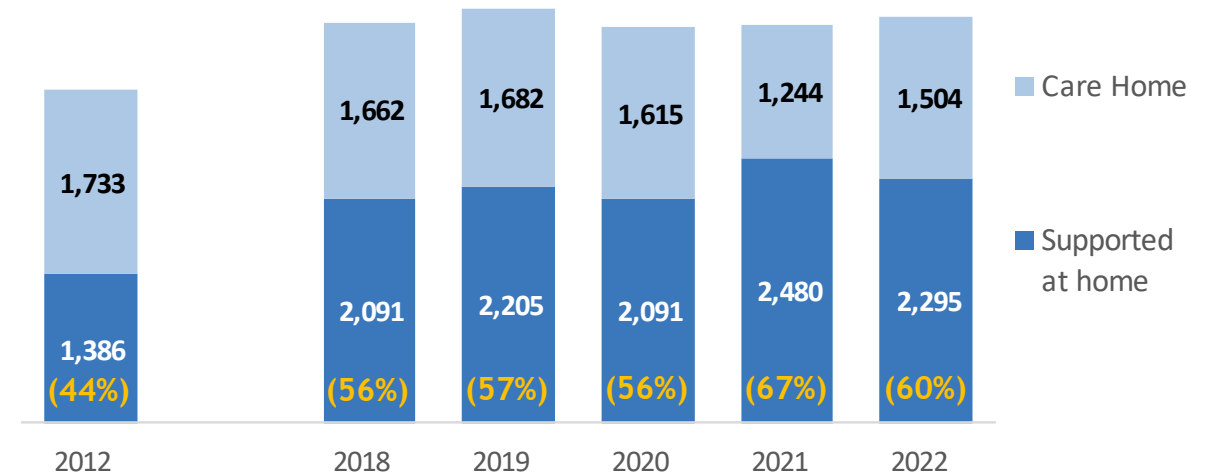
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### Older social care clients supported at home

- More than half of older social care clients are supported at home.
- At the beginning of April 2022, 60% of older adult social care clients were receiving a service at home. This proportion was higher than 10 years previously as of April 2012 (44%).

Number of older clients (65+) of long-term social care services provided by Oxfordshire County Council receiving services at home vs in a care home as at 1 April



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## Older people supported by social care services by district

- By district, the highest number of older people being supported with long-term social care services as of 1 April 2022 was Cherwell and the highest rate (per 1,000 population aged 65+) was Oxford City.
- Care support is means tested, so if an area has a higher proportion of its older population living in more deprived areas, it is more likely that a higher proportion of the older population will qualify for care.
- South Oxfordshire had the lowest rates of people supported either in a care home or at home.

### Older clients (65+) of long-term social care services provided by Oxfordshire County Council by setting: count as of 1 April 2022 and rate per 1,000 aged 65+ population

(1 Apr22)	In care home count	Rate	At home count	Rate	TOTAL count	Total Rate
Cherwell	297	1.06	549	1.96	846	3.02
Oxford	234	1.22	444	2.32	678	3.54
South Oxfordshire	257	0.84	425	1.40	682	2.24
Vale of White Horse	285	1.02	459	1.64	744	2.67
West Oxfordshire	334	1.36	412	1.67	746	3.03
<b>Oxfordshire</b>	<b>1,407</b>	<b>1.08</b>	<b>2,289</b>	<b>1.76</b>	<b>3,696</b>	<b>2.84</b>
Outside Oxfordshire	97		6		103	
<b>Total</b>	<b>1,504</b>		<b>2,295</b>		<b>3,799</b>	

Oxfordshire County Council CONTROCC system; ONS 2020 mid-year estimates

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## Care home beds for older people in Oxfordshire

- As of 1 April 2022, there were 132 care homes in Oxfordshire providing **5,726** care home beds for older people of which 4,189 (73%) included nursing care.
- As a proportion of the number of residents aged 75 and over, the rate of care home beds for older people in Oxfordshire was 9.1 per 100. Cherwell and West Oxfordshire were each above the county rate.

### Care home beds for older people in Oxfordshire (as of 1 April 2022)

	Care homes	Beds for older people	Beds with nursing	<i>Beds per pop aged 75+</i>
Cherwell	28	1,299	1,054	9.8
Oxford City	17	709	429	7.7
South Oxfordshire	33	1,262	1006	8.4
Vale of White Horse	27	1,221	941	9.1
West Oxfordshire	27	1,235	957	10.4
Oxfordshire	132	5,726	4,189	9.1

Source: [Care Quality Commission \(with filters\)](#) as of 1 April 2022. ONS 2020 population estimates from [nomis](#)

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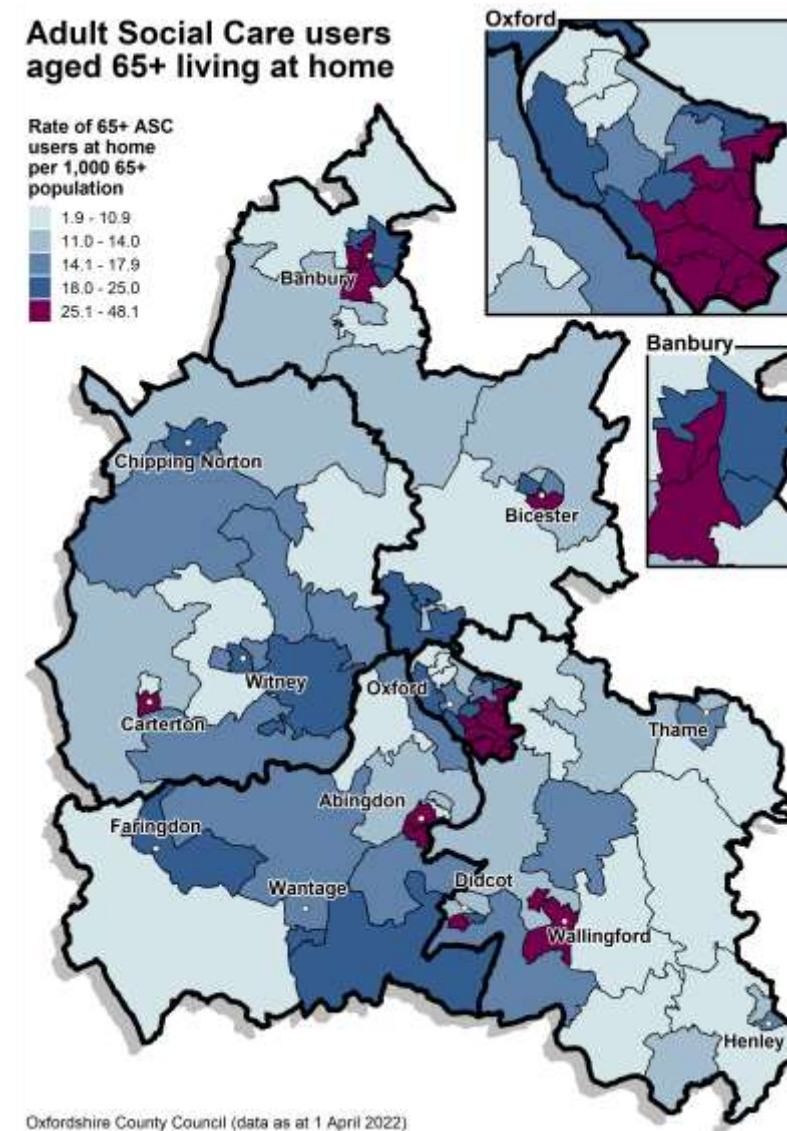
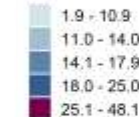
## Adult social care users mapped

- Older adult social care users (living at home) are more likely to be living in urban areas of Oxfordshire than the general older population.
- In urban areas\* there is:
  - 57% of the total 65+ population (ONS 2020).
  - 66% of aged 65+ adult social care users living at home or in a care home.
  - 69% of age 65+ adult social care users living at home.
- Areas with higher rates of adult social care users living at home include the more deprived urban areas of Oxfordshire in Oxford, Banbury and part of Abingdon.

Oxfordshire County Council, adult social care users (aged 65+) as at 1 April 2022, [2011 rural-urban classification](#), \*analysis based on classification by middle layer super output area. ONS 2020 mid-year population estimates

### Adult Social Care users aged 65+ living at home

Rate of 65+ ASC users at home per 1,000 65+ population



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**Estimate of future demand for adult social care**

- There are two sources of predicted population growth for Oxfordshire: (1) Oxfordshire County Council forecasts which include assumptions on housing development (2) ONS projections based on past trends
- Applying the current rate of older people (aged 65+) provided with long-term social care (i.e. assuming no change in prevalence) to population forecasts/projections gives a potential change by 2030 of:
  - +900** (3,800 to 4,700, rounded) from 2020 to 2030 based on Oxfordshire County Council population forecasts including housing growth
  - +900** (3,800 to 4,700, rounded) from 2020 to 2030 based on ONS trend-based population projections

Oxfordshire County Council; [OCC forecasts](#); [ONS 2018-based population projections](#)

# Community safety services

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### Abuse and exploitation - summary

- Comparing year ending December 2021 with the average of the previous 3 years (2018 to 2020), shows an increase in the number of police recorded victims of domestic abuse, older victims of violence and sexual offences, rape, modern slavery and child sexual exploitation in Oxfordshire.
- There was a decrease in the number of recorded victims of honour-based violence and female genital mutilation, however these are often hidden harms which are not reflected by crime figures.

#### Number of police recorded victims\* of abuse and exploitation in Oxfordshire (Jan-Dec)

Recorded victims of..	2017	2018	2019	2020	2021	Change from average of 2018-20 to 2021	
Domestic abuse	6,986	7,163	7,285	7,851	7,950	517	7%
Older victims of violence and sexual offences	250	403	410	555	601	145	32%
Rape crimes	428	473	508	503	588	93	19%
Modern slavery	99	124	132	149	182	47	35%
Child sexual exploitation	83	106	60	94	90	3	4%
Honour-based violence	47	33	34	24	26	-4	-14%
Female genital mutilation	5	6	2	1	0	-3	-100%

Thames Valley Police Crime Recording System - Niche RMS; \*count is of total recorded unique victims in the 12 month period, whether or not individuals have been a victim more than once



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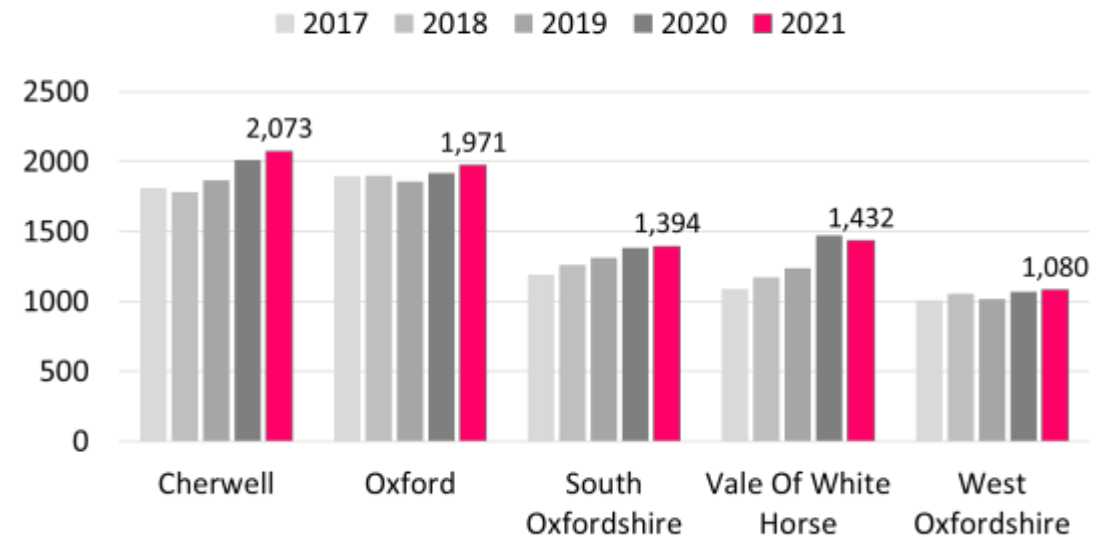
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**Domestic abuse**

- In 2021 (Jan-Dec) Thames Valley Police recorded a total of 7,950 victims of domestic abuse in Oxfordshire.
- This was 7% above the 3 year average for the years 2018 to 2020, with the greatest increases in Vale of White Horse (+11%) and Cherwell (10%).
- The rate (per 1,000 population) of domestic abuse victims, for year ending December 2021, was highest in the age group 25-34 (24.2 per 1,000 population).
- There has been an increase in the rate (per 1,000 population) of domestic abuse victims compared to 2020 data, in the age groups 25-44 and 65-84.

**Count of police recorded victims<sup>1</sup> of domestic abuse (all occurrences)**



Thames Valley Police Crime Recording System - Niche RMS; \* count is of total recorded unique victims in the 12 month period, whether or not individuals have been a victim more than once

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## Domestic abuse affecting children

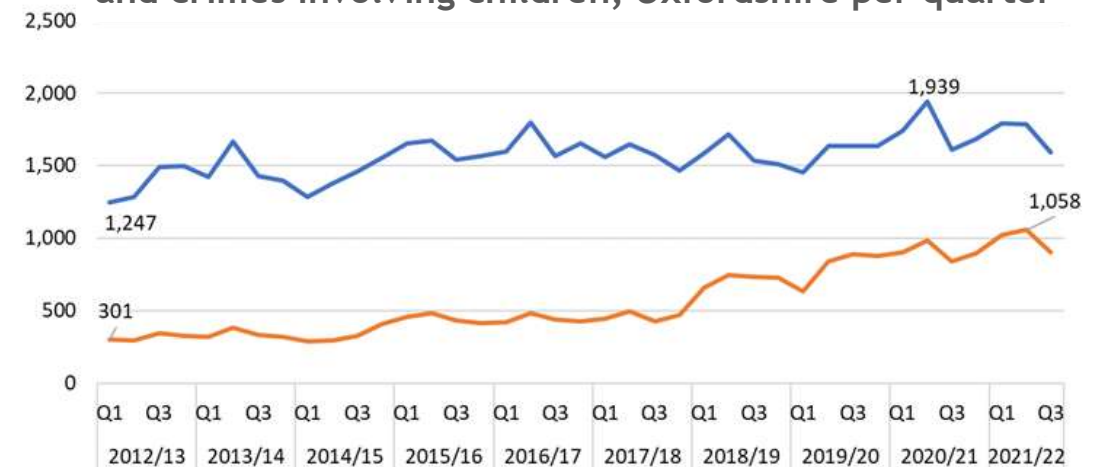
- The most recent year of data for 2020-21 has seen a fall in the number of police recorded domestic crimes involving children compared with the previous year.
- Unlike other districts in Oxfordshire, Vale of White Horse district saw an increase.
- The district with the highest rate per population in 2020-21 was Cherwell

Thames Valley Police Crime Recording System - Niche RMS  
[NSPCC Report](#) ONS mid-2019 population estimates from [nomis](#)

## Police recorded domestic crimes involving children

	2019-20	2020-21	2019-20 to 2020-21	Per pop
Cherwell	884	825	-59 -7%	0.55%
Oxford	767	699	-68 -9%	0.46%
South Oxfordshire	574	485	-89 -16%	0.34%
Vale of White Horse	533	578	45 8%	0.42%
West Oxfordshire	480	399	-81 -17%	0.36%
Oxfordshire	3,238	2,986	-252 -8%	0.43%

## Number of police recorded domestic abuse incidents and crimes involving children, Oxfordshire per quarter



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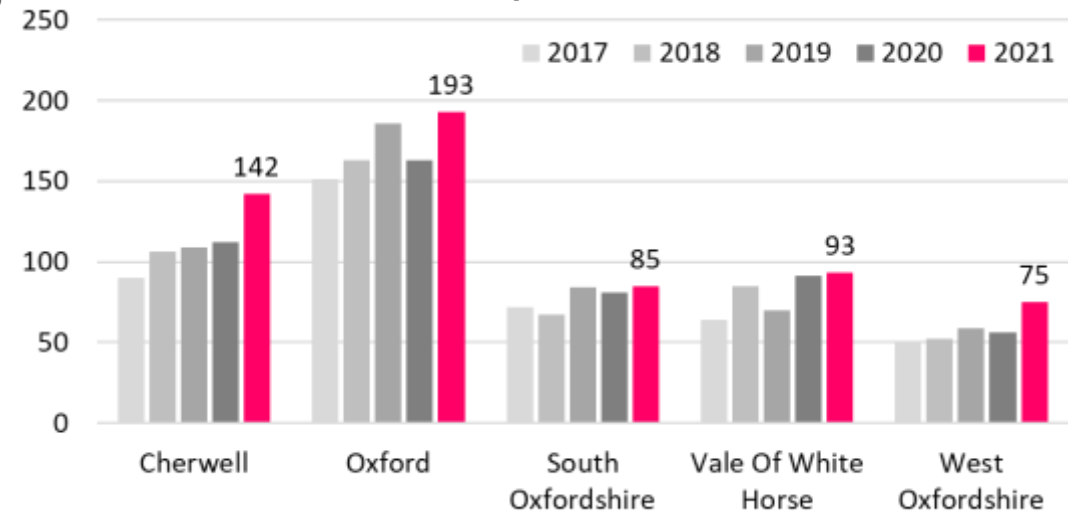
**Rape**

- In 2021 (Jan-Dec) Thames Valley Police recorded a total of 588 victims of rape crimes in Oxfordshire. This was 19% above the 3 year average (for the years 2018 to 2020), with the greatest increases in West Oxfordshire (+35%) and Cherwell (+30%)
- 90% of victims were female
- 61% of victims were aged under 25

Crime Related Occurrence: This term is used to describe a record of an incident which has come to the attention of the police, which, on the Balance of Probabilities would normally amount to a notifiable crime, but a resultant crime has not been recorded. The specific circumstances where this would happen are

1. The incident is reported by a third party and either
  - The alleged victim declines to confirm the crime or
  - The alleged victim cannot be traced
2. The incident is being dealt with by another police force
3. The National Crime Recording Standard or Home Office Counting Rules for Recording Crime direct that a crime should not be recorded

**Recorded victims<sup>1</sup> of rape crimes**



Thames Valley Police Crime Recording System - Niche RMS. Year is Jan-Dec. NOTE: that police recorded rape is at the time of reporting rather than time of offence. \* Total recorded unique victims in the 12 month period, whether or not individuals have been a victim more than once

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## Female genital mutilation, forced marriage and honour based violence

- In 2021 (Jan-Dec) Thames Valley Police recorded a total of:
  - No victims of Female Genital Mutilation in Oxfordshire, down from 1 in 2020;
  - NHS data indicates there were between 1 and 5 women and girls who had an attendance within Oxfordshire where FGM was identified.
  - No victims of forced marriage in Oxfordshire (none in 2018 and 2019);
  - 26 victims of honour-based violence in Oxfordshire, mainly in Cherwell and Oxford (see table below).

### Recorded victims\* of Honour-based violence (Crime and non Crime)

Note: According to the Crown Prosecution Service guidance: There is no specific offence of "honour-based crime". It is an umbrella term to encompass various offences covered by existing legislation. Honour-based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

	2017	2018	2019	2020	2021	2020 to 2021
Cherwell	7	10	18	10	10	0
Oxford	33	19	11	13	10	-3
South Oxfordshire	3	0	2	0	2	2
Vale Of White Horse	2	2	2	1	4	3
West Oxfordshire	2	2	1	0	0	0
Oxfordshire	47	33	34	24	<b>26</b>	2

Thames Valley Police Crime Recording System - Niche RMS Note: The above HBV data is a count of unique victims of offences where either the HBV Latest or HBV Finalisation qualifier has been used or the Occurrence Type or Classification has been recorded as Honour Based Violence - Non Crime Occurrence. [NHS Digital FGM quarterly Statistics](#)

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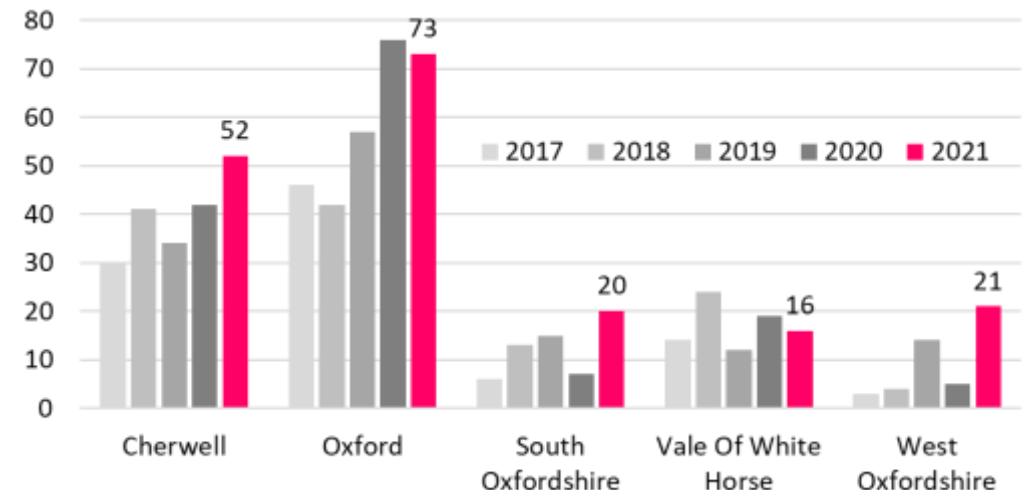
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**Modern Slavery**

- In 2021 (Jan-Dec) Thames Valley Police recorded a total of 182 victims of Modern Slavery in Oxfordshire.
- This was 35% above the 3 year average (for the years 2018 to 2020), with the greatest increases in the rural districts of West Oxfordshire (+174%) and South Oxfordshire (+71%)

According to the [Home Office Modern Slavery awareness booklet](#) Modern Slavery is a serious and often hidden crime in which people are exploited for criminal gain. The impact can be devastating for the victims. Modern slavery comprises slavery, servitude, forced and compulsory labour and human trafficking. There were an estimated 40 million people in slavery globally in 2016 and 10,000 -13,000 potential victims in the UK, however many victims are not identified or reported.

**Recorded victims<sup>1</sup> of Modern Slavery and Trafficking - All Occurrences (Crime and Non Crime)**



Thames Valley Police Crime Recording System - Niche RMS. The above data is for a count of unique victims of Modern Slavery and Trafficking offences. Modern Slavery offences have been identified where either the HO Category Number is 106 or the Modern Slavery Finalisation Qualifier has been used. Trafficking offences have been identified where either the classification or Occurrence Type has been recorded as trafficking for exploitation or sexual exploitation, into, out of or within the UK. [1] Total recorded unique victims in the 12 month period, whether or not individuals have been a victim more than once

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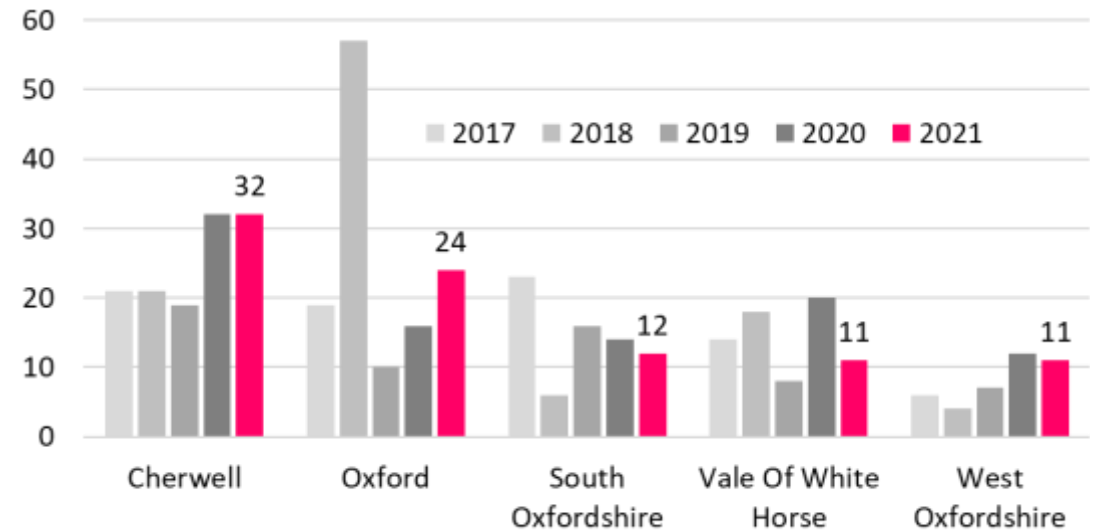
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## Child Sexual Exploitation

- In 2021 (Jan-Dec) Thames Valley Police recorded a total of 90 victims of Child Sexual Exploitation in Oxfordshire.
- This was 4% above the 3 year average (for the years 2019 to 2020), with the greatest increases in West Oxfordshire (43%) and Cherwell (+33%).

Note: The [definition of Child Sexual Exploitation from government guidance](#) is: Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

Recorded victims<sup>1</sup> of Child Sexual Exploitation All Occurrences (Crime and Non Crime)



Thames Valley Police Crime Recording System - Niche RMS. The above CSE data is for all victims of offences where either the 'Child Sexual Exploitation' qualifier has been used or the Occurrence Type has been recorded as 'Suspected CSE - Non Crime Incident' [1] Total recorded unique victims in the 12 month period, whether or not individuals have been a victim more than once

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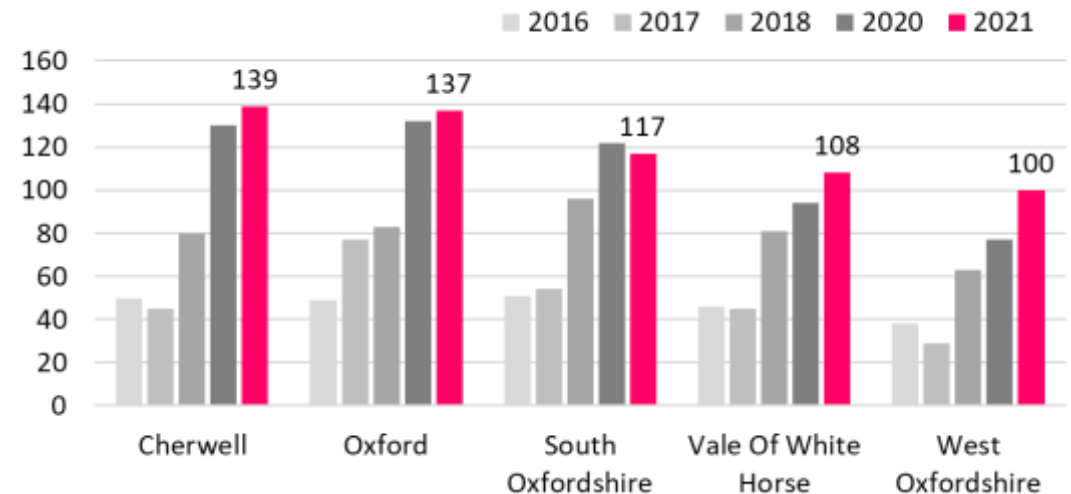
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### Older victims of crime (violence or sexual offences)

- In 2021 (Jan-Dec) Thames Valley Police recorded a total of 601 older victims (aged 65 and over) of crimes of violence or sexual offences in Oxfordshire.
- This was 32% above the 3 year average (for the years 2018 to 2020), above the increase across Thames Valley (+19%) and with the greatest increases in West Oxfordshire (+44%) and Cherwell (+39%).
- The increase is well above the growth in the older population in Oxfordshire.
- The rate of older victims of crime per 1,000 population aged 65+ was highest in Oxford City 7.1 compared with 4.6 in Oxfordshire and 4.9 across Thames Valley)

**Recorded victim\* aged 65 or over of violence against the person or sexual offences (crimes)**



Thames Valley Police Crime Recording System - Niche RMS. \*Total recorded unique victims in the 12 month period, whether or not individuals have been a victim more than once

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## Victims of fires

- In 2021-22 there were 354 dwelling fires in Oxfordshire, down from 357 in 2020-21 (-3, -0.8%).
- There were 37 recorded injuries due to fire\* (up from 32 in 2020-21) and 1 fire-related fatality.

\*Includes all injuries confirmed as fire related or not known excludes fatalities

### Number of victims of fire related injuries and fatalities (indicated by (+)) by broad age group

	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2020-21	2021-22
age 0-20	9	11	5	7	8	5	3	6	14	2	3
age 21 to 60	26	32 (+2)	31	22 (+1)	20	12 (+1)	7	24	26	18	18
age 61+	17 (+1)	11 (+2)	10 (+2)	9	9 (+2)	9 (+3)	5	17 (+1)	14 (+1)	12 (+3)	16 (+1)
unknown	0 (+1)	13 (+4)	21 (+2)	4 (+2)	17 (+2)	20 (+4)	9	0 (+1)	0 (+1)	0	0
<b>Total</b>	<b>52 (+2)</b>	<b>67 (+8)</b>	<b>67 (+4)</b>	<b>42 (+3)</b>	<b>54 (+4)</b>	<b>46 (+8)</b>	<b>24</b>	<b>47 (+2)</b>	<b>54 (+2)</b>	<b>32 (+3)</b>	<b>37 (+1)</b>

Oxfordshire County Council Fire and Rescue Services



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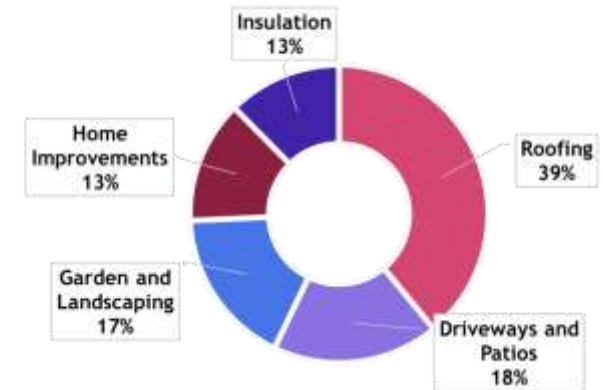
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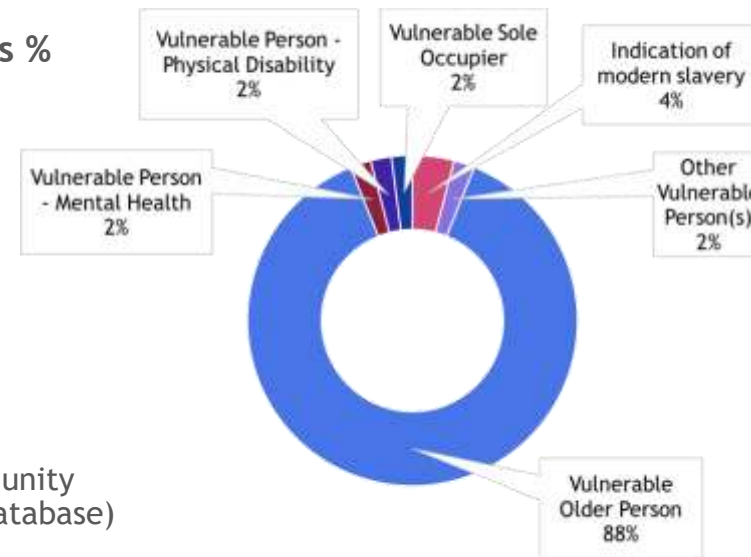
### Victims of doorstep crime

- In 2021-22 there were 147 victims of doorstep crime or rogue traders in Oxfordshire, down from 165 in the previous year, a fall of 11% (-18).
- The most likely reason for a decrease in victims is a reduction in resource to the doorstep crime team from 2016 onwards.
- In 2021-22 there was an increase in the monies paid by victims.
- Oxfordshire victims paid out £1.2 million to unscrupulous traders
- The majority of victims continue to be elderly residents.

### Top 5 Goods Service Areas used by rogue traders in Oxfordshire 2021-22



### Victim description as % of those recorded (2021)



Trading Standards - Community Safety IDB (Intelligence Database)

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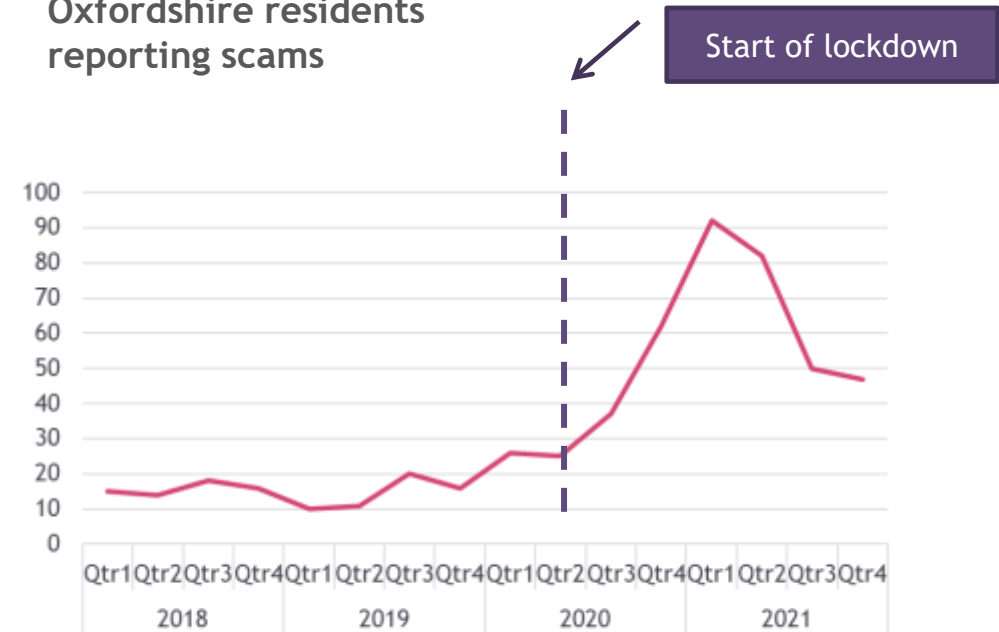
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**Victims of scams**

- The Covid pandemic has accelerated change in the consumer protection landscape. Some of the more traditional scams such as doorstep crime were curtailed by the imposed lockdown restrictions. Criminals adapted quickly, which has led to a surge in different tactics being deployed by scammers, who have sought to exploit social change and evolving technology. UK Finance has reported that so-called ‘impersonation scams’ have doubled as criminals pretend to be from banks, delivery firms or the government to dupe consumers and businesses.
- The number of scams reported by Oxfordshire residents increased significantly at the start of the COVID-19 pandemic.
- Data ending December 2021 indicate levels remain higher than pre-COVID.
- These scams relate to ‘bogus selling’ which can be via unsolicited phone call, unsolicited mail or email.

**Oxfordshire residents reporting scams**



[Action Fraud](#), [National Trading Standards](#), Citizens Advice data for ‘bogus selling’ Oxfordshire consumers

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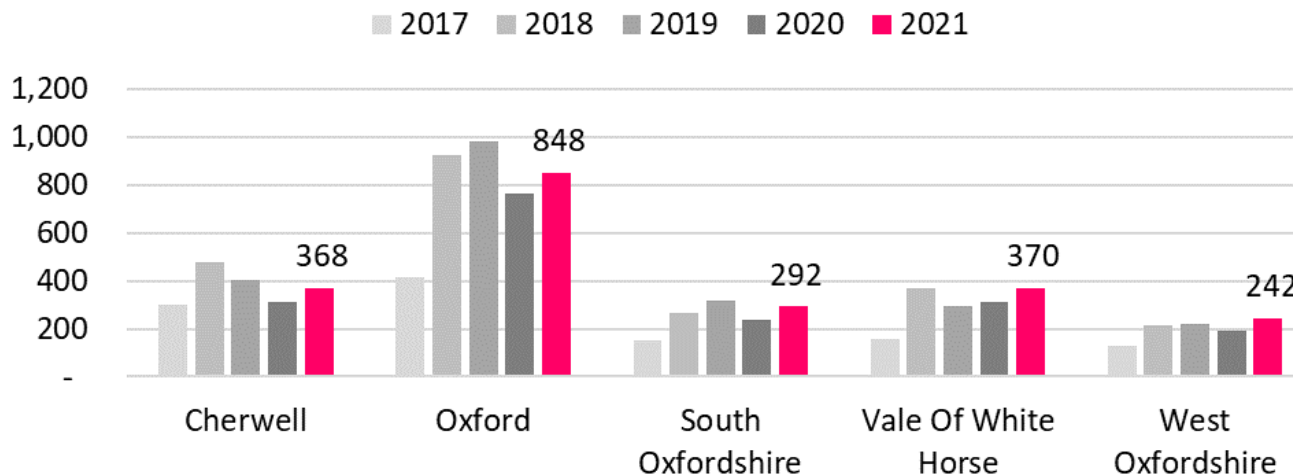
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**Alcohol-related crime**

- In 2021 (Jan-Dec) Thames Valley Police recorded 2,120 alcohol-related crimes in Oxfordshire above the number in 2020 (1,817). Alcohol-related crimes were 5% of all crimes in the county.
- Comparing 2021 with the average for 2018-20 shows a 1% increase in Oxfordshire and the greatest increase in West Oxfordshire (17%).
- 2020 was an extraordinary year for restaurants, pubs and bars. Many were closed due to covid restrictions. This correlates with a decrease in alcohol related crime in 2020.

*Note: This data is for all recorded crimes in Oxfordshire where the substance use field has been recorded as 'Alcohol' related. 2018 data has also had the new qualifiers of 'Alcohol related - crime suspect' and 'Alcohol related - crime victim' added to the report.*

**Alcohol-related crimes in Oxfordshire**



Thames Valley Police Crime Recording System - Niche RMS

# Health support and preventing ill-health

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**NHS Health Checks**

*The NHS Health Check programme aims to help prevent heart disease, stroke, diabetes, kidney disease and certain types of dementia. People between the ages of 40 and 74 (not already diagnosed with one of these conditions) is invited once every five years to have a check to assess their risk and be given support and advice to help reduce or manage that risk.*

- The average quarterly number of health checks offered to the eligible population in Oxfordshire in 2018-19 and 2019-20 was 10,200. In April-June 2020, at the start of the pandemic the total for the quarter was 388. By April-June 2022 the total health checks offered had reached 10,105, i.e. similar to pre-pandemic levels.

**Quarterly count of NHS Health Checks offered to eligible population in Oxfordshire**



[NHS Health Check - Home](#) \*people aged 75+ are provided with health checks via an alternative service  
[NHS Health Check - Data - OHID \(phe.org.uk\)](#)

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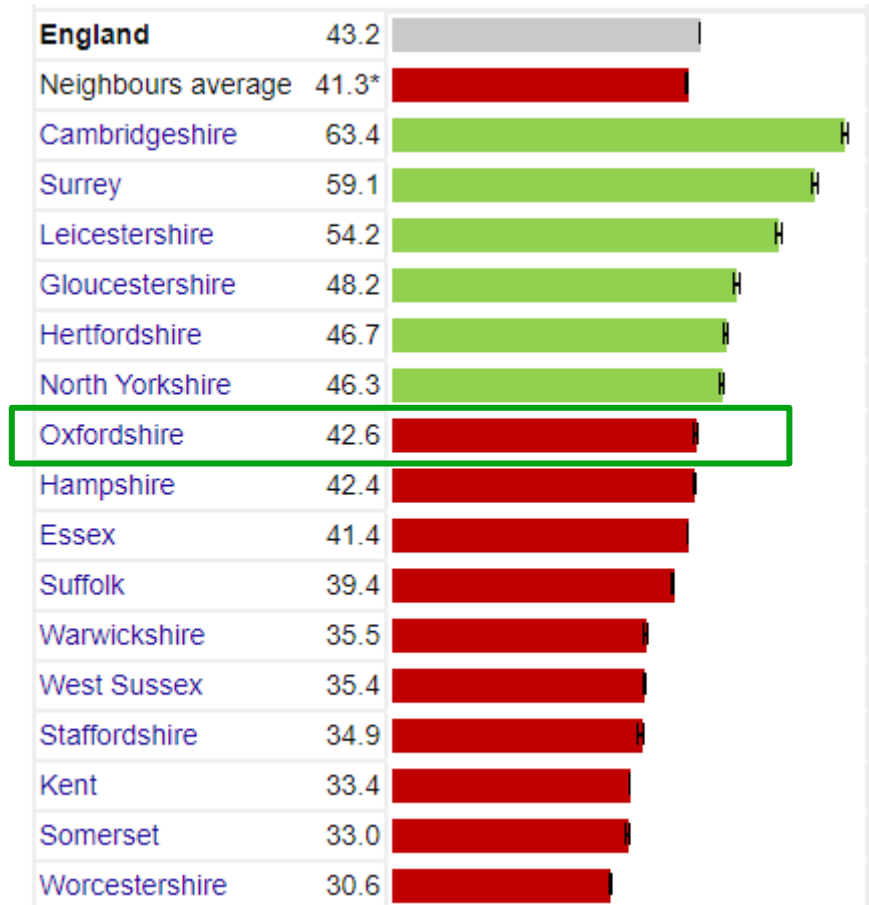
**NHS Health Checks**

- From April 2018 to June 2022, the proportion of people taking up a health check invitation in Oxfordshire was significantly below average (42.6% compared with 43.2% across England) and below several of Oxfordshire’s statistical neighbours.

[NHS Health Check - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

Note that this indicator is based on data at general practice level, but data is collected and aggregated by local authorities responsible for managing the service. Last updated 6 Sept 22

**People taking up an NHS Health Check invite 2018-19 Q1 to 2022-23 Q1 (crude rate %) Vs nearest statistical neighbours to Oxfordshire**



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Drug and alcohol services

Adults

- In 2020-21 there were **1,992** adults (aged 18 and over) in specialist drug treatment in Oxfordshire. This is up by 2.4% since the previous year.
- 73% of the total adults in drug treatment were males and 27% were females.
- The majority of those in drug treatment were aged between 30 to 49 (1,392 people, 70%)
- The number of adults in treatment for alcohol only in Oxfordshire in 2020-21 was **617**. This was up by 7.5% from last year. The majority (77%) were aged 30 to 59.

Young people

- In 2020-21 the number of young people (aged under 18 years) in specialist substance misuse services in Oxfordshire was **138**, down by 11% from the previous year.
  - 67 began using their main substance before they reached 15 years of age
  - 54 were using two or more substance (this includes Alcohol)
  - 55 Identified as having a mental health treatment need
  - 34 Receiving treatment for their mental health needs
- Referrals were predominantly from education services (21%) and children and family services (47%).

Oxfordshire County Council, Public Health team

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## Health Visiting and Family Nurse Partnership

*Pregnant mothers are seen during the antenatal period, and again at 6-8 weeks after birth to receive a maternal mood assessment. Babies are seen and checked at least by 14 days old, at 6-8 weeks and at 1 year and 2 years.*

- In 2020-21, there were 7,456 births to Oxfordshire residents.
- In the same year, health visitors had 102,823 direct contacts and 11,842 indirect contacts.

*The Family Nurse Partnership (FNP) supports first time mothers aged up to 19 years. It focuses on supporting young mothers for a healthy pregnancy, improving child's health and development and improving parents' economic self-sufficiency. Oxfordshire has 200 places available. Once the child reaches 2 years they transition into the Health Visitor Service and receive ongoing advice and support.*

- Averaging the caseload across the year, 196 of 200 places were filled. This is broken down by district areas with individuals in Cherwell occupying the most places, followed by Vale of White Horse and Oxford City. South Oxfordshire and West Oxfordshire have fewer places. This does fluctuate during the year as families do move locations.
- 64.3% of mothers are recruited before 16 weeks of pregnancy in line with the licence, the national figure is 37.4%.

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**Health Nurse Services**

*School nurses are specialist community public health nurses who work with school-aged children and young people (aged 5-19) and their families to improve health and wellbeing outcomes and reduce inequalities and vulnerabilities.*

During academic year Sept 2020 to July 2021, Oxfordshire Health Nurse Services carried out:

- 9,673 **primary school** 1:1 interventions
  - 20.3% children were universal
  - 35.8% children were universal plus/targeted
  - 42.8% children were universal partnership plus/specialist interventions
- 17,187 **secondary school** 1:1 interventions
  - 9.7% of young people were universal
  - 61.7% of young people were universal plus/targeted
  - 21.6% of young people were universal partnership plus/specialist
- 2,664 **college** 1:1 interventions
  - 2.7% young people were universal
  - 71.9% of young people were universal plus/targeted
  - 24.9% of young people were universal partnership plus/ specialist

Oxfordshire County Council

**Health visiting and school nursing partnership**

*Universal Services include prompts for immunisations, conducting health and development reviews.*

*Universal Plus delivers a rapid response from the health visiting team eg parental mental health, attachment, domestic abuse; Universal Partnership Plus provides ongoing support to families who have complex needs.*

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## Stop Smoking Services

*It is estimated that approximately 30% of smokers every year make a serious attempt to quit. Most are unsuccessful with only 5% of smokers achieving a successful attempt at stopping smoking. Of the people who quit, 2% do so through a Local Stop Smoking Service.*

*Oxfordshire County Council currently commission a Local Stop Smoking Service, known as Smokefreelife Oxfordshire, to help smokers to quit with the use of pharmacotherapy and behavioural support as there is strong evidence this is the most effective way to stop smoking.*

*The Oxfordshire Tobacco Control Strategy sets out the aim to reduce smoking prevalence in the adult population, and in the following priority populations:*

- *People in routine and manual occupation group*
  - *People with serious mental illness*
  - *Pregnant women*
  - *Children and young people*
- *During 2020-21, 906 smokers in Oxfordshire successfully stopped smoking, of which 83 were from routine and manual occupations.*

Oxfordshire County Council,  
[The Final Push: A Tobacco Control Strategy for a smokefree society in Oxfordshire 2020-2025](#)  
 NHS Digital, [Statistics on NHS Stop Smoking Services in England](#)

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## Specialist Sexual Health Services

*The Oxfordshire Sexual Health Service provides free STI testing and treatment, notification of sexual partners of infected persons and free provision of contraception across clinics, tiered from Level 1-3 (set by the British Association for Sexual Health and HIV (BASHH)):*

- *Level 1 - for asymptomatic services users*
  - *Level 2 - for symptomatic service users*
  - *Level 3 - for service users with complex/specialist needs*
- During 2021-22 there were 38,045 contacts with Oxfordshire Sexual Health Service for STI testing and treatment services (excluding online provision), an increase from 33,100 in 2020-21. In addition, there were 23,657 STI / HIV self-sampling test kits requested via the online pathways (compared to 18,154 in 2020-21 and 4,447 in 2019-20), with 97% of these STI and HIV self-sampling kits issued within two working days of the request .
- During 2021-22 there were 13,670 contacts with the Oxfordshire Sexual Health Service for contraception services (compared to 11,084 in 2020-21), with 100% of women having access to emergency contraceptive services within 48 hours of contacting the Service. In addition, there were 22,464 free condoms distributed to Oxfordshire residents.

Oxfordshire County Council

BASHH [Standards for the management of sexually transmitted infections \(STIs\)](#)

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## Contraception Services in primary care

*The Long Acting Reversible Contraception (LARC) Service in GP Practice settings provides further access to methods of birth control that provide effective contraception for an extended period of time without requiring user action. The provision of services fitting LARCs is seen as essential health care in preventing unplanned pregnancies.*

- During 2021-22 there were 5,379 LARCs fitted (excluding injections) by GP Practices in Oxfordshire. In 2020, the rate of GP prescribed LARC (excluding injections) was 35.4 per 1,000 resident female population aged 15-44 years, this is greater than both the South East (29) and England (21.1) averages.

*Access to emergency contraception comes in the form of a Emergency Hormonal Contraception (EHC) Service, commonly known as the 'morning after pill', and can be accessed within Community Pharmacy settings. The aim of the service is to reduce the risk of unintended and unwanted pregnancy in young women.*

- During 2021-22, there were 1,354 consultations to provide EHC, for free, for women aged 21 years and under where there was unprotected sexual intercourse (where pregnancy was not desired), or in the event of contraceptive failure (e.g. a spilt condom).

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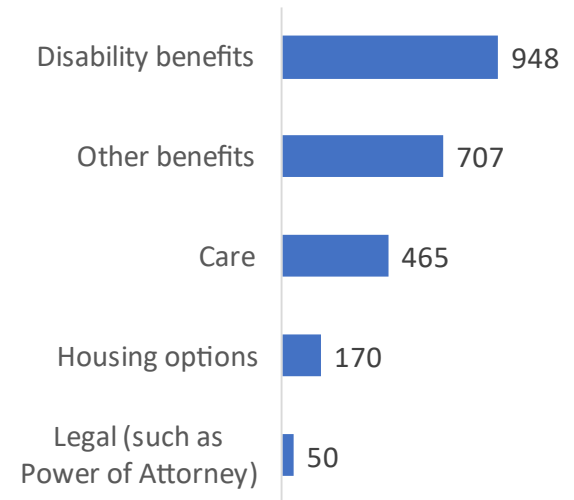
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**Age UK Oxfordshire helpline**

- In 2021-22 the Age UK Oxfordshire helpline received a total of 1,416 calls covering 2,662 topics.
- Of the callers/subject of the call in 2021-22:
  - 61% female, 38% male (1% withheld),
  - 61% were aged 75 and over,
  - 15% had an informal carer involved with them,
  - 3% were carers,
  - 34% had a long-term illness or memory problems.
- The top reasons for contacting the helpline were: benefits, including disability-related, care and housing options.

**Top reasons for contacting the Age UK Oxfordshire general helpline Apr21 to Mar22**



[Age UK Oxfordshire](#). Note that data relates to the general Age UK Oxfordshire helpline. Full demographic details are not always recorded from each enquirer, e.g. if the enquiry is unrelated to disability then the disability status of the caller may not be recorded.

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## Health and Wellbeing support provided by Libraries

Oxfordshire's Library Service supports the health and wellbeing of residents through its main activities of book lending, business support and providing community spaces. The Service also provides specific health and wellbeing activities and book collections.

### Health and wellbeing activities

- In 2021-22, with part of the year limited by pandemic restrictions, Oxfordshire's Libraries delivered 20 health and wellbeing activities attended by 177 people.
- In the four months from April to June 2022, the number of activities had significantly increased with 50 health and wellbeing activities delivered, attended by 245 people.

### Health and wellbeing themed collections

- *Books on Prescription/Reading Well* collections cover themes including young people's mental health, dementia, adult mental health, long term conditions, and children's health
- In 2021-22 there was a total of 65,904 health and wellbeing books borrowed (physical and e-loans) from Oxfordshire Libraries, with 15,654 borrowed from April to June 2022.

[Oxfordshire County Council Library Service](#): CollectionHQ (books) and Overdrive e-platform (ebooks, eaudio, emags). Note that these figures are known to be an undercount due to the difficulty of analysing detailed catalogue/performance data on the library management and e-loans systems.

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## Make Every Contact Count (MECC)

- MECC is an approach that uses opportunistic conversations in everyday life to talk about health-related behaviour. It involves responding appropriately to cues from others to encourage them to think about behaviour change and steps that they could take to improve their health and wellbeing.
- MECC training involves giving people in contact with members of the public the skills and confidence to have brief conversations about health with others and to follow up with signposting for support.
- In Oxfordshire the [Oxfordshire Live Well website](#) is used as the main signposting tool.
- [Oxfordshire's Library Service](#) is developed MECC skills and as of July 2022 there were 41 library service MECC champions.
- Between April 2021 to March 2022 there was a total of 3,977 MECC conversations recorded through Oxfordshire Libraries (up from 622 in 2020-21). Conversations were about:
  - Smoking (55)
  - Alcohol (56)
  - Weight/healthy eating (230)
  - Physical activity (327)
  - Mental health and wellbeing (1,539)
  - Other health topic (1,265)
  - Signpost to health resource or services (505)
- In the 4 months from April to July 2022, Oxfordshire Libraries had already recorded a further 2,022 MECC conversations.

[Making Every Contact Count \(MECC\)](#) [New models of care](#) | [Oxfordshire County Council](#)  
[Oxfordshire County Council Library Service](#)

# Access to services and digital exclusion



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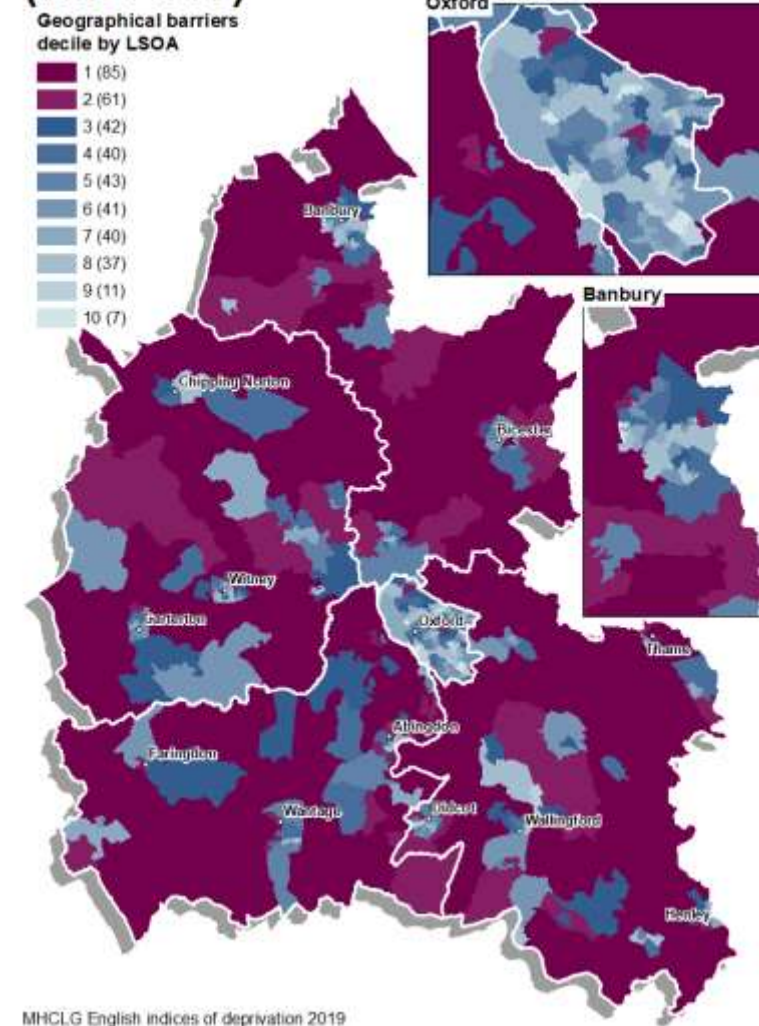
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## Geographical access to services

- According to the sub-domain of the 2019 Indices of Deprivation, 85 out of 407 lower super output areas (LSOAs) in Oxfordshire are ranked within the most deprived 10% nationally on the geographical access to services sub-domain (road distance to post office, primary school, GP and supermarket) of the 2019 IMD.
- By district the number of LSOAs ranked within the 10% most deprived are:
  - Cherwell: 22 out of 93
  - Oxford: 1 out of 83
  - South Oxfordshire: 25 out of 89
  - Vale of White Horse: 24 out of 76
  - West Oxfordshire: 13 out of 66
- Areas ranked poorly on geographical access to services (within worst 10%) include:
  - 21% of the total population
  - 27,600 (21%) people aged 0-15
  - 30,100 (24%) people aged 65+ and
  - 4,000 (23%) people aged 85+

[English indices of deprivation 2019, MCLG](#)

## Geographical Barriers to Services (IMD 2019)



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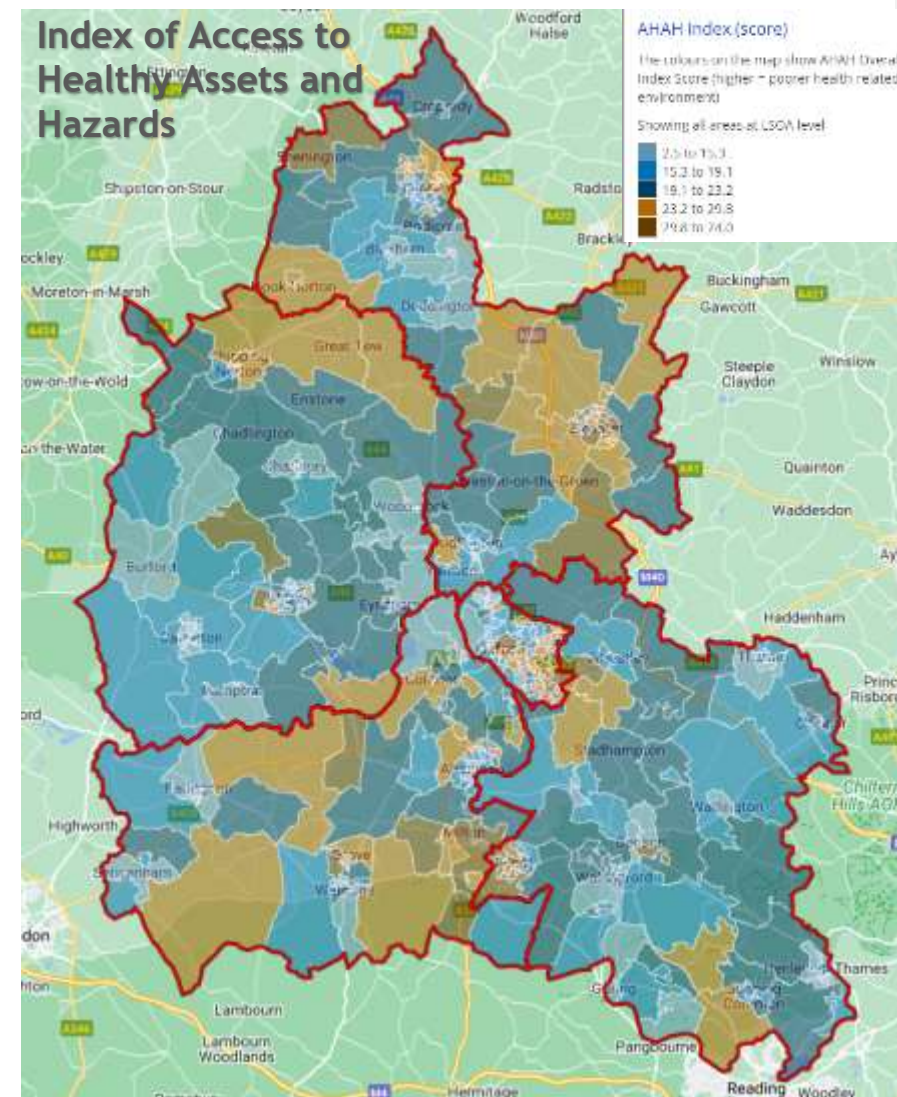
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Access to health assets and hazards

CDRC has developed a multi-dimensional index measuring how 'healthy' neighbourhoods are. It combines indicators under four different domains of accessibility: retail environment, health services, physical environment and air quality. A higher score indicates that an area has a poorer health-related environment.

- Areas ranked within the poorest health-related environments in Oxfordshire include:
  - rural parts of Cherwell, South Oxfordshire, Vale of White Horse and West Oxfordshire.
  - parts of Oxford City and Oxfordshire’s towns.

[Access to Healthy Assets & Hazards \(AHAH\) | CDRC Data](#) (May 2022).  
Map from [Local Insight \(communityinsight.org\)](#)



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**Internet use (national)**

- According to (national) 2020 ONS data on internet access:
  - 92% of adults in the UK were recent internet users in 2020, up from 91% in 2019.
  - Almost all adults aged 16 to 44 years in the UK were recent internet users (99%), compared with 54% of adults aged 75 years and over.
  - While there has been little change in internet use for adults aged 16 to 44 years in recent years, the proportion of those aged 75 years and over who are recent internet users nearly doubled since 2013, from 29%, to 54% in 2020.
  - 6.3% of adults in the UK had never used the internet in 2020, down from 7.5% in 2019.
  - The number of disabled adults who were recent internet users in 2020 reached almost 11 million, 81% of disabled adults; up from just over 10 million (78% of disabled adults) in 2019.
  - London continued to be the UK region with the highest recent internet use (95%) in 2020, the rate for the South East region was 94%.

[Internet access - households and individuals, Great Britain: 2020](#) The survey data for this release were collected by the Labour Force survey (LFS) between January and March 2020. This straddles the period before and after the COVID outbreak in March 2020 so it is not possible to use the 2020 data to indicate changes in internet usage as a result of the pandemic.

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**Digital exclusion and health - national**

- A study by the Good Things Foundation (Aug21)<sup>1</sup> on digital exclusion and health highlights:
  - a correlation between digital exclusion and social exclusion and
  - that poverty is the most reliable predictor of internet access.
- People experiencing digital exclusion are:
  - Locked out of digital health tools and services;
  - Unable to access jobs requiring digital skills - impacting earnings;
  - May be more isolated than those who are able to use digital to connect with family/friends/communities
- However the data is not yet good enough..
  - *We still don't have enough good quality data - quantitative or qualitative - to understand and track whether (and how) digital exclusion contributes to poor health outcomes, and whether (and how) digital inclusion promotes better health outcomes and healthier lives.*
- Ofcom research<sup>2</sup> indicates that the pandemic has:
  - created an even greater digital divide;
  - resulted in an abundance of information, which includes inaccurate and misleading information. In late March 2020, when the UK had just gone into lockdown, 46% of UK adults who were getting news or information about the coronavirus pandemic said that they had come across information or news that they thought was false or misleading. This proportion had fallen to 30% by early 2021.

[1] [Good-Things-Foundation-2021---Digital-Exclusion-and-Health-Inequalities-Briefing-Paper.pdf](#) ([goodthingsfoundation.org](#)) [2] [Online Nation 2021 report](#) ([ofcom.org.uk](#))

[Digital exclusion: a review of Ofcom's research on digital exclusion among adults in the UK](#) (March 2022)

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**Digital exclusion - Oxfordshire**

- Research by the University of Oxford and Oxfordshire County Council Libraries looked into the digital needs of people who rely on public library digital services.
- The Oxfordshire County libraries began offering day-to-day assistance to library customers with digital needs in 2017, through a digital helper volunteer programme. Library users can sign up in person or call to schedule 30-minute digital help sessions with a volunteer.
- The research found that:
  - Many digital help seekers are interested in achieving a particular end goal, such as signing up for Universal Credit or applying for a specific job.
  - The service is reaching a relatively high proportion of people on low incomes, 58.4% have incomes of £20,000 or less, compared to 40.9% of the British population.

**HOUSEHOLD INCOME**

The library primarily serves low-income people, 31% of computer users have annual household incomes of £12,500 or less and another 27% have incomes between £12,500 and £20,000.

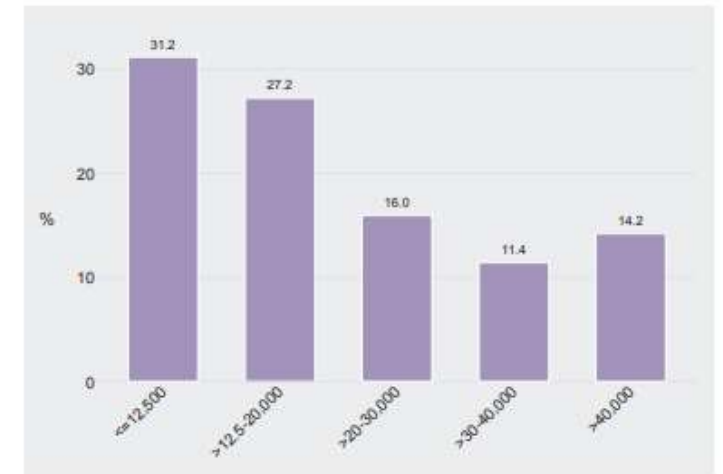


FIGURE 2: HOUSEHOLD INCOME OF LIBRARY COMPUTER USERS

[Libraries on the front lines of the digital divide: the Oxfordshire Digital Inclusion Project Report Oxfordshire Digital Inclusion Strategy](#)

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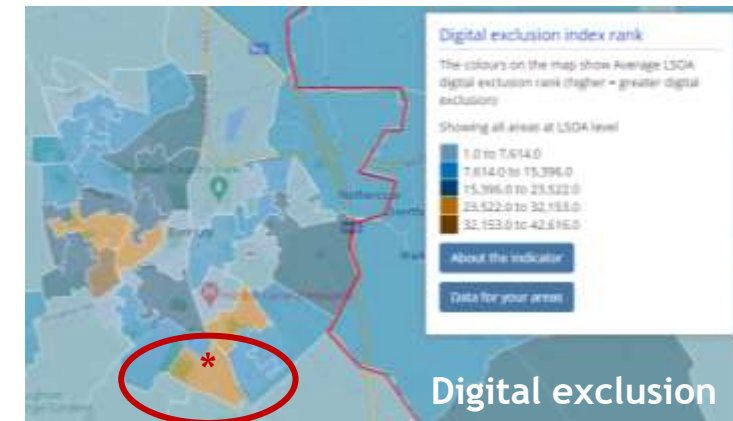
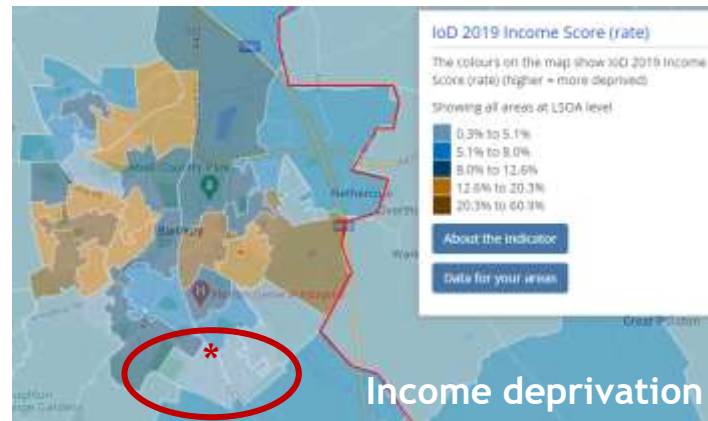
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### Digital exclusion - mapping

- A 2020 CACI digital exclusion rank provides data at a small area level.
- Comparing data at a small area shows some areas of digital exclusion are also areas ranked as relatively income deprived.
- Other areas are not income deprived, but rank as high on digital exclusion e.g. part of southern Banbury (see maps below\*).

### Income Deprivation compared with Digital Exclusion Index - Banbury



[Local Insight \(communityinsight.org\)](https://www.communityinsight.org) The Digital exclusion index is derived from postcode-level data provided by CACI combining information on Broadband speed, Buying online, Managing current accounts online, Mobile phone ownership, Internet usage and People agreeing with the statement "computers confuse me, I will never get used to them". Each indicator is scored between 0 and 1, with higher values meaning greater digital exclusion (e.g. less likely to own a mobile or more likely to have slower broadband). Data is presented as an average LSOA rank across the UK, where a higher value indicates higher digital exclusion (ranked between 1 and 42,616). CACI via British Red Cross 2020

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- [Indices of Deprivation 2019](#)
- [Population data for Oxfordshire](#)
- [Public health profiles - OHID \(phe.org.uk\)](#)
- [Public Health Mental Health Dashboard](#)
- [Care Quality Commission surveys](#)
- [Live Well Oxfordshire](#)
- [Local authority interactive tool \(LAIT\) for statistics on children - GOV.UK \(www.gov.uk\)](#)
- [GP practice workforce data - NHS Digital](#)
- [Local Adult Social Care workforce intelligence \(skillsforcare.org.uk\)](#)



## Chapter 8

# Local research



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[Good Food Oxfordshire research](#)

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[Oxfordshire Storytelling project](#)

[COVID-19 vaccine hesitancy - people with drug and alcohol problems](#)

[OxWell School Survey 2020](#)

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## Introduction

- This chapter provides an overview of recent needs assessments and local research carried out by organisations in Oxfordshire of relevance to the topics covered by the Joint Strategic Needs Assessment.
- Whilst local research approaches, ethos and methodologies vary, insights can help bring the statistical data included in the JSNA to life. It can often bring added ‘qualitative’ depth and, more importantly, highlight the lived experiences and voices of local communities.
- The following slides include examples of local research carried out by:
  - Local people as ‘community researchers’
  - Healthwatch Oxfordshire
  - Community and voluntary sector groups in Oxfordshire
  - Local Authorities working with communities.
  - Oxfordshire’s academic institutions in conjunction with communities
- There is more out there...if you know of other local research of relevance and would like it added to the JSNA please get in touch [jsna@oxfordshire.gov.uk](mailto:jsna@oxfordshire.gov.uk)

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## Sharing local research findings with the JSNA - 1

- In September 2022, Oxfordshire County Council and Healthwatch Oxfordshire hosted an online discussion with organisations who had commissioned or carried out recent research with Oxfordshire’s communities related to health and wellbeing.
- Presentations highlighted a range of work by different organisations using varied approaches to research including:
  - **Black women’s experiences of maternity** (work by a *Community Researcher* supported by Healthwatch Oxfordshire);
  - **The Signal project** - measuring needs and what comes next for young families in OX4;
  - Community Insight Profiles - **research in the Leys** (Oxfordshire County Council and the Oxford Hub);
  - **COVID-19 vaccine hesitancy research with people with alcohol and drug addictions** (Turning Point with Oxford City Council).
- The session enabled discussion about the learning from this work:
  - *“Highlights importance of giving communities trust, ownership, time and respect in the research process”*
  - *“Quality over quantity in local health research seems to be the way to go!”*
  - *“Loved hearing about all the different things these organisations are doing and the impact on the community”*
  - Found it interesting *“hearing all the research going on. The people and organisations doing them and the findings. Why/how haven’t we heard about this before, what’s been missing?”*

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**Sharing local research findings with the JSNA - 2**

- Suggested next steps from the September 2022 workshop were:
  - More collaboration and coordination.
    - Understand and share good practice;
    - Central place/forum to share research findings, experience and expertise;
    - Repeat the sharing session quarterly.
  - Continue to move towards research by and with communities.
    - Developing approaches to avoid “research fatigue” expressed by communities;
    - Support more opportunities for community champions to share what they hear;
    - Support/ work towards development of a trained pool of community researchers.
  
- This session informed the revision of this chapter and will be an essential part of the planning for the next update of the Oxfordshire Joint Strategic Needs Assessment in mid-2023.

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## Working with community researchers

### *Community Participatory Action Research (CPAR)*

- Involves communities at all stages of the research process
- Focus on social, structural, environmental inequities
- Uses knowledge gained to benefit the community involved
- Iterative process ongoing reflection and action
- Empowering - people at the heart of investigating their own situation

### Other terms

- Action research
- Participatory research
- Co-operative inquiry



**Healthwatch Oxfordshire** has developed two models of community research:

- ✓ **Model one: Supporting community action researchers on their chosen topic**
- ✓ **Model two: Working with community researchers on specific issues**

Healthwatch Oxfordshire model of engagement <https://network.healthwatch.co.uk/guidance/2022-08-25/working-community-researchers-to-achieve-change-people>  
 Video from our community researchers <https://www.youtube.com/watch?v=CGpQUUn0CL7M>

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## Food and healthy lifestyles - views of Oxfordshire's Sudanese Community

**Aims:** To hear from Oxfordshire's Sudanese Community about their views on healthy lifestyle, food and activity

**Why?** Concerns about health, prevalence of diabetes and overweight

**Methods:** Survey and conversations by community researcher Nagla Abdu El Rahman Sayed Ahmed

**Responses:** 22 people shared their views

**Challenges:** Reaching people in Covid. No community gatherings. Time/busy life!

- **What makes it difficult to keep healthy?**
  - Lack of time, cost, language barriers, and lack of single sex fitness sessions made it hard to keep active
  - People knew about healthy eating but said healthy foods were expensive, and finding foods for Sudanese cooking was not easy - "I can't find foods that suit my cultural needs"
  - Local services need to develop more culturally appropriate support
  
- **What's next?** The reports is being used to bring people's voices to local services and bring about change.

[Research reports - Healthwatch Oxfordshire](#)



Your voice on health and care services



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Hearing about maternity experiences in Oxfordshire

- Community researcher Omotunde Coker worked together with women from Oxford's diverse and multi ethnic communities.
- Together they made a film about their experiences of local maternity services:
- <https://www.youtube.com/watch?v=dWrLPS2Ublg>
- The women showed the film to health professionals of local maternity services.
- This has led to ongoing dialogue and steps towards developing community based services to better meet women's needs.



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## Hearing from the Albanian community

**Aims:** To hear from Oxfordshire’s Albanian community.

**Why?** What are the barriers to speaking up and voicing concerns about NHS care?

**Methods:** Seven in depth interviews via phone/ zoom by a community researcher Rolanda Vullnetari

**Challenges:** Unable to meet people in Covid.

- **What makes it difficult to speak out?**
  - Language barriers, discrimination, and fear of repercussion;
  - Didn’t know how to comment or complain;
  - Concern speaking out would make no difference.
- **What’s next?**
  - Supported CQC in understanding views of seldom heard communities in speaking up.

*“We did not complain because we had nowhere to complain, this is the truth and I don’t know how to make a complain... as far as I know there is no office! To be honest, I want my peace of family, I don’t want to get involved in these!”  
(Albanian participant)*



Your voice on health and care services



We'd like to hear from members of the Albanian community about their experiences of using health and care services

Share your views using this survey:  
[www.smartsurvey.co.uk/s/Albanianhealthandcare/](http://www.smartsurvey.co.uk/s/Albanianhealthandcare/)

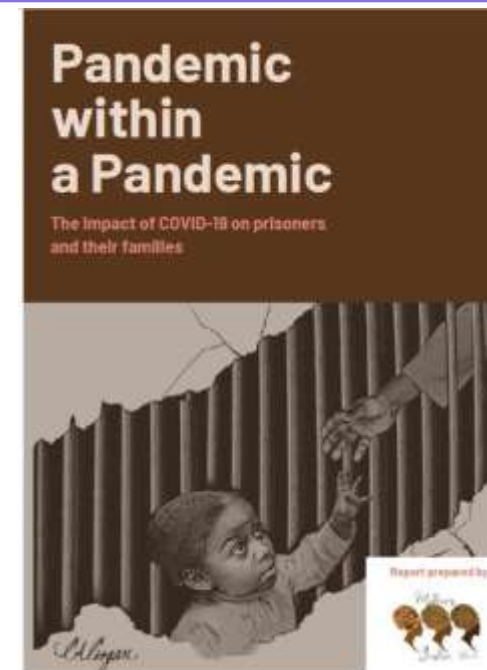
[Research reports - Healthwatch Oxfordshire](#) Project supported by Care Quality Commission



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### Other work in Oxfordshire with community researchers

- [Mothers 4 Justice Ubuntu](#), a community group based in Oxford, worked with community researchers to explore the experience of women who have family members who had dealings with the police and criminal justice system. Findings show that Covid-19 exacerbated inequalities and highlighted challenges faced when going through the criminal justice system and barriers to rehabilitation. For the report see: <https://mothers4justiceubuntu.wordpress.com/research/>
- [Banbury Madni Masjid](#) - Green Dome Trust worked with community researchers to explore “How has the Covid-19 pandemic affected the BAME community?” 128 survey responses For copies email Banbury mosque at: [banburymosque@yahoo.com](mailto:banburymosque@yahoo.com)
- *Community participatory action research (CPAR) projects were funded by Health Education England South East, in collaboration with Public Health England and Scottish Community Development Centre*





# Local research: Healthwatch Oxfordshire

*Healthwatch Oxfordshire is an independent watchdog, established in 2012 under the Health and Social Care Act. Healthwatch Oxfordshire listens to the experiences of people in Oxfordshire using health and social care services through thematic and geographical research, outreach and engagement, with the aim of ensuring these voices are heard by those that design and deliver services.*

[healthwatchoxfordshire.co.uk](http://healthwatchoxfordshire.co.uk)

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## Research and reports by Healthwatch Oxfordshire



Healthwatch Oxfordshire research carried out between 2021 and 2022, can be found here: [Home - Healthwatch Oxfordshire](#)

In addition to [working with community researchers](#), examples of Healthwatch Oxfordshire reports published during this time include:

- Using pharmacies in Oxfordshire (May 2021)
- Experiences of Visiting Care Homes in Oxfordshire since COVID-19 Guidelines Changed in 2022 (July 2022)
- Living in Chipping Norton (March 2022)
- Using Interpreters to Access Health and Social Care Support in Oxfordshire (March 2022)
- People's experiences of home blood pressure monitoring (February 2022)
- Patients' Experiences of Contacting GP Surgeries in Oxfordshire (March 2022)
- Getting treatment for Earwax (Sept 2021)

And: 'Enter and View' reports including visits to Chipping Norton Vaccine Hub, Long Hanborough Pharmacy, Lloyds Pharmacy Eynsham and Chipping Norton Outpatients Unit [healthwatchoxfordshire.co.uk/our-work/enter-and-view-reports/](https://healthwatchoxfordshire.co.uk/our-work/enter-and-view-reports/)

[Home - Healthwatch Oxfordshire](#)

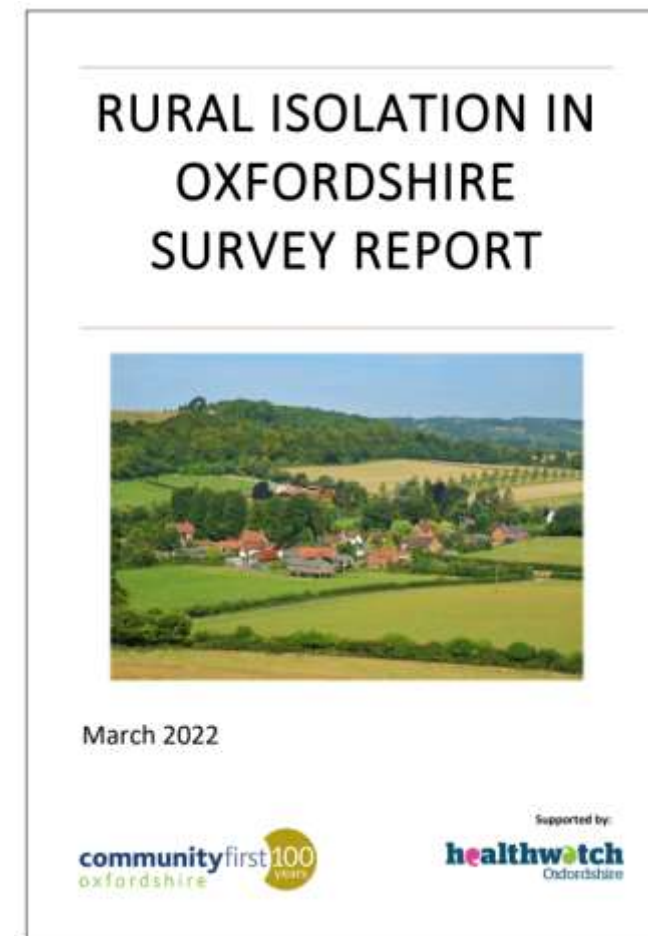
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## Rural Isolation in Oxfordshire

*Healthwatch Oxfordshire commissioned Community First Oxfordshire (CFO) to carry out a survey and community engagement exercise to better understand the levels of isolation felt in rural communities.*

*Responses were gathered via an online survey Nov-Dec21 and two online focus groups. In total there were 528 participants.*

- Findings related to health and wellbeing:
  - 35 had face-to-face contact with others less than once a week. *Base=425*
  - 147 were involved in volunteering in their community. *Base=326*
  - Reasons for not being able to be involved in community activities included work (108), lack of confidence (63), physical health (56), transport (50) and caring (24). *Base=412*
  - 132 respondents stated they sometimes felt lonely and an additional 44 often felt lonely. *Base=424*



[Rural Isolation in Oxfordshire - March 2022 - Healthwatch Oxfordshire](#)

# Local research: Voluntary and Community Sector

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## Good Food Oxfordshire research

The aims of the Food Poverty Action Plan for Oxfordshire (August 2021) by Good Food Oxfordshire were to:

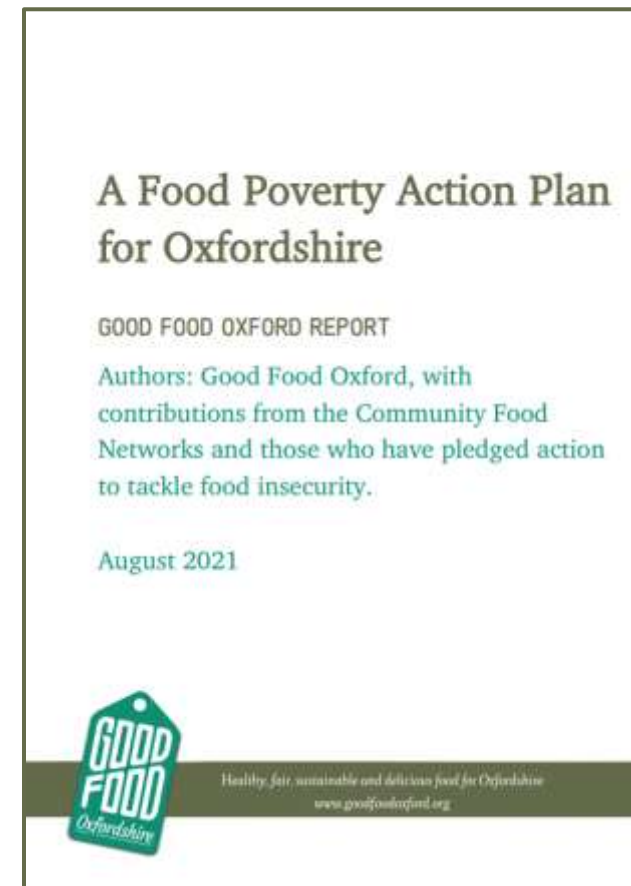
- describe the extent of food poverty in Oxfordshire and its underlying causes;
- highlight the work that is already happening to support those experiencing food poverty;
- make recommendations on supporting those in need, and move beyond emergency support to prevent food poverty and build resilience;
- share commitments to collective action with 63 pledges from 39 different organisations and individuals on how they are tackling food insecurity locally.

Key findings on the extent of food poverty:

- Food insecurity ranges from worrying about the ability to obtain food to hunger and skipping meals (FAO, 2021).
- An estimated 8-10% of households in Oxfordshire experience food insecurity. This equates to 55,000-69,000 people.
- Groups with higher levels of food insecurity include those limited by health problems or disability (5 x more likely to experience food insecurity); those severely clinically vulnerable (x2 more likely to experience food insecurity); food sector workers (x1.5 times); BAME residents (x2) (Source: Food Foundation, 2021).

[Good Food Oxford](#) Food research

[Good Food Oxford | Food Poverty Action Plan \(FPAP\) for Oxfordshire](#)



# Local research: Local Government

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## Oxfordshire Community Insight Profiles - introduction

- Oxfordshire County Council's Public Health team is working with local partners and communities to produce in-depth Community Insight Profiles to understand health outcomes and the factors that influence these outcomes.
- The areas selected are those where residents are most at risk of poor health, or experience health inequalities, as identified in the [Oxfordshire Director of Public Health Annual Report](#). In June 2020 a "[proof of concept](#)" for [Banbury Ruscote ward](#) was taken to the Oxfordshire Health and Wellbeing Board.
- Community Insight Profiles have been completed for: **Abingdon Caldecott**, Vale of White Horse (Sept22) and **the Leys**, Oxford (Sept22), see [Community Insight Profiles | Oxfordshire Insight](#). These profiles have taken the approach of setting up locally-based steering groups to help shape the direction of the profiles, along with an external organisation capturing the community insight.
- Further Community Insight profiles are in development, and will be published [here](#), for:
  - Cherwell district: Banbury Grimsbury and Hightown, Banbury Cross and Neithrop, Banbury Ruscote (a refreshed profile),
  - Oxford City: Barton & Sandhills, Rose Hill & Iffley, Littlemore, Carfax.

[Community Insight Profiles | Oxfordshire Insight](#)



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## OCC Public Health: Community Insight Profile of Abingdon Caldecott (Vale of White Horse)

- The Abingdon Caldecott community profile shines a spotlight on the health-enabling assets in the area and what needs to change to help address challenges faced by communities.
- Findings included:
  - *Local residents noted a range of local groups, services and organisations that are particularly helpful or useful to health and wellbeing.*
  - *The rising cost of living was a commonly expressed concern, with the lack of affordable housing available locally also referred to. People stated that they were cutting back on certain activities (e.g. leisure activities for children) because of rising prices.*
  - *The need to better understand lived experience was felt to be very important in project design, asking questions about challenges and blockages: ‘am I likely to access the community larder from Caldecott if I have to walk to town with a toddler and then get back to the school in time to pick my kids up?’.*
  - *There is lingering anxiety in the community as a result of the pandemic, and that it had exacerbated isolation and had a negative impact on mental health problems.*
  - Recommendations include: improving project design and partnership working by building on the strengths of the South Abingdon Partnership, and taking forward a range of potential community action projects such as community food projects, family fun activities and pavement health routes.
- Insight about what matters to people has been used to inform a set of high-level recommendations to take forward. A follow up action plan is being produced which will need system-wide engagement to enable these changes to be made.

[Community Insight Profiles | Oxfordshire Insight](#)



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## OCC Public Health: Community Insight Profile of The Leys (Oxford City)

- The Leys (covering Blackbird Leys and Northfield Brook) community profile shines a spotlight on the health-enabling assets in the area and what needs to change to help address challenges faced by communities.
- Findings included:
  - *Two major themes that came out of the insight gathering was a sense that many people feel there aren't many activities or opportunities that suit them, and a lack of spaces where these could happen.*
  - *There were also issues about how people access the activities that are currently available, in terms of physically getting there, affording any costs, feeling welcome, digital access, or the surrounding support (e.g. childcare) to attend classes or sessions.*
  - *Many responses seemed to contradict each other: for some, it's easy to access healthcare, whereas for others it's very difficult; some people feel very safe, while others don't. This seemed to depend on various factors, including where in the Leys people live relative to services and transport routes; their socio-economic status, gender, age, ethnicity and position in community (e.g. feeling safe when 'people know me'), and their mobility (e.g. access to a car or buses and/or disability).*
  - *Many Leys residents are frustrated by participating in research and engagement work and seeing no impact as a result. This had contributed to a feeling of being ignored by authorities, and a sense that the Community Profile would be no different. Some participants challenged on the methods and the overall concept of the insight gathering, and some expressed an urgent need for things to really change as a result of this work*
  - Recommendations included taking forward potential opportunities for healthy food, green spaces, getting active, community spaces and communication and publicity initiatives.
- Insight about what matters to people has been used to inform a set of high-level recommendations to take forward. A follow up action plan is being produced which will need system-wide engagement to enable these changes to be made.

[Community Insight Profiles | Oxfordshire Insight](#)



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## VOXY 'Be Supported' 2022 Questionnaire

*Through 'Voice of Oxfordshire's Youth' (VOXY), Oxfordshire County Council consults and engages young people in the county aged 11-18 and aged up to 25 for those with additional needs. Using a wide range of approaches, VOXY provides opportunities for young people to have their say about matters that affect them.*

The 2022 survey was completed by 64 children and young people and showed that:

- 72% said they knew who to speak to when they needed support.
- 63% said they felt listened to and believed.
- 64% said they were able to access information in a way which suited them best.
- 66% said they had inspiring role models.
- 63% said that when they speak to staff they feel they are experienced and caring.

Additionally, 61% said that overall they felt “supported enough” by the services they used.



### 2022 'Be Supported' Questionnaire Engagement Report

Views from children and young people about how supported they feel by the services they access in Oxfordshire

Commissioned by: The Children's Trust Board

Author: Engagement and Consultation Team

Date: 29 June 2022

[VOXY](#) [Full report for 2022](#)

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**Oxfordshire Storytelling project**

COVID-19 vaccine hesitancy - people with drug and alcohol problems

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**Oxfordshire Storytelling Project Report - August 2022**

- Members of the Oxfordshire Communications Group (Achieve Oxfordshire, Home-Start Oxford, Healthwatch Oxfordshire, West Oxfordshire District Council, Rethink Mental Illness, and Oxfordshire County Council), in collaboration with the Old Fire Station, trained in the storytelling evaluation methodology and used it to collect stories from 5 people involved in different ways in mental wellbeing support - staff, volunteers and recipients of support
- The report reflects learning from a participatory analysis of these stories with local partners in June 2022.
- The following key learnings came out of this process:
 

1. Valuing listening	7. Meeting basic needs is essential
2. Supporting joined-up, community-based work	8. Small things can make a big difference
3. Kindness, compassion and self-love	9. Helping others can help yourself
4. Using everyday language	10. Providing support for staff and volunteers
5. Diversity improves accessibility	11. Supporting early intervention
6. Lived experience is expertise	



Report can be read here: <https://insight.oxfordshire.gov.uk/cms/mental-health-and-wellbeing>

Stories can be read here: <https://oldfirestation.org.uk/oxfordshire-storytelling-report/>

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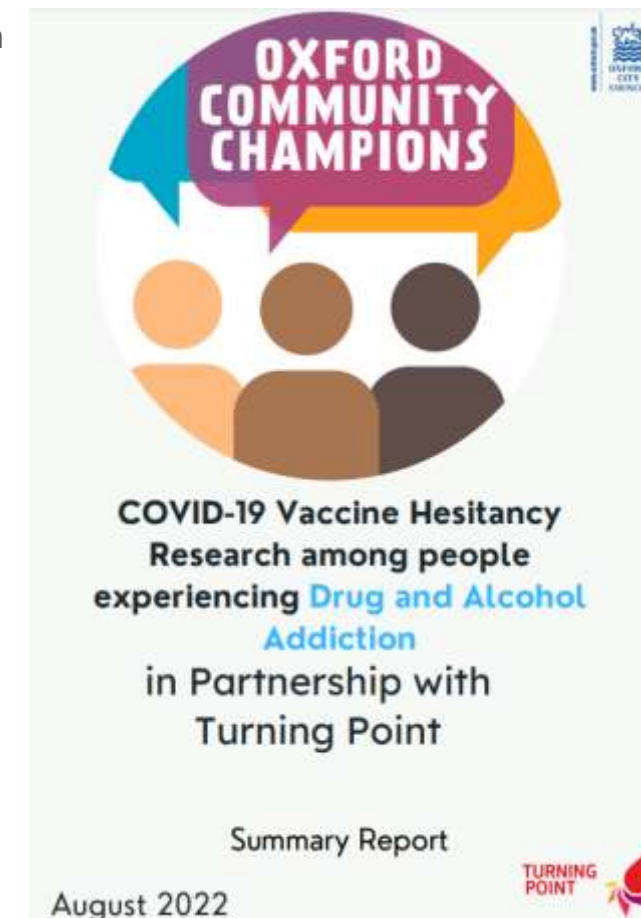
## Oxford City Council: COVID-19 Vaccine Hesitancy research among people experiencing Drug and Alcohol addiction

**Aim:** To understand barriers to accessing COVID-19 vaccination among those experiencing drug and alcohol addiction.

**Method:** Oxford City Council approached Turning Point to engage in the Community Champions programme. Turning Point surveyed 87 clients via face-to-face meetings using a paper questionnaire.

### Findings:

- Despite the high uptake among this cohort, around half of the 87 respondents were hesitant to take the COVID-19 vaccine.
- There was a lot of uncertainty about the vaccine among those who ended up taking the vaccine.
- The respondent's decision not to take the vaccine would not change regardless of distance or free travel, however uptake may be higher if the vaccine came to them. Other places respondents would like to go to receive the vaccine are prison and Turning Point hub.
- There was no standout barrier but more people felt that having pre-booked appointments discouraged them from taking up the vaccine.
- People gained the majority of their influences from communications with peers.



[Turning Point Vaccine Hesitancy Report - August 2022 | Oxford City Council](#)

# Local research: academic

OxWell School Survey (Dept of Psychiatry, University of Oxford)

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## OxWell School Survey 2020 Preliminary Report

- The OxWell School Survey asks questions on a range of health and wellbeing-related issues to pupils at participating schools in Oxfordshire and elsewhere in England.
- The aim of the survey is to inform individual schools and Oxfordshire County Council, as well as to contribute to academic research into improving the wellbeing and mental health of children and adolescents.
- Results from the OxWell School Survey in 2020 were published in preliminary form to help to understand the impact of the Covid-19 pandemic on the wellbeing of young people during the school closure period of May to July 2020, and help schools adapt as pupils return to in person lessons.
- The study findings in this report cover around 19,000 respondents from 6 counties in the south of England including Oxfordshire
- Findings include the self-reported effect of lockdown on happiness, loneliness, sleep, exercise, seeking mental health support and managing school work

### *The OxWell School Survey 2020*

Report of Preliminary Findings  
September 2020

Karen Mansfield, Christoph Jindra, Mina Fazel  
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This dataset is currently being analysed in greater detail, but we hope these results will be of assistance in better understanding the needs of school-aged children and how services can help address their needs.

To reference this report please use:  
Mansfield KL, Jindra C, Fazel M: The OxWell School Survey 2020  
Report of Preliminary Findings. 8 Sept 2020

[OxWell survey 2020 Preliminary](#) Mansfield KL, Jindra C, Fazel M: The OxWell School Survey 2020 Report of Preliminary Findings. 8 Sept 2020, Dept of Psychiatry, University of Oxford

## Introduction

Sharing local research findings

Working with community researchers

Views of Sudanese community

Maternity experiences

Hearing from the Albanian community

Other work with community researchers

Reports by Healthwatch Oxfordshire

Rural Isolation in Oxfordshire

Good Food Oxfordshire research

Oxfordshire Community Insight Profiles

Profile of Abingdon Caldecott

Profile of the Leys

Voice of Oxfordshire Youth 2022

Oxfordshire Storytelling project

COVID-19 vaccine hesitancy - people with  
drug and alcohol problems

OxWell School Survey 2020

[Finding out more](#)

## Finding out more

- For the latest reports and data resources please see [Oxfordshire JSNA web pages](#)

For information on a community research approach see:

- Healthwatch Oxfordshire “Model of Engagement” working with community researchers: [Working with community researchers to achieve change for people | Healthwatch Network website \(staff\)](#)
- Community participatory action research (CPAR) <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2774214/>
- [Community Research Literature Review](#)

Reports highlighted in previous JSNAs (latest versions) for reference

- [State of Nature in Oxfordshire](#) 2017
- [Mental health in Oxfordshire: children and young people](#) 2019





## Finding out more

Related JSNA resources for Oxfordshire are published alongside this report on [Oxfordshire Insight](#), including:

[Oxfordshire Local Area Inequalities dashboard](#)

[Early years JSNA data dashboard](#)

[Community Health and Wellbeing Profiles](#)

[Community Insight \(in-depth\) Profiles](#)

[Health Needs Assessments](#)

[JSNA Bitesize](#)

A wide range of health indicators and profiles are available 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](#)

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