

Joint Strategy Needs Assessment
Refresh
Version 3
Data from 2008-2009

JSNA Steering Group
November 2010

Introduction

The Joint Strategic Needs Assessment (JSNA) is designed to help all agencies take account of the broader social, cultural, economic, political and physical environments that shape people's experience of health and wellbeing.

It supports persistent, systematic and scaled interventions, based on evidence and focused on outcomes. It does this by drawing on data from a variety of sources to foster a broader understanding of the impact that local partners can have on the social determinants of health.

The JSNA is designed to encourage joined-up responses to these complex issues by providing a shared evidence base for planning. The way it has been put together, with input from teams across Oxfordshire County Council and NHS Oxfordshire, also further reinforces the local commitment towards partnership working.

The overall picture painted in the commentary from 2008 remains unchanged, but greater familiarity with the data covered in the JSNA means we have been able to examine our communities' needs in new ways. This report should therefore be read alongside the original commentary and last year's supplementary report, adding further to these documents rather than replacing them.

Stake Holder Events

Consultation with Stakeholders was held during October/November 2010 and approx 30 people were consulted with. The aim of these workshops was to ensure key themes were drawn out of the data and prioritise the issues which were raised.

Headline points about Oxfordshire

The population

- 60% of Oxfordshire live in conurbations of over 10,000 people.
- The population structure of Oxford City is markedly different from the rest of the county.
- Birth rates in Oxfordshire are almost static with only a small predicted growth. However ward variations show that the people having babies are moving to other areas.
- Oxfordshire has an aging population, in some areas the over 45's make up the majority of the population.
- Mortality rates continue to show that inequalities have not changed. There is a significant difference between the top and bottom wards across the county, people in deprived areas continue to die earlier than those in affluent areas.
- Mortality in Oxford City is significantly higher than for the Oxfordshire average
- Life expectancy continues to rise, but not significantly so. Women continue to live longer than men.
- National Insurance registrations would appear to suggest that migration is beginning to fall; this is in line with the national trend.

Mental Illness

- It should be noted that some people with mental health problems have more than one diagnosis.
- Suicide rates appear to be increasing, this needs to be investigated further.
- There is data around hospital admissions which could enhance the data already collected.

Long Term Conditions

- There are no changes in patterns of disease in Oxfordshire since last year's JSNA. An increase in numbers is in most cases due to slightly increases in the population.
- Life expectancy continues to increase across all districts in Oxfordshire, There is now a need to focus on increasing the number of disease free years which people live. This can best be achieved through promoting healthier lifestyles.
- Too many people are suffering from long term conditions as a result of smoking, although smoking prevalence is falling albeit slowly.

Older people

- The number of older people continue to rise, 49% of older people live in settlements of 10,000 or less.

Children

- Government indices related to deprivation and child wellbeing have not been updated this year.
- One important measure of deprivation relates to eligibility for free school meals. In the primary sector this peaked in January 2009 at 9.5 percent and fell back to 9.3 % by the following May. January 2010 showed 10.4% eligible. Secondary/Special eligibility peaked sharply in May 2009 at 7.4% but continued to rise reaching 7.8% by January 2010.
- The gap in GCSE attainment (5A*-C incl English and mathematics) for children eligible for free school meals and those not eligible, closed marginally in 2009 from 34.3 to 34.0 percent. Within our statistical neighbours we fell two places in 2009 with three of our neighbours showing larger gaps.
- The same GCSE attainment including English and mathematics measure (5A*-C incl EM) for pupils with special education needs (either action, action plus or statement) widened slightly from 2008 to 2009 (49.3% to 52.0%) with only three statistical neighbours showing equal or larger gaps in 2009. Pupils with English not their first language showed a 12 percent gap in 2009 from those non EAL with only Buckinghamshire showing a higher gap. In 2008 the gap was 6.1%
- The performance of vulnerable groups has been monitored for three years under the auspices of the Success Project. The GCSE attainment (5A*-G incl English and mathematics) improved in the period 2007-2009 for pupils eligible for free school meals, persistent absentees (out of school for more than 20% of the sessions), those known to social care, permanent exclusions and those with behaviour and emotional or social disorders. Only pupils with fixed exclusions failed to improve on their 2007 attainment level.
- Ethnic achievement (5 A*-C incl English and mathematics) improved for Asian and Black pupils between 2008 and 2009. The Asian pupils, improved from 38% to 49%. The Black pupils reached 42% from 33.3%. Chinese pupils (a cohort of 21) fell back from a high point of 85.7% to 62%. White pupils improved to 54% from 48.6% in the same period.

Key trends

It is estimated that there are 627,140 people living in Oxfordshire (OCC GLA data mid 2008, reported 2010). Oxford and Cherwell being more urban have the largest populations followed by South, Vale and finally West Oxfordshire. Overall, 63% of the population are adults of working age, 21% are under 18 years and 16% are of pensionable age. These proportions vary with each district. Oxford's age profile differs from the rest of the county as it has more 18-64's as a proportion of its total population and a smaller proportion of children and people over the age of 65 than all the other districts.

Oxfordshire is ranked the 139 most affluent area in England (139 out of 149 counties in England where 1 is the most deprived and 149 is the most affluent) according to the Index of Multiple Deprivation (IMD) in 2007. It has maintained the same position as in the IMD (2004).

More than 80% of people living in Oxfordshire live in areas which are defined as the most affluent 50% of areas nationally and of these 25% live in the top 10% of most affluent Super output areas nationally. However, on super output area (SOA) basis, 11 areas out of Oxfordshire's 404 SOA are in the most deprived 20% of all SOA's in England.

Compared to the average for England, Oxfordshire is characterised by:

- Longer life expectancy,
- Lower mortality rate,
- Few early deaths from cancer and coronary heart disease (CHD),
- Low teenage pregnancy rates
- Good levels of mental and physical health.

Urban Rural split

In Oxfordshire, approximately 20% of people live in rural wards, 20% in towns and 60% in conurbations of over 10,000 people. South Oxfordshire has the most wards classified as being villages or less. Oxford City has no areas which are not classified as urban.

Life expectancy

Life expectancy in Oxfordshire is higher than the English average. Between 2006-2008, male life expectancy was 79.76 years compared with the national average of 78.3 years and female life expectancy was 84.18 years compared with the national average of 82.3 years of age.

Early Death

There were 4137 deaths for under 75s in Oxfordshire in 2008 – 2009.

In 2008/9 there were 512 deaths from all causes per 100,000 in Oxfordshire in comparison to 592 per 100,000 in England. This shows that we have a lower than average mortality rate.

Infant Mortality

Infant mortality rates for (all maternal ages) 2006-08 were 3.7 per 1,000 live births. This was lower than the national average (5 per 1,000).

Birth rates

There were 8307 live births in 2008. This is 16 more than the estimated birth rate of 8291 for that year. This is also an increase on the previous year's estimate of 7949 live births.

Cancer

For the period 2006-2008, there was a mortality rate of 103 per 100,000 population under 75 years in Oxfordshire from "All Cancers". 1 in 3 people who die early in Oxfordshire die from cancer.

Circulatory Diseases – Heart Disease and Stroke

For the period 2006-2008, the mortality rate from all circulatory disease was 58 per 100,000 population under 75 years.

Coronary Heart Disease

Coronary Heart Disease (CHD) is the largest single cause of death in Oxfordshire accounting for 1 in 7 deaths (all ages) or 14% of all deaths in Oxfordshire. Of these 2096 deaths, 593 happened to those under the age of 75, a total of 4% of all deaths.

Stroke

During 2006-2008 stroke accounted for 9% of all deaths in Oxfordshire (1393). 223 of these occurred in those under the age of 75, this equates to 16% of stroke deaths. Stroke is the third largest cause of death in Oxfordshire.

Chronic Obstructive Pulmonary Disease (COPD)

Chronic Obstructive Pulmonary Disease (COPD) was the cause of 4% of deaths amongst Oxfordshire's population during 2006-08.

There is a direct relationship between deprivation and increased risk from COPD in Oxfordshire, largely caused by a higher smoking prevalence.

Diabetes

GP registers suggest that 4% of Oxfordshire's population (aged 17+) have diabetes, compared to 5.1% in the UK as a whole. Predicted prevalence would suggest that the rate of undiagnosed diabetes is higher than this. Analysis using the YHPHO Diabetes Model estimates that the true figure should be approx 5.4%, which suggests that there are a number of people in Oxfordshire who do not know that they have diabetes and therefore are unable to take steps to look after their health. In figures this equates to 7868 people.

Mental Health

2008/09 there were 4669 patients registered with Oxfordshire PCT who had a diagnosis of schizophrenia, bipolar disorder or psychoses. This equates to just under 0.7% of the general population.

Dementia

A growing health concern which has become more pertinent as the population has aged. There are 2,611 people registered with an Oxfordshire GP who have a diagnosis of dementia. This is an underestimation of the true numbers and predictions suggest that the true number should be nearer 7460. Of those patients with a diagnosis of dementia, 2/3rd are female and 1/3rd are male.

Suicide

In Oxfordshire, there are approximately 50 suicides per year. As the number is so small it is difficult to draw conclusions from the data. An in-depth suicide audit is completed every two years, but the headline data suggests that there is no difference in suicide prevalence between the districts across Oxfordshire. Currently there are 9.7 suicides per 100,000 of the population in Oxfordshire.

Sexual Health

The number of uncomplicated cases of chlamydia in Oxfordshire decreased for both males and females between 2008/09 from a high in 2007. Chlamydia still remains the most common sexual disease in Oxfordshire, this is in part due to the introduction of the National Chlamydia Screening Programme and more active seeking of cases. Nationally, Oxfordshire is not reaching the chlamydia screening target.

The incidence of uncomplicated cases of gonorrhoea in Oxfordshire has remained stable since 2004 and continues a slow decline.

Cases of HIV continue to increase in line with national trends.

Smoking

Smoking is a more common cause of death and disability than any single disease. The World Health Organisation states that it is responsible for approximately five million deaths worldwide every year. In Oxfordshire 13.9% of adults aged over 16 whose smoking status has been recorded in the past 15 months are recorded as being smokers (January-March 2008/9).

There is a wide variation in smoking prevalence by practice within Oxfordshire, ranging from 30% to 5%, Luther street practice with its unique population recorded a smoking prevalence of nearly 89%. There is a strong association between smoking prevalence and deprivation.

Between 2005 and 2007 there were 167 deaths attributable to smoking per 100,000 adults in Oxfordshire aged 35 years and over (directly standardised mortality rate).

Women who smoke throughout pregnancy continues to fall across Oxfordshire women with only 8.5% of women smoking at time of delivery. This is much lower than both the national and SHA average of 15% and 11% respectively. Smoking during pregnancy is the biggest preventable cause of low birth weight; women who smoke are three times more likely to have a low birth weight baby. It is also related to a higher risk of miscarriage, ectopic pregnancy and complications of the placenta and a 40% increased risk of stillbirth. As highlighted above, smoking throughout pregnancy is linked to deprivation.

Teenage Conceptions

The average conception rate for women aged less than 18 years in Oxfordshire in 2008/9 was 28.9 per 1000 (95% CI 27.2-30.7). This is statistically significantly lower than the 2008 rate for the South East region (32.9) and for England as a whole (40.4). However, under-18 conception rates are higher in Oxfordshire than in our closest 'statistical neighbours' – areas of England with similar characteristics to Oxfordshire

Obesity

In 2008/09, 54,446 (9.8%) people aged 16+ registered with GPs in Oxfordshire were recorded by their GP as being obese. This figure is likely to underestimate the prevalence of obesity in Oxfordshire as not all people will have had their BMI recorded by their GP.

Predictive modelling suggests that for the age and social class of Oxfordshire, we would expect 122,823 cases of obesity. GP registers would suggest that 44% of obesity cases have been recorded and that there are potentially 68,781 people with obesity who have not been recorded as obese by their GP. It should be remembered that the expected number of cases is only a prediction and therefore some caution should be used in interpreting this data.

Adult Social Care

In 2008/09, a total of 12,905 people aged over 65 received a social care service funded by Oxfordshire County Council. This equates to 13.8% per cent of the population of Oxfordshire aged 65 plus.

In 2008/09, a total of 1311 people with a learning disability (aged 18-64) received a social care service funded by Oxfordshire county council. This equates to approximately 0.3 per cent of the population of Oxfordshire aged 18-64.

In 2008/09, a total of 906 mental health service users aged 18-64 years received a social care service funded by Oxfordshire County Council. This equates to approximately 0.23% per cent of the population of Oxfordshire aged 18-64.

In 2008/09, a total of 2101 people with a physical disability (aged 18-64) received a social care service funded by Oxfordshire County Council. This equates to approximately 0.5 per cent of the population of Oxfordshire aged 18-64.

These figures exclude people who will fund their own care or receive informal support from family members, etc.

There are variations in the proportion of people who receive council services in each district area. This primarily reflects the differences in the relative wealth and income levels of district council areas. Social Care need is also affected by the relative age structure of the district council areas.

Ageing Population

The number of older people living in Oxfordshire continues to increase. There are currently over 99,000 over 65's living in Oxfordshire and this is predicted to increase to over 111,000 in 5 years. West Oxfordshire has the highest rate of over 65's as a proportion of its local population. There are more females than males in all districts, this is more distinct than for other population age groups and is in part due to the fact that women have a greater life expectancy.

Falls

Falls affect approximately 60,000 people per year in the UK and result in up to 14,000 deaths. Fractured neck of femur is the most serious consequence of falls amongst older people. Between 2006/7 and 2008/9 there were 1909 hospital admissions for fractured neck of femur. The admission rate in Oxfordshire between 2006/7 and 2008/9 was 405 admissions per 100,000 population over age 65, 53 admissions per 100,000 population all ages and 20 admissions per 100,000 population aged under 75 years showing that falls are more prevalent in those aged 65 and over.

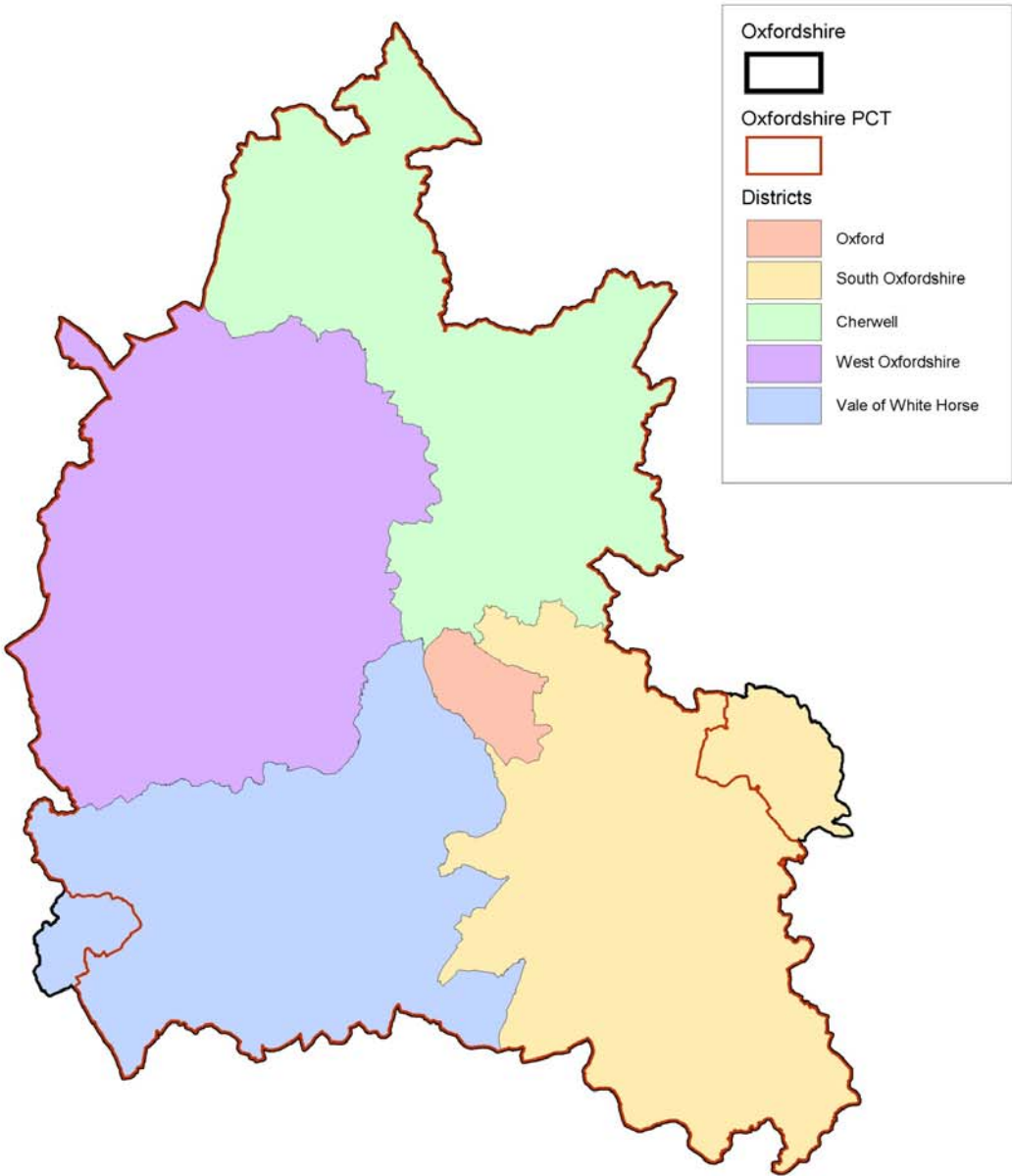
BME Populations

4.8% of Oxfordshire's population consider themselves as coming from BME populations. Oxford City has the highest proportion of BME residents (12.8%). West Oxfordshire have the lowest proportion of residents from BME populations (1.6%).

Area Covered

There are two datasets included in this report which have slightly different geographical areas, the map below highlights the differences

Boundaries - Oxfordshire, Oxfordshire PCT and districts within oxfordshire



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NHS080619AB01
Health Informatics & Intelligence, NHS Oxfordshire
September 2010 IR11245 MY

Next Steps

The next steps for developing the JSNA include

- Develop an electronic version of the JSNA which will be available on the Local Information System, this system is hosted by the Oxfordshire Data Observatory and can be found at [Oxfordshire data observatory](#)
- We must wait further guidance from DH as to what the new JSNA should look like, this is likely to come in the review of Social Care and Health paper due in 2011.
- Once guidance on the structure and function of the new Health and Wellbeing boards is established, work with them to produce a new template to ensure next JSNA is effectively delivered
- Complete a new replacement JSNA by January 2014

Acknowledgements

This report has been developed by the Joint Strategic Needs Assessment Steering Group.

Many thanks to all those who have helped in its development, we hope you have enjoyed reading it. If you have any comments or would like further information, please contact us via

JSNA@oxfordshire.gov.uk

How to read charts

The charts displayed in these templates take the form of bar charts or line charts and can be easily interpreted by reading across the horizontal and vertical axis. Most local authority area bar charts also show a bar for the county of Oxfordshire for comparative purposes. Some charts take the form of percentages, some of absolute numbers and others as age/sex standardised rates. The latter allows for the age and gender structure of the population in question.

Many charts which display rates also show confidence intervals (or error bars). Confidence intervals show the degree of confidence around the displayed data. All confidence intervals are calculated at a 95% level of confidence, and should therefore be interpreted as "we can be 95% confident that the 'data item' lies between 'x' and 'y'", where x is the lower limit of the displayed error bar and y is the upper limit of the displayed error bar.

For directly standardised rates, error bars can be compared with each other. If 2 error bars/confidence intervals overlap they are deemed to have no significant difference. If the two do not overlap they are deemed to have a significant difference in their results.

Number	Title of Template
Demographics	
1	Birth Rate
2	Life Expectancy
3	Population Structure
4	Ageing Population
5	Mortality
6	Urban Rural Classification
Children	
7	Childhood Inequalities – Language
8	Childhood Inequalities – Ethnicity
9	Childhood Inequalities – Poverty
10	Childhood Inequalities – Education
11	Foundation Stage Attainment
12	Key Stage 1 Attainment
13	Key Stage 2 Attainment
14	GCSE Attainment
15	Maternity and Newborn
16	MMR Vaccination
17	Breastfeeding
18	Childhood Weight
19	Teenage Conceptions
20	Childhood Cancers
Adults	
21	Smoking
22	Adult Obesity
23	Alcohol
24	Sexual Health
25	Stroke
26	Respiratory Disease
27	Heart Disease
28	Dementia
29	Cancer
30	Cancer Screening
31	Suicide
32	Diabetes
33	Fall and Fractured Neck of Femur
34	Planned Hip and Knee replacements
35	Immunisations
36	Hypertension
37	Mental Health
38	Limiting Long Term Illness
39	Road Accidents - Adults
40	Adult Social Care – Older People
41	Adult Social Care – Learning Disabilities
42	Adult Social Care – Physical Disabilities
43	Adult Social Care – Mental Health
44	Patient Experience of Primary Care
45	Physical Activity

1. Birth Rate

The current rate of live births

There were 8307 live births in 2008 (ONS Annual District Birth Extract). This is 16 more births than the estimated birth rate of 8291 for that year. This is also an increase on the previous year's estimate of 7949 live births.

Birth rates vary across the districts with Cherwell and Oxford having the highest rates and the Vale of White Horse the lowest. (Chart 1)

Wards with the highest birth rates include Carterton North East, Northfield Brook, Cowley, Bicester North, Didcot Ladygrove, Littlemore, Ambrosen & Chesterton, Bicester South, Banbury Grimsbury and Castle and Banbury Hardwick. (Chart 2)

Wards with the lowest rates include Carfax, North, Asscot & Shipton, Brize Norton & Shilton, Milton-Under-Wychwood. (Chart 2)

General fertility rate (Chart 3)

General fertility rate is a crude rate of births per 1000 females aged 15 to 44 years. The general fertility rate in Oxfordshire County during 2008 was 61.56 per 1000 females. This is significantly lower than the national rate of 63.88 per 1000 females.

General fertility rate varied across Oxfordshire's districts with Oxford City having a significantly lower rate than the County average and Cherwell, South Oxfordshire, Vale of White Horse, and West Oxfordshire having a significantly higher rate than the County average.

Chart 1

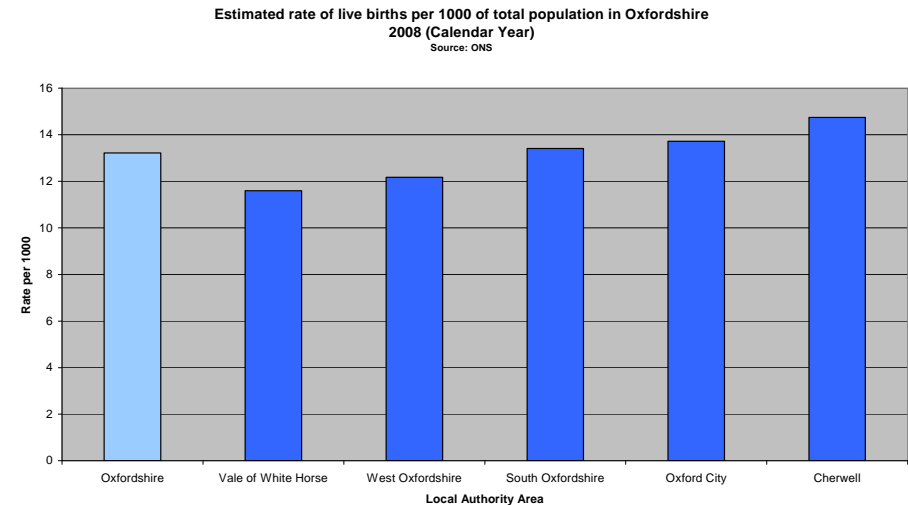


Chart 2

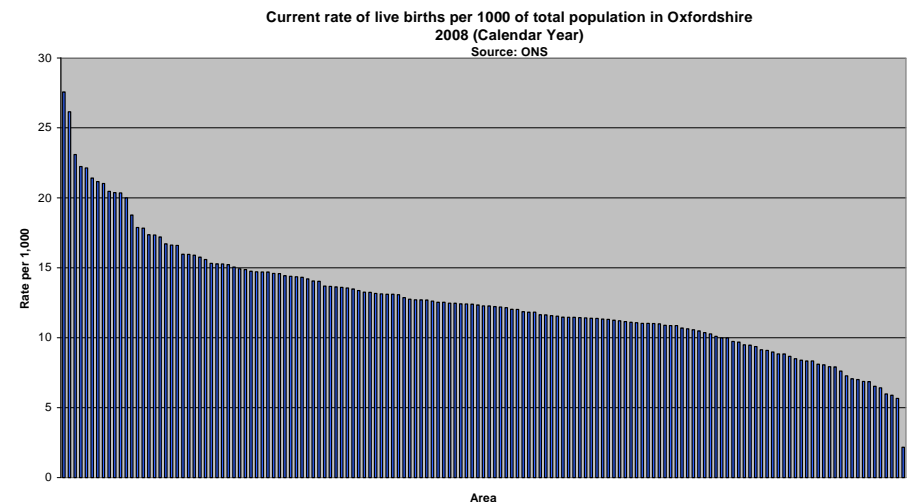
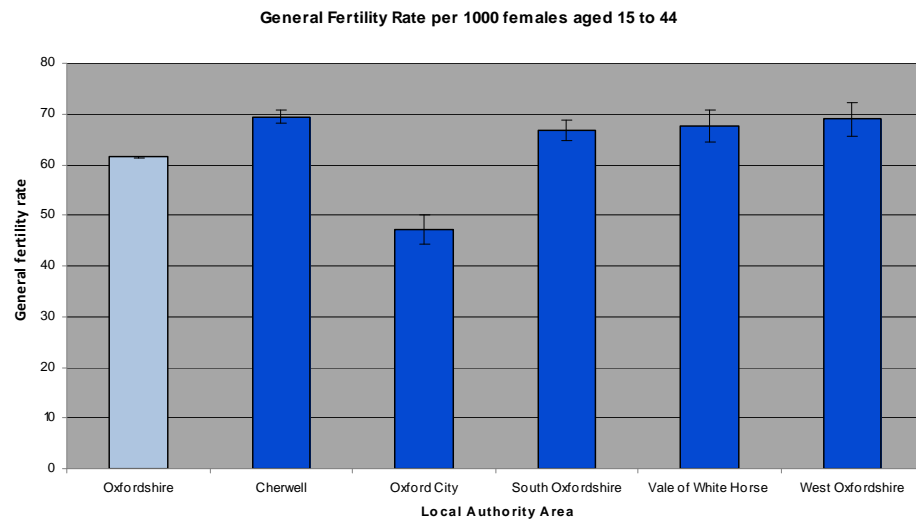


Chart 3



2. Life Expectancy

Life expectancy is a measure of the average remaining years of life of a population. The data here show the estimated life expectancy at birth and at age 65 in Oxfordshire and in each of the five Oxfordshire districts. Data is shown for two time periods based on all age, all cause mortality for 2003-2007 (JSNA ver.2) and all age, all cause mortality for 2004-2008 (JSNA ver.3).

Nationally life expectancy at birth (2006 – 2008) is Males: 77.82 and Females: 81.95.

Life expectancy at birth has increased and continues to rise. In Oxfordshire the average male life expectancy at birth for 2004-2008 was 79.6 years, a significant increase of 0.3 years from the previous period. (Chart 1) The average female life expectancy at birth for 2004-2008 was 83.7 years, again a significant increase of 0.3 years from the previous period. (Chart 2)

Oxfordshire remains above the national average for life expectancy at birth.

Life expectancy at birth has increased in all the districts in Oxfordshire, although confidence intervals show that these increases are not statistically significant. As in the previous time period, Oxford City District still has significantly lower life expectancy for men than South Oxfordshire, Vale of White Horse, and West Oxfordshire. (Chart 1)

However, women's life expectancy has improved in relation to South and West Oxfordshire districts since the previous time period. Oxford City District is only significantly lower than the Vale of White Horse for women's life expectancy at birth. (Chart 2)

Life expectancy of females is longer than that of males. Between the two time periods life expectancy at birth has increased.

Chart 1

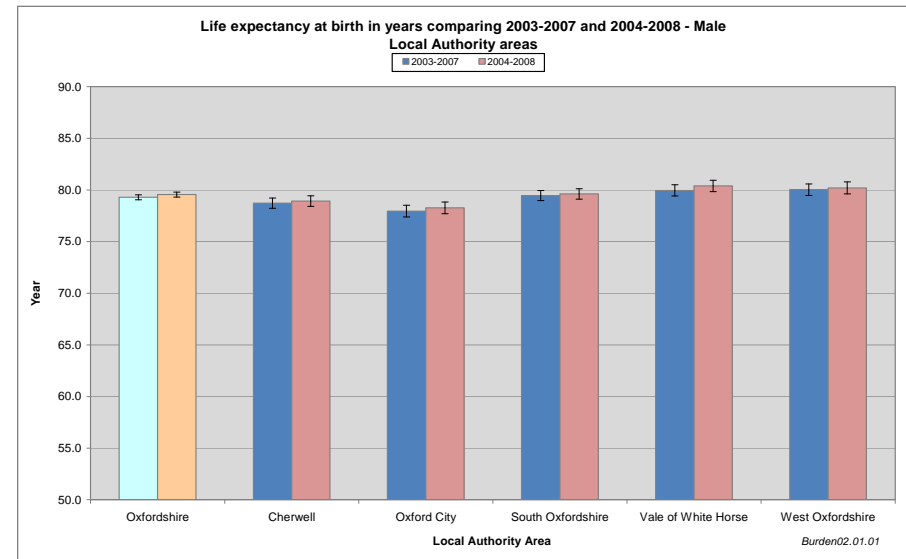


Chart 2

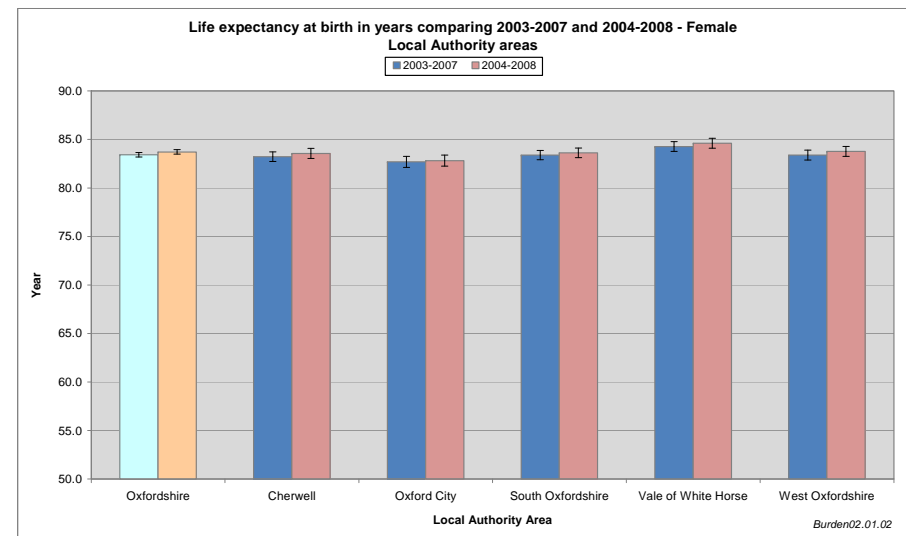


Chart 3

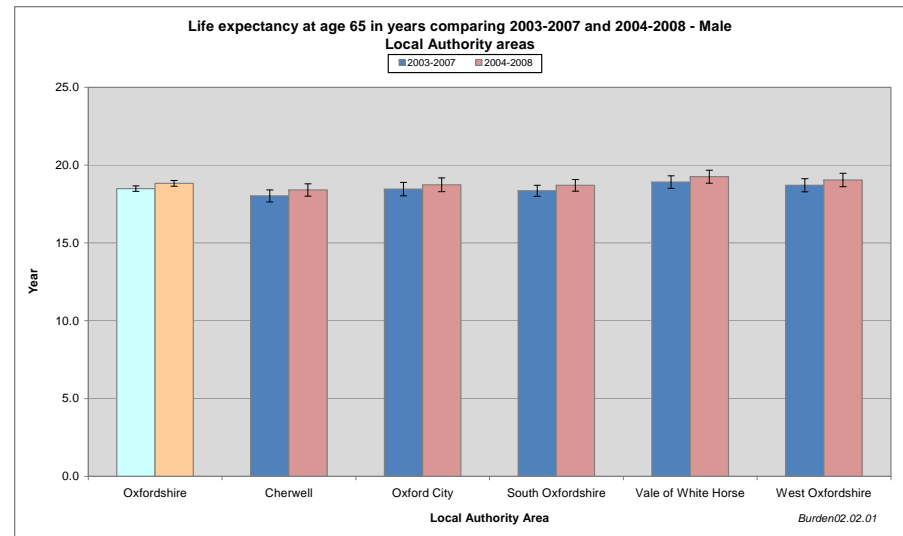
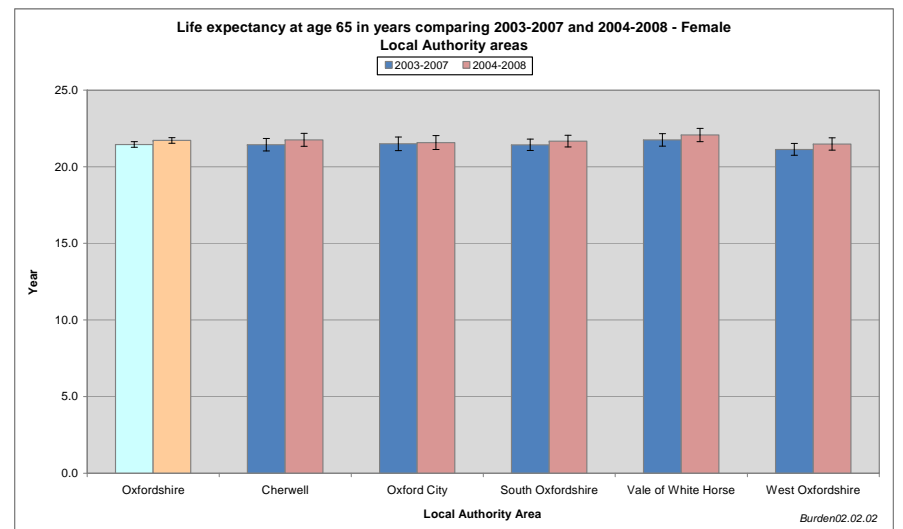


Chart 4



Life expectancy at age 65 shows the number of years a person can expect to live once they have reached the age of 65. The different measure is important as it takes into account the different life chances from babies born in 2010 compared with those born in 1945 when life expectancy was much lower.

Males in Oxfordshire can expect to live just under 20 years from their 65th birthday whilst females live just over. (Chart 3 & 4)

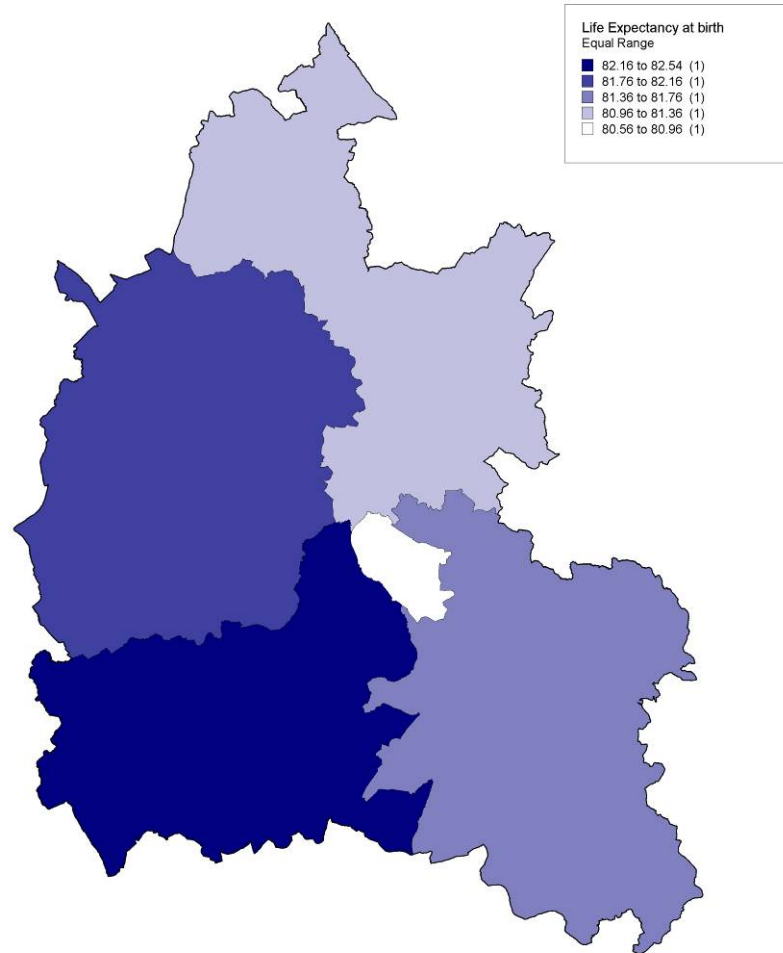
There is little difference between the districts for both males and females, suggesting that for those who reach their 65th birthday life expectancy is the same. (Chart 3 & Chart 4)

This is in contrast with life expectancy at birth, in that by age 65; life expectancy for men in Oxford is no different from any of the other districts. (Chart 3 & Chart 1)

Nationally life expectancy at age 65 (2006 – 2008) is Males 17.68 and Females 20.31

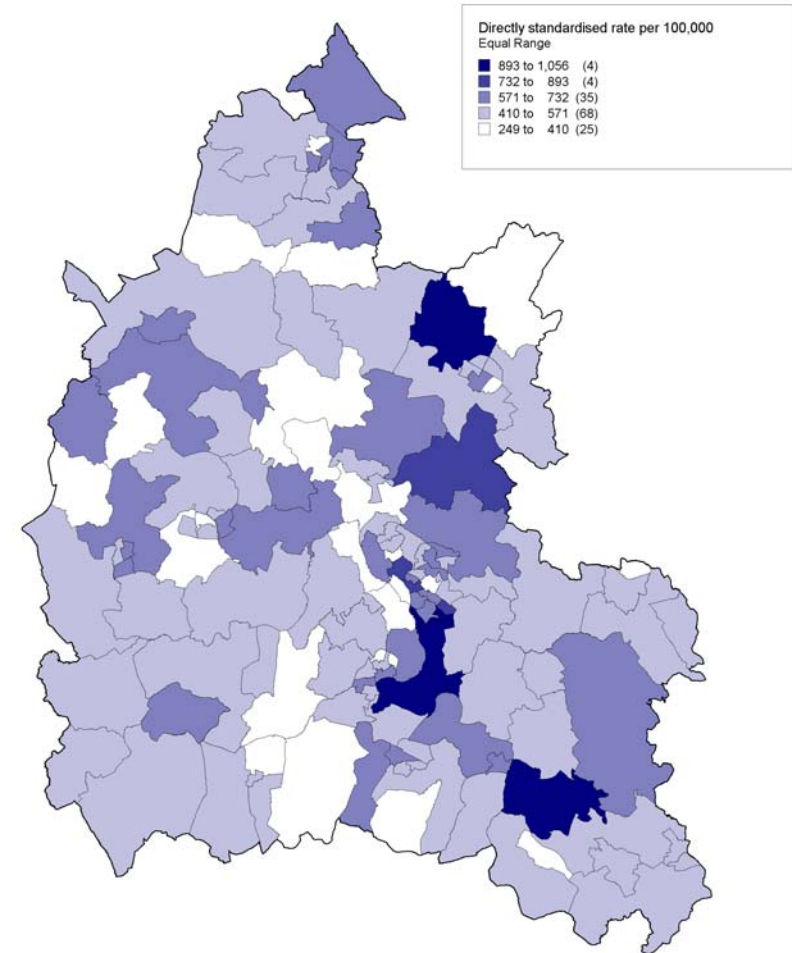
Source:-ONS population estimates, Mid-2007 population estimates.

**Life expectancy at birth in years
by districts within Oxfordshire
2004-2008**



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NHS080619AB01
Health Informatics & Intelligence, NHS Oxfordshire
September 2010 IR11245 MY

**Directly age-sex standardised mortality rates per 100,000 - all cause, all ages
by wards within Oxfordshire
2006-2008**



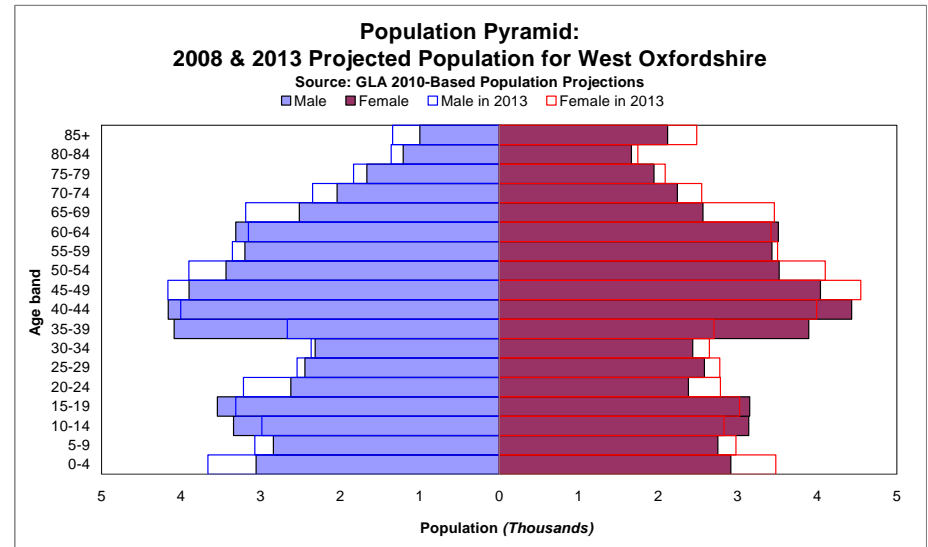
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3. Population Structure

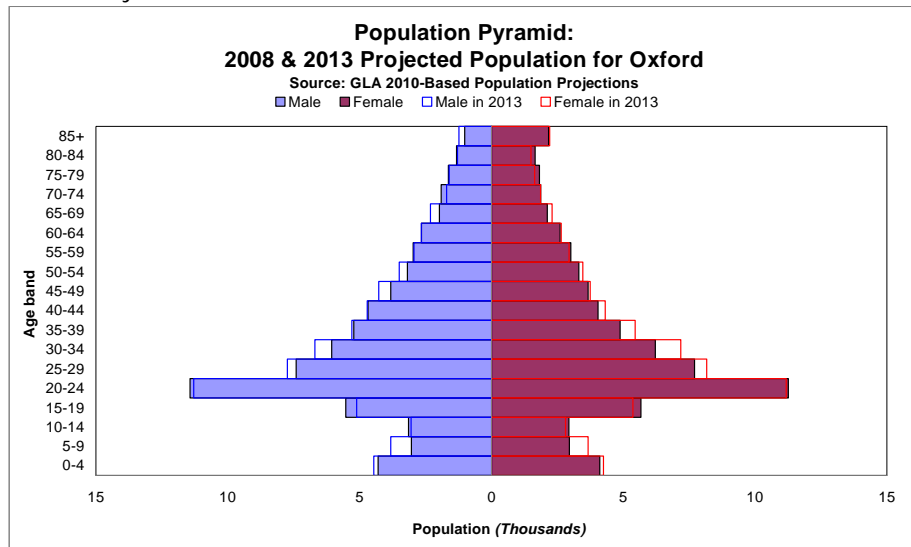
The population pyramids for each district show how the population is distributed across different age bands and the projected populations in these age bands to 2016.

Oxford has a very different distribution to the other areas with more 20-24 year olds (many of whom will be students) and people in their thirties and forties, gradually reducing up to a smaller proportion of older people. In other districts, such as the Vale and South the 20-45 population is in decline while the older population increases. This situation is very marked in West Oxfordshire where they will experience the highest proportionate increase in people over 85.

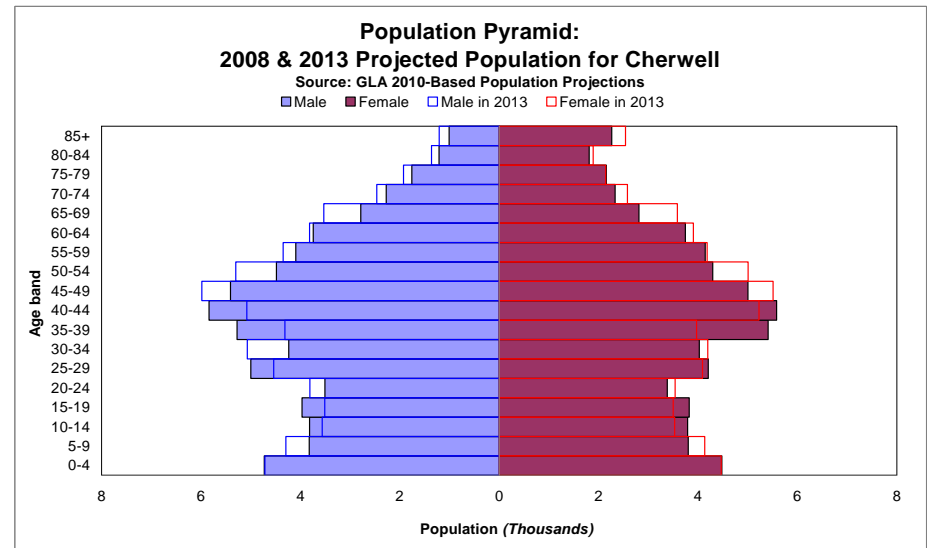
West Oxfordshire



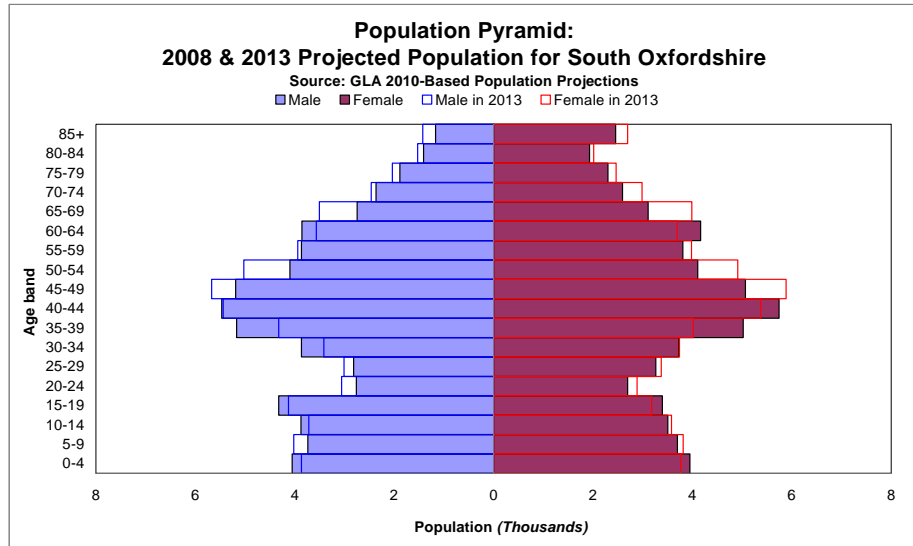
Oxford City



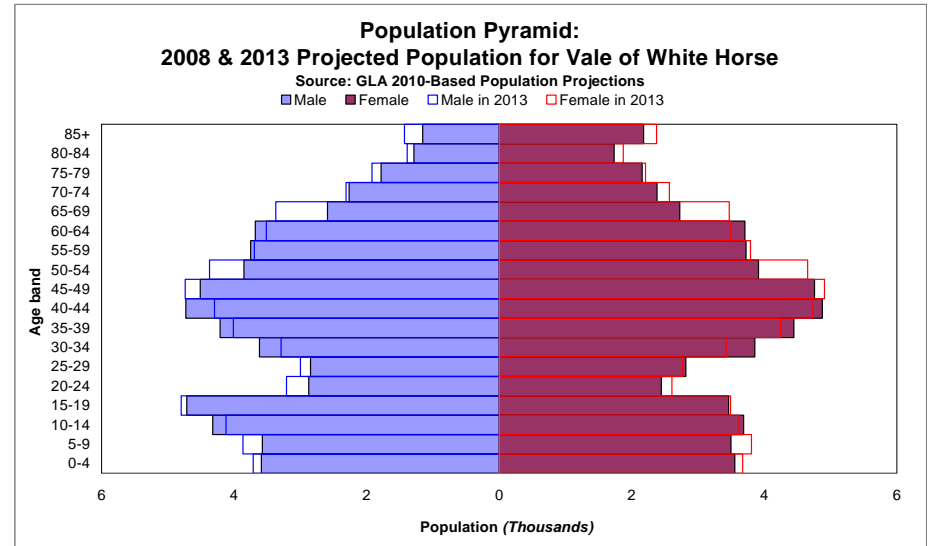
Cherwell



South Oxfordshire



Vale of White Horse



4. Ageing Population

The number of older people living in Oxfordshire continues to increase. There are currently over 99,000 over 65's living in Oxfordshire and this is predicted to increase to over 111,000 in 5 years. West Oxfordshire has the highest rate of over 65's as a proportion of its local population. (Chart 1) There are more females than males in all districts, this is more distinct than for other population age groups and is in part due to the fact that women have a greater life expectancy.

All districts are predicted to experience an increase in the numbers of both their over 65, over 75's and over 85's populations. On average the number of over 65's is set to increase by approximately 12%, or over 12,200 more people in 5 years. Cherwell and Oxford City districts will see greatest increases in number of over 65's. Overall, West Oxfordshire has the highest proportional increase. (Chart 2)

The number of over 85's is set to increase by approximately 14% or 2400 more people in 5 years. The rate of increase in men over 85 is higher than women, although there is still predicted to be nearly twice as many females than males. West Oxfordshire district will experience the highest increase in numbers of over 85's (Chart 3)

Chart 1

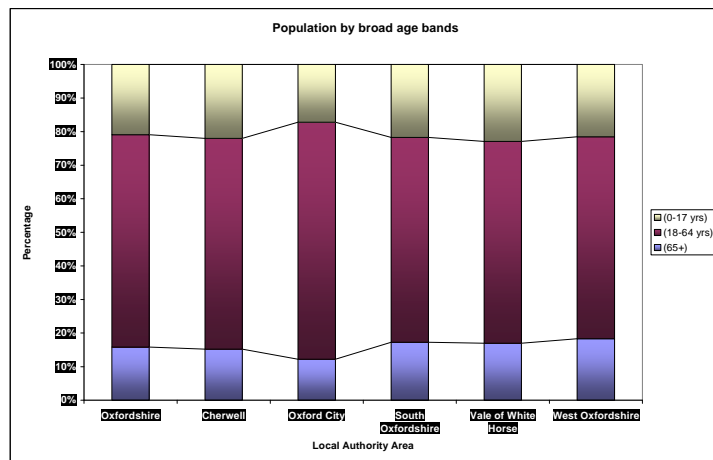


Chart 2

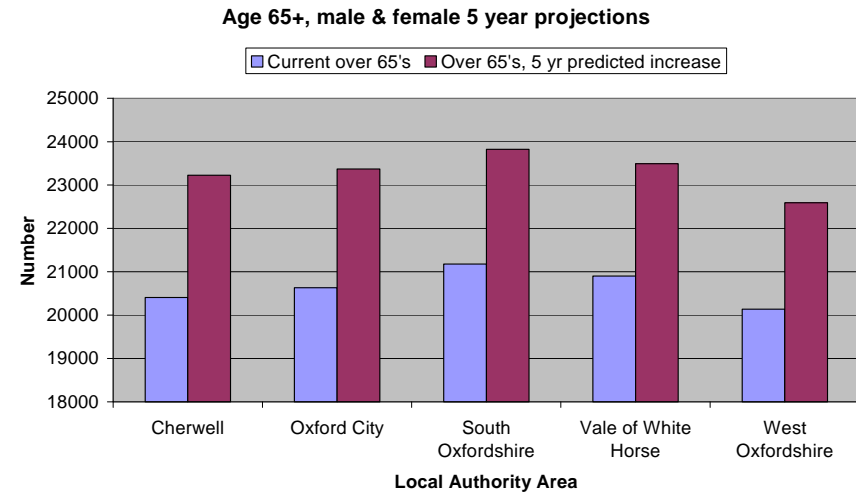
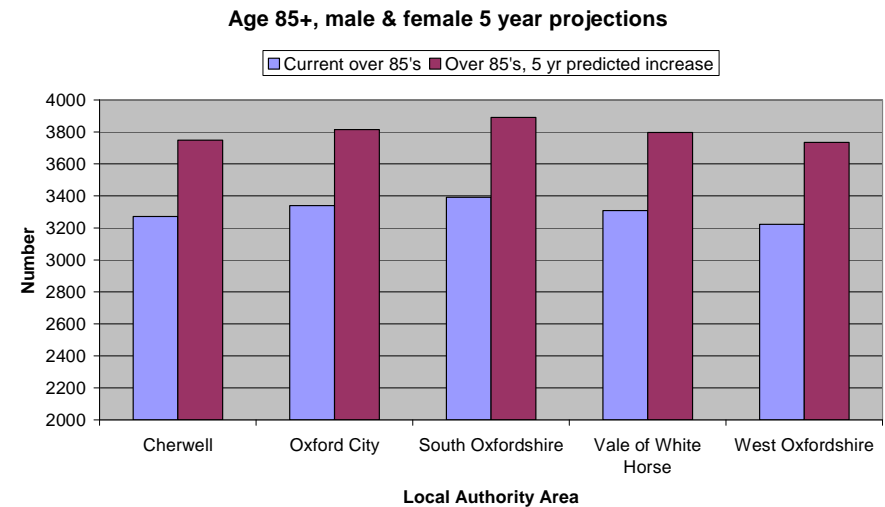


Chart 3



The rate of change in the proportion of over 85's is also predicted to vary by ward.

Three wards will have increases of between 60 - 130% in females over 85's; these include Carterton North East, Bicester South and Witney West. However, more than 30 wards will see a decline in the proportion of females over 85, 13 of these are in Oxford City. (Chart 4)

The proportion of males over 85 will increase by more than 60% (and up to 150%) in 12 wards, and decline in only 14 wards. (Chart 5)

Chart 4

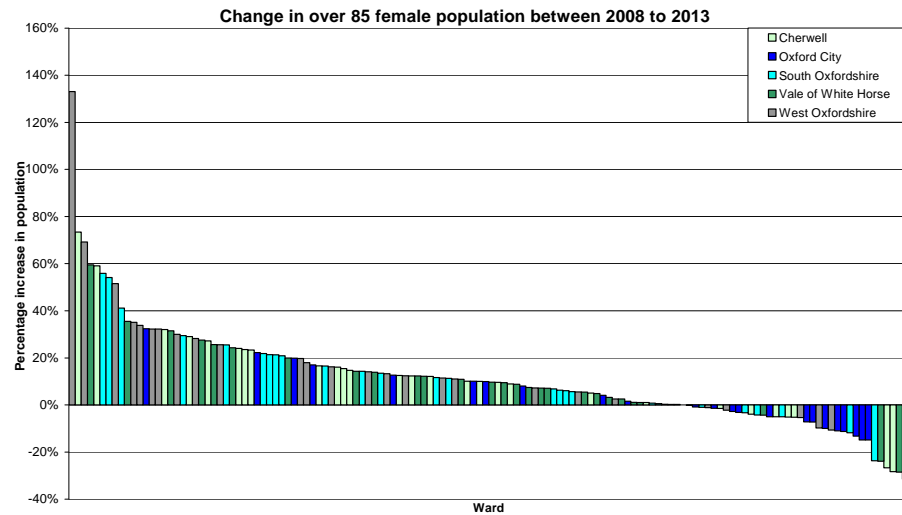
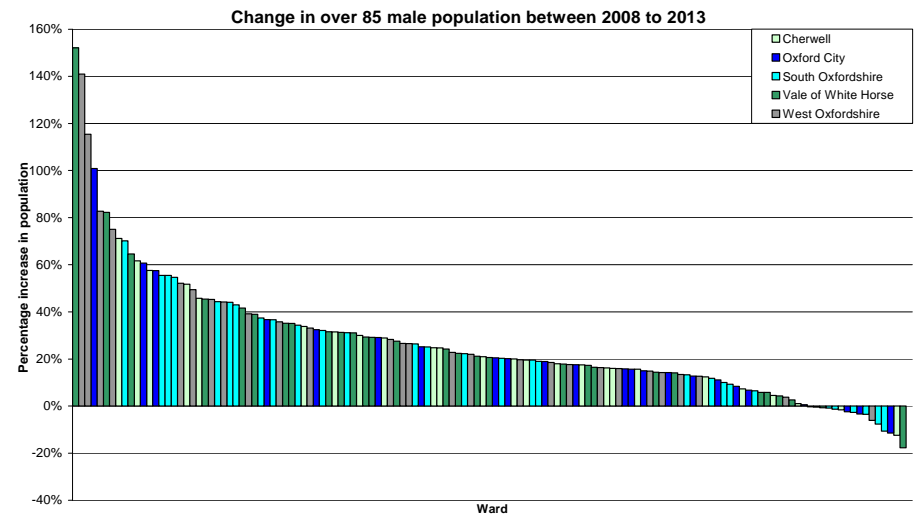


Chart 5



5. Mortality

Between 2006 and 2008 there were 15,112 deaths in Oxfordshire County and 14,634 in the Oxfordshire PCT area.

The basic unit of measurement used in studying mortality (death) in populations is the rate. Directly standardised rates take into account the particular age and gender structures of different populations. Using directly standardised rates therefore allows for making direct comparisons between areas.

All age, all cause mortality rates are falling nationally (610 deaths per 100,000 in 2004-2006 and 581 deaths per 100,000 in 2006-2008) and in Oxfordshire they remain lower than the England average.

The data show that within Oxfordshire there was a fall from 544 deaths per 100,000 in 2004-2006 to 513 deaths per 100,000 in 2006-2008.

Mortality rates vary between the five Oxfordshire districts (Chart 2). Confidence intervals allow us to interpret whether such differences can be defined as statistically significant. Oxford City has a statistically significantly higher rate of mortality than Oxfordshire as a whole. The Vale of White Horse has a statistically significantly lower mortality rate than Oxfordshire.

At ward level (Chart 1) there are greater variations in mortality rates, however this data should be interpreted with caution due to the small numbers involved. There are known variations across small areas in Oxford and higher mortality rates are linked to areas of deprivation. Twenty-two wards in Oxfordshire have significantly higher rates of mortality than the Oxfordshire rate. The data show that although the overall mortality rate in Oxfordshire is falling there remains a gap between the wards with the highest and lowest rates of mortality.

Chart 1

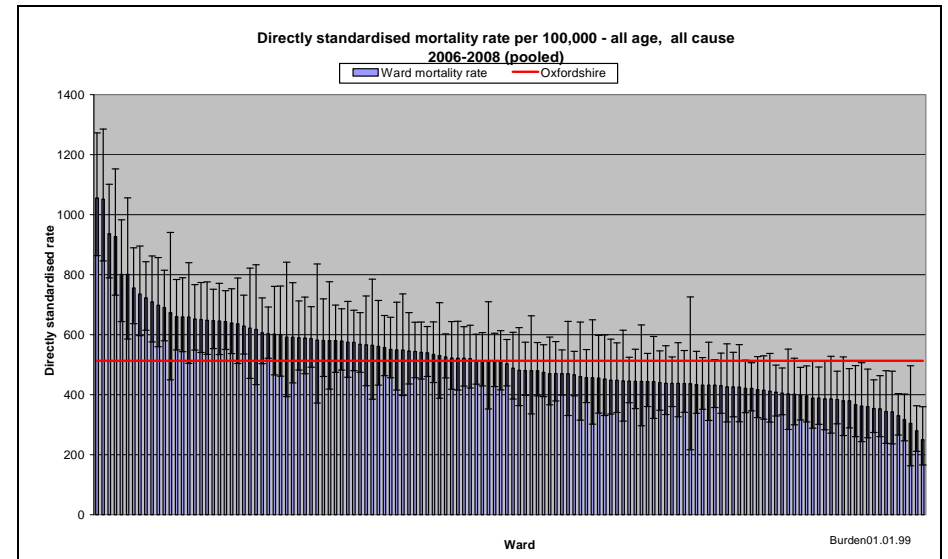
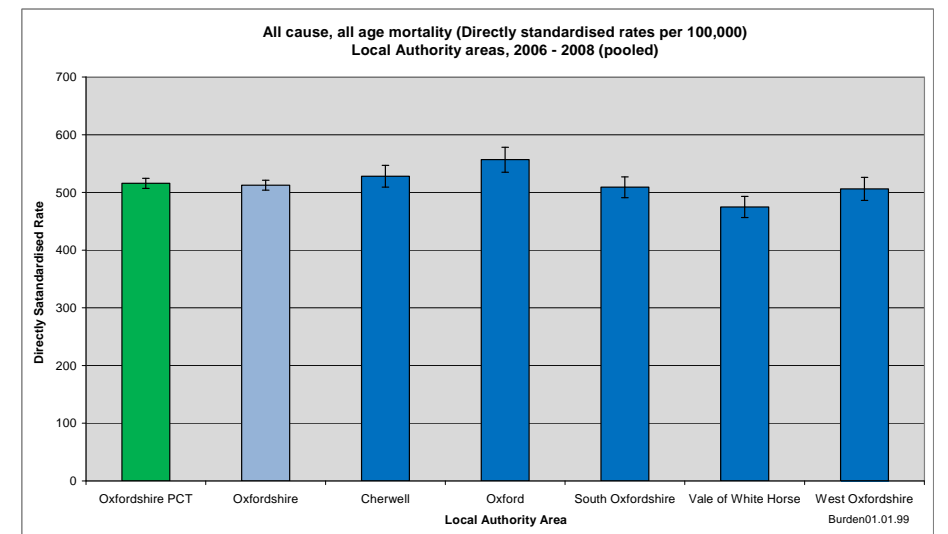
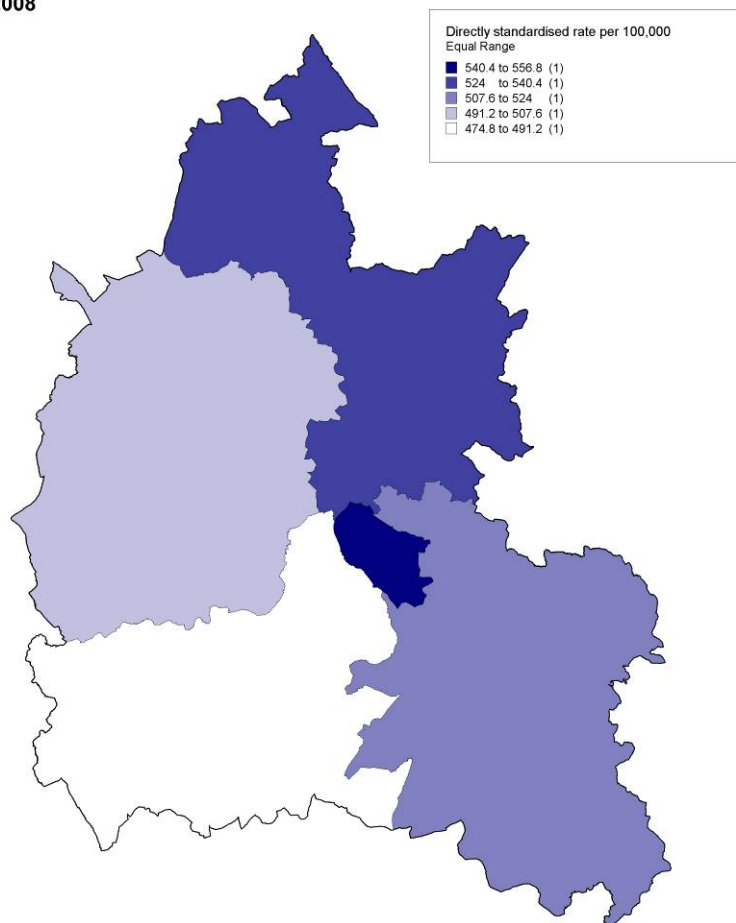


Chart 2

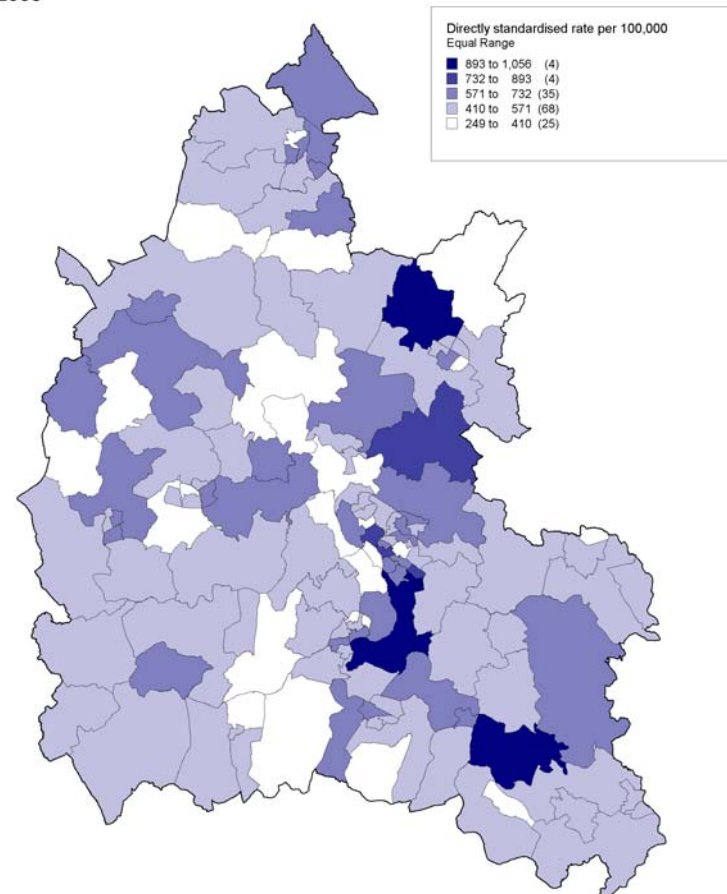


**Directly age-sex standardised rates per 100,000 - all cause, all ages
by districts within Oxfordshire
2004-2008**



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Health Informatics & Intelligence, NHS Oxfordshire
September 2010 IR11245 MY

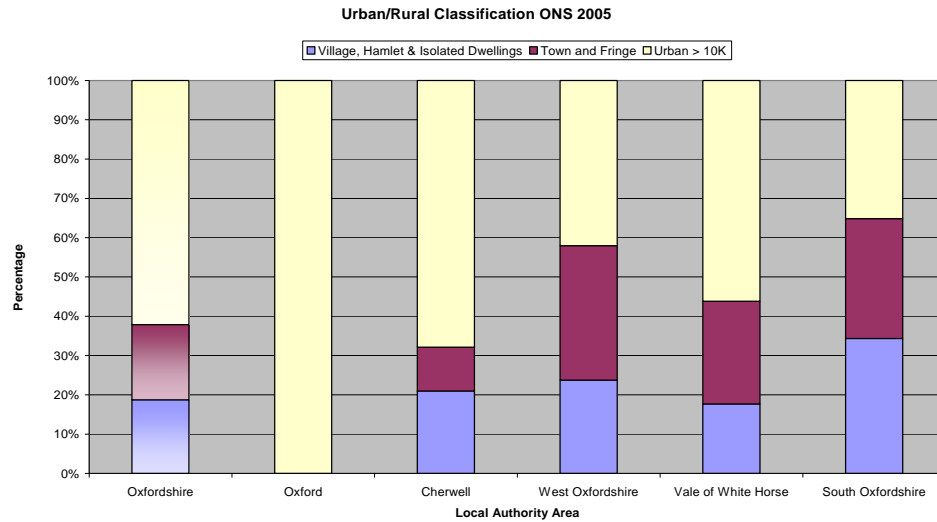
**Directly age-sex standardised mortality rates per 100,000 - all cause, all ages
by wards within Oxfordshire
2006-2008**



Ordnance Survey mapping ©crown copyright 2008
NHS080619AB01
Health Informatics & Intelligence, NHS Oxfordshire
September 2010 IR11245 MY

6. Urban Rural Classification

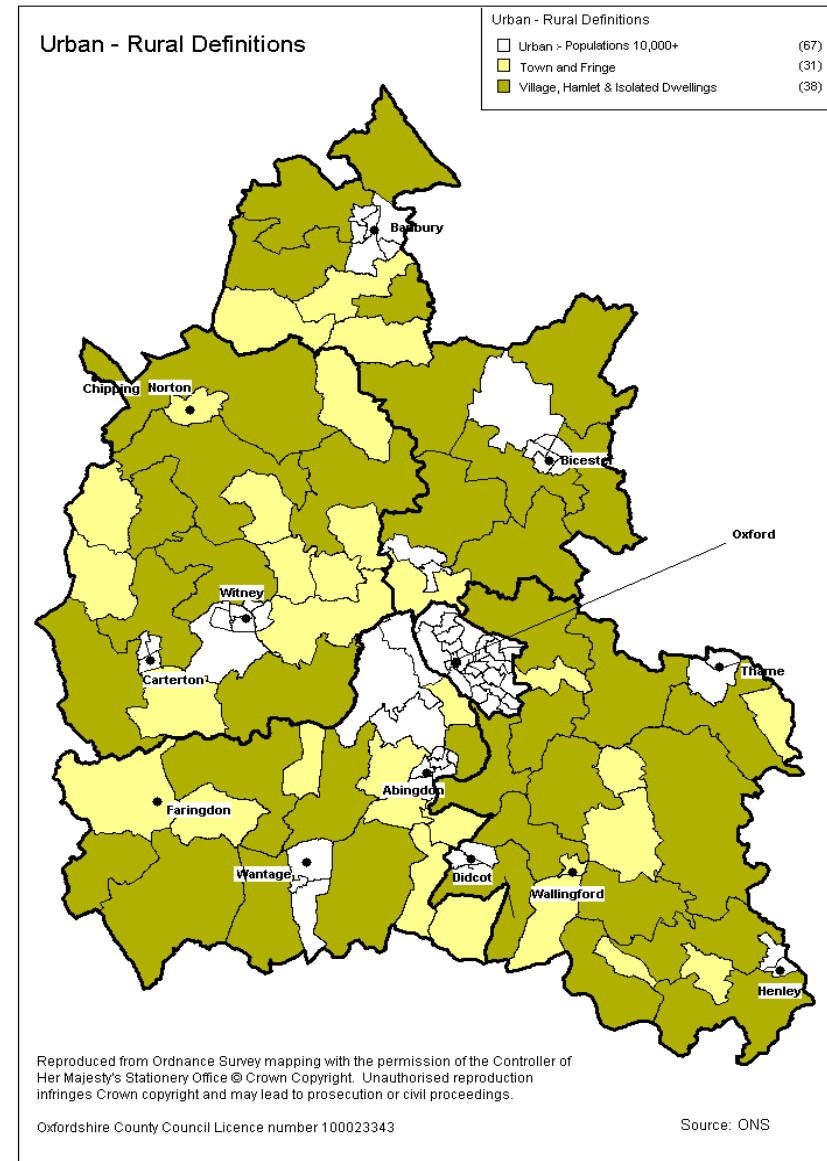
Chart 1



The data shows the proportion of people who live in wards classified as rural, town or urban. In Oxfordshire, approximately 20% of people live in rural wards, 20% in towns and 60% in conurbations of over 10,000 people. South Oxfordshire has the most wards classified as being villages or less. Oxford City has no areas which are not classified as urban.

When looking at the map it can clearly be seen that urban areas are centred around towns. Oxfordshire is described as predominantly rural

Classification	% Urban	% Rural
Predominantly Urban	$\geq 74\%$	$< 26\%$
Predominantly Rural	$< 50\%$	$\geq 50\%$
Significant Rural	$< 74\%$	$\geq 26\%$



When comparing all age all cause mortality at a rural/urban level, it can be seen that there is little difference between rural and urban areas. Those living in town/fringe areas have a lower mortality rate than those living in urban or rural areas, this difference is not significant. (Chart 2)

Males are expected to live longest in towns, living an average of 80 years, whilst those living in villages are likely to live 79 ¾ years and those from urban areas are likely to live 79 ½ years.

There is little difference in female life expectancy with women expecting to live on average 84 years, those living in urban areas live 84 ¼ years whilst women in villages can expect to reach 83 ½ and those living in towns live just over 84 years (Chart 3 and 4).

There is no significant difference seen within life expectancy.

Chart 2

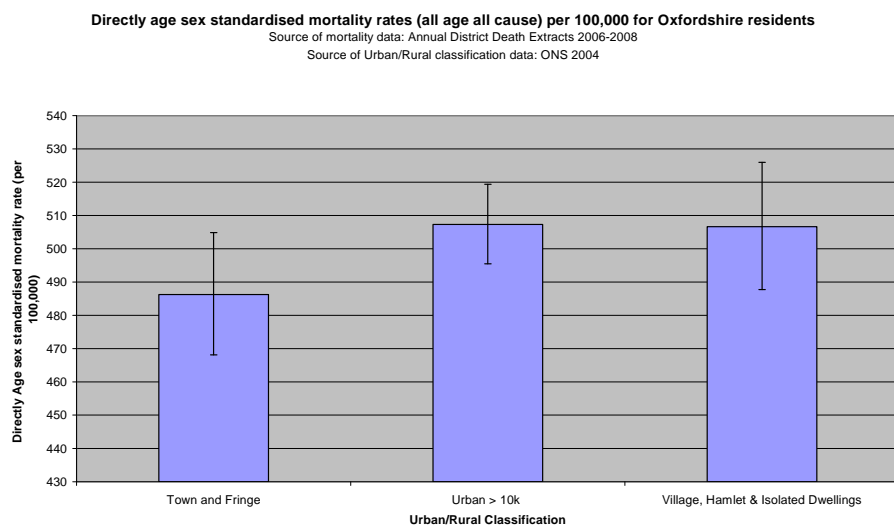


Chart 3

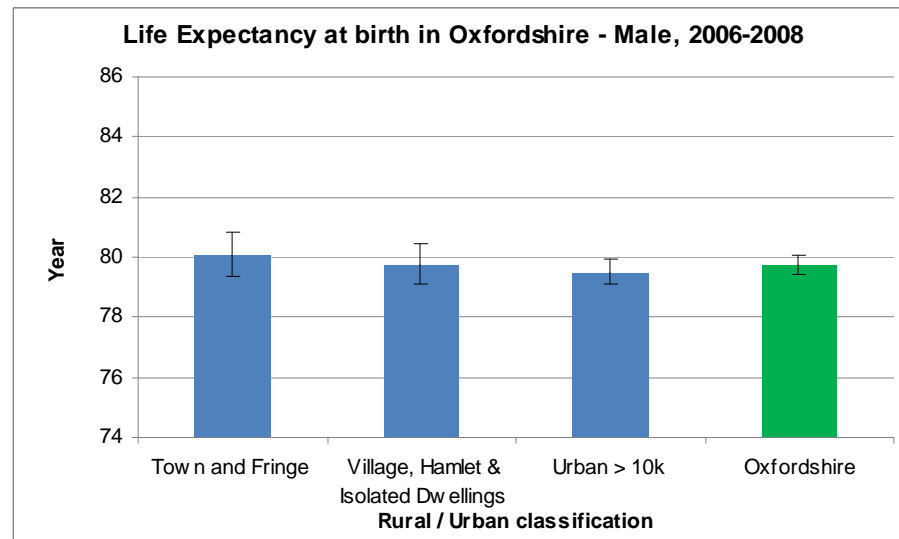
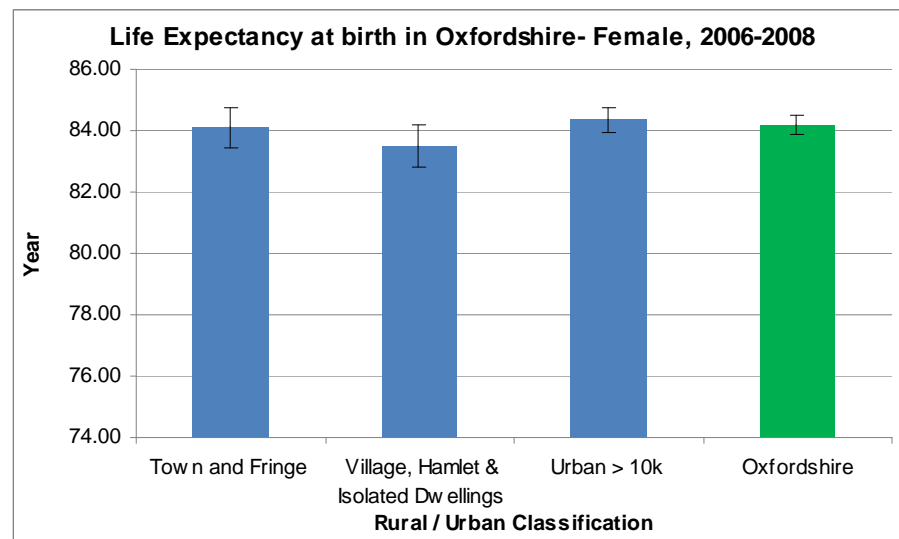


Chart 4



At the age of 65, people living in villages have a slightly lower life expectancy than those living in towns or urban settlements. For males this difference is not significant, but for females there is a small significant difference between rural and urban (Chart 5 and 6).

Type of settlement	Life expectancy at 65	
	Males	Females
Town and Fringe - Less Sparse	19.66	21.88
Village, Hamlet & Isolated Dwellings - Less Sparse	18.89	21.56
Urban > 10k - Less Sparse	19.12	22.45
Oxfordshire	19.19	22.13

There is no significant difference with the Oxfordshire average

Chart 5

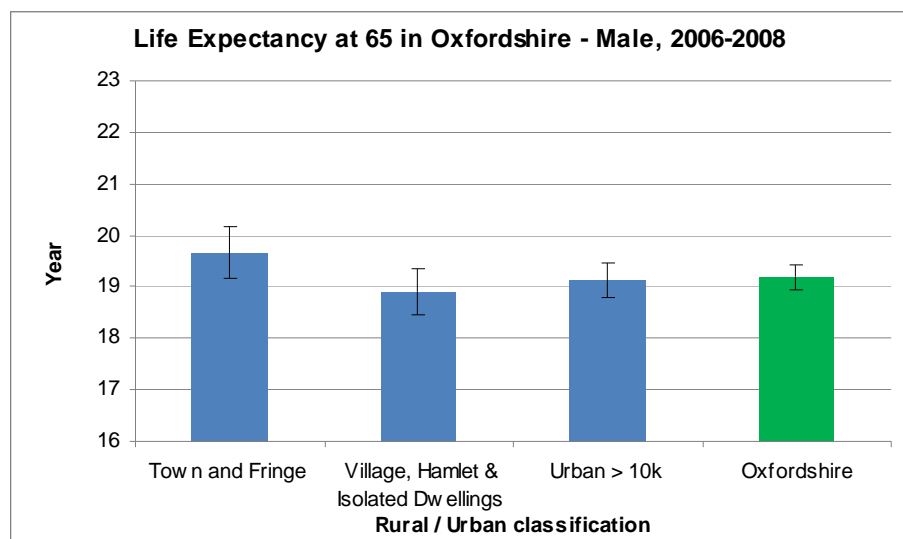
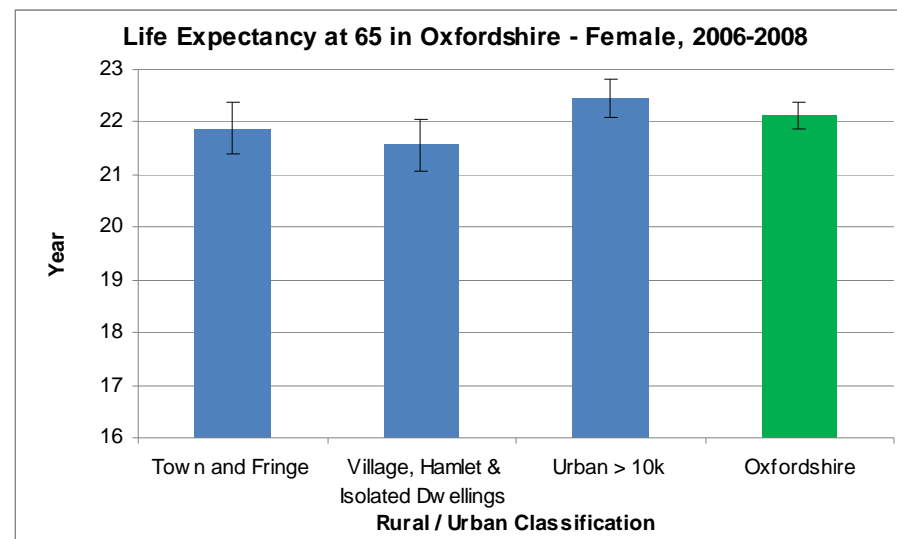


Chart 6



Childrens Section

Childhood Inequalities 2008/9

Social determinants of health include factors such as education, ethnicity, language, income and employment. Variation in these factors can lead to inequalities in health that last a lifetime. It is therefore important to identify such variations and ensure that health and social services are available and accessible to all children and young people. In the following pages, the term 'children and young people' refers to all those aged 16 years and under.

7. Language

For 9% of children and young people across Oxfordshire in 2008/9 English was not a first language. In most Local Authority areas the percentage was lower than this county average of 9% (Chart 1). In Oxford City however, English was a second language for 26% of children and young people.

Large variations were also seen across locality areas and wards. The Thames/Watlington locality had the lowest percentage of those with English as a second language at 1%, while Iffley & Cowley had the greatest at 38% (Chart 2). At ward level, 11 wards had 0% of children and young people with English as a second language, while the top 5 wards had 35-51% (Chart 3).

Chart 1

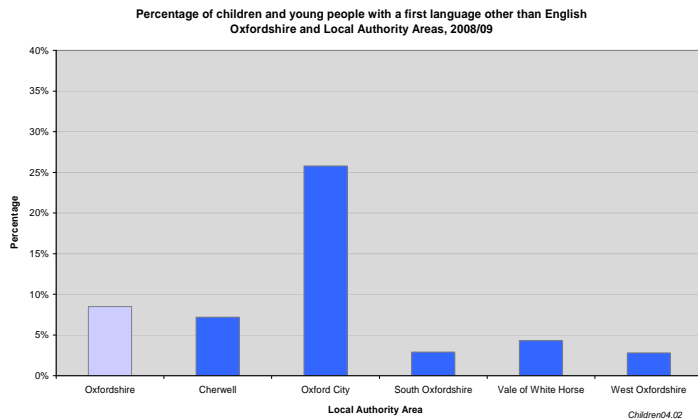


Chart 2

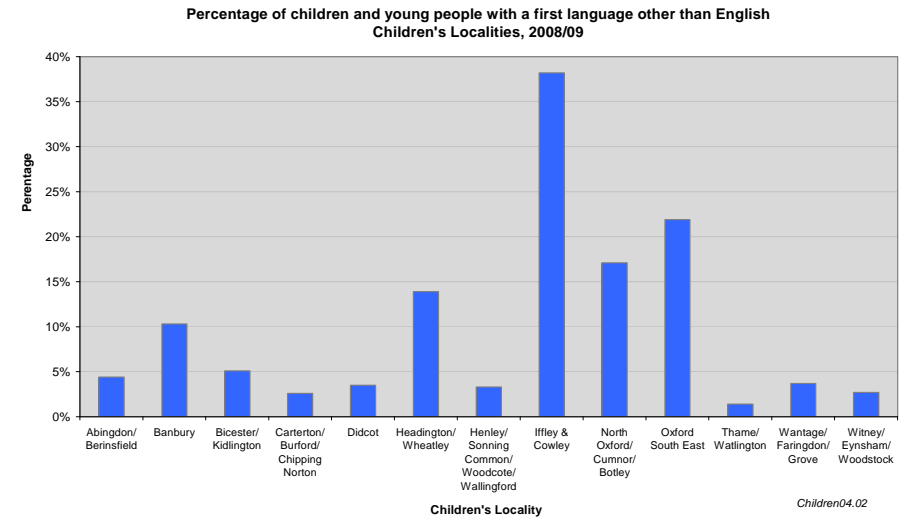
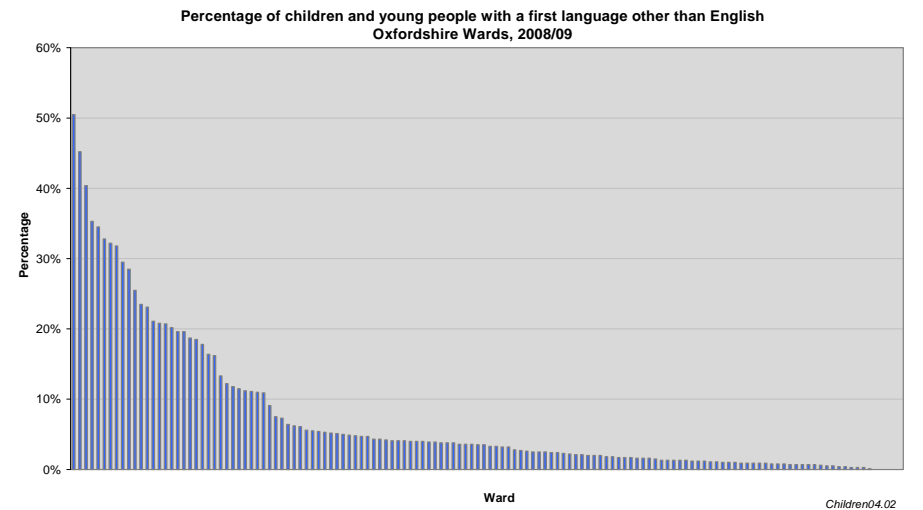
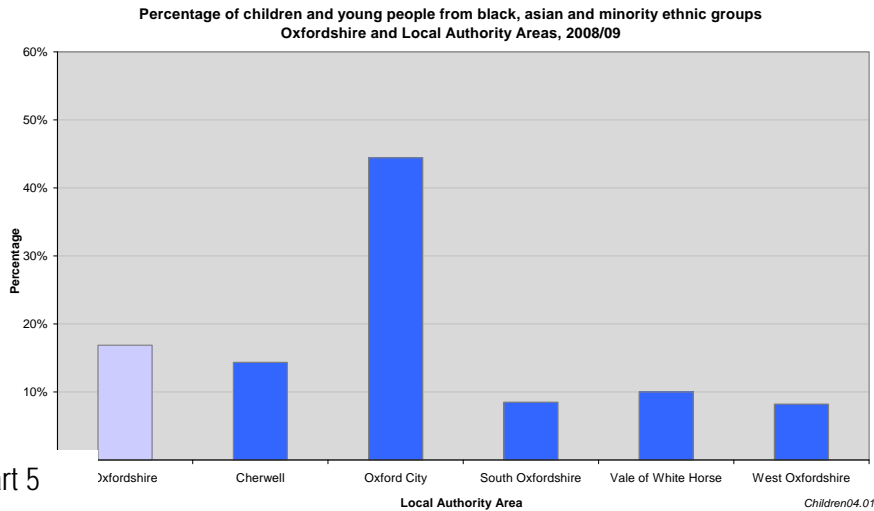


Chart 3



8. Ethnicity

Chart 4



In Oxfordshire in 2008/9, 17% of children and young people were from a black, asian and minority ethnic (BAME) group. As with data for English as a second language, the percentage for local authorities was lower than the Oxfordshire average except in Oxford City, where 44% of children and young people were from BAME groups (Chart 4).

At locality level, Thame/Watlington had the lowest percentage of children and young people from BAME groups (6%), while Iffley & Cowley had the greatest at 57% (Chart 5). At ward level, the top 5 wards had 53-67% of children and young people from BAME groups while the lowest 5 wards had 1-3% (Chart 6).

Chart 5

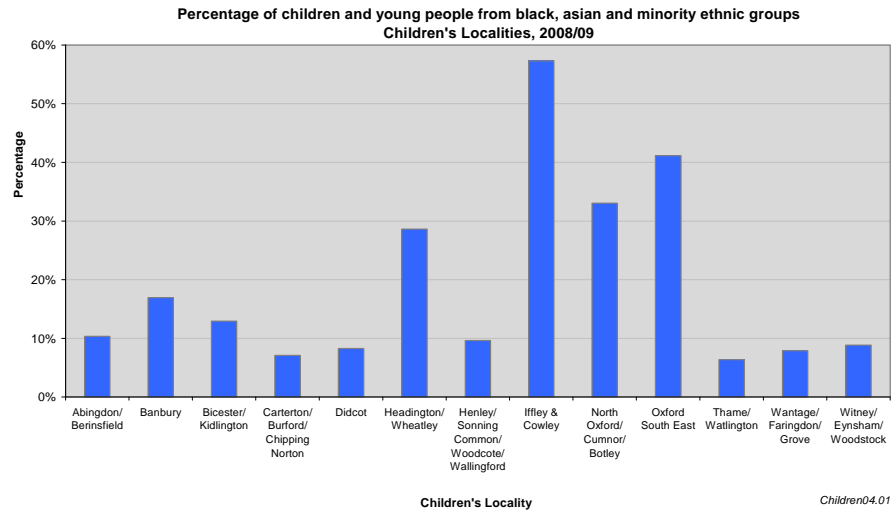
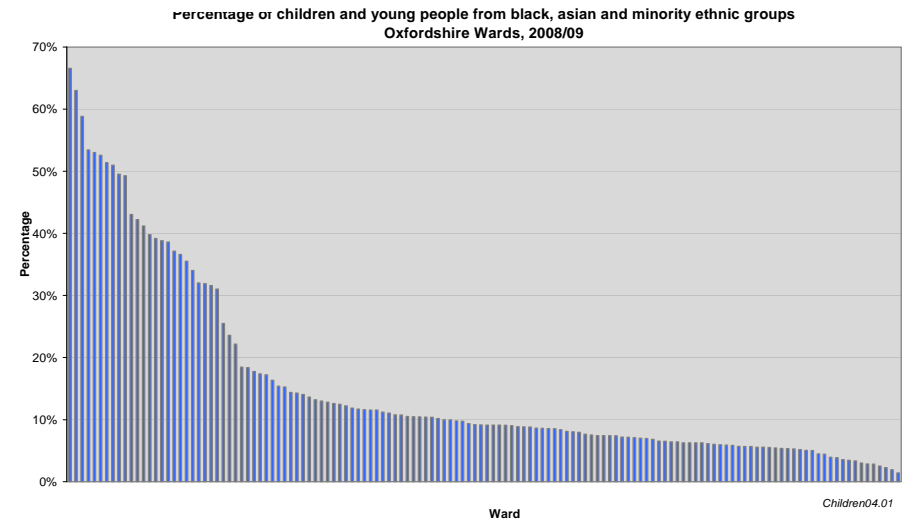


Chart 6



9. Childhood Poverty

Childhood poverty is an important social determinant of health and is also related to outcomes such as educational attainment. The proportion of children in poverty is defined nationally as 'the proportion of children living in families in receipt of out of work benefits or tax credits where their reported income is less than 60% of the median income'*.

In Oxfordshire in 2008, 11.7% of children were in poverty. This is lower than the national average of 20.9% however levels varied across Oxfordshire. In West Oxfordshire 7.4% of children were in poverty compared to 23.2% of children in Oxford City (Chart 7).

Variations were even greater at Ward level (Chart 8). The top 5 wards had 34%-42% of children living in poverty (Carfax, Blackbird Leys, Northfield Brook, Rose Hill & Iffley and Churchill). In the 5 wards with the lowest levels, 2%-3% children were in poverty (Otmoor, Abingdon Dunmore, Shiplake, Brize Norton and Shilton, Marcham and Shippon, and Abingdon Peachcroft).

* Source: HM Revenue & Customs Child Poverty Statistics for 2008.

Chart 7

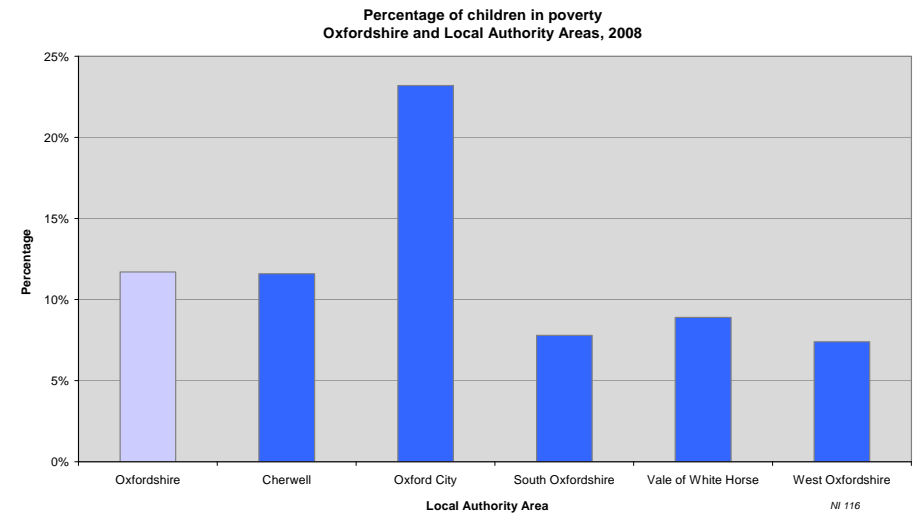
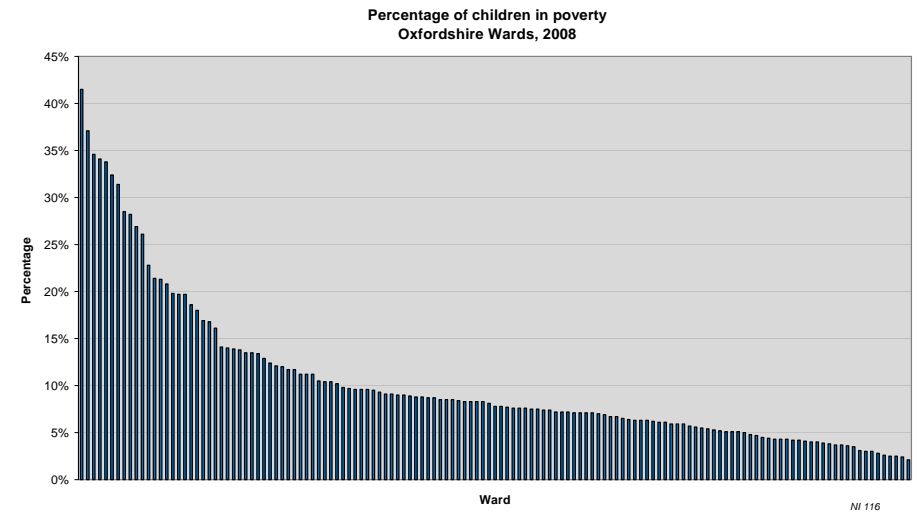


Chart 8



Another measure of childhood poverty is free school meal (FSM) eligibility. In 2008/9, 9% of school children were eligible for FSM across Oxfordshire (6,944 of 81,057 school children). Levels varied greatly across Local Authority areas: 16% of Oxford school children were eligible for FSM, compared with 5% in West Oxfordshire (Chart 9).

Percentage eligibility also varied greatly between Locality areas. In 9 of the 13 Localities fewer than 10% of children were eligible for FSM, while in Oxford South East 24% (nearly 1 in 4) of school children were eligible (Chart 10).

At Ward level, the top 5 wards had 23%-27% of school children eligible for FSM (Carfax, Blackbird Leys, Northfield Brook, Banbury Ruscote and Rose Hill & Iffley). In the 5 wards with the lowest levels, 0%-2% of school children were eligible (Otmoor, Ducklington, Abingdon Dunmore, Wroxton, Abingdon Peachcroft) (Chart 11).

Chart 10

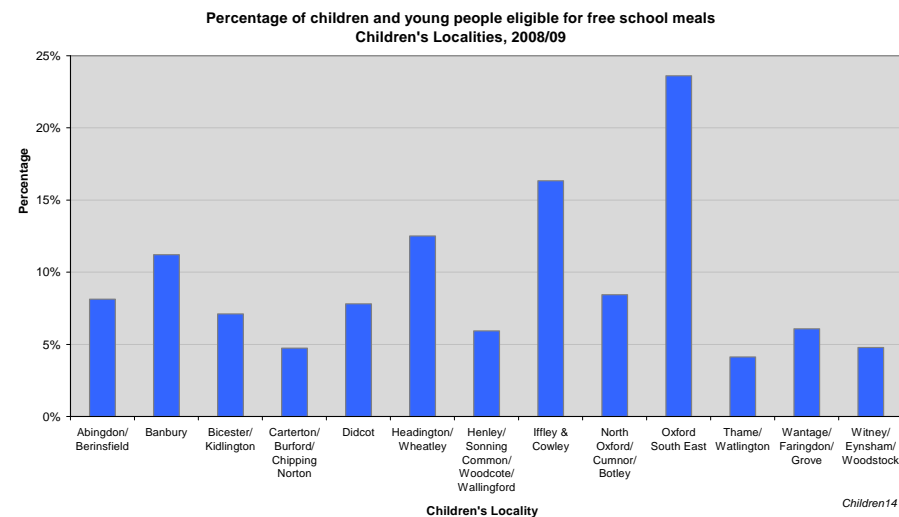


Chart 9

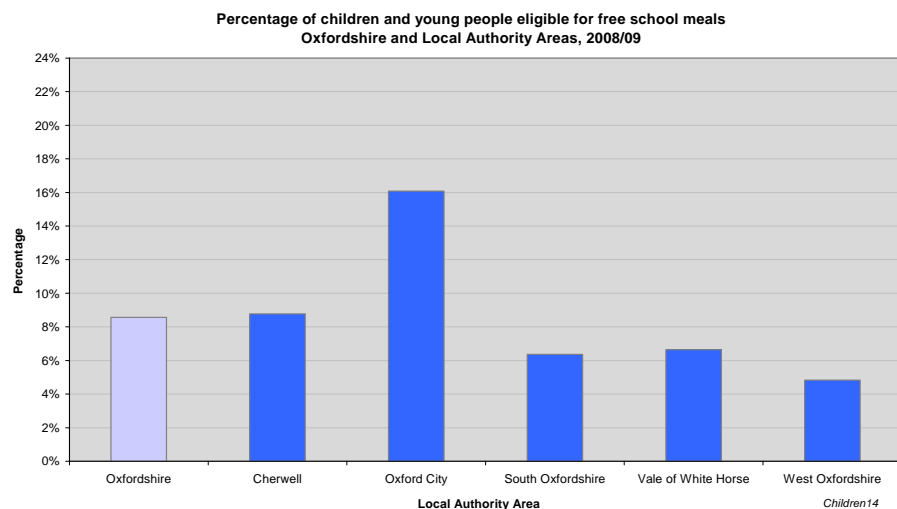
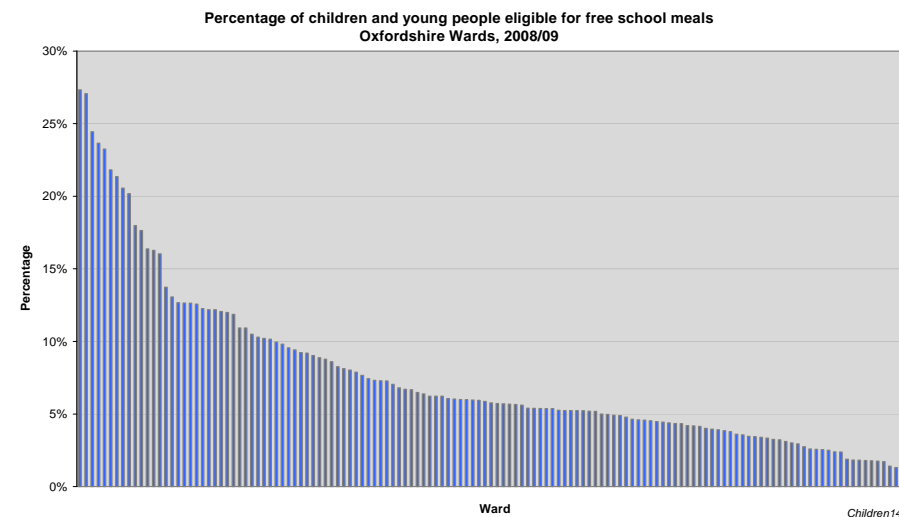


Chart 11



10. Education

Children have special educational needs if they have learning difficulties or disabilities that make it harder for them to learn than most children of the same age and thus require special educational provision. There are three levels of need, School Action, School Action Plus and Statement. Less than 3% of pupils require statements. The geographical analysis here focuses on School Action Plus.

If a child's special educational needs require the input of professionals from outside of the school then this is called 'School Action Plus' (SA+) support. In 2008/9, approximately 6% of school children in Oxfordshire were identified as School Action Plus. Across Local Authorities this varied only slightly, between 5% and 8% (Chart 12).

Most Localities had fewer than 6% of school children receiving School Action Plus (the Oxfordshire average) (Chart 13). In Barton and Sandhills however, over 12% of children receive such support. At ward level, the proportion of school children receiving School Action Plus varied from 10%-12% in the top 5 wards to 2%-3% in the lowest 5 wards (Chart 14).

Chart 12

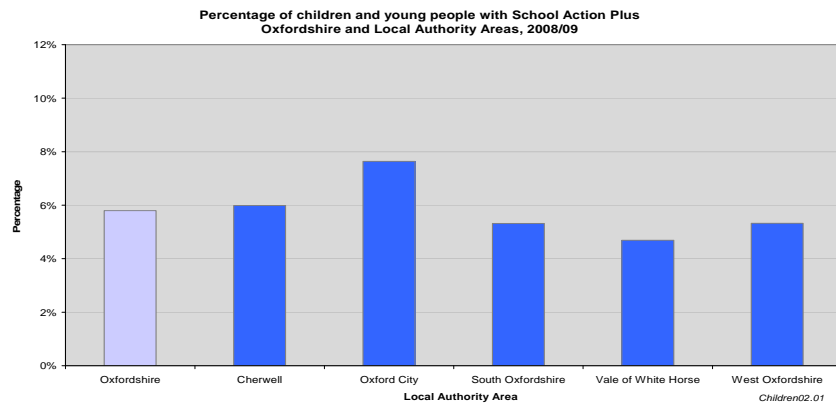


Chart 13

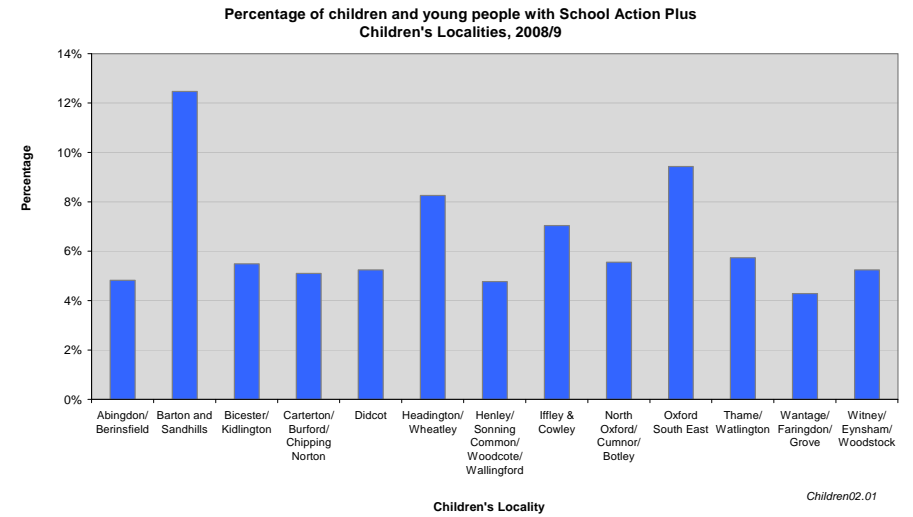
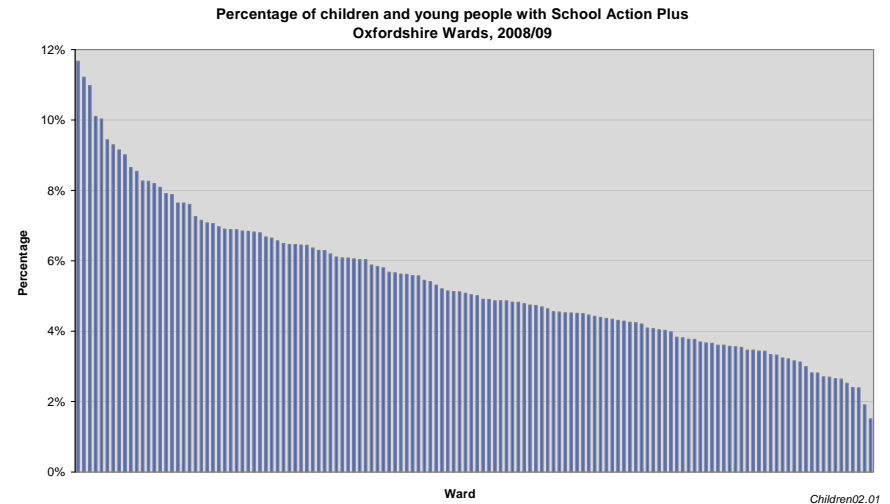


Chart 14



Being out of education, employment or training between the ages of 16 and 18 is an enormous waste of young people's potential and their contribution to society. It is also linked to a number of other adverse health and social outcomes, including low levels of attainment and teenage conception.

Six percent of 16-18 year olds were not in education, employment or training (NEET) in Oxfordshire in 2008/9. Across Local Authorities this varied from 5% in South Oxfordshire, Vale of White Horse and West Oxfordshire to 9% in Oxford City (Chart 15).

At Locality level, the lowest level of 16-18 year olds NEET was in Thames/Watlington (2%) and the highest in Oxford South East (11%) (Chart 16). At Ward level, 8 Wards reported no 16-18 year olds NEET. Conversely, the 8 highest Wards had 12-20% of 16-18 year olds NEET (Chart 17). In Banbury, Grimsby and Castle Ward, 1 in 5 of 16-18 year olds is out of education, employment or training. Source: The Department for Children, Schools and Families website.

Chart 15

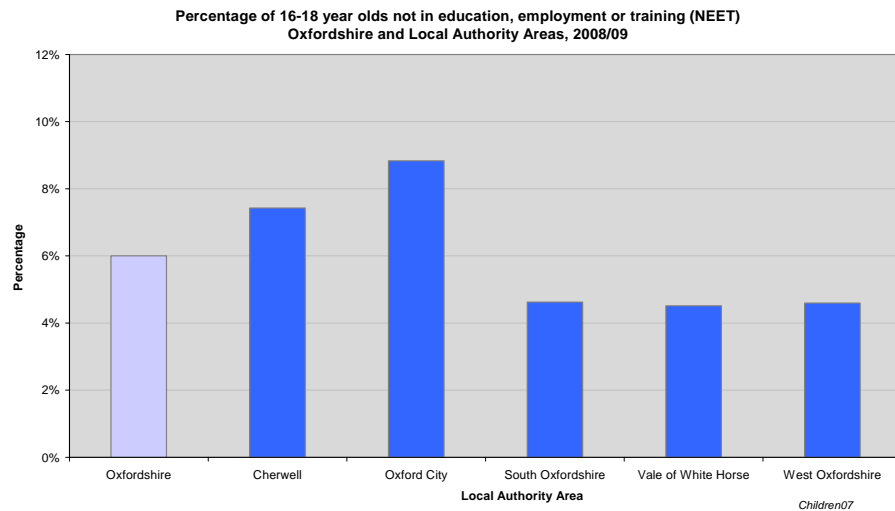


Chart 16

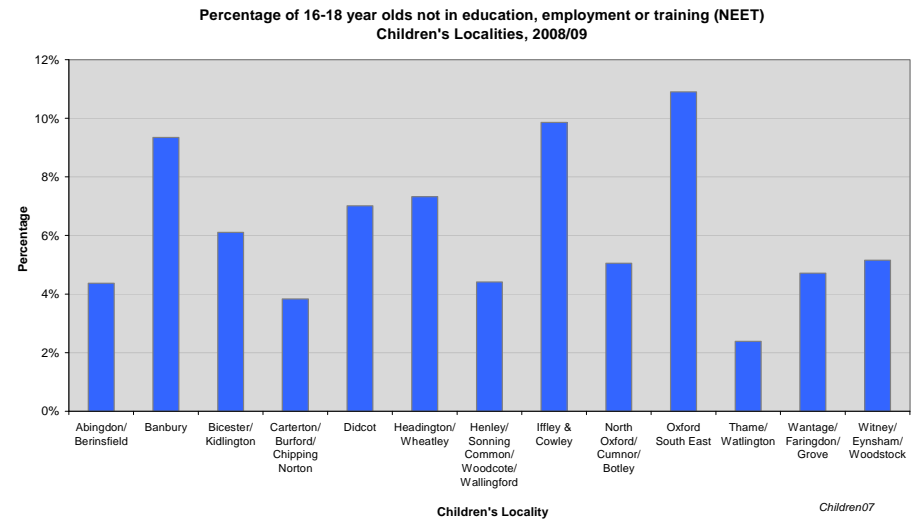
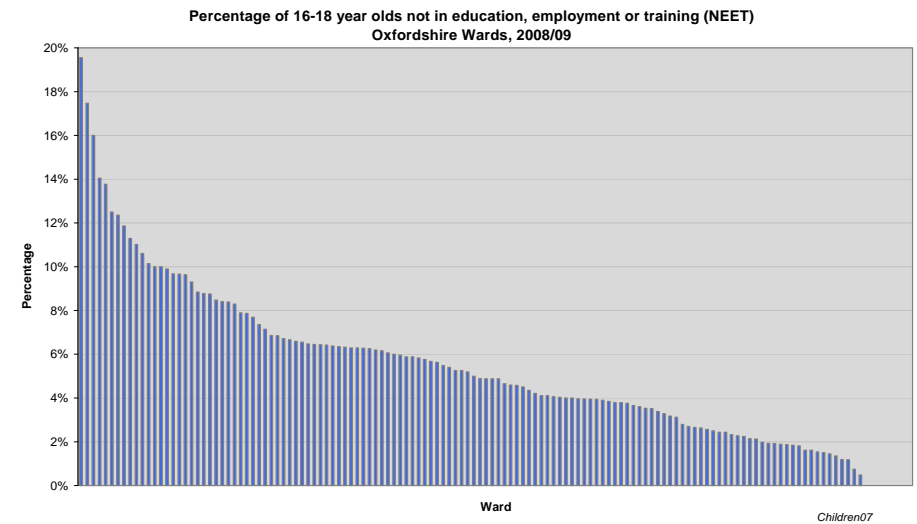


Chart 17



11. Foundation Stage Attainment

Pupils are assessed at the end of the reception year prior to entering primary school in year 1. This assessment is known as the Foundation Stage Profile. It assesses pupils in 13 areas on a points scale of 0-9. The 13 areas are collected into three key areas plus three additional individual assessment areas. These three main areas are Personal, Social & Emotional Development (PSED) (three measures), Communication, Language & Literacy (CLL) (four measures) and Problem Solving, Reasoning & Numeracy (PSRN) (three measures). The three individual areas are Knowledge & Understanding of World (KUW), Physical Development (PD) and Creative Development (CD)

The key measure used in the assessment is the percentage of pupils that achieve at least 78 points across all thirteen measures with at least 6 points in all seven strands of PSED and CLL. The two histograms show the percentage of pupils assessed in the summer of 2009 that reached this expected level at both Local Authority District and Children's Locality Area. The pupils have been analysed by their postcode of residence.

Pupils resident in Oxford City present lower scores than the other four districts (Chart 1). The differences between localities are more marked. Oxford South East and Cowley and Iffley localities show profile scores which are approximately half that shown in the Henley locality (Chart 2).

*Source: The Department for Children, Schools and Families website.

Chart 1

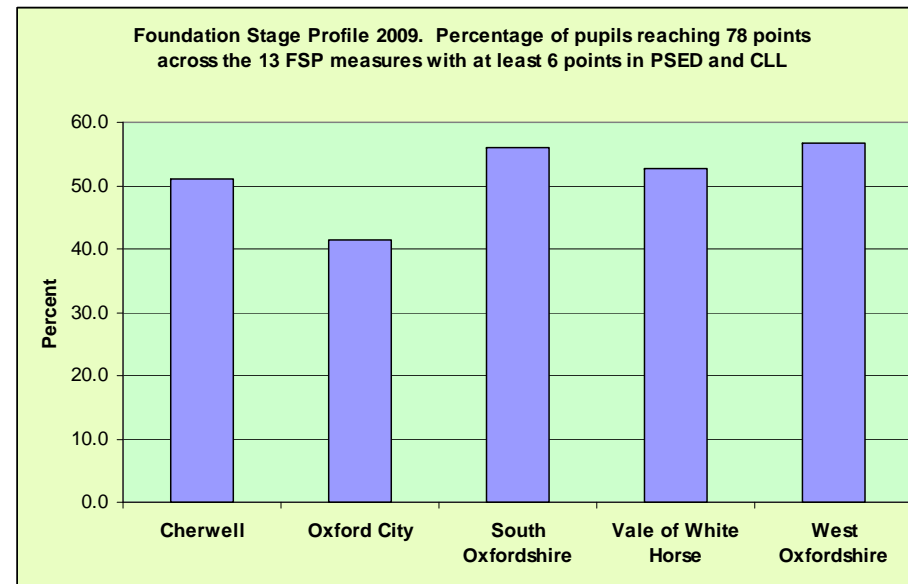
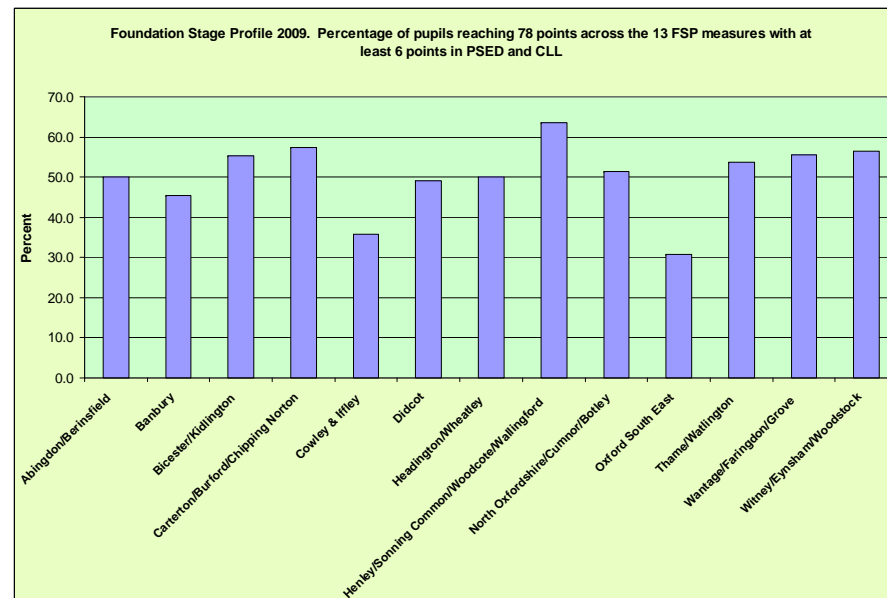


Chart 2



12. Key Stage 1 Attainment

A child's progress is assessed at several points in his or her school career. There is a range of national performance indicators relating to each assessment stage, which enable comparisons to be made against national trends and statistical neighbours.

The first assessment takes place in Year 2, at the end of Key Stage 1 (when children are aged 6-7). This assessment is performed by the teacher with the aid of informal tests and children are expected to achieve Level 2 or above.

In 2008/9, 90% of children in Oxfordshire attained (Level 2) Key Stage 1 maths (Chart 1), 84% attained Key Stage 1 reading (Chart 2) and 81% attained Key Stage 1 writing (Chart 3).

Attainment of Key Stage 1 maths varied between local authority areas (Chart 1). South Oxfordshire had the highest attainment at 93%, followed by West Oxfordshire at 92% and Cherwell and Vale of White Horse at 91%. Oxford City had the lowest attainment levels, with 84% of children attaining Key Stage 1 maths.

A similar pattern is seen across local authority areas for attainment of Key Stage 1 reading (Chart 2) and writing (Chart 3). South Oxfordshire and West Oxfordshire achieved 88% attainment of Key Stage 1 reading, while Oxford City achieved 76%. For Key Stage 1 writing, South Oxfordshire and West Oxfordshire achieved 84% attainment, while Oxford City achieved 72%.

Across localities, a wider range of attainments is seen but with a similar pattern for Key Stage 1 maths, reading and writing. Results for attainment of Key Stage 1 writing are shown here (Chart 4). These range from 88% attainment in Henley/Sonning Common/Woodcote/Wallingford to 64% in Oxford South East.

Between wards an even wider range is seen (Chart 5). For Key Stage 1 writing, 5 wards achieved 100% attainment, while the lowest 5 wards achieved from 48% to 65% attainment.

Chart 1

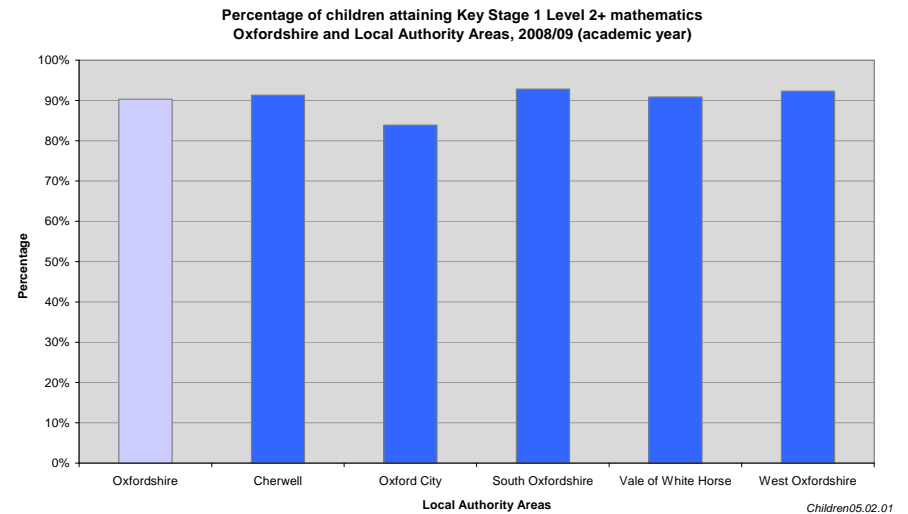


Chart 2

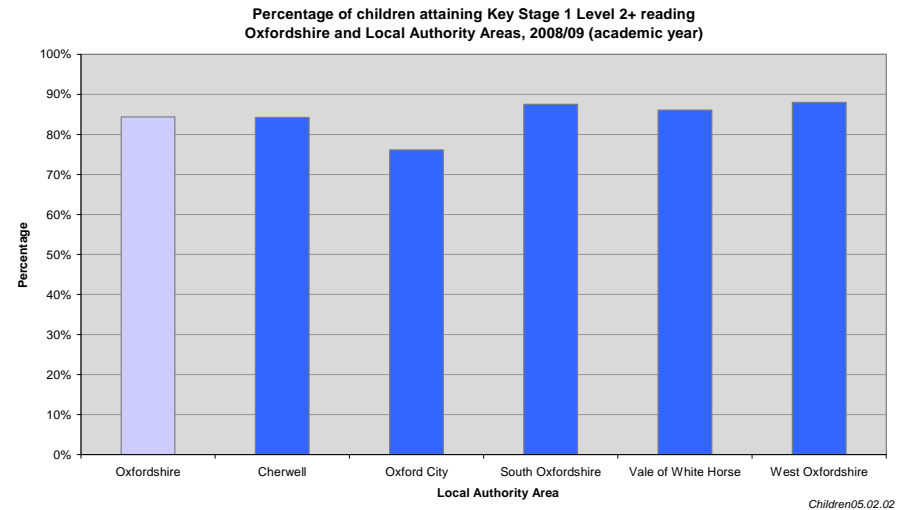


Chart 3

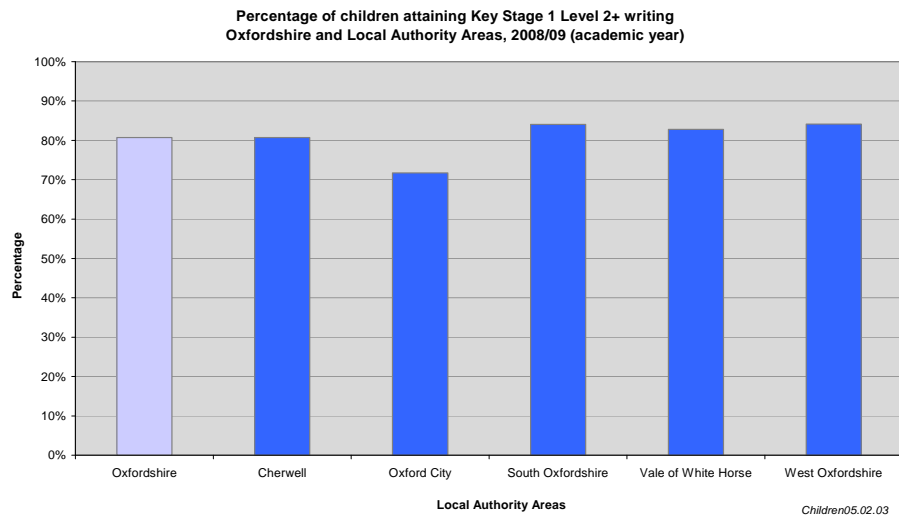


Chart 5

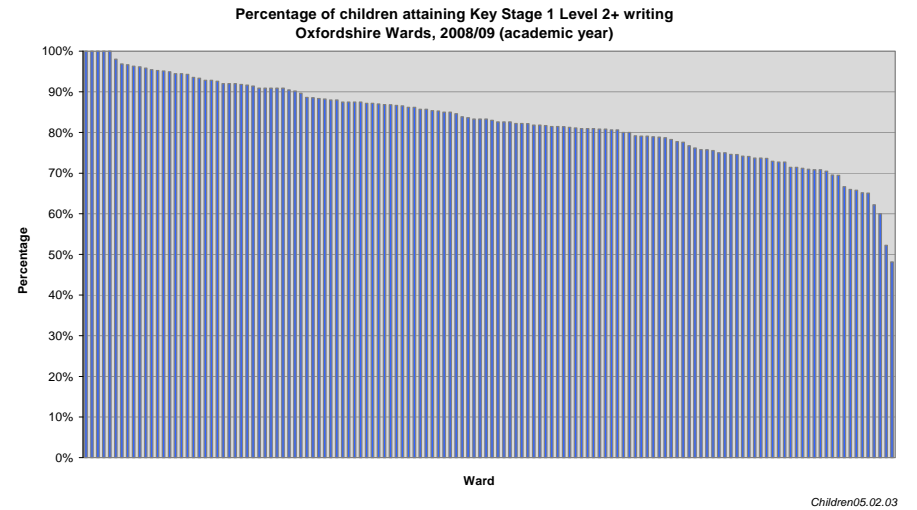
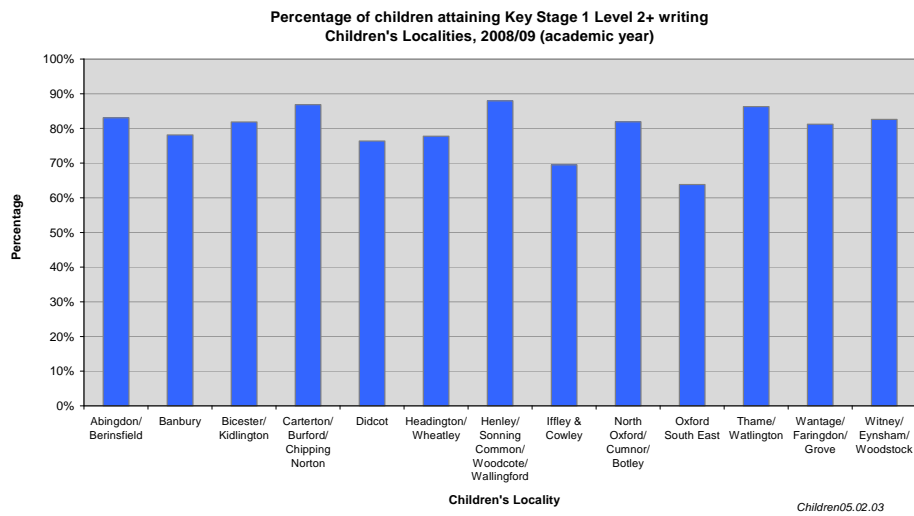


Chart 4



13. Key Stage 2 Attainment

Key Stage 2 is the learning phase for pupils aged 7 to 11 years old. **Level 4** is the level expected for most 11 year olds in English and maths. In 2008/9, 73% of children in Oxfordshire attained Key Stage 2 at Level 4 or above (Chart 1).

Attainment varied between local authority areas. South Oxfordshire had the highest attainment at 79%, followed by West Oxfordshire at 75%. Oxford City had the lowest attainment levels, with 65% of children attaining Key Stage 2 at Level 4 or above.

Across localities, a slightly wider range of attainments is seen. These range from 83% attainment in Henley/Sonning Common/Woodcote/Wallingford to 57% in Oxford South East (Chart 2).

Between wards an even wider range is seen (Chart 3). The top 5 wards achieved 93%-96% attainment, while the lowest 5 wards achieved between 46% and 51% attainment.

Chart 1

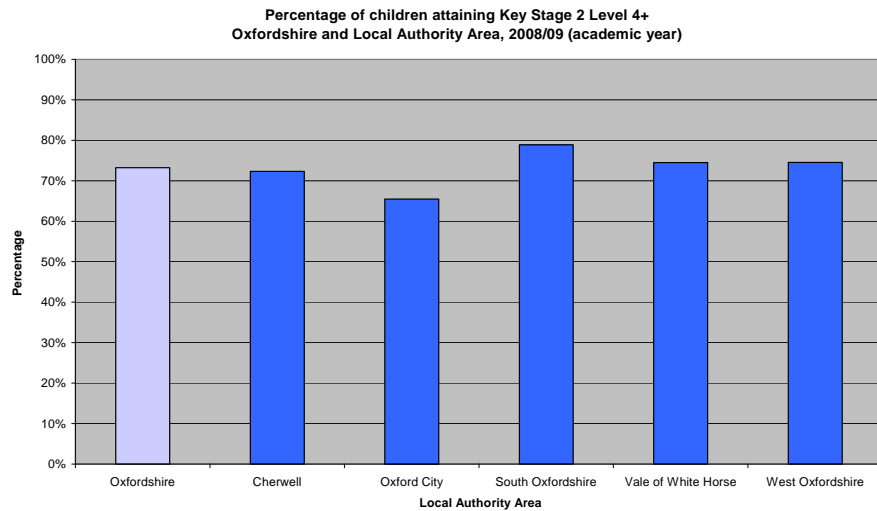


Chart 2

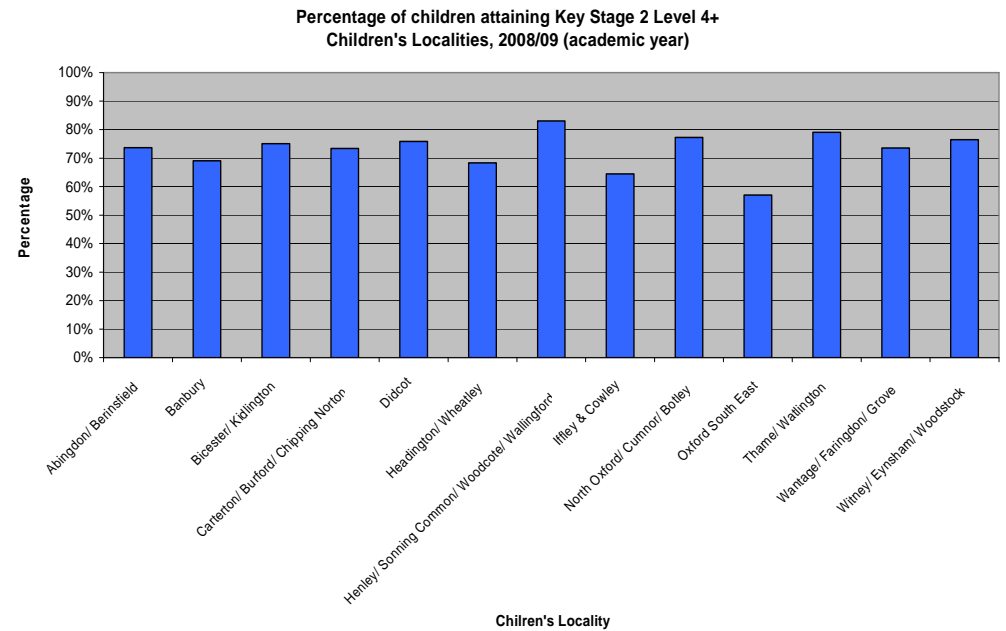
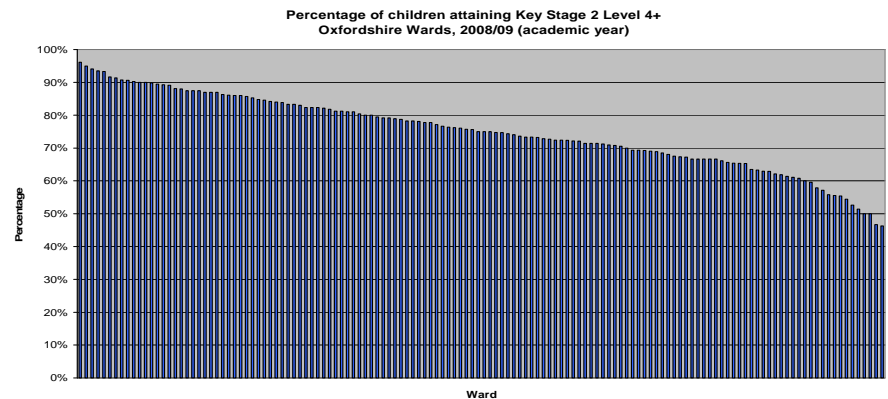


Chart 3



14. GCSE Attainment

The percentage of Year 11 pupils achieving five A*-C grades including English and maths at GCSE is a key performance measure for the county's Local Area Agreement. This figure has improved consistently over the past three years to 52.9% (or 3340 pupils) in 2008/09 (see chart 1). However, Oxfordshire performs poorly compared to its statistical neighbours – these are the 10 Local Authority areas from around the country which Ofsted has deemed to have similar characteristics to Oxfordshire. The 2009 average percentage attainment for our group of statistical neighbours is 57.1% (with the highest being 65.3%); at 52.9%, Oxfordshire has the second lowest percentage attainment in the group.

The Vale had the highest attainment with Oxford City almost 10 % points lower. Thame and North Oxford localities passed the 60% mark with Oxford South East down at 33%. (see chart 2 and 3)

Educational achievement is influenced by a range of health socioeconomic factors including deprivation, ethnicity, family influences, emotional and mental well being and physical health issues. A detailed analysis of the educational achievement of children from black and minority ethnic groups, children in receipt of free school meals and Children Looked After can be found at:

http://portal.oxfordshire.gov.uk/content/publicnet/council_services/about_your_council/plans_publications/CAYPP/CYPP_Needs_Analysis.pdf [council/plans_publications/CAYPP/CYPP_Needs_Analysis.pdf](http://portal.oxfordshire.gov.uk/content/publicnet/council_services/about_your_council/plans_publications/CAYPP/CYPP_Needs_Analysis.pdf)

Chart 1

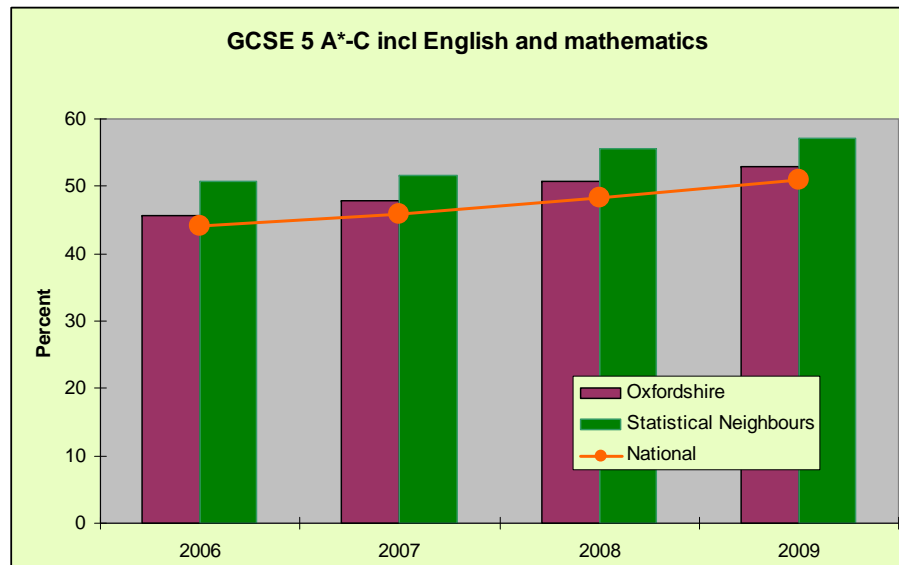


Chart 2

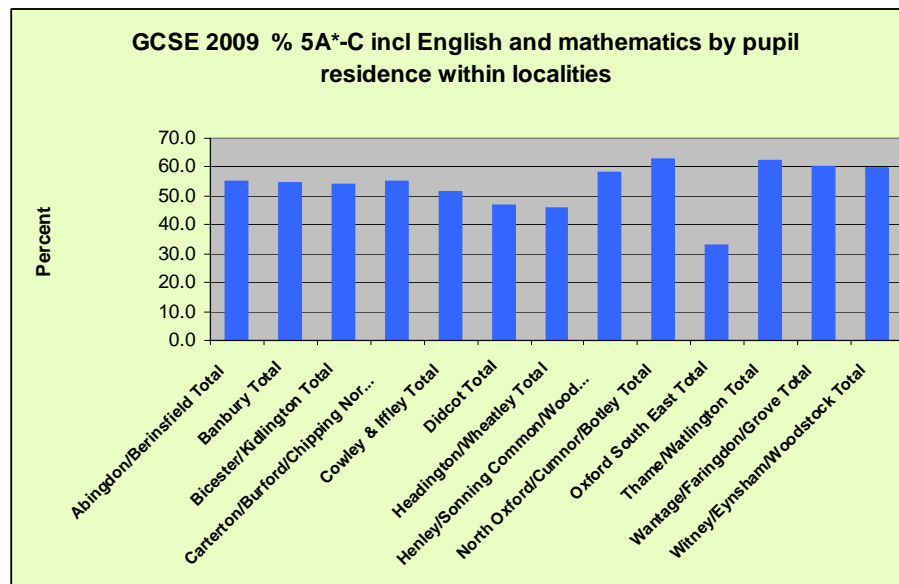
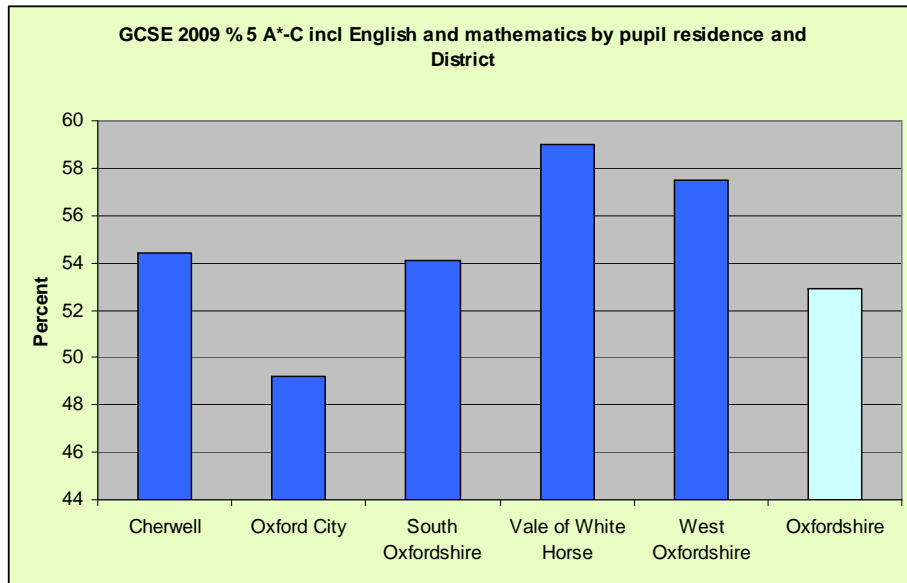


Chart 3



15. Maternity & Newborn

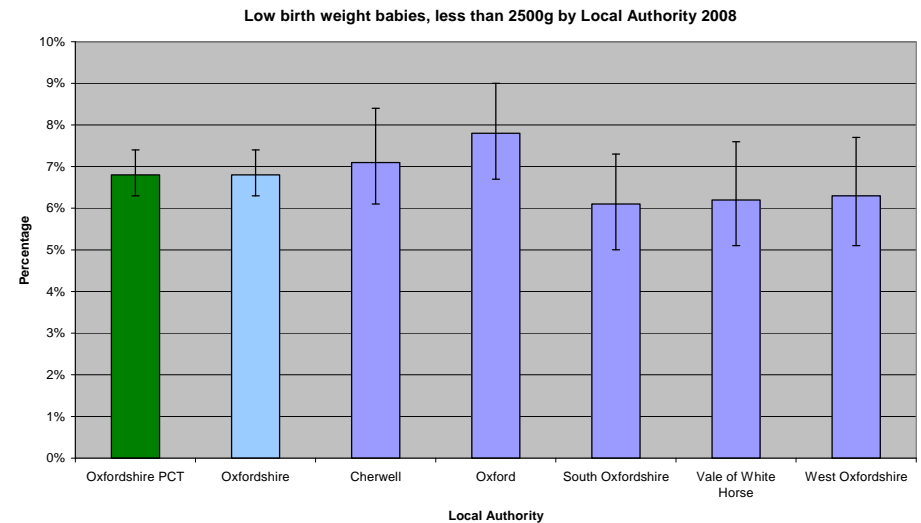
Every mother wants to give birth to a healthy baby. To help detect problems in pregnancy as early as possible, it is important for pregnant women to access maternity services early. In 2008/9, across Oxfordshire PCT, 82.8% of pregnant women accessed maternity services before 13th week of pregnancy (95% CI 81.9-83.6%).

Infant mortality rate is the number of deaths in children less than 1 year old per 1000 live births. Oxfordshire's infant mortality rate was 3.6/1000 during 2006-8. In the UK the infant mortality rate is usually calculated over 3 years as the total number of infant deaths is low: in Oxfordshire there were 89 deaths in 24,447 live births in 2006-8. For this reason also Local Authority area rates are not informative and are not given here. The Oxfordshire rate remains considerable lower than the average rate for England (4.8/1000 in 2006-8).

Low birth weight is defined as a birth weight less than 2500g. In Oxfordshire in 2008, 6.8% of babies were born with a low birth weight. Percentages across Local Authority areas ranged from 6.1%-7.8%; none were statistically significantly different to the percentage for Oxfordshire as a whole (see chart).

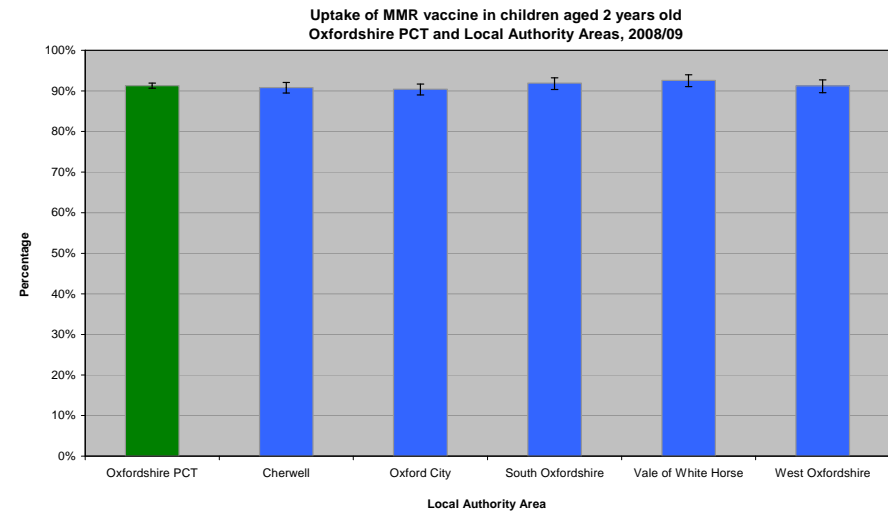
Mothers who do not smoke and who breastfeed their baby are helping to give their newborns a healthy start in life. In 2008/9, in the Oxfordshire PCT area, 8.5% of mothers were recorded as smokers at the time of delivery (95% CI 7.9-9.1%). Data is not available for the Local Authority areas. Smoking status is associated with a range of socio-economic factors such as deprivation and the mother's age (see the 'Teenage Conceptions 2008/9' template).

In 2008/9, 61.7% of mothers across the Oxfordshire PCT area were recorded as breastfeeding their infant 6-8 weeks after delivery (95% CI 60.6-62.8%). This was above the target of 49.0% set by the PCT for the last quarter of 2008/9. For Local Authority level data please refer to the 'Breastfeeding 2008/9' template.



16. MMR Vaccination

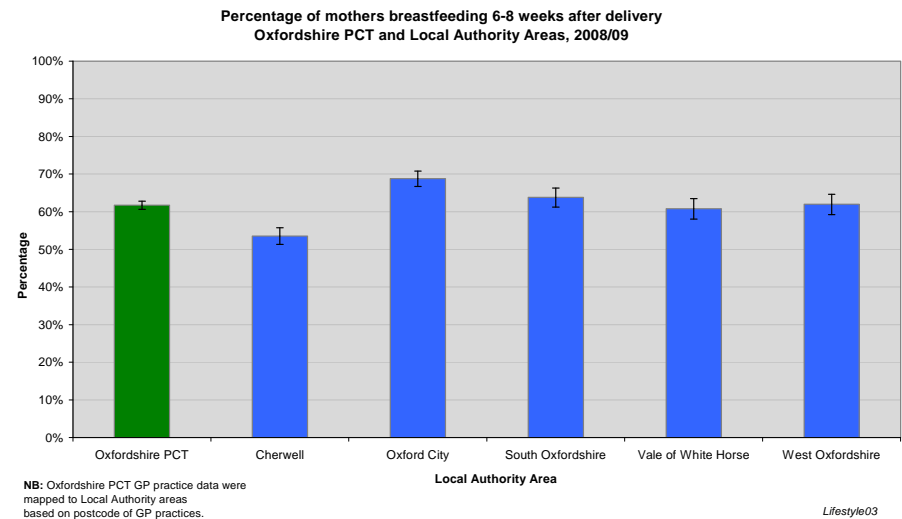
Overall immunisation rates amongst children in Oxfordshire are good although MMR uptake is below 95%, the level required to ensure herd immunity in the community. In 2008/09, the uptake of MMR vaccination at 2 years of age was 92% for Oxfordshire as a whole. There is variation across the county with Oxford City having the lowest uptake, although the differences are not statistically significant (Chart 1)



17. Breastfeeding

Mothers who breastfeed their baby are helping to give their newborns a healthy start in life and rates of breastfeeding are important indicators of child health.

In 2008/9, the proportion of mothers in Oxfordshire who were breast feeding their babies 6-8 weeks after delivery was 62% (95% CI 61-63%). This was above the target of 49.0% set by the PCT for the last quarter of 2008/9. At Local Authority level, the rate of breastfeeding in Cherwell was significantly lower than the Oxfordshire average and the rate in Oxford City was significantly higher (see chart). Breast feeding prevalence is strongly associated with factors such as the socio-economic status, educational level and age of the mother.



18. Childhood Weight

In Oxfordshire in 2008/9, 14.5% of reception year children were found to be overweight (95% CI 13.6-15.4%) and a further 8.6% obese (95% CI 7.9-9.4%) (Chart 1). The prevalence of reception year children recorded as overweight and obese in each Local Authority area did not vary significantly from the Oxfordshire average except in West Oxfordshire where 20.5% were found to be overweight (95% CI 18.0-22.9%) and a further 12.0% obese (95% CI 10.1-14.0%).

It is estimated that across England 13.2% of reception year children were overweight and 9.6% were obese in 2008/9*. Oxfordshire thus has more overweight but fewer obese reception year children than the national average.

In 2008/9 across the South Central SHA 12.8% of reception year children were found to be overweight and 8.8% obese*. Thus, compared with the SHA average, Oxfordshire has more overweight but fewer obese reception year children.

Year 6 children in Oxfordshire show similar levels of overweight to reception year children, with 14.3% measured as overweight in 2008/9 (95% CI 13.4-15.3%) (Chart 2). However there is nearly twice the prevalence of obesity compared to reception year children with 15.8% - nearly 1 in every 6 children - found to be obese (95% CI 14.9-16.8%).

Again, prevalence of overweight and obesity in each Local Authority area did not vary significantly from the Oxfordshire average except in Oxford City where 19.0% of year 6 children were found to be obese (95% CI 16.5-21.5%).

Across England it is estimated that 14.3% of year 6 children were overweight and 18.3% obese in 2008/9*. Oxfordshire thus has a similar prevalence of overweight but fewer obese year 6 children when compared to the national average. Across the South Central SHA the figures are 13.8% overweight and 16.0% obese*.

Breastfeeding has been shown to be protective against childhood obesity. The percentage of mothers recorded as breastfeeding 6-8 weeks after delivery were not significantly lower in West Oxfordshire or Oxford City than other areas of Oxfordshire PCT in 2008/9, however data is not available for the years when the reception year and year 6 children discussed here were born.

*Source: 'Lifestyle Statistics / Department of Health Cross-Government Obesity Unit NCMP Dataset' from The Health and Social Care Information Centre, 2009.

Chart 1

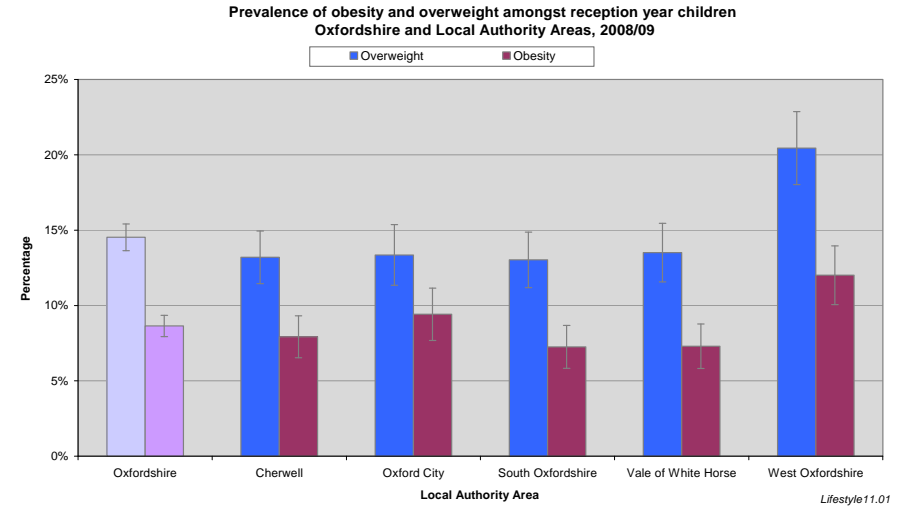
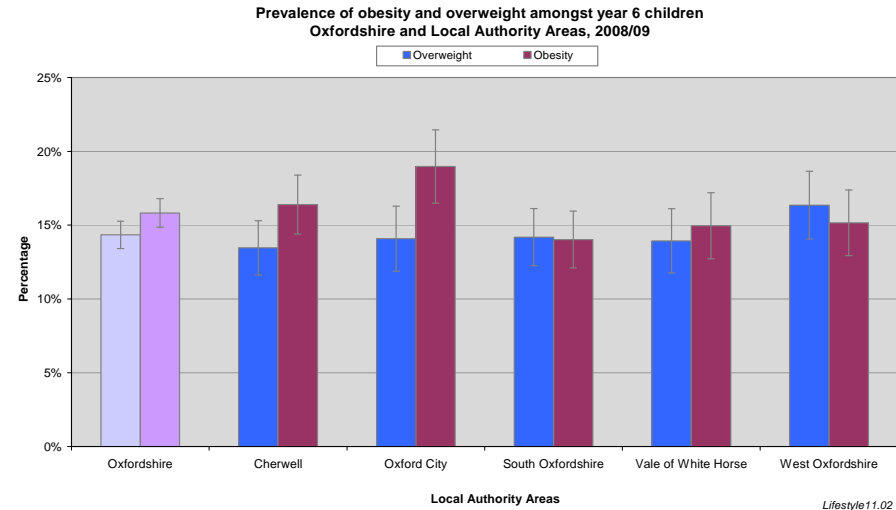
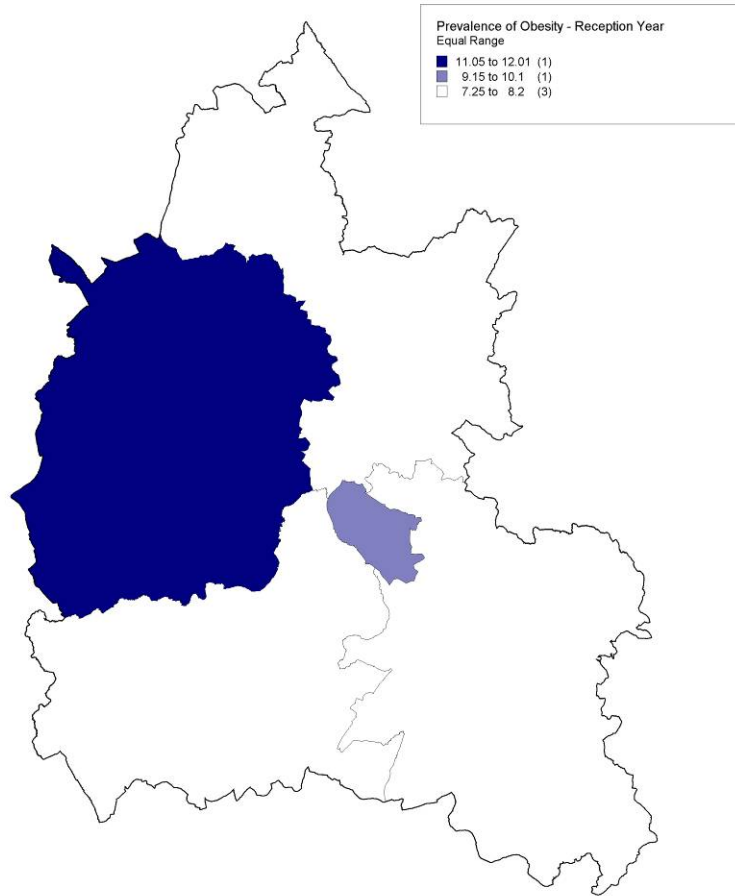


Chart 2

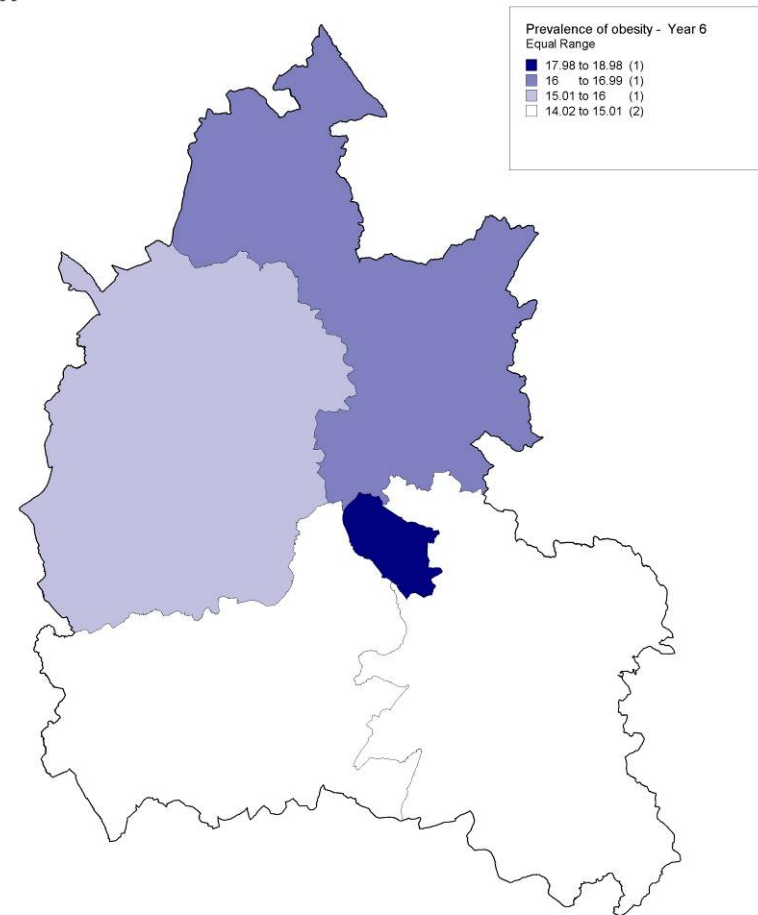


**Prevalence of Obesity - Reception Year
by districts within Oxfordshire
2008/09**



Ordnance Survey mapping ©crown copyright 2008
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Health Informatics & Intelligence, NHS Oxfordshire
September 2010 IR11245 MY

**Prevalence of Obesity - Year 6
by districts within Oxfordshire
2008/09**



Ordnance Survey mapping ©crown copyright 2008
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Health Informatics & Intelligence, NHS Oxfordshire
September 2010 IR11245 MY

19. Teenage Conceptions 2008/9

The average conception rate for women aged less than 18 years in Oxfordshire in 2008/9 was 28.9 per 1000 (95% CI 27.2-30.7). This is statistically significantly lower than the 2008 rate for the South East region (32.9) and for England as a whole (40.4). However, under-18 conception rates are higher in Oxfordshire than in our closest 'statistical neighbours' – areas of England with similar characteristics to Oxfordshire* (Chart 1).

In 2008/9, Oxford City was the only Local Authority area that had an under-18 conception rate that was statistically significantly different to the overall Oxfordshire rate: its rate of 36.1/1000 was higher than the Oxfordshire average (Chart 3).

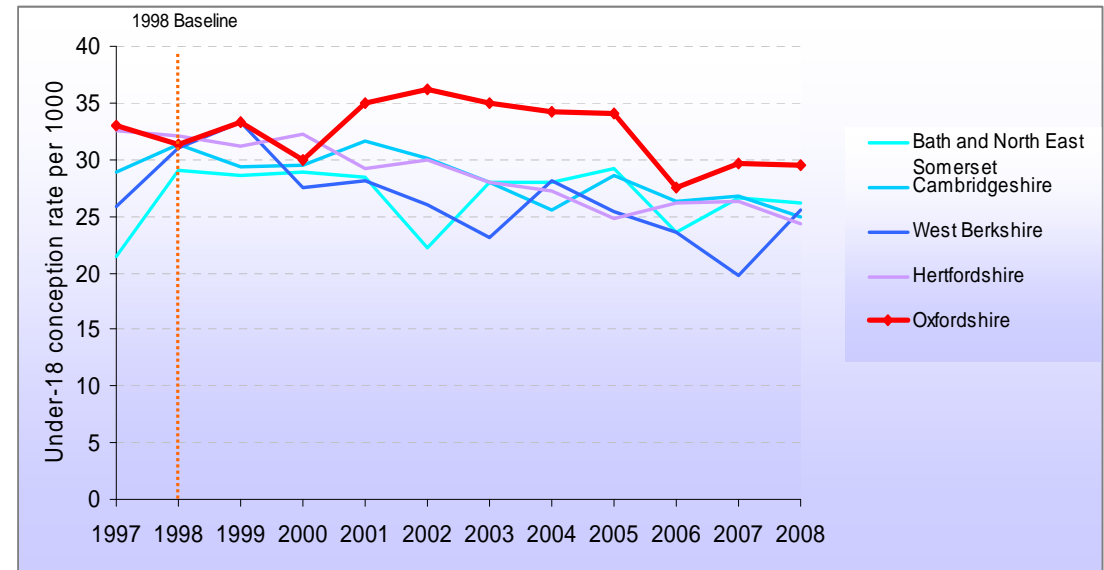
The average conception rate for women aged less than 16 years in Oxfordshire in 2008/9 was 5.8 per 1000 (95% CI 0.9-6.6). Across Local Authority areas there was a wide range of rates, from 4.1 per 1000 in South Oxfordshire to 8.8 per 1000 in Oxford City. Since numbers of conceptions are low, 95% confidence intervals are wide and only the Oxford City rate is statistically significantly different from the overall Oxfordshire average (Chart 2).

Teenage mothers and their babies are at increased risk of a range of poor health and social outcomes. For example analysis by age group of women who choose to breast feed their baby or who are smokers at time of delivery shows that young mothers are much more likely to be smokers and less likely to choose to breast feed their baby (Charts 4 & 5).

*Source: Provisional data ONS, June 2010.

Chart 1

Under-18 conception trends in Oxfordshire and its four closest statistical neighbours



Note data for 2008 is provisional.

Source: ONS, June 2010.

Chart 2

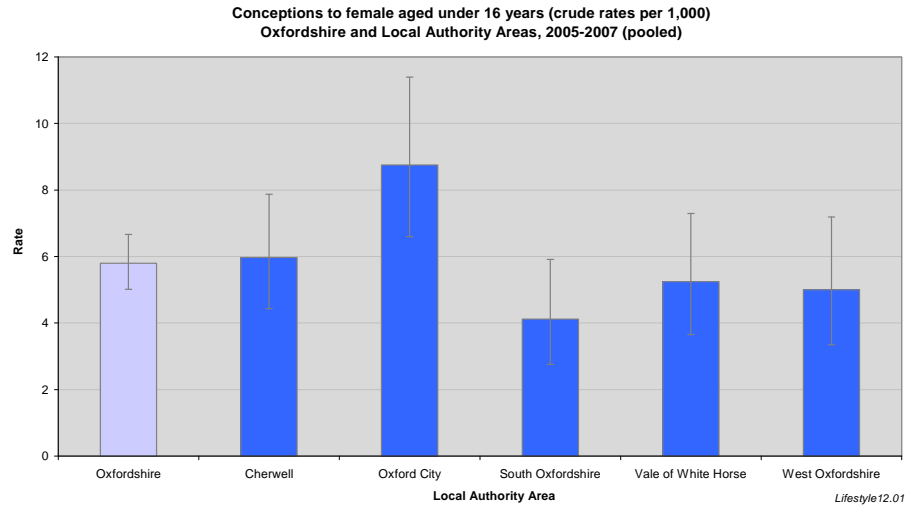


Chart 4

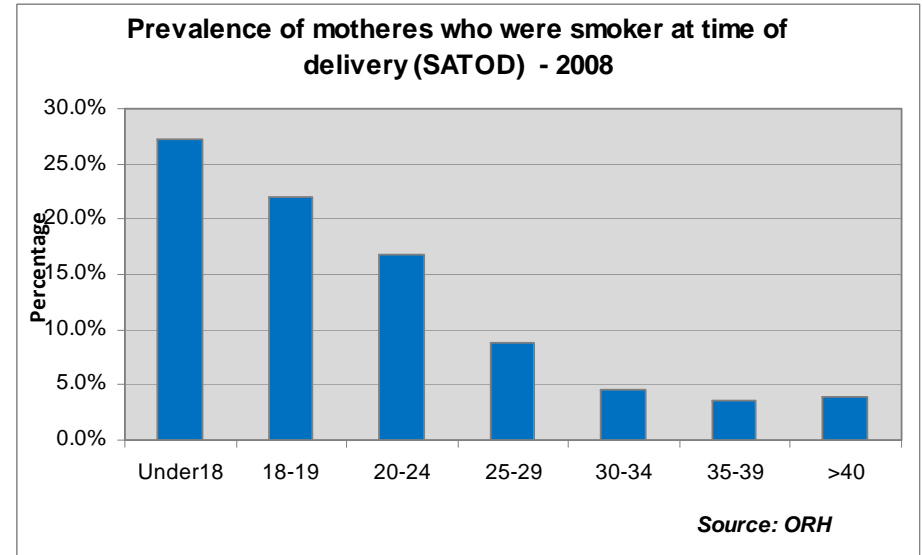


Chart 3

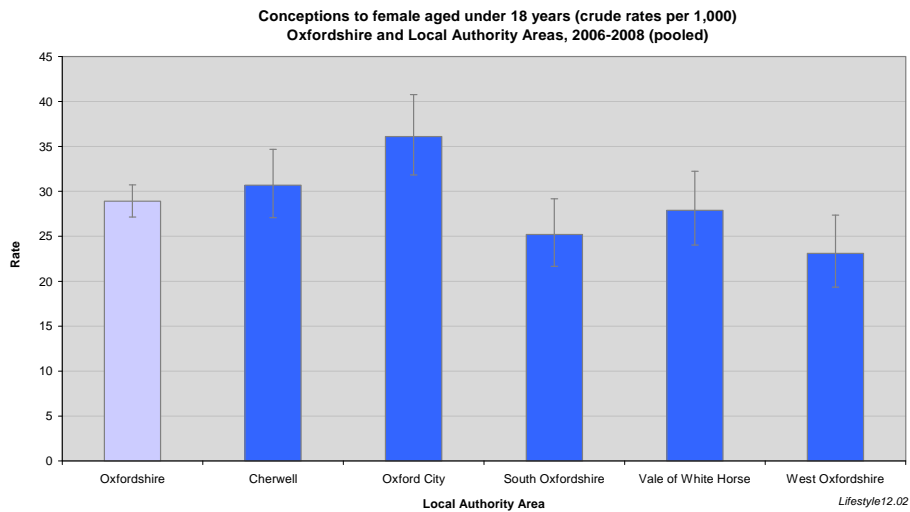
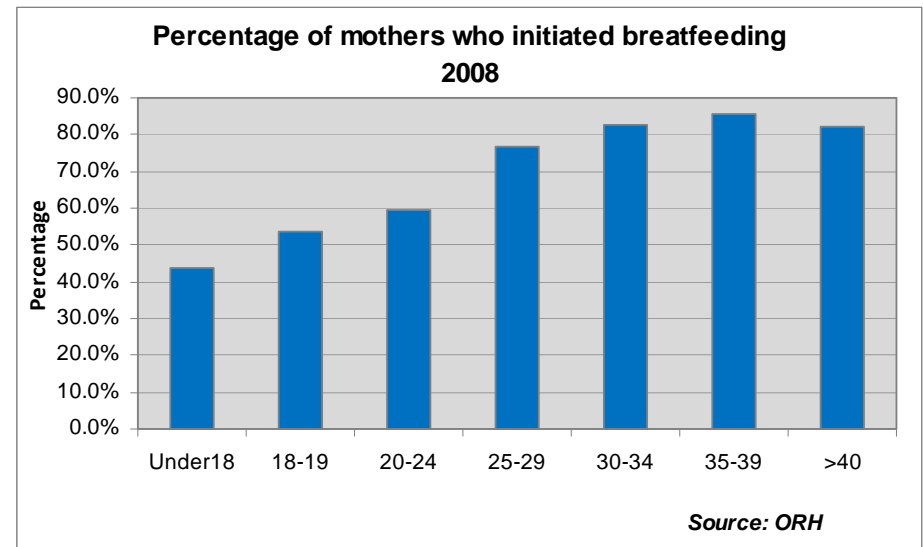


Chart 5



20. Childhood cancers 2008/9

Childhood cancers are defined as cancers occurring amongst children under 15 years of age. Fortunately cancers amongst this age group are rare.

Epidemiological studies have shown that the pattern of incidence of cancers in England and Wales is comparable to industrialised nations in Europe and in North America. Data from 1981-1990 show an age-standardised annual incidence of 122 per million children, with a cumulative risk of developing cancer of 1 in 564 below the age of 15 years.

The peak incidence of childhood cancer occurs in the first 5 years of life. The lowest incidence is between age 8-10 years. The commonest presenting group of malignancies are leukaemias which account for around a third of cancer cases.

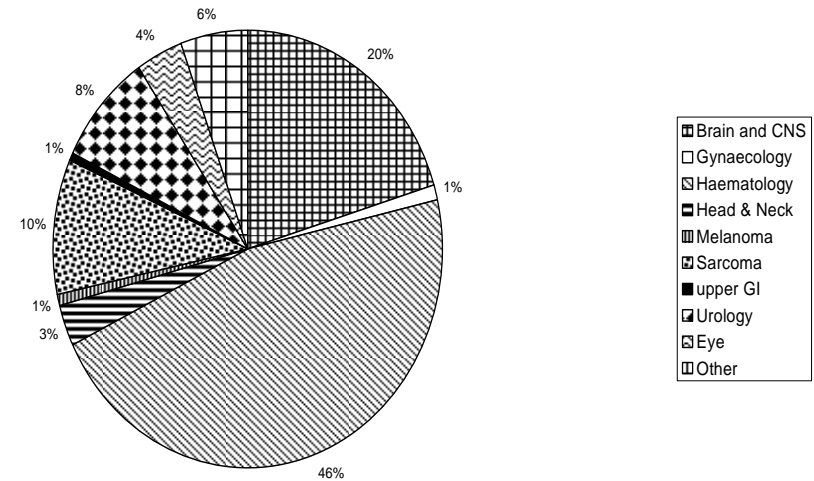
Data from the Thames Valley Cancer Network shows that the local picture reflects the national incidence. Overall during the 5-year period 2004-2008 there were 321 cancers diagnoses amongst children aged 0-15 years in the Thames Valley. The chart shows the distribution by cancer group.

Survival rates for childhood cancers have improved considerable in the last few decades. In the decade 1962-1971 around 25% of children diagnosed survived more than 5 years, however by 1992-1996 this had risen to 75%.

Services for childhood cancer are currently commissioned across the South Central Strategic Health Authority. The two Principal Treatment Centres are Southampton University Hospitals trust and the Oxford Radcliffe Hospital Trust.

Source: Thames Valley Cancer Network Draft Commissioning Strategy 25/08/2010.

Cancers in children aged 0 - 15 at diagnosis in Thames Valley PCTS 2004 - 2008



Adults Section

21. Smoking

Smoking is a more common cause of death and disability than any single disease.

In Oxfordshire between January to March 2009, 19.7% of adults in England and 13.9% of adults in Oxfordshire aged over 16 were recorded as being smokers. There were very few differences between GP consortia and GP practices in terms of numbers of smokers. (Chart 1 and 2)

In Oxfordshire, 8.5% of mothers were recorded as being smokers at time of delivery (2008 to 2009). Oxford South East locality appears to have a higher percentage of mothers who smoked at time of delivery, no statistically significant difference is observed between any localities. (Chart 3)

Smoking is a leading cause of death, in England there were an estimated 210 deaths per 100,000 population among people aged 35 years and above (directly standardised mortality rate). In Oxfordshire there were an estimated 167 deaths per 100,000 population (directly standardised mortality rate). There is no statistically significant difference between the rates for any District Council areas (Chart 4).

Successful quitters from NHS stop smoking services are defined as people who are no longer smoking four weeks after completing the programme. In Oxfordshire 0.5% of the population registered with a GP quit smoking (Chart 5). GP practice populations with a high prevalence of smoking and a high four week quitter rate tended to be in areas of deprivation. (Chart 1 and 6), this equates to 2970 smokers.

Chart 1

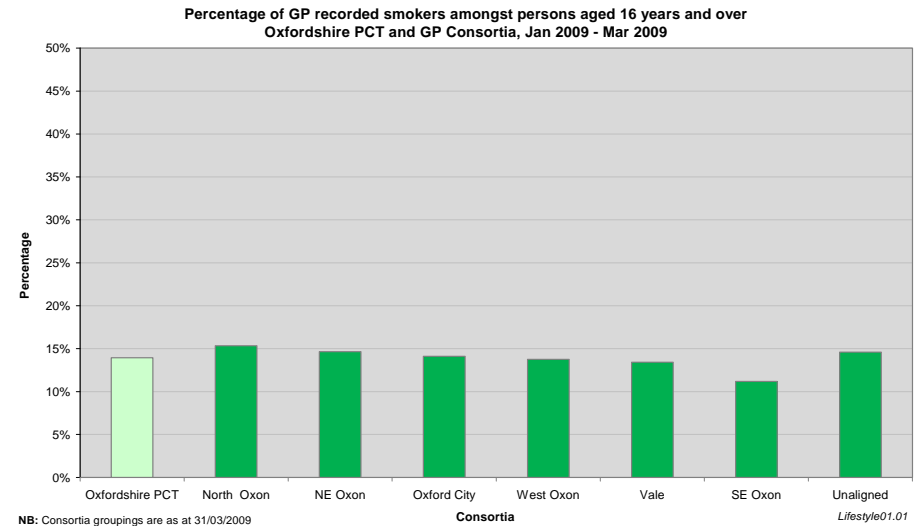


Chart 2

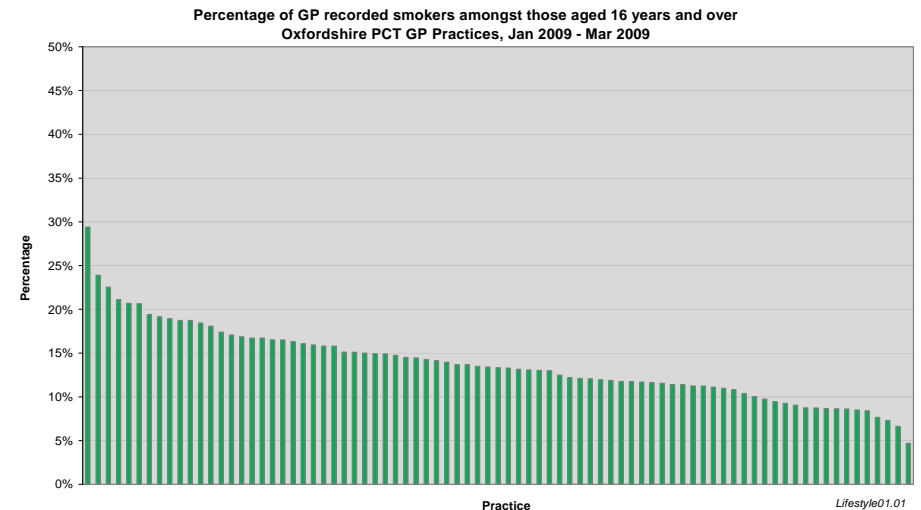


Chart 3

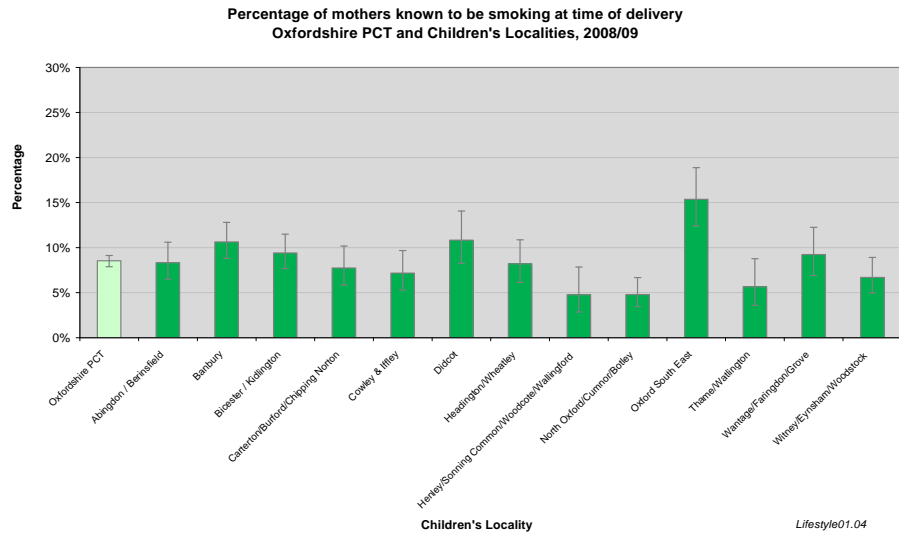


Chart 5

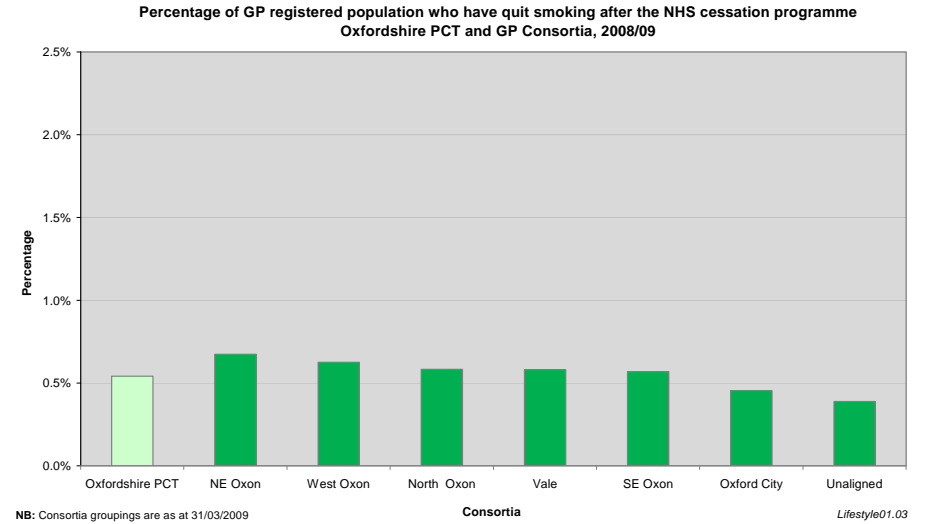


Chart 4

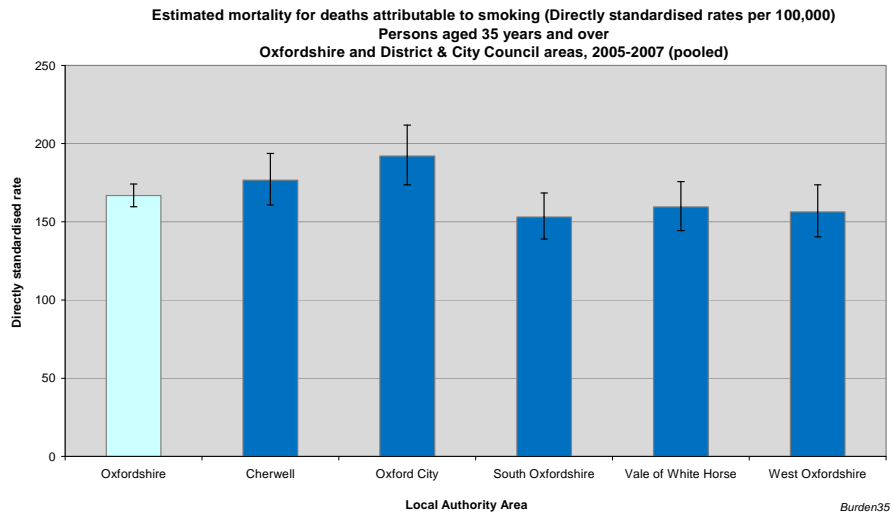
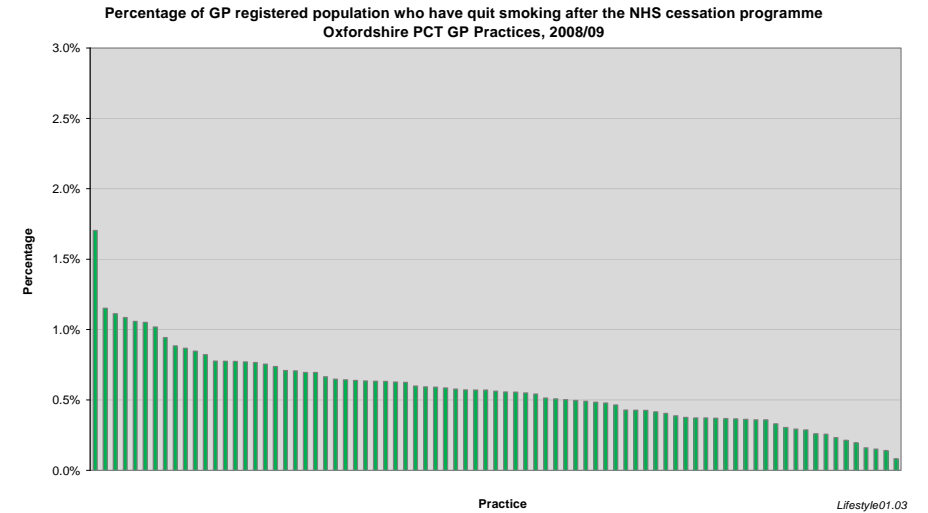


Chart 6



22. Adult obesity

England is in the grip of an obesity epidemic – almost two-thirds of adults are either overweight or obese, and it is estimated that, without clear action, these figures will rise to almost nine in ten by 2050. Reference: Director of Public Health Annual Report for Oxfordshire IV

Obesity is defined as a body mass index (BMI) of 30 or more. Body Mass Index is measured by weight in kilogrammes divided by height squared in metres.

Percentage of GP recorded cases of obesity among over 16s (2008/9)

In 2008/09, 54,446 people aged 16 and over registered with GPs in Oxfordshire (9.8%) were recorded by their GP as being obese. This is just lower than the England figure of 9.9%. There is no data available for the numbers who were recorded as overweight, normal weight or under weight (Chart 1)

All GP Consortia (with the exception of Oxford City) had a higher percentage of their practice populations recorded as obese than the percentage recorded for the Oxfordshire PCT population. Consortia with the highest percentages were North East, followed by Vale and North Oxfordshire (Chart 1). Analysis by GP Practice shows that cases of obesity are spread across Oxfordshire and not clustered in the highest areas of deprivation (Chart 2).

This method of data collection is likely to underestimate and/or skew the prevalence of obesity in Oxfordshire as not all people will have had their BMI recorded by their GP. Those that do are more likely to be patients with long term conditions such as diabetes or heart disease on disease registers.

Chart 1

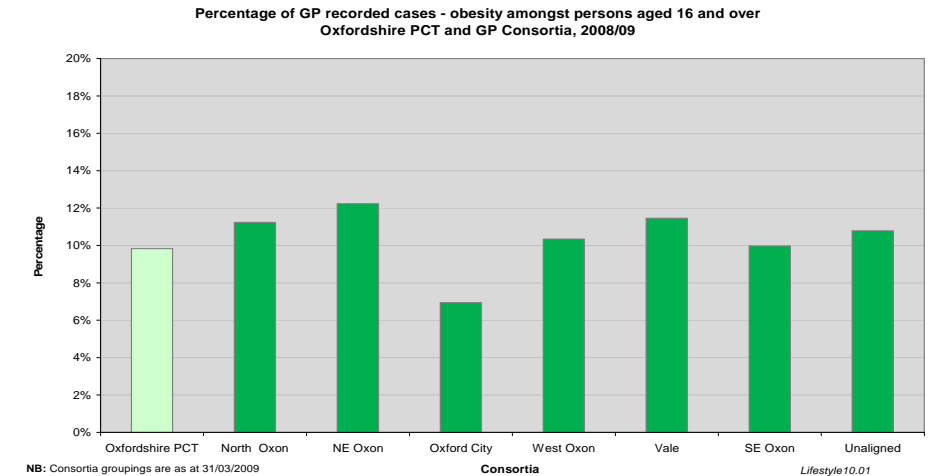
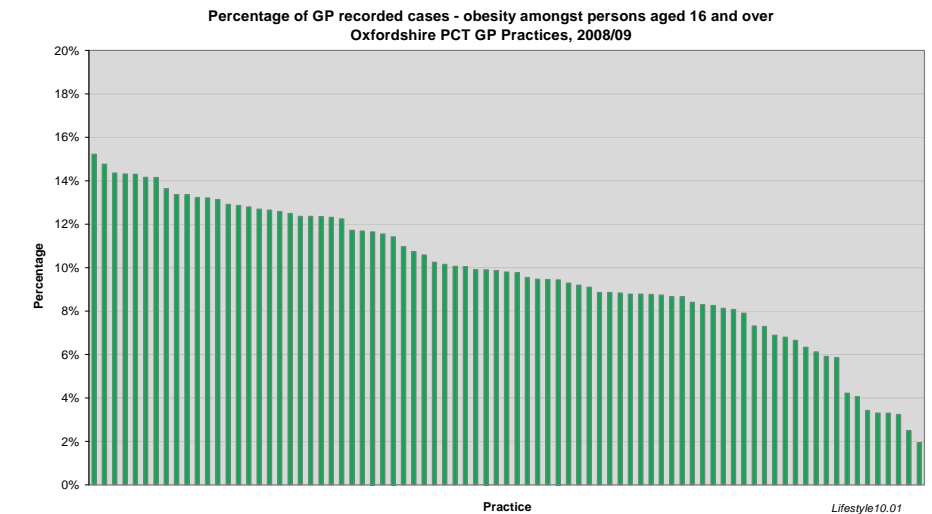


Chart 2



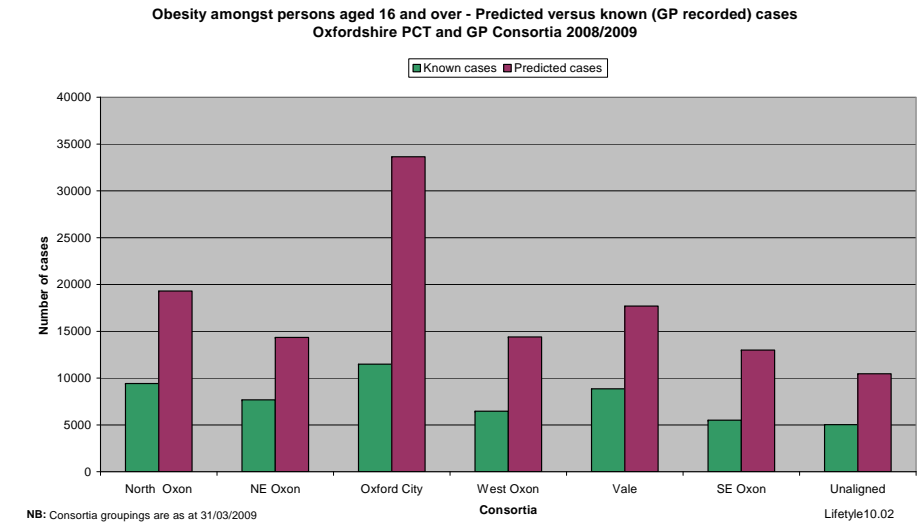
Predicted versus known cases of obesity among over 16s as recorded by GPs (2008/9)

Predictive modelling suggests that for the age and social class of Oxfordshire, we would have expected 122,823 cases of obesity in 2008/9. GP registers suggested that 44% of obesity cases in 2008/09 were recorded and that there were potentially 68,781 people with obesity who had not been recorded as obese by their GP. (Chart 3)

Oxford City had the highest number of known cases of obesity among the Consortia. Oxford City had more than double the number of predicted cases than known cases. North Oxfordshire and Vale consortia had higher numbers of known and predicted cases than the other Consortia. (Chart 3)

It should be remembered that the expected number of cases is only a prediction and therefore some caution should be used in interpreting this data.

Chart 3



23. Alcohol

Alcohol-related illness or injury accounts for nearly a million hospital admissions per year and the rates are increasing. Nationally the rate of admission increases with the largest increase in the rate of admission among men and women aged 50 or more.

There were 3,103 cases of alcohol related harm admitted to hospital in 2008/09 across Oxfordshire. When taking into account the population structure of Oxfordshire, the directly standardised rate of alcohol related hospital admission was 479 admissions per 100,000 population. The rate for Oxford City is significantly higher than any other District, and than Oxfordshire. There is no statistically significant difference between the Cherwell and West Oxfordshire against Oxfordshire rate whilst South Oxfordshire and Vale have significantly lower admission rates. (Chart 1)

The data show that the wards with the highest admission rates are Sonning Common, Bicester West, North Leigh, Banbury Ruscote and Hook Norton. (Chart 2)

Chart 1

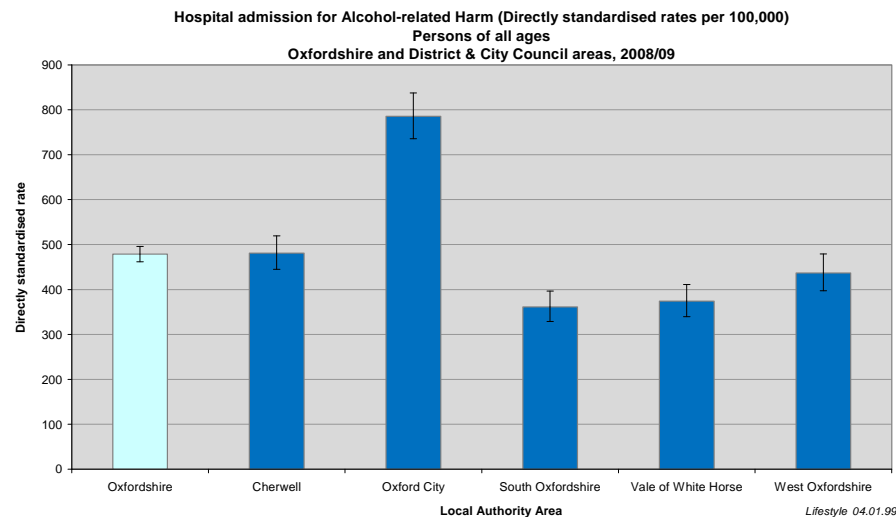
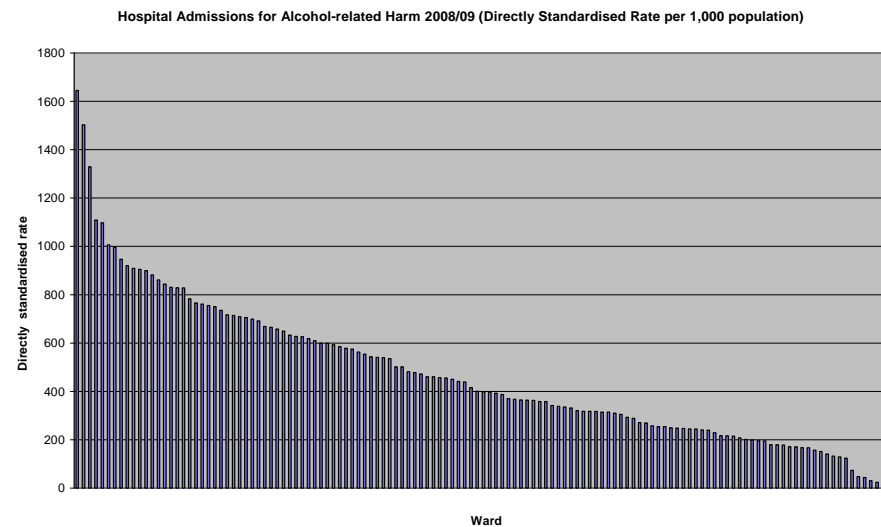


Chart 2



24. Sexual Health

Poor sexual health can impact upon our physical and psychological well being. It is one of the few aspects of health that affects the majority of the population and is relevant through the greater part of people's lives. The consequences of poor sexual health can range from a brief period of discomfort to more severe illness including pelvic inflammatory disease, ectopic pregnancy, infertility, cervical cancer and in some cases death resulting from HIV/AIDS.

Genitourinary Medicine Clinics provide a full range of sexual health services and 99.9% of first attendees to a GUM clinic within Oxfordshire PCT were provided with an offer to be seen within 48 hours in 2008/09.

Genital Chlamydia trachomatis is the most common sexually transmitted infection (STI) diagnosed and treated in the United Kingdom. Highest rates are seen in mainly young men and women under 25 years. Gonorrhoea is the second most common bacterial sexually transmitted infection in the United Kingdom. During 2008/09 10% of young people aged 15-24 years were screened for chlamydia and 105 new cases of gonorrhoea were diagnosed.

HIV continues to be one of the most important communicable diseases in the UK. It is an infection associated with serious morbidity, high costs of treatment and care, significant mortality and a high number of potential years of life lost. In 2008 there were 62 people registered with Oxfordshire PCT newly diagnosed with HIV (Chart 1) and 458 diagnosed HIV-infected people living in Oxfordshire (Chart 2).

There are 15 different methods of contraception available and 13,579 prescriptions were given for long acting reversible methods of contraception in primary care in 2008/09.

76% of all NHS funded abortions in 2008/09 were carried out under 10 weeks gestation. This compares favourably with the Department of Health policy which states that women who are legally entitled to an abortion should have access to the procedure as soon as possible.

Chart 1

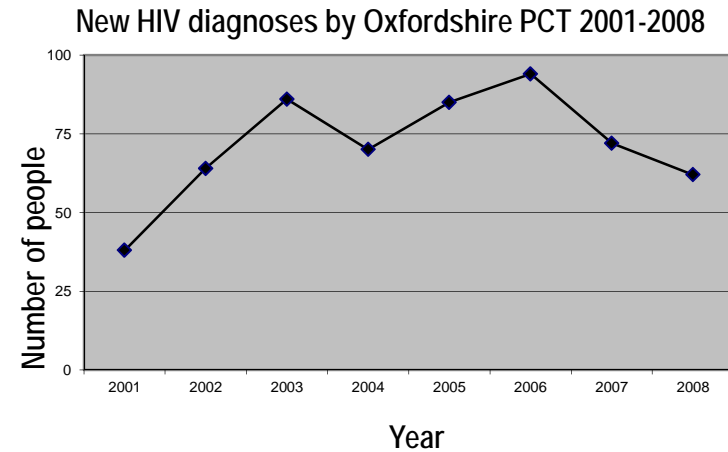
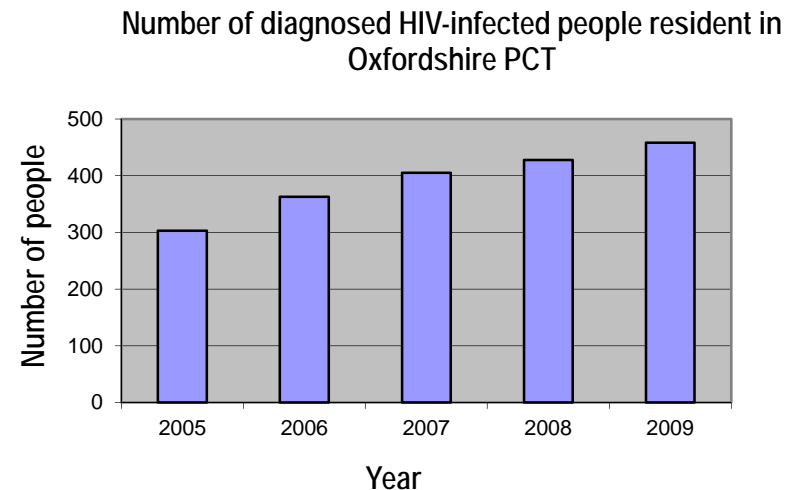


Chart 2



25. Stroke

Stroke is the third largest cause of death in the United Kingdom after heart disease and all cancers. Stroke causes a greater range of disabilities than any other condition and causes a greater disability impact than other chronic diseases. Stroke is more common among older people, but younger people can also be affected. Transient Ischemic Attack (TIA) also known as a 'mini stroke' can signal warning signs of a stroke.

Between 2006 and 2008 the directly standardised mortality rate in England for stroke of 47.55 people of all ages per 100,000 population. Oxfordshire is slightly below this with a directly standardised mortality rate of 41.47 people of all ages per 100,000 population (Chart 1).

Between 2006 and 2008 1393 people of all ages and 223 people aged under 75 in Oxfordshire died from stroke. There are very slight differences between Oxfordshire districts in terms of mortality among people of all ages caused by stroke (Chart 1) but these are not statistically significant. There is variation at ward level across Oxfordshire, however, due to small numbers, it is difficult to draw conclusions from this (Chart 3).

In 2008/9 there were 2890 hospital admissions for suspected stroke among people of all ages, this equates to 109 per 100,000 population (Chart 4) and 1198 admissions among people aged under 75, 64.5 per 100,000 population (Chart 5). Oxford City has the highest rates of hospital admissions among people of all ages, whilst South Oxfordshire has the lowest (Chart 4 and 5). However any differences seen are not statistically significant.

Chart 1

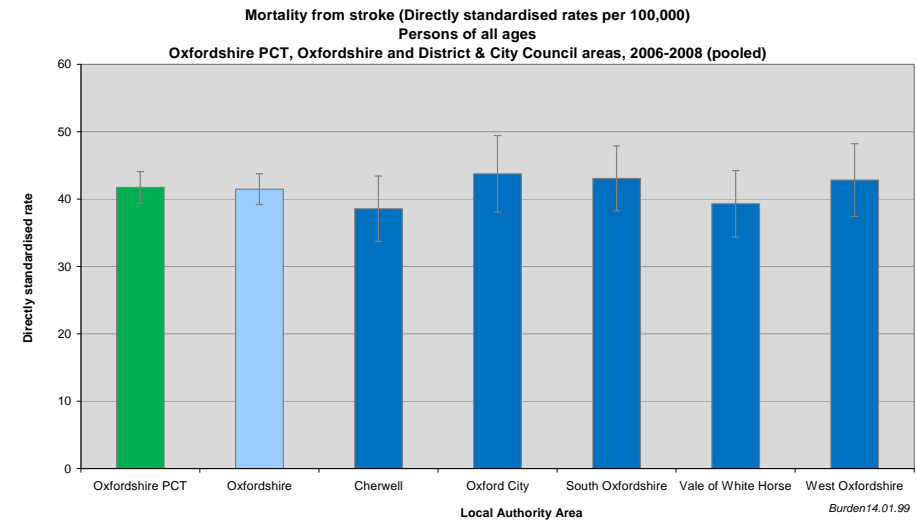


Chart 2

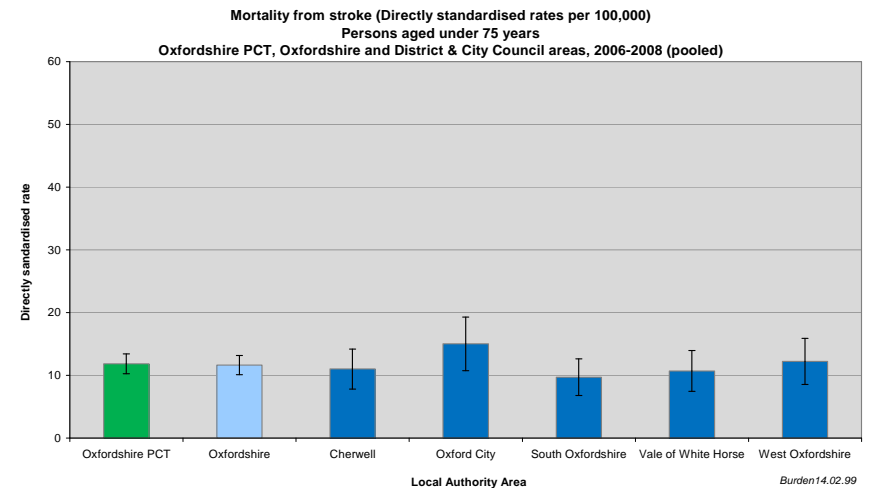


Chart 3

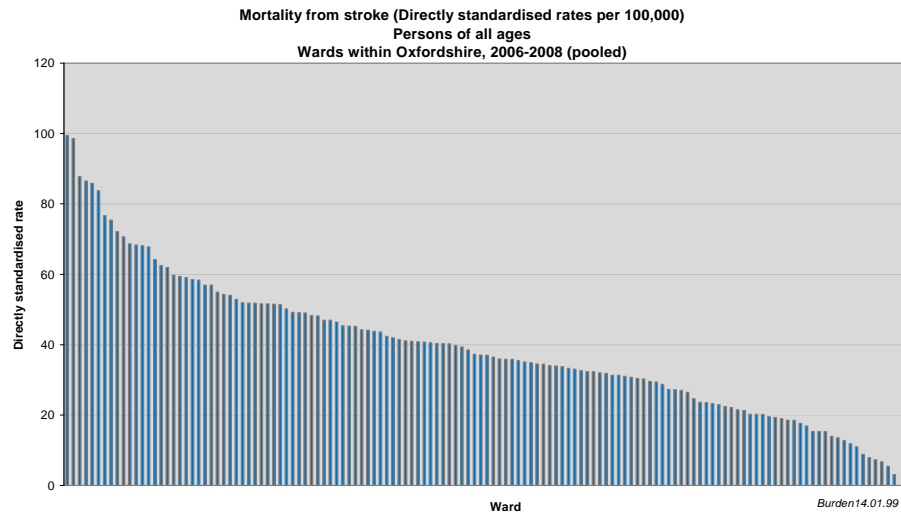


Chart 5

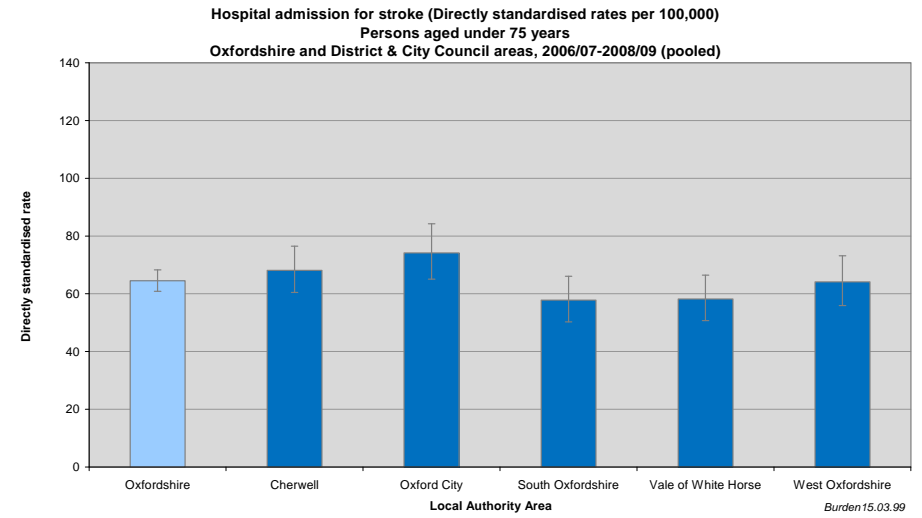
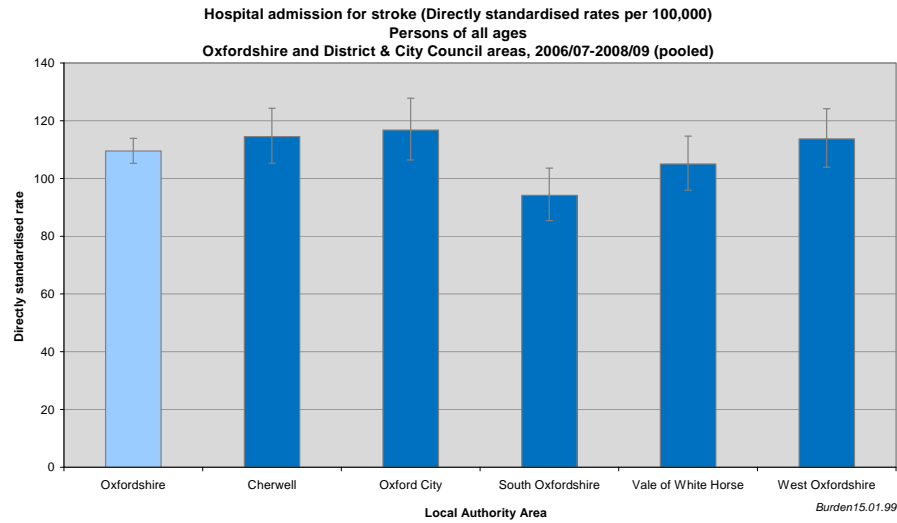


Chart 4



26. Respiratory Disease

Respiratory diseases covered in this section include bronchitis, emphysema and other Chronic Obstructive Pulmonary Diseases. These diseases are collectively terms Chronic Obstructive Pulmonary Disease (COPD). COPD mainly affects the older age groups although it can cause significant disability in younger ages.

COPD among people of all ages (between 2006 and 2008)

In England the directly standardised mortality rate among people of all ages from COPD was 26.76 deaths per 100,000 population.

In Oxfordshire PCT's geographical area there were 611 deaths from COPD among people of all ages. The directly standardised mortality rate was 21.37 people per 100,000 population (Chart 1). There are variations at ward level (Chart 2)

In England 1.54% of the population registered with GPs were diagnosed with COPD. In Oxfordshire PCT's geographical area this was 1.07% (Chart 3).

The Oxford City GP Consortia had a lower percentage of recorded cases of COPD among people of all ages than all other Consortia –

Practices in the unaligned consortia appear to have a higher number of cases of COPD (Chart 3).

Chart 1

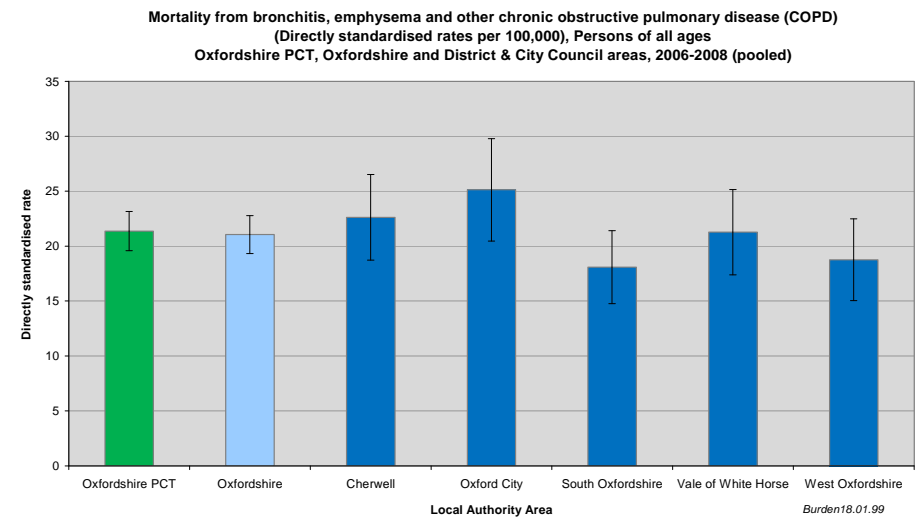


Chart 2

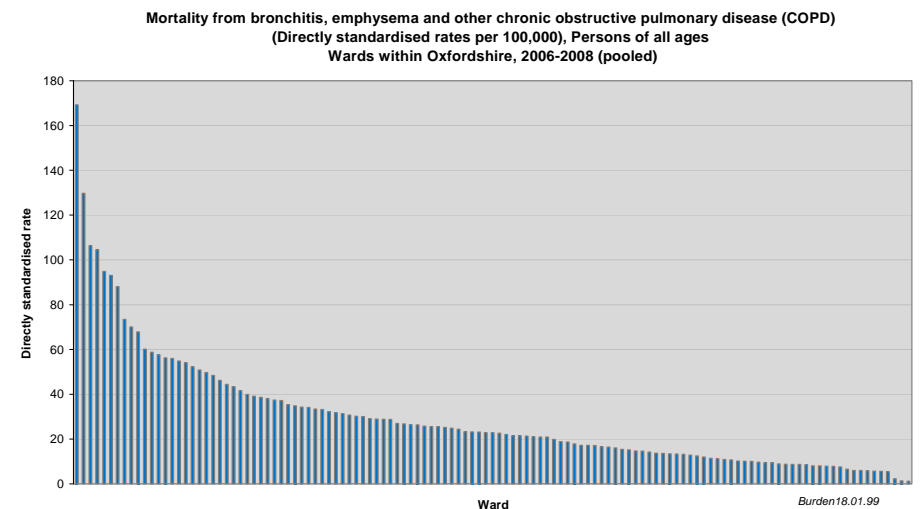


Chart 3

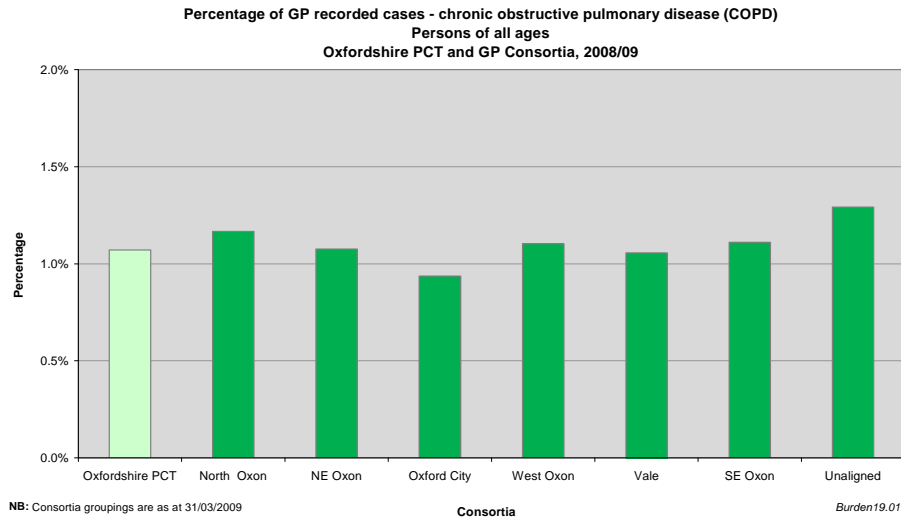
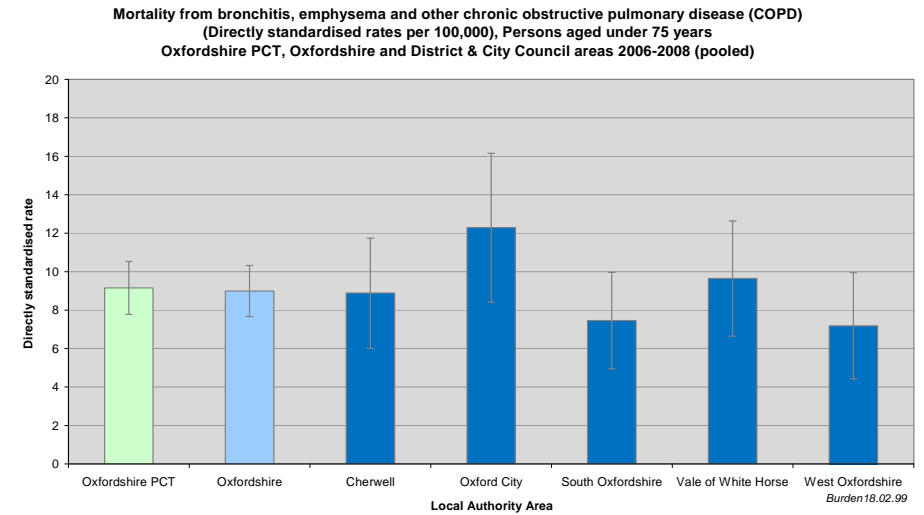


Chart 4

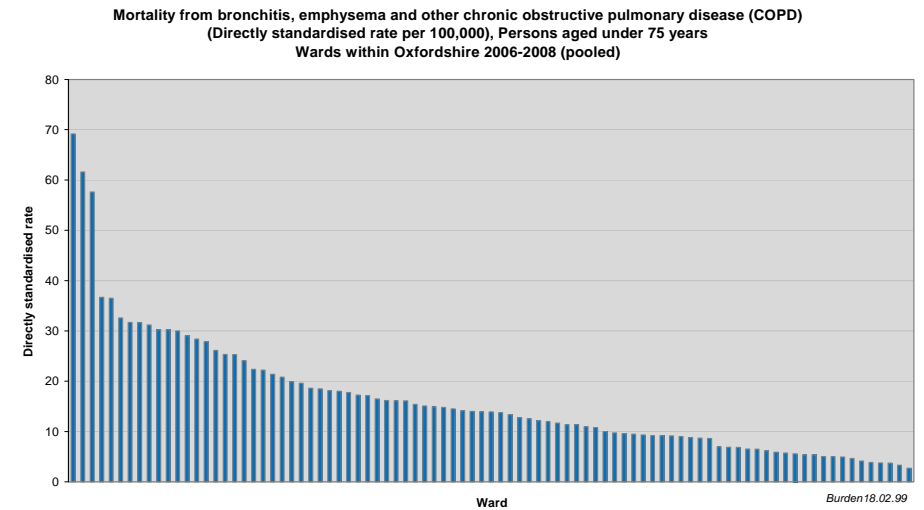


COPD among people aged under 75 (between 2006 and 2008)

In England the directly standardised mortality rate among people aged under 75 from COPD was 12.16 people per 100,000 population. In Oxfordshire PCT's geographical area this was 9.15 deaths per 100,000 population (Chart 4).

In Oxfordshire 611 people died from COPD of which 176 were under the age of 75.

Chart 5



27. Heart Disease

Coronary Heart Disease (CHD) is a term to group a number of conditions including angina, Myocardial Infarction and heart failure. The data in this template refers to Myocardial Infarction (MI) as this more frequently leads to hospital admission and death. It covers mortality, hospital admission for Myocardial Infarction and hospital admission for cardiac revascularisation treatment.

Mortality from Myocardial Infarction

In England (2006-2008) the directly standardised mortality rate for MI for people of all ages was 89.86 people per 100,000 population, and for people aged under 75 it was 42.64 people per 100,000 population.

In Oxfordshire (2006-2008) there were 2,096 deaths from MI and 593 of these were people under 75 years. Oxfordshire was below the England directly standardised mortality rate for MI among people of all ages with a rate of 69.37 people per 100,000 population (Chart 1). For people aged under 75 years the rate is also lower than England at 30.90 people per 100,000 population (Chart 2).

There was no statistically significant difference between rates per district. There were very few wards which differed significantly from the rest in terms of having particularly high or low mortality rates for people of all ages and people aged under 75. Among people aged less than 75 the highest rate within the wards was 78 deaths per 100,000.

Chart 1

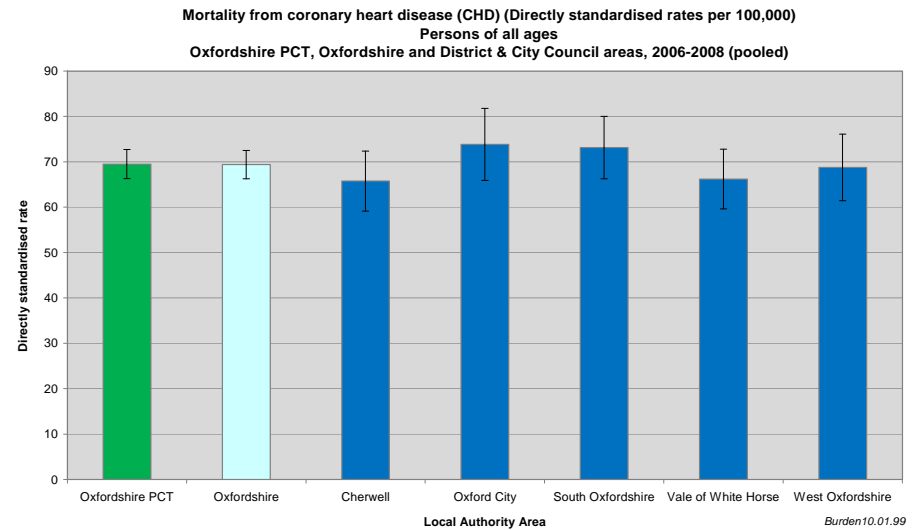
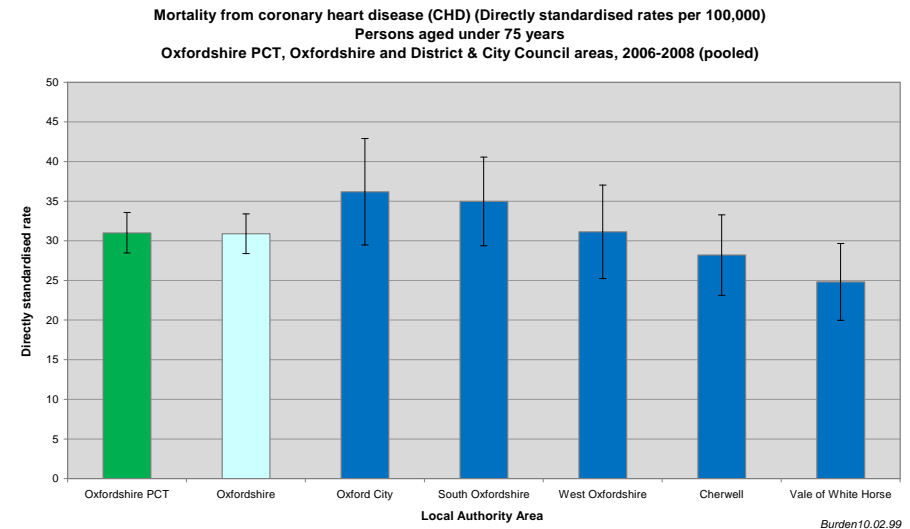


Chart 2



Hospital admission for Myocardial Infarction (MI)

When looking at hospital admissions for MI among people of all ages and for people aged under 75 between 2006 and 2008, it can be seen that Cherwell and Oxford City had a higher admission rate than the Oxfordshire average though this is only statistically significant in the case of Cherwell. South Oxfordshire, West Oxfordshire, and The Vale of White Horse all have rates of admission for CHD that were lower than the Oxfordshire average but this difference is not statistically significant (Chart 3 and 4).

At a ward level, admissions to hospital for MI varied from 9 admissions per 100,000 to 155 admissions per 100,000, however these differences are not statistically significant.

Chart 3

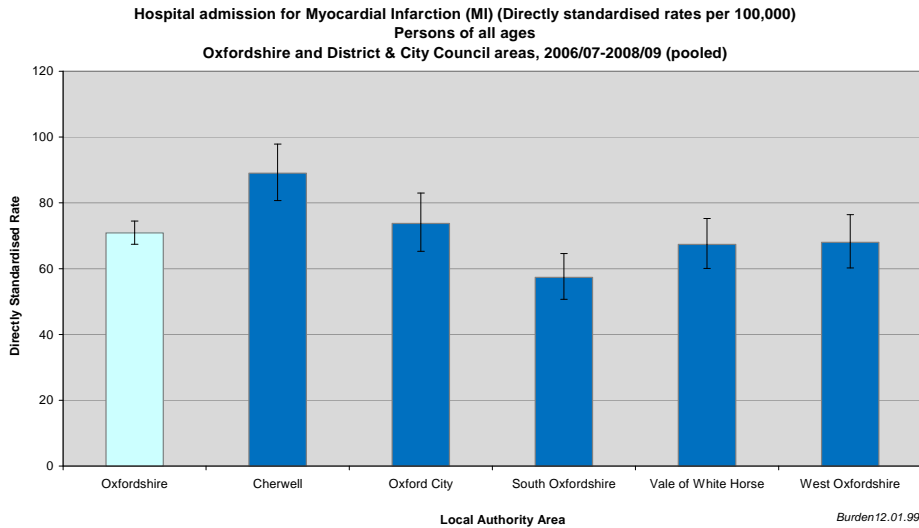


Chart 4

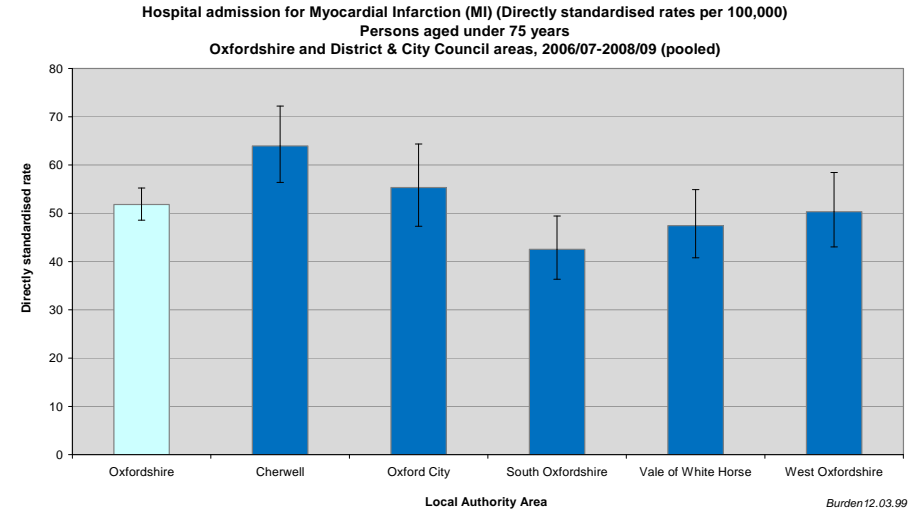
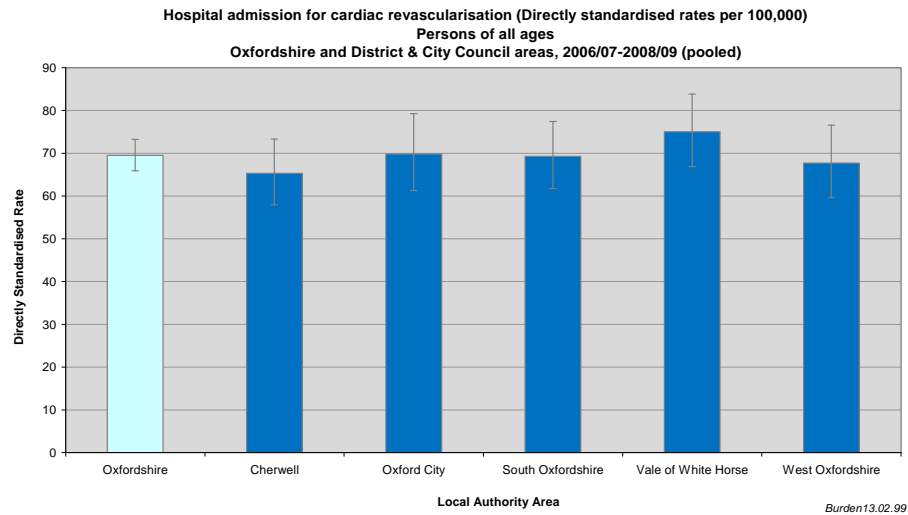


Chart 5

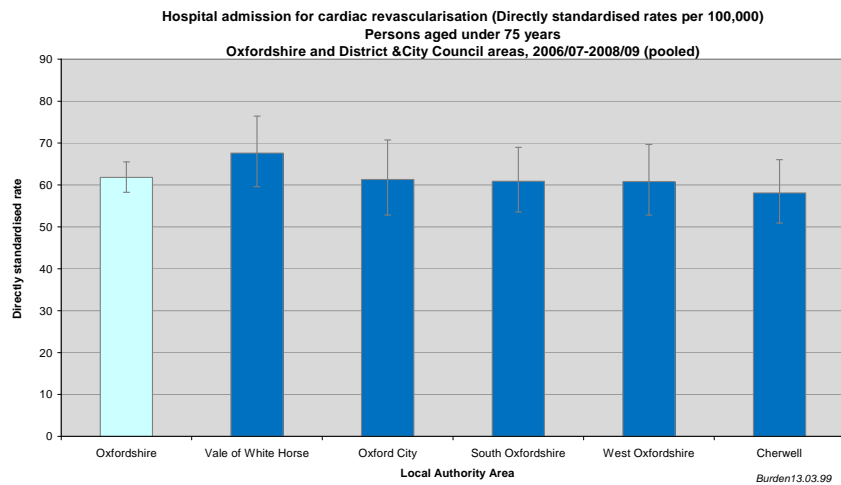


Hospital admissions for cardiac revascularisation

Cardiac revascularization is the process of restoring the flow of oxygen and nutrients to the heart. To restore blood flow, surgery is necessary to bypass blockages or obstructions in the coronary arteries. Once the obstacle is removed, blood circulates to the heart again.

Between 2006 and 2008 there were no significant differences between Oxfordshire districts for the rates of patients of all ages receiving revascularisation (Chart 5) and those under 75 years (Chart 6). At ward level, three wards had data which was too small to calculate and for those where data is available there was no statistical significance.

Chart 6



28. Dementia

Dementia is a growing health concern which has become more pertinent as the population has aged. There are 2,611 people registered with an Oxfordshire GP who have a diagnosis of dementia. (Chart 2)

Between GP practices the percentage of patients registered with dementia varies from 0 - 1.6 %. (Chart 1). This is likely to be an underestimation of the total number of people with dementia in Oxfordshire. Nationally between 20% and 40% of people affected by dementia receive a diagnosis.

As a consortium Oxford City and Vale have lower dementia diagnosis than other areas, with the exception of unaligned practices. (Chart 2) This data has not been standardised to take into account the age and gender profile of each population. Therefore, the data should be interpreted with caution as differences between populations could be due to such factors.

Chart 1

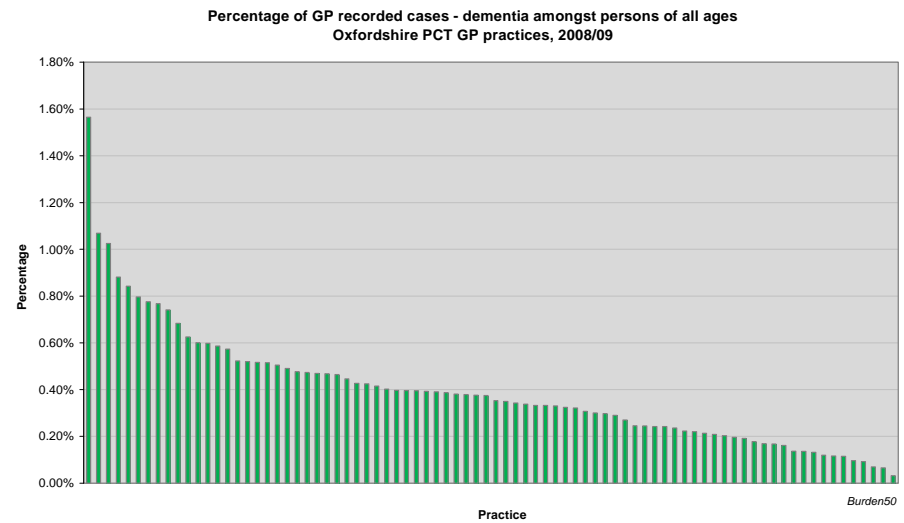
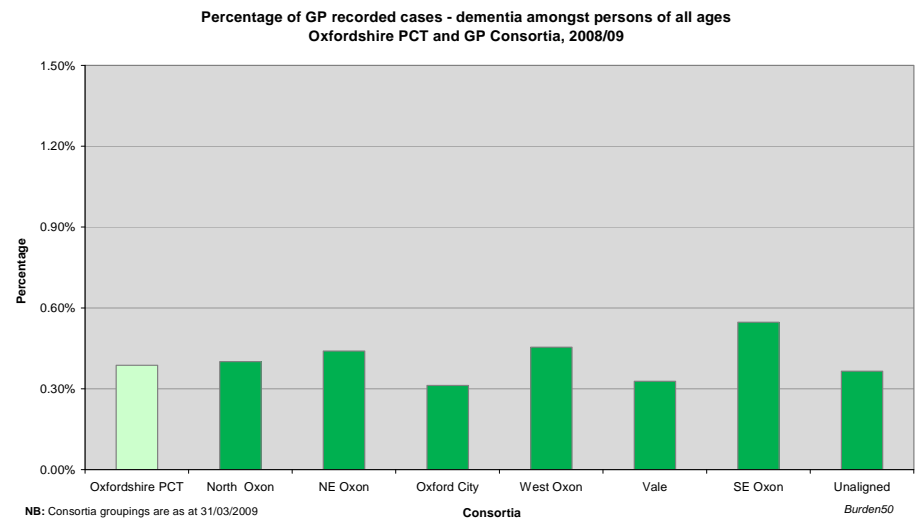


Chart 2



29. Cancer

Cancer is a leading cause of death in England and the second most common cause of death in Oxfordshire.

People aged under 75 years

Between 2006 and 2008 the directly standardised mortality rate for all cancers (excluding skin cancer) among people aged under 75 in England was 114 people per 100,000 population. In Oxfordshire this was 103 people per 100,000 population (Chart 1).

During this time period in Oxfordshire, 1892 people aged under 75 died from cancer. Oxfordshire Local authority areas (Chart 1) and wards (Chart 2) show no significant differences in directly standardised mortality rates due to all cancers among people aged under 75.

People of all ages

In 2008/9, 1.25% of the England population registered with a GP were recorded as diagnosed with cancer. In Oxfordshire this figure was 1.32% (Chart 3).

In 2008/09, 8963 people who were registered with a GP in Oxfordshire PCT's geographical area were recorded as diagnosed with cancer. There appears to be a difference in cancer registrations across Oxfordshire's consortia. Oxford City appears to have the least number of people registered with cancer and South East Oxfordshire the highest. However this data is not standardised to allow for an area's age and gender profile and these factors are likely to influence the differences seen (Chart 3).

Chart 1

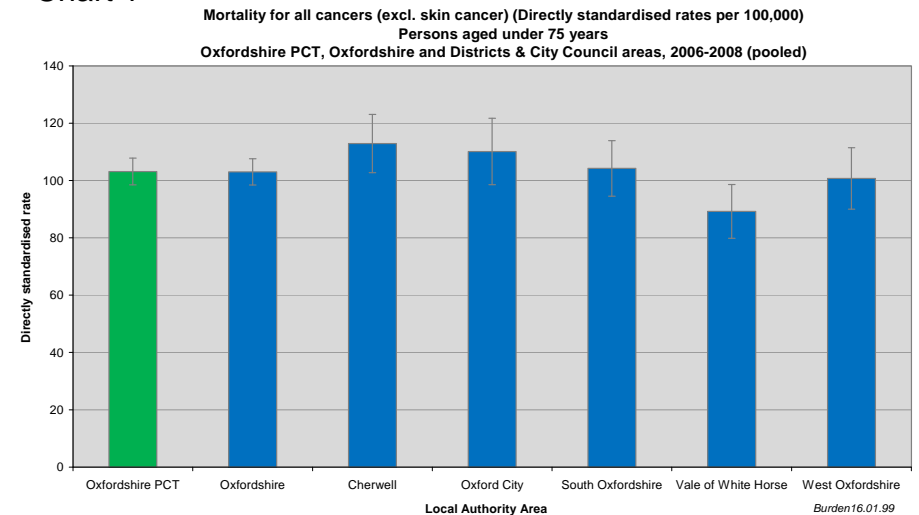


Chart 2

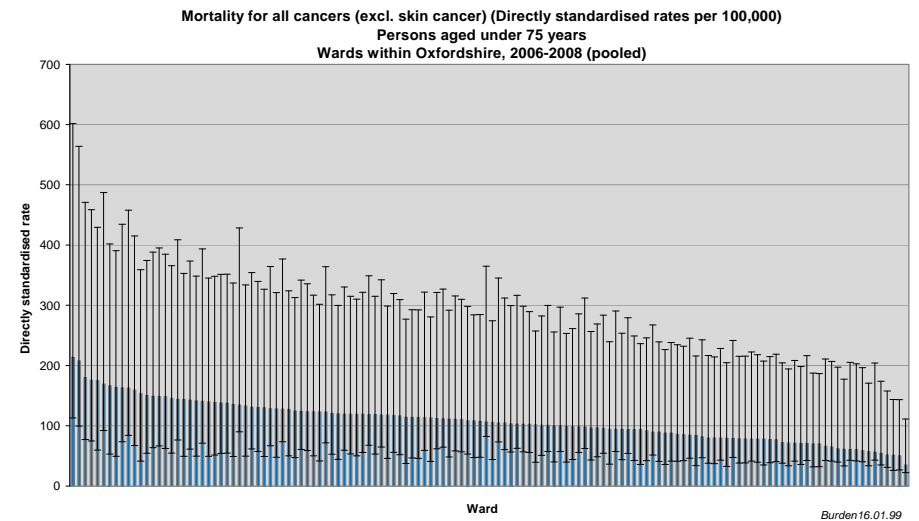
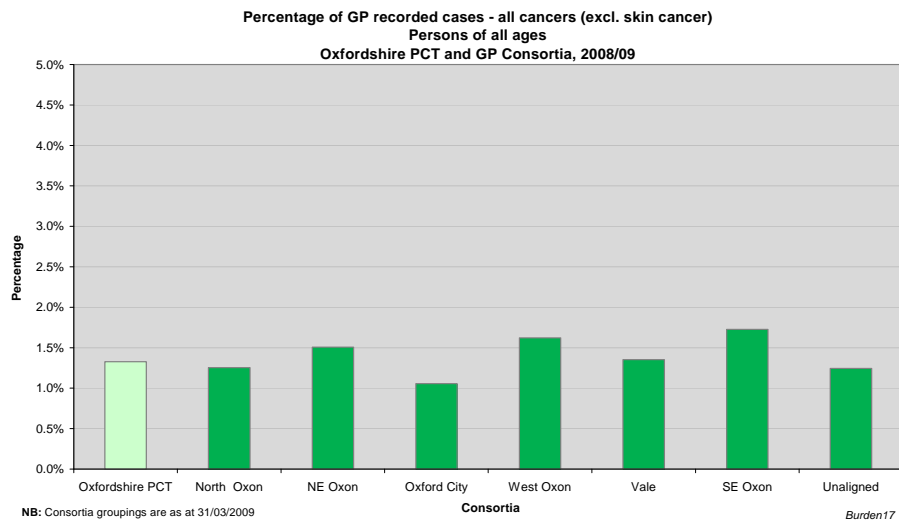


Chart 3



30. Cancer Screening

Breast Cancer Screening

Breast cancer screening identifies early cancers which allows for more effective treatment. All women between the ages of 50 and 70 who are registered with a GP are invited to attend every three years for a mammogram.

A woman will receive her first screening invitation any time between her 50th and 53rd birthday. All women should have received a screening invitation before their 53rd birthday and all women will be invited routinely six times before they reach their 70th birthday.

Most eligible women within Oxfordshire regularly attend for breast screening. The percentage of women aged 50 to 73 who received breast screening in the three years prior to 2008/9 ranged between 66% (worst practice) and 85% (best practice) (Chart 1).

Screening round length is the interval between the date of a woman's previous screening mammogram and the date of her next first offered appointment. Round length is measured by the percentage of eligible women whose first offered appointment is within 36 months of their previous screen.

Oxfordshire screening round length is currently 38 months. This influences the data on numbers of people not screened within 36 months and as a result it appears more women have not been screened that should have been screened (Chart 2). In reality levels of screening in Oxfordshire are generally good for this programme

Chart 1

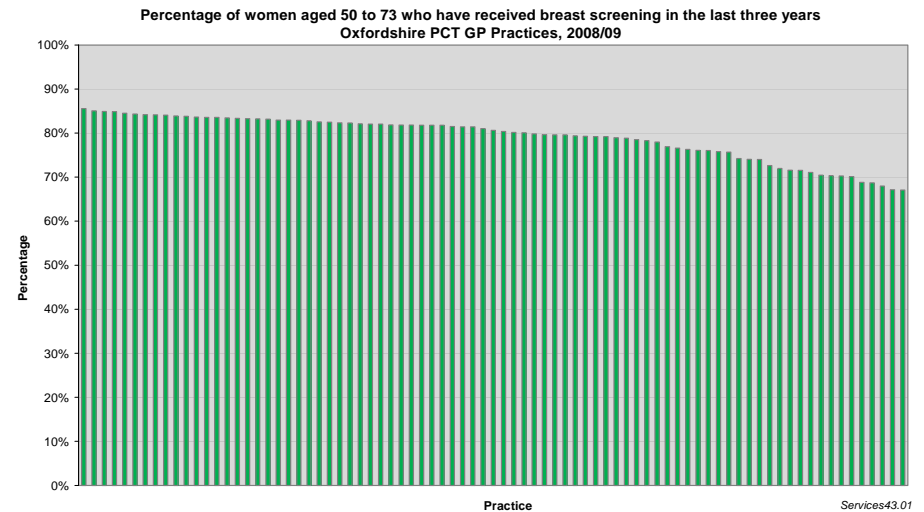
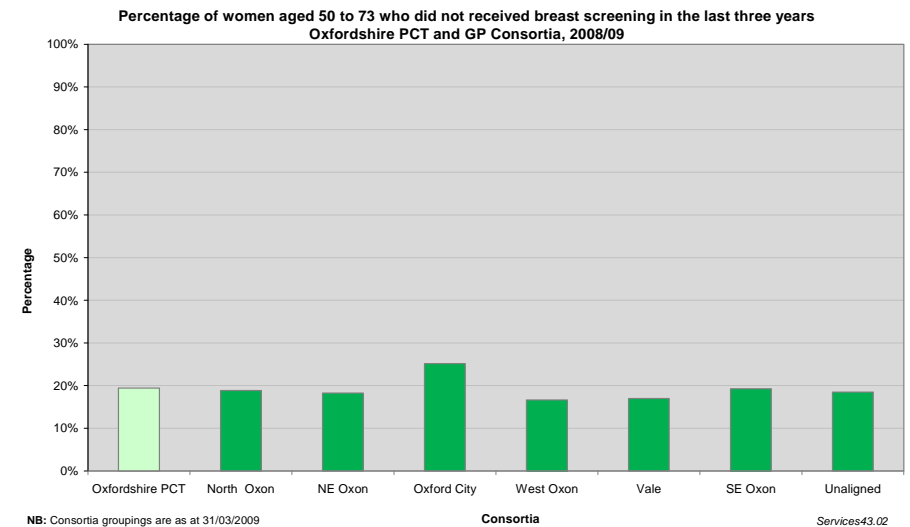


Chart 2



Cervical Cancer Screening

Cervical screening targets women between the ages of 25 – 65. Women aged 25 – 50 are invited to attend for screening every three years whilst those over 50 are invited to attend every five years.

In some areas cervical screening uptake is very good, with four practices achieving screening among 98% of their registered eligible patients. However, in other areas practices are only screening 70% of their eligible patients (Chart 3).

On a consortia level, unaligned practices and Oxford City Practices have the lowest screening rates (Chart 4). These are where the practices with the highest numbers of women between the ages of 25 and 65 who have never been screened are found (Chart 5).

Chart 3

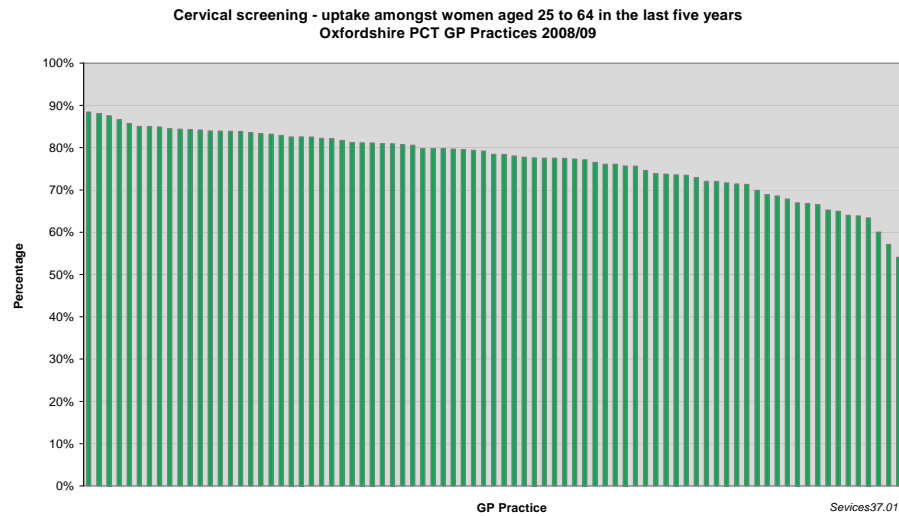


Chart 4

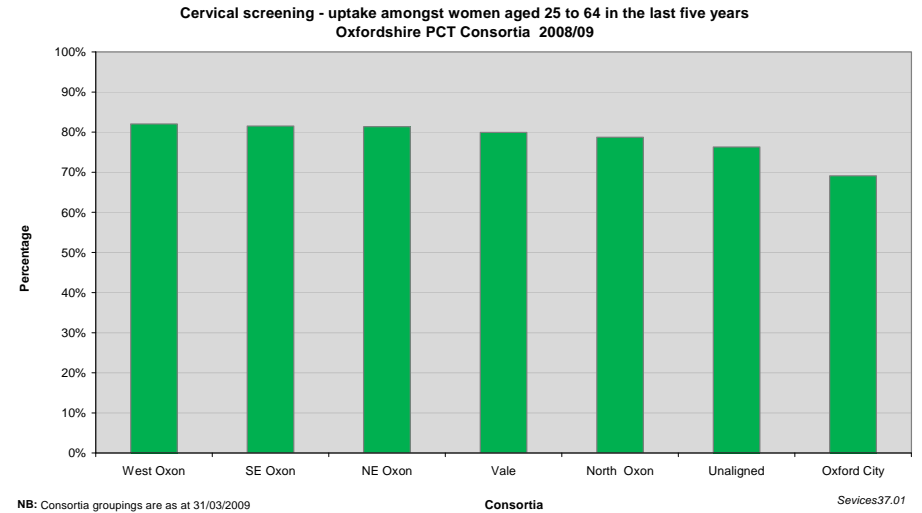
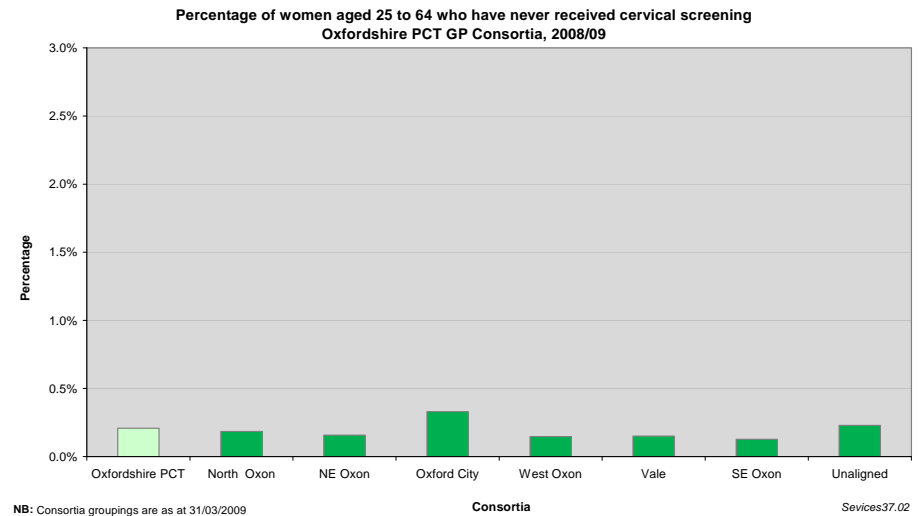


Chart 5



31. Suicide

In Oxfordshire, there are approximately 50 suicides per year. As the number is so small it is difficult to draw conclusions from the data. An in-depth suicide audit is completed every two years, but the headline data suggests that there is no difference in suicide prevalence between the districts across Oxfordshire. When comparing the data with 2005 – 2007, there is no obvious change in trend. Oxfordshire has a target of achieving less than 7.3 suicides per 100,000 for suicides in 2009/10/11. Current performance for 2006/7/8 is 9.7 per 100,000. .

Chart 1

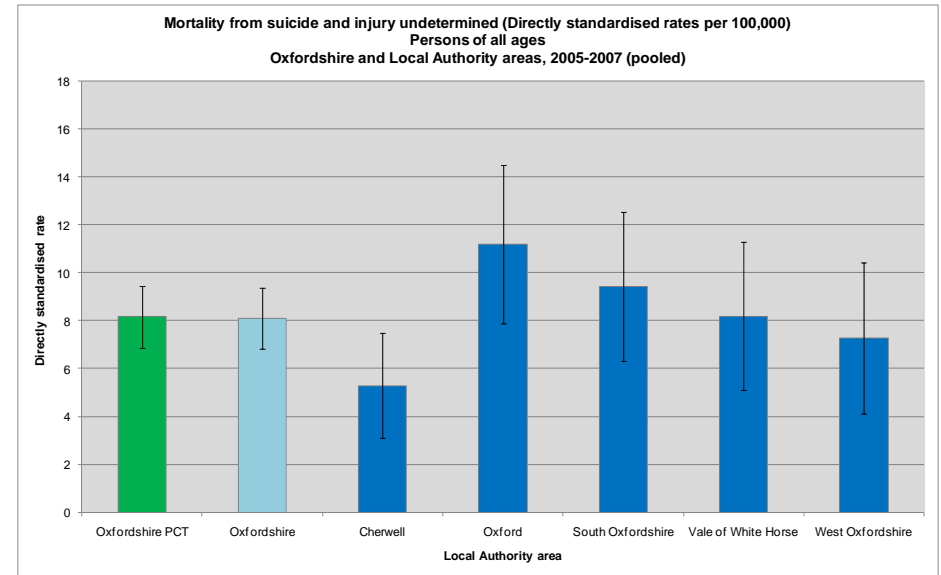
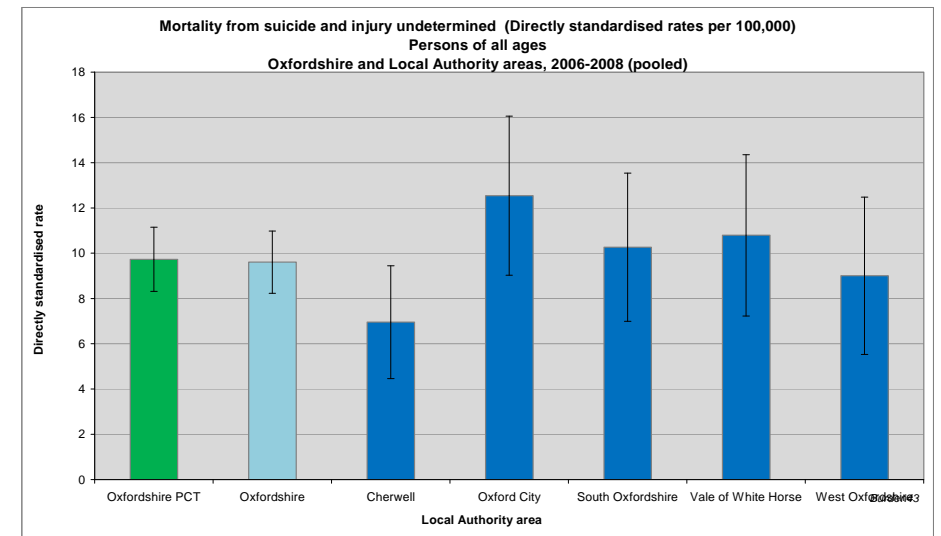


Chart 2



32. Diabetes

Diabetes occurs when the level of glucose in the blood becomes higher than normal. There are two types - type 1 and type 2.

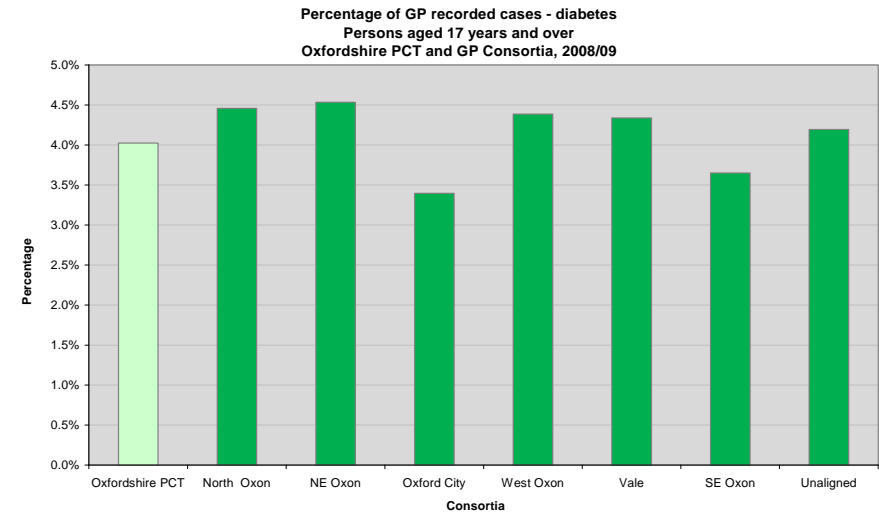
- Type 1 diabetes usually develops in children or young adults.
- Type 2 diabetes used to be known as maturity onset diabetes as it develops mainly in people over the age of 40. However it is now becoming more common in children and young people.

Diabetes is a leading cause of disability with people who suffer from diabetes being at a higher risk of heart disease, amputations, blindness and kidney failure. It is therefore important to diagnose diabetes early.

In England, between 2006 and 2008, 5.10% of people aged 17 years or older registered with GPs were diagnosed with diabetes, this compares to 4.0% within the Oxfordshire PCT geographical area (Chart 1). This 4% represents 21,876 people aged 17 years or older in the Oxfordshire PCT geographical area who were recorded as having Diabetes (Chart 1). The majority of diagnoses of diabetes in Oxfordshire are for type 2 diabetes (85%).

Predictive modelling suggests that for the given age and social class of people in Oxfordshire, we would have expected 29,747 cases of diabetes amongst people aged 17 years or older during 2006 to 2008. GP registers would suggest that 73% of these cases were found (Chart 2). Therefore, it could be speculated that there were potentially 7,871 people with undiagnosed diabetes. However, it should be remembered that the expected number of cases is only a prediction and therefore some caution should be used in interpreting this data.

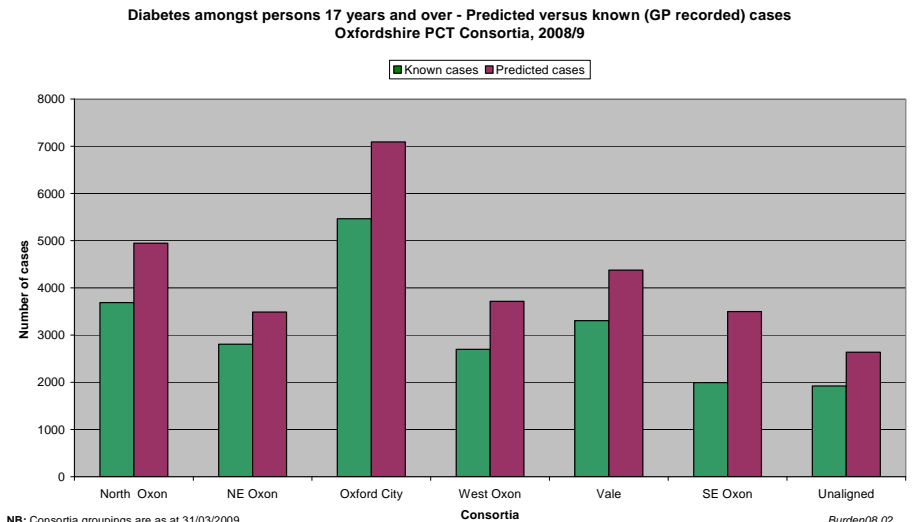
Chart 1



NB: Consortia groupings are as at 31/03/2009

Burden08.01

Chart 2



NB: Consortia groupings are as at 31/03/2009

Burden08.02

33. Falls and fractured neck of femur

Falls affect approximately 60,000 people per year in the UK and result in up to 14,000 deaths. Fractured neck of femur is the most serious consequence of falls amongst older people.

People of all ages (2006/7 to 2008/9)

There were 1909 hospital admissions among people of all ages for fractured neck of femur. The directly standardised rate of admissions was 53.43 admissions per 100,000 population. There were no statistically significant differences between any District Council areas (Chart 1).

People aged over 65 (2006/7 to 2008/9)

There were 1744 hospital admissions among people aged over 65 for fractured neck of femur. The directly standardised rate of admissions was 405 admissions per 100,000 population. There were no statistically significant differences between any Local Authority areas (Chart 2).

People aged under 75 (2006/7 to 2008/9)

There were 391 hospital admissions among people aged under 75 for fractured neck of femur. The directly standardised rate of admissions was 20 admissions per 100,000 population. There was no statistically significant difference between District Council areas when compared to Oxfordshire. However there was a statistically significant difference between Oxford City when compared to Cherwell (Chart 3)

Chart 1

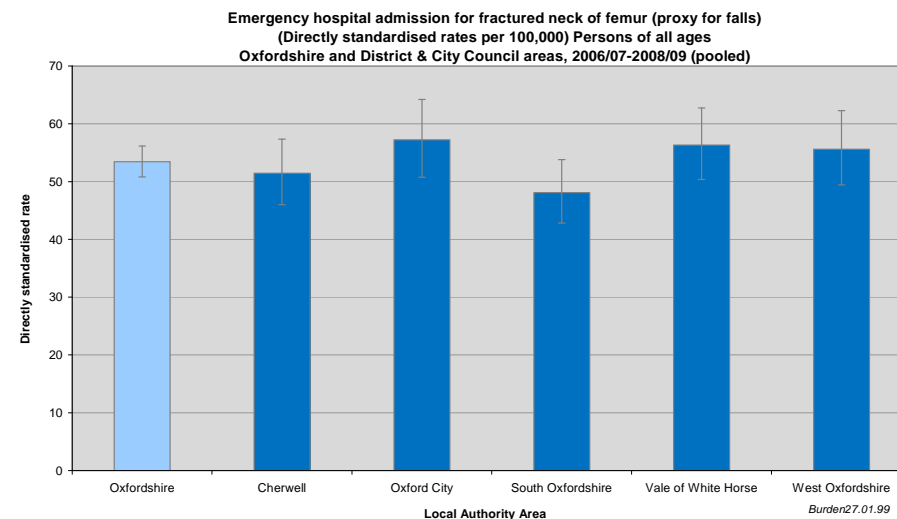


Chart 2

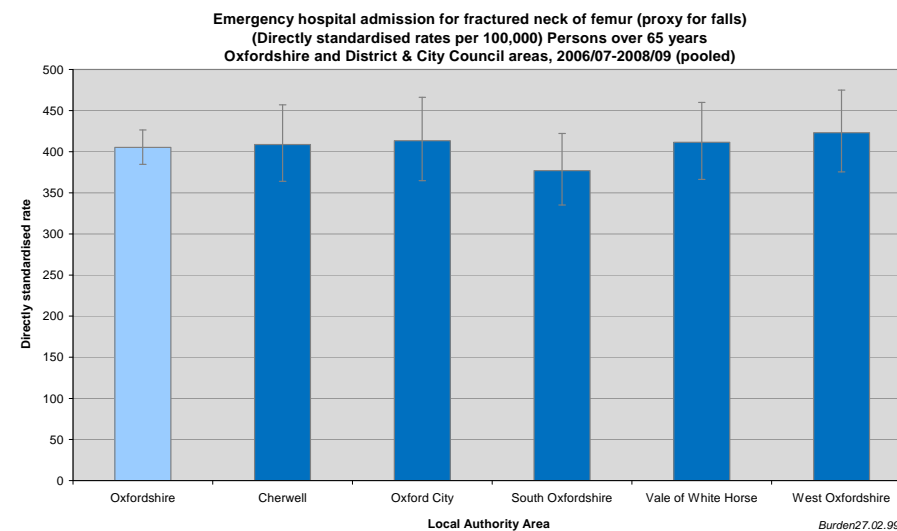
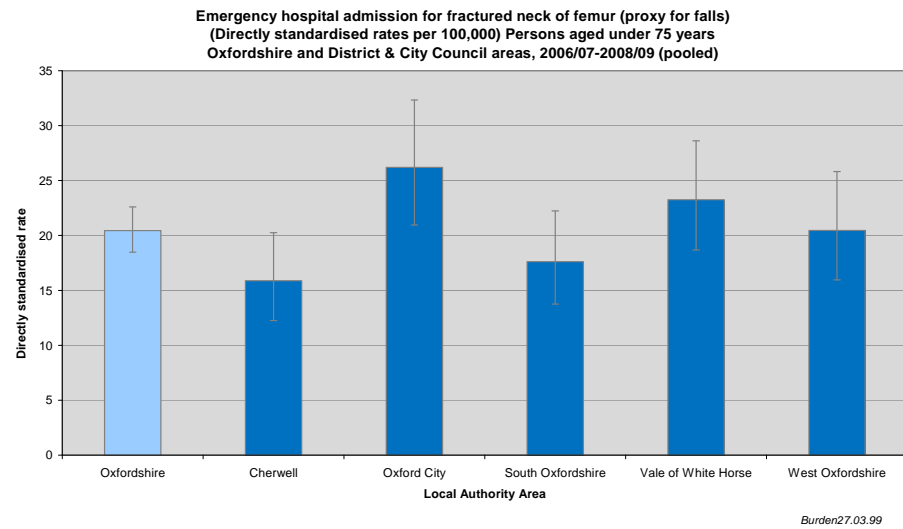


Chart 3



34. Planned hip and knee replacements

The demand for primary hip and knee replacements has grown steadily over the past 20 years and continues.

The hospital admission rates for hip and knee replacements in Oxfordshire between 2006/7 and 2008/9 were:

- 132 admissions per 100,000 population - all ages (Chart 1)
- 885 admissions per 100,000 population - over 65 years (Chart 2)
- 91 admissions per 100,000 population - under 75 years (Chart 3)

The admission rates for Cherwell were significantly higher than all other Local Authority Areas and Oxfordshire for people of all ages, over 65 years and under 75 years (Chart 1,2,3). The admission rates for Oxford City were significantly lower than all other Local Authorities and Oxfordshire for all ages, over 65 years and under 75 years (Chart 1,2,3).

Chart 1

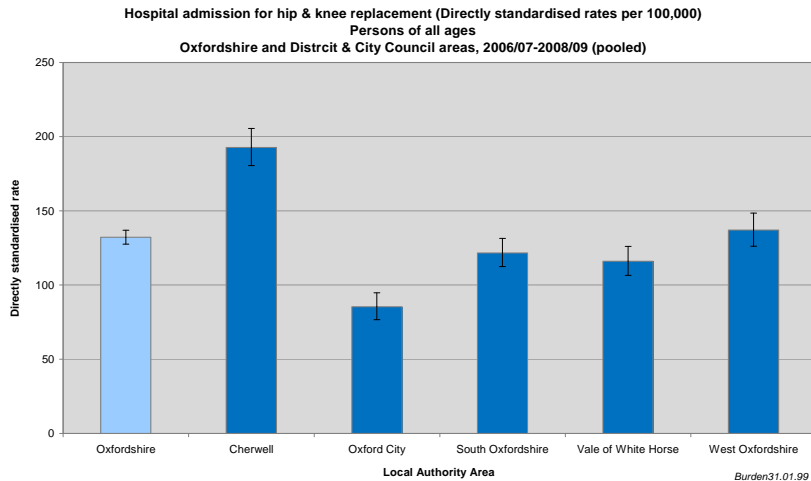


Chart 2

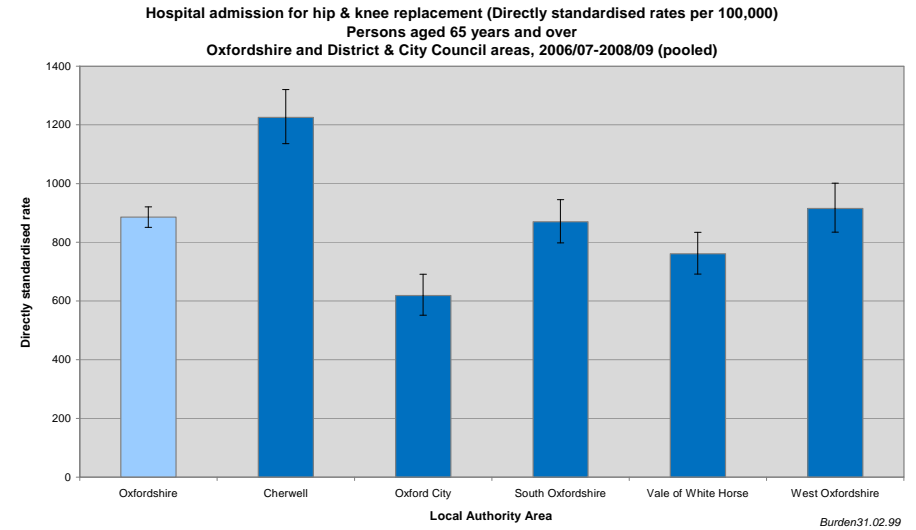
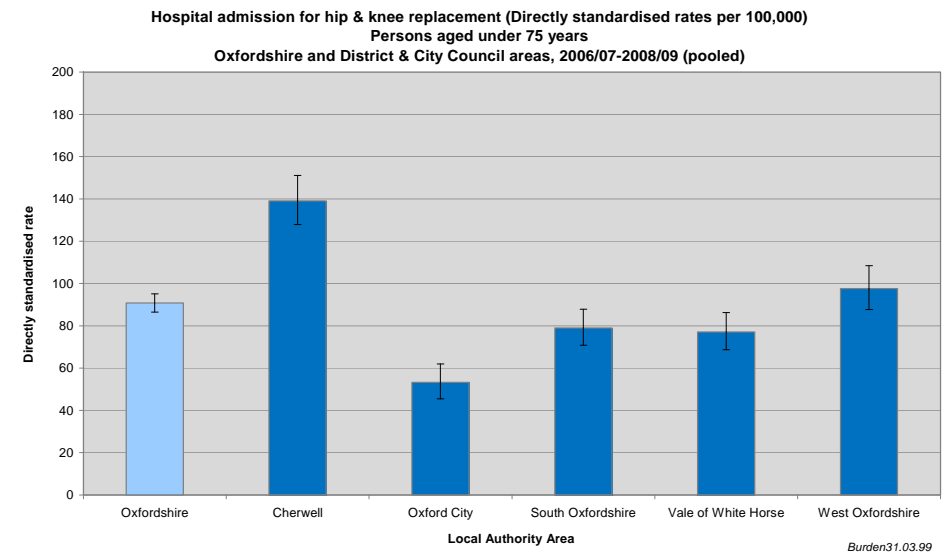


Chart 3



35. Immunisations

Flu immunisations

Immunisation against seasonal flu is provided every year for people at risk of developing serious complications, including people aged over 65 and people with certain serious or long-term medical conditions (defined as the 'at risk' population).

Less than 50% of the 'at risk' population within Oxfordshire PCT's catchment area received flu immunisations in 2008/9 (Chart 1). The Vale of White Horse and West Oxfordshire had a higher uptake than Oxfordshire at 52% and 51% respectively. Cherwell and Oxford City had a lower uptake than Oxfordshire at 46% and 44% respectively. Uptake by GP practice ranged from 77% to 35%.

In England flu immunisation uptake for over 65s was 74% in 2008/9. In comparison 77% of over 65s within Oxfordshire PCT's catchment area received flu immunisations in 2008/9 (Chart 2). Uptake across all District Council areas was higher than the 'at risk' population uptake. Vale had the significantly highest uptake at 79%, with Oxford City the lowest at 74%. Uptake by GP practice was fairly consistent with most at over 70%.

Chart 1

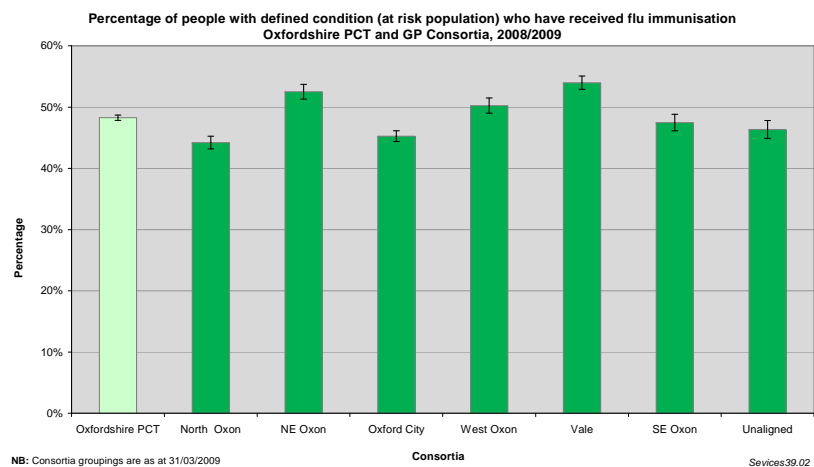


Chart 2

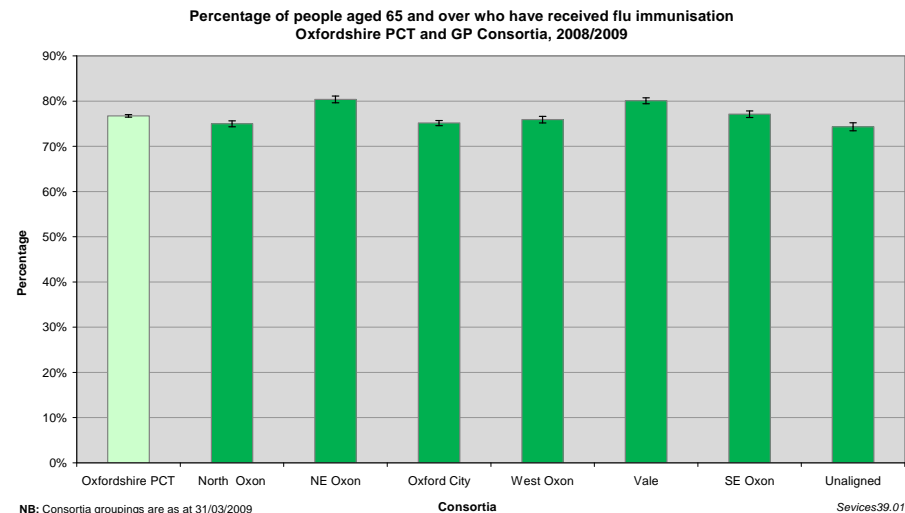
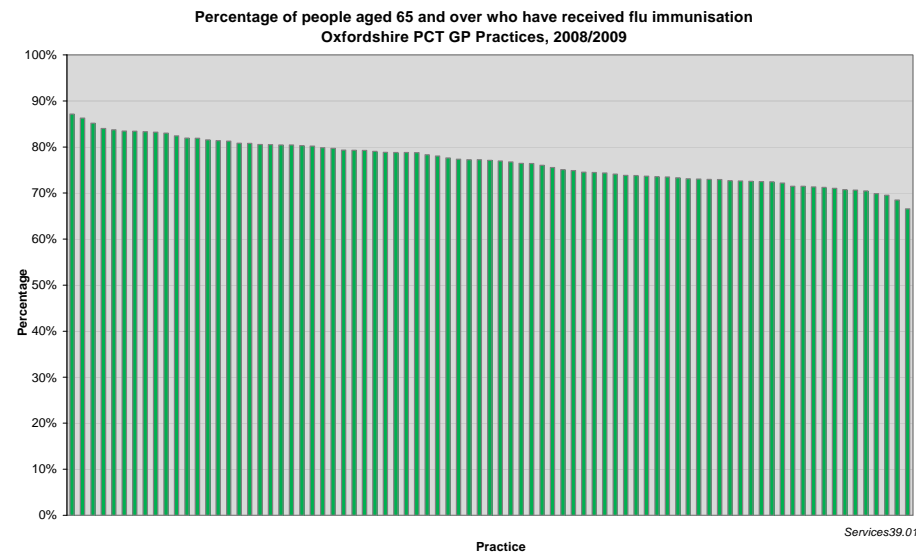


Chart 3



Pneumococcal vaccine

The Pneumococcal vaccine protects against infections caused by bacteria called pneumococcus including pneumonia, septicaemia and meningitis. Vaccination is recommended for people who have a higher risk of infection, such as young children and older people, and people with serious or long-term medical conditions. Vaccination is for life and so yearly uptake will always be low, therefore coverage is the important factor.

4% of over 65s within Oxfordshire PCTs catchment area received a Pneumococcal vaccination in 2008/09 (Chart 4). Of the consortia areas, Vale has the highest uptake. Practice data shows there is a variation in uptake (Chart 6)

72% of the Oxfordshire population over 65 have received immunisation. (chart 5).

No national comparison is available

Chart 5

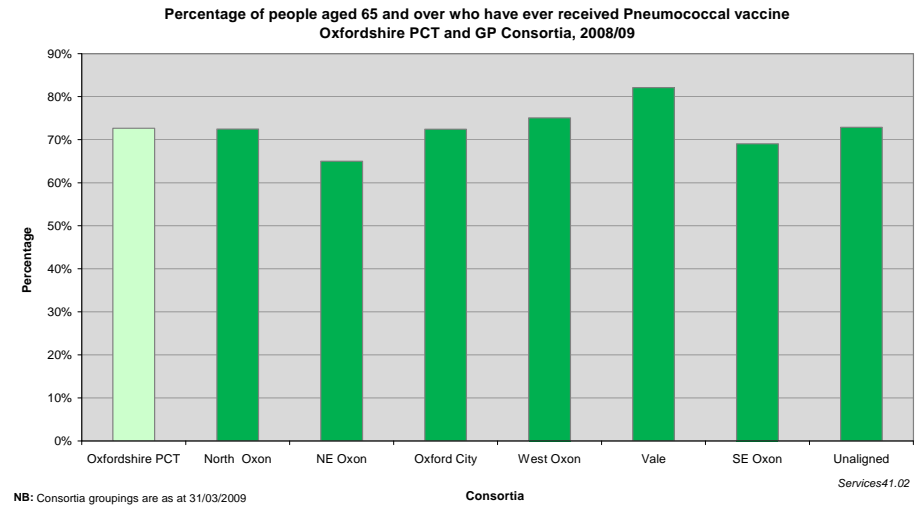


Chart 4

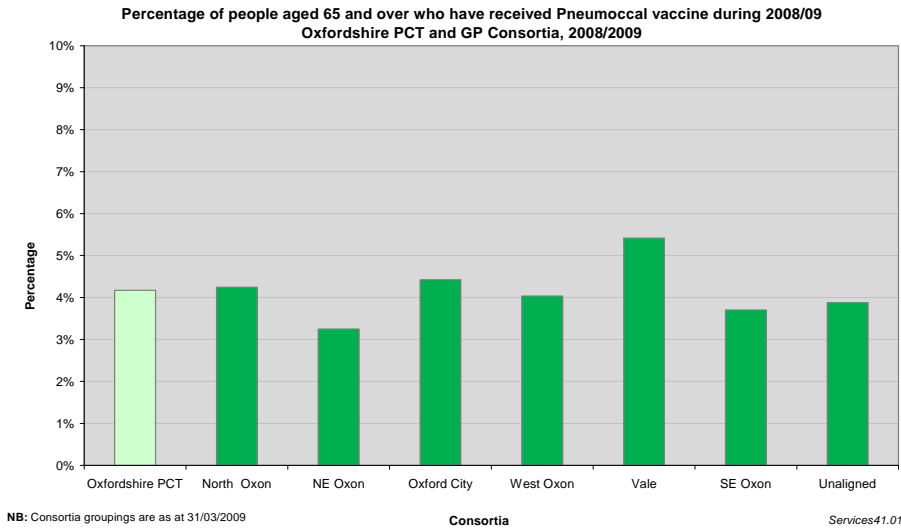
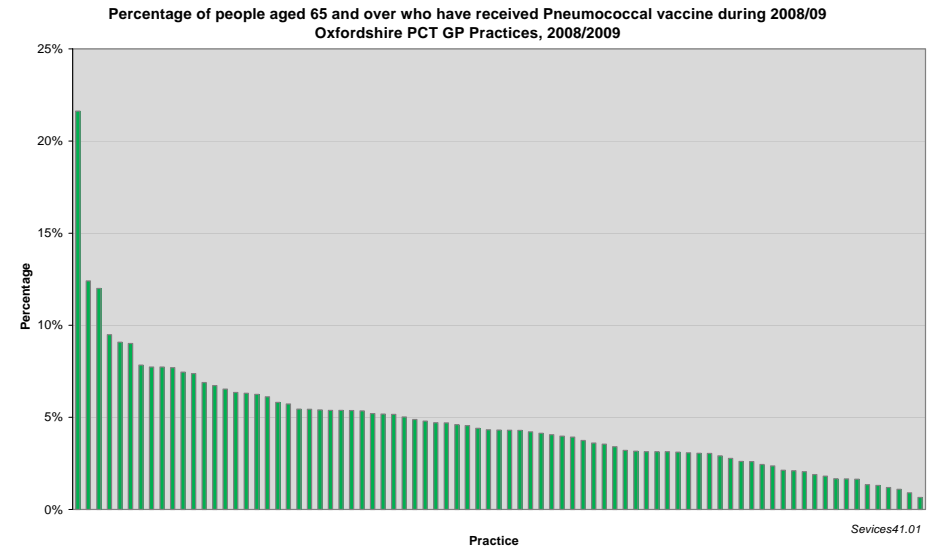


Chart 6



36. Hypertension

Hypertension, also known as high blood pressure, is a key risk factor for a number of conditions including coronary heart disease and stroke.

76,115 people in Oxfordshire were recorded by their GP in 2008/09 as having hypertension. This equates to 11.2% of the Oxfordshire PCT population (Chart 1).

All Consortia (with the exception of Oxford City) had a higher prevalence of hypertension than the Oxfordshire PCT population. Consortia with the highest percentage of their populations with hypertension were West Oxfordshire, followed by South East Oxfordshire and the Vale. (Chart 1)

The percentage of hypertension cases recorded in GP practices varied from under 4% of the practice population to over 16% (Chart 2).

Predictive modelling suggests that for the age and social class of Oxfordshire, we expected over 147,000 cases of hypertension in Oxfordshire in 2008/09. GP registers showed that 52% of these predicted cases had been found, meaning there were potentially over 71,000 people with unidentified hypertension at that time. It should be remembered that the expected number of cases is only a prediction and therefore some caution should be used in interpreting this data.

Oxford City Consortia had the highest number of known cases of hypertension in Oxfordshire and the highest number of predicted cases, followed by North Oxfordshire Consortia, and the Vale Consortia. Unaligned GP Practices had the lowest number of known and predicted cases (Chart 3).

Chart 1

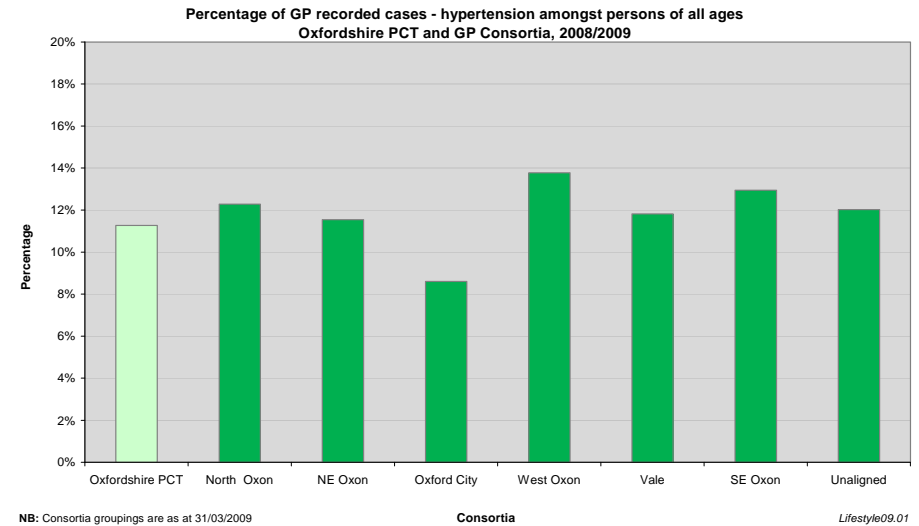


Chart 2

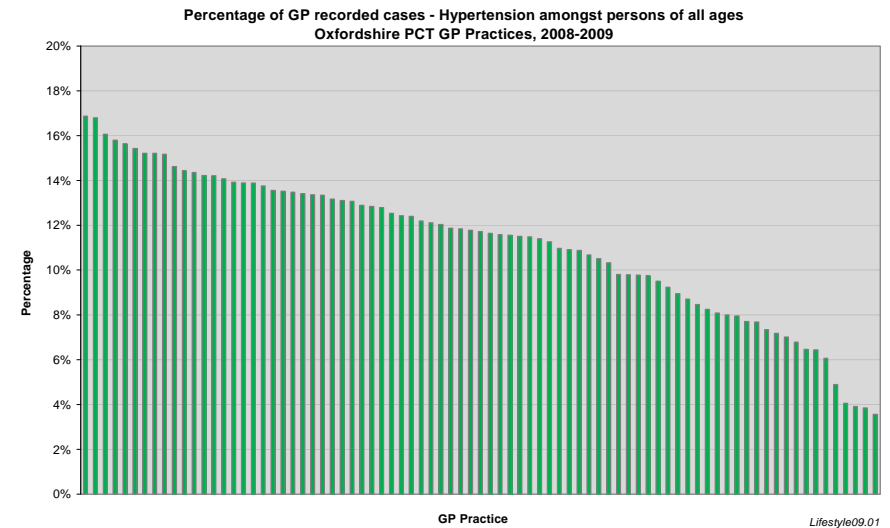
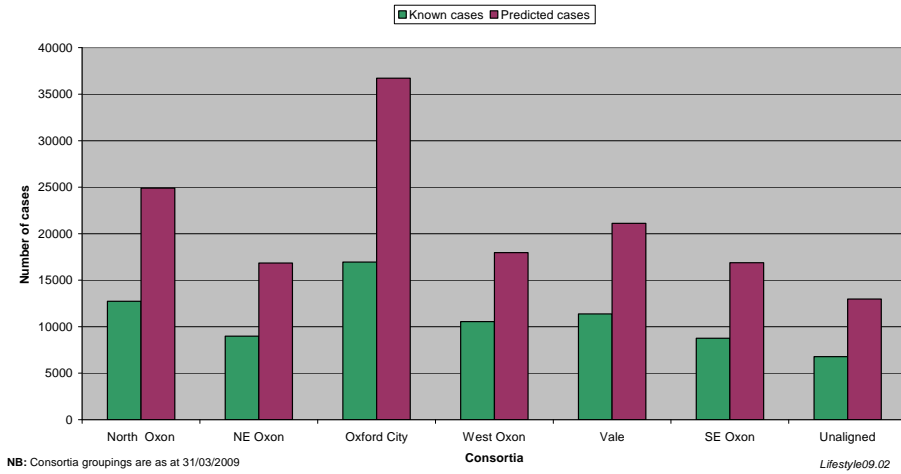


Chart 3

Hypertension amongst persons of all ages - Predicted versus known (GP recorded) cases
Oxfordshire GP Consortia and Local Authority Areas, 2008/2009



37. Mental Health

Mental Health issues incur a significant cost to the economy as a whole. Although there are costs involved for healthcare and businesses, the biggest cost is to the sufferer and their carers.

Patients registered with enduring mental health problems. In 2008/09 there were 4669 patients registered with Oxfordshire PCT who had a diagnosis of schizophrenia, bipolar disorder or psychoses. Oxford City consortium has the highest percentage of patients registered as having these diagnoses whilst North East Consortium has the lowest (Chart 1). This may in part be due to the concentration of mental health services within the City area.

At practice level and excluding Luther Street practice, 10 practices (9 in Oxford and 1 in Banbury) have a prevalence of at least 1% of the practice population who are registered with an enduring mental health problem; two practices in Oxford have more than 1.5% prevalence. (Chart 2)

It should be noted that Luther Street has the highest percentage of patients (8.75%) registered as having an enduring mental health problem, this is expected as they have a particularly vulnerable population and a small number of patients registered at the practice and for this reason the data has been excluded from the chart. (49 patients of a total registered population of 560)

Chart 1

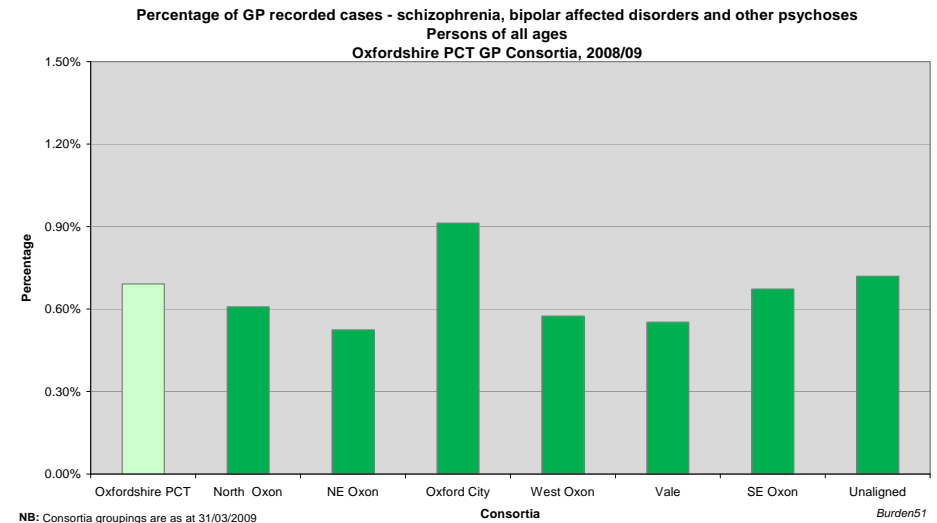
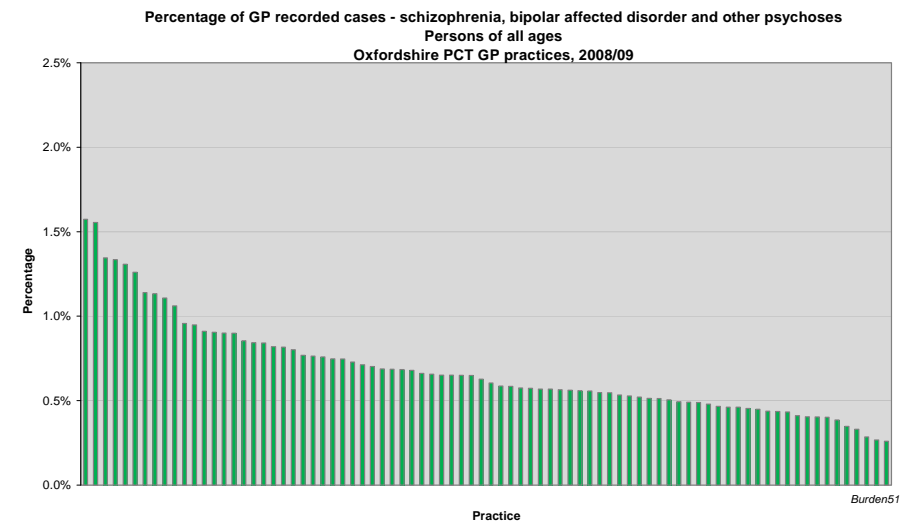


Chart 2



38. Limiting long term illness

The 2001 Census asked the general population if they had a limiting long term illness. Responses included diabetes, cancer, coronary heart disease, kidney disease, asthma and other conditions. As this is self reported data the information presented here should be interpreted with caution.

In 2001 there were 52,267 people in Oxfordshire who reported that they had a limiting long term illness, 11.8% of the Oxfordshire County Council population at that time. Cherwell District Council, West Oxfordshire District Council and Oxford City Council were almost equal to the Oxfordshire percentage. Vale of White Horse District Council and South Oxfordshire District Council were lower at 11.4% and 11.2% (chart 1)

There was variation across wards in terms of people in 2001 who felt they had a limiting long term illness (chart 2). Areas with high levels included wards known as areas of deprivation including Banbury Neithrop, Banbury Ruscote, Barton and Sandhills, and Oxford South East. Wards with the lowest percentage were Carfax, Bicester South, North, Didcot Ladygrove and St. Margarets (chart 2)

Chart 1

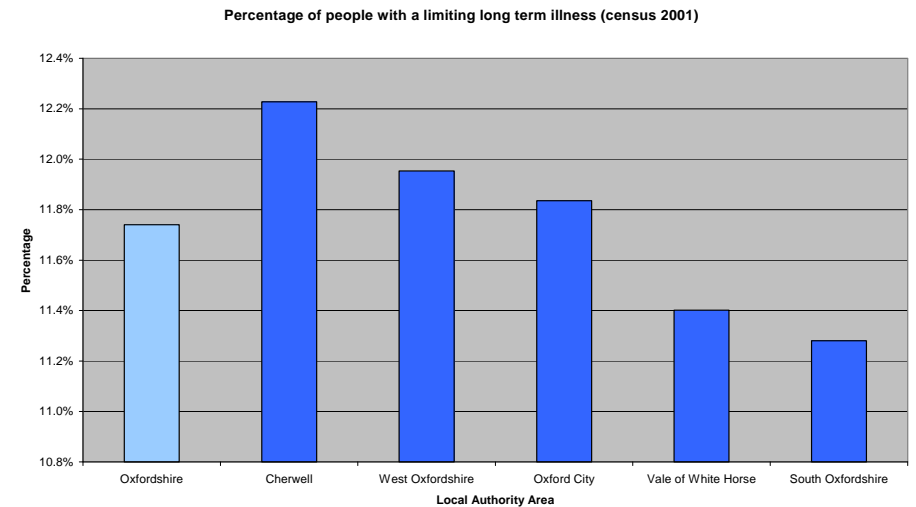
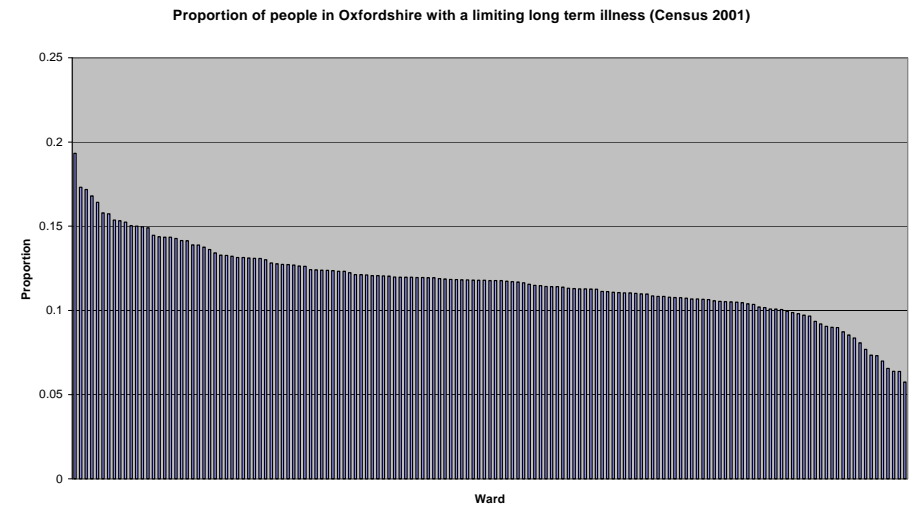


Chart 2



39. Road Accidents - adults

Chart 1

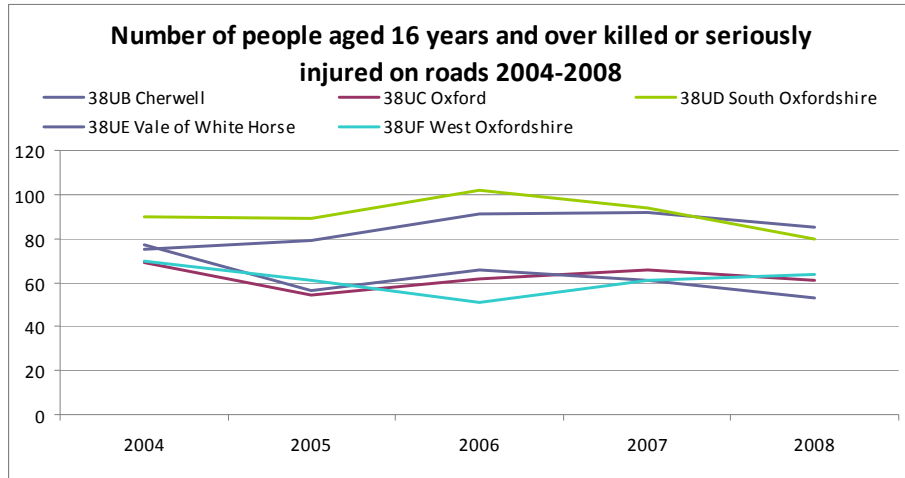


Chart 2

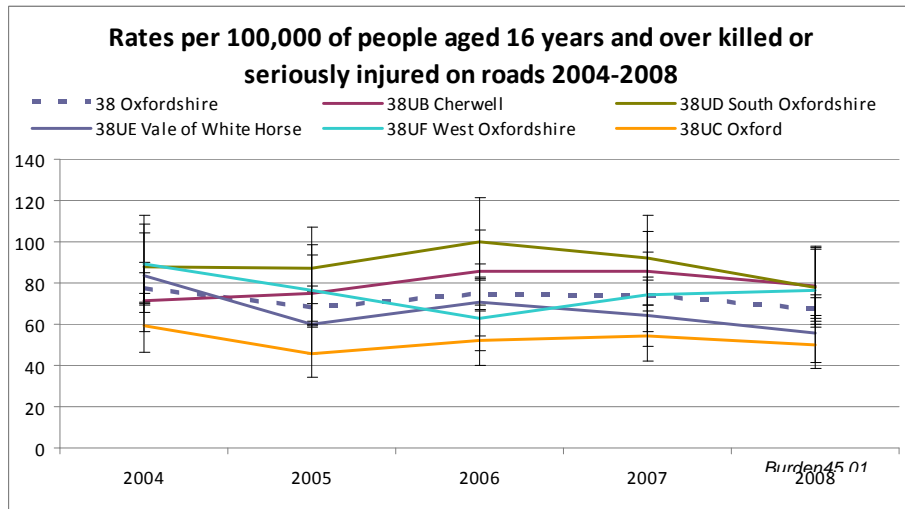
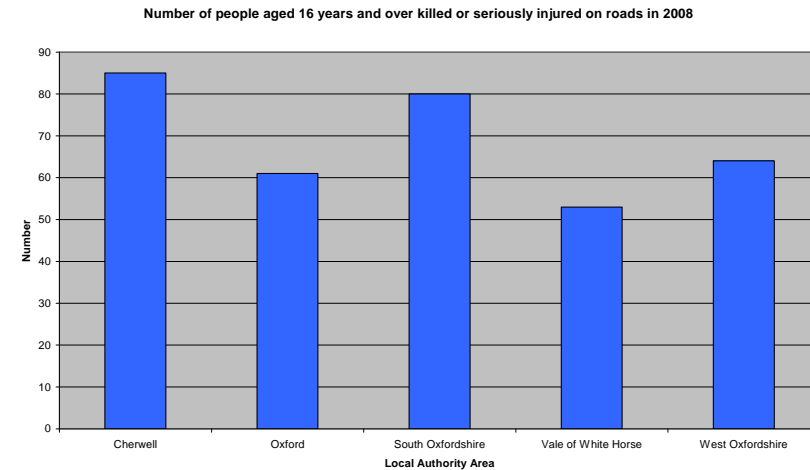


Chart 3



There are approximately 400 people over the age of 16 killed or seriously injured on Oxfordshire's roads each year. Since 2004, the Oxfordshire rate has been static. (Chart 2) South Oxfordshire has the highest number and rate of road injuries/deaths. (Chart 1 & 2) This may be related to the M40 corridor which runs through the north east of the area. Oxford City, The Vale of White Horse and West Oxfordshire all have an equally lower number of people killed or seriously injured on roads when compared with South Oxfordshire and Cherwell.

The Department for Transport defines serious injury as, "An injury for which a person is detained in hospital as an "in-patient", or any of the following injuries whether or not they are detained in hospital: fractures, concussion, internal injuries, crushings, burns (excluding friction burns), severe cuts and lacerations, severe general shock requiring medical treatment and injuries causing death 30 or more days after the accident. An injured casualty is recorded as seriously or slightly injured by the police on the basis of information available within a short time of the accident. This generally will not reflect the results of a medical examination, but may be influenced according to whether the casualty is hospitalised or not. Hospitalisation procedures will vary regionally."

40. Adult Social Care Older People

In 2008/09, a total of 12,905 people aged over 65 received a social care service funded by Oxfordshire County Council (chart 1)*.

This equates to 13.1% per cent of the population of Oxfordshire aged 65 plus. This figure excludes people who will fund their own care.

There is a variation in the proportion of people who receive council services in each district area, with a higher percentage receiving a council funded service in Oxford City (chart 1). This primarily reflects the differences in the relative wealth and income levels of district council areas. Social Care need is also affected by the relative age structure of the district council areas (see age structure template).

Most of the council's budget for adult social care for older people is spent on care home placements, but in terms of people supported these make up the minority of clients (17%). (Chart 3) National and local policy drivers are to reduce the number of people in care homes and to support them for longer in the community. This is in line with what people tell us they want and will help reduce costs.

*this includes people resident outside the county supported by Oxfordshire County council, e.g. those placed in care homes across the county border.

Chart 1

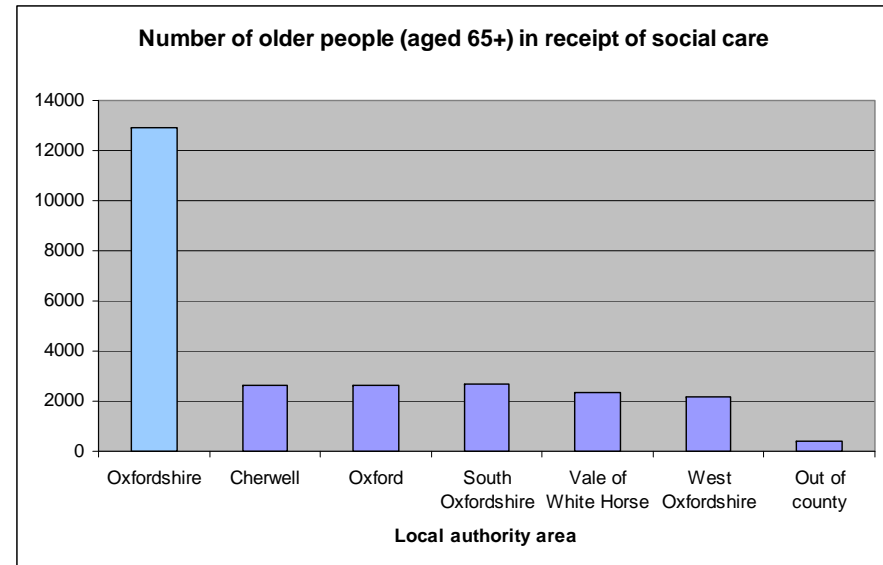


Chart 2

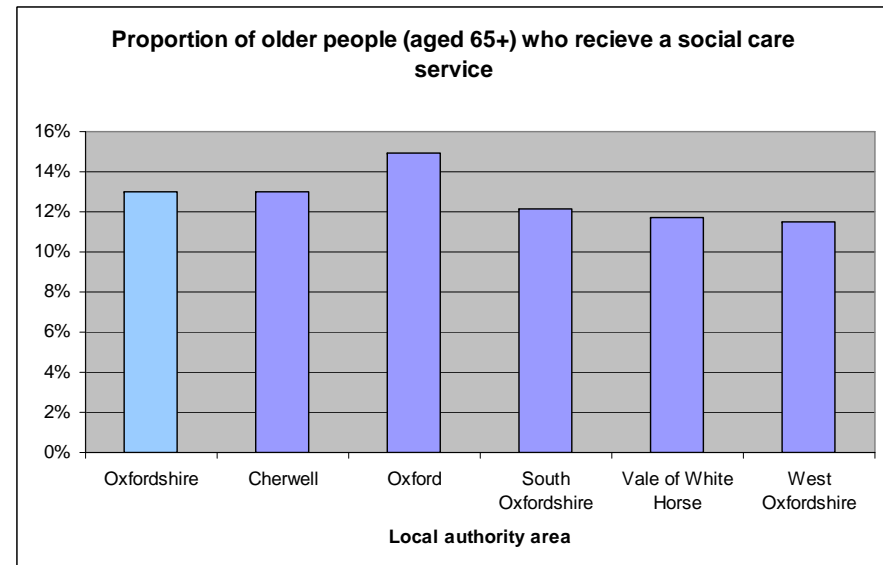
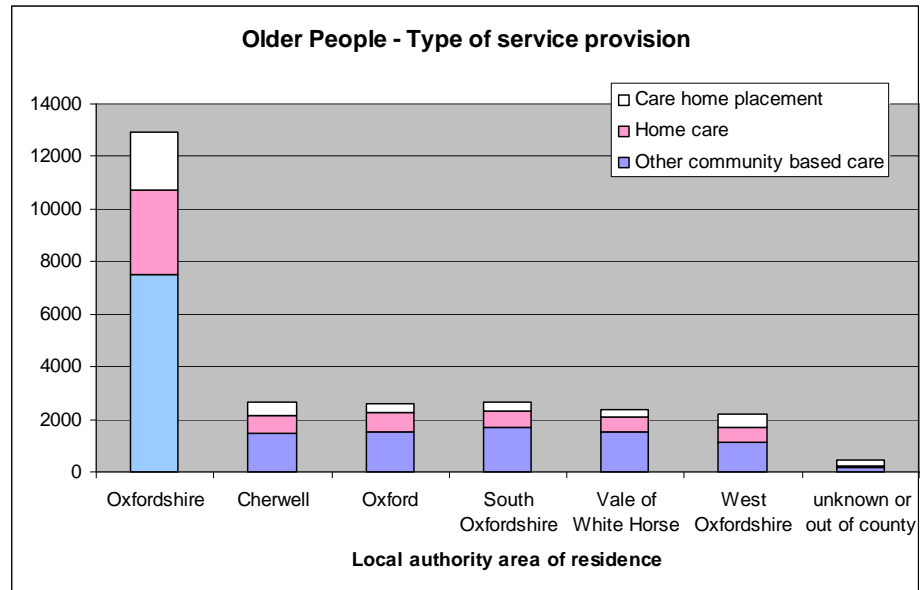


Chart 3



41. Adult Social Care - Learning Disability

In 2008/09, a total of 1311 people with a learning disability (aged 18-64) received a social care service funded by Oxfordshire county council (chart 1).*

This equates to approximately 0.33 per cent of the population of Oxfordshire aged 18-64. This figure excludes people who will fund their own care or receive informal support from family members.

There is a variation in the proportion of people who receive council services in each district area, with a higher percentage receiving a council funded service in Cherwell and Oxford City (chart 1). This primarily reflects the differences in the relative wealth and income levels of district council areas. PANSI, a Department of Health tool for predicting levels of disability predicts that we might expect around 2200 people to have a severe learning disability. The difference will reflect people who are not financially eligible for state funded care and may also include people who have not presented to Social Services.

31% of the council's budget for adult social care for people with a learning disability is spent on care home placements, but in terms of people supported these make up the minority of clients (18%) (Chart 3). National and local policy drivers are to reduce the number of people in care homes and to support them for longer in the community. This is in line with what people say they want and will help reduce costs. To help achieve this, 57% of the LD budget is spent on Supported Living services which allow people with a learning disability and personal care needs to live independently in a shared property with their own tenancy.

*this includes people resident outside the county supported by Oxfordshire County council e.g those placed in care homes across the county border – in excess of 150 in this client group.

Chart 1

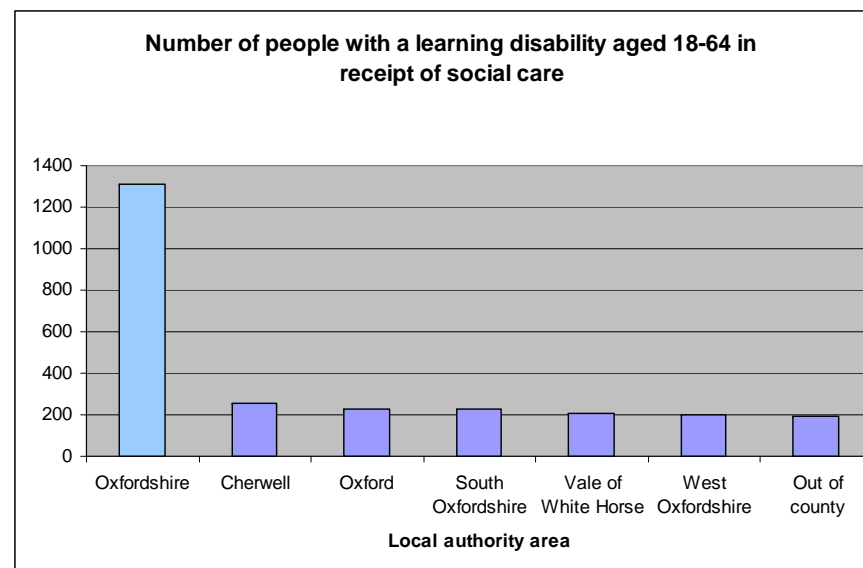


Chart 2

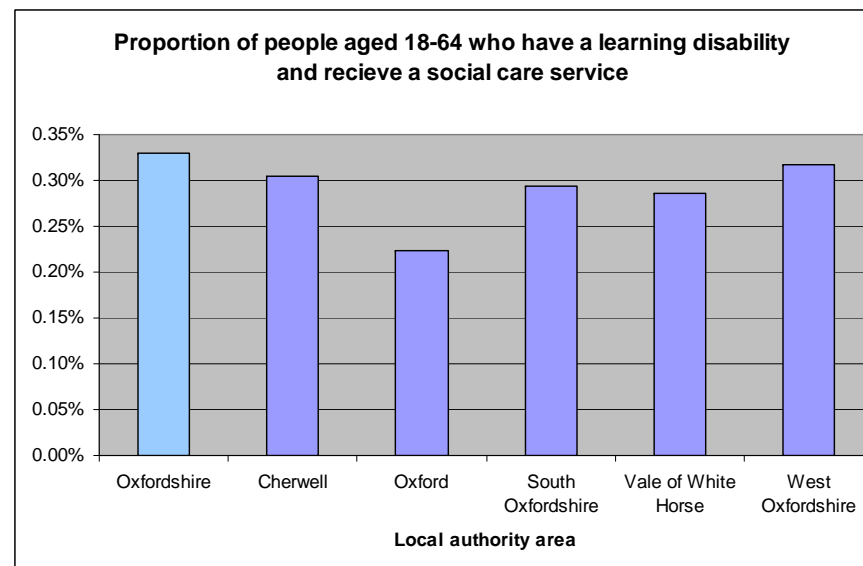
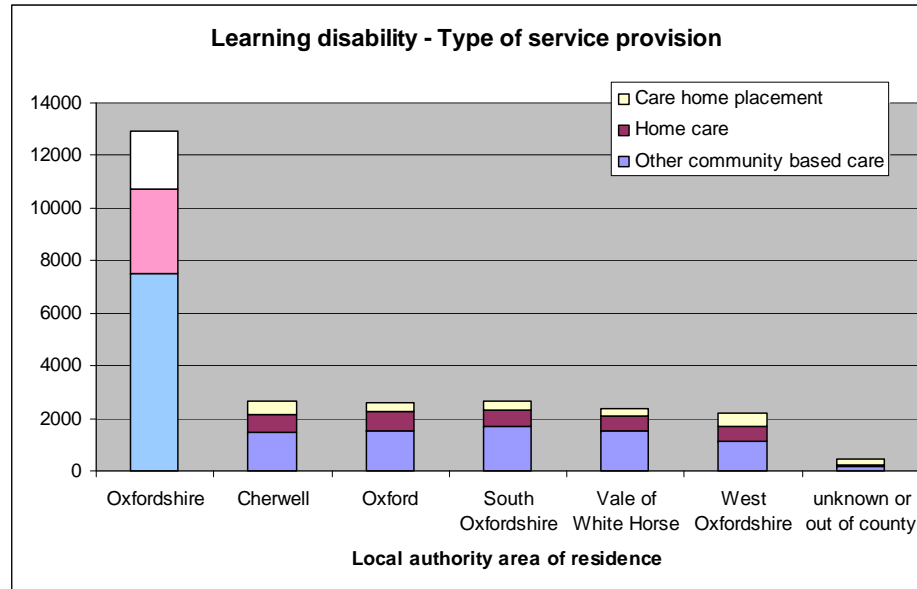


Chart 3



People with learning disabilities are 58 times more likely to die before the age of 50 than the general population (Disability Rights Commission, 2006). Despite this unfortunate statistic, some 154 older people with a learning disability are supported by Oxfordshire County Council.

These numbers are included in the Older People template (as that is the standard DH categorisation) but as learning disability is a lifelong condition it is perhaps worth noting here that until recently the council supported a client to 101 years of age.

42. Adult Social Care - Physical Disability

In 2008/09, a total of 2101 people with a physical disability (aged 18-64) received a social care service funded by Oxfordshire County Council (chart 1).*

This equates to approximately 0.5 per cent of the population of Oxfordshire aged 18-64. This figure excludes people who will fund their own care or receive informal support from family members, etc.

There is a variation in the proportion of people who receive council services in each district area, with a higher percentage receiving a council funded service in Cherwell and Oxford City (chart 1). This primarily reflects the differences in the relative wealth and income levels of district council areas. PANSI, a Department of Health tool for predicting levels of disability predicts that we might expect around 9000 people to have a serious Physical Disability. The difference will reflect people who are not financially eligible for state funded care and may also include people who have not presented to Social Services.

30% of the council's budget for adult social care for people with a physical disability is spent on care home placements, but this supports a much smaller proportion of clients (4%) (Chart 3). National and local policy drivers are to reduce the number of people in care homes and to support them for longer in the community. This is in line with what people tell us they want and will help reduce costs.

*this includes people resident outside the county supported by Oxfordshire County council e.g those placed in care homes across the county border.

Chart 1

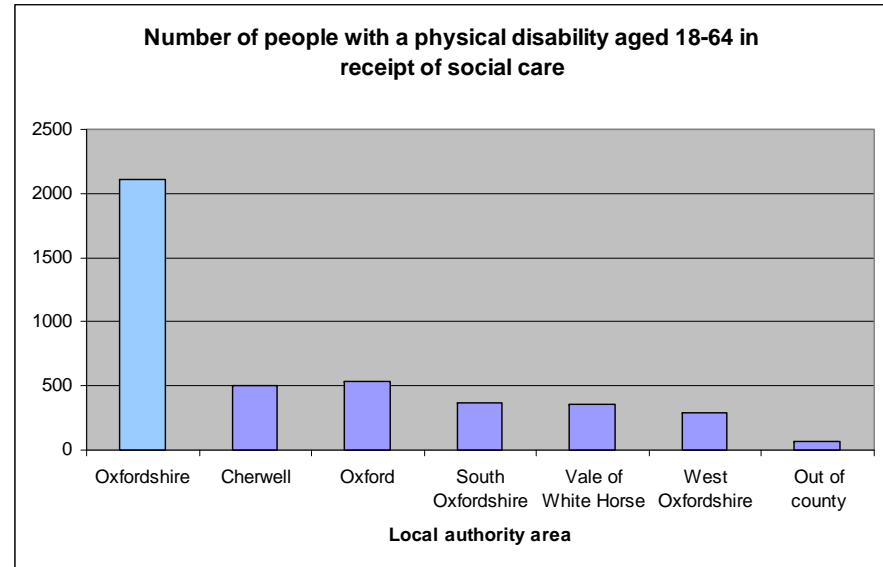


Chart 2

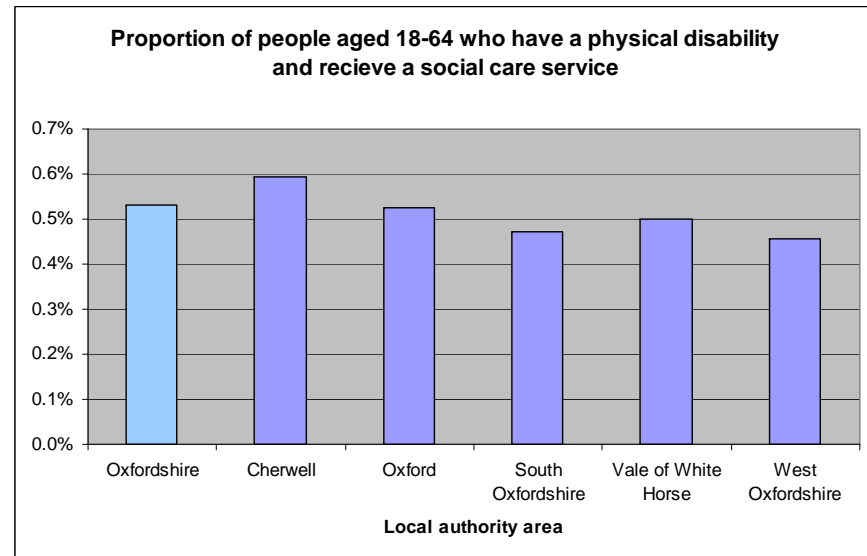
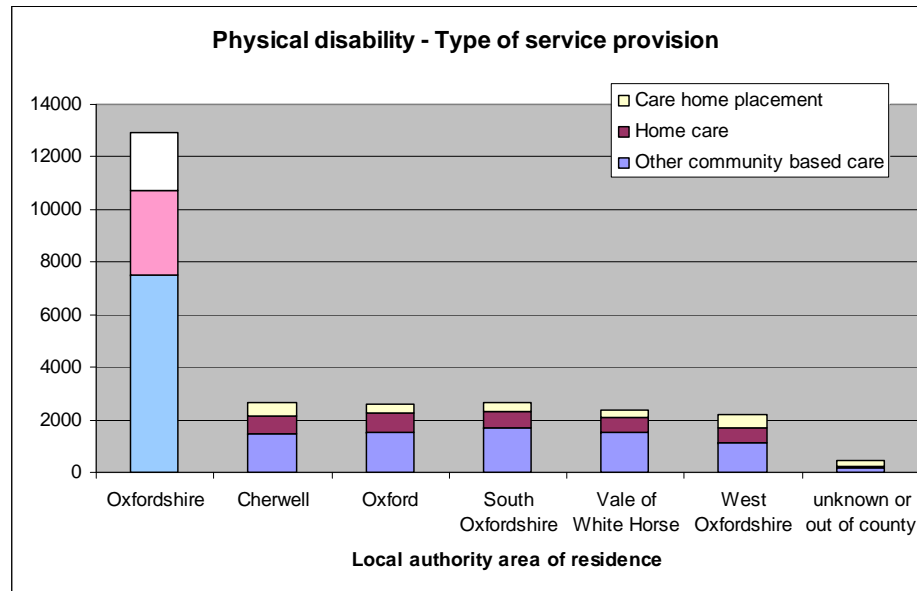


Chart 3



43. Adult Social Care - Mental Health

People aged 18 to 64

In 08/09, a total of 906 mental health service users aged 18-64 years received a social care service funded by Oxfordshire County Council.

This equates to approximately 0.23% per cent of the population of Oxfordshire aged 18-64. This figure excludes people who will fund their own care or receive informal support from family members, etc.

Oxford City has the highest proportion of residents receiving a service (400), though it should be noted that this includes several residential placements of people normally resident elsewhere. (see Chart 1).

People over the age of 65

In 08/09, a total of 600 mental health service users aged 65+ received a social care service funded by Oxfordshire County Council.

This equates to approximately 0.6% per cent of the population of Oxfordshire aged 65+. This figure excludes people who will fund their own care or receive informal support from family members, etc.

Oxford City has the highest proportion of residents receiving a service (164) (see Chart 2).

Chart 1

People aged 18-64 with a mental health problem receiving social care services as a proportion of the population

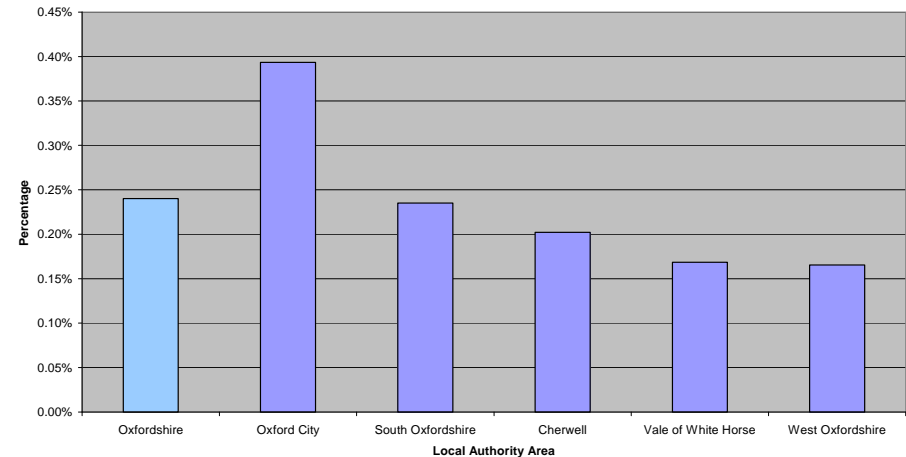
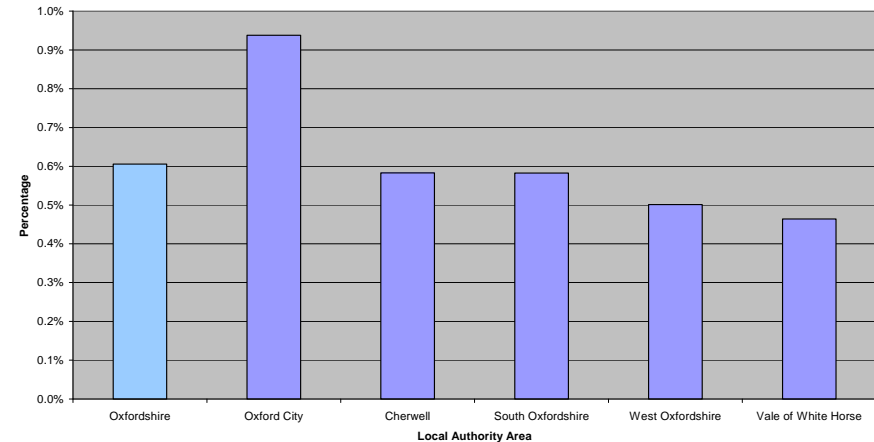


Chart 2

Older people (65+) with a mental health problem receiving social care services as a proportion of the population



44. Patient Experience of Primary care

Primary care has been monitored on patient experience via the Vital Sign VSA06. Information is from the GP patient survey.

In general, patients living within the Oxfordshire PCT catchment area report high levels of satisfaction (80% or above) with the five indicators linked to this Vital Sign. In terms of both absolute numbers and percentages differences in patient satisfaction between District Council areas and GP Consortia are small.

Satisfaction with opening hours (Chart 1) - Patients across all District Council areas have 80% or more satisfaction with GP opening hours.

Booking ahead to see a doctor (Chart 2) - More than 86% of patients in Oxfordshire PCT's catchment area said they were able to book ahead to see a doctor.

Being able to see a doctor within 48 hours(Chart 3) - More than 88% of patients in Oxfordshire PCT's catchment area feel they are able to see a doctor within 48 hours if wanted.

Being able to book an appointment with a specific GP (Chart 4) - More than 82% of patients in Oxfordshire PCT's catchment area feel they are able to book an appointment with a specific GP.

Ease of getting though on the phone (chart 5) - Almost 80% of patients in Oxfordshire PCT's catchment area report it is easy to get through to their GP practice on the phone.

Chart 1

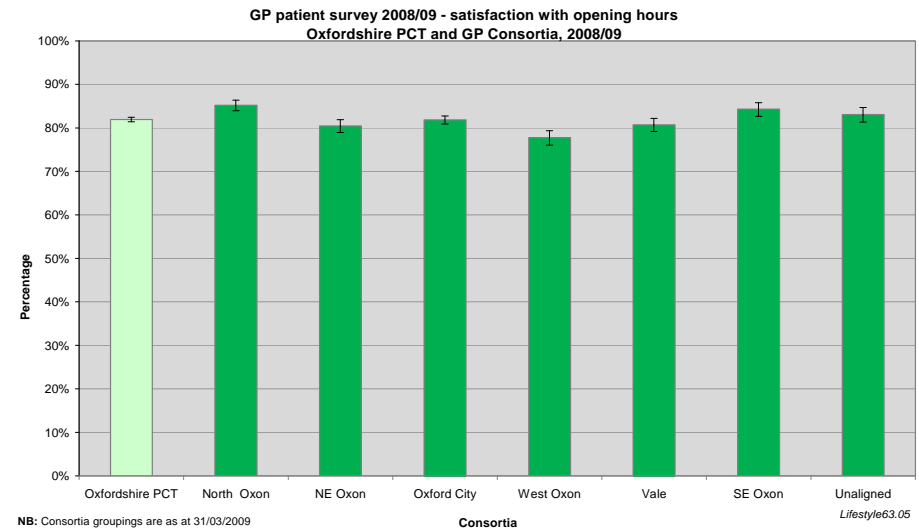


Chart 2

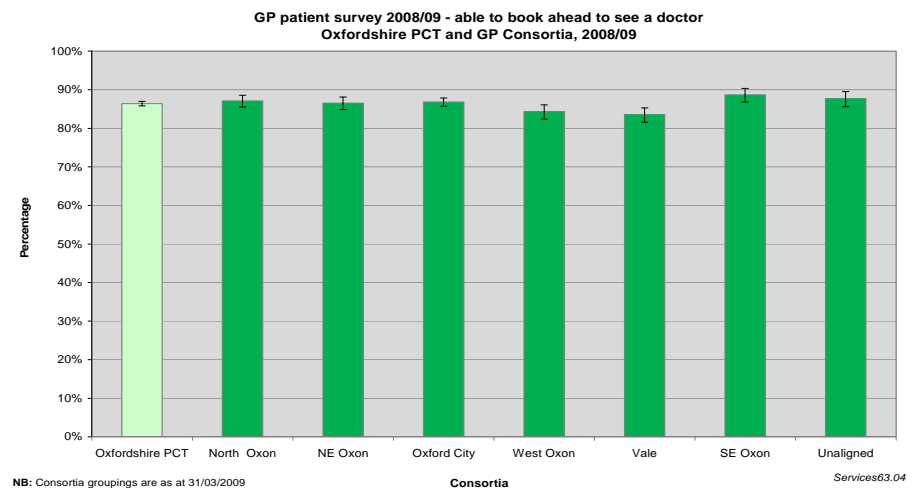


Chart 3

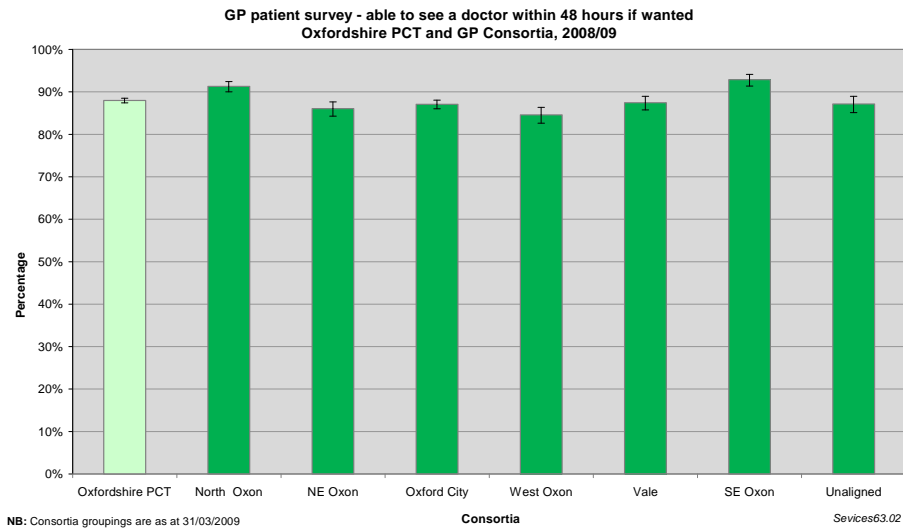


Chart 5

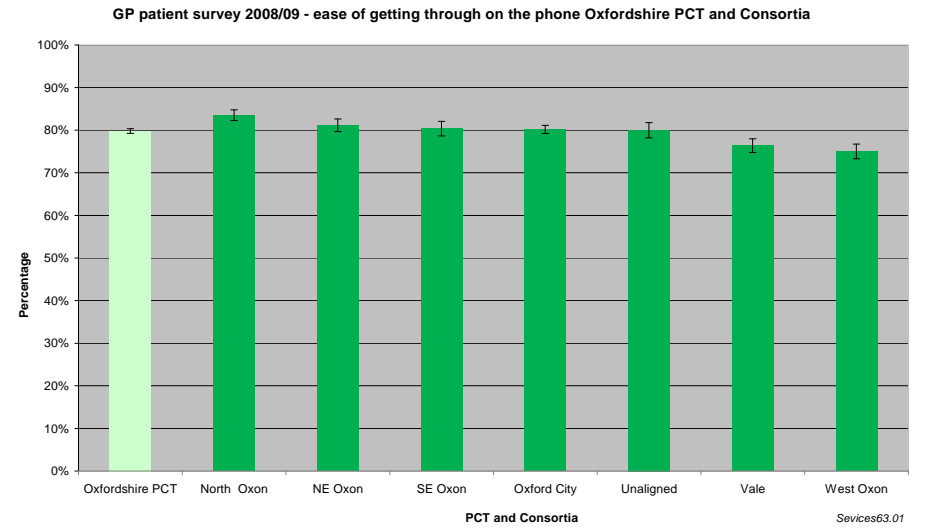
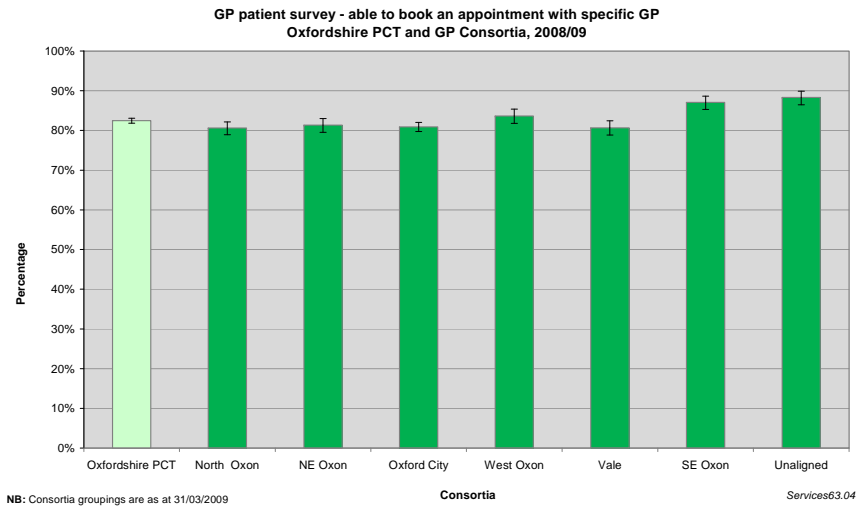


Chart 4



45. Physical Activity

Chart 1

The Active People Survey is a yearly questionnaire measuring adult (age 16+) sport and physical activity in England. The data here is from Active People Survey 3 (October 2008 to October 2009) which had 2488 respondents in Oxfordshire. In Oxfordshire 25.5% of respondents took part in physical activity for 30 minutes or more on at least three days a week (including recreational walking/cycling but excluding walking/cycling for transport). This is above the England figure of 21.6% and Oxfordshire is among the top 25% of Counties in England (chart 1).

Of total respondents to the survey in Oxfordshire, the following took part in physical activity '3 x 30' in 2008/9:

- Gender: male 28.3%, female 22.9%
- Age: 16 to 34 39.4%, 35 to 54 27.7%, 55 and over 13.5%
- Ethnicity: white 25.1%, non-white 31.9%
- Limiting illness or disability: yes 11.8%, no 27.4%
- Social class: A 28.6%, B 26.4%, C1 22.8%, C2DE 15.5%

The percentage of people in each District who did '3 x 30' in 2008/9 is:

- Cherwell: 21.0%
- Oxford City: 26.3%
- South Oxfordshire: 24.2%
- Vale: 28.4%
- West: 29.0%

There is little difference between the number of people in Oxfordshire who would like to do more physical activity than they do at the moment, and those who would not (chart 2). People who would like to do more cited swimming, gym, cycling, football, badminton as their top choices.

Percentage of respondents (all adults aged 16+) in Oxfordshire taking part in moderate physical activity at least 3 days a week for 30 minutes (excluding light intensity sports for older people)
Active People Survey 3, October 2008 to October 2009

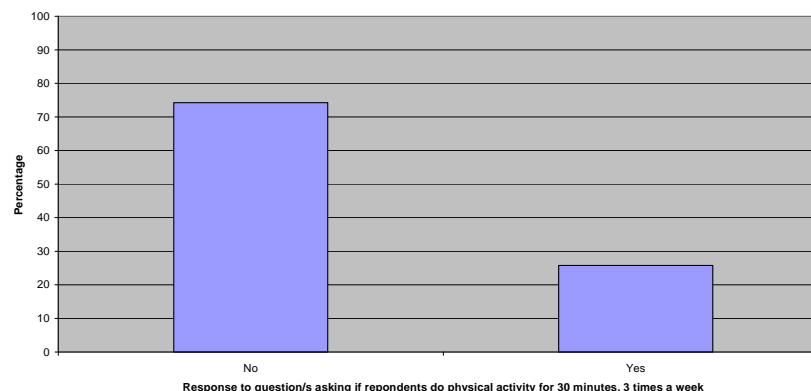
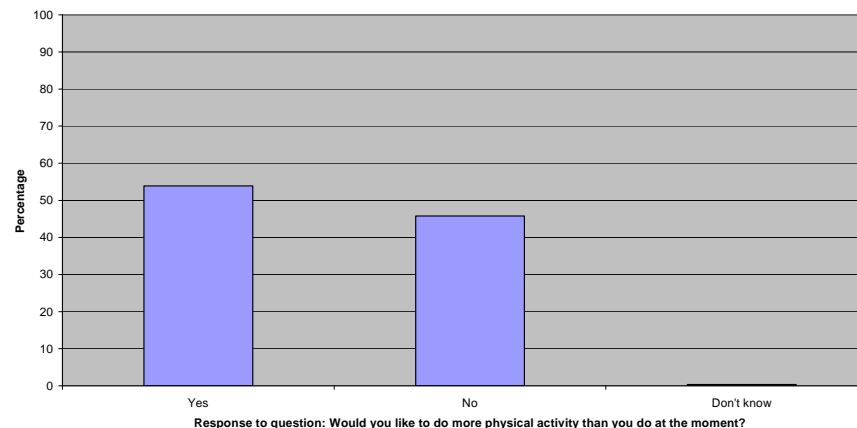


Chart 2

Percentage of adults (aged 16+) in Oxfordshire who would like to do more physical activity than they do at the moment, and those who would not
Active People Survey 3 (half of the sample), October 2008 to October 2009



Section 3 - Definitions

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Burden01.01	Mortality rates (Crude) - all age, all cause	Crude rates per 1000 population - based on number of deaths due to all causes (all ages). Calculated using pooled calendar years 2006-2008.	Mortality: ONS Annual District Death Extract 2006, 2007, 2008; Population: Oxfordshire County Council ward population estimates (2009 release)	Deaths per 1,000 population	2006-2008
Burden01.01.99	Mortality rates (Directly Standardised) - all age, all cause	Directly standardised rates per 100,000 European standard population - based on the number of deaths due to all causes (all ages). Standardised to European standard population.	National Centre for Health Outcome Development (NCHOD) Ward level: ONS Annual District Death Extract 2006, 2007, 2008; Population: Oxfordshire County Council ward population estimates (2009 release)	Directly Standardised Rate per 100,000	2006-2008
Burden02.01	Life expectancy at birth (in years)	Life expectancy at birth (in years) using pooled data for 2004-2008. Life expectancy was calculated for ward level by Oxfordshire PCT using a LIFE EXPECTANCY TEMPLATE produced by South East Public Health Observatory.	Mortality: ONS Annual District Death Extract 2004, 2005, 2006, 2007, 2008; Population: Oxfordshire County Council ward population estimates (2009 release); Calculator: SEPHO life expectancy calculator	Years	2004-2008
Burden02.02	Life expectancy at age 65 (in years)	Life expectancy at age 65 (in years) using pooled data for 2004-2008. Life expectancy was calculated for ward level by Oxfordshire PCT using a LIFE EXPECTANCY TEMPLATE produced by South East Public Health Observatory.	Mortality: ONS Annual District Death Extract 2004, 2005, 2006, 2007, 2008; Population: Oxfordshire County Council ward population estimates (2009 release); Calculator: SEPHO life expectancy calculator	Years	2004-2008
Burden08.01	GP recorded prevalence for persons aged 17 and over-diabetes	Percentage of GP registered population aged 17 years and over with coded diagnosis of diabetes mellitus.	NHS Information Centre	Percent	2008/09

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Burden08.02	Predicted versus known prevalence for persons aged 17 and over - diabetes	Ratio of reported prevalence of diabetes mellitus against the predicted prevalence of diabetes mellitus. Persons aged 17 and over only. Expected prevalence was calculated for each practice using the rates as follows persons aged 0-29: 0.34% persons aged 30-59: 3.66% persons aged 60+: 14.33% These rates were provided by Yorkshire and Humber Public Health Observatory. Note: This was included for crude benchmark only. Ethnicity and deprivation, which are major determinants of diabetes, were not taken into account when calculating expected prevalence.	NHS Comparators	Ratio	2008/09
Burden09.01	Mortality rates (Crude) - persons aged under 75 years, all circulatory diseases	Crude rates per 1,000 population (persons aged under 75) - based on the number of deaths due to all circulatory diseases (ICD10: I00 - I99). Calculated using pooled calendar years 2006-2008.	Mortality: ONS Annual District Death Extract 2006, 2007, 2008; Population: Oxfordshire County Council ward population estimates (2009 release)	per 1000 population aged under 75	2006-2008
Burden09.01.99	Mortality rates (Directly standardised) - persons aged under 75 years, all circulatory diseases	Directly standardised rates per 100,000 European standard population (persons aged under 75) - based on the number of deaths due to all circulatory diseases (ICD10: I00 - I99). Calculated using pooled calendar years 2006-2008.	National Centre for Health Outcome Development (NCHOD) Ward level: ONS Annual District Death Extract 2006, 2007, 2008; Oxfordshire County Council ward population estimates (2009 release)	Directly Standardised Rate per 100,000	2006-2008
Burden10.01	Mortality rates (Crude) - persons of all ages, Coronary Heart Disease (CHD)	Crude rates per 1000 - based on the number of deaths from coronary heart disease (CHD) (all ages). Calculated using pooled calendar years 2006-2008.	Mortality: ONS Annual District Death Extract 2006, 2007, 2008; Population: Oxfordshire County Council ward population estimates (2009 release)	per 1000 population	2006-2008

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Burden10.01.99	Mortality rates (Directly standardised) - persons of all ages, Coronary Heart Disease (CHD)	Directly standardised rates per 100,000 European standard population (all ages) - based on the number of deaths from coronary heart disease (CHD) (all ages). Calculated using pooled calendar years 2006-2008.	National Centre for Health Outcome Development (NCHOD) Ward level: ONS Annual District Death Extract 2006, 2007, 2008; Oxfordshire County Council ward population estimates (2009 release)	Directly Standardised Rate per 100,000	2006-2008
Burden10.02.99	Mortality rates (Directly standardised) - persons aged under 75, Coronary Heart Disease (CHD)	Directly standardised rates per 100,000 European standard population (persons aged under 75) - based on the number of deaths from coronary heart disease (CHD) (all ages). Calculated using pooled calendar years 2006-2008.	National Centre for Health Outcome Development (NCHOD) Ward level: ONS Annual District Death Extract 2006, 2007, 2008; Oxfordshire County Council ward population estimates (2009 release)	Directly Standardised Rate per 100,000	2006-2008
Burden11.01	GP recorded prevalence (all ages) - Coronary Heart Disease (CHD)	Percentage of GP registered population (all ages) with coded diagnosis of coronary heart disease (CHD).	NHS Information Centre	Percent	2008/09
Burden11.02	Predicted versus known prevalence (all ages) - Coronary Heart Disease (CHD)	Ratio of reported patients (all ages) with a diagnosis of coronary heart diseases against expected number of patients with a diagnosis of coronary heart disease. Expected number of patients were derived using expected prevalence provided by ERPHO. Details of the model used by ERPHO can be found at http://www.erpho.org.uk/viewResource.aspx?id=17922	NHS Comparators	Ratio	2008/09
Burden12.01	Hospital Admission rates (Crude) - persons of all ages, Coronary Heart Disease (CHD)	Crude rates per 1000 population - based on the number of admissions due to coronary heart disease (ICD10: I10 - I25), all ages. Calculated using admission data for 2008/09 and population for 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	Spells per 1,000 population	2008/09

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Burden12.01.99	Hospital Admission rates (Directly Standardised) - All ages, Coronary Heart Disease (CHD)	Directly standardised rates per 100,000 European standard population (all ages) - based on the number of admissions due to coronary heart disease (ICD10: I10 - I25). Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	Directly Standardised Rate per 100,000	2006/07-2008/09
Burden12.02.99	Hospital Admission rates (Directly Standardised) - 65 years and over, Coronary Heart Disease (CHD)	Directly standardised rates per 100,000 European standard population aged 65 years and over - based on the number of admissions due to coronary heart disease (ICD10: I10 - I25). Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	Directly Standardised Rate per 100,000	2006/07-2008/09
Burden12.03.99	Hospital Admission rates (Directly Standardised) - persons aged under 75 years, Coronary Heart Disease (CHD)	Directly standardised rates per 100,000 European standard population aged under 75 years - based on the number of admissions due to coronary heart disease (ICD10: I10 - I25). Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	Directly Standardised Rate per 100,000	2006/07-2008/09
Burden13.01	Hospital Admission rates (Crude) - persons of all ages, cardiac revascularisation	Crude rates per 1000 population - based on the number of admissions for cardiac revascularisation (OPCS 4: K40 - K46, K49, K75, K50.1), all ages. Calculated using admission data for 2008/09 and population for 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	Spells per 1,000 population	2008/09

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Burden13.01.99	Hospital Admission rates (Directly Standardised) - persons of all ages, cardiac revascularisation	Directly Standardised rates per 100,000 European standard population (all ages) - based on the number of admissions for cardiac revascularisation (OPCS 4: K40 - K46, K49, K75, K50.1). Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	Directly Standardised Rate per 100,000	2006/07-2008/09
Burden13.02.99	Hospital Admission rates (Directly Standardised) - persons aged 65 years and over, cardiac revascularisation	Directly Standardised rates per 100,000 European standard population aged 65 years and over - based on the number of admission for cardiac revascularisation (OPCS 4: K40 - K46, K49, K75, K50.1). Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	Directly Standardised Rate per 100,000	2006/07-2008/09
Burden13.03.99	Hospital Admission rates (Directly Standardised) - persons aged under 75 years, cardiac revascularisation	Directly Standardised rates per 100,000 European standard population aged under 75 years - based on the number of admission for cardiac revascularisation (OPCS 4: K40 - K46, K49, K75, K50.1). Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	Directly Standardised Rate per 100,000	2006/07-2008/09

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Burden14.01	Mortality rates (Crude) - persons of all ages, stroke	Crude rates per 1000 population - based on the number of deaths from stroke (ICD10: I60 - I69), all ages. Calculated using pooled calendar years 2006-2008.	Mortality: ONS Annual District Death Extract 2006, 2007, 2008; Population: Oxfordshire County Council ward population estimates (2009 release)	Deaths per 1,000 population	2006-2008
Burden14.01.99	Mortality rates (Directly standardised) - persons of all ages, stroke	Directly standardised rates per 100,000 European standard population - based on the number of deaths from stroke (ICD10: I60 - I69), all ages. Calculated using pooled calendar years 2006-2008.	National Centre for Health Outcome Development (NCHOD) Ward level: ONS Annual District Death Extract 2006, 2007, 2008; Oxfordshire County Council ward population estimates (2009 release)	Directly Standardised Rate per 100,000	2006-2008
Burden14.02.99	Mortality rates (Crude) - persons aged under 75 years, stroke	Directly standardised rates per 100,000 European standard population - based on the number of deaths from stroke (ICD10: I60 - I69), all ages. Calculated using pooled calendar years 2006-2008.	National Centre for Health Outcome Development (NCHOD) Ward level: ONS Annual District Death Extract 2006, 2007, 2008; Oxfordshire County Council ward population estimates (2009 release)	Directly Standardised Rate per 100,000	2006-2008
Burden15.01	Crude rates for hospital admissions - persons of all ages, stroke	Crude rates per 1000 population - based on the number of admissions due to stroke (ICD10: I60 - I60), all ages. Calculated using admission data for 2008/09 and population for 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	Spells per 1,000 population	2008/09

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Burden15.01.99	Hospital Admission rates (Directly Standardised) - persons of all ages, stroke	Directly Standardised rates per 100,000 European standard population (all ages) - based on the number of admissions due to stroke (ICD10: I60 - I60). Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	Directly Standardised Rate per 100,000	2006/07-2008/09
Burden15.02.99	Hospital Admission rates (Directly Standardised) - persons aged 65 years and over, stroke	Directly Standardised rates per 100,000 European standard population aged 65 years and over - based on the number of admissions due to stroke (ICD10: I60 - I60). Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	Directly Standardised Rate per 100,000	2006/07-2008/09
Burden15.03.99	Hospital Admission rates (Directly Standardised) - persons aged under 75 years, stroke	Directly Standardised rates per 100,000 European standard population aged under 75 years - based on the number of admissions due to stroke (ICD10: I60 - I60). Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	Directly Standardised Rate per 100,000	2006/07-2008/09
Burden16.01	Mortality rates (Crude) - persons aged under 75 years, all cancers	Crude rate per 1000 population aged under 75 - based on the number of deaths from all cancers (ICD10: C00 - C97) amongst persons aged under 75. Calculated using pooled calendar years 2006-2008.	Mortality: ONS Annual District Death Extract 2006, 2007, 2008; Population: Oxfordshire County Council ward population estimates (2009 release)	Deaths per 1000 population under 75 years	2006-2008

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Burden16.01.99	Mortality rates (Directly Standardised) - persons aged under 75 years, all cancers	Directly standardised rate per 100,000 European standard population people aged under 75 - based on the number of deaths from all cancers (ICD10: C00 - C97) to people aged under 75. Calculated using pooled calendar years 2006-2008.	National Centre for Health Outcome Development (NCHOD) Ward level: ONS Annual District Death Extract 2006, 2007, 2008; Oxfordshire County Council ward population estimates (2009 release)	Directly Standardised Rate per 100,000	2006-2008
Burden17	GP recorded prevalence (all ages) - all cancers	Percentage of GP registered population (all ages) with coded diagnosis of cancer excluding non-melanotic skin cancers.	NHS Information Centre	Percent	2008/09
Burden18.01	Mortality rates (Crude) - persons of all ages, Chronic Obstructive Pulmonary Diseases (COPD)	Crude rate per 1000 population - based on the number of deaths from chronic obstructive pulmonary disease (COPD) (ICD10: J40 - J44), all ages. Calculated using pooled calendar years 2006-2008.	Mortality: ONS Annual District Death Extract 2006, 2007, 2008; Population: Oxfordshire County Council ward population estimates (2009 release)	Deaths per 1,000 population	2008/09
Burden18.01.99	Mortality rates (Directly Standardised) - persons of all ages, Chronic Obstructive Pulmonary Diseases (COPD)	Directly Standardised rates per 100,000 European standard population (all ages) - based on the number of deaths from chronic obstructive pulmonary disease (COPD) (ICD10: J40 - J44), all ages. Calculated using pooled calendar years 2006-2008.	National Centre for Health Outcome Development (NCHOD) Ward level: ONS Annual District Death Extract 2006, 2007, 2008; Oxfordshire County Council ward population estimates (2009 release)	Directly Standardised Rate per 100,000	2006-2008

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Burden18.02.99	Mortality rates (Directly Standardised) - persons aged under 75, Chronic Obstructive Pulmonary Diseases (COPD)	Directly Standardised rates per 100,000 European standard population (aged under 75 years) - based on the number of deaths from chronic obstructive pulmonary disease (COPD) (ICD10: J40 - J44), all ages. Calculated using pooled calendar years 2006-2008.	National Centre for Health Outcome Development (NCHOD) Ward level: ONS Annual District Death Extract 2006, 2007, 2008; Oxfordshire County Council ward population estimates (2009 release)	Directly Standardised Rate per 100,000	2006-2008
Burden19.01	GP recorded prevalence - persons of all ages, Chronic Obstructive Pulmonary Disease (COPD)	Percentage of GP registered population (all ages) with coded diagnosis of chronic obstructive pulmonary diseases.	NHS Information Centre	Percent	2008/09
Burden19.02	Predicted versus known prevalence (all ages) - Chronic Obstructive Pulmonary Disease (COPD)	Ratio of reported patients (all ages) with a diagnosis of coronary heart diseases against expected number of patients with a diagnosis of coronary heart disease. Expected number of patients were derived using expected prevalence provided by ERPHO. Details of the COPD model used by ERPHO can be found at http://www.erpho.org.uk/viewResource.aspx?id=18026	NHS Comparators	Ratio	2008/09
Burden27.01	Crude rates for Hospital Admissions - persons of all ages, fractured neck of femur	Crude rate per 1000 population (all ages) - hospital admissions caused by fractured neck of femur (ICD10: S72.0, S72.1, S72.2). Calculated using admission data for 2008/09 and population for 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	per 1000	2008/09

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Burden27.01.99	Hospital Admission rates (Directly Standardised) - all ages, fractured neck of femur	Directly Standardised rates per 100,000 European standard population (all ages) - based on the number of hospital admissions caused by fractured neck of femur (ICD10: S72.0, S72.1, S72.2). Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admission: SUS data; Population: Oxfordshire County Council ward population estimates 2009 release	Directly Standardised Rate per 100,000	2006/07-2008/09
Burden27.02.99	Hospital Admission rates (Directly Standardised) - 65 years and over, fractured neck of femur	Directly Standardised rate per 100,000 European standard population aged 65 years and over - based on the number of hospital admissions caused by fractured neck of femur (ICD10: S72.0, S72.1, S72.2). Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admission: SUS data; Population: Oxfordshire County Council ward population estimates 2009 release	Directly Standardised Rate per 100,000	2006/07-2008/09
Burden27.03.99	Hospital Admission rates (Directly Standardised) - 65 years and over, fractured neck of femur	Directly Standardised rate per 100,000 European standard population aged under 75 years - based on the number of hospital admissions caused by fractured neck of femur (ICD10: S72.0, S72.1, S72.2). Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admission: SUS data; Population: Oxfordshire County Council ward population estimates 2009 release	Directly Standardised Rate per 100,000	2006/07-2008/09
Burden30	Crude rates for emergency hospital admissions - under 18 years old, unintentional and deliberate injury	Crude rate per 10,000 population aged under 18 years - emergency hospital admissions caused by unintentional or deliberate injuries (ICD10: V01 - Y98, excluding X33 - X39 and X52) to children and young people aged under 18. Calculated using admission data for 2008/09 and population for 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	per 10,000	2008/09

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Burden31.01	Crude rates for hospital admission - all ages, hip and knee replacement	Crude rate per 1000 - hospital admissions for hip and knee replacement (OPCS4: W37 - W42, W46 - W48), all ages. Calculated using admission data for 2008/09 and population for 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	per 1000	2008/09
Burden31.01.99	Crude rates for hospital admission - all ages, hip and knee replacement	Directly Standardised rates per 100,000 European standard population (all ages) - hospital admissions for hip and knee replacement (OPCS4: W37 - W42, W46 - W48), all ages. Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	per 1000	2008/09
Burden31.02.99	Crude rates for hospital admission - all ages, hip and knee replacement	Directly Standardised rate per 100,000 European standard population aged 65 years and over - hospital admissions for hip and knee replacement (OPCS4: W37 - W42, W46 - W48), all ages. Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	per 1000	2008/09
Burden31.03.99	Crude rates for hospital admission - all ages, hip and knee replacement	Directly Standardised rate per 100,000 European standard population aged under 75 years - hospital admissions for hip and knee replacement (OPCS4: W37 - W42, W46 - W48), all ages. Calculated using pooled financial years 2006/07 - 2008/09 admissions and population for 2006, 2007 and 2008.	Number of Admissions: SUS data; Population: Oxfordshire County Council ward population estimates (2009 release).	per 1000	2008/09
Burden33	Infant mortality rate under one year of age	Infant mortality rate aged under 1 year of age per 1000 live births. Calculated using pooled calendar years 2005-2007.	National Centre for Health Outcome Development (NCHOD)	Per 1000 live births	2006-2008

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Burden34	Mortality rate (Directly Standardised) - all causes amenable to healthcare, all ages	Directly standardised rates per 100,000 European Standard Population - based on the number of deaths due to all causes considered amenable to healthcare. Calculated using pooled calendar years 2005-2007. Updated in September 2010.	National Centre for Health Outcome Development (NCHOD)	Directly Standardised Rate per 100,000	2006-2008
Burden35	Mortality rate (Directly Standardised) - deaths attributable to smoking amongst persons aged 35 years and over	Directly standardised rates per 100,000 European Standard Population - based on the estimated number of deaths attributable to smoking. Amongst persons aged 35 years and over only. Calculated using pooled calendar years 2004-2006. Updated in September 2010.	Health Profiles, Association of Public Health Observatory (APHO)	Directly Standardised Rate per 100,000	2004-2006
Burden42	Estimated prevalence of dementia amongst persons aged 65 and over	Percentage of the population aged 65 and above with a diagnosis of dementia. Taken from the 2005 Dementia Prevalence Survey.	The Alzheimer's Society Dementia Prevalence Survey 2005	Percent	2005
Burden43	Mortality rates (Directly Standardised) - suicide and injury undetermined, all ages	Directly age/sex standardised mortality rates from suicide and injury undetermined per 100,000 European standard population - all ages. Deaths from intentional self-harm and injury undetermined whether accidentally or purposely inflicted (ICD10: X60-X84, Y10-Y34, excluding Y33.9). Calculated using pooled calendar years 2005-2007.	National Centre for Health Outcome Development (NCHOD)	Directly Standardised Rate per 100,000	2006-2008
Burden45.01	People killed or seriously injured on roads	Percentage of the people killed or seriously injured on roads. Calendar year 2007.	Number killed or seriously injured: Department for Transport; Population: Oxfordshire County Council ward population estimates 2007 (scaled)	Percent	2007

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Burden45.02	Children aged 16 years and under killed or seriously injured on roads	Percentage of the population aged 16 years and under killed or seriously injured on roads. Calendar year 2007.	Number killed or seriously injured: Department for Transport; Population: Oxfordshire County Council ward population estimates 2007 (scaled)	Percent	2007
Burden47	Low birth weight (under 2500g) babies	Live and stillborn infants with low birth weights (under 2500 grams) as a percentage of all live and stillborn infants with a stated birth weight. Calendar year 2007.	National Centre for Health Outcome Development (NCHOD)	Percentage of live and stillborn infants	2007
Burden49	Units of dental activity performed per 100,000 population	Units of dental activity performed per 100,000 population. Financial year 2007/08.	Department of Health 2007/08	Units per 100,000 population	2008/09
Burden50	GP recorded prevalence - people with a diagnosis of dementia	Percentage of GP registered population (all ages) with coded diagnosis of dementia. Financial year 2007/08. Updated in September 2010.	NHS Information Centre; Calculator: GP to ward mapping tool (CHKS)	Percent	2008/09
Burden51	Prevalence - people registered with schizophrenia, bipolar disorder and psychoses	Percentage of GP registered patients who are registered with schizophrenia, bi-polar disorder and psychoses. Financial year 2007/08. Updated in September 2010.	NHS Information Centre; GP to ward mapping tool (CHKS)	Percent	2008/09
Children01	First time entrants to the Youth Justice System	First time entrants to the Youth Justice System aged 10–17 as a percentage of all people aged 10-17	Youth service population GLA 10-17	Percent	2008/09
Children02.01	Special educational needs action plus	Action plus for Special educational needs	School Census	Percent	2009
Children02.02	Special educational needs - statement	Statement for Special educational needs	School Census	Percent	2009

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Children03	CAMHS/ Mental Health	Percentage of children accessing mental health services	Childrens social care	Percent	2007/08
Children04.01	Children's ethnicity	BAME (Black, Asian, Minority Ethnic) pupils as a % of total at School Census	School survey	Percent	2009
Children04.02	Children's first language not English	Percent of pupils for whom English is not first language at school Census	School survey	Percent	2009
Children05.01.01	F1 attainment results - all measures	Foundation Stage attainment results. Children reaching a 78 point cut-off and agreed set of minimum profiles scores in selected categories as a percentage of all results.	CYPF	Percent	2009
Children05.01.02	F1 attainment results - Communication, Language and Literacy	Foundation Stage attainment results. Children reaching a score 6+ in Communication, Language and Literacy as a percentage of all results.	CYPF	Percent	2008
Children05.01.03	F1 attainment results - percentage	Foundation Stage attainment results. Children reaching a 78 point cut-off as a percentage of all results.	CYPF	Percent	2008
Children05.01.04	F1 attainment results - Personal, Social and Emotional development	Foundation Stage attainment results. Children reaching a score 6+ in Personal, Social and Emotional development as a percentage of all results.	CYPF	Percent	2008
Children05.02.01	KS1 attainment - Maths	The percentage of children taking key stage 1 tests reaching 2A or above in Maths	CYPF	Percent	2009
Children05.02.02	KS1 attainment - Reading	The percentage of children taking key stage 1 tests reaching 2A or above in Reading	CYPF	Percent	2009
Children05.02.03	KS1 attainment - Writing	The percentage of children taking key stage 1 tests reaching 2A or above in Writing	CYPF	Percent	2009
Children05.03.01	KS2 attainment - English	The percentage of children taking key stage 2 tests reaching 4 or above in English	CYPF	Percent	2009

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Children05.03.02	KS2 attainment - Maths	The percentage of children taking key stage 2 tests reaching 4 or above in Maths	CYPF	Percent	2009
Children05.03.02	KS2 attainment - English and Maths	The percentage of children taking key stage 2 tests reaching 4 or above in English and Maths	CYPF	Percent	2009
Children05.04	KS4 - 5 A* to C GCSEs	percentage of pupils getting 5 or more GCSEs at grade A* to C	CYPF	Percent	2009
Children05.04.01	KS4 - 5 A* to C GCSEs including mathematics and English	percentage of pupils getting 5 or more GCSEs at grade A* to C including English and Maths	CYPF	Percent	2009
Children07	People aged 16 to 18 not in education, employment or training (NEET)	16 to 18 yrs not in education, employment or training (NEET). NEET scores (at a suitable month during year).	Connection service	Percent	2009
Children08	Child projection registrations	Children protection registrations	Children's Social Care	per 10,000	2008/9
Children09	Number of looked after children	Number of Looked after children	Children's Social Care	Percent	2008/9
Children10	Health of looked after children	Health of looked after children	Children's social care	Percent	2008/9
Children11	Children living with one parent	percentage of households with dependent children that are lone parent households with dependent children	Census	Percent	2001
Children12	Young people's participation in positive activities	Youth service participation as percentage of total youth population 8-19	CYPF	Percent	2007/08
Children13	Stability of placements of looked after children: number of moves	Stability of placements of looked after children: number of moves	Children's Social Care	Percent	2007/08

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Children14	Children eligible for free school meals	Free school meals from school census	School Census	Percent	2009
Demog01.01 - Demog01.18	Population estimates for 5 year age bands	Local population estimates for people aged 0-5, 6-10, etc. 2010 update, data relates to 2008	Population from ONS/GLA - Oxfordshire local population forecasts		2008
Demog02	Projected change in populations - 3 years time	Total population in 3 years as a percentage of the current population. 2010 update, data relates to 2008	GLA/ ONS		2008
Demog03	Projected change in populations - 5 years time	total population in 5 years as a percentage of the current population	GLA/ ONS		2008
Demog04.02	Current births	Estimated number of 0 years of age children	GLA/ ONS		2008
Demog05	Projected birth rates	total birth rates in 5 years as a percentage of the current birth rates	GLA/ ONS - Local population projections	Index	2008
Demog06.01	Total population aged 65+	Percentage of the total population that are over 65. 2010 update, data relates to 2008	GLA/ ONS	Percent	2008
Demog06.02	Proportion of over 65s who are male	percentage of the total population that are over 65 males	GLA/ ONS - Local population projections	Percent	2008
Demog06.03	Proportion of over 65s who are female	percentage of the total population that are over 65 females	GLA/ ONS - Local population projections	Percent	2008
Demog07.01	Aged 65+, male five-year projection	total population in 5 years as a percentage of the current population for over 65s males	GLA/ ONS - Local population projections		2008
Demog07.02	Aged 75+, male five-year projection	total population in 5 years as a percentage of the current population for over 75s males	GLA/ ONS - Local population projections		2008
Demog07.03	Aged 85+, male five-year projection	total population in 5 years as a percentage of the current population for over 85s male	GLA/ ONS - Local population projections		2008
Demog08.01	Aged 65+, female five-year projection	total population in 5 years as a percentage of the current population for over 65s females	GLA/ ONS - Local population projections		2008
Demog08.02	Aged 75+, female five-year projection	total population in 5 years as a percentage of the current population for over 75s females	GLA/ ONS - Local population projections		2008

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Demog08.03	Aged 85+, female five-year projection	total population in 5 years as a percentage of the current population for over 85s females	GLA/ ONS - Local population projections		2008
Demog09.01	Ages 65+, five-year population projection	total population in 5 years as a percentage of the current population for over 65s	GLA/ ONS - Local population projections		2008
Demog09.02	Ages 75+, five-year population projection	total population in 5 years as a percentage of the current population for over 75s	GLA/ ONS - Local population projections		2008
Demog09.03	Ages 85+, five-year population projection	total population in 5 years as a percentage of the current population for over 85s	GLA/ ONS - Local population projections		2008
Demog10	BME population	Percentage of population that is from a non-white ethnicity	Census 2001 - Office for National Statistics	Percent	2001
Demog12	Child population (under 18s)	0-17 aged population as a percentage of all ages	GLA/ ONS - Local population projections		2008
Demog13.01	Prevalence - Limiting Long Term Illness, all ages	Proportion of the population living with a Limiting Long Term Illness (all ages) taken from the 2001 census data. Limiting long-term illness or disability which restricts daily activities is calculated from a 'Yes' response to the question in the 2001 Census: 'Do you have any long-term illness, health problem or disability which limits your activities or the work you can do?'	ONS Census 2001	Percent	2001
Demog13.02	Prevalence - Limiting Long Term Illness, under 20 years old	Proportion of the population living with a Limiting Long Term Illness (under 20 years old).	Census 2001 - Office for National Statistics	Percent	2001
Demog13.03	Prevalence - Limiting Long Term Illness, 65 years old and over	Proportion of the population living with a Limiting Long Term Illness (65 years and older).	Census 2001 - Office for National Statistics	Percent	2001
Demog14	Rural/urban classification	The new urban/rural indicator in the Labour Force Survey	ONS		2004
Lifestyle01.01	GP recorded prevalence of smoking amongst those aged 16 years and over	Percentage of GP registered population aged 16 years and over who have a smoking status recorded in the past 15 months who are recorded as being a smoker. Financial year 2007/08. Updated in September 2010.	GP clinical systems	Percent	2008/09

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Lifestyle01.03	Percentage of people who have quit smoking	Percentage of GP registered population aged 16 years and over who have successfully quit smoking after attending a NHS four week smoking cessation service. Financial year 2007/08. Updated in September 2010.	NHS Smoking Cessation Services	Percent	2008/09
Lifestyle01.04	Prevalence - mothers recorded as being a smoker at time of delivery	Percentage of new mothers known to be a smoker at time of delivery. Financial year 2007/08.	Department of Health Vital Signs Monitoring	Percentage of maternities	2008/09
Lifestyle03	Prevalence of breastfeeding at 6-8 weeks from birth	Percentage of infants who were partially or totally breastfed at 6-8 weeks. Partially breastfed refers to mothers using a combination of breast milk and formula milk. Financial year 2007/08. Updated in September 2010.	Department of Health Vital Signs Monitoring	Percent	2008/09
Lifestyle05	Modelled estimates of binge drinking	Modelled estimates of the percentage of the population aged 16 years and over who binge drink. Modelled using 2003-2005 Health Statistics for England (HSfE) in combination with census/administrative data. "The healthy lifestyle measure for binge drinking was generated from the data collected in the HSfE about the quantities of all the different types of alcoholic drinks (beer, wine, spirits, sherry and Alco pops) consumed on a respondent's heaviest drinking day in the previous week. These measures were combined to give the number of units of alcohol consumed on the heaviest drinking day. Binge drinking was then defined separately for men and women: men were defined as having indulged in binge drinking if they had consumed 8 or more units of alcohol on the heaviest drinking day in the previous seven days; for women the cut-off was 6 or more units of alcohol. Of the 28,662 adults in the 2003-2005 HSfEs, 5,231 (18%) were defined to have indulged in binge drinking", NHS information centre, December 2007.	NHS Information Centre	Percent	2003/05

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Lifestyle09.01	GP recorded prevalence - hypertension, all ages	Percentage of GP registered population (all ages) with coded diagnosis of hypertension. Financial year 2007/08. Updated in September 2010.	NHS Information Centre	Percent	2008/09
Lifestyle09.02	Predicted versus known prevalence - hypertension, all ages	Ratio of number of reported patients with a diagnosis of hypertension against expected number of patients with a diagnosis of hypertension. Expected number of patients are derived by applying national age/sex specific rates to GP practice list size data. Financial year 2007/08. Updated in September 2010.	NHS Comparators	Index	2008/09
Lifestyle10.01	GP recorded prevalence - obesity amongst persons aged 16 and over	Percentage of patients coded as obese amongst GP registered population aged 16 years and over. Financial year 2007/08. Updated in September 2010.	NHS Information Centre	Percent	2008/09
Lifestyle10.02	Predicted versus known prevalence - obesity amongst persons aged 16 and over	Ratio of number of people reported as obese against expected number of people reported as obese. Persons aged 16 and over only. Expected number of patients are derived by applying national age/sex specific rates to GP practice list size data. Financial year 2007/08. Updated in September 2010.	NHS Comparators	Index	2008/09
Lifestyle11.01	Prevalence survey - obesity amongst reception year children	Percentage of reception year children recorded as obese - measured as part of the National Child Measurement Programme. Financial year 2007/08.	NHS Information Centre 2007 report of the National Child Measurement programme	Percent	Ac Yr 2008/09
Lifestyle11.02	Prevalence survey - obesity amongst school year 6 children	Percentage of year 6 children recorded as obese - measured as part of the National Child Measurement Programme . Financial year 2007/08.	NHS Information Centre 2007 report of the National Child Measurement programme	Percent	Ac Yr 2008/09

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Services02	Adult Social Care referrals	the percentage of adult social care referrals as a percentage of the area total population	RAP table R3 (DH statutory return)	Percent	2008/9
Services03.01	Number - nursing care clients	The percentage of the total population who are in a nursing home placement (not including out of county placements)	SR1(DH statutory return)	Percent	2008/9
Services03.02	Number - residential care clients	The percentage of the total population who are in a nursing home placement (not including out of county placements)	SR1(DH statutory return)	Percent	2008/9
Services03.03	Number - all residential and nursing placements	Percentage of the whole population who have been admitted to care homes	RAP table P1 (DH statutory return). Population from ONS/GLA	Percent	2008/2009
Services06	Number - home support	Percentage of the whole population who are receiving home support from adult social care	RAP table P1 (DH statutory return). Population from ONS/GLA	Percent	2008/2009
Services07	Number - clients receiving community equipment	Percentage of the whole population who are receiving equipment from adult social care	RAP table P1 (DH statutory return). Population from ONS/GLA	Percent	2008/2009
Services09	Number - carers known to social services	Percentage of the whole population who have received a social care assessment as a carer (or jointly with a client)	Adult social care client database	Percent	2008/2009
Services10	Number - over 65s physical disability, frailty and sensory impairment clients	Percentage of over 65s in Oxfordshire who are adult social care users with a physical disability	RAP table P1 (DH statutory return). Population from ONS/GLA	Percent	2008/2009
Services11	Number - over 65s physical disability, frailty and sensory impairment clients (community based)	Percentage of over 65s who are adult social care users with a Physical disability and who receive community-based services	RAP table P1 (DH statutory return). Population from ONS/GLA	Percent	2008/2009
Services12	Number - 18-64s physical disability, frailty and sensory impairment clients	Percentage of over 18 who are adult social care users with a Physical disability	RAP table P1 (DH statutory return). Population from ONS/GLA	Percent	2008/2009

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Services13	Number - All PD clients (community based)	Percentage of over 18 who are adult social care community based service users with a Physical disability and who receive community-based services	RAP table P1 (DH statutory return). Population from ONS/GLA	Percent	2008/2009
Services14	Number - over 65s learning disabled clients	Percentage of over 65 who are adult social care service users with a Learning disability	RAP table P1 (DH statutory return). Population from ONS/GLA	per 1000	2008/2009
Services15	Number - over 65s learning disabled clients (community based)	Percentage of over 65 who are adult social care service users with a Learning disability and who receive a community-based service	RAP table P1 (DH statutory return). Population from ONS/GLA	per 1000	2008/2009
Services16	Number - All LD clients	Percentage of over 18 who are adult social care service users with a Learning disability	RAP table P1 (DH statutory return). Population from ONS/GLA	per 1000	2008/2009
Services17	Number - All LD clients with community based services	Percentage of over 18 who are adult social care community based service users with a Learning disability	RAP table P1 (DH statutory return). Population from ONS/GLA	per 1000	2008/2009
Services18	Number - over 65s mental health clients	Percentage of over 65 who are adult social care service users with a Mental health problem	RAP table P1 (DH statutory return). Population from ONS/GLA	per 1000	2008/2009
Services19	Number - over 65 mental health clients (community based)	Percentage of over 65 who are adult social care service users with a Mental health problem and who receive a community-based service	RAP table P1 (DH statutory return). Population from ONS/GLA	per 1000	2008/2009
Services20	Number - All MH clients	percentage of over 18 who are adult social care service users with a Mental health problem	RAP table P1 (DH statutory return). Population from ONS/GLA	per 1000	2008/2009
Services21	Number - All MH clients (community based)	Percentage of over 18 who are adult social care community-based service users with a Mental health problem	RAP table P1 (DH statutory return). Population from ONS/GLA	per 1000	2008/2009
Services31	People supported to live independently through social services	Total number of people receiving community based adult social care as a percentage of the adult population	RAP table P1 (DH statutory return). Population from ONS/GLA	per 1000	2008/2009

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Services33	Number - supported living	The number of people in Supported living settings as a percentage of the total population	RAP table P2f (DH statutory return)	Percent	2008/9
Services36	Number - carers receiving direct payments	The number of carers receiving direct payments as a percentage of the adult population	PSSEX1 (DH statutory return)	per 1000	2008/9
Services37.01	Cervical screening - uptake amongst women aged 25 to 64	Percentage of eligible women aged 25 to 64 (practice population) with an adequate cervical screening test in the last three years. 1st April 2005 Up to 31st March 2008. Updated in September 2010.	Primary Care Information Systems, Exeter 2008	Percent	2008/09
Services37.02	Cervical screening - women aged 25 to 64 who have never been screened	Percentage of eligible women aged 25 to 64 (practice population) with no record of a cervical screening test. Up to 31st March 2008. Updated in September 2010.	Primary Care Information Systems, Exeter 2008	Percent	2008/09
Services39.01	Flu Immunisation uptake over 65 years old	Percentage of GP registered population aged over 65 years immunised with the flu vaccination. Financial year 2007/08. Updated in September 2010.	Flu Vaccine Survey 2007/08 HPA	Percent	2008/09
Services39.02	Flu Immunisation uptake at risk population	Percentage of GP registered at-risk population (under 65 years) immunised with the flu vaccination. At-risk population is defined as those patients who have asthma, chronic obstructive pulmonary disease (COPD), coronary heart disease (CHD), diabetes, chronic renal disease, liver disease, stroke/TIA, and immunosuppression due to disease or medicine. Financial year 2007/08. Updated in September 2010.	Flu Vaccine Survey 2007/08 HPA	Percent	2008/09

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Services41.01	Pneumococcal vaccine annual coverage over 65	Percentage of GP registered population aged over 65 years immunised with the pneumococcal vaccination during the financial year 2007/08. Updated in September 2010.	PPV Vaccine Survey 2007/08 HPA	Percent	2008/09
Services41.02	Pneumococcal vaccine total uptake over 65	Percentage of GP registered population aged over 65 years immunised with the pneumococcal vaccination at any time up to the 31st March 2008. Updated in September 2010.	PPV Vaccine Survey 2007/08 HPA	Percent	2008/09
Services43.01	Breast screening uptake in last 3 years amongst women aged 50 to 73	Percentage of GP registered population aged 50-73 years up taking breast screening in the last three years. 1st April 2005 up to 31st March 2008. Updated in September 2010.	Primary Care Information Systems, Exeter 2007/08	Percent	2008/09
Services43.02	Breast screening - women aged 50-73 not screened in the last 3 years	Percentage of GP registered population aged 50-73 years NOT up taking breast screening in the last three years. 1st April 2005 up to 31st March 2008. Updated in September 2010.	Primary Care Information Systems, Exeter 2007/08	Percent	2008/09
Services45	Uptake for MMR vaccine in children aged 2 years old	Uptake rate for MMR vaccine amongst children who become 2 years of age between 1st April 2007 and 31st March 2008. Updated in September 2010.	Vaccinated 2007/08	Percent	2008/09
Social03.01	Housing tenure - % owns outright	Number of households that are owned outright as a percentage of total households	Census 2001 - Office for National Statistics	Percent	2001
Social03.02	Housing tenure - % owns with a mortgage or loan	Number of households that are owned with a mortgage or loan as a percentage of total households	Census 2001 - Office for National Statistics	Percent	2001
Social03.03	Housing tenure - % owner occupied - shared ownership	Number of households that are shared ownership as a percentage of total households	Census 2001 - Office for National Statistics	Percent	2001

Indicator Code	Indicator title	Description	Source	Unit	Coverage temporal
Social03.04	Housing tenure - % rented from council/local authority	Number of households that are rented from local authorities/councils as a percentage of total households	Census 2001 - Office for National Statistics	Percent	2001
Social03.05	Housing tenure - % rented from housing association/registered social landlord	Number of households that are rented from housing association/registered as a percentage of total households	Census 2001 - Office for National Statistics	Percent	2001
Social03.06	Housing tenure - % rented from private landlord	Number of households that are rented from private landlord as a percentage of total households	Census 2001 - Office for National Statistics	Percent	2001
Social03.07	Housing tenure - % rented from private landlord	Number of households that are rented from private landlord as a percentage of total households	Census 2001 - Office for National Statistics	Percent	2001
Social03.08	Housing tenure - % rented from private landlord	Number of households that are rented from private landlord as a percentage of total households	Census 2001 - Office for National Statistics	Percent	2001
Social05	Elderly living alone	The households with a single pensioner resident as a percentage of the number of households	Census 2001 - Office for National Statistics	Percent	2001
Social06	Older people living without central heating	Numbers of older people living without central heating	Census 2001 - Office for National Statistics	Percent	2001
Social09	No access to car or van	Numbers of households with no access to a car or a van	Census 2001 - Office for National Statistics	Percent	2001

Specific Definitions

The **Suicide Prevention Target** is to reduce the death rate by at least one fifth by the year 2010, starting from a baseline of 1995/6/7. The target is measured using three-year pooled rates. Nationally, the target is to reduce the death rate from a baseline rate of 9.2 deaths per 100,000 population in 1995/6/7 to 7.3 deaths per 100,000 population in 2009/10/11 (National Suicide Prevention Strategy for England, Annual Report on Progress 2008, National Mental Health Development Unit).

The baseline rate (1995/6/7) for Oxfordshire is 9.59 deaths per 100,000 (see table opposite). A 20% reduction therefore equates to a target of 7.67 deaths per 100,000 population by 2009/10/11 for Oxfordshire. Please note, the rates subsequent to the baseline quoted opposite relate to annual rates and not three-year pooled rates.

Lifestyle04.01.99 directly standardised hospital admission rate for alcohol-related harm

This is based on the NI39 definition.

NI39 definition: NI39 is based on admissions involving conditions that are either *wholly or partly* attributable to alcohol. Admissions for partly attributable diseases are counted in proportion to the role that alcohol is estimated to have played in causing specific diseases or injuries.

JSNA: the relative risk of alcohol to each disease or injury was not taken into account for the JSNA indicator. All conditions were counted, therefore it is likely to overestimate the admissions for alcohol-related harm.

It includes any conditions that are considered having any impact by alcohol consumption.