

# **Oxfordshire Joint Strategic Needs Assessment 2025**

## **Living and Ageing Well**

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# Introduction

This document is a companion to the online dashboard of the Living and Ageing Well chapter of the 2025 Oxfordshire Joint Strategic Needs Assessment. It contains a written commentary for each of the themes and the data therein.

This document aims to summarise the key findings of this chapter of the 2025 JSNA.

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### **List of Abbreviations:**

AF - Atrial Fibrillation

AMD - Age-related macular degeneration

BOB ICB - Buckinghamshire, Oxfordshire & West Berkshire Integrated Care Board

COPD - Chronic obstructive pulmonary disease

CHD - Coronary heart disease

CKD - Chronic kidney disease

CVD - Cardiovascular disease

JSNA - Joint Strategic Needs Assessment

NDH - Non-diabetic hyperglycaemia

NHS – National Health Service

MSK - Musculoskeletal

PCN - Primary Care Network

QOF - Quality and Outcomes Framework

SMI - Severe mental illness

## **Living and Ageing Well**

Chronic conditions such as cardiovascular and respiratory diseases, cancer and diabetes are among the leading causes of disability and premature mortality in Oxfordshire. These conditions often require long-term management, placing sustained pressure upon primary, secondary, and social care systems. Understanding the geographical distribution of

chronic conditions, as well as related service use patterns, can identify gaps in provision, highlight inequalities in access, as well as opportunities for prevention and early intervention.

This dashboard explores the prevalence and impacts of health conditions across Oxfordshire. It provides insight into how local populations are affected by health conditions, exposure to health risks, how individuals interact with services, and the causes and patterns of mortality in Oxfordshire.

This narrative report is made up of two primary themes, drawing upon a life course approach to understanding health in Oxfordshire. Living Well encompasses the health experiences of adults, focusing upon healthy lifestyles, the prevalence and impacts of long-term conditions, as well as access to healthcare services. Ageing Well focuses upon health in later years, including conditions most commonly seen in the elderly and on mortality.

Mortality data offers a view of population health, highlighting the effects of key health conditions and the extent of premature and preventable mortality across Oxfordshire.

In 2023, the leading causes of death in Oxfordshire included cancers and diseases of the respiratory and circulatory systems. Together, these conditions accounted for more than half of the approximately 6,000 deaths in Oxfordshire that year.

An examination of mortality provides a cross-thematic view of health in Oxfordshire. Key topics explored within the 2025 Oxfordshire JSNA, such as behavioural determinants and building blocks of health, have downstream impacts upon risk of disability, experience of chronic illness and likelihood of death.

By exploring the interconnected domains of health conditions, service use and mortality, this dashboard hopes to support planning and public health interventions in Oxfordshire.

## **Living Well**

Living Well encompasses data primarily affecting adults of working age (16-64 years), exploring the prevalence of key conditions and access to healthcare services.

By examining the causes and prevalence of ill health, the Oxfordshire 2025 JSNA supports the ambitions set out in the [2024-30 Health and Wellbeing Strategy](#), which aims to work with Oxfordshire residents to build healthier lives and healthier communities.

By analysing geographic and demographic variation in disease prevalence, the JSNA highlights specific areas and populations where health needs are greatest.

## **Common Health Conditions**

Living with a chronic health condition can affect many aspects of an individual's life. Chronic conditions can have a significant impact upon health-related quality of life, impacting an individual's ability to live a fulfilling life. Health conditions can have varied impacts and affect physical, psychological, and social functioning, often requiring ongoing management and support.

According to the [Health Survey for England](#), in 2022, 41% of adults in England had a longstanding health condition or illness. The most common conditions were:

- conditions of the musculoskeletal system (14%)
- mental, behavioural, and neurodevelopmental conditions (11%)
- conditions of the heart and circulatory system (9%)
- diabetes and other endocrine and metabolic conditions (8%)
- conditions of the respiratory system (7%)

This report explores the most commonly occurring health conditions, examining prevalence, their effect on service use, and mortality. Further examination of the causes and impacts of chronic health conditions is included, through an examination of behavioural determinants of health and mortality.

For some key conditions, such as diabetes, there is a social gradient, with individuals in more deprived areas more likely to experience common health conditions and ill health.

National strategies, such as the recently published [10 Year Health Plan for England](#), outline strategies for managing and mitigating the growing impacts of long-term conditions. Focuses include a transition from hospital to community care, better integrated and personalised care, a renewed focus upon prevention and a more targeted approach to address health inequalities.

Within Oxfordshire, local action is being undertaken to address long-term health conditions. Collaboration between local government, NHS partners and the social and voluntary sectors is working to improve coordination of healthcare resources, progress shared data insight, and promote community-based support to reduce hospital admissions.

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## **A snapshot of the prevalence of health conditions in:**

### **England**

According to the NHS England Quality and Outcomes Framework (QOF), [the prevalence of many long-term conditions in England](#) is increasing, including cancers, severe mental illness, chronic kidney disease and diabetes.

The five most common health conditions in England in 2023/24 were:

- Hypertension (high blood pressure) – 14.8% prevalence (9.35 million people)
- Depression (2022/23 data) – 13.2% prevalence (6.62 million people)
- Obesity – 12.8% prevalence (6.49 million people)
- Non-diabetic hyperglycaemia – 8.2% prevalence (4.14 million people, aged 18+)
- Diabetes – 7.7% prevalence – (3.94 million people, aged 17+)

As mentioned previously, in 2022, 41% of adults in England [had a long-standing health condition](#).

### **Oxfordshire**

The prevalence of many common long-term health conditions in Oxfordshire is generally lower than the national average.

Conditions that are often precursors to more serious illness or disability, such as hypertension, obesity, asthma, and non-diabetic hyperglycaemia occur significantly less frequently in Oxfordshire, when compared to England overall. Contrasting this, conditions more commonly associated with older age, such as stroke and dementia, show similar prevalence locally and nationally, while others such as osteoporosis are significantly more prevalent than England.



The prevalence of depression in Oxfordshire is statistically comparable to national averages.

Despite this largely favourable outlook in comparison to national averages, Oxfordshire mirrors national trends in the rising prevalence of chronic and long-term conditions such as diabetes and heart failure.

It should be noted that simple reporting of percentage prevalence of health conditions does not account for differences in demography across differing geographies and populations so caution should be exercised when comparing across geographical areas.

### **Oxfordshire's Districts**

Across Oxfordshire's districts: Cherwell, Oxford, Vale of White Horse, South Oxfordshire, and West Oxfordshire, for conditions for which data is available, the prevalence of chronic conditions varies, perhaps reflecting differences in demographics and local health profiles.

Prevalence is broadly lower than England across Oxfordshire's districts for most long-term conditions.

The prevalence of Chronic obstructive pulmonary disease (COPD) is significantly lower across Oxfordshire's districts than in England. Within Oxfordshire, the prevalence of COPD in West Oxfordshire and Vale of White Horse is notably higher than the Oxfordshire average of 1.3%, while prevalence in Oxford City is significantly lower at just 1.0%. These differences may reflect variations in age structure. [West Oxfordshire](#) and [Vale of White Horse](#) have a greater concentration of the elderly and a higher average age than Oxfordshire as a whole.

This pattern is mirrored by significantly higher rates of osteoporosis in several of Oxfordshire's districts. In West Oxfordshire, prevalence is more than double the national average (2.7% vs 1.1%) and is the 2<sup>nd</sup> highest of all local authority districts nationally. Meanwhile, prevalence in South Oxfordshire and Oxford is significantly less than the Oxfordshire average, but still higher than the England average.

Finally, prevalence of asthma is significantly higher in West Oxfordshire, South Oxfordshire, and Vale of White Horse than in England or Oxfordshire. Meanwhile, asthma prevalence in Oxford is amongst the lowest of all local authority districts nationally.

## **Sub-ICB**

The Buckinghamshire, Oxfordshire & West Berkshire (BOB) Integrated Care Board (ICB) oversees health services across the three local authorities. Within this structure, the Oxfordshire Sub-ICB (BOB ICB – 10Q) aligns directly with the geographical boundaries of Oxfordshire County. As a result, the rates and prevalence of chronic health conditions reported at the Sub-ICB level closely reflect those observed at the County level.

## **PCN and GP**

There is notable variation in the prevalence of common health conditions across Primary Care Networks (PCNs) and General Practice (GP) surgeries within Oxfordshire.

For hypertension, prevalence ranges from 18.2% in Eynsham and Witney PCN to 6.3% in Oxford Central PCN. At the GP level, prevalence ranges from 21.0% at Nuffield Health Centre to just 4.0% at KES@Northgate and Jericho Health Centre. It should be noted that variation could reflect demographic differences between PCN and GP populations.

Similar variation is seen in asthma prevalence. Within PCNs, prevalence of asthma ranges from 7.3% in Thame PCN & Abingdon Central PCN to just 3.9% in Oxford Central PCN. Meanwhile at the GP Surgery level, prevalence ranges from 8.7% at Berinsfield Health Centre to just 2.6% at Jericho Health Centre.

Depression also shows significant variation. Approximately half of Oxfordshire's PCNs report significantly higher prevalence of depression compared to England and Oxfordshire. This pattern is reflected at the GP level, where prevalence ranges from 22.5% at Broadshires Health Centre to 6.7% at Wychwood Surgery.

## **Healthy Lifestyles**

### **Adult Weight**

Maintaining a healthy weight is essential for reducing the risk of developing chronic conditions, including cardiovascular and musculoskeletal disorders. Effective adult weight management programmes are important to reducing health inequalities, as obesity disproportionately affects people in more deprived communities.

Within Oxfordshire County Council, significant progress has been undertaken in developing a strategic framework to address adult healthy weight through a Whole Systems Approach. This approach emphasises four key areas of action: prevention, healthy weight environment, support, and system leadership. In short, Oxfordshire County Council is supporting prevention of obesity, the development of healthy built and weight environments and support to those with excess weight to achieve a healthy weight. Underpinning this is Oxfordshire County Council's work in partnership with others, providing system leadership to support these efforts.

The NHS's [Health Survey for England](#) provides an overview of the data and statistics relating to adult weight and obesity.

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In 2023/24, 26.5% of adults in England were living with obesity. 64.5% were either overweight or living with obesity. Prevalence of overweight and obesity in adults has been increasing in recent years, with a consistent long-term upward trend in prevalence.

In 2023/24, overweight (including obesity) prevalence in Oxfordshire is significantly lower than England, at 58.6%. Unlike England, there is no clear trend in overweight prevalence in Oxfordshire, with prevalence relatively stable in recent years.

We can derive a set of statistical "nearest neighbours" to Oxfordshire, to find areas that are similar for the purposes of comparison and benchmarking of health indicators. When compared to its statistical neighbours, prevalence of overweight is significantly lower than most nearest neighbour comparators.

The prevalence of obesity in Oxfordshire is also relatively stable in recent years. Prevalence in Oxfordshire was 20.8% in 2023/24 - significantly lower than England. Prevalence is also lower than most nearest neighbours.

Overweight prevalence in 2023/24 was significantly lower than England (64.5%) in two districts. These were West Oxfordshire (58.9%) and Oxford (49.6%). All districts are statistically similar to the county data in this indicator.

Obesity prevalence in 2023/24 was significantly lower than England (26.5%) in all district authorities, except Cherwell, which was statistically similar.

## **Physical Activity**

Physical inactivity is the fourth leading risk factor for global mortality, contributing to approximately 6% of deaths globally each year. In the UK, the estimated costs of physical inactivity to the NHS close to £1 billion annually. An active lifestyle has a range of benefits, it significantly reduces the risk of key conditions, such as cardiovascular disease, stroke, type 2 diabetes, and some cancers, compared to a sedentary lifestyle. Among older adults, physical activity supports increased functional capabilities, reducing the risk and impacts of falls.

Incorporating activity into daily routines, whether through active travel, leisure pursuits, or structured exercise, helps individuals to build resilience and maintain independence throughout life. Being physically active in childhood is often carried habitually by children into adulthood, so supporting young people to live active lives can become a key building block for health in later life. Amongst children and adolescents, physical activity increases mental wellbeing, cardiometabolic health and supports improved cognitive outcomes.

In addition to an active life, good nutrition (including eating at least five portions of fruit and vegetables per day) is a cornerstone of good health. A healthy and balanced diet supports growth and development, increases immune function and response, and acts as a protective factor against many key conditions. Supporting Oxfordshire residents to adopt healthy eating has lasting benefits, from supporting childhood development to promoting healthy ageing.

Supporting physical activity and active travel is a key priority (Priority 4) of the [2024-30 Health and Wellbeing Strategy](#). Key actions on physical activity include the expansion of physical activity programmes such as [Move Together](#) and [You Move](#), developing active travel infrastructure and a systems wide approach to increasing physical activity, especially in priority areas (those with the greatest need).

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In 2023/24, 38.6% of adults in Oxfordshire met the 5-a-day recommendation for fruit and vegetable consumption - significantly higher than the England average of 31.3%.

While there was an increase in the proportion meeting the recommendation in Oxfordshire in the most recent period, this was not statistically significant. There is no trend evident in recent years.

Compared to its nearest neighbours, Oxfordshire had a higher proportion of adults meeting the 5-a-day recommendation than many of nearest neighbours, although these differences were largely not statistically significant.

At district level, significantly more adults in South Oxfordshire, West Oxfordshire, Oxford, and Vale of White Horse met the 5-a-day recommendation compared to England, while rates in Cherwell were similar to the national average.

In 2023/24, 73.9% of adults in Oxfordshire were physically active - significantly higher than the England average of 67.4%. Levels of adult physical activity have remained stable in both Oxfordshire and England, with no significant changes in recent periods. Among Oxfordshire's nearest neighbours, Oxfordshire had the second highest rate of physical activity.

At district level, significantly more adults were physically active in Vale of White Horse, Oxford, and South Oxfordshire than the England average. In West Oxfordshire and Cherwell, levels were similar to England.

Across Oxfordshire's districts, there are no clear trends over time, with rates remaining relatively stable in recent periods.

In Oxfordshire in 2022/23, 15.8% of adults were physically inactive - significantly lower than the England average of 22.6%.

The proportion of physically inactive adults in Oxfordshire decreased slightly in the most recent period compared to the previous period, though not to a statistically significant extent. In England, levels of physical inactivity have remained broadly stable over the longer term.

When compared to its nearest neighbours, levels of physical inactivity in Oxfordshire were largely similar. However, significantly fewer adults were physically inactive in York.

At District level, rates of physical inactivity across all areas of Oxfordshire were similar to the county average. In all districts, rates were significantly lower than the England average.

## **Sexual Health**

Sexual health is a fundamental component of overall health and wellbeing, influencing physical, mental, and social outcomes throughout the life course. It supports reproductive wellbeing, prevents sexually transmitted infections (STIs), and promotes healthy relationships. Encompassing all life stages, from education and early relationships to pregnancy, family planning and later-life wellbeing.

Sexual health not only benefits individuals but also contributes to broader public health goals by reducing health inequalities, reducing preventable disease, and improving community wellbeing.

Patterns of sexual health and behaviours continue to evolve, shaped by factors such as societal attitudes, demographic changes, access to services and advancements in healthcare. This necessitates a responsive approach to reduce barriers to good sexual health at the individual and community level. Continued surveillance and monitoring of STIs and ensuring continued access to information and services locally is therefore vital to encouraging good sexual health.

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In 2024, there were 278,212 new STI diagnoses (excluding chlamydia in those aged under 24) in England, equating to 482.3 new diagnoses per 100,000 residents.

Diagnosis rates have increased in recent years, following a significant drop during the COVID-19 pandemic (2020–2021). While rates are recovering, they remain significantly lower than pre-pandemic levels.

In 2024, the chlamydia detection rate in Oxfordshire was 1,168 per 100,000 (in those aged 15 to 24) - significantly lower than the England average (1,589 per 100,000). Following a decline during the COVID-19 pandemic, detection rates in Oxfordshire have increased in recent years and are now largely statistically comparable to pre-pandemic levels.

Detection rates in Oxfordshire are significantly lower than several nearest neighbours. However, like Oxfordshire, most nearest neighbour

authorities have statistically significantly lower detection rates than England.

There were 2,685 new STI diagnoses (excluding chlamydia in those aged under 24) in Oxfordshire in 2024, equating to 358 new diagnoses per 100,000 residents. This is significantly lower than the England rate of 482 per 100,000.

New STI diagnoses declined in Oxfordshire during the COVID-19 pandemic but have since recovered to pre-pandemic levels. Diagnosis rates in Oxfordshire are higher than many nearest neighbours. All of Oxfordshire's nearest neighbours have significantly lower STI diagnosis rates than the England average.

There is significant variation in new STI diagnosis rates between districts:

- Oxford had a significantly higher diagnosis rate than both England and Oxfordshire, at 606 per 100,000 residents.
- Vale of White Horse, West Oxfordshire, and South Oxfordshire had significantly lower rates than the England and Oxfordshire averages.
- Cherwell had a significantly lower diagnosis rate than England but is not significantly different from Oxfordshire.

## **Smoking**

**“Smoking is uniquely harmful, causing damage not only to smokers themselves but also to the people around them. Smoking is one of the main causes of health inequalities in England, with the harm concentrated in disadvantaged communities and groups.”**  
(OHID, 2022)

The significant harmful effect of smoking on health requires a commensurate response at local and national levels. #SmokefreeOxon aimed to reduce the overall prevalence of smoking in Oxfordshire to below 5% by 2025. Local tobacco control strategies complement national efforts, including the goal of a smokefree generation and the provisions of the Tobacco and Vapes Bill 2024.

Continued efforts in tobacco control remain essential to sustaining the significant reductions in smoking prevalence seen in recent decades and addressing emerging challenges. The rising use of vapes, particularly

among young people, highlights the need for ongoing monitoring and education to prevent uptake and minimise potential health risks. Ensuring that tobacco control strategies evolve in response to these issues will be essential to protecting public health and supporting the goal of a smokefree future.

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According to the Annual Population Survey, in 2023, approximately one in eight adults (11.6%) in England smoked. Smoking prevalence has been consistently decreasing in the long term at the national level. As smoking rates have declined, the proportion of adults in England who have never smoked has trended upwards, reaching 63.3% in 2023. Approximately one in four adults (25.1%) are ex-smokers.

According to the 2022/23 GP Patient Survey, smoking prevalence among adults with long-term mental health conditions is significantly higher than in the general adult population. Adults in this group are more than twice as likely to smoke as the general population, with one in four (25.1%) being smokers. Despite this disparity, smoking prevalence among adults with long-term mental health conditions is trending downwards, mirroring national trends.

Adults in England (aged 16-64 years) who are employed in routine and manual occupations are more likely to smoke than the general adult population in England. In 2023, 19.5% of individuals in this group were smokers.

At time of delivery, 7.4% of pregnant women in England were smokers. This proportion has decreased significantly in recent years.

According to the 2023 Annual Population Survey, 10.3% of adults in Oxfordshire smoked, a prevalence statistically similar to the England average of 11.6%. Like England, long-term smoking prevalence in Oxfordshire is declining, though the rate of decline has slowed in recent years, and prevalence appears relatively stagnant.

Smoking prevalence in Oxfordshire is comparable to all of its nearest neighbours, with no statistically significant differences. While smoking prevalence among males in Oxfordshire is higher than among females, this difference is not statistically significant.

Among adults with long-term mental health conditions, smoking prevalence is significantly higher than in the general Oxfordshire



population, at 21.5%. Adults in this group are approximately twice as likely to smoke as those in the general population. However, prevalence among this group in Oxfordshire remains significantly lower than the England average (25.1%) and is broadly similar to that of Oxfordshire's nearest neighbours.

Similarly, adults in routine and manual occupations in Oxfordshire have a higher smoking prevalence than the general population, at 15.3%. However, this difference is not statistically significant. Prevalence in this group is comparable to both Oxfordshire's nearest neighbours and the England average.

Significantly fewer pregnant women smoke at birth in Oxfordshire, when compared to England, with 5.5% smoking in 2023/24.

According to the Annual Population Survey, smoking prevalence across Oxfordshire's districts is largely comparable to the England average (11.6%). In West Oxfordshire, Cherwell, Oxford, and South Oxfordshire, prevalence ranges from 6.8% to 18.9%, with no statistically significant differences between them and the England or Oxfordshire averages. However, in Vale of White Horse, smoking prevalence is significantly lower than both the England and Oxfordshire rates, at 2.0%.

The proportion of adults who have never smoked is increasing across Oxfordshire's districts, reflecting national and county trends. However, this upward trend has slowed or stagnated in recent years in some districts. In Vale of White Horse and Oxford, the proportion of adults who have never smoked is significantly higher than the England average.

Considering health disparities in smoking prevalence, adults employed in routine and manual occupations across Oxfordshire's districts have a higher smoking prevalence than the general Oxfordshire and England populations, though not to a statistically significant extent. Prevalence in this group is broadly similar across all districts and follows long-term declining trends in smoking progress, mirroring overall patterns in smoking prevalence.

Among adults with long-term mental health conditions in Oxfordshire's districts, smoking prevalence is declining in the long term. However, this progress has slowed or stagnated in recent years.

## Cardiovascular

Cardiovascular disease (CVD) remains one of the leading causes of death in Oxfordshire, with 1338 deaths from diseases of the circulatory system occurring in 2023. Conditions such as coronary heart disease, stroke and heart failure contribute significantly to premature mortality and long-term health burdens. CVD is a major driver of hospital admissions and healthcare demand.

The prevalence of key cardiovascular risk factors, such as hypertension and non-diabetic hyperglycaemia varies across Oxfordshire. While Oxfordshire generally reports lower rates of CVD conditions, there are still pockets of higher prevalence, particularly in more deprived areas.

This JSNA identifies cardiovascular diseases as one of the key risk factors for and causes of disability and mortality.

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### Cardiovascular Admissions

In 2023/24, there were 396.1 hospital admissions per 100,000 population due to coronary heart disease in England. In the long-term, admissions are trending down. This contrasts with admissions for heart failure, which are increasing in the long-term and increased significantly in 2023/24 with 179.6 admissions per 100,000. Meanwhile, admissions for stroke are largely stable in England, with 174.0 admissions per 100,000 in 2023/24.

The overall outlook for cardiovascular admissions in Oxfordshire differs from England. Admissions for coronary heart disease, heart failure, and stroke are significantly lower than the England average.

Admissions for coronary heart disease and stroke are amongst the lowest of all local authorities in England and are trending downwards in recent periods. In contrast, admissions due to heart failure are increasing in the long-term, through there was a significant decrease in 2023/24 as compared to 2022/23.

When compared to its nearest neighbour comparator authorities, Oxfordshire had the lowest stroke admission rate. Heart failure admissions were comparable to many of comparator authorities, while coronary heart disease admissions remain among the lowest across all comparators.

## **Cardiovascular Disease Prevalence**

### ***Cardiovascular Risk Factors***

Hypertension is one of the most common long-term conditions both nationally and locally. An estimated 9.35 million people in England are living with hypertension, representing 14.8% of the population. The prevalence of high blood pressure has increased significantly in recent years, with a long-term upward trend.

This rise in prevalence has occurred despite a decline in blood pressure testing since the COVID-19 pandemic. The percentage of patients aged 45 and over with a recorded blood pressure measurement in the past five years has not returned to pre-pandemic levels.

In Oxfordshire, hypertension prevalence is significantly lower than the national average, with 13.3% of residents having a recorded diagnosis in 2023/24. While prevalence is increasing, this trend is slight but consistent over the long term.

Oxfordshire has the lowest hypertension prevalence among its nearest neighbour comparator authorities, and rates are significantly lower than all comparator local authorities.

Across Oxfordshire's Primary Care Networks (PCNs), there is a mixed picture. Approximately half of PCNs have significantly higher hypertension prevalence than both Oxfordshire and England, while the other half have significantly lower prevalence. This pattern is also seen at the GP practice level, with some practices showing significantly higher prevalence, and others significantly lower.

### ***Diabetes***

In England, 7.7% of the population is living with diabetes (types 1 and 2). The prevalence of diabetes is increasing, with a clear long-term upward trend.

Non-diabetic hyperglycaemia (NDH), also known as prediabetes, is often a precursor to diabetes. Up to [10% of people with NDH will develop type 2 diabetes annually](#). In England, 4.14 million or 8.2% of adults were prediabetic in 2023/24. NDH prevalence has increased significantly each year since 2020/21.

Significantly fewer people are diabetic in Oxfordshire than in England, with 5.6% of the population diagnosed with diabetes. While diabetes prevalence is increasing, this trend is slight but long-term. Similarly, there are also significantly less prediabetic people in Oxfordshire, with 4.7% (or 31,305 people) identified as prediabetic in 2023/24.

In 2023/24, there were 15 cases of sight loss due to diabetic eye disease in Oxfordshire, representing 2.3 people per 100,000. There is no clear trend in diabetic eye loss in Oxfordshire, due to the small numbers affected each year. Rates are statistically similar to the national average.

Across Oxfordshire's Primary Care Networks (PCNs):

- All PCNs have significantly lower NDH prevalence than England.
- All PCNs also have significantly lower diabetes prevalence, except for Banbury Alliance PCN and South East Oxford Health Alliance PCN, which have similar rates to the national average.

At the GP practice level, the pattern is similar:

- The majority of practices have significantly lower rates of both NDH and diabetes.
- A smaller number of practices have rates that are comparable to England.

## Heart

In England, 3.0% of the population is living with coronary heart disease (CHD). The prevalence of CHD has been on a slight downward trend in recent years.

In contrast, heart failure prevalence is increasing, with a steady upward trend. As of 2023/24, 1.1% of the population are affected by heart failure.

In Oxfordshire, trends in CHD and heart failure largely mirror the national picture. CHD prevalence has declined in recent years, although the rate of decline has slowed. In 2023/24, there was a slight but non-significant increase in CHD prevalence.

Oxfordshire has the lowest CHD prevalence among its nearest neighbour comparator authorities. Prevalence is significantly lower than all comparator authorities.

While the prevalence of heart failure in Oxfordshire is significantly lower than England, at 0.9%, there have been significant year-on-year

increases in the prevalence of heart failure in recent periods. Compared to its nearest neighbours, Oxfordshire's heart failure prevalence is higher than several authorities, including Hertfordshire, West Northamptonshire, and Surrey, but significantly lower than many others.

At the Primary Care Network (PCN) level, the majority of PCNs have heart failure prevalence that is statistically comparable to both Oxfordshire and England. However, several PCNs, including Eynsham and Witney PCN and Wallingford and Surrounds PCN, have significantly higher prevalence than England.

This pattern is reflected at the GP practice level, where a handful of surgeries have significantly higher heart failure prevalence than England, and the majority of practices have prevalence that is statistically similar to national levels.

For CHD, most GP surgeries in Oxfordshire have prevalence that is statistically similar to or significantly lower than England. Only Nuffield Health Centre has a significantly higher CHD prevalence than the national average.

## **Stroke**

The prevalence of atrial fibrillation (AF) in England, a key risk factor for stroke, is 2.2%, affecting approximately 2.75 million people in 2023/24. AF prevalence has shown a consistent upward trend in recent years. The prevalence of stroke in England is 1.9%, with a similar increasing trend over time.

In Oxfordshire, AF prevalence is comparable to the national average (at 2.2%) and has followed a significant upward trend in recent years. Meanwhile, prevalence of stroke in Oxfordshire is significantly lower than England, at 1.8%. Although there has been a slight increase in stroke prevalence in recent years, this change is not statistically significant.

Compared to its nearest neighbour comparator authorities, stroke prevalence in Oxfordshire is broadly similar. AF prevalence is lower than many comparators, several of which have significantly higher AF prevalence than England.

Considering PCNs, the majority of PCNs have significantly greater prevalence of AF than England. These tend to be more rural PCNs, which may reflect older population demographics.

At the GP level, the same pattern is mirrored, with many rural GP surgeries having significantly higher prevalence of AF than both England and Oxfordshire. Conversely, several other GP surgeries have significantly lower prevalence than England and Oxfordshire. These are largely urban GP surgeries, with potentially younger patient populations.

The same distribution is observed for stroke prevalence. Several surgeries report significantly higher stroke prevalence, while the majority have statistically similar prevalence to the national average.

### **Cardiovascular Mortality**

Long-term cardiovascular disease (CVD) mortality rates in England have declined; however, this downward trend has stalled in recent years. This pattern is evident in both males and females, though males continue to experience significantly higher mortality rates overall.

Among those aged under-75, CVD mortality in England has increased in recent years. After a sustained period of improvement, trends have reversed, with a slight but statistically significant uptick in mortality. This increase may be driven primarily by rising CVD mortality rates among males.

A similar pattern is observed in under-75 mortality from preventable CVD in England. Although these changes are not statistically significant, there have been slight increases in mortality in recent years, following a long-term period of improvement.

Oxfordshire consistently performs well in terms of cardiovascular disease mortality, particularly when compared to England and its nearest neighbour comparator authorities. Between 2021 and 2023, Oxfordshire recorded the third lowest CVD mortality rate among all local authorities in England, and the lowest among its nearest neighbours.

CVD mortality has been in gradual decline in Oxfordshire, although this downward trend has slowed somewhat in recent years. Rates remain significantly lower in Oxfordshire than in England.

Similarly, among those under-75, CVD mortality in Oxfordshire also shows a long-term downward trend, though this has stagnated recently. Despite this, mortality rates in this age group remain significantly lower

than in England and the slight increase in CVD mortality seen in England has not been seen in Oxfordshire.

A similar pattern is observed in preventable CVD mortality among under-75s in Oxfordshire, with a long-term decline that has plateaued recently. Nevertheless, rates remain well below the national average.

Stroke mortality, both across all ages and among those aged under-75, is significantly lower in Oxfordshire compared to England. Oxfordshire also performs better than many of its nearest neighbour comparators. Reflecting broader trends in cardiovascular health, stroke mortality is decreasing in Oxfordshire over the long term.

Oxfordshire also performs well in terms of mortality from ischaemic heart disease, with rates significantly lower than the national average and many of its comparator local authorities. Among under-75s, Oxfordshire has the third lowest ischaemic heart disease mortality rate of all local authorities in England. While the long-term trend is downward, this improvement has largely plateaued in recent years.

Across Oxfordshire's districts, overall cardiovascular mortality rates are broadly comparable, with no significant differences between districts. Mirroring Oxfordshire, CVD mortality has been in long-term decline, although this decline has stagnated in recent years. The same trend is evident in under-75 mortality in Oxfordshire's districts, with rates lower than the national average. However, similar to the overall pattern, the rate of decline has slowed in recent years.

Preventable CVD mortality among under-75s is significantly lower in all districts except Cherwell, when compared to England.

Stroke mortality is largely comparable to national rates, although Oxford and West Oxfordshire have significantly lower stroke mortality than England. Among under-75s, stroke mortality across Oxfordshire's districts is statistically similar to the national average and Oxfordshire average.

Oxfordshire performs well in terms of mortality from diabetes, with rates significantly lower than the England average, and broadly comparable to many nearest neighbour authorities.

In all districts, mortality from diabetes is significantly lower than the England average, apart from Oxford, where rates are not significantly

different. All district-level rates are comparable to the Oxfordshire average. Reflecting national trends, diabetes mortality has increased over the long-term across Oxfordshire's districts.

Mortality from hypertensive diseases is also significantly lower in Oxfordshire than in England. However, mirroring national trends, hypertensive disease mortality is increasing over the long-term.

All districts, bar Oxford, have mortality rates from hypertensive diseases that are significantly lower than England, but also comparable to Oxfordshire.

Mortality from ischaemic heart disease is significantly lower across all Oxfordshire districts in comparison to England, with long-term downward trends in mortality evident.

## **Kidney**

The prevalence of chronic kidney disease (CKD) in Oxfordshire is significantly lower than in England. 3.4% of Oxfordshire residents are affected by chronic kidney disease, compared to 4.4% in England in 2023/24. There has been a significant rise in CKD in the same period in Oxfordshire, mirroring national patterns.

## **Cancer**

Cancer remains one of the leading causes of morbidity and mortality across England and Oxfordshire, with significant implications for health services and patient outcomes. Approximately [1 in 4 deaths](#) in England are due to cancers. While improvements in prevention, detection and treatment have increased survival rates, the overall impacts of cancers upon patients and health services remains high.

Cancer is shaped by a complex interplay of factors including environmental exposures, genetic predispositions, lifestyle factors as well as age and sex. However, inequalities in cancer incidence, detection and treatment exist, with outcomes varying by deprivation, ethnicity, and access to services.

This section explores cancer prevalence, incidence, mortality, and screening uptake across England, Oxfordshire, and its local health systems, highlighting key trends and areas for potential intervention.



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## **Cancer admissions**

In 2023/24, there were 334,684 emergency admissions with cancer in England, equating to 529 admissions per 100,000 population. Rates dropped sharply during the COVID-19 pandemic. In the most recent period, rates are still significantly lower than pre-pandemic levels.

Emergency presentations, where cancer is diagnosed through an emergency care route, are associated with poorer short-term survival rates for newly diagnosed patients. 56,163 people (or 89 per 100,000) were diagnosed via this route in 2023/24 in England. After a long-term decline in the number of emergency presentations with cancer prior to the pandemic, there was a notable and significant rise in emergency presentations in 2021/22. In the years following, there has been a significant decrease in rates, although rates in 2023/24 were still above pre-pandemic levels.

In contrast, non-emergency presentations for cancer are increasing, after a dip during the pandemic (2020/21). In 2023/24, there were 427 emergency presentations per 100,000 in England.

The number of emergency admissions with cancer in the BOB ICB was 576 per 100,000 in 2023/24, significantly higher than in England.

Within the Oxfordshire Sub-ICB (BOB ICB – 10Q), the rate was even higher at 674 per 100,000, making it significantly higher than both England and the wider BOB ICB average. Rate of admissions within the sub-ICB were also significantly higher than the other sub-ICBs within the BOB ICB.

Rates of emergency admissions with cancer in BOB-ICB 10Q have increased since the COVID-19 pandemic and are now significantly higher than pre-pandemic levels.

The rate of emergency presentation with cancer in Oxfordshire Sub-ICB is similar to the BOB ICB average, and is significantly less than the England average. There were 71 emergency presentations per 100,000 in 2023/24. Notably, there was a sharp and significant drop in emergency presentations in the most recent year, down from 101 per 100,000 in the 2022/23.

Non-emergency presentations in BOB-ICB 10Q are comparable to both England and other BOB Sub-ICBs, and appear to be increasing in the post-pandemic period.

Across Oxfordshire's PCNs, the majority have significantly higher rates of emergency admissions with cancer compared to the national average. Notably, Thame PCN and Kidlington, Islip, Woodstock, and Yarnton PCN have rates that are approximately double those of England.

At the GP practice level, this pattern is similarly evident. A majority of surgeries have significantly higher rates of emergency cancer admissions than both England and the BOB ICB average. Notable surgeries include Islip Surgery, and Chalgrove and Watlington Surgery, which report rates around 2.5 times higher than national and BOB ICB benchmarks.

In terms of emergency presentations (patients diagnosed via emergency care routes), rates across Oxfordshire's PCNs are largely comparable to England, BOB ICB, and the Oxfordshire Sub-ICB (10Q). A similar pattern is observed for non-emergency presentations, with most PCNs showing rates comparable to national and BOB ICB averages, although several PCNs report significantly higher rates.

## **Cancer Mortality**

### ***All Cancers***

139,543 people died from cancer in England in 2023. This equates to 247 people per 100,000 population. Mortality rates have been in consistent, long-term decline with a significant decrease in mortality between 2022 and 2023.

Amongst under-75s in England, rates of cancer mortality were 121 per 100,000 population in 2023. This equates to 59,423 deaths.

Mirroring overall cancer mortality trends, mortality amongst under-75s is also improving in the long term, with slight but statistically significant decreases seen year on year. However, such decreases have slowed and stagnated in recent years.

In 2023, mortality from all cancers was significantly lower in Oxfordshire than England. In 2023, 1,165 people (or 230 per 100,000 population) died of cancer in Oxfordshire. Unlike national trends, there has been little change in cancer mortality in Oxfordshire in recent years. Rates

have remained largely stable, with no statistically significant differences in rates between years. This trend is also evident in under-75 cancer mortality, with no significant trend evident in recent years, but a slight long-term improvement since 2001. In Oxfordshire in 2023, 667 people under-75 died of cancer, equating to 108 per 100,000.

Cancer mortality rates across Oxfordshire's districts are statistically similar, with no significant differences between them. All districts report rates that are comparable to both the Oxfordshire average and the national average.

As with Oxfordshire overall, there are no statistically significant trends in cancer mortality across the districts, including in all age and under-75 populations. Rates have remained largely stable in recent years, with no clear upward or downward trajectory.

In Oxfordshire's districts, rates of under-75 mortality from cancer are comparable to England and Oxfordshire, apart from West Oxfordshire, where rates are significantly lower than England.

### **Breast**

Breast cancer remains the most common type of cancer in England and a leading cause of cancer-related death. In 2023, 30 females per 100,000 died due to cancer in England. As with overall cancer mortality rates, breast cancer mortality is in long-term decline. Research has shown [long-term improvements](#) in breast cancer survival rates in England.

This is reflected in falling mortality from breast cancer among under-75 females in the long-term. However, this trend has largely stagnated in recent years.

In 2021–2023, 307 females in Oxfordshire died from breast cancer, equating to a mortality rate of 26 per 100,000, which is significantly lower than the England average. Breast cancer mortality in Oxfordshire is trending downward in the long term, and the county has the second lowest rate among its nearest neighbour comparator authorities.

Among under-75 females, Oxfordshire's breast cancer mortality rate is 13.8 per 100,000 - also significantly lower than the national average. Compared to its nearest neighbours, Oxfordshire ranks as third lowest for under-75 breast cancer mortality.

In Oxfordshire's districts, mortality rates from breast cancer are statistically comparable to both England and Oxfordshire, with no significant differences between districts. All districts have seen a long-term decline in mortality, mirroring England and Oxfordshire trends.

Amongst under-75s the same trend is evident, with long-term improvements in mortality rates from breast cancer. All districts are comparable to one another, to England, and to Oxfordshire.

### **Colorectal**

In England, in 2021-23, 42,763 people died of colorectal cancer, equating to 26 per 100,000. Rates of colorectal cancer have decreased in the long-term, but progress has stagnated in recent years.

Among under-75s, rates of colorectal mortality were 12 deaths per 100,000. Reductions in rates of colorectal cancer mortality have stagnated in the past decade, after a long-term downwards trend throughout the 2000's.

In Oxfordshire, rates of colorectal cancer mortality are similar to England, at 26 per 100,000, equating to 556 deaths in 2021-23. All age and under-75 rates of mortality due to colorectal cancer in Oxfordshire largely mirror national trends, with rates stagnant over the last decade, and a downward trend evident prior.

In Oxfordshire's districts, rates of colorectal mortality are comparable to both England and Oxfordshire. Amongst under-75s, this is also the case, with no statistically significant differences evident.

Trends in all age and under-75 mortality from colorectal cancer mirrors Oxfordshire and England trends.

### **Leukaemia and Lymphoma**

33,916 people died from leukaemia and lymphoma in England from 2021-23. This equates to 20 people per 100,000. There has been a slight but consistent long-term decline in mortality rates from leukaemia and lymphoma in England.

In Oxfordshire, rates of leukaemia and lymphoma are statistically comparable to England, with 21 deaths per 100,000 in 2021-23. As in

England, rates of mortality from leukaemia and lymphoma have been in a slight but consistent decline in the long-term.

Mortality rates are statistically comparable to all nearest neighbour comparators, amongst both under-75s and all age populations. Among under-75s, rates of leukaemia and lymphoma mortality in Oxfordshire are comparable to England.

In 2021-23, rates of mortality from leukaemia and lymphoma were comparable to England and Oxfordshire across Oxfordshire's districts, with no significant differences between districts. This also applies to mortality among under-75s.

### **Lung**

In 2021-23, there were 79,181 deaths from lung cancer, equating to 48 deaths per 100,000 people.

There has been a significant long-term downwards trend in mortality from lung cancer, with a significant decrease from 2020-22 to 2021-23, amongst all age and under-75 populations.

Significantly fewer people die of lung cancer in Oxfordshire than in England. 35 per 100,000 people died of lung cancer in Oxfordshire in 2021-23. Mirroring national trends, there has been a long-term decrease in mortality from lung cancer in Oxfordshire. The same trend is evident amongst under-75s.

Rates of all age and under-75 mortality from lung cancer in Oxfordshire are the second lowest of all comparator nearest neighbours.

Rates of lung cancer mortality across Oxfordshire's districts are significantly lower than England, but are statistically comparable to Oxfordshire. Amongst under-75s, rates of lung cancer mortality are significantly lower than England in West Oxfordshire, South Oxfordshire, and Vale of White Horse. Rates are comparable to England in Oxford and Cherwell.

### **Prostate**

Mortality rates from prostate cancer have been in long-term decline in England in the mid-2000s. In 2021-23, there were 44 deaths per 100,000 males in England.

Trends in Oxfordshire largely mirror national trends, despite a slight but non-significant increase in mortality in the most recent period. There were 48 deaths per 100,000 males due to prostate cancer in 2021-23. This rate is comparable to England.

Mortality from prostate cancer in Oxfordshire's districts largely mirrors national and county rates. All districts are statistically similar to Oxfordshire and England, except in West Oxfordshire, where rates of mortality from prostate cancer are significantly higher than in England.

## **Cancer Screening**

### ***Bowel Cancer***

#### **Coverage**

Oxfordshire has significantly higher bowel cancer screening coverage than England. In 2024, 73.9% of eligible people had been screened for bowel cancer in the previous 30 months, while in England, 71.8% had been screened.

This was also the case in Oxfordshire's districts, where Vale of White Horse, South Oxfordshire, West Oxfordshire, and Cherwell had greater coverage than England. Oxford had significantly lower coverage than both England and Oxfordshire, with just 65.1% coverage in 2024. This was the second lowest coverage of all district councils in the South East of England.

Screening coverage has increased considerably in the last decade across England, Oxfordshire, and its districts.

At the PCN and GP level, many surgeries and PCNs outperform both Oxfordshire and England in screening coverage. A handful, largely those located in Oxford, have significantly lower coverage than England and Oxfordshire.

#### **Uptake**

Bowel cancer screening uptake amongst 60 to 74 years olds in BOB ICB – 10Q (Oxfordshire) is significantly lower than BOB ICB as a whole, at 72.6%. However, this is significantly higher than the England uptake of 71.0%. Like coverage, uptake has increased significantly in recent years. In BOB ICB – Oxfordshire, there has been a 15-percentage point increase in bowel cancer screening uptake in the decade between 2013/14 and 2023/24.

At the PCN level, there is variance in screening uptake, with ten PCNs having significantly higher uptake than England, five having similar uptake to England, and five having significantly lower uptake. This variance is also evident at the GP practice level, where uptake ranges from 81.7% to just 56.3% across practices.

## **Breast Cancer**

### **Coverage**

Breast cancer screening coverage among 53- to 70-year-olds in BOB ICB – Oxfordshire is significantly higher than in England. Coverage is similar across all Sub-ICBS within BOB ICB.

As with bowel cancer screening, there is significant variance in coverage across PCNs and GP surgeries in breast cancer screening. The majority of PCNs and GP surgeries in Oxfordshire have greater coverage than England, with a handful having significantly lower coverage.

### **Uptake**

Uptake of breast cancer screening in BOB ICB – Oxfordshire is also significantly higher than England at 74.1% of eligible 50- to 70-year-olds. Uptake is largely stable in terms of trend, with no upward or downward trend evident.

Across PCNs and GP surgeries, there is significant variance in the uptake of breast screening. Uptake in some PCNs is significantly higher than BOB ICB – Oxfordshire and England, however, in others, uptake is considerably lower. In several PCNs and GP surgeries, uptake is as low as 30-35%, half the England average.

## **Cervical Cancer**

### **Coverage**

Cervical cancer screening coverage is reported within two age bands, 25-49 and 50-64 years of age.

In 2024, 25-49-year-olds in Oxfordshire were significantly less likely to have a record of a cervical cancer screening (in the previous 42 months) than in England. 64.3% of the eligible population had a recorded screening, compared to 66.1% nationally. Cervical cancer screening coverage has been in a slight but consistent long-term decline in



Oxfordshire, dropping approximately 10 percentage points between 2010 and 2024 - this has largely mirrored a downward national trend.

Compared to its nearest neighbours, cervical cancer screening coverage in Oxfordshire for 25-49 years olds is the lowest of all comparator local authorities. It is significantly lower than all nearest neighbours, except for Cambridgeshire and West Northamptonshire.

There is significant variation across Oxfordshire's districts in cervical cancer screening coverage amongst 25- to 49-year-olds. West Oxfordshire, South Oxfordshire, Cherwell, and Vale of White Horse perform significantly better than the Oxfordshire average in screening coverage. West Oxfordshire, South Oxfordshire, and Vale of White Horse also perform significantly better than England.

Therefore, Oxfordshire's relatively low coverage is primarily driven by Oxford, where coverage is 48.2%. Oxford has the fifth lowest coverage rate of any district council nationally. Coverage in Oxford is trending downwards, with an approximate 17 percentage point reduction in screening coverage since 2012.

Oxfordshire performs better in screening coverage among the 50 to 64 age group. Coverage is similar to England, at 74.5%. There has been a slight but consistent downwards trend in screening coverage since 2010, although this is not as large as in the younger 25- to 49-year-old age group.

Coverage is significantly lower in Oxford (65.8%) and Cherwell (73.3%) than in Oxfordshire's other districts. Coverage in West Oxfordshire, South Oxfordshire and Vale of White Horse is significantly higher than both England and Oxfordshire.

## **Respiratory**

### **Asthma**

Asthma is significantly less prevalent in Oxfordshire than in England. 6.1% of Oxfordshire's population (aged 6+ years) is asthmatic, compared to 6.5% in England in 2023/24. There is no clear trend in asthma prevalence in Oxfordshire, with prevalence stable year-on-year.

Compared to its 15 nearest neighbours, Oxfordshire has the third lowest rate of asthma prevalence.



The prevalence of asthma is significantly higher in West Oxfordshire (7.1%), South Oxfordshire (6.9%), and Vale of White Horse (6.8%) than in England or Oxfordshire. Cherwell has statistically similar prevalence to England, but significantly greater prevalence than Oxfordshire. Meanwhile, asthma prevalence in Oxford is amongst the lowest of all local authority districts nationally.

Prevalence within BOB ICB – Oxfordshire (10Q) is significantly lower than the overall BOB ICB prevalence.

Within PCNs, prevalence of asthma ranges from 7.3% in Thame PCN and Abingdon Central PCN to just 3.9% in Oxford Central PCN. Meanwhile at the GP Surgery level, prevalence ranges from 8.7% at Berinsfield Health Centre to just 2.6% at Jericho Health Centre.

## **COPD**

In 2023/24, the prevalence of COPD in Oxfordshire (1.3%) was significantly lower than England (1.9%). Oxfordshire has the third lowest rate of COPD prevalence when compared to its nearest neighbours. There is no clear trend or change in COPD prevalence in Oxfordshire in recent years.

Prevalence in all districts within Oxfordshire is lower than prevalence in England, however, prevalence in West Oxfordshire, Vale of White Horse and Cherwell is significantly higher than the Oxfordshire average. Prevalence in Oxford is significantly lower than all other districts, as well as Oxfordshire.

All PCNs in Oxfordshire had significantly lower COPD prevalence than England, except for Abingdon Central PCN, South East Oxford Health Alliance (SEOXHA) PCN and Banbury Alliance PCN, which had similar prevalence to England. Meanwhile, Oxford Central PCN had amongst the lowest COPD prevalence of all PCNs in England.

Mortality from COPD in 2021-23 in Oxfordshire was also significantly lower than England. 645 people died from bronchitis, emphysema, and other chronic obstructive pulmonary disease in this period, equating to 30 people per 100,000 population. In England, rates were 44 per 100,000 population. Oxfordshire performs well in COPD mortality when compared to its nearest neighbours, having the fourth lowest rate of all comparators. Deaths from COPD have been decreasing in Oxfordshire

and England since the 2000s, potentially due to reductions in smoking prevalence as well as environmental and occupational exposures.

COPD Mortality in Vale of White Horse, West Oxfordshire, Cherwell, and South Oxfordshire were significantly lower than England (2021-23), while prevalence was similar in Oxford to England. All districts were comparable to the Oxfordshire average.

## **Respiratory Admissions**

### **Respiratory Disease**

Admissions for respiratory disease provide a snapshot of all admissions where the primary diagnosis is any respiratory disease code (ICD-10 codes J00 to J99).

BOB Sub-ICB 10Q – Oxfordshire had the highest rate of respiratory admissions within BOB ICB in 2023/24. There were 1,423 admissions per 100,000 population, significantly higher than the other Sub-ICBs within BOB ICB, as well as BOB ICB itself. Admission rates in BOB Sub-ICB 10Q – Oxfordshire were statistically similar to England.

Respiratory disease admissions have been increasing across BOB ICB and its Sub-ICBs in the post pandemic period, after a sharp drop during the COVID-19 pandemic. Admissions have now largely returned to pre-pandemic rates.

### **Asthma**

Asthma should be primarily managed within primary care; emergency care should not be necessary if appropriate routine care is provided. Therefore, admissions for asthma can identify areas where diagnosis and monitoring of asthma could be improved.

In 2023/24, there were 485 asthma admissions of adults in BOB ICB – 10Q – Oxfordshire, equating to 485 admissions per 100,000. Admissions in BOB ICB – 10Q – Oxfordshire were higher than in BOB ICB's other Sub-ICBs, although not significantly so. Admission rates were similar in BOB ICB – 10Q – Oxfordshire to England.

Admissions in BOB ICB – 10Q – Oxfordshire are increasing after a significant drop during the COVID-19 pandemic. Rates have now returned to pre-pandemic levels.

## Pneumonia

The NHS Long Term Plan aims to reduce the burden of pneumonia admissions upon the NHS by moving pneumonia cases that can be managed at home into the community. Serious pneumonia, for which hospitalisation is required, is a major contributor to severe sepsis and intensive care use.

Admissions in BOB ICB – 10Q – Oxfordshire for pneumonia are significantly higher than England, BOB ICB and other Sub-ICBs within BOB ICB. As with admissions for other respiratory diseases, admissions for pneumonia are increasing in the post-pandemic period, returning to pre-pandemic levels in the 2023/24.

## COPD

Hospital admissions for COPD often require intensive management, placing significant burden upon hospital services. Declining lung function and worsening quality of life are common outcomes of COPD exacerbations necessitating hospitalisation.

In 2023/24, COPD admissions of the all-age population in BOB ICB – 10Q – Oxfordshire were similar to the overall BOB ICB rate (at 157.9 per 100,000), but were significantly higher than the other Sub-ICBs within BOB ICB. However, admission rates were still significantly lower than the England average.

Rates of COPD admissions in BOB ICB – 10Q – Oxfordshire have returned to pre-pandemic levels.

In Oxfordshire, emergency admissions for the over 35 age group for COPD in 2023/24 were significantly lower than the England average, with 268 admissions per 100,000. Admissions have increased in recent years and have now returned to pre-COVID 19 rates.

Oxfordshire performs in line with many of its nearest neighbour comparators, though admission rates are significantly higher than Gloucestershire, Buckinghamshire, Bath and North East Somerset and Surrey.

At the district level, COPD admissions amongst over-35s are significantly higher in Oxford and Cherwell than in Oxfordshire as a whole. Rates in West Oxfordshire and Vale of White Horse are similar to

the county average, while rates in South Oxfordshire are significantly lower than Oxfordshire.

### **Respiratory Mortality**

Respiratory diseases are one of the leading causes of death in Oxfordshire. A significant proportion of respiratory mortality is largely preventable through smoking cessation. Smoking is the primary cause of COPD, which is a leading cause of respiratory morbidity and mortality.

In Oxfordshire, rates of respiratory mortality (all ages) are significantly lower than in England.

Mortality from respiratory disease has decreased significantly in recent decades in Oxfordshire and England. In 2001-03, 146.4 people per 100,000 died from respiratory diseases. In the most recent period, this rate was 84.1 people per 100,000. Long-term decreases in respiratory mortality have slowed in recent years.

This applies to both males and females, where long-term downward trends in respiratory mortality are evident. Males make up the majority of respiratory mortality - in 2021-23, rates of respiratory mortality amongst males in Oxfordshire were 102.3 per 100,000, while for females, this rate was 71.4 per 100,000.

Decreasing respiratory mortality is potentially the product of reduced smoking prevalence, improved air quality and better management of respiratory conditions.

In comparison to its nearest neighbours, rates of respiratory mortality in Oxfordshire are significantly lower than many comparators. Rates of mortality in Oxfordshire are the second lowest amongst comparator authorities.

Respiratory mortality amongst under-75s in Oxfordshire is also significantly lower than in England. 357 people in Oxfordshire under the age of 75 died from respiratory diseases in 2021-23, equating to 19.6 people per 100,000. In England, 30.3 people per 100,000 died from respiratory diseases. Under-75 respiratory mortality is in long-term decline, though this decline has slowed and stagnated over recent years.

Long-term decline in under-75 respiratory mortality is seen across both males and females in Oxfordshire.

Under-75 mortality from respiratory disease considered preventable are deaths that could otherwise be avoided through effective public health and primary care interventions. Rates of under-75 mortality from respiratory disease considered preventable are significantly lower in Oxfordshire than in England. There were 209 deaths from respiratory diseases considered preventable in Oxfordshire between 2021-23, equating to a rate of 11.5 per 100,000. Rates in Oxfordshire are comparable to many nearest neighbour comparators and significantly lower than Nottinghamshire, Kent, West Northamptonshire, and Lancashire.

Within Oxfordshire's districts, mortality rates from respiratory diseases (all ages) vary. In 2021-23, all districts had significantly lower rates of respiratory mortality than England, except for Cherwell. Cherwell had a similar rate of respiratory mortality to England and a significantly greater mortality rate than Oxfordshire, with 100.2 deaths per 100,000. Respiratory mortality rates in Oxfordshire's districts mirror county and national trends, with a consistent long-term decrease in mortality since the 2000s.

Under-75 mortality from respiratory disease in Oxfordshire's districts is also declining, as of 2021-23. All districts have significantly lower rates of under-75 respiratory mortality than England, except Oxford, which is statistically similar to England. Rates of under-75 respiratory mortality in Oxford (30.0 per 100,000) are almost double that of West Oxfordshire (15.3 per 100,000) and Vale of White Horse (15.4 per 100,000). While it should be noted that West Oxfordshire and Vale of White Horse have amongst the lowest rates of under-75 respiratory mortality of all district councils in England, Oxford represents an outlier when considering under-75 respiratory mortality in Oxfordshire.

Oxford's increased rate of under-75 mortality from respiratory disease is driven in part by significantly higher rates of under-75 mortality from respiratory disease amongst males. While caution should be taken in drawing significant conclusions from relatively small counts of deaths, rates of under-75 mortality from respiratory disease amongst males in Oxford have consistently been higher than other districts in the long-term. As of 2021-23, rates of under-75 mortality from respiratory disease amongst males in Oxford (41.1 per 100,000) are approximately triple those of South Oxfordshire (13.0 per 100,000).

Amongst females, rates of under-75 mortality from respiratory diseases are statistically similar across all districts.

Rates of under-75 mortality from respiratory disease considered preventable across Oxfordshire's districts are lower than England, except for Oxford, which has a similar rate to England and a significantly higher rate than Oxfordshire.

## **Mental Health, Wellbeing and Neurology**

### **Mental Health Conditions**

#### ***Depression***

In 2022/23, there were 86,662 recorded cases of depression in Oxfordshire. This equates to 13.1% of the population, with depression being one of the most commonly occurring long-term conditions in the county. Prevalence in Oxfordshire was significantly lower than in England, where prevalence was 13.2%.

There has been a long-term upwards trend in the prevalence of depression in both England and Oxfordshire with rates more than doubling in the past decade. Compared to its statistical nearest neighbours, Oxfordshire has significantly higher prevalence than around half of the comparator local authorities, and significantly lower prevalence than the remaining half.

Prevalence of the condition varies notably across PCNs, ranging from 9.1% to 17.5%. The variation is even more pronounced at the GP surgery level, where the highest recorded prevalence (22.5%) is more than three times that of the lowest (6.7%). This suggests significant local differences in population health and engagement with primary care.

The incidence of new cases of depression (the percentage of patients with depression recorded on practice disease registers for the first time in the financial year) was 1.6% for Oxfordshire in 2023/24. This means that 1.6%, or 10,905 people, had a new diagnosis of depression in that year. Incidence has been relatively level in recent years, although there was a significant increase in new diagnoses in 2023/24 as compared to 2022/23.

There were significantly more new diagnoses in Oxfordshire than in England. Incidence in Oxfordshire was amongst the highest of all statistical nearest neighbours, with incidence significantly higher than many comparators.

Incidence varied across PCNs, with percentage of new diagnoses ranging from 2.1% to 0.9%. Once again, there was significantly more variation across GP surgeries, with incidence ranging from 4.0% to 0.3%.

### ***Mental Health (Schizophrenia, Bipolar and other psychoses)***

Mental health, defined as patients with schizophrenia, bipolar affective disorder and other psychoses, was significantly less prevalent in Oxfordshire than England in 2023/24. 0.9% of residents were living with mental health, compared to 1.0% in England. There have been no significant changes in the prevalence of mental health, with no clear trend evident in recent years. Prevalence of mental health in Oxfordshire was amongst the highest of all statistical nearest neighbours, with prevalence significantly higher than many comparators.

Two PCNs had significantly higher prevalence of SMI than England, City - East Oxford PCN and SEOXHA PCN, with prevalence of 1.4 and 1.3%, respectively. Within GP surgeries, there was also significant variation. Three surgeries had prevalence significantly higher than England, with one surgery, Temple Cowley Health Centre, having prevalence double that of England.

### **Wellbeing**

Wellbeing data presented in this section is sourced from the [ONS Personal Wellbeing Estimates](#).

#### **Happiness**

The proportion of people (aged 16+) with a low happiness score in Oxfordshire in 2022/23 was 5.8%. This was significantly lower than England, where 9.0% reported low happiness. There have been no significant changes in the proportion reporting low happiness in recent years in both Oxfordshire and England. Compared to its nearest neighbours, Oxfordshire had the lowest proportion reporting low happiness, however, due to wide confidence intervals, this difference is not statistically significant.



District level proportions are only available for Cherwell and South Oxfordshire. Both districts reported low happiness at a similar level to England and Oxfordshire.

### Satisfaction

In 2022/23, significantly fewer people in Oxfordshire reported low life satisfaction compared to the national average. Just 2.7% of Oxfordshire residents reported low satisfaction, compared to 6.5% across England. This suggests that a smaller proportion of the local population is dissatisfied with life. Notably, levels of low life satisfaction in Oxfordshire have remained stable in recent years, with no significant changes observed. Only Cherwell reported statistically similar dissatisfaction to England and Oxfordshire.

### Worthwhile

Worthwhile scores reflect how meaningful people feel their lives are. In Oxfordshire, just 1.6% of residents reported a low score, substantially lower than the national average of 4.4%, a statistically significant difference. While Oxfordshire has the lowest rate among its nearest neighbours, wide confidence intervals mean this difference is not statistically significant. There have been no significant changes in the percentage reporting a low meaningfulness score in Oxfordshire over recent years.

### Anxiety

In Oxfordshire, 18.1% of residents had a high anxiety score, compared to 23.7% across England in 2022/23. Although Oxfordshire's rate is lower, the difference is not statistically significant. Among its nearest neighbours, Oxfordshire has the lowest reported prevalence, but wide confidence intervals mean this cannot be confirmed statistically. No clear trend has emerged in Oxfordshire over recent years.

### Referrals to Oxford Health Mental Health Services

Referrals to Oxford Health Mental Health Services varied by age. Most referrals were among young aged under 25.

### Social Care

In 2023/24, 29.3% of adult carers in Oxfordshire felt they had sufficient social contact. This was similar to the national average and many nearest neighbours. 45.8% of social care users felt they have sufficient social contact, similar to the national average.



## **Alcohol and Liver Related Disease**

### **Alcohol Admissions**

#### **Alcohol Specific Conditions**

In 2023/24, Oxfordshire recorded an alcohol-specific admission rate of 430.9 per 100,000, significantly lower than the national rate of 611.7 per 100,000. Oxfordshire also had a significantly lower rate than many of its nearest neighbour peers. However, there was no clear trend in admission rates over recent years, suggesting relative stability in admission rates.

All district councils within Oxfordshire reported alcohol-specific admission rates significantly lower than the England average. However, notable variation exists within the county: Oxford City had a significantly higher rate than West Oxfordshire, Vale of White Horse, and South Oxfordshire.

#### **Alcohol Related Conditions**

Alcohol-related hospital admissions are used as a way of understanding the impact of alcohol on the health of a population. To assess this burden, two measures, the Broad and Narrow measure of admissions are used:

- The Broad measure is a measure of hospital admissions where either the main reason for admission **or** one of the secondary reasons for admission is an alcohol-related condition.
- The narrow measure is a measure of hospital admissions where the main reason for admission is an alcohol-related condition.

In 2023/24, Oxfordshire recorded an alcohol-related admission rate of 1,315 episodes per 100,000 under the broad definition, significantly lower than the England average of 1,824 per 100,000. Oxfordshire also had significantly lower rates than many of its nearest neighbours, with all district councils performing better than the national average. No clear trend has emerged in recent years, suggesting relative stability.

Under the narrow definition, Oxfordshire's rate was 414 per 100,000, again significantly lower than England's rate of 504 per 100,000. All districts in Oxfordshire reported rates below the national average. Oxfordshire had the second lowest rate amongst its nearest neighbours. While rates have generally remained stable over time, there was a

statistically significant increase in 2023/24 compared to the previous year.

In 2023/24, the rate of alcohol-related hospital admissions among people under 40 in Oxfordshire was 121.9 per 100,000, significantly lower than the national average. After several years of decline, there was a statistically significant increase compared to 2022/23, likely driven by rising rates in South Oxfordshire, Vale of White Horse, and West Oxfordshire.

Among those aged 40–64, admissions rose significantly to 646 per 100,000 in 2023/24. While Oxfordshire's rate remains below the national average, the increase marks a notable shift after a period of relative stability. Rates climbed significantly in Cherwell in this period.

In 2023/24, Oxfordshire recorded an alcohol-related admission rate of 414 per 100,000 among residents aged 65 and over, significantly lower than the England average of 504 per 100,000. Both Oxfordshire and England saw a statistically significant rise in rates compared to the previous year. Despite the increase, Oxfordshire still ranks as the third lowest among its nearest neighbours.

In 2023/24, Oxfordshire recorded an admission rate of 628 per 100,000 for alcohol-related cardiovascular disease, significantly lower than the England average of 837 per 100,000. Oxfordshire also had the second lowest rate among its comparator local authorities. All district councils within Oxfordshire reported rates below the national average. No clear trend has been observed in recent years, suggesting stable levels of alcohol-related cardiovascular admissions across the county.

### Alcoholic Liver Disease

In Oxfordshire, there were 159.0 hospital admissions for alcoholic liver disease (broad) per 100,000 in 2023/24. This was similar to the England rate of 163.4 per 100,000. Admission rates have increased significantly in recent years, with a clear upward trend apparent. Rates in Oxfordshire were statistically similar to many comparator nearest neighbours.

In Oxfordshire's districts, Vale of White Horse and South Oxfordshire had significantly lower admissions rates than England, with the remaining districts having similar rates.

## **Alcohol Mortality**

### **Alcohol related Mortality**

In 2023, Oxfordshire recorded an alcohol-related mortality rate of 34.7 per 100,000, lower than the England average of 40.7 per 100,000. While no clear trend is evident over recent years, Oxfordshire has consistently remained below the national rate. Compared to its nearest neighbours, Oxfordshire's rate is broadly similar, and district-level rates across the county are comparable to both the Oxfordshire and England averages.

In the same year, Oxfordshire's alcohol-specific mortality rate was 12.5 per 100,000, slightly below the England rate of 15.0 per 100,000. However, this difference is not statistically significant, and Oxfordshire's rate is considered broadly in line with the national average and many of its nearest neighbours. There was a non-significant increase in alcohol-specific mortality in 2023 compared to 2022.

### **Liver Disease Mortality**

In 2023, Oxfordshire recorded a liver disease mortality rate of 26.4 per 100,000, similar to the England average of 27.7 per 100,000. No clear trend has been observed in Oxfordshire's rates over recent years, and all district councils reported rates comparable to both the county and national averages.

In 2023, Oxfordshire recorded an under-75 mortality rate of 21.2 per 100,000 for liver disease, closely aligned with the England average of 21.9 per 100,000. While Oxfordshire experienced an increase compared to the previous year, this change was not statistically significant, indicating no clear trend at present.

Over the 2021-2023 period, Oxfordshire's rate of preventable under-75 mortality from liver disease was 15.0 per 100,000, significantly lower than the England average of 19.2 per 100,000. This suggests comparatively better outcomes in Oxfordshire for mortality considered avoidable.

Oxfordshire's mortality rate from chronic liver disease in 2023 was 15.0 per 100,000, identical to the England average. While England saw a statistically significant increase compared to 2022, Oxfordshire also experienced a rise, though this was not statistically significant due to wide confidence intervals.

In 2021-23, Oxfordshire recorded an all-age mortality rate of 13.8 per 100,000 for cirrhosis and other liver diseases, significantly lower than the England average of 17.8 per 100,000. No clear trend has been observed in Oxfordshire's rates over recent years. Compared to its nearest neighbours, Oxfordshire's rate is broadly similar. At the district level, Vale of White Horse reported a significantly lower rate than the Oxfordshire average, while other districts showed rates statistically similar to Oxfordshire.

Between 2021- 2023, Oxfordshire recorded an under-75 mortality rate of 12.6 per 100,000 for cirrhosis and other liver diseases, significantly lower than the England average of 16.2 per 100,000. No clear trend has been observed in Oxfordshire's rates over recent years, indicating relative stability. Compared to its nearest neighbours, Oxfordshire's rate is broadly similar. At the district level, South Oxfordshire and Vale of White Horse reported rates significantly lower than the national average, while the remaining districts were statistically similar to both Oxfordshire and England.

### Liver Related Admissions

In 2022/23, Oxfordshire recorded a hospital admission rate of 174.2 per 100,000 for liver disease, which is statistically similar to the England average of 155.2 per 100,000. However, Oxfordshire experienced a significant increase compared to the previous year, rising from 130.4 per 100,000. All district councils reported rates comparable to the England average.

Oxfordshire's admission rate for alcoholic liver disease in 2022/23 was 55.6 per 100,000, similar to the England rate of 49.4 per 100,000. The county saw a statistically significant increase from the previous year and now ranks fourth highest among its nearest neighbours.

Over the three-year period, 2020/21-2022/23, Oxfordshire recorded a rate of 9.9 admissions per 100,000 for non-alcoholic fatty liver disease, almost double the England average of 5.0 per 100,000. This difference is statistically significant, and Oxfordshire has the highest rate among its nearest neighbours, significantly higher than all except Nottinghamshire. No clear trend has emerged in recent years, with a relatively stable trend of high non-alcoholic fatty liver disease admissions.

## **Learning Disability**

In 2023/24, 3,516 residents were living with a learning disability, equating to 0.4% of the Oxfordshire population. This proportion was significantly lower than England, where 0.6% of the population had a learning disability. There has been a slight but consistent rise in the prevalence of diagnosed learning disabilities in Oxfordshire in the past decade, as is the case in England.

The majority of Oxfordshire's PCNs have a lower prevalence of learning disabilities than England, with some having statistically similar rates. Only one GP surgery had prevalence significantly higher than England and Oxfordshire (Nuffield Health Centre) - most other surgeries had similar rates to England.

Living in stable accommodation improves the safety of adults with learning disabilities and reduces their risk of social exclusion. 89.3% of adults with a learning disability in Oxfordshire were living in their own home or with their family in 2023/24, significantly higher than the England average of 81.6%. There has been a slight but consistent upwards trend in the proportion of adults with learning disabilities in Oxfordshire in recent years. This proportion ranks as the fourth highest among Oxfordshire's nearest neighbours and is significantly higher than many of Oxfordshire's peers.

Adults with learning disabilities are significantly less likely to be in employment. In 2022/23 there was a 69.3% employment gap between those in receipt of long-term learning disability support and the overall employment rate. This was statistically similar to England.

## **Accidents**

There were 536 deaths from accidents in Oxfordshire between 2021-23. This equated to 24.4 deaths per 100,000 residents. This was significantly less than in England, where rates of mortality due to accidents was 29.4 per 100,00. Rates of deaths from accidents in Oxfordshire are relatively stable. In England, there is an upward trend in deaths from accidents.

In Oxfordshire's districts, rates of deaths from accidents were statistically similar to Oxfordshire. Rates were comparable to England in Oxford, Cherwell, and West Oxfordshire, but significantly lower in Vale of White Horse and South Oxfordshire.

Rates of deaths from accidents in those aged under-75 in Oxfordshire are also significantly lower than in England, with 10.9 deaths per 100,000. Rates are relatively stable in recent years.

Deaths from accidental falls are also significantly lower in Oxfordshire than in England, with 260 deaths, or 11.8 deaths per 100,000 in 2021-23. Rates of deaths from accidental falls are relatively stable in Oxfordshire over recent periods. Rates in all districts are statistically comparable to England, due to wide confidence intervals.

### **Fire and Rescue Services**

In 2024/25, there were 267 dwelling fires in Oxfordshire, a reduction of 33 incidents compared to the previous year. While the number of fires appears to be declining over time, the statistical significance of this trend cannot be confirmed due to the absence of confidence intervals.

In contrast, injuries resulting from dwelling fires increased, with 44 injuries recorded in 2024/25. Serious injuries remain rare, with only one serious injury per year reported between 2021/22 and 2024/25. However, there were two fatalities from dwelling fires in 2024/25, highlighting the continued importance of fire prevention and safety measures.

### **NHS Health Checks**

NHS Health Checks are a nationally commissioned programme aimed at preventing the onset of major chronic conditions such as heart disease, stroke, type 2 diabetes, and dementia. Offered every five years to all adults aged 40 to 74 without pre-existing conditions, these checks are designed to identify risk factors early and reduce preventable disease.

By assessing risk factors including blood pressure, BMI and lifestyle behaviours, NHS Health Checks offer a valuable opportunity for individuals to manage their health proactively. As such, Health Checks play a key role in shifting the focus of healthcare from reactive to proactive prevention.

Evidence shows NHS Health Checks [increase the detection of individuals at risk of cardiovascular diseases](#) and serve as a vital tool in reaching underserved, deprived and marginalised communities.

However, there is significant variation in uptake of NHS Health Checks, both geographically and across population groups. Those most likely to attend are often already engaged with the healthcare system and tend to be less socio-economically deprived, highlighting a missed opportunity to reach those at greatest risk. As such, increasing uptake of NHS Health Checks is of particular importance, especially in communities across Oxfordshire where engagement with preventative services may be lower.

As the burden and prevalence of chronic conditions continues to rise in Oxfordshire, NHS Health Checks are a key component of local public health strategies, helping to improve population health outcomes and reduce hospital use and preventable mortality.

In Oxfordshire, during 2024/25, 38,118 or 18.5% of eligible adults aged 40-74 were invited for a Health Check. Amongst those invited, uptake was 44.2%. Therefore, overall, 8.2% of eligible adults received an NHS Health Check in this period.

The percentage invited in Oxfordshire was significantly lower than in England and was comparable to many of Oxfordshire's statistical nearest neighbours. However, uptake was stronger in Oxfordshire, with significantly more Oxfordshire invitees taking up the NHS Health Check than the England average. Uptake was comparable to many nearest neighbours, including Buckinghamshire and Warwickshire, but was significantly lower than others including York (81.6% uptake) and South Gloucestershire (62.8% uptake).

Overall, this meant that 8.2% of eligible adults received a Health Check in 2024/25, significantly less than the England average of 9.0%.

Invitations for NHS Health Checks in Oxfordshire have largely recovered in the most recent period, after a sharp drop during the COVID-19 pandemic. Uptake dropped significantly between 2023/24 and 2024/25, by approximately 6 percentage points. This resulted in a significant drop in the total percentage of the eligible population receiving a Health Check in 2024/25 as compared to 2023/24.

Within BOB ICB, 17.6% of eligible adults were invited for a Health Check, with 47.3% taking up the offer. Therefore, 8.3% of the eligible population received a Health Check.

## **NHS Services**

### **Patient Satisfaction**

In 2024, 70.1% of patients in BOB ICB – 10Q – Oxfordshire reported that their waiting time for a primary care appointment was acceptable. This compares favourably to the England average of 65.9%. Across most Primary Care Networks (PCNs) in Oxfordshire, patient satisfaction with waiting times was either statistically similar to or higher than the national average. However, one PCN reported a significantly lower level of satisfaction, highlighting potential local variation.

At the GP surgery level, satisfaction ranged widely: some practices achieved 100% satisfaction among surveyed patients, while others reported satisfaction levels of only around 50–55%.

Patients in Oxfordshire generally felt that their needs were met during GP appointments, with satisfaction levels comparable or better than the national average. Several GP surgeries achieved 100% satisfaction among surveyed patients, reflecting strong performance in patient-centred care.

### **Oxford Health Community Services**

Oxford Health Community services had 50,695 attended appointments in 2024/25. More than half of appointments were in district nursing.

## **Libraries**

### **Making Every Contact Count (MECC)**

Making Every Contact Count (MECC) is an approach to behaviour change that uses everyday interactions that people have with others to support them in making positive changes to their physical and mental health. There were approximately 10,500 conversations carried out in Oxfordshire's libraries in 2024/25 as part of MECC.

Conversations covered a range of topics, with the most common including those relating to mental health and wellbeing (3,552 conversations), signposting to other health services (1,718 conversations), physical activity (649 conversations) and the cost of living (571 conversations).



Conversations took place across Oxfordshire County Council's libraries, with the most conversations occurring at Oxford Westgate Library.

### **Health and Wellbeing Events**

In 2024/25, approximately 1,250 health and wellbeing events were held within Oxfordshire's libraries, including sessions for both adults and children.

There 1,842 child attendees and 12,813 adult attendees at these events. The libraries with the most attendees included Abingdon (3,084), Wantage (1,790), and Kidlington (1,102).

## **Ageing Well**

### **Risk Factors**

The primary risk factors for healthy life lost to premature death and disability in Oxfordshire include tobacco, dietary risk, and alcohol use. Exposure to these risk factors significantly increases the likelihood of developing serious health conditions such as cancer, respiratory disease, cardiovascular disease, and type 2 diabetes.

Tobacco is the risk factor which accounted for the largest number of years of healthy life lost to premature death and disability (DALYs) in Oxfordshire in 2021, accounting for 14,764 DALYs. It is also the behavioural risk factor responsible for the highest number of years of life lived with any short- or long-term health loss (YLDs) at 3,813 YLDs. Dietary risks and high alcohol use were the other leading behavioural risk factors in 2021.

Tobacco is the risk factor associated with the highest number of deaths at 641. Deaths which were attributable to tobacco accounted for 91 out of every 100,000 deaths in Oxfordshire in 2021.

Many of these risk factors are preventable, and effective healthcare interventions, including smoking cessation support, dietary advice, and alcohol reduction programmes are therefore vital to reducing long-term disability and premature mortality in Oxfordshire. Addressing these risks is a key component of both national and local public health strategy and is essential to improving population health outcomes in Oxfordshire.

## **Dementia**

Dementia is a syndrome caused by a range of diseases and conditions that damage the brain, leading to a progressive decline in cognitive function. It is a leading cause of disability in older adults and significantly impairs an individual's ability to carry out everyday tasks. As dementia advances, individuals often require substantial social care and support to manage daily living and to maintain their quality of life.

The impact of dementia extends beyond the individual, placing considerable emotional, physical, and social strain on caregivers and families.

### ***Prevalence and Diagnosis***

In 2023/24, 6,136 people in Oxfordshire were living with dementia, equating to 0.7% of the adult population. Prevalence was similar to England, where prevalence was 0.8%. The prevalence of dementia is stable, with no upward trend in either England or Oxfordshire.

Oxfordshire, in comparison to many of its nearest neighbours, has a significantly lower prevalence of dementia. Despite this, prevalence is still significantly higher than Cambridgeshire and West Northamptonshire.

There is significant variation in the recorded prevalence of dementia across GP surgeries in Oxfordshire, ranging from 1.7% to 0.1%. This disparity is likely influenced by differences in patient demographics.

Crude prevalence of dementia per 10,000 amongst those aged under 65 years, in the BOB ICB – 10Q – Oxfordshire is 1.9 per 10,000. Prevalence is similar to BOB ICB but significantly lower than England.

Oxfordshire has an estimated dementia diagnosis rate of 63% among residents aged 65 and over. This means that 63% of people in this age group who are expected to have dementia (based on national prevalence estimates) have a recorded diagnosis. The remaining 37% may be living with undiagnosed dementia, highlighting potential gaps in case finding. Oxfordshire's diagnosis rate is similar to many of its nearest neighbour local authorities and the England average diagnosis rate of 65.6%.

There is variation in diagnosis rates across Oxfordshire's districts, although this is not statistically significant. Diagnosis rates in South

Oxfordshire and Vale of White Horse (both 58.1%) are significantly lower than England. Rates in other districts are comparable to England.

## **Musculoskeletal**

Musculoskeletal (MSK) conditions, such as arthritis, back pain, and osteoporosis, have wide-ranging impacts on health and wellbeing across the life course. MSK conditions affect the joints, bones, and muscles, leading to long-term physical pain and potential disability. According to the [Office for Health Improvement and Disparities](#), MSK conditions can be divided into 3 groups:

- inflammatory conditions, for example, rheumatoid arthritis
- conditions of MSK pain, for example, osteoarthritis and back pain
- osteoporosis and fragility fractures, for example, a fracture after a fall from standing height

Musculoskeletal health is an important aspect of healthy ageing, allowing for an active independent lifestyle and for some, the ability to remain within the workforce.

## **Musculoskeletal Prevalence**

MSK conditions are key drivers of disability, often preventing those affected from engaging fully in social and economic life. For example, Versus Arthritis found that approximately [4/10 people](#) with an MSK condition are unemployed.

Musculoskeletal (MSK) conditions are intricately linked with a range of other morbidities, including mental health disorders, obesity, and chronic pain. Individuals living with an MSK condition are significantly more likely to experience multimorbidity, the presence of two or more long-term health conditions, which can compound the impact on physical function, emotional wellbeing, and quality of life.

In 2024, 14.4% of Oxfordshire's residents (aged 16+) reported experiencing an MSK condition. This was significantly less than in England (17.9%).

In Oxfordshire's districts, residents of Oxford, Vale of White Horse, West Oxfordshire, and Cherwell reported significantly fewer MSK conditions than England. Prevalence in Oxford was significantly lower than

Oxfordshire as a whole. In South Oxfordshire, prevalence was similar to England.

As discussed, MSK conditions often occur alongside other long-term conditions. In Oxfordshire in 2024, 10.2% of residents reported experiencing MSK problems alongside another long-term condition. This was significantly less than England. Once again, most districts reported lower prevalence of MSK conditions than England, except South Oxfordshire, which was similar to England. Rates in Oxford were significantly lower than in Oxfordshire.

Living with an MSK condition can contribute to the development of depression and anxiety due to chronic pain, reduced mobility, and social isolation. Conversely, poor mental health can intensify the experience of MSK symptoms and, in some cases, may even contribute to their onset through mechanisms such as increased muscle tension, altered pain perception, and reduced physical activity.

In Oxfordshire in 2024, the odds ratio for reporting a mental health condition among individuals with an MSK condition was 1.1, indicating that people with and without MSK conditions experienced mental health issues at similar rates. This contrasts with the national picture in England, where the odds ratio was 1.5, suggesting that individuals with an MSK condition were 1.5 times more likely to report a mental health condition compared to those without.

Interestingly, this varies across Oxfordshire's districts. Vale of White Horse residents with MSK conditions are significantly more likely to report mental health conditions than those without an MSK condition. Residents of Oxford with MSK conditions are also more likely to do so, but not to a statistically significant extent. Residents of West Oxfordshire, Cherwell, and South Oxfordshire with MSK conditions also do not report significantly more mental health conditions.

### **Osteoporosis**

In 2023/24, 1.9% of Oxfordshire residents (aged 50+) were living with osteoporosis. This was significantly more than in England, where prevalence was 1.1%. Oxfordshire had the eight highest prevalence of osteoporosis of all counties and unitary authorities in England. Prevalence in Oxfordshire was significantly higher than the majority of its statistical nearest neighbours.

There has been a sharp increase in the prevalence of osteoporosis in recent years, both nationally but especially in Oxfordshire. In 2023/24, prevalence of osteoporosis was almost 10 times higher than in 2014/15. While this may be due to a surge in incidence, it could also be accounted for by increased testing for osteoporosis, increased awareness amongst doctors and patients, and demographic shifts toward an older population.

Similar significant increases in Oxfordshire's districts can also be seen in recent years. Rates in all districts are significantly above national averages. Prevalence in West Oxfordshire is the second highest of all district councils nationally.

There is significant variation in the prevalence of osteoporosis amongst Oxfordshire's PCNs. Prevalence in 2023/24 ranged from 0.8% to 4.5%. Approximately half of Oxfordshire's PCNs had prevalence significantly greater than England.

Within GP surgeries, prevalence of osteoporosis in 2023/24 ranged from 5.2% to 0.3%. This is likely partially explained by differing patient demographics across GP surgeries.

### ***Rheumatoid Arthritis***

The prevalence of rheumatoid arthritis in 2023/24 was 0.7% in Oxfordshire. This was significantly lower than the prevalence in England, which was 0.8% for the same period. Prevalence of rheumatoid arthritis is relatively stable, with no significant changes in recent years. When compared to its statistical nearest neighbours, Oxfordshire had the joint lowest prevalence of rheumatoid arthritis.

The prevalence of rheumatoid arthritis was significantly higher in West Oxfordshire, Cherwell, South Oxfordshire, and Vale of White Horse than Oxfordshire as a whole. Prevalence in Oxford was significantly lower. There has been little change in the prevalence of rheumatoid arthritis within Oxfordshire's districts in recent years, with no clear trend evident.

In several PCNs and GP surgeries, the prevalence of rheumatoid arthritis was significantly higher than both England and Oxfordshire.

### **Emergency Falls Admissions**

Emergency falls and fractures are one of the most serious MSK problems seen in older populations. The consequences of a fracture are

often significant, leading to reduced independence, further health complications and potential disability.

An [audit](#) by the Royal College of Physicians found that fractures and falls in older people used almost 4 million bed days each year in England.

### ***65 years and over***

In Oxfordshire, falls admissions for those aged 65 and over are statistically similar to England. In 2023/24, there were 1,944 falls admissions per 100,000 in Oxfordshire. Falls admissions have largely fallen in recent periods, although there was a slight non-significant rise in 2023/24 as compared to 2022/23. There was a spike in falls during the COVID-19 pandemic, with admission rates now returning to a level significantly below the pre-pandemic period.

Rates of falls in Oxfordshire are largely similar to many comparator nearest neighbours, although they are significantly higher than Worcestershire, Lancashire, and Gloucestershire.

Falls admissions in Oxford are especially high, with rates significantly higher than both England and Oxfordshire. Rates in Cherwell are statistically similar to England, while rates in Vale of White Horse, South Oxfordshire and West Oxfordshire are significantly lower than England.

### ***65-79 years***

Similarly, rates of emergency admissions for falls amongst those aged 65-79 in Oxfordshire were similar to England in 2023/24. Falls admissions in Oxford were significantly higher than both England and Oxfordshire, while Oxfordshire's other districts had rates similar to county and national averages.

### ***80 years and over***

Emergency falls admissions (per 100,000) were highest amongst those aged 80 and over in 2023/24. There were 4,856 admissions per 100,000 in Oxfordshire. Rates were similar to England. There has been a reduction in emergency falls admissions amongst this age group in the most recent periods after a spike in admissions during the COVID-19 pandemic.

In Oxford, the rate of emergency falls admissions was significantly higher than both Oxfordshire and England, with 5,700 admissions per

100,000. In Cherwell, admissions were significantly greater than England, though similar to Oxfordshire as a whole. In Vale of White Horse, South Oxfordshire and West Oxfordshire, rates of emergency hospital admissions for falls were significantly lower than England.

## **Hip Fractures**

### ***65 years and over***

In 2023/24, the rate of hip fractures amongst those aged 65 and over in Oxfordshire was similar to England. There were 519 hip fractures per 100,000 in Oxfordshire and 547 per 100,000 in England.

There has been a slight but long-term decline in hip fractures. There have been no significant changes in hip fracture rates in Oxfordshire in recent years.

All districts also had statistically similar rates of hip fractures compared to England in 2023/24, apart from South Oxfordshire, which had a significantly lower rate of hip fractures.

### ***65-79 years***

There were 222.6 hip fractures per 100,000 people aged between 65-79 in Oxfordshire in 2023/24. This is statistically similar to England. There has been a slight long-term decline in hip fractures among this age group since 2010/11.

All districts also had statistically similar rates of hip fractures compared to England in 2023/24.

### ***80 years and over***

Those aged over 80 had significantly higher rates of hip fractures than younger age groups. In Oxfordshire in 2023/24, there were 1,380 fractures per 100,000 population. Rates of fracture in Oxfordshire were similar to England. Fracture rates have tended to vary year-on-year since 2010/11, but there is a very slight downwards trend in rates in the long-term.

Rates in all districts were statistically similar to both England and Oxfordshire.



## **Mortality from falls**

In 2021-23, 11.8 people per 100,000 died due to accidental falls in Oxfordshire. This was significantly lower than England (13.7 per 100,000) and amongst the lowest of Oxfordshire's nearest neighbour comparators.

There has been a long-term increase in mortality from accidental falls in England and Oxfordshire since 2001-03. Mortality from accidental falls has increased significantly in Oxfordshire in recent years, with rates almost doubling between 2012-14 (6.1 per 100,000) and 2021-23 (11.8). A similar long-term increase in accidental falls mortality is also seen in Oxfordshire's districts. All district level rates are statistically similar to both England and Oxfordshire.

Mortality rates from accidental falls in Oxfordshire (2023/24) are notably higher among males (15.6 per 100,000) compared to females (8.9 per 100,000). Among males, the rate has more than tripled since 2003-05, rising from 4.4 to 15.6 per 100,000 in 2021-23.

While females have also experienced a long-term increase in mortality from accidental falls, the rise has been less steep, with rates approximately doubling since the early 2000s.

Rates amongst males are similar to England, while amongst females, rates are significantly lower.

## **Sensory Impairment**

### **Blind and Partially Sighted**

In 2022/23, the rate of registration as blind or partially sighted in Oxfordshire was 408 per 100,000 among 64-75-year-olds and 2,246 per 100,000 among those aged 75 and over. Both rates are significantly lower than the national averages for these age groups. Oxfordshire's rates are also broadly comparable to many of its nearest neighbours.

### **Preventable sight loss**

Age-related macular degeneration (AMD) remains the leading cause of preventable sight loss among people aged 65 and over. In 2023/24, 81.7 per 100,000 Oxfordshire residents experienced sight loss due to AMD—



a rate lower than both the England average and many of Oxfordshire's nearest neighbours.

The second most common cause was glaucoma, affecting 12.6 per 100,000, followed by diabetic eye disease, which led to sight loss in 2.3 per 100,000 people.

## **Mortality**

Many condition specific mortality rates have already been discussed in this report, please see the relevant section for data and commentary.

### **All-Cause Mortality**

In 2023, there were 6,241 registered deaths in Oxfordshire, equating to a mortality rate of 836 deaths per 100,000 residents. This figure is significantly lower than the national average, with England reporting an all-cause mortality rate of 964 deaths per 100,000. Among its group of nearest neighbour local authorities, Oxfordshire ranked third lowest for all-cause mortality, outperforming the majority of its peers.

Over the long term, all-cause mortality in Oxfordshire has shown a declining trend, reflecting improvements in healthcare, prevention, and living conditions. However, the year 2020 marked a sharp increase in deaths, driven by the impact of the COVID-19 pandemic. Since then, mortality rates have declined substantially, and by 2023, have largely returned to pre-pandemic levels.

At the district level, all areas within Oxfordshire reported significantly lower mortality rates than the England average, reinforcing the county's overall positive health profile. However, there are notable intra-county variations. Cherwell recorded a significantly higher mortality rate than the Oxfordshire average. In contrast, South Oxfordshire reported a significantly lower mortality rate.

In 2023, there were 1,170 deaths among people aged under-75 in Oxfordshire, resulting in a mortality rate of 276 deaths per 100,000 residents in this age group. This rate is significantly lower than the England average, which stood at 342 deaths per 100,000. Oxfordshire's performance places it as the fourth lowest among its group of nearest neighbour authorities, and it had statistically lower under-75 mortality rates than many of its peers.

Unlike the fluctuations seen in all-age mortality during the pandemic years, the trend in under-75 mortality has remained stable in recent years, with no significant changes observed.

At the district level, there are notable variations. Vale of White Horse, South Oxfordshire, and West Oxfordshire all reported significantly lower under-75 mortality rates than the national average. In contrast, Cherwell and Oxford had rates that were statistically similar to the England average.

## **Leading Causes of Death**

In Oxfordshire, the leading causes of death reflect broader national patterns, with chronic diseases dominating mortality statistics across all districts and age groups. When considering all recorded deaths across all ages, the most prevalent causes include neoplasms (cancers), diseases of the circulatory system such as heart disease and stroke, respiratory diseases like COPD and pneumonia, and neurological and mental disorders, notably dementia and Alzheimer's disease. These categories represent the major contributors to mortality and highlight the ongoing public health challenge posed by long-term conditions.

### **District-Level Patterns**

Across the county's five districts, Cherwell, Oxford, South Oxfordshire, Vale of White Horse, and West Oxfordshire, the top three causes of death remain consistent: cancers, circulatory diseases, and respiratory conditions. However, some variation exists across the county, due to differing demography and levels of socioeconomic deprivation.

### **Age-Specific Trends**

When broken down by age group, the data reveals distinct mortality patterns. Among children under five, deaths are fortunately rare, but when they do occur, they are most often attributed to infectious diseases and congenital conditions. Among young adults (those aged under 25 years), mortality remains very low, with few recorded causes. In middle age, mortality begins to rise, with an increase in mortality due to chronic conditions and suicide. Among older adults (those aged 65 and above), the burden of mortality shifts significantly toward cancers, circulatory

diseases, and neurological disorders, reflecting the cumulative impact of chronic conditions over the life course.

### **Gender Differences**

There are also notable differences in mortality patterns between males and females. Men tend to experience higher rates of death from circulatory diseases and are more likely to die from external causes such as accidents and suicide. In contrast, women, particularly in older age groups, show a higher prevalence of deaths due to mental and behavioural disorders, as well as slightly elevated rates of neurological conditions.