

# Oxfordshire Health and Wellbeing

Joint Strategic Needs Assessment 2021

*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 November 2020 and February 2021

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

Other JSNA resources include:

[Inequalities indicators small area level dashboard](#)  
[Community Health and Wellbeing Profiles](#)  
[Health Needs Assessments](#)  
[JSNA Bitesize](#)

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

Oxfordshire County Council, NHS Oxfordshire Clinical Commissioning Group 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

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**Amendments 18/06/2021**

Slide 227 - Note added on confidence intervals  
Slide 320 - Troubled Families programme renamed 'Supporting Families'  
Community safety services section (slide 334) - Victims data has been changed from non-unique victim counts to unique victim counts.

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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 some information on coronavirus (COVID-19) for 2020.

**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

## Introduction

COVID-19

Health and wellbeing overall

Summary - young people

Summary - working age adults

Summary - older people

JSNA data by life-stage

JSNA data by small area

## Introduction

- This chapter provides a short summary of the main findings from the 2021 Oxfordshire Joint Strategic Needs Assessment.
- It includes:
  - An introduction to Oxfordshire
  - A one-page summary of the data that we have been able to include in this update showing early indications of the impact of COVID-19 on health and wellbeing in Oxfordshire
  - One-page summaries for the JSNA overall and for young people, for working age adults and for older people
  - A JSNA visual summary “snake” showing data by life-stage
  - A JSNA inequalities data “tartan rug” for Oxfordshire showing health and wellbeing indicators at Middle Layer Super Output Area level and highlighting which areas rank as worse or better than the England averages

Introduction

COVID-19

Health and wellbeing overall

Summary - young people

Summary - working age adults

Summary - older people

JSNA data by life-stage

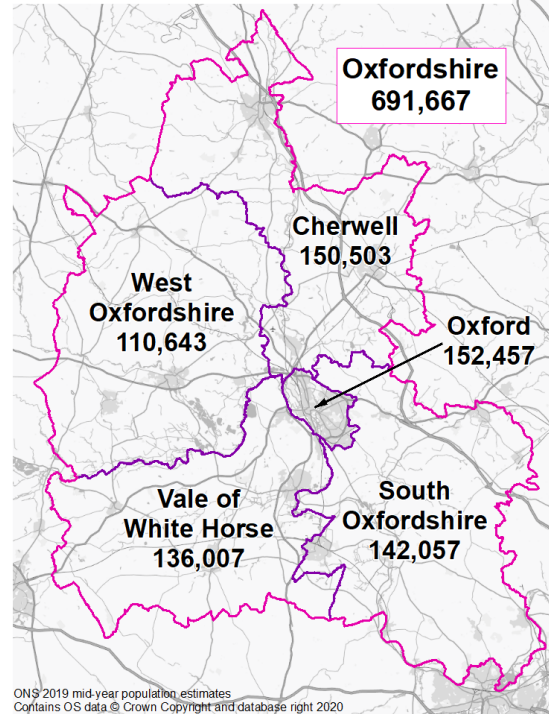
JSNA data by small area

Oxfordshire's population

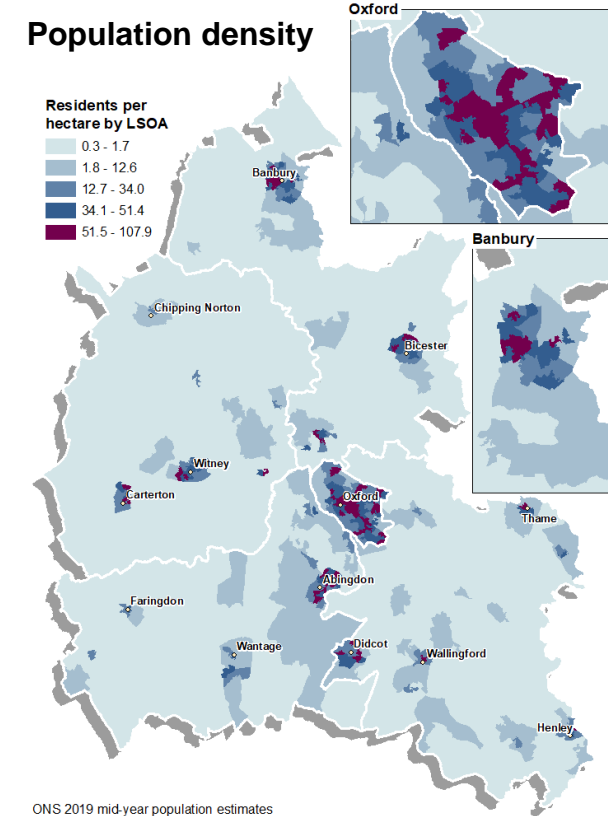
- As of mid-2019, Oxfordshire was the most rural county in the South East and home to an estimated 691,667 people

- Almost a quarter (22%) of the county's **population** are resident in Oxford City and 38% in Oxfordshire's main towns. The remaining 40% live in smaller towns and villages.

Oxfordshire county and districts resident population



Population density



Introduction

COVID-19

Health and wellbeing overall

Summary - young people

Summary - working age adults

Summary - older people

JSNA data by life-stage

JSNA data by small area

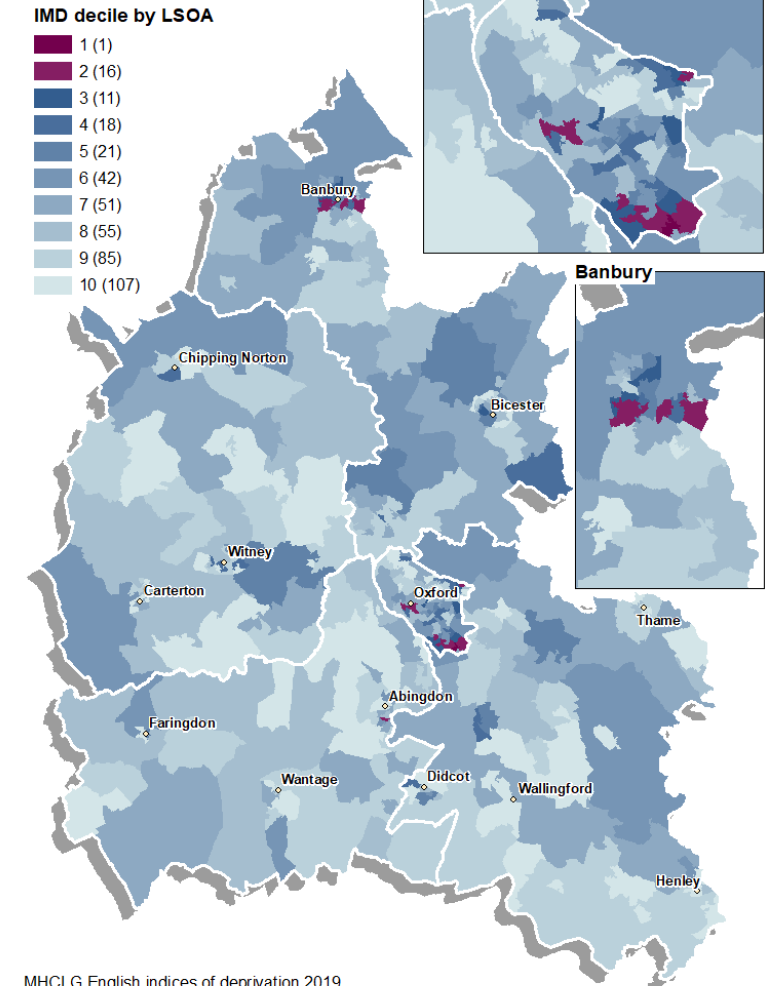
Deprivation

- 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)**



MHCLG English indices of deprivation 2019

[Introduction](#)

[COVID-19](#)

[Health and wellbeing overall](#)

[Summary - young people](#)

[Summary - working age adults](#)

[Summary - older people](#)

[JSNA data by life-stage](#)

[JSNA data by small area](#)

**Early indications of the impact of COVID-19 on Health and Wellbeing in Oxfordshire**

- From Jan-Dec 2020 there were over 19,000 confirmed **cases of COVID-19** in people living in Oxfordshire and approximately 700 **deaths with COVID-19** on the death certificate in Oxfordshire in 2020.
- National data shows that COVID-19 has had a disproportionate impact on **ethnic minority communities** and that the mortality rates from **COVID-19 in the most deprived areas** were more than double the least deprived areas.
- Around 21,600 people in Oxfordshire (3% of the population) were identified as **Clinically Extremely Vulnerable** (Feb21) and at highest risk from COVID-19.
- As a result of the COVID-19 lockdown in early 2020, the **number of people claiming unemployment-related benefits** in Oxfordshire increased significantly. This has particularly affected Oxford City and Cherwell and the younger age group.
- In May 2020, a Good Food Oxford survey found the number of **users of Community Food Services** had increased by 3 times since the start of COVID-19.
- The first lockdown of 2020 saw a significant fall in **car use** nationally and an increase in **cycling**. Cycling and walking fell in Oxford City in 2020, likely to be a result of more people working from home, less student travel and a drop in tourism visits.
- National data reports a deterioration in **mental health of young people** with existing mental health needs in lockdown, particularly linked to increased loneliness and anxiety.
- There has been an increase in young people **Not in Education, Employment or Training** and a significant reduction in advertised **Apprenticeships** in Oxfordshire during 2020.
- In 2020 (Jan-Dec), police recorded increases in the number of **victims** of domestic abuse, elder abuse, rape, modern slavery and child sexual exploitation in Oxfordshire.
- The number of **scams** related to “bogus selling” reported by Oxfordshire residents has increased significantly since the start of the COVID-19 pandemic.
- All types of **hospital activity** and use of **mental health services** dropped significantly as a result of the first wave of the pandemic in 2020.
- Between March and May 2020, over 15,000 **volunteers** were recorded in Oxfordshire as available to help vulnerable people who were socially isolating during the Covid-19 pandemic.



[Introduction](#)
[COVID-19](#)
[Health and wellbeing overall](#)
[Summary - young people](#)
[Summary - working age adults](#)
[Summary - older people](#)
[JSNA data by life-stage](#)
[JSNA data by small area](#)

## 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 growth of the population** (especially the numbers of young people) is very dependent on levels of house building in future and will vary across the county.
- **Air pollution** causes more harm than passive smoking, and is linked to asthma, heart disease and stroke. Transport now makes up the largest share of carbon emissions in Oxfordshire.
- For 2017 to 2019, cancer was the **leading cause of death** in Oxfordshire, followed by Heart Disease and stroke for males and Dementia for females.
- Levels of reported **anxiety** in Oxfordshire appear to have increased and remain 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 Public Health indicators for Oxfordshire, see Public Health England [Oxfordshire Public Health profile](#)

[Introduction](#)

[COVID-19](#)

[Health and wellbeing overall](#)

[Summary - young people](#)

[Summary - working age adults](#)

[Summary - older people](#)

[JSNA data by life-stage](#)

[JSNA data by small area](#)

**Health and wellbeing in Oxfordshire - young people**

- After removing housing costs, 1 in 5 children in Oxfordshire are estimated to be **living in poverty** - within Oxford City this figure rises to a quarter of children (2018/19).
- The number of pupils with **Special Educational Needs** support in Oxfordshire has increased at double the England rate (to Jan20).
- The gap in **early years development** between lower income pupils and other pupils in Oxfordshire had increased for the second year in a row (up to 2019).
- Average **GCSE attainment** in Oxfordshire (2019/20) was below the regional average and similar to the national average.
- The **persistent absence** rate for pupils in Oxfordshire secondary schools was above (worse than) the national average (2018/19).
- The proportion of Oxfordshire's **cared for children** who were placed more than 20 miles from their home and outside Oxfordshire increased from 33% as at 31 March 2019 to 36% as at December 2020.
- The % of Oxfordshire's **care leavers in employment**, education or training was below (worse than) the national average (2019/20).
- The proportion of all young people **Not in Education, Employment or Training** has increased significantly (from 1.6% in Dec19 to 2.6% in Dec20) and the COVID-19 lockdowns have reduced advertised apprenticeship opportunities in Oxfordshire for young people.
- There has been a significant increase in the number of police recorded **domestic abuse crimes** in Oxfordshire involving children (2019/20).
- The number of mental health **referrals for young people** has increased significantly over the past 5 years.
- Rates of **self-harm** hospital admissions in younger people (aged 10-24 years) have increased over time. The rate in Oxfordshire is similar to England.
- **Alcohol-specific admissions** for females under 18 in Oxfordshire remain higher than national and regional averages (2016/17 to 2018/19).
- **Excess weight in children** has remained high. As of 2019/20, 18.6% aged 4 or 5, and 29% in aged 10 or 11 were overweight or obese.
- 42% of children in Oxfordshire were not meeting the daily **physical activity** guidelines (2019/20).

See also Public Health England [Child Health Profiles](#)

[Introduction](#)
[COVID-19](#)
[Health and wellbeing overall](#)
[Summary - young people](#)
[Summary - working age adults](#)
[Summary - older people](#)
[JSNA data by life-stage](#)
[JSNA data by small area](#)

## Health and wellbeing in Oxfordshire - working age adults

- **Earnings** of Oxfordshire residents have remained above the South East and national averages.
- As a result of the COVID-19 lockdown in early 2020, the number of people claiming **unemployment-related benefits** in Oxfordshire increased significantly. This has particularly affected Oxford City and Cherwell and the younger age group.
- The number of people from overseas registering for a **National Insurance number** in Oxfordshire has continued to decline.
- In 2017-19 there were over 3,500 deaths in those aged under 75, from cancers, cardiovascular disease, liver disease and respiratory disease. 1,540 (43%) of these deaths in under 75s were considered to be **preventable**.
- Over half of Oxfordshire adults are classified as **overweight or obese**. 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, but 1 in 4 adults do not meet the guidelines
- Around 15% of the population suffer with a **musculoskeletal condition**. Depression and anxiety are more common in people with persistent pain.

### 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 29 times higher for people with LD.
- People with LD are more than twice as likely to have **diabetes** (non-type 1) than the general population and much more likely to be measured as obese (40% compared with 29%).

See also Public Health England [Learning Disability Profiles](#)

[Introduction](#)

[COVID-19](#)

[Health and wellbeing overall](#)

[Summary - young people](#)

[Summary - working age adults](#)

[Summary - older people](#)

[JSNA data by life-stage](#)

[JSNA data by small area](#)

**Health and wellbeing in Oxfordshire - older people**

- Oxfordshire’s population is ageing, with a substantial **recent** and **predicted growth** in the number of older people.
- People **aged 65+** made up 20% of the population of Oxfordshire’s four rural districts, compared with 12% of the population of Oxford City (18% overall).
- For people aged 75+, cancer remains the **leading cause of death**. Between 2013 and 2019 there was a significant increase in deaths recorded as a result of Dementia and Alzheimer’s disease.
- The Dementia Oxfordshire service, which mainly takes referrals from memory clinics and GPs, saw a **big drop in referrals** during the first COVID-19 lockdown in 2020. These have since recovered.
- **Falls** are the largest cause of emergency hospital admissions for older people (65+); Oxford City has a rate consistently significantly worse than England.
- Fear of falls is the **top concern** among older users of adult social care services.
- The proportion of older people offered **reablement services** has remained below the national and statistical neighbour averages (2019/20).
- By district, the highest number of older people being supported with **long-term social care** services as of April 2020 was Cherwell and the highest rate per population was Oxford City.
- **Alcohol-related hospital admissions** are highest in men aged 65+ (2018/19)
- In 2020 (Jan-Dec) Thames Valley Police recorded 555 **older victims (aged 65 and over) of crimes** of violence or sexual offences in Oxfordshire\*. This was a significant increase on 2019 and has continued an increasing trend at above the overall growth in the older population.
- Wide areas of rural Oxfordshire are ranked poorly on **geographical access to services**.
- **Isolation and loneliness** have been found to be a significant health risk and a cause of increased use of health services.
- Before the pandemic, **use of the internet** by older people was increasing nationally and is likely to have increased further in 2020.

\*NOTE: Victims data includes unique recorded victims for the 12 month period.

See also Public Health England [Productive Healthy Ageing Profiles](#)

[Introduction](#)

[COVID-19](#)

[Health and wellbeing overall](#)

[Summary - young people](#)

[Summary - working age adults](#)

[Summary - older people](#)

[JSNA data by life-stage](#)

[JSNA data by small area](#)

**Oxfordshire Health and wellbeing facts and figures 2021**



[Introduction](#)

[COVID-19](#)

[Health and wellbeing overall](#)

[Summary - young people](#)

[Summary - working age adults](#)

[Summary - older people](#)

[JSNA data by life-stage](#)

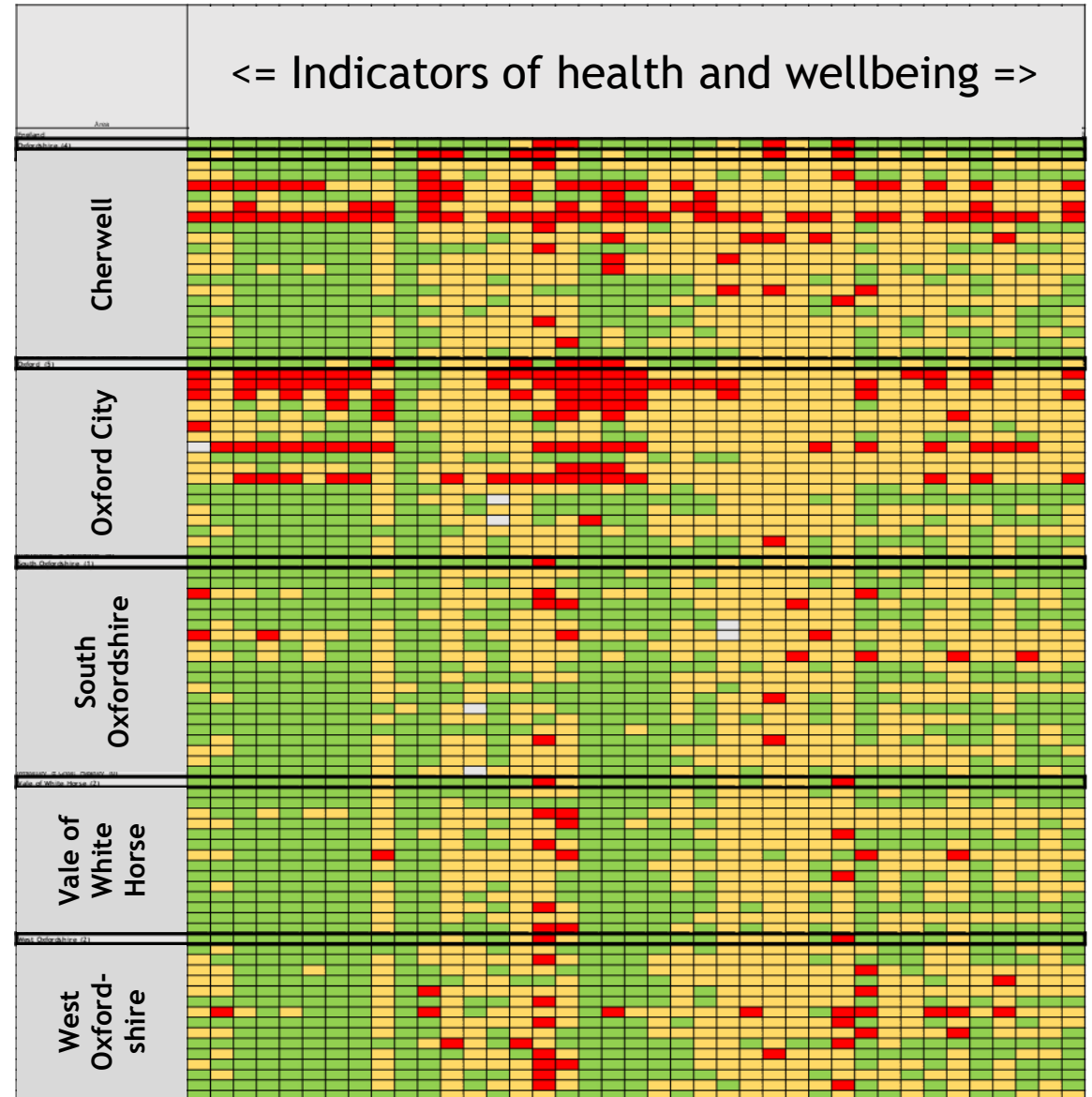
[JSNA data by small area](#)

### 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





## Chapter 2

# Population

## Introduction

Summary

Oxfordshire's location

Oxfordshire's resident population

Rural County

GP registered patients

Population by age

Births and deaths

Migration

Ethnicity

Predicted growth in population

Life Expectancy

Finding out more

## This chapter..

- This chapter provides data on the population of Oxfordshire, the latest Office for National Statistics estimates (as of mid-2019), past trends and future projections/forecasts.
- Further JSNA resources are available via the [JSNA page of Oxfordshire Insight](#)
- **Assessing the impact of COVID-19**
  - This chapter includes the most recent population estimates and related datasets accessed in January 2021.
  - The latest date for the majority is mid-2019.
  - This means that this chapter will not reflect the impact of the COVID-19 pandemic (from early 2020) on population change or life expectancy.



[Introduction](#)
[Summary](#)
[Oxfordshire's location](#)
[Oxfordshire's resident population](#)
[Rural County](#)
[GP registered patients](#)
[Population by age](#)
[Births and deaths](#)
[Migration](#)
[Ethnicity](#)
[Predicted growth in population](#)
[Life Expectancy](#)
[Finding out more](#)

## 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.
- As of mid-2019:
  - The count of GP registered patients in the Oxfordshire Clinical Commissioning Group (CCG) area was 773,409.
  - The ONS estimate of the resident population of Oxfordshire was 691,700.
- 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-2018 and mid-2019 there was an estimated net inward migration to Oxfordshire.
- The Oxfordshire County Council housing-led forecasts (interim, Sept20) predict a total county population of 801,700 by 2028, a growth of 110,400 (16%) since 2018. Over the same period the ONS projections show an increase of +5%.
  - 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 females spend in poor health has improved from 16.6 years to 13 years. For males the gap has stayed at a similar level (13 years).
- There are clear inequalities in Life Expectancy across Oxfordshire. The gap in LE between the lowest and highest areas (MSOAs) for males was 10.9 years and for females was 12.4 years.

[Introduction](#)

[Summary](#)

[Oxfordshire's location](#)

[Oxfordshire's resident population](#)

[Rural County](#)

[GP registered patients](#)

[Population by age](#)

[Births and deaths](#)

[Migration](#)

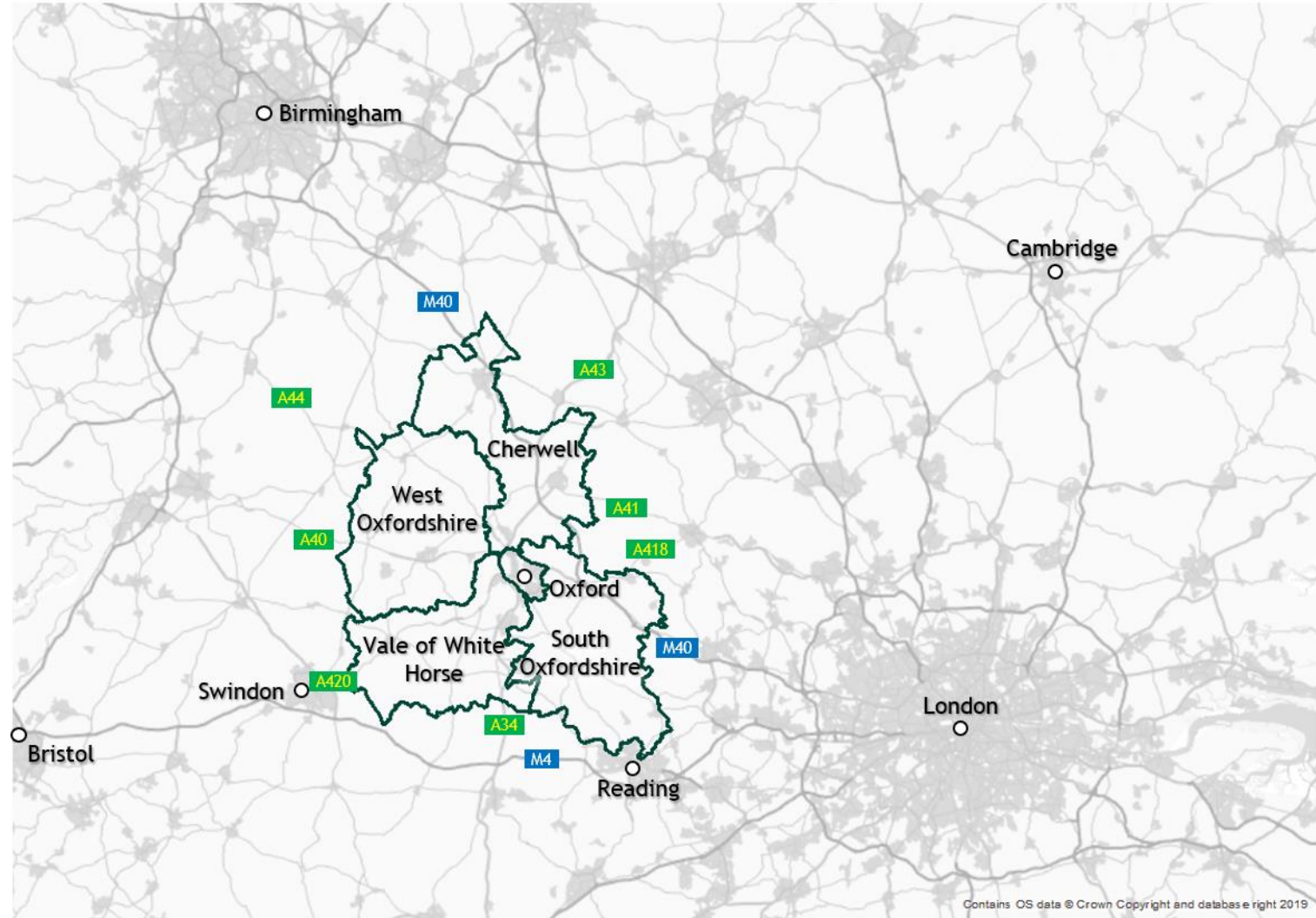
[Ethnicity](#)

[Predicted growth in population](#)

[Life Expectancy](#)

[Finding out more](#)

## Oxfordshire's central location in southern England

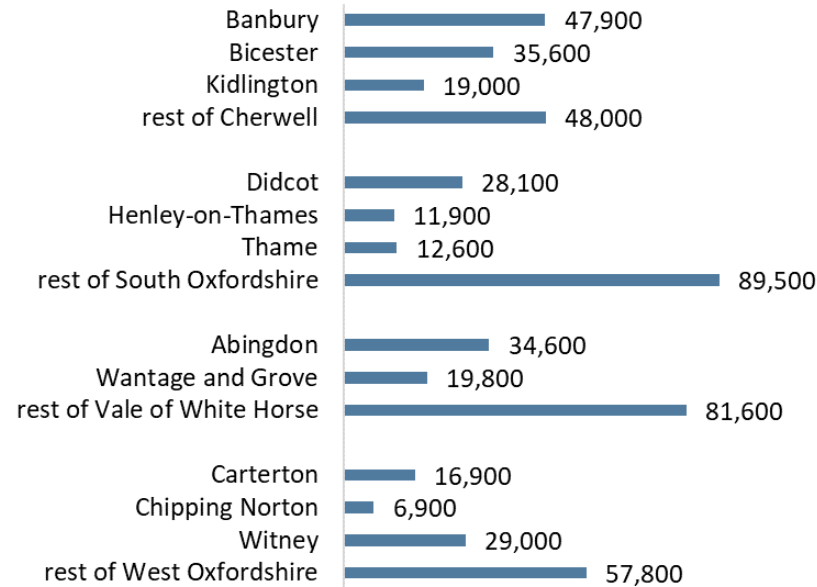


- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

### Oxfordshire's resident population

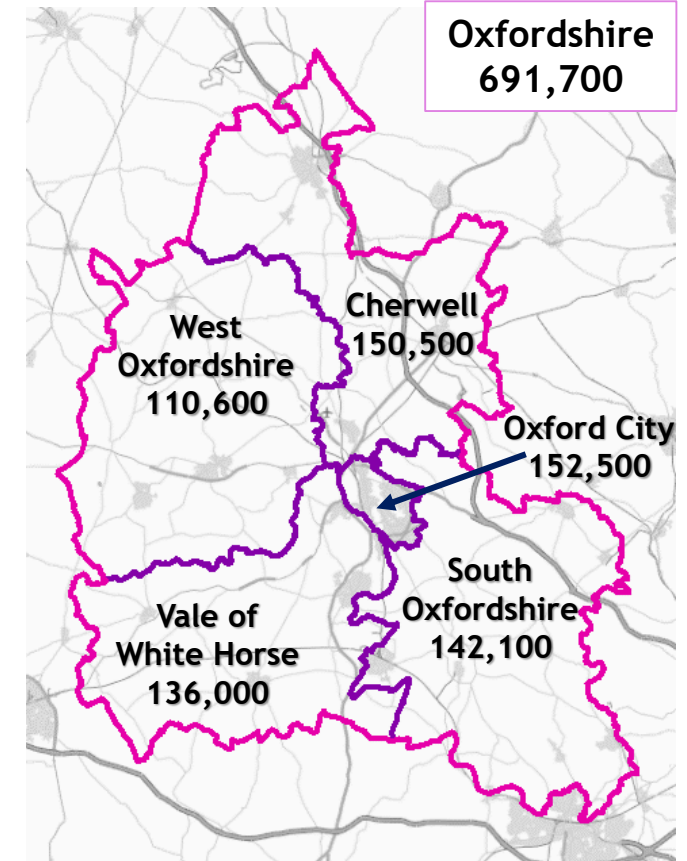
- The latest Office for National Statistics (ONS) mid-2019 estimate of the resident population of Oxfordshire county area was **691,700**.
- 22% of Oxfordshire's population are resident in Oxford City and 38% in the county's main towns. The remaining 40% live in smaller towns and villages.

### Oxfordshire Residents (mid-2019, sum of wards)



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

### Oxfordshire county and districts resident population (ONS mid-2019 estimate)



[Introduction](#)

[Summary](#)

[Oxfordshire's location](#)

[Oxfordshire's resident population](#)

**Rural County**

[GP registered patients](#)

[Population by age](#)

[Births and deaths](#)

[Migration](#)

[Ethnicity](#)

[Predicted growth in population](#)

[Life Expectancy](#)

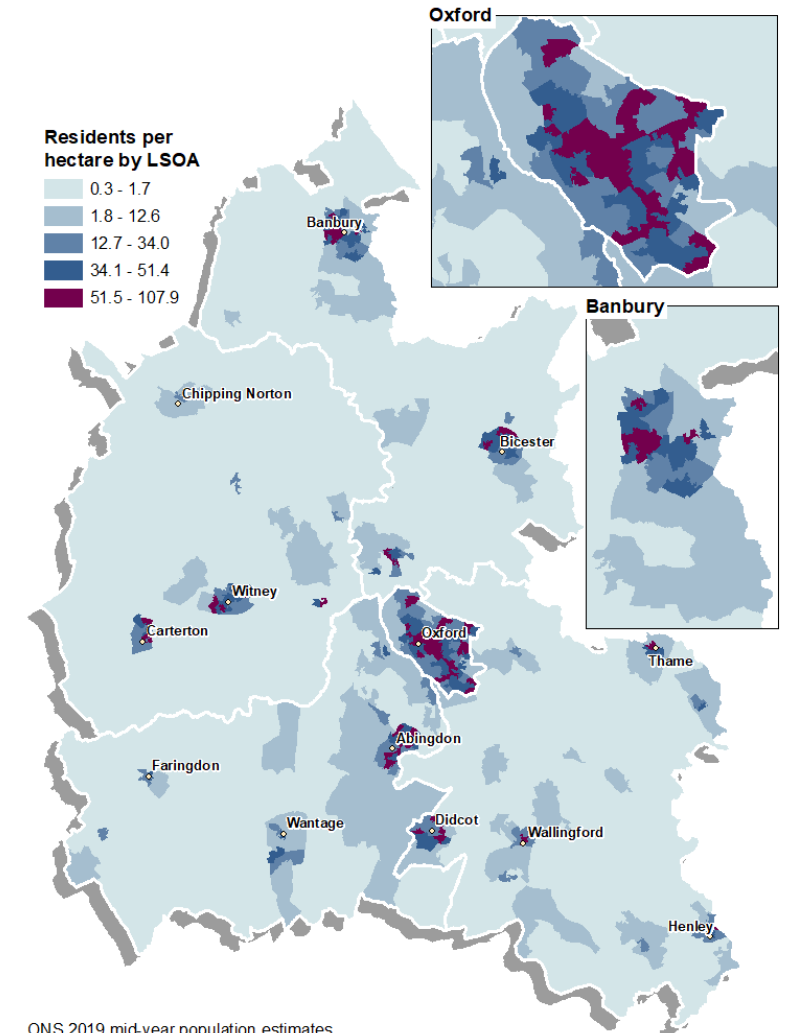
[Finding out more](#)

## Rural county

- Oxfordshire is the most rural county in the South East at 2.7 people per hectare (compared with 4.8 across the region), by district the density in mid-2019 was:
  - Cherwell 2.6 people per hectare
  - Oxford City 33.4
  - South Oxfordshire 2.1
  - Vale of White Horse 2.4
  - West Oxfordshire 1.5
  
- 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](#)

## Population density



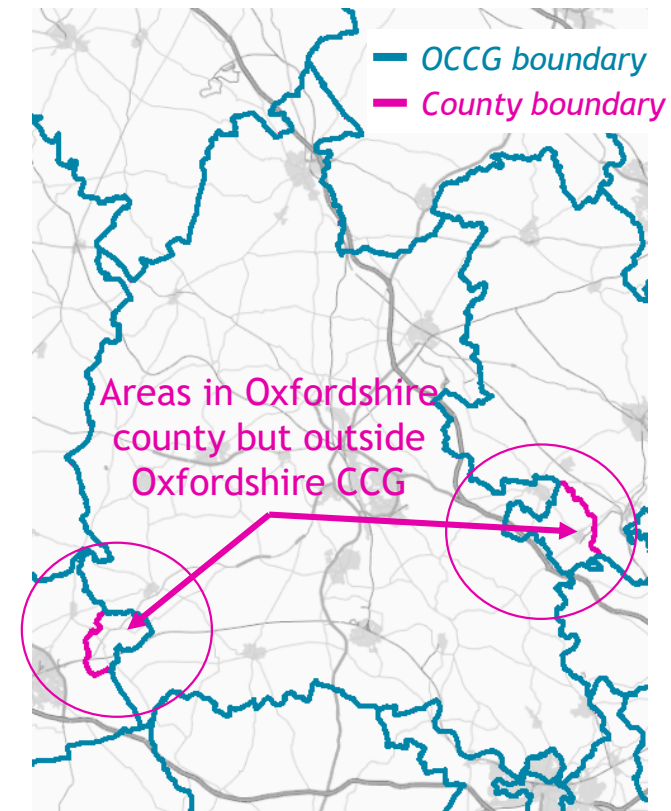
ONS 2019 mid-year population estimates

- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

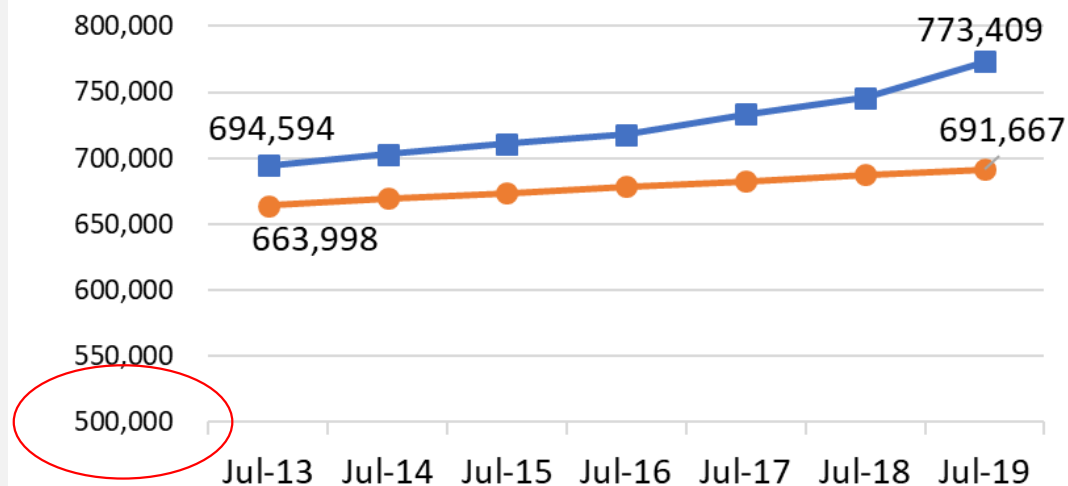
### Population of Oxfordshire vs NHS Oxfordshire patient count - 1

- The official Oxfordshire Clinical Commissioning Group 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-2019, the count of OCCG registered patients was 773,400 compared with an ONS estimate of Oxfordshire's population (county) of 691,700.

### OCCG and county boundary



Count of registered patients in Oxfordshire CCG vs ONS estimate of resident population for Oxfordshire



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

[Introduction](#)
[Summary](#)
[Oxfordshire's location](#)
[Oxfordshire's resident population](#)
[Rural County](#)
[GP registered patients](#)
[Population by age](#)
[Births and deaths](#)
[Migration](#)
[Ethnicity](#)
[Predicted growth in population](#)
[Life Expectancy](#)
[Finding out more](#)

## Population of Oxfordshire vs NHS Oxfordshire patient count - 2

- Within the OCCG boundary area\* the ONS estimate of the resident population was 13% below the number of registered patients (mid-2019). The difference is greatest in the age group 18 to 24.
- This difference is important to note when considering the rate of health conditions which have been calculated as % of the total population or % of patients.

### Oxfordshire's population by broad age mid-2019

	0-17	18-24	25-64	65+	TOTAL
NHS patients registered within Oxfordshire CCG area	149,864	80,279	413,164	130,102	773,409
ONS estimate of population within the Oxfordshire CCG area*	142,659	65,956	342,559	124,997	676,171
<i>Difference (CCG area)</i>	<i>7,205</i>	<i>14,323</i>	<i>70,605</i>	<i>5,105</i>	<i>97,238</i>
<i>ONS as % of OCCG NHS patients</i>	<i>95%</i>	<i>82%</i>	<i>83%</i>	<i>96%</i>	<i>87%</i>
ONS estimate of total Oxfordshire (county boundary)	146,123	66,807	350,611	128,126	691,667

[NHS Digital GP registered patients 1 July 2019](#) and ONS mid-year 2019 population estimates from [nomis](#) by LSOA

\*LSOAs lookup to OCCG area from ONS open geography portal. Number of LSOAs in Oxfordshire county = 407, number of LSOAs in OCCG area = 398 (difference = 9)

[Introduction](#)

[Summary](#)

[Oxfordshire's location](#)

[Oxfordshire's resident population](#)

[Rural County](#)

[GP registered patients](#)

[Population by age](#)

[Births and deaths](#)

[Migration](#)

[Ethnicity](#)

[Predicted growth in population](#)

[Life Expectancy](#)

[Finding out more](#)

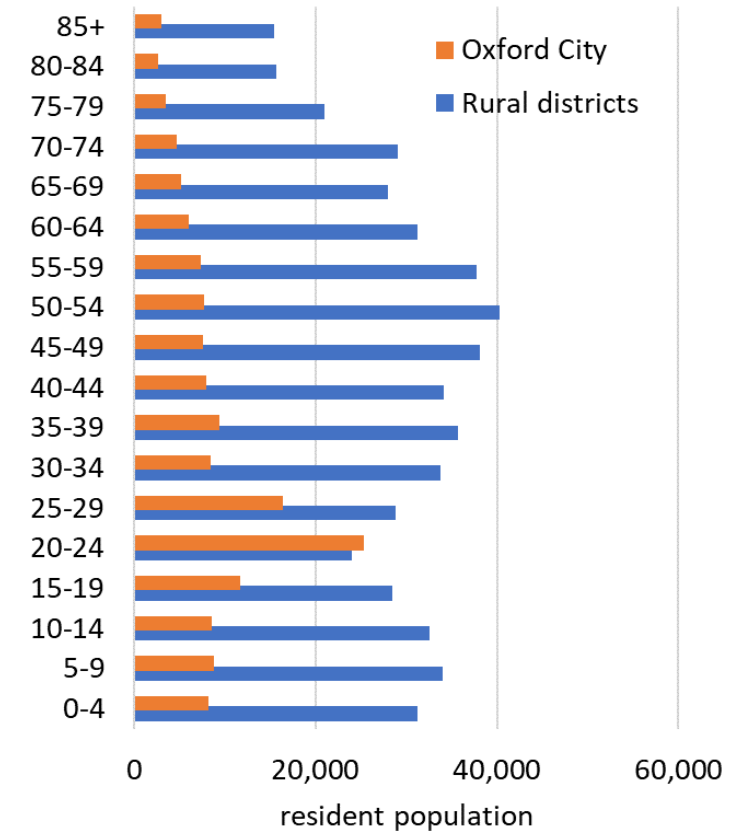
# Population by age

- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

### Age profile - Oxford City vs rural Oxfordshire

- Rural districts have a much higher proportion of older people than Oxford City
  - In 2019, older people aged 65+ made up 20% of the estimated population of Oxfordshire's four rural districts, compared with 12% 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-2019, Oxford City vs Rural districts (Cherwell, South Oxfordshire, Vale of White Horse, West Oxfordshire)



ONS mid-year 2019 population estimates from [nomis](#)



- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

### Median age across Oxfordshire

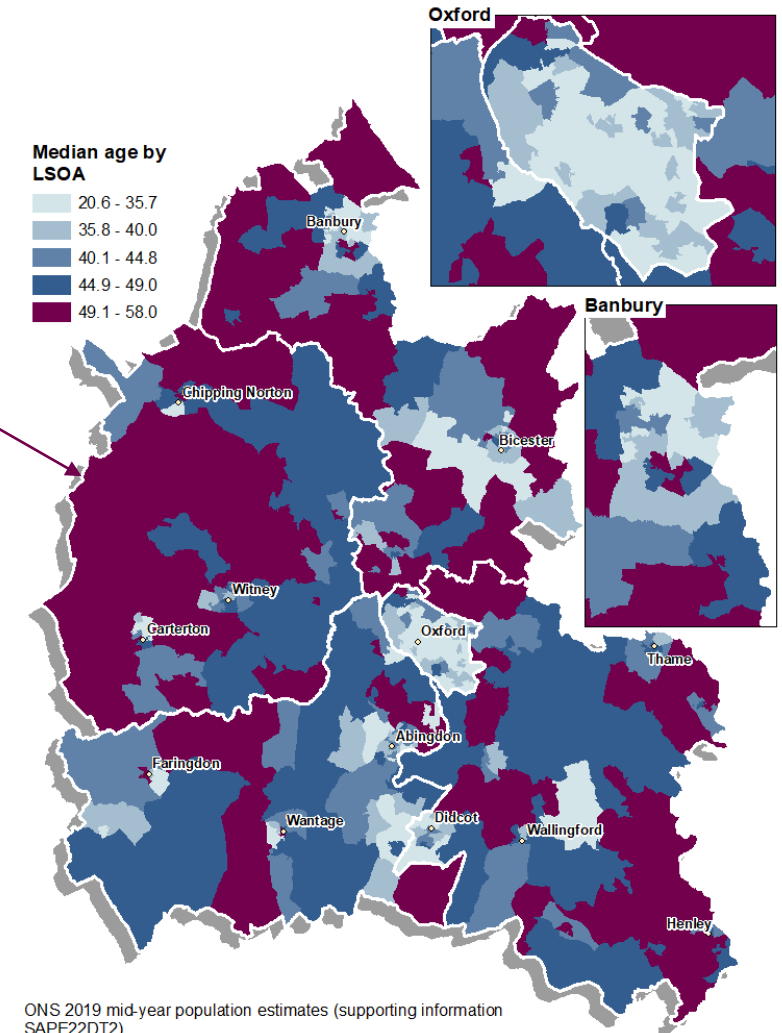
- The median\* age of Oxfordshire increased slightly from 39.7 years as of mid-2017 to 40.1 years at mid-2019.
- In mid-2019, the median age was lowest in Oxford City (28.9) and highest in West Oxfordshire (44.7)
- At a small area level, wide areas of rural Oxfordshire had a median age above 49 years

### Median age (years) by district

	2017	2018	2019
Cherwell	41	41.1	41.2
Oxford	29.7	29	28.9
South Oxfordshire	44.1	44.3	44.4
Vale of White Horse	42.7	42.6	42.5
West Oxfordshire	44.2	44.4	44.7
Oxfordshire	39.7	39.8	40.1
England	39.8	39.9	40.0

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

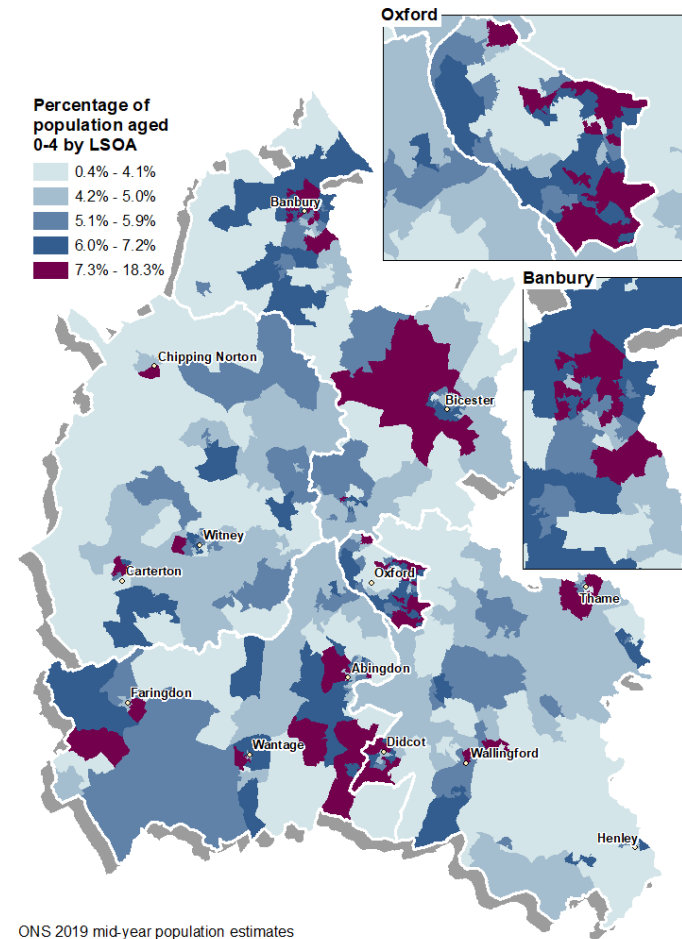
### Median age across Oxfordshire



- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)**
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

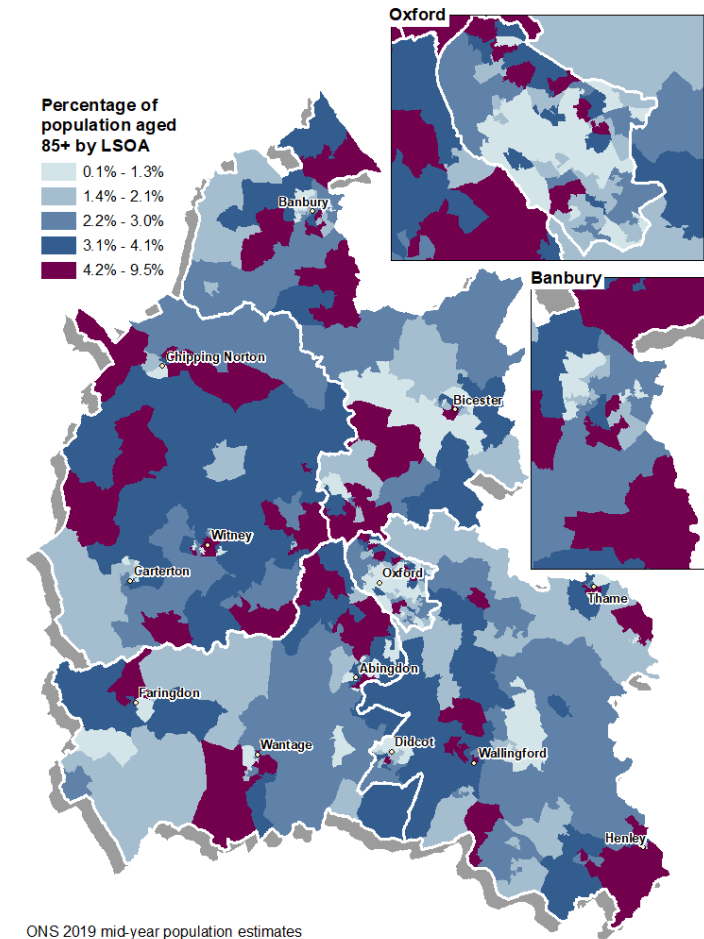
### Higher rates of 0-4s in urban areas

#### Population aged 0-4



### Higher rates of 85+ in rural Oxfordshire

#### Population aged 85+



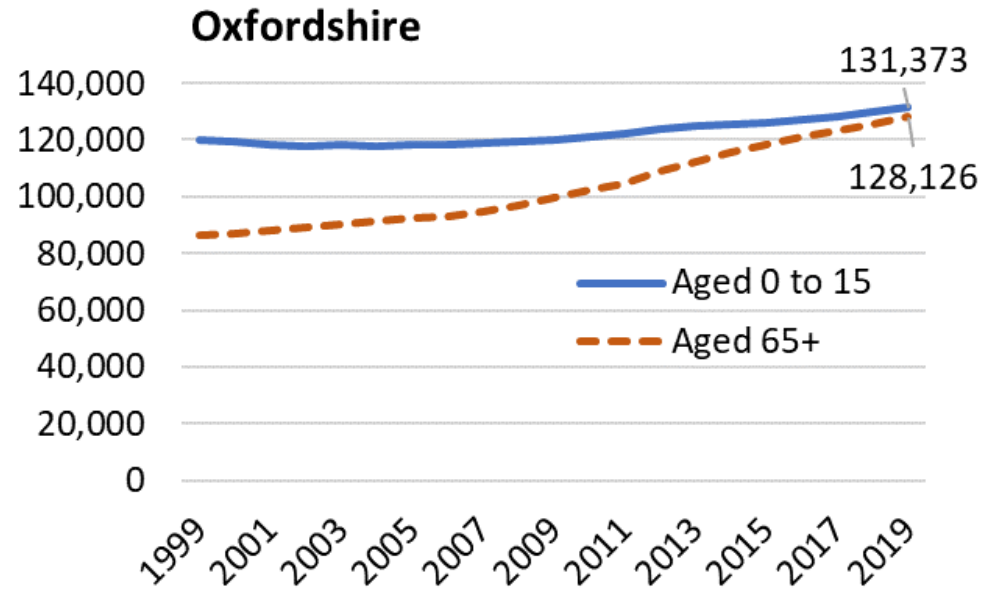
Population by Lower Super Output Area mid-2019, ONS mid-year population estimates from [nomis](#)

- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

### Change in younger and older populations - Oxfordshire

- Over the past 20 years (between 1999 and 2019), there was an increase in the population of Oxfordshire from 603,800 to 691,700, a growth of 87,900 (+15%)
- The younger age group, aged 0-15, increased by 10%
- The older age group, aged 65+, increased by 49%

Change in count of older and younger residents



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

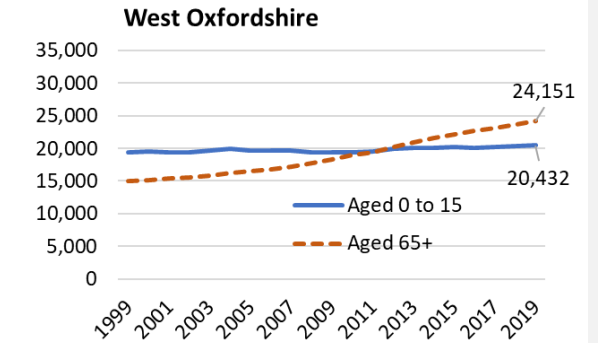
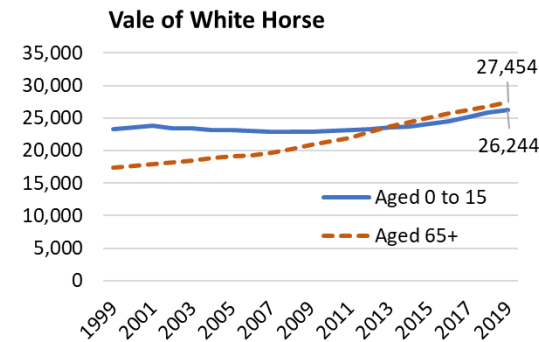
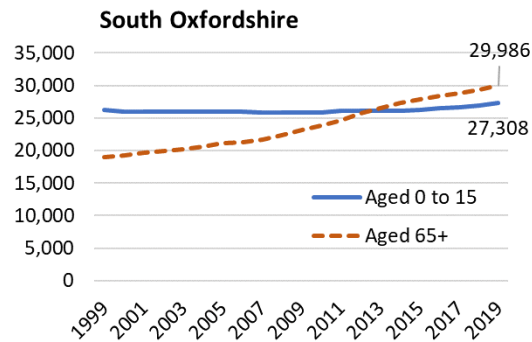
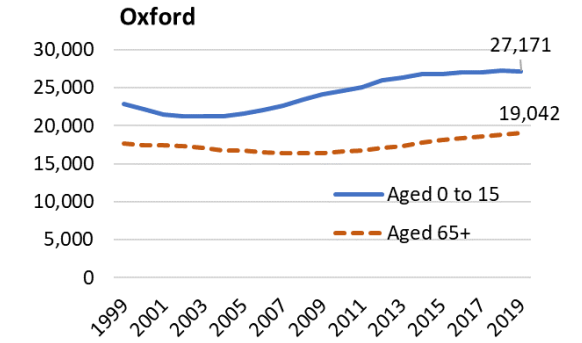
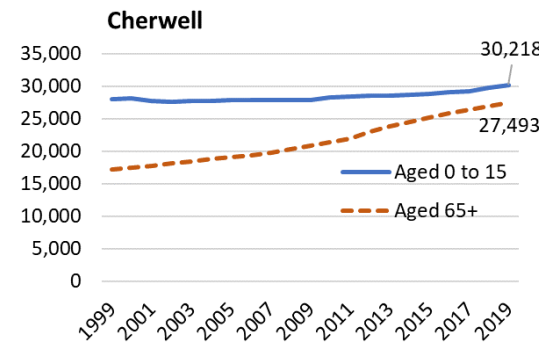
[next slide](#) for charts by district

- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

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

- All districts - other than Oxford City - have seen a significant 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+ now exceeds the number of 0-15s

### Change in count of older and younger residents by district



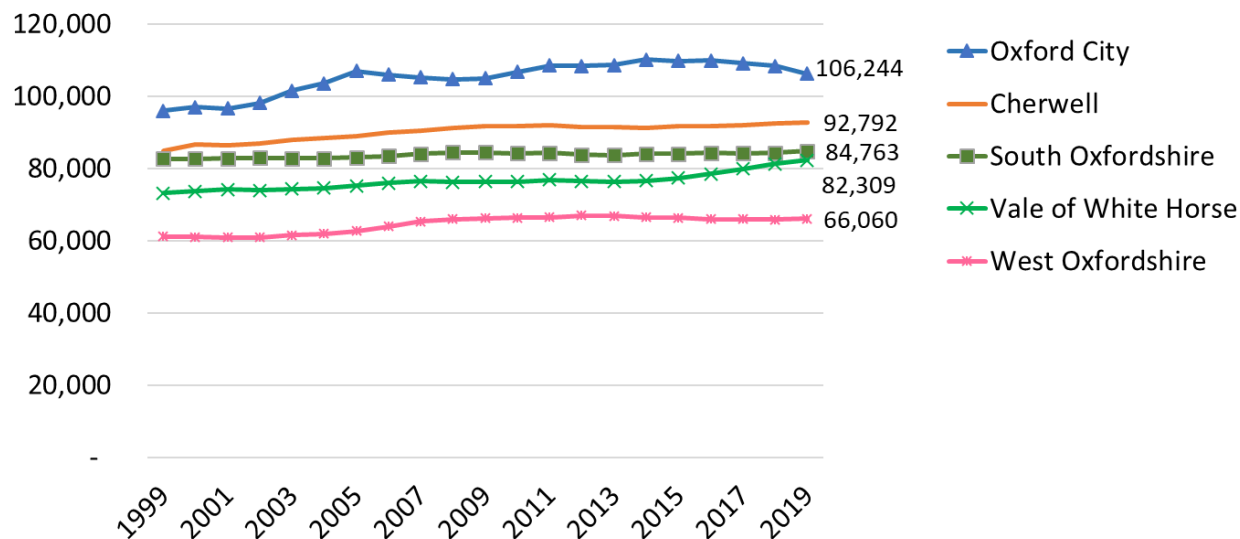
ONS mid-year population estimates from [nomis](#)

- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

### Change in working age population

- Between 1999 and 2019 the population aged 16 to 64 in Oxfordshire increased by 9% (from 397,800 to 432,200, +34,400).
- The increases were greatest in Oxford City (+11%) and Vale of White Horse (+12%) and lowest in South Oxfordshire (+3%), West Oxfordshire (8%) and Cherwell (9%).

Change in count of residents aged 16 to 64



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

[Introduction](#)

[Summary](#)

[Oxfordshire's location](#)

[Oxfordshire's resident population](#)

[Rural County](#)

[GP registered patients](#)

[Population by age](#)

[Births and deaths](#)

[Migration](#)

[Ethnicity](#)

[Predicted growth in population](#)

[Life Expectancy](#)

[Finding out more](#)

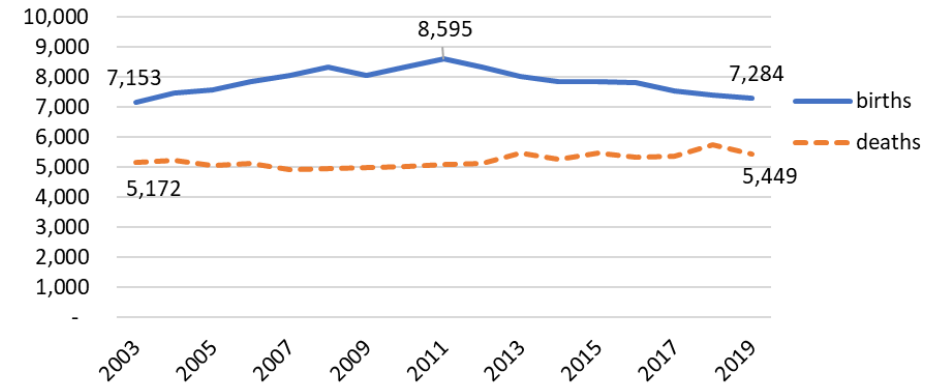
# Births, deaths and migration

- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

### Births and deaths

- Between mid-2018 and mid-2019 there were 7,284 births and 5,449 deaths in Oxfordshire. This is a “natural change” increase of 1,835 people
- The natural change increase was greatest in Oxford followed by Cherwell
- In West Oxfordshire the number of births was similar to the number of deaths

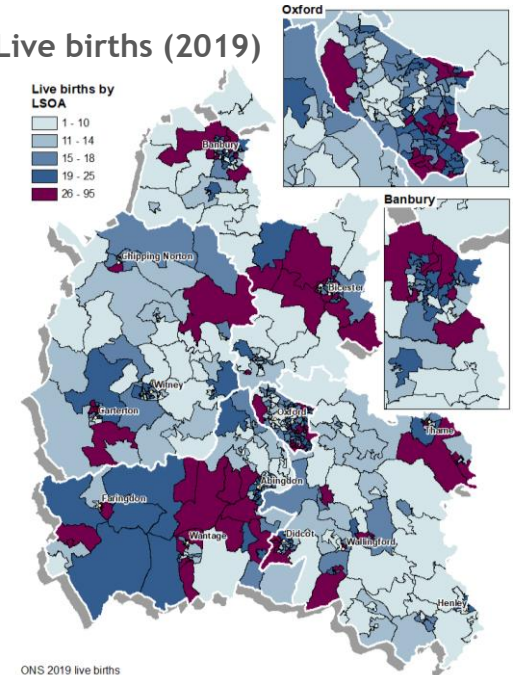
Oxfordshire total number of births and deaths 2003 to 2019



By district: births, deaths and natural change mid-2018 to mid-2019

	Births	Deaths	Natural change
Cherwell	1,791	1,218	573
Oxford	1,607	907	700
South Oxfordshire	1,377	1,206	171
Vale of White Horse	1,446	1,108	338
West Oxfordshire	1,063	1,010	53
<b>Oxfordshire</b>	<b>7,284</b>	<b>5,449</b>	<b>1,835</b>

Live births (2019)



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

ONS 2019 live births

[Introduction](#)

[Summary](#)

[Oxfordshire's location](#)

[Oxfordshire's resident population](#)

[Rural County](#)

[GP registered patients](#)

[Population by age](#)

[Births and deaths](#)

[Migration](#)

[Ethnicity](#)

[Predicted growth in population](#)

[Life Expectancy](#)

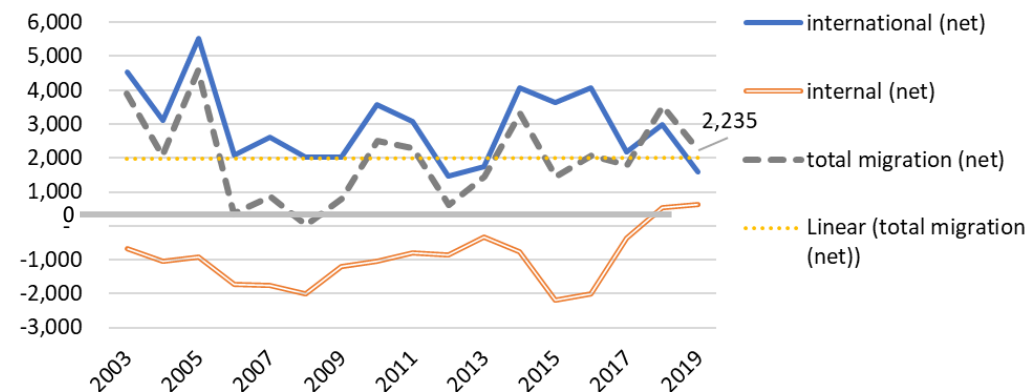
[Finding out more](#)

### Migration estimates

- Between mid-2018 and mid-2019 there was an estimated (net) inward migration of 2,235 people moving into Oxfordshire.
- This consisted of 632 net internal migrants - those from elsewhere in the UK - and 1,603 international net migrants (the majority of these to Oxford City).

*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.*

Oxfordshire migration 2003 to 2019



By district: Net internal and international migration mid-2018 to mid-2019

	Internal (net)	International (net)	Total net migration
Cherwell	997	-132	865
Oxford	-4,076	1,486	-2,590
South Oxfordshire	1,390	-2	1,388
Vale of White Horse	1,680	248	1,928
West Oxfordshire	641	3	644
<b>Oxfordshire</b>	<b>632</b>	<b>1603</b>	<b>2,235</b>

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



[Introduction](#)

[Summary](#)

[Oxfordshire's location](#)

[Oxfordshire's resident population](#)

[Rural County](#)

[GP registered patients](#)

[Population by age](#)

[Births and deaths](#)

[Migration](#)

**[Ethnicity](#)**

[Predicted growth in population](#)

[Life Expectancy](#)

[Finding out more](#)

# Ethnicity

- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)**
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

## Ethnicity

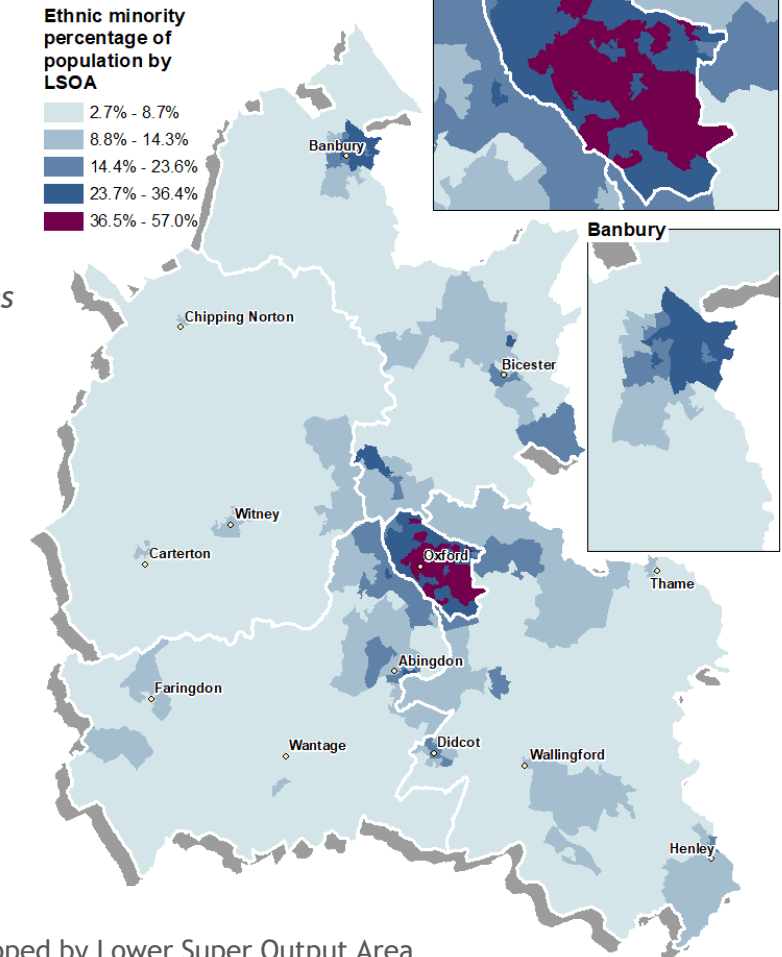
According to Public Health England, ethnic identity influences health outcomes via multiple routes. For example, experiences of discrimination and exclusion, as well as the fear of such negative incidents, have been shown to have a significant impact on mental and physical health. Health-related practices,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

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](#)

## Out of term time ethnic minority as a percentage of population



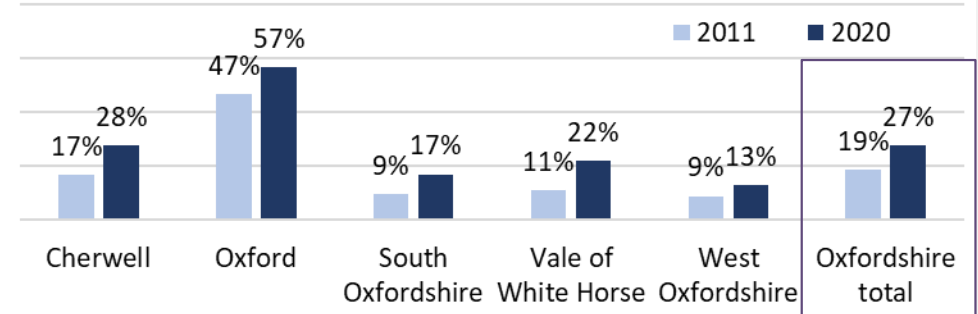
[Introduction](#)
[Summary](#)
[Oxfordshire's location](#)
[Oxfordshire's resident population](#)
[Rural County](#)
[GP registered patients](#)
[Population by age](#)
[Births and deaths](#)
[Migration](#)
[Ethnicity](#)
[Predicted growth in population](#)
[Life Expectancy](#)
[Finding out more](#)

### Ethnicity of Oxfordshire's school pupils

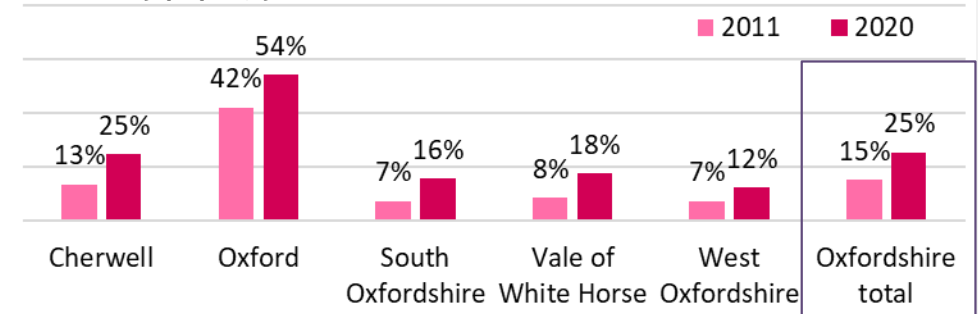
- Between 2011 and 2020 the diversity of Oxfordshire's pupils increased
- As of January 2020, 27% of pupils at state primary schools (in years 1 to 6) and 25% of pupils (years 7-11) in state secondary schools in Oxfordshire were from ethnic minority backgrounds.
- The proportion of pupils of ethnic minority backgrounds of all pupils years 1 to 11 by district was:
  - Cherwell 26%
  - Oxford 55%
  - South Oxfordshire 16%
  - Vale of White Horse 20%
  - West Oxfordshire 13%
- 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)

[Introduction](#)

[Summary](#)

[Oxfordshire's location](#)

[Oxfordshire's resident population](#)

[Rural County](#)

[GP registered patients](#)

[Population by age](#)

[Births and deaths](#)

[Migration](#)

[Ethnicity](#)

[Predicted growth in population](#)

[Life Expectancy](#)

[Finding out more](#)

# Predicted growth in population

- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

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

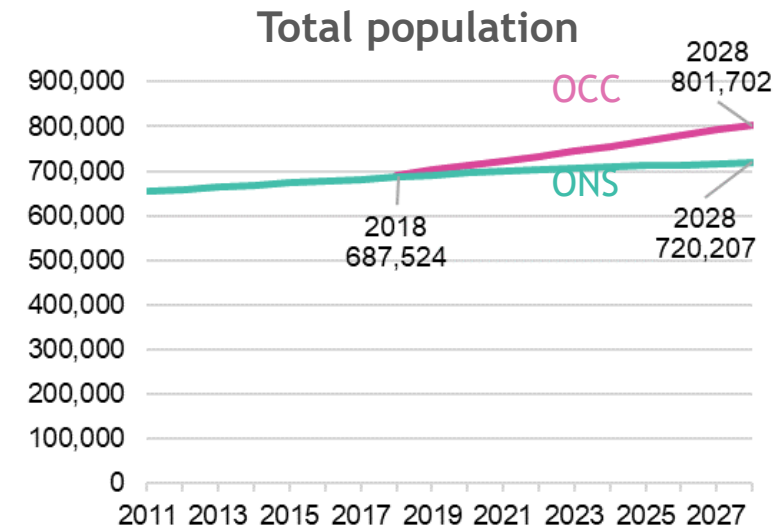
*There are two alternative scenarios for the future change in population: (1) Oxfordshire County Council's housing-led forecasts which incorporate district council plans for a higher rate of house building than in the recent past and (2) ONS projections based on past trends.*

- The OCC housing-led forecasts (interim, Sept20) predict a total population in Oxfordshire of 801,700 by 2028, a growth of 110,400 (16%) since 2018. Over the same period the ONS projections show an increase of +5%.

*Please note that this set of interim OCC forecasts have been created at a time of greater than usual uncertainty around the economy and housing. They contain a modelled county-wide adjustment relative to planned district housing trajectories as of 31 March 2020, to account for the potential impact of COVID on housebuilding and they exclude sites in draft plans at that date.*

*Further modelling work is underway on the basis of revised population assumptions (migration, fertility, mortality) and the latest local intelligence on planned housing growth and housing mix. An update to these interim forecasts will be published as soon as possible (publication date to be confirmed).*

*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.*

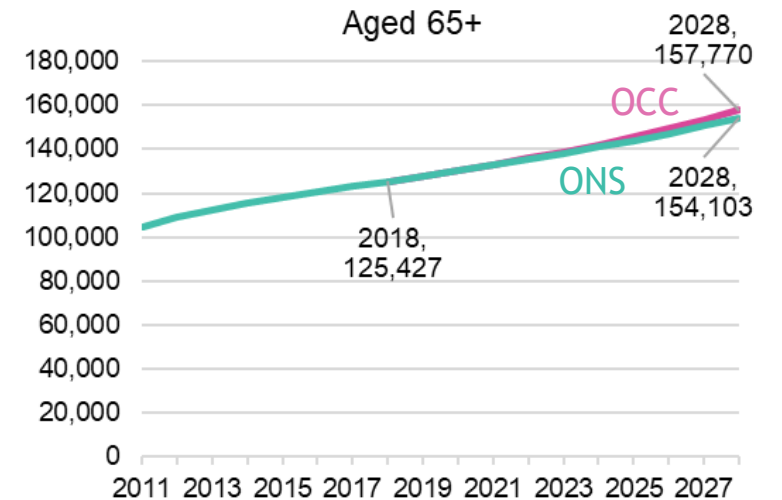
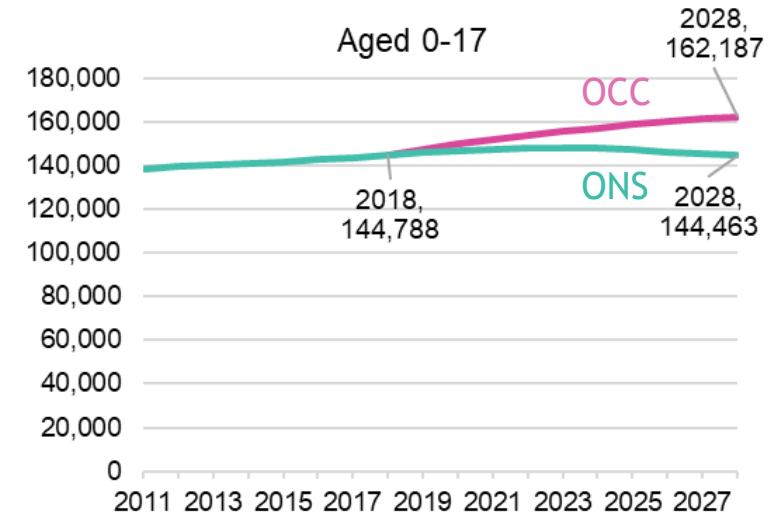
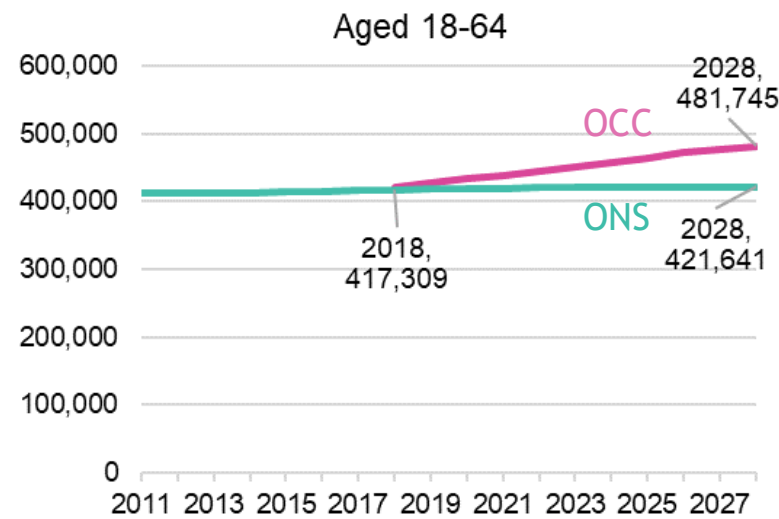


[Oxfordshire County Council interim population forecasts](#) (released September 2020);  
[ONS 2018-based subnational population projections](#)

- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

### 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 [interim population forecasts](#) (released September 2020);  
ONS [2018-based subnational population projections](#)

[Introduction](#)

[Summary](#)

[Oxfordshire's location](#)

[Oxfordshire's resident population](#)

[Rural County](#)

[GP registered patients](#)

[Population by age](#)

[Births and deaths](#)

[Migration](#)

[Ethnicity](#)

[Predicted growth in population](#)

[Life Expectancy](#)

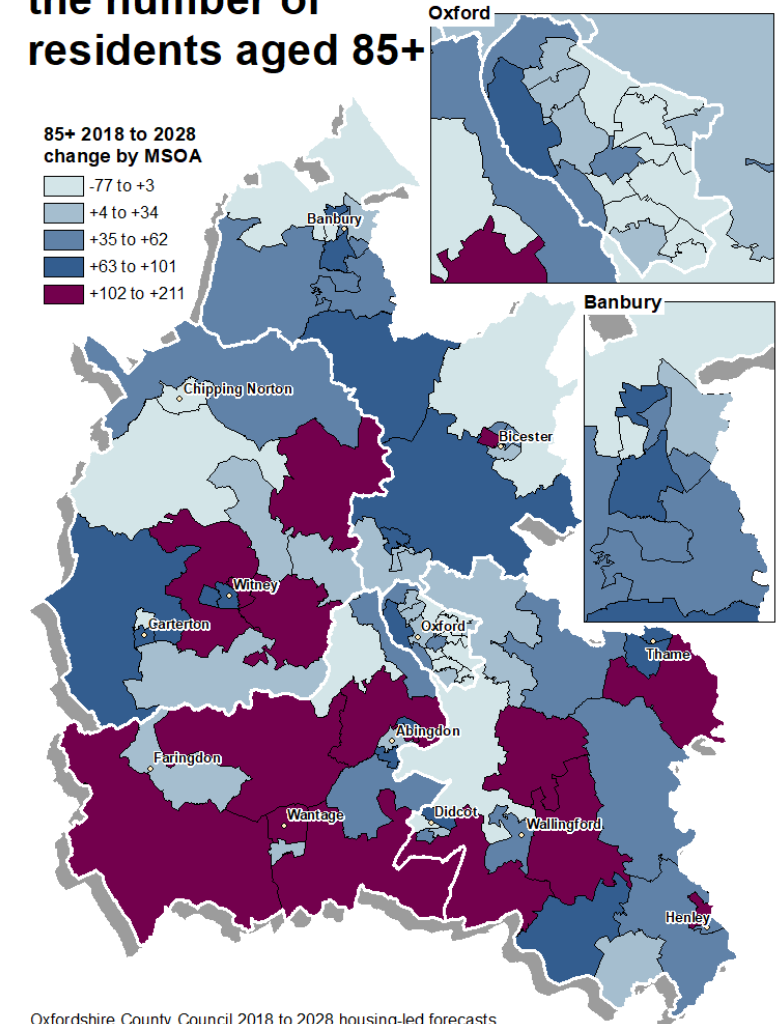
[Finding out more](#)

### Growth in the oldest population

- The oldest age group, those aged 85 and over, is predicted to increase from 17,847 in mid 2018 to 22,020 by mid 2028, an increase of 4,173 people (+23%)
- The areas with the greatest growth in the number of people aged 85 and over are expected to be:
  - Rural areas of South Oxfordshire and Vale of White Horse
  - Parts of Witney and surrounding areas
  - Parts of Abingdon
  - Bicester West

[Oxfordshire County Council population forecasts](#)  
(released September 2020)

### Forecast change (2018 to 2028) in the number of residents aged 85+



[Introduction](#)

[Summary](#)

[Oxfordshire's location](#)

[Oxfordshire's resident population](#)

[Rural County](#)

[GP registered patients](#)

[Population by age](#)

[Births and deaths](#)

[Migration](#)

[Ethnicity](#)

[Predicted growth in population](#)

[Life Expectancy](#)

[Finding out more](#)

# Life Expectancy

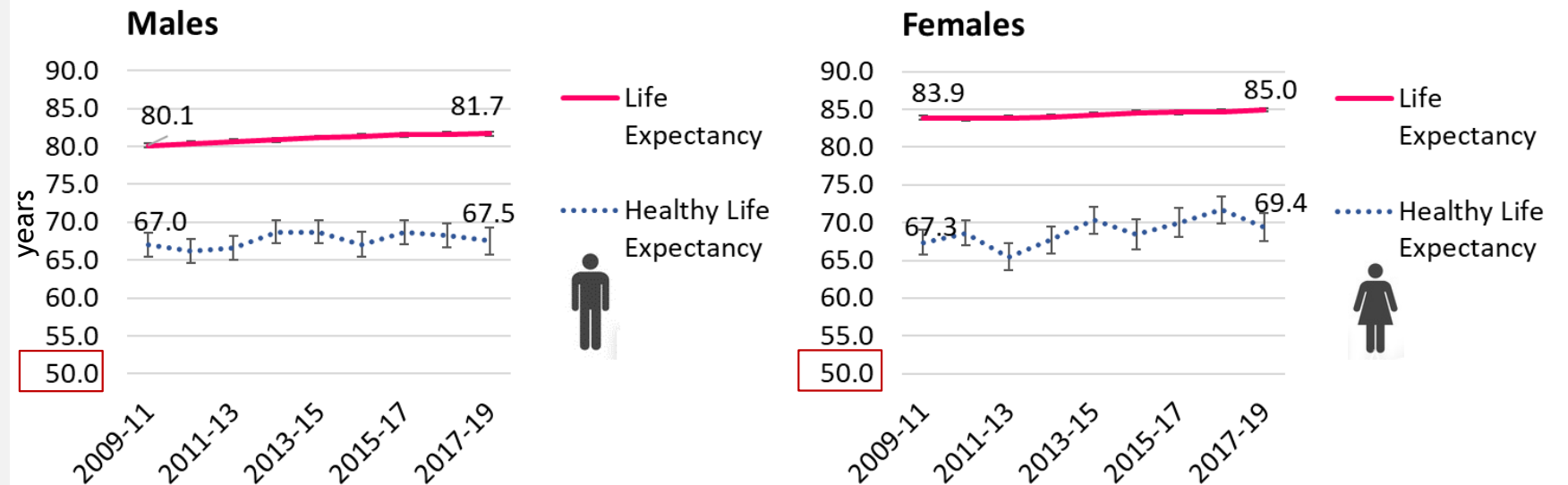


- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

### Life Expectancy and Healthy Life Expectancy

- Life Expectancy (LE) and Healthy Life Expectancy (HLE) has increased for males and females in Oxfordshire.
- Between 2009-11 and 2017-19 (combined years) the difference between LE and HLE, years spent in poor health in Oxfordshire, 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 14.2 years (although neither change is significant).

#### Life Expectancy and Healthy Life Expectancy at birth in Oxfordshire



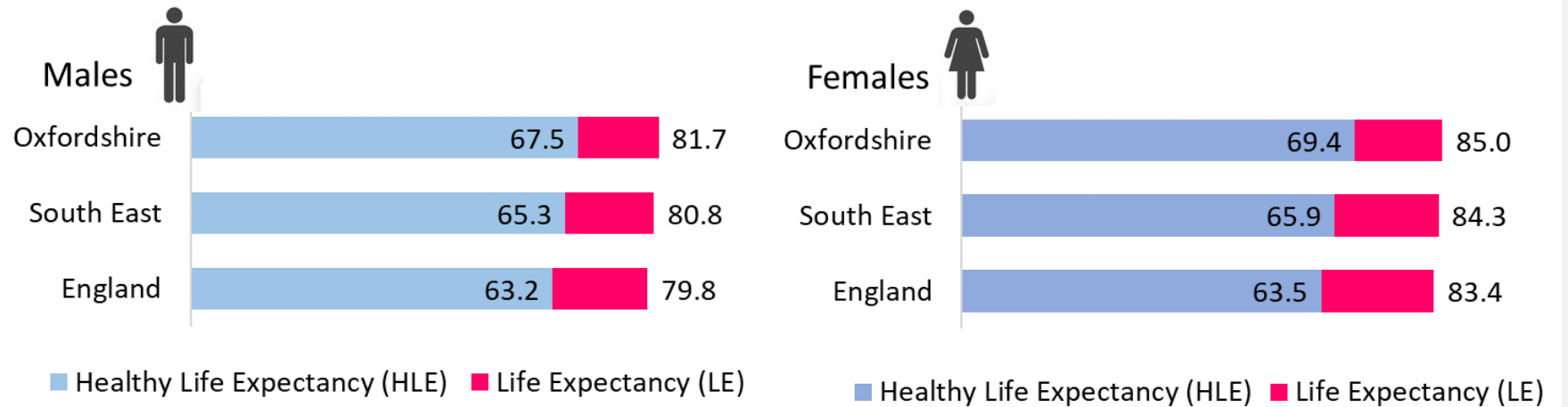
ONS [Health state life expectancy, all ages, UK](#) Note that vertical axes do not start at zero

- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

### Life Expectancy better than average

- Oxfordshire was (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 18.4 years in the South East and 19.9 years in England.
  - Males in Oxfordshire are expected to live for **14.2 years in poorer health**, compared with 15.5 years in the South East and 16.6 years in England

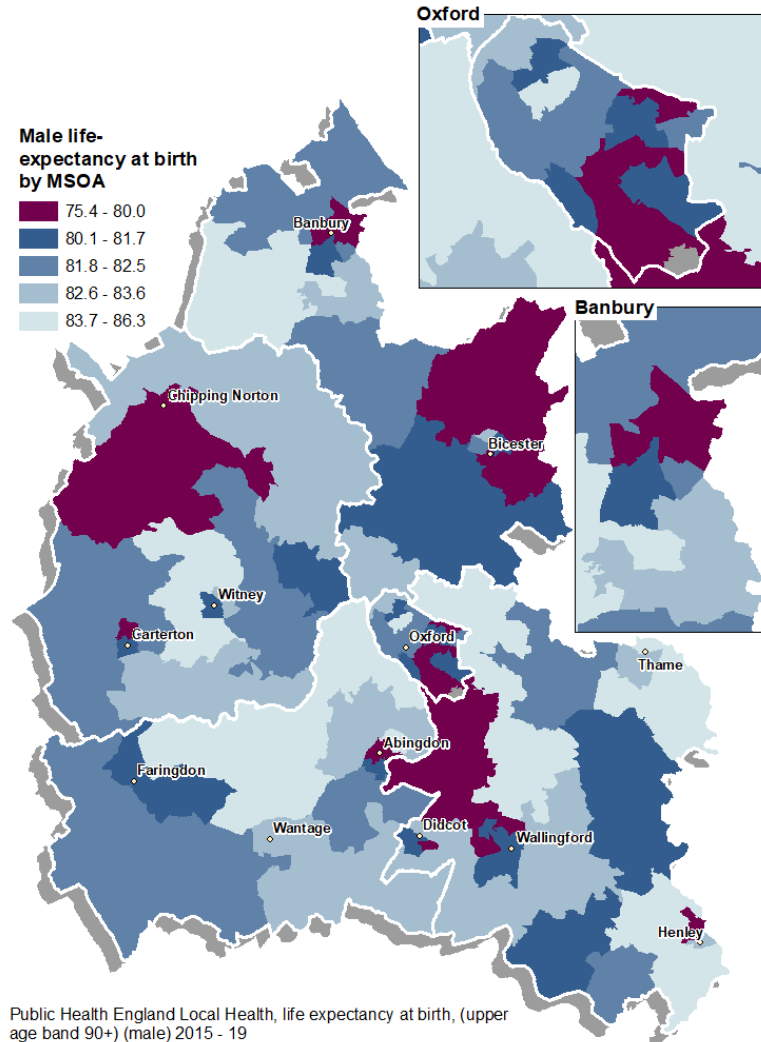
### Life Expectancy and Healthy Life Expectancy at birth 2017-2019



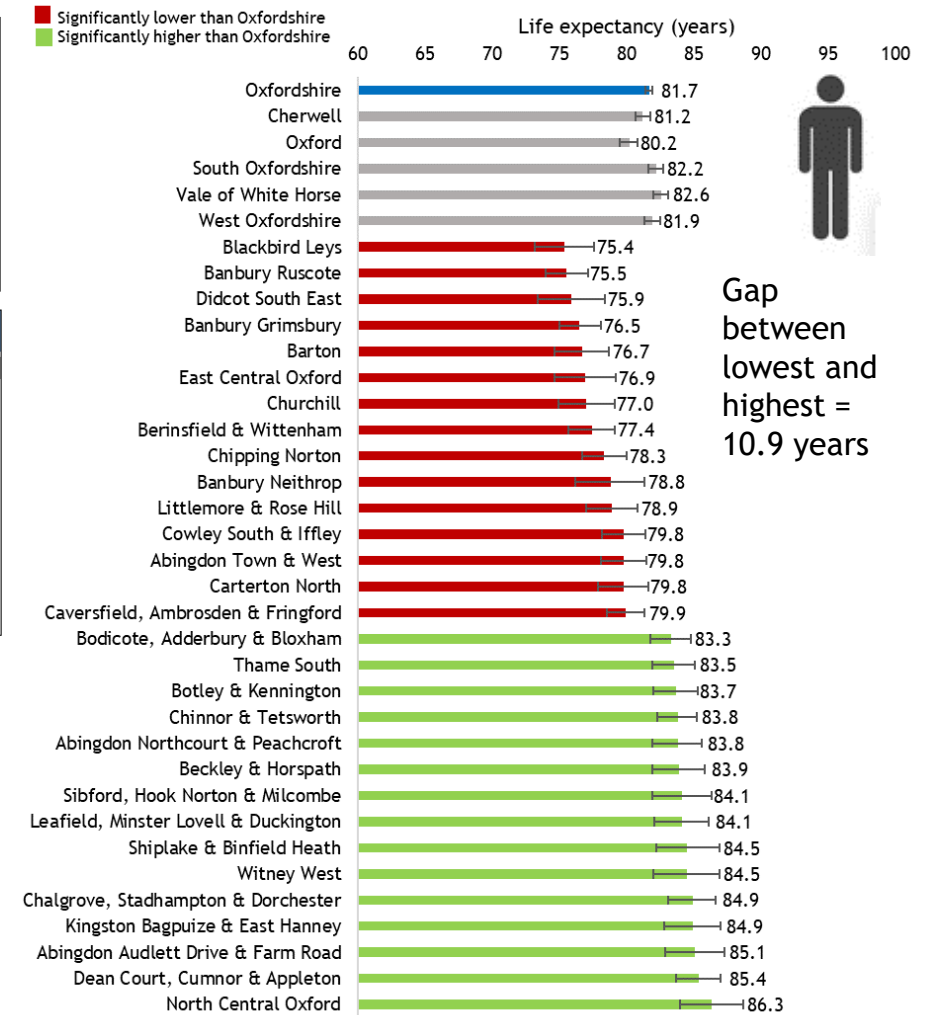
[Health state life expectancy, all ages, UK - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

## Life expectancy at birth (male)



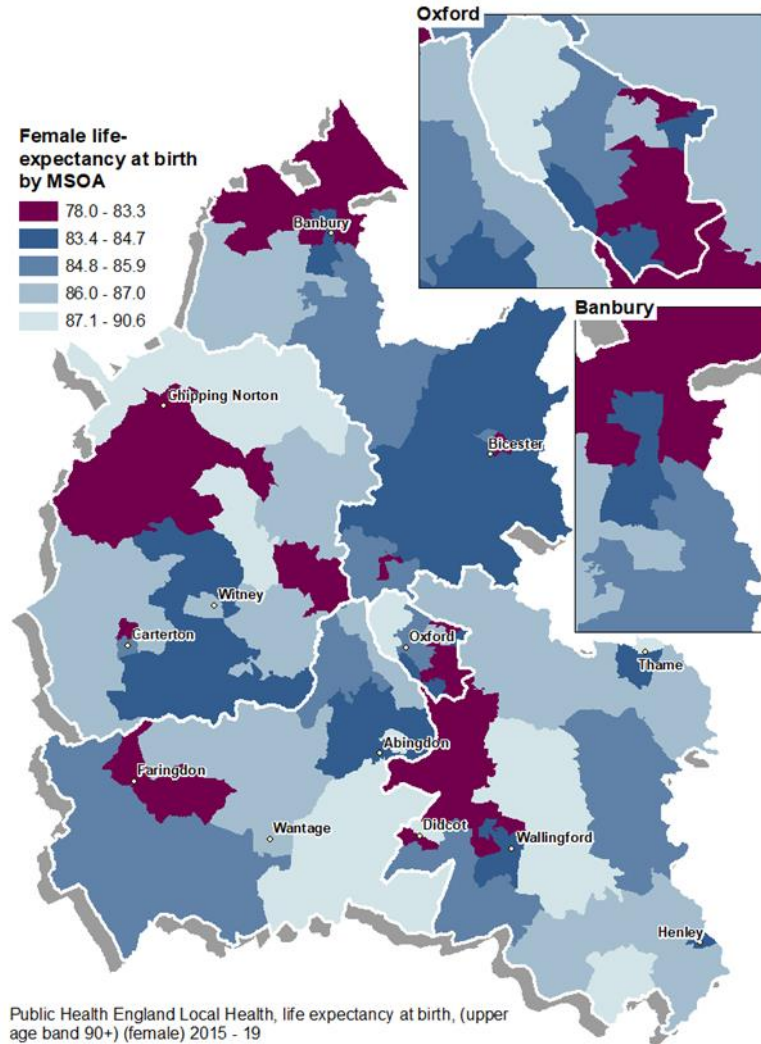
Life expectancy at birth for males, MSAOs significantly lower and higher than Oxfordshire figure, 2015-2019



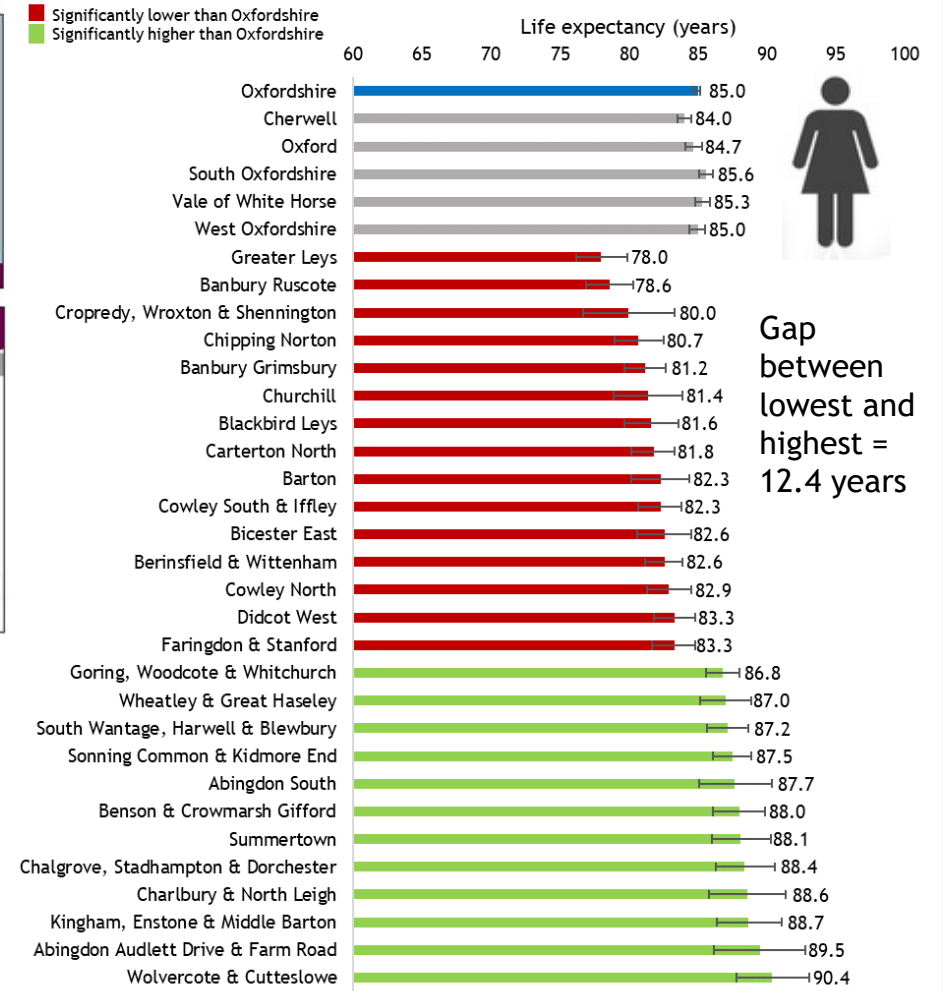
[Explore inequalities data using our interactive dashboard](#)

- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

## Life expectancy at birth (female)



## Life expectancy at birth for females, MSOAs significantly lower and higher than Oxfordshire figure, 2015-2019



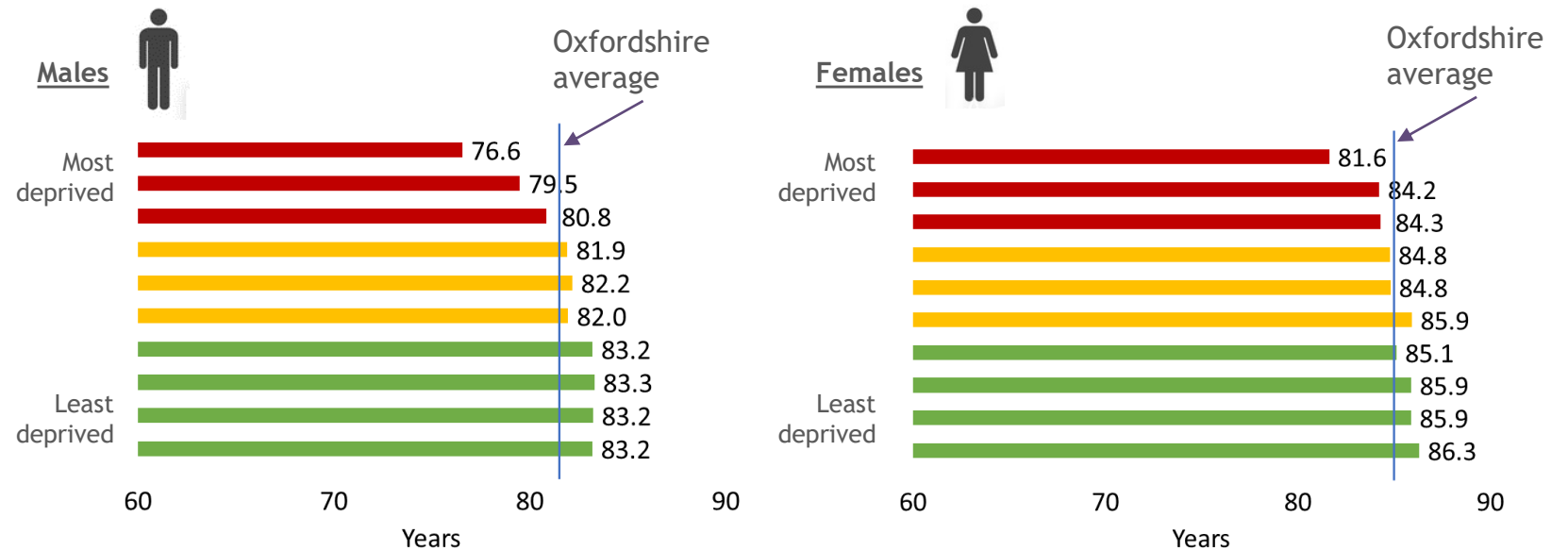
[Explore inequalities data using our interactive dashboard](#)

- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

### Inequalities in Life Expectancy - by areas of deprivation

- There are clear inequalities in Life Expectancy across Oxfordshire, with people in the **more deprived** areas having significantly lower Life Expectancy compared with the less deprived.
- Data for the combined years 2017 to 2019 shows that for males there was a gap of almost 7 years between the most and least deprived areas. For females the gap was just under 5 years.

**Oxfordshire Life Expectancy at birth by deprivation: males and females, 2017-19**



PHE [Health Inequalities Dashboard](#) (accessed March 2021 - when last updated date was February 2021)

- [Introduction](#)
- [Summary](#)
- [Oxfordshire's location](#)
- [Oxfordshire's resident population](#)
- [Rural County](#)
- [GP registered patients](#)
- [Population by age](#)
- [Births and deaths](#)
- [Migration](#)
- [Ethnicity](#)
- [Predicted growth in population](#)
- [Life Expectancy](#)
- [Finding out more](#)

## 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 2019 to 2020](#) but NB this does not include life expectancy or mortality data (as of 8 Feb 2021)

[Introduction](#)

[Summary](#)

[Oxfordshire's location](#)

[Oxfordshire's resident population](#)

[Rural County](#)

[GP registered patients](#)

[Population by age](#)

[Births and deaths](#)

[Migration](#)

[Ethnicity](#)

[Predicted growth in population](#)

[Life Expectancy](#)

[Finding out more](#)

### 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 Life Expectancy data is available from:
  - [ONS National Life Tables](#)
  - [Public Health England Fingertips](#)
  - [PHE Health Inequalities Dashboard](#)
- ONS Migration flows
  - [ONS interactive tool internal migration](#)



## Chapter 3

# Population groups and protected characteristics



## Introduction

### Summary

### Carrying out an equity audit

### Age and sex

### Students

### Disability

### Gender identity

### Marriage and civil partnership

### Pregnancy and maternity

### Ethnicity

### Travellers

### Religion or belief

### Sexual orientation

### Carers

### Armed forces

### Finding out more

## 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 - some of which is from the Census 2011 survey.
- In some cases local data is unavailable, so figures for Oxfordshire have been estimated from national surveys and local population data.
- There is also information for practitioners on [carrying out an equity audit](#)
- Further JSNA resources are available via the [JSNA page of Oxfordshire Insight](#)
- **Assessing the impact of COVID-19**
  - This chapter includes the most recent datasets accessed in January 2021.
  - Most data is either as of mid-2019, from the Census 2011 survey or up to March 2020.
  - This means that this chapter will not reflect the impact of the COVID-19 pandemic (from early 2020).

[Introduction](#)
[Summary](#)
[Carrying out an equity audit](#)
[Age and sex](#)
[Students](#)
[Disability](#)
[Gender identity](#)
[Marriage and civil partnership](#)
[Pregnancy and maternity](#)
[Ethnicity](#)
[Travellers](#)
[Religion or belief](#)
[Sexual orientation](#)
[Carers](#)
[Armed forces](#)
[Finding out more](#)

## Summary - Oxfordshire in Numbers

Population group	Count	Source
Total population	<b>691,667</b>	ONS mid-2019
Aged 0-15	<b>131,373</b>	ONS mid-2019
Aged 16-64	<b>432,168</b>	ONS mid-2019
Aged 65+	<b>128,120</b>	ONS mid-2019
Full time students (Oxford Uni, Oxford Brookes)	<b>32,930</b>	HESA 2018-19
Part time students (Oxford Uni, Oxford Brookes)	<b>9,125</b>	HESA 2018-19
Estimated people with a disability	<b>131,400</b>	FRS 2018-19 and ONS pop
Claiming Personal Independent Payments	<b>14,146</b>	May 2020, DWP
Claiming Attendance Allowance (over state pension age)	<b>12,622</b>	May 2020, DWP
Adults with Learning Difficulties supported by Adult Social Care	<b>1,672</b>	Oxfordshire County Council 1Apr 20
Pupils with Learning Difficulties in state primary, secondary and special schools	<b>6,391</b>	DfE January 2020
Pupils with Autism in state primary, secondary and special schools	<b>1,938</b>	DfE January 2020

Population group	Count	Source
Married households	<b>128,400</b>	ONS Census 2011
Households in registered same-sex civil partnership	<b>682</b>	ONS Census 2011
Live births	<b>7,287</b>	ONS 2019
Ethnic minority (non white British)	<b>107,000</b>	ONS Census 2011
Born outside UK	<b>92,500</b>	ONS Census 2011
Gypsy or Irish Traveller	<b>623</b>	ONS Census 2011
With a religion	<b>422,576</b>	ONS Census 2011
Estimated Lesbian, Gay or Bisexual	<b>12,887</b>	ONS UK 2018
Carers registered with GP practices	<b>18,682</b>	OCCG 30-Sept-20
Adult carers receiving health and social care support	<b>4,540</b>	NHS Digital 2019-20
Young carers receiving support	<b>323</b>	Oxfordshire County Council (Dec 2020)
Regular armed forces	<b>9,360</b>	MoD 1-Apr-20
Residents in receipt of an Armed Forces pension, War pension and Armed Forces compensation scheme	<b>6,623</b>	MoD 31-Mar-20

[Introduction](#)

[Summary](#)

[Carrying out an equity audit](#)

[Age and sex](#)

[Students](#)

[Disability](#)

[Gender identity](#)

[Marriage and civil partnership](#)

[Pregnancy and maternity](#)

[Ethnicity](#)

[Travellers](#)

[Religion or belief](#)

[Sexual orientation](#)

[Carers](#)

[Armed forces](#)

[Finding out more](#)

### 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.



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

Move resources and develop services to match need identified.



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

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



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

[Introduction](#)
[Summary](#)
[Carrying out an equity audit](#)
[Age and sex](#)
[Students](#)
[Disability](#)
[Gender identity](#)
[Marriage and civil partnership](#)
[Pregnancy and maternity](#)
[Ethnicity](#)
[Travellers](#)
[Religion or belief](#)
[Sexual orientation](#)
[Carers](#)
[Armed forces](#)
[Finding out more](#)

## Age and Sex

- As of mid-2019 there were 344,030 (49.7%) males and 347,637 (50.3%) females living in Oxfordshire, a total of 691,667 residents.
- Compared with England, Oxfordshire had a higher proportion of residents aged 15-19 and 20-24 and a lower proportion of 25-29 and 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

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

Male and Female Oxfordshire residents, count and proportion of total vs England (mid-2019)

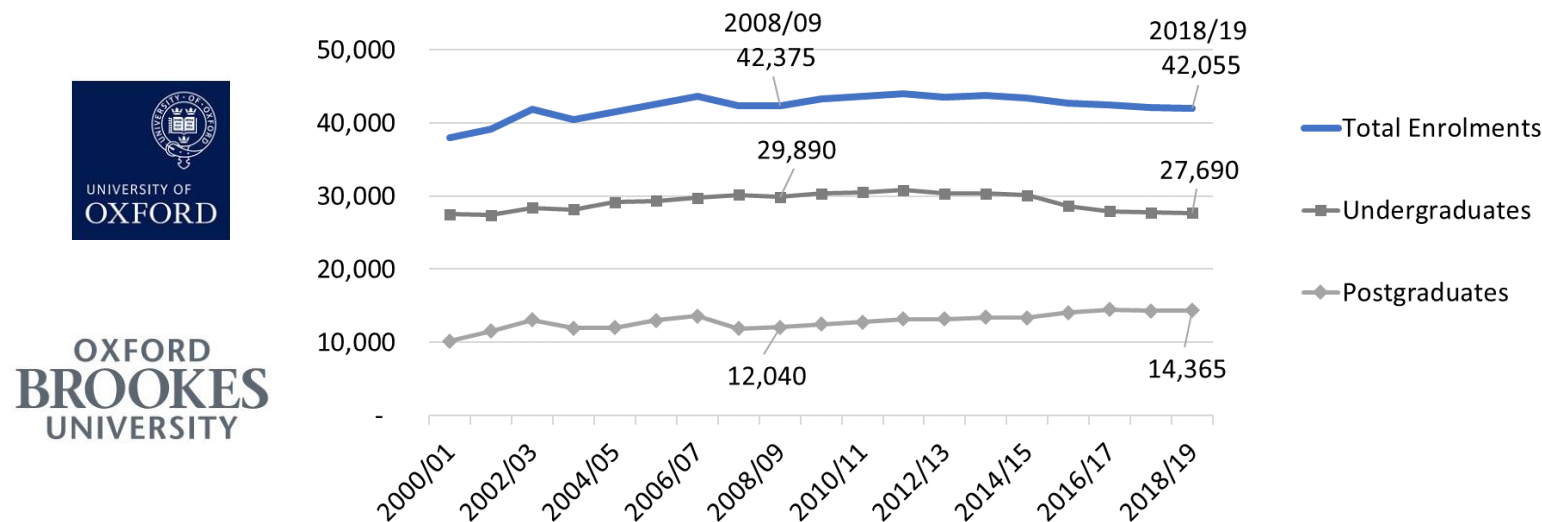
Age	Male	Female	Total	%	England	Percentage Point Difference
0-4	20,433	18,999	39,432	5.7%	5.9%	-0.2
5-9	22,122	20,794	42,916	6.2%	6.3%	-0.1
10-14	20,945	20,250	41,195	6.0%	6.0%	0.0
15-19	20,390	19,746	40,136	5.8%	5.5%	0.3
20-24	25,826	23,425	49,251	7.1%	6.2%	0.9
25-29	24,359	20,810	45,169	6.5%	6.8%	-0.3
30-34	21,620	20,578	42,198	6.1%	6.8%	-0.7
35-39	22,233	22,852	45,085	6.5%	6.6%	-0.1
40-44	20,780	21,325	42,105	6.1%	6.1%	0.0
45-49	22,337	23,401	45,738	6.6%	6.6%	0.0
50-54	23,725	24,317	48,042	6.9%	6.9%	0.0
55-59	22,295	22,739	45,034	6.5%	6.5%	0.0
60-64	18,296	18,944	37,240	5.4%	5.5%	-0.1
65-69	15,881	17,336	33,217	4.8%	5.0%	-0.2
70-74	16,199	17,590	33,789	4.9%	4.9%	0.0
75-79	11,212	13,177	24,389	3.5%	3.4%	0.1
80-84	8,251	10,058	18,309	2.6%	2.6%	0.0
85+	7,126	11,296	18,422	2.7%	2.5%	0.2
Total	344,030	347,637	691,667	100%		

- [Introduction](#)
- [Summary](#)
- [Carrying out an equity audit](#)
- [Age and sex](#)
- [Students](#)**
- [Disability](#)
- [Gender identity](#)
- [Marriage and civil partnership](#)
- [Pregnancy and maternity](#)
- [Ethnicity](#)
- [Travellers](#)
- [Religion or belief](#)
- [Sexual orientation](#)
- [Carers](#)
- [Armed forces](#)
- [Finding out more](#)

## Students

- Oxford's two universities - Oxford Brookes and the University of Oxford - had 32,930 full time students and 9,125 part time students enrolled for the academic year 2018-19.
- Between 2008/09 and 2018/19 the undergraduate population declined by 2,200 (-7%) and the postgraduate population increased by 2,325 (+20%). This has resulted in a similar number of students and an older age profile.
- 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?](#)

[Introduction](#)

[Summary](#)

[Carrying out an equity audit](#)

[Age and sex](#)

[Students](#)

[Disability](#)

[Gender identity](#)

[Marriage and civil partnership](#)

[Pregnancy and maternity](#)

[Ethnicity](#)

[Travellers](#)

[Religion or belief](#)

[Sexual orientation](#)

[Carers](#)

[Armed forces](#)

[Finding out more](#)

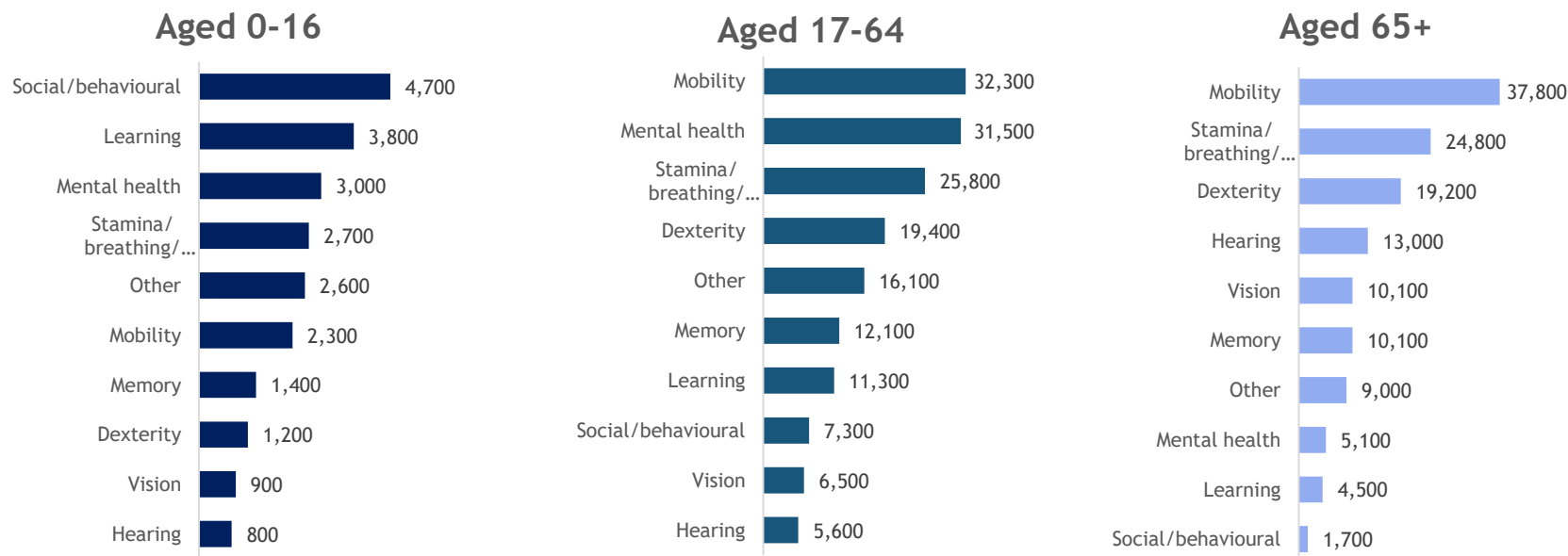
# Disability

- [Introduction](#)
- [Summary](#)
- [Carrying out an equity audit](#)
- [Age and sex](#)
- [Students](#)
- [Disability](#)
- [Gender identity](#)
- [Marriage and civil partnership](#)
- [Pregnancy and maternity](#)
- [Ethnicity](#)
- [Travellers](#)
- [Religion or belief](#)
- [Sexual orientation](#)
- [Carers](#)
- [Armed forces](#)
- [Finding out more](#)

## 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 2018/19 around 19% of people in the South East region have a disability, equating to an estimated 131,400 people in Oxfordshire.
- The top impairment types were social/behavioural for children and mobility for adults with estimated numbers for Oxfordshire below.



Department for Work and Pensions, [Family Resources Survey 2018/19](#) (released 26 March 2020) scaled by ONS mid-2019 population estimates from [nomis](#).  
See also: [Register of disabled children](#)

[Introduction](#)[Summary](#)[Carrying out an equity audit](#)[Age and sex](#)[Students](#)[Disability](#)[Gender identity](#)[Marriage and civil partnership](#)[Pregnancy and maternity](#)[Ethnicity](#)[Travellers](#)[Religion or belief](#)[Sexual orientation](#)[Carers](#)[Armed forces](#)[Finding out more](#)

## 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 May 2020 there was a total of **49,159** disability-related benefits claimed in Oxfordshire

### Disability-related benefits claimed in Oxfordshire to May 2020

	May-18	May-19	May-20
Incapacity Benefit and Severe Disablement Allowance	386	284	251
Employment and Support Allowance	12,347	11,064	10,562
Disability Living Allowance	13,623	11,872	11,578
Personal Independence Payment	9,943	12,705	14,146
Attendance Allowance	12,958	13,101	12,622
<b>Total</b>	<b>49,257</b>	<b>49,026</b>	<b>49,159</b>

Descriptions from [Gov.uk](https://www.gov.uk) and data from [DWP Stat-Xplore](https://www.dwp.gov.uk/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)



[Introduction](#)

[Summary](#)

[Carrying out an equity audit](#)

[Age and sex](#)

[Students](#)

[Disability](#)

[Gender identity](#)

[Marriage and civil partnership](#)

[Pregnancy and maternity](#)

[Ethnicity](#)

[Travellers](#)

[Religion or belief](#)

[Sexual orientation](#)

[Carers](#)

[Armed forces](#)

[Finding out more](#)

## 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 2020 there was a total **1,672** adults receiving long term social care for learning disabilities in Oxfordshire from Oxfordshire County Council Adult Social Care services.
- In 2019-20 there were a total of **3,025** people with learning disabilities (all ages) registered with GP practices in Oxfordshire Clinical Commissioning Group
- According to the school census (January 2020) in Oxfordshire there was a total of **6,391** pupils with learning difficulties (including specific, moderate, severe, profound and multiple) in schools in Oxfordshire:
  - 2,900 pupils with learning difficulties in state primary schools (5.3% of pupils) and
  - 2,906 pupils with learning difficulties in state secondary schools (7.2% of pupils)
  - 585 pupils with learning difficulties in special schools (49% 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: 2018 to 2019](#)

NHS Digital, [Quality and Outcomes Framework 2019-20](#)

Department for Education, [Special educational needs in England: 2019/2020](#)

[Introduction](#)

[Summary](#)

[Carrying out an equity audit](#)

[Age and sex](#)

[Students](#)

[Disability](#)

[Gender identity](#)

[Marriage and civil partnership](#)

[Pregnancy and maternity](#)

[Ethnicity](#)

[Travellers](#)

[Religion or belief](#)

[Sexual orientation](#)

[Carers](#)

[Armed forces](#)

[Finding out more](#)

## 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 2020, there were **1,938** pupils in Oxfordshire registered with their primary/main type of need as Autism Spectrum Disorder, 2.0% of all pupils
  - Of these, 674 were in state-funded primary schools, 903 were in state-funded secondary schools and 361 were in special schools
- This is an increase in the number of registrations, with 1,732 in January 2019 and 1,548 pupils in January 2018.
- The proportion of pupils with autism was well above the England average in Oxfordshire's state-funded secondary schools (2.2% compared with 1.4%)

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

	Jan 2018	Jan 2019	Jan 2020	England Jan 2020
Primary schools	1.0%	1.1%	1.2%	1.2%
Secondary schools	1.7%	2.0%	2.2%	1.4%
Special schools	28.9%	31.2%	30.3%	31.2%
Total	1.7%	1.9%	2.0%	1.8%

DfE, [Special educational needs in England: 2020](#)

[Introduction](#)

[Summary](#)

[Carrying out an equity audit](#)

[Age and sex](#)

[Students](#)

[Disability](#)

[Gender identity](#)

[Marriage and civil partnership](#)

[Pregnancy and maternity](#)

[Ethnicity](#)

[Travellers](#)

[Religion or belief](#)

[Sexual orientation](#)

[Carers](#)

[Armed forces](#)

[Finding out more](#)

## 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 can have important links with health and **wellbeing** and being transgender is linked to a greater risk of **self-harm** and thoughts of **suicide**<sup>1</sup>*

- There is limited information on gender identity and data at a local level is not available
- During the 2019-20 financial year there were 445 applications for gender recognition certificates in the UK, an increase of 66 from 2018-19 (379).<sup>2</sup>

1. [LGBT Public Health Outcomes Framework Companion Document](#)

2. [Ministry of Justice Tribunal Statistics Quarterly: July to September 2020](#)

[Introduction](#)

[Summary](#)

[Carrying out an equity audit](#)

[Age and sex](#)

[Students](#)

[Disability](#)

[Gender identity](#)

[Marriage and civil partnership](#)

[Pregnancy and maternity](#)

[Ethnicity](#)

[Travellers](#)

[Religion or belief](#)

[Sexual orientation](#)

[Carers](#)

[Armed forces](#)

[Finding out more](#)

## 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 proportion of households married or in a same-sex civil partnership in Oxfordshire was above the rate for England as a whole.
- In 2017 in Oxfordshire there were:
  - 3,224 marriages of opposite-sex couples of which 2,240 (69.4%) were both of their first and most were aged 25-34 (49.8% male, 56.0% female).
  - 79 same-sex marriages (40 males, 39 females). 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 2017](#) (released April 2020)  
 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

[Introduction](#)
[Summary](#)
[Carrying out an equity audit](#)
[Age and sex](#)
[Students](#)
[Disability](#)
[Gender identity](#)
[Marriage and civil partnership](#)
[Pregnancy and maternity](#)
[Ethnicity](#)
[Travellers](#)
[Religion or belief](#)
[Sexual orientation](#)
[Carers](#)
[Armed forces](#)
[Finding out more](#)

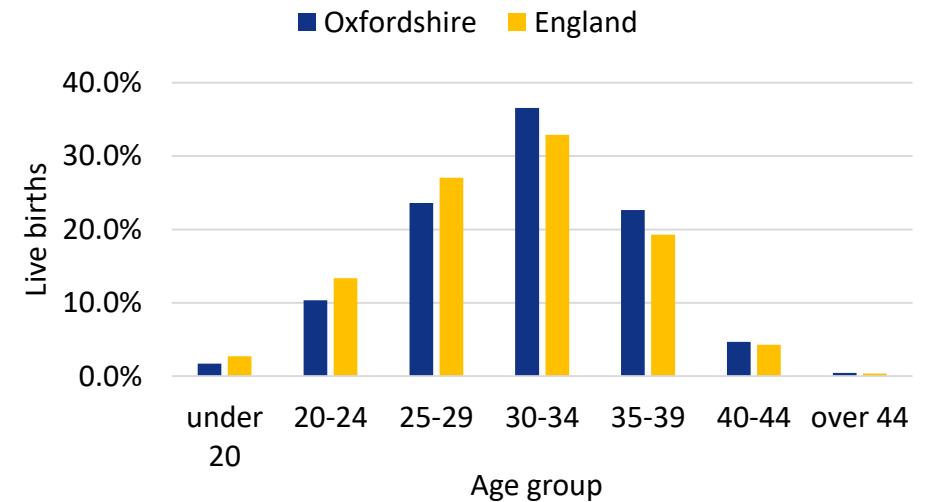
## Pregnancy and Maternity

- There were 7,287 live births in Oxfordshire in 2019.
- Oxfordshire had an above-average proportion of births to older mothers.
- The trend in fertility in Oxfordshire follows the national trend of an increase between 2000 and 2011, followed by a decrease from 2011 to 2019.
- Oxfordshire's general fertility rate\* in 2019 was 56.6 and in Oxford City was 40.9. This low rate in Oxford means that the county average was below the England average of 57.7.

\*live births per 1,000 female population aged 15 to 44

[ONS Births characteristics 2019](#) and [Nomis](#) theme "life events"

## Proportion of births by mother's age 2019



## Fertility rate and births

	General fertility rate	Live births
Cherwell	67.6	1,810
Oxford	40.9	1,541
South Oxfordshire	61.3	1,400
Vale of White Horse	63.8	1,501
West Oxfordshire	57.7	1,035
Oxfordshire	56.6	7,287
England	59.2	610,505

[Introduction](#)[Summary](#)[Carrying out an equity audit](#)[Age and sex](#)[Students](#)[Disability](#)[Gender identity](#)[Marriage and civil partnership](#)[Pregnancy and maternity](#)[Ethnicity](#)[Travellers](#)[Religion or belief](#)[Sexual orientation](#)[Carers](#)[Armed forces](#)[Finding out more](#)

## 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 were member countries in 2011 and 13,200 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](#)

## 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%
All ethnic minority	60,916 (10%)	106,997 (16%)	46,081	76%
Irish	7,525	6,291	-1,234	-16%
Other White	23,947	40,912	16,965	71%
Mixed ethnic background	7,103	13,233	6,130	86%
Indian	4,068	8,140	4,072	100%
Pakistani	4,007	7,846	3,839	96%
Bangladeshi	1,184	2,491	1,307	110%
Other Asian	1,221	7,562	6,341	519%
Black Caribbean	2,453	3,070	617	25%
Black African	2,046	7,039	4,993	244%
Other Black	503	1,315	812	161%
Chinese	3,849	5,618	1,769	46%
Other ethnic group	3,010	3,480	470	16%
<b>TOTAL</b>	<b>605,488</b>	<b>653,798</b>	<b>48,310</b>	<b>8%</b>

[Introduction](#)
[Summary](#)
[Carrying out an equity audit](#)
[Age and sex](#)
[Students](#)
[Disability](#)
[Gender identity](#)
[Marriage and civil partnership](#)
[Pregnancy and maternity](#)
[Ethnicity](#)
[Travellers](#)
[Religion or belief](#)
[Sexual orientation](#)
[Carers](#)
[Armed forces](#)
[Finding out more](#)

## 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

[Introduction](#)
[Summary](#)
[Carrying out an equity audit](#)
[Age and sex](#)
[Students](#)
[Disability](#)
[Gender identity](#)
[Marriage and civil partnership](#)
[Pregnancy and maternity](#)
[Ethnicity](#)
[Travellers](#)
[Religion or belief](#)
[Sexual orientation](#)
[Carers](#)
[Armed forces](#)
[Finding out more](#)

## 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

20 What is your religion?

This question is voluntary

No religion

Christian (including Church of England, Catholic, Protestant and all other Christian denominations)

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion, write in

## 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](#)



[Introduction](#)

[Summary](#)

[Carrying out an equity audit](#)

[Age and sex](#)

[Students](#)

[Disability](#)

[Gender identity](#)

[Marriage and civil partnership](#)

[Pregnancy and maternity](#)

[Ethnicity](#)

[Travellers](#)

[Religion or belief](#)

[Sexual orientation](#)

[Carers](#)

[Armed forces](#)

[Finding out more](#)

# Sexual Orientation

[Introduction](#)
[Summary](#)
[Carrying out an equity audit](#)
[Age and sex](#)
[Students](#)
[Disability](#)
[Gender identity](#)
[Marriage and civil partnership](#)
[Pregnancy and maternity](#)
[Ethnicity](#)
[Travellers](#)
[Religion or belief](#)
[Sexual orientation](#)
[Carers](#)
[Armed forces](#)
[Finding out more](#)

## 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.*

- One indicator is the number of people in a same-sex registered partnership, which for Oxfordshire in 2011 was around 1,400 people. This will be, however, a significant undercount of the total lesbian, gay or bisexual (LGB) population.
- ONS experimental statistics on sexual identity found that:
  - In 2018, 2.3% of the UK population identified themselves as lesbian, gay or bisexual (LGB), similar to 2017. The South East region shows a similar trend, at 2.2% of the population.
  - UK figures show that the population aged 16 to 24 were the age group most likely to identify as LGB in 2018 (4.4%, up from 4.3% in 2017).
  - More males (2.5%) than females (2.0%) identified themselves as LGB in 2018.
  - The population who identified as LGB in 2018 were most likely to be single, never married or civil partnered, at 69.0%.

- Using the proportion of LGB population by age from this research, it is estimated that there was a total of **12,887** people aged 16+ in Oxfordshire identifying as lesbian, gay or bisexual in 2018.

[ONS Sexual orientation UK 2018](#) (released March 2020) and ONS mid year population estimates from [nomis](#)

[Introduction](#)

[Summary](#)

[Carrying out an equity audit](#)

[Age and sex](#)

[Students](#)

[Disability](#)

[Gender identity](#)

[Marriage and civil partnership](#)

[Pregnancy and maternity](#)

[Ethnicity](#)

[Travellers](#)

[Religion or belief](#)

[Sexual orientation](#)

[Carers](#)

[Armed forces](#)

[Finding out more](#)

## Sexual Orientation - Experience

- In February 2019, ONS published detailed data from a major online survey on LGBT experience. 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 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.



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](#)

[Introduction](#)

[Summary](#)

[Carrying out an equity audit](#)

[Age and sex](#)

[Students](#)

[Disability](#)

[Gender identity](#)

[Marriage and civil partnership](#)

[Pregnancy and maternity](#)

[Ethnicity](#)

[Travellers](#)

[Religion or belief](#)

[Sexual orientation](#)

[Carers](#)

[Armed forces](#)

[Finding out more](#)

## 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

[Introduction](#)

[Summary](#)

[Carrying out an equity audit](#)

[Age and sex](#)

[Students](#)

[Disability](#)

[Gender identity](#)

[Marriage and civil partnership](#)

[Pregnancy and maternity](#)

[Ethnicity](#)

[Travellers](#)

[Religion or belief](#)

[Sexual orientation](#)

**[Carers](#)**

[Armed forces](#)

[Finding out more](#)

# Carers

[Introduction](#)

[Summary](#)

[Carrying out an equity audit](#)

[Age and sex](#)

[Students](#)

[Disability](#)

[Gender identity](#)

[Marriage and civil partnership](#)

[Pregnancy and maternity](#)

[Ethnicity](#)

[Travellers](#)

[Religion or belief](#)

[Sexual orientation](#)

[Carers](#)

[Armed forces](#)

[Finding out more](#)

## 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 2019-20, there was a total of 4,540 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 0.83% of the adult population, above the regional average (0.74%) and just below national average (0.84%).
- Around 48% of registered carers receiving services, were aged 65 and over.

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

- As of 30 September 2020, there were 18,682 carers reported by 66 GP practices in Oxfordshire Clinical Commissioning Group.
- This was 611 above the previous year (18,071 reported by 66 practices as of 30/09/2019).

[1] ONS Census 2011 table LC3304 from [nomis](#) ; [2] [Adult Social Care Activity and Finance Report, England - 2019-20](#) ; [3] Oxfordshire Clinical Commissioning Group

[Introduction](#)
[Summary](#)
[Carrying out an equity audit](#)
[Age and sex](#)
[Students](#)
[Disability](#)
[Gender identity](#)
[Marriage and civil partnership](#)
[Pregnancy and maternity](#)
[Ethnicity](#)
[Travellers](#)
[Religion or belief](#)
[Sexual orientation](#)
[Carers](#)
[Armed forces](#)
[Finding out more](#)

## 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 323 young carers (December 2020)

### 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%

ONS Census 2011 table LC3304 from [nomis](#) ; Oxfordshire County Council

Introduction

Summary

Carrying out an equity audit

Age and sex

Students

Disability

Gender identity

Marriage and civil partnership

Pregnancy and maternity

Ethnicity

Travellers

Religion or belief

Sexual orientation

**Carers**

Armed forces

Finding out more

**Carers - Experience**

The latest survey of Adult Carers (2018-19) found that..

- An above average and increasing proportion of carers in Oxfordshire reported feelings of stress and financial difficulties.
- The proportion of carers in Oxfordshire who say that caring had caused them feelings of stress has increased from 58.7% in 2016-17 to 63.5% in 2018-19 (+4.8). Across England this increased from 58.7% to 60.6% (+1.9).
- The proportion of carers in Oxfordshire who say that caring had caused “some” or “a lot” of financial difficulties has increased from 44.8% in 2016-17 to 51.0% in 2018-19 (+6.2). Across England this increased from 45.6% to 46.6% (+1.0).
- Just under a third of carer respondents (31%) in Oxfordshire reported that they have had to see their own GP in the last 12 months because of their caring role, above the national average of 29%.
- The rate has fallen since the last survey, particularly in the upper age groups.
- There appears to have been a large 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.

[Oxfordshire Carers Survey 2018-19 JSNA briefing](#) and [ONS research on sandwich carers](#)



[Introduction](#)

[Summary](#)

[Carrying out an equity audit](#)

[Age and sex](#)

[Students](#)

[Disability](#)

[Gender identity](#)

[Marriage and civil partnership](#)

[Pregnancy and maternity](#)

[Ethnicity](#)

[Travellers](#)

[Religion or belief](#)

[Sexual orientation](#)

[Carers](#)

[Armed forces](#)

[Finding out more](#)

## Armed Forces

### Current personnel

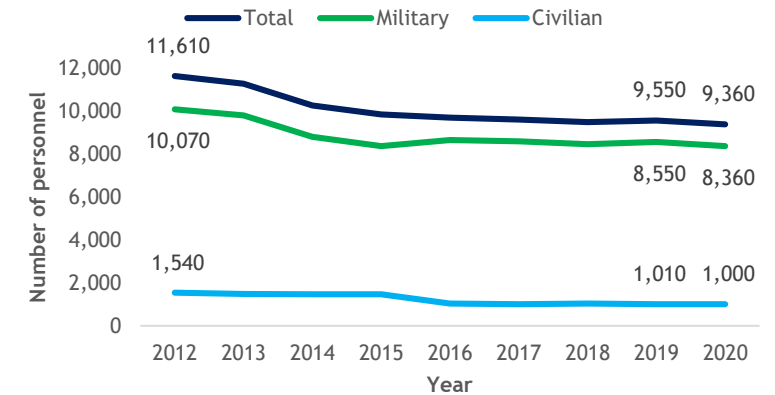
- As of 1 April 2020 there were 9,360 regular armed forces (military and civilian) personnel stationed in Oxfordshire (although not necessarily all resident in the county).
- This was a slight decrease compared to the previous year (9,550 on 1 April 2019) and well below the number as of April 2012 (11,610).

### Ex-personnel

- As of 31 March 2020 there were 6,623 recipients of pensions/compensation under the Armed Forces Pension Scheme, War Pension Scheme and Armed Forces Compensation Scheme.
- This continues the trend of a gradual increase in recipients since 2014.

Ministry of Defence, [Location of UK regular service and civilian personnel annual statistics: 2020](#) and [Location of armed forces pension and compensation recipients 2020](#)

## Armed Forces Personnel stationed in Oxfordshire, 2012 to 2020



## Armed Forces pension and compensation recipients in Oxfordshire 2018 to 2020

	31-Mar-19	31-Mar-20	2019 to 2020	
Cherwell	1,314	1,335	21	1.6%
Oxford	262	248	-14	-5.3%
South Oxon	1,185	1,203	18	1.5%
Vale of WH	1,647	1,651	4	0.2%
West Oxon	2,184	2,186	2	0.09%
Oxfordshire	6,592	6,623	31	0.5%

[Introduction](#)

[Summary](#)

[Carrying out an equity audit](#)

[Age and sex](#)

[Students](#)

[Disability](#)

[Gender identity](#)

[Marriage and civil partnership](#)

[Pregnancy and maternity](#)

[Ethnicity](#)

[Travellers](#)

[Religion or belief](#)

[Sexual orientation](#)

[Carers](#)

[Armed forces](#)

[Finding out more](#)

### 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 Census 2011 data is available from [nomis](#)



## Chapter 4

# Health conditions and causes of death

Introduction

Summary

COVID-19

Health conditions

Cancer

Cardiovascular disease

Musculoskeletal conditions

Multi-morbidity

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

Finding out more

This chapter..

- This chapter provides information on health conditions and causes of deaths in Oxfordshire.
- It includes information on the premature deaths in people under 75 years which are considered to be preventable.
- Further JSNA resources are available via the [JSNA page of Oxfordshire Insight](#)
- **Assessing the impact of COVID-19**
  - This chapter presents the most recent datasets accessed in January 2021.
  - This includes some data on coronavirus (COVID-19) cases and mortality for the 2020 calendar year. Most other data is 2019/20 financial year or earlier.
  - This means that, for the most part, this chapter will not reflect the impact of the COVID-19 pandemic and lockdowns (from early 2020).

[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[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](#)
[Finding out more](#)

## Summary - COVID-19 and Health conditions

### COVID-19

- From Jan-Dec 2020 there were over 19,000 confirmed cases of COVID-19 in people living in Oxfordshire and approximately 700 deaths with COVID-19 on the death certificate.
- 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.
- Around 21,600 people in Oxfordshire (3% of the population) were identified as Clinically Extremely Vulnerable (Feb21) and at highest risk from COVID-19

### Health conditions

- The health conditions with the greatest number of GP-registered patients in Oxfordshire were:
  - Hypertension (high blood pressure): 97,600 patients
  - Depression: 73,600 patients
  - Asthma: 48,100 patients
  - Diabetes: 32,000 patients
- Around 15% of the population suffer with a musculoskeletal condition. Depression and anxiety are more common in people with persistent pain.
- There are over 137,000 people of all ages with two or more chronic conditions in Oxfordshire. Prevalence increases as age increases.
- Prevalence of depression is increasing in Oxfordshire.
- National data reports deterioration in mental health of young people with existing mental health needs in lockdown, particularly linked to increased loneliness and anxiety.
- Falls are the largest cause of emergency hospital admissions for older people (65+); Oxford City has a rate consistently significantly worse than England.

[Introduction](#)

[Summary](#)

[COVID-19](#)

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

[Finding out more](#)

**Summary - Causes of death**

- In 2017-19, cancer was the leading cause of death in Oxfordshire, followed by Heart Disease and stroke for males and Dementia for females.
- National data show that premature mortality is closely associated with deprivation.
- In 2017-19 there were over 3,500 deaths in those aged under 75, from cancers, cardiovascular disease, liver disease and respiratory disease.
- 1,540 (43%) of these deaths in under 75s were considered to be preventable.
- An increasing number and proportion of deaths in Oxfordshire happen at home.
- Some wards experience significantly higher mortality rates from certain conditions than England.

[Introduction](#)

[Summary](#)

**COVID-19**

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

[Finding out more](#)

# Coronavirus (COVID-19)

[Introduction](#)

[Summary](#)

**COVID-19**

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

[Finding out more](#)

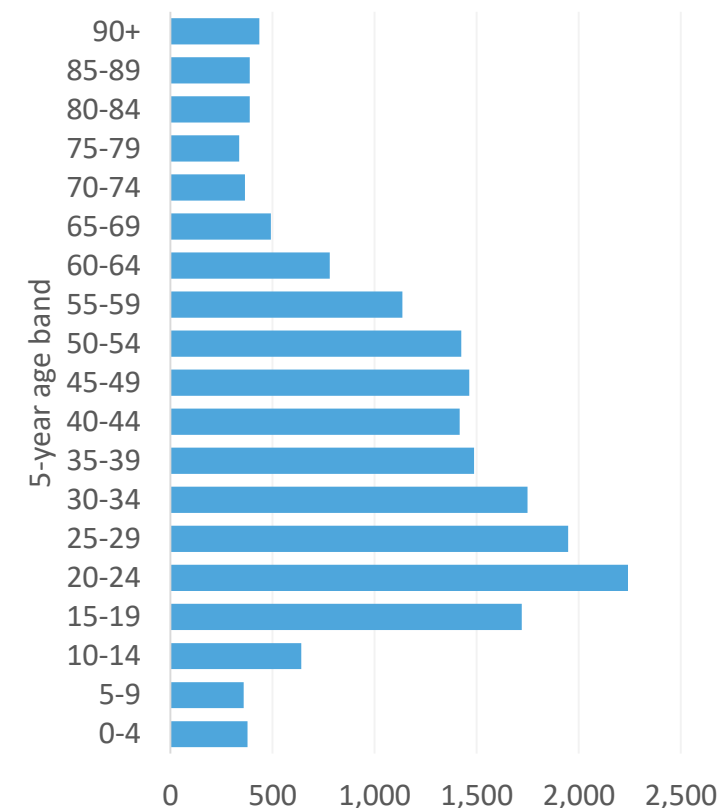
**Coronavirus (COVID-19)**

- In 2020, there were 19,200 confirmed cases of COVID-19 in people living in Oxfordshire, equivalent to a rate of 2,776 cases per 100,000 population.
- The majority of these cases were in the working age population.
- **NOTE: This is for the 2020 calendar year only. For more recent data, see sources below.**

**Confirmed cases of COVID-19, Oxfordshire, 2020**

Area name	Total cases	Rate per 100,000 population
Cherwell	4,929	3,275
Oxford	5,490	3,601
South Oxfordshire	3,440	2,422
Vale of White Horse	2,882	2,119
West Oxfordshire	2,457	2,221
<b>Oxfordshire</b>	<b>19,198</b>	<b>2,776</b>
South East		3,355
England		4,075

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



Gov.uk [Coronavirus \(COVID-19\) in the UK](#)

For more information about COVID-19, see [Finding out more - coronavirus \(COVID-19\)](#)



[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[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](#)
[Finding out more](#)

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

*When this data was analysed, the majority of testing had been offered to those in hospital with a medical need. Confirmed cases therefore represent the population of people with severe disease, rather than all of those who get infected. This is important because disparities between diagnoses rates may reflect differences in the risk of getting the infection, in presenting to hospital with a medical need and in the likelihood of being tested.*

- People who live in **deprived areas** have higher diagnosis rates and death rates than those living in less deprived areas.
- National data shows that COVID-19 has had a disproportionate impact on **ethnic minority** communities. People from Black ethnic groups were most likely to be diagnosed. Given that the best data available for ethnicity at a local level is from the Census 2011 and now ten years old, we can infer what the national data mean for Oxfordshire but cannot be certain.
- Early reports suggested that occupational exposure accounts for some infections, with healthcare workers being particularly at risk of infection. Other occupations, such as those working in the emergency services (police, fire, ambulance), social care and educators, and other occupations such as bar staff and hairdressers, also have close contact with others but are less likely to be exposed to people with the disease when compared to health care workers.
- Among workers in occupations that are more likely to be in frequent contact with people and exposed to disease, 3 in 4 are women and one in 5 are from BAME groups.

PHE [COVID-19: understanding the impact on BAME communities](#)

- [Introduction](#)
- [Summary](#)
- [COVID-19](#)
- [Health conditions](#)
- [Cancer](#)
- [Cardiovascular disease](#)
- [Musculoskeletal conditions](#)
- [Multi-morbidity](#)
- [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](#)
- [Finding out more](#)

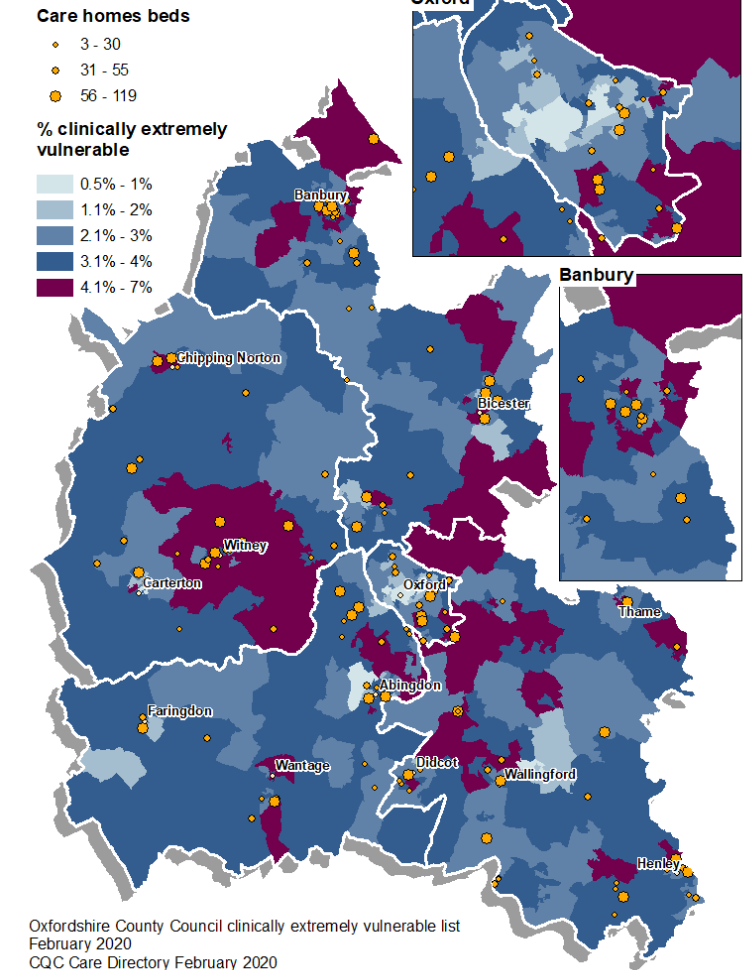
### Clinically Extremely Vulnerable Population

- As of 15<sup>th</sup> 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<sup>th</sup> 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

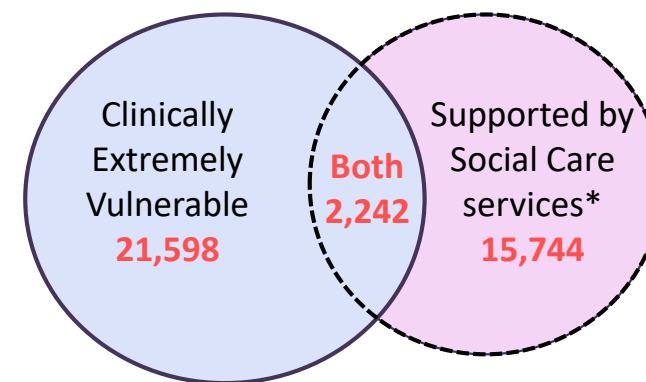
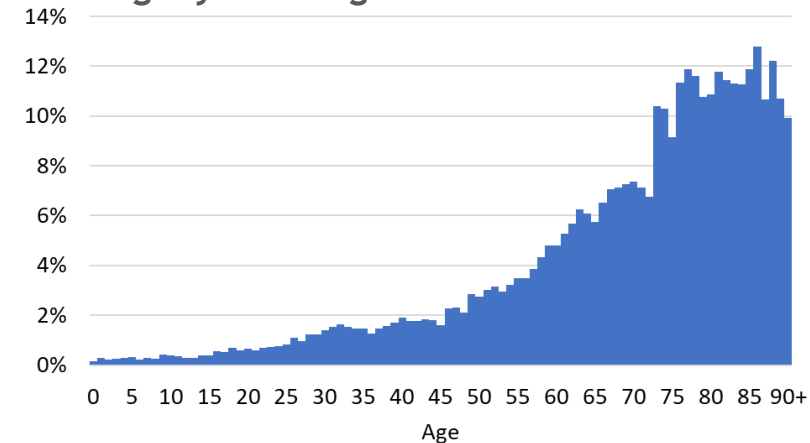


- [Introduction](#)
- [Summary](#)
- [COVID-19](#)
- [Health conditions](#)
- [Cancer](#)
- [Cardiovascular disease](#)
- [Musculoskeletal conditions](#)
- [Multi-morbidity](#)
- [Sensory impairment](#)
- [Learning Disabilities](#)
- [Personal wellbeing & Mental health](#)
- [Self-harm](#)
- [Hospital 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](#)
- [Finding out more](#)

### Clinically Extremely Vulnerable by age and overlap with health and social care

- Of the 21,598 people identified as Clinically Extremely Vulnerable (CEV) in Oxfordshire and at highest risk from COVID-19, over half (55%) were older people aged 65+
- 926 were children and young people aged 0-24 (4% of the total)
- 2,242 of the CEV group were also receiving long term health and **social care services** from the pooled budget, 10.4% of the total

Oxfordshire CEV as a % of population by single year of age



\*People open to social care or open to health services paid via social care, e.g. continuing healthcare or funded nursing care

Oxfordshire County Council, February 2021  
[NHS list of categories of people at high risk \(clinically extremely vulnerable\)](#)

[Introduction](#)

[Summary](#)

**COVID-19**

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

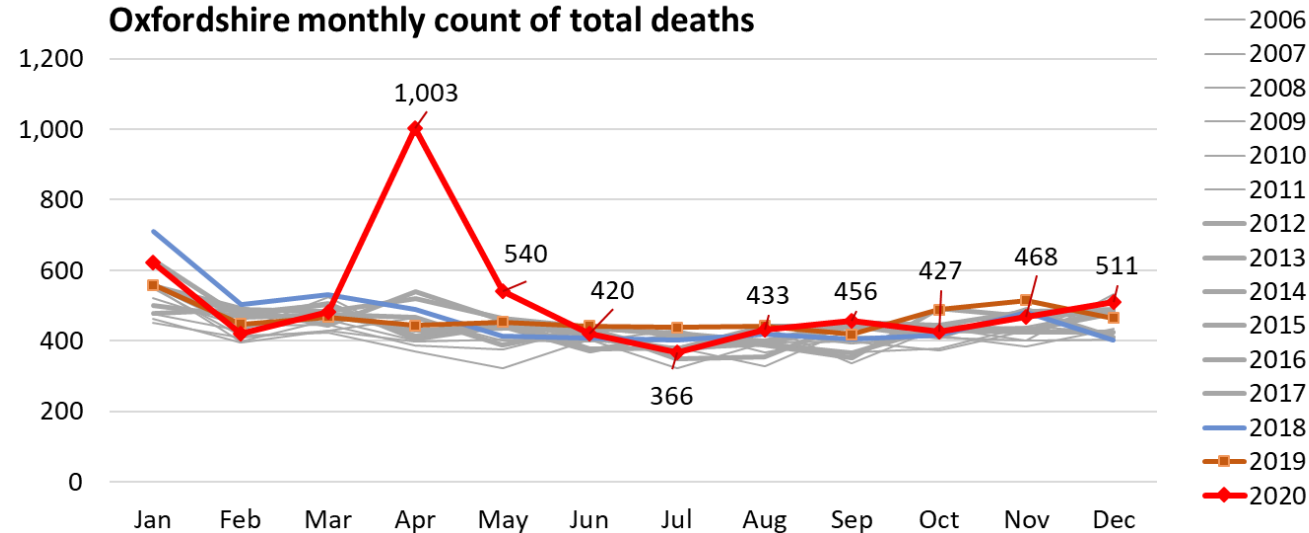
[Road casualties](#)

[Finding out more](#)

**Total deaths in Oxfordshire by month**

- According to the Office for National Statistics, the total number of deaths (including COVID-19 and other causes) in the 12 months between January 2020 and December 2020 in Oxfordshire was **6,150**.
- This was a rate of 48 deaths per 1000 population aged 65+\* in 2020, compared with 43.6 (per 1000 65+ pop) in 2019.
- By district, the highest rates of total deaths per population (as % of those aged 65+) were in Cherwell (52.9) and Oxford (52.4), followed by West Oxfordshire (47.9), Vale of White Horse (45.5) and South Oxfordshire (43.1).

**Oxfordshire monthly count of total deaths**



\*Note: death rate is calculated as a rate of total deaths (all ages) per 1000 population aged 65+. This is because deaths tend to be in the older age group and to give a more reasonable comparator for Oxford City (i.e. excluding the large student-age population)

ONS, [Deaths registered monthly in England and Wales](#)

[Introduction](#)

[Summary](#)

**COVID-19**

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

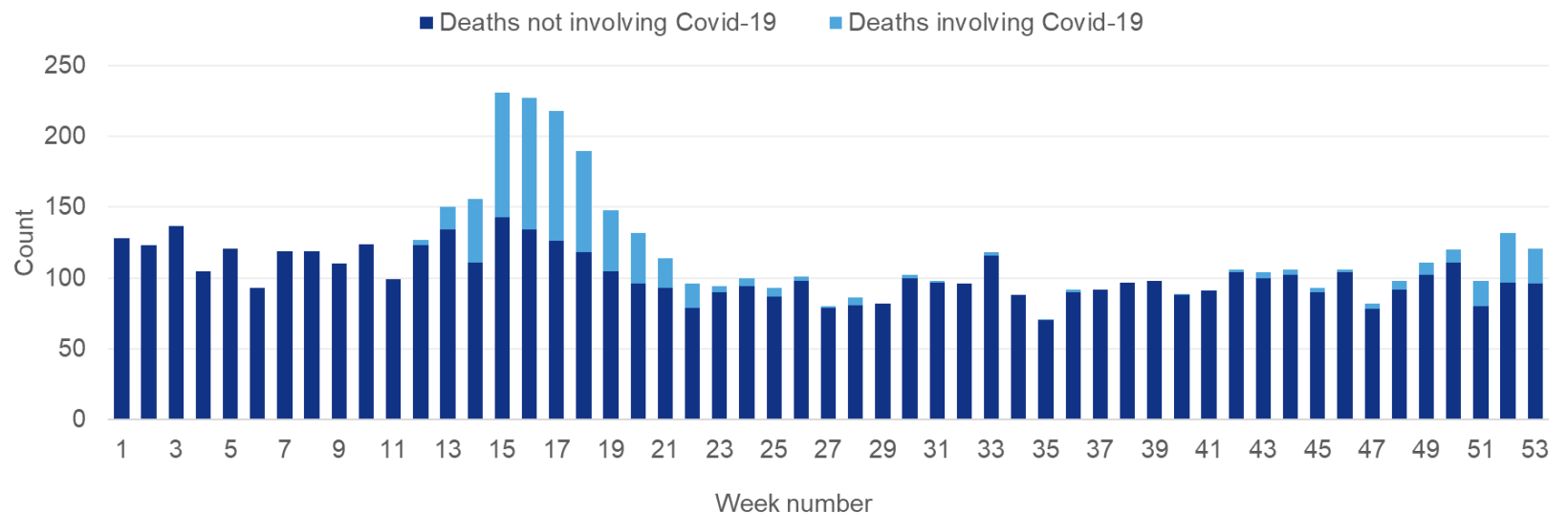
[Road casualties](#)

[Finding out more](#)

**Deaths from coronavirus (COVID-19)**

- According to the Office for National Statistics\*, there were approximately 700 deaths with COVID-19 on the death certificate in Oxfordshire in 2020.
- By count, deaths were relatively evenly spread across Oxfordshire’s districts, however the rate was lower in Oxford than in the other districts.
- The majority of deaths involving COVID-19 were registered with hospital or care home as the place of death.

**Registered deaths by week of occurrence, Oxfordshire, 2020**



ONS, [Deaths registrations and occurrences by Local Authority and Health Board](#) \*Accessed 26.01.2021  
 For more information about COVID-19, see [Finding out more - coronavirus \(COVID-19\)](#)

[Introduction](#)

[Summary](#)

**COVID-19**

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

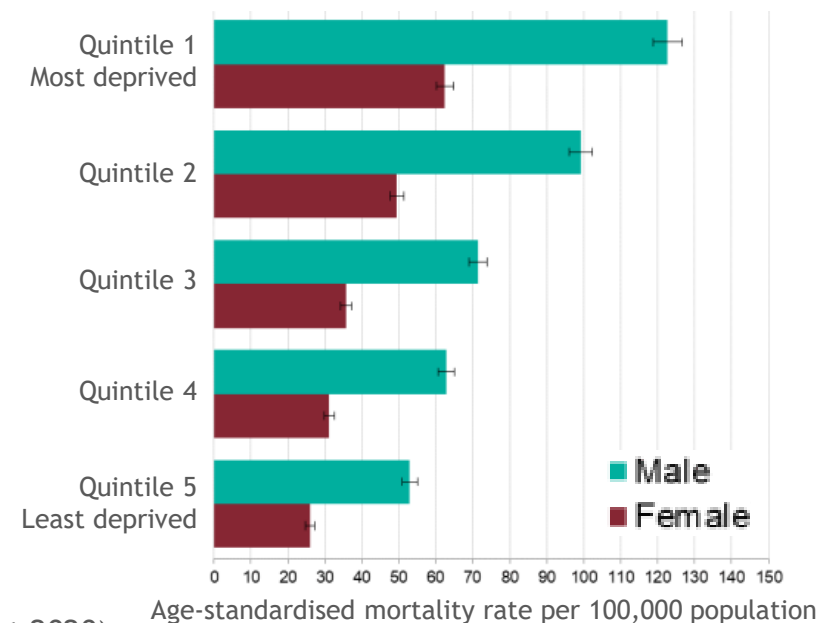
[Road casualties](#)

[Finding out more](#)

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

- National data show 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 and higher in those in Black, Asian and Minority Ethnic (BAME) groups than in White ethnic groups.
- 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, as of 13 May 2020, England**



PHE [Disparities in the risk and outcomes of COVID-19](#) (August 2020)

For more information about COVID-19, see [Finding out more - coronavirus \(COVID-19\)](#)

[Introduction](#)

[Summary](#)

[COVID-19](#)

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

[Finding out more](#)

# Health conditions

- [Introduction](#)
- [Summary](#)
- [COVID-19](#)
- [Health conditions](#)
- [Cancer](#)
- [Cardiovascular disease](#)
- [Musculoskeletal conditions](#)
- [Multi-morbidity](#)
- [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](#)
- [Finding out more](#)

### Health conditions - Oxfordshire CCG and England

- The health conditions with the greatest number of GP-registered patients in Oxfordshire were:
  - Hypertension (high blood pressure): 97,600 patients
  - Depression: 73,600 patients
  - Asthma: 48,100 patients
  - Diabetes: 32,000 patients
  
- Four health conditions in Oxfordshire were above the England average:
  - Cancer
  - Cardiovascular disease
  - Depression
  - Osteoporosis

NHS Digital, [QOF data for GP Practices](#)

Oxfordshire CCG	2018-19		2019-20			
	Count	Rate	Count	Rate	pp change	England rate
<b>Cardiovascular group</b>						
Atrial fibrillation	14,851	1.98	15,665	2.02	+0.04	2.05
Cardiovascular disease	4,879	1.20	5,449	1.29	+0.09	1.19
Coronary heart disease	17,734	2.37	17,940	2.32	-0.05	3.09
Heart failure	5,723	0.76	5,730	0.74	-0.03	0.9
Hypertension	93,561	12.5	97,557	12.59	+0.09	14.1
Periph. arterial disease	3,580	0.48	3,642	0.47	-0.01	0.6
Stroke and TIA	13,034	1.74	13,417	1.73	-0.01	1.8
<b>Respiratory group</b>						
Asthma	43,392	5.80	48,097	6.21	+0.41	6.48
Chronic obstructive pulmonary disease	10,502	1.4	10,809	1.39	-0.01	1.94
<b>Lifestyle group</b>						
Obesity	54,572	9.06	57,516	9.22	+0.16	10.51
<b>High dependency and other long-term conditions group</b>						
Cancer	25,653	3.43	27,374	3.53	+0.11	3.13
Chronic kidney disease	19,571	3.25	19,297	3.09	-0.16	4.05
Diabetes mellitus	30,868	5.05	31,982	5.05	0	7.08
Palliative care	1,875	0.25	2,450	0.32	+0.07	0.48
<b>Mental health and neurology group</b>						
Dementia	5,831	0.78	5,821	0.75	-0.03	0.79
Depression	66,656	11.06	73,648	11.81	+0.74	11.56
Epilepsy	4,242	0.70	4,389	0.7	0	0.8
Learning disabilities	2,907	0.39	3,025	0.39	0	0.51
Mental health	6,529	0.87	6,383	0.82	-0.05	0.93
<b>Musculoskeletal group</b>						
Osteoporosis	3,664	1.39	4,103	1.51	0.12	0.85
Rheumatoid arthritis	4,151	0.67	4,274	0.67	0	0.77



Introduction

Summary

COVID-19

Health conditions

Cancer

Cardiovascular disease

Musculoskeletal conditions

Multi-morbidity

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

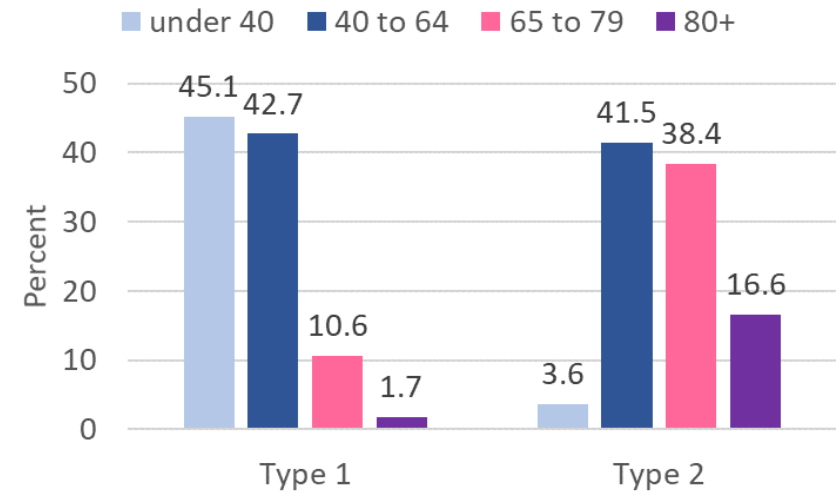
Road casualties

Finding out more

Diabetes

- In 2019-20 there were 31,982 people, aged 17 years or older who had been diagnosed with diabetes in Oxfordshire CCG.
- The Oxfordshire prevalence of 5.05% was well below the England average of 7.08%.
- The latest prevalence of diagnosed and undiagnosed diabetes in Oxfordshire (2017), was an estimated 7.2% (England 8.5%).
- Estimates from 2018-19 show that Type 1 diabetes particularly affects younger people, while type 2 affects older people.

Distribution of people with type 1 and type 2 diabetes in Oxfordshire by age (2018-19)



Public Health England [Diabetes profile](#)

[Introduction](#)

[Summary](#)

[COVID-19](#)

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

[Finding out more](#)

**Cancer incidence**

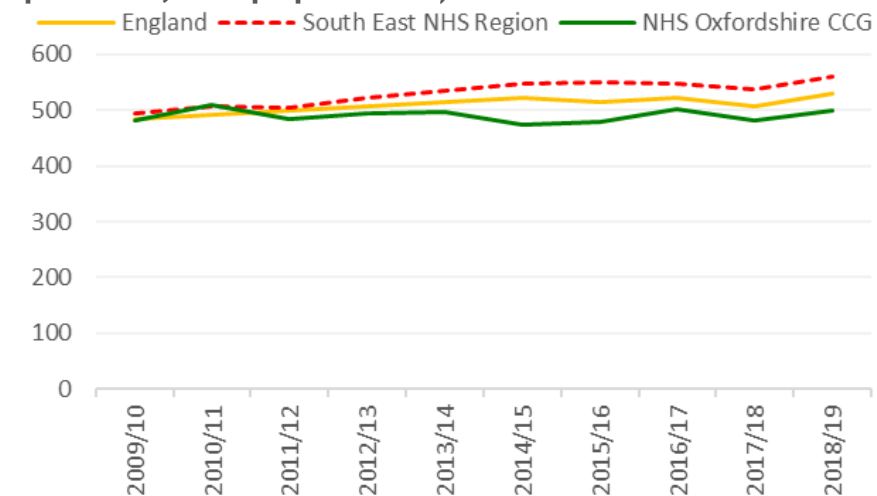
- In 2018/19, there were 3,782 people in Oxfordshire diagnosed with new cases of cancer.
- This is equivalent to a rate of 499 per 100,000 population, significantly lower than England (529) and the South East Region (561).

- New cases of cancer\* diagnosed at stage 1 and 2 (shown as a proportion of all new cases of cancer diagnosed) have improved in Oxfordshire.
- In 2017, 1,492 new cases of cancer were diagnosed at stage 1 or 2 in Oxfordshire.

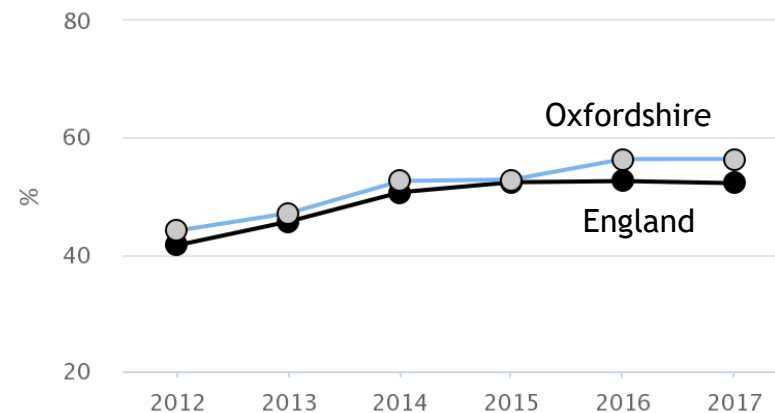
\*Note - this indicator is labelled as experimental because of variation in data quality: the indicator values primarily represent variation in completeness of staging information.

Public Health England [Cancer Profile](#), [Public Health Outcomes Framework](#)

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



**Cancer diagnosed at an early stage**



[Introduction](#)

[Summary](#)

[COVID-19](#)

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

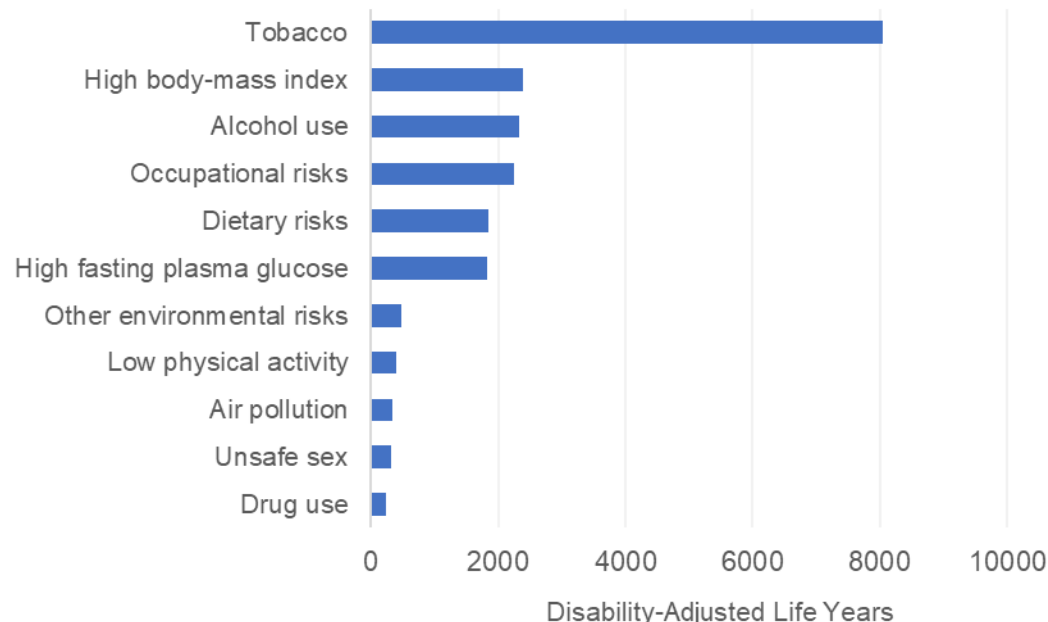
[Road casualties](#)

[Finding out more](#)

### Cancer - risk factors

- This chart shows disability adjusted life years (DALYs)\* for risk factors of cancer in Oxfordshire in 2019. The risk factor contributing to the most DALYs for cancer is **tobacco use**, which accounted for over 8,000 DALYs. Tobacco is the top risk factor in all adult age groups.

**Top risk factors for disability-adjusted life-years (DALY) for Cancer in 2019, Oxfordshire, all ages**



\*Disability adjusted life years (DALY) are the sum of years of potential life lost due to premature death, and the years of productive life lost due to disability. DALYs are used to measure the combined quantity and quality of life of a population.

[IHME Global Burden of Disease tool](#)

[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[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](#)
[Finding out more](#)

## 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 17,940 people (all ages) registered with CHD among Oxfordshire GP practices in 2019-20 (2.32% of all patients, compared to 3.09% nationally)
- In 2019-20 the hospital admission rate for CHD in Oxfordshire CCG was 349.2 per 100,000 people (2,250 admissions). This is significantly lower than the England rate (469.9).
- **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 2013/14 to 2017/18)

### Stroke

- 13,417 patients at Oxfordshire GP practices in 2019-20 had recorded stroke or transient ischaemic attack (TIA). This is 1.73% of all Oxfordshire patients, just below the national average (1.8%)
- In 2019-20 the admission rate for stroke in NHS Oxfordshire CCG was 128.8 for every 100,000 people in the population (850 admissions). This is significantly lower than England (170.2). Between 2004/05 and 2019/20 the admission rate for stroke in the CCG decreased by 29.5%.
- **Inequalities** - two wards in Oxfordshire - Blackbird Leys and Banbury Grimsbury & Hightown - were significantly worse than the England average for emergency hospital admissions for stroke (combined years 2013/14 to 2017/18)

Public Health England [Heart Disease and Stroke Profile Reports](#), [Local Health](#) accessed 30 Dec 20

- [Introduction](#)
- [Summary](#)
- [COVID-19](#)
- [Health conditions](#)
- [Cancer](#)
- [Cardiovascular disease](#)
- [Musculoskeletal conditions](#)
- [Multi-morbidity](#)
- [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](#)
- [Finding out more](#)

## 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, there are an estimated 15.1% of people with a long term MSK condition.

Percentage reporting a long-term MSK problem 2020 (districts in Oxfordshire)

	Area	Value	95% Lower CI	95% Upper CI
England		18.5	18.4	18.6
Oxfordshire		15.1	14.2	16.0
West Oxfordshire		18.0	15.7	20.3
South Oxfordshire		16.9	15.0	18.8
Cherwell		16.4	14.5	18.3
Vale of White Horse		14.4	12.3	16.5
Oxford		11.7	10.1	13.4

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.

- [Introduction](#)
- [Summary](#)
- [COVID-19](#)
- [Health conditions](#)
- [Cancer](#)
- [Cardiovascular disease](#)
- [Musculoskeletal conditions](#)
- [Multi-morbidity](#)
- [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](#)
- [Finding out more](#)

### Musculoskeletal conditions and depression / anxiety

*Depression and anxiety is four times more common among people in persistent pain compared to those without pain. Data from the GP Patient Survey is used to estimate the percentage of people aged 18+ years reporting an MSK condition, either long term back pain or long term joint pain, who also report feeling depressed or anxious.*

Percentage of people aged 18+ years reporting an MSK condition, either long term back pain or long term joint pain, who also report feeling depressed or anxious 2016/17

Area	Value	Lower CI	Upper CI
England	24.1	23.9	24.4
Oxfordshire	19.6	17.5	21.7
Cherwell	19.3	15.1	23.5
Oxford	19.9	15.3	24.4
South Oxfordshire	18.6	14.3	23.0
Vale of White Horse	21.8	16.5	27.1
West Oxfordshire	18.3	13.3	23.4

Public Health England [Profile MSK Conditions](#) last accessed 30Dec20

[Introduction](#)

[Summary](#)

[COVID-19](#)

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

**[Multi-morbidity](#)**

[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](#)

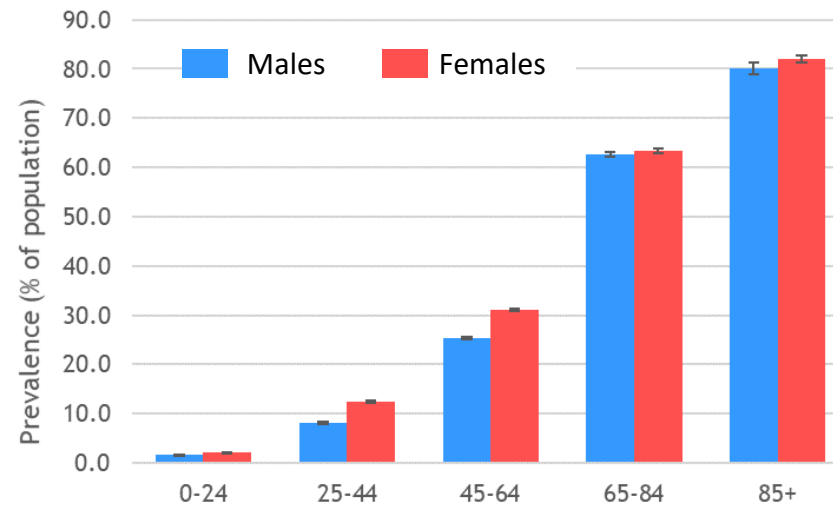
[Finding out more](#)

## Multi-morbidity

*Multimorbidity means more than two illnesses or diseases occurring in the same person at the same time.*

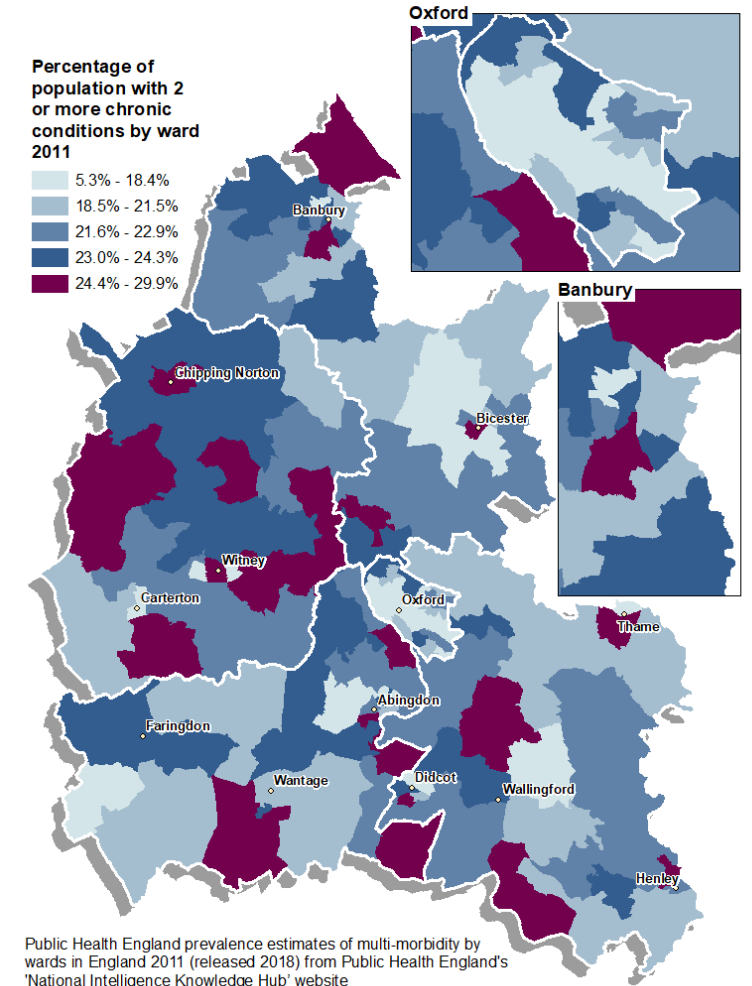
- It is estimated that in 2011 there were over 137,000 people with 2 or more chronic conditions (multimorbidity) in Oxfordshire. Prevalence within each age-group increases as age increases.

### Prevalence of 2 or more chronic conditions in Oxfordshire by age group and gender



Public Health England [Multi-morbidity prevalence estimates at region, local authority and ward level](#) (2019) published on Public Health England's 'National Intelligence Knowledge Hub' website (need to register).

## Multi-morbidity



Public Health England prevalence estimates of multi-morbidity by wards in England 2011 (released 2018) from Public Health England's 'National Intelligence Knowledge Hub' website

[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[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](#)
[Finding out more](#)

## 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 22,900 (3.2% of total population) living with sight loss, including 19,780 people living with partial sight and 3,060 people living with blindness. It is estimated that there will be 29,000 people in Oxfordshire living with sight loss by 2030.
- There are 1,300 people registered blind, 10 of which are children; a further 1,060 are registered as partially sighted, 30 of which are children.
- National data from RNIB's Understanding Society survey show that only 35% of people with sight loss 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%).
- 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. Nearly half of people with sight loss reported travelling by car at least a few times each week. They were also twice as likely to live in a household that doesn't own a car compared to the UK average. People with sight loss were more likely to travel by bus; but just as likely to travel by train compared to the UK average.
- People with sight loss were more likely to **smoke tobacco** than the UK average.

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](#)



[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[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](#)
[Finding out more](#)

## Sensory Impairment - Hearing loss

*Hearing loss 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](#)

[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[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](#)
[Finding out more](#)

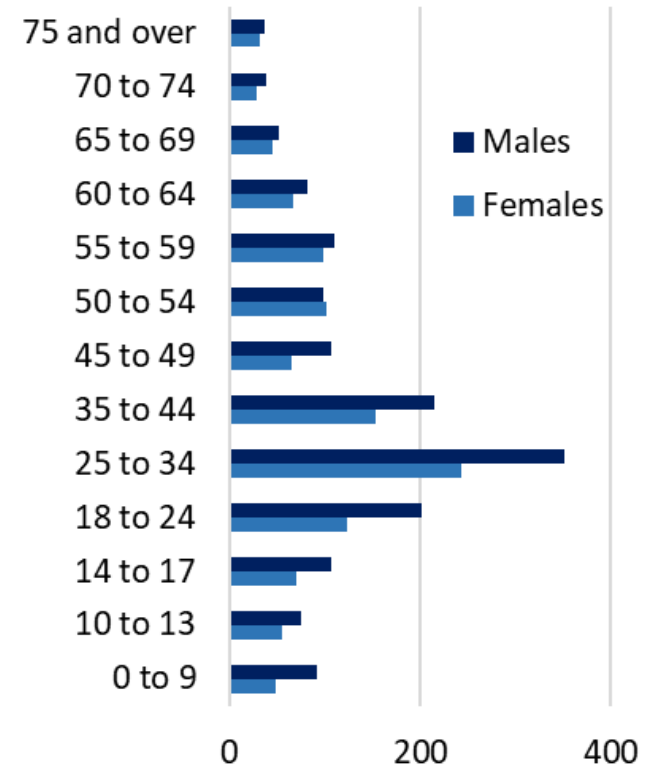
### Learning Disabilities by gender and age

- Experimental statistics (not including all GP practices) show that, as of 31 March 2020, there were 2,687 patients recorded on their GP's Learning Disabilities (LD) register in Oxfordshire Clinical Commissioning Group
- Patients with LD made up 0.37% of the total patient register in Oxfordshire (0.5% in England)
- By gender and age, the OCCG LD register included more males than females and more people aged 18 to 49:
  - 1,560 males (58%)
  - 1,127 females (42%)
  - 1,457 people aged 18 to 49 (54%)
  - 785 people aged 50+ (29%)

#### Health and Care of People with Learning Disabilities Experimental Statistics 2019 to 2020 - 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. The 2019/20 dataset supersedes and is not comparable with previous versions due to changes to the code clusters used to identify patients with a learning disability

Number of patients recorded on their general practice's QOF learning disabilities register, Oxfordshire CCG as at 31 March 2020



[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[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](#)
[Finding out more](#)

## 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 29 times as high for people with LD
- People with LD are more than twice as likely to have **diabetes** than the general population and less likely to have **cancer**

### [Health and Care of People with Learning Disabilities Experimental Statistics 2019 to 2020 - 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

## Oxfordshire CCG 2019-20

Disease category	SPR*	Observed	Expected
Epilepsy	29.2	458	16
Autism	19.8	589	30
Mental Health	6.3	143	23
ADHD	5.9	132	22
Dementia	5.8	45	8
Hypothyroidism	2.9	212	72
Diabetes – non-Type 1	2.2	166	75
Diabetes – Type 1	2.1	24	11
Stroke	1.9	49	26
Heart Failure	1.5	17	12
Asthma	1.4	233	161
Blood pressure	1.4	2,191	1,545
Hypertension	1.1	269	235
Depression	1.1	388	355
Cancer	0.8	55	66

[Introduction](#)

[Summary](#)

[COVID-19](#)

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

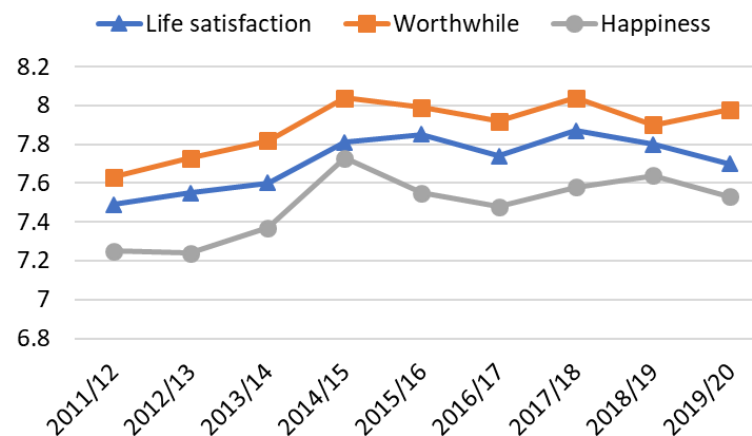
[Road casualties](#)

[Finding out more](#)

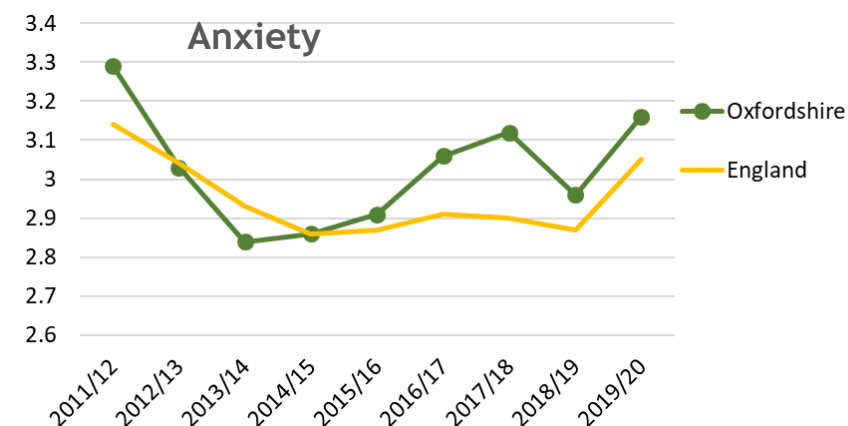
**Personal wellbeing**

- In Oxfordshire, between the years ending March 2019 and March 2020, the mean score for feeling “worthwhile” increased slightly. However life satisfaction and happiness have each decreased slightly.
- Levels of reported anxiety in Oxfordshire appear to have increased and remain above the England average.

**Trend in average wellbeing scores in Oxfordshire to year ending March 2020**



**Trend in average level of Anxiety to year ending March 2020, 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.

[Introduction](#)

[Summary](#)

[COVID-19](#)

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

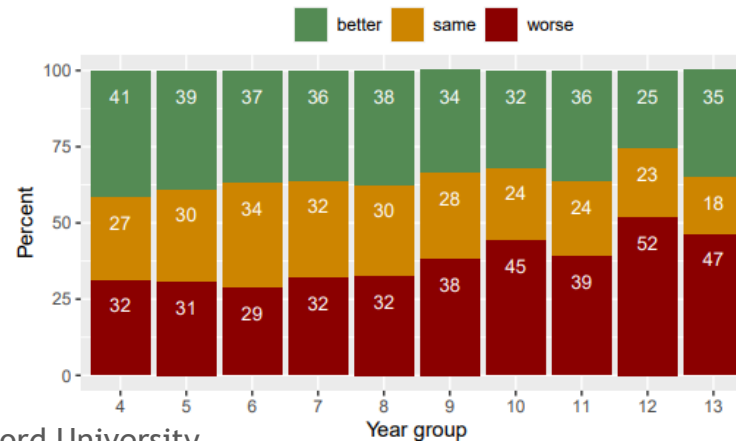
[Finding out more](#)

**Mental wellbeing in schools**

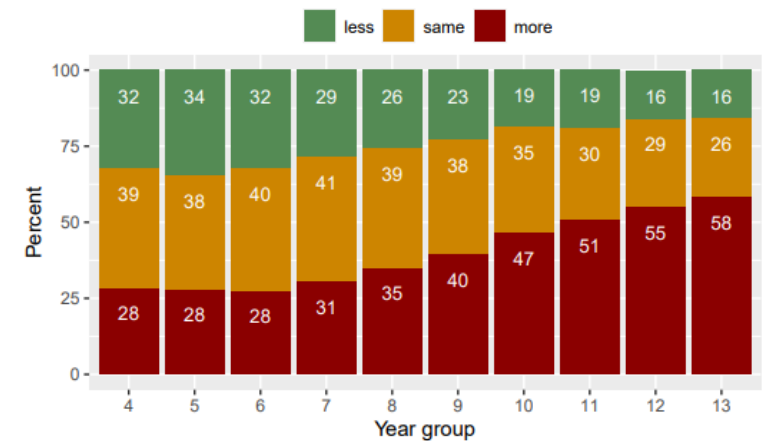
*In 2019, the OxWell School Survey collected pupils' responses to questions on a range of health and wellbeing-related issues. 4,390 pupils at Oxfordshire schools took part. The OxWell School survey 2020 collected data from 19,000 children and young people at schools in six counties in the south of England.*

- 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](#)

[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[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](#)
[Finding out more](#)

## 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 October 2020 DfE State of the Nation report found that:

- Children and young people have been worried about the coronavirus (COVID-19), particularly the potential that friends or family could catch the virus. Other relatively common worries about the disease and its consequences are of catching the disease themselves and missing school.
- There are indications that, during the lockdown, some children have had increased difficulty with behaviour and restlessness or attention. Evidence on increased symptoms of anxiety during this time is mixed, with different studies finding that anxiety was at normal levels or that it was elevated.
- Access to NHS **mental health services** has been maintained for many children and young people, and although referrals to mental health services were low in April and May 2020, an increase was seen in June in line with the easing of restrictions.
- Between a quarter and just under a half of older young people (those aged 16 and over) reported the pandemic affecting their relationships over this time, peaking in May, and seeming to be driven more by the experiences of females and the older (20 to 24 years) age group. Data also indicates that for this age group loneliness may also be a greater concern than for older adults.

Department for Education [State of the Nation 2020](#)

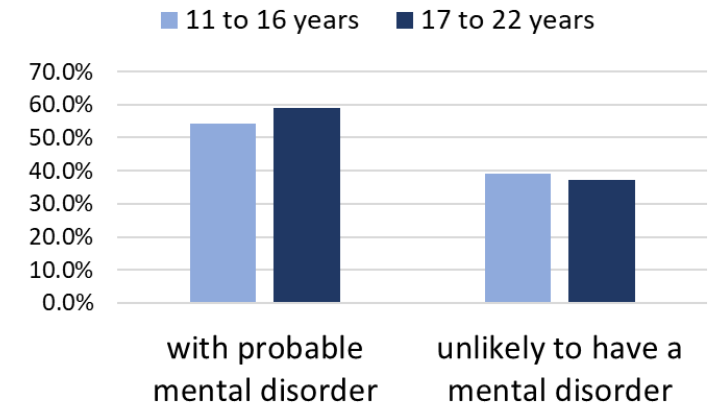
- [Introduction](#)
- [Summary](#)
- [COVID-19](#)
- [Health conditions](#)
- [Cancer](#)
- [Cardiovascular disease](#)
- [Musculoskeletal conditions](#)
- [Multi-morbidity](#)
- [Sensory impairment](#)
- [Learning Disabilities](#)
- [Personal wellbeing & Mental health](#)
- [Self-harm](#)
- [Hospital 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](#)
- [Finding out more](#)

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

- ONS COVID-19 analysis has found...

- The proportion of children (aged 5-16) 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](#)

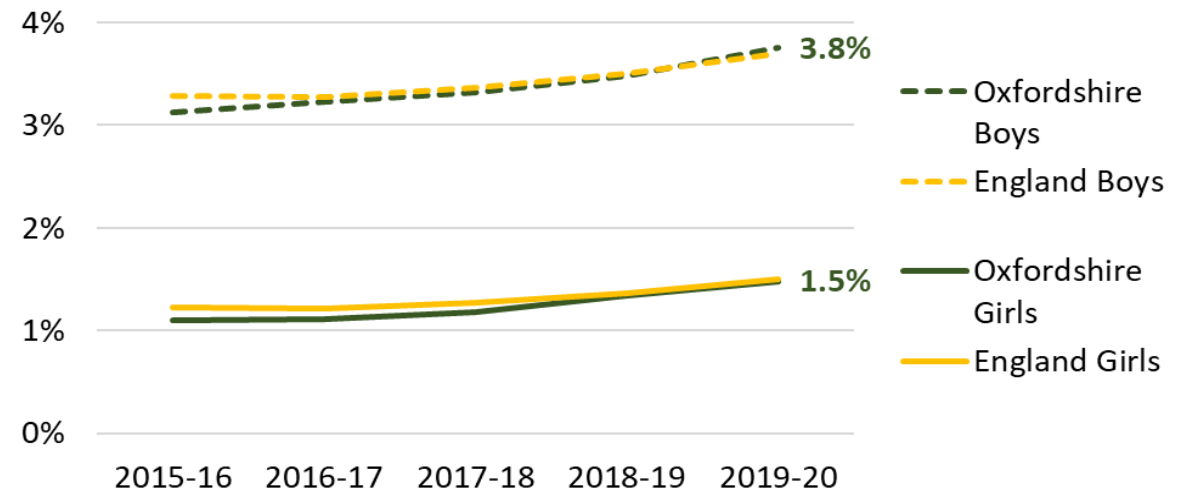
- [Introduction](#)
- [Summary](#)
- [COVID-19](#)
- [Health conditions](#)
- [Cancer](#)
- [Cardiovascular disease](#)
- [Musculoskeletal conditions](#)
- [Multi-morbidity](#)
- [Sensory impairment](#)
- [Learning Disabilities](#)
- [Personal wellbeing & Mental health](#)**
- [Self-harm](#)
- [Hospital 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](#)
- [Finding out more](#)

## 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 school children with social, emotional and mental health needs - Oxfordshire and England



Department of Education, [Special Education Needs in England: January 2020](#)

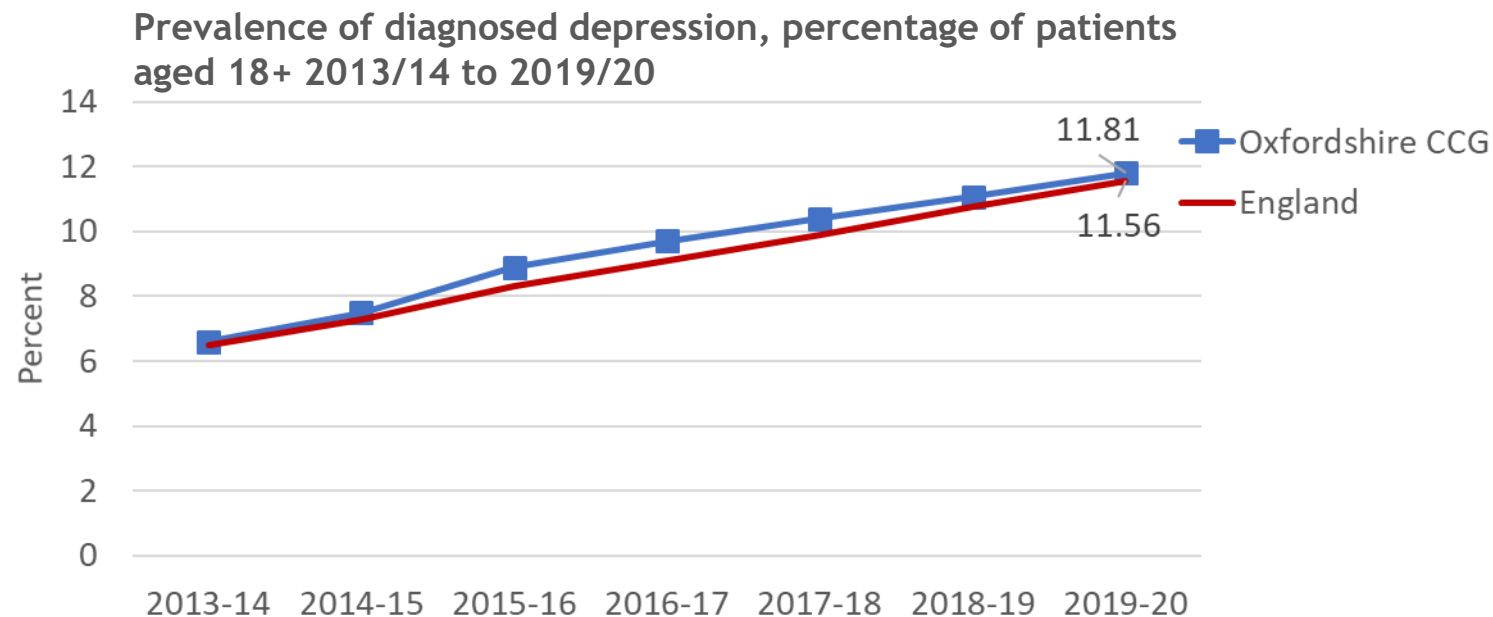


[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[Sensory impairment](#)
[Learning Disabilities](#)
[Personal wellbeing & Mental health](#)
[Self-harm](#)
[Hospital admissions due to falls](#)
[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](#)
[Finding out more](#)

## 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 2019/20 there were 73,648 patients (aged 18 or over) with a diagnosis of depression registered by Oxfordshire’s GP practices. This is a higher number than the previous year; rates of depression are increasing, year on year.



Public Health England [Mental Health and Wellbeing JSNA](#) and [NHS Digital QOF](#)

[Introduction](#)

[Summary](#)

[COVID-19](#)

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

[Finding out more](#)

**Mental health - high risk groups**

- Some sub-groups are more exposed and vulnerable to unfavourable social, economic, and environmental circumstances. These subgroups, interrelated with ethnicity, gender and age, are at higher risk of mental health problems.
- The following groups are identified as being of high risk of mental health problems
  - black and minority **ethnic groups**
  - people living with **physical disabilities**
  - people living with **learning disabilities**
  - people with **alcohol and/or drug dependence**
  - prison population, offenders and **victims of crime**
  - LGBT (**lesbian, gay, bisexual** and **transgender**) people
  - **Carers**
  - People with **sensory impairment**
  - **Homeless people**
  - Refugees and **asylum seekers**
- There are other examples of high risk groups
  - Those associated with **poverty** and socio-economic disadvantage
  - At various points across the life course e.g. pregnancy, motherhood, people with poor physical health, isolated older people or those in living in care homes.

Public Health England [Mental Health: Population Factors](#)

[Introduction](#)

[Summary](#)

[COVID-19](#)

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

[Finding out more](#)

**Self Harm**

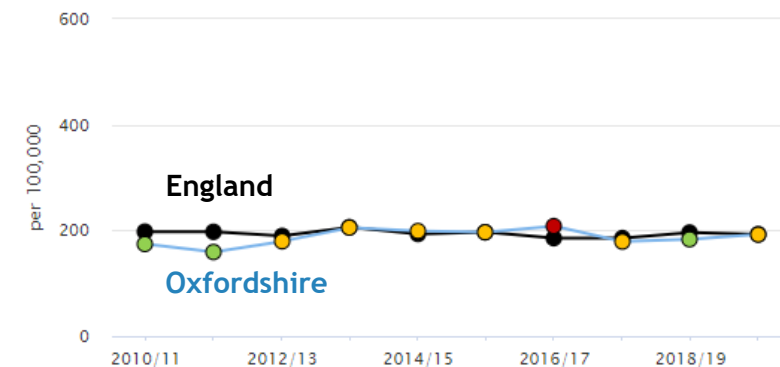
*Self-harm results in approximately 110,000 inpatient admissions to hospital each year in England, 99% are emergency admissions.*

*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.*

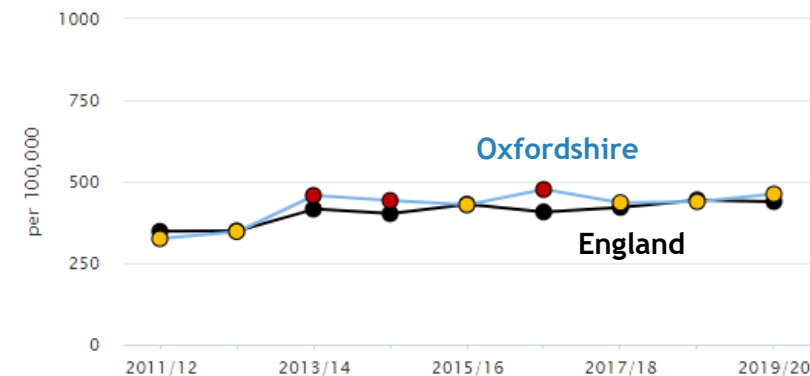
- Oxfordshire’s rate of hospital admissions for self-harm has increased since 2010/11. In 2019/20 there were 1,365 hospital admissions, equivalent to a rate of 192.1 per 100,000 population, similar to England but significantly lower than the South East average.
- In Oxfordshire rates of self-harm hospital admissions in children and young people (aged 10-24 years) have remained relatively steady over time. In 2019/20 there were 600 admissions, equivalent to a rate of 462.1 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)**



Introduction

Summary

COVID-19

Health conditions

Cancer

Cardiovascular disease

Musculoskeletal conditions

Multi-morbidity

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

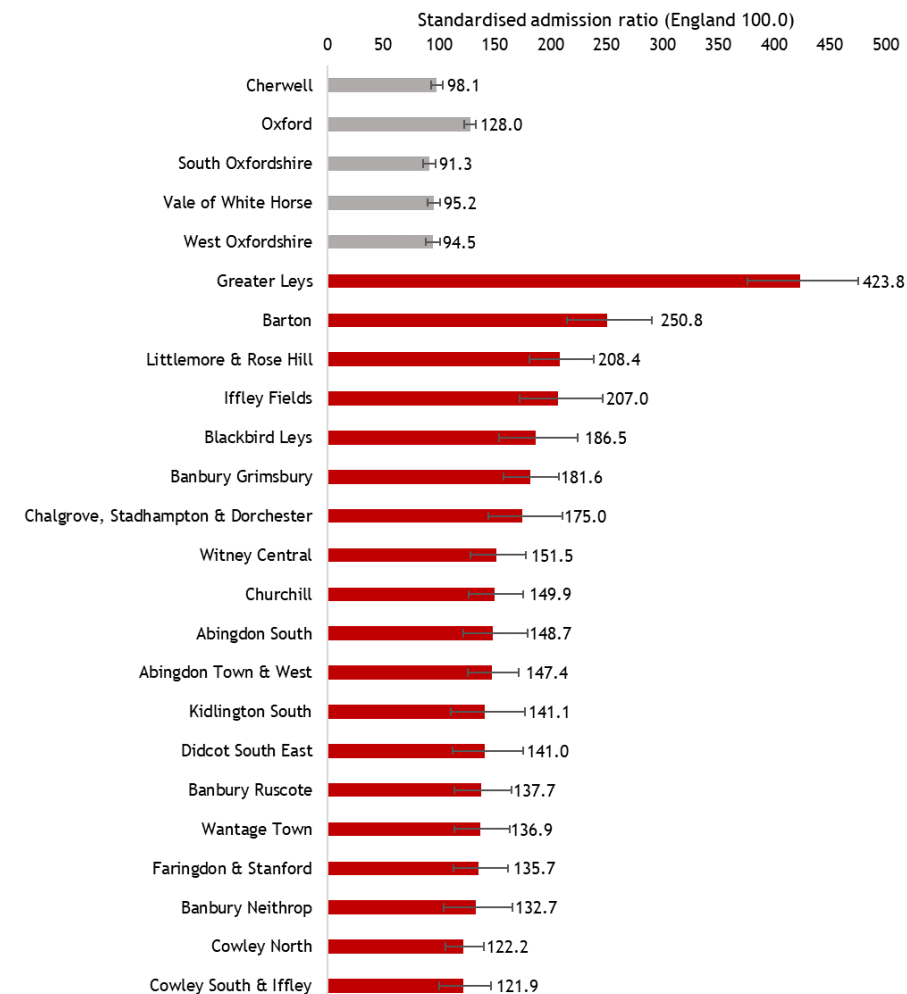
Finding out more

Inequalities - hospital stays for self-harm

- 19 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 2013/4 to 2017/18)
- The areas with the highest rates for self-harm were Greater Leys, Barton, Littlemore & Rose Hill, Iffley Fields, Blackbird Leys, Banbury Grimsbury and Chalgrove, Stadhampton & Dorchester

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

Hospital stays for self-harm, all ages, standardised admissions ratio, MSOAs significantly higher than England, 2013/14 - 2017/18



[Introduction](#)

[Summary](#)

[COVID-19](#)

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

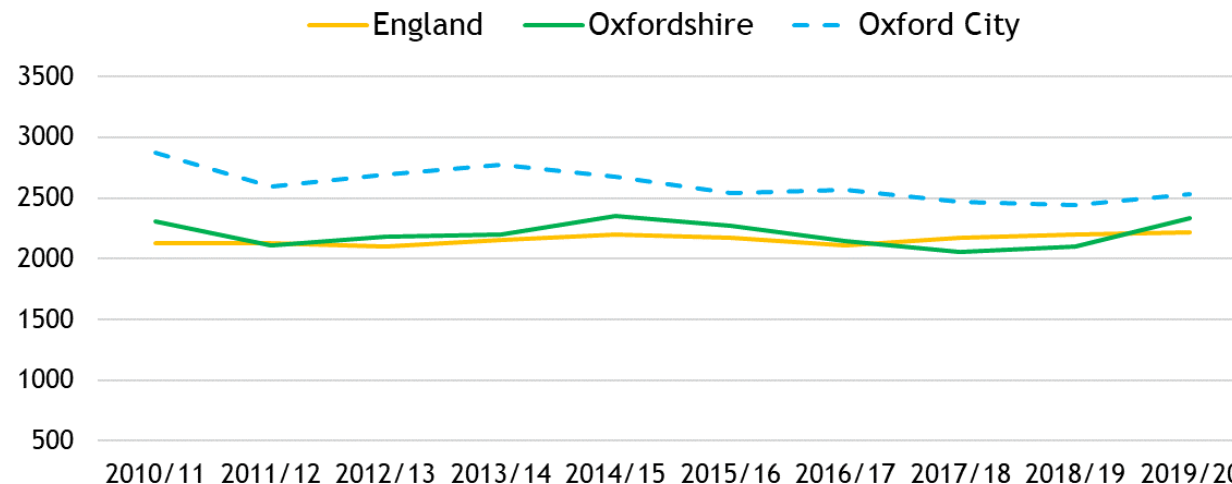
[Finding out more](#)

**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 2019/20 there were 3,165 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 (2,331 per 100,00 population in Oxon compared to 2,222 in England).
- The five district areas in Oxfordshire have similar counts of hospital admissions (500-800 per district), however over the last ten years, the rate has been consistently higher in Oxford City.

**Emergency hospital admissions due to falls in people aged 65 and over**



Public Health England [Productive Healthy Ageing Profile](#)

[Introduction](#)

[Summary](#)

[COVID-19](#)

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

[Finding out more](#)

# Causes of death

Introduction

Summary

COVID-19

Health conditions

Cancer

Cardiovascular disease

Musculoskeletal conditions

Multi-morbidity

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

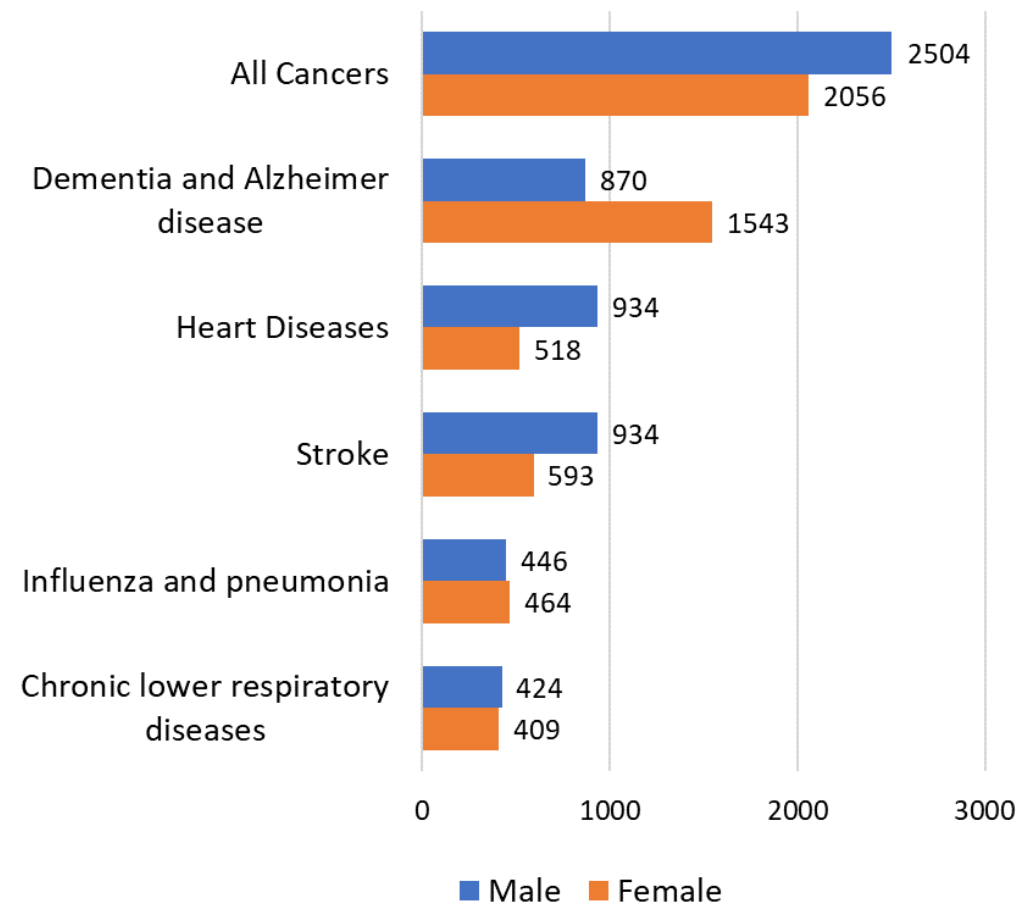
Road casualties

Finding out more

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

- For the combined years 2017 to 2019, **Cancer** was the leading cause of death in males and females in Oxfordshire, accounting for 33% of male deaths and 27% 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 (20%). In males Heart Disease remained the second main cause of death (12%).
- Dementia & Alzheimer accounted for 11% of male deaths.

**Leading causes of death, Oxfordshire (2017-19)**

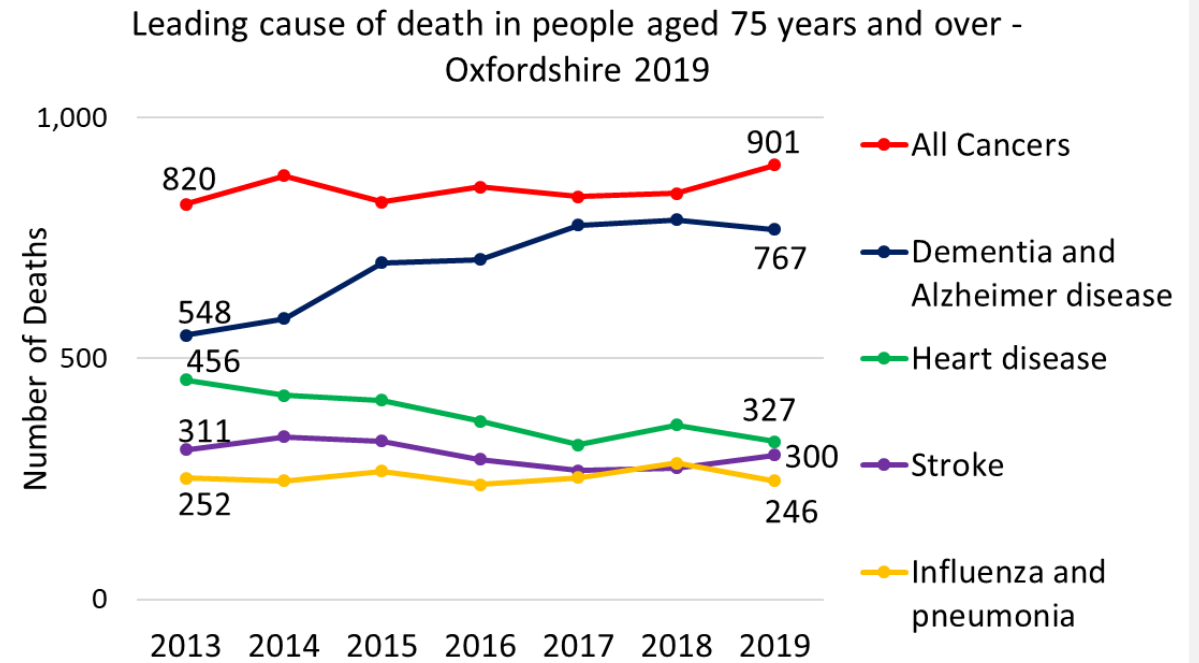


Data extracted from [NOMIS](#). Data does not cover 2020 and the COVID-19 pandemic.

- [Introduction](#)
- [Summary](#)
- [COVID-19](#)
- [Health conditions](#)
- [Cancer](#)
- [Cardiovascular disease](#)
- [Musculoskeletal conditions](#)
- [Multi-morbidity](#)
- [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](#)
- [Finding out more](#)

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

- Cancers remain the leading cause of death amongst the 75+ age group.
- After increasing throughout 2013-2018, deaths due to Dementia and Alzheimer’s disease (in those aged 75+ years) decreased for the first time.
- This slight decrease also occurred nationally and regionally.
- Deaths from heart disease in those aged 75+ have reduced over the period 2013-2019 from 12% of all deaths in 2013 to 8% in 2019.
- Stroke deaths in older people have also slightly reduced over this time period (from 8% to 7%).



Data extracted from [NOMIS](#). Data does not cover 2020 and the COVID-19 pandemic.



Introduction

Summary

COVID-19

Health conditions

Cancer

Cardiovascular disease

Musculoskeletal conditions

Multi-morbidity

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

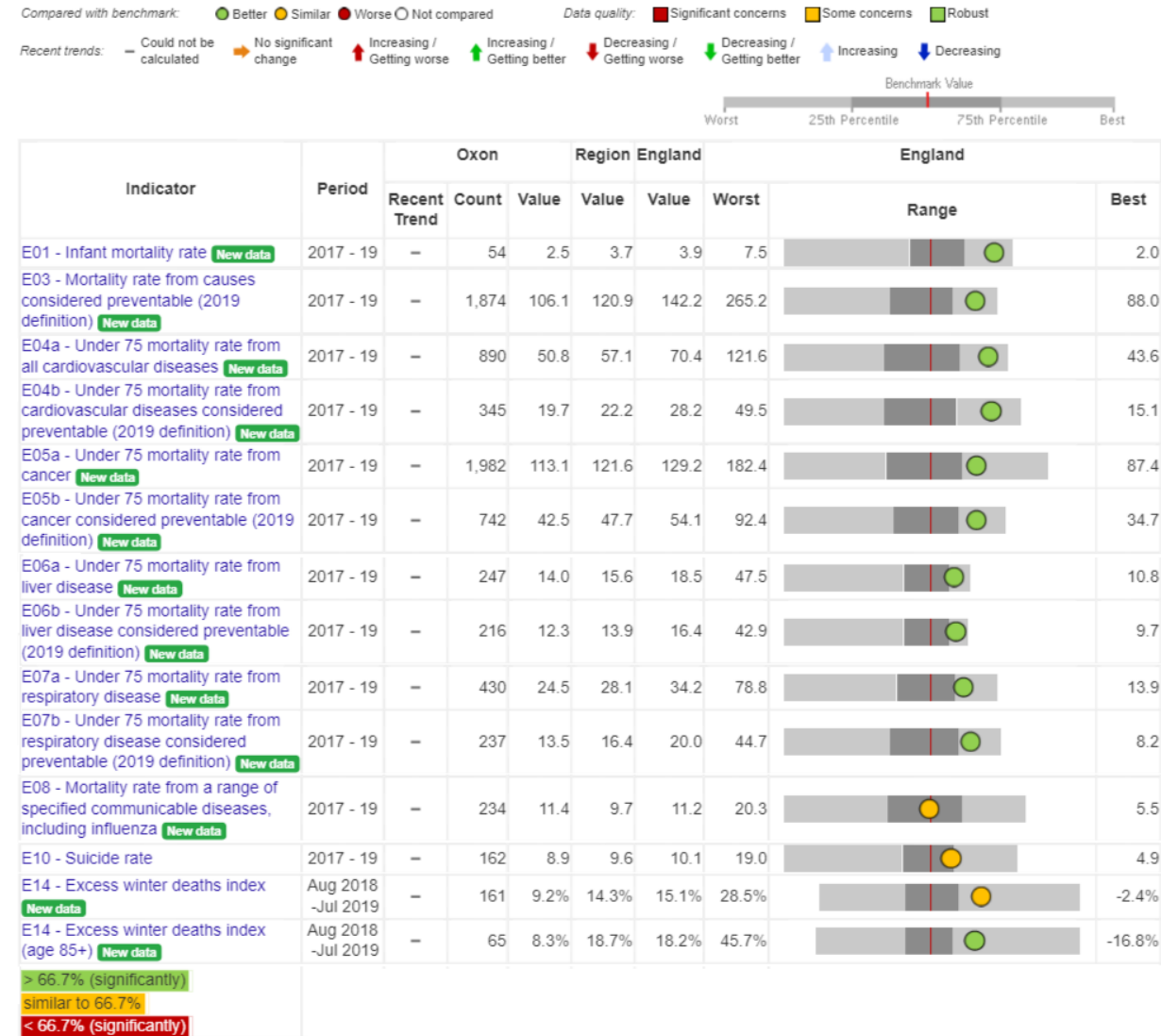
Suicide and deaths from drug misuse

Road casualties

Finding out more

**Mortality indicators from Public Health Outcomes Framework**

- Oxfordshire is significantly better than the England values on 11 of 14 key public health outcomes indicators related to mortality.
- Oxfordshire is similar to average for the remaining 3 indicators:
  - Mortality from communicable diseases (including influenza)
  - **Suicide rate**
  - Excess winter deaths



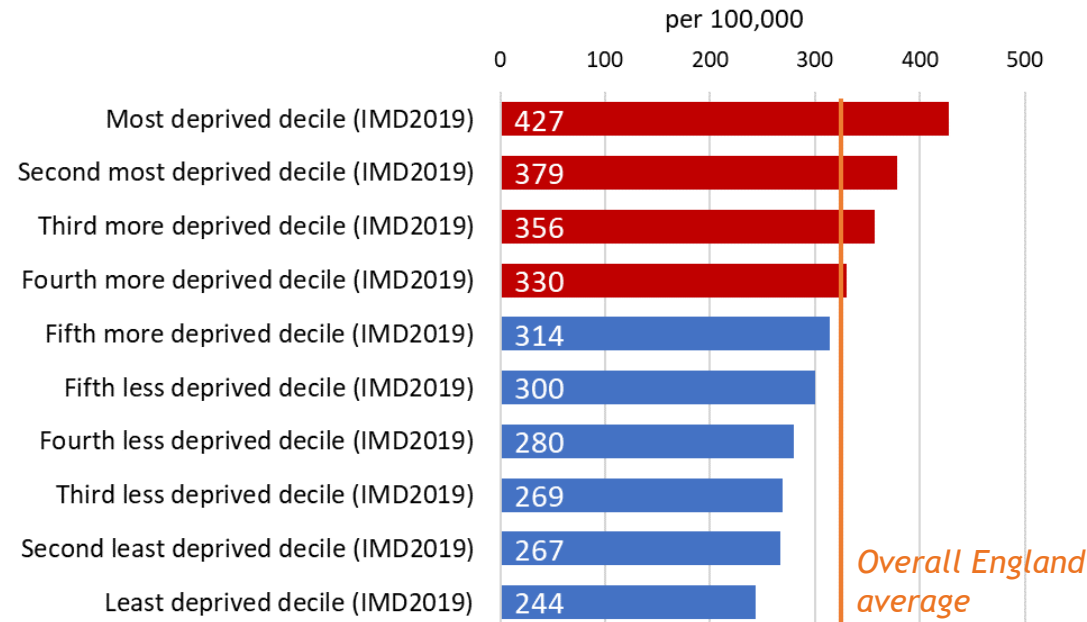
Public Health England [Public Health Outcomes Framework](#) Data does not cover 2020 and the COVID-19 pandemic.

- [Introduction](#)
- [Summary](#)
- [COVID-19](#)
- [Health conditions](#)
- [Cancer](#)
- [Cardiovascular disease](#)
- [Musculoskeletal conditions](#)
- [Multi-morbidity](#)
- [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](#)
- [Finding out more](#)

## Premature mortality attributable to socioeconomic inequality

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 (2017-2019), England



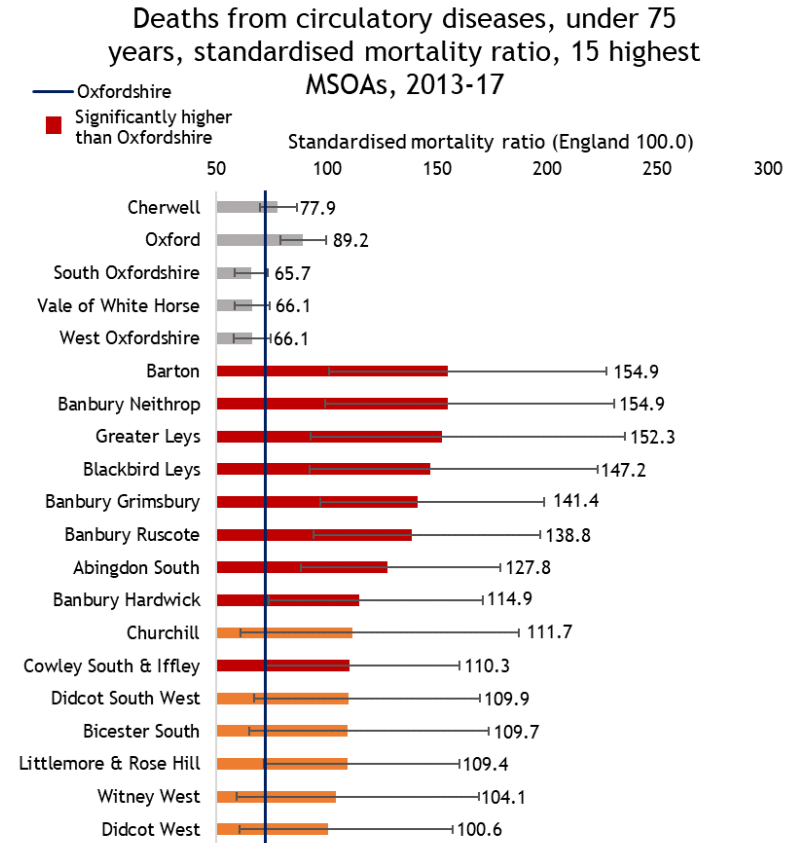
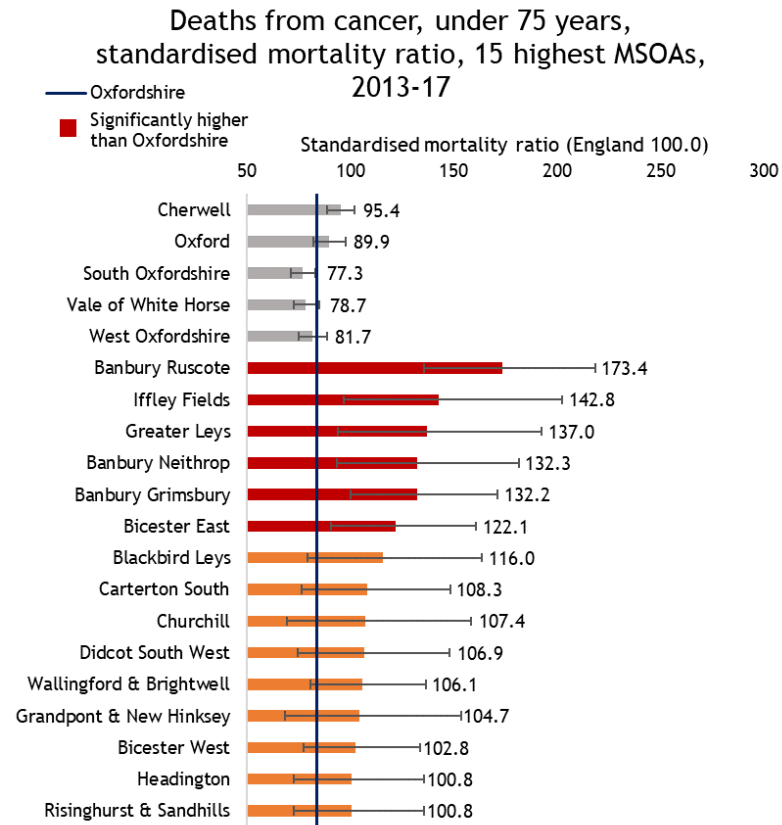
Deprivation deciles are based on the Index of Multiple Deprivation 2019 local authority score.

Public Health England [Mortality Profile](#). Data does not cover 2020 and the COVID-19 pandemic.

- [Introduction](#)
- [Summary](#)
- [COVID-19](#)
- [Health conditions](#)
- [Cancer](#)
- [Cardiovascular disease](#)
- [Musculoskeletal conditions](#)
- [Multi-morbidity](#)
- [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](#)
- [Finding out more](#)

## Mortality and inequalities

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



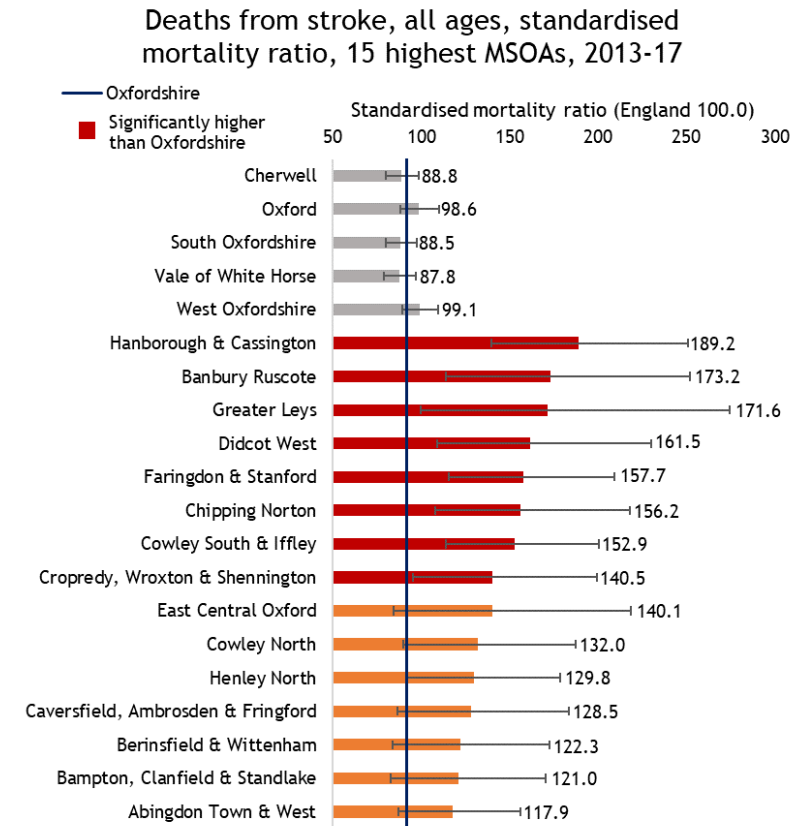
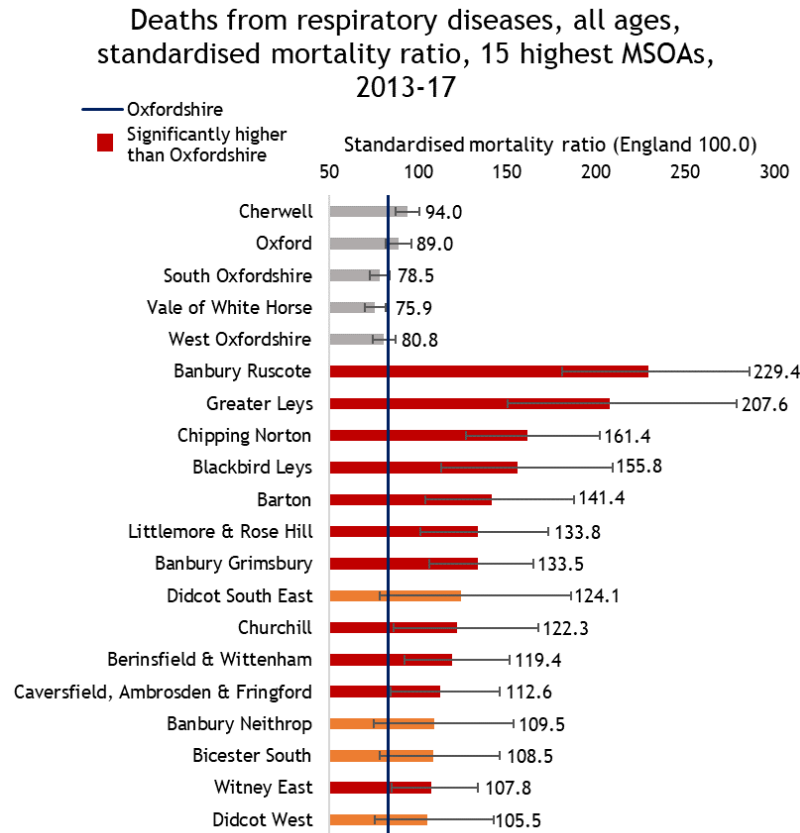
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[Explore inequalities data using our interactive dashboard](#)

- [Introduction](#)
- [Summary](#)
- [COVID-19](#)
- [Health conditions](#)
- [Cancer](#)
- [Cardiovascular disease](#)
- [Musculoskeletal conditions](#)
- [Multi-morbidity](#)
- [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](#)
- [Finding out more](#)

## Mortality and inequalities

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



[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[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](#)
[Finding out more](#)

## 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.

ONS, [Avoidable mortality in the UK \(2018\)](#)

[Introduction](#)[Summary](#)[COVID-19](#)[Health conditions](#)[Cancer](#)[Cardiovascular disease](#)[Musculoskeletal conditions](#)[Multi-morbidity](#)[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](#)[Finding out more](#)

## Preventable mortality

- **Cancer** is the leading cause of death in people under 75 years of age (1,982 deaths between 2017 and 2019) in Oxfordshire. Over a third of these are considered preventable (742).
- Between 2017 and 2019 there were a total of 3,549 deaths in those under 75 years of age, from all cancers, **cardiovascular disease**, liver disease and respiratory disease. 43% of these (1,540) were considered to be preventable.
- There is a slight gender difference, with males having a higher percentage (48% of preventable deaths) than females (37%).

By cause	All deaths under 75 years			Deaths considered preventable		
	Males	Females	Total	Males	Females	Total
All cardiovascular diseases	598	292	890	239	106	345
All cancers	1,097	885	1,982	490	252	742
Liver disease	147	100	247	128	88	216
Respiratory disease	250	180	430	137	100	237
Total of these four disease groups	2,092	1,457	3,549	994	546	1,540
% considered preventable				48%	37%	43%

Public Health England [Mortality Profile](#) Data does not cover 2020 and the COVID-19 pandemic.

[Introduction](#)

[Summary](#)

[COVID-19](#)

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

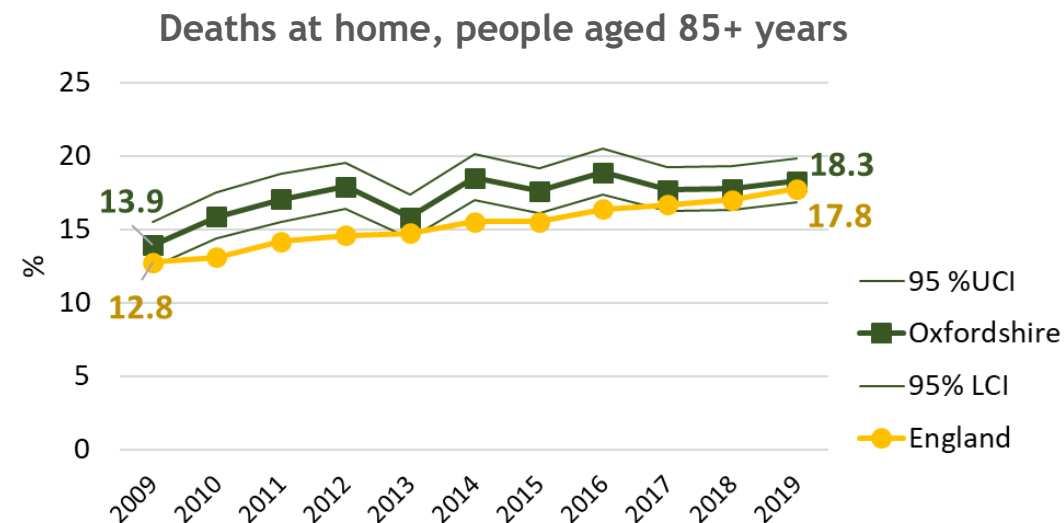
[Road casualties](#)

[Finding out more](#)

**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 happen at home has increased from 21% of the total in 2009 to 23% of the total in 2019.
- In older people (85+ years), the proportion of deaths at home has increased from 14% of the total in 2009 to 18% of the total in 2019.

*\*\*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.*



Public Health England [Palliative and End of Care Life Profile](#). Data does not cover 2020 and the COVID-19 pandemic.

[Introduction](#)

[Summary](#)

[COVID-19](#)

[Health conditions](#)

[Cancer](#)

[Cardiovascular disease](#)

[Musculoskeletal conditions](#)

[Multi-morbidity](#)

[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](#)

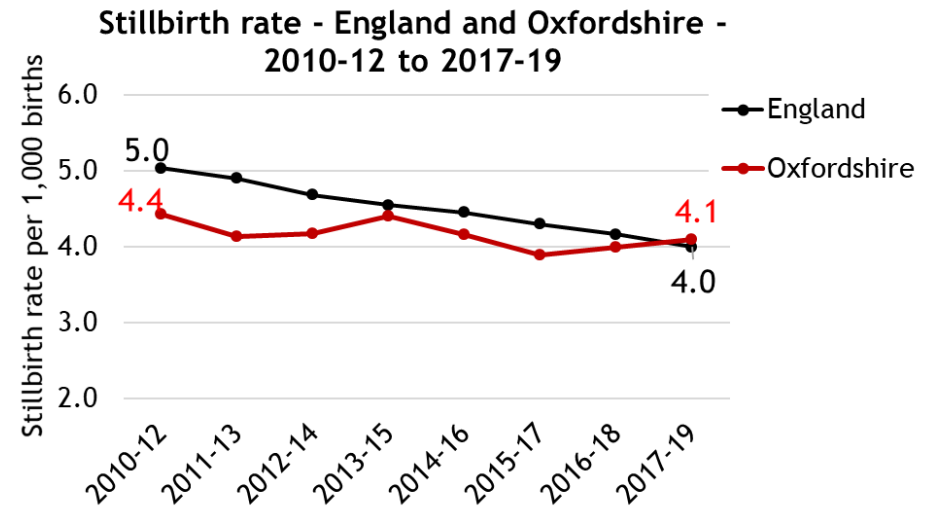
[Suicide and deaths from drug misuse](#)

[Road casualties](#)

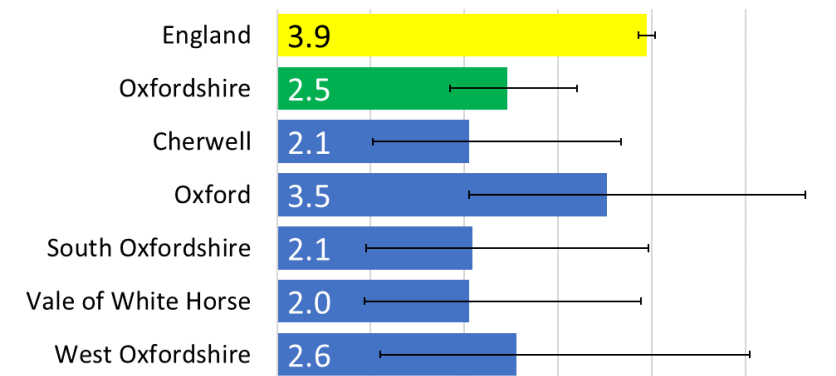
[Finding out more](#)

**Stillbirth and neonatal mortality**

- Stillbirth rates have decreased during the time period 2010-12 to 2017-19. There were 90 stillbirths between 2017 and 2019 in Oxfordshire.
- Neonatal mortality includes stillbirths and deaths under 28 days. Latest data for 2018 indicates there were 42 incidences of neonatal mortality in Oxfordshire.
- Infant mortality rates measures infant deaths under 1 years of age (per 1000 live births). There were 54 infant deaths during 2017-19 in Oxfordshire.
- In 2018, infant mortality rates were higher in most **deprived areas** than in least deprived areas in England (5.3 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 2017-19**



Public Health England [Child & Maternal Health Profile](#) ; [Public Health Outcomes Framework](#); [Child and infant mortality in England and Wales: 2018](#)

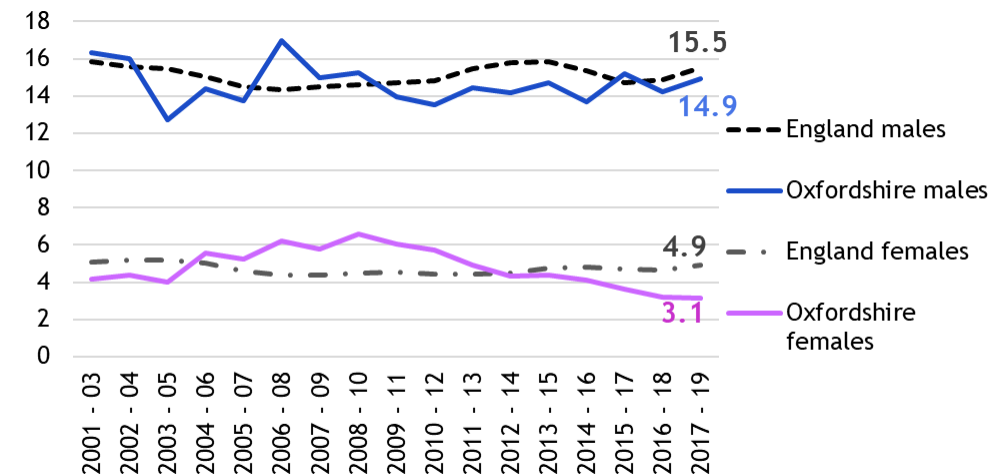


- [Introduction](#)
- [Summary](#)
- [COVID-19](#)
- [Health conditions](#)
- [Cancer](#)
- [Cardiovascular disease](#)
- [Musculoskeletal conditions](#)
- [Multi-morbidity](#)
- [Sensory impairment](#)
- [Learning Disabilities](#)
- [Personal wellbeing & Mental health](#)
- [Self-harm](#)
- [Hospital 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](#)
- [Finding out more](#)

## Deaths from suicide

- In Oxfordshire, there were 162 deaths from suicide between 2017 and 2019, 133 (82%) of which were male.
- The suicide rate in Oxfordshire males is similar to the England rate, although the rate for females is significantly lower than the national rate. The Districts of Oxfordshire have similar rates.

Suicide rate per 100,000 population



- 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.
- In England, in 2016, it was estimated that among young people aged 12-17 for 1 suicide, 370 young people present at hospital with self-harm, and 3,900 young people self-harm in the community.

PHE [Mental Health & Wellbeing Profile](#)  
 PHE [Public Health Outcomes Framework](#)  
 Oxfordshire Clinical Commissioning Group [Oxfordshire Suicide and Self-Harm Prevention Strategy](#)

[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[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](#)
[Finding out more](#)

## Suicide and deaths from drug misuse

- National data show that people born in the 1960s and 1970s are dying from suicide or drug poisoning in greater numbers than any other generation.
  - ONS data for England and Wales has shown that in the late 1980s to early 1990s, the age at which most people died by taking their own lives or drug poisoning was concentrated around this generation, when they were in their 20s.
  - Since that time, deaths from these two causes have continued to affect the same generation, who are currently in their 40s and 50s to a higher degree than any other. A similar effect is seen in the USA and Canada.
- Local data show that Oxfordshire has one of the lowest rates of deaths from drug misuse in the South East region and is significantly lower than the England rate.
  - However there were still 55 deaths (directly standardised rate of 2.7 per 100,000) from drug misuse between 2017 and 2019 in Oxfordshire, compared to 1,025 in South East (rate 3.9).
  - 24 of Oxfordshire's deaths (44%) were in Oxford City.

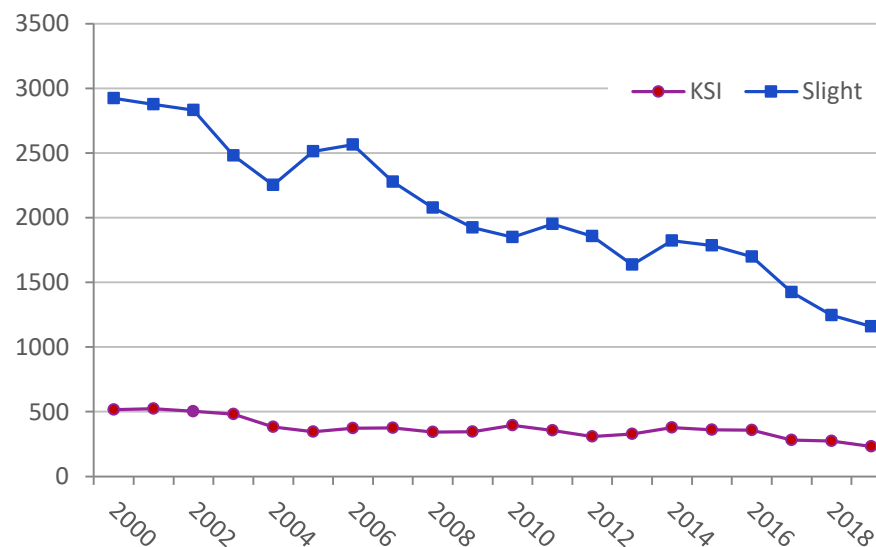
Public Health England [Mortality Profile](#),  
 ONS [Middle-aged generation most likely to die by suicide and drug poisoning](#),  
[Samaritans](#)

[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[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](#)
[Finding out more](#)

## Oxfordshire Road Casualties

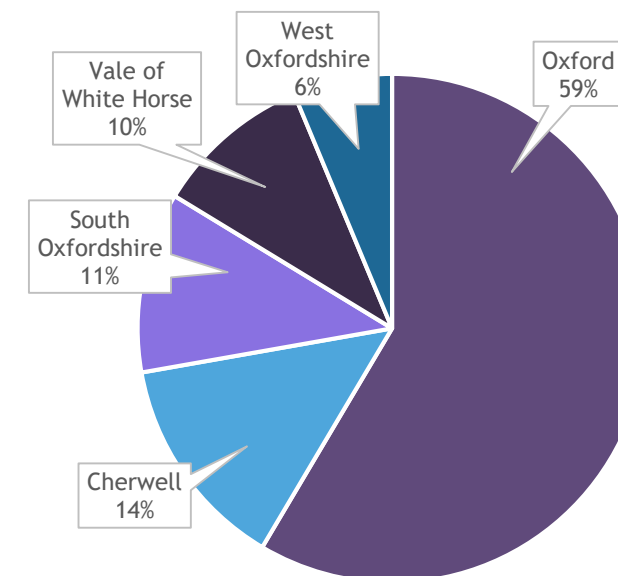
- In 2019 there were a total of 1,389 road casualties in Oxfordshire, 23 of which were fatal and 208 of which were serious. This includes pedestrians and cyclists as well as motor vehicle occupants.
- The number of people killed or seriously injured (KSI) has fallen over time.
- Casualties for adult pedal cyclists have increased by 5.9% since 2018 (255 in 2018 to 270 in 2019). Over half of pedal cyclist casualties (158) were in Oxford City.

Oxfordshire total road casualties



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

Casualties in adult pedal cyclists, 2019



[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[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](#)
[Finding out more](#)

## Oxfordshire road casualties by district

- Fatal and serious injuries from road accidents for the districts in Oxfordshire in 2019 are shown in the table below.
- Cherwell had the highest number of serious injuries (66). Oxford City had no fatal accidents during 2019.

Number of people killed or seriously injured in road accidents 2019

		Pedestrian	Pedal cycle	Motor cycle	Car	Other	total
Cherwell	Fatal	1	0	0	2	3	6
	Serious	6	6	14	35	5	66
Oxford	Fatal	0	0	0	0	0	0
	Serious	8	20	2	3	0	33
South Oxfordshire	Fatal	1	0	2	5	2	10
	Serious	5	9	10	20	0	44
Vale of White Horse	Fatal	1	1	0	4	0	6
	Serious	5	3	7	16	1	32
West Oxfordshire	Fatal	0	0	1	0	0	1
	Serious	4	6	9	8	0	27

Oxfordshire County Council [Road Casualty Report](#)

[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[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](#)
[Finding out more](#)

### Finding out more

- Public Health England [Oxfordshire Health Profile](#)
- Oxfordshire JSNA [Health Inequalities Dashboard](#)
- [Prevention concordat for better mental health](#) (includes various Oxfordshire organisations listed as signatories).
- [Mental health statistics: prevalence, services and funding in England](#)
- Children and young people mental health prevention evidence from [PHE](#)
- [Live Well Oxfordshire](#) contains a range of support services across Oxfordshire for adults (18+), families and carers.
- NHS Digital [Health Survey for England](#)
- [Global Burden of Disease Tool](#) provides a tool to quantify health loss from hundreds of diseases, injuries, and risk factors, so that health systems can be improved and disparities can be eliminated.
- 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.

[Introduction](#)
[Summary](#)
[COVID-19](#)
[Health conditions](#)
[Cancer](#)
[Cardiovascular disease](#)
[Musculoskeletal conditions](#)
[Multi-morbidity](#)
[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](#)
[Finding out more](#)

## 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](#)
  - [NHS Digital \(Daily\) Deaths of patients who have died in hospitals in England](#)
  - [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](#)
  - [PHE COVID-19: deaths of people with learning disabilities](#)
  - [PHE COVID-19: pre-existing health conditions and ethnicity](#)
  - [PHE COVID-19: review of disparities in risks and outcomes](#)
  - [PHE COVID-19: understanding the impact on BAME communities](#)
  - [PHE Beyond the data: understanding the impact of COVID-19 on BAME groups](#)
  - [PHE COVID-19: mental health and wellbeing surveillance report](#)
  - [ONS Coronavirus \(COVID-19\) related deaths by occupation, England and Wales](#)
  - [ONS Deaths involving COVID-19 by local area and socioeconomic deprivation](#)
  - [IFS COVID-19 and Inequalities](#)
  - [Institute of Health Equity Build Back Fairer: The COVID-19 Marmot Review](#)



## Chapter 5

# Behavioural determinants of health

## Introduction

Summary

Behavioural risk factors of disease

Smoking

E-cigarette use

Alcohol consumption

Alcohol-related hospital admissions

Drug use

Drug misuse related hospital admissions

Dietary risk factors

Overweight and obesity - adult

Overweight and obesity - child

Physical activity - adult

Physical activity - child

Sexual health

Teenage conceptions

Breastfeeding & low birth weight

Oral health

Volunteering

Gambling

Finding out more

## 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
- In many cases local data are unavailable, so national data have been used instead
- 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](#)
- **Assessing the impact of COVID-19**
  - This chapter includes the most recent datasets accessed in January 2021.
  - With the exception of national data on children's physical activity, and local data on volunteering during 2020, all datasets report on time periods before the COVID-19 pandemic.
  - This means that this chapter will not always reflect the impact of the COVID-19 pandemic and lockdowns (from early 2020).



[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

[Gambling](#)

[Finding out more](#)

**Summary (1)**

- Behavioural risk factors account for a large proportion of the local burden of disease
- Smoking prevalence in Oxfordshire remains below national and regional averages. It does, however, disproportionately affect people from some ethnic groups, nationalities and occupation groups
- E-cigarettes are increasingly being used by smokers to help quit smoking- over half of e-cigarette users use vaping as an aid to quit smoking
- The proportion of men and women who drink alcohol 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 are significantly lower than national and regional rates
- In adult age groups, males have higher rates of alcohol-related admission episodes than females. Admissions in under 18s are higher in females than males
- Younger people are more likely to have taken illicit drugs than older people. The higher rates of drug use were associated with higher frequency of visits to pubs, bars and nightclubs
- The rate of hospital admissions for poisoning by drug misuse in Oxfordshire is similar to regional and national rates
- Dietary risk factors accounted for over 11,500 lost years of healthy life (DALYs) in 2019
- Leading dietary risk factors include low whole grains, low fruit, low nuts and seeds, high processed meat, high red meat, high sodium

[Introduction](#)
[Summary](#)
[Behavioural risk factors of disease](#)
[Smoking](#)
[E-cigarette use](#)
[Alcohol consumption](#)
[Alcohol-related hospital admissions](#)
[Drug use](#)
[Drug misuse related hospital admissions](#)
[Dietary risk factors](#)
[Overweight and obesity - adult](#)
[Overweight and obesity - child](#)
[Physical activity - adult](#)
[Physical activity - child](#)
[Sexual health](#)
[Teenage conceptions](#)
[Breastfeeding & low birth weight](#)
[Oral health](#)
[Volunteering](#)
[Gambling](#)
[Finding out more](#)

## Summary (2)

- Over half of Oxfordshire adults are classified as overweight or obese. Prevalence is higher in males, older people, some ethnic groups and more deprived areas
- Similar to previous years, excess weight in children has remained high. One in five children in Reception, and one in three children in Year 6 was overweight or obese
- Obesity prevalence is higher in boys than in girls in Oxfordshire, and the disparity increases between Reception and Year 6
- National data show that prevalence of healthy weight varies by ethnic group, and decreases as deprivation increases
- A slightly higher percentage of Oxfordshire adults meets recommended physical activity guideline (150 minutes per week) than national and regional figures, but 1 in 4 adults do not meet the guidelines
- More Oxfordshire children and young people are achieving enough physical activity per day than the national average, but there could be 37,600 children who do not
- The rate of new Sexually Transmitted Infection (STI) diagnoses (excluding chlamydia in under 25s) in Oxfordshire is significantly lower than national, and similar to the regional rate
- 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
- The percentage of babies with low birth weight in Oxfordshire remains lower than national levels, and breastfeeding prevalence stays high in the county, well above national levels
- One in five 5-year old children is affected by dental decay
- Between March and May 2020, over 15,000 volunteers were recorded in Oxfordshire as available to help vulnerable people who were socially isolating during the Covid-19 pandemic.

[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

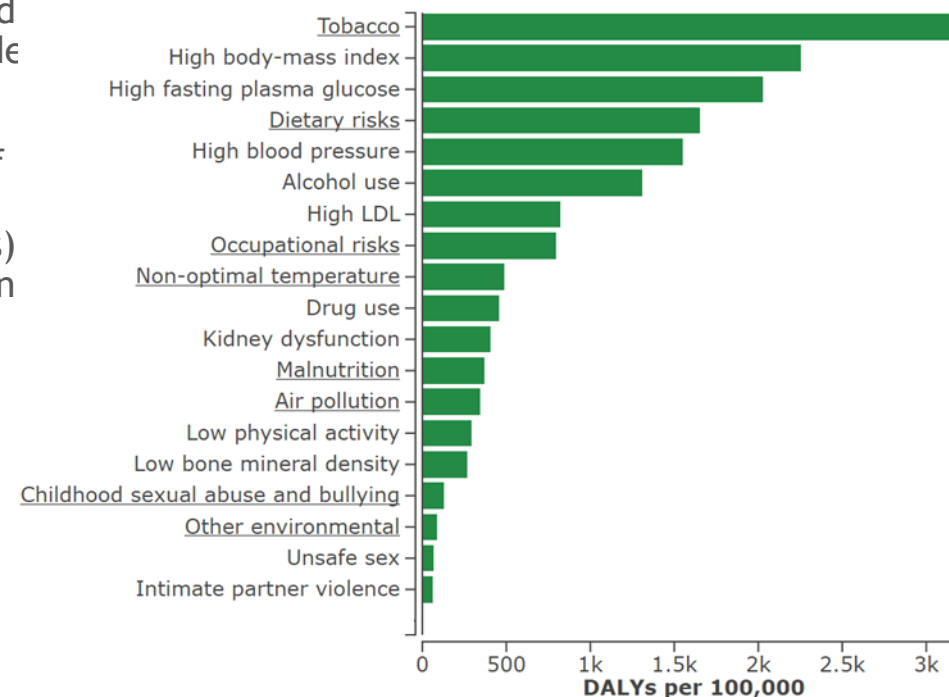
[Gambling](#)

[Finding out more](#)

### 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

[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

[Gambling](#)

[Finding out more](#)

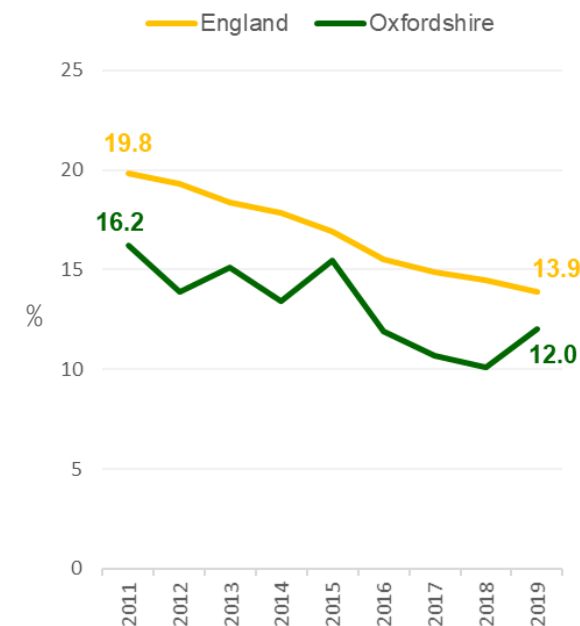
## Smoking prevalence is decreasing nationally

*Smoking is the leading cause of preventable ill health and premature mortality in the UK, with about half of all life-long smokers dying prematurely, losing on average about 10 years of life.*

*It is a major risk factor for many diseases, such as lung **cancer**, chronic obstructive pulmonary disease (COPD) and **heart disease**. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking still accounts for 1 in 6 of all deaths in England, and there are huge inequalities in smoking and smoking related deaths. Reducing smoking rates is the single biggest thing we can do to improve the nation's health.*

- The adult smoking rate in England is continuing to decline year on year and is now at a record low
- In 2019, an estimated 12% of adults in Oxfordshire were smokers, down from 16.2% in 2011 and statistically similar to the England average of 13.9%. This is equivalent to approximately **65,000** adults in Oxfordshire
- Smoking prevalence in all of Oxfordshire's districts is statistically similar to the national average, though this is partly due to wide confidence intervals
  - In order of highest prevalence: Oxford (13.5%), South Oxfordshire (12.4%), Cherwell (11.8%), Vale of White Horse (11.6%), West Oxfordshire (10.3%)

Smoking prevalence, 2011 - 2019



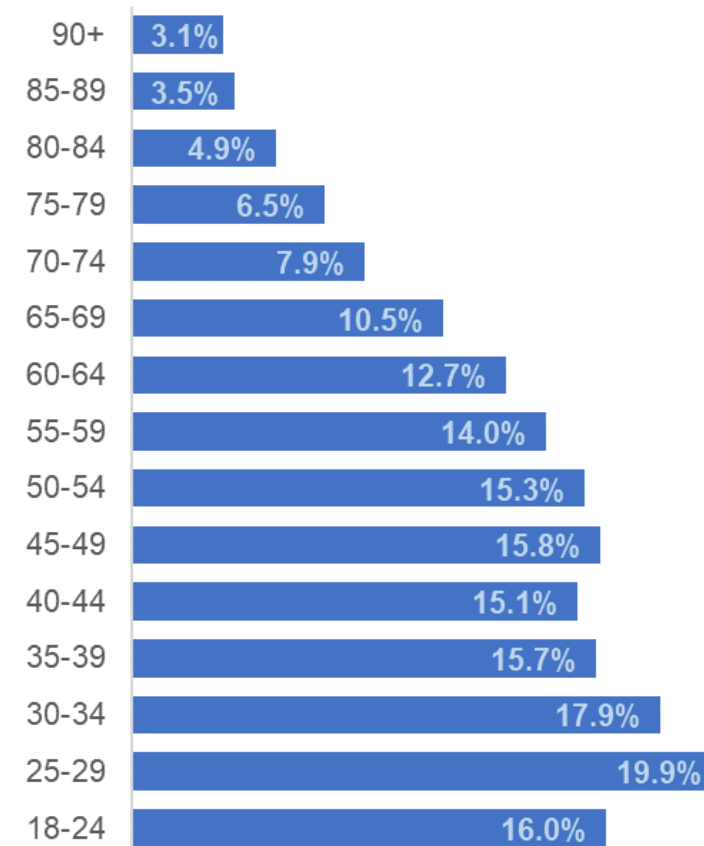
Public Health England, [Local Tobacco Control Profiles](#)  
Office for National Statistics, [Adults smoking habits in the UK: 2018](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

### Smoking prevalence varies across demographic groups - national

- National data show that smoking prevalence is highest in the 25-29 age group, and generally decreases as age increases
- 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
- Data for Oxfordshire show that smoking prevalence is similar in males and females, with 12.1% (32,500) men and 11.9% (32,600) women in Oxfordshire currently smoking

Smoking prevalence by age group, England 2019



Public Health England, [Local Tobacco Control Profiles](#)

[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

[Gambling](#)

[Finding out more](#)

## National data show a decline in children smoking

- In 2018, 5% of school pupils aged 11-15 in England were classified as current smokers. Though not significantly different from the surveys in 2014 and 2016 (6%), the proportion has generally declined over time since 1996, when 22% of pupils were current smokers
- In Oxfordshire, this is equivalent to around 2,000 pupils aged 11-15 currently smoking
- Current smoking prevalence was highest among white pupils (6%), and lowest among Asian (2%) and black (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 and having friends who smoke
- For non-smokers, the most popular beliefs about why people their own age smoke were “to look cool in front of their friends” (80%), “they are addicted to cigarettes” (71%) and “their friends pressure them into it” (69%)
- However, for those who were regular smokers, the most popular answers were “it helps them cope with stress in their life” (95%), “it helps them relax” (82%) and “they are addicted to cigarettes” (80%)

NHS Digital, [Smoking, Drinking and Drug Use among Young People in England 2018](#)

[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

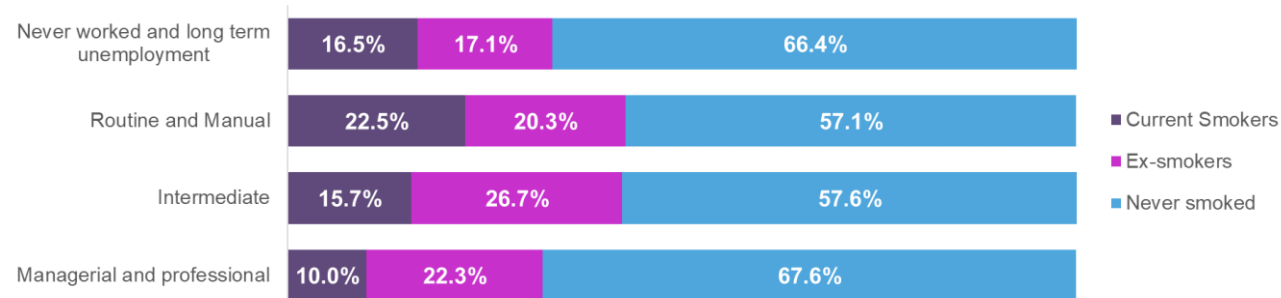
[Gambling](#)

[Finding out more](#)

## Smoking prevalence is more concentrated among more disadvantaged communities

- For Oxfordshire adults in routine and manual occupations, smoking prevalence is 22.5%, over two times higher than in the managerial and professional group (10%). Prevalence in the routine and manual group has decreased from 33% in 2015.

### Smoking Prevalence in adults (18-64) by socioeconomic group, Oxfordshire, 2019



- National data show that:
  - 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%)
  - a significantly lower proportion of those who own their property outright (7.9%) or with a mortgage (10.1%) currently smoke, compared with those who rent (29.8% of local authority or housing association renters, and 22.2% of private renters)
  - in Great Britain, more than half (52.7%) of people aged 16 years and above who currently smoked said they wanted to quit

Public Health England, [Local Tobacco Control Profiles](#)

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

See also: ASH, [Health inequalities resource pack](#) and [Smoking and poverty report 2019](#)



[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

[Gambling](#)

[Finding out more](#)

## Smoking in other groups

*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.*

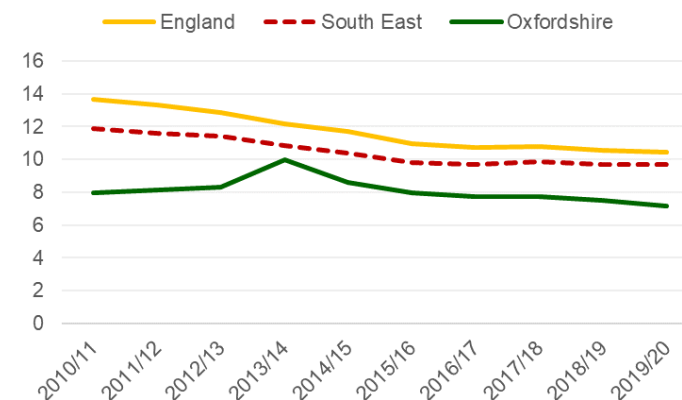
- The latest data (2019/20) shows that smoking prevalence at time of delivery in Oxfordshire is 7.1%. This remains significantly lower than England (10.4%) but indicates that there were over 450 women smoking throughout pregnancy that year

*It's a common belief that smoking helps relieve stress and anxiety, but over time smoking increases tension, anxiety and likelihood of developing depression. Evidence suggests the beneficial effect of stopping smoking on symptoms of anxiety and depression can equal that of taking antidepressants.*

- People with mental health problems are around twice as likely to smoke than the general population, and tend to smoke more heavily. Smoking plays a major role in the 10-20 year gap in life expectancy between those who do and don't experience mental health problems
- Data from the GP Patient Survey (GPPS) show that 22.7% adults with a long term mental health condition in Oxfordshire smoke

Public Health England, [Local Tobacco Control Profiles](#)  
NHS, [Stopping smoking is good for your mental health](#)

## Smoking Prevalence at time of delivery

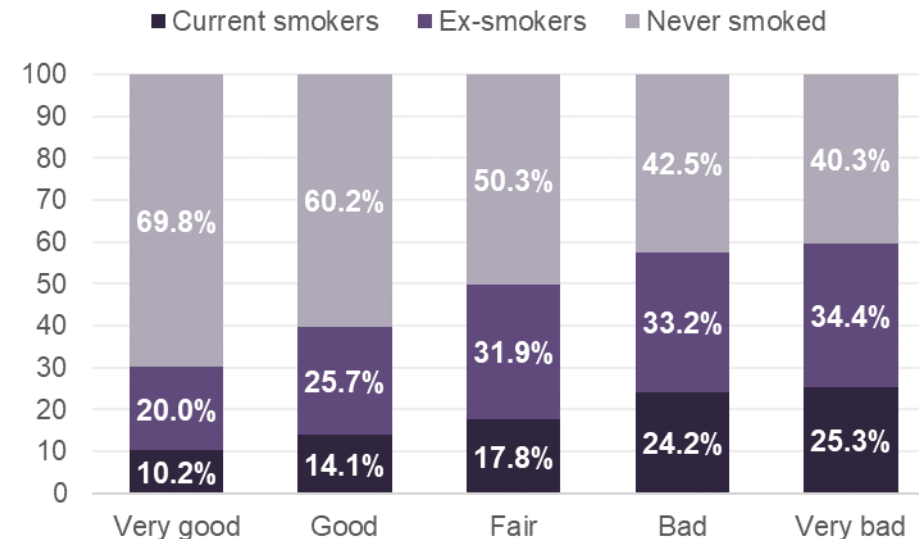


- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

### Smoking as a cause of ill-health

- National data show that those who have ‘bad’ or ‘very bad’ self-rated health are more likely to be smokers than those with ‘good’ or ‘very good’ health
- In the three-year period 2016-18, there were **2,044 deaths** attributable to smoking in Oxfordshire, including 166 deaths from heart disease and 62 deaths from stroke. In the same period, there were 8,176 potential years of life lost due to smoking related illness
- Other related causes of mortality in Oxfordshire, though not specifically attributable to smoking, include 742 deaths from lung cancer, 77 deaths from oral cancer, 710 deaths from COPD, 90 stillbirths and 35 deaths at under 28 days over the three-year period 2017-19
- In Oxfordshire over the three years 2016-18, there were 1,213 lung cancer registrations, 241 oral cancer registrations, and 251 oesophageal cancer registrations

Self-rated health by smoking status, England 2019



Public Health England, [Local Tobacco Control Profiles](#)

[Introduction](#)
[Summary](#)
[Behavioural risk factors of disease](#)
[Smoking](#)
[E-cigarette use](#)
[Alcohol consumption](#)
[Alcohol-related hospital admissions](#)
[Drug use](#)
[Drug misuse related hospital admissions](#)
[Dietary risk factors](#)
[Overweight and obesity - adult](#)
[Overweight and obesity - child](#)
[Physical activity - adult](#)
[Physical activity - child](#)
[Sexual health](#)
[Teenage conceptions](#)
[Breastfeeding & low birth weight](#)
[Oral health](#)
[Volunteering](#)
[Gambling](#)
[Finding out more](#)

## 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.
- Data for school pupils aged 11-15 show that 1.3% of girls and 2.9% of boys are regular e-cigarette users. 48% of pupils say their usual source of e-cigarette being given them by someone; 37% 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](#)

NHS Digital, [Smoking, Drinking and Drug Use among Young People in England 2018](#)

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

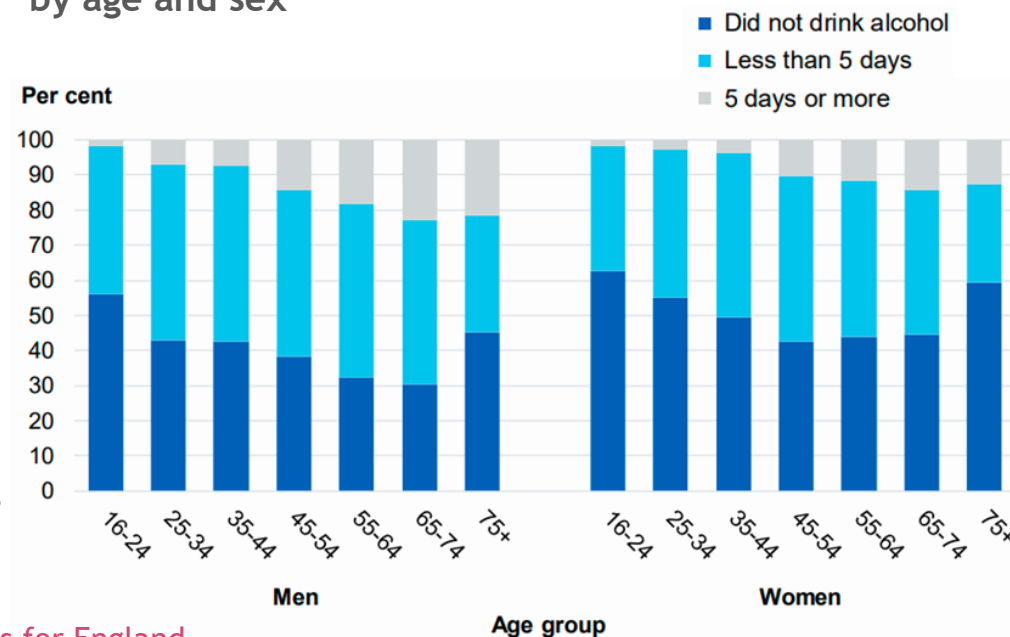
- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

## 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



Public Health England, [Local Alcohol Profiles for England](#)  
 NHS Digital, [Health Survey for England 2019](#)  
 Department of Health and Social Care, [Alcohol consumption: advice on low risk drinking](#)

[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

[Gambling](#)

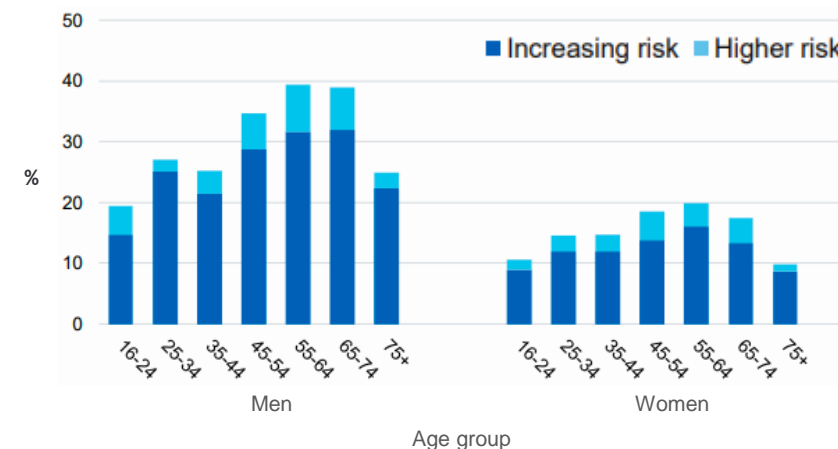
[Finding out more](#)

**Alcohol consumption - national**

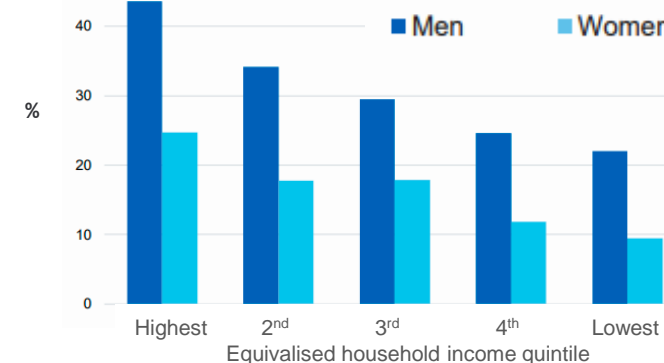
- A higher proportion of men than women drank at increasing risk of harm (over 14 units a week); 30% of men and 15% of women.
- 5% of men drank over 50 units a week and 3% of women drank over 35 units a week (higher risk).
- The proportions of men and women who reported drinking over 14 units of alcohol 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.

NHS Digital, [Health Survey for England 2019](#)

**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**

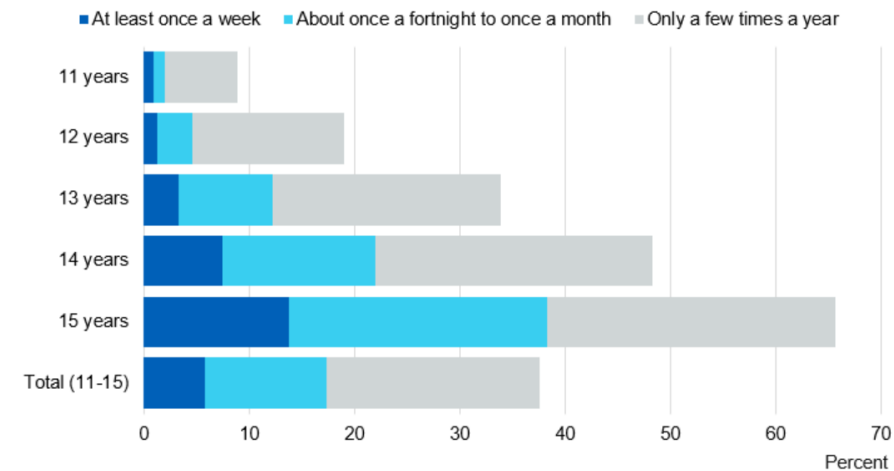


- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

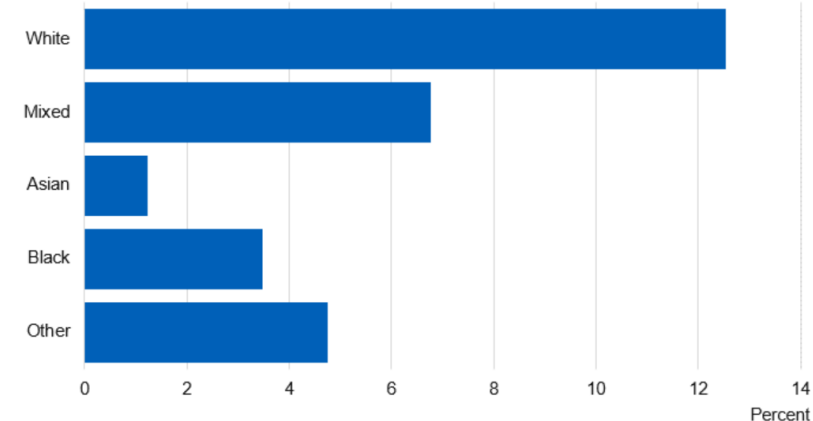
## Alcohol drinking in young people - national

- 6% of all pupils aged 11-15 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 13% having done so
  - This compares to 7% of Mixed ethnicity pupils, 3% of Black pupils and only 1% of Asian pupils

### Usual frequency of drinking by school pupils, by age



### Had an alcoholic drink in the last week, by ethnicity



NHS Digital, [Smoking, Drinking and Drug Use among Young People in England 2018](#)

[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

[Gambling](#)

[Finding out more](#)

## Alcohol-related hospital admissions

- In 2018/19, there were 3,114 admission episodes for **alcohol-specific** conditions in Oxfordshire, equivalent to 472 admissions per 100,000 population
  - This is significantly lower than national and regional rates
  - This was made up of 2,029 admissions in males and 1,085 admissions in females
  - These include admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific (wholly attributable) condition code only
- There were 3,316 admission episodes for **alcohol-related** conditions in Oxfordshire, equivalent to 497 admissions per 100,000 population
  - This is significantly lower than national and regional rates
  - This was made up of 2,099 admissions in males and 1,217 admissions in females
  - These include 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 11,822 admission episodes for alcohol-related conditions, equivalent to a rate of 1,802 admissions per 100,000 population
  - This is significantly lower than national and regional rates
  - This was made up of 7,682 admissions in males and 4,140 admissions in females
  - These include admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable code

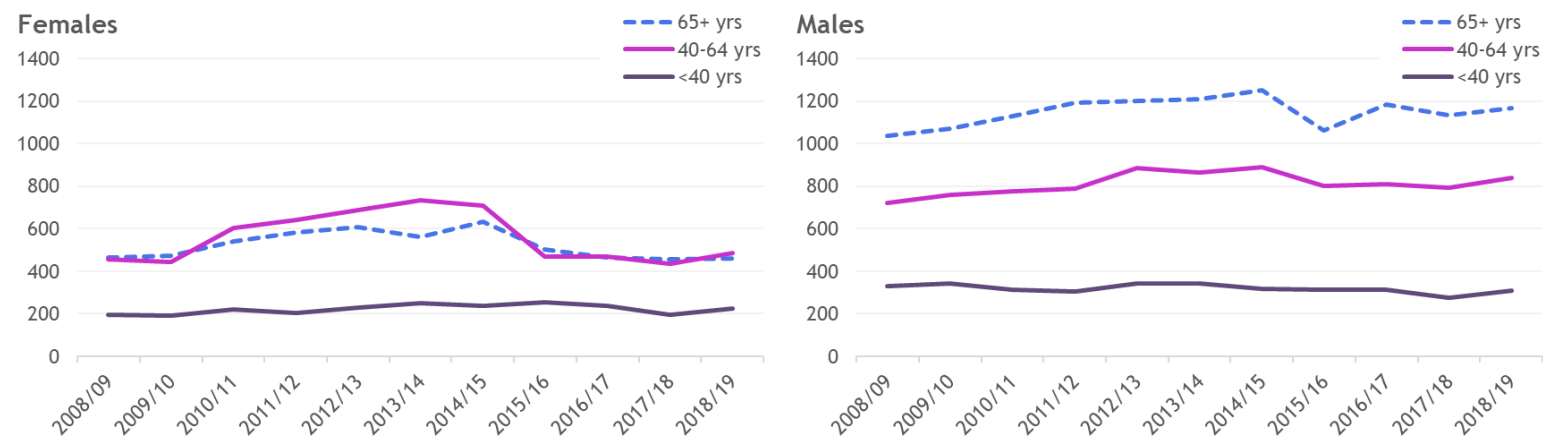
Public Health England, [Local Alcohol Profiles for England](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

### Alcohol-related hospital admissions by age group

- Overall, males continue to have higher rates than females for alcohol-related admission episodes
- Although admissions in Oxfordshire are significantly lower than England in all adult age groups for both males and females, between 2017/18 and 2018/19 there has been an increase in admissions for both males and females across all three age groups
- 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



Public Health England, [Local Alcohol Profiles for England](#)  
 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)

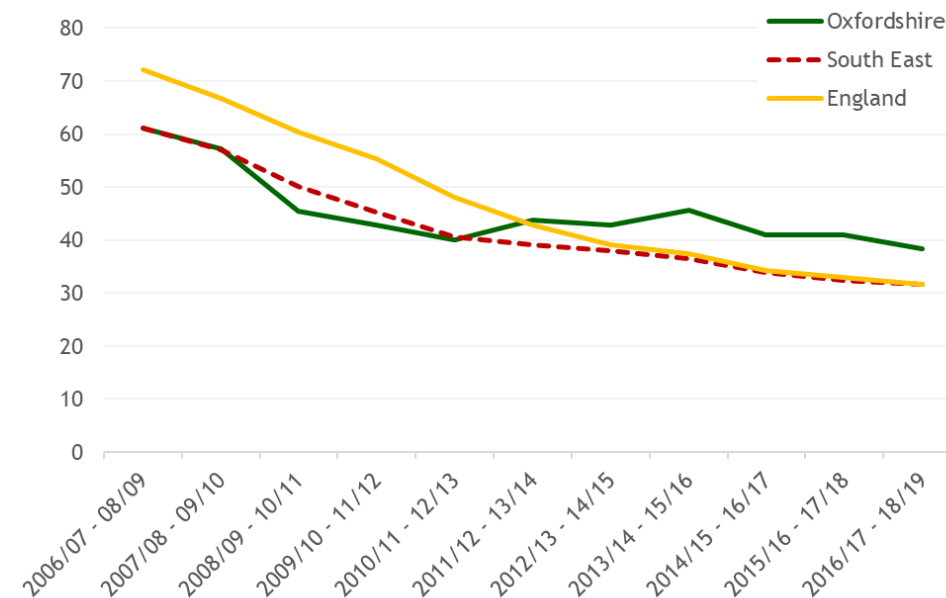


- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

### Alcohol specific hospital admissions in under 18s

- There were 165 admissions of people aged under 18 in Oxfordshire due to alcohol-specific conditions in the three year period 2016/17 to 2018/19
- This is equivalent to a rate of 38.3 admissions per 100,000 population, significantly higher than the England and South East averages
- Unlike the older age groups, admissions are higher in females than males. In the most recent data, the rate per 100,000 in Oxfordshire was 27.2 in males (similar to England and South East) and 49.9 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



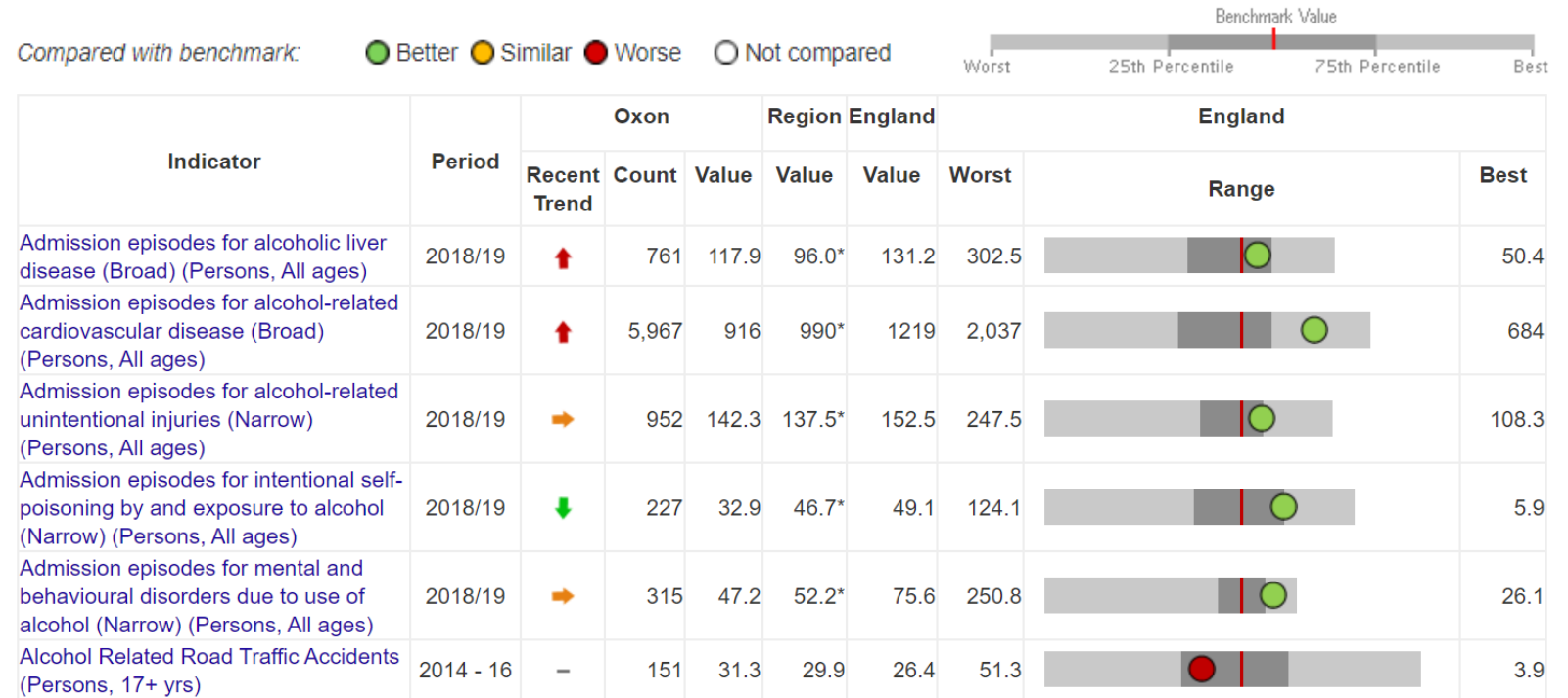
Public Health England, [Local Alcohol Profile for England](#)

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.

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

## Alcohol-related conditions - other impacts

- In 2018/19, there were nearly 6,000 hospital admissions for alcohol-related cardiovascular disease in Oxfordshire (rate 916 per 100,000 population, significantly lower than national average). In the same year, there were 761 admissions for alcoholic liver disease; 952 for alcohol-related unintentional injuries; 227 for intentional self-poisoning from alcohol; and 315 for mental and behavioural disorders due to use of alcohol.



For more information about these conditions, see Health Conditions and causes of death Public Health England, [Local Alcohol Profiles for England](#)

[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

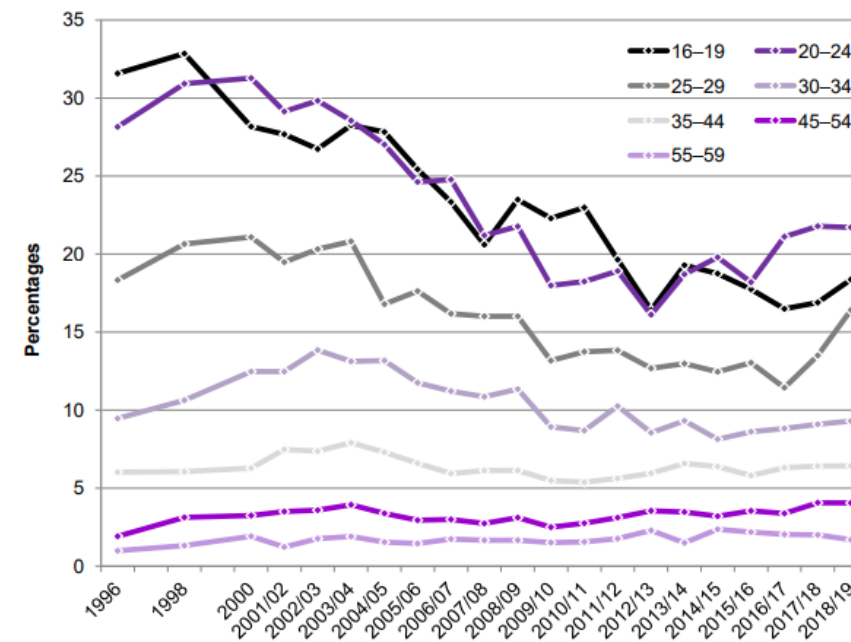
[Gambling](#)

[Finding out more](#)

**Illicit drug use - national**

- National data show that around 1 in 11 (9.4%) people aged 16 to 59 had taken an illicit drug in the last year, indicating an increase since the 2015/16 survey (8.3%)
  - 1 in 20 (5%) had taken a drug in the last month
- Younger people are 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](#)

[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

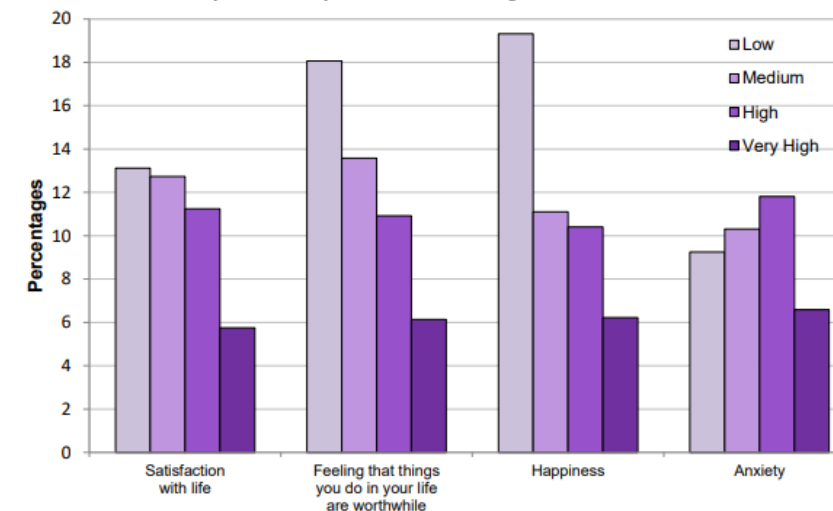
[Gambling](#)

[Finding out more](#)

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

- 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



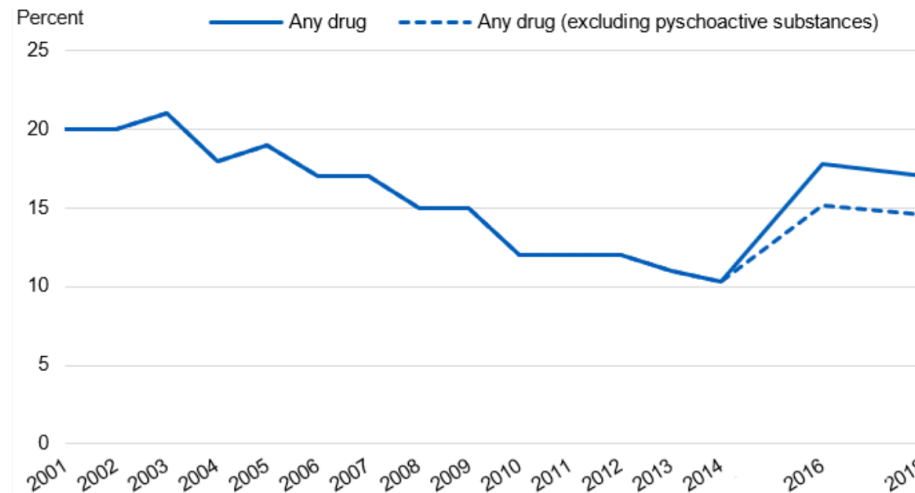
Home Office, [Drugs Misuse: Findings from the 2018/19 Crime Survey for England and Wales](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

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

- In 2018, 24% of pupils reported they had ever taken drugs, the same as in 2016
- 17% of pupils said that they had taken drugs in the last year, compared to 18% in 2016 (not a statistically significant difference)

**Pupils who have taken drugs in the last year, 2001 to 2018**



- The difference in prevalence between the proportion of boys (18%) and girls (16%) who had taken drugs in the last year was not statistically significant
- The likelihood of having taken drugs in the last year increased with age, from 5% of 11 year olds to 31% of 15 year olds
- Asian pupils were less likely than other ethnic groups to have taken drugs in the last year; 13%, compared to 23% of mixed ethnicity pupils, 18% of Black pupils, and 17% of White pupils

NHS Digital, [Smoking, Drinking and Drug Use among Young People in England 2018](#)

[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

[Gambling](#)

[Finding out more](#)

## Hospital admissions related to drug misuse

- In 2018/19, 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 (7 per 100,000) and national (13 per 100,000) rates
- In the same period, there were 795 admissions where drug-related mental and behavioural disorders were a factor, which equates to 116 admissions per 100,000, higher than the regional rate (110 per 100,000) but lower than the national rate (175 per 100,000)
- There were 185 admissions (27 per 100,000) for poisoning by drug misuse in Oxfordshire in 2018/19, compared to 26 per 100,000 in the region and 33 per 100,000 in England
- National data show that more men than women were admitted to hospital for drug related mental and behavioural disorders (74% 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 very uncommon in 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
- See also: [drug-related deaths](#)

NHS Digital, [Statistics on Drug Misuse, England, 2019](#) and [data visualisation tool](#)

# Diet, overweight and physical activity

Introduction

Summary

Behavioural risk factors of disease

Smoking

E-cigarette use

Alcohol consumption

Alcohol-related hospital admissions

Drug use

Drug misuse related hospital admissions

**Dietary risk factors**

Overweight and obesity - adult

Overweight and obesity - child

Physical activity - adult

Physical activity - child

Sexual health

Teenage conceptions

Breastfeeding & low birth weight

Oral health

Volunteering

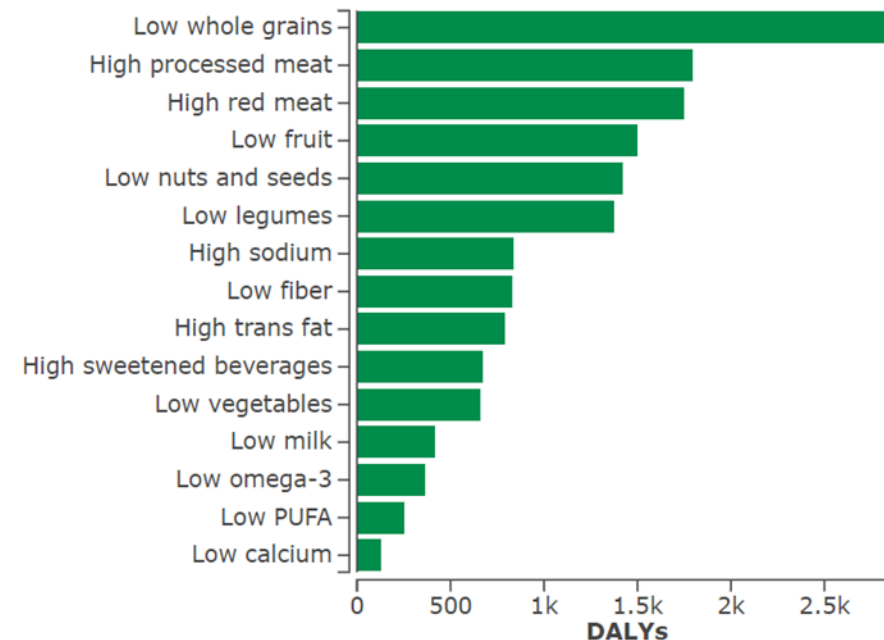
Gambling

Finding out more

**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**



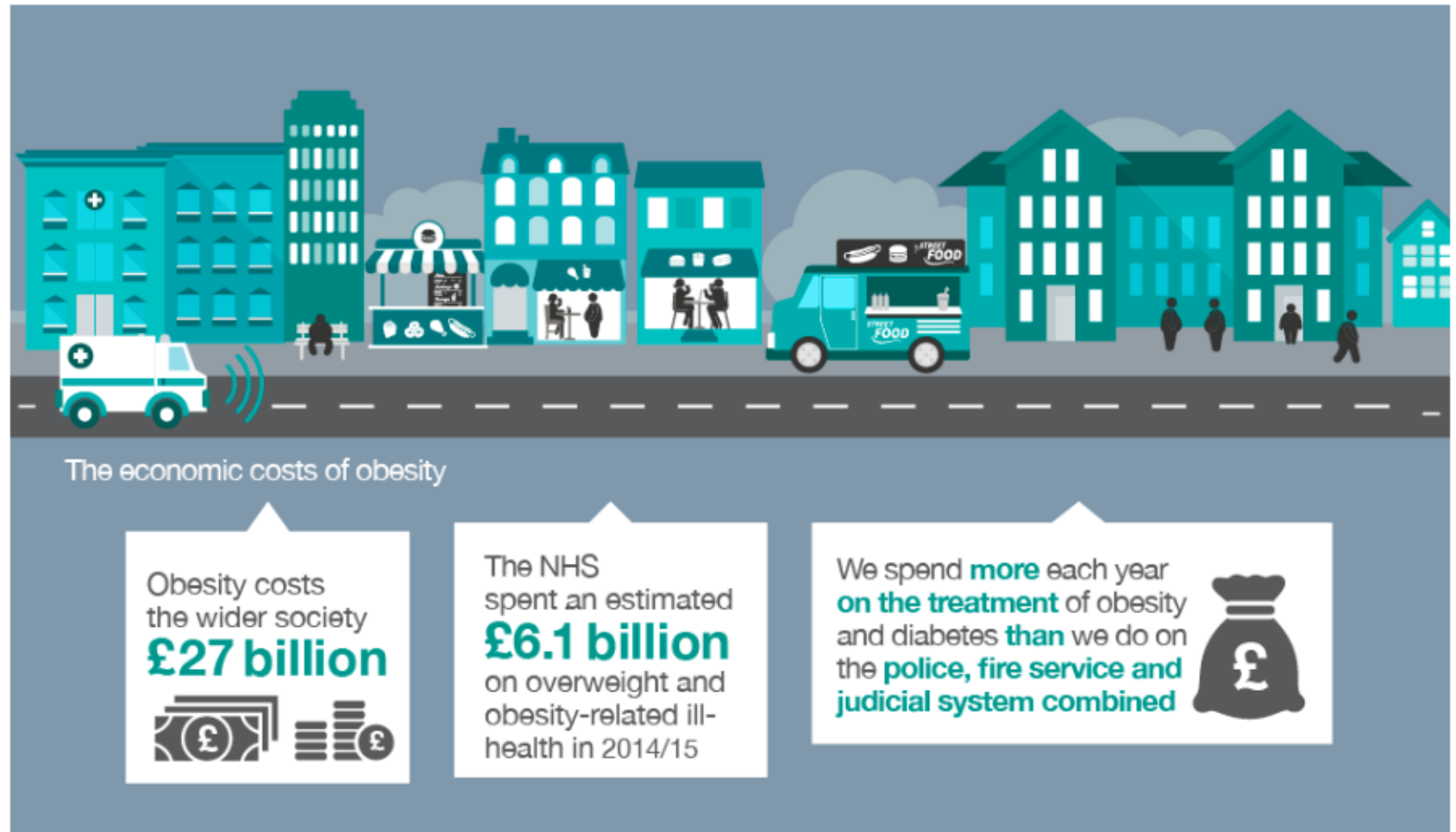
One Disability Adjusted Life Year (DALY) can be thought of as one lost year of "healthy" life. DALYs are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences. 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)



- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

## The economic costs of obesity



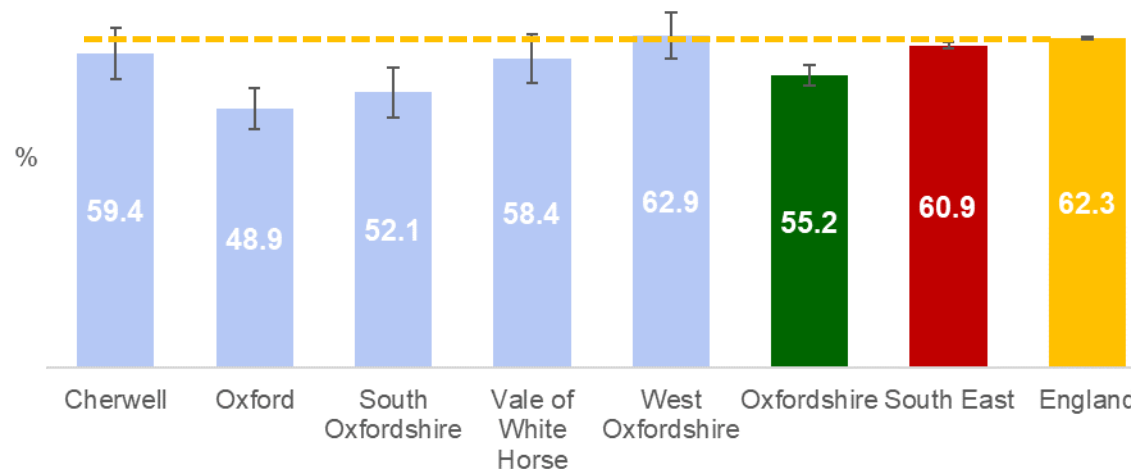
- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

## Adult overweight and obesity

*Excess weight in adults is a complex problem with multiple causes and significant implications for health and beyond. 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 55.2% of people aged 18 or over in Oxfordshire are classified as overweight or obese (2018/19), significantly lower than the average for England (62.3%) and the South East (60.9%)
- This percentage for Oxfordshire is similar to the percentage in 2015/16 (54.5%)

Percentage of adults (18+) classified as overweight or obese, 2018/19



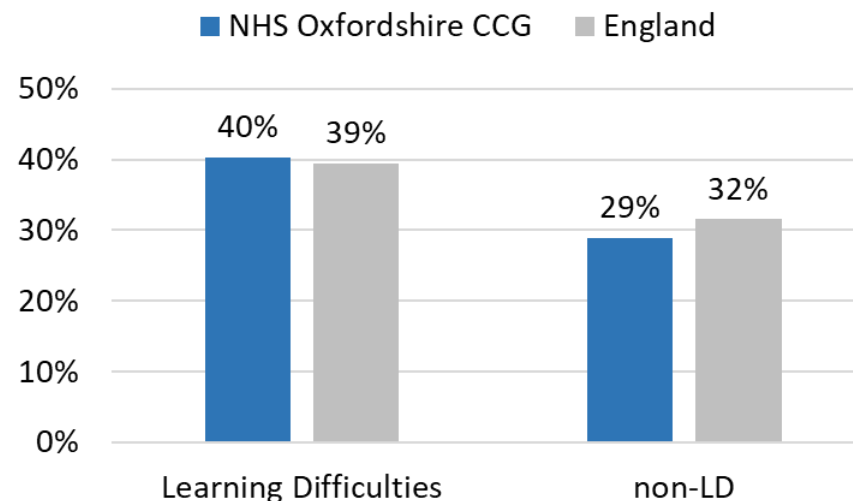
Public Health England, [Physical Activity Profile](#) , [Whole systems approach to obesity](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

## Obesity of Adults with Learning Disabilities

- 72% of GP registered adults (aged 18+) with Learning Disabilities in Oxfordshire had a BMI test in 2018/19 (68% in England)
- Of those people with Learning Disabilities and having a BMI test, 40% were measured as obese (39% in England)

% of adults (aged 18+) with BMI check who were measured as obese (2018/19)



NHS Digital [Health and Care of People with Learning Disabilities 2018/19 \(Jan2020\)](#); note that more recent data for 2019/20 is missing the indicator for the number of people with Learning Disabilities who had a BMI check

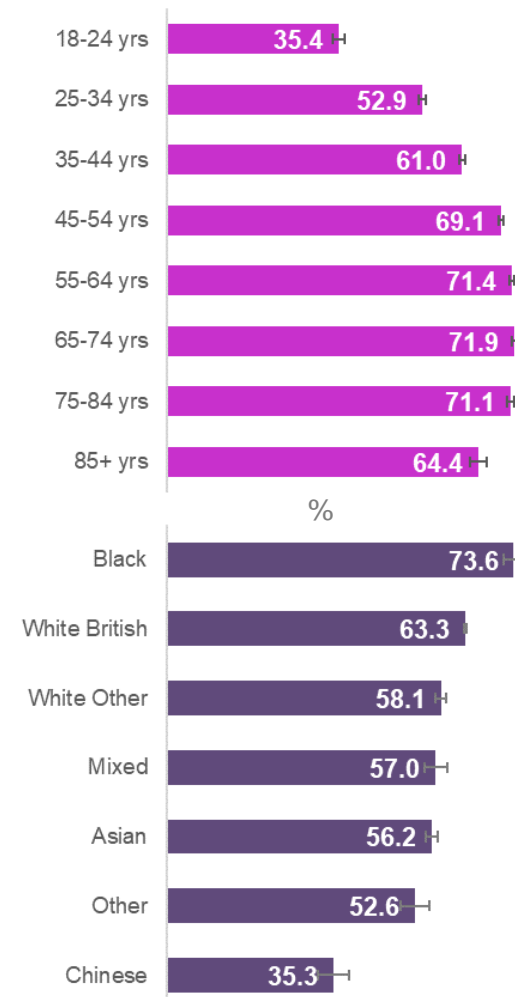
- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

### Inequalities in adult overweight and obesity - national

- National data show that overweight and obesity prevalence tends to be higher in older age groups, ranging from 35.4% in the 18-24 years age group to 71.9% in the 65-74 years age group
- White British and Black ethnic groups have significantly higher prevalence than the national average (62.3%); prevalence in all other ethnic groups is significantly lower
- Prevalence is higher in males (68.5%) than in females (56.1%)
- Obesity increases with deprivation, with 65.0% people living in the most deprived areas experiencing overweight or obesity, compared to 57.7% people living in the least deprived areas
- 71% of those who were disabled are overweight or obese, compared to 61% of those who are not disabled
- Obesity prevalence also decreases as education level increases

Public Health England, [Physical Activity Profile](#)

### % adults overweight or obese, England 2018/19



- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

## 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 2019/20 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.

Public Health England, [NCMP and Child Obesity Profile](#)  
Public Health England, [Childhood Obesity: applying all our health](#)

### Reception



● Underweight ● Healthy weight  
● Overweight ● Obese  
● Severely obese

### Year 6

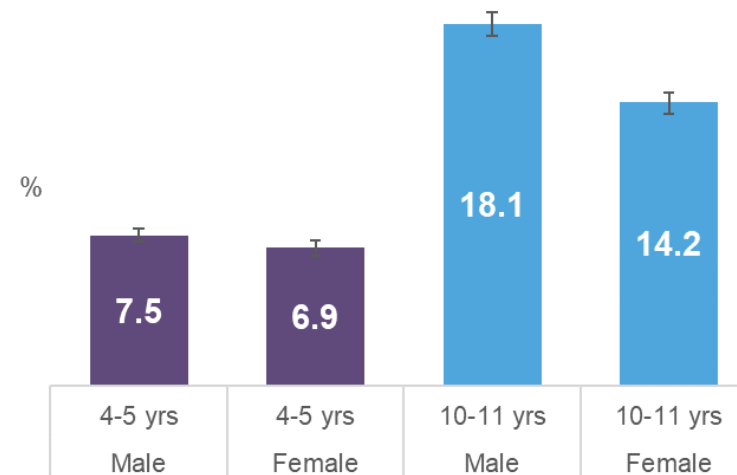


- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

### 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
  - 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



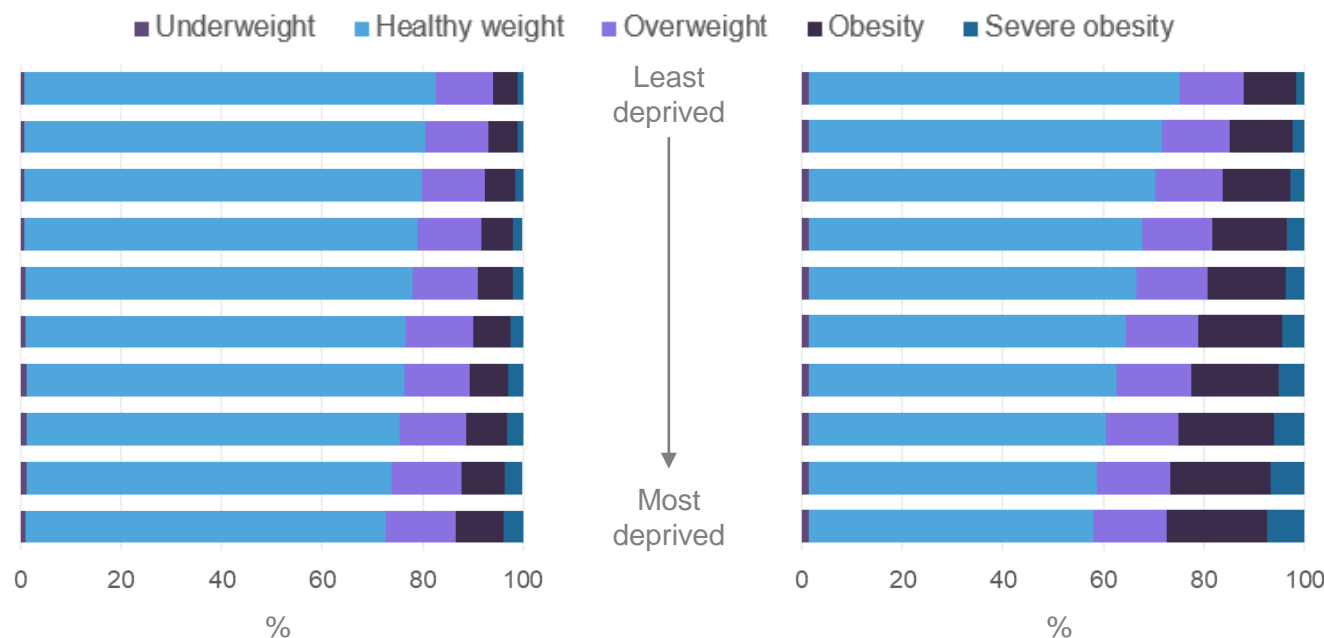
Public Health England, [NCMP and Child Obesity Profile](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

### 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



Public Health England, [NCMP and Child Obesity Profile](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

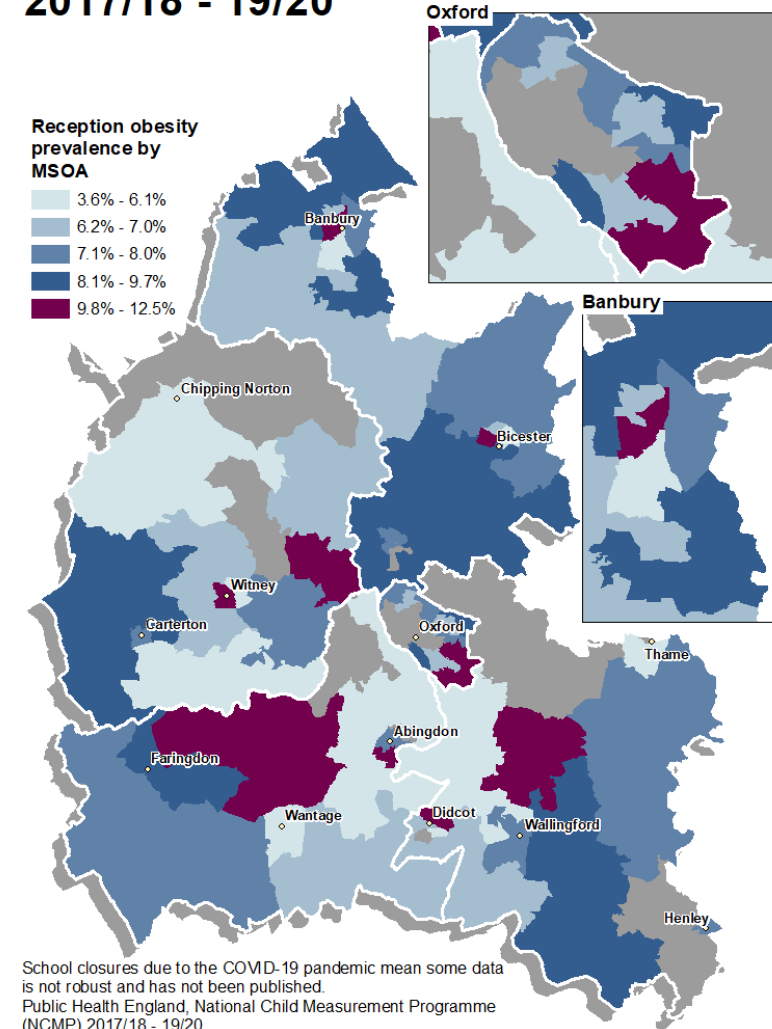
### Childhood obesity map - Reception

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.

Public Health England,  
[Childhood obesity and excess weight: small area level data](#)

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



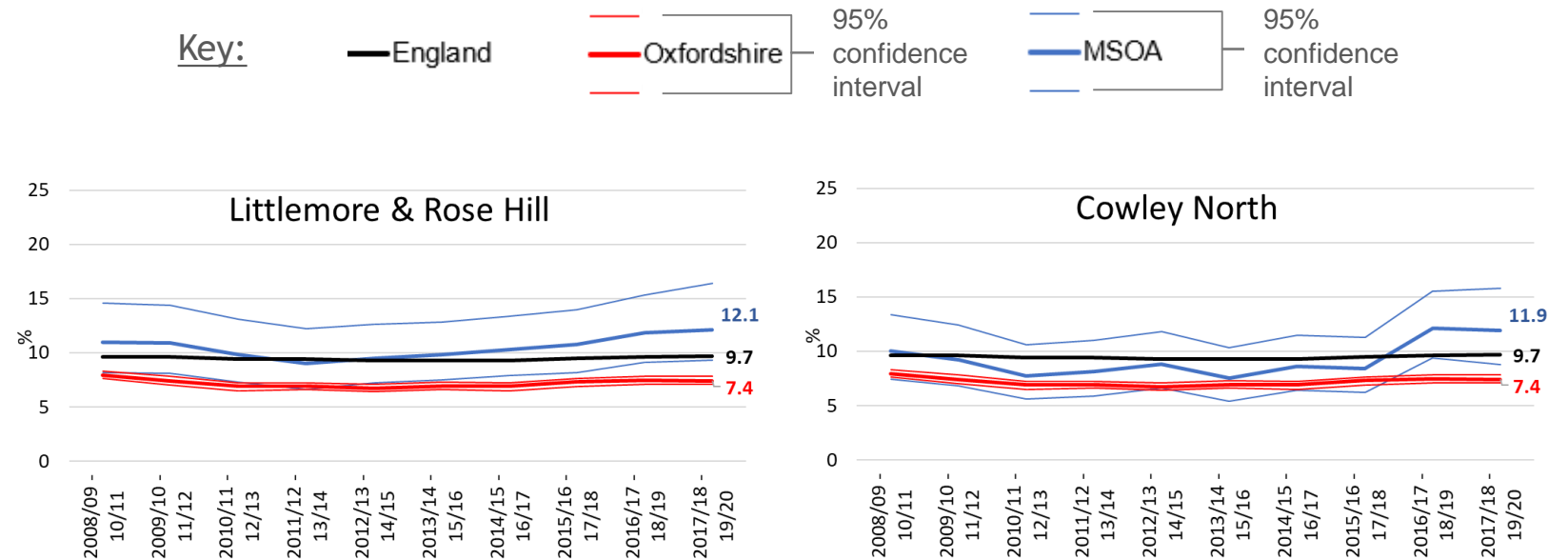


- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

## 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

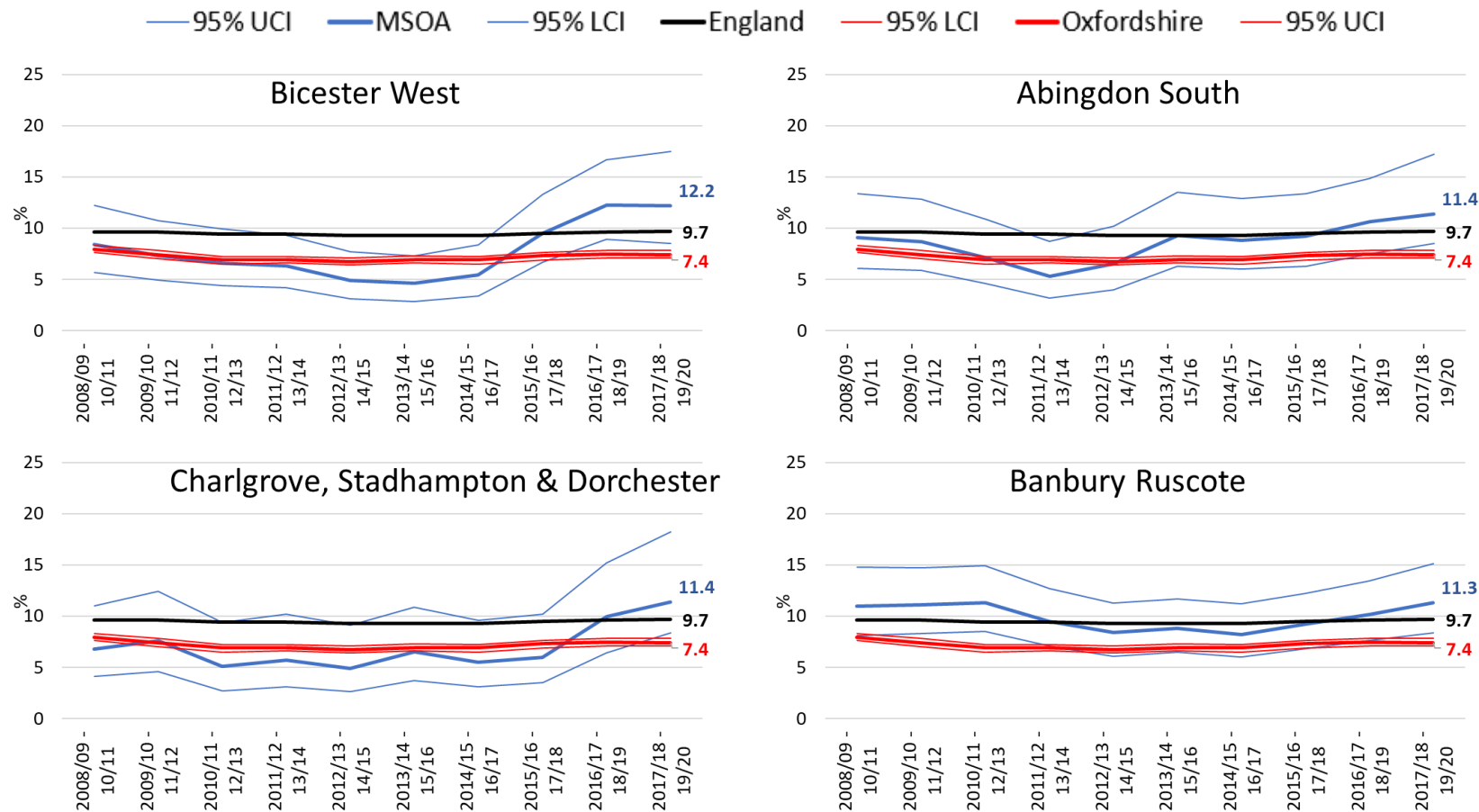


Public Health England, [Childhood obesity and excess weight: small area level data](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

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

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

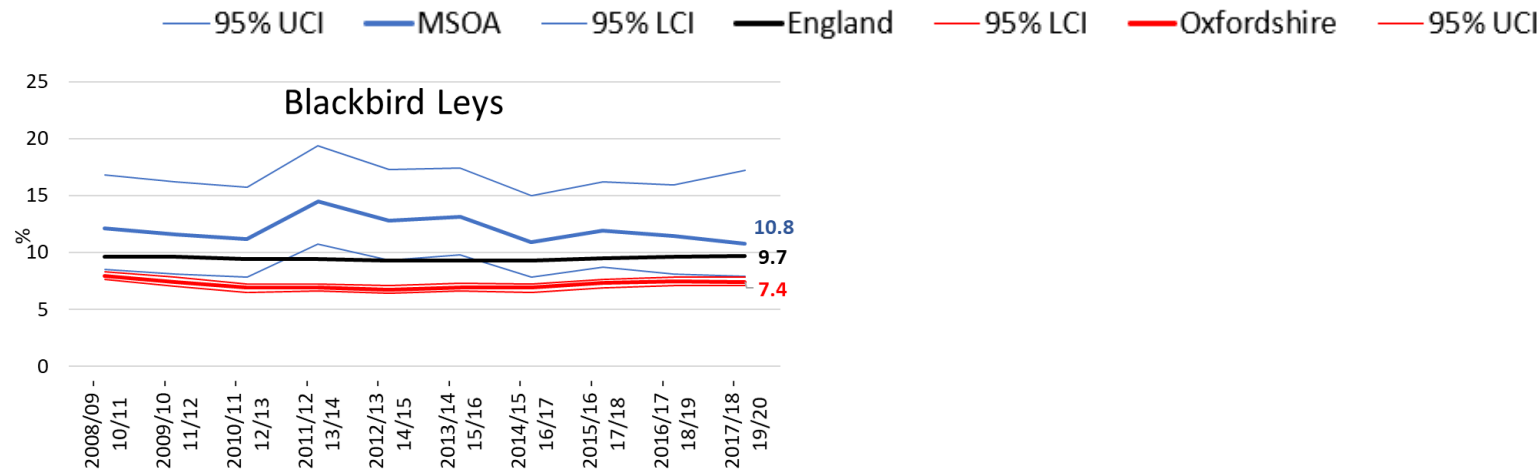


Public Health England, [Childhood obesity and excess weight: small area level data](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

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

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



Public Health England, [Childhood obesity and excess weight: small area level data](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

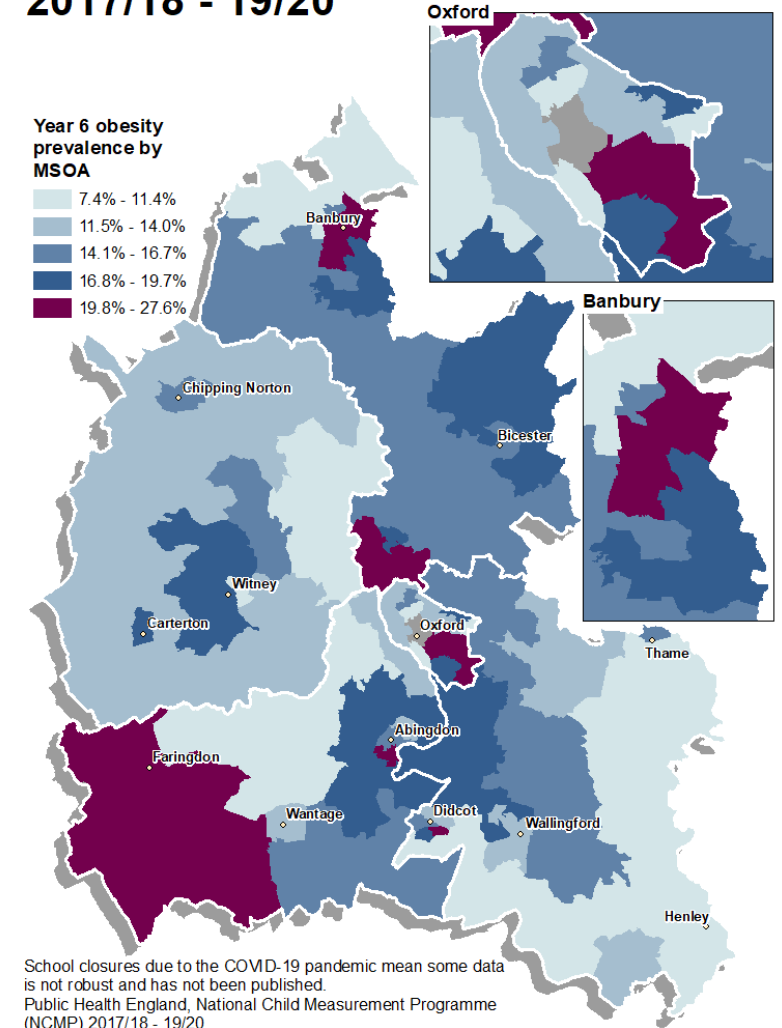
### Childhood obesity map - Year 6

*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

Public Health England,  
[Childhood obesity and excess weight: small area level data](#)

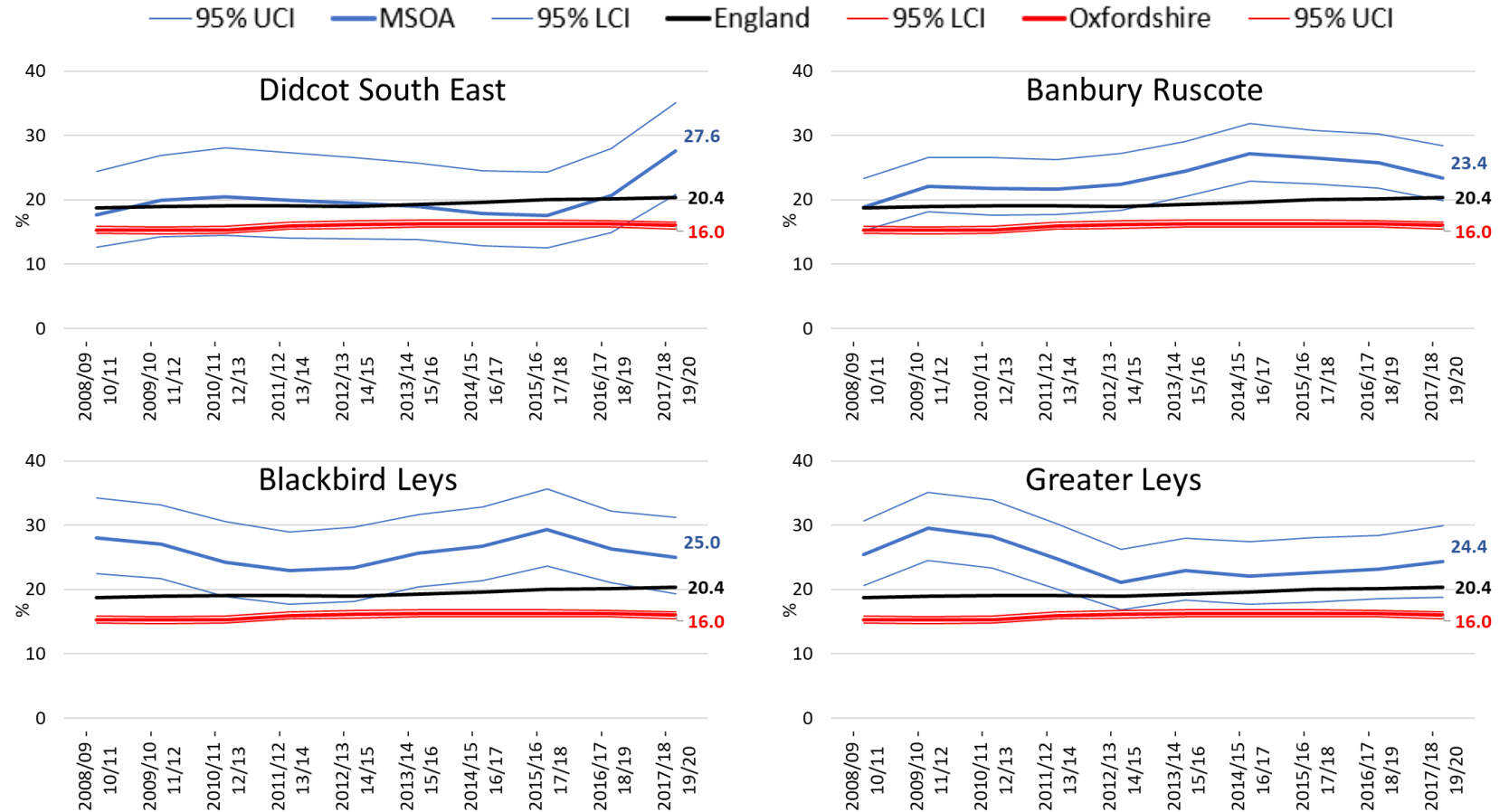
### Year 6 obesity prevalence, 2017/18 - 19/20



- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

### 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

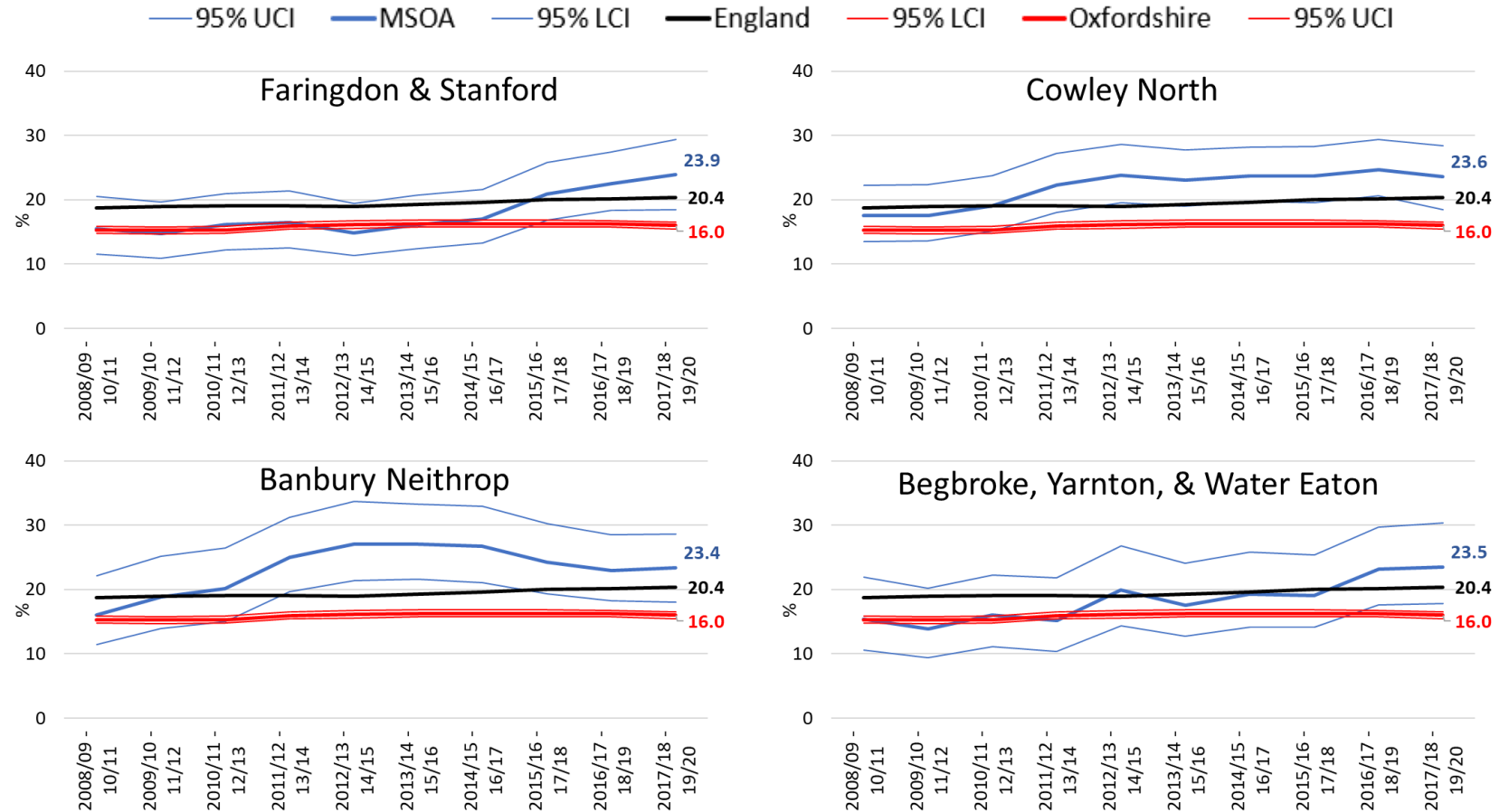


Public Health England, [Childhood obesity and excess weight: small area level data](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

### 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

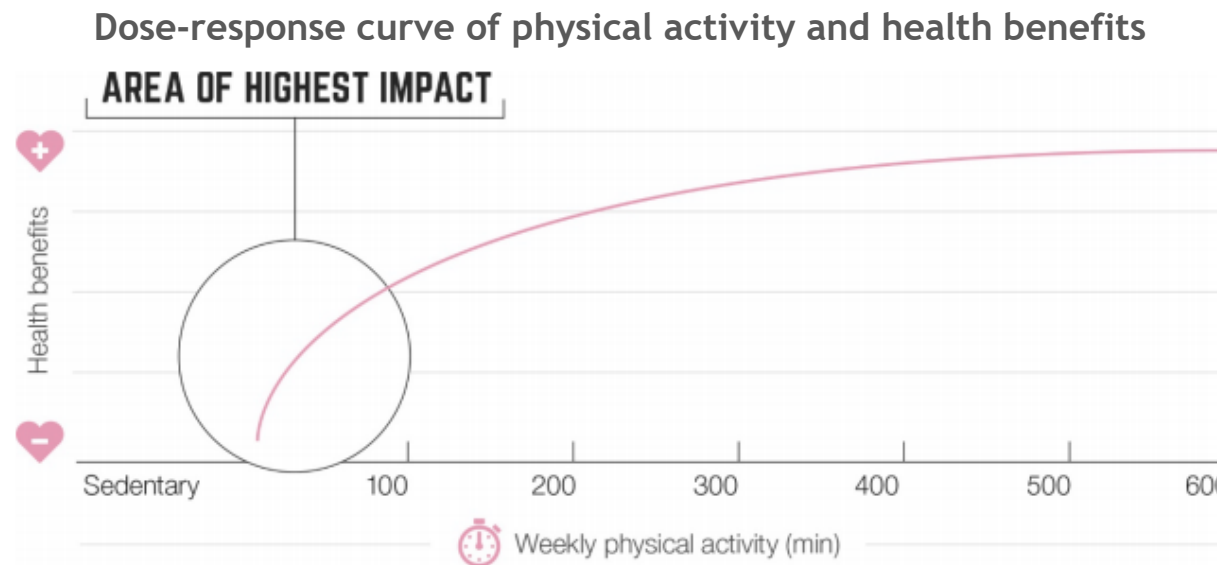


Public Health England, [Childhood obesity and excess weight: small area level data](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

## 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**

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](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

### 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

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

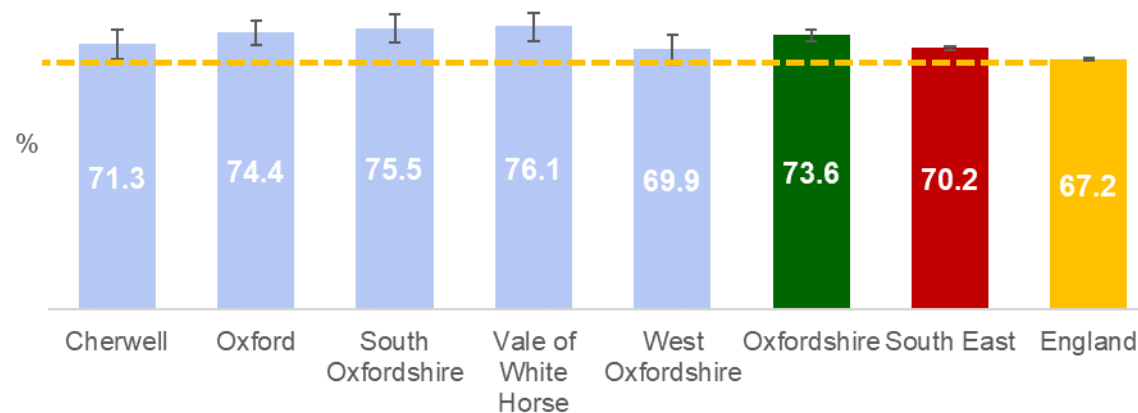


- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

### Physical activity in adults - overall

- A slightly higher percentage of Oxfordshire adults meets the physical activity guideline than national and regional figures, but 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**
- 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
- See also: **active travel** (walking and cycling)

% of Oxfordshire adults (19+) meeting physical activity recommendations, 2018/19



Public Health England, [Physical Activity Profile](#)

[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

[Gambling](#)

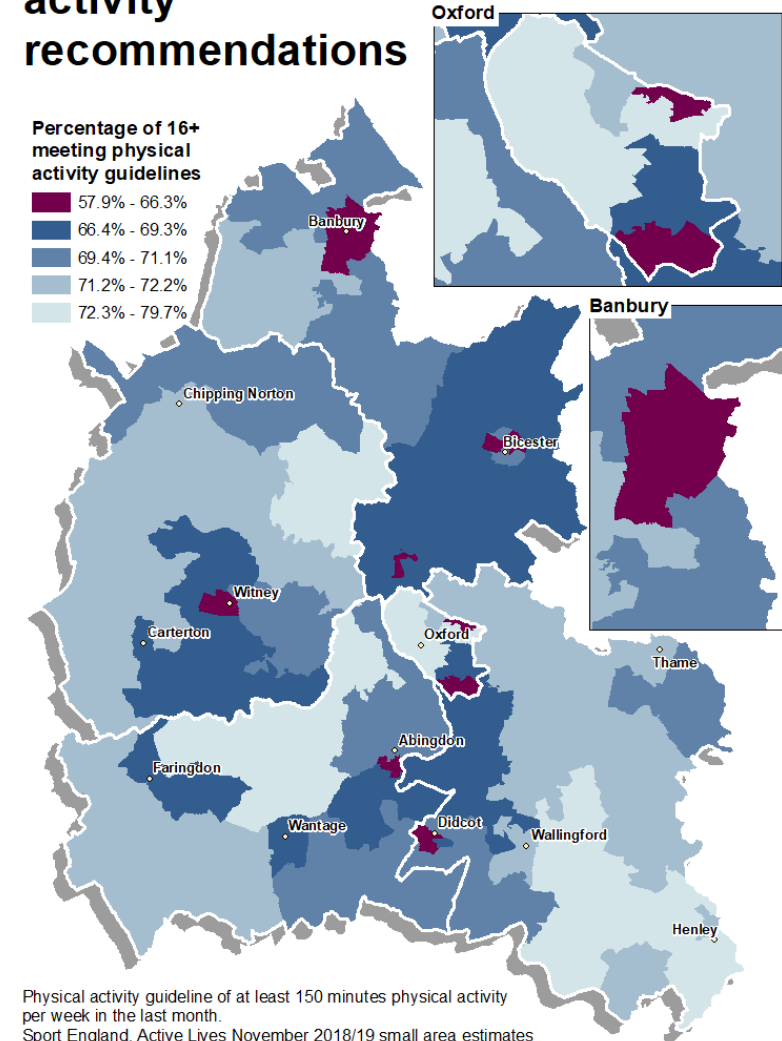
[Finding out more](#)

## Physical activity in adults - map

- These estimates are calculated using the same data as local authority figures (previous page), but use adults **aged 16+** as their population. They report the proportion of people meeting CMO physical activity guidelines for adults (150 minutes per week). Current CMO guidelines for 16-18 year olds recommend at least 60 minutes and up to several hours of physical activity per day
- These estimates indicate that the proportion of people aged 16+ meeting adult physical activity guidelines tends to be higher in more affluent areas of the county
- Percentages are lowest in the south of Oxford (Blackbird Leys, Northfield Brook, Littlemore), Banbury (Ruscote and Neithrop), Bicester and Kidlington

Sport England, [Small area estimates](#)

## People (16+) meeting physical activity recommendations



- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

## 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**

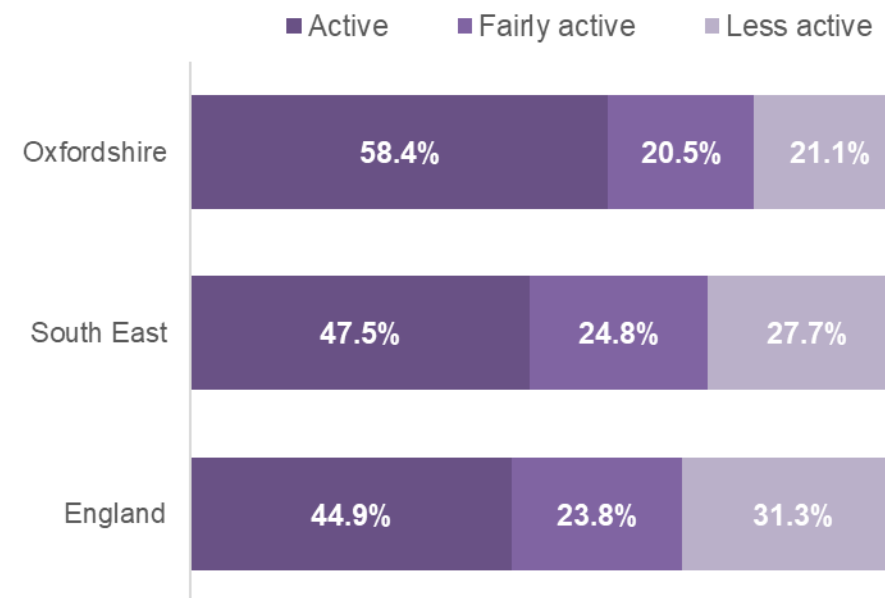
Department of Health and Social Care, [UK Chief Medical Officers' Physical Activity Guidelines](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

### Physical activity in children

- In the academic year 2019/20, 58.4% 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 44.9%
- Although encouraging, and a significant increase since 2017/18, this means that there could be 37,600 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 and Physical Activity levels of Children and Young People in school years 1-11



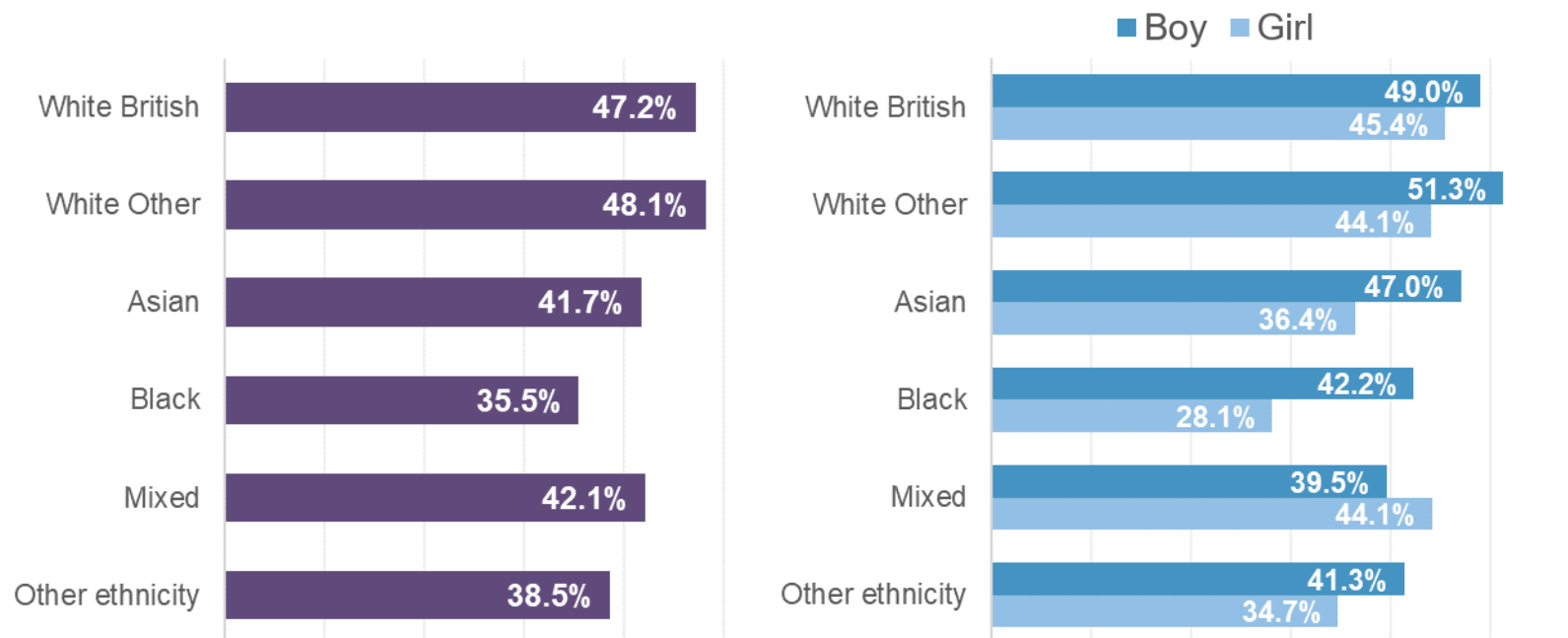
Sport England, [Active Lives Children and Young people Survey 2019/20](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

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

- National data show that a higher proportion of boys (47.1%) are active than girls (42.7%)
- Physical activity is highest in White and Mixed ethnic groups, but splitting by gender shows that this is not always the case

Sport and Physical Activity levels of Children and Young People, school years 1-11, 2019/20



Sport England, [Active Lives Children and Young people Survey 2019/20](#)

[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

[Gambling](#)

[Finding out more](#)

## 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.

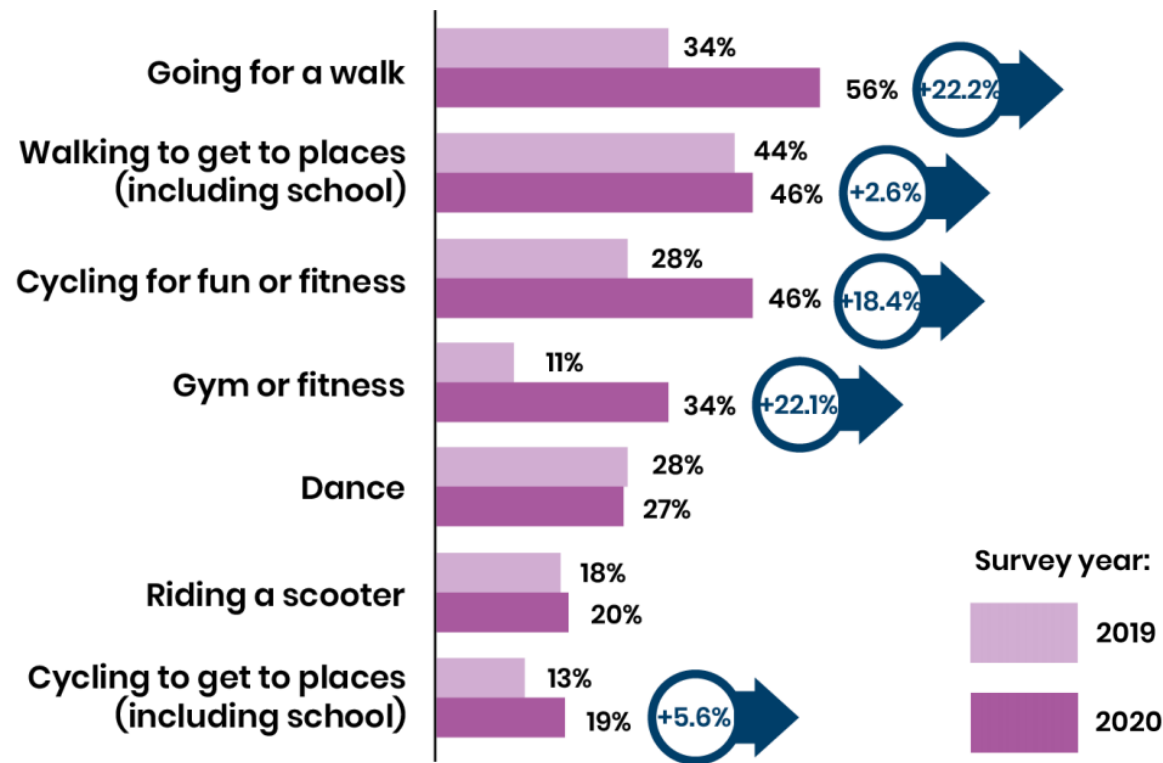
Sport England, [Active Lives Children and Young People Survey Coronavirus \(covid-19\) Report](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

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

- Walking, cycling and fitness saw increases compared to the same period 12 months earlier. More children and young people reported going for a walk (+22.2 percentage points (pp)), doing fitness activities (+22.1 pp) and cycling for fun or fitness (+18.4 pp)

Participation in activities in the last week, years 1-11, summer term



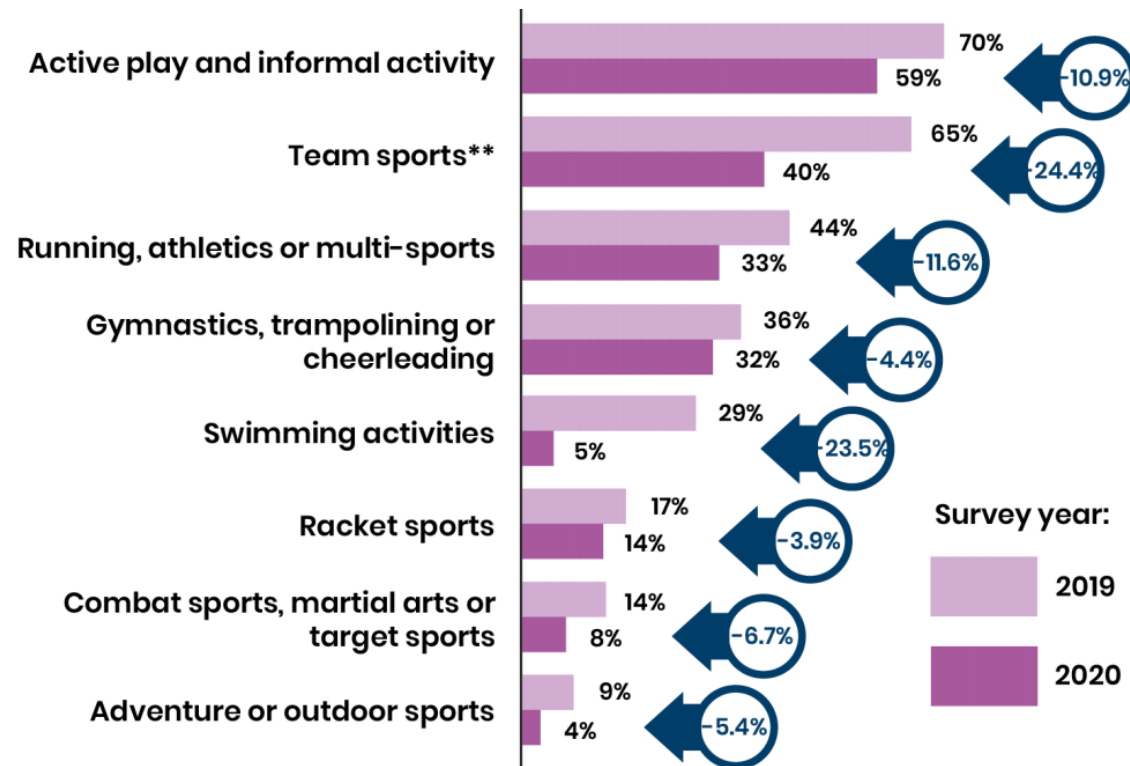
Sport England, [Active Lives Children and Young People Survey Coronavirus \(covid-19\) Report](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

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

- The number of people children and young people could meet from outside their household was restricted during this period and this impacted the activities they could do.
- Large decreases were seen in team sports (-24.4%) and swimming (-23.5%).

Participation in activities in the last week, years 1-11, summer term



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



# Sexual and reproductive health

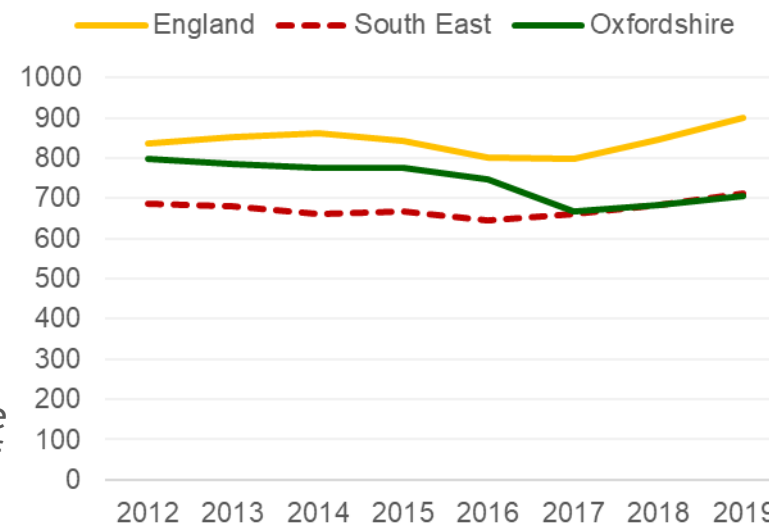
- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

## 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 2019, the rate of new STI diagnoses (excluding chlamydia in under 25s) in Oxfordshire was 706 diagnoses per 100,000 people aged 15-64 - significantly lower than the England average (900 per 100,000), and similar to the rate in the South East (714 per 100,000).
- Oxfordshire's rate has decreased since 2012 and has consistently been significantly below the England average in this period.
- Oxfordshire's rate is equivalent to approximately 3,100 new diagnoses in 2019. The number of diagnoses is related to the number of tests taken - in the same year, 75,095 tests were taken by people in Oxfordshire.

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



Public Health England, [Sexual and Reproductive Health Profiles](#) and [Health Matters: Preventing STIs](#)  
 See also: [Oxfordshire Sexual Health Needs Assessment 2018](#) and [Spotlight on Sexually transmitted infections in the South East](#)

[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

[Gambling](#)

[Finding out more](#)

**Sexually Transmitted Infections**

- Chlamydia diagnoses in 15-24 year olds are measured separately. In 2019, the rate of these diagnoses was 1,186 per 100,000 people in Oxfordshire, significantly lower than the South East (1,777) and England (2,043) rates. This may be influenced by the uptake of chlamydia testing.
- The rate in Oxfordshire females was 1,388 per 100,000, significantly higher than the rate in males (751 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).



Public Health England, [Sexual and Reproductive Health Profiles](#) and [Health Matters: Preventing STIs](#) and [Oxfordshire Sexual Health Needs Assessment 2018](#)

[Introduction](#)
[Summary](#)
[Behavioural risk factors of disease](#)
[Smoking](#)
[E-cigarette use](#)
[Alcohol consumption](#)
[Alcohol-related hospital admissions](#)
[Drug use](#)
[Drug misuse related hospital admissions](#)
[Dietary risk factors](#)
[Overweight and obesity - adult](#)
[Overweight and obesity - child](#)
[Physical activity - adult](#)
[Physical activity - child](#)
[Sexual health](#)
[Teenage conceptions](#)
[Breastfeeding & low birth weight](#)
[Oral health](#)
[Volunteering](#)
[Gambling](#)
[Finding out more](#)

## Teenage conceptions

- Research evidence, particularly from longitudinal studies, shows that teenage pregnancy is associated with poorer outcomes for both young parents and their children
- The rate of teenage conceptions in Oxfordshire is significantly lower than the national average, 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.
- In 2018/19, 0.3% of all Oxfordshire births were to mothers aged under 18

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

Area	2017		2018		Recent trend
	Count	Rate	Count	Rate	
Cherwell	24	9.5	22	8.8	↓
Oxford	30	14.4	32	14.9	↔
South Oxon	32	13.5	18	7.5	↔
VoWH	18	8.5	19	9.2	↔
West Oxon	17	9.5	19	10.7	↔
<b>Oxfordshire</b>	<b>121</b>	<b>11.1</b>	<b>110</b>	<b>10.1</b>	↓
South East		13.9		13.5	↓
England		17.8		16.7	↓

This indicator measures all conceptions in females under 18 whether the pregnancy ends in birth or termination  
Public Health England, [Sexual and Reproductive Health Profile](#)

[Introduction](#)
[Summary](#)
[Behavioural risk factors of disease](#)
[Smoking](#)
[E-cigarette use](#)
[Alcohol consumption](#)
[Alcohol-related hospital admissions](#)
[Drug use](#)
[Drug misuse related hospital admissions](#)
[Dietary risk factors](#)
[Overweight and obesity - adult](#)
[Overweight and obesity - child](#)
[Physical activity - adult](#)
[Physical activity - child](#)
[Sexual health](#)
[Teenage conceptions](#)
[Breastfeeding & low birth weight](#)
[Oral health](#)
[Volunteering](#)
[Gambling](#)
[Finding out more](#)

## 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, 2.2% 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 (2.4%) 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.

Public Health England, [Child and Maternal Health profile](#)

# Oral health

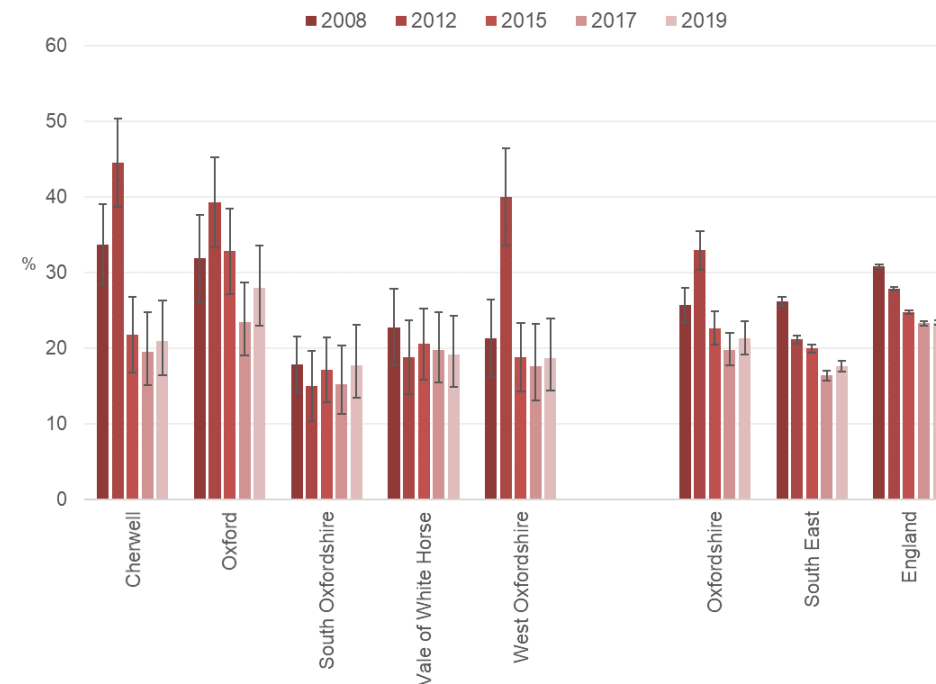
- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

## 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 five-year-old children](#)  
 \* Excludes Isle of Wight; Portsmouth; Southampton; Surrey; West Sussex

# Volunteering



[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

[Gambling](#)

[Finding out more](#)

## Volunteering during the Covid-19 pandemic

- In March 2020, the NHS advised over 20,000 clinically vulnerable residents in Oxfordshire to socially isolate for 3 months. In addition, many individuals who did not meet the criteria of being clinically vulnerable were otherwise vulnerable and chose to isolate. This resulted in immediate support requirements for food, social, and medical care.
- To assist with these requirements, Oxfordshire NHS, CARE, councils, charities, and voluntary support groups set up a collaborate network of support. Between March and May 2020, **over 15,000** volunteers were recorded as available to help.
- Between March and May 2020, over 33,000 volunteering tasks had been recorded, including:
  - Medication deliveries
  - Emergency food boxes
  - Food shopping
  - Essential hygiene supplies
  - Check in and chat calls
  - Welfare checks
  - Wellness support from the street champions
- Find out more at [Oxfordshire All In](#) (Oxfordshire) and [Oxford Together](#) (Oxford City).

VCSE/CSG Community Resilience report, 2020

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

## Volunteering - national

- There are many perceived benefits of volunteering, including:
  - enjoyment
  - personal achievement
  - making a difference
  - meeting new people, and contact with people from different backgrounds and cultures
  - broadening experience and skills
  - improved confidence, **mental health and wellbeing**
- Research using the British Household Panel Study has also shown that volunteering in secondary school and college has a positive effect on first employment, and in turn on salaries later in life
- It also showed that volunteering helps people return to work more rapidly after a break e.g. raising children or unemployment

NCVO, [Time Well Spent survey 2019](#)  
 Social Science Research, [The economic benefits of volunteering and social class](#)

**Enjoyment** ranked highest among a range of benefits that volunteers feel they get out of volunteering.



18–24 year olds and 25–34 year olds are the age groups most likely to agree their volunteering **helps them feel less isolated.**



**90%** of volunteers feel they **make a difference** through their volunteering.



Of those who had **negative experiences**, the most common is **too much time being taken up.**



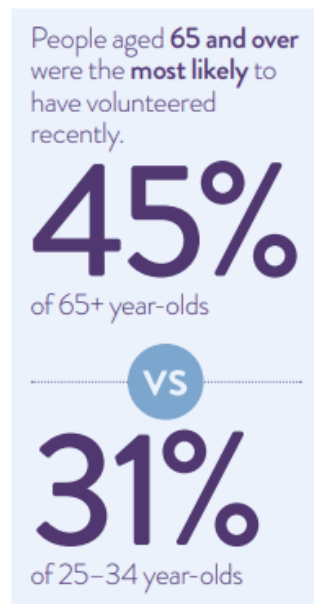
Over **3/4** of volunteers say that their volunteering improves their **mental health and wellbeing.**



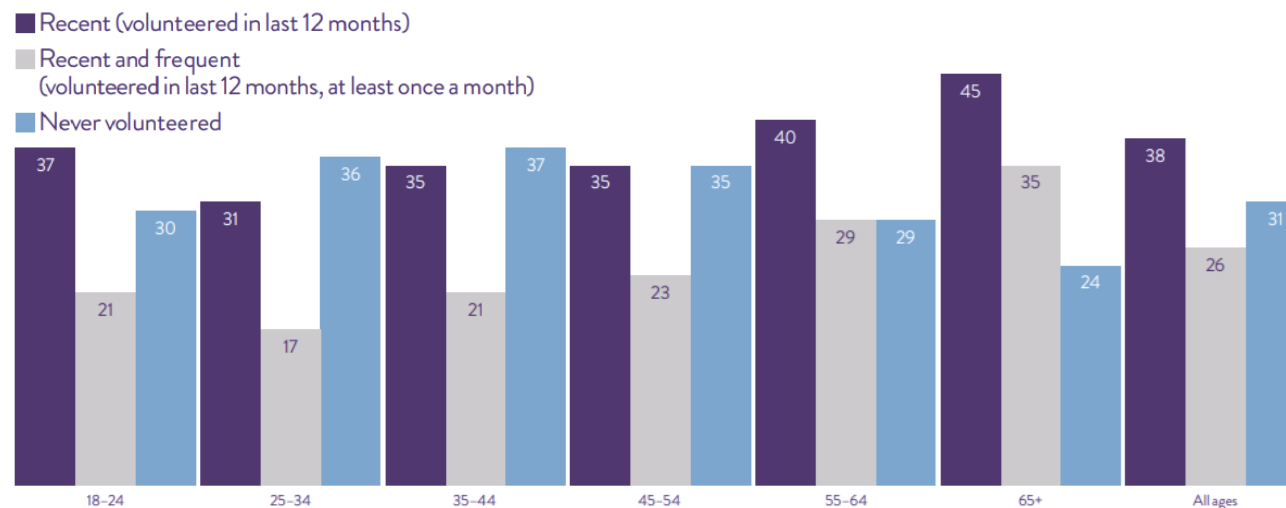
- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

### Volunteering - national

- There is a lack of reliable data on volunteering rates in Oxfordshire. National data show that people living in the south of England were more likely to be recent volunteers than the England average (42% vs 38%) - they were also more likely to volunteer frequently (28% vs 25%)
- Those educated to a higher level are more likely to have volunteered recently. Separating by working status, those working part-time (less than 8 hours a week) are most likely to have volunteered recently



Proportion of recent volunteers, recent and frequent volunteers, and those who have never volunteered (% of age group)



NCVO, [Time Well Spent survey 2019](#)

# Gambling

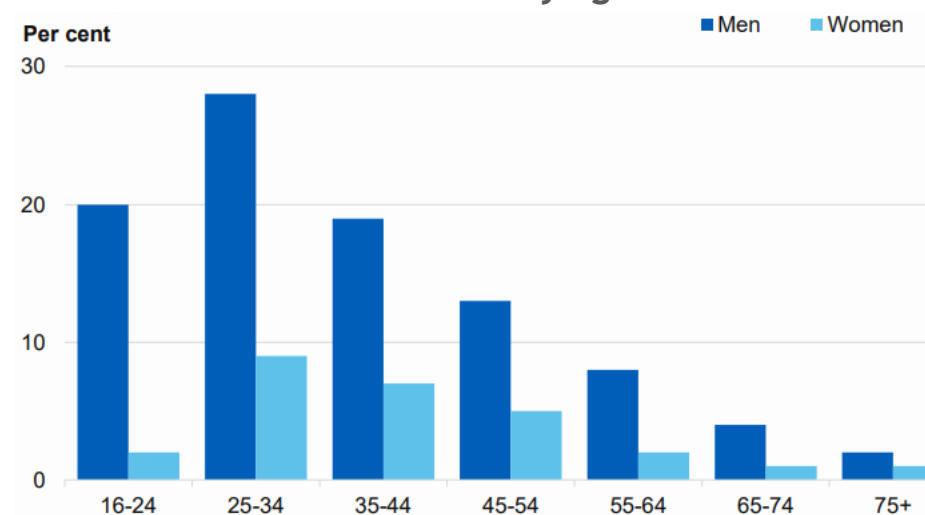
- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

## 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.

Participation in any **online** gambling in the last 12 months by age and sex



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

[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

[Gambling](#)

[Finding out more](#)

## 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:

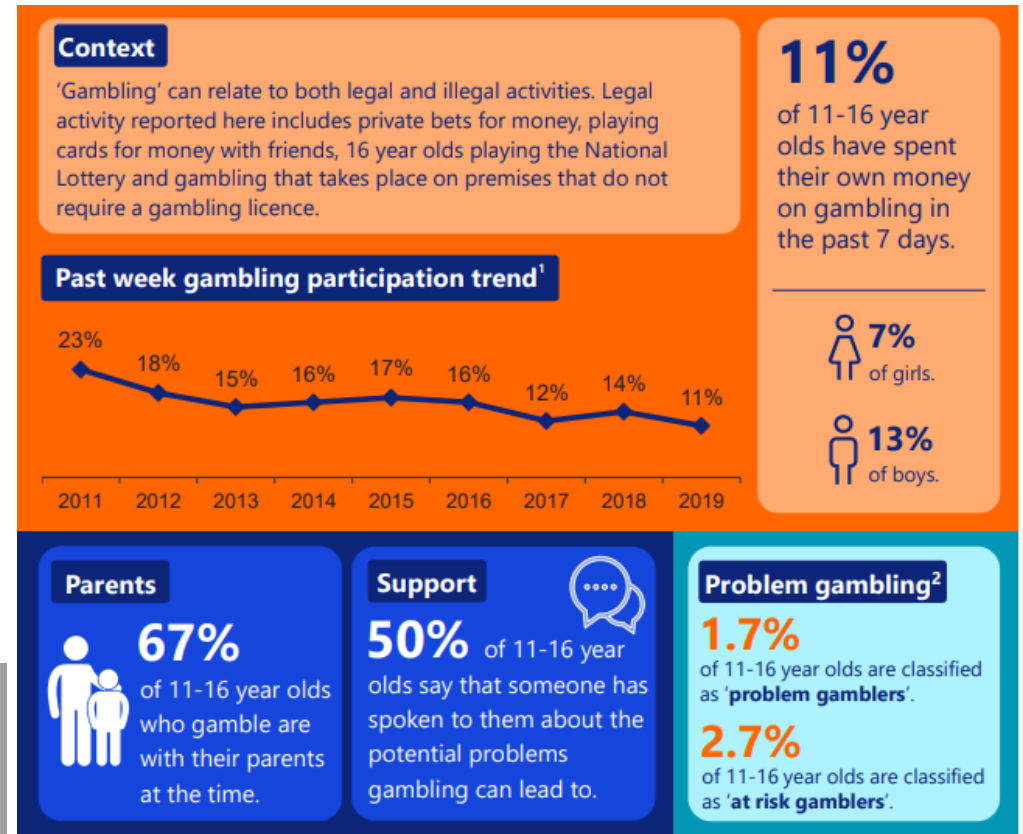
- The Problem Gambling Severity Index (PGSI) consists of nine items ranging from ‘chasing losses’ to ‘gambling causing health problems’ to ‘feeling guilty about gambling’. Each item is scored and summed to create a total ranging from 0 to 27. A PGSI score of 8 or more represents a problem gambler.
- 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](#)

- [Introduction](#)
- [Summary](#)
- [Behavioural risk factors of disease](#)
- [Smoking](#)
- [E-cigarette use](#)
- [Alcohol consumption](#)
- [Alcohol-related hospital admissions](#)
- [Drug use](#)
- [Drug misuse related hospital admissions](#)
- [Dietary risk factors](#)
- [Overweight and obesity - adult](#)
- [Overweight and obesity - child](#)
- [Physical activity - adult](#)
- [Physical activity - child](#)
- [Sexual health](#)
- [Teenage conceptions](#)
- [Breastfeeding & low birth weight](#)
- [Oral health](#)
- [Volunteering](#)
- [Gambling](#)
- [Finding out more](#)

## Gambling in young people aged 11-16 - national

- The most common type of gambling activity that young people are taking part in is private bets for money (e.g. with friends) (5%) with a further 3% playing cards with friends for money; 4% of 11-16 year olds report playing on fruit or slot machines in the past seven days
- Young people who say they have gambled in the past seven days spent an average of £17 on gambling during this period



- 74% of 11-16 year olds say they know who they would go to for help if they had problems with gambling

Gambling Commission, [Young People and Gambling Survey 2019](#)

[Introduction](#)

[Summary](#)

[Behavioural risk factors of disease](#)

[Smoking](#)

[E-cigarette use](#)

[Alcohol consumption](#)

[Alcohol-related hospital admissions](#)

[Drug use](#)

[Drug misuse related hospital admissions](#)

[Dietary risk factors](#)

[Overweight and obesity - adult](#)

[Overweight and obesity - child](#)

[Physical activity - adult](#)

[Physical activity - child](#)

[Sexual health](#)

[Teenage conceptions](#)

[Breastfeeding & low birth weight](#)

[Oral health](#)

[Volunteering](#)

[Gambling](#)

[Finding out more](#)

## Finding out more

- More information on many of these topics is available from Public Health England [Fingertips tool](#), [Health Survey for England](#), and [Office for National Statistics](#). Other JSNA resources are available from [Oxfordshire Insight](#)
- Explore obesity and related data with our [Health Weight Story map](#)
- More specific resources and fact sheets are also available for:
  - Smoking: [Action on Smoking and Health \(ASH\)](#)
  - Alcohol: [Alcohol Change UK](#), [Alcohol Health Alliance UK](#), [drinkaware](#), [PHE alcohol dependence prevalence estimates](#), [PHE evidence review](#), [ONS alcohol specific deaths](#)
  - Drug misuse: [Crime Survey for England and Wales](#), [PHE Drug health harms: national intelligence](#)
  - Obesity: [PHE obesity and the food environment](#), [OECD: The heavy burden of obesity](#), [CMO special report: Time to solve childhood obesity](#), [Guys & St Thomas charity reports](#), [PHE Childhood obesity: applying all our health](#), [NHS Digital](#)
  - Physical activity: [UK CMO physical activity guidelines](#), [PHE Physical Activity: Applying all our health](#), see also [Wider Determinants of Health chapter](#) for information about active and healthy travel, and healthy place-shaping
  - Sexual Health: [PHE Health matters: preventing STIs](#), [Spotlight on STIs in the South East](#), [HIV in the UK](#), [Women and HIV in the UK](#)
  - Volunteering: [NCVO research](#), [Oxfordshire Community and Voluntary Action \(OCVA\)](#), [Oxfordshire All In](#)
  - Gambling: [Gambling Commission statistics and research](#)
  - Other: [Association for Young People's Health](#)





## Chapter 6

# Wider determinants of health

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

Finding out more

Introduction

- This chapter provides data on economic and environmental factors that affect health and wellbeing, such as unemployment, poverty, housing, education and the environment.
- Further JSNA resources are available via the [JSNA page of Oxfordshire Insight](#).
- **Assessing the impact of COVID-19**
  - This chapter includes the most recent datasets accessed in January 2021.
  - It has not always been possible to include data for 2020, in some cases as a result of delays in publication (e.g. Active Lives survey) or because the lockdowns meant that data was not collected (e.g. some education statistics).

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

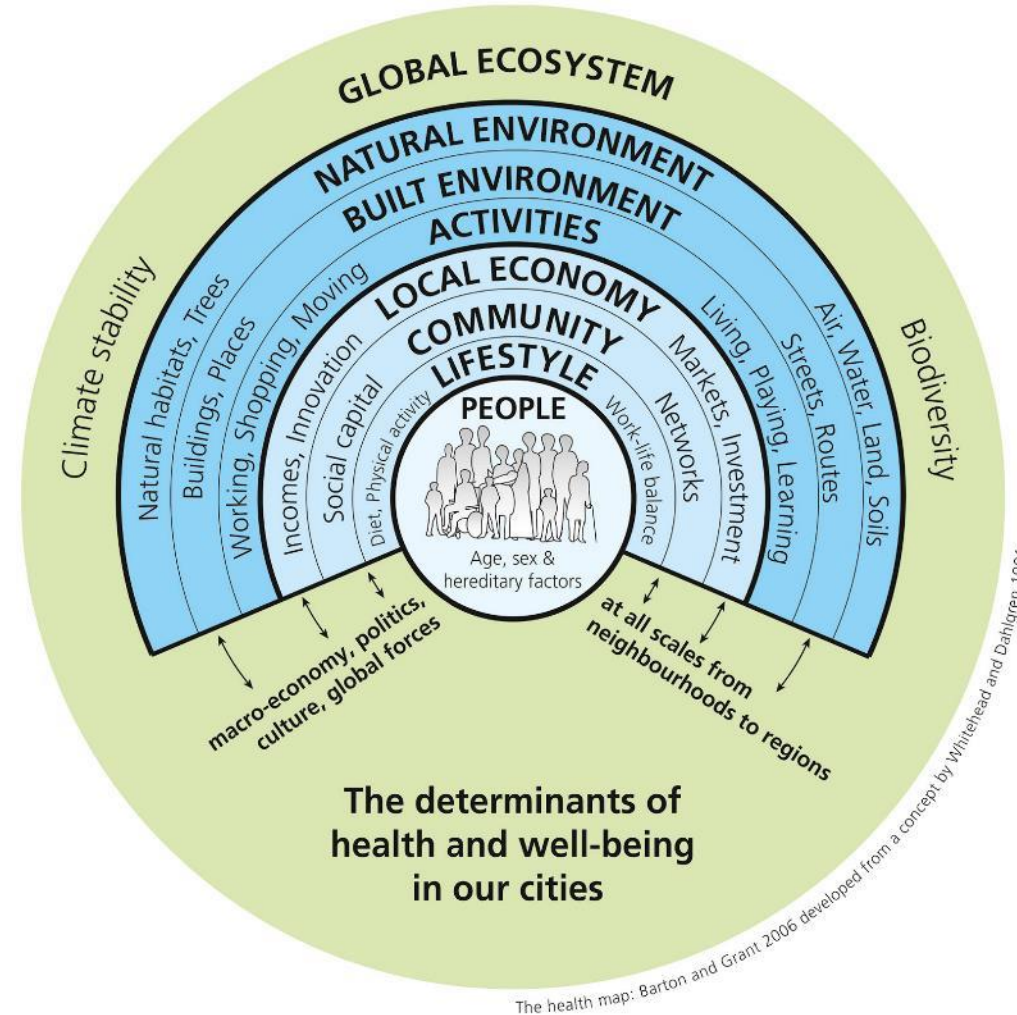
Green space

Climate change

Finding out more

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](#)

## Summary

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

## Summary - 1

### Work, income and deprivation

- Earnings of Oxfordshire residents have remained above the South East and national averages.
- As a result of the COVID-19 lockdown in early 2020, the number of people claiming unemployment-related benefits in Oxfordshire increased significantly. This has particularly affected Oxford City and Cherwell and the younger age group.
- The number of people from overseas registering for a National Insurance number in Oxfordshire has continued to decline.
- There remain higher rates of child poverty in parts of Banbury and Oxford City.
- After housing costs, 1 in 5 children in Oxfordshire are estimated to be living in poverty - within the city of Oxford this figure rises to 1 in 4.
- In May 2020, a Good Food Oxford survey found the number of users of Community Food Services had increased by 3 times since the start of COVID-19.

### Housing and homelessness

- House prices in Oxfordshire have continued to increase.
- The housing affordability ratio has improved slightly in Oxfordshire (cheaper market housing had become more affordable for lower earners) but the county remains much less affordable than the England average.
- The cost of renting privately in Oxfordshire remains well above the South East and national averages.
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services.

## Summary

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

## Summary -2

### Education and qualifications

- Schools in Oxford City have a diverse set of pupils with at least 100 different languages spoken in primary schools.
- The number of pupils attending schools with Special Educational Needs support in Oxfordshire has increased at double the England rate.
- A above-average proportion of pupils in Oxfordshire achieved good GCSE grades (grade 5-9) in 2019/20. Oxford City was below average.
- In 2020, there was an increase in the rate of young people classified as Not in Education, Employment or Training in every district in Oxfordshire. The proportion in Cherwell more than doubled.
- In 2020 the number of advertised vacancies for Apprenticeships in Oxfordshire fell significantly.

### Physical and social environment

- Healthy Place Shaping (HPS) is a strategic priority for Oxfordshire's Health and Wellbeing Board and, in 2020, was embedded into the work of the Oxfordshire Growth Board.
- The first lockdown of 2020 saw a significant fall in car use nationally and an increase in cycling.
- Traffic sensors, mainly in Oxford City, showed a drop in cycling and walking in 2020, likely to have been a result of more people working from home, less student travel and a drop in tourism visits.
- Climate change is expected to have a wide range of impacts on the health of the population.
- Registrations of ultra low emission vehicles in Oxfordshire are increasing rapidly.

[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

# Work, unemployment and income

Summary

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

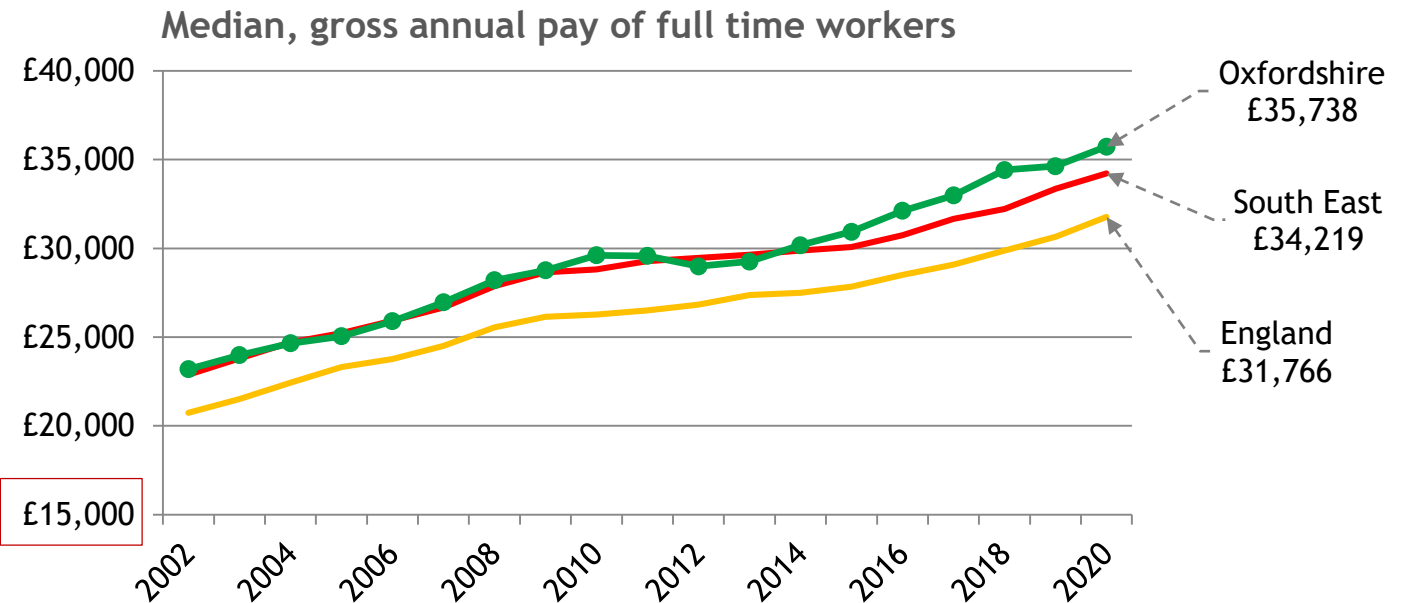
[Green space](#)

[Climate change](#)

[Finding out more](#)

**Earnings of Oxfordshire residents**

- The latest year of earnings data (2020) shows Oxfordshire remaining (statistically) above the South East average on median pay of full-time workers.
- Oxfordshire’s resident earnings increased from £34,600 in 2019 to £35,700 in 2020 (+£1,100). Across the South East, earnings grew from £33,400 to £33,200 (+£800).



[Annual Survey of Hours and Earnings](#) April 2020 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

Summary

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

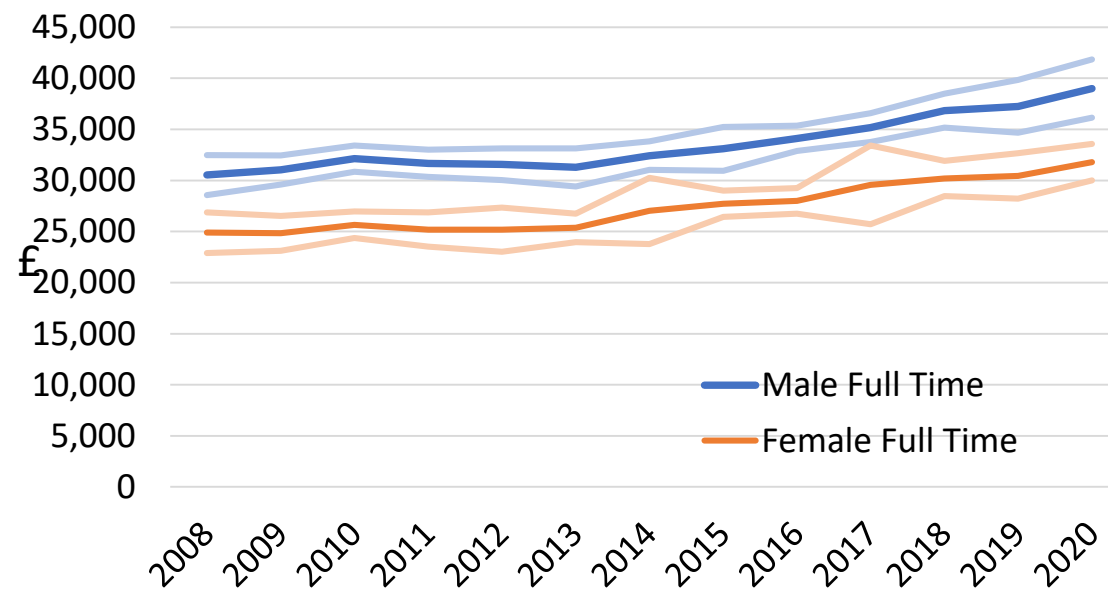
[Climate change](#)

[Finding out more](#)

The gap between male and female full time earnings

- In 2020, median full time earnings of males was £38,989 and females was £31,797, a gap of £7,192.
- This was the biggest gender pay gap (amount) in Oxfordshire in any year since 2008.
- The gender pay gap in Oxfordshire has remained below the regional and national averages.
- Full time pay of males was 23% more than females in Oxfordshire, compared with 18% in the South East and 25% in England.

Median gross full time annual pay of males and females in Oxfordshire showing confidence intervals



[Annual Survey of Hours and Earnings](#) April 2020 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.



Summary

**Work and income**

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

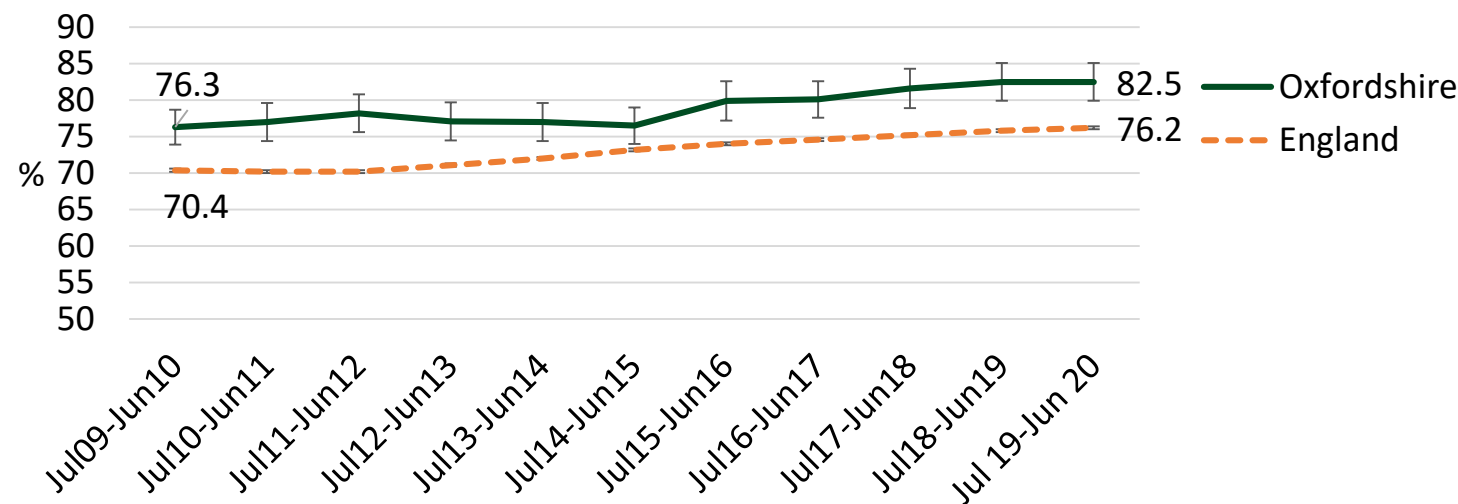
Climate change

Finding out more

**Oxfordshire's employment rate**

- According to the ONS Annual Population Survey, there has been an apparent increase in the rate of employment in Oxfordshire over 10 years from 76.3% of people aged 16-64 (Jul08-Jun09) to 82.5 (Jul19-Jun20), the difference is not statistically significant.
- The latest data to June 2020, shows Oxfordshire's employment rate remaining significantly above 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.

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

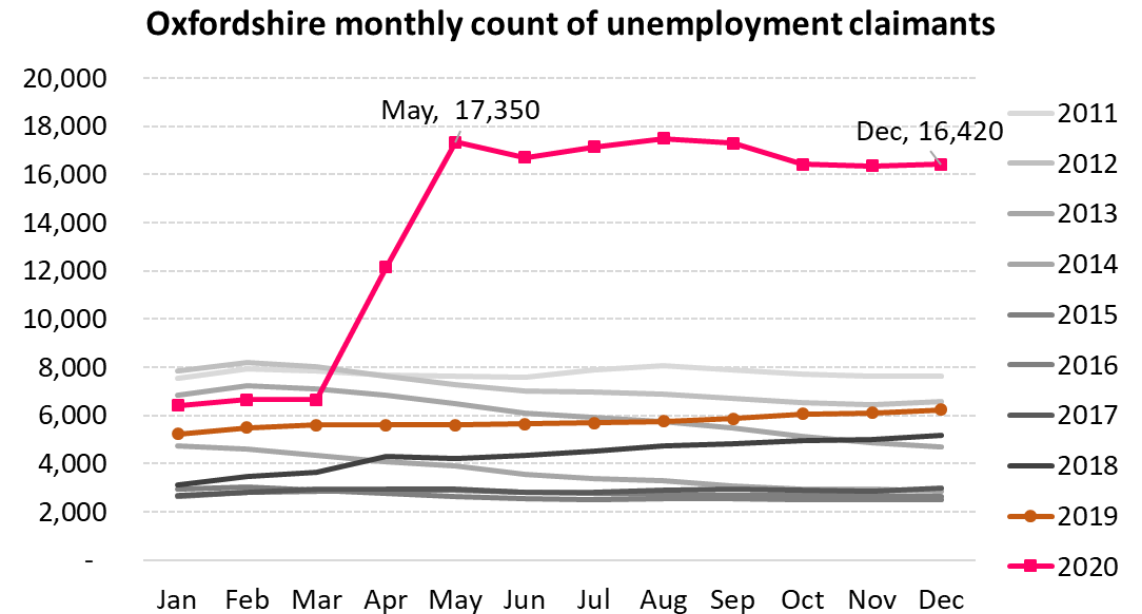
Green space

Climate change

Finding out more

Unemployment trend

- 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 December 2020 shows the number of people claiming unemployment-related benefits in Oxfordshire was 16,420, up from 6,230 in December 2019.
- Note that this does not include people on the Coronavirus Job Retention scheme.
- As of 31 October 2020, there were 21,400 furloughed employments in Oxfordshire, a take-up of 6% compared with 7% take-up across England.



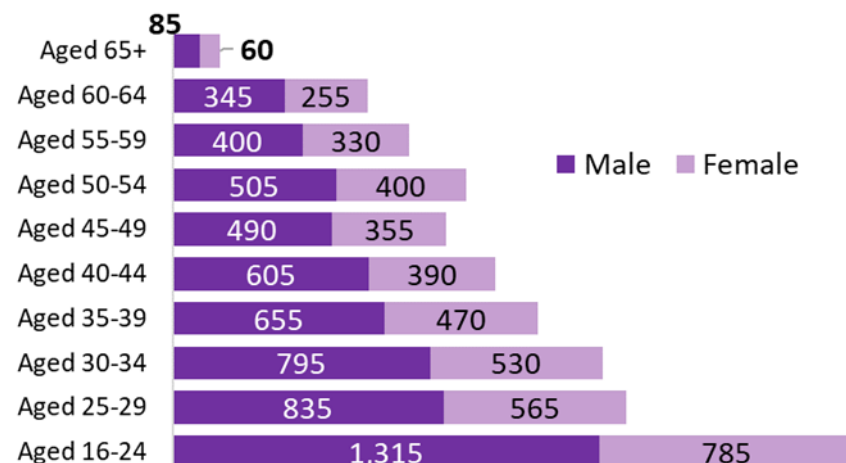
DWP from [nomis](#) For further information see [Economy page on Oxfordshire Insight](#)

[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

### Unemployment by age

- The breakdown of unemployment claimants by age shows the greatest numbers of new claimants are in the younger age groups.
- Between December 2019 and December 2020 there was an increase of 2,105 in the number of young people aged 16-24 claiming unemployment benefits in Oxfordshire.

#### Increase in Oxfordshire Claimants Dec19 to Dec20 by age



#### Increase in Oxfordshire Claimants Dec19 to Dec20 youngest age group 16-24

Age group	Dec-19	Dec-20	Change
16-17	15	30	+15 (+100%)
18-21	540	1,545	+1,005 (+186%)
22-24	395	1,475	+1,080 (+273%)
<b>Total 16-24</b>	<b>950</b>	<b>3,050</b>	<b>+2,100 (+221%)</b>

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

[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

## Unemployment by district

- The district with the highest number of unemployment claimants in December 2020 in Oxfordshire was Oxford City (4,795), followed by Cherwell (3,775).
- Between December 2019 and December 2020, Cherwell had the greatest percentage point change in the unemployment (claimant) rate per population.

### Count of unemployment claimants by district

	Dec-19 count	Rate per pop aged 16-64	Dec-20 count	Rate per pop aged 16-64	Dec-19 to Dec-20 ppt change
Cherwell	1,275	1.4%	3,775	4.1%	2.69
Oxford	2,040	1.9%	4,705	4.4%	2.51
South Oxfordshire	1,010	1.2%	2,890	3.4%	2.22
Vale of White Horse	1,030	1.3%	2,695	3.3%	2.02
West Oxfordshire	875	1.3%	2,360	3.6%	2.25
Oxfordshire	6,230	1.4%	16,420	3.8%	2.36
England		2.9%		6.4%	3.51

DWP from [nomis](#) and ONS mid-2019 population estimates  
 For further information see [Economy page on Oxfordshire Insight](#)

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

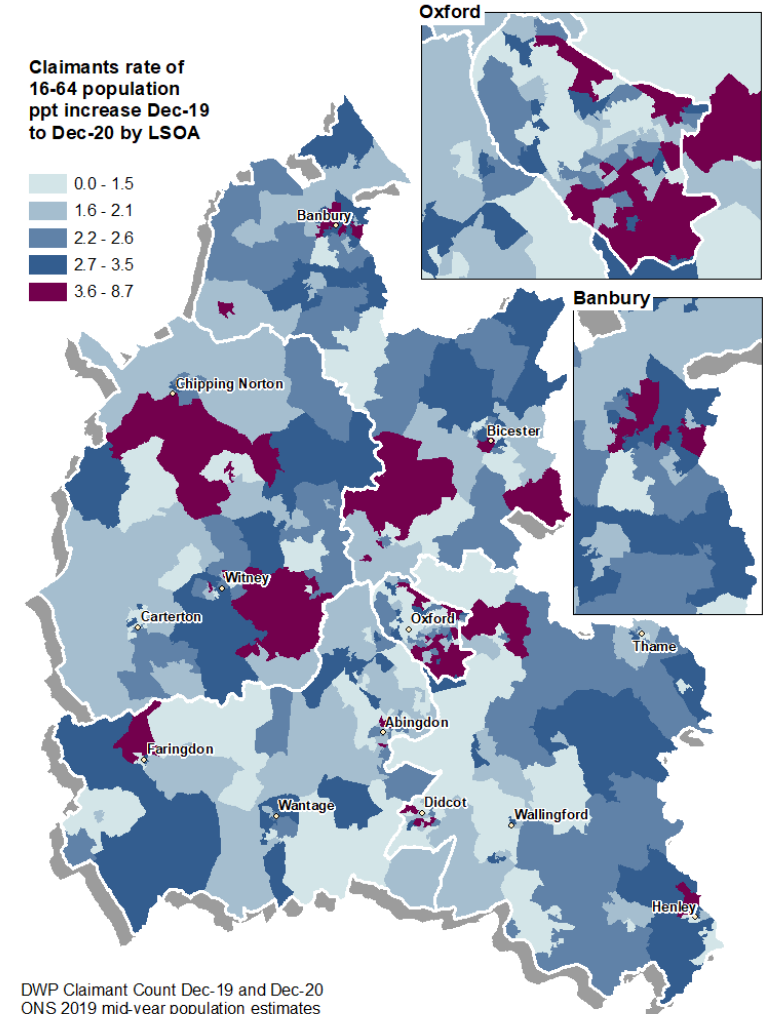
Finding out more

Unemployment by area

- The map shows the change in rates of unemployment across Oxfordshire between December 2019 and December 2020.
  - This is expressed as a percentage point difference between claimants (as a percentage of 16-64 population) in Dec-19 and the percentage in Dec-20.
- Areas with the greatest increases in claimant rates are parts of Oxford, Oxfordshire’s main towns and a small number of rural areas.
- To explore the latest unemployment data by local area in Oxfordshire please visit our [unemployment dashboard](#).

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

**Change in rate of unemployment**



Summary

**Work and income**

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

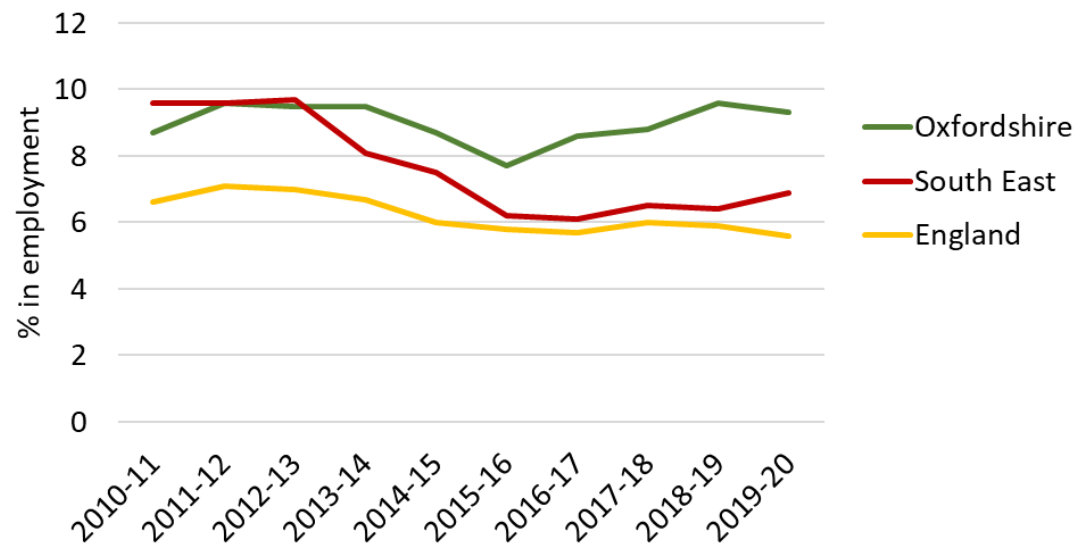
Climate change

Finding out more

**Employment of people with Learning Disabilities**

- Just under 10% of Learning Disabled adults supported by long-term social care services in Oxfordshire were in employment in 2019/20 (9.3%)
- This was above the regional (6.9%) and national (5.6%) averages

**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 [Adult Social Care Outcomes Framework to 2019-20](#)

Summary

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

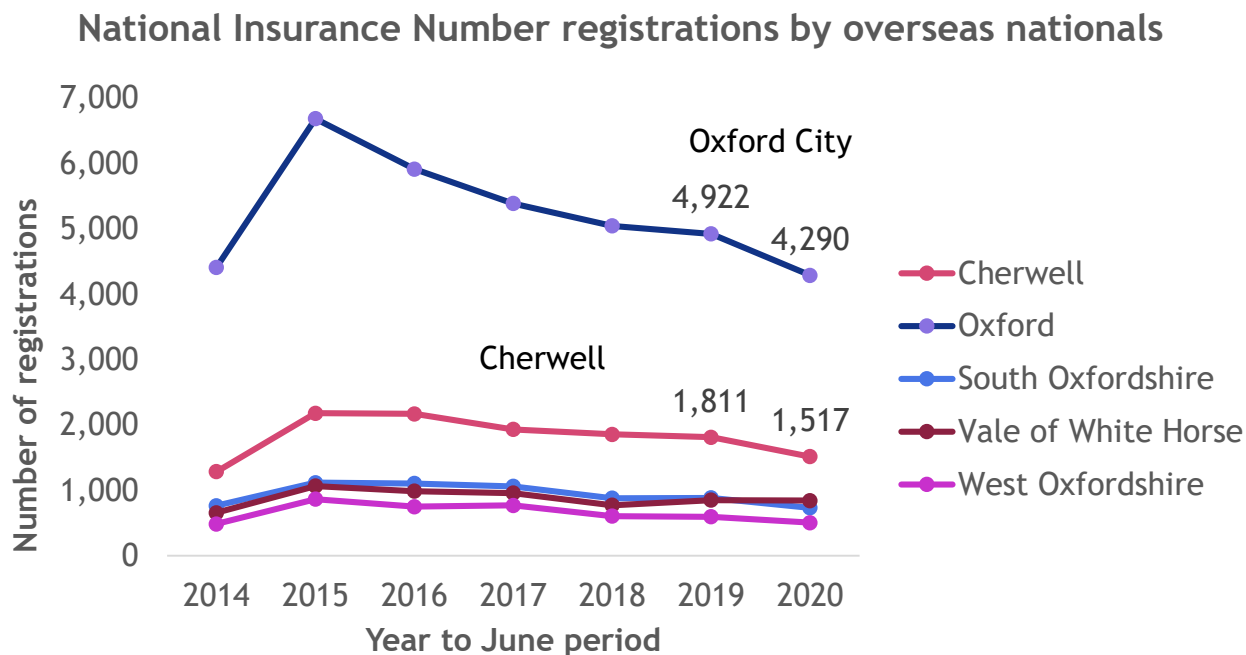
[Climate change](#)

[Finding out more](#)

**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*

- Between 2018-19 and 2019-20, National Insurance number registrations from overseas nationals (NINo) in Oxfordshire fell from 9,064 to 7,889 (-13%). This decline was equal to England, but less of a decline than the South East (-17%).
- Oxford City accounted for 54% of the Oxfordshire total in 2019-20 and Cherwell a further 19%.
- Oxford City has decreased by 36% from its peak in 2015.
- 59% of overseas registrations in 2019-20 in Oxfordshire were from EU nationals.



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

[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

# Poverty and deprivation



Summary

Work and income

**Poverty and deprivation**

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

Finding out more

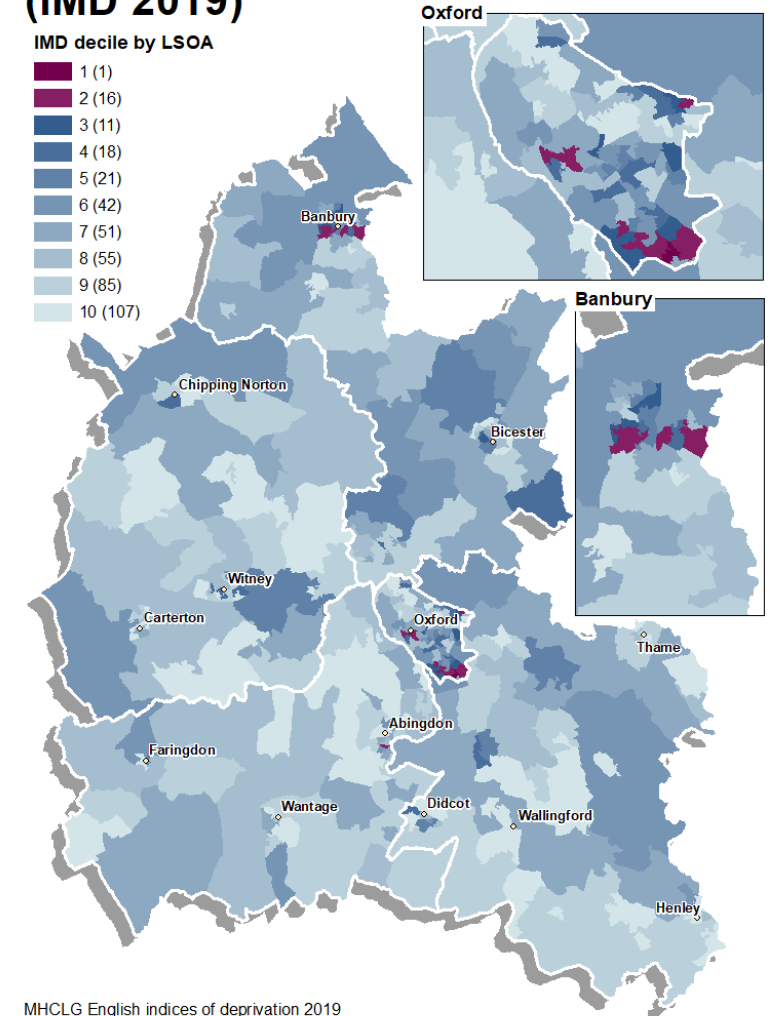
Deprivation

- 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)**



MHCLG English indices of deprivation 2019

[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

**NOTE on changes to measuring child poverty**

- There are a number of sources of statistics on child poverty in local authority areas:
  - **End Child Poverty statistics**, published October 2020. These new estimates use HMRC and DWP estimates of child poverty before housing costs alongside household survey data and statistics on private rent to produce local estimates of children in poverty after housing costs.
  - HMRC and DWP: Starting in March 2020 (**latest data**), HMRC and DWP now produce joint local area estimates of the numbers of children in low income families. These estimates are based primarily on income data derived from tax, tax credit, and benefit records.
  - Indices of Deprivation, Income Deprivation Affecting Children Index, **IMD 2019**, datasets as of August 2015 from DWP and HMRC. August 2015 was chosen to allow a consistent definition of income deprivation and uses a combination of Universal Credit and legacy benefits (**see IMD 2019 technical report**).
- This report includes child poverty statistics from all of the above sources.

[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

### Child Poverty statistics

- According to *End Child Poverty* estimates (2018-19), Oxford City was ranked 27<sup>th</sup> highest (higher rate of child poverty) out of 64 Local Authorities in the South East on *child poverty after housing costs*, above other districts in Oxfordshire.
- After removing housing costs, 1 in 5 children in Oxfordshire are estimated to be living in poverty - within Oxford City this figure rises to a quarter of children.

*Note: End Child Poverty estimates (produced by Loughborough University) are based on the probability of children living in households with income less than 60% of the median (mid-point). Both the ECP and DWP & HMRC estimates are only for children under the age of 16.*

*\*Households are living in poverty if their household income (adjusted to account for household size,) is less than 60% of the median (mid-point).*

### Child poverty measures for Oxfordshire districts

	ECP child poverty <u>after</u> housing costs* 2018/19 (count and % of children)		DWP & HMRC children in relative low income families <u>before</u> housing costs 2018/19 (count and % of children)	
Oxford	7,061	26%	3,680	14%
Cherwell	7,077	24%	3,825	13%
West Oxfordshire	4,058	20%	2,084	10%
Vale of White Horse	4,768	18%	2,387	9%
South Oxfordshire	4,913	18%	2,451	9%
Oxfordshire	27,877	21%	14,427	11%
England	3,273,227	31%	2,414,092	22%

DWP & HMRC [Children in low income families: local area statistics 2014/15 to 2018/19](#)  
[End child poverty statistics October 2020](#)

Summary

Work and income

Poverty and deprivation

**Child poverty**

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

Finding out more

**IMD: Income Deprivation Affecting Children**

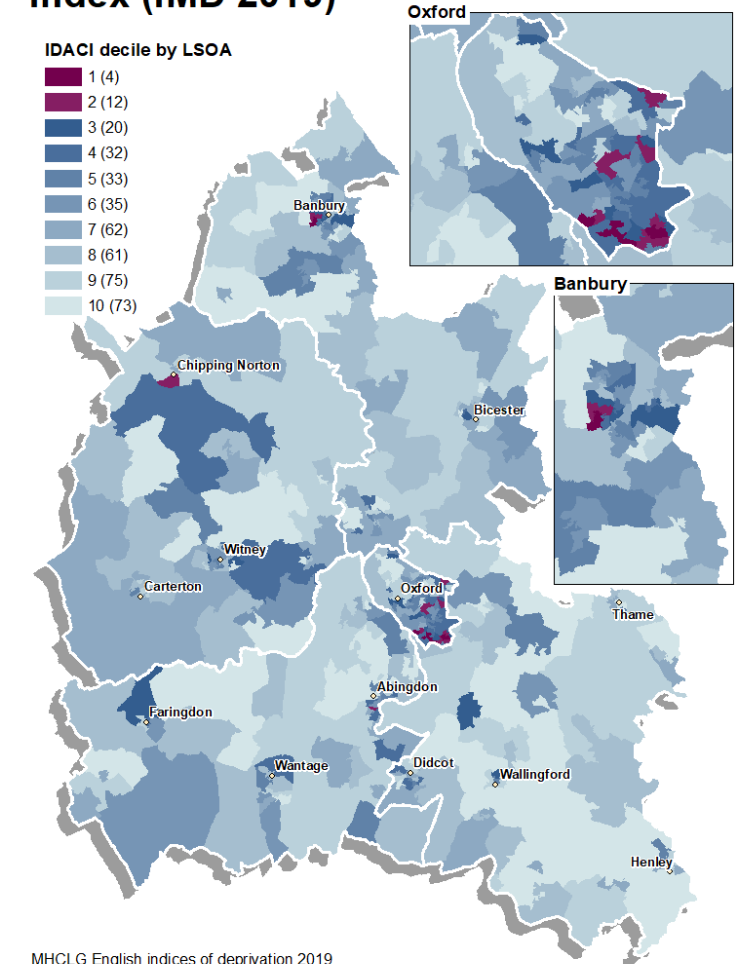
- According to the 2019 Income Deprivation Affecting Children Index (IDACI) there was a total of 11,990 children in poverty in Oxfordshire.
- 4 areas of Oxfordshire were in the most deprived 10% nationally, down from 7 areas ranked as most deprived in 2015.
- The most deprived areas on the IDACI 2019, 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)**



Summary

Work and income

Poverty and deprivation

Child poverty

**Older People and poverty**

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

Finding out more

**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.

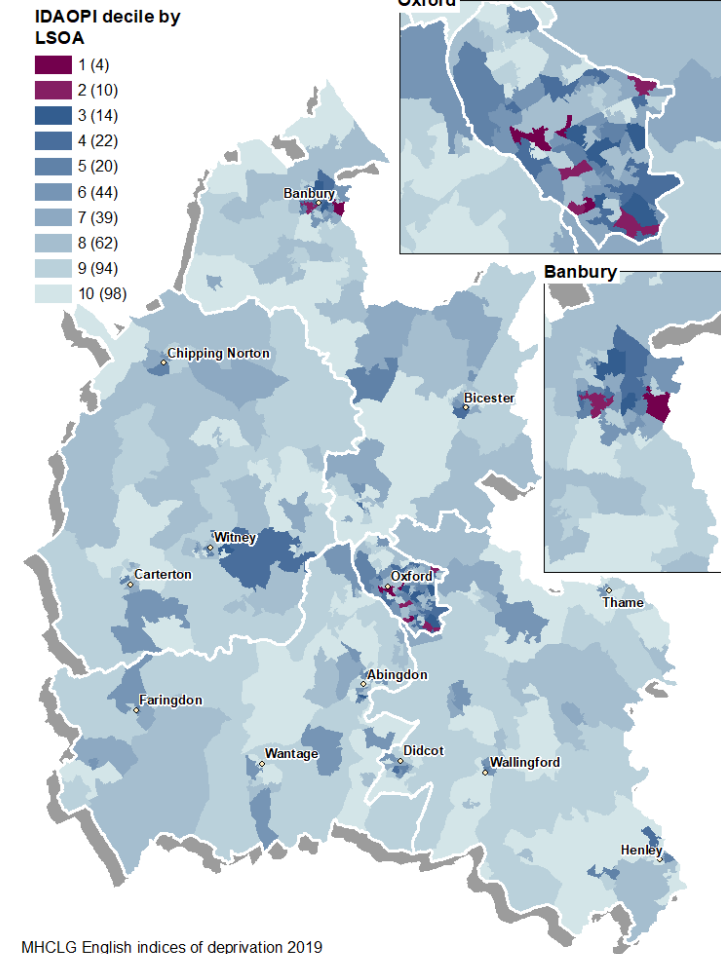
The Income Deprivation Affecting Older People Index (IDAOPi) is the proportion of all those aged 60 or over who experience income deprivation: adults aged 60 or over receiving Income Support or income-based benefits or families not in receipt of these benefits but in receipt of Working Tax Credit or 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)**



MHCLG English indices of deprivation 2019

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

**Fuel poverty**

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

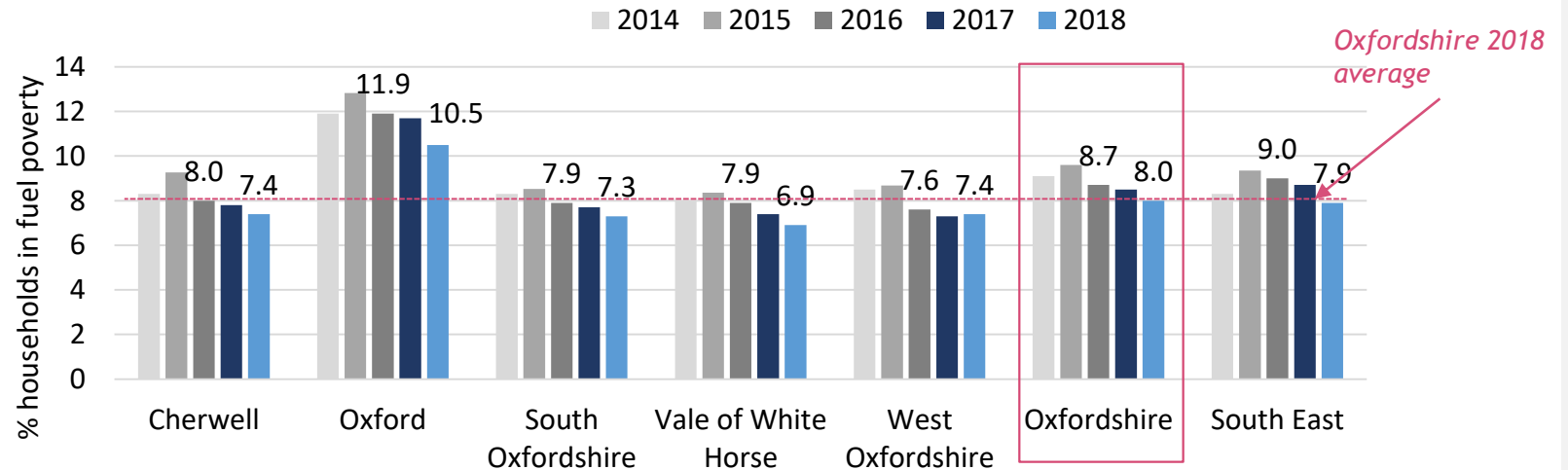
Finding out more

**Fuel poverty**

*A household is considered to be fuel poor if fuel costs are above average and, were they to spend that amount, they would be left with a residual income below official poverty line. Fuel poverty is distinct from general poverty; some households could be pushed into fuel poverty if they have high energy costs.*

- Between 2017 and 2018, the number of households in Oxfordshire classified as “fuel poor” reduced from 23,400 to 22,100 (-1,300, -6%).
- As of 2018, Oxford City remains significantly worse than the national average on fuel poverty. Other Oxfordshire districts are each significantly better than average. All districts show a reducing number of households in fuel poverty over time.

**Percentage of households in fuel poverty (2014 to 2018)**



Dept for Business, Energy and Industrial Strategy [Sub-regional fuel poverty 2018 data](#) published April 2020

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

**Fuel poverty**

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

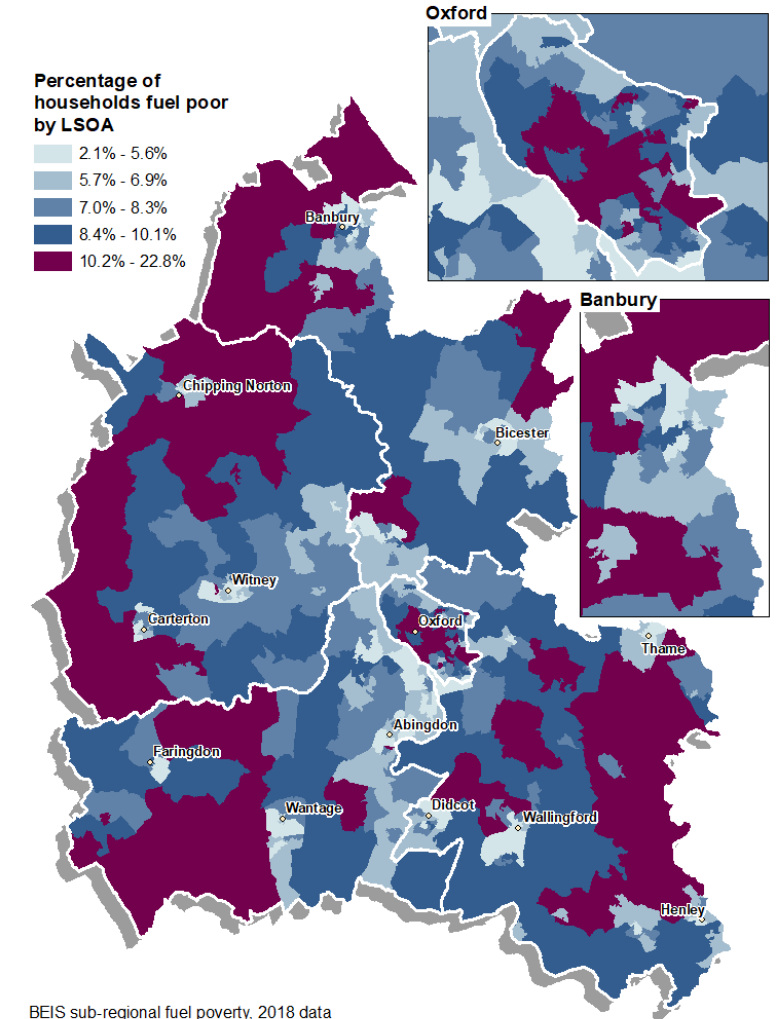
Finding out more

**Fuel poverty**

- Of the 22,100 households classified as fuel poor in Oxfordshire in 2018, 66% were in urban areas and 34% in rural areas.
- Areas with higher rates of fuel poverty within Oxford include parts of St Clement's, St Mary's, Churchill, Iffley Fields, Rose Hill & Iffley and Jericho & Osney wards.
- Outside of Oxford, the areas with higher rates of fuel poverty include parts of: Witney Central, Banbury Ruscote, Banbury Grimsbury & Hightown Fringford & Heyfords and Abingdon Caldecott wards.

A household is considered to be fuel poor if fuel costs are above average and, were they to spend that amount, they would be left with a residual income below official poverty line. Fuel poverty is distinct from general poverty; some households could be pushed into fuel poverty if they have high energy costs. LSOAs are Lower Super Output Areas, a statistical geography with an average population in Oxfordshire of 1,600 residents

**Households in fuel poverty**



Dept for Business, Energy and Industrial Strategy [Sub-regional fuel poverty 2018 data](#) published April 2020

[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

**Food poverty and Food banks - national**

*Food banks provide emergency food and support to people experiencing poverty.*

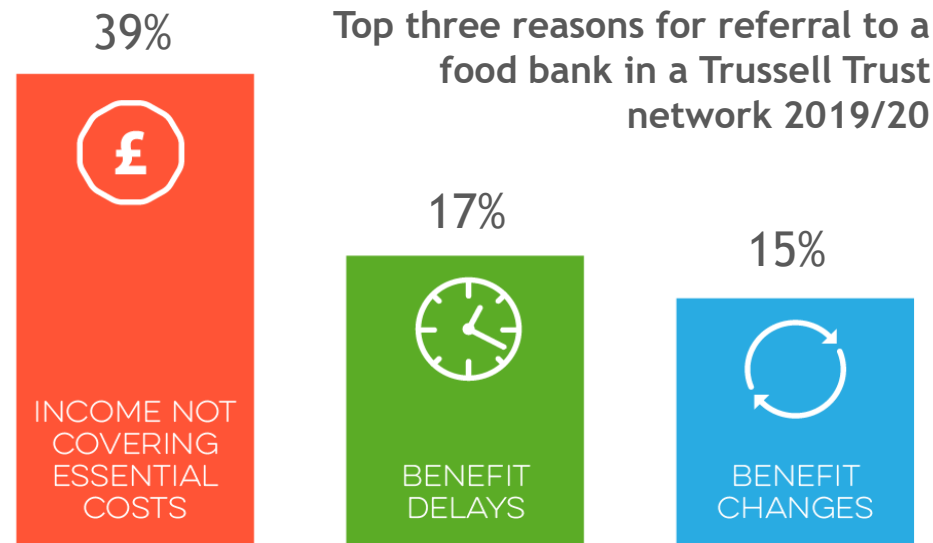
- Research by the Independent Food Bank Network has found around 2,400 food bank centres across the UK, of which the majority were operated by the Trussell Trust.

According to the Trussell Trust:

- Between 2018/19 and 2019/20, the Trussell Trust network saw an 18% increase<sup>1</sup> across the UK in the volume of three-day emergency food supplies provided to people in crisis. Just over a third of the total 1.9m supplies in 2019/20 (year ending 31 March) went to children.
- The top three reasons for referral to a food bank in Trussell Trust network in 2019/20 were: income not covering essential costs, benefit delays, and benefit changes.

[Independent Food Banks Network - food banks map](#) accessed January 2021

[Trussell Trust End of Year Statistics to 31 March 2020](#); [1] based on volume of 3-day emergency food supplies rather than unique users. On average each person needed around two food bank referrals in the year





[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

## Community Food Services in Oxfordshire

- In May 2020, Good Food Oxford carried out a survey of Community Food Services across Oxfordshire.

The key findings included:

- Community Food Services have experienced significant increases in users (x3), meals (x8), and food parcels (x6) since the start of COVID-19.
- 89% of respondents cite financial difficulties as the most common reason for people accessing Community Food Services.
- Over half (58%) of respondents reported a significant increase in usage from families with children.
- Community Food Services report that COVID-19 restrictions have hampered services' ability to meet nutritional needs and preferences.
- Since the start of COVID-19, 60% of services report that more than half of their users are entirely new.

[Good Food Oxford study May 2020](#)

[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

## Community Food Services by type and district in Oxfordshire

- Good Food Oxford has identified 100 community food services across Oxfordshire, operated by 74 organisations (as of May 2020), almost half in Oxford City.

	Definition	Cherwell	City	South	Vale	West	Total
Emergency Foodbank	Access limited to particular communities of need. May require referral from another organisation.	9	11	6	6	7	39
Community Larder	Typically a membership scheme. Members receive regular food supplies for minimal cost - food is donated, fees cover operational costs.	3	4	3	1	3	14
Community Fridge or Cupboard	Typically no charges, open to all to take or donate food, helps those in need and reduces food waste.	3	3	2	3	2	13
Community Kitchen/ Prepared Meal Service	Typically provide meals for communities with identified needs.	2	25	0	0	0	27
Other	May include community shop and other settings where food is shared e.g. growing projects.	0	6	0	0	1	7
<b>Total</b>		17	49	11	10	13	100

[Good Food Oxford study May 2020](#) Highlighted values (in pink) show the highest number in each row

[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

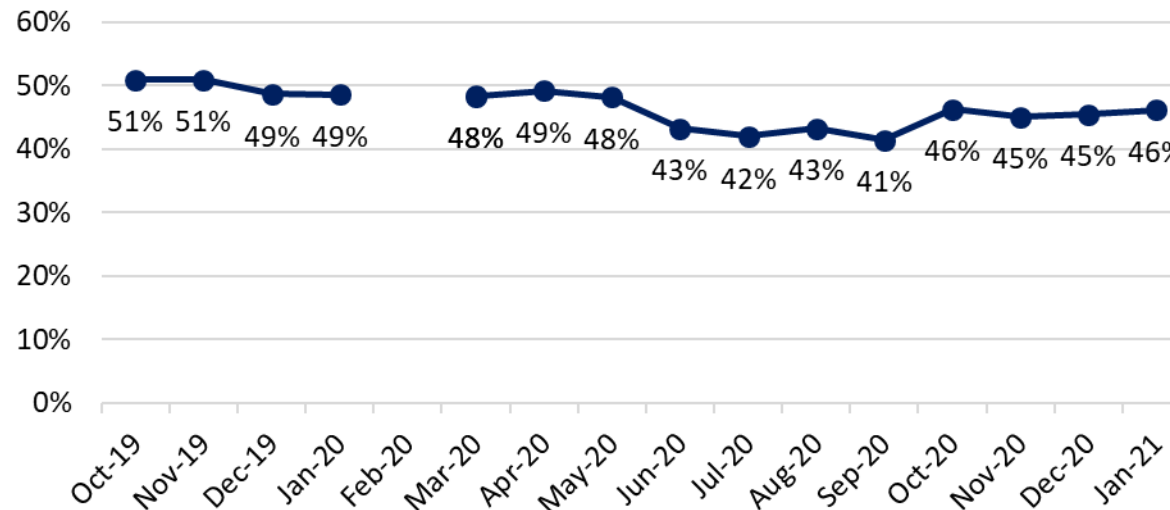
[Finding out more](#)

**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 January 2021 there were 1,801 recipients of Health Start vouchers in Oxfordshire out of 3,899 eligible, a take up of 46%. This was below the England average of 52%.
- There appears to have been a slight fall in the number of those taking up Healthy Start vouchers in Oxfordshire from 51% in Oct-19 to 46% in Jan-21, perhaps affected by the COVID-19 pandemic and lockdowns.

**Oxfordshire take-up: registered and receiving Healthy Start vouchers as % of those eligible to apply**



Healthy Start data accessed 20 Jan 21  
Due to a system postcode refresh uptake data is not available for Feb20

[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

## 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 2020, there were 10,127 pupils “known to be eligible” for Free School Meals and 7,616 FSM “eligible pupils taking free school meals” in Oxfordshire.

“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 [Free school meals: guidance for schools and local authorities](#); January 2020 School Census

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

**Food poverty**

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

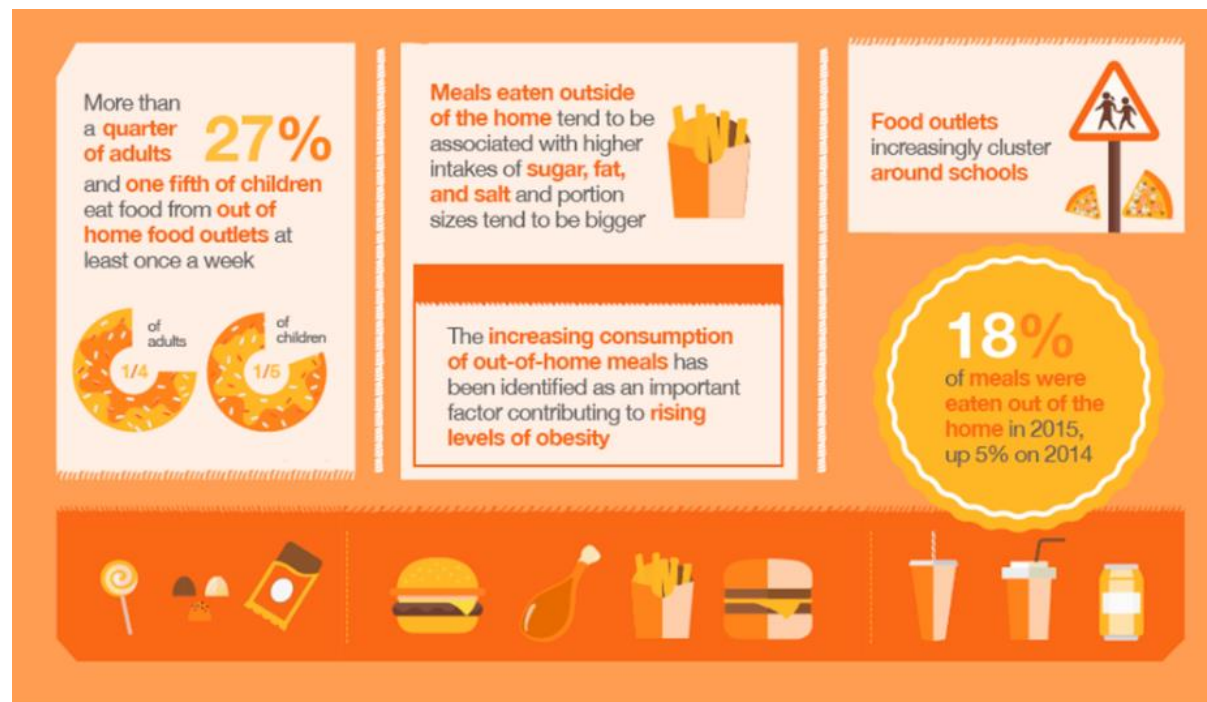
Green space

Climate change

Finding out more

**Affordability of healthy food - national**

- The burden of obesity is falling hardest on children in low income families. One of the main risk factors for obesity is the food and drink environment.
- The Food Foundation 2019 Children’s Future Food Inquiry Report found that one in three children (4.1 million) are living in poverty in the UK; for their families to be able to afford the Government’s recommended diet, they would have to spend an estimated 35% of their income on food, once their housing costs have been taken care of.



Finding out more

[PHE Health matters](#)

[Food Foundation](#)

[Children’s Future Food Inquiry](#)

[Healthy Start Vouchers](#)

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

**Food poverty**

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

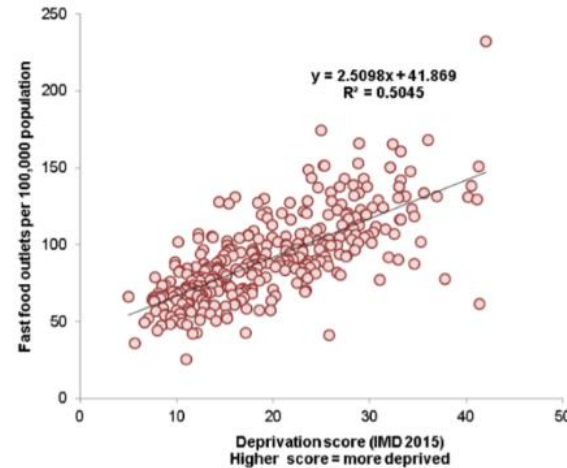
Climate change

Finding out more

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

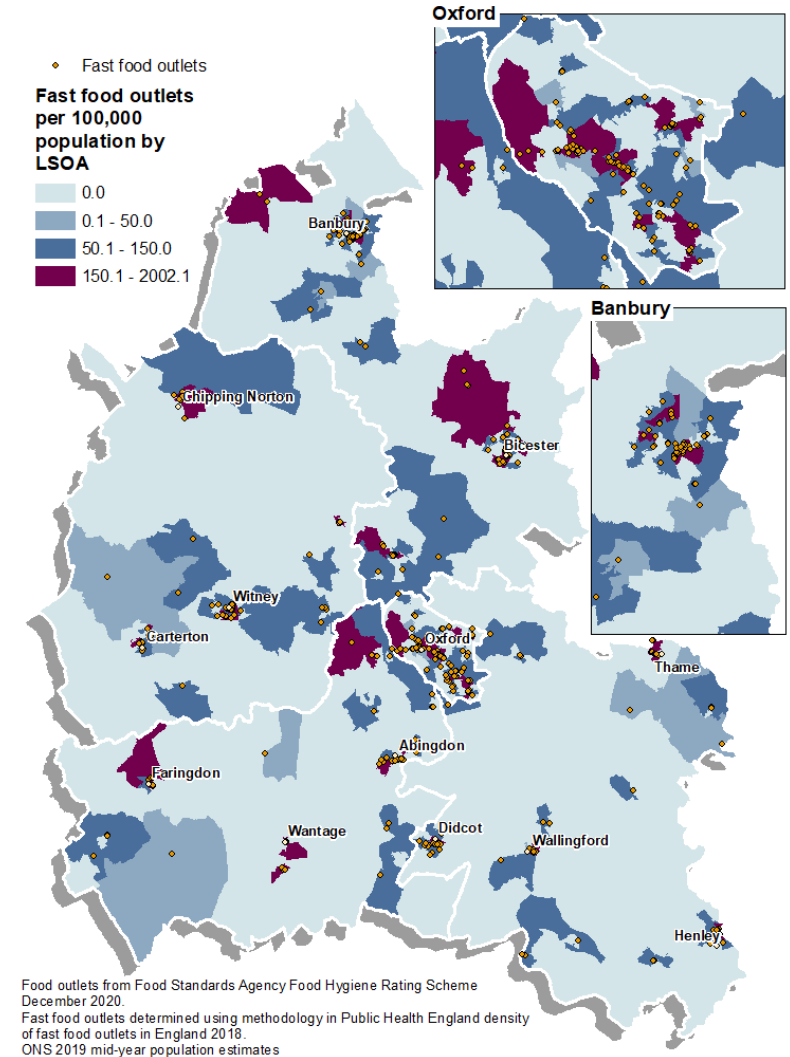
Relationship between fast food outlets and deprivation by local authority (excludes City of London data)



- **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**



Food outlets from Food Standards Agency Food Hygiene Rating Scheme December 2020. Fast food outlets determined using methodology in Public Health England density of fast food outlets in England 2018. ONS 2019 mid-year population estimates

[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

# Housing and homelessness

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

**Housing and Homelessness**

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

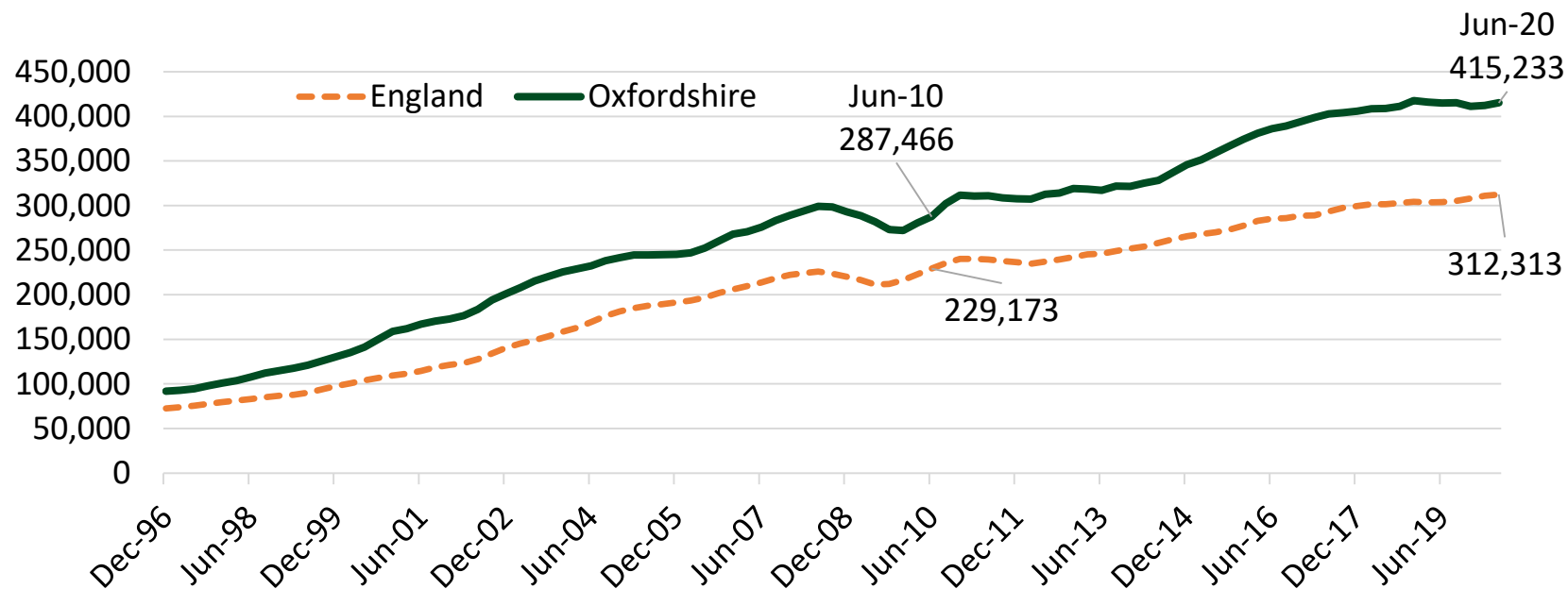
Climate change

Finding out more

**Above-average increase in house prices**

- Between year ending June 2019 and year ending June 2020, average house prices in Oxfordshire increased from £414,827 to £415,233. The change of +1% in Oxfordshire was below the increase across England of 2.7%.

Average house prices (all dwellings), year ending Dec 1996 to year ending Jun 2020



ONS [Mean house prices for administrative geographies: HPSA dataset 12](#), released 09 December 2020



[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

### House price to earnings ratio

- The ratio of the cheapest market housing (lower quartile) to lower earnings in Oxfordshire was 11.22 in 2019, remaining much less affordable than the England average (7.27).
- Four out of five districts in Oxfordshire had a lower quartile affordability ratio over 11 times lower earnings, Vale of White Horse had a ratio just below 11.

### Ratio of lower quartile house price to lower quartile gross annual (where available) workplace-based earnings 2014 to 2019

	2014	2015	2016	2017	2018	2019
Cherwell	9.45	10.21	11.14	<i>10.51</i>	11.14	11.05
Oxford	10.41	<i>11.36</i>	12.23	12.17	12.07	11.91
South Oxfordshire	10.97	<i>11.00</i>	12.67	13.00	13.93	13.31
Vale of White Horse	8.83	9.45	10.27	10.88	11.27	10.56
West Oxfordshire	<i>9.97</i>	10.15	12.52	12.56	12.54	12.01
Oxfordshire	9.64	10.14	11.12	11.40	11.47	11.22
England	6.91	7.11	7.16	7.26	7.29	7.27

1. House price data are taken from ONS House Price Statistics for Small Areas for the year ending September.  
 2. Earnings data are taken from the Annual Survey of Hours and Earnings. These figures are estimates of gross workplace-based individual full-time annual earnings where available.  
 3. Data for annual earnings are not available for some areas since 1999. For these areas the ratio of house prices to earnings has been calculated using annualised weekly earnings. These are recorded in bold grey italics. Annualised weekly earnings are not produced on an identical basis to annual earnings and are therefore not directly comparable.

ONS [House prices to workplace earnings ratio](#)

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

**Housing and Homelessness**

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

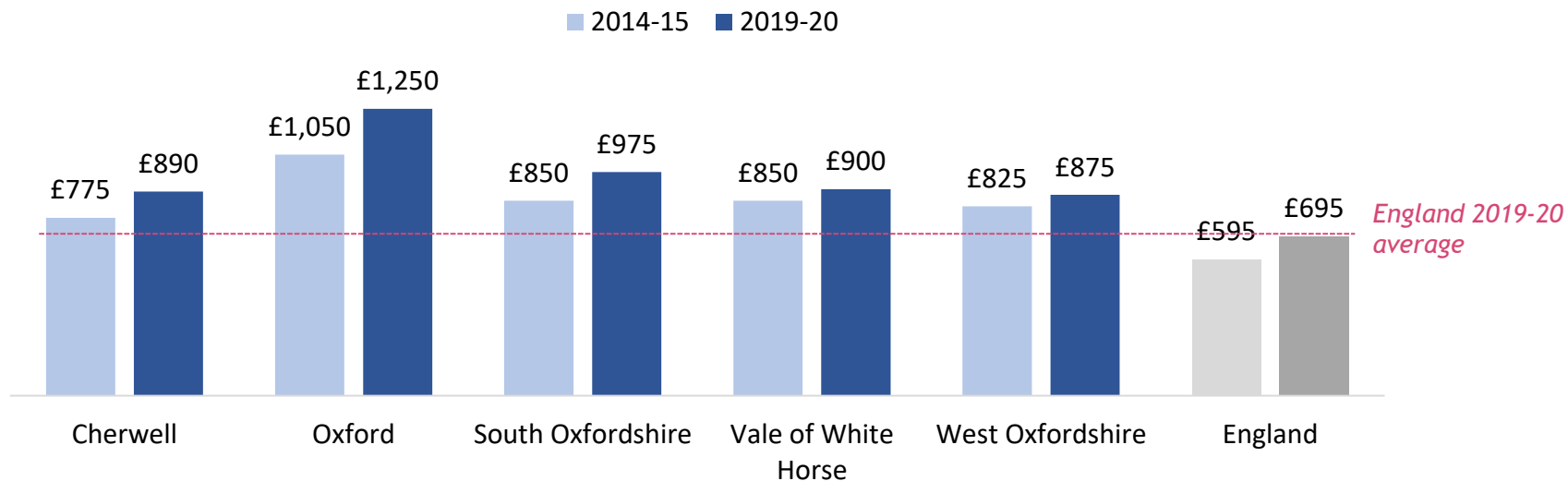
Climate change

Finding out more

**Cost of renting in Oxfordshire**

- As of 2019-20 the median (mid-point) private rent for a 2 bed property in Oxfordshire was £995, well above the average for the South East (£895) and England (£695).
- In Oxford the median was £1,250 per month, 19% higher than in 2014-15.

**Median monthly private rents for 2 bed property**



Valuation Office Agency [Private rental market summary statistics](#)

[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

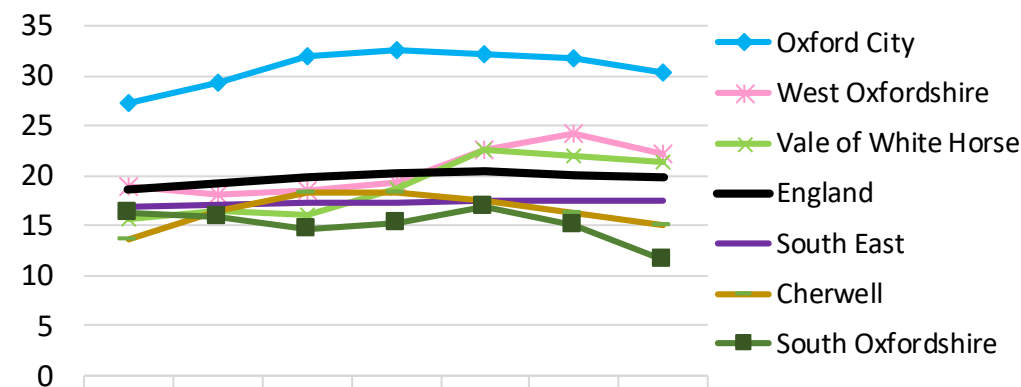
### Proportion of homes rented privately

- ONS estimates that, in 2018, the proportion of homes being rented privately was above the England average in Oxford City, West Oxfordshire and Vale of White Horse.
- Between 2017 to 2018 it seems as if there was a slight decline in the % rented homes in all districts in Oxfordshire.

ONS [Subnational dwelling stock by tenure estimates to 2018](#); Data release as of January 2021

Note that confidence intervals apply to this data (not shown). Estimates for South Oxfordshire and Cherwell in 2018 are considered unreliable for practical purposes.

% of homes rented privately 2012 to 2018



	2012	2013	2014	2015	2016	2017	2018
Oxford City	27.21	29.25	32.03	32.46	32.13	31.74	30.25
West Oxfordshire	18.92	18.04	18.44	19.36	22.58	24.15	22.16
Vale of White Horse	15.7	16.58	16.14	18.74	22.56	22.02	21.27
England	18.54	19.22	19.78	20.27	20.36	20.03	19.89
South East	16.9	17	17.27	17.39	17.49	17.49	17.4
Cherwell	13.54	16.5	18.41	18.37	17.41	16.35	15.11
South Oxfordshire	16.3	15.88	14.56	15.2	16.85	15.12	11.53

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

**Housing and Homelessness**

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

Finding out more

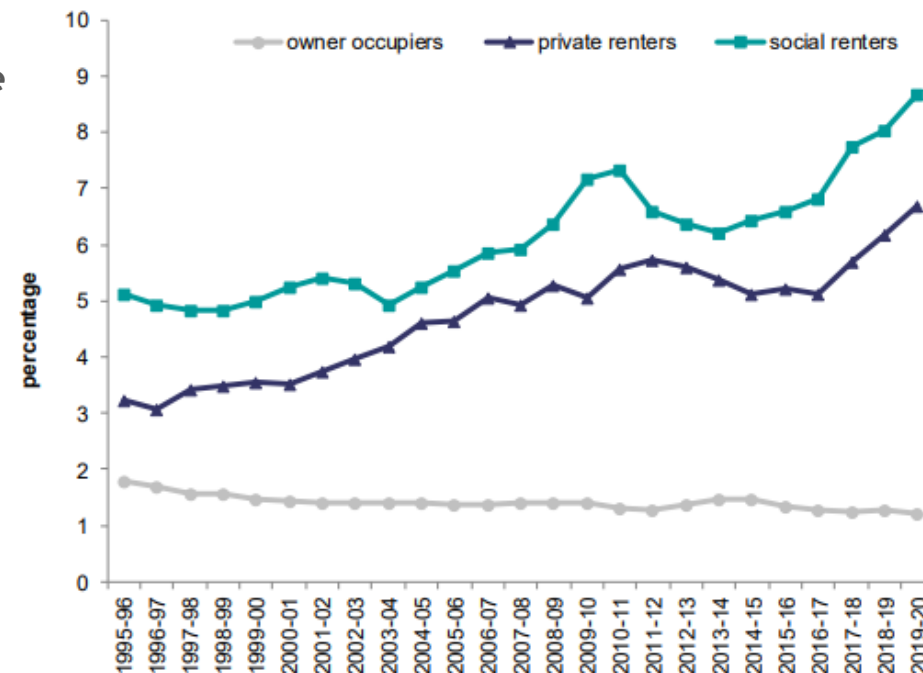
**Overcrowding - national**

- According to the English Housing Survey, in 2019-20, 9% of social renters and 7% of private renters lived in overcrowded accommodation.
- In the social rented sector, overcrowding has increased from 8% in 2017-18 to its current rate of 9% of households, the highest it has been since 1995-96 when data collection began.
- Overcrowding also increased in the private rented sector, from 6% in 2017-18 to 7% in 2019-20, also the highest it has been since 1995-96.

**Overcrowding by tenure  
England 1995-96 to  
2019-20**

Base: all households  
An overcrowded home has fewer bedrooms than needed to avoid undesirable sharing (given the number, ages and relationship of the household members)  
Data are based on three year averages, which are the average of the three years up to and including the labelled date

[English Housing Survey 2019-20](#)



Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

**Housing and Homelessness**

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

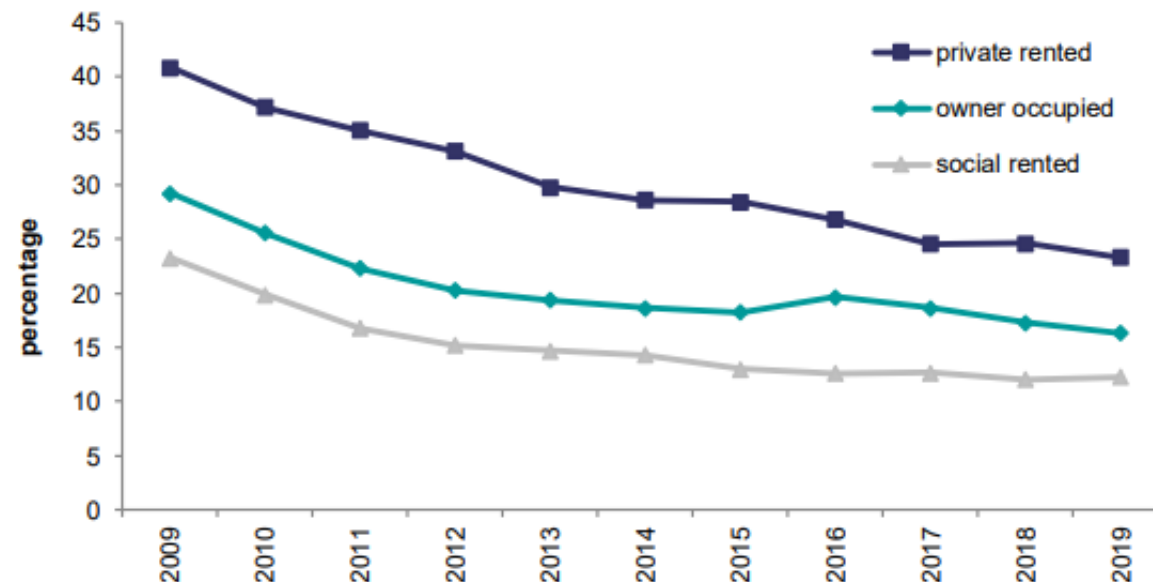
Climate change

Finding out more

Non-decent homes - national

- According to the English Housing Survey: in 2019, 17% of homes failed to meet the Decent Homes Standard, down from 30% in 2009.
- Private rented dwellings had the highest proportion of non-decent homes (23%) while the social rented sector had the lowest (12%). Among owner occupied homes, 16% failed to meet the Decent Homes Standard in 2019.

Non-decent homes by tenure, 2009 to 2019  
England



Base: all dwellings  
A decent home meets the following four criteria (a) meets the current statutory minimum standard for housing; (b) is in a reasonable state of repair; (c) has reasonably modern facilities and services; (d) provides a reasonable degree of thermal comfort (insulation and heating).

[Decent home guidance English Housing Survey 2019-20](#)

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

**Housing and Homelessness**

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

Finding out more

**Housing insulation and health - national**

- There is evidence that insulating homes is associated with a health improvements, most notably for respiratory disease
  - A major New Zealand study using linked datasets for over 200,000 homes, found that a national home insulation intervention was associated with reduced hospital admissions, supporting previous research, which found an improvement in self-reported health.
  - The research summary<sup>[1]</sup> also noted that:
    - Excess winter mortality and morbidity are often greater in countries with relatively mild climates than in countries with colder climates
    - 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
- The English Housing survey 2019-20<sup>[2]</sup> found that 2% of homes had problems with condensation and mould, 1% were affected by rising damp and 1% by penetrating damp.
- Damp problems were more prevalent in the rented sectors. 7% of private rented dwellings had some type of damp problem, compared with 4% of social rented dwellings and 2% of owner occupied dwellings.

[1] [Association between home insulation and hospital admission rates: retrospective cohort study using linked data from a national intervention programme, BMJ 2020; 371:m4571](#)

[2] [English Housing Survey 2019-20](#)

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

**Housing and Homelessness**

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

Finding out more

**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](#)

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

**Housing and Homelessness**

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

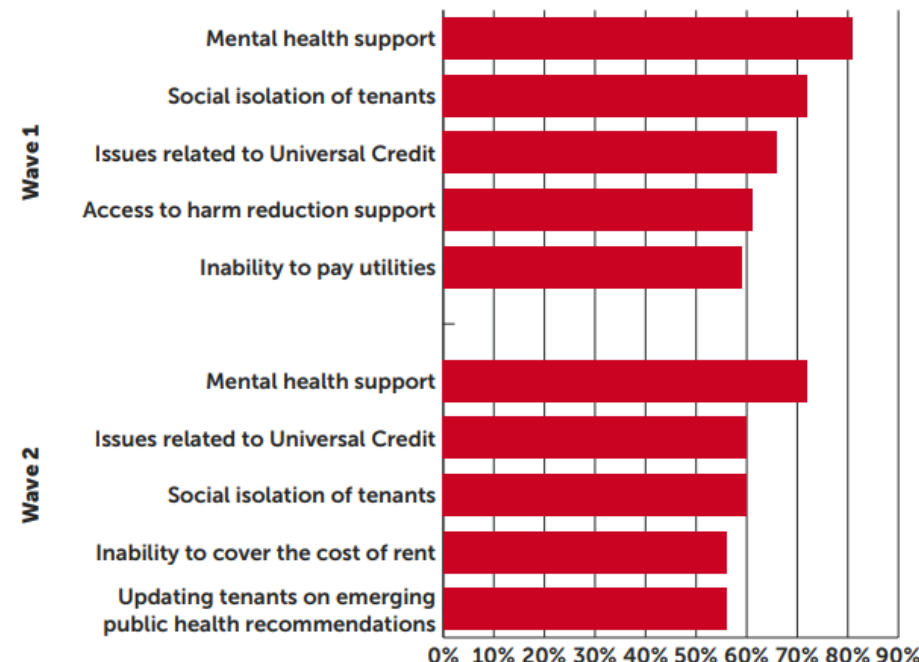
Climate change

Finding out more

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 \(2020\)](#)



Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

**Isolation and loneliness**

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

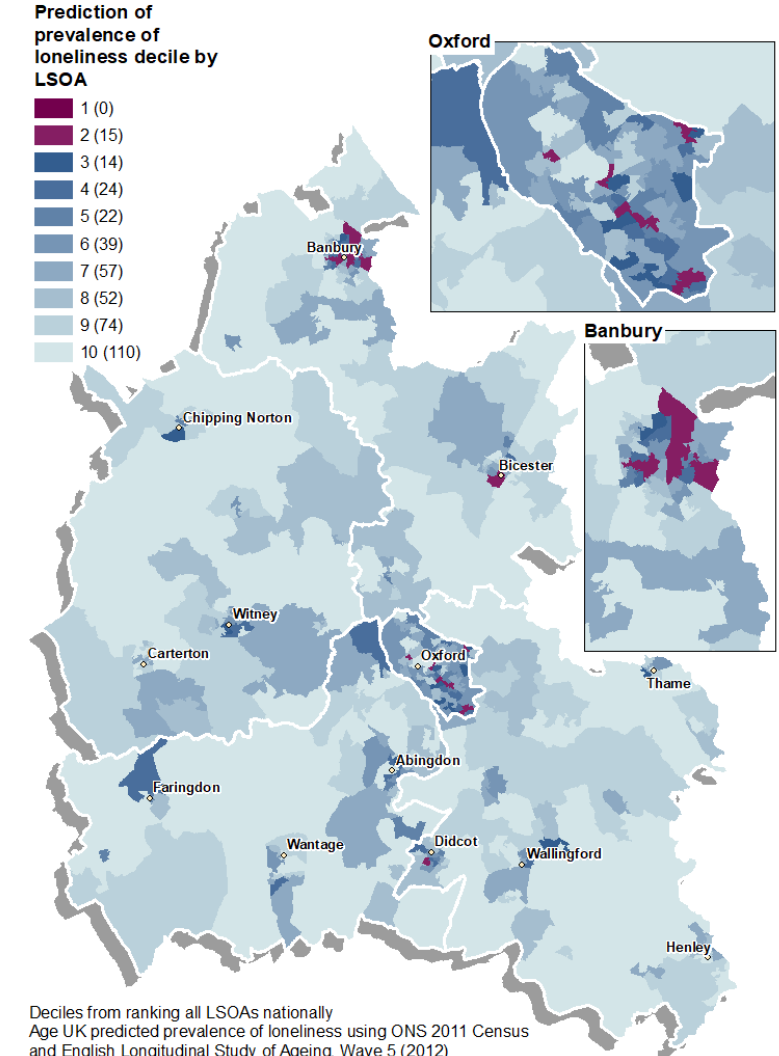
Finding out more

Isolation and loneliness

- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services:
  - Loneliness can be as harmful for our health as smoking 15 cigarettes a day.
  - Lonely individuals are more likely to visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term health care.
- Analysis by Age UK showed that factors more associated with a higher prevalence of loneliness were health and household type.
- From Age UK's 2015 loneliness analysis, the following areas are in the highest risk quintile of all neighbourhoods in England
  - Cherwell: Banbury, Bicester Town
  - Oxford: Blackbird Leys, Wood Farm, Barton, St Clements, Jericho, Cowley
  - South Oxfordshire: Didcot South
- ONS has developed **recommended indicators** of loneliness and is implementing a harmonised approach to measuring loneliness across government.

Age UK, [Loneliness Heat Map](#) Holt-Lunstad, et al. 2010, [Social relationships and mortality risk: a meta-analytic review](#), Cohen, et al. 2006, [The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults](#)

**Predicted prevalence of loneliness**



[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

# Education and qualifications

[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

## Pupils in Oxfordshire schools

- There was a total of **113,888** pupils in schools in Oxfordshire (January 2020), up from 112,715 in January 2019 (+1,173, +1.0%).
- Of these, 84.7% were attending state-funded schools (nursery, primary, secondary, special).
- As of January 2020, 15.2% 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	Oxfordshire		2020 % of total		
		2020	2019 to 2020	Oxfordshire	England	
State-funded nursey	517	509	-8	-1.5%	0.4%	0.5%
State-funded primary	54,374	54,246	-128	-0.2%	47.6%	53.0%
State-funded secondary	39,360	40,466	1106	2.8%	35.5%	38.3%
Special - state	1,152	1,191	39	3.4%	1.0%	1.4%
Special - non maintained	79	75	-4	-5.1%	0.1%	0.0%
Pupil referral units	57	44	-13	-22.8%	0.0%	0.2%
Independent	17,176	17,357	181	1.1%	15.2%	6.5%
<b>All schools</b>	<b>112,715</b>	<b>113,888</b>	<b>1,173</b>	<b>1.0%</b>	<b>100.0%</b>	<b>100.0%</b>

Department for Education, [Schools, pupils and their characteristics: January 2020](#)

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

**Education and qualifications**

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

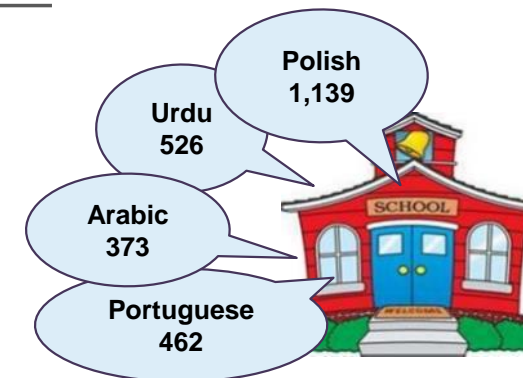
Green space

Climate change

Finding out more

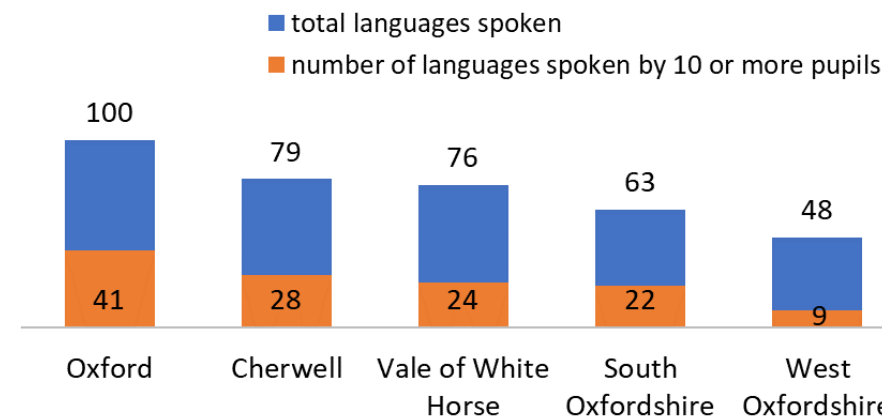
First language of Oxfordshire’s primary school pupils

- The top first languages (other than English) of primary school pupils across Oxfordshire were: Polish (1,139 pupils), Urdu (526), Portuguese (462) and Arabic (373).



- Oxford City has a very wide range of languages spoken (as a first language) by primary school pupils.
- As of January 2020, in Oxford City, there were at least 100 different languages spoken and 41 of these were spoken by 10 or more primary school pupils.

**Number of first languages (other than English) spoken by primary school pupils (January 2020)**



Oxfordshire County Council, School census January 2020

[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

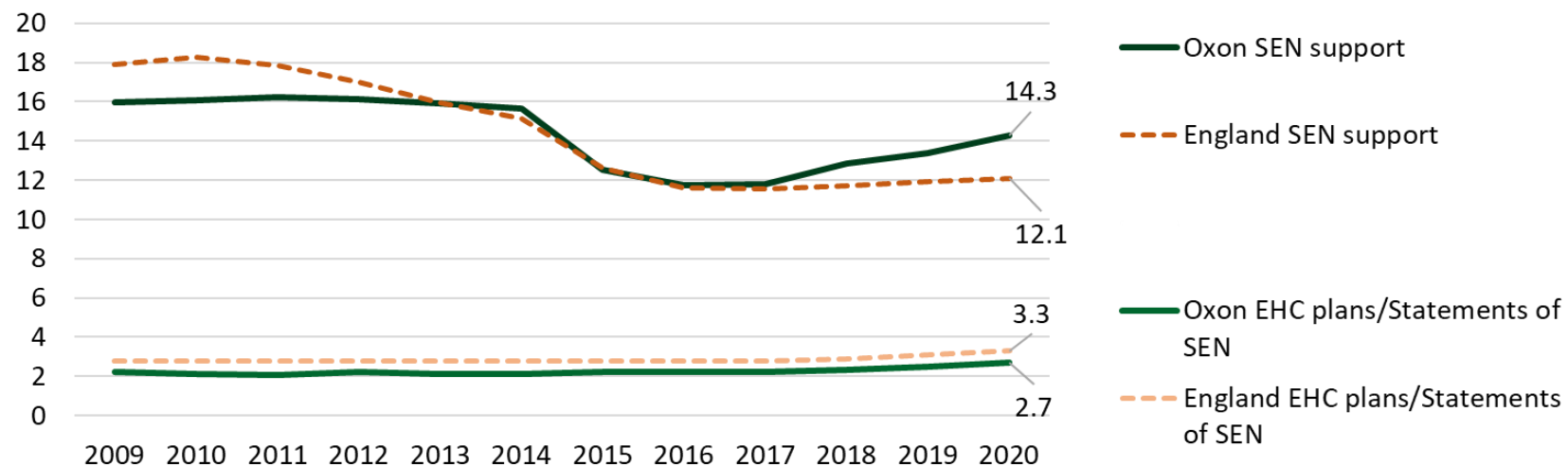
[Climate change](#)

[Finding out more](#)

### Pupils with Special Educational Needs Support

- As of January 2020, there were 19,300 pupils attending schools in Oxfordshire with Special Educational Needs (SEN) support or with an Education, Health and Care (EHC) Plan. This was up from 17,900 in January 2017 (+1,400, +8%). The percentage increase was double the increase across England (+4%).
- The % of pupils with SEN support at schools in Oxfordshire is now 2.2 percentage points above the percentage for England.

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



[Special educational needs in England: Jan20](#), Department for Education, based on where child attends school

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

**Early years**

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

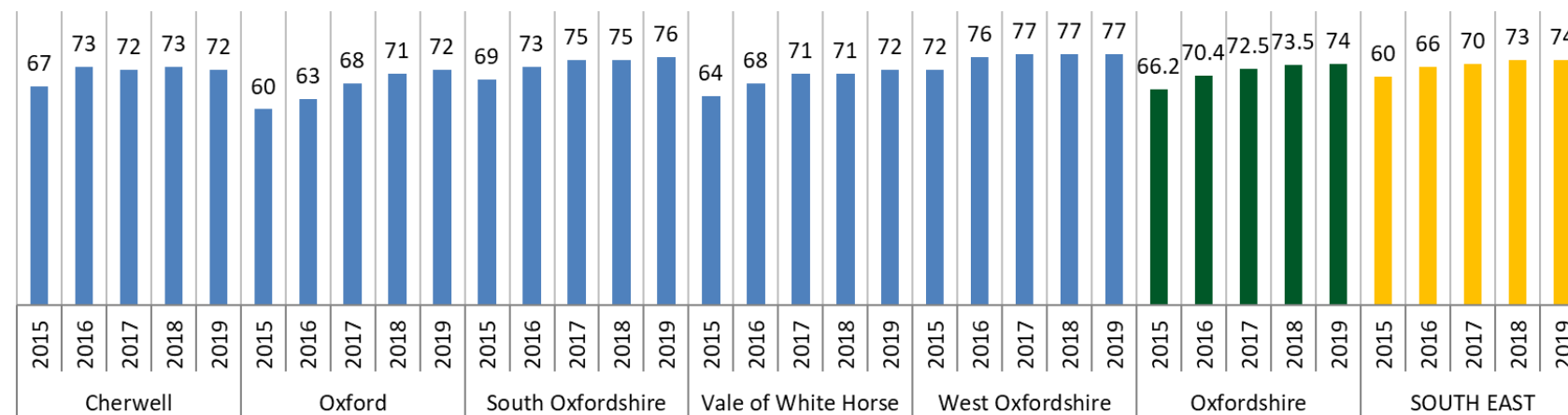
Finding out more

**Early Years Foundation Stage overall trend**

- The proportion of pupils aged 5 achieving a good level of development in Early Learning Goals in Oxfordshire and Oxford City has improved each year since 2015.
- In academic year ending 2019, results were above the South East average in South Oxfordshire and West Oxfordshire but below average in Cherwell, Oxford and Vale of White Horse.

*The Early Years Foundation Stage Profile is an assessment of children's development at the end of the academic year in which the child turns 5. There are 17 Early Learning Goals including health and self-care, reading, numbers, making relationships and being imaginative. Practitioners' assessments are based on observing a child's daily activities and events. A new set of Early Learning Goals will be in use from September 2020.*

**% achieving a good level of development in all Early Learning Goals to academic year ending in 2019**



**Early years foundation stage profile results**, Department for Education, based on area of pupil residency  
 Not collected in 2020 as a result of COVID-19

Summary

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

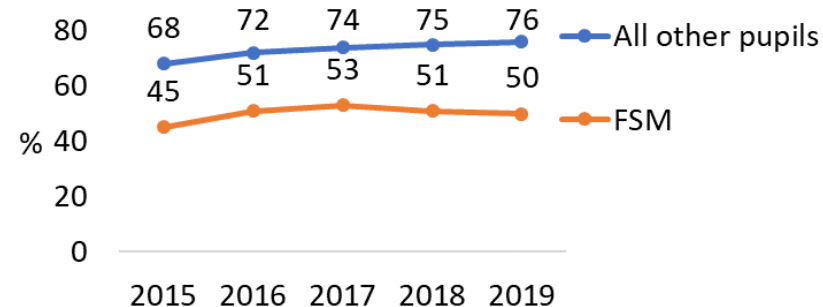
[Finding out more](#)

**Early Years Foundation Stage inequalities**

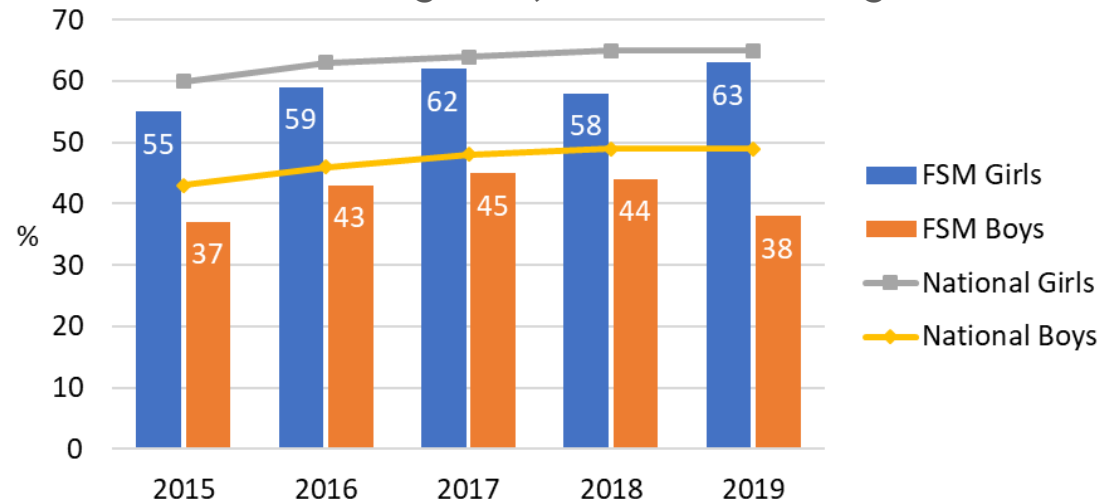
- The gap in early years development between pupils eligible for Free School Meals (FSM) and other pupils in Oxfordshire has increased for the second year in a row from 24 to 26 points.
- The early years achievement by FSM boys in Oxfordshire has fallen for the second year in a row and is well below the average for FSM boys in England.
- Early years achievement by FSM girls in Oxfordshire has increased.

[Early years foundation stage profile](#) collected in 2020 as a result of COVID-19

**% achieving a good level of early years development Oxfordshire by Free School Meals**



**% achieving a good level of early years development by Free School Meals and gender, Oxfordshire vs England**



Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

**Early years**

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

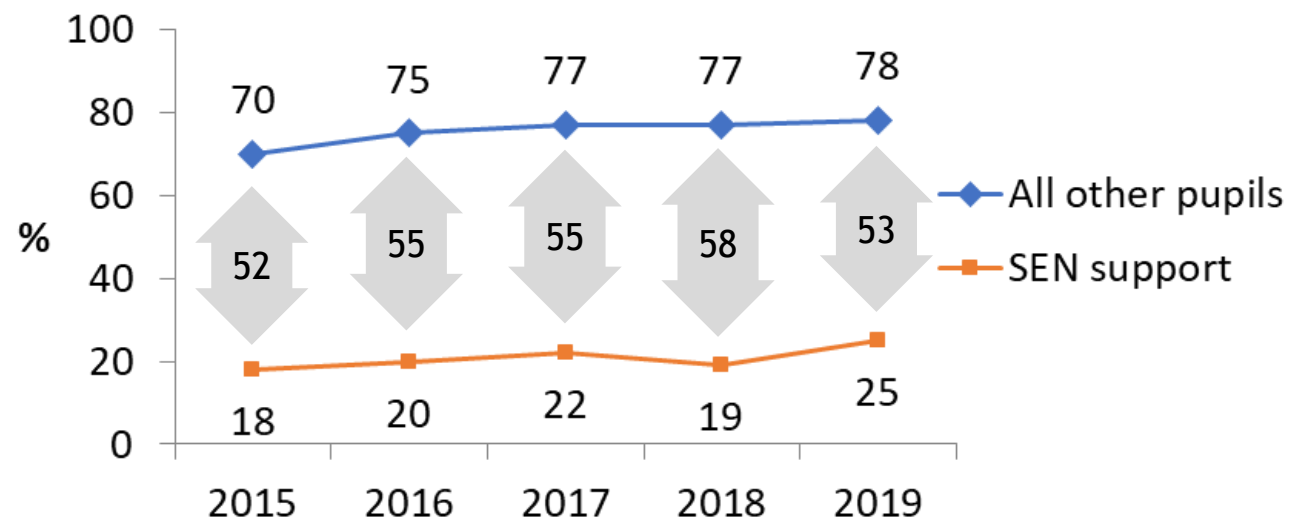
Climate change

Finding out more

**Early Years Foundation Stage and Special Educational Needs**

- Between 2018 and 2019, the early results for pupils with Special Educational Needs support (SEN) increased from 19% to 25% and the gap with other pupils in Oxfordshire decreased from 58 to 53 percentage points.

**% achieving a good level of early years development Oxfordshire by SEN**



[Early years foundation stage profile results](#), Department for Education, based on area of pupil residency; Not collected in 2020 as a result of COVID-19



Summary

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

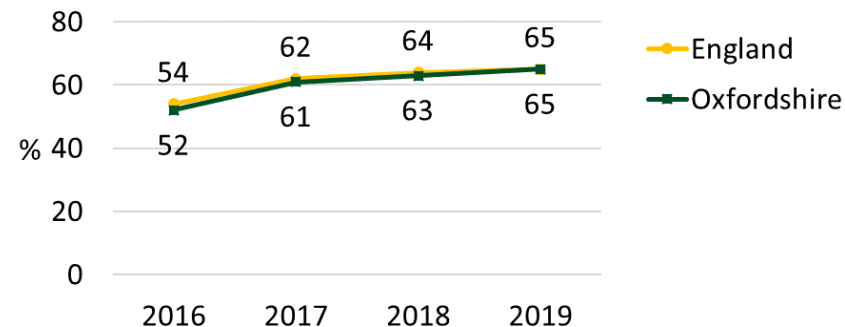
[Finding out more](#)

**Primary results (Key Stage 2)**

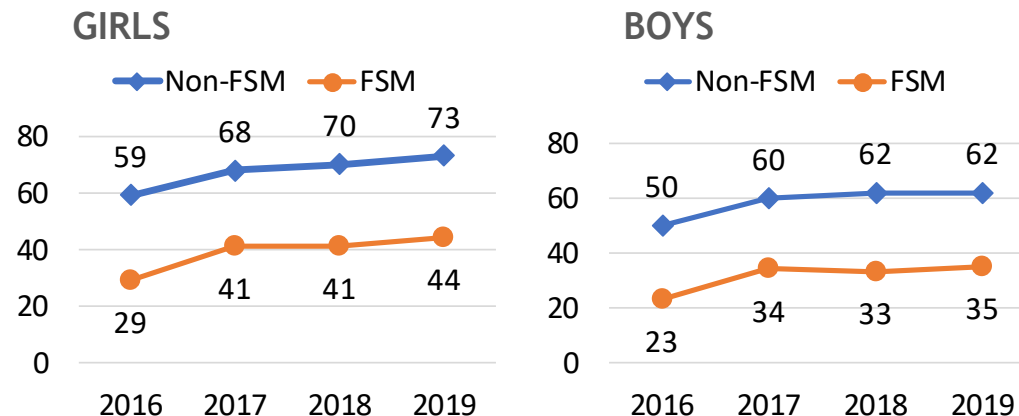
- In 2019, 65% of the 7,435 eligible 10-11 year old pupils in Oxfordshire attained at least the expected standard at Key Stage 2 in reading, writing and mathematics, similar to the national average.

- Between 2018 and 2019, the attainment gap, between those eligible for FSM and those who were not, remained similar for girls (29 point difference) and decreased for boys (from 29 point gap to 27).

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



**Percentage of pupils achieving at least the expected standard at Key Stage 2, Oxfordshire, by FSM and gender**



Department for Education, [National curriculum assessments: key stage 2, 2019 \(revised\)](#) Not collected in 2020 as a result of COVID-19

[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

### GCSE results - Attainment 8

- Due to the COVID-19 pandemic, the summer GCSE exam series was cancelled in 2020.
- Pupils scheduled to sit GCSE exams in 2020 were awarded either a centre assessment grade or their calculated grade using a model developed by Ofqual - whichever was the higher of the two.
- As a result, the 2019/20 data should not be directly compared to attainment data from previous years for the purposes of measuring changes in student performance.
- Oxford City has remained below the national score.

[1] 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.

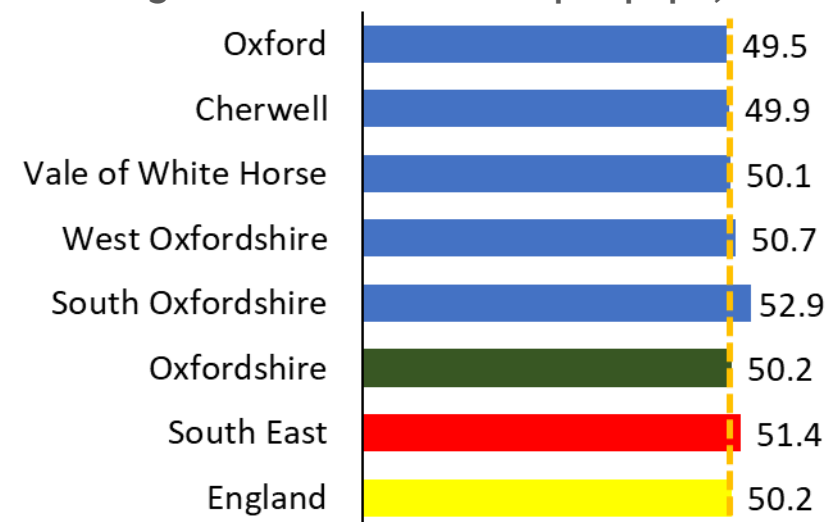
[DfE](#) Final data released 6 February 2020

### Attainment 8 score per pupil, 2017/18-2019/20

	2017/18	2018/19	2019/20
Oxfordshire	46.7	47.4	50.2
England (state funded)	46.4	46.7	50.2
Oxfordshire ranking (national)	Joint 58th	Joint 52nd	Joint 60th
	2nd Quartile	2nd Quartile	2nd Quartile

2019/20 data should not be directly compared to attainment data from previous years for the purposes of measuring changes in student performance.

### Average Attainment 8 score per pupil, 2019/20



[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

**GCSE**

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

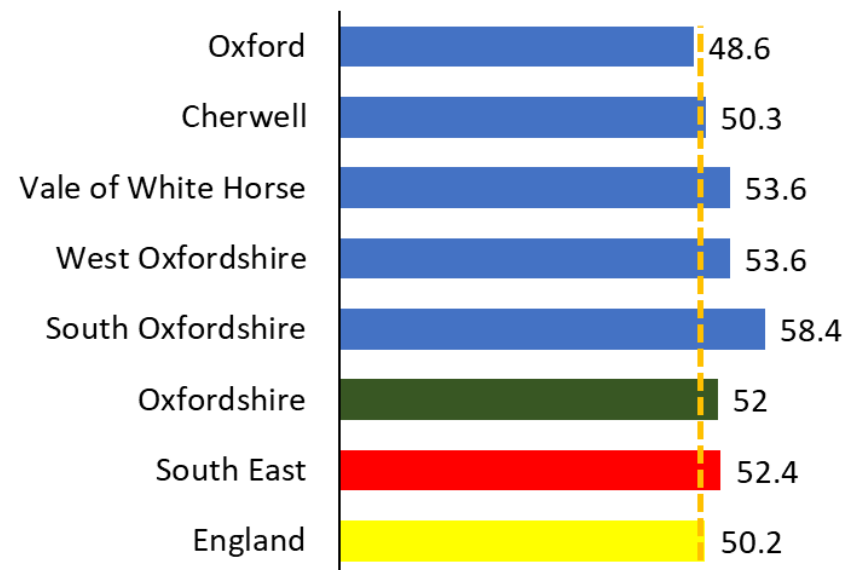
[Finding out more](#)

**Good GCSE results**

- Pupils in Oxfordshire achieved a higher proportion of good (grades 5-9) results in English and Mathematics GCSE's, than the national average, the rate was similar to the average across the South East.
- Across the Districts of Oxfordshire, the pattern in achievement is similar to the Attainment 8 pattern: South Oxfordshire reporting the highest proportion of pupils achieving good GCSE results, and Oxford City reporting a proportion lower than that for England.

*As with the Attainment 8 data, the 2019/20 GCSE results data should not be directly compared to data from previous years for the purposes of measuring changes in student performance. See previous slide for more details on how the COVID-19 pandemic affected GCSEs.*

**% of pupils achieving grades 5 or above in English and Mathematics GCSE, 2019/20**



[DfE](#) Final data released 6 February 2020

[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

**GCSE**

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

**GCSE results - Progress**

*Progress 8 scores were not published for 2019/20, because of examination disruption due to the Covid-19 pandemic<sup>1</sup>. The latest data for this measure is therefore from the 2018/19 academic year.*

- In 2018/19 the overall Progress 8 score<sup>2</sup> per pupil in Oxfordshire was +0.07 and was (statistically) significantly above the national average.
- Progress 8 scores were above average in South Oxfordshire and Oxford City and similar (overlapping confidence intervals) to the national average in Cherwell, Vale of White Horse and West Oxfordshire.

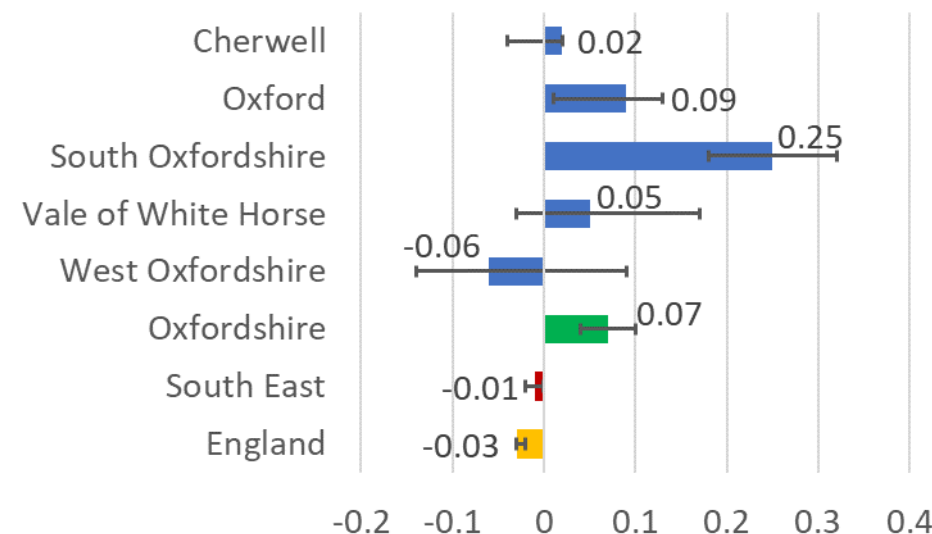
[1] **KS4 performance:** ‘About this release’  
 [2] A Progress 8 score of +1 means pupils are achieving an average of 1 grade more than similar pupils elsewhere. A score of -1 means pupils are achieving an average of 1 grade less. -0.5 is the minimum standard expected.

**DfE** Final data released 6 February 2020

**Progress 8 score per pupil, trend**

	2016/17	2017/18	2018/19
Oxfordshire	0.00	-0.01	0.07
England (state funded)	-0.03	-0.02	-0.03
Oxfordshire ranking (national)	Joint 61st	64th	Joint 41st
	2nd Quartile	2nd Quartile	2nd Quartile

**Average Progress 8 score per pupil, 2018/19**



Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

Finding out more

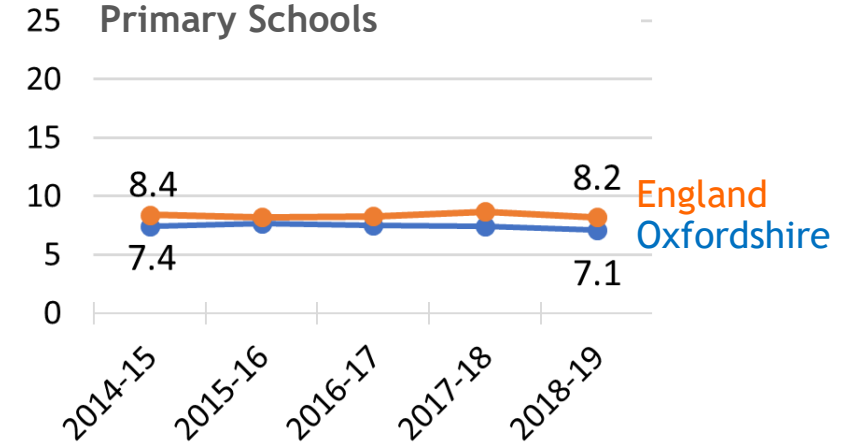
Persistent absence from school

- The most recent release of statistics on the proportion of pupils classified as persistently absent<sup>1</sup> shows that between 2017-18 and 2018-19:
  - The rate of persistent absence for primary school pupils in Oxfordshire declined slightly from 7.4 to 7.1 (-0.3pp). The national rate also declined, from 8.7 to 8.2 (-0.5pp);
  - The rate of persistent absence for secondary school pupils in Oxfordshire increased slightly from 14.6 to 14.7 (+0.1pp). In contrast, the national rate decreased slightly, from 13.9 to 13.7 (-0.2pp).

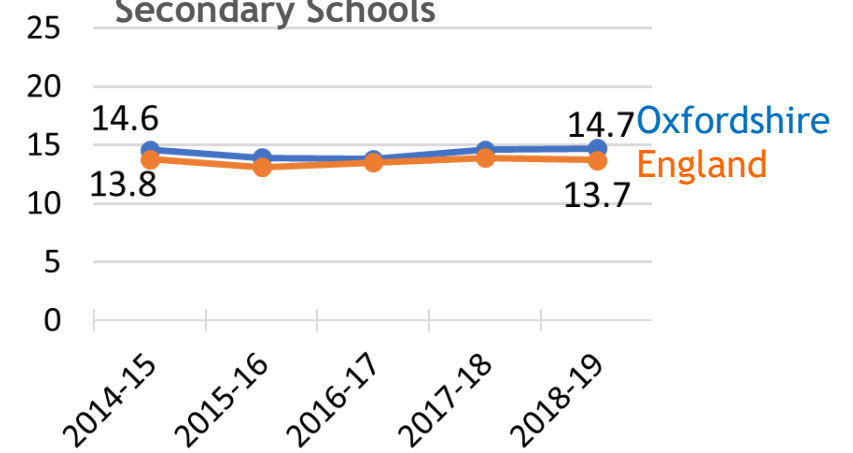
[1] Pupil enrolments missing 10 percent or more of their own possible sessions (due to authorised or unauthorised absence) are classified as persistent absentees.

[DfE Pupil Absence statistics](#) (2019/20 data not available until March 2021)

Persistent absence (%) in Primary Schools



Persistent absence (%) in Secondary Schools



[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

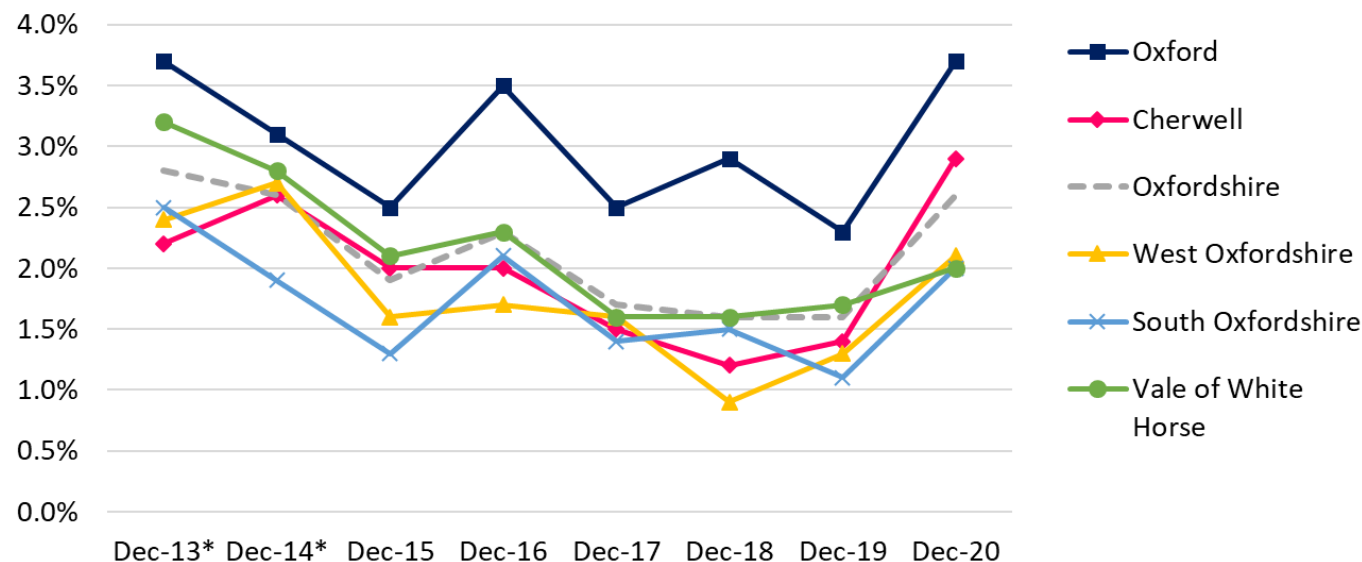
**Young people Not in Education, Employment or Training (NEET)**

- As of December 2020, in the age range 16 to 18 (school year 12-13), there was a total of **334 (2.6%)** young people in Oxfordshire who were classified as Not in Education, Employment or Training (NEET). This was well above the rate in December 2019 (1.6%).
- The district with the highest rate of young people classified as NEET was Oxford City (3.7%).
- Between December 2019 and December 2020 there was an increase in the rate of young people classified as NEET in every district in Oxfordshire. The proportion in Cherwell more than doubled.

**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



Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

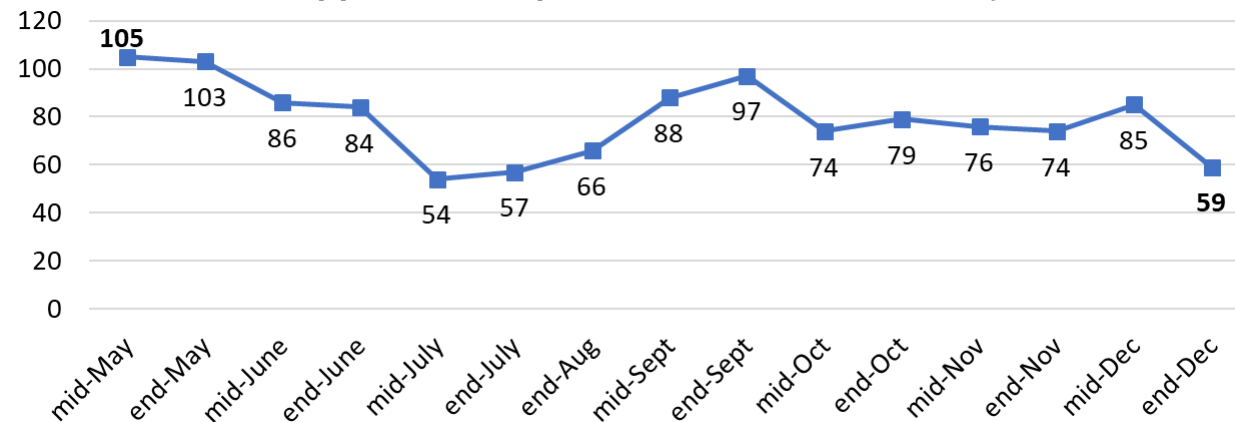
Climate change

Finding out more

Apprenticeships

- Data to December 2020 shows that the COVID-19 pandemic and lockdowns have reduced advertised apprenticeship opportunities in Oxfordshire for young people.
  - Between May and December 2020 there was an average of 79 vacancies for apprenticeship schemes in Oxfordshire being advertised on [www.oxme.info](http://www.oxme.info)
  - This was about 50% below the average of 120 advertised schemes prior to this period.

Oxfordshire Apprenticeship vacancies advertised May to December 2020



NOTE: In this update we have chosen to show apprenticeship vacancy data to illustrate the change in this type of opportunity for young people in 2020, 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 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)

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

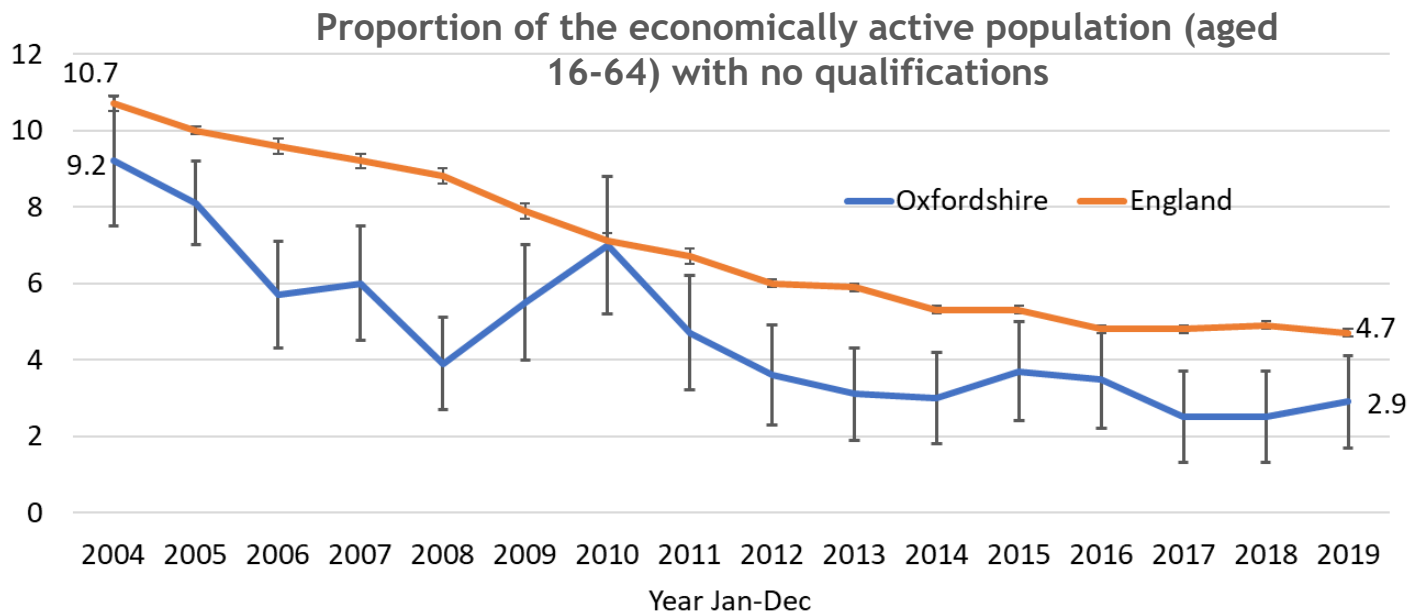
Climate change

Finding out more

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 (2.9%) was below the national average (4.7%) in the period Jan-Dec 2019.
- 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](#)



[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

# Healthy Place Shaping

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

**Healthy Place Shaping**

Active travel

Air pollution

Green space

Climate change

Finding out more

**Healthy Place Shaping**

Healthy Place Shaping is a practical mechanism for creating healthier communities through unifying health and planning. It is based on:

- Shaping the built environment, promoting access to green spaces and health enabling infrastructure at a local level to improve health and wellbeing.
- Working with local people and local organisations, schools etc to engage them in creating healthy places, services and communities through ‘community activation’.
- Re-shaping health, wellbeing and care services (and the infrastructure which supports them) to promote prevention. This includes health services, social care, leisure and recreation services, community centres etc.

Healthy Place Shaping is not just about new developments; it applies to any community experiencing significant health inequalities, change or growth.

[Oxfordshire Growth Board](#)

[NHS England Healthy New Towns](#)

Images from [Healthy Place Shaping presentation](#) Rosie Rowe



[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

## Healthy Place Shaping in Oxfordshire

Healthy Place Shaping (HPS) was adopted as a strategic priority for Oxfordshire’s Health and Wellbeing Board in September 2018 and responsibility for monitoring its implementation across the county was delegated to the [Health Improvement Board](#).

In 2020, Health Place Shaping activities across Oxfordshire included:

- Embedding Health Place Shaping into the work of the [Oxfordshire Growth Board](#).
- Supporting active travel and communities in response to Covid-19.
- Scaling up of HPS in each of Oxfordshire’s districts, with funding from Sport England, monitored by a steering group led by Active Oxfordshire.

With the Growth Board, HPS work has:

- Helped to shape the *Strategic Vision for Sustainable Development for Oxfordshire*.
- Developed a new Health Place Shaping policy for use by local planning authorities.
- Ensured that HPS principles are part of the Local Transport and Connectivity Plan (LTCP5), the refresh of the Oxfordshire Infrastructure Strategy (OXIS) and Oxfordshire’s Local Industrial Strategy.
- Produced a toolkit for Health Impact Assessments for Local Plans and major developments.

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

**Healthy Place Shaping**

Active travel

Air pollution

Green space

Climate change

Finding out more

Healthy Place Shaping in Oxfordshire's districts

Cherwell

- Sustaining Healthy Bicester programme. An early evaluation of health place shaping in Bicester found higher proportions of respondents in good health, lower use of GP services and people adopting healthier lifestyles.
- Extending healthy place shaping to Kidlington and Banbury. Close partnership working with business networks and GP practices.

Oxford City

- Working across Oxford City to improve cycling and walking infrastructure and local partnership working on healthy place shaping in Barton and Blackbird Leys localities.
- Oxford Local Plan includes a policy on Health, wellbeing, and Health Impact Assessments.

South Oxfordshire and Vale of White Horse

- Vale Local Plan and South Local Plan each include a policy to require housing developments to first carry out a Health Impact Assessment. Design guides promote active travel and planning for a healthy environment.

West Oxfordshire district

- West Oxfordshire Local Plan includes facilitating healthy lifestyles and better wellbeing.
- Healthy Place Shaping principles incorporated into the Area Action Plan for Eynsham Garden Village and a Health Impact Assessment supports the outline planning application for the area.

[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

## Healthy Place Shaping, Active Travel and COVID-19 recovery

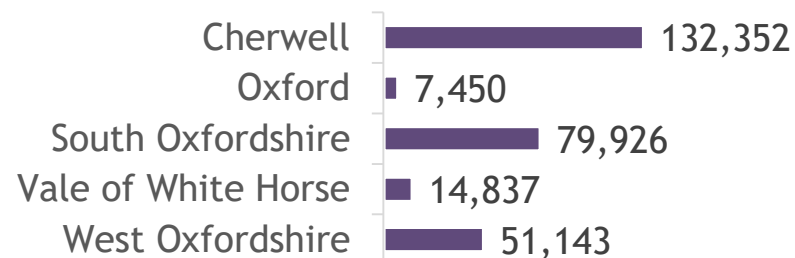
In November 2020, the Department for Transport announced funding for Oxfordshire to improve active travel options and support local economic recovery.

The £2.98 million allocation will support five active travel schemes across the county.

- Oxford (3 schemes) to improve the quality of cycling and walking infrastructure including Low Traffic Neighbourhoods and traffic filters.
- Bicester (1 scheme) to deliver a network of cycle routes across the town by 2031 and increase walking and cycling.
- Witney (1 scheme) to implement an active travel corridor and encourage a shift away from car journeys.

In addition there is ongoing work to encourage school children to walk and cycle across the County, including the launch of **StreetTag** a digital app that turns walking and cycling into a game, with over 70 schools signed up in Oxfordshire.

Street Tag: Miles walked Oct-Dec 2020\*



\*Street Tag started 5 October 2020 for all districts other than Cherwell which pioneered use of the app from 1 August 2020  
End date: 31/12/2020

[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

# Active travel

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

**Active travel**

Air pollution

Green space

Climate change

Finding out more

**Impact of COVID-19 on car use and cycling - national**

- Car use in Great Britain fell sharply in the first COVID-19 lockdown to a low in mid-April of 22% of the equivalent day in February 2020
- Cycling (for travel and recreation) in England increased significantly between April and November (compared with the first week of March 2020)

Department for Transport [Transport use during the COVID-19 epidemic](#)

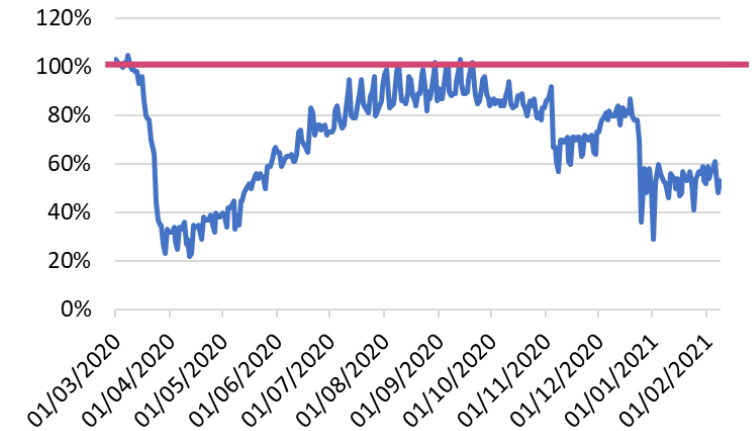
Car use based on around 275 automatic traffic count sites across Great Britain

The daily road traffic estimates are suitable as an indication of traffic change rather than actual traffic volumes. The data provided is indexed to the first week of February and the comparison is to the same day of the week, i.e., 100 would mean that traffic is the same as the equivalent day in the first week of February. Over the course of the year, normal traffic can vary by +/- 20%.

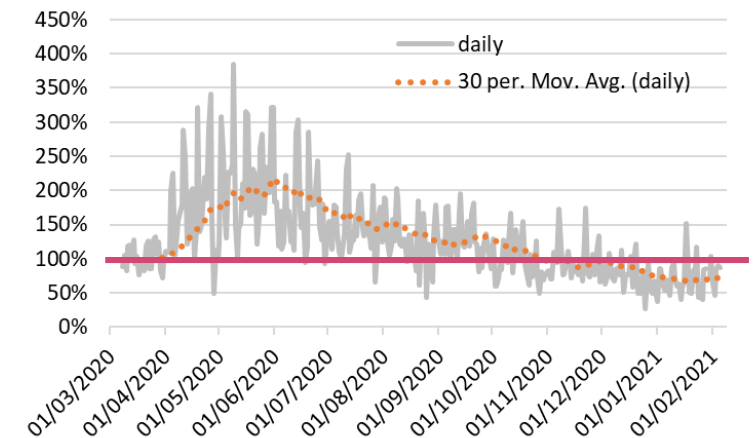
Cycling use is from telecoms data from O2, National Travel Survey results, DfT traffic counts, sources of cycling use data including automatic cycling counters and camera-based estimates

Cycling levels have been historically lower in colder, wetter months, which may influence lower cycle usage over the winter

**Car use in GB as % of the equivalent day in the first week of February 2020**



**Cycling in England as % of the equivalent day in the first week of March 2020**



Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

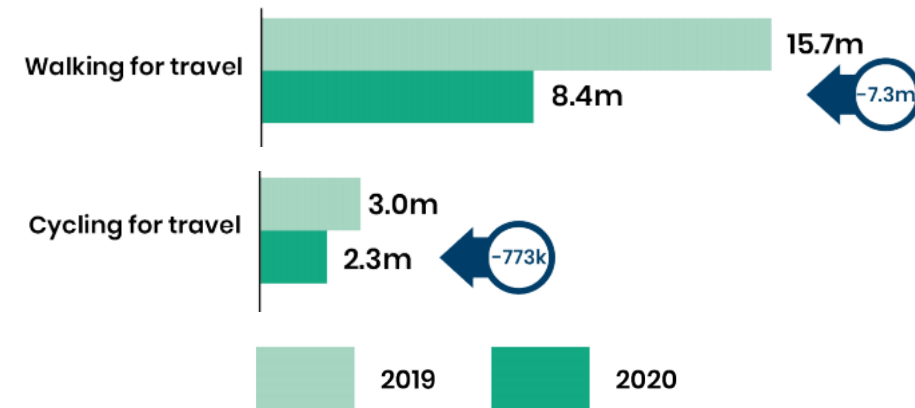
Finding out more

Impact of Coronavirus on Active Travel - national

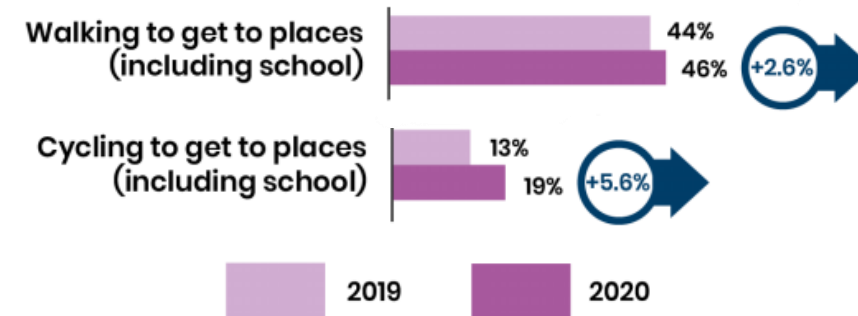
- Most business premises and offices closed during the first lockdown in 2020
- The Active Lives survey shows the impact on active travel nationally. Comparing the mid-March to mid-May period in 2019 and 2020..
  - Adults walking for travel decreased by 46%
  - Adults cycling for travel decreased by 26%
- At the same time inactivity levels rose by 7.4%.
- The proportion of children and young people walking “to get places” increased as the use of public transport was discouraged.

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

Adults walking or cycling for travel: 2019 vs 2020 mid-March to mid-May



Children and young people walking or cycling for travel: 2019 vs 2020 mid-March to mid-May





[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

### Active travel (pre-COVID)

- The latest Sport England data for Oxfordshire and districts (November 2018/19) shows that Oxfordshire had the highest proportion of adults (43.3%) participating in active travel (at least twice in the last 28 days) of all of England's counties - Cambridgeshire was second (43.0%).
- Oxford City had a high proportion of adults participating in active travel (62.8%). West Oxfordshire (31.8%) was well below the national average (37.5%).

#### Proportion of adults who participated in active travel at least twice in the last 28 days

	Nov 2017/18	Nov 2018/19	Change
Cherwell	33.3%	37.4%	4.10%
Oxford	64.4%	62.8%	-1.60%
South Oxfordshire	36.8%	37%	0.20%
Vale of White Horse	42.1%	43.1%	1.00%
West Oxfordshire	35.8%	31.8%	-4.00%
Oxfordshire	43.3%	43.3%	0.00%
England	36.8%	37.5%	0.70%

Sport England, [Active Lives Survey](#) latest data as at 27 January 2021  
 PHE [Cycling and walking for individual & and population health benefits](#)

[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

## 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.

### 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%

Oxfordshire County Council

**Oxfordshire Cycle Survey 2019**

Note each respondent could choose 3 reasons.  
Showing top 5 choices only

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

**Active travel**

Air pollution

Green space

Climate change

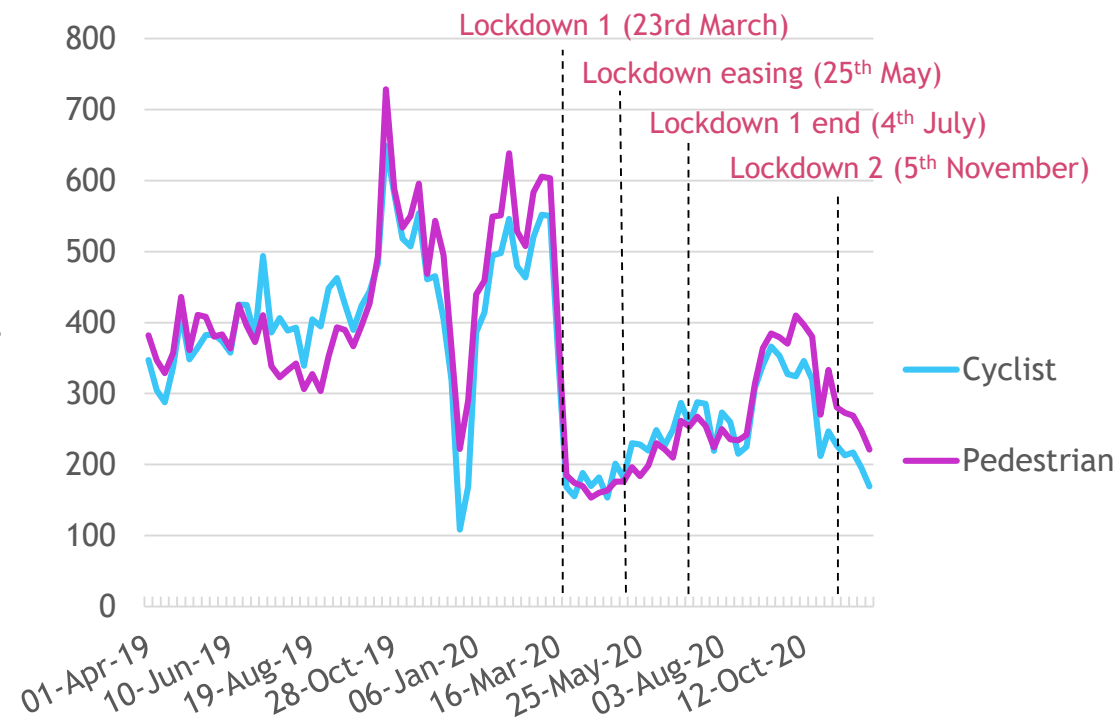
Finding out more

**Impact of Coronavirus on Active Travel (cycling and walking)**

- During the last week of April (27/04/20), road user sensors recorded a 63% decrease in cyclists and pedestrians on Oxfordshire roads (sensors mainly in Oxford City) compared with the same time in 2019.
- This is likely to have been a result of more people working from home, less student travel and a drop in tourism visits.

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 weekly averaged 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) April 2019 to December 2020**



iHUB (Environment & Economy, Oxfordshire County Council)

[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

Active Travel in Oxfordshire - Bikes for Key Workers project

*Bikes For Key Workers was a project run by a team of partner organisations and volunteers. Refurbished bikes were given free of charge to key workers across Oxfordshire. Based on the idea of the Windrush Bike Project in Witney, the project reached key workers who either self-referred or referred through Oxford University Hospitals and Oxford Health.*

- According to Active Oxfordshire:
  - In 2020 over 450 bikes were given out via the campaign
  - There was a 10% increase in bike recipients meeting the Chief Medical Officers recommended daily exercise figures
  - 68% of recipients said they would now cycle to work instead of using public transport
  - 55% of recipients said they had not cycled consistently since their childhood
  - There was an 8.6% reduction in sedentary behaviour



[Active Oxfordshire](#)

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

**Active travel**

Air pollution

Green space

Climate change

Finding out more

Active travel to school

- *Living Streets*, the UK charity for everyday walking, has the stated ambition: “Every child that can, walks to school”
- The challenge is a behavioural change programme that incentivises primary school children, their parents and teachers to travel actively all or part of the way to school. Every day pupils record how they get to school on the WOW Travel Tracker. Children who walk at least once per week for a month are rewarded with themed badges.
- Between Sept 2019 and March 2020, there were 35 schools using the WOW Travel Tracker in Oxfordshire. Tracker data shows:
  - 57% of ALL recorded journeys included solely walking (n.50,092)
  - 87% were active journeys (n.75,715)
  - 4 in every 10 car journeys were swapped for more active travel options



[Living Streets UK](#)

[Wow Activity Tracker](#)

Note that this data is mainly pre-COVID

[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

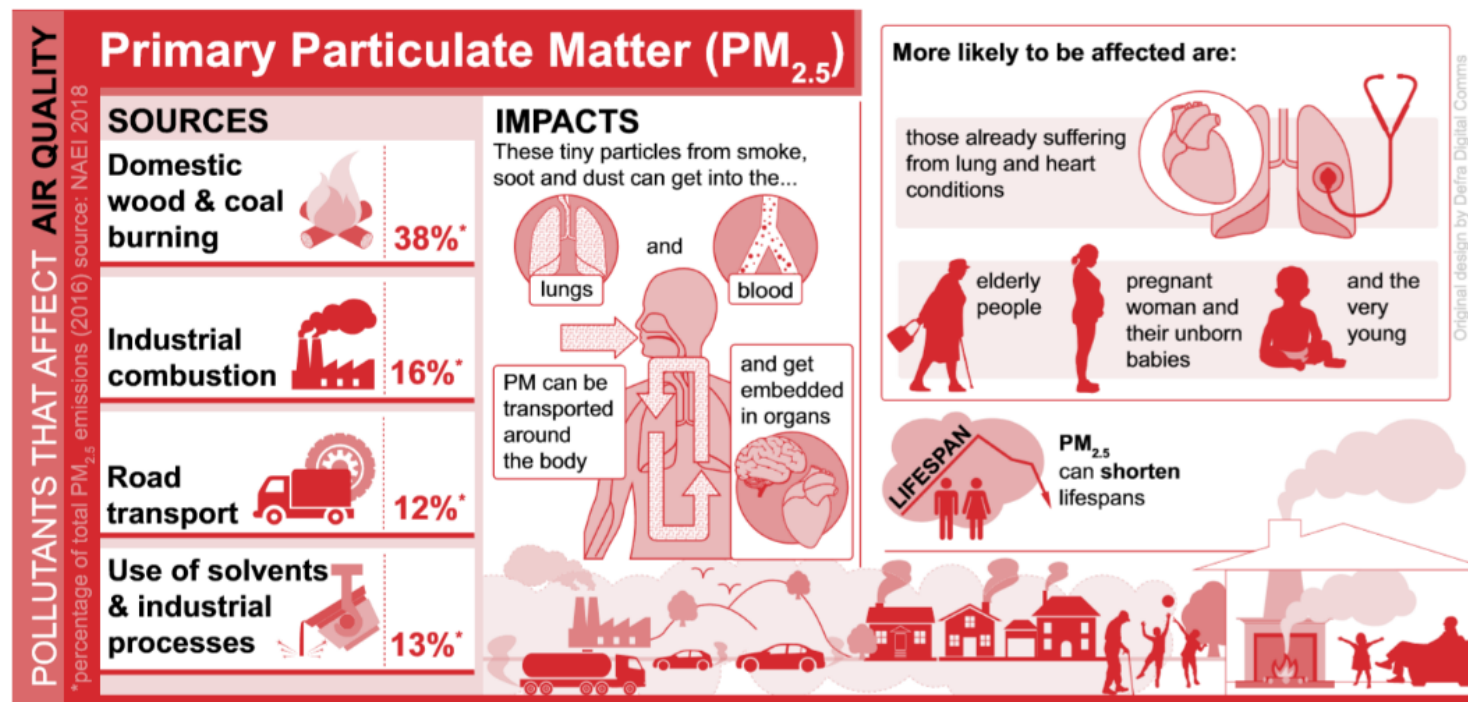
[Finding out more](#)

# Air pollution

- [Summary](#)
- [Work and income](#)
- [Poverty and deprivation](#)
- [Child poverty](#)
- [Older People and poverty](#)
- [Fuel poverty](#)
- [Food poverty](#)
- [Housing and Homelessness](#)
- [Isolation and loneliness](#)
- [Education and qualifications](#)
- [Special Educational Needs](#)
- [Early years](#)
- [GCSE](#)
- [Persistent absence](#)
- [NEET and Apprenticeships](#)
- [Healthy Place Shaping](#)
- [Active travel](#)
- [Air pollution](#)
- [Green space](#)
- [Climate change](#)
- [Finding out more](#)

### Air pollution and health - national

*Air pollution is the largest environmental health risk in the UK. It causes more harm than passive smoking. Conditions exacerbated by air pollution include asthma, chronic bronchitis, **chronic heart disease (CHD)**, and strokes. For most people, the health benefits of walking and cycling far outweigh the risks of roadside exposure to air pollution. Aside from the health benefits of the additional exercise, it has the potential to reduce exposure to air pollution - this is because air quality inside a car or van can be worse than it is outside.*



Department for Environment, Food & Rural Affairs, [Clean Air Strategy 2019](#)

[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

**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.*

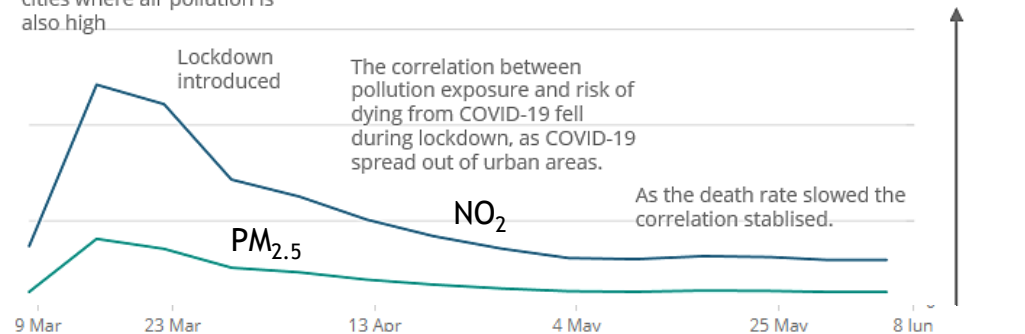
- ONS data show that more than one-third (35%) of deaths involving COVID-19 in England up to the end of June 2020 had a respiratory or cardiovascular disease as the main pre-existing health condition.
- ONS analysis found that “*polluted areas initially had higher rates of COVID-19 deaths, but this trend decreased as the death toll rose*”.

**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.

**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





Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

Climate change

Finding out more

**Health Impacts of Air Pollution**

*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.

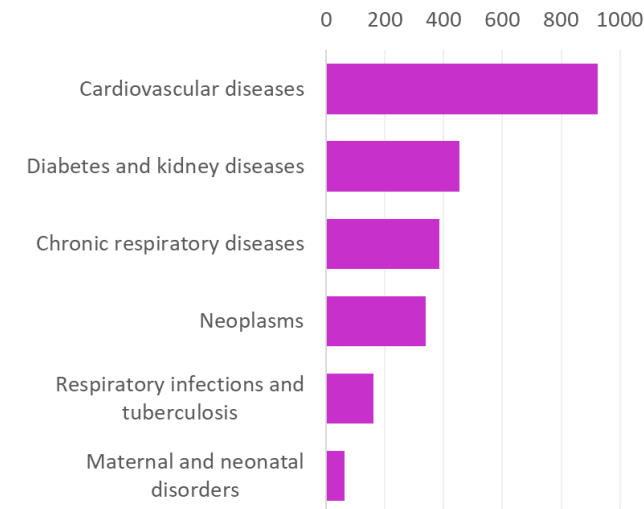
One Disability Adjusted Life Year (DALY) can be thought of as one lost year of "healthy" life. DALYs are calculated as the sum of the Years of Life Lost (YLL) due to premature mortality in the population and the Years Lost due to Disability (YLD) for people living with the health condition or its consequences.

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**



[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

## Health Impacts of Air Pollution in Oxford

Research by King's College London highlights 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

Summary

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

**[Air pollution](#)**

[Green space](#)

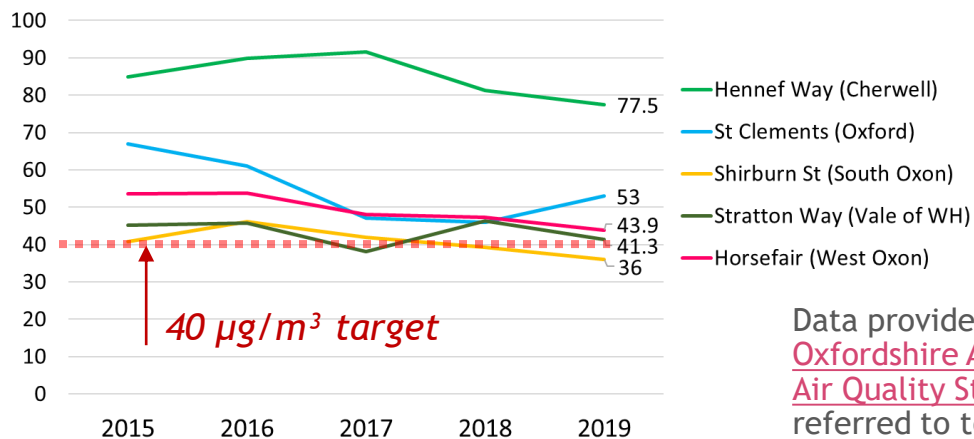
[Climate change](#)

[Finding out more](#)

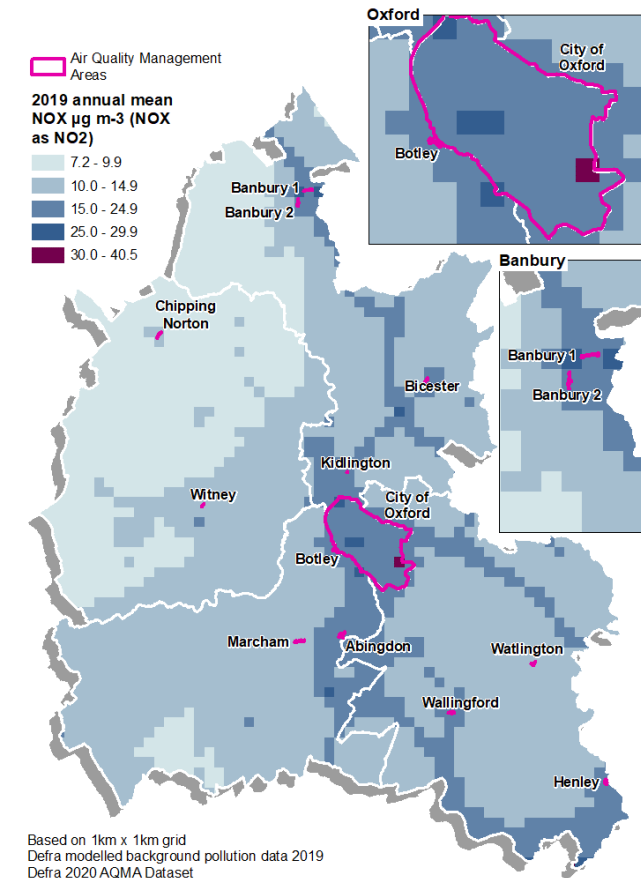
Air pollution - Oxfordshire

- Oxfordshire has 13 designated Air Quality Management Areas where air quality objectives are not being met.
- Oxford City is planning to become the world's first Zero Emission Zone by 2035. This project will begin by banning petrol and diesel vehicles from the city centre in August 2021, expanding further by 2022-2025 and ultimately covering the whole city by 2035.
- Over the past 5 years, the sites with the highest readings for Nitrogen Dioxide (NO<sub>2</sub>) in Oxfordshire have generally seen a declining trend.

NO<sub>2</sub> (µg/m<sup>3</sup>) annual mean at selected sites in Oxfordshire (showing the highest readings in each district)



Annual mean NOX pollution 2019



Based on 1km x 1km grid  
Defra modelled background pollution data 2019  
Defra 2020 AQMA Dataset

Data provided by [Oxfordshire District Data Analysis Service](#) [Oxfordshire Air Quality](#), [Air Quality Management Areas](#), [EU Air Quality Standards](#) Nitrogen dioxide and nitric oxide are referred to together as oxides of nitrogen (NO<sub>x</sub>).

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

**Green space**

Climate change

Finding out more

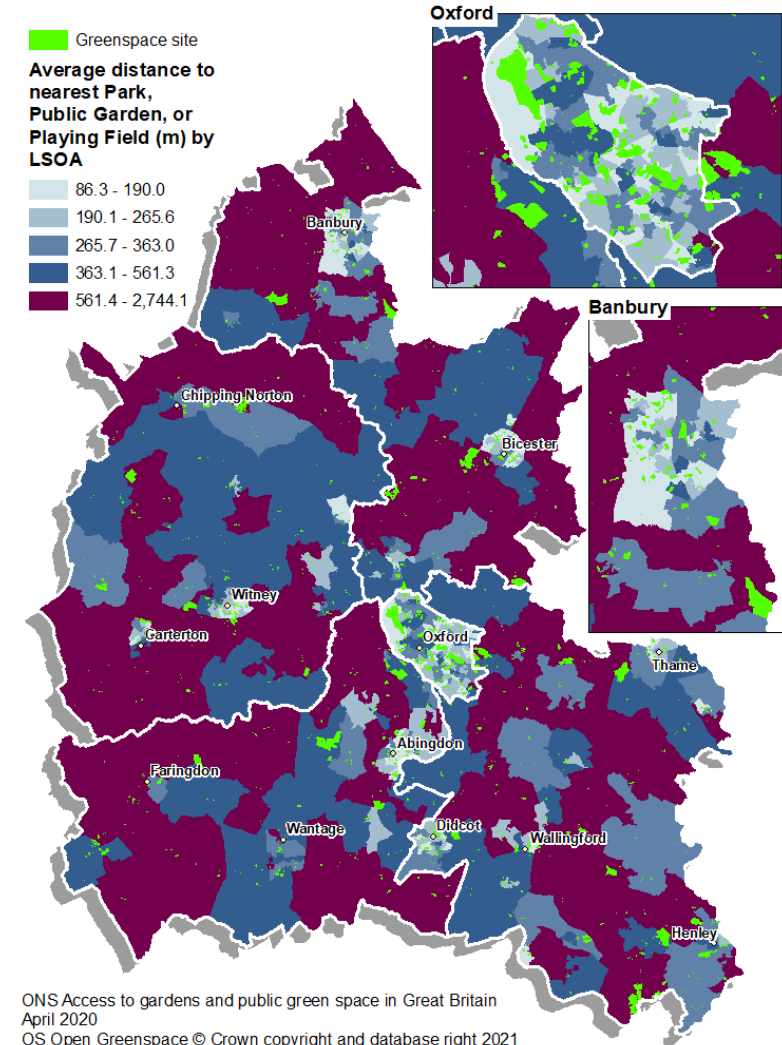
Access to public green space

- The COVID-19 lockdown has emphasised the importance of access to public green space and gardens.
- According to ONS, 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.

	Average distance to Greenspace (m) April 2020
Cherwell	440
Oxford	290
South Oxfordshire	475
Vale of White Horse	533
West Oxfordshire	462
South East	394
England	385

ONS [Access to gardens and public green space in Great Britain](#)

**Greenspace distance**



[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

# Climate change

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

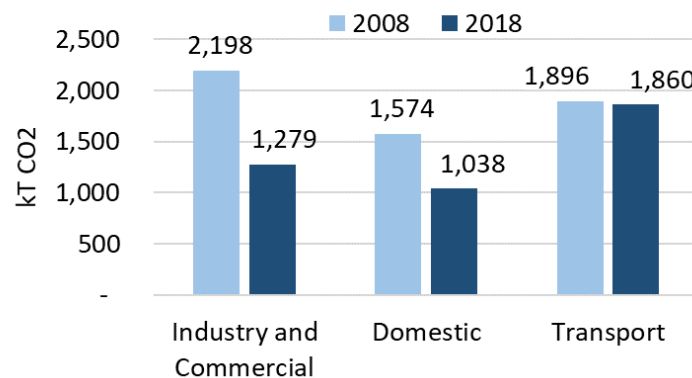
Climate change

Finding out more

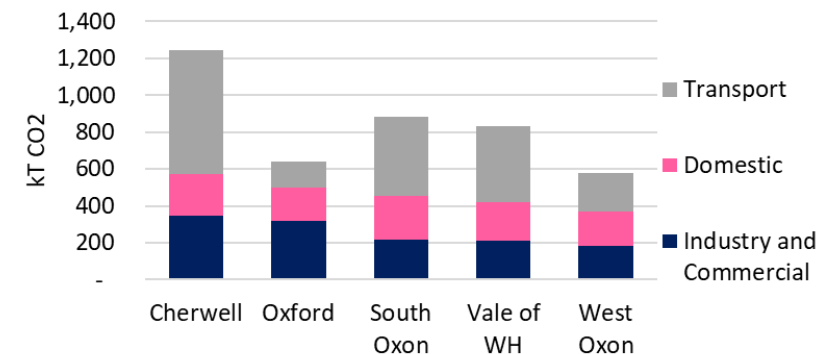
**Carbon dioxide emissions**

- CO<sub>2</sub> emissions per capita across the UK and in Oxfordshire have declined. The main driver of the decrease in UK emissions in 2018 was a change in the fuel mix for electricity generation, with a decrease in the use of coal and more use of renewables.
- Between 2008 and 2018 Oxfordshire’s total carbon emissions fell by 27% overall with the greatest decline in *Industry & Commercial* followed by *Domestic*.
- Transport now makes up the largest share with 46% of total emissions and has remained at a similar level of emissions for the past 10 years.
- Oxford City and West Oxfordshire have the lowest CO<sub>2</sub> emissions of districts in Oxfordshire, mainly as a result of lower emissions from transport.

**Oxfordshire Carbon Emissions 2008 to 2018**



**Carbon Emissions by type 2018 Oxfordshire Districts**



Department for Business, Energy and Industrial Strategy, [Local authority and regional carbon dioxide emissions](#) includes all sources, latest data as of Jan21

[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

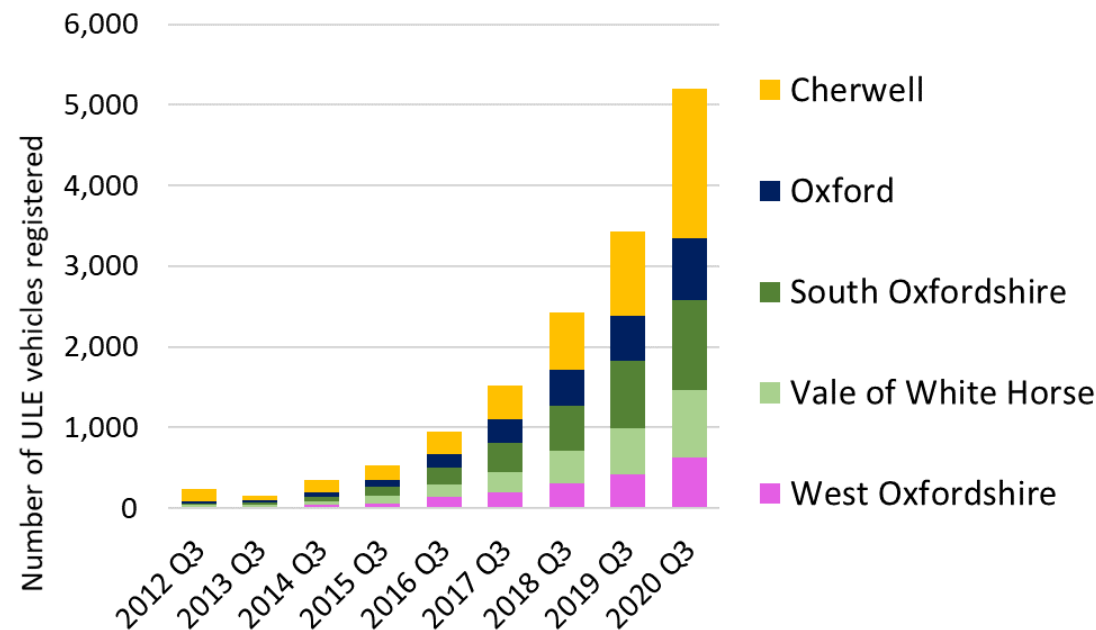
[Climate change](#)

[Finding out more](#)

Low emission vehicles

- Between 2009 and 2019, the number of registered cars in Oxfordshire increased by 18%. The number of diesel cars increased by 67% and in 2019 made up 40% of the total number of registered cars in the county.
- Registration of ultra low emission numbers have increased significantly across Oxfordshire in the last 8 years, from 233 in 2012 to 5,196 in 2020.

Ultra low emission vehicles registered in Oxfordshire, 2012 to 2020



Department for Transport and DVLA, [All vehicles](#)

[Summary](#)
[Work and income](#)
[Poverty and deprivation](#)
[Child poverty](#)
[Older People and poverty](#)
[Fuel poverty](#)
[Food poverty](#)
[Housing and Homelessness](#)
[Isolation and loneliness](#)
[Education and qualifications](#)
[Special Educational Needs](#)
[Early years](#)
[GCSE](#)
[Persistent absence](#)
[NEET and Apprenticeships](#)
[Healthy Place Shaping](#)
[Active travel](#)
[Air pollution](#)
[Green space](#)
[Climate change](#)
[Finding out more](#)

## Climate change

- The Natural Environment Research Council has published a series of papers on the impact of climate change on health in the UK.
- It is predicted that in the future changes could be seen in:
  - **Temperature:** All areas of the UK are expected to warm, more so in summer than in winter. Changes in summer mean temperatures are expected to be greatest in parts of southern England. Winter nights are also expected to become milder.
  - **Heatwaves:** The frequency and intensity of extreme heatwaves are both expected to increase over this century.
  - **Rainfall:** Whilst annual average rainfall may not change much, regional and seasonal changes may occur. There will be an increased chance of summers having lower rainfall, particularly in southern England, but downpours may become heavier when they occur.
  - **Sea level:** Sea levels will continue to rise and are likely to do so at a faster rate than observed in the last century, leading to higher peak sea levels during extreme events.
  - **Solar radiation:** This may increase on average across the UK, with the greatest increase expected in southern England.
  - **Humidity:** Relative humidity may decrease by 5 - 10% in summer with the greatest reductions in Southern England.
  - **High winds:** Changes to atmospheric circulation may shift storm tracks north or south but changes in wind speeds are uncertain.
- The delivery of health and social care is disrupted by extreme weather such as floods, storms, heatwaves and severe winters.

Natural Environment Research Council, [Climate change impacts report cards](#)



[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

**Health impacts of climate change**

- Ambient temperature is the most important weather factor to health, and temperatures do not need to be particularly extreme before the risk of death and illness is heightened.
  - Mean temperatures in the UK are projected to increase and heatwaves are likely to become more frequent.
  - Days with hot weather and heatwaves increase the risk of deaths in some groups among the UK population.
  - The elderly are most at risk of heat-related deaths, along with people who have a pre-existing chronic disease. The growing number of older people means more of the population will become vulnerable to hot weather.
  - Risk of injury or death may increase among some groups of workers (such as drivers and construction workers) due to occupational heat exposure.
  - During hot weather, there is a small increase in the use of health services (e.g. in emergency admissions for respiratory diseases and injuries).
- Acute exposure to allergenic pollen is associated with a range of health effects, such as hay fever, eczema and asthma episodes in susceptible individuals.
  - Individuals vary in their susceptibility to different pollens.
  - Timing, abundance and distribution of pollen release are affected by vegetation cover and environmental conditions, including climate.
  - Changes in climate may influence the capacity of some species of pollen to cause allergic reactions; the impact of climate change on the length of the pollen season and on the total burden of pollen-related ill-health is very uncertain.

Natural Environment Research Council, [Climate change impacts report cards](#)

## Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

**Climate change**

Finding out more

## Health impacts of climate change

- Flooding has a range of possible effects on human health.
  - River flooding is expected to increase in magnitude and frequency through the century.
  - Flooding has a range of effects on human health including deaths from drowning, injuries and mental health impacts; floods increase the rates of self-reported depression, anxiety and post-traumatic stress disorder (PTSD) in affected populations.
  - Flooding has also been associated with cases of carbon monoxide poisoning in post-flood clean up phase.
  - Future flood risk is also determined by the construction and maintenance of flood defences, environmental management and the number of people that are living in flood risk zones.
- Climate change may affect the risk of emerging infectious diseases.
  - It is possible that native insect and tick species could become more capable of transmitting diseases that affect humans.
  - Several vector-borne diseases have emerged in Europe in recent years e.g. vivax malaria, West Nile fever, dengue fever, Lyme disease and tick-borne encephalitis. Some of these diseases are linked to increase in transport of people and goods.
  - The incidence of Lyme disease will continue increasing, and climate change will enable it to spread to higher altitude.
  - The impact of climate change on infectious respiratory diseases requires further study.

Natural Environment Research Council, [Climate change impacts report cards](#)

Summary

Work and income

Poverty and deprivation

Child poverty

Older People and poverty

Fuel poverty

Food poverty

Housing and Homelessness

Isolation and loneliness

Education and qualifications

Special Educational Needs

Early years

GCSE

Persistent absence

NEET and Apprenticeships

Healthy Place Shaping

Active travel

Air pollution

Green space

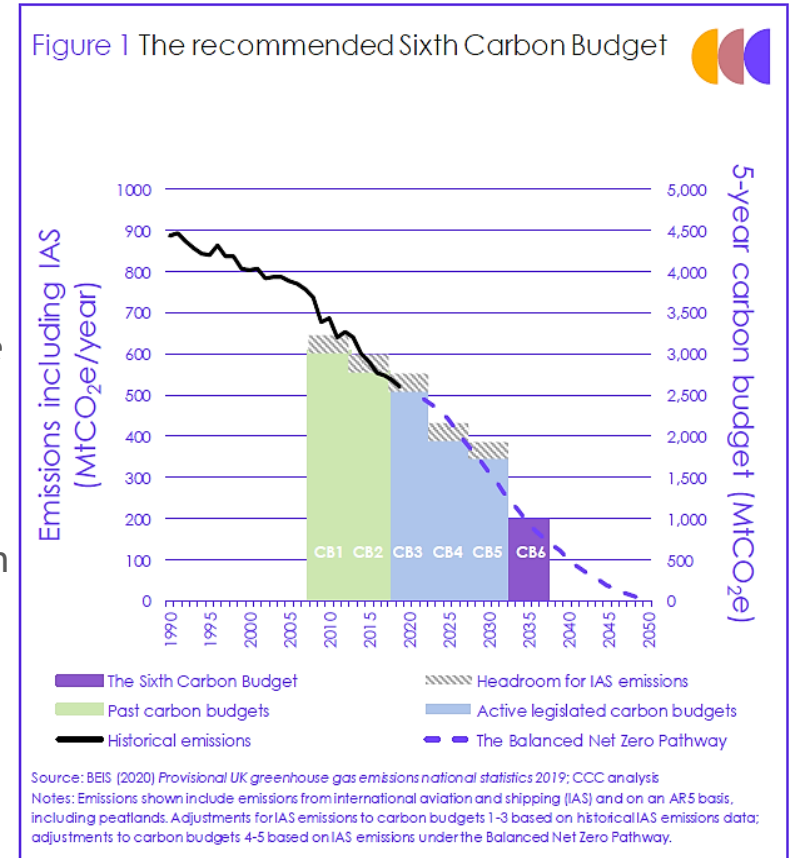
Climate change

Finding out more

Climate change - The Sixth Carbon Budget

The Sixth Carbon Budget report sets out the main changes that would need to take place for the UK government to reach their emission targets by 2035:

- **Take up of low-carbon solutions.** People and businesses will choose to adopt low-carbon solutions, as high carbon options are progressively phased out. By the early 2030s all new cars and vans and all boiler replacements in homes and other buildings are low-carbon - largely electric.
- **Expansion of low-carbon energy supplies.** UK electricity production is zero carbon by 2035. Offshore wind becomes the backbone of the whole UK energy system, growing from the Prime Minister's promised 40GW in 2030 to 100GW or more by 2050.
- **Reducing demand for carbon-intensive activities.** Diets change, reducing our consumption of high-carbon meat and dairy products by 20% by 2030, with further reductions in later years.
- **Land and greenhouse gas removals.** By 2035, 460,000 hectares of new mixed woodland are planted to remove CO2 and deliver wider environmental benefits. 260,000 hectares of farmland shifts to producing energy crops.



The Climate Change Committee, [The Sixth Carbon Budget report 2020](#)

[Summary](#)

[Work and income](#)

[Poverty and deprivation](#)

[Child poverty](#)

[Older People and poverty](#)

[Fuel poverty](#)

[Food poverty](#)

[Housing and Homelessness](#)

[Isolation and loneliness](#)

[Education and qualifications](#)

[Special Educational Needs](#)

[Early years](#)

[GCSE](#)

[Persistent absence](#)

[NEET and Apprenticeships](#)

[Healthy Place Shaping](#)

[Active travel](#)

[Air pollution](#)

[Green space](#)

[Climate change](#)

[Finding out more](#)

**Finding out more**

● PHE Fingertips [Wider Determinants of Health profile](#)

● PHE [A-Z of the root causes of ill health](#)

**Healthy New Towns**

● NHS England, [Healthy New Towns](#)

● King's Fund [Supporting the Healthy New Towns programme](#)

● Town and County Planning Association [reports](#)

● LGA [Shaping Healthy Places: exploring the district council role in health](#)

● WHO [Healthy environments for healthier populations](#)

● Rojas-Rueda et al. [Green spaces and mortality: a systematic review and meta-analysis of cohort studies](#)

**Climate change**

● Oxfordshire County Council [Climate action in Oxfordshire](#)

● Oxfordshire Districts Air Quality [Air Quality](#)

● Climate Change Committee [Climate change advice](#)



## Chapter 7

# Service use

## Introduction

Summary

Primary health care

Secondary health care

Mental health services

Register of disabled children

Children's social care

Adult social care

Community safety services

Health support and preventing ill-health

Access to services

Population Health Management

Finding out more

## This chapter...

- This chapter 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.
- With thanks to the analysts and service experts who worked with us and provided advice and data extracts for this chapter.
- Further JSNA resources are available via the [JSNA page of Oxfordshire Insight](#).
- **Assessing the impact of COVID-19**
  - This chapter presents the most recent datasets available in January 2021
  - Where possible, local providers of the data have included statistics covering the full year 2020 to show the impact (in that year) of the COVID-19 pandemic and lockdown.

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

**Summary (1)**

**Primary health care**

- At the start of the COVID-19 pandemic, a new appointment system was set up and the public were advised to call 111.
- 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 Apr20 and Aug20, more GP appointments were carried out by telephone than face to face.
- An online consultation platform used by most GP practices in Oxfordshire has regularly had over 10,000 requests submitted per month.

**Secondary health care**

- From April 2020, as a result of the COVID-19 pandemic, the monthly average of all types of hospital admissions, unplanned and planned, were well below the previous year.
- Comparing the Q3 periods Oct-Dec 2019 and Oct-Dec 2020, shows the greatest reduction in A&E attendances per population by age were people in the younger age group (0-19).

- Oxford Health Community Services also saw a decrease in activity levels from early 2020 as a result of COVID-19 when some staff were redeployed.

**Mental health services**

- In the four year period, 2016/17 to 2019/20, the number of Oxfordshire patients referred to Oxford Health for mental health services increased by 38% overall, by +83% for people aged 0-9 and by +58% for people aged 10-19.
- Monthly data to December 2020 shows a drop in Oxfordshire patients referred to Oxford Health mental health services from March to May 2020, during the first lockdown.
- From June 2020 there was a recovery in referrals to similar levels as in 2019.

**Children's social care**

- Between the 2018/19 and 2019/20 financial years, the yearly rate of referrals to children's social care increased.
- Between Mar19 and Mar20, the rate of children subject of a child protection plan and the rate of cared for children decreased slightly.
- The % of Oxfordshire's care leavers in employment, education or training remains below the national average and the gap has widened.

[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

## Summary (2)

- The rate of Supporting Families vulnerable families in Oxfordshire was highest in wards in Banbury, Oxford and Didcot.
- There is potential for an increase in demand for children's social care services by 2028, depending on levels of housing growth.

### Adult social care

- The proportion of older people offered reablement services in 2019/20 remained below national and statistical neighbour averages.
- The proportion of older adults receiving a social care service at home (rather than in a care home) is similar to last year.
- Just over two thirds (66%) of older people are estimated to be self-funding their long term care in Oxfordshire.
- There is potential for an increase in demand for adult social care services (irrespective of housing growth).

### Community safety services

- In 2020 (Jan-Dec), police recorded an increase compared to recent years in the number of victims\* of domestic abuse, elder abuse, modern slavery, child sexual exploitation, and rape in Oxfordshire.

\*NOTE: Victims data includes recorded unique victims in the 12 month period.

- There was a decrease in the number of recorded victims\* of honour-based violence and female genital mutilation.
- The number of scams related to “bogus selling” reported by Oxfordshire residents has increased significantly since the start of the COVID-19 pandemic

### Health support and preventing ill-health

- There has been a slight increase in the number of adults in specialist drug treatment (to Mar20).
- Interventions by School Health Nurses and College Health Nurses have been affected by COVID-19 as the majority of children and young people were not in school from Mar20 to Jun20 and staff were redeployed.
- The Dementia Oxfordshire service, which mainly takes referrals from memory clinics and GPs, saw a big drop in referrals in Apr20. These have since recovered and were above the 2019 numbers in both Nov and Dec20.

### Access to services

- Close to a quarter (23%) of people aged 85+ live in areas of Oxfordshire ranked in the 10% most deprived on access to services.



[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

# Primary health care

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

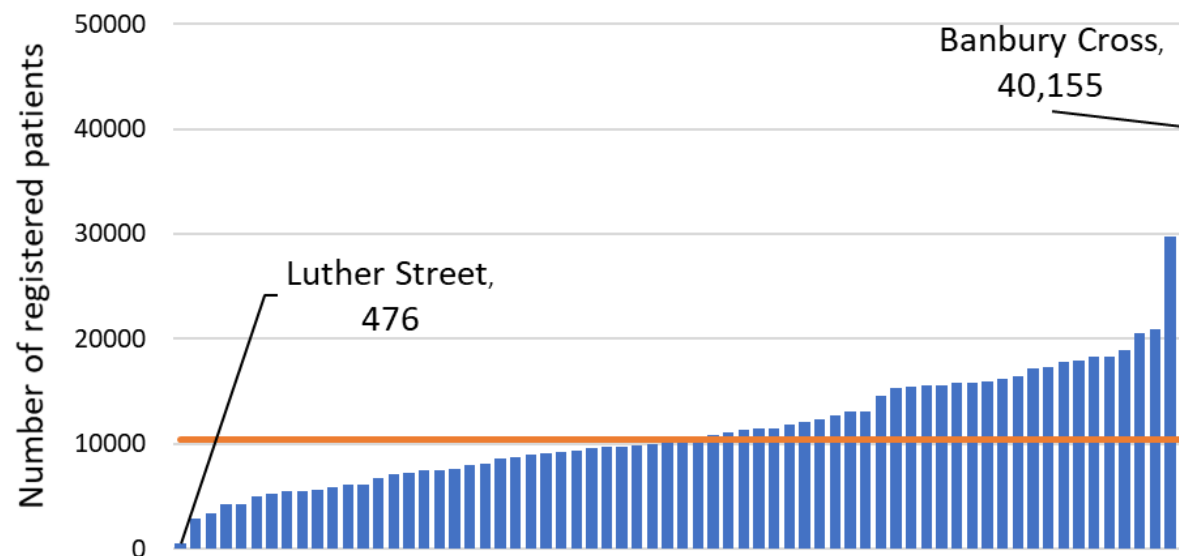
## Primary health care

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<sup>1</sup>.

- In Oxfordshire there are: 67 GP practices, 85 General Dental practices, 8 Orthodontic practices and 105 Community Pharmacies (March 2021)
- As of February 2021, the number of patients registered at GP practices in Oxfordshire ranges from 40,155 (Banbury Cross Health Centre) to 476 (Luther Street Medical Practice\*, Oxford).

### Oxfordshire Clinical Commissioning Group GP practices, by number of registered patients

Orange line = median (10,468 patients)



\* Luther Street Medical Practice provides healthcare to people experiencing homelessness in Oxford City.

[1] NHS England, [Primary care services](#) NHS Digital, [Patients Registered at a GP Practice February 2021](#)

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## Primary Care Networks

- The [NHS Long Term Plan](#) set out priorities for healthcare over the next 10 years 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 2020/21 PCN service specifications included structured medication review and medicines optimisation, enhanced health in care homes, supporting early cancer diagnosis and social prescribing.
- 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
  - From April 2021: 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](#)

[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

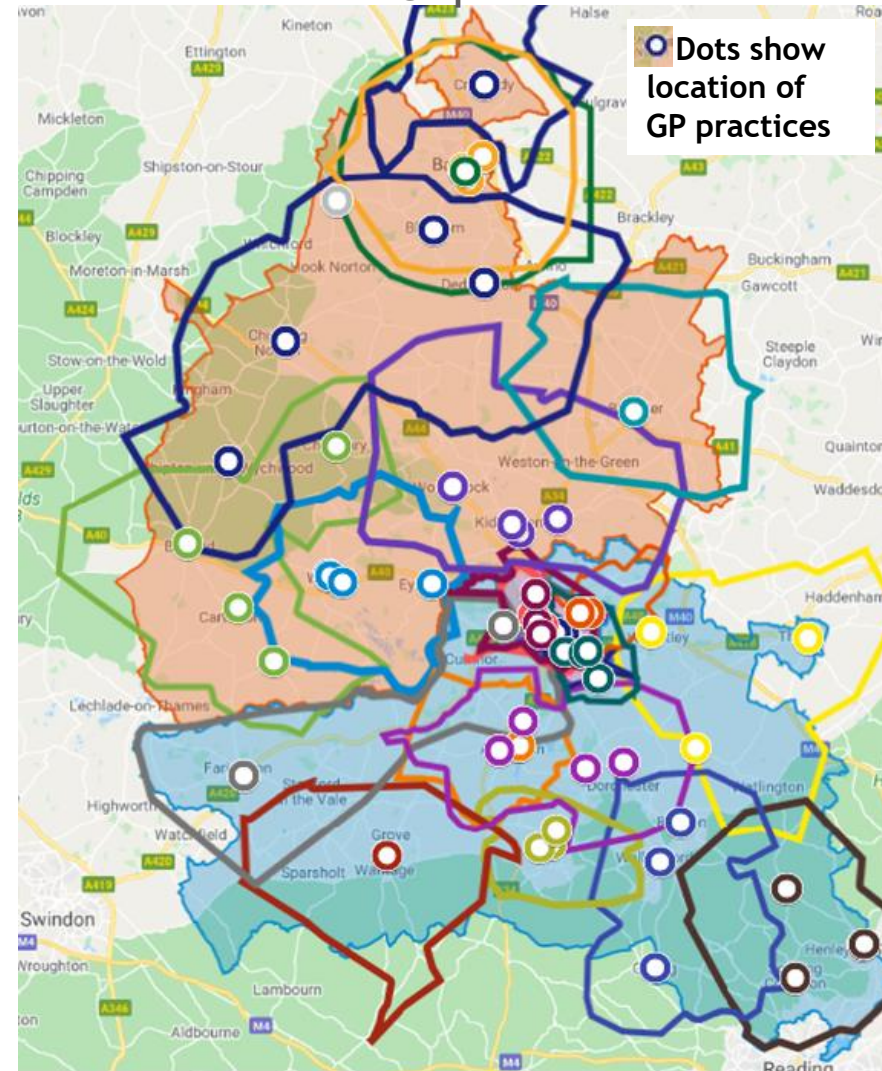
## Primary Care Networks in Oxfordshire

- 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

Oxfordshire CCG [Primary Care Networks](#)  
*Sibford Surgery is not covered by a PCN*

## Oxfordshire's Primary Care Networks showing boundaries based on GP practice catchment areas



[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

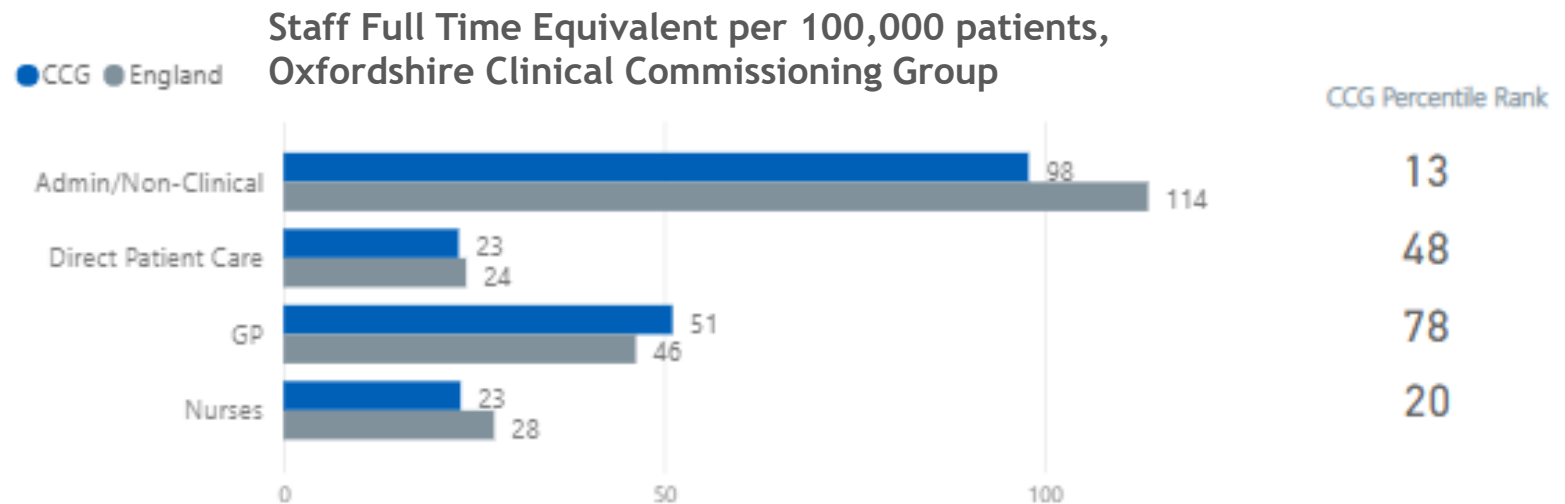
[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

### GP workforce to patient ratio

- As of September 2020, Oxfordshire CCG had a ratio of..
  - 51 GPs per 100,000 patients, above the average of 46 for England
  - 23 nurses per 100,000 patients, below the average of 28 for England
  - 23 direct patient care staff per 100,000 patients, similar to the average of 24 for England
  - 98 admin staff per 100,000 patients below the average of 114 for England



GP Registrar records are excluded from these visuals to allow for fair comparison, as not all training placement locations are identified in the data.

NHS Digital [General Practice Workforce](#) selected CCG information from dashboard September 2020

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

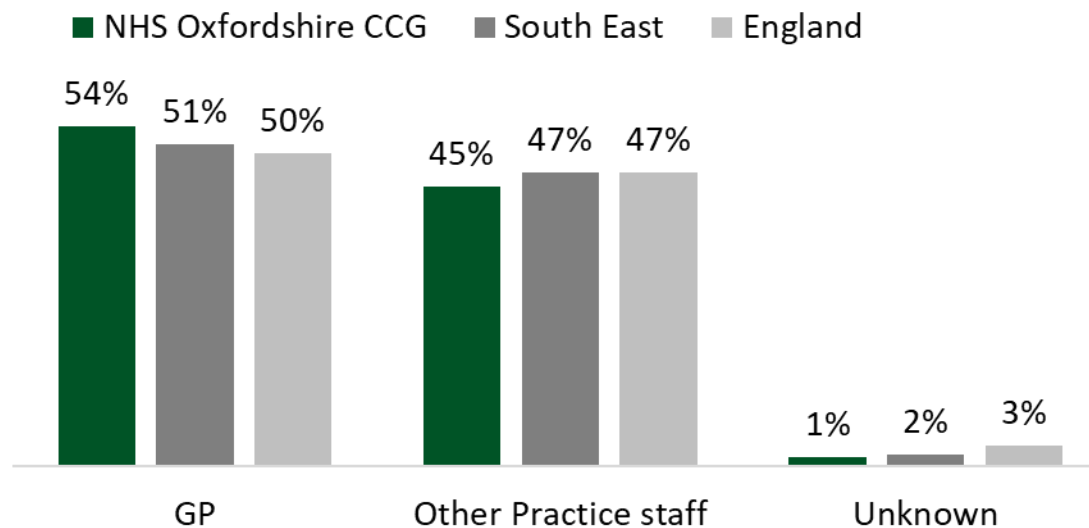
[Population Health Management](#)

[Finding out more](#)

### Proportion of primary care appointments by health care professional type

- Of the 329,260 appointments with NHS Oxfordshire Clinical Commissioning Group GP practices in November 2020, 54% were carried out by GPs, just above the regional (51%) and national (50%) proportions.
- This is small change compared to November 2019 (Oxfordshire CCG 53% vs 51% in the South East and 50% in England).

**Appointments in General Practice by Health Care Professional Type - November 2020**



NHS Digital [Appointments in General Practice November 2020](#)

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## Proportion of appointments carried out by telephone

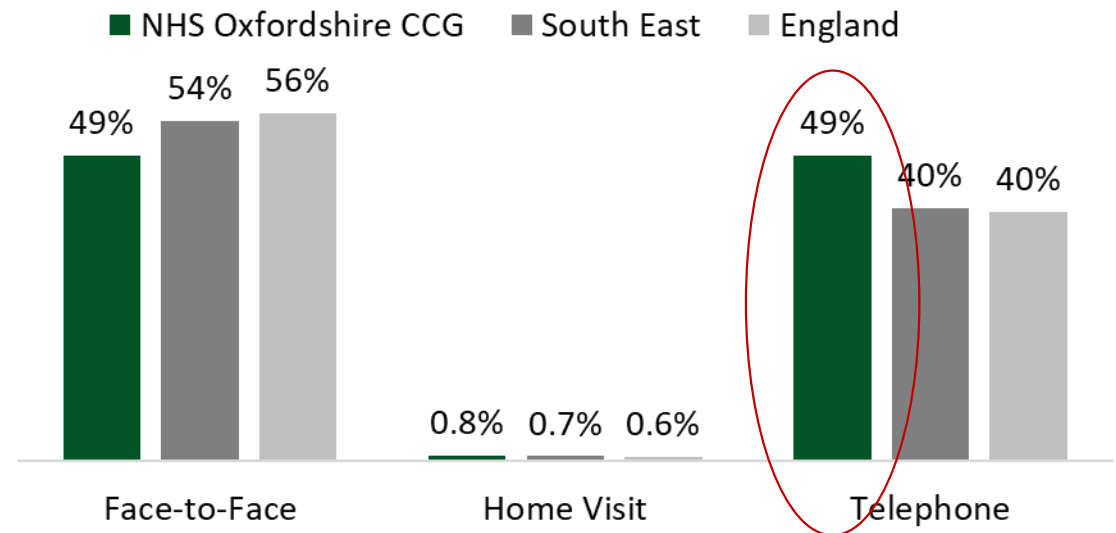
- Of the 329,260 appointments with NHS Oxfordshire Clinical Commissioning Group GP practices in November 2020, 49% were carried out over the phone compared with 40% both regionally and nationally.
- This is an increase compared to November 2019 (telephone appointments = 21% OCCG, 16% SE, and 13% England) - 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, November 2020



NHS Digital [Appointments in General Practice November 2020](#)

[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

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

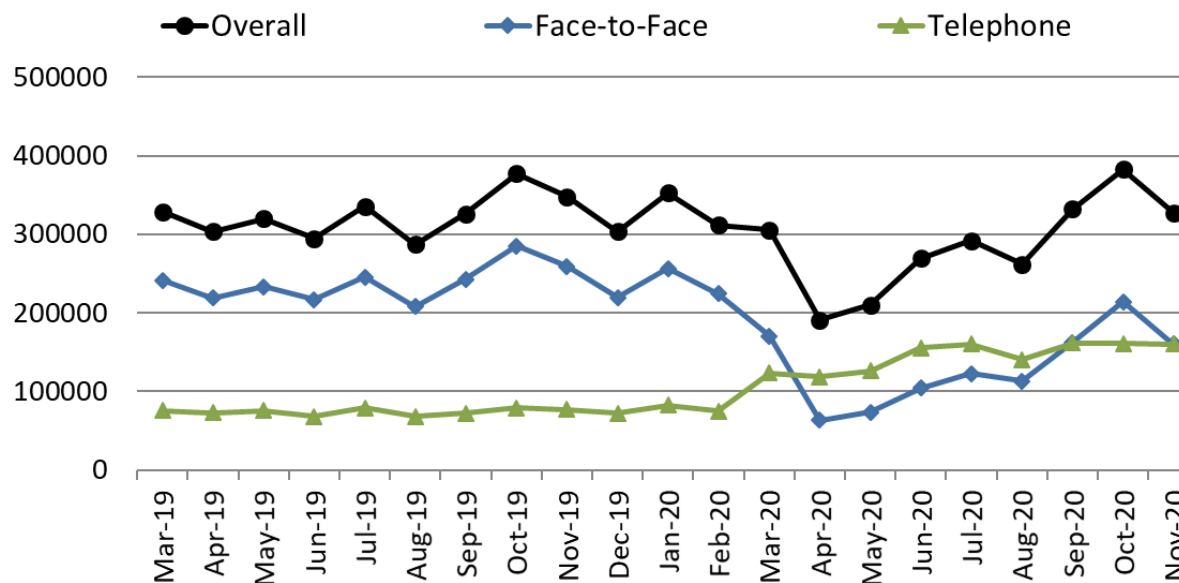
[Finding out more](#)

### Proportion of appointments carried out by telephone: 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 April and August 2020, more GP appointments were carried out by telephone than face to face.

### Total count of all appointments by type

Source: NHS Digital



NHS Digital [Appointments in General Practice November 2020](#)



[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

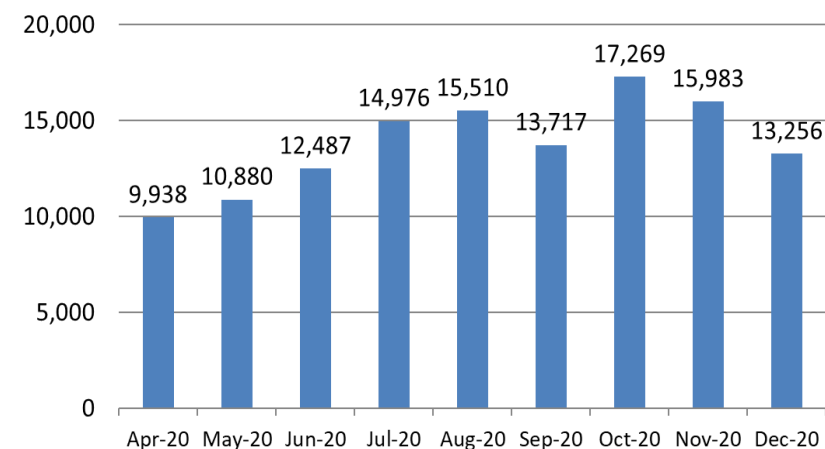
[Finding out more](#)

## Online and video consultations

- GP practices committed to giving all patients the right to online consultations by April 2020 and video consultations by April 2021[1]. This process was accelerated in response to COVID-19 and the introduction of total triage [2].
- Since April 2020, the online consultation platform used by most GP practices in Oxfordshire has regularly had over 10,000 requests submitted per month [3]. The video consultation platform most commonly used has regularly facilitated over 1,000 consultations per month.

*Note: data prior to April 2020 not shown, because practices were then still in the process of adopting eConsult.*

**Online consultations**  
eConsult only requests submitted  
coverage 77% of practices



Oxfordshire Clinical Commissioning Group.

[1] [NHS Digital First Primary Care](#)

[2] NHS Oxfordshire CCG [Online-Consultations](#). 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.

[3] Online consultations may result in a different type of appointment (e.g. face to face, telephone).

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

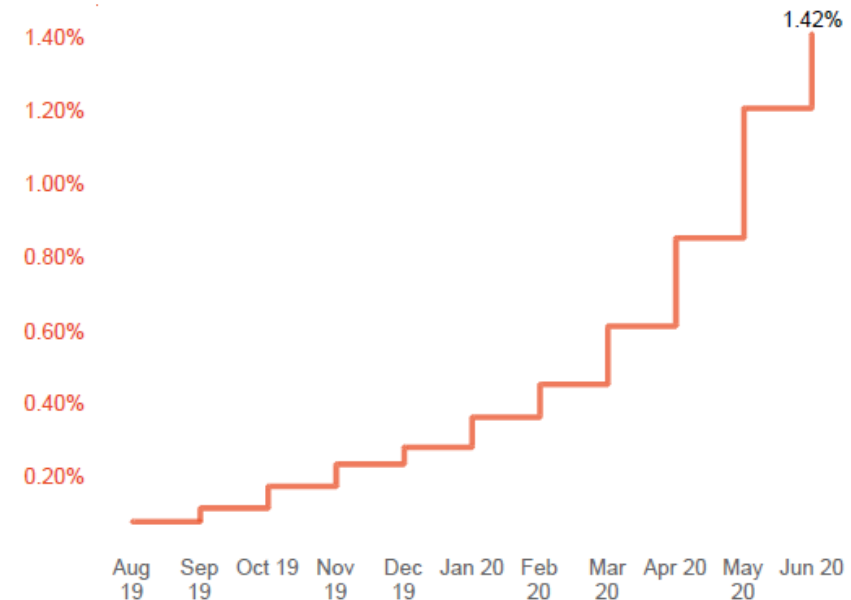
[Population Health Management](#)

[Finding out more](#)

## NHS app registrations

- The NHS app allows people to access a range of NHS services on their smartphone or tablet (including ordering repeat prescriptions, checking symptoms, and viewing their medical record, amongst other services). Online consultations via eConsult are now also available through the app [1].
- Since April 2020, the ongoing increase in the percentage of GP patients in Oxfordshire registered for the app accelerated. As of June 2020, 1.42% of GP patients in Oxfordshire were registered for the app.

**1.42%** of GP patients aged 13+ registered for NHS App



Oxfordshire Clinical Commissioning Group.  
[1] [NHS app homepage](#)

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## Satisfaction of GP patients

- According to the 2020 GP patient survey, based on their last GP appointment, Oxfordshire patients were (statistically) more likely to rate their GP practice healthcare professional as good (or very good) at:
  - Giving you enough time (89% vs 86% nationally),
  - Listening to you (91% vs 88%) and
  - Treating you with care and concern (90% vs 87%)
- Oxfordshire patients were also more likely to agree that they had enough support from local services or organisations to help manage their long term health condition (79% vs 77% nationally)
- 43% of Oxfordshire patients with long term health conditions had had a conversation with their GP practice about what is important when managing their health (40% nationally). Of these 61% had a plan. 93% of those with a plan found it very or fairly helpful.

NHS [GP Patient Survey 2020](#) (fieldwork Jan-April 2020, July 2020 publication) questions 16,28,40,41,42

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

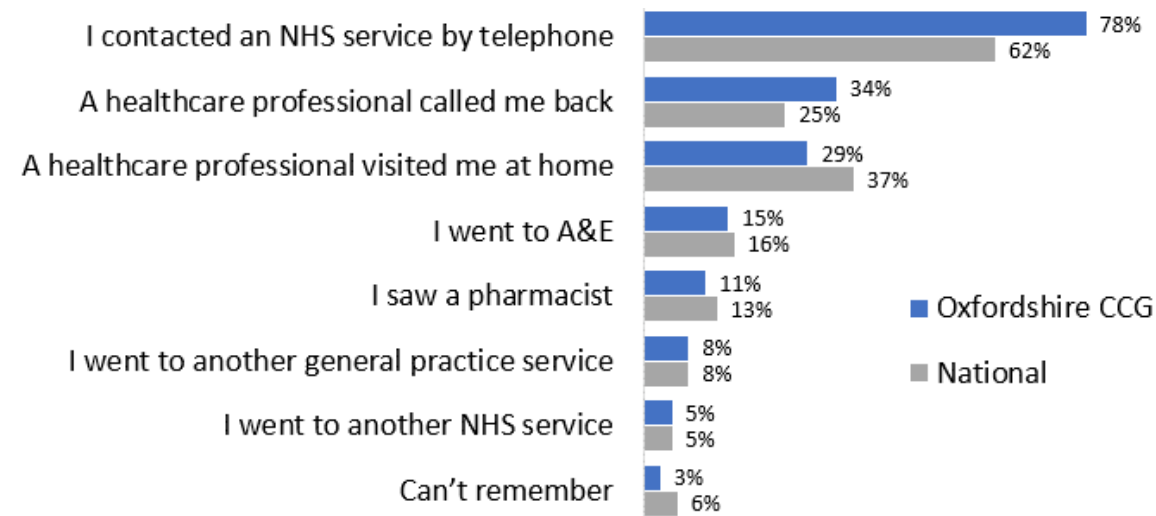
[Population Health Management](#)

[Finding out more](#)

### Out of hours, phone, digital access

- Of the respondents who said they had tried to contact an NHS service when their GP practice was closed in the past 12 months, a higher proportion than average in Oxfordshire made contact with an NHS service or healthcare professional by phone.
- A slightly higher than average proportion of Oxfordshire patients ordered repeat prescriptions online (21% vs 19% nationally) and accessed medical records online (9% vs 6%).

Considering all of the services you contacted when your GP practice was closed, which of the following happened on that occasion? (multiple responses possible)



NHS [GP Patient Survey 2020](#) (fieldwork Jan-April 2020, July 2020 publication) questions 45 and 5

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

# Secondary health care

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## Medical provision in Oxfordshire

- At the start of the COVID-19 pandemic a new appointment system was set up and the public were advised to call 111
- 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](#)

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

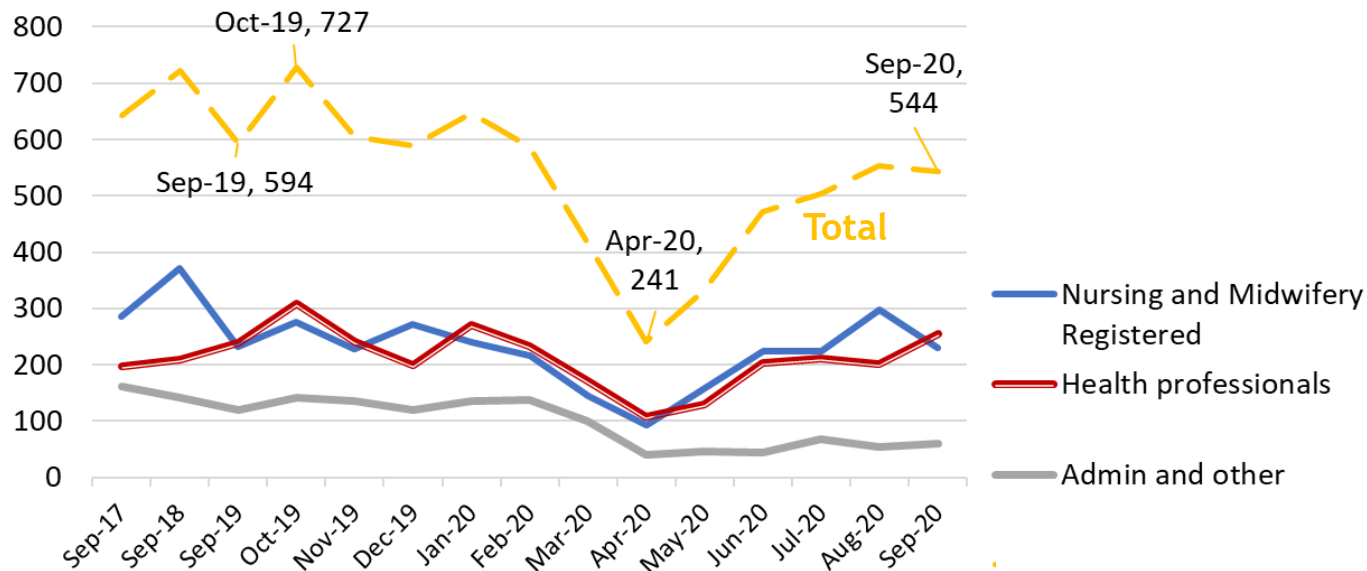
[Population Health Management](#)

[Finding out more](#)

### NHS job vacancies

- The number of advertised vacancies for staff at NHS organisations in Oxfordshire dropped significantly at the start of the COVID-19 pandemic and has since risen to close to pre-pandemic levels.
  - In September 2020 there were **544** advertised vacancy full-time equivalents by NHS Oxfordshire Clinical Commissioning Group, Oxford University Hospitals NHS FT and Oxford Health NHS FT, just below the number in September 2019 (594).

**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 - NHS Digital](#)

[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

## Planned and unplanned hospital attendances and admissions

- Comparing the average monthly counts in Apr-Dec 2018 and Apr-Dec 2019 of hospital attendance/admissions data for Oxfordshire Clinical Commissioning Group (CCG) patients, shows increases in both unplanned (A&E and non-elective) and planned (elective and day case) and an increase in outpatient attendances
- From April 2020, as a result of the COVID-19 pandemic, the monthly average of all types of admissions, unplanned and planned, were well below the previous year
- \*Note that OUH started recording additional Diagnostic Imaging in 2020. Without this change in recording, the First Outpatient activity would be approximately 25% lower

### Average monthly count of unplanned and planned hospital attendances and admissions (April to December in each year)

Oxfordshire CCG		Apr-Dec 2018	Apr-Dec 2019	% change 2018 to 2019	Apr-Dec 2020	% change 2019 to 2020
Unplanned	A&E (All)	15,101	16,172	7.1%	11,667	-27.9%
	Non-Elective	5,785	6,001	3.7%	5,075	-15.4%
Planned	Ord Elective	832	833	0.1%	475	-43.0%
	Day Case	4,965	5,072	2.2%	3,064	-39.6%
	All Elective	5,797	5,905	1.9%	3,539	-40.1%
	Outpatients First Attendance	17,673	18,204	3.0%	19,514	7.2%*
	Outpatients Follow-Up	25,757	26,599	3.3%	22,955	-13.7%

Oxfordshire Clinical Commissioning Group 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.*

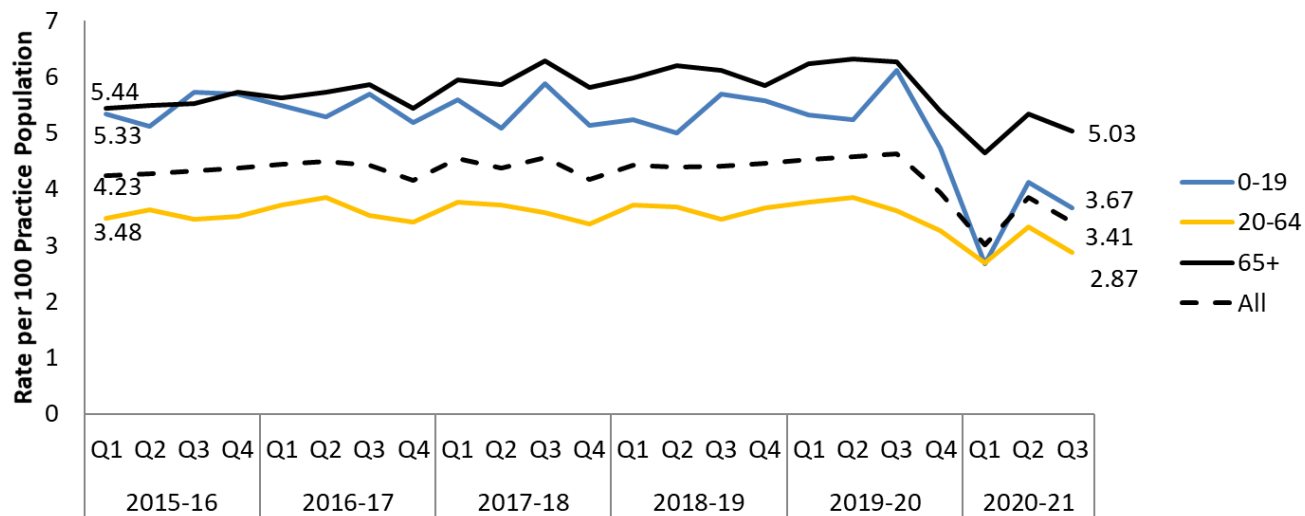


- [Introduction](#)
- [Summary](#)
- [Primary health care](#)
- [Secondary health care](#)
- [Mental health services](#)
- [Register of disabled children](#)
- [Children's social care](#)
- [Adult social care](#)
- [Community safety services](#)
- [Health support and preventing ill-health](#)
- [Access to services](#)
- [Population Health Management](#)
- [Finding out more](#)

### Rate per population of A&E patients by age

- Between April 2015 and December 2019, before the COVID-19 pandemic, rates of attendance at A&E in Oxfordshire had been increasing in all age groups
- In Mar-May 2020 (Q1 2020-21), the rate of attendance fell significantly for all ages - with the greatest reduction in the youngest age group, age 0-19
- Comparing the Q3 periods Oct-Dec 2019 and Oct-Dec 2020, shows reductions in attendances per population of people aged 0-19 of -40%, and in people aged 65+ of -20%

A&E Type 1 attendances Oxfordshire CCG, rate by broad age group per 100 GP patient population per quarter



Oxfordshire Clinical Commissioning Group provided by NHS South, Central and West Commissioning Support Unit

[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

### Oxford Health Community Services

- A number of staff were redeployed from Oxford Health Community Services from March 2020 to help with COVID efforts around the healthcare system
- Between Apr-Dec 2019 and Apr-Dec 2020, the monthly average count of appointments with Oxford Health's top Community Services decreased by 7%
- Services showing the greatest change in average monthly counts were Podiatry (-40%), District Nursing (-2.8%) and the Community Therapy Service (+20%)

Oxfordshire Clinical Commissioning Group provided by NHS South, Central and West Commissioning Support Unit

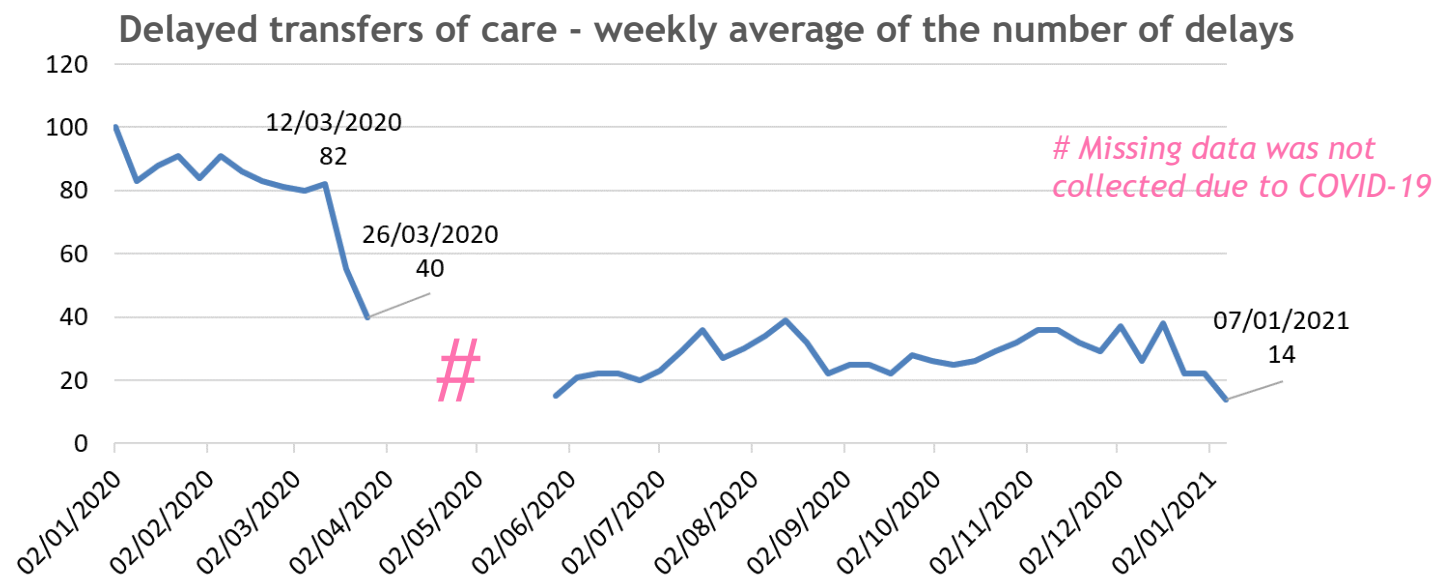
### Oxford Health NHS FT, top community services attended appointment, as a monthly average for April to December

Specialty (monthly average Apr-Dec)	Apr-Dec 2019	Apr-Dec 2020	difference	
District Nursing	23,979	23,307	-672	-2.8%
Podiatry	7,360	4,442	-2,918	-39.7%
Community Therapy Service CH	2,440	2,917	478	19.6%
Oxon Integrated Therapies Paediatric (SALT)	1,835	1,857	23	1.2%
Respiratory Home Oxygen and Pulmonary Rehab	1,436	1,303	-133	-9.3%
Cardiology Service	657	986	329	50.1%
Childrens Community Nursing	789	851	62	7.9%
Oxon Integrated Therapies Paediatric OT	1,084	737	-346	-31.9%
Phlebotomy	647	695	48	7.4%
Diabetes Service	576	662	86	14.9%
Oxon Integrated Therapies Paediatric Physio	712	604	-107	-15.1%
Oxon Speech and Language Therapy	744	560	-184	-24.7%
Falls and Care Home Support Service	273	509	236	86.7%
Bladder and Bowel Service	357	356	-1	-0.4%
<b>TOTAL</b>	<b>42,887</b>	<b>29,787</b>	<b>-3,100</b>	<b>-7.2%</b>

- [Introduction](#)
- [Summary](#)
- [Primary health care](#)
- [Secondary health care](#)
- [Mental health services](#)
- [Register of disabled children](#)
- [Children's social care](#)
- [Adult social care](#)
- [Community safety services](#)
- [Health support and preventing ill-health](#)
- [Access to services](#)
- [Population Health Management](#)
- [Finding out more](#)

### Delayed transfers of care

- Publication of **national delayed transfers of care statistics** was suspended from March 2020 due to COVID-19
- Locally collated data is showing a large reduction in delayed transfers of care in Oxfordshire between March 2020 and the period June 2020 to early January 2021



Data provided by Oxfordshire Clinical Commissioning Group from local providers, Oxford Heath, Oxford University Hospitals and Royal Berkshire Hospital; excludes out of county patients

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

# Mental health services

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## People accessing talking therapies

*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 2019 and March 2020, 16,795 Oxfordshire Clinical Commissioning Group patients were referred to IAPT services and 11,760 (70%) started treatment. This is a slight improvement on the England average, where 69% of referrals started treatment.
- Of the OCCG patients who entered treatment:
  - 91% were aged 18 to 64
  - 67% were female
  - 9% were from an ethnic minority group (compared with 16% ethnic minority in Oxfordshire county<sup>1</sup>)
  - 3% were ex-armed forces
- 6,670 finished a course of IAPT treatment and 3,155 moved to recovery (i.e. they were no longer classed as having a clinical case of a mental health problem).
- 4,345 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)

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

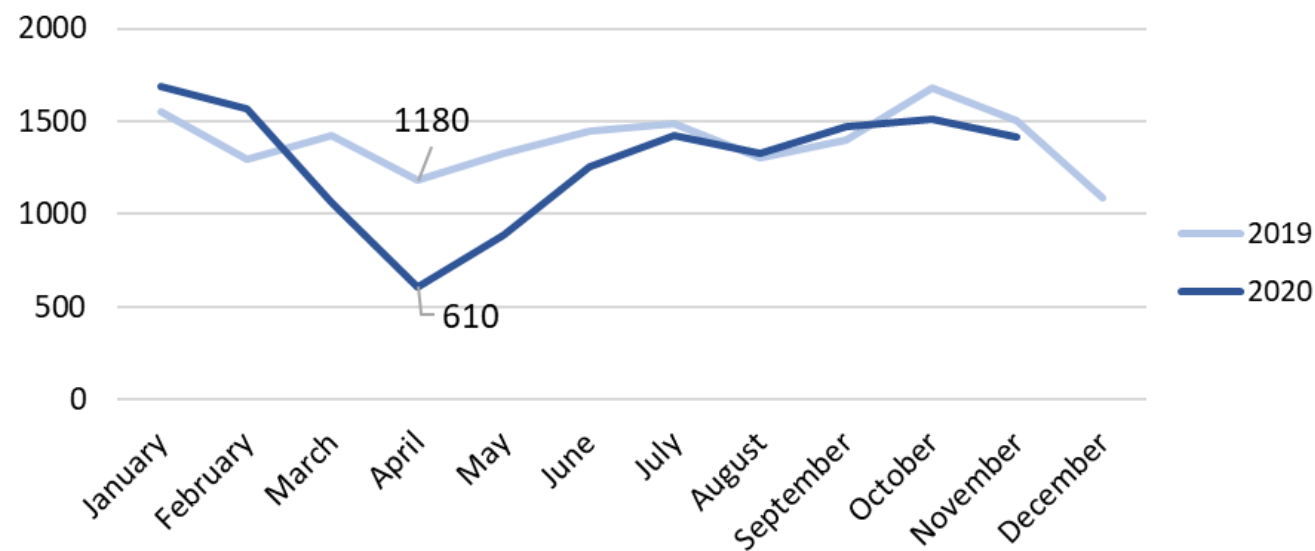
[Population Health Management](#)

[Finding out more](#)

### People accessing talking therapies in 2019 and 2020

- The number of Oxfordshire CCG patients referred to IAPT services fell in March and April 2020 at the start of the first COVID-19 lockdown, before increasing back to a level similar to 2019 in July.
- The number of referrals in April 2020 was down 48% on the number reported in April 2019.

OCCG referrals to IAPT services August 2019 to August 2020



NHS Digital: [Psychological Therapies, Report on the use of IAPT services](#) (latest report accessed: for November 2020)

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

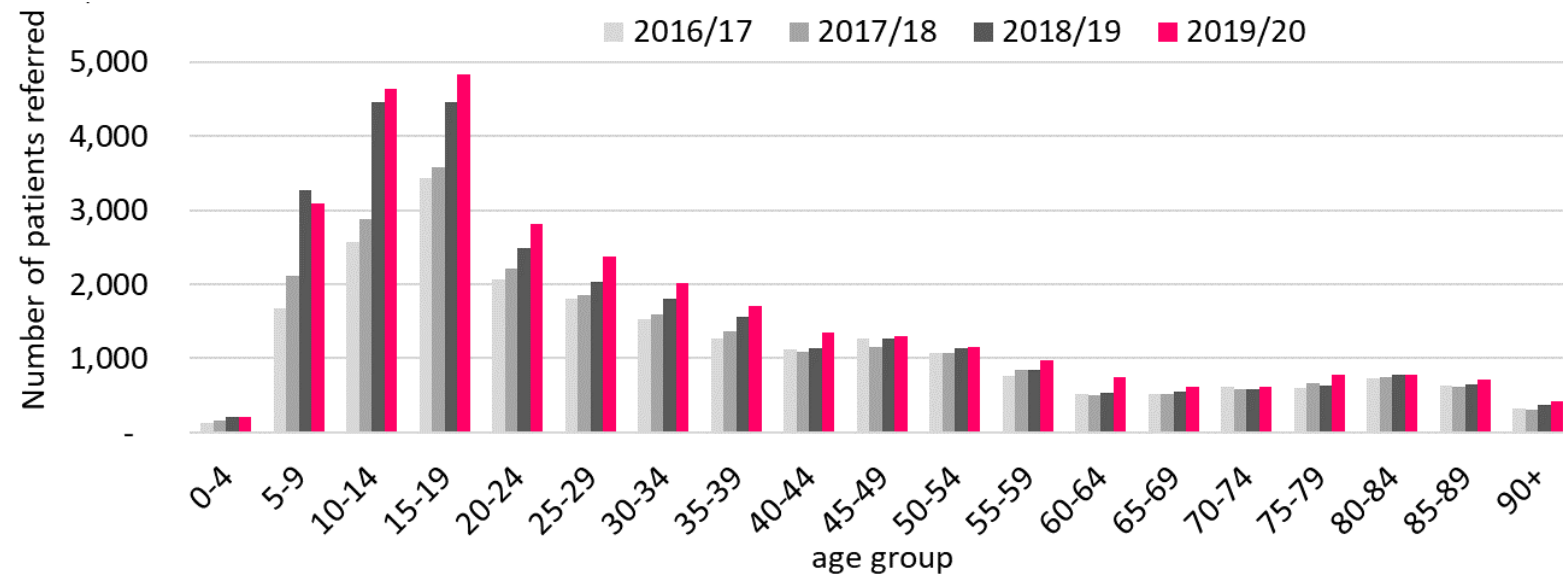
[Population Health Management](#)

[Finding out more](#)

### Referrals for mental health services by age to 2019/20

- In the four year period, 2016/17 to 2019/20, the number of referrals of Oxfordshire patients to Oxford Health for mental health services increased by 38% overall and by:
  - +83% for people aged 0-9
  - +58% for people aged 10-19
  - +36% for people aged 20-24
  - +22% for people aged 25 and over

Oxfordshire CCG referrals to Oxford Health mental health services by age



Oxford Health NHS FT; all Oxfordshire CCG 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

[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

## Mental health referrals by district to 2019/20

- The districts in Oxfordshire with the highest numbers of referrals of patients to Oxford Health for mental health services in 2019/20 were Cherwell and Oxford City
- The rate of referrals was 4.3% of the Oxfordshire population (for residents with a postcode within Oxfordshire)
- The rates of referrals per population were highest in Oxford City, Cherwell and West Oxfordshire and lowest in Vale of White Horse

### Number of referrals of Oxfordshire residents to Oxford Health mental health services Oxfordshire districts 2019/20

	Count	Rate per pop 2019/20
Cherwell	6,698	4.45%
Oxford City	7,339	4.81%
South Oxfordshire	5,696	4.01%
Vale of White Horse	5,403	3.97%
West Oxfordshire	4,716	4.26%
Oxfordshire	29,852	4.32%

Oxford Health NHS FT; includes Adult Mental Health; Complex Needs Service; Older Adult Mental Health; Psychological Services; CAMHS; Eating Disorders; Learning Disabilities; Perinatal; Forensics rate uses ONS mid-2019 population estimates (all ages) from [nomis](#)

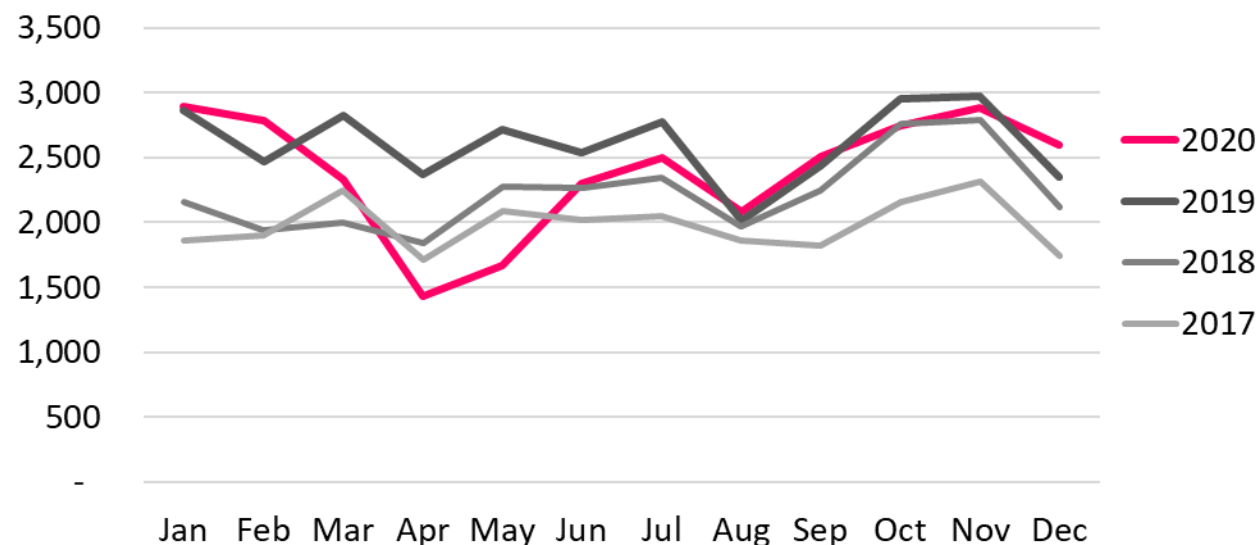


- [Introduction](#)
- [Summary](#)
- [Primary health care](#)
- [Secondary health care](#)
- [Mental health services](#)
- [Register of disabled children](#)
- [Children's social care](#)
- [Adult social care](#)
- [Community safety services](#)
- [Health support and preventing ill-health](#)
- [Access to services](#)
- [Population Health Management](#)
- [Finding out more](#)

### Patients referred for mental health services in 2020

- Monthly data to December 2020 shows a drop in Oxfordshire CCG referrals to Oxford Health mental health services from March to May 2020, during the first lockdown.
- From June 2020 there was a recovery in referrals to similar levels as in 2019

**Oxfordshire referrals to Oxford Health mental health services - by month, 2017 to 2020**



Oxford Health NHS FT; all Oxfordshire CCG 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

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

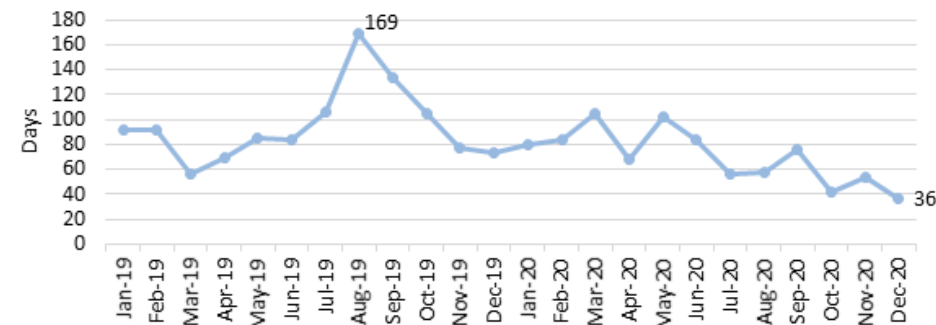
[Finding out more](#)

### Access to Child and Adolescent Mental Health Services (CAMHS)

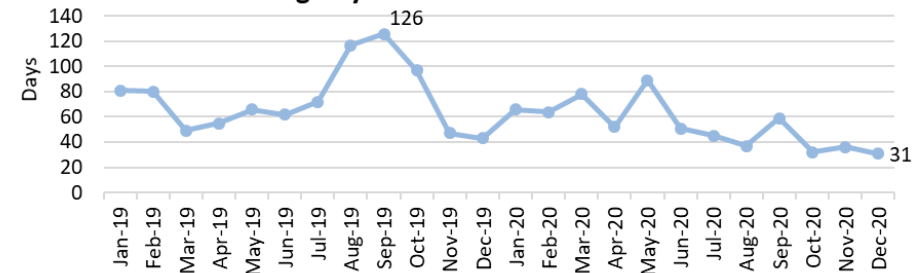
- The median number of days of all children and young people waiting for CAMHS appointments peaked in August 2019 at 169 and had dropped to 36 by December 2020
- Median Waiting Days for the Neuro-developmental Diagnostic Clinic\* have been increasing throughout 2020

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

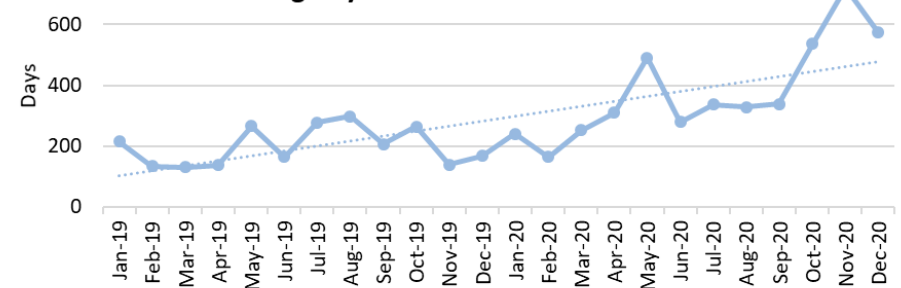
**All CAMHS Waits Jan 19 - Dec 20  
Median Waiting Days**



**CAMHS Waits excl NDC\* Jan19 - Dec20  
Median Waiting Days**



**CAMHS NDC\* Waits Jan19 - Dec20  
Median Waiting Days**



[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

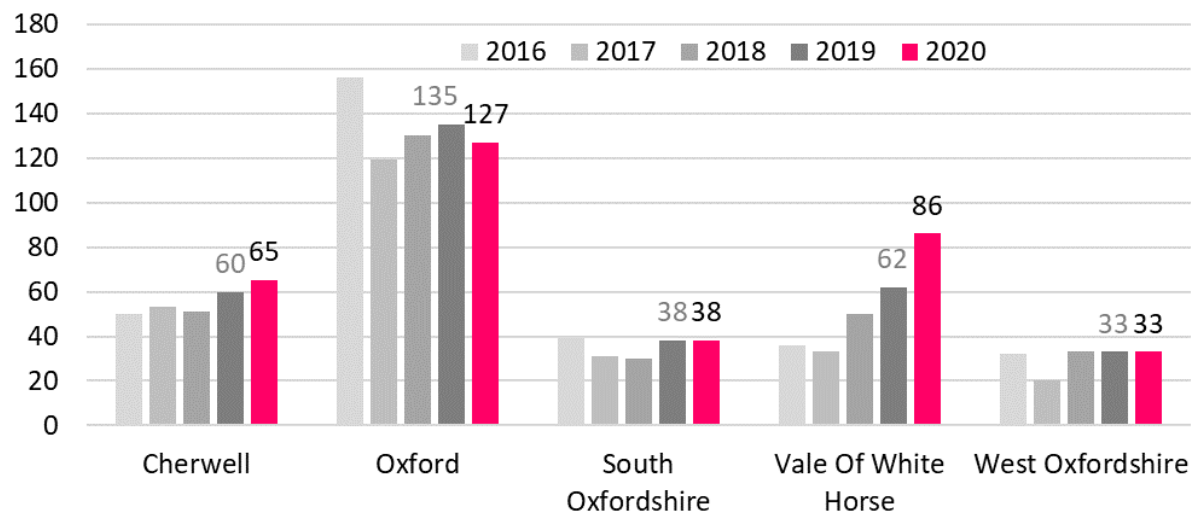
[Finding out more](#)

### 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.*

- Between 2019 and 2020 (Jan-Dec), there was an increase in section 136 detentions in Oxfordshire, from 328 to 349 (+21, +6%).
- The greatest increase was in Vale of White Horse district (+24, +39%)
- In 2020, Oxford City accounted for a third of S136 detentions across Oxfordshire

Count of Section 136 detentions by district 2016 to 2020 (Jan-Dec)



Thames Valley Police Crime Recording System - NICHE RMS & Mental Health Master

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

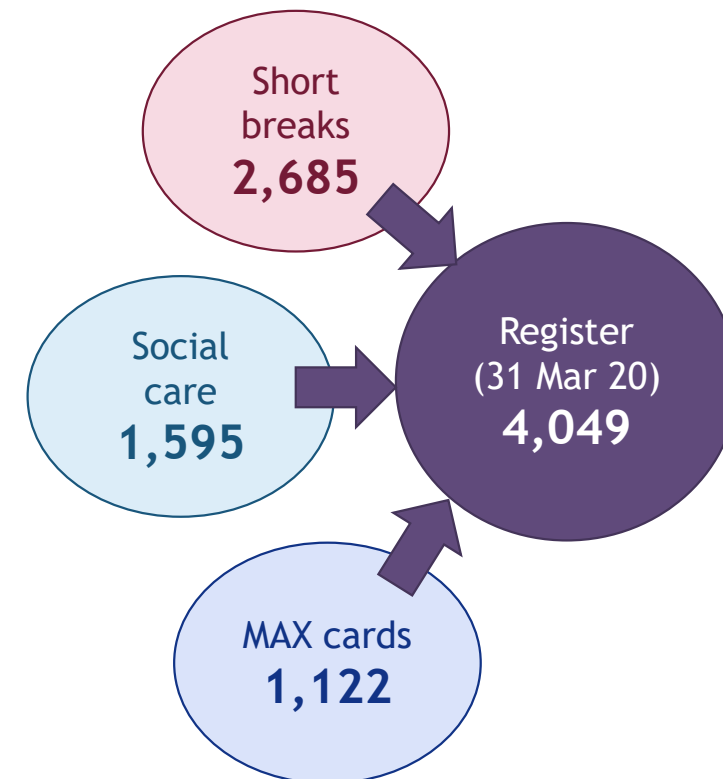
[Finding out more](#)

# Register of disabled children

- [Introduction](#)
- [Summary](#)
- [Primary health care](#)
- [Secondary health care](#)
- [Mental health services](#)
- [Register of disabled children](#)
- [Children's social care](#)
- [Adult social care](#)
- [Community safety services](#)
- [Health support and preventing ill-health](#)
- [Access to services](#)
- [Population Health Management](#)
- [Finding out more](#)

### 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 March 2020 there were 4,049 children and young people aged 0-24 (up to 25) on the register



Oxfordshire County Council Disability Register Data 31 Mar 2020 (Danny Hearn)  
Social Care Children data from April 2013; Short Breaks data since April 2012

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

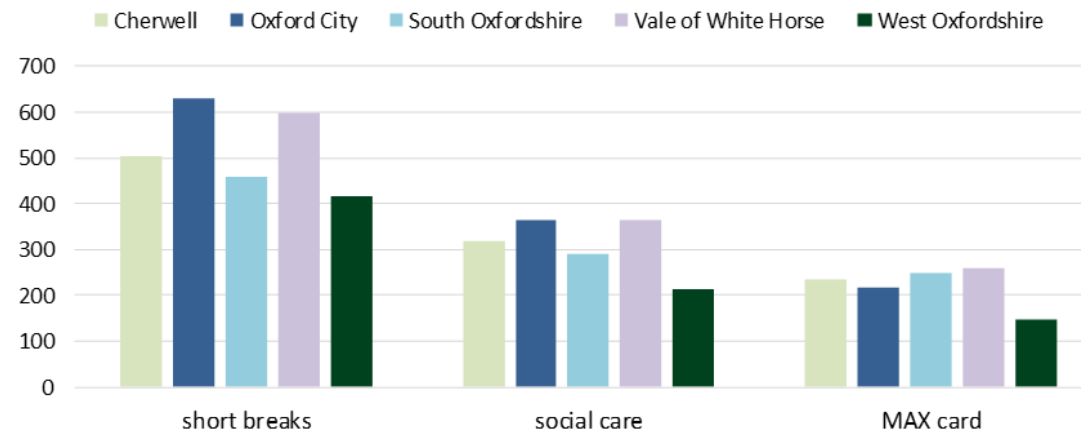
[Finding out more](#)

### Disability register by district

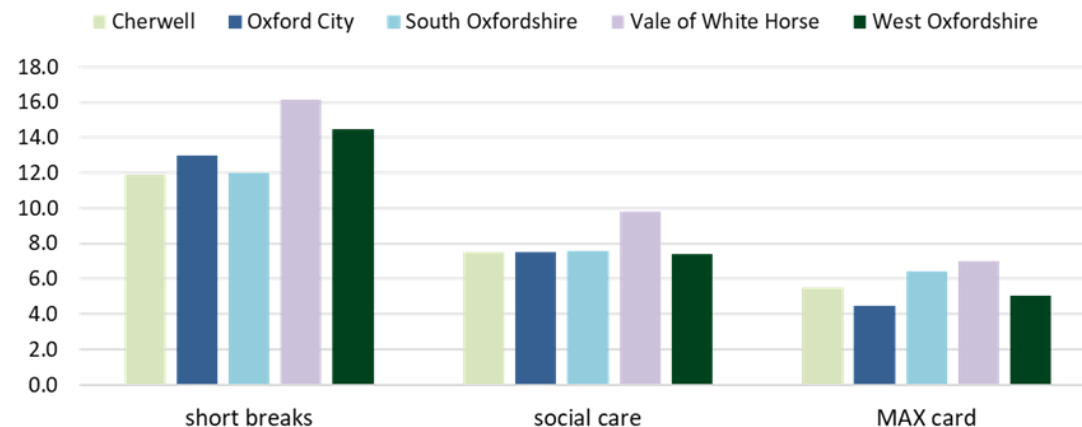
- Short breaks more likely to be taken up in Vale and West
- Social care more likely in Vale
- MAX card more likely to be taken up in South and Vale

Source: Oxfordshire County Council Disability Register Data 31 Mar 2020 (Danny Hearn); excludes out of county (112) and not mapped (25). \*Denominator is ONS mid 2019 age 0-24 minus communal establishment population (Census 2011)

### Disability register 31 March 2020 Count of records by source and by district



### Rate per 1,000 population aged 0-24\*



[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

## Disability register by district and age

- Of the total of 3,912 children and young people on the disability register in Oxfordshire as of 31 March 2020, a third (33%) were aged 11 to 15. Around a quarter were aged 5-10 and a quarter aged 18-24.

### Count of young people on disability register (31 Mar 2020)

Age Group	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire	Oxfordshire
age 0 to 4	34	37	24	29	21	145
age 5 to 10	215	198	169	221	122	925
age 11 to 15	238	310	235	298	208	1,289
age 16 to 17	116	158	101	108	88	571
age 18 to 24	183	210	194	248	147	982
age 0 to 24	786	913	723	904	586	3,912

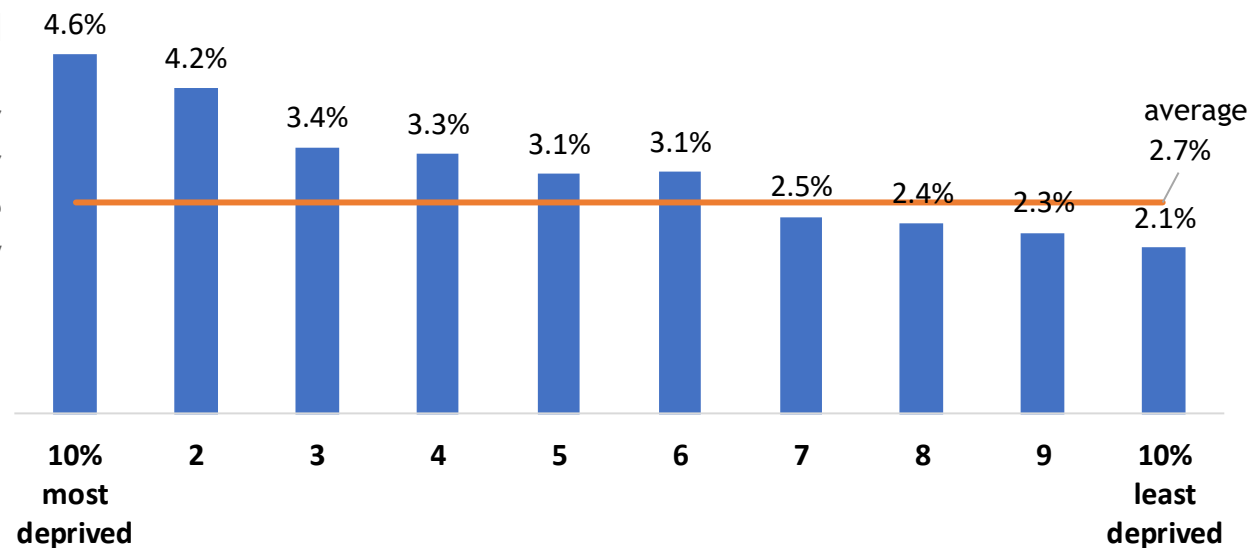
Source: Oxfordshire County Council Disability Register Data 31 Mar 2020

- [Introduction](#)
- [Summary](#)
- [Primary health care](#)
- [Secondary health care](#)
- [Mental health services](#)
- [Register of disabled children](#)
- [Children's social care](#)
- [Adult social care](#)
- [Community safety services](#)
- [Health support and preventing ill-health](#)
- [Access to services](#)
- [Population Health Management](#)
- [Finding out more](#)

### 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

**Rate of children and young people on disability register (31 Mar 2020) per population by decile of child poverty (Income Deprivation Affecting Children Index of IMD 2019)**



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](#)



[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

# Children's social care

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## Children's social care - summary

- Between the 2018/19 and 2019/20 financial years, the yearly rate of referrals to children's social care increased.
- Between March 2019 and March 2020, the rate of children subject of a child protection plan declined again (after ~10 years of growth prior to 2017/18). The rate of cared for children has also decreased, for the first time after 7 years of growth.

### 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	2018/19 to 2019/20	% change
Yearly rate of referrals to Children's Social Care	475	468.2	513.4	45.2	9.7%
Rate of children who were the subject of a child protection plan (as of March 2020)	47.9	40.9	37.2	-3.7	-9.0%
Rate of cared for children (as of March 2020)	48	54	52	-2	-3.7%

Department for Education [Statistics on Looked After Children](#)  
 Department for Education, downloaded from [Local Authority Interactive tool](#).

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

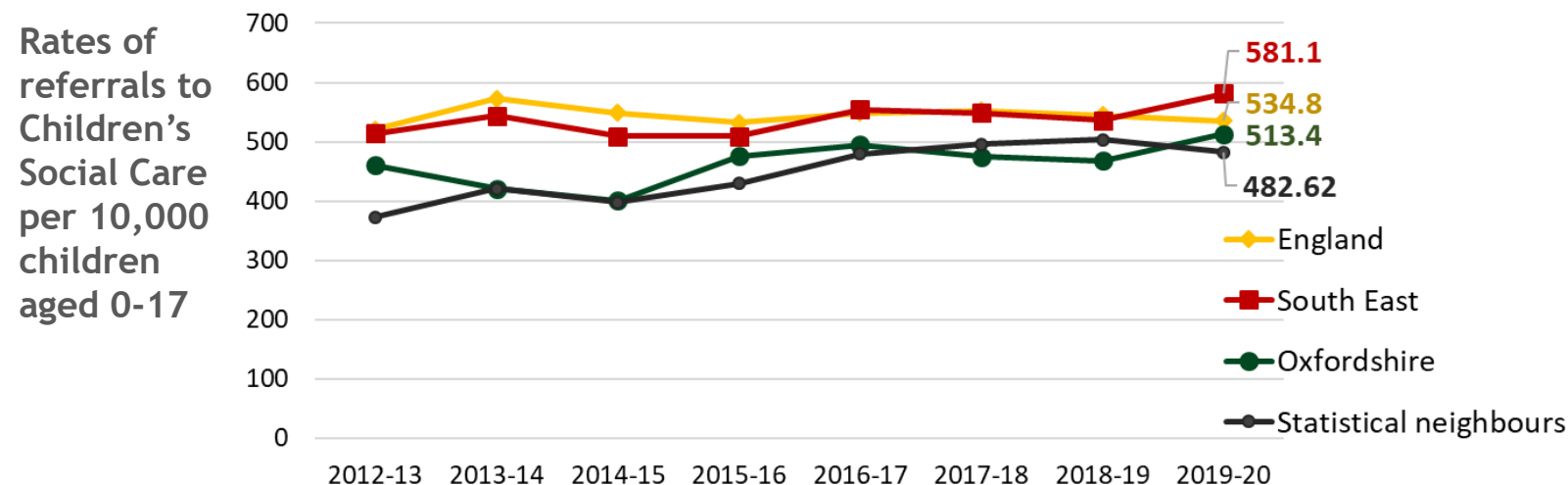
[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## Referrals to Children's social care

- During 2019-2020 there were 7,502 referrals to children's social care in Oxfordshire related to 6,790 children. This was an increase on last year of 11% and 10% respectively (6,779 referrals and 6,177 children), and also corresponded to increases in the rates (see chart below).
- A slightly higher proportion of referrals than nationally resulted in no further action (7% in Oxfordshire compared with 6% nationally).
- The most recent data held by Oxfordshire County Council (not published) shows that at the end of December 2020, there had been 5,074 referrals to children's social care. Based on this number, it is estimated that there will be 6,765 referrals for the full 2020-2021 period.



Department for Education [Characteristics of children in need: 2019 to 2020](#) . Statistical neighbours include: Hertfordshire, Buckinghamshire, Wiltshire, West Berkshire, West Sussex, Bath and North East Somerset, Bracknell Forest, Cambridgeshire, Hampshire, and Gloucestershire.

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

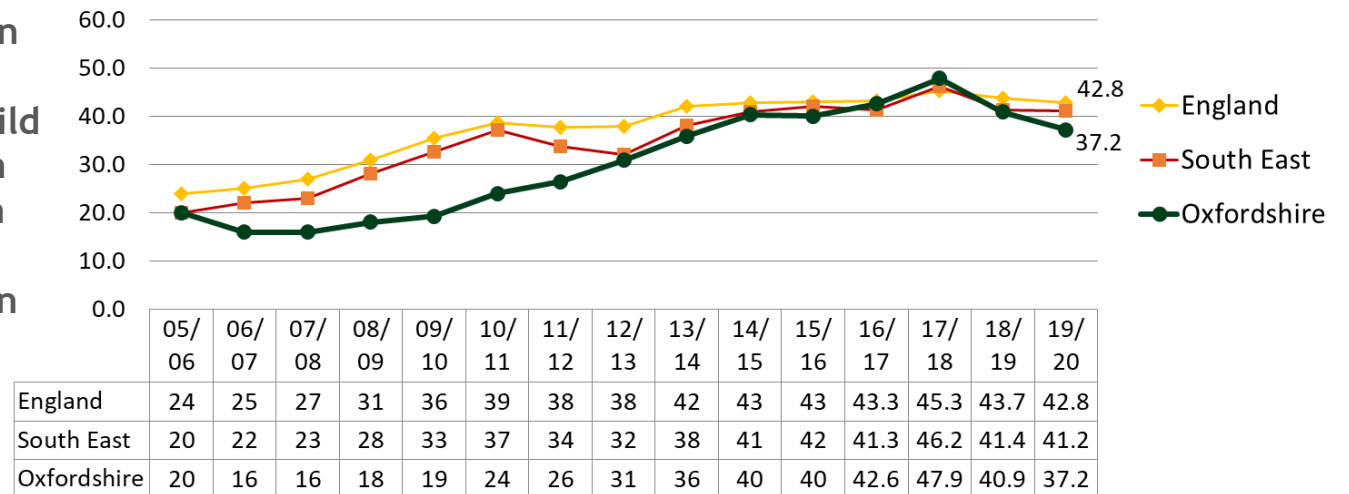
[Population Health Management](#)

[Finding out more](#)

## Children on child protection plans

- The number of children on child protection plans in Oxfordshire declined between 31 March 2019 and 31 March 2020, from 592 to 543 (-49, -8%). 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 2020 shows Oxfordshire below the national rate.
- The most recent data held by Oxfordshire County Council (not published) shows that at the end of December 2020, the number of children on child protection plans had decreased slightly further, to 525 (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: 2018 to 2019](#)

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

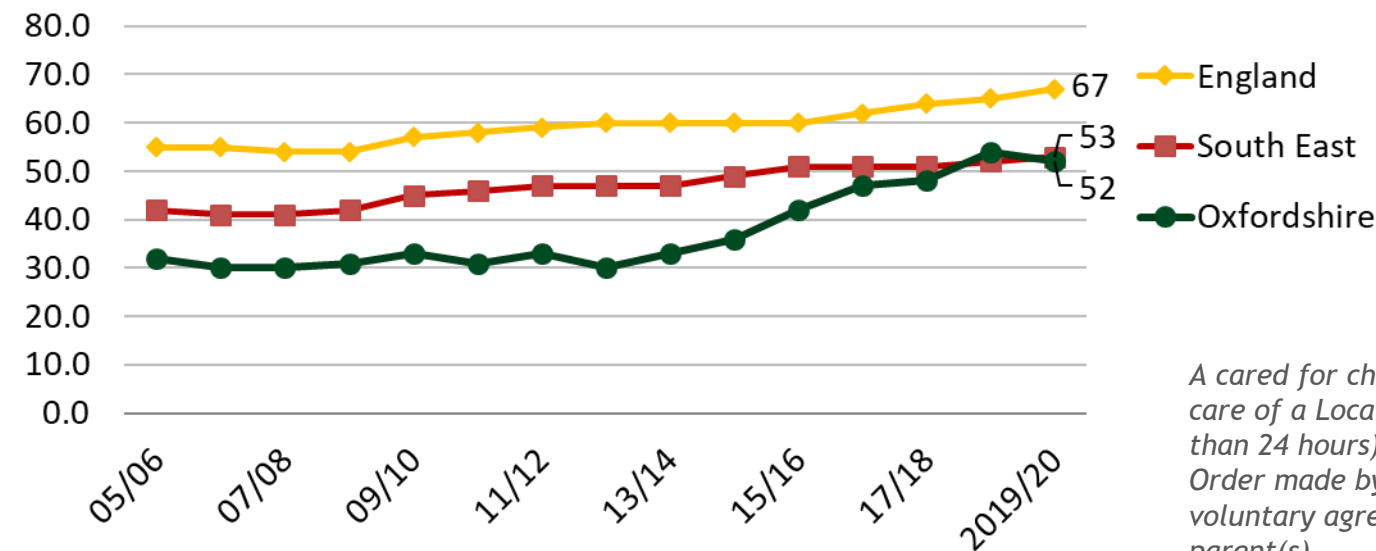
[Finding out more](#)

**Children we care for**

- At the end of March 2020 there were **767** cared for children in Oxfordshire, down slightly from 779 as of 31 March 2019 (-12, -1.5%).
- At the end of December 2020, this had increased slightly to 771 cared for children (not shown on chart).
- The latest published data (for 31 March 20) shows Oxfordshire below the national rate and similar to regional rate.

- For the year 2020 there were 51 cared for children who were unaccompanied asylum-seeking children in Oxfordshire, just below the number for 2019 (64).

**Rates of cared for children (as at 31 March each year) per 10,000 children aged 0-17**



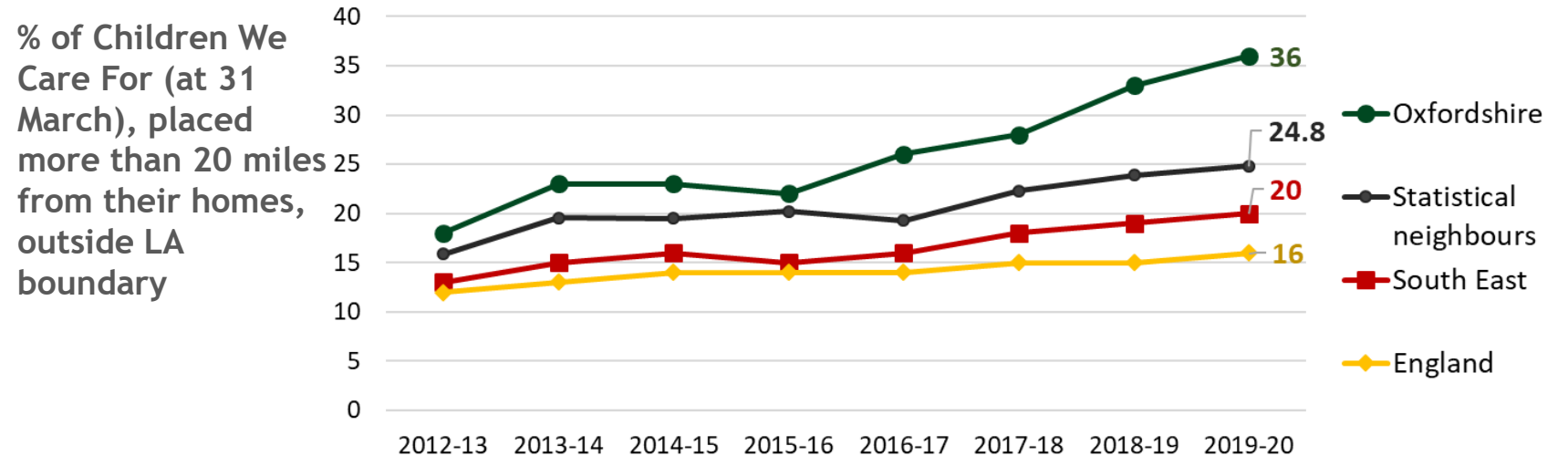
*A cared for child is a child in the care of a Local Authority (for more than 24 hours) either through a Care Order made by a Court or by voluntary agreement with their parent(s).*

Department for Education [Statistics on Looked After Children](#)

- [Introduction](#)
- [Summary](#)
- [Primary health care](#)
- [Secondary health care](#)
- [Mental health services](#)
- [Register of disabled children](#)
- [Children's social care](#)
- [Adult social care](#)
- [Community safety services](#)
- [Health support and preventing ill-health](#)
- [Access to services](#)
- [Population Health Management](#)
- [Finding out more](#)

### 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 increased from 33% as at 31 March 2019 to 36% as at March 2020.
- At the end of December 2020, this proportion remained at 36%.
- Oxfordshire was well above the regional and national proportions and 1<sup>st</sup> in its group of 11 statistical neighbours on this measure (up from 3<sup>rd</sup> in the group in 2019).



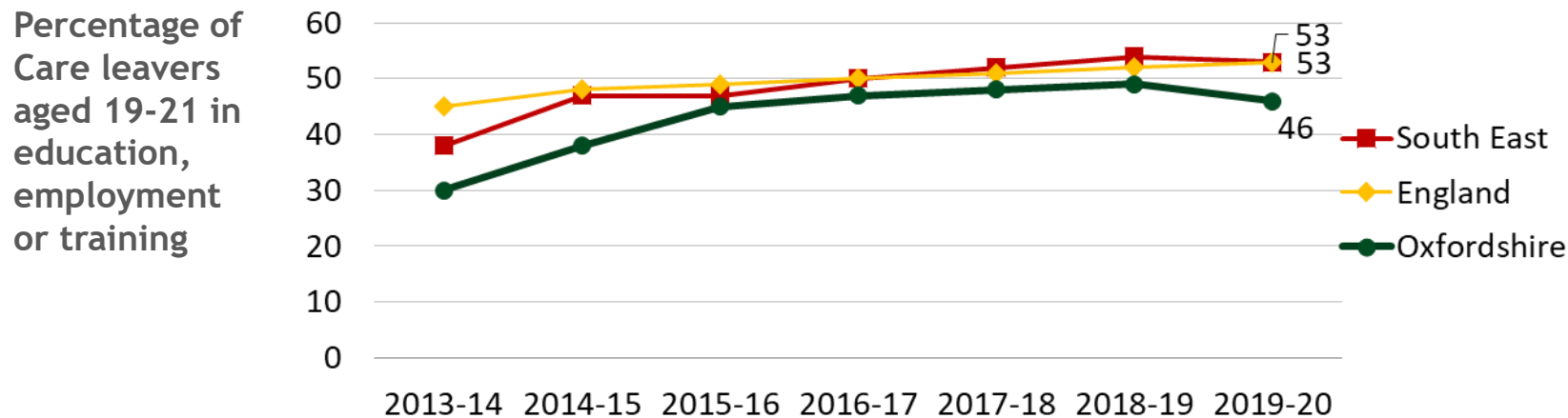
Department for Education, downloaded from [Local Authority Interactive tool](#). Statistical neighbours include: Hertfordshire, Buckinghamshire, Wiltshire, West Berkshire, West Sussex, Bath and North East Somerset, Bracknell Forest, Cambridgeshire, Hampshire, and Gloucestershire.

- [Introduction](#)
- [Summary](#)
- [Primary health care](#)
- [Secondary health care](#)
- [Mental health services](#)
- [Register of disabled children](#)
- [Children's social care](#)
- [Adult social care](#)
- [Community safety services](#)
- [Health support and preventing ill-health](#)
- [Access to services](#)
- [Population Health Management](#)
- [Finding out more](#)

### 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 2020, there were 291 care leavers<sup>1</sup> in Oxfordshire. Of these, 133 (46%) were in education, employment or training, 120 were Not in Employment, Education or Training (NEET) and the status of a further 38 was unknown.
- Oxfordshire has remained below (worse than) the regional and national averages on this measure and the gap has widened.



Department for Education [Statistics on Looked After Children](#)  
 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

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

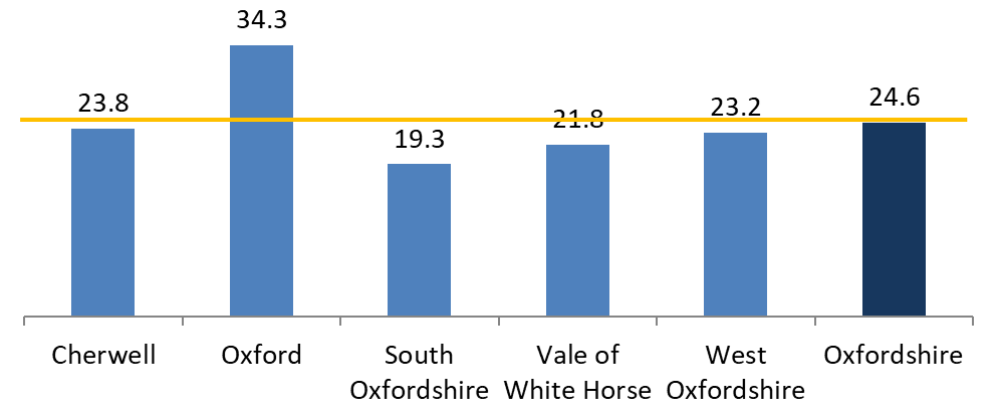
### Supporting Families programme

- From Jan-Dec 2020, there were 1,745 families identified in Oxfordshire that met two or more of the six Supporting Families criteria<sup>1</sup>.
- This was a rate of 24.6 families per 1,000 families in Oxfordshire., Oxford City has the highest rate amongst Oxfordshire's Districts.
- The majority of wards in Oxfordshire (74%) have 20 or fewer vulnerable families identified by the programme. The wards with the highest numbers were mainly in Oxford, Banbury, and Didcot.

For background on the programme see [Troubled families House of Commons briefing paper January 2020](#) (renamed "Supporting Families programme" in March 2021)

[1] The six Supporting Families criteria are: health; education; crime/ASB; children needing help; domestic violence and abuse; worklessness  
Oxfordshire County Council, rate calculated using ONS Census 2011 households with dependent children.  
Source for this slide

Families identified in Supporting Families programme 2020, rate per 1,000 families



### Wards in Oxfordshire with the highest numbers of families identified as part of the Supporting Families programme (2020)

Ward	count
Blackbird Leys	61
Northfield Brook	60
Banbury Ruscote	59
Didcot South	44
Didcot West	42
Banbury Cross and Neithrop	42
Banbury Hardwick	42
Lye Valley	40
Rose Hill and Iffley	38
Witney Central	38



[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

## Estimate of future demand

*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 2028 of:
  - +800** (7,500 to 8,300, rounded) from 2020 to 2028 based on Oxfordshire County Council population forecasts including housing growth
  - 100** (7,500 to 7,400, rounded) from 2020 to 2028 based on ONS trend-based population projections

Oxfordshire County Council; [OCC forecasts](#); [ONS 2018-based population projections](#)

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

**Adult social care**

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

# Adult social care

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## Reablement and short term social care interventions

- Between April 2019 and March 2020, 2,601 people in Oxfordshire received reablement.
  - Of these, 1,461 were helped to leave hospital, 366 were diverted from hospital and 774 were supported via a community referral.
- In the same period 3,425 people who made requests for support in Oxfordshire received equipment or Occupational Therapy (OT) support.
  - This is equivalent to a rate of 628 per 100,000 population, above the average for Oxfordshire's nearest neighbours (594) and below the England rate (668\*).
- In 2019-20, 1.6% of older people (aged 65+) in Oxfordshire who left hospital were supported via reablement compared to 2.6% 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.

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

**Adult social care**

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

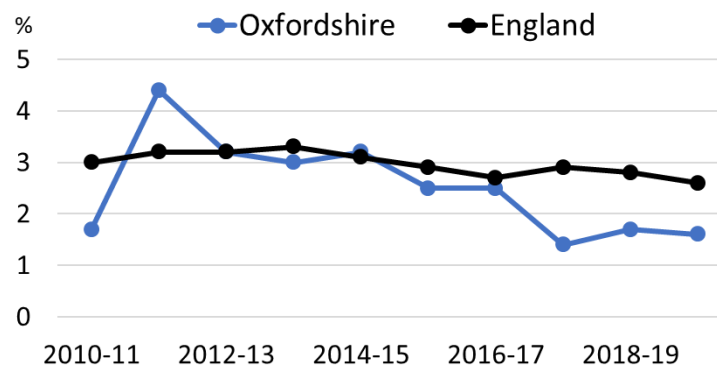
[Population Health Management](#)

[Finding out more](#)

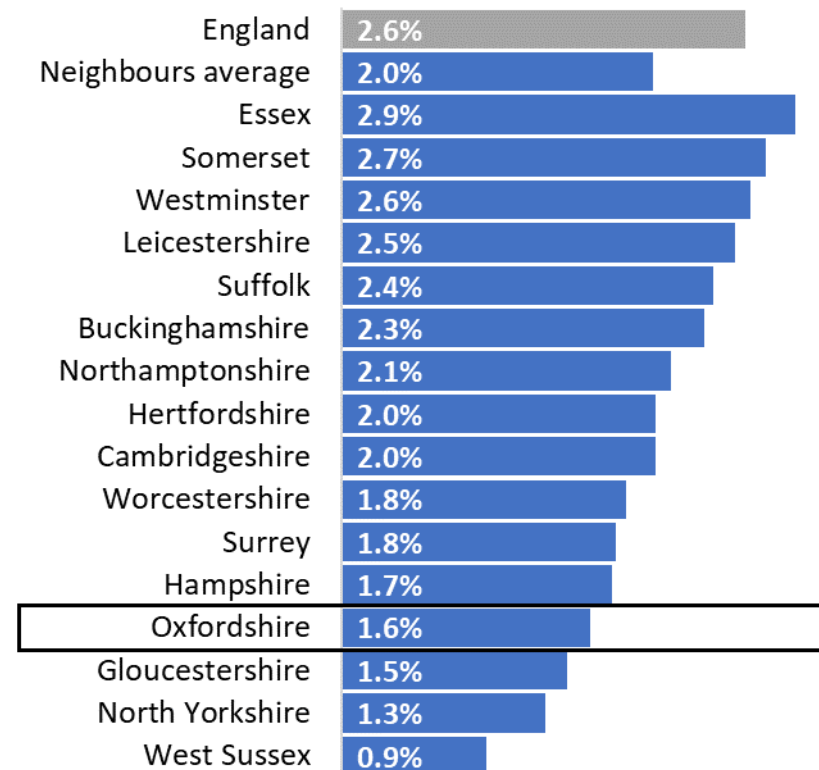
**Reablement**

- As of 2019-20, Oxfordshire was ranked 13th in its group of 16 statistical neighbours on the % of older people offered reablement services following discharge from hospital.
- Oxfordshire has remained below the national average.

**Percentage of people aged 65 and over offered reablement services following discharge from hospital - trend**



**Percentage of people aged 65 and over offered reablement services following discharge from hospital, Oxfordshire and Statistical Neighbours (2019-20)**



Measures from the Adult Social Care Outcomes Framework, England 2019-20

[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

## Adults provided with long-term social care

- As of 1 April 2020 there were **6,197** adults in Oxfordshire receiving on-going long-term social care from Oxfordshire County Council, down from 6,310 at 3 April 2019 (-1.8%).
- The majority (60%) of Oxfordshire's on-going long-term social care clients were older people aged 65 and over. 15% 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 2020**

	Learning Disability	Physical/Mental	Total	%
<b>TOTAL</b>	<b>1672</b>	<b>4525</b>	<b>6197</b>	<b>100%</b>
% of Total	27%	73%	100%	
aged 65 and over	170	3536	3706	60%
aged 18 to 49	1069	456	1525	25%
aged 50 to 59	315	307	622	10%
aged 60 to 69	186	473	659	11%
aged 70 to 79	84	821	905	15%
aged 80 to 89	15	1511	1526	25%
aged 90 and over	3	957	960	15%

Oxfordshire County Council CONTROCC system

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

**Adult social care**

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

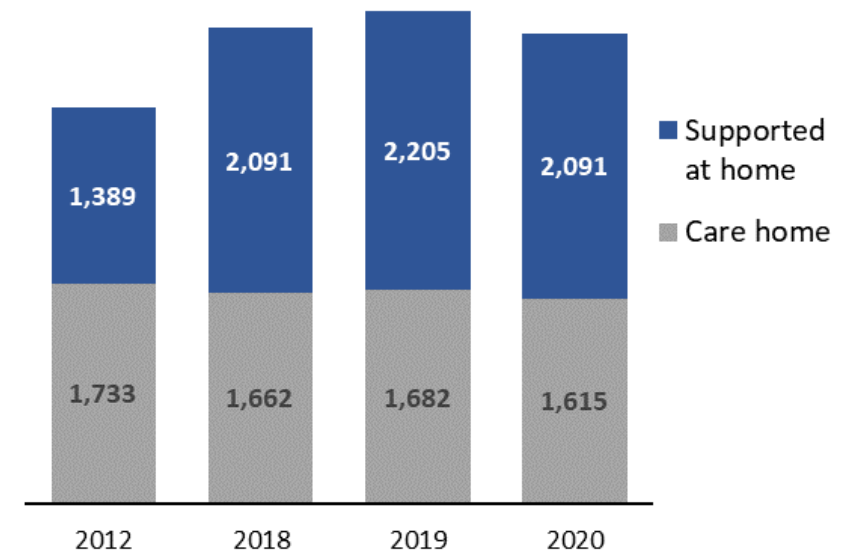
[Population Health Management](#)

[Finding out more](#)

## Older social care clients supported at home

- The proportion of older adults receiving a social care service at home (rather than in a care home) is similar to last year.
- At the beginning of April 2020, 56% of older adult social care clients were receiving a service at home, slightly down from 57% the previous year. This proportion remains higher than that in 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 (3 April 2012-19, 1 April 2020)



Oxfordshire County Council CONTROCC system

[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

## 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 April 2020 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 and rate per 1,000 aged 65+ population as of 1 April 2020**

	Care home count	Rate	At home count	Rate	TOTAL count	rate
Cherwell	321	11.7	517	18.8	838	30.5
Oxford	260	13.7	418	22.0	678	35.6
South Oxfordshire	266	8.9	399	13.3	665	22.2
Vale of White Horse	301	11.0	385	14.0	686	25.0
West Oxfordshire	358	14.8	365	15.1	723	29.9
<b>Oxfordshire</b>	<b>1,506</b>	<b>11.8</b>	<b>2,084</b>	<b>16.3</b>	<b>3,590</b>	<b>28.0</b>
Outside Oxfordshire	109		7		116	
<b>Total</b>	<b>1,615</b>		<b>2,091</b>		<b>37,06</b>	

Oxfordshire County Council CONTROCC system; ONS 2019 mid-year estimates

[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

## Care home beds for older people in Oxfordshire

- As of 2 November 2020, there were 118 care homes in Oxfordshire providing 5,393 care home beds for older people of which 4,147 (77%) included nursing care.
- As a proportion of the number of residents aged 85 and over, the rate of care home beds for older people in Oxfordshire was 29.3 per 100, just below the South East (29.9) and England (29.5) averages.
- Cherwell and West Oxfordshire were each above the national, regional and county rates.

### Care home beds for older people in Oxfordshire (as of 2 Nov 2020)

	Care homes	Beds for older people	Beds with nursing	Beds per pop aged 85+
Cherwell	27	1,326	1,049	35
Oxford City	16	703	423	23
South Oxfordshire	24	1,080	936	26
Vale of White Horse	25	1,055	782	27
West Oxfordshire	26	1,229	957	34
Oxfordshire	118	5,393	4,147	29

Source: [Care Quality Commission \(with filters\)](#) as of 2 November 2020. ONS 2019 population estimates from [nomis](#)



[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

**[Adult social care](#)**

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

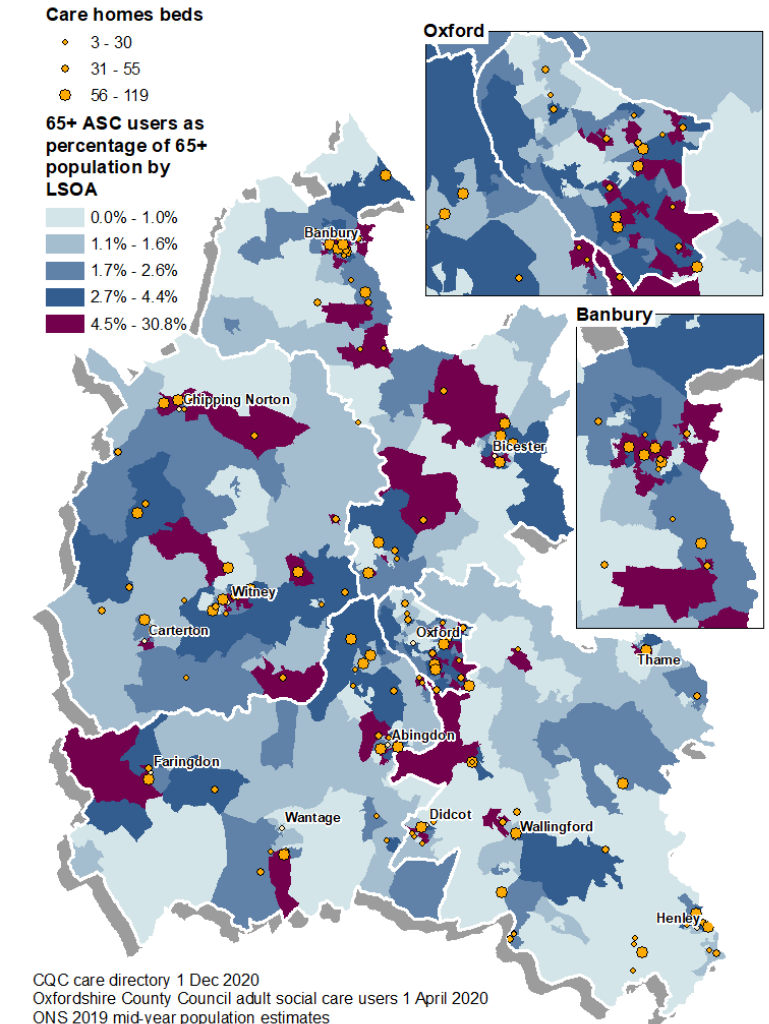
[Finding out more](#)

## Distribution of adult social care users

- Older adult social care users are more likely to be living in urban areas of Oxfordshire than the general older population.
  - 71% of older (aged 65+) adult social care users in Oxfordshire live in urban areas compared with 65% in urban areas of the total 65+ population. This higher concentration in urban areas is especially true of adult social care users supported at home (73%).
- Areas of rural Oxfordshire with higher rates of social care users aged 65+ include Chipping Norton and Enstone, the Shrivenham area and areas around Bicester.

Oxfordshire County Council, adult social care users (aged 65+) as at 1 April 2020, [2011 rural-urban classification](#), analysis based on classification by output areas. ONS 2019 mid-year population estimates

## Adult Social Care users 65 and over



[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

**Adult social care**

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

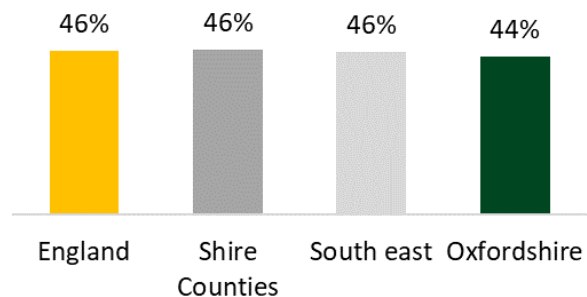
[Population Health Management](#)

[Finding out more](#)

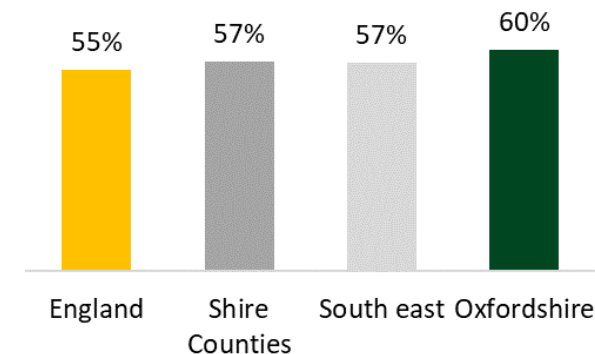
## Adult Social Care Users Survey

- According to the Adult Social Care Survey 2019-20, 44% of care user respondents have as much social contact as they would like, below the South East (46%) and England (46%) averages.
- 60% of care user respondents in Oxfordshire believe their home is designed to meet their needs “very well”. This is just above the average for the South East (57%) and above the England average (55%).

I have as much social contact as I want with people I like



My home meets my needs very well



Source: Personal Social Services Adult Social Care Survey, England - 2019-20, question 8a and 17  
 Note: The Adult Social Care User Survey is a national survey run annually, 2019-20 was sent out in Feb 2020. The survey covers individuals who were in receipt of a local authority funded long term support service. 563 out of a sample of 2284 responded (24.6%)

[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

## Older social care users worries about safety

- The top worries about safety for older Oxfordshire social care users (aged 65 and over) were: falling over inside the house, falling over outside and uneven, dangerous pavements.

Adult Social Care Users Survey 2019-20, Oxfordshire County Council, Q25  
 Note - this was a locally added question which means the data is for Oxfordshire only

## Oxfordshire Social Care User Survey 2019-20, people aged 65+

If you worry about your safety, which things concern you most?	% agreeing
Falling over inside the house	47%
Falling over outside	35%
Uneven, dangerous pavements	25%
Too many changes in care staff	16%
Care staff not arriving	13%
Silent phone calls	9%
Tripping over shoes or rugs	8%
Feeling not noticed in a wheelchair	6%
Knowing who to call/ phone when needing help	6%
Not having the right equipment to keep you safe	5%
Is there anything else that makes you feel unsafe?	5%
Local Crime	4%
Intimidation by people who are drunk in public	3%
Local groups of youths	2%
Intimidation by members of the public	2%
Other residents in the care home	2%
Being harmed by someone who cares for me	1%
BASE	325

[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

## Estimate of older people self-funding long term care in Oxfordshire

*People with an assessed care need and income and savings below £14,250 will have their care paid by the Local Authority. Between £14,250 and £23,250 is shared payment. Above the £23,250 threshold requires people to pay for their own care (self-fund).*

- As of 1 April 2020, around 3,900\* older people (aged 65+) were supported by Oxfordshire County Council or NHS continuing healthcare either in care home beds or in their own home.
- Using the information on numbers of care home beds and a national ratio of self funders at home vs in care homes gives an estimate of 7,700 older people self-funding long term care in Oxfordshire (66% of the total).

Oxfordshire County Council estimate. \*adults supported by social care aged 65+ only (i.e. not including people aged 18-64 with learning difficulties or other care needs; [Age UK paying for care](#)

## Estimate of older people who are self-funding long term care in Oxfordshire (1 April 2020)

	Count
<b>1. OCC and NHS continuing healthcare funded care home beds</b>	
1.1 People aged 65+ in Care homes* who are OCC funded (as of 1 April 2020)	1,506
1.2 Care home beds funded through NHS continuing healthcare (April 2020)	261
<b>2. Total care home beds</b>	
2.1 Total care home beds for older people (CQC as of 1 April 2020)	5,278
2.2 Estimate of total care home beds in use (OCC estimate 90%)	4,750
<i>Estimate of care home beds occupied by self-funders (rounded)</i>	3,000
<b>3. Care at home</b>	
3.1 People aged 65+ receiving OCC funded care in own home (as of 1 April 2020)	2,091
3.2 Ratio of self-funders at home VS self-funders in care homes (data from national seminar on Funding Reform July 2013)	1.55
<i>Estimate of people self-funding care at home</i>	4,650
<b>TOTAL self-funding (rounded)</b>	<b>7,700</b>
<b>TOTAL supported by OCC or NHS (rounded)</b>	<b>3,900</b>

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

**[Adult social care](#)**

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## Estimate of future demand

- 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 2028 of:
  - +800** (3,600 to 4,400, rounded) from 2020 to 2028 based on Oxfordshire County Council population forecasts including housing growth
  - +700** (3,600 to 4,300, rounded) from 2020 to 2028 based on ONS trend-based population projections

Oxfordshire County Council; [OCC forecasts](#); [ONS 2018-based population projections](#)

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

# Community safety services

[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

### Abuse and exploitation - summary

- Comparing year ending December 2020 with the average of the previous 3 years (2017 to 2019), shows an increase in the number of police recorded victims of domestic abuse, elder abuse, 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.

Number of police recorded victims\* of abuse and exploitation in Oxfordshire 2018, 2019 and 2020 (Jan-Dec)

Recorded victims of..	2017	2018	2019	2020	Change from average of 2017-19 to 2020	
domestic abuse	6,986	7,163	7,285	7,851	+706	+10%
elder abuse	250	403	410	555	+198	+55%
rape crimes	428	473	508	503	+33	+7%
modern slavery	99	124	132	149	+31	+26%
child sexual exploitation	83	106	60	94	+11	+13%
honour-based violence	47	33	34	24	-14	-37%
female genital mutilation	5	6	2	1	-3	-77%

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

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

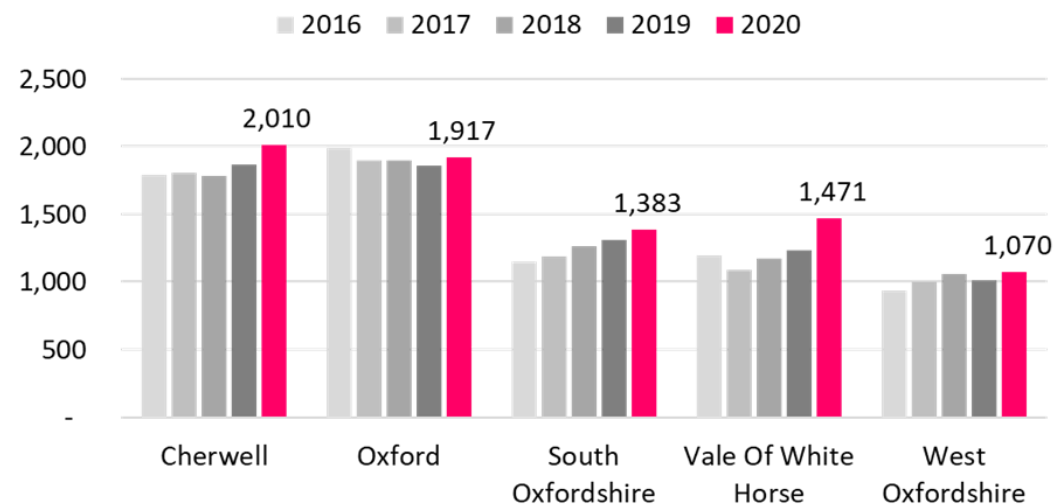
[Population Health Management](#)

[Finding out more](#)

### Domestic abuse

- The rate (per 1,000 population) of domestic abuse victims, for year ending December 2020, was highest in Cherwell (13.4 per 1,000 population)
- Cherwell district's rate per 1000 population in 2020 was above the Thames Valley rate (13.0), the Oxfordshire rate (11.4) and above Oxford (12.6), Vale of White Horse (10.8), West Oxfordshire (9.7), and South Oxfordshire (9.7).
- In year ending December 2020 in Oxfordshire, the overall age profile of victims and perpetrators (as % of total) shows some differences, with perpetrators more likely to be in the broad age range 25 to 44.

**Police recorded victims\* of domestic abuse (all occurrences), rate per 1,000 population**



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



- [Introduction](#)
- [Summary](#)
- [Primary health care](#)
- [Secondary health care](#)
- [Mental health services](#)
- [Register of disabled children](#)
- [Children's social care](#)
- [Adult social care](#)
- [Community safety services](#)
- [Health support and preventing ill-health](#)
- [Access to services](#)
- [Population Health Management](#)
- [Finding out more](#)

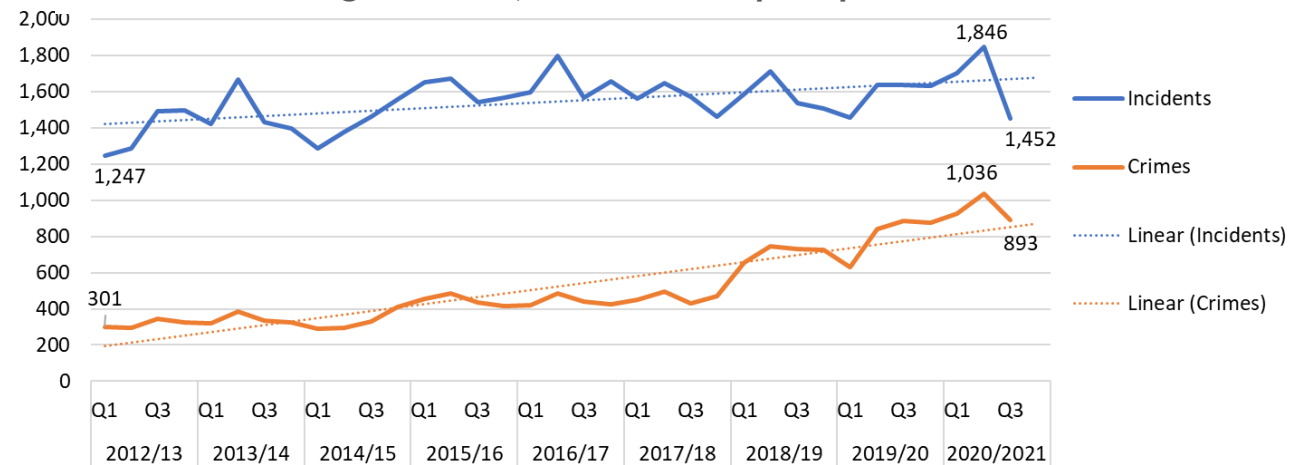
### Domestic abuse affecting children

- There has been a consistent and significant upward trend in the number of police recorded domestic abuse crimes in Oxfordshire involving children.
- This may be a result of a genuine increase, or changes in recording practice or both.
- The district with the highest rate per population in 2019/20 was Cherwell.
- Q3 Oct-Dec 2020 saw a drop in both DA incidents and crimes involving children.

### Police recorded domestic crimes involving children, by district per year

	2018/19	2019/20	2018/19 to 2019/20	Per pop
Cherwell	726	884	158	22%
Oxford	735	767	32	4%
South Oxfordshire	470	574	104	22%
Vale of White Horse	481	533	52	11%
West Oxfordshire	447	480	33	7%
Oxfordshire	2859	3238	379	13%

### Number of police recorded domestic abuse incidents and crimes involving children, Oxfordshire per quarter



Thames Valley Police Crime Recording System - Niche RMS

ONS mid-2019 population estimates from [nomis](#)

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

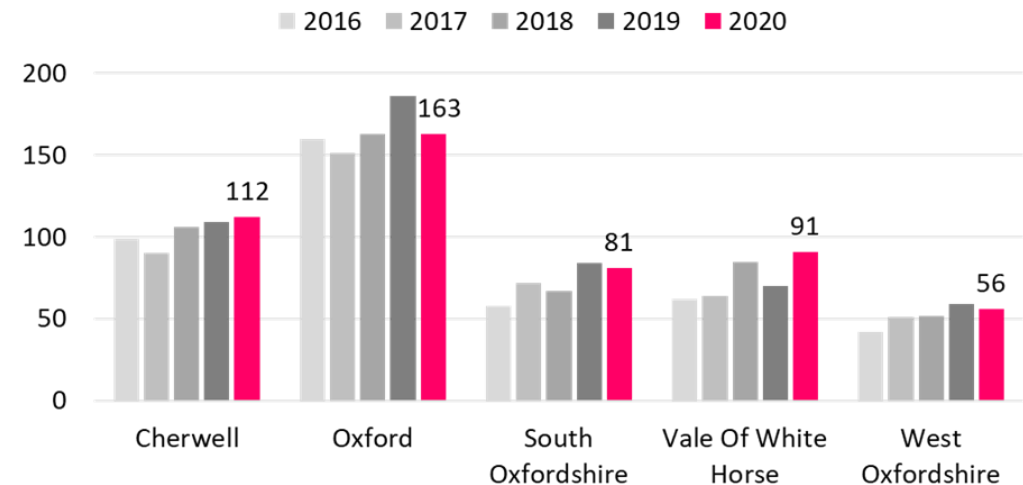
## Rape

- In 2020 (Jan-Dec) Thames Valley Police recorded a total of 503 victims of rape crimes in Oxfordshire. This was 7% above the 3 year average (for the years 2017 to 2019), with the greatest increases in Vale of White Horse (+25%) and Cherwell (+10%)
- 91% of victims were female; 54% of victims were aged under 25
- *NOTE: that police recorded rape is at the time of reporting rather than time of offence.*

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\* of Rape (Crime and Crime related occurrences)



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

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## Female genital mutilation, forced marriage and honour based violence

- In 2020 (Jan-Dec) Thames Valley Police recorded a total of:
  - 1 victim of Female Genital Mutilation in Oxfordshire, down from 2 in 2019;
  - No victims of forced marriage in Oxfordshire (none in 2018 and 2019);
  - 24 victims of honour-based violence in Oxfordshire, mainly in Cherwell and Oxford (see table below). This was well below the number in 2019 (34).

### Recorded victims\* of Honour-based violence (Crime and non Crime)

	2016	2017	2018	2019	2020	2019 to 2020
Cherwell	13	7	10	18	10	-8
Oxford	28	33	19	11	13	2
South Oxfordshire	1	3	0	2	0	-2
Vale Of White Horse	8	2	2	2	1	-1
West Oxfordshire	0	2	2	1	0	-1
Oxfordshire	50	47	33	34	24	-10

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.

Thames Valley Police Crime Recording System - Niche RMS Note: The above HBV data is for all 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; \*NOTE: All data includes duplicate people, so if someone has been a victim of an offence multiple times, they will be counted in the data multiple times

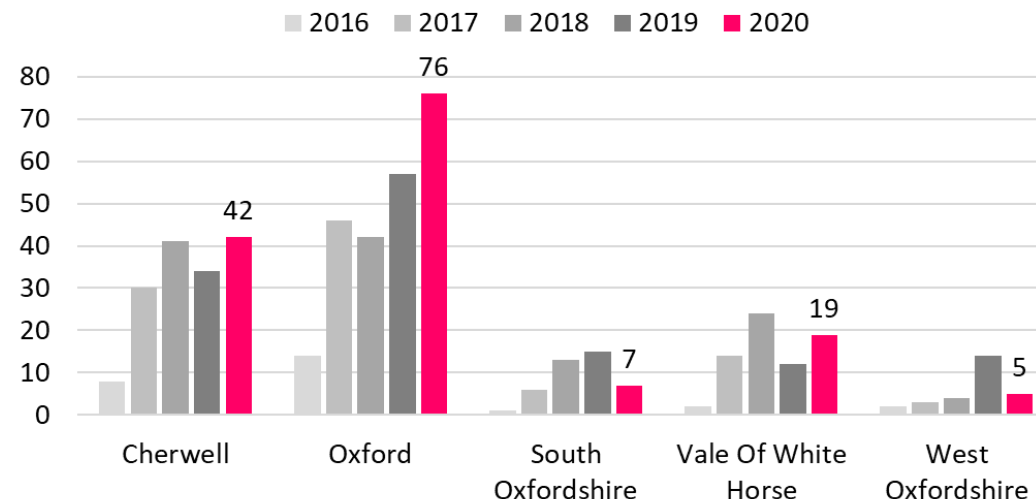
- [Introduction](#)
- [Summary](#)
- [Primary health care](#)
- [Secondary health care](#)
- [Mental health services](#)
- [Register of disabled children](#)
- [Children's social care](#)
- [Adult social care](#)
- [Community safety services](#)
- [Health support and preventing ill-health](#)
- [Access to services](#)
- [Population Health Management](#)
- [Finding out more](#)

## Modern Slavery

- In 2020 (Jan-Dec) Thames Valley Police recorded a total of 149 victims of Modern Slavery in Oxfordshire.
- This was 26% above the 3 year average (for the years 2017 to 2019), with the greatest increases in Oxford City (+57%) and Cherwell (+20%)

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\* 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. \* Total recorded unique victims in the 12 month period, whether or not individuals have been a victim more than once

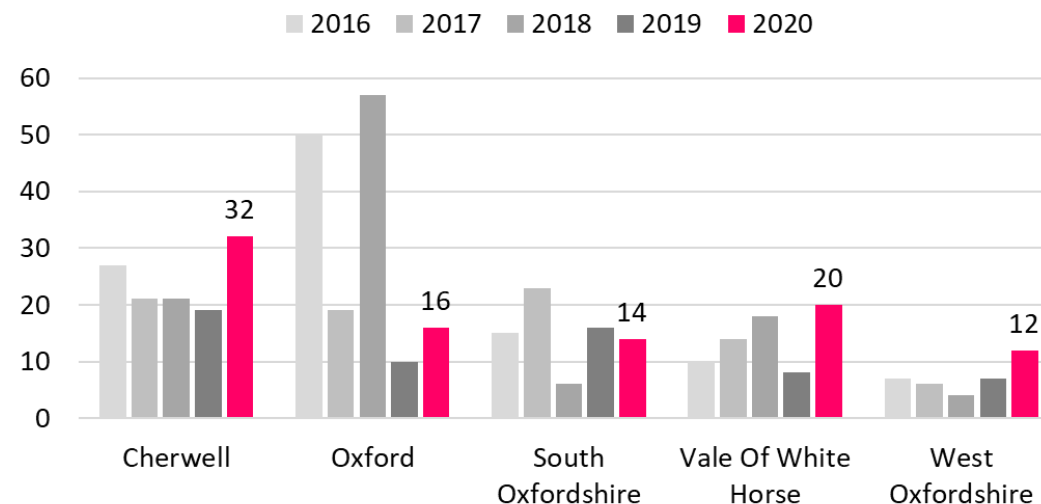
- [Introduction](#)
- [Summary](#)
- [Primary health care](#)
- [Secondary health care](#)
- [Mental health services](#)
- [Register of disabled children](#)
- [Children's social care](#)
- [Adult social care](#)
- [Community safety services](#)
- [Health support and preventing ill-health](#)
- [Access to services](#)
- [Population Health Management](#)
- [Finding out more](#)

## Child Sexual Exploitation

- In 2020 (Jan-Dec) Thames Valley Police recorded a total of 94 victims of Child Sexual Exploitation in Oxfordshire.
- This was 13% above the 3 year average (for the years 2017 to 2019), with the greatest increases in West Oxfordshire (+112%), Cherwell (+57%) and Vale of White Horse (+50%).

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\* 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' \*Total recorded unique victims in the 12 month period, whether or not individuals have been a victim more than once

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

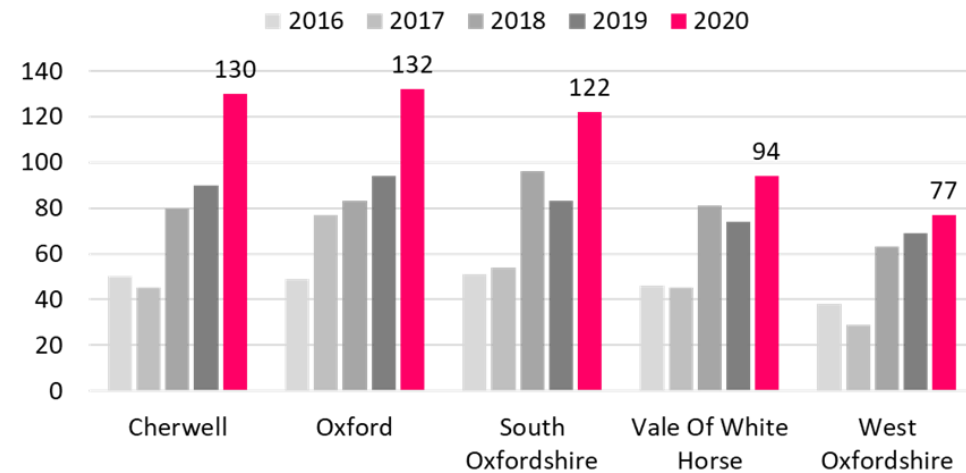
[Population Health Management](#)

[Finding out more](#)

### Abuse of older people

- In 2020 (Jan-Dec) Thames Valley Police recorded a total of 555 older victims (aged 65 and over) of crimes of violence or sexual offences in Oxfordshire.
- This was 57% above the 3 year average (for the years 2017 to 2019), above the increase across Thames Valley (+45%) and with the greatest increases in Cherwell (+81%), South Oxfordshire (+57%) and Oxford City (+56%)
- The increase is above the growth in the older population in Oxfordshire.
- The rate of older victims of abuse per 1,000 population aged 65+ was highest in Oxford City (6.9 compared with 4.3 in Oxfordshire and 4.8 across Thames Valley)

### Recorded victims\* 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

[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

## Victims of fires

- In 2019-20 there were 346 dwelling fires in Oxfordshire down from 402 in 2018-19 (-56, -14%).
- There were 54 recorded injuries due to fire\* (up from 47 in 2018-19) 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 in pink by broad age group

Injuries	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20
age 0-20	9	11	5	7	8	5	3	6	14
age 21 to 60	26	32 (+2)	31	22 (+1)	20	12 (+1)	7	24	26
age 61+	17 (+1)	11 (+2)	10 (+2)	9	9 (+2)	9 (+3)	5	17 (+1)	14 (+1)
unknown	0 (+1)	13 (+4)	21 (+2)	4 (+2)	17 (+2)	20 (+4)	9	0 (+1)	0 (+1)
Total	52 (+2)	67 (+8)	67 (+4)	42 (+3)	54 (+4)	46 (+8)	24	47 (+2)	54 (+2)

Oxfordshire County Council Fire and Rescue Services

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

### Victims of doorstep crime

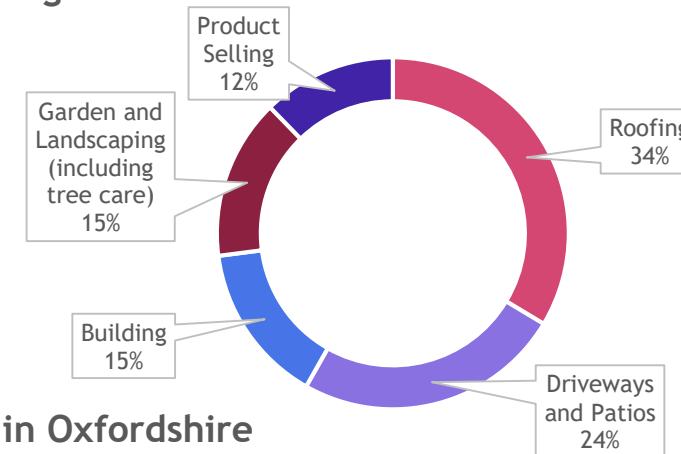
- In 2019-20 there were 212 victims of doorstep crime or rogue traders in Oxfordshire, down from 277 in the previous year, a fall of 23% (-65).
- The majority of victims continue to be elderly residents.

### Count of victims of doorstep crime and rogue traders in Oxfordshire

	2012-13	2013-14	2014-15	2015-16	2016-17	2017-18	2018-19	2019-20	2018-19 to 2019-20	
Cherwell	78	99	80	83	80	58	58	31	-27	-47%
Oxford City	67	66	115	85	101	58	50	28	-22	-38%
South Oxfordshire	83	97	42	63	73	62	67	48	-19	-31%
Vale of White Horse	97	89	56	80	58	44	55	44	-11	-25%
West Oxfordshire	48	79	50	49	53	36	45	33	-12	-33%
SUM of districts	373	430	343	360	365	258	275	184	-91	-35%
Not recorded	20	197	34	19	12	26	2	28	26	100%
<b>TOTAL Oxfordshire</b>	<b>393</b>	<b>627</b>	<b>377</b>	<b>379</b>	<b>377</b>	<b>284</b>	<b>277</b>	<b>212</b>	<b>-65</b>	<b>-23%</b>

Oxfordshire County Council Trading Standards

### Top 5 Goods Service Areas used by rogue traders in Oxfordshire 2019-20



*\*The category 'product selling' refers mostly to 'Nottingham knockers' who target mostly elderly/ vulnerable residents to sell cleaning or kitchen products. This is often linked to burglaries.*



Introduction

Summary

Primary health care

Secondary health care

Mental health services

Register of disabled children

Children’s social care

Adult social care

**Community safety services**

Health support and preventing ill-health

Access to services

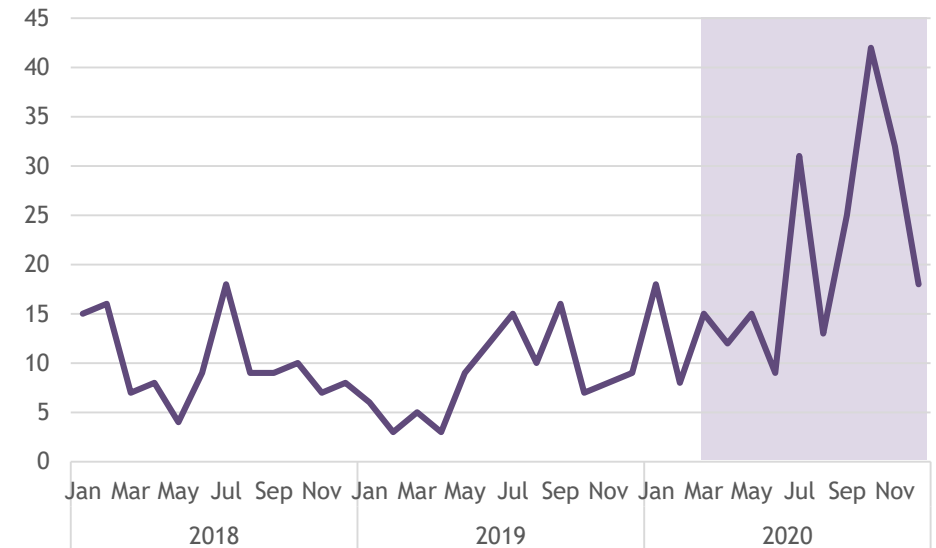
Population Health Management

Finding out more

**Victims of scams**

- Nationally, unscrupulous criminals are exploiting fears about COVID-19 to prey on members of the public, particularly older and vulnerable people who are isolated from family and friends. Initially, criminals exploited COVID-19 earlier this year by offering the fraudulent sale of fake PPE, hand sanitiser and testing kits. Between September 2019 and September 2020, Action Fraud received just over 17,000 reports of investment fraud, amounting to £657.4m in reported losses. This is a 28% increase when compared to the same period in 2019.
- The number of scams reported by Oxfordshire residents has increased significantly since the start of the COVID-19 pandemic
- 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

[Introduction](#)[Summary](#)[Primary health care](#)[Secondary health care](#)[Mental health services](#)[Register of disabled children](#)[Children's social care](#)[Adult social care](#)[Community safety services](#)[Health support and preventing ill-health](#)[Access to services](#)[Population Health Management](#)[Finding out more](#)

## Call Blockers for vulnerable residents and scam victims

- Call blockers are offered to Oxfordshire's most vulnerable residents, and can help to tackle nuisance and unwanted calls by preventing selected numbers from getting through. They are often offered to victims of scams.

### Call Blockers installed in Oxfordshire by financial year

Financial Year	Units installed	Nuisance calls received	Nuisance calls blocked	Estimated savings for the individual	Estimated savings in costs for social care, NHS, etc
2015/16	19	2,805	2,788	£5,889	£5,329
2016/17	30	15,956	15,800	£33,498	£30,314
2017/18	24	24,895	24,633	£52,264	£47,296
2018/19	35	31,638	31,490	£66,420	£60,107
2019/20	28	32,588	32,479	£68,415	£61,911
*2020/21	*22	*21,223	*21,123	*£44,555	*£40,320

- In Oxfordshire, as of 31<sup>st</sup> December 2020, 158 units have been installed since 19/05/2015 to protect vulnerable residents from nuisance and scam phone calls, of which 91 have been active within December 2020. In total, 129,105 nuisance calls were received, of which 128,313 were blocked (over 95%).
- As of 31/12/20, it is estimated that call blockers in Oxfordshire have saved individuals £40,320 in scams (based on financial year 2020/21).

Trading Standards - Community Safety Team [trueCall](#) \*Data up until 31<sup>st</sup> December 2020

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

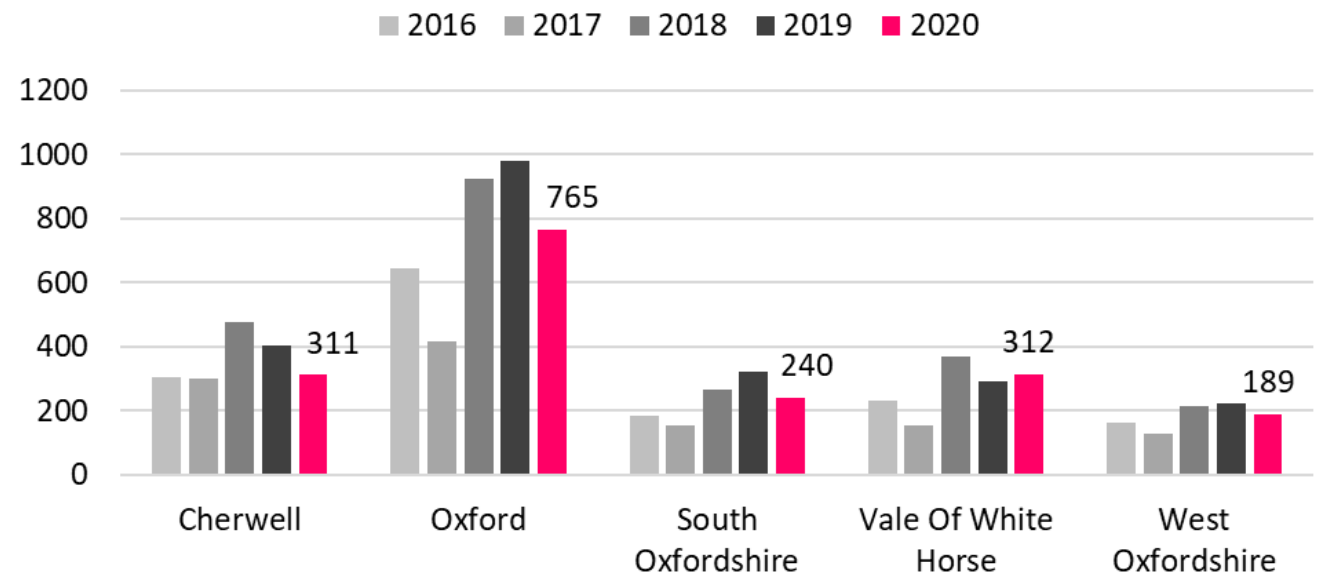
[Population Health Management](#)

[Finding out more](#)

### Alcohol-related crime

- In 2020 (Jan-Dec) Thames Valley Police recorded 1,817 alcohol-related crimes in Oxfordshire below the number in 2019 (2,221). Alcohol-related crimes were 4% of all crimes in the county.
- Between 2019 and 2020, alcohol-related crime increased slightly in Vale of White Horse and declined in other districts.

### Alcohol-related crimes in Oxfordshire



*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.*

Thames Valley Police Crime Recording System - Niche RMS

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

# Health support and preventing ill-health

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## Drug and alcohol services

### Adults

- In 2019/20 there were **1,945** adults (aged 18 and over) in specialist drug treatment in Oxfordshire. This is up by 4% from last year.
- The majority of those in drug treatment were aged between 30 to 49 (1,381 people, 71%)
- The number of adults in treatment for alcohol only in Oxfordshire in 2019/20 was **574**, the majority of whom (78%) were aged 30 to 59.

### Young people

- In 2019/20 the number of young people (aged under 18 years) in specialist substance misuse services in Oxfordshire was **155**, down by 16% from last year.
  - 75 began using their main substance before they reached 15 years of age
  - 74 were using two or more substance (this includes Alcohol)
  - 28 reported being affected by others' substance misuse
  - 63 Identified as having a mental health treatment need
  - 55 Receiving treatment for their mental health needs
- Referrals were predominantly from education services (31%) and children and family services (43%).

Oxfordshire County Council, Public Health team

[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

## 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 2019/20, there were 7,041 births to Oxfordshire residents.
- In the same year, health visitors had 102,823 direct contacts and 11,842 indirect contacts.
- 98.1% of mothers received a maternal mood assessment.

*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, 185 of 200 places were filled. This is broken down by district areas with individuals in Vale of White Horse occupying the most places, closely followed by Oxford City and Cherwell. South Oxfordshire and West Oxfordshire have fewer places. This does fluctuate during the year as families do move locations.
- 68.2% of mothers are recruited before 16 weeks of pregnancy in line with the licence, the national figure is 37.4%.

Oxfordshire County Council

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## Health Nurse Services

*The School Health Nursing (SHN) Service is for children and young people aged 5-19 years.*

- During the academic year 2019/20 there were 9,586 face to face contacts. This was impacted by COVID-19 as the majority of children and young people were not in school from March to July 2020, and staff from the service were redeployed to support the NHS response to the pandemic. There were also 12,467 non-face to face contacts.

Top areas for intervention were:

- Primary school:
  - Maximising learning
  - Safeguarding
  - Improving lifestyles
- College:
  - Maximising learning
  - Improving lifestyles
  - Reducing risky behaviours
- Secondary school:
  - Maximising learning
  - Resilience and emotional wellbeing
  - Safeguarding
  - Improving lifestyles

Oxfordshire County Council

Areas for intervention for the SHN & CN service can be found at:

PHE [Supporting public health: children, young people and families](#)

[Introduction](#)
[Summary](#)
[Primary health care](#)
[Secondary health care](#)
[Mental health services](#)
[Register of disabled children](#)
[Children's social care](#)
[Adult social care](#)
[Community safety services](#)
[Health support and preventing ill-health](#)
[Access to services](#)
[Population Health Management](#)
[Finding out more](#)

## 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.*

*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 2019/20, 1,952 smokers in Oxfordshire successfully stopped, of which 868 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](#)



[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## 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 2019/20, there were 37,893 contacts for STI testing and treatment with 99% offered an appointment within 48 hours of contacting the service. In addition, there were 4,447 STI test kits requested via online pathways and self-managed care.
  - During 2019/20, there were 21,870 contacts for contraception with the Oxfordshire Sexual Health Service with 100% of women having access to emergency contraceptive services within 48 hours of contacting the Service. In addition, there were over 30,000 free condoms distributed to under 25s

Oxfordshire County Council

BASHH [Standards for the management of sexually transmitted infections \(STIs\)](#)

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## 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 2019/20, there were 5,571 LARCs fitted (excluding injections) by GP Practices. For 2019, the rate of GP prescribed LARC (excluding injections) was 45.3 per 1,000 resident female population aged 15-44 years, an increase from 41.5 in 2018. This is greater than both the South East (40.7) and England (30.2) 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 2019/20, there were 1,714 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).

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## COVID-19 and dementia services

- Nationally, GP data shows that the COVID-19 pandemic has had a significant impact on referrals by GPs to memory clinics for dementia assessment.

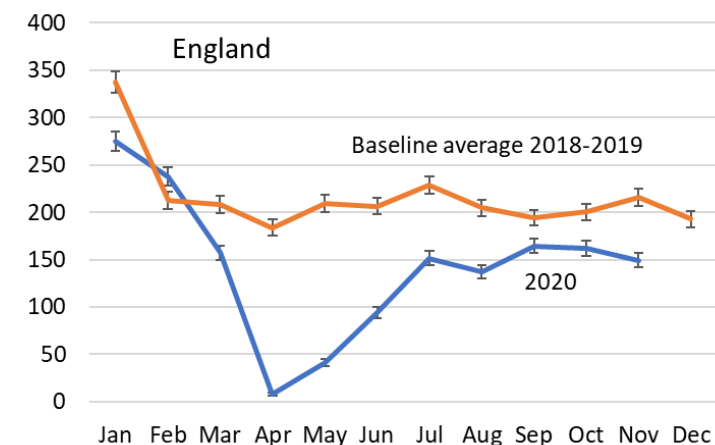
  - The rate of referrals fell in February 2020, and again in March and (more steeply) in April 2020, during time of the first national lockdown.
  - By September and October 2020, rates had recovered, but remained around 15% below the average for the 2018-19 baseline.
  - Data for November shows another drop as the second national lockdown started (from 5 Nov20).
- The **Dementia Oxfordshire** service, which mainly takes referrals from memory clinics and GPs, also saw a big drop in referrals in April 2020. These have since recovered and were above the 2019 numbers in November and December 2020.

  - The total number of referrals in 2020 was around 8% below that in 2019.

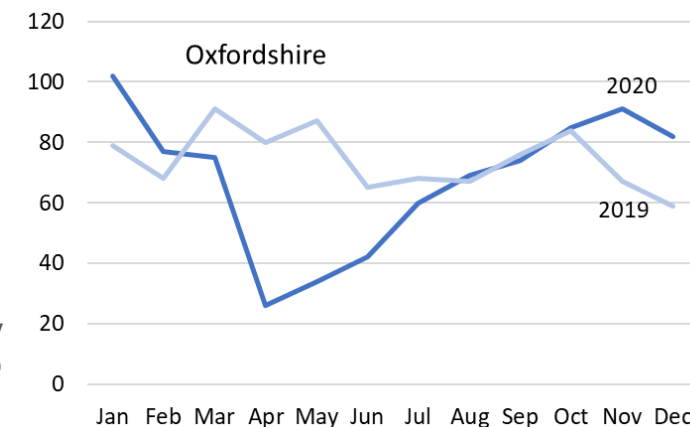
### [Wider Impacts of COVID-19 \(phe.gov.uk\)](#)

[Dementia Oxfordshire](#) Note that, due to the difficulty in diagnosing during COVID-19, Dementia Oxfordshire now take referrals for Mild Cognitive Impairment from GPs and the Memory Clinics where the clinician thinks a dementia diagnosis is likely to follow. See also [JSNA Bitesize COVID-19 and dementia](#)

## Dementia and Alzheimer's disease record of a referral to a memory clinic (aged 65 years and over) per 1,000,000



## Count of referrals to Dementia Oxfordshire



[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

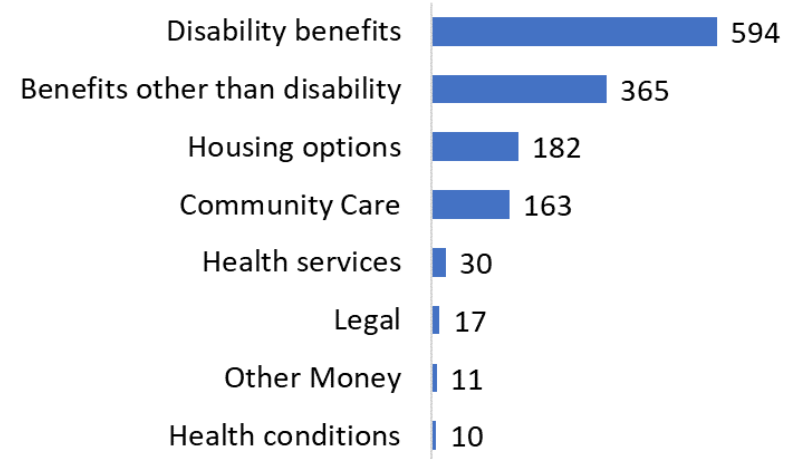
[Finding out more](#)

### Age UK Oxfordshire helpline

- Of the 1,341 enquiries to the general Age UK Oxfordshire helpline from January to December 2019:
  - 64.5% were female, 35% male (0.5% withheld),
  - 42% had a long term illness, disability or memory issues,
  - 21% were recorded as living alone,
  - 14% had an informal carer living with them,
  - 7% were carers.

- The top reasons for contacting the helpline were: benefits, including disability-related, housing options and community care.

#### Top reasons for contacting the Age UK Oxfordshire general helpline Jan-Dec 2019



[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. Enquiries may cover more than one topic.

- [Introduction](#)
- [Summary](#)
- [Primary health care](#)
- [Secondary health care](#)
- [Mental health services](#)
- [Register of disabled children](#)
- [Children's social care](#)
- [Adult social care](#)
- [Community safety services](#)
- [Health support and preventing ill-health](#)
- [Access to services](#)
- [Population Health Management](#)
- [Finding out more](#)

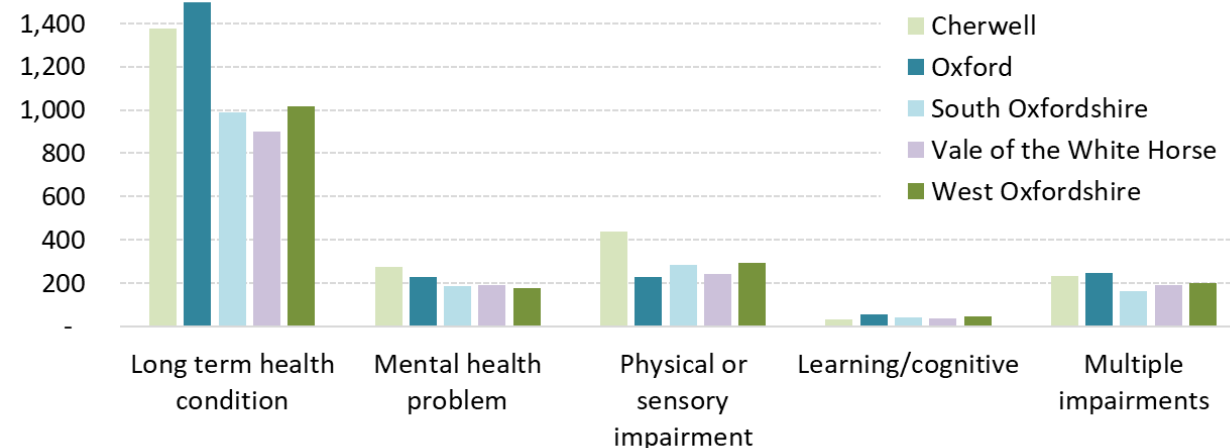
### Citizens Advice

- Around 24,400 people, 3.5% of Oxfordshire's population, accessed Citizens Advice services in 2018-19. Of those accessing advice about housing, employment, benefits and debt there were:
  - Significantly more people from an ethnic minority background than the general population
  - A higher proportion of females (57% vs 43% males)
- Just under half of people accessing Citizens Advice Oxfordshire services were recorded as living with a disability. Of these, 57% had a long term condition, 15% physical disability, 10% mental health problem and 10% learning/cognitive difficulty.

*Oxfordshire has open-door Citizens Advice services based in offices in Abingdon, Banbury, Bicester, Didcot, Henley, Thame, Oxford, and Witney. Citizens Advice also runs outreach services in Brackley, Carterton, Chipping Norton, Farringdon, Kidlington, RAF Benson, RAF Brize Norton, South Abingdon, Shipton-under-Wychwood, Wallingford, Watlington, and Woodcote.*

[Citizens Advice agencies Oxfordshire](#)

**Citizens Advice clients (count) by recorded disability (2018-19)**

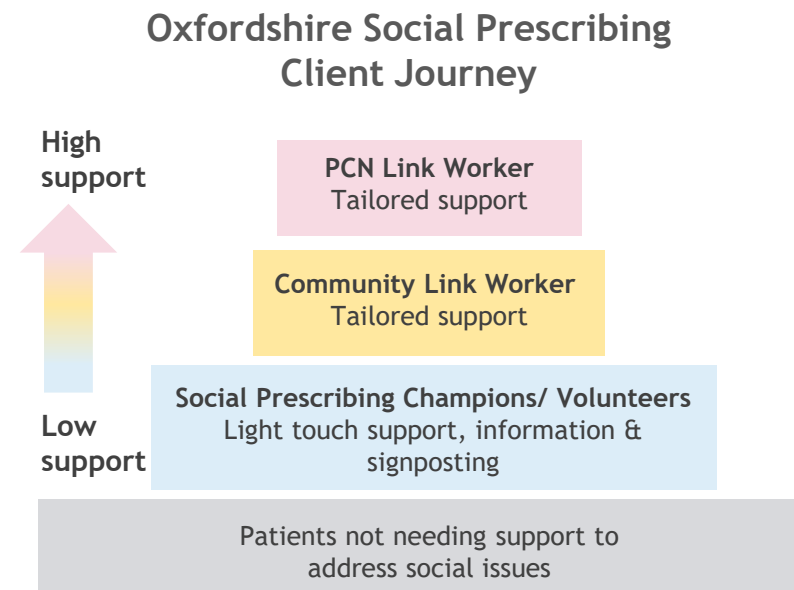


- [Introduction](#)
- [Summary](#)
- [Primary health care](#)
- [Secondary health care](#)
- [Mental health services](#)
- [Register of disabled children](#)
- [Children's social care](#)
- [Adult social care](#)
- [Community safety services](#)
- [Health support and preventing ill-health](#)
- [Access to services](#)
- [Population Health Management](#)
- [Finding out more](#)

## Social prescribing

*Social prescribing link workers, working for Primary Care Networks, connect people to wider community support, which can help to improve their health and wellbeing and engage and deal with some of their underlying causes of ill health<sup>1</sup>.*

- The Oxfordshire Social Prescribing Client Journey model provides different types of service according to the level of support needed.
- Social prescribing services are now available across Oxfordshire and information on social prescribing activities and outcomes in Oxfordshire will be included in future versions of the JSNA.



[1] [NHS England: Delivering universal personalised care](#) [NHS England Social Prescribing](#)  
Local data expected to be published from April/May 2021 (to be confirmed)

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

# Access to services

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

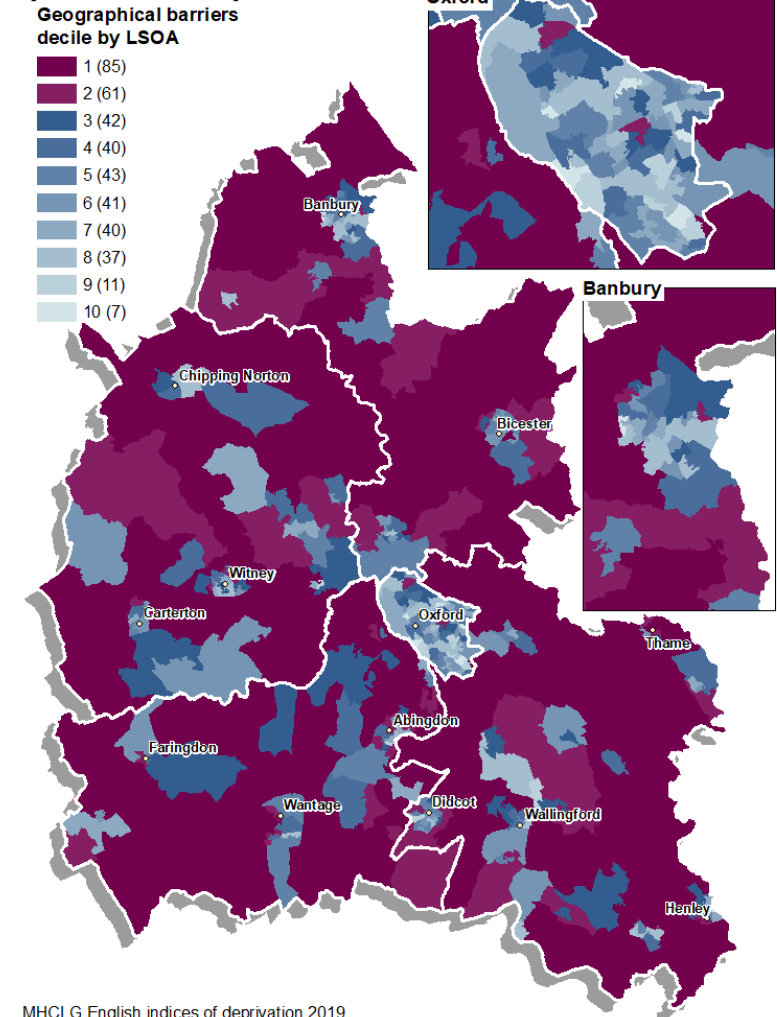
[Finding out more](#)

## Geographical access to services

- 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)





[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

## Internet use (national)

*Note: the data on this slide was collected before March 2020, and therefore will not reflect any changes due to the COVID-19 pandemic.*

- According to (national) 2019 ONS data<sup>1</sup> on internet use:
  - The generation gap is closing in terms of recent (in last 3 months) internet use..
    - in the 65 to 74 age group, increasing from 52% in 2011 to 83% in 2019.
    - in those aged 75+, increasing from 20% in 2011 to 47% in 2019.
  - 18% of disabled adults had never used the internet in 2019, down from 20% in 2018.
- Based on this dataset, it is estimated that 37,200 older people (aged 65+) living in Oxfordshire have never used the internet.
- According to (national) 2020 ONS data<sup>2</sup> on internet use:
  - In January to February 2020, 96% of households in Great Britain had internet access, up from 93% in 2019 and 57% in 2006 when comparable records began.
  - Internet connections in households with one adult aged 65 years and over have increased by seven percentage points since 2019 to 80%.
  - These households still had the lowest proportion of internet connections.

Source: [1] [Internet users, UK: 2019](#); ONS 2019 mid-year population estimate  
 [2] [Internet access - households and individuals, Great Britain: 2020](#)

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

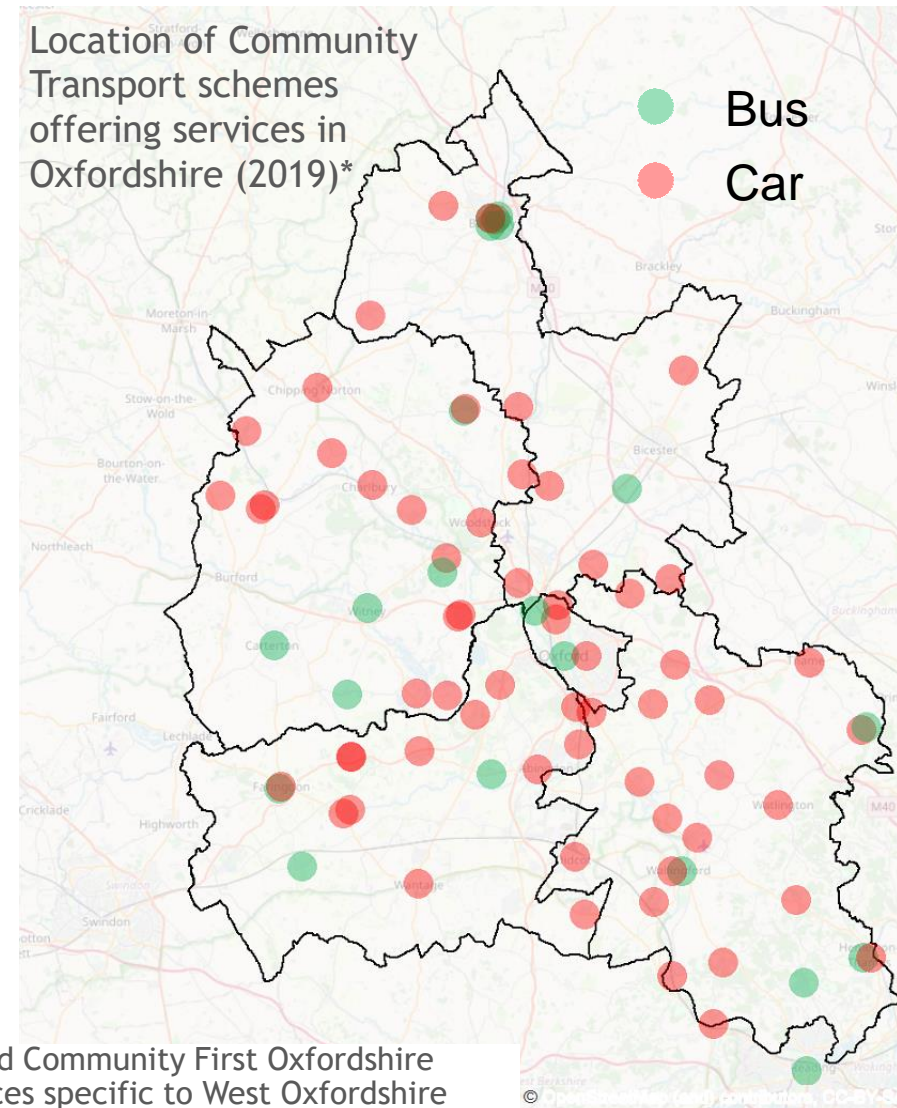
[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

### 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



From CT directory, Oxfordshire County Council and Community First Oxfordshire  
\*Map excludes 2 county-wide services and 2 services specific to West Oxfordshire

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

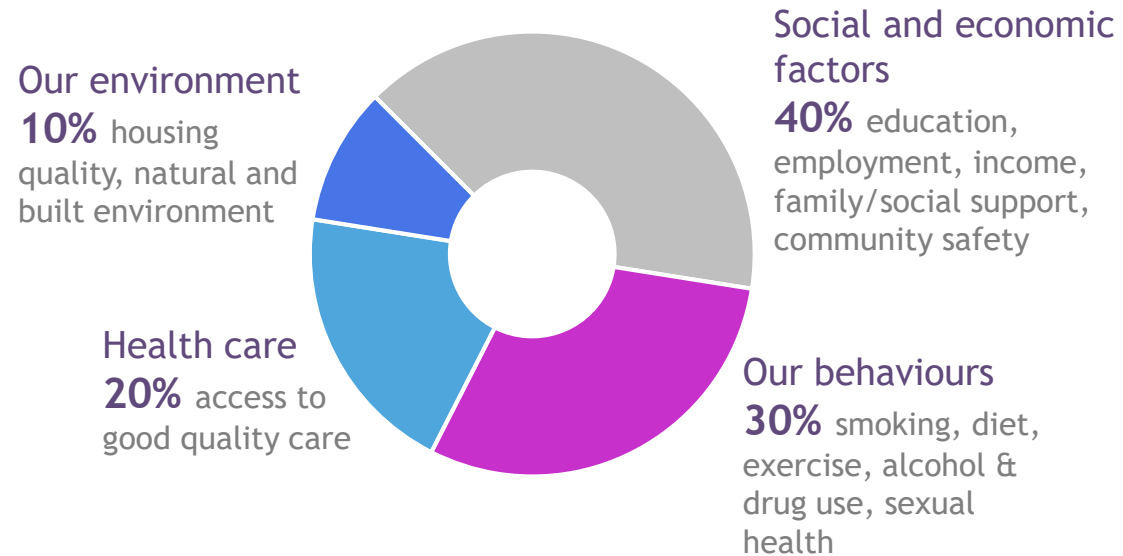
# Population Health Management

- [Introduction](#)
- [Summary](#)
- [Primary health care](#)
- [Secondary health care](#)
- [Mental health services](#)
- [Register of disabled children](#)
- [Children's social care](#)
- [Adult social care](#)
- [Community safety services](#)
- [Health support and preventing ill-health](#)
- [Access to services](#)
- [Population Health Management](#)
- [Finding out more](#)

## Population Health Management

- 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.

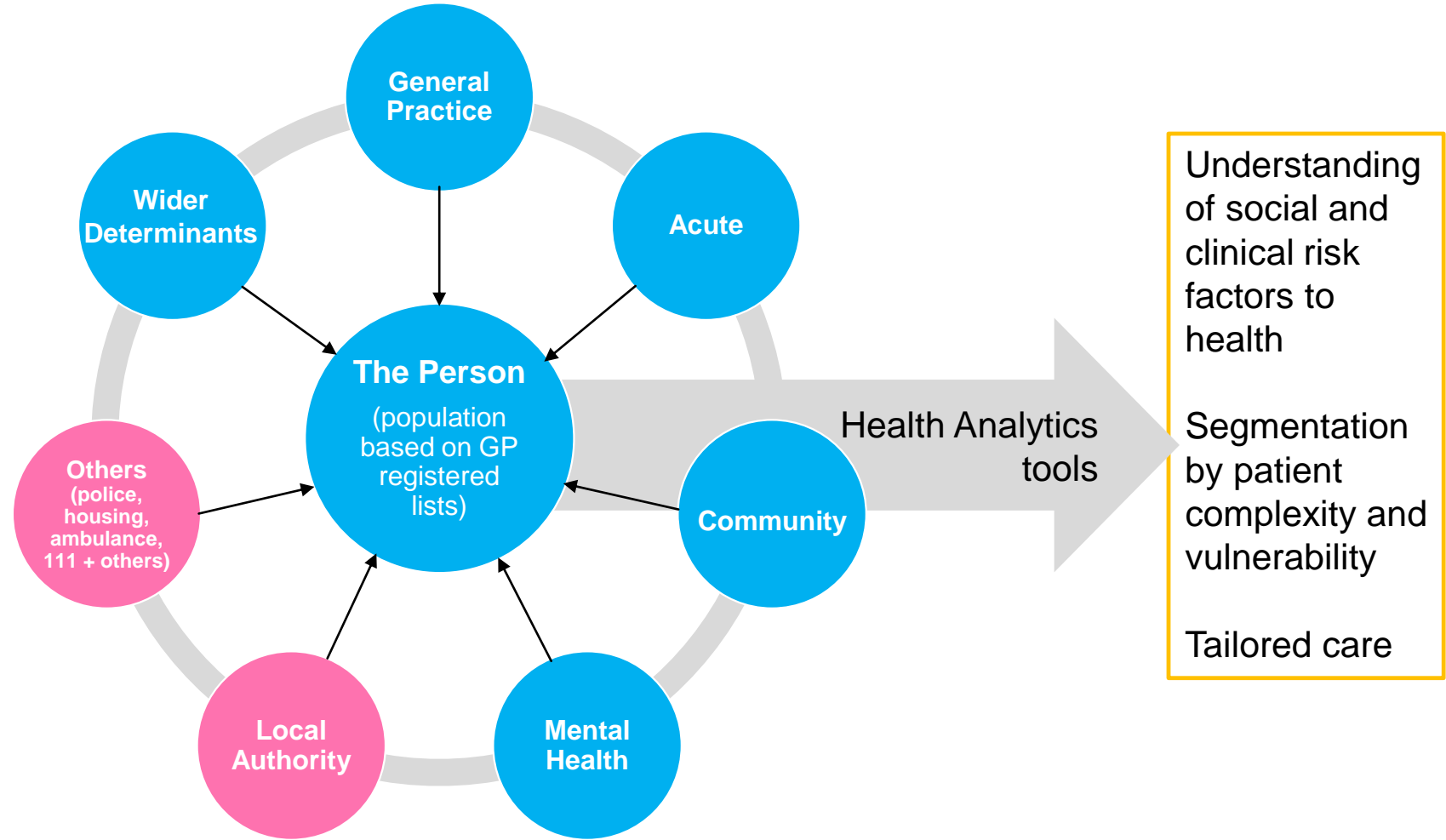
### Factors affecting health outcomes



From [NHS England Population Health Management](#)

- [Introduction](#)
- [Summary](#)
- [Primary health care](#)
- [Secondary health care](#)
- [Mental health services](#)
- [Register of disabled children](#)
- [Children's social care](#)
- [Adult social care](#)
- [Community safety services](#)
- [Health support and preventing ill-health](#)
- [Access to services](#)
- [Population Health Management](#)
- [Finding out more](#)

Oxfordshire is developing linked datasets for Population Health analytics



NHS Oxfordshire Clinical Commissioning Group

[Introduction](#)

[Summary](#)

[Primary health care](#)

[Secondary health care](#)

[Mental health services](#)

[Register of disabled children](#)

[Children's social care](#)

[Adult social care](#)

[Community safety services](#)

[Health support and preventing ill-health](#)

[Access to services](#)

[Population Health Management](#)

[Finding out more](#)

### Finding out more

- [Indices of Deprivation 2019](#)
- [Care Quality Commission surveys](#)
- [Live Well Oxfordshire](#)
- [NHS Mental Health dashboard](#) with quarterly data for Oxfordshire CCG
- Public Health England [Fingertips](#)



## Chapter 8

# Local research

## Introduction

[Reports by Healthwatch Oxfordshire](#)

[Reports by the Oxfordshire Community  
Foundation](#)

[Good Food Oxford research](#)

[Oxfordshire OxWell School Survey](#)

[VOXY 'Be Supported' Questionnaire 2020](#)

[Finding out more](#)

## Introduction

- This chapter provides an overview of research carried out by organisations in Oxfordshire of relevance to the topics covered by the Joint Strategic Needs Assessment.
- This is not an exhaustive list of local research for Oxfordshire, rather a collection of reports that have come to our attention since the publication of the last JSNA report.
- Reports have been published by the authors and are available via their websites.
- Note that reports and findings are the responsibility of the individual authors/organisations and any enquiries should be directed to them.
- Older reports can be found in the previous (2020) [JSNA](#) Local Research chapter, and a full list of health needs assessments is available on [Oxfordshire Insight](#).



[Introduction](#)
[Reports by Healthwatch Oxfordshire](#)
[Reports by the Oxfordshire Community Foundation](#)
[Good Food Oxford research](#)
[Oxfordshire OxWell School Survey](#)
[VOXY 'Be Supported' Questionnaire 2020](#)
[Finding out more](#)

## Recent reports by 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.

Healthwatch Oxfordshire has produced a number of **reports** during 2020-21, including:

- Oxfordshire military families experiences of health services in Oxfordshire (March 2020)
- Listening to Care Homes during the Covid pandemic (July 2020)
- Patient Participation Group activity during Covid (July 2020)
- Let's Talk about mental health- mental healthcare in Oxfordshire (July 2020)
- GP's supporting patients during Covid (Sept 2020)
- Emotional wellbeing in 0-5 year olds in Oxfordshire (Sept 2020)
- Social care in Oxfordshire - how did local people experience the council's change in contributions policy (Aug 2020)
- Oxford's new and emerging communities views on wellbeing (Jan 2021)
- Adult unpaid carers in Oxfordshire are they getting the support when needed? (Feb 2021)

[Healthwatch Oxfordshire](#)

Introduction

Reports by Healthwatch Oxfordshire

Reports by the Oxfordshire Community Foundation

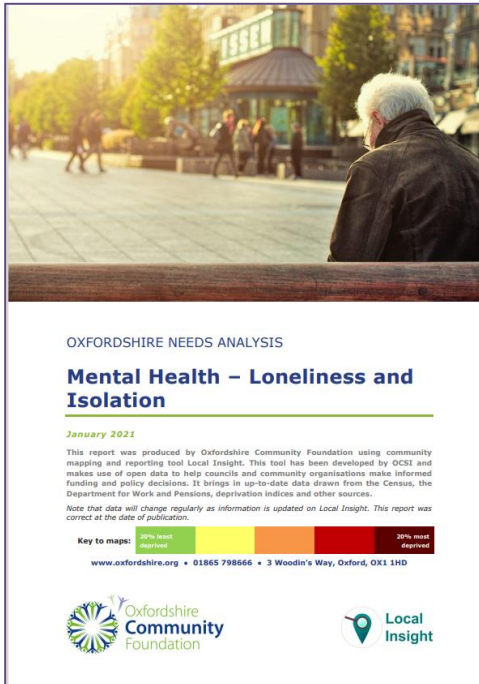
Good Food Oxford research

Oxfordshire OxWell School Survey

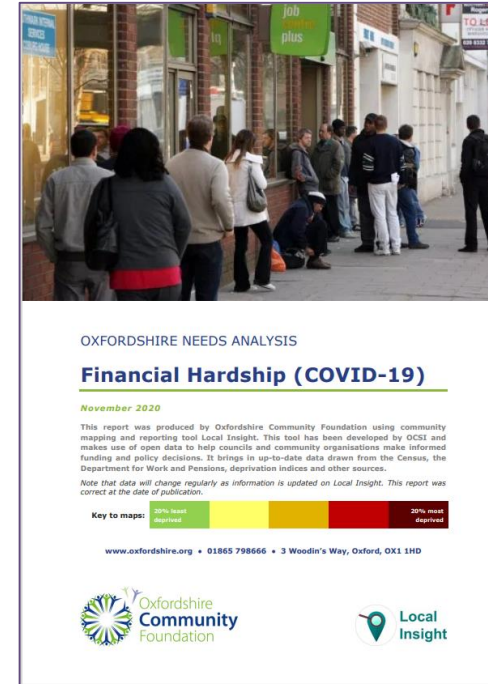
VOXY 'Be Supported' Questionnaire 2020

Finding out more

Recent reports published by Oxfordshire Community Foundation



- January 2021 report showing maps and data from the Local Insight tool highlighting the variation in loneliness and isolation across Oxfordshire.



- November 2020 report with maps and data from the Local Insight tool showing unemployment, jobs, poverty and food vulnerability

[Oxfordshire Community Foundation](http://www.oxfordshire.org)

Introduction

Reports by Healthwatch Oxfordshire

Reports by the Oxfordshire Community Foundation

[Good Food Oxford research](#)

Oxfordshire OxWell School Survey

VOXY 'Be Supported' Questionnaire 2020

Finding out more

Good Food Oxford research

- Research carried out by Good Food Oxford into use of food banks and other community food services in Oxfordshire (May 2020)

Some of the key findings are:

- There are an estimated 100 community food services operated by 74 organisations across Oxfordshire
- Since the start of COVID-19, there has been a 3-fold increase in the number of users of Community Food Services. Estimated to be between 5,140 and 5,560 users.
- 60% of services report that more than 50% of their users are 'new' users since COVID-19
- 58% of services reported a significant increase in usage from families with children.
- COVID-19 restrictions have hampered services' ability to meet nutritional needs and preferences.

This May 2020 GFO research report is also referenced in the section on food poverty in the Wider Determinants of Health chapter of this report.

[Good Food Oxford](#) Food research

Oxfordshire's Community Food Services:  
Summary of Research Findings



May 2020

Introduction

Reports by Healthwatch Oxfordshire

Reports by the Oxfordshire Community Foundation

Good Food Oxford research

Oxfordshire OxWell School Survey

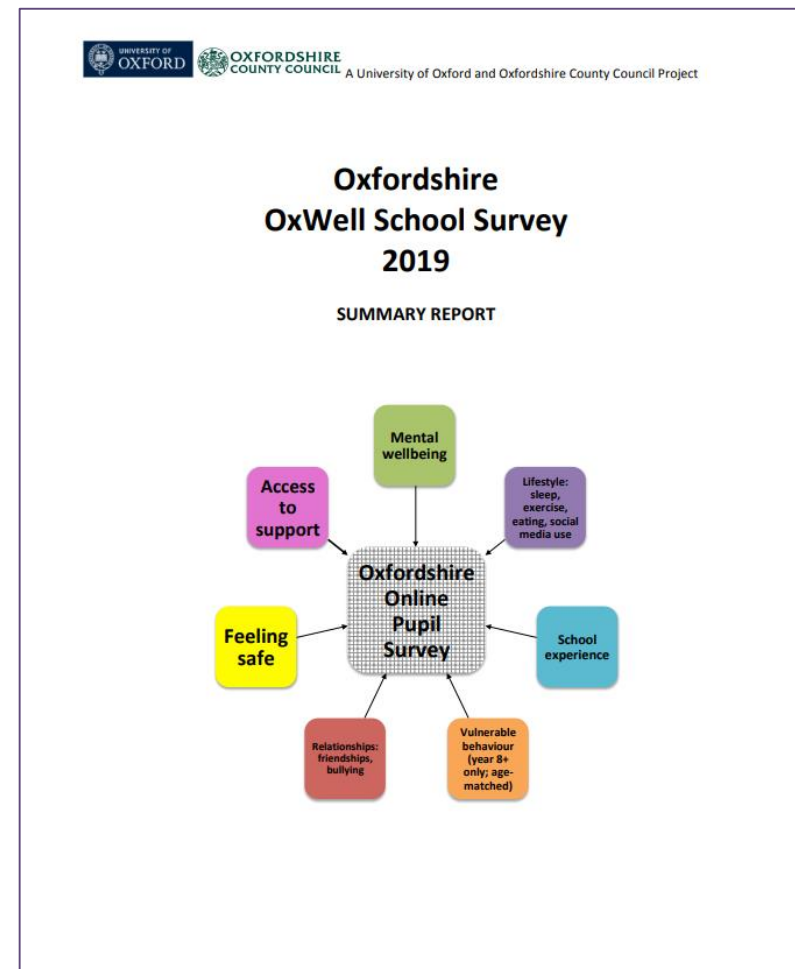
VOXY 'Be Supported' Questionnaire 2020

Finding out more

**Oxfordshire OxWell School Survey 2019 Summary Report**

- This report summarises preliminary findings from Oxfordshire's first Online Pupil Survey.
- The OxWell School Survey asked questions on a range of health and wellbeing-related issues to pupils at participating schools in Oxfordshire. 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.
- The data summarised in this report were collected between May and July 2019 in year groups 4, 5, 6, 8, 10 and 12 in 36 Oxfordshire schools. Data from 4,222 pupils are included in the summary presented in this report.
- More detailed results and statistical tests will be included in manuscripts intended for publication in scientific journals.
- This study is a University of Oxford and Oxfordshire County Council Project.

Available via [Oxfordshire Insight](#)



[Introduction](#)
[Reports by Healthwatch Oxfordshire](#)
[Reports by the Oxfordshire Community Foundation](#)
[Good Food Oxford research](#)
[Oxfordshire OxWell School Survey](#)
[VOXY 'Be Supported' Questionnaire 2020](#)
[Finding out more](#)

## OxWell School Survey 2020 Preliminary Report

- A report of Preliminary Findings has been published with results from the OxWell School Survey in 2020
- The survey responses are published 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  
Department of Psychiatry, University of Oxford

Contact: [Karen.mansfield@psych.ox.ac.uk](mailto:Karen.mansfield@psych.ox.ac.uk)

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

Introduction

Reports by Healthwatch Oxfordshire

Reports by the Oxfordshire Community Foundation

Good Food Oxford research

Oxfordshire OxWell School Survey

VOXY 'Be Supported' Questionnaire 2020

Finding out more

VOXY 'Be Supported' 2020 Questionnaire



- VOXY is a youth-led countywide forum which provides a voice for all young people in Oxfordshire (aged 11 - 18 and up to 25 with additional needs), so they can have their say about the issues that matter the most to them.

Results from the 2020 survey showed that:

- 79% said they knew who to speak to when they needed support
- 69% said they felt listened to and believed
- 61% said they were able to access information in a way which suited them best
- 47% said they had inspiring role models
- 70% said that when they speak to staff they feel they are experienced and caring.
- 61% said that overall they felt supported enough by the services they used

[VOXY](#) [Full report for 2020](#) [YouSaidWeDid2020](#)



**VOXY's 2020 '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: Children's Trust Board  
 Author: Engagement Team  
 Date: 24<sup>th</sup> February 2020

Introduction

Reports by Healthwatch Oxfordshire

Reports by the Oxfordshire Community  
Foundation

Good Food Oxford research

Oxfordshire OxWell School Survey

VOXY 'Be Supported' Questionnaire 2020

[Finding out more](#)

Finding out more

- For more local health needs assessments, browse the [JSNA web pages](#)



## Finding out more

Related JSNA resources for Oxfordshire are published alongside this report on [Oxfordshire Insight](#), including:

[Inequalities indicators small area level dashboard](#)

[Community Health and Wellbeing Profiles](#)

[Health Needs Assessments](#)

[JSNA Bitesize](#)

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

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

Oxfordshire County Council population forecasts are published on [Oxfordshire Insight](#)

Icons by Freepik from Flaticon unless stated otherwise

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

email: [jsna@oxfordshire.gov.uk](mailto:jsna@oxfordshire.gov.uk)