2009

Joint Strategic Needs Assessment – JSNA

OXFORDSHIRE COUNTY COUNCIL
www.oxfordshire.gov.uk

NHS Oxfordshire

Chapter Title

Sub-chapter title

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 the NHS, 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 last year's report, rather than be seen as replacing it.

There has been much learning from last year's JSNA, with a number of improvements made in this second year. Following improved engagement with local partners, including educational teams, the 2009 refresh of the JSNA also includes a full section on children. This year, all analysis was conducted by teams in the PCT or by local partners, which provided local ownership of data and information, and improved the robustness of data.

Additional analysis has been produced using adjusted rates for many of the health conditions that led to hospital admission or premature mortality. This helps establish whether there are any patterns at district, locality or ward level that might affect services. It enables service development teams to compare and plan for different population profiles, where small differences in trends might previously not have been seen.

Information sources for the JSNA include those held by partners on social care, county demographics, education and NHS providers. It also draws upon national datasets. The PCT, in partnership with Oxfordshire County Council, local authorities, police and fire service, is working with Oxfordshire Data Observatory to provide a countywide Local Implementation System. Work is currently under way to provide components of the JSNA through the data observatory web portal.

Next year, the intention is to produce a full revamp of the JSNA so that negotiations for the Local Area Agreement can be based on the latest data. We will then re-work the document every three years, with refreshed versions in between, where new data is available.

We provide a bespoke service for queries about the JSNA data. We can help you to understand the data and provide further analysis if you have specific request.
Contact: jsna@oxfordshire.gov.uk

1 Oxfordshire as a place - demography

Proportions of young and old by district

There are now 630,000 people living in the county, compared with 624,000 last year, an increase of 6,000. This growth is expected to continue, passing 680,000 by 2016. The age profile continues to age, with new data this year showing an additional 346 people aged over 85 living – an increase of over 2% from last year's forecast.

Oxford's age profile is, again, rather different from the rest of the county (and indeed from England as a whole). This is due to the large number of students, which creates an artificial bulge in the 20–24 population. Within Oxford, there are 4% more people aged under 65 as a proportion of its total population.

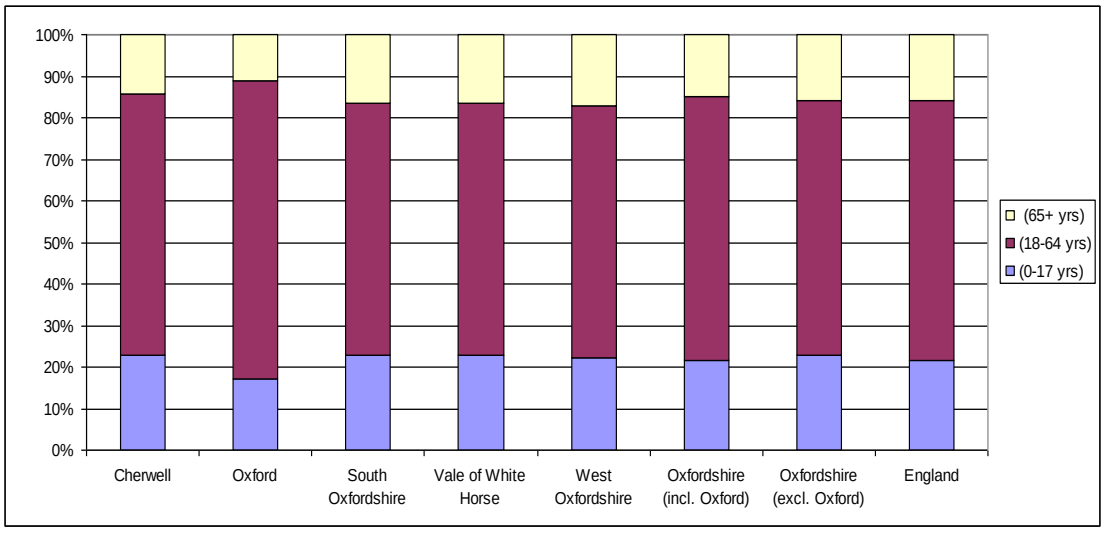
Cherwell differs to a lesser extent – its proportion of children is similar to the rest of Oxfordshire's districts, but there are slightly more adults and slightly fewer older people as a proportion of its overall population. The other three districts are very similar to each other and much closer to the typical profile for England.

Proportion of children, adults and older people in Oxfordshire's districts

	% of children in the population (0-17 yrs)	% of adults in the population (18-64 yrs)	% of older people in the population (65+ yrs)
Oxford	17%	72%	11%
Cherwell	23%	63%	14%
South Oxfordshire	23%	61%	17%
Vale of White Horse	23%	61%	16%
West Oxfordshire	22%	61%	17%
Oxfordshire (incl. Oxford)	21%	64%	15%
Oxfordshire (excl. Oxford)	23%	61%	16%
England	**22%**	**63%**	**16%**

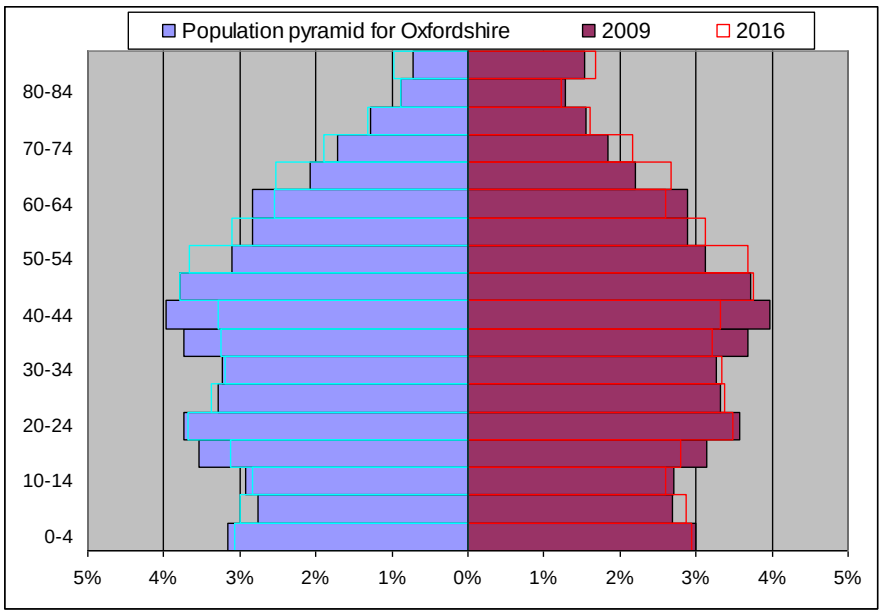
Source: Office for National Statistics (ONS) 2007 mid year estimates

Population by broad age bands



Source: Office for National Statistics (ONS) 2007 mid year estimates

Changes to Oxfordshire's population pyramid 2009-16

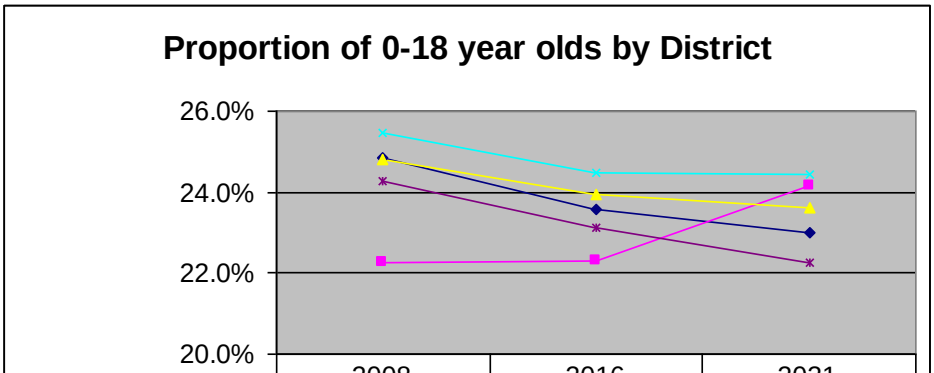


Source: OCC Greater London Authority (Data Management and Analysis Group) Ward Forecast 2008

The population pyramid above shows that the proportion of people under the age of 50 contracts whilst the population over 50 expands.

When projecting this information, the future shows the proportion of children in the four rural districts continuing to fall at roughly similar rates, reflecting the ageing of the county's population. This is forecast to continue for the following 15 years, except in Oxford, where the proportion of children will steadily increase to the highest proportion by the mid-2030s, instead of the lowest as at present.

Forecasts in the proportion of children in Oxfordshire's districts



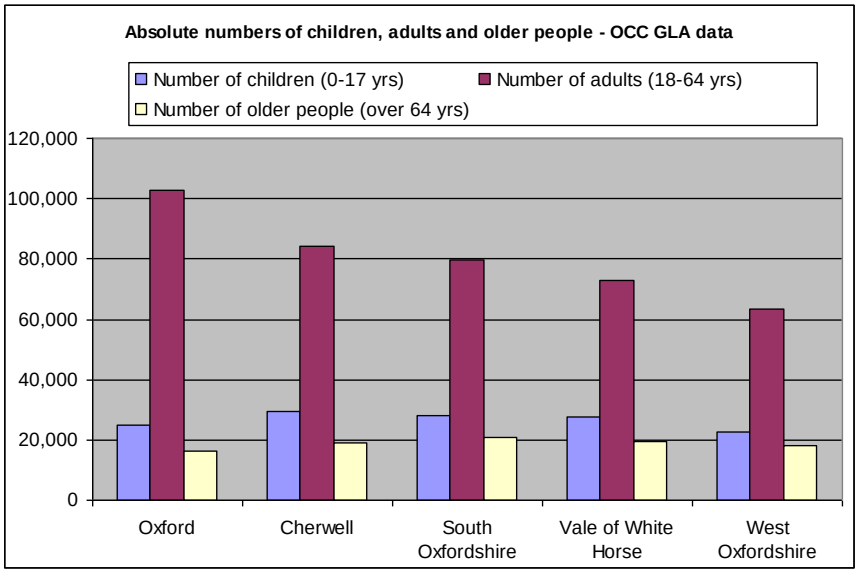
	2008	2016	2031
Cherwell	24.9%	23.6%	23.0%
Oxford	22.2%	22.3%	24.1%
SODC	24.8%	23.9%	23.6%
Vale	25.5%	24.5%	24.4%
West Oxfordshire	24.3%	23.1%	22.3%

Source: Office for National Statistics (ONS) 2007 mid year estimates

The graph below shows how the total number of children, adults and older people vary by district, reflecting the fact that the districts are not all the same size. For instance, the Vale has 6,500 fewer adult residents than South Oxfordshire despite having a greater proportion of adults. Despite having a bigger total population

(around 144,000 compared to 104,000 in West Oxfordshire, the smallest of the five districts), Oxford has fewer older people not just proportionately but in absolute terms as well.

Absolute numbers of children, adults and older people in each district



Source: OCC Greater London Authority (Data Management and Analysis Group) Ward Forecast 2008

Changes to the latest (2008) population forecasts

Forecasts are sensitive to any variation to a number of underlying assumptions, such as adjustments in government figures for fertility or mortality rates, new patterns of migration or deviations in actual house building from planned developments.

(i) Housing development

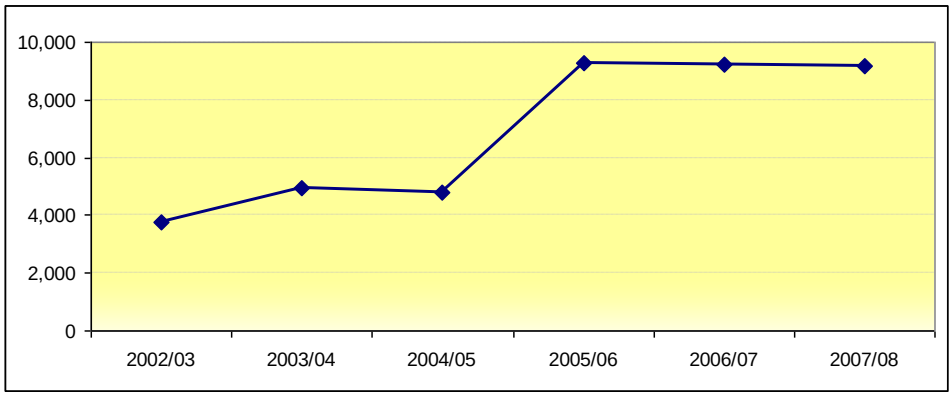
The sites themselves, the number of units in each site and the timing of the developments used in the ward-level population forecasts are subject to continual review through the planning process. Changes in this year's demographic forecast data reflect these submissions from district planners. At ward level, these changes can cause relatively-large variations in demographic projections, with knock-on effect for some indicators, particularly those based on local population.

Since the last planning update, there have been net increases in Oxford and West Oxfordshire, although these are being partially offset by reductions in Cherwell, South Oxfordshire and Vale of White Horse. Overall, a total of 619 extra units have been factored into the forecast. In Oxford City, significant plans at present for Barton and Sandhills will have an impact in five years' time. In West Oxfordshire, Witney is a focus for growth. In Didcot, the new Didcot West development will increase housing in both SODC and Vale of the White Horse areas.

(ii) Migration

The National Insurance Recording System shows an upward trend of inward migration over recent years. In 2007/ 08, some 9,150 non-UK nationals in Oxfordshire registered for National Insurance numbers (compared with 9,210 in 2006/07 and 9,290 in the previous 12 months). This equates to a 100% increase from 2003/04 to 2007/08, though may be down to changes in employment laws.

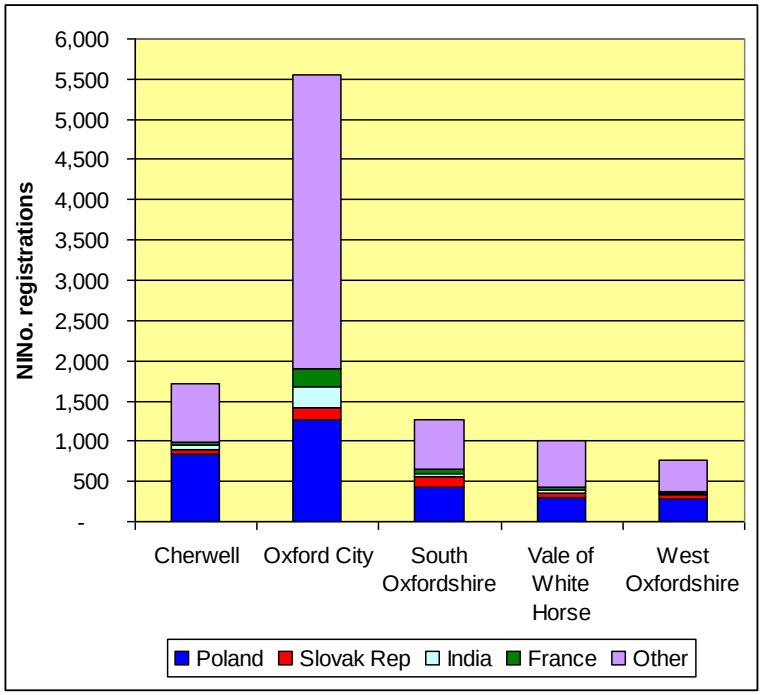
NI No. registrations by non-UK nationals in Oxfordshire 2002/03 – 2006/07



Source: Extract from National Insurance Recording System

Over half of these migrants were registered in Oxford City alone, compared with 18% in Cherwell district and only around 10% in each of the other districts. In Oxfordshire as a whole, the majority of migrants were from Poland (30%); in Cherwell, almost half of all registrations were by Polish nationals. Registrations from other countries (France, India and Slovak Republic) were less than 4% in Oxfordshire, though 10% of registrations in South Oxfordshire were by Slovak nationals (2½ times the South East average).

National Insurance No. registrations by non-UK nationals in 2007 by district



Source: Extract from National Insurance Recording System

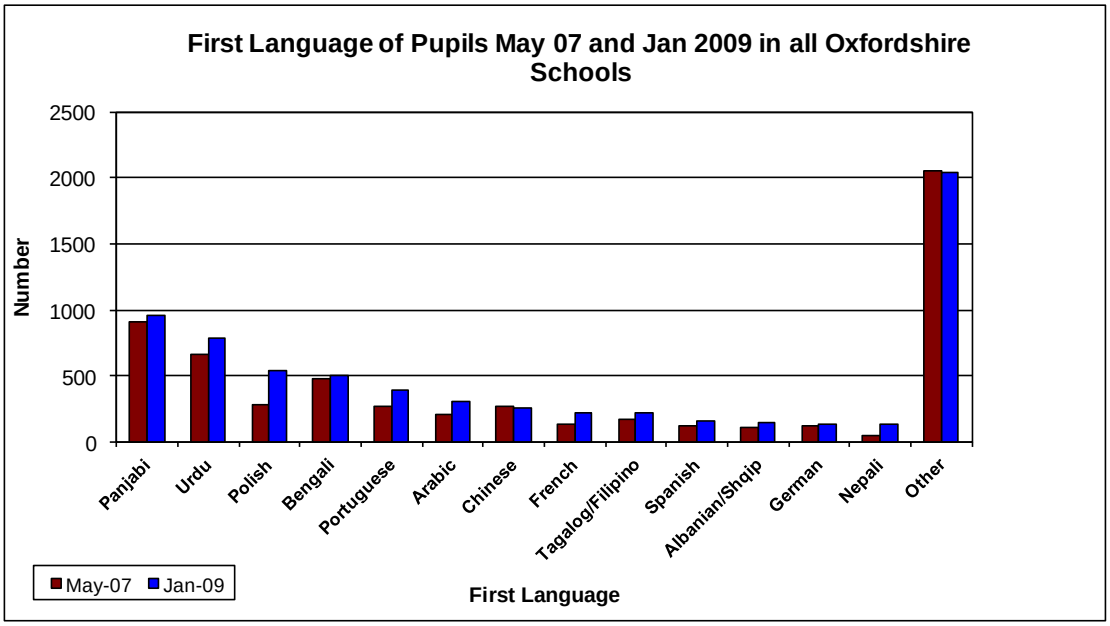
At the end of 2007, an assessment within Oxfordshire concluded that national data sources on inward migration were inadequate. It is therefore difficult to establish with certainty the extent to which Oxfordshire reflects the nationally-reported fall in 2008 in which migration from new EU countries, including Poland, dropped back to 2004

levels.[1] Although not presently observed locally, it is expected that this trend will feed through into the local demographic model in future years.

It is important for service providers to be aware of these changes and how they might affect services at the local level. Some local data is available, for example via the school census, first collected in May 2007. The graph below shows how new ethnic groups have arrived in local schools, capturing the change in the Polish school population at that time - up almost 90% in just over 18 months. In 2009, for the first time, there were more Polish speakers than Bengali speakers.

The latest census, conducted in January 2009, clearly shows the emergence of a Nepalese community along with growing Arabic and Portuguese communities. The increase in French and Spanish native speakers during this period also increased dramatically, although overall numbers are still much lower than those whose first language is Punjabi or Urdu.

First language spoken by school pupils in Oxfordshire May 2007 – Jan 2009



Source: School Census (May 2007 & Jan 2009) – Oxfordshire County Council

First language spoken by school pupils in Oxfordshire May 2007 – Jan 2009

Language	May 07	Jan 09	% change 2007 – 2009
Panjabi	913	958	**5%**
Urdu	657	788	**20%**
Polish	286	539	**88%**
Bengali	482	508	**5%**
Portuguese	269	386	**44%**
Arabic	207	306	**48%**
Chinese	270	261	**-3%**
French	136	218	**60%**
Tagalog/ Filipino	171	217	**27%**
Spanish	117	163	**39%**
Albanian/ Shqip	111	149	**34%**

[1] [ref: Institute for Public Policy Research (IPPR) report 2008]

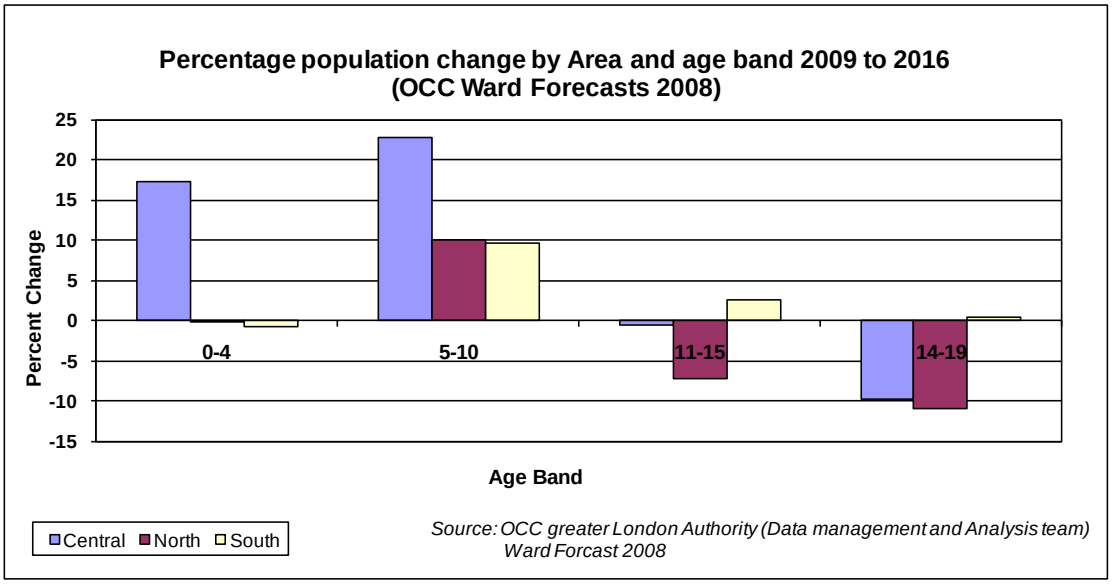
German	117	135	**15%**
Nepali	44	130	**195%**
Other	2,054	2,040	**-7%**

Source: School Census (May 2007 & Jan 2009) – Oxfordshire County Council

(iii) Fertility rates

The UK's 2007 fertility rates predict a 12% increase in the number of births for Oxfordshire since last year. In turn, this has affected estimates of primary school-age children during the forecast period of 2009 to 2016; numbers are expected to increase by an additional 4 or 5% above the growth forecast in last year's JSNA.

Percentage population change by area and age band 2009 to 2016



Source: OCC Greater London Authority (Data Management and Analysis Group) Ward Forecast 2008

Four key age ranges impact on services for children and their families: pre-school (under-fours), primary (five-10 years), secondary (11-15 years) and 16-19-year-olds. The period from now until 2016 shows real pressure on the preschool population in the central area, with a 17% increase. The other two areas (north and south) should remain flat. All areas will see pressure on the primary school age population; a 23% increase in the central area and 10% rises in the other two areas. The 11-15 and 16-19 year bands are both predicted to fall by up to 10%, although the south may see a 2.5% rise in secondary population over the next seven years.

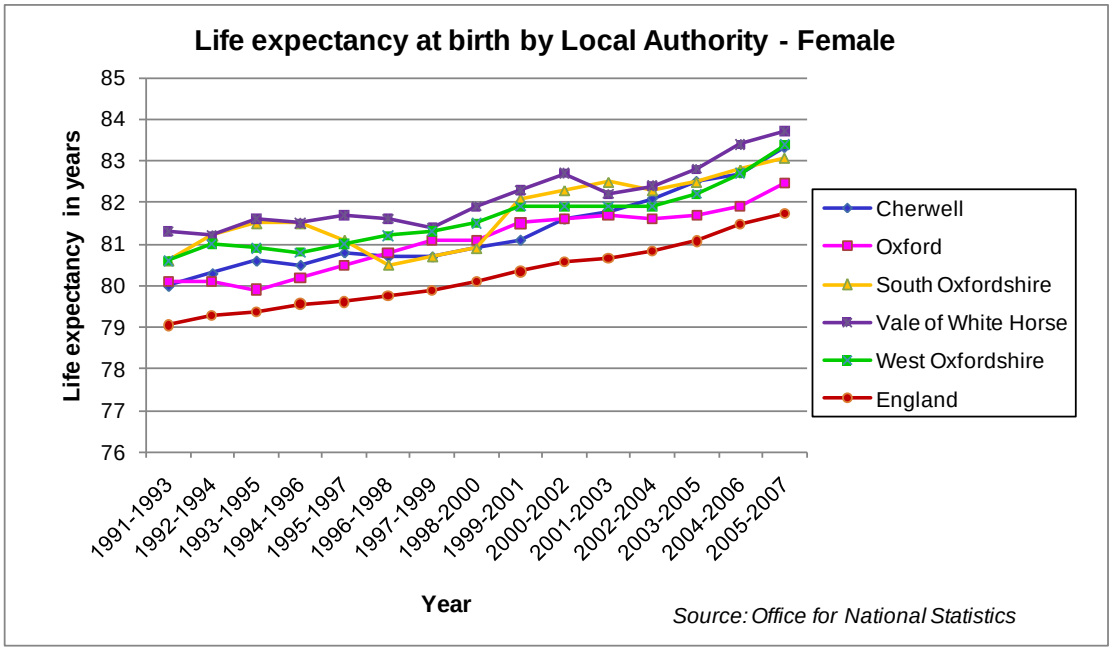
To put these percentages into context, the county as a whole would need to cater for an annual rise in intake to foundation stage – pre-school - of about 37 pupils, and for primary stage an increase of around 120 per year (four new classes). The demand on the primary stage on the central area would account for about 50 of these pupils per year.

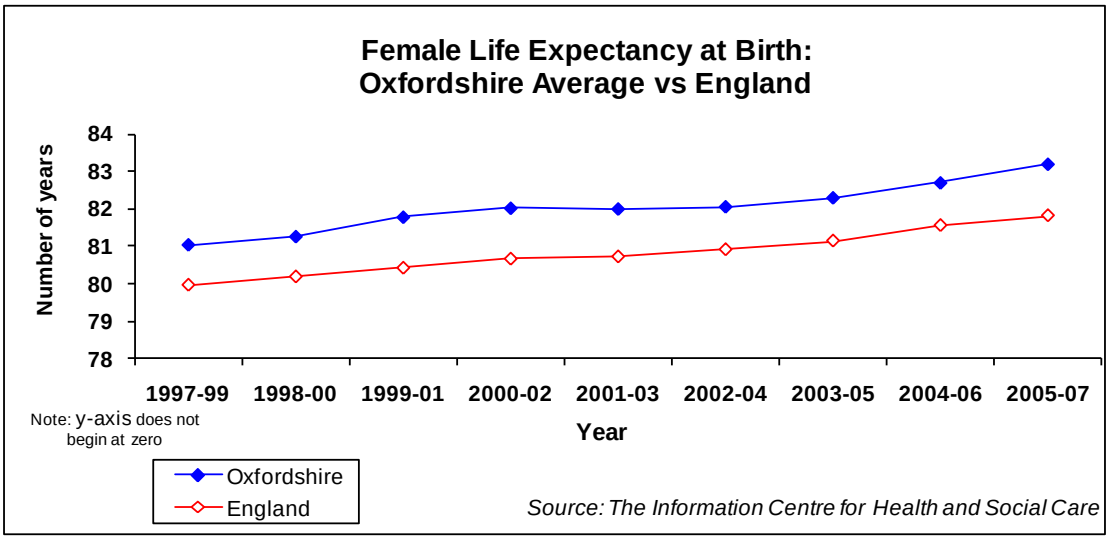
2 Mortality

Overall life expectancy

People in Oxfordshire live longer than the national average. Life expectancy is a measure of how long a child born today can expect to live. Life expectancy continues to increase and the trend is a positive one. Life expectancy for both men and women is highest in Vale of White Horse district and lowest in Oxford City. Even though Oxford has the lowest life expectancy within the county, Oxford's life expectancy remains consistently above the national average.

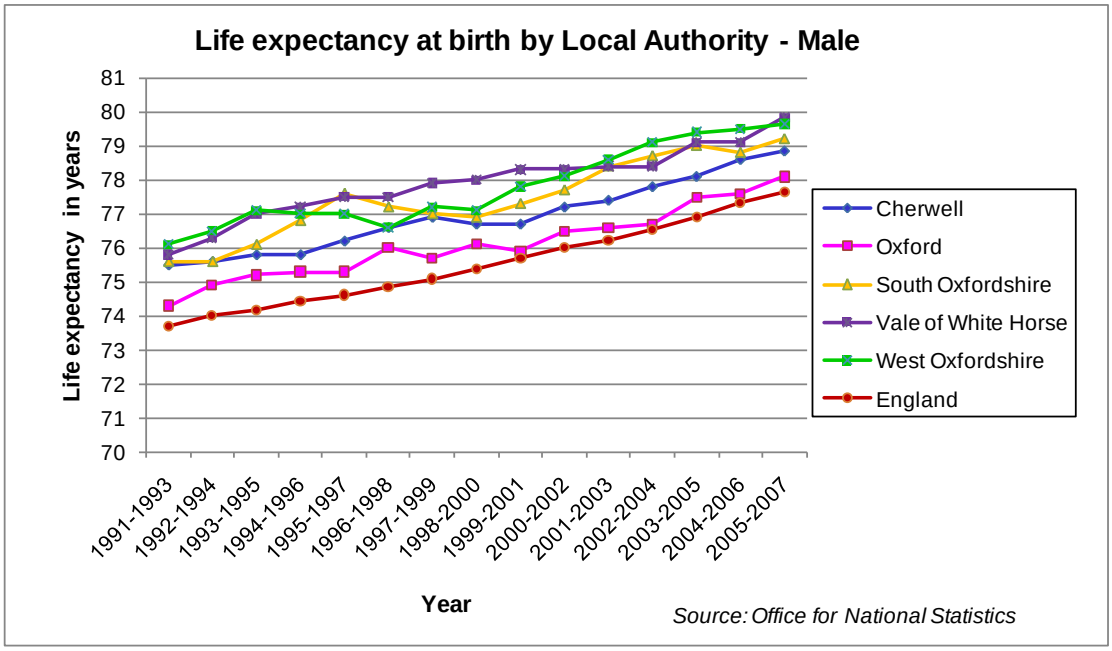
Female life expectancy

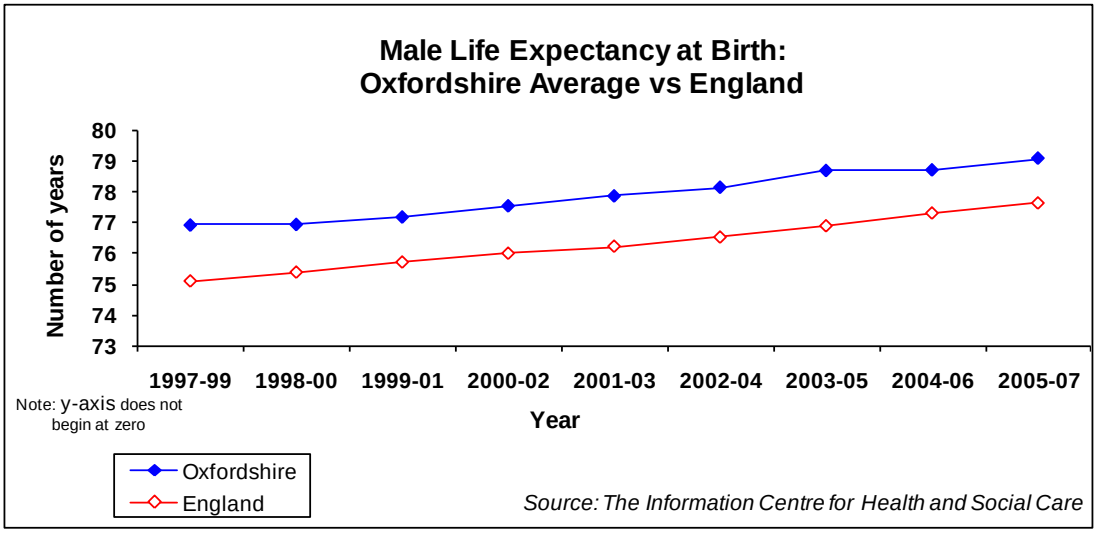




Life expectancy for females continues to rise along the same trajectory as the national average. An Oxfordshire woman can expect to live 82–83 years on average.

Male life expectancy





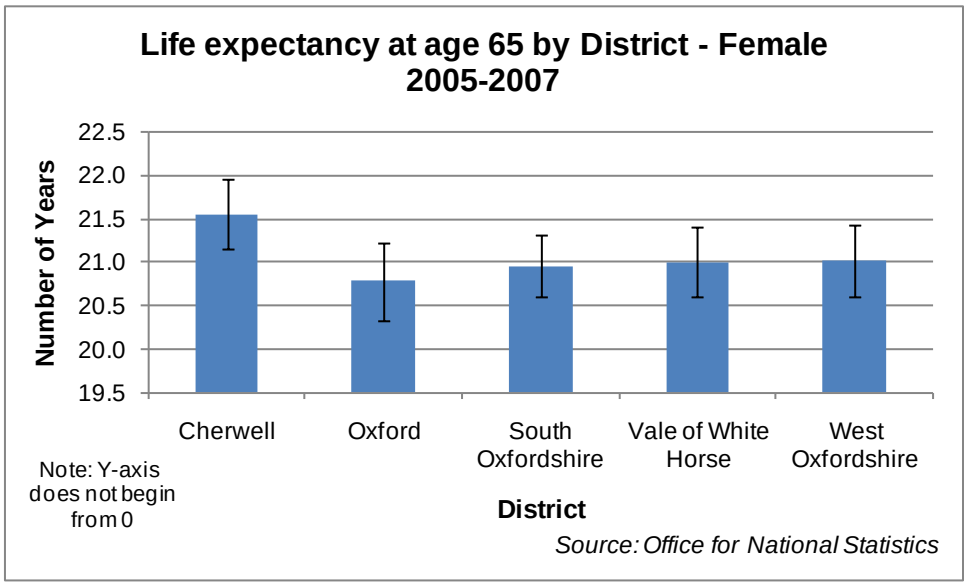
Source: The Information Centre for Health and Social Care

Men can also expect to live longer than the national average, with men in Oxfordshire living to over 78 years.

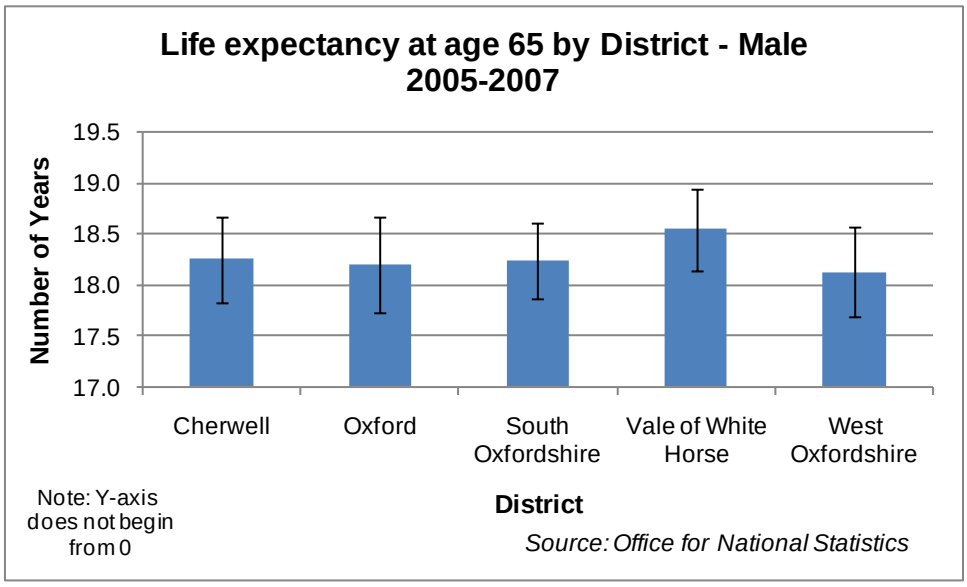
Life expectancy at age 65 years

If we look at the life expectancy at the age of 65, a similar picture emerges. Life expectancy at 65 tells us how much longer a person can expect to live. This is an important measure as it tells us about the health of our existing population and at what age people begin to need services. This information should enable better planning of care provision for future years. There is no significant difference between the districts for either males or females.

Female life expectancy over 65

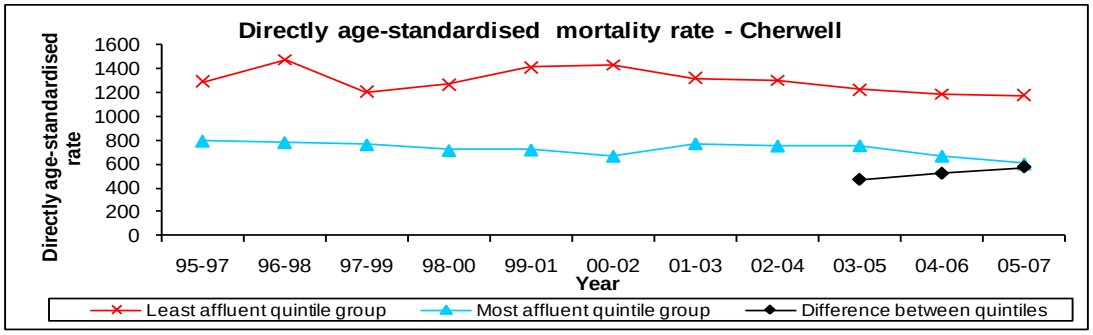


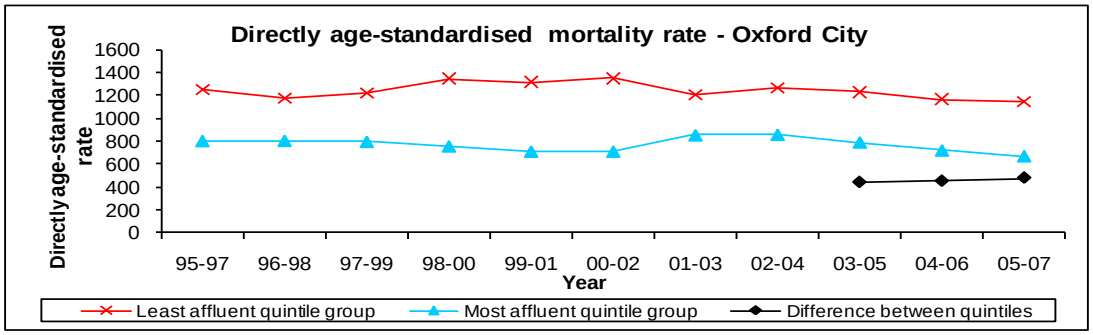
Male life expectancy over 65

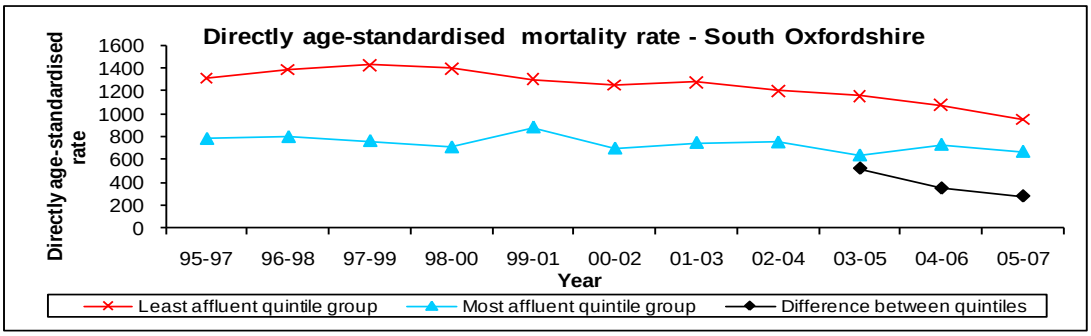


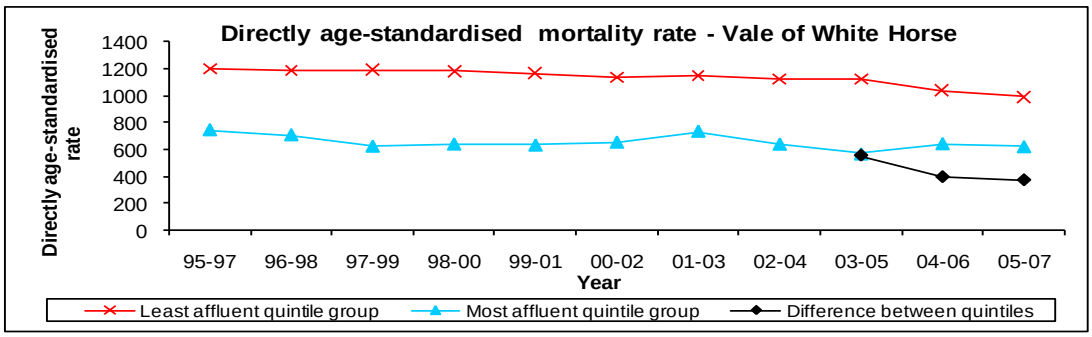
Mortality gap within each district

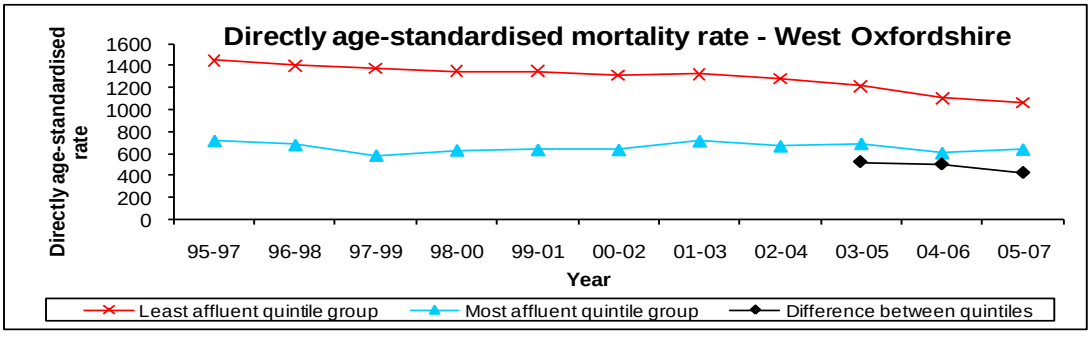
The tables below show the difference between the most and least affluent wards in each district.





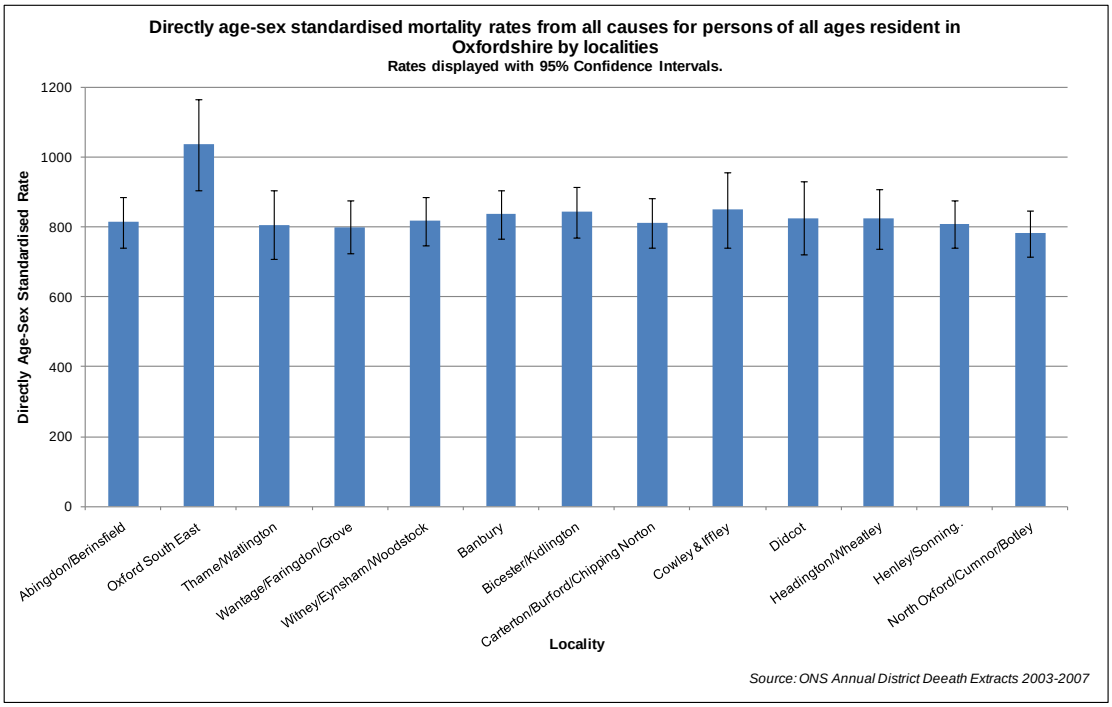






Mortality rates within each locality

There is no significant different in age-standardised mortality rates when comparing the 13 localities.



Source: ONS Annual District Deaths Extract (ADDE), 2003-2007

3 Long-term conditions

Long-term conditions: a largely similar picture to last year

Hypertension (high blood pressure), obesity, asthma, kidney disease and diabetes remain the most common conditions, as last year. The numbers of people affected have all increased, with obesity seeing the biggest increase - up by almost a fifth, though this is probably due to better awareness and recording than to a real increase in obesity.

The table below shows the distribution of these conditions across the six different Practice Based Commissioning consortia. Blocks coloured green show prevalence rates below the middle fifth (quintile) for Oxfordshire, while those in red have rates above the middle fifth. Those coloured blue are too similar to separate out. It should be remembered that this data reflects what is recorded, not necessarily the true prevalence, as diagnosis can be protracted for conditions such as mental ill-health and learning disabilities. OCC hold much more detailed information on the numbers of people with a learning disability, their needs and projected changes in that population.

Prevalence of diseases and conditions in Oxfordshire by PBC consortium

2009	North East Oxfordshire	North Oxfordshire	Oxford City	South East Oxfordshire	Vale	West Oxfordshire	% for whole county
Hyper-tension	11.5%	12.2%	8.4%	12.9%	11.8%	13.8%	11.3%
Obesity	9.9%	9.0%	5.9%	8.1%	9.2%	8.4%	8.1%
Asthma	5.9%	6.2%	4.8%	6.6%	5.9%	6.8%	5.8%
Kidney disease	5.0%	4.1%	2.5%	3.3%	4.8%	3.7%	3.8%
Diabetes	3.6%	3.5%	2.8%	2.9%	3.4%	3.5%	3.2%
CHD	2.8%	2.9%	2.0%	3.0%	2.7%	3.0%	2.6%
Hypothyroidism	2.5%	2.7%	1.7%	2.6%	2.4%	2.5%	2.3%
Stroke	1.6%	1.7%	1.2%	1.6%	1.6%	1.8%	1.5%
Cancer	1.5%	1.3%	1.0%	1.7%	1.4%	1.6%	1.3%
COPD	1.1%	1.2%	0.9%	1.1%	1.1%	1.1%	1.1%
Mental Health	0.5%	0.6%	0.9%	0.7%	0.6%	0.6%	0.7%
Heart Failure	0.7%	0.6%	0.5%	0.7%	0.6%	0.7%	0.6%
Epilepsy	0.5%	0.6%	0.5%	0.5%	0.5%	0.6%	0.5%
Dementia	0.4%	0.4%	0.3%	0.5%	0.3%	0.5%	0.4%
Learning Disability	0.2%	0.3%	0.2%	0.3%	0.3%	0.3%	0.2%
Palliative Care	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%	0.1%

Source: Quality Management and Analysis System (QMAS)

The Oxford City consortium has below-average rates for all conditions except mental health. This reflects the fact that most conditions become increasingly likely with age, while Oxford has a significantly younger population on its GP registers. The fact that almost all the other consortia have below-average levels of patients with mental health conditions also emphasises a concentration within Oxford, mainly due to accessibility of services.

West Oxfordshire's levels of hypertension and dementia – the highest - may be due to the greater proportion of older people on their GPs' registers. The North East consortium has the greatest number of obese patients, perhaps due to better recording, as well as higher recorded levels of kidney disease and diabetes.

New information: standardised health data

This year, more analysis has been done using adjusted rates for many of the health complaints that lead to hospital admission or premature mortality. This is designed to show whether there are any patterns at district, locality or ward level which might influence the services we deliver. It enables service development teams to compare and plan for different population profiles; previously, small differences in trends might not have been seen.

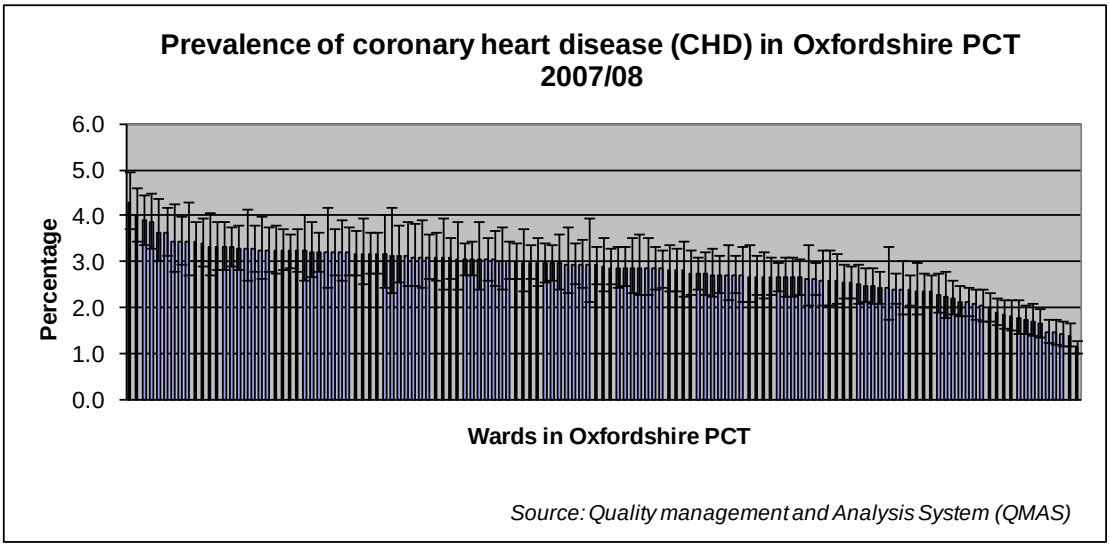
In general, analysis of mortality rates tends not to show any significant differences when comparing districts. Although there are often large discrepancies between wards, this work has also drawn few significant conclusions. Despite these limitations, some statistically significant discrepancies between areas have been identified.

This year, a great deal of analysis has been done to establish any patterns at district, locality or ward level, especially using the new adjusted rates for many of the health complaints that lead to hospital admission or premature mortality.

Coronary heart disease (CHD)

Vale of White Horse and West Oxfordshire have the highest prevalence of coronary heart disease and Oxford City the lowest (unadjusted prevalence). A number of wards have unadjusted prevalence rates of coronary heart disease far higher, and some far lower, than would be expected.

There appears to be a strong association with urban/rural characteristics, in that the wards with the highest rates are more urban and those with the lowest rates more rural. This follows patterns of deprivation, and it is known that there is a clear link

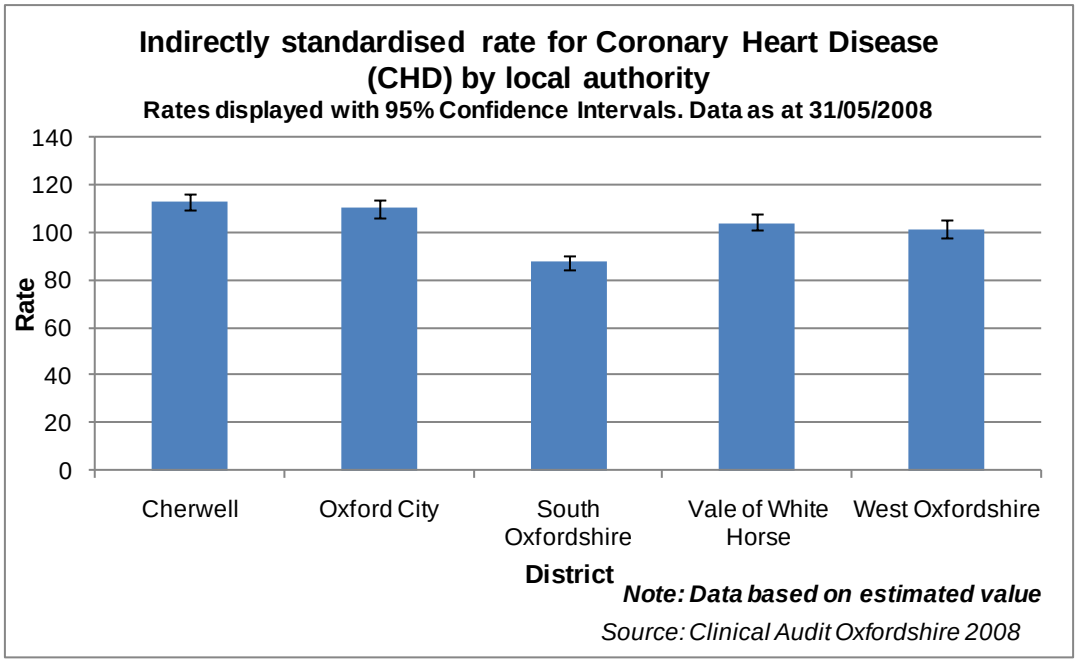


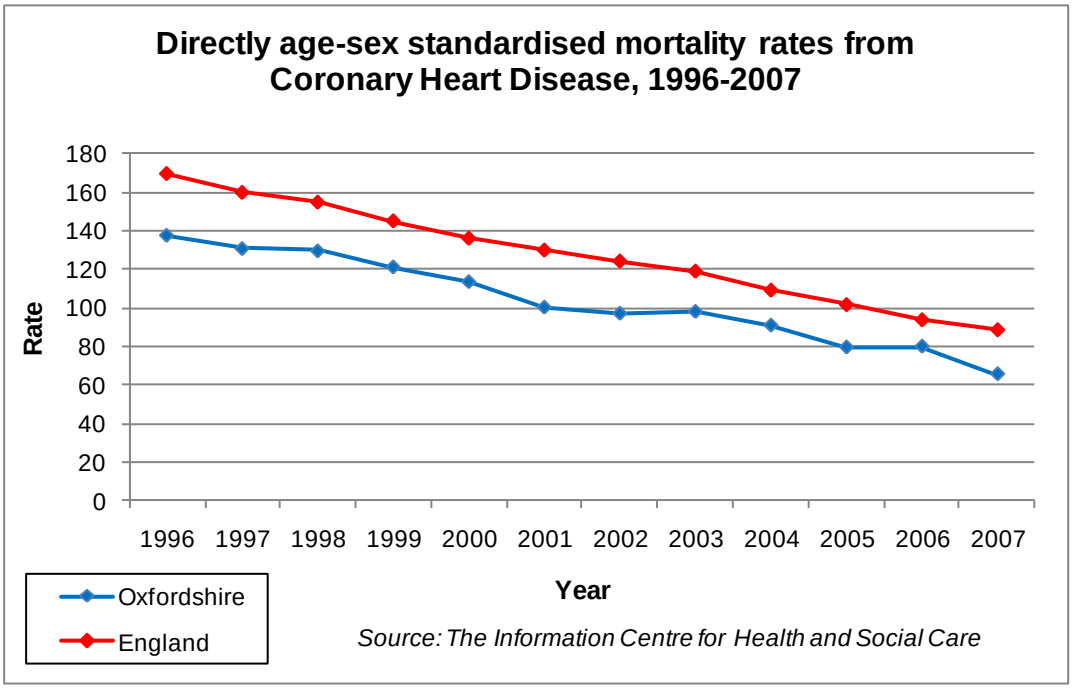
between smoking/deprivation and smoking/heart disease.

Wards with significantly more or less coronary heart disease (adjusted)

12 wards with lowest (adjusted) CHD	12 wards with highest (adjusted) CHD
Wroxton	Didcot Ladygrove
Fringford	Bicester South
Wolvercote	Banbury Hardwick
Burford	Bicester North
Alvescot and Filkins	Witney West
Craven	Carterton North East
Great Milton	Cowley Marsh
Summertown	St. Mary's
Marston	Northfield Brook
Goring	Didcot Northbourne
Cholsey and Wallingford South	Abingdon Abbey and Barton
Kingham Rollright and Enstone	Banbury Grimsbury and Castle

Source: Quality Management and Analysis System (QMAS)



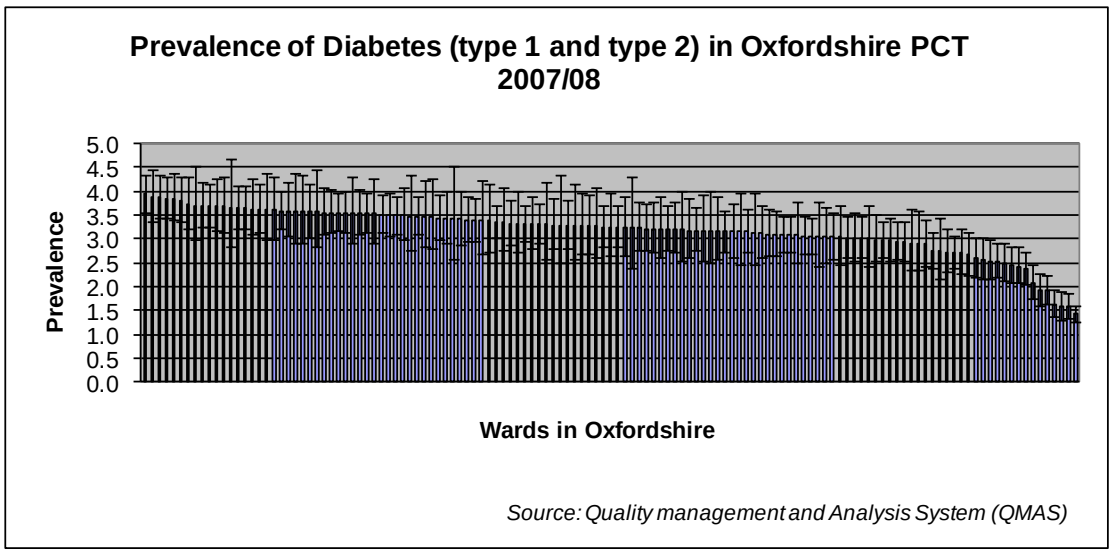


When comparing Oxfordshire with neighbouring PCTs within the SHA area, it scores highly (second out of nine) for the proportion of people with heart disease who have their cholesterol well-controlled in 2007/08 (The Information Centre for Health and Social Care, WCC data pack).

Oxfordshire is fourth out of nine for the proportion of people with heart disease who have their blood pressure well-controlled. Overall, the level of coronary heart disease in Oxfordshire is decreasing in parallel with the national average.

Diabetes

A similar pattern is observed in the unadjusted prevalence for diabetes. Again, more-deprived urban wards are fairing less well than the more-affluent rural wards. Many wards score similarly for both CHD and diabetes; this is not surprising, as diabetes is a risk factor for CHD. It can be seen for the majority of wards in Oxfordshire there is no significant difference in unadjusted disease prevalence. However, the wards with the least disease have significantly less disease than those with the most.

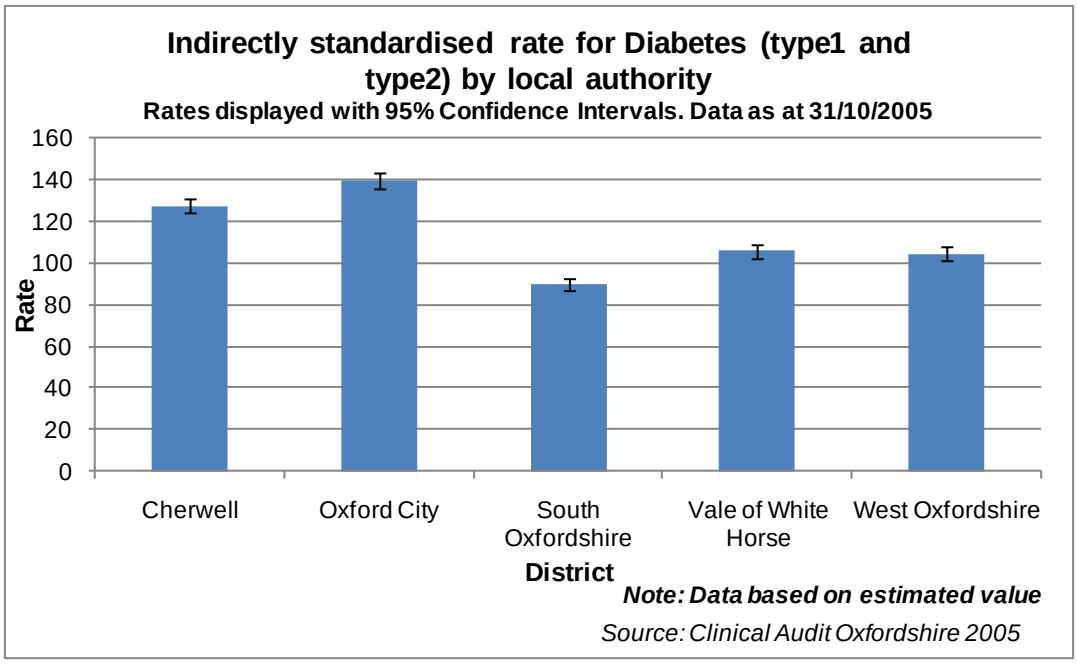


Wards with significantly more or less diabetes (adjusted)

14 wards with lowest (adjusted) diabetes	14 wards with highest (adjusted) diabetes
Wroxton	Didcot Ladygrove
Fringford	Cowley Marsh
Wolvercote	Northfield Brook
Goring	St. Mary's
Alvescot and Filkins	Banbury Hardwick
Burford	Bicester North
Craven	Banbury Grimsbury and Castle
Summertown	Lye Valley
Shiplake	Didcot Northbourne
Henley North	Iffley Fields
Cropredy	Bicester South
Benson	Carterton North East
Great Milton	Cowley
Cholsey and Wallingford South	Churchill

Source: Quality Management and Analysis System (QMAS)

Oxfordshire scores highly (first out of nine PCTs within the SHA) for people with diabetes who have the blood sugar well-controlled (The Information Centre for Health and Social Care, WCC data pack). More than 90% of people with diabetes were screened for retinopathy in Oxfordshire in 2007/08 (Quality and Outcomes Framework).

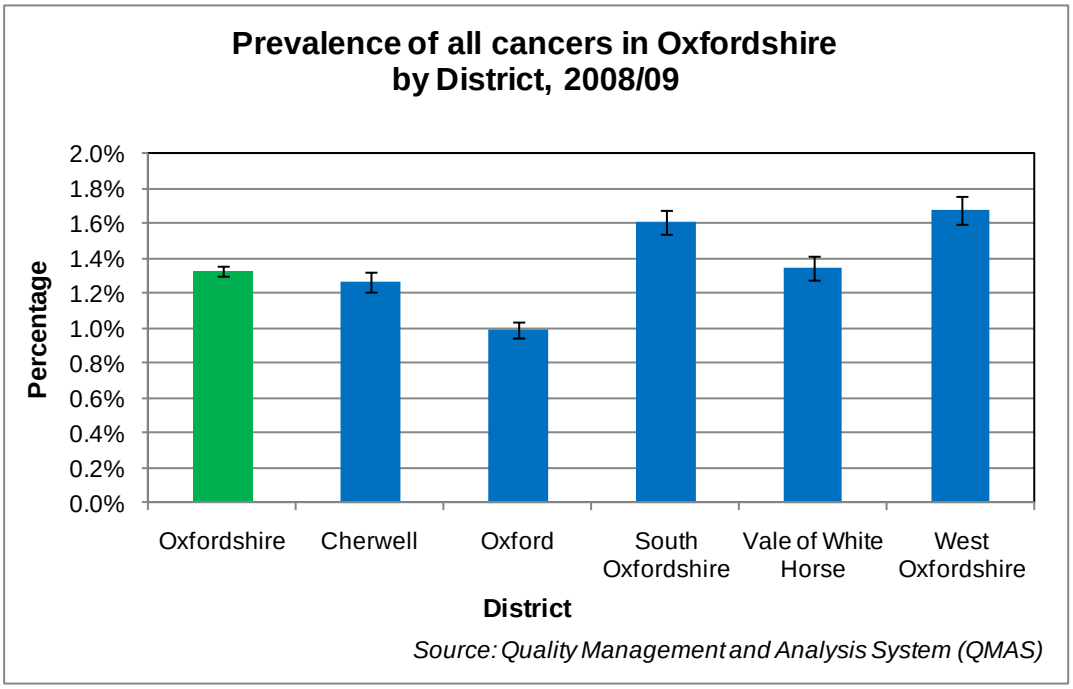


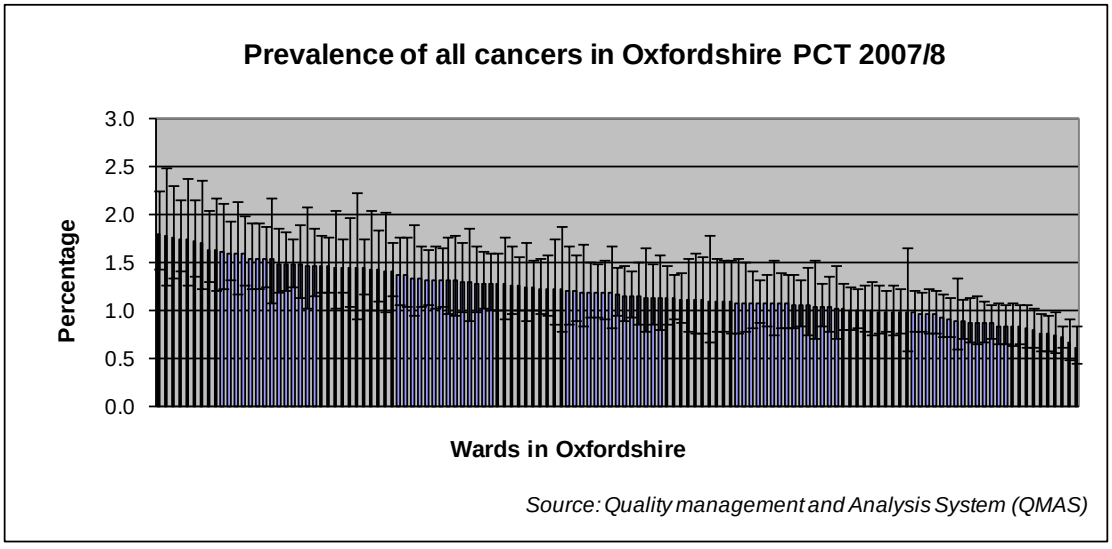
When looking at diabetes at district level, this chart shows a similar picture with CHD: more people with diabetes than expected in Cherwell and Oxford City and fewer than expected in South Oxfordshire. Diabetes type 2 is linked to lifestyle choices, such as

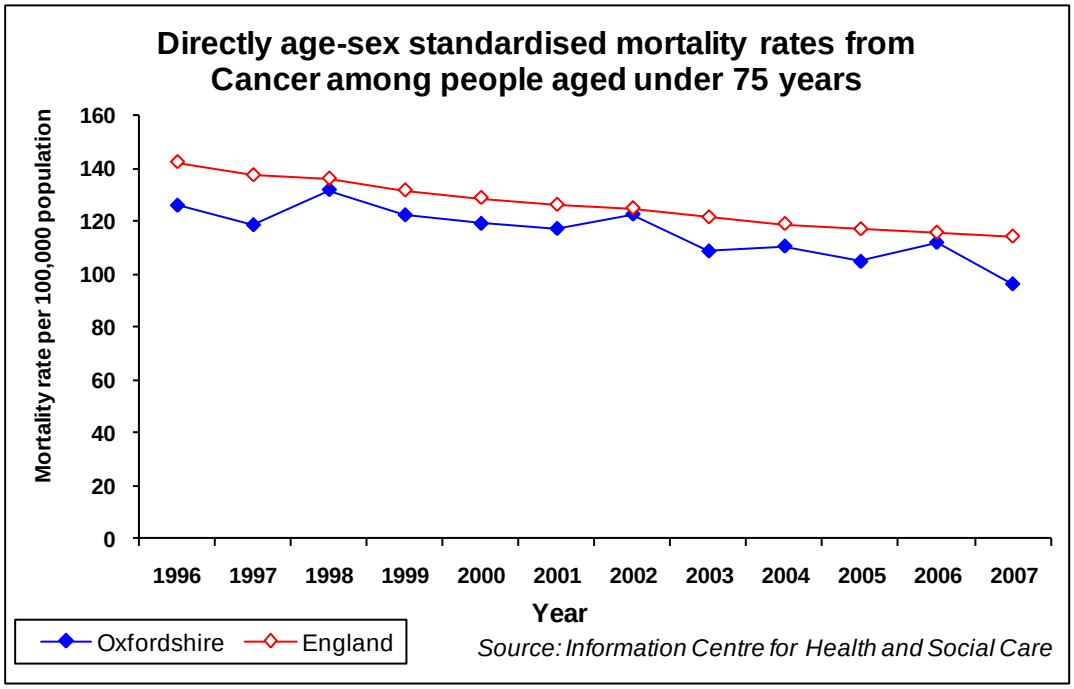
smoking, obesity and poor levels of exercise. As type 2 diabetes is by far the most prevalent type of diabetes, it will determine how the trends are seen.

Cancer

While Oxfordshire sees fewer early deaths from cancer in general than the national average, this is not always true for particular forms of cancer. Deaths from breast cancer and prostate cancer are higher when compared to the rest of the region and deaths from colorectal cancer are much higher (except in Oxford City), despite average incidence rates for this particular disease. (National Centre for Health Outcome Development)

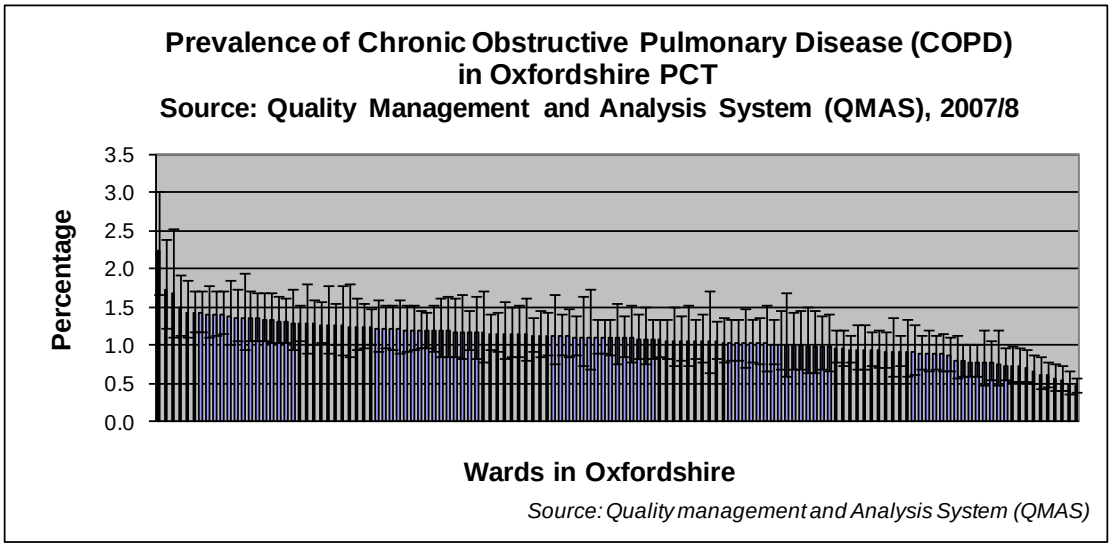


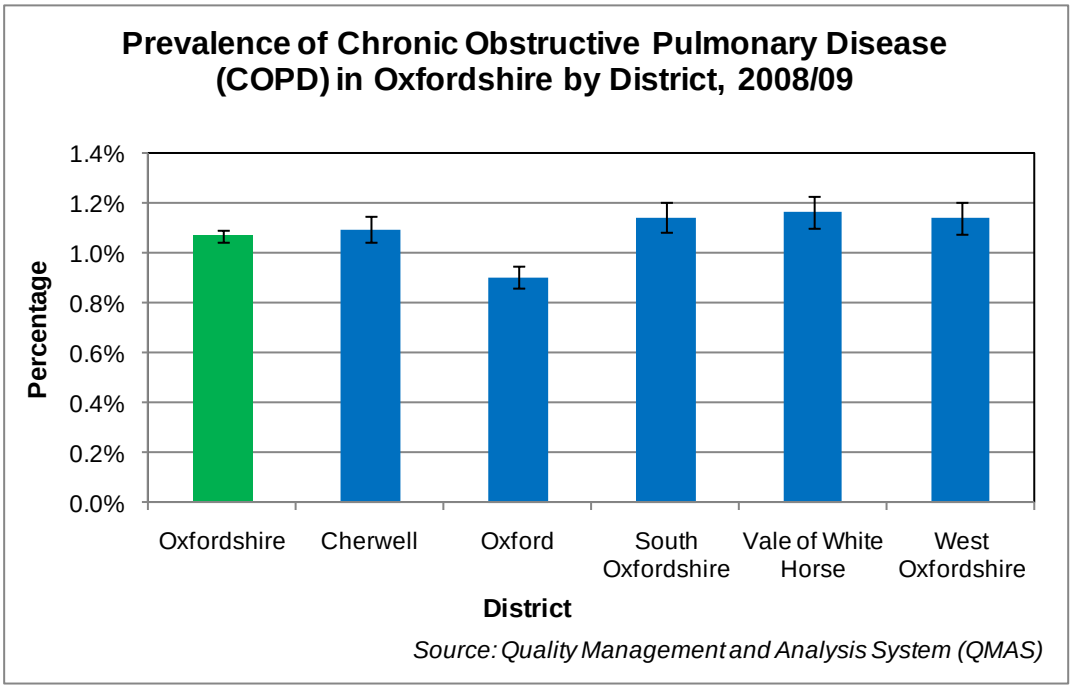




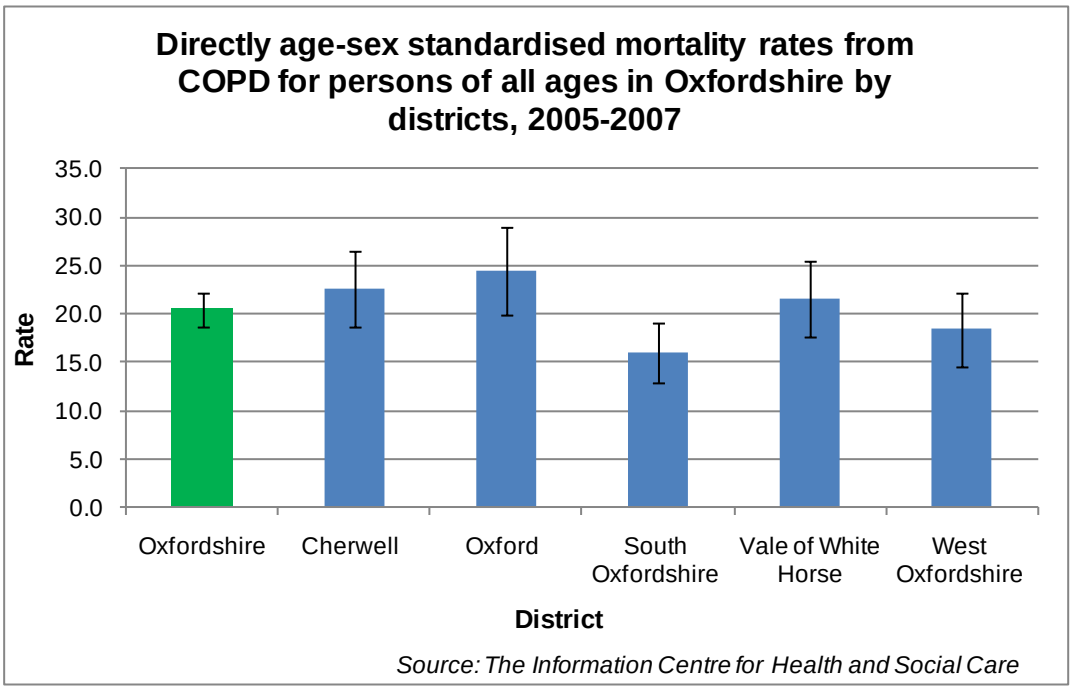
As with other long-term conditions, Oxford City, with its younger population, has fewer cancers diagnosed. West and South Oxfordshire, which have older populations, again have higher rates of diagnosed cancers. Again, when comparing Oxfordshire with the national trends, we are below the national average and continue to see a fall in cancer deaths.

Chronic obstructive pulmonary disease (COPD)

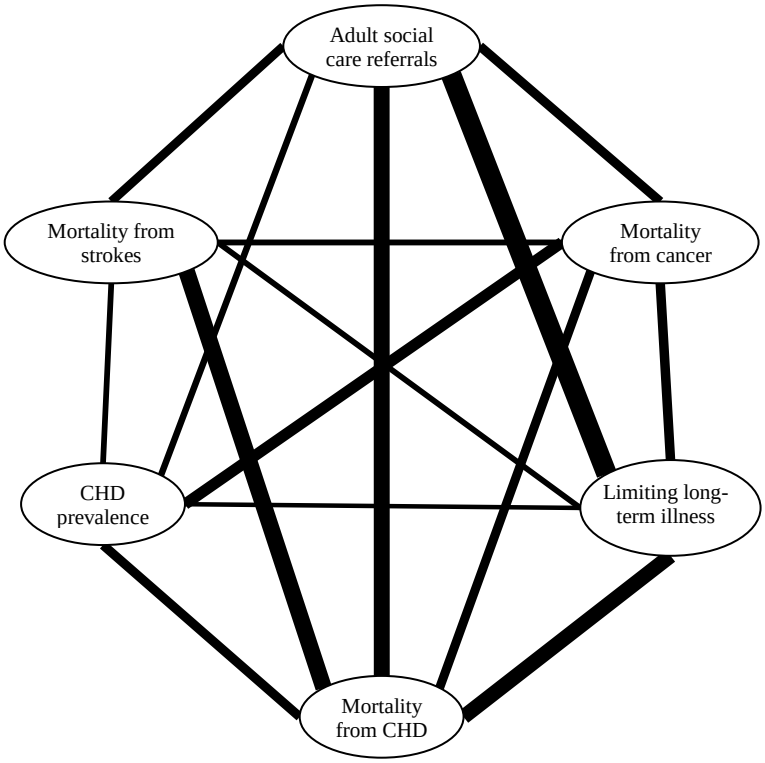




There is less variation in the levels of chronic obstructive pulmonary disease (COPD) across the county. The most common cause of COPD is long-term smoking. Therefore focusing on current smoking prevalence will enable us to predict areas of higher need in future years. The trends of COPD we see today reflect an earlier generation's smoking habits.



‘Spider diagram’ illustrating some correlations



This diagram shows that wards with higher rates of limiting long-term illness are also areas with:

- higher mortality from stroke
- higher prevalence of coronary heart disease
- higher mortality from coronary heart disease
- higher mortality from cancers
- more referrals to Social & Community Services

This suggests that health conditions tend to cluster in the same wards. It also suggests that care needs increase when health deteriorates.

See Appendix 2 for more information on how to interpret these diagrams

4 Older people

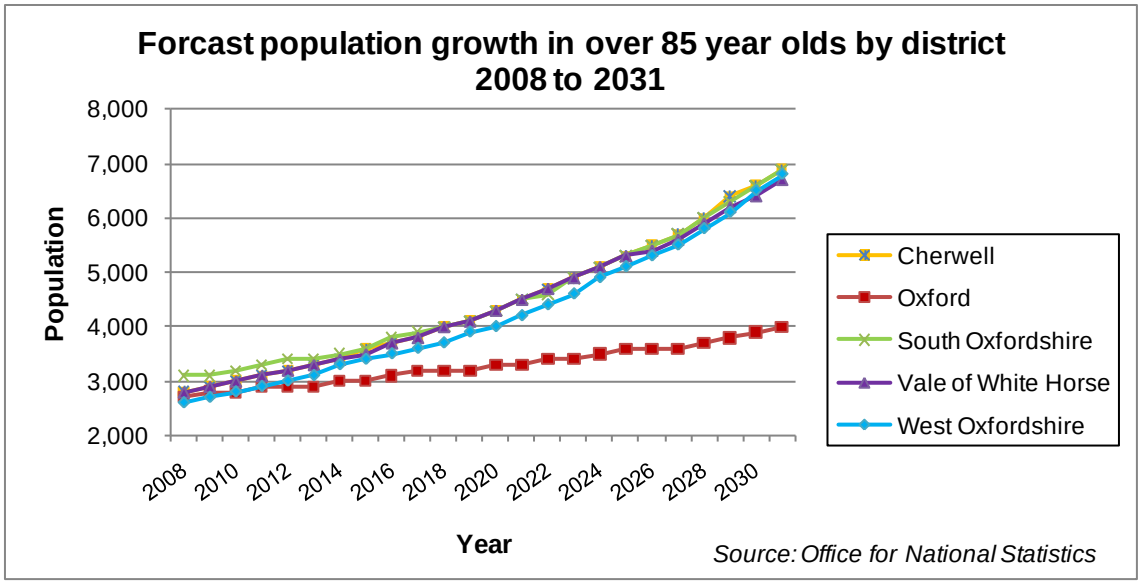
Ensuring that older people get the services and health care they need will mean that they can live independently for longer, a key objective for all of Oxfordshire's organisations.

Population

Last year's JSNA reviewed the high rates of growth of older populations, with the greatest increases among over-65s (up to 29%) being forecast in West Oxfordshire. This year there has been a 4% increase from last year in the number of over-85s predicted to be living in Oxfordshire by 2016. In total, the revised forecast this year predicts there will be an additional 3,800 people over 85 years of age for the period up to 2016.

Population estimates suggest that West Oxfordshire will be the first district in Oxfordshire to experience a doubling in numbers of people aged over 85 (a point reached in 2026). By 2029, this will be true for the county as a whole; there were just under 14,000 people aged over 65 in 2008, increasing to more than 28,000 in two decades' time. All areas apart from Oxford City have similar patterns of growth, with similar numbers of people aged over 85.

Forecast growth in over 85 year olds by district 2008 to 2030

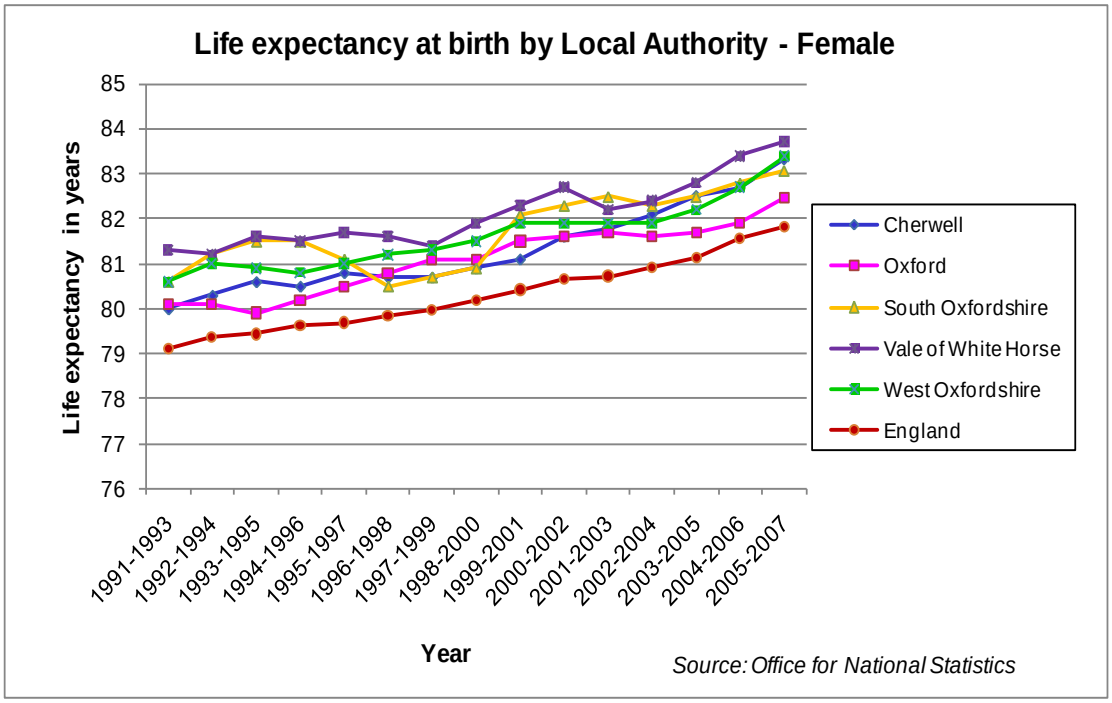


Source: Office for National Statistics

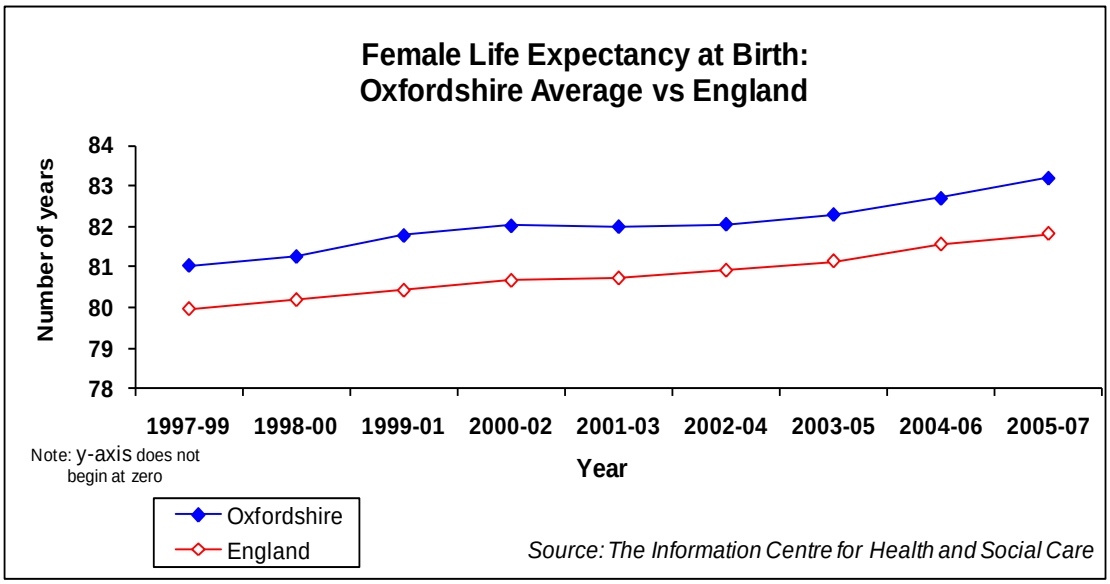
Mortality

People in Oxfordshire live longer than the national average, with life expectancy - a measure of how long a child born today can expect to live - continuing to increase. Life expectancy for both men and women is highest in the Vale of White Horse district and lowest in Oxford, though even here it is still consistently above the national average.

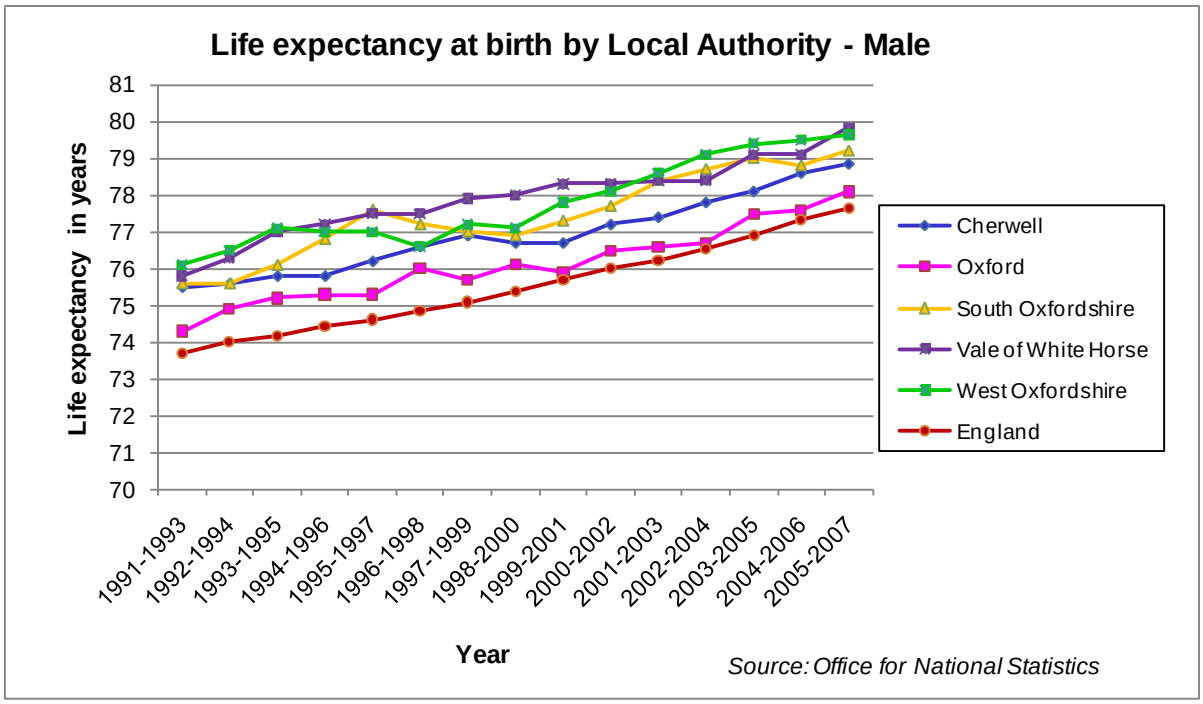
Female life expectancy

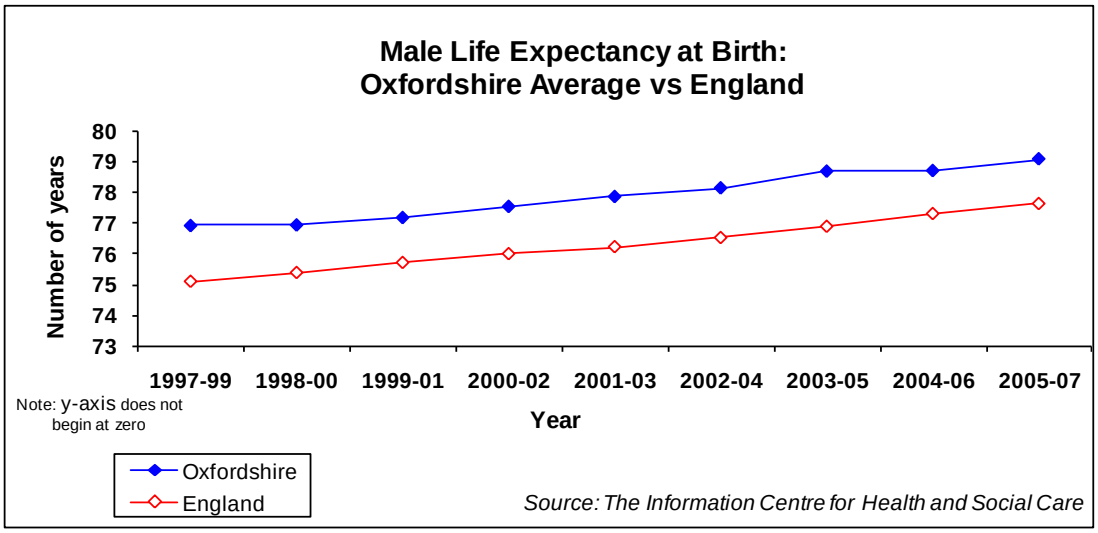


Life expectancy for females continues to rise along the same trajectory as the national average. An Oxfordshire woman can expect to live between 82 and 83 years on average.



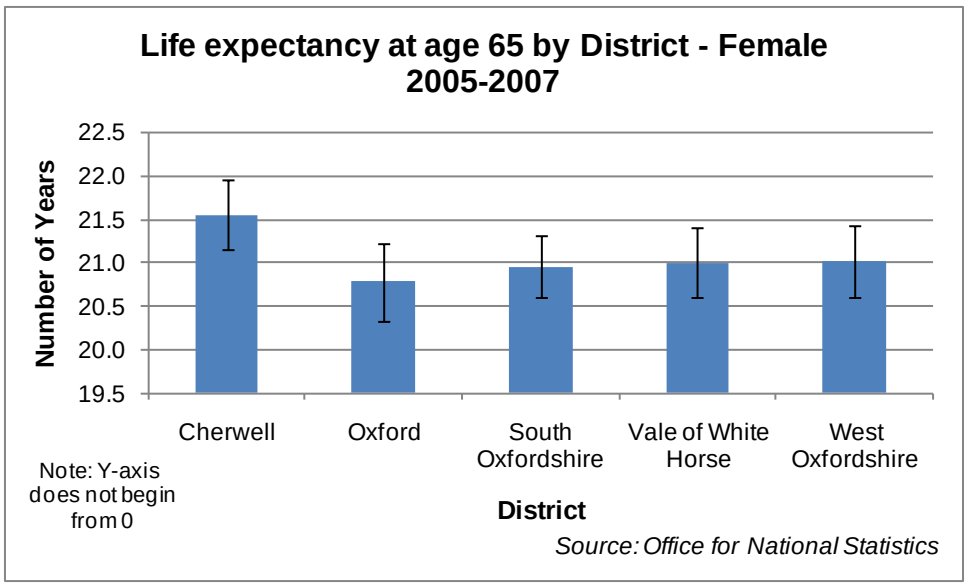
Male life expectancy



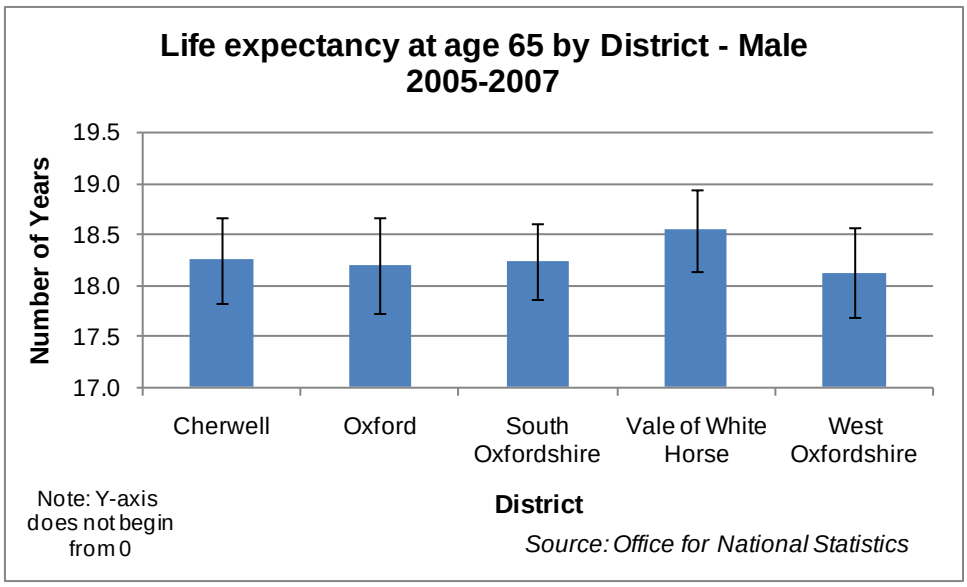


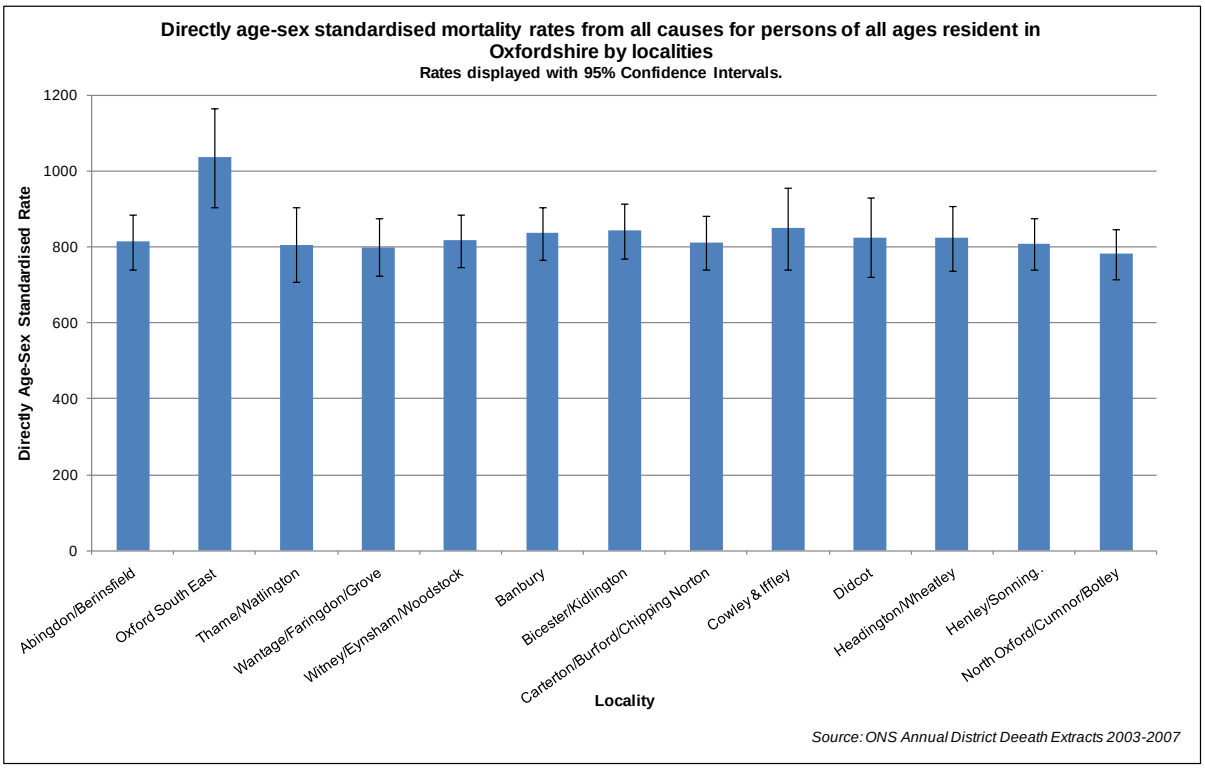
Men can also expect to live to over 78, which is longer than the national average. Life expectancy at the age of 65 tells us how many years a person can expect to live after their 65th birthday. A similar picture emerges using this measure, which is important because it tells us about the health of our existing population and at what age people begin to need services. This information should enable better planning of care provision for future years.

Female life expectancy over 65



Male life expectancy over 65





There is no significant difference in age standardised mortality rates when comparing the 13 localities.

Causes of death

The top ten causes of death for adults are broadly similar to last year. The two notable exceptions are:

- The increase of more than 50% in deaths attributable to mental and behavioural disorders, which made this category the fifth rather than the seventh most-common cause of death
- The fall by a seventh in the number of deaths attributable to external causes, such as murder, suicide and accidents, which dropped from fifth place to seventh

However, as these two categories are intrinsically linked. the changes may be due to different recording.

Deaths from diseases of the circulatory system and cancers fell slightly, though these remain the most-common killers. Coronary heart disease is the biggest cause of mortality in Oxfordshire and in the UK.

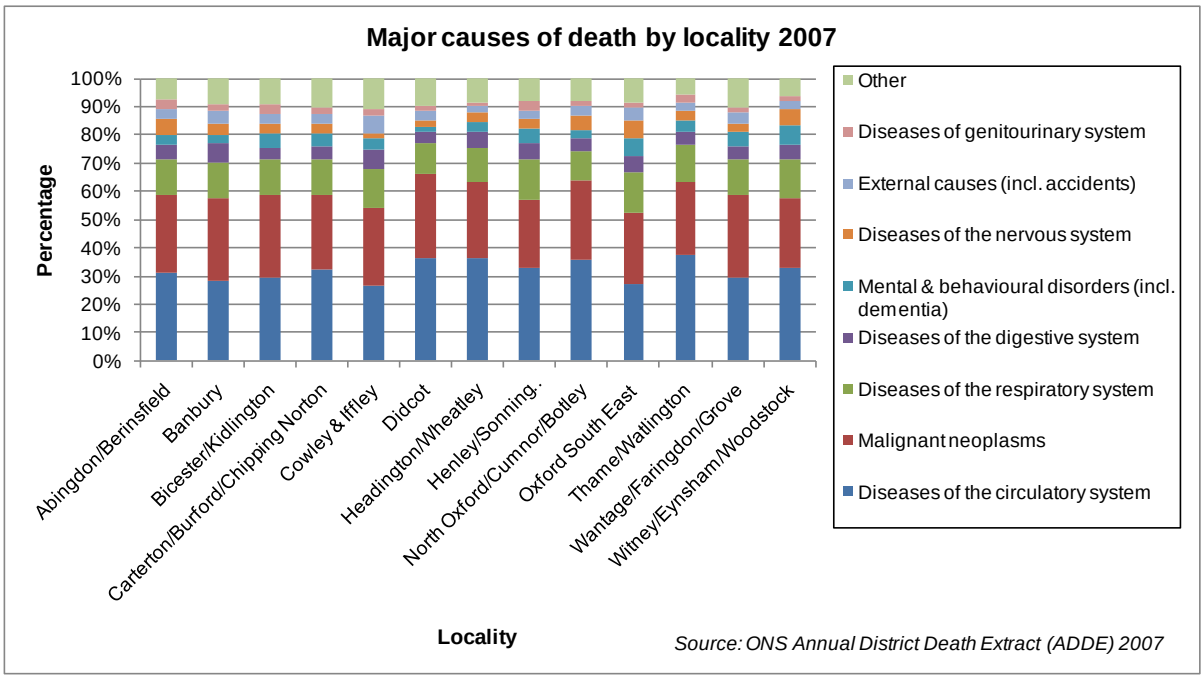
Causes of death in Oxfordshire PCT, 2007

Major causes of death in Oxfordshire, 2006 and 2007

Cause of death (broad heading)	2006 % of total death	2007 % of total death	% change from 2006 to 2007
Diseases of the circulatory system	32.4%	32.0%	-1.1%
Malignant neoplasms	28.8%	27.2%	-5.6%
Diseases of the respiratory system	12.6%	12.7%	1.4%
Diseases of the digestive system	5.5%	5.3%	-4.7%
Mental & behavioural disorders (incl. dementia)	3.6%	4.1%	14.3%
Diseases of the nervous system	4.1%	3.5%	-14.0%
External causes (incl. accidents)	2.8%	4.3%	52.8%
Diseases of genitourinary system	2.0%	2.4%	18.6%
Other	8.3%	8.5%	2.8%
Grand Total	100.0%	100.0%	

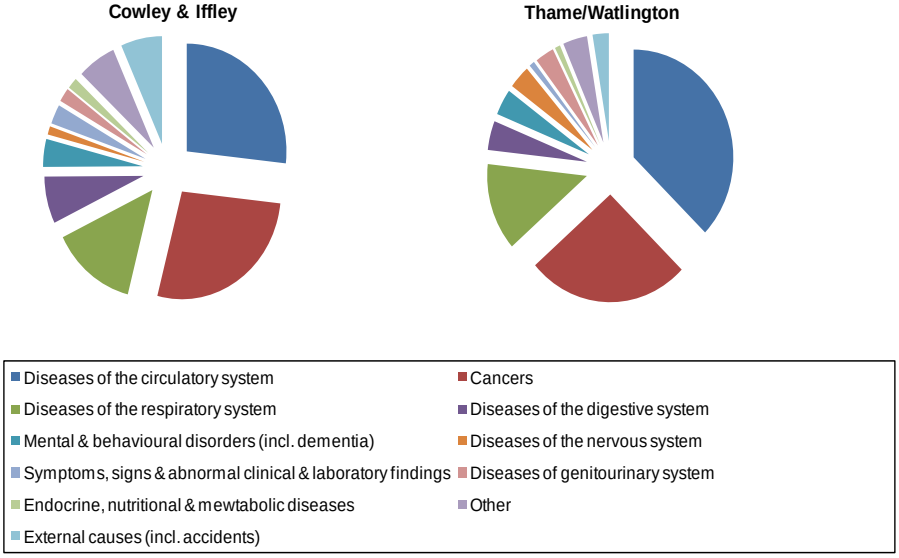
Source: ONS Annual District Death Extract (ADDE) 2006, 2007

Causes of death by locality, 2007



The chart above shows how the relative proportions of the main causes of death vary across the different localities. This generally relates to differing population structures. For example, diseases of the circulatory system and the nervous system make up a far smaller proportion of all deaths in Cowley/ Iffley than in Thame/ Watlington, whereas external causes make up a much greater proportion in Cowley locality than in Thame.

Illustration of the variations in causes of death between two localities, 2007



Source: ONS Annual District Death Extract (ADDE), 2007

Flu vaccination

Flu can cause complications in older people, but can often be prevented through vaccination. A formal Department of Health target has not been set since 2003/04, when the national target for flu immunisation amongst over-65s was reached.

However, the World Health Organization (WHO) has recommended a target of 75% for those aged 65-plus by 2010. In England, almost 74% of this age group had their flu immunisation last year, compared to nearly 77% in Oxfordshire. This means that Oxfordshire had the highest rate in the South Central SHA area, and the 11th highest rate out of all 152 PCTs in England.[2] While this is good news, vaccination levels in 44 Oxfordshire wards did not reach the WHO target and, of these, 26 were also below the England average. Vaccine take-up nationally in those aged under 65 years and in a clinical risk group increased from 45% in 2007/08 to 47% in 2008/09.

Oxfordshire PCT achieved an increase from 47.9% last year to 48.3% in 2008/09; a rate slightly above the national average that put it in the middle quintile for all 152 PCTs in England but seventh out of the nine PCTs in the South Central region. *Note: flu vaccines are offered every year to the over-65s but pneumococcal vaccination is usually only required for this age group once in a lifetime.*

The relationship was examined between flu vaccination take-up and admission to hospital for respiratory complaints amongst the over-65 age group at ward level; no association was found. This may be due to high take-up levels in some areas resulting in herd immunity.

2 Source: 'Influenza Vaccine Uptake Among 65 years and over/ Under 65 years At Risk in England Winter Season 2008-09', DH/ HPA – 24 Apr 2009, pp.66-9

Wards with flu vaccination uptake rate below WHO target

Ward Name	Uptake Rate
Forest Hill and Holton	74.98%
Headington	74.96%
The Astons and Heyfords	74.74%
Berinsfield	74.68%
The Bartons	74.68%
Didcot Park	74.60%
Quarry and Risinghurst	74.08%
Hagbourne	73.99%
Banbury Grimsbury and Castle	73.95%
Wroxton	73.94%
Wolvercote	73.89%
North Leigh	73.86%
Kennington and South Hinksey	73.85%
Bloxham and Bodicote	73.77%
Garsington	73.75%
Hinksey Park	73.74%
Chiltern Woods	73.59%
Barton and Sandhills	73.51%
North	73.49%
Thame North	73.47%
Jericho and Osney	73.26%
Burford	73.22%
Deddington	73.07%
St Margaret`s	73.03%
Crow marsh	73.03%
Adderbury	73.00%
Carfax (includes Holyw ell)	72.97%
Banbury Hardw ick	72.74%
Summertow n	72.70%
Banbury Neithrop	72.66%
Cholsey and Wallingford South	72.65%
Banbury Easington	72.60%
Banbury Ruscote	72.55%
Banbury Calthorpe	72.52%
Henley South	72.41%
Henley North	72.31%
Wallingford North	72.21%
Blew bury and Upton	72.00%
Wheatley	70.76%
Freeland and Hanborough	70.73%
Eynsham and Cassington	70.68%
Great Milton	69.56%
Chinnor	69.37%
Thame South	69.37%

Source: Oxfordshire GP practice system

Note: Shaded cells are wards with flu vaccination uptake rate lower than the England average.

Prevention of falls

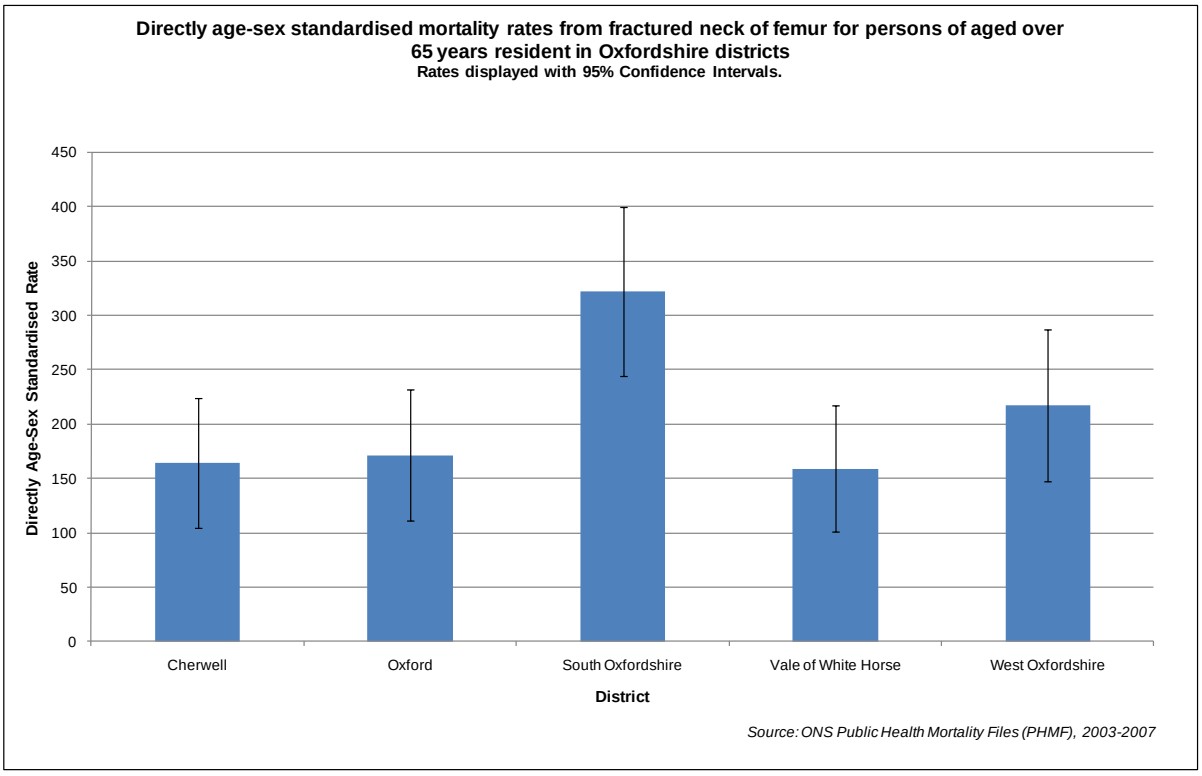
Even if they don't cause fractures, falls in older people can cause a loss of confidence, which impairs their ability to lead full lives and leads to long-term reductions in independence. In the over-75s in particular, admission to hospital following a fall often results in discharge to long-term care.

South Oxfordshire is the district currently experiencing the greatest number of falls - a significant difference compared to all districts other than West Oxfordshire. When considered in terms of the 13 localities, Henley/Sonning Common/Wallingford has the most falls, a result significantly higher than eight of the other 12 localities in the

county. It should be remembered that these wards have a higher proportion of older people living within them. The only significant difference in hospital admissions for hip fractures at ward level was that Otmoor (highest) exceeded the four wards with the fewest cases. However, this ward contains the county's second-largest care home.

Without intervention from preventative services and assuming the incidence of falls in each age group was unchanged, the number of falls would rise by 15–20% over the next decade owing to the increasing numbers of older people. This would result in a predicted 2,300 falls annually by 2016. The number of admissions to hospital for hip-fractures would rise at a similar rate, reaching about 769 by the same date. Applying the current cost of £24,000 per fracture - making no allowances for future cost-efficiencies - this would require an additional spend of over £3m by 2016.

In terms of absolute numbers (as opposed to rates), South Oxfordshire has the greatest number of older people who are potentially vulnerable to falling, followed by the Vale of White Horse and then Cherwell. Cherwell can expect to have more falls than the Vale from 2021, though still fewer than South Oxfordshire. Due to its younger population, Oxford City will remain the district expecting the fewest falls.



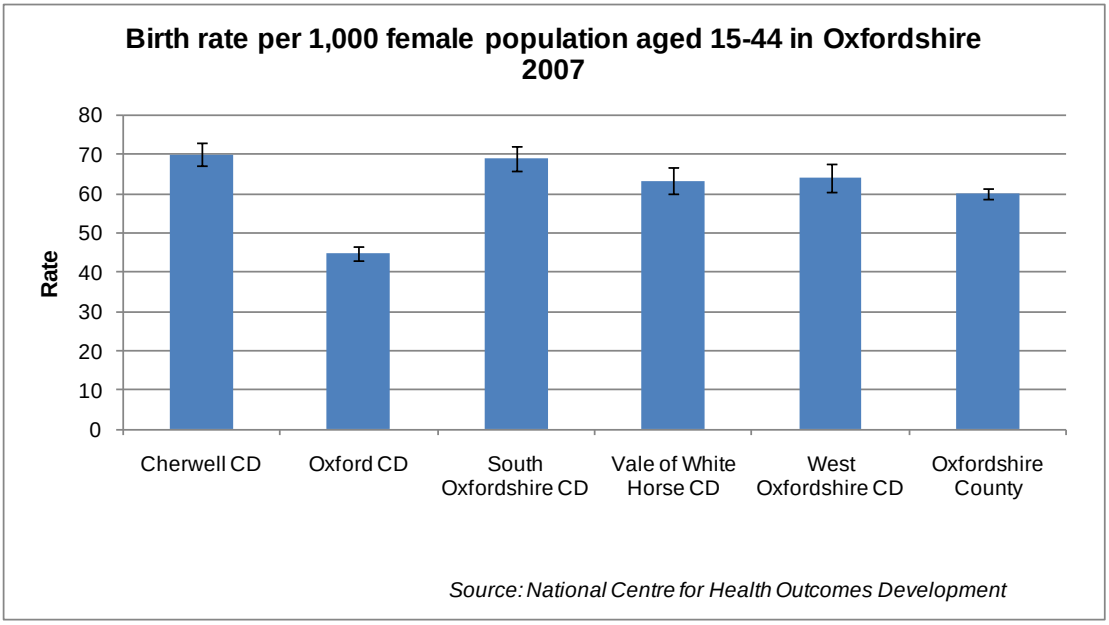
A number of older people use care-home services or home-care support that they have arranged themselves with private providers, since they are ineligible for publicly-funded care, because they have lower levels of need or they are able to fund their own care. Such 'self funders' very rarely access assessment from Social & Community Services prior to making a decision to purchase a care bed. There are 150 care homes in Oxfordshire, providing a total of 4,262 beds. It is estimated that 2,600 (61%) beds are either purchased by self funders or by other authorities.

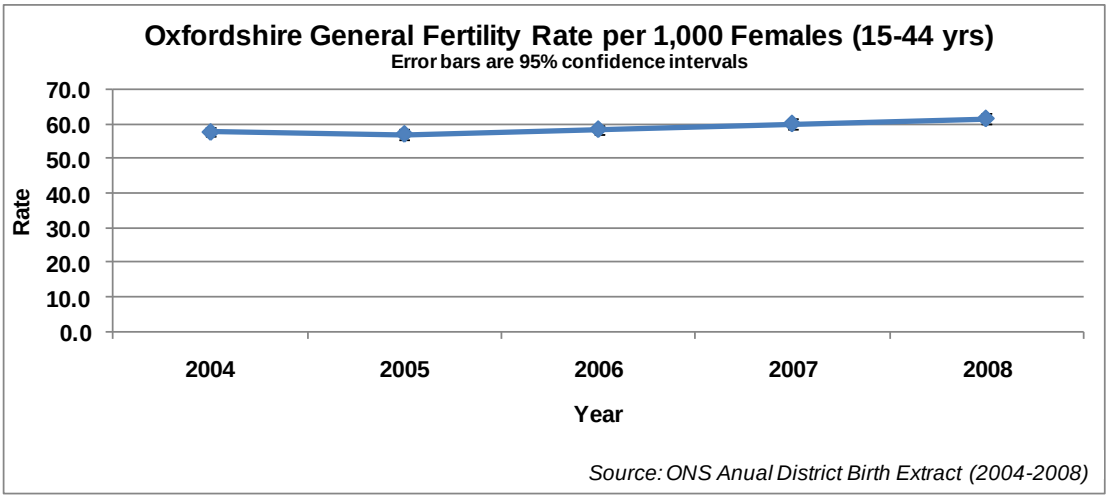
5 Children and young people

Infant health and wellbeing

Good health and wellbeing in the early years set precedents for good health throughout life. Habits are learnt early, so good health and wellbeing in children are a marker for the health of the whole population and a guide as to how healthy that population will be in future years.

Birth rate



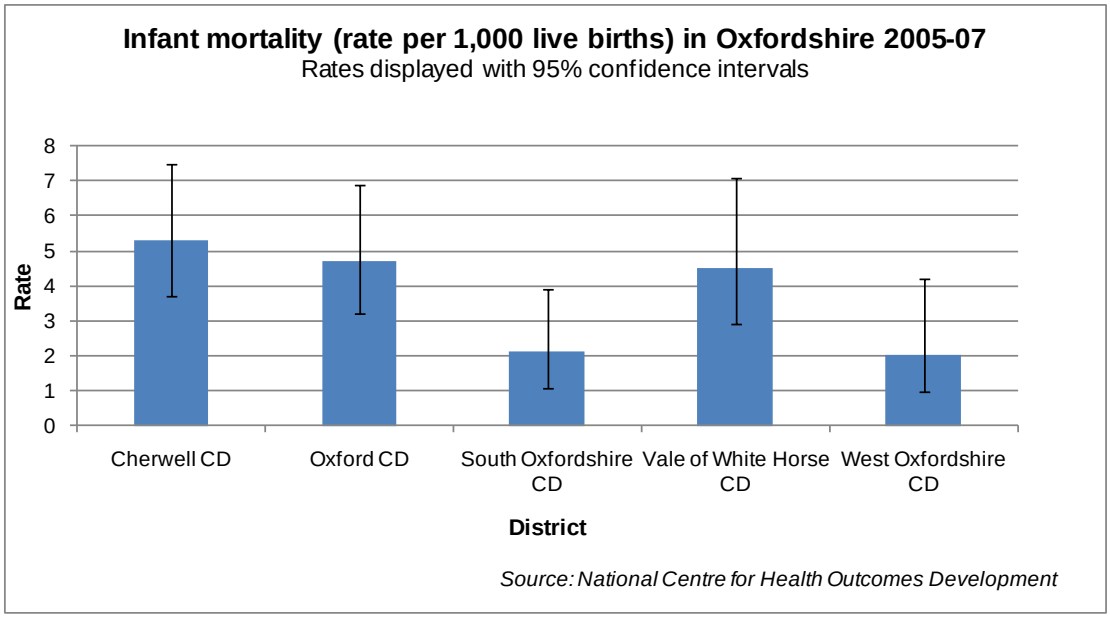


The birth rates in the rural areas of Oxfordshire are similar, with no significant differences, though all are significantly higher than in Oxford City. Fertility rates for Oxfordshire as a whole show a very slight increase, with 57.6 births per 1,000 women aged 15–44 in 2004, rising to 61.6 by 2008.

Infant mortality

In Oxfordshire, infant mortality is 3.9 deaths per 1,000 live births, which represents 92 deaths in those under one year of age for the three-year period from 2005-07. This is considerably lower than the England average (4.9 deaths per 1,000).

Cherwell has the highest rate (5.3), whilst South Oxfordshire had the lowest (2.1). There is no significant difference across the county.



Smoking in pregnancy

Minimising the number of women who smoke in pregnancy is important for the health of both mother and baby, as smoking during pregnancy can lead to low-birthweight babies, premature delivery and complications during labour. Narrowing the gap between the best and worst wards is critical if health inequalities are to be addressed. The figures for the last year are shown below:

Smoking at time of delivery 2004-06 to 2005-08

	2004-06	2005-07	2006-08
All Wards	9.5%	10.6%	10.0%
30 least deprived	5.5%	6.4%	6.1%
30 most deprived	13.7%	15.2%	14.2%
Difference	**8.3%**	**8.8%**	**8.1%**

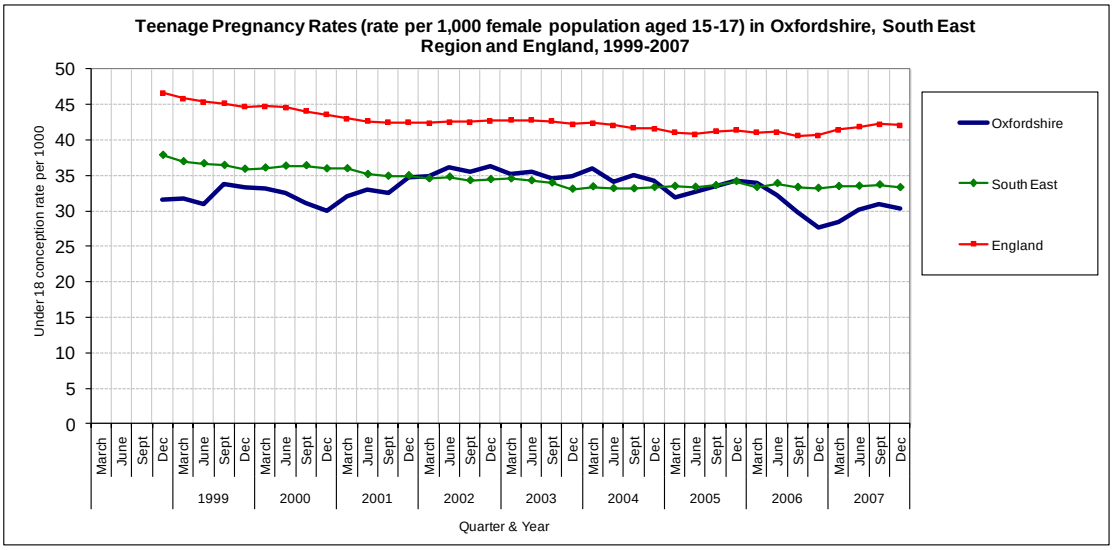
Source: Oxford Radcliffe Hospitals NHS Trust

Cases of smoking during pregnancy are too few for statistically-significant analysis at individual ward level, but in terms of the 13 localities, the highest rates are found in Oxford South East, Abingdon and Berinsfield, and Banbury, where rates are three times higher than the locality which has the lowest rates of smoking in pregnancy ('North Oxford, Cumnor & Botley').

Teenage pregnancy

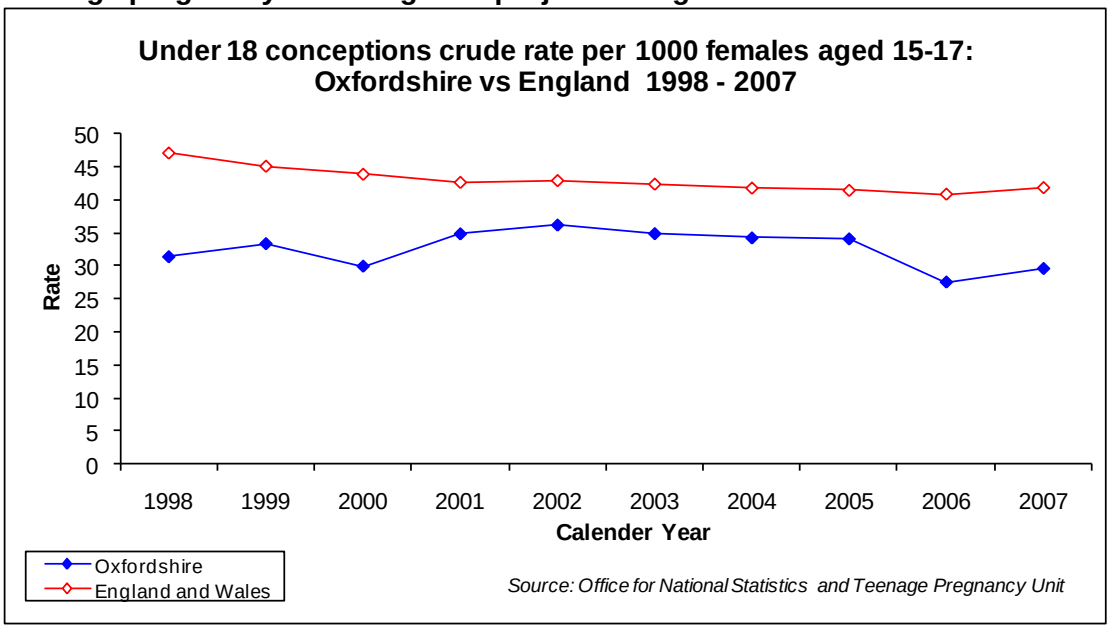
Overall levels of teenage pregnancy are lower than the national and regional average, as shown below. Results in 2006 were very good. While 2007 saw an upward movement, the rate is still lower than in 2005. Oxfordshire has a higher rate of teenage pregnancy than that of its statistical neighbours (a group specially selected for close comparability).

Teenage pregnancy rates in Oxfordshire, South East region and England, 1999-2007



Source: Office for National Statistics and Teenage Pregnancy Unit

Teenage pregnancy trends against projected target 1998 – 2007



Source: Office for National Statistics and Teenage Pregnancy Unit

Low county averages mask smaller 'hotspots'. Parts of Banbury, Witney and Oxford City have the highest rates. The table below shows the small areas in the county with the highest rates of teenage conception, which place them within the highest quartile in England. Rates in the rural areas continue to be lower.

Wards with teenage conception rates over 60 of the 1,000 female population aged 15 – 17 yrs.

Ward	2004-06 rate	Ward	2004-06 rate
Oxford		**Cherwell**	
Lye Valley	9.3%	Banbury Grimsbury & Castle	11.4%
Littlemore	9.0%	Banbury Neithrop	8.7%
Northfield Brook	8.4%	Banbury Ruscote	7.4%
St Mary's	8.0%	Banbury Hardwick	6.9%

Iffley Fields	7.9%	**West Oxfordshire**	
Cowley	7.4%		
Cowley Marsh	7.0%	Witney Central	7.0%
Rose Hill and Iffley	6.8%	Brize Norton and Shilton	6.4%
Blackbird Leys	6.3%		

Source: Office for National Statistics and Teenage Pregnancy Unit

Breastfeeding

Overall, breastfed babies are healthier than their bottle-fed counterparts, with fewer infections and fewer hospital admissions. Breastfeeding initiation rates for Oxfordshire are high and show an increase from last year (breastfeeding at birth up from 77% to 78%). At six to eight weeks after birth, Oxford is the district with the highest rates, with 72% of mothers still breastfeeding their babies, compared with only 51% in Cherwell.

The other three districts have rates broadly similar to the county average. At ward level the differences are greater – ranging from below 45% in 10 wards (Banbury Ruscote, Banbury Neithrop, Banbury Easington, Banbury Hardwick, Blewbury & Upton, Banbury Calthorpe, Didcot Park, Didcot All Saints, Didcot Northbourne, and Banbury Grimsbury & Castle) to almost double that in the two best-performing wards (Henley North and Henley South). It should be remembered that numbers at ward level are very small.

Since breastfeeding is key to giving children a good start in life, reducing the gaps between the best and the worst wards would make a valuable contribution to breaking the cycle of deprivation.

The tables below show progress to date; although much variation exists, the trend is generally upwards.

Breastfeeding initiation rates in Oxfordshire 2003/04 to 2007/08

	2003-04	2004-05	2005-06	2006-07	2007-08
All Wards	76.0%	75.3%	78.2%	77.2%	78.1%
30 least deprived	80.6%	76.4%	81.7%	78.3%	81.9%
30 most deprived	68.9%	69.7%	71.4%	76.7%	72.6%
Inequality gap	**11.7%**	**6.7%**	**10.3%**	**1.6%**	**9.3%**

Source: Oxford Radcliffe Hospitals NHS Trust

Breastfeeding prevalence at 6-8 weeks in Oxfordshire, 2006/07 and 2007/08

Breastfeeding prevalence by District 2006/07

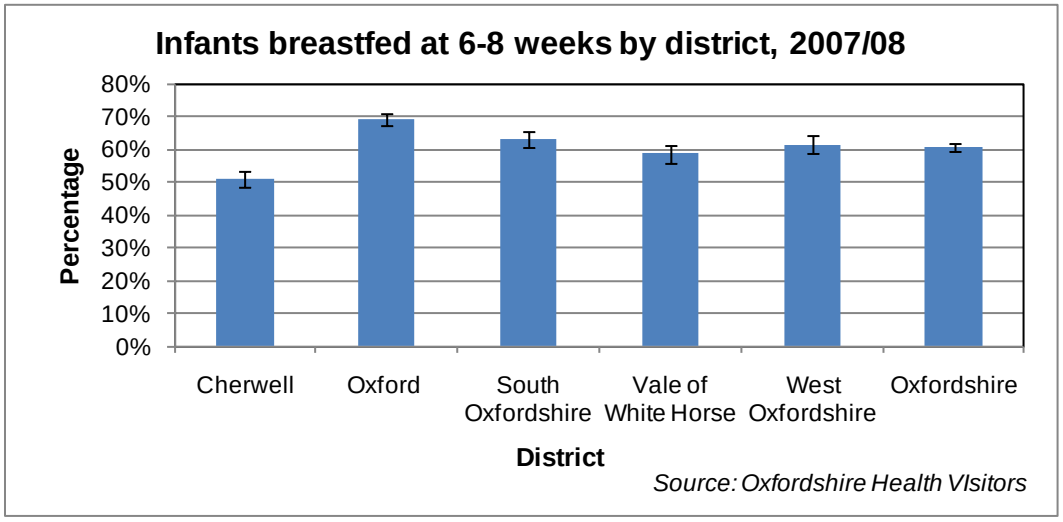
	No. of infants due for 6-8 weeks visit	No. of infants breastfed	% breastfed	Best prevalence	Worst prevalence	Difference
Cherwell	1772	1118	**63.1%**	77.9%	33.0%	45.0%
Oxford	1822	1197	**65.7%**	95.1%	34.6%	**60.5%**
South Oxfordshire	1671	973	**58.2%**	85.2%	36.9%	48.3%
Vale of White Horse	870	566	**65.1%**	84.3%	46.8%	37.5%
West Oxfordshire	388	228	**58.8%**	77.4%	43.3%	34.1%
Oxfordshire	*6523*	*4082*	***62.6%***			

Breastfeeding prevalence by District 2007/08

	No. of infants due for 6-8 weeks visit	No. of infants breastfed	% breastfed	Best prevalence	Worst prevalence	Difference
Cherwell	2095	1069	**51.0%**	76.5%	29.4%	47.1%
Oxford	2015	1396	**69.3%**	94.7%	37.2%	**57.5%**
South Oxfordshire	1445	914	**63.3%**	87.9%	41.3%	46.6%
Vale of White Horse	1235	726	**58.8%**	74.1%	47.9%	26.2%
West Oxfordshire	1248	766	**61.4%**	78.3%	46.9%	31.4%
Oxfordshire	*8038*	*4871*	***60.6%***			

Source: Oxfordshire Health Visitors

Note: This data is collected at GP practice population level. Oxford City has been showing the biggest difference between worst-prevalence GP area and best-prevalence GP area.

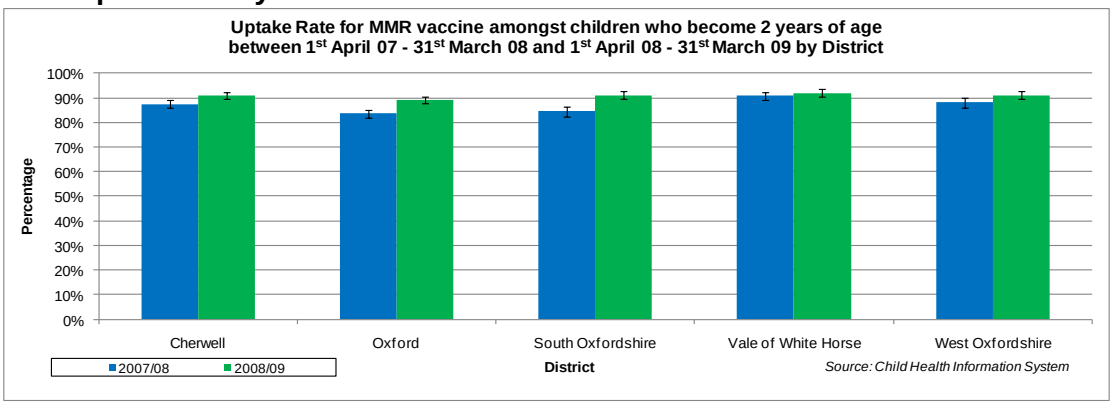


Vaccination programmes

In the UK, measles, mumps and rubella (MMR) vaccine is given at 13 months, with a second dose before children start school. In Oxfordshire, 87% of children had their first MMR in 2007/08. The district with the highest take-up was Vale of White Horse, where on average nearly 91% of children were vaccinated, against less than 84% in Oxford City. Only two out of the 23 wards in Oxford had above-average take-up, while all the other wards were in the bottom two quintiles. The other three districts showed little difference.

At ward level, the take-up of MMR varied from 66% to 97%. The three wards with the lowest take-up were Henley North, Hook Norton and Henley South (all below 68%). The three wards with significantly higher rates were Grove, Wheatley and Wantage Charlton (all over 95%). Again, caution should be used as numbers at a ward level are very small.

Take-up of MMR by district 2007/08 and 2008/09



Childhood wellbeing

A wellbeing indicator for children has been developed to measure how well children are doing in a number of different domains of their life (Communities and Local Government, January 2009). This is expressed as the Child Well-Being Index (CWI), which follows the methodology adopted for Indices of Multiple Deprivation (IMD) 2007. The seven domains included in the CWI are:

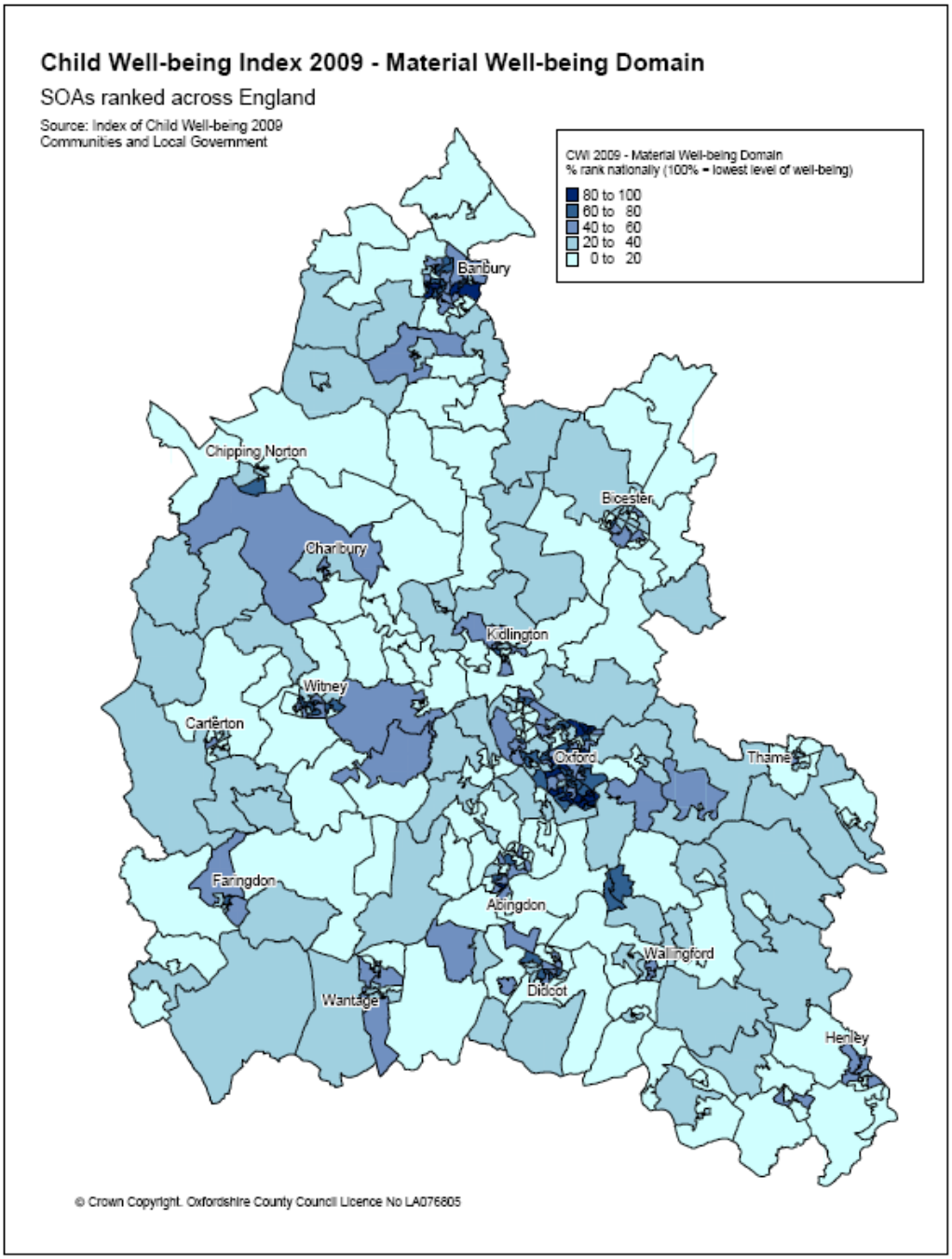
- Material wellbeing
- Health
- Education
- Crime
- Housing
- Environment
- Children in need

Where there is a choice, the standard child benefit definition has been used (0-16 years or 18 years if in full-time education). However, this is not possible or appropriate in all cases.

Material wellbeing

This domain captures the proportion of children experiencing income deprivation in a small area, by measuring the percentage of children under 16 living in families reliant on various in-work and out-of-work means-tested benefits. The material wellbeing domain is the same as the separate 'Income Deprivation Affecting Children Index' (IDACI), published alongside the IMD 2007.

Oxfordshire's material wellbeing (a domain of CWI)



Source: Index of Child Well-being 2009, Community and Local Government

This map shows that within Oxfordshire, most children have what they need for modern living. There are areas of deprivation in the urban areas especially Oxford and Banbury.

Eradicating childhood poverty is a national priority because growing up in poverty damages children's health and wellbeing, adversely affecting their future health and lifechances as adults.

The number of children reported as living in poverty in last year's JSNA was just under 18,500 (p.23). However, the calculations used nationally to produce this figure have been altered; for example, children are defined as being under 16 instead of 18 years of age. These changes mean that like is not being compared with like, so the apparent drop this year in the number of children living in poverty is inaccurate. A more-reliable picture is revealed below, where last year's figures are recalculated using the new method. This table shows that numbers have increased by just over 1%, from 12,880 to just over 13,000. (Note: this figure excludes those children of families in receipt of various in-work benefits that are included in the material wellbeing domain of the CWI).

Deprivation affecting children and young people

Area	Number of children living in poverty		Children living in poverty as a proportion of all children	
	JSNA '08 (source2006)	JSNA 09 (source2007)	JSNA '08 (source2006)	JSNA 09 (source2007)
Cherwell	3,075	3,080	11.9%	11.4%
Oxford	4,785	4,875	21.8%	22.4%
South Oxon	1,930	1,915	7.9%	7.5%
Vale	1,770	1,815	7.3%	8.2%
West Oxon	1,320	1,340	6.8%	7.0%
OXFORDSHIRE	12,880	13,025	11.1%	11.3%

Source: Department of Work & Pensions

Even though Oxford has far fewer children as a proportion of its population than all the other districts, it still has by far the highest concentration of children living in poverty; this is due to the difference in population make-up.

Five wards in particular have more than a third of children living in poverty (Northfield Brook, Blackbird Leys, Churchill, Barton & Sandhills, and Rose Hill & Iffley). When absolute numbers of children are considered, both Northfield Brook and Banbury Ruscote stand out as the two wards with significantly higher numbers of children living in poverty. In terms of the 13 children's localities, both Oxford South East and Banbury stand out as having more poverty than other areas. It should be remembered that numbers at ward level are small.

35 wards with above average proportions of children under 16 living in poverty

Oxford	number	%
Northfield Brook	*790*	*37.6%*
Blackbird Leys	**515**	**34.9%**
Churchill	**270**	**33.2%**
Barton & Sandhills	**505**	**32.5%**
Rose Hill & Iffley	**380**	**32.5%**
Littlemore	**315**	**28.6%**
St. Mary's	**115**	**24.1%**
Lye Valley	*300*	*24.1%*
Cowley Marsh	**210**	**23.7%**
Headington Hill & Northway	**170**	**22.1%**
Carfax (incl Holywell ward)	50	21.6%
Cowley	**230**	**19.2%**
St. Clement's	100	19.1%
Iffley Fields	**175**	**18.6%**
Hinksey Park	**125**	**14.4%**
Jericho & Osney	80	12.4%
Quarry & Risinghurst	**125**	**12.4%**
Summertown	120	11.9%

West	number	%
Witney Central	**120**	**15.3%**
Witney South	135	11.6%

Cherwell	number	%
Banbury Ruscote	*720*	*31.8%*
Banbury Neithrop	**280**	**22.6%**
Banbury Grimsbury & Castle	**325**	**17.2%**
Banbury Hardwick	*255*	*15.2%*
Bicester Town	**115**	**14.8%**
Kidlington South	200	13.1%

Vale	number	%
Abingdon Caldecott	**225**	**22.5%**
Faringdon & The Coxwells	**190**	**13.4%**
Abingdon Northcourt	**120**	**13.2%**
Abingdon Abbey & Barton	105	12.7%
Abingdon Ock Meadow	90	12.0%

South	number	%
Didcot Northbourne	**190**	**16.1%**
Berinsfield	175	13.8%
Didcot All Saints	160	13.2%
Great Milton	**60**	**11.7%**

white cells show wards not above average last year

yellow cells were above average both this year and last year

Bold red shows wards where poverty has increased in absolute numbers and as a proportion of all children

Light red shows wards where poverty has increased as a percentage but absolute numbers haven't risen

Light red italics shows wards where the numbers in poverty have increased but the proportion has fallen

Bold green shows wards where poverty has fallen in absolute numbers and as a proportion of all children

Light green shows wards were the numbers in poverty have remained the same but decreased as a proportion

Source: Department of Work & Pensions

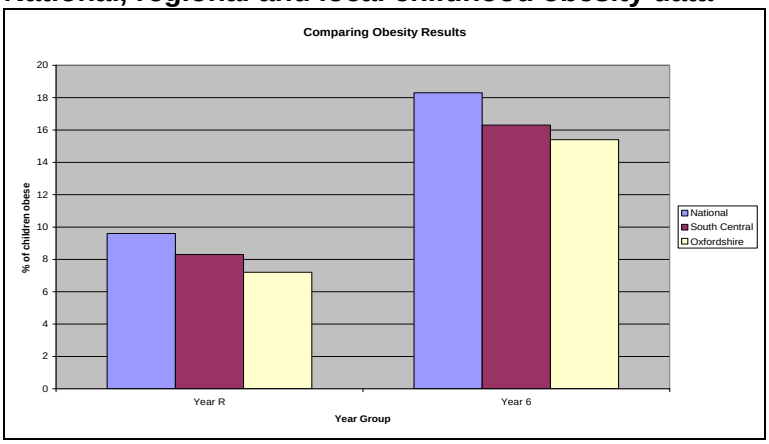
Physical wellbeing

Health is a clear contributor to the overall wellbeing of children. Ideally, this should be a positive measure of health status. However, because of shortages of data of this local level, this domain focuses on illness, accidents and disability, as represented by the use of health services and the take-up of disability benefits.

Childhood obesity

The NCMP is a programme which measures children at school in school Year R (four-to-five-year-olds) and Year 6 (10-11-year-olds). This is a new programme and as yet only two years' data is available. Nationally, rates of childhood obesity in 2007/08 for Year R were 9.6% and for Year 6 were 18.3%. South Central SHA area was below the national average with 8.3% of Year R and 16.3% of Year 6 children being classified as obese. Oxfordshire figures were just below the South Central SHA figure with 7.2% and 15.4% of children being obese respectively.

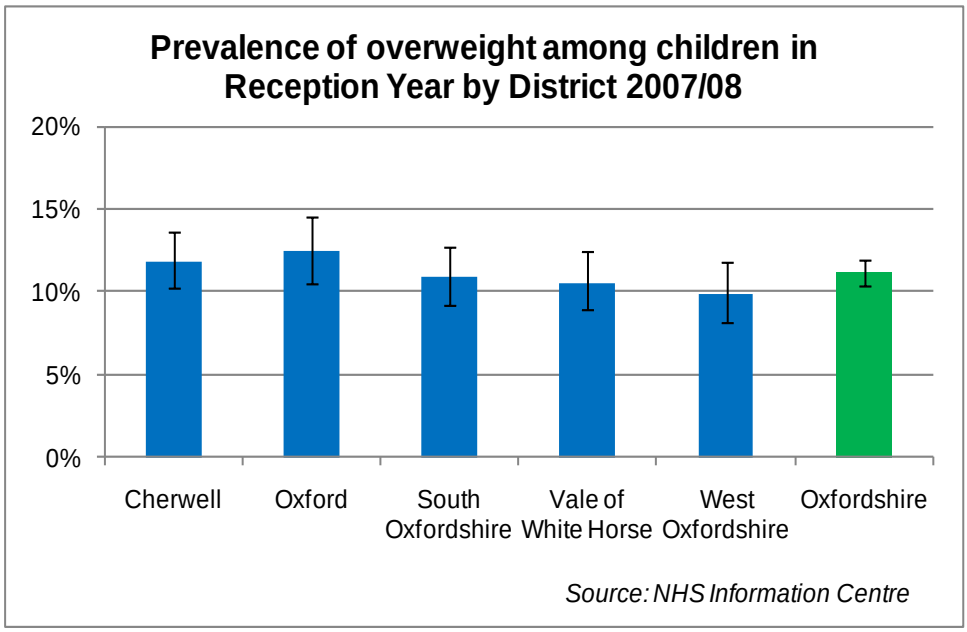
National, regional and local childhood obesity data

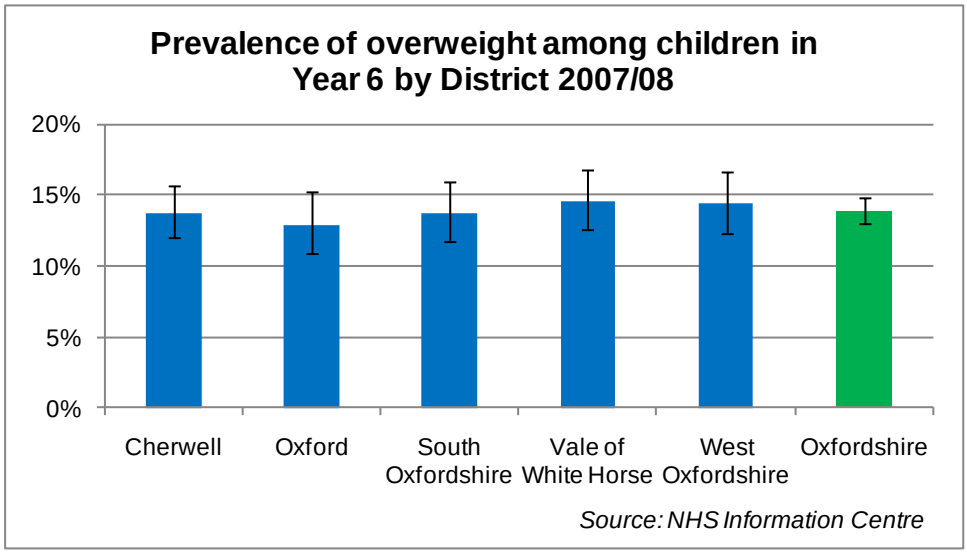


Source: The Health and Social Care Information Centre

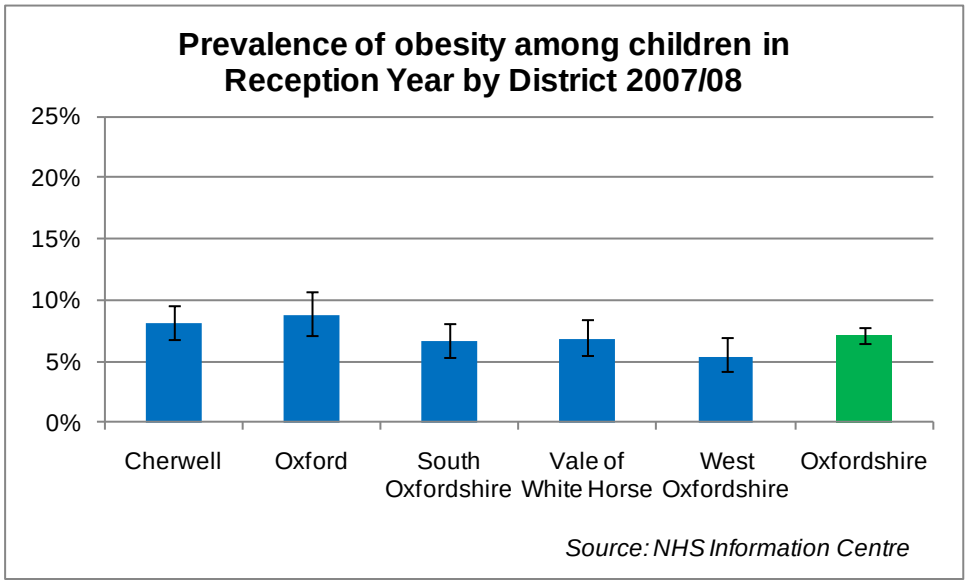
When considering different areas within the county, there is no significant difference between districts.

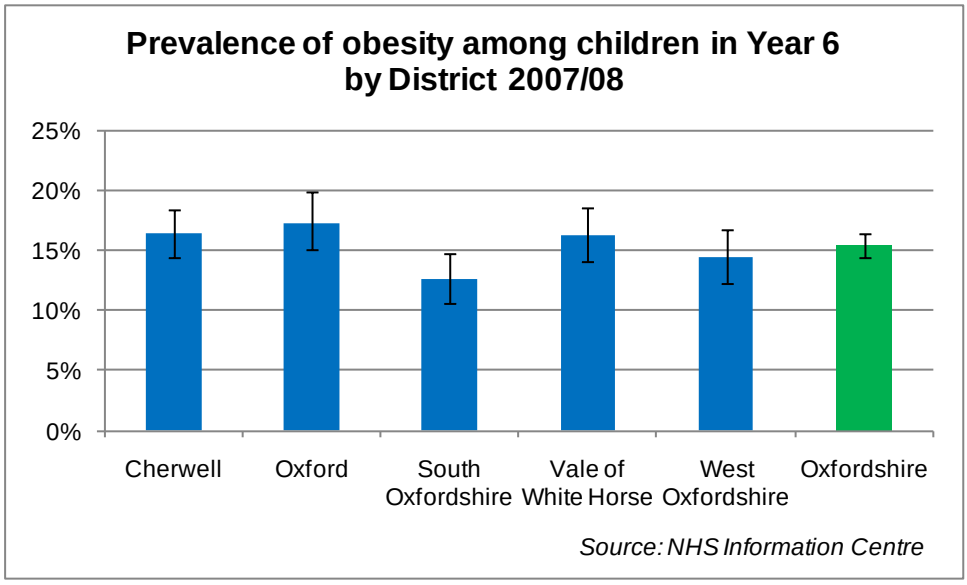
Overweight levels in school aged children 2007/08





Obesity levels in school aged children 2007/08

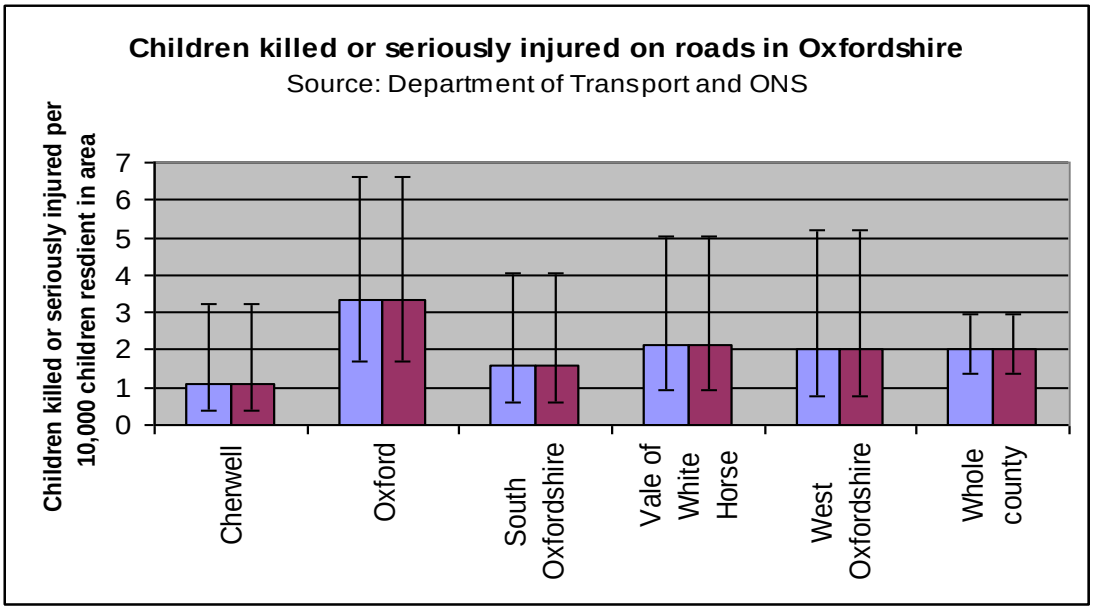




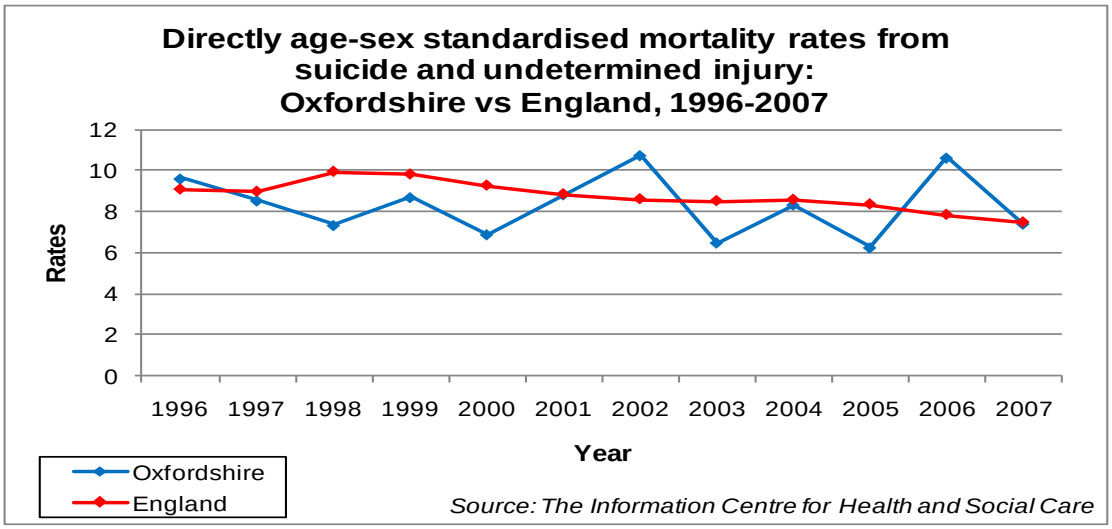
Source: NHS Information Centre

Accidents

There is no significant difference in accident rates across the county. Oxford City has the highest death rate per 10,000 children, whilst Cherwell has the lowest.



Source: Office of National Statistics and Department of Transport



Source: National Centre for Health Outcomes Development (NCHOD), 2009

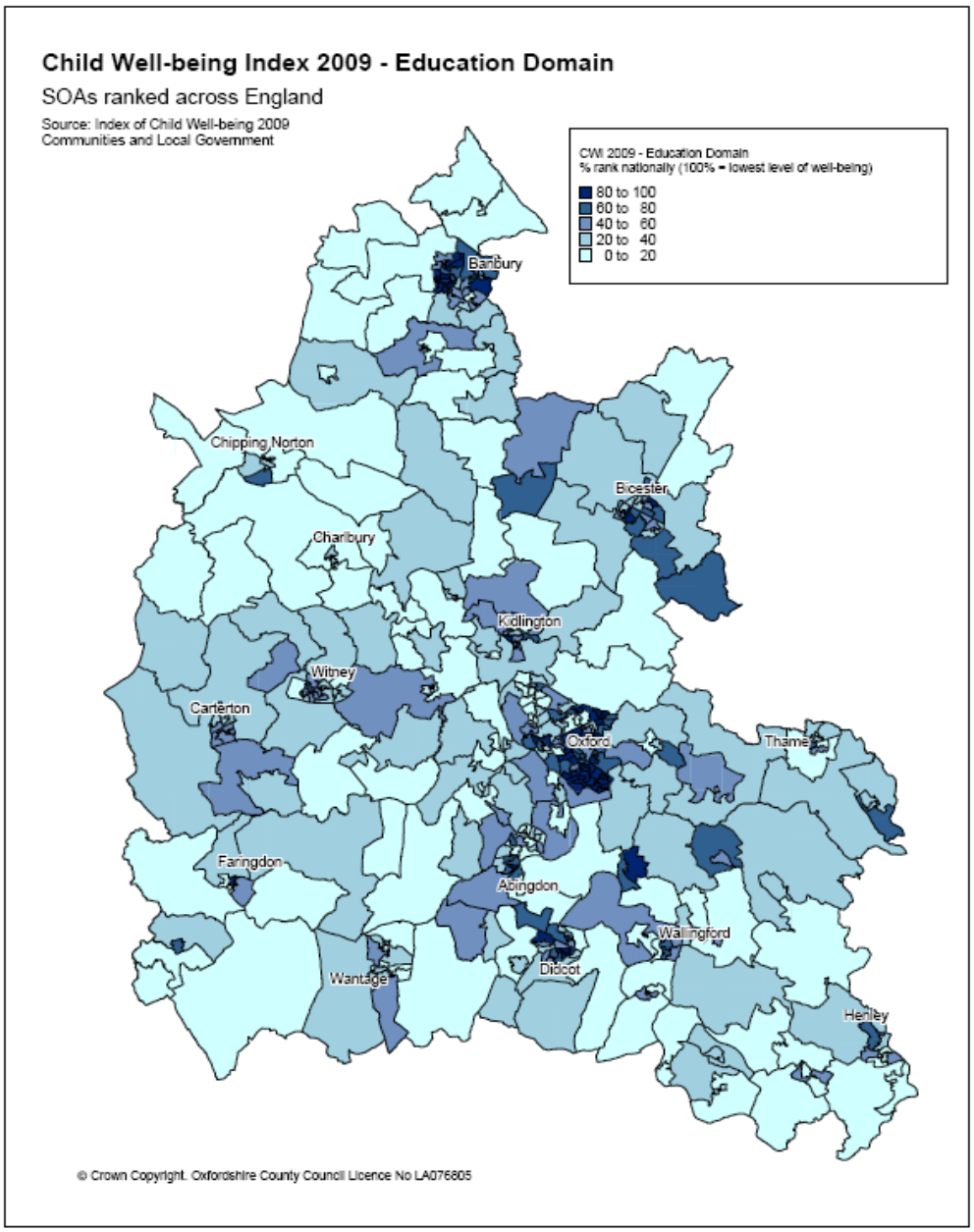
Children (at risk of being) in need

This domain is about children who are in various kinds of need. The Children in Need Survey (CiN) (2005), from the Department for Children, Schools and Families, provides information on all the children served by local authorities in a given week. As with the other domains (above), Oxford City and Banbury stand out as areas of highest need, although the main towns all need further investigation.

Education

The education domain amalgamates measures of primary and secondary attainment, absence rates, and staying-on rates for further and higher education. The darker areas on the map, which are doing less well, highlight the high deprivation profiles within Banbury and Oxford City. There are other hotspots in the Oxfordshire towns which need further profiling.

Child Well-being Index – education domain, by Super Output Area



Source: Index of Child Well-being 2009, Communities and Local Government

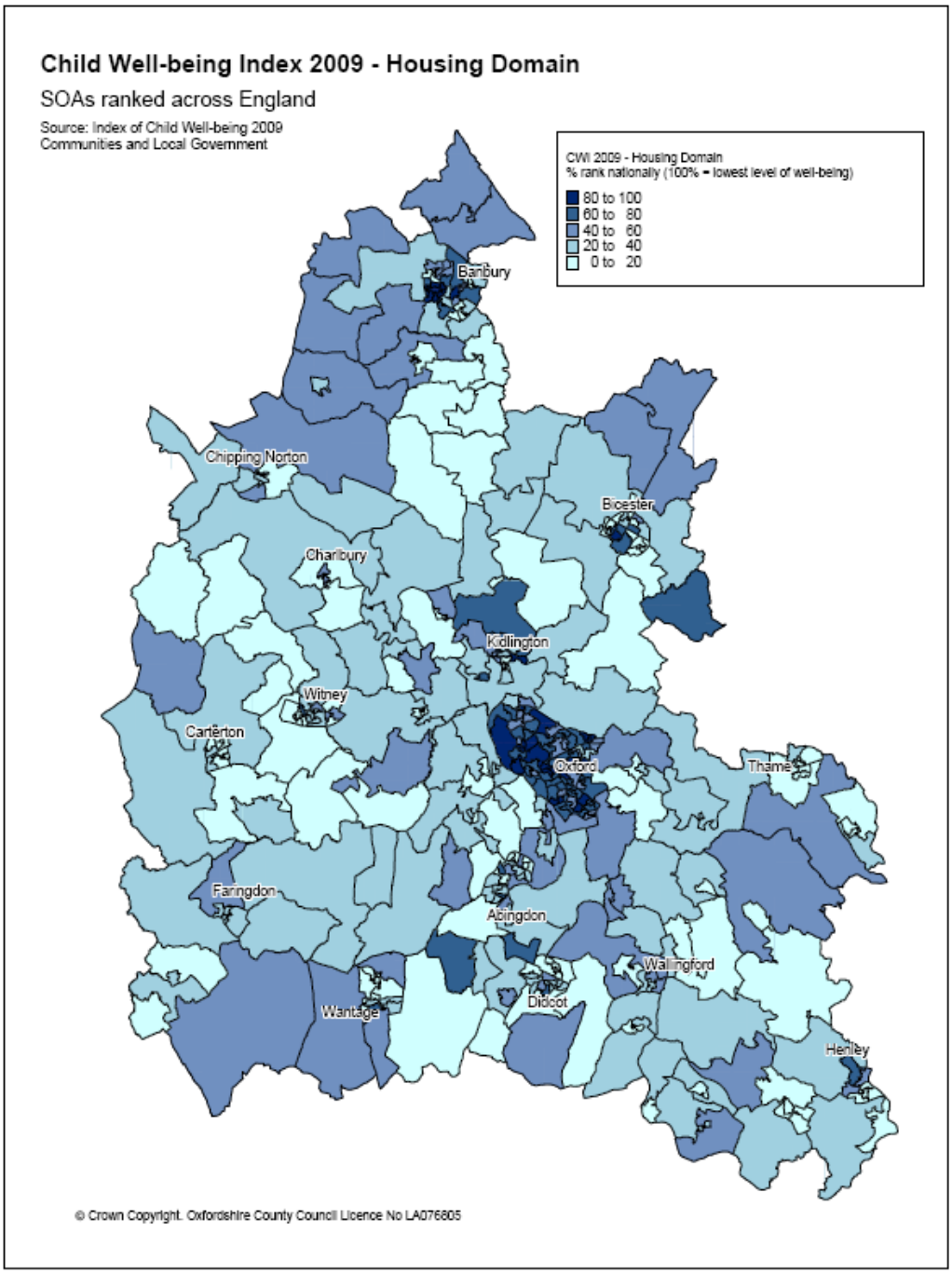
Crime

The crime domain uses data on burglary, theft, criminal damage and violence. When plotted on a map it looks rather similar to the map of the education domain, and provides additional profiling of areas, especially in the bigger population centres. This can help with the targeting of multi-disciplinary services.

Housing

Issues such as overcrowding, shared accommodation, homelessness and lack of central heating can have a profound impact on child wellbeing. Areas with housing that causes most concern can be found in Banbury and Oxford City, but there is also poor housing in Bicester.

Child Well-being Index – housing domain, by Super Output Area



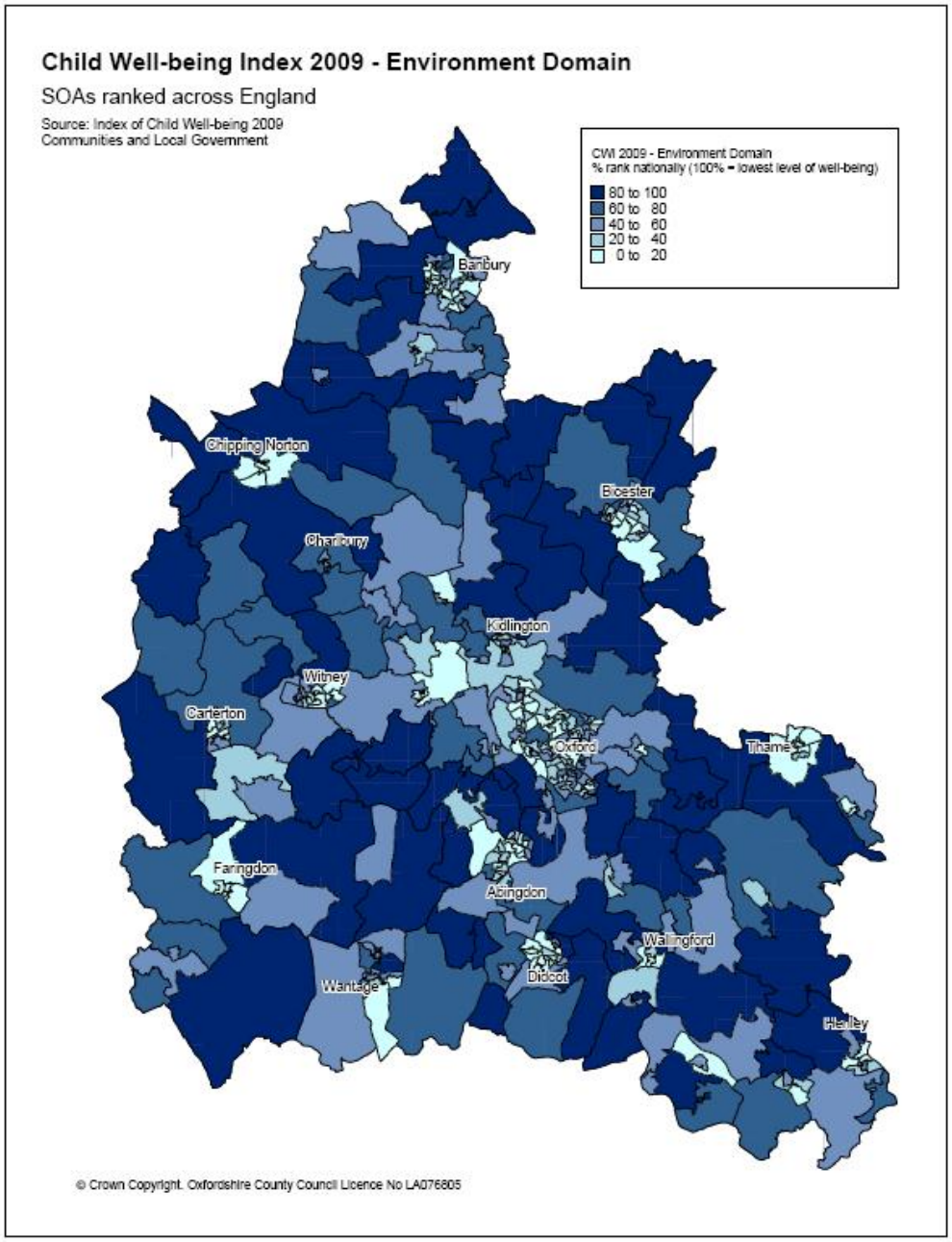
Source: Index of Child Well-being 2009, Communities and Local Government

Environment

The environment domain captures aspects of the environment that affect children's physical wellbeing - health, exercise and safe, independent mobility.

It also covers the potential of the natural environment to provide children with play spaces that enhance their personal, cognitive and social development. It produces a surprising map, at odds with other aspects of the wellbeing index. The rural areas display accessibility issues which are important for extended services and transport planning.

Child Well-being Index – environment domain, by Super Output Area

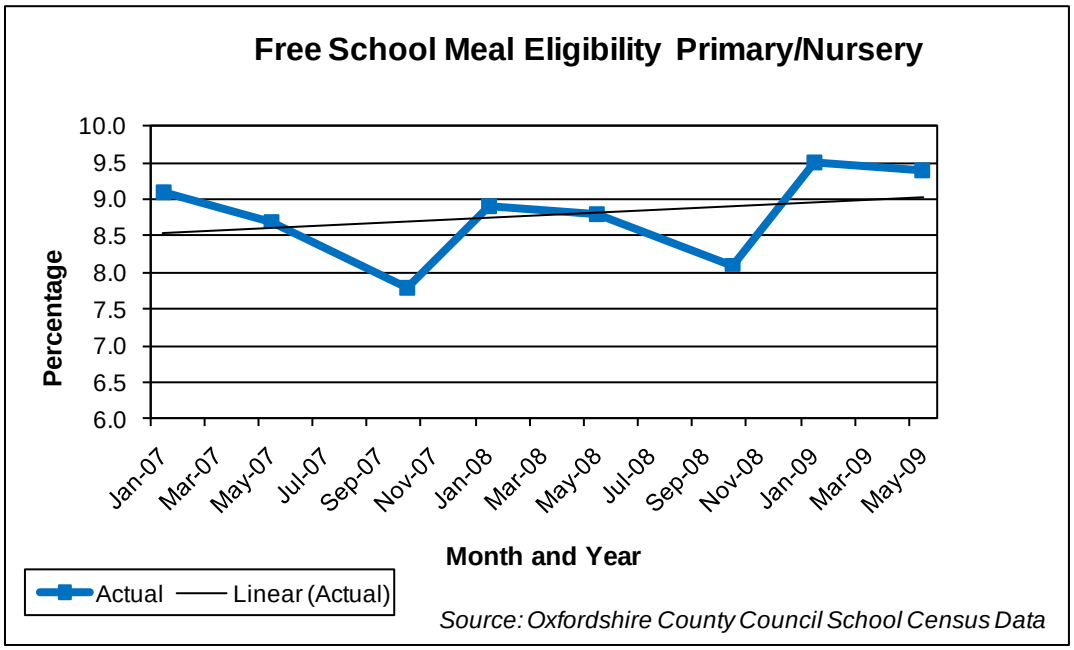


Source: Index of Child Well-being 2009, Communities and Local Government

Narrowing the gap

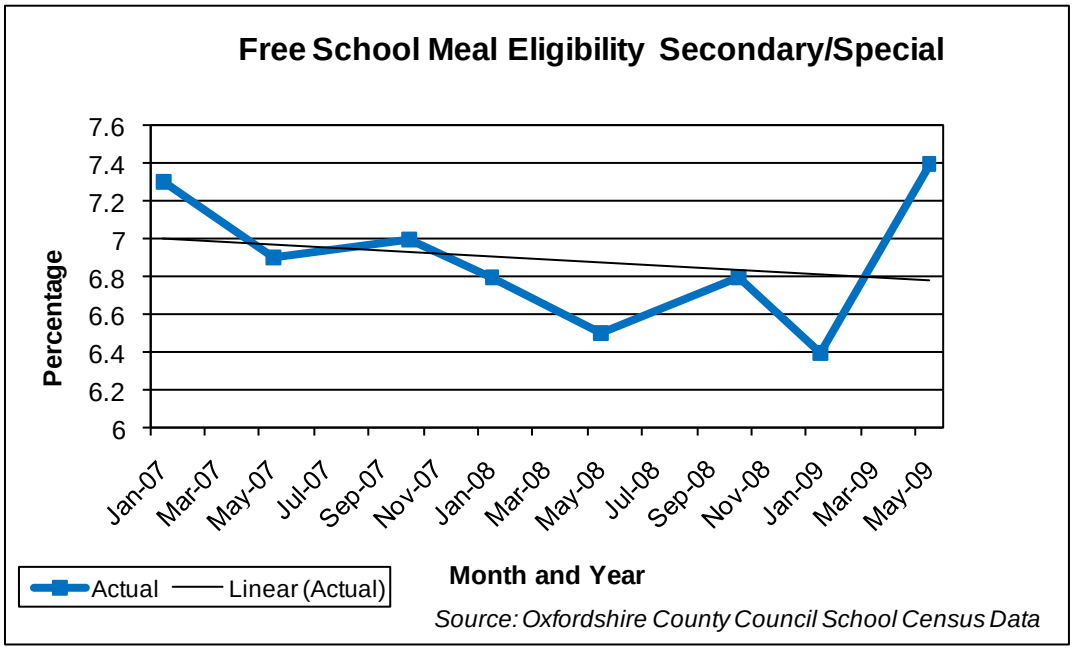
One measure of childhood poverty is free school meal eligibility.

Free school meal eligibility – primary/ nursery



Source: School Census (conducted Jan, May & Oct) – Oxfordshire County Council

Free school meal eligibility - secondary



Source: School Census (conducted Jan, May & Oct) – Oxfordshire County Council

The recent percentages of pupils eligible for free school meals, taken from the school census, show a clear increasing trend in take-up in the primary school sector and a recent sharp rise in the secondary sector.

The table below shows the percentage of pupils achieving 5A*–C passes, including English and Maths at GCSE, in the last four years. It shows the difference between the main cohort and those eligible for free school meals for Oxfordshire and its 10 statistical neighbours. Most authorities are finding it hard to narrow this gap, whilst

the performance of the free school meal cohort remains relatively weak in Oxfordshire.

Free school meal eligibility – gap between attainment

	Free School Meals				Non-FSM				FSM/ Non-FSM Gap			
	2005	2006	2007	2008	2005	2006	2007	2008	2005	2006	2007	2008
Oxfordshire	**12.7**	**14.9**	**18.6**	**18.3**	**48.3**	**49.9**	**50.0**	**52.6**	**35.6**	**35.0**	**31.4**	**34.3**
Bath/NE Somerset	19.9	17.1	17.7	20.8	52.6	53.9	52.5	59.3	32.7	36.8	34.8	38.5
Bedfordshire	14.4	17.0	17.0	20.4	44.7	46.0	49.6	51.2	30.3	29.0	32.6	30.8
Bracknell Forest	16.4	18.0	15.4	26.4	44.0	48.9	49.2	52.5	27.6	30.9	33.8	26.1
Buckinghamshire	15.6	18.6	23.8	27.0	62.1	61.4	62.9	65.6	46.5	42.8	39.1	38.6
Cambridgeshire	20.6	13.4	18.2	22.1	51.6	52.6	51.7	55.4	31.0	39.2	33.5	33.3
Gloucestershire	19.4	17.0	19.2	21.8	55.0	55.6	56.5	58.8	35.6	38.6	37.3	37.0
Hampshire	17.9	18.6	18.4	24.4	51.3	51.7	52.9	55.2	33.4	33.1	33.5	30.8
Hertfordshire	22.5	23.0	28.1	27.4	53.1	55.5	57.4	59.6	30.6	32.5	29.3	32.2
West Berkshire	16.0	19.0	19.6	17.8	50.9	52.9	55.1	54.3	34.9	33.9	35.5	36.5
Wiltshire	17.0	19.3	19.3	17.1	51.0	49.9	51.0	54.5	34.0	30.6	31.7	37.4

Source: January School Census - Department for Children, Schools and Families (DCSF)

GCSE attainment of different populations within school community

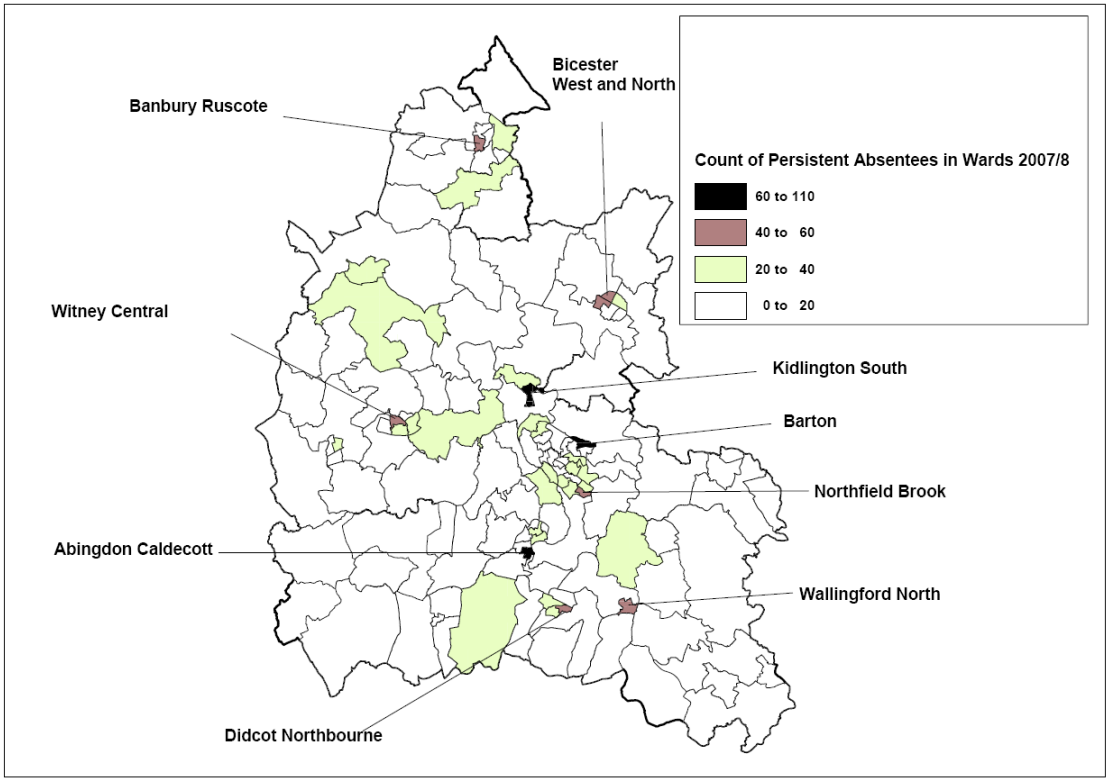
2007 GCSE	5 A* - G incl E&M	Pupils to raise to county level	Cohort	Percentage of cohort
Oxfordshire	**91.8**	**0**	**6,761**	**0%**
Meadowbrook	1.4	63	70	90%
Child Protection Register	27.8	12	18	64%
YOS Order Cases	37.5	96	176	54%
Social Care	37.8	200	370	54%
Children Looked After	40.0	36	70	52%
BESD	48.9	102	237	43%
Persistent Absentees	59.5	185	573	32%
Hospital School	60	3	10	32%
PCAMHS	66.2	19	74	26%
>1 Fixed Exclusion	73.2	55	295	19%
FSM	76.1	74	469	16%

Source: 2007 GCSE results – Oxfordshire County Council

The table above shows the difference in GCSE attainment for different sections of the school population. The 5A*–G including English and Maths represents a level 1 qualification, with almost 92% achieving the level within the main cohort.

The final column shows the percentage of the vulnerable cohort that would need to achieve this level 1 qualification to bring it into line with the mainstream. Such extreme gaps become less of a pure education issue and more of a social welfare and community challenge. (Note: small cohort numbers for some groups).

Persistent absenteeism



Source: School Census (conducted Jan, May & Oct) – Oxfordshire County Council

The map above shows the count of persistent absentees (more than 63 half- day episodes of absence per year) by ward through the academic year 2007/08. This is usually reported at school level but here shows persistent absentees by residence. Wards in Kidlington and Abingdon are showing very high counts of persistent absentees, which may suggest alternative strategies to reduce such counts.

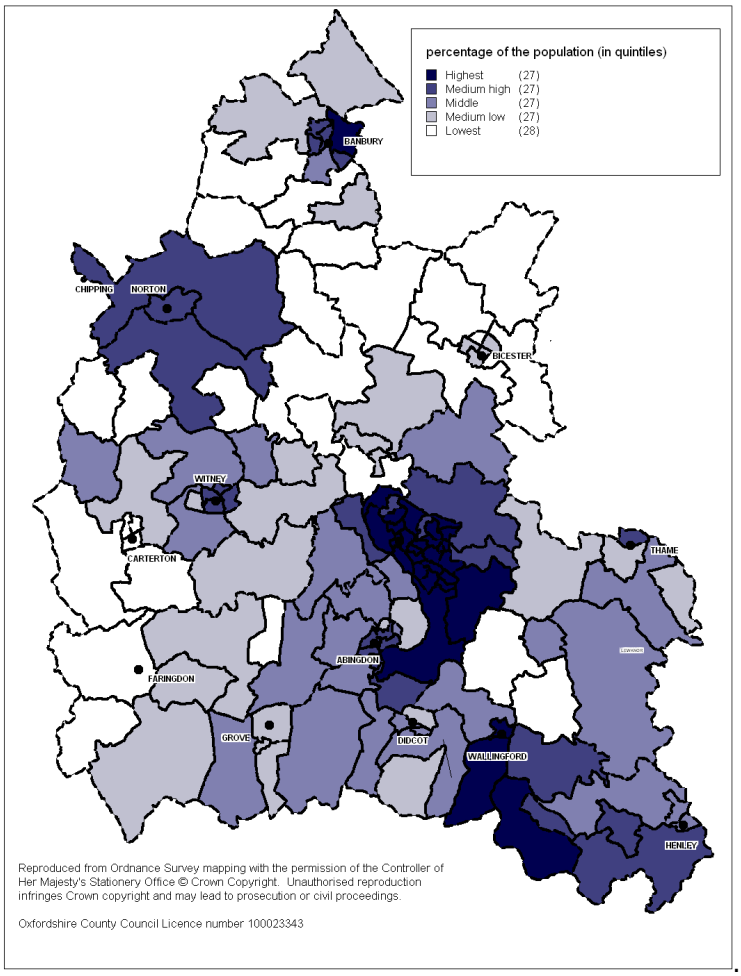
6 Mental health

A largely similar picture to last year

Findings reported last year (p.19), such as the difference in mental health needs between Oxford and the rest of the county, are replicated this year. The proportion of people diagnosed with dementia is generally similar across Oxfordshire, whereas schizophrenia, bipolar and other psychoses remain much more of an urban phenomenon.

Such conditions affect approximately 0.01% of the population, but are largely concentrated in Oxford and Banbury and much less common in the more rural areas. Two localities – Cowley & Iffley and Oxford South East – have the highest levels of these severe mental illnesses (almost double that of many localities). In part, this reflects the location of services, hostels and residential care.

Diagnoses of schizophrenia, bipolar and other psychoses, 2007-08



Also in keeping with last year, up to 20% of the local population have experience of common symptoms, such as sleep problems, fatigue and anxiety. These can have substantial effects on individuals, families, communities, healthcare services and society as a whole, which is why improving mental well-being has become a local priority.

New information: dementia and suicide

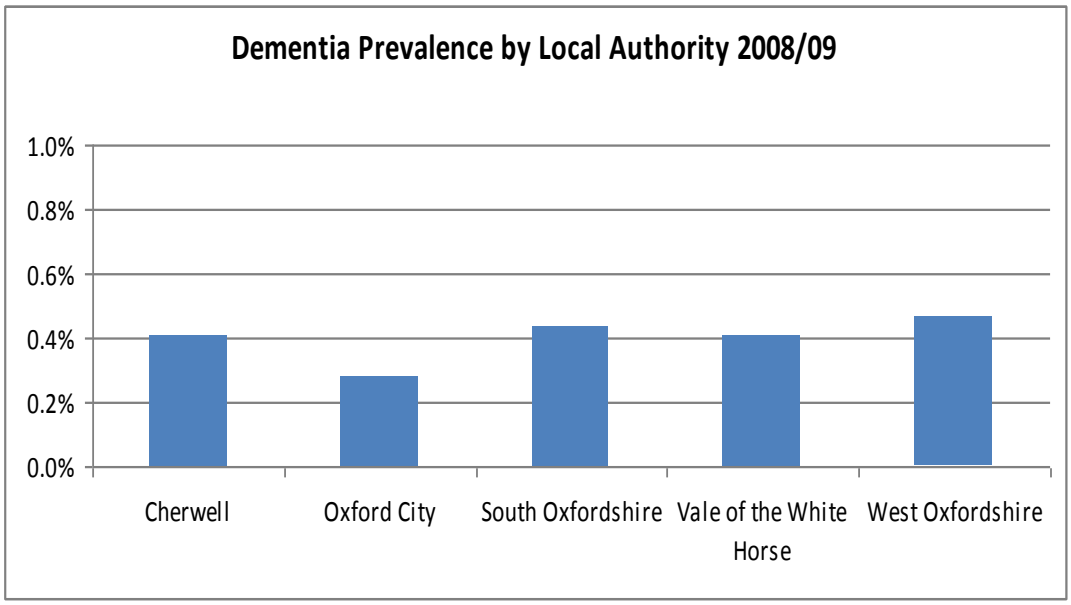
Dementia continues to be the mental health problem with the greatest forecast growth. There are currently 2,600 patients registered with a dementia diagnosis in Oxfordshire, an increase of 200 since last year. The rise is in line with expected trends, since the total is predicted to double to around 5,000 over the next 30 years as a result of an ageing population. Although predominantly a disorder of later life, there are at least 56 people under the age of 65 who also have the illness.

These figures indicate that only 35% of the expected number of people with dementia have actually been diagnosed, which is again in line with the national picture (where between 20 and 40% of people have a definite diagnosis of dementia). This suggests that there may be more than 6,800 people in Oxfordshire who can be expected to have dementia, but have not as yet received a diagnosis.

The greatest numbers of people with dementia live in rural areas, which are also the areas where the largest populations of older people live. West Oxfordshire is the district with the highest prevalence of dementia, while Oxford City is the lowest. At locality level, the Henley/ Wallingford and the Witney/ Woodstock localities have the highest rates - more than double those of Cowley and Iffley and Didcot, which have both the lowest rates and the youngest populations.

The differences between each area are very small, and not significant.

Prevalence of dementia by district, 2008



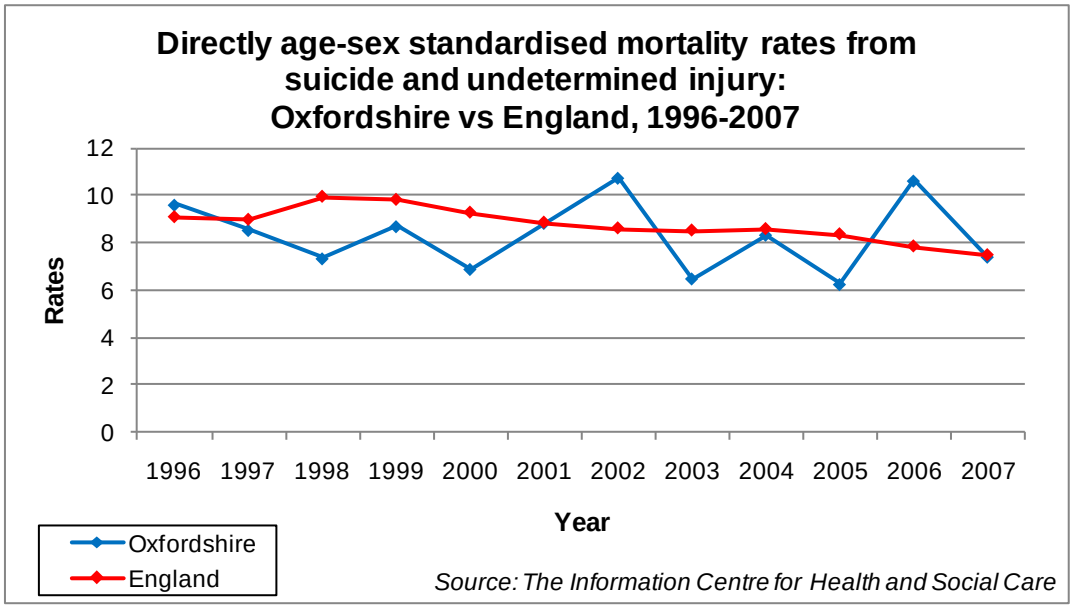
Suicide

Suicide represents a major public health issue, with around 5,000 people taking their lives across England each year. Latest figures for Oxfordshire suggest that although rates vary each year, the numbers do in fact represent significant loss of life. Over the period 2005-08 there were 232 deaths from suicide across the county - 168 males and 64 females. Most deaths occur among younger people, with 57% being attributed to those aged 15-44 years of age. This age group is also the most likely to be admitted to hospital for suspected intentional self-harm.

Many of the risk factors for suicide are well known from research; being male, living alone, unemployment, alcohol or drug misuse, and mental illness all increase the

risk. Across both England and Oxfordshire, the main methods of suicide are hanging, strangulation and suffocation, and self-poisoning.

At ward level there are no significant differences in suicide rates, either in terms of absolute numbers or in terms of rates once adjusted to account for differences in the demographic. However, there are some large - though not statistically significant - differences at the district level, as shown below.



Source: The Information Centre for Health and Social Care

Suicides/death by undetermined injury by district (2005-07)

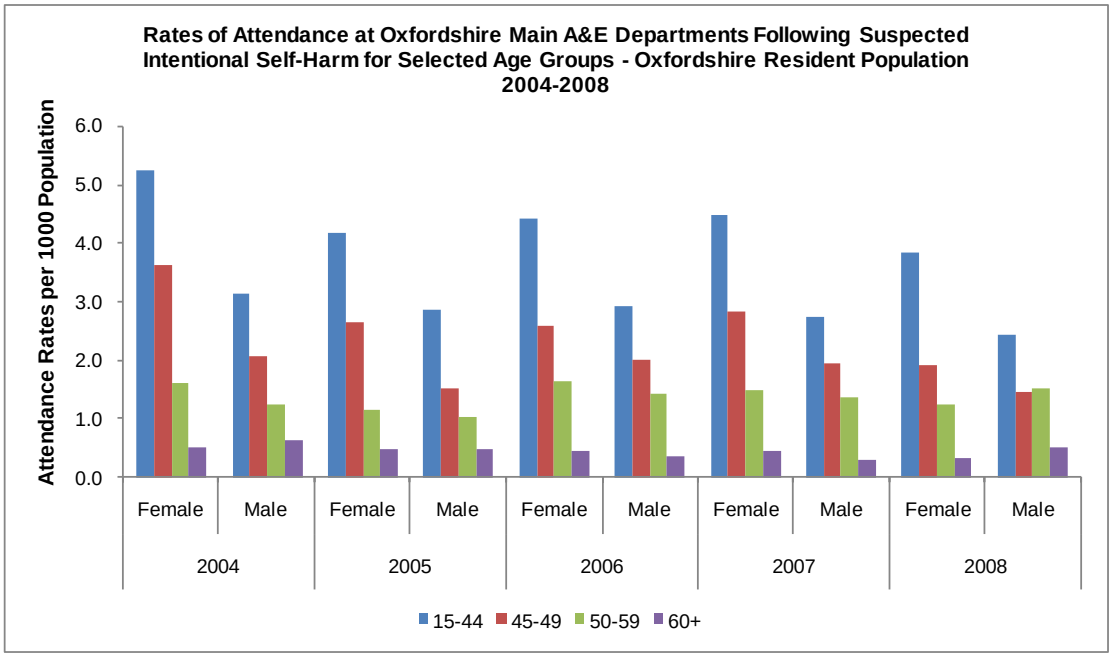
District	Number	Standardised rate
Cherwell	23	5.29
Oxford	50	11.19
South Oxfordshire	37	9.42
Vale of White Horse	29	8.19
West Oxfordshire	22	7.28

The numbers are too small to draw any real conclusions, especially when considering the younger population within Oxford City

Self-harm

There is a significant impact on services for suspected intentional self-harm. Figures suggest that attendance rates at Oxfordshire's John Radcliffe Hospital vary from year to year, with those aged 15-44 representing the largest proportion of attendances.

Self-harm attendance

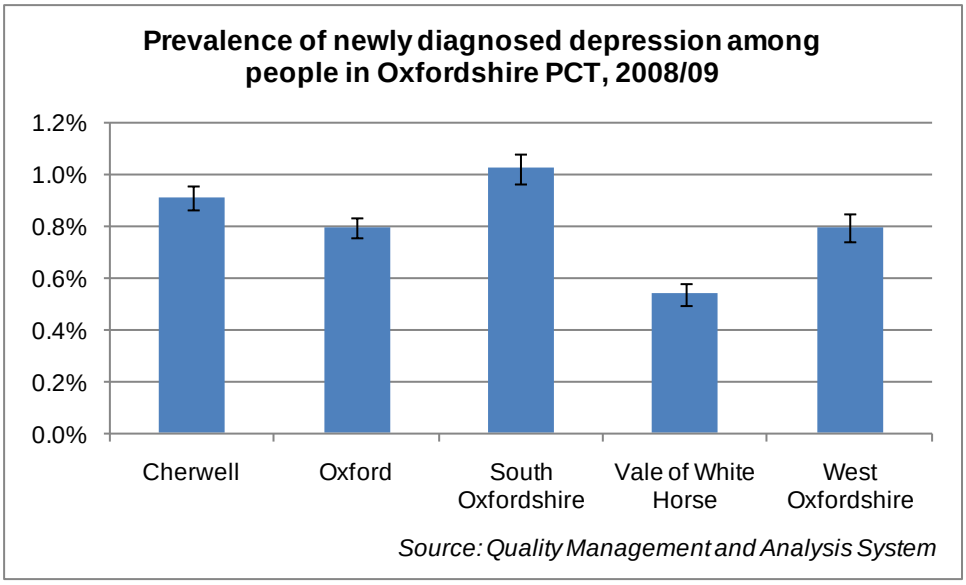


Mental wellbeing

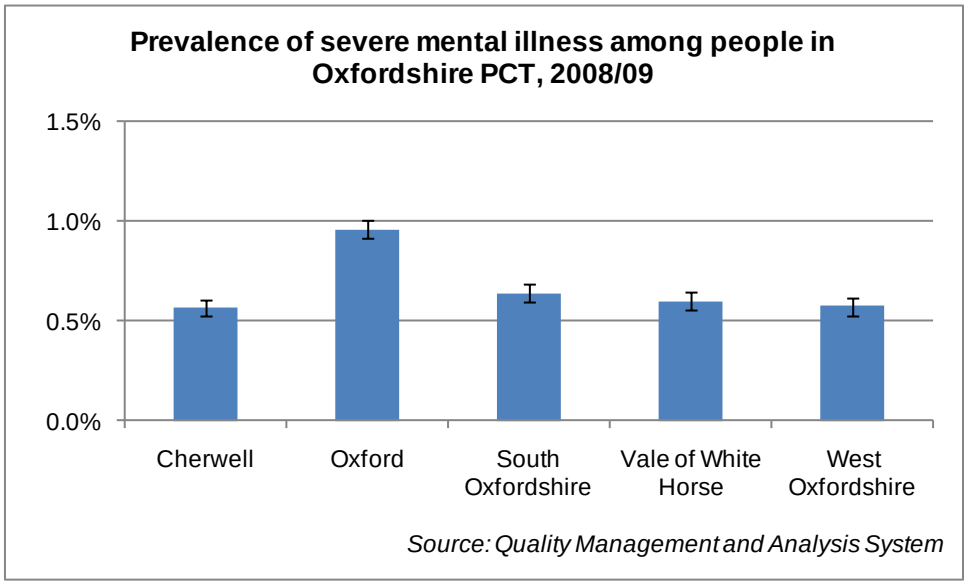
Mental health has been defined by the World Health Organisation as “a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”.

A considerable body of evidence has shown that mental health problems are common and can have substantial effects on individuals, families, communities, healthcare services and society as a whole.

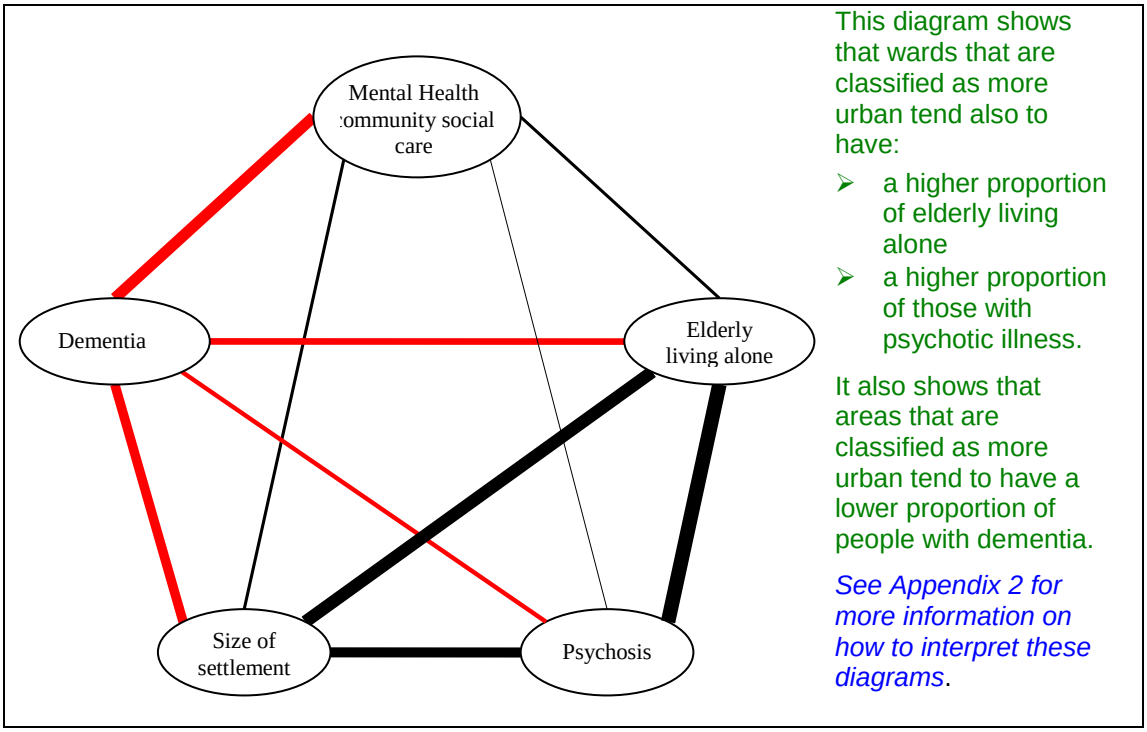
Update on mental ill health



Levels of diagnosed depression are significantly different in South Oxfordshire and Oxford City, Vale of White Horse and West Oxfordshire. This is probably due to differences in point-of-recording diagnosis rather than in levels of real depression within the area. It is interesting to compare depression levels with suicide levels, where it can be seen that Oxford City has the highest rates and Cherwell the lowest.



The prevalence of severe mental illness amongst people across the area is low, and generally the same except for Oxford City, where the concentration of housing projects for people with enduring mental health problems and the concentration of services has led to an increase.



This diagram shows that wards that are classified as more urban tend also to have:

- a higher proportion of elderly living alone
- a higher proportion of those with psychotic illness.

It also shows that areas that are classified as more urban tend to have a lower proportion of people with dementia.

See Appendix 2 for more information on how to interpret these diagrams.

Appendix 1: Preventing admission into long-term care

Research into admission to a residential care home found that limited mobility, followed by incontinence and dementia, were by far the most-common conditions amongst those admitted. Depression was found amongst a quarter of those going into a home and both stroke and visual impairment were common (found in a fifth of people). The average age at admission was 85 years. Men appear to be likely to be admitted to care at an earlier age than women; 54% of men but only 36% of women were under 85 years old.

Support to the Early Intervention and Prevention Services for Older People and Vulnerable Adults – programme analysis of file audit data

Introduction

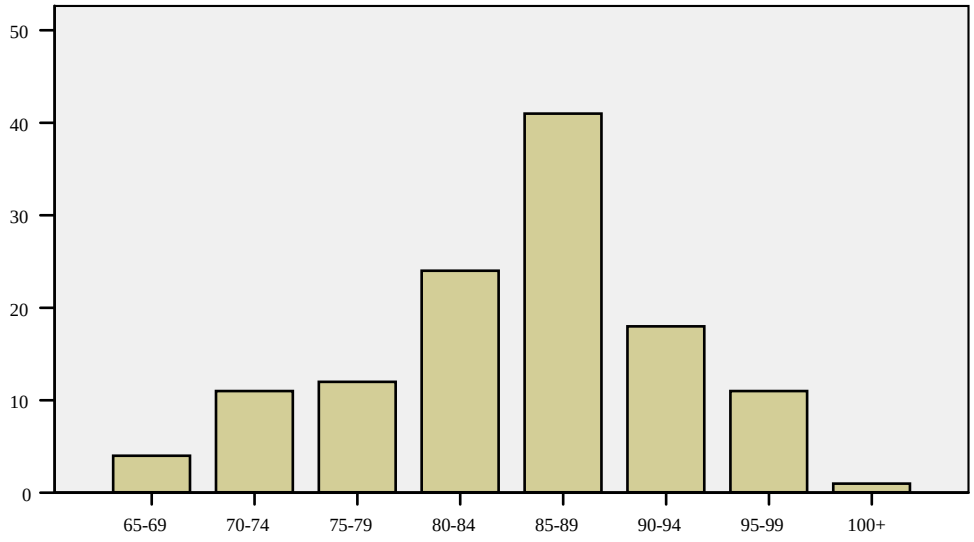
The figures are from the file audit on people admitted to care homes in 2008/09. An analysis of 124 admissions in the City and West Oxfordshire areas was carried out; some additional 'threshold' admissions were excluded. Nine admissions from South Oxfordshire were also analysed. The aim was to obtain data on a quarter of all admissions over the last year. It should be noted that the data was collected by a number of different staff from scanned documents written by a range of professionals. There could be inaccuracies.

Data was collected from SWIFT and ESCR.

Profile

The median age at placement was 85.0 years old, with a range from 65 to 103.

Age at placement



Source: NHS Oxfordshire

The great majority of people going into care were White British (97.5%) and nearly three-quarters (71%) were female. This is similar to the profile of older people in Oxfordshire, particularly those aged 85 and above.

More than three out of five (64%) had been living alone, with 18% living with their spouse or partners and 18% living with another family member prior to admission. In comparison, less than 50% of people aged 75 and over are estimated to live alone in Oxfordshire.

More than two-thirds (70%) had been living in their own home, with 22% coming from sheltered housing, and 8% from their son or daughter's home.

More than three-fifths (61%) were admitted from hospital. Where information was recorded, nearly two-fifths (39%) had been in hospital for eight weeks or more prior to admission.

Previous service use

Prior to admission, at least 82% had received social care to help them live at home, and at least 49% had received intensive home care.

Informal care

More than four-fifths (81%) had received informal care in the shape of help with daily tasks; a smaller percentage (29%) had received informal personal care from family or friends.

More than one-third (37%) had family members living in Oxfordshire.

In 10% of cases, the carer had fallen ill or died in the last 12 months.

Predisposing conditions

A number of conditions were identified among those being admitted:

Urinary incontinence	44%
Dementia	40%
Bowel incontinence	34%
Depression	25%
Stroke	19%
Visual impairment	19%
Diabetes	17%
COPD	6%
Learning disability	2%

Limited mobility was also common among those being admitted. At least 57% had some difficulty walking about, while 11% were unable to walk about.

Some people had a large number of health problems, including arthritis (9%).

In comparison with the general population, the levels of ill-health were well above national prevalence rates for incontinence, dementia and stroke. Twenty per cent of men and 25% of women aged 85 and above in the general population are estimated to have dementia; and between 10% and 20% of the population aged 65 and over is estimated to be incontinent in the general population.

Levels of depression were also higher than in the general population: between 10 and 15% of the population aged 65 and above were estimated to have depression.

Five per cent of men and 3% of women aged 75 and over report strokes; and visual impairment is reported by 12% of people aged 75 and above.

Other factors

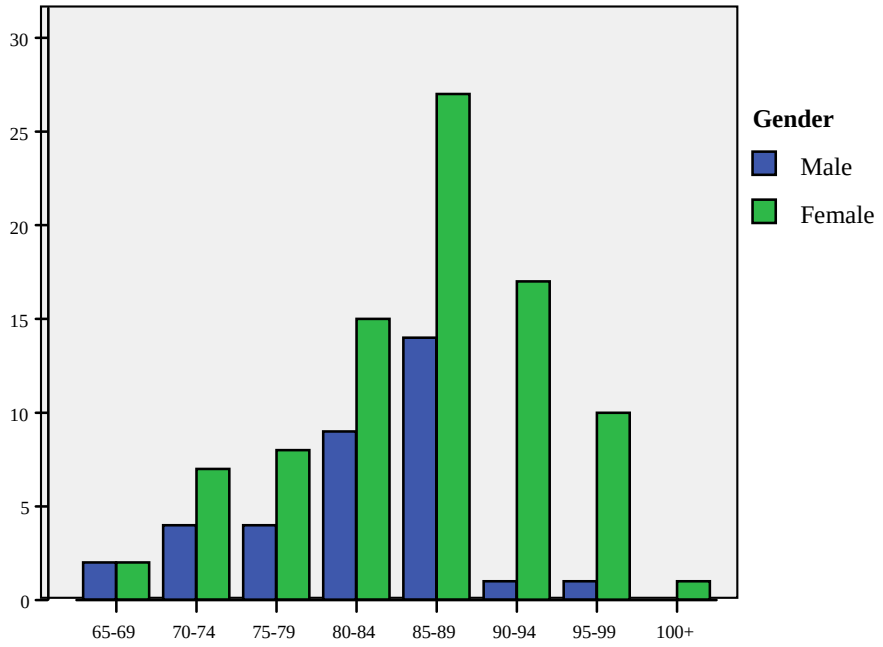
Time in hospital:

Nearly two-fifths (18%) of people admitted to a care home were known to have been in hospital in the last 12 months (excluding the time immediately before admission to the care home).

Falls:
The data indicate that more than one-quarter (26%) of people had had a fall requiring hospital admission in the last 12 months; and 18% had had a fall which did not require hospital admission in the last 12 months. Allowing for those who had had both types of fall, two-fifths (40%) had had some kind of fall in the last 12 months.

Housing:
In nearly one-third of cases (30%) where information about housing was available, the person's current housing was not appropriate. The reasons cited include: four first floor flats without a lift; four others with stairs to, or inside, the accommodation; five lacked downstairs toilets. At least 12% had received adaptations to their homes.

Gender:
Men appeared to be likely to be admitted to care at an earlier age than women: 54% of men were under 85 years old compared with 36% of women (see Chart 2). However, both sexes were equally likely to have gone into residential care as into nursing care.



Age at placement in 5 yr quintiles

Women were more likely than men to have been living alone (66% compared with 58%) or with another family member (19% compared with 15%) prior to going into a care.

Appendix 2: How to read a 'Spider Web' correlation diagram

The spider webs are a visual way of describing the correlations between different indicators. They allow the reader to explore a wide range of potential relationships in just one diagram in order to identify those that may be of interest. Each spider web contains a limited set of indicators which are designed to illustrate a particular theme or topic.

The diagrams have two components, indicator 'bubbles' and the lines linking them.

The bubbles denote an indicator from the JSNA data set.

The linking lines show the relative strength and direction of the relationship between the two indicator bubbles. The thickness of the line is the strength of the relationship - a thick line will be a strong correlation and a thin line being a weak or non-existent relationship.

The colour of the line shows the nature of the relationship. If it is black it means there is a positive relationship - that is, a high value for one indicator will tend to produce a higher number in the linked indicator. If the line is red, the relationship is negative, that is, a high rate at one end will tend to a low rate at the other.

It is important to note that the correlations are between values at ward level. Places that tend to have a characteristic (eg: lots of older people) also tend to have some other characteristics (eg: high blood pressure). This is shown by a thick black line. However, this does not mean that all *individuals* living in these wards share these characteristics, rather that this can tell us about potential links between factors which may be worth exploring further. Equally this does not imply that one factor necessarily directly *causes* the other, but that a complex relationship may exist between these and other factors. For example a relationship may appear to exist between overall mortality rate and library use. However this is clearly not true as deaths are not *caused* by use of a library merely that both indices are affected by the age of the population.