



Oxford Health
NHS Foundation Trust

Compendium of Evidence for Oxfordshire Community Services Strategy

DRAFT

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Introduction

Oxford Health Foundation Trust is working with system partners to develop a strategy to help shape community services within Oxfordshire. The strategy will build on national and local policy as well as historic work to identify a number of key areas for change. To make sure that the strategy is based on the needs of local communities and reflects the wider health needs of Oxfordshire residents we will take a data-informed approach to developing the strategy.

The strategic framework for community services is shaped by both the NHS long term plan and local plans including the Joint Health and Wellbeing Strategy for Oxfordshire. Taking an approach based on population need the strategy will be based around three life stages; starting well, living well and ageing well.

This document has been drawn together from data identified which relates to the development of Community. This compendium of evidence is broken into 2 parts:

1. **Review of relevant data & literature:** This is largely drawn from two sources; Oxford Health data on existing services and the Oxfordshire JSNA which provides data on Oxfordshire's population and the factors affecting health, wellbeing, and social care needs. For more information on the JSNA and to view the full document and supporting information please visit the Oxfordshire Insight website: <https://insight.oxfordshire.gov.uk/cms/jsna-oxford-2020>
2. **Data implications for pilot and workstream areas:** This section is broken down by the three life-stages identified within the strategic framework; start well, live well and age well. Within each area we have drawn together data into key themes to help identify areas to be addressed by the strategy.

It should be noted that this remains a working document and as the strategy continues to develop, we will add additional sources which increase our understanding of the priorities within community services.

Acknowledgements and feedback

We are grateful to our many colleagues in Oxfordshire CCG, Oxfordshire County Council, Oxford University Hospitals NHS FT, the Oxfordshire local authorities, our primary care, PCN and third sector partners, as well as the health care staff, patients and residents who have contributed to the data presented in this document. Details of the data sources used to inform this document can be found within the bibliography.

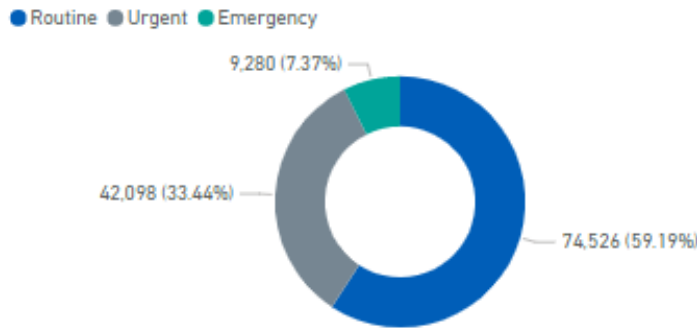
We welcome feedback from a wide range of stakeholders. If you would like to send us any comments or suggestions, please contact us at: communityservicesfeedback@oxfordhealth.nhs.uk

Data & Literature review

This section of the document brings together data from a range of sources to identify themes relating to current community services within Oxfordshire. This is intended to provide the context in which the community services strategy will be delivered and the challenges it needs to address.

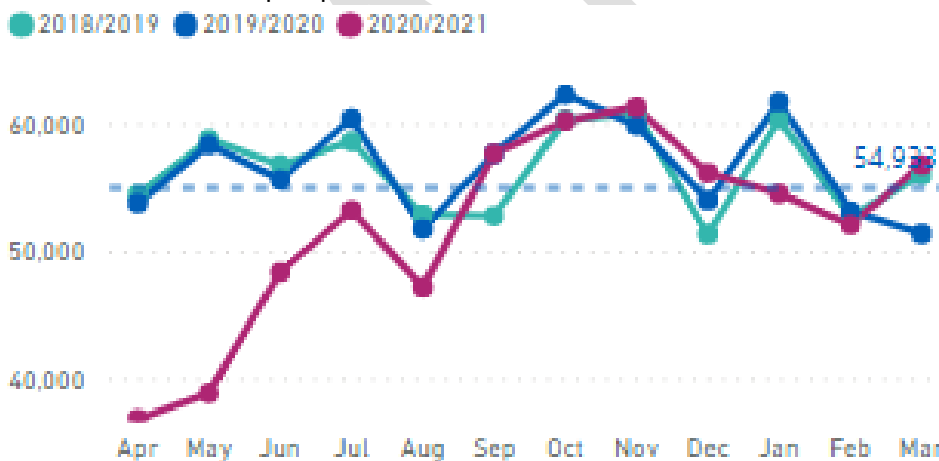
Oxford Health Community services overview

Over the year 2020-21, referrals can be broken down by the following priorities:



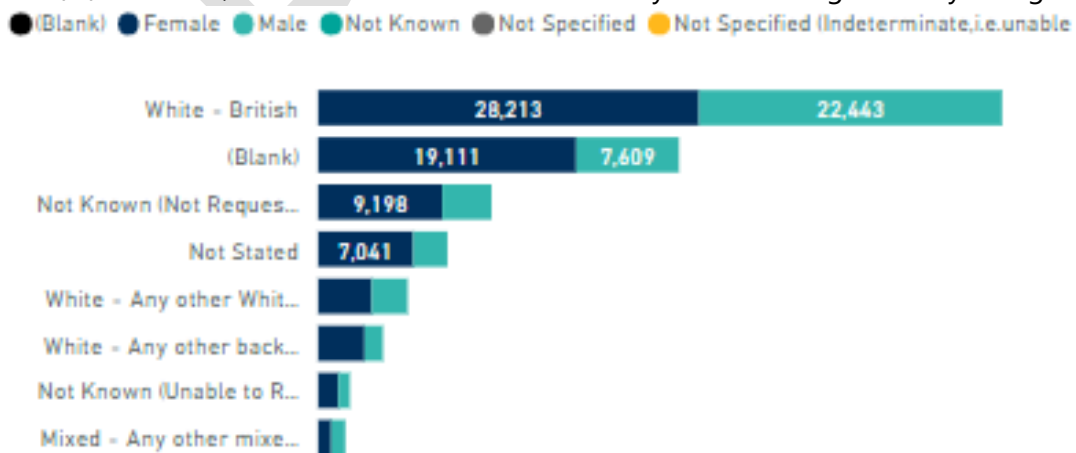
Patient activity and demand (data as at 1/4/21) (1)

Although the start of 2020 saw a significant reduction in appointments as a result of the COVID-19 pandemic, this has since returned to pre-pandemic levels:



Patient activity and demand (data as at 1/4/21) (1)

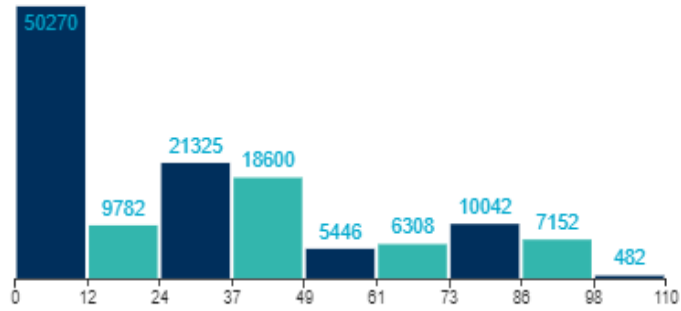
The caseload at 1/4/21 of 161,873 cases can be broken down by the following ethnicity and gender:



Patient activity and demand (data as at 1/4/21) (1)

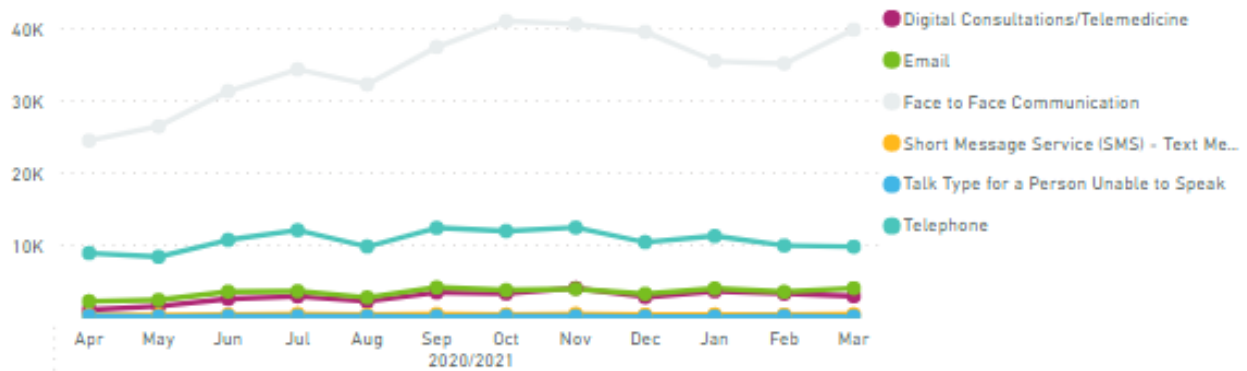
WORKING DOCUMENT – JUNE 2021

The greatest proportion of patients who are open to community services are under the age of 12 followed by the age bracket of 24-37:



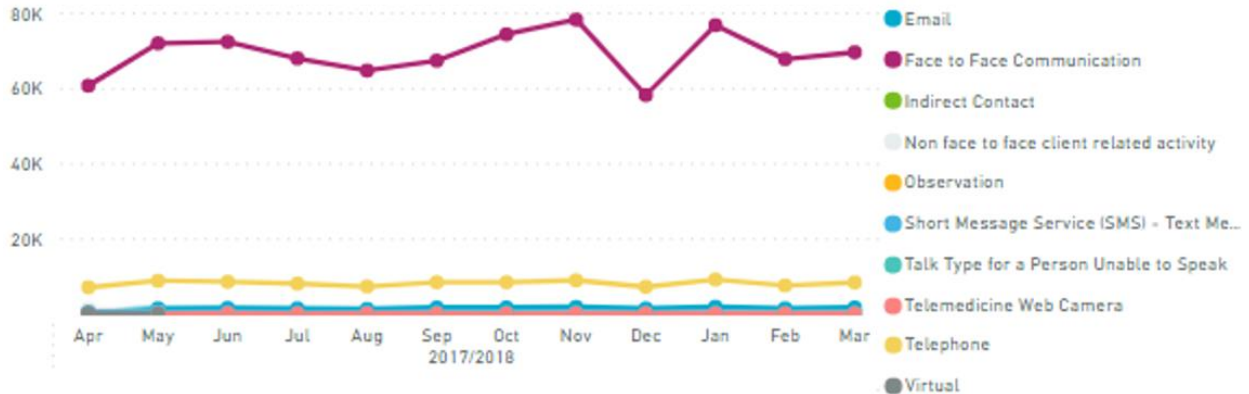
Patient activity and demand (data as at 1/4/21) (1)

2020 has seen significantly more variety in method of service delivery:



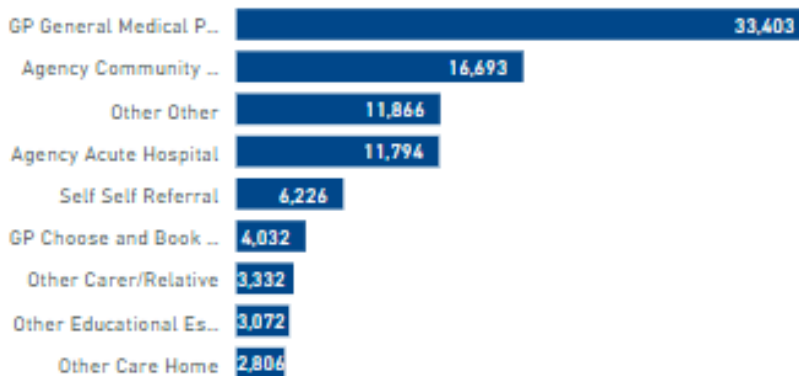
Patient activity and demand (data as at 1/4/21) (1)

In contrast during 2017/18, by far the most common type of delivery was face to face:



Patient activity and demand (data as at 1/4/21) (1)

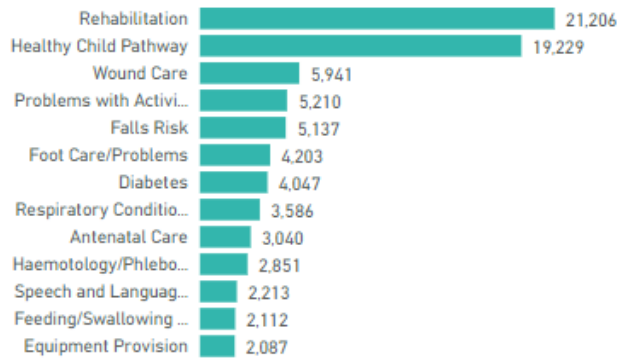
The most common referral source is the patient's GP:



Patient activity and demand (data as at 1/4/21) (1)

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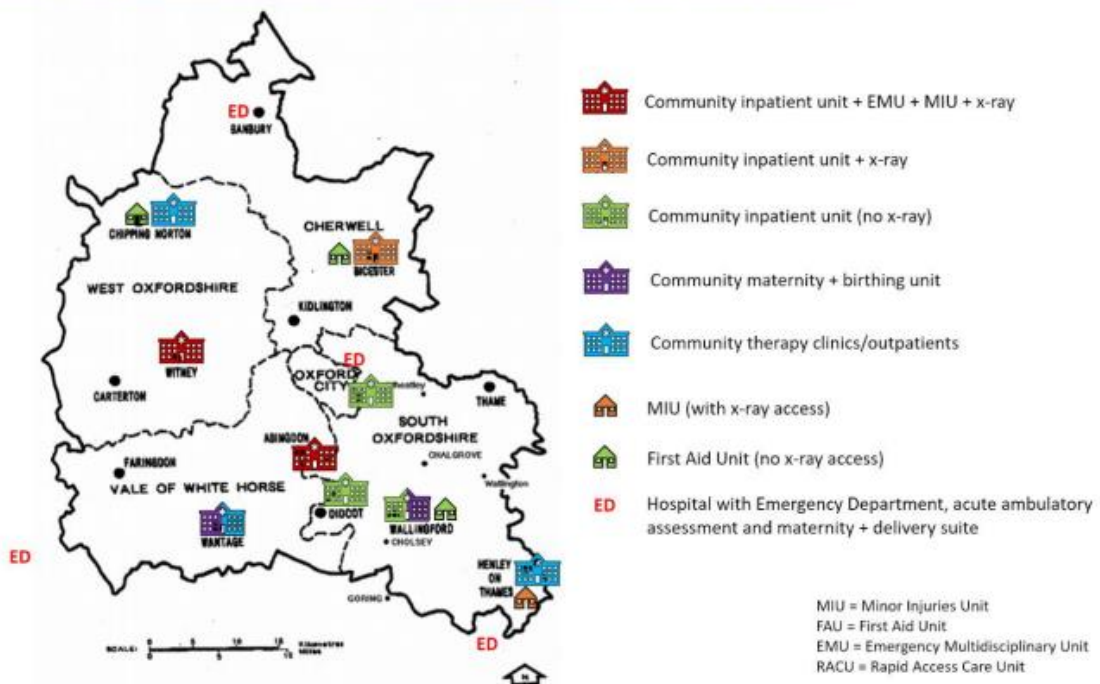
Most patients are referred for rehabilitation or the healthy child pathway.



Patient activity and demand (data as at 1/4/21) (1)

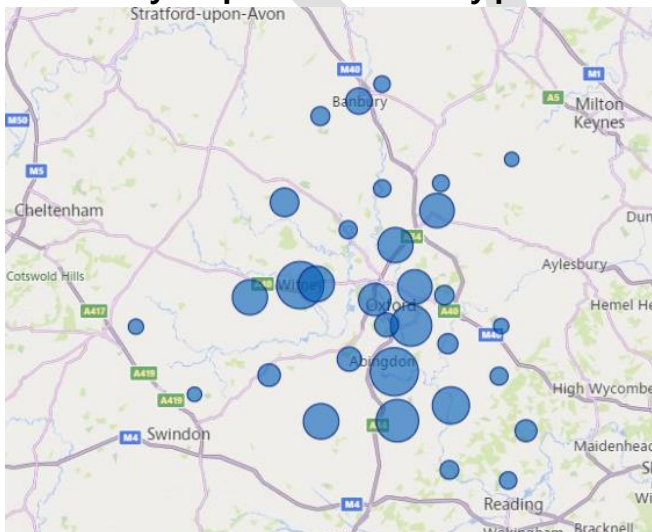
Community hospitals

Community Hospitals in November 2020 – Current Ambulatory & Inpatient Services



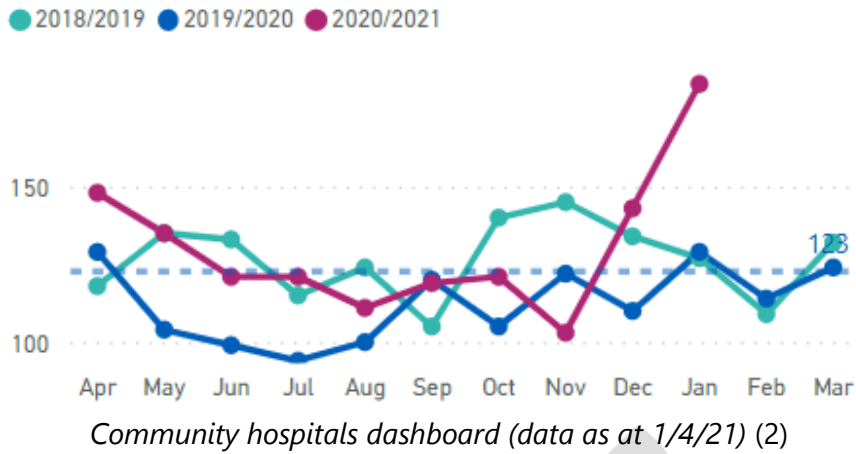
Overarching data

Community hospital admissions by postcode district, 2017-20

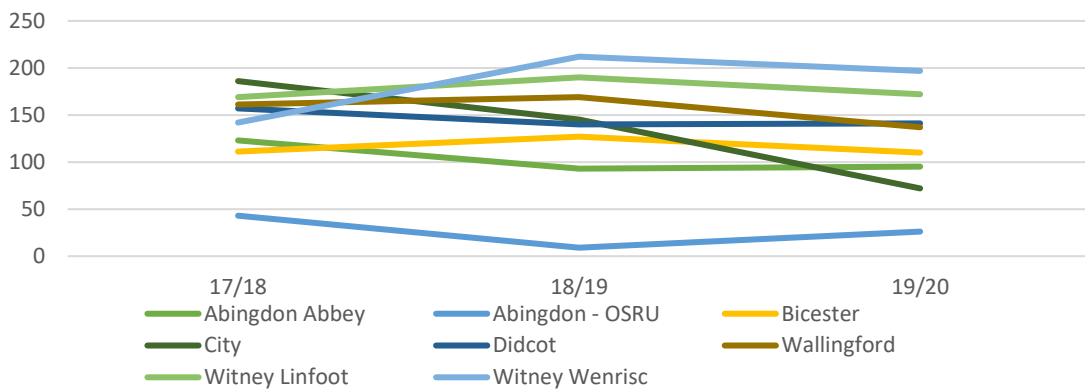


Community hospitals dashboard (data as at 1/4/21) (2)

Total in-patient admissions across all community hospitals (2018-21)



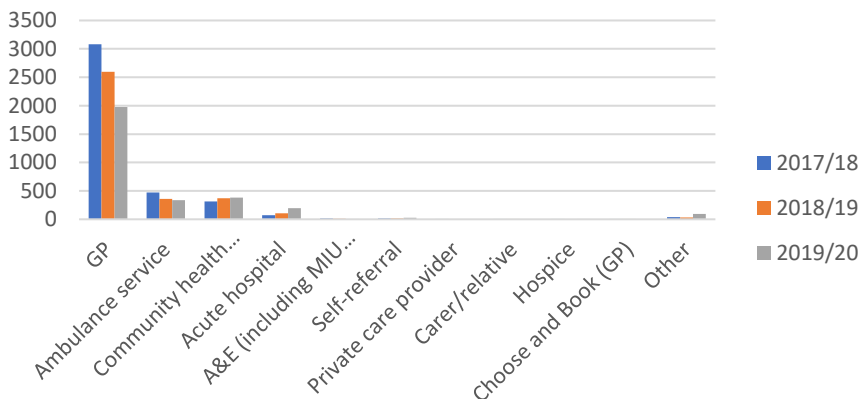
Total admissions by ward (2017-20)



	17/18	18/19	19/20	Total
Abingdon Abbey	123	93	95	311
Abingdon - OSRU	43	9	26	78
Bicester	111	127	110	348
City	186	145	72	403
Didcot	157	140	141	438
Wallingford	161	169	137	467
Witney Linfoot	169	190	172	531
Witney Wenrisc	142	212	197	551
Total	1092	1085	950	3127

Community hospitals dashboard (data as at 1/4/21) (2)

EMU referral sources 2017-20



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Referral source	2017/18	2018/19	2019/20
GP	3080	2596	1978
Ambulance service	474	361	336
Community health services	317	373	384
Acute hospital	72	105	197
A&E (including MIU and walk-in centres)	17	8	4
Self-referral	16	14	27
Private care provider	3	0	0
Carer/relative	2	3	0
Hospice	2	0	1
Choose and Book (GP)	1	2	0
Other	39	33	94
Total	4023	3495	3021

Community hospitals dashboard (data as at 1/4/21) (2)

Hospital @ Home referral source 2017 - 20

Referral source	2017/18	2018/19	2019/20
Community health services	976	1131	910
Carer/Relative	288	373	493
General medical practitioner	213	270	208
Acute hospital	142	215	265
A&E (incl MIU/Walk in centres)	203	169	75
EMU	99	0	0
District nurses	46	0	0
Care Home	45	25	37
Self-referral	43	43	34
Hospice	37	56	35
Patient/Carers	35	0	0
Ambulance service	17	0	12
Single point of access	10	0	0
Other	264	149	127
Total	2418	2431	2196

Community hospitals dashboard (data as at 1/4/21) (2)

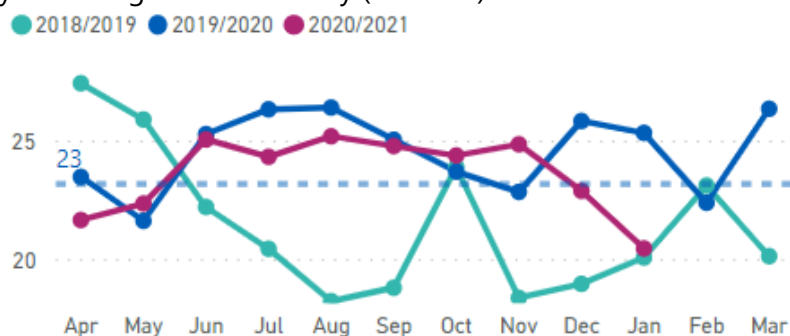
RACU referrals 2017-20

Referral source	2017/18	2018/19	2019/20
General medical practitioner	285	353	390
Community health services	77	58	204
Acute hospital	11	54	42
Single point of access	7	0	0
Hospice	6	1	2
Other	59	24	26
Total	445	490	664

Community hospitals dashboard (data as at 1/4/21) (2)

Length of Stay (LOS)

Average Length of Stay excluding leave and delay (2018-21):



Community hospitals dashboard (data as at 1/4/21) (2)

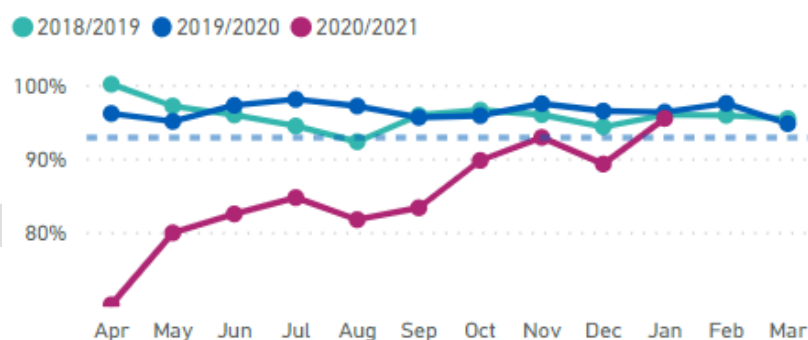
The National average for Community Hospitals LOS is 28 days. the OHFT Community Hospitals LOS average for Feb 2021 was:

- Stroke: **23** days
- Rehab: **26** days
- Other combined (not Stroke or Rehab): **9** days

The average LOS including delays for winter 2021 reduced from an average of 36 days last winter to 27 days this winter (22 days excl. delay). This was supported by the delivery of Home First utilising CCS and the delivery of a 7 days therapy model (1).

Bed occupancy

Bed occupancy % for all community hospitals 2018-21:



Community hospitals dashboard (data as at 1/4/21) (2)

Abingdon Community Hospital (Abbey & OSRU wards)

Current services:

- 42 inpatient beds across two wards
- Emergency Multidisciplinary Unit and short-stay beds
- Minor Injuries Unit
- Outpatient
- X-ray
- Specialist stroke rehabilitation services

Other Oxford Health community services based on site:

- Children's integrated therapy service
- Community Nurses
- Heart Failure
- Countywide-Podiatry
- ILT
- Urgent Care

- Countywide Speech and Language Therapy
- Tissue viability

In-patient admissions

Total admissions by financial year

Financial year	Abbey ward admissions	OSRU admissions	Total admissions
2017/18	339	131	470
2018/19	238	140	378
2019/20	220	172	392
Total	797	443	1,240
Average	266	148	

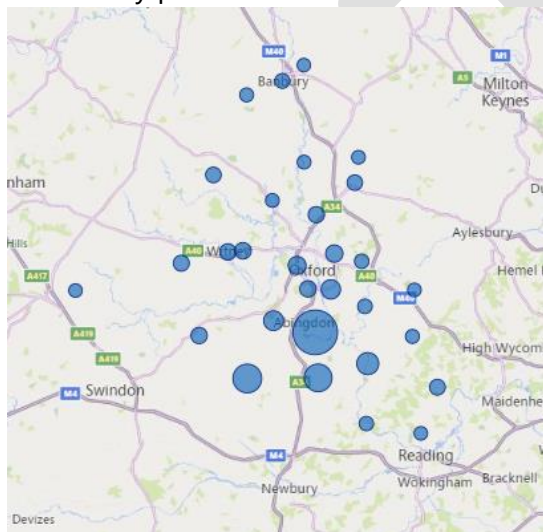
Community hospitals dashboard (data as at 1/4/21) (2)

Referral source 2017-20

Referral source	Rehab referrals	EMU referrals	Stroke referrals	End of life referrals
Acute hospital	196	2	307	1
A&E (Incl MIU and walk in)	84	211	0	2
Community health services	79	198	28	8
SPA	12	0	4	1
EMU	8	46	0	0
Direct referral	4	0	6	0
General medical practitioner	2	4	0	0
Total	395	481	381	13

Community hospitals dashboard (data as at 1/4/21) (2)

Patients by postcode area



Community hospitals dashboard (data as at 1/4/21) (2)

Bicester Community Hospital

Current services:

- 11 Inpatient beds
- X-ray
- First Aid unit

Other Oxford Health community services based on site:

- Physio
- Out of hours

- Integrated locality hub

In-patient admissions

Admissions by financial year

Financial year	In-patient admissions
2017/18	116
2018/19	129
2019/20	112
Total	357
Average	119

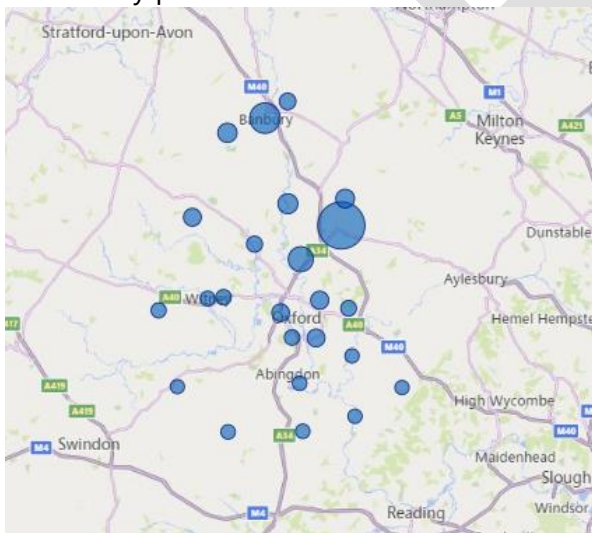
Community hospitals dashboard (data as at 1/4/21) (2)

Referral source 2017-20

Referral source	Rehab referrals
Acute hospital	39
A&E (Incl MIU and walk in)	0
Community health services	306
SPA	18
EMU	0
Direct referral	1
General medical practitioner	1
Carer/relative	0
Hospice	0
Other	3
Total	368

Community hospitals dashboard (data as at 1/4/21) (2)

Patients by postcode area



Community hospitals dashboard (data as at 1/4/21) (2)

Didcot Community Hospital

Current services:

- 22 inpatient beds

Other Oxford Health community services based on site:

- School health nurses

- Speech and Language Therapy
- Heart Failure

In-patient admissions

Admissions by financial year

Financial year	In-patient admissions
2017/18	160
2018/19	142
2019/20	141
Total admissions	443
Average admissions	148

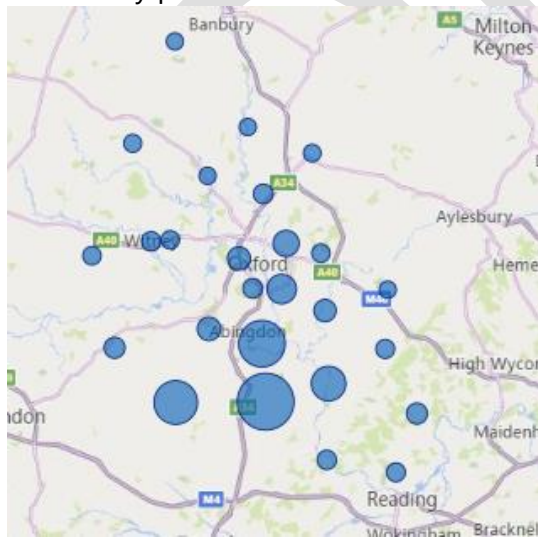
Community hospitals dashboard (data as at 1/4/21) (2)

Referral source

Referral source	Rehab referrals
Acute hospital	52
A&E (Incl MIU and walk in)	0
Community health services	350
SPA	26
EMU	0
Direct referral	0
General medical practitioner	2
Carer/relative	0
Hospice	0
Other	3
Total	438

Community hospitals dashboard (data as at 1/4/21) (2)

Patients by postcode area



Community hospitals dashboard (data as at 1/4/21) (2)

Admissions by financial year

Financial year	In-patient admissions
2017/18	186
2018/19	146

2019/20	75
Total	407
Average	136

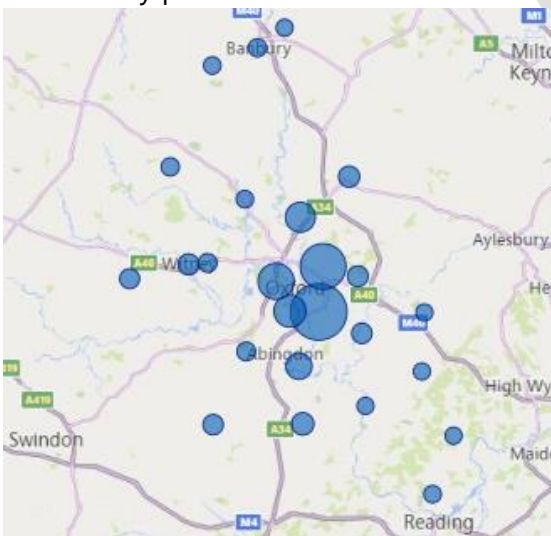
Community hospitals dashboard (data as at 1/4/21) (2)

Referral source 2017-20

Referral source	Rehab referrals
Acute hospital	292
A&E (Incl MIU and walk in)	9
Community health services	31
SPA	26
EMU	0
Direct referral	0
General medical practitioner	5
Carer/relative	0
Hospice	0
Other	42
Total	405

Community hospitals dashboard (data as at 1/4/21) (2)

Patients by postcode area



Community hospitals dashboard (data as at 1/4/21) (2)

Oxford City Community Hospital

In-patient admissions

Admissions by financial year

Financial year	In-patient admissions
2017/18	187
2018/19	145
2019/20	71
Total	403
Average	135

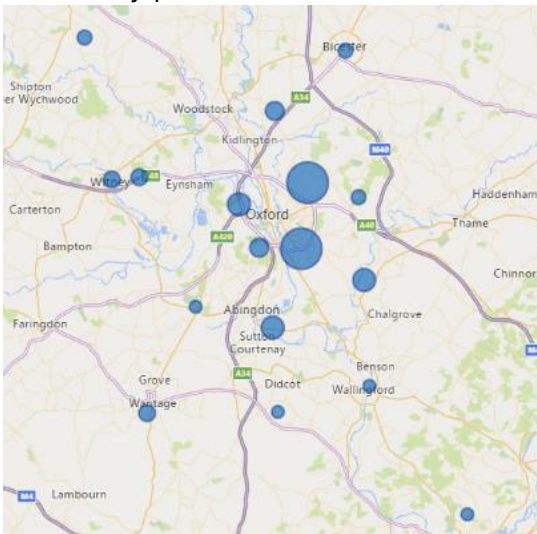
Community hospitals dashboard (data as at 1/4/21) (2)

Referral source (2017-20)

Referral source	Rehab referrals
Acute hospital	290
SPA	31
Community health services	26
A&E (Incl MIU and walk in)	9
General medical practitioner	4
Care home	2
Other	41
Total	403

Community hospitals dashboard (data as at 1/4/21) (2)

Patients by postcode area



Community hospitals dashboard (data as at 1/4/21) (2)

Wallingford Community Hospital

Current services:

- 22 Inpatient beds
- Community maternity & birthing unit
- First aid Unit

Other Oxford Health community services based on the site:

- Adult and Older Adult community mental health teams
- Heart failure
- Dental
- Children's integrated therapy service
- Memory clinics
- Falls
- Speech and Language Therapy
- Podiatry
- Musculoskeletal medicine (MSK)

Non-Oxford Health services on the site:

- Oxford University Hospital maternity
- Oxford University Hospital Audiology

In-patient admissions

Admissions by financial year

Financial year	In-patient admissions
2017/18	167
2018/19	172
2019/20	140
Total	479
Average	160

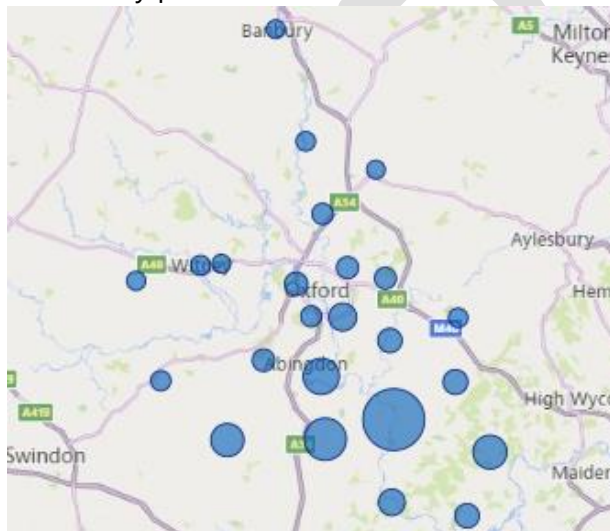
Community hospitals dashboard (data as at 1/4/21) (2)

Referral source 2017-20

Referral source	Rehab referrals
Acute hospital	292
A&E (Incl MIU and walk in)	19
Community health services	117
SPA	26
EMU	0
Direct referral	0
General medical practitioner	3
Carer/relative	0
Hospice	0
Other	15
Total	472

Community hospitals dashboard (data as at 1/4/21) (2)

Patients by postcode area



Community hospitals dashboard (data as at 1/4/21) (2)

Wantage Community Hospital

Current services:

- 12 Inpatient beds (temporarily closed)
- Maternity & birthing unit

Other Oxford Health community services based on site:

- School health nurses
- Speech and Language Therapy
- Podiatry

Non-Oxford Health services on site:

- Oxford University Hospital maternity x2 beds & pool
- Healthshare musculoskeletal services (MSK)

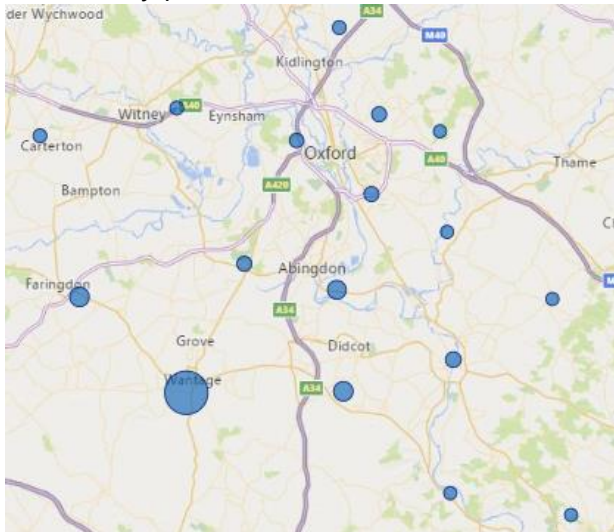
In-patient admissions

Admissions by financial year

Financial year	Admissions
2015/16	112

Community hospitals dashboard (data as at 1/4/21) (2)

Patients by postcode area



Community hospitals dashboard (data as at 1/4/21) (2)

Witney Community Hospital (Linfoot & Wenrisc wards)

Current services:

- 60 Inpatient beds across two wards
- Bariatric beds
- Emergency Multidisciplinary unit
- Minor injuries unit
- X-ray

Other Oxford Health community services based on site:

- Dental
- 7 consulting rooms
- Musculoskeletal (MSK) physio
- Occupational Therapy gym
- Heart failure
- Speech and Language Therapy

In-patient admissions

Admissions by financial year

Financial year	Linfoot	Wenrisc	Total in-patient admissions
2017/18	266	195	461
2018/19	300	225	525
2019/20	267	199	466
Total	833	619	1,452
Average	278	206	

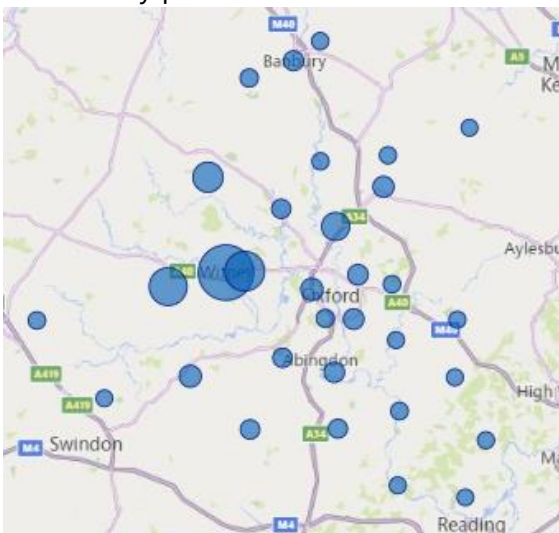
Community hospitals dashboard (data as at 1/4/21) (2)

Referral source 2017-20

Referral source	Rehab referrals	EMU referrals	Stroke referrals	End of life referrals
Acute hospital	280	0	7	1
A&E (Incl MIU and walk in)	60	22	0	0
Community health services	649	226	26	7
SPA	21	1	13	0
EMU	27	17	0	1
Direct referral	2	0	0	0
General medical practitioner	3	4	0	0
Carer/relative	1	0	0	0
Hospice	0	0	0	0
Other	55	31	4	1
Total	1098	301	53	10

Community hospitals dashboard (data as at 1/4/21) (2)

Patients by postcode area



Community hospitals dashboard (data as at 1/4/21) (2)

Chipping Norton Community Hospital

Other Oxford Health community services based on site

- Speech and Language Therapy
- Podiatry
- Physio
- Heart Failure
- Older Adult mental health office
- Musculoskeletal (MSK)
- District Nurses

Townlands Community Hospital (CU Henley)

Other Oxford Health community services based on site

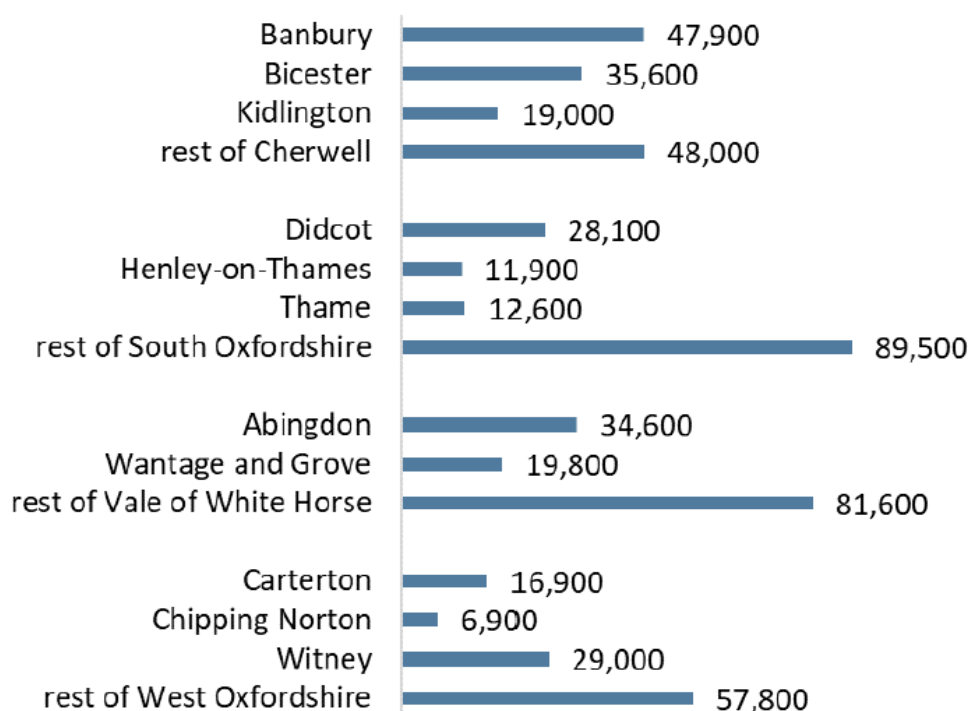
- Health Visitor
- District Nurses
- Speech and Language Therapy

- Podiatry
- Musculoskeletal (MSK) physio
- Minor Injuries Unit (MIU)
- Rapid Access Care Unit (RACU)
- Heart Failure

DRAFT

Oxfordshire and its population - Summary from the 2021 JSNA (3)

Oxfordshire is the most rural county in the South East region. The majority (60%) of Oxfordshire's population are resident in Oxford City and the county's main towns. The remaining 40% live in mainly in smaller towns and villages. The following graph shows the main population centres in Oxfordshire (mid 2019):



Oxfordshire Insight, JSNA 2021 (3)

According to the Office for National Statistics (ONS), in the 20 years between 1998 and 2018, there was an estimated increase in the population of Oxfordshire from 597,000 to 687,500, a growth of 90,500 people (+15%).

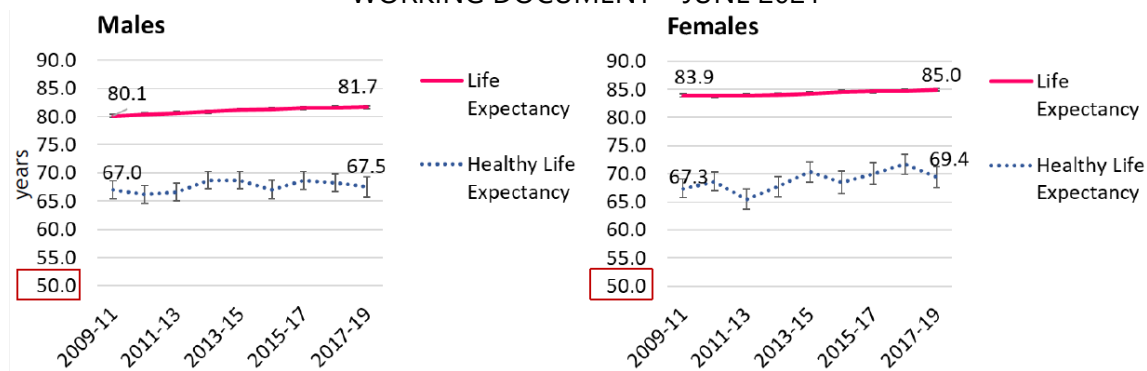
This change has had a particular impact on our community services, particularly as the largest population increases have been in the two groups who use these services the most – the younger age group (aged 0-15 years), which has grown by 9%, and the older age group (aged over 65 years), which has grown by a remarkable 47%. Investment in our community services has not kept up with this substantial increase in population need.

In recent years, all Districts other than Oxford City have seen a significant increase in the older population (65 years+). For South Oxfordshire, Vale of White Horse and West Oxfordshire, the number of residents aged over 65 years has now overtaken the number aged under 16 years.

Looking ahead, Oxfordshire County Council's (OCC) housing-led forecasts (interim-2020) estimate a total population of 801,700 in Oxfordshire by 2028, a growth of 110,400 people over 10 years.

Although Oxfordshire has, on average, a generally healthy population, there are clear inequalities in Life Expectancy across the county. Data for the combined years 2015 to 2017 shows that for males there was life expectancy gap of almost 7 years between the most and least deprived areas. For females, this gap was just under 5 years. The number of years females spend in poor health has improved from 16.6 years to 13 years. For males the gap has remained at 13 years – and they die on average 3 years earlier.

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Oxfordshire Insight, JSNA 2021 (3)

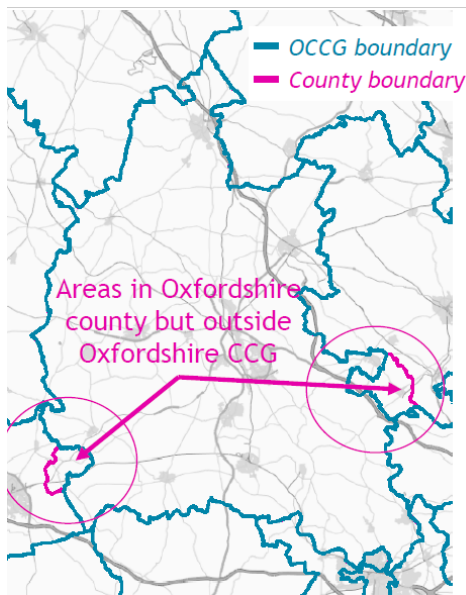
Oxfordshire in numbers

Population group	Count	Source
Total population	691,667	ONS mid-2019
Aged 0-15	131,373	ONS mid-2019
Aged 16-64	432,168	ONS mid-2019
Aged 65+	128,120	ONS mid-2019
Full time students (Oxford Uni, Oxford Brookes)	32,930	HESA 2018-19
Part time students (Oxford Uni, Oxford Brookes)	9,125	HESA 2018-19
Estimated people with a disability	131,400	FRS 2018-19 and ONS pop
Claiming Personal Independent Payments	14,146	May 2020, DWP
Claiming Attendance Allowance (over state pension age)	12,622	May 2020, DWP
Adults with Learning Difficulties supported by Adult Social Care	1,672	Oxfordshire County Council 1Apr20
Pupils with Learning Difficulties in state primary, secondary and special schools	6,391	DfE January 2020
Pupils with Autism in state primary, secondary and special schools	1,785	DfE January 2020
Married households	128,400	ONS Census 2011
Households in registered same-sex civil partnership	682	ONS Census 2011
Live births	7,287	ONS 2019
Ethnic minority	107,000	ONS Census 2011
Born outside UK	92,500	ONS Census 2011
Gypsy or Irish Traveller	623	ONS Census 2011
With a religion	422,576	ONS Census 2011
Estimated Lesbian, Gay or Bisexual	12,887	ONS UK 2018
Carers registered with GP practices	18,682	OCCG 30-Sept-20
Adult carers receiving health and social care support	4,540	NHS Digital 2019-20
Young carers receiving support	323	OCC Dec 2020
Regular armed forces	9,360	MoD 1-Apr-20
Residents in receipt of an Armed Forces pension, War pension and Armed Forces compensation scheme	6,623	MoD 31-Mar-20

Oxfordshire Insight, JSNA 2021 (3)

It is worth noting that the population area covered by Oxfordshire Clinical Commissioning Group (OCCG) is largely but not entirely consistent with the county and District boundaries (see map). In 2018, the count of GP registered patients in the OCCG area was significantly larger at 745,900 than the ONS population estimate of 687,500. This discrepancy may in part be explained by changes made to NHS GP registration

regulations in 2015 which have enabled people who live outside of the county to register with an Oxfordshire GP as an 'out of area' patient.



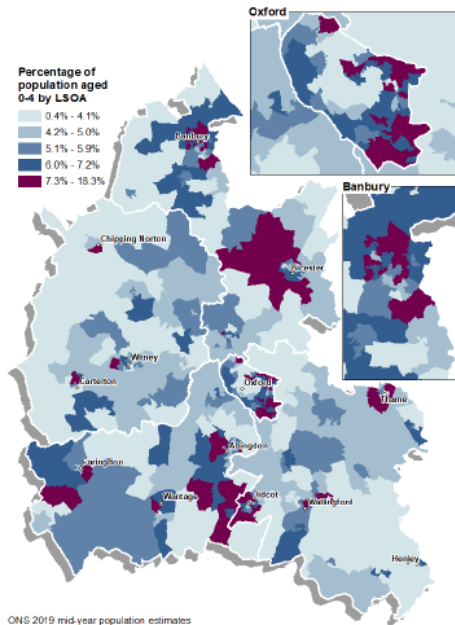
Oxfordshire Insight, JSNA 2021 (3)

Age distribution in Oxfordshire

The rural districts in Oxfordshire have a much higher proportion of older people than Oxford City. In 2018, people aged over 65 years were estimated to make up 20% of Oxfordshire's four rural districts, compared with 12% of the population of Oxford City (18% overall).

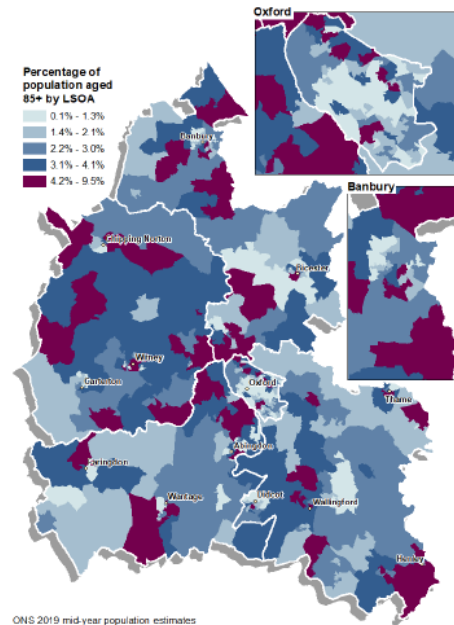
Higher rates of 0-4s in urban areas

Population aged 0-4



Higher rates of 85+ in rural Oxfordshire

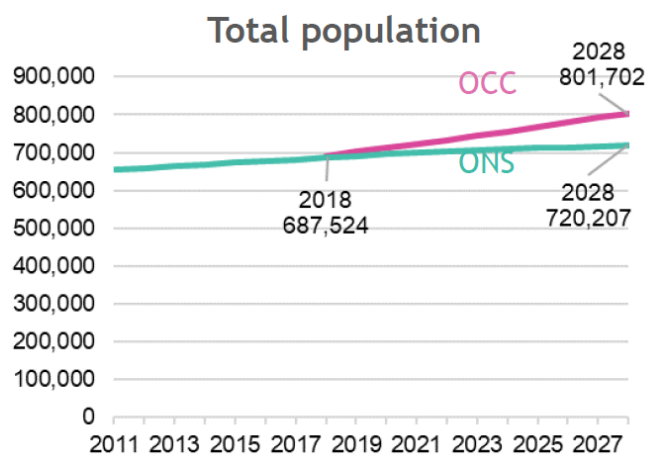
Population aged 85+



Oxfordshire Insight, JSNA 2021 (3)

Population growth forecasts for Oxfordshire

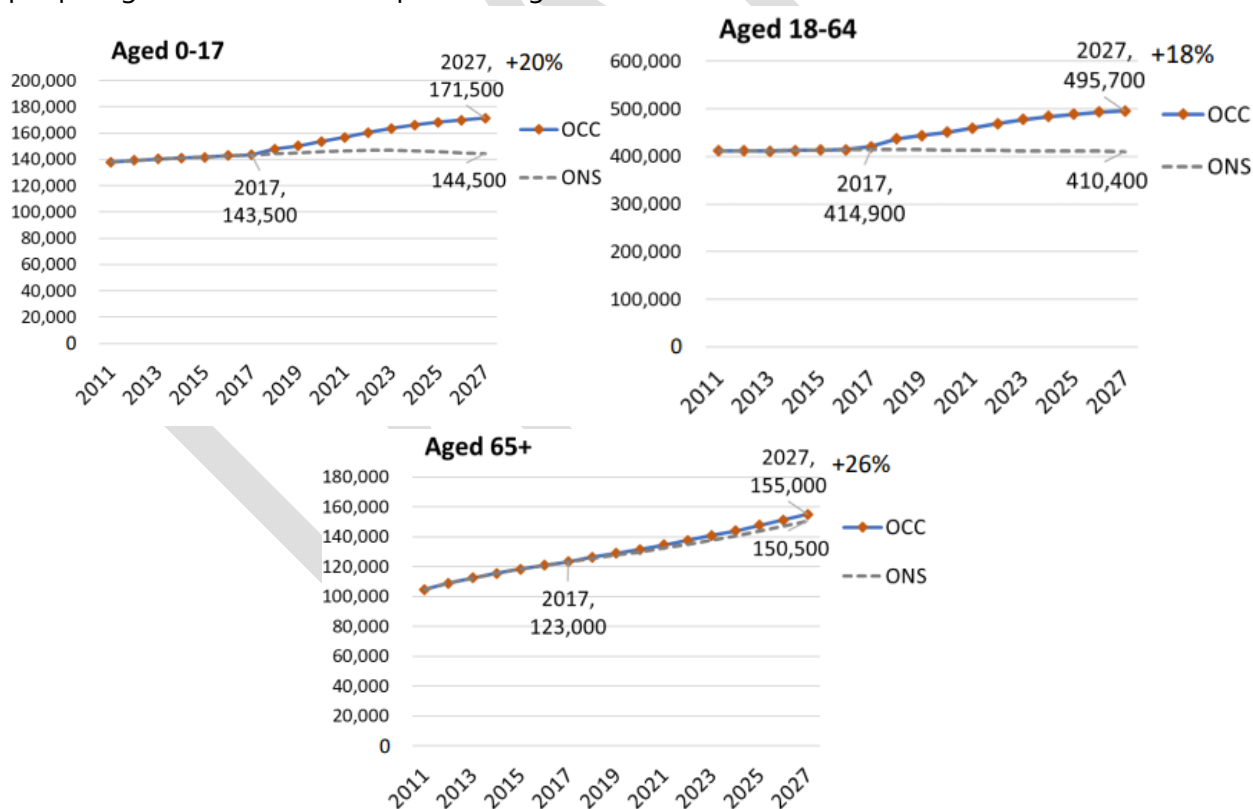
The 2021 Joint Strategic Needs Assessment (JSNA) presents two alternative projections for Oxfordshire's future population – the first is OCC's housing led forecasts which incorporate district council plans for a significantly higher rate of house building than in the recent past. The second is an ONS projection based on previous trends.



Oxfordshire Insight, JSNA 2021 (3)

The OCC housing led forecasts predict a total population in Oxfordshire of 801,702 by 2028, a growth of 114,178 (+14%) from 2018. Over the same period the ONS projections show an increase of +4%. For older people aged 65 and over, the predicted growth is similar.

The oldest population group, those aged 85 and over, are particularly high users of community services including community nursing and therapy, frailty, falls prevention, home care, care home and reablement services. This group is predicted to increase from 17,847 in mid-2018 to 22,020 by 2028, an increase of 4,173 people (+23%). Differences are particularly apparent for the younger and working age groups. For older people aged 65 and over, the predicted growth is similar.

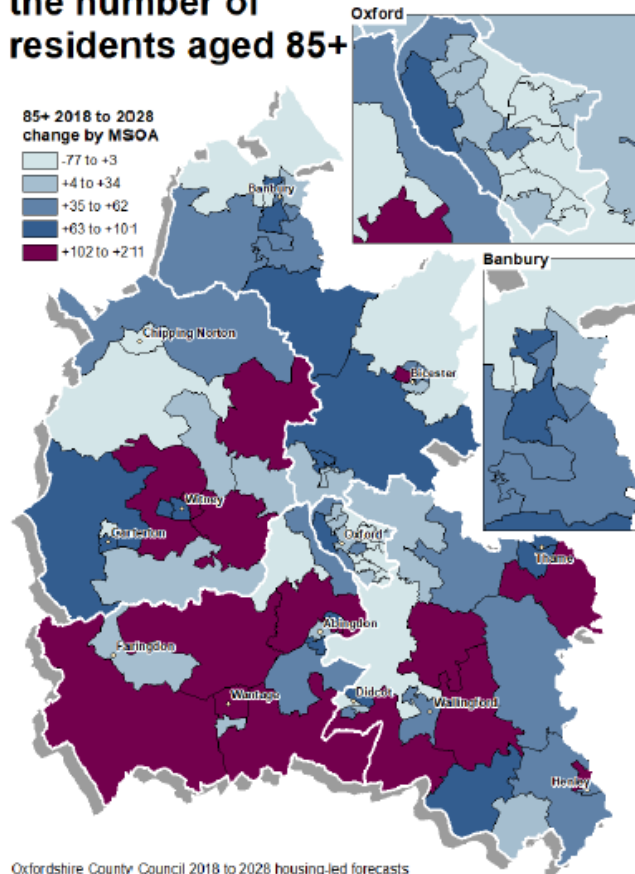


Oxfordshire Insight, JSNA 2021 (3)

The areas with the greatest predicted increases in people aged 85 years and over are:

- Rural areas South Oxfordshire and Vale of White Horse district (around Wantage)
- Parts of Witney and surrounding areas
- Parts of Abingdon
- Bicester West

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



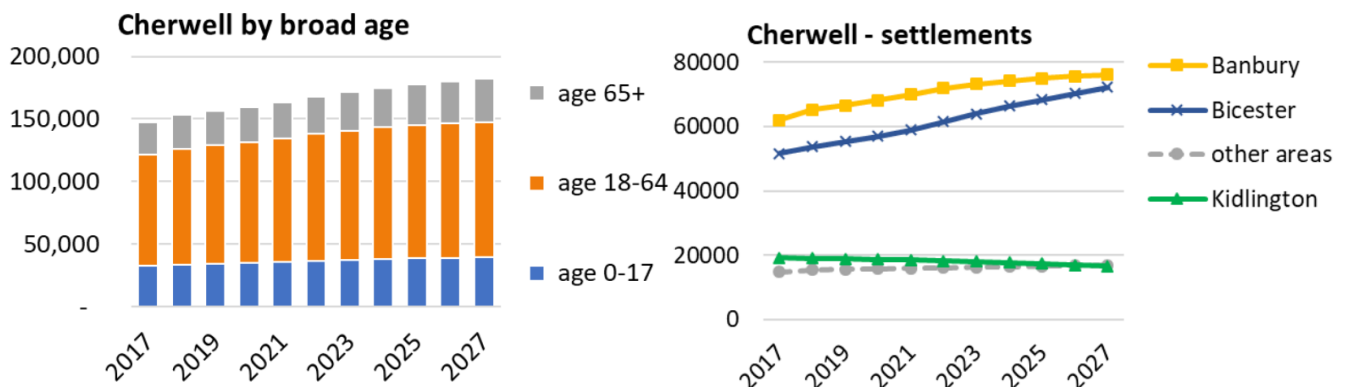
Oxfordshire Insight, JSNA 2021 (3)

Housing-led forecasts of growth by district as at 2019 (4)

Cherwell

The housing-led forecasts show the population of Cherwell increasing from 147,600 in 2017 to 181,900 by 2027 (+34,300, +23%). There are expected to be significant increases in the populations of the Banbury area and the Bicester area with major developments south of Salt Way and at Bankside in Banbury and at Graven Hill and sites in south east and south west Bicester.

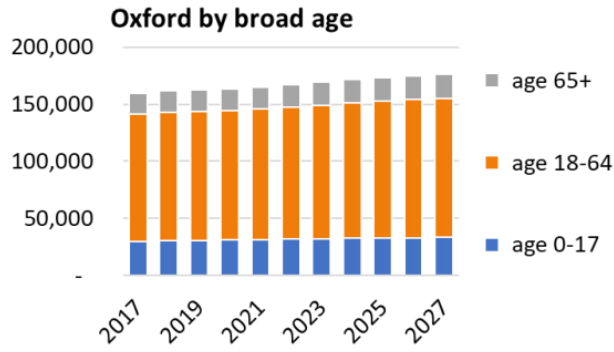
- The population of Banbury and the surrounding area is expected to grow from 62,000 to 76,200 (+23%).
- The population of Bicester and the surrounding area is expected to grow from 51,700 to 70,400 (+40%).
- Kidlington is expected to see a slight decline as there is limited housing growth predicted.



Housing-led forecasts 2019 (4)

Oxford

The housing-led forecasts show the population of Oxford increasing from 159,600 in 2017 to 176,200 by 2027 (+16,600, +10%). Major housing development sites are Barton Park and the Northern Gateway (near Wolvercote).



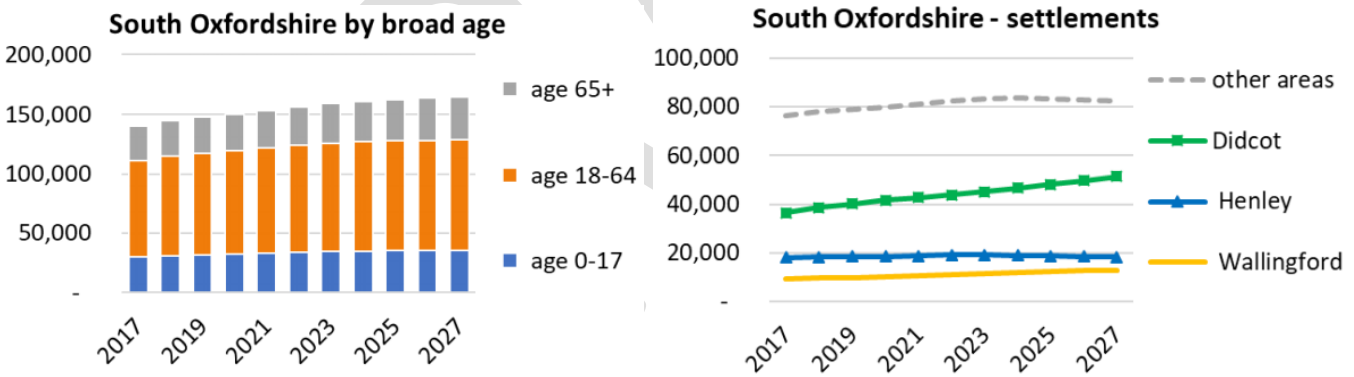
Housing-led forecasts 2019 (4)

South Oxfordshire

The housing-led forecasts show the population of South Oxfordshire increasing from 139,800 in 2017 to 164,700 by 2027 (+24,900, +18%). There is expected to be a significant increase in the population of the Didcot area with major developments in Great Western Park and east of Didcot.

- The population of Didcot and the surrounding area is expected to grow from 36,400 to 51,400 (+41%).

Note that Didcot-related developments to the west of the town, based in Vale of White Horse district, are included in the forecasts for Vale of White Horse.

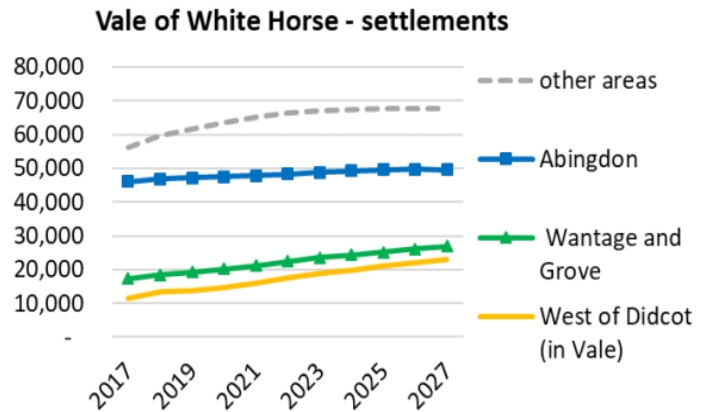
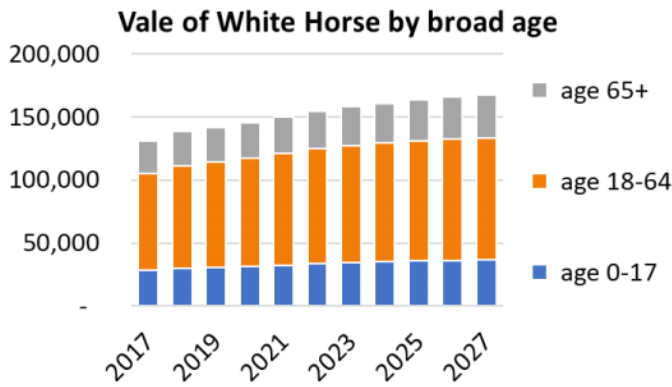


Housing-led forecasts 2019 (4)

Vale of White Horse

The housing-led forecasts show the population of Vale of White Horse increasing from 131,200 in 2017 to 167,200 by 2027 (+36,000, +27%). There is expected to be a significant increase in the population of the Wantage and Grove area with developments at Grove airfield and north east Wantage. The area west of Didcot within the Vale of White Horse includes the major Valley Park development.

- The population of Wantage and Grove is expected to grow from 17,300 to 27,000 (+56%).
- The area west of Didcot is expected to double in population, from 11,500 to 23,000.

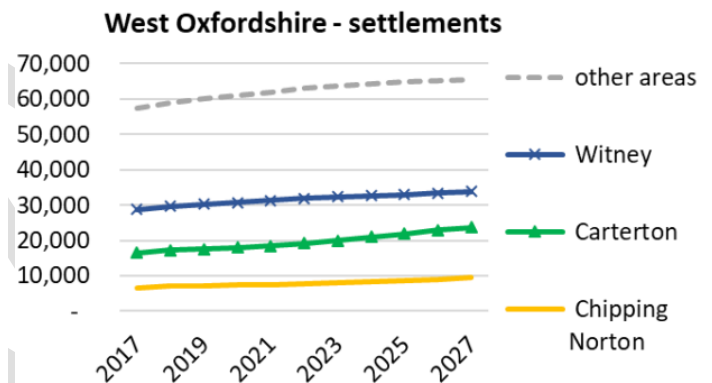
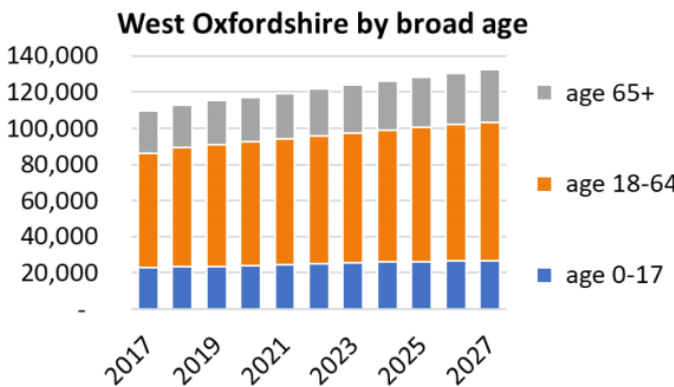


Housing-led forecasts 2019 (4)

West Oxfordshire

The housing-led forecasts show the population of West Oxfordshire increasing from 109,300 in 2017 to 132,400 by 2027 (+23,100, +21%). Growth is expected across all areas of West Oxfordshire.

- The population of Witney and the surrounding area is expected to grow from 28,800 to 33,800 (+18%).
- Carterton’s population is expected to grow from 16,500 to 23,700 (+43%).
- Chipping Norton is expected to grow from 6,600 to 9,400 (+42%).



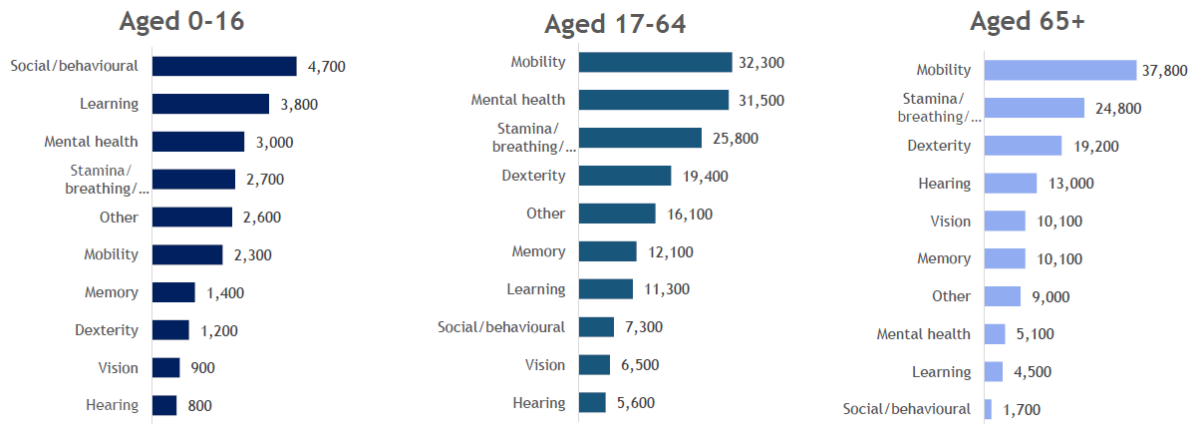
Housing-led forecasts 2019 (4)

Additional information on the housing projections for each district can be explored using the Oxfordshire Insight interactive housing forecast tool (5).

Disabilities in Oxfordshire

The Family Resources Survey provides national disability estimates annually which can be scaled to Oxfordshire using population numbers. In 2018/19 around 19% of people in the South East region had an identified disability, equating to around 131,400 people in Oxfordshire.

The most common types of disability in the population are social or behavioural impairment for children and mobility impairment for adults. Estimated numbers for Oxfordshire are shown in the chart below.



Oxfordshire Insight, JSNA 2021 (3)

According to the school census (January 2020) in Oxfordshire there was a total of 6,391 pupils with learning difficulties (including specific, moderate, severe, profound and multiple) in schools in Oxfordshire.

People with learning disabilities have a wide range of health needs and are important users of community services. According to NHS Digital, people with a learning disability aged 0-74 were between 3.87 and 4.11 times more likely to die in the period 2016-19 than people in the general population in the same age and sex group. Epilepsy is around 26 times more prevalent in people with learning disabilities than in the general population.

Data on the number of people with learning disabilities in Oxfordshire comes from different sources. In 2019-20, there were a total of 3,025 people with learning disabilities (all ages) registered with GP practices in Oxfordshire Clinical Commissioning Group. In April 2020 there were 1,672 adults receiving long term social care for learning disabilities in Oxfordshire, according to data from Oxfordshire County Council Adult Social Care services.

Ethnic diversity in Oxfordshire

According to the ONS Census 2011 survey, 16% of the resident population of Oxfordshire was from an ethnic minority background, compared with an average of 20% across England. Most of the county's ethnic minority population lives in Oxford and Banbury.

Between 2011 and 2020 the diversity of Oxfordshire's pupils increased. As of January 2020, 27% of pupils at state primary schools (in years 1 to 6) and 25% of pupils (years 7-11) in state secondary schools in Oxfordshire were from ethnic minority backgrounds. The proportion of pupils of ethnic minority backgrounds of all pupils in years 1 to 11 by district was:

- Cherwell 26%
- Oxford 55%
- South Oxfordshire 16%
- Vale of White Horse 20%
- West Oxfordshire 13%

Oxford City has a very wide range of languages spoken (as a first language) by primary school pupils. A person's ethnic identity has a strong impact on their health outcomes due to many factors, an issue that has recently been given more prominence as a result of the disproportionate impact of the COVID-19 pandemic on people who identify as members of a Black, Asian or minority ethnic groups. Health-related behaviours and practices vary between ethnic groups, as does experience of discrimination and exclusion, all of which affect healthcare-seeking behaviours.

As described in the 2021 JSNA, some minority ethnic groups in Oxfordshire appear to experience better health outcomes than the majority White British population, although for most minority ethnic groups the health outcomes are significantly worse. For example, some ethnic minority groups have particularly high rates of diabetes, which is a significant cause of potentially preventable morbidity and mortality.

Carers in Oxfordshire

According to the Census 2011 survey:

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

In 2019-20, a total of 4,540 carers were registered in Oxfordshire and receiving a service in the form of a carer's assessment or direct payment (from a pooled health and social care budget). This represented 0.83% of the adult population, just above the regional average. Around 48% of registered carers receiving services were aged 65 and over.

As of September 2020, there were 18,682 carers reported by 66 (out of 70) GP practices in Oxfordshire Clinical Commissioning Group. This was around 611 more than the previous year.

Census data suggests that there were around 1,300 young people aged under 16 providing unpaid care in Oxfordshire in 2011. As of December 2020, Oxfordshire County Council's children's services was supporting 323 young carers.

As well as benefiting the person receiving care, carers play a crucial role in supporting the sustainability of the health and care system, but often require more support than they receive. The proportion of carers in Oxfordshire who reported that caring had caused them feelings of stress increased from 58.7% in 2016-17 to 63.5% in 2018-19, an increase of 4.8%. This was greater than the average across England of 60.6% (+1.9% from the previous year).

Long-term health conditions in Oxfordshire

According to the 2021 JSNA, the health conditions affecting the greatest number of GP registered patients in Oxfordshire are:

- Hypertension (high blood pressure): 97,600 patients
- Depression: 73,600 patients
- Asthma: 48,100 patients
- Diabetes: 32,000 patients

There are over 137,000 people in Oxfordshire living with two or more long-term health conditions ('multimorbidity'). Prevalence of multimorbidity increases as age increases. Around 15% of the Oxfordshire population are reported to suffer with a musculoskeletal condition.

According to GP data, 73,648 people aged over 18 in Oxfordshire had a diagnosis of depression in 2019-20. Depression is responsible for 12% of the global burden of non-fatal disease and is increasing. Depression and anxiety are four times more common in people living with persistent pain, so has an important relationship with musculoskeletal and other health conditions.

Prevalence of common long-term health conditions recorded by Oxfordshire GPs

WORKING DOCUMENT – JUNE 2021

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

Oxfordshire Insight, JSNA 2021 (3)

Cancer

In 2019-20 there were 3,782 new cancer cases in Oxfordshire, which is below the England average rate of 529 per 100,000 population. The three main risk factors for cancer are use of tobacco, high body-mass index and alcohol use. For tobacco, around 8,000 Disability adjusted life years (DALYs) could be saved in Oxfordshire.

Coronary Heart Disease

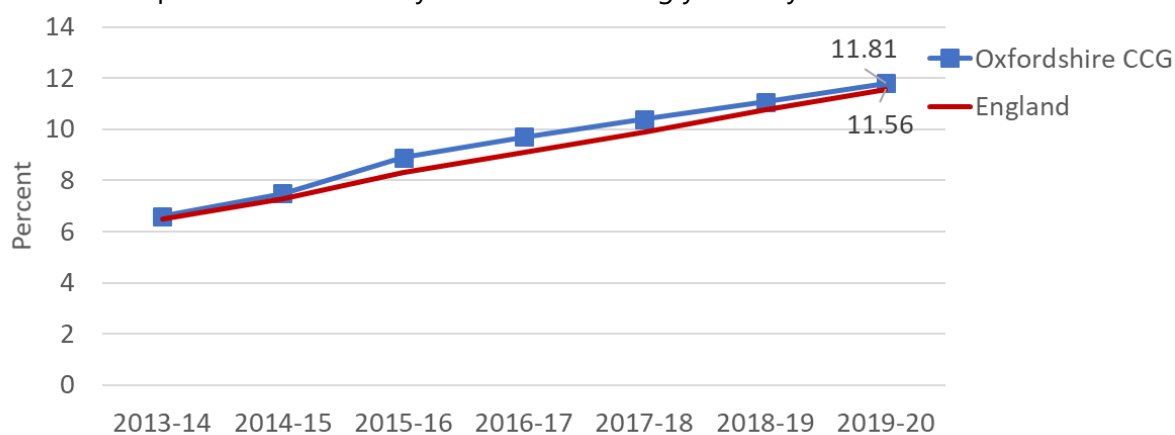
There were 17,940 people (all ages) registered as having coronary heart disease by Oxfordshire GPs in 2019-20 (2.32% of all patients, compared to 3.09% nationally). The hospital admission rate for CHD in Oxfordshire CCG was 349.2, which is significantly lower than the England rate (469.9). There are some significant health inequalities with respect to CHD – two wards in Oxfordshire (Banbury Ruscote and

Blackbird Leys in Oxford) were significantly above the England average for emergency hospital admissions for CHD.

Depression and anxiety

The estimated prevalence of common mental health disorders in people aged 16+ registered in Oxfordshire CCG was 75,892 (14%) in 2017. In people aged 65+ the figure was 10,277 (8.5%)

In 2019-20 there were 73,648 patients (aged 18 or over) with a diagnosis of depression in Oxfordshire's GP practices. Rates of depression recorded by GPs are increasing year on year.



Oxfordshire Insight, JSNA 2021 (3)

The following groups are identified as being of high risk of mental health problems:

- black and minority ethnic groups
- people living with physical disabilities
- people living with learning disabilities
- people with alcohol and/or drug dependence
- prison population, offenders and victims of crime
- LGBT (lesbian, gay, bisexual and transgender) people
- Carers
- People with sensory impairment
- Homeless people
- Refugees and asylum seekers

Diabetes

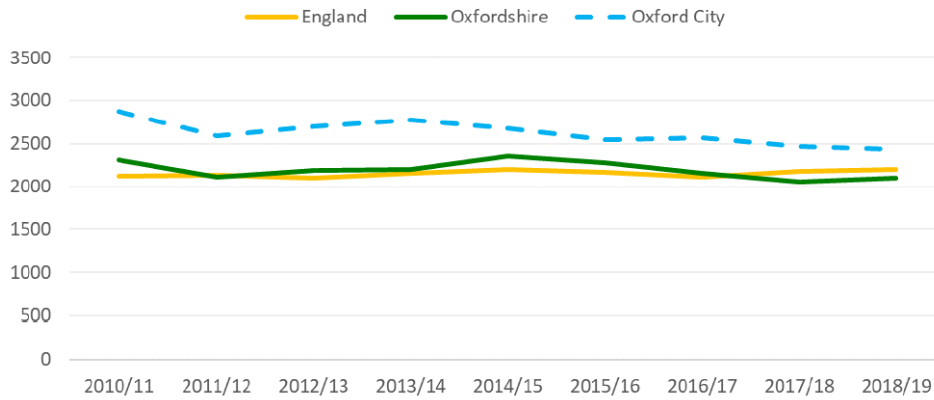
In 2019-20 there were 31,982 people, aged 17 years or older who had been diagnosed with diabetes in Oxfordshire CCG. The Oxfordshire prevalence of 5.05% was the lowest in the South East NHS region. The latest prevalence of diagnosed and undiagnosed diabetes in Oxfordshire (2017), was an estimated 7.2% (England 8.5%).

Falls

According to Public Health England, falls are the largest cause of emergency hospital admissions (nationally) for older people, and significantly impact on long term outcomes, e.g. being a major reason why people move from their own home to long term nursing or residential care

In 2018/19 there were 2,750 hospital admissions due to falls in people aged 65 and over in Oxfordshire. The rate of hospital admissions for falls in older people is significantly lower than national rate (2,097 per 100,000 population in Oxon compared to 2,198 in England). Taken as a whole, Oxfordshire has a slightly lower than average rate of emergency hospital admissions due to falls in people aged 65 and over, although Oxford City has a significantly higher rate than England:

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

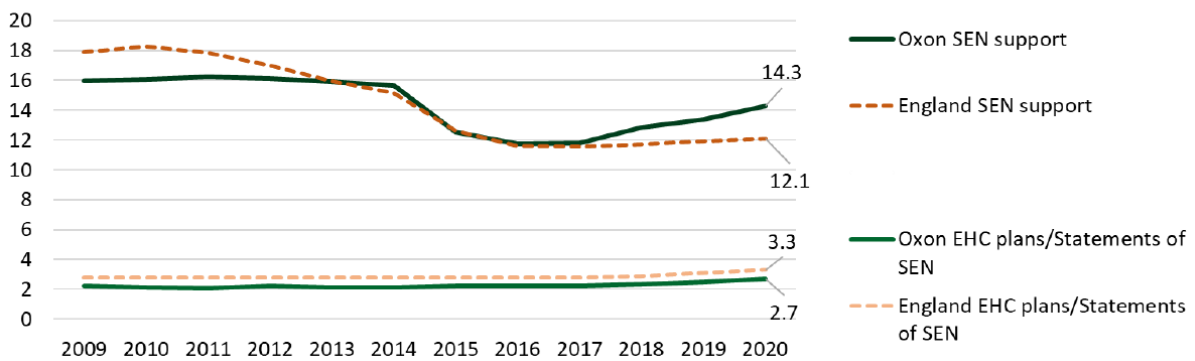


Oxfordshire Insight, JSNA 2021 (3)

Learning difficulties

As of January 2020, there were 19,300 pupils attending schools in Oxfordshire with Special Educational Needs (SEN) support. This was up from 16,900 in January 2017 (+1,400, +8%). The percentage increase was double the increase across England (+4%). The % of pupils with SEN support without statements at schools in Oxfordshire is now 2.2 percentage points above the rate for England:

% Pupils with Special Educational Needs support, Oxfordshire vs England



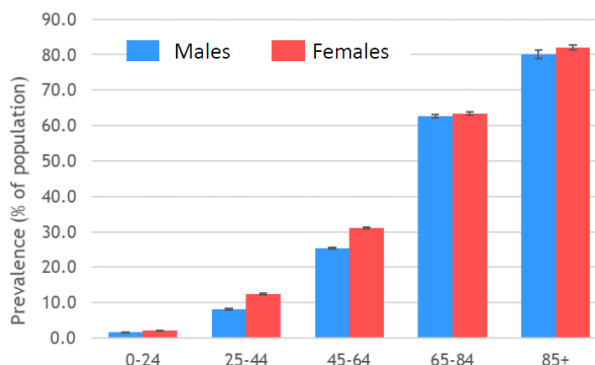
Oxfordshire Insight, JSNA 2021 (3)

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

Multimorbidity

There are estimated to be over 137,000 people of all ages in Oxfordshire living with two or more long-term conditions (based on observed prevalence estimates provided by Barnett *et al.* and mid 2011 population estimates):

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



Musculoskeletal

In Oxfordshire, there are an estimated 15.1% of people reporting a long-term musculoskeletal (MSK) condition (2019-20). Confidence intervals (CIs) on the chart show the range within which the estimate could fall:

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

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

Oxfordshire Insight, JSNA 2021 (3)

Stroke

13,417 patients at Oxfordshire GP practices had recorded stroke or transient ischaemic attack (TIA) in 2019-20. This is 1.73% of all Oxfordshire patients, similar to the national average (1.8%). The hospital admission rate was 128.8 per 100,000 population, significantly below the national average (170.2 per 100,000). Again, there were some significant health inequalities found in two wards in Oxfordshire (Blackbird Leys and Banbury Grimsbury & Hightown) which were significantly worse than the England average for emergency hospital admissions for stroke.

ENT and Audiology

Hearing loss affects over 9 million people in England. Due to our ageing population and the increasing prevalence of age-related hearing loss, NHS England estimates that the prevalence of hearing loss in Oxfordshire will increase from 20% in 2015 to 26% in 2035 (135,000). The estimated number in 2020 is over 120,000 with 35% aged 51-70 and over 50% over 71 years of age.

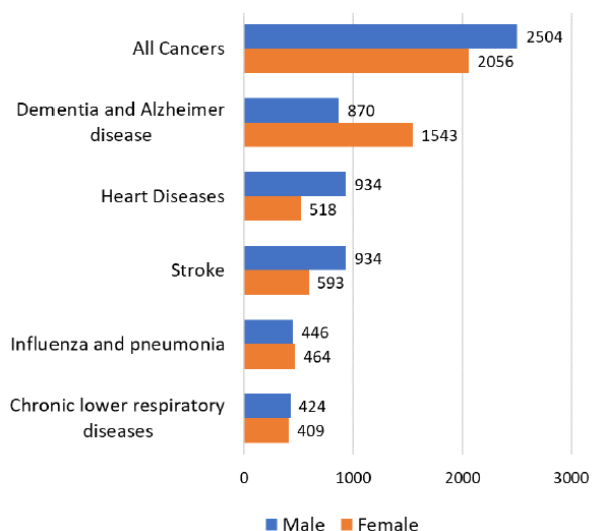
Ophthalmology

One in every five people in the UK will experience a degree of sight loss in their lifetime. According to the RNIB, only 27% of blind and partially sighted people of working age are in employment. In Oxfordshire, there are an estimated 21,900 (3.2% of total population) living with sight loss in varying stages low, moderate and severe. This figure is expected to increase to 29,000 by 2030. There are 1,300 people registered blind, 10 of which are children; a further 1,060 are registered as partially sighted, 30 of which are children.

Preventative care in Oxfordshire - Summary from the 2021 JSNA (3)

Preventing early death and ill health

Cancer remains the leading cause of death in Oxfordshire, followed by Heart Disease for males and Dementia for females. Deaths from Dementia and Alzheimer’s disease have continued to increase in Oxfordshire, similar to the national trend. This may be affected by improvements in diagnosis.



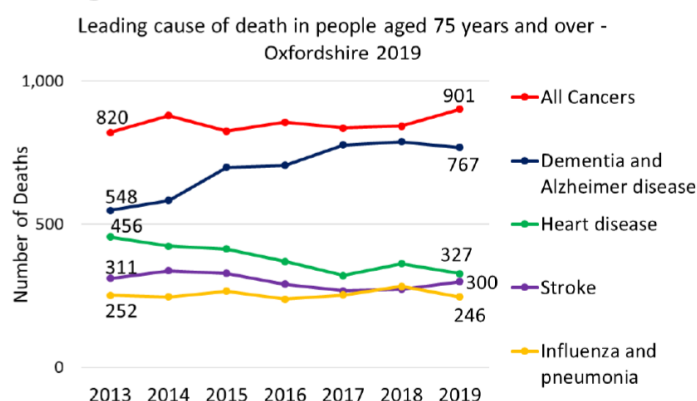
Oxfordshire Insight, JSNA 2021 (3)

An increasing number and proportion of deaths in Oxfordshire and Nationally are in a usual place of residence. In people of all ages in Oxfordshire, the proportion of all deaths that happen at home has increased from 21% of the total in 2009 to 23% of the total in 2019. In older people (85+ years), the proportion of deaths at home has increased from 14% of the total in 2009 to 18% of the total in 2019.

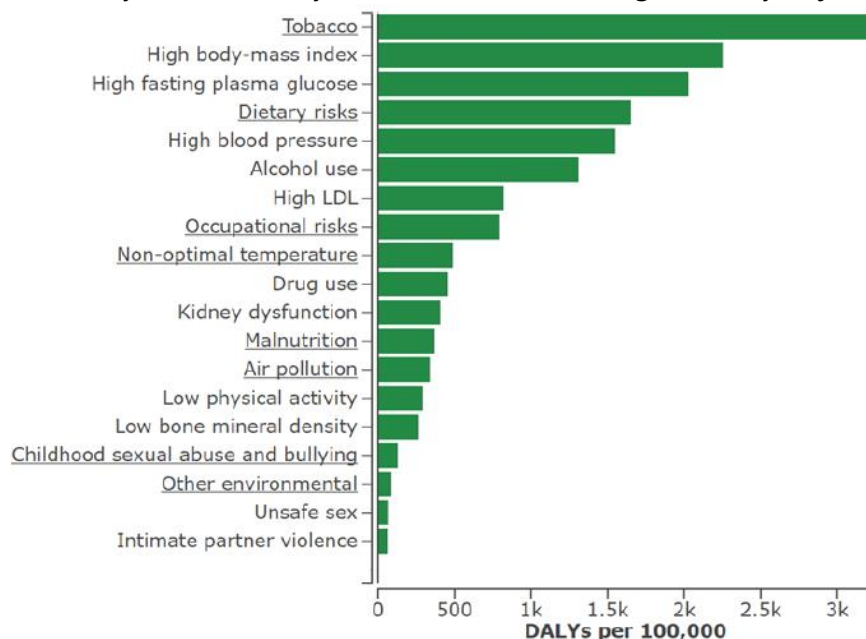
Oxfordshire is significantly better than the England average on 11 of the 14 public health outcomes indicators related to mortality. Oxfordshire is similar to average for the remaining four indicators:

- Mortality from communicable diseases (including influenza)
- Suicide rate
- Excess winter deaths: all ages

Between 2017 and 2019 there were a total of 3,549 deaths in those under 75 years of age, from all cancers, cardiovascular disease, liver disease and respiratory disease. 43% of these (1,540) were considered to be preventable. There is a slight gender difference, with males having a higher percentage (48% of preventable deaths) than females (37%). Deaths that are considered preventable could be associated with risk factors such as obesity, inactivity, smoking and alcohol consumption.



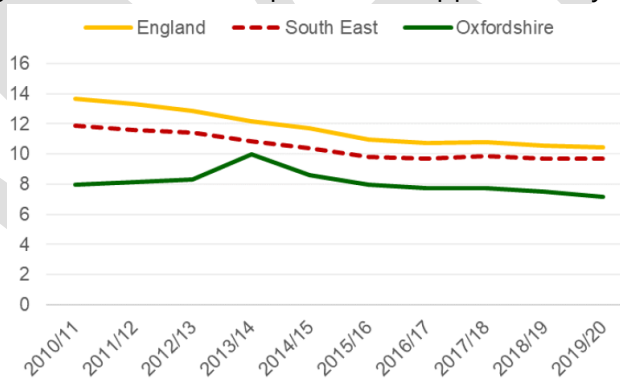
In Oxfordshire, health-related behaviours accounted for a quarter of the total burden of disease in 2019. This is equivalent to 47,600 years of healthy life lost (measured using Disability Adjusted Life Years [DALYs]).



Oxfordshire Insight, JSNA 2021 (3)

Tobacco

In 2019, an estimated 12% of adults in Oxfordshire were smokers, down from 16.2% in 2011 and statistically similar to the England average of 13.9%. This is equivalent to approximately 65,000 adults in Oxfordshire.



Oxfordshire Insight, JSNA 2021 (3)

National data show that smoking prevalence is highest in the 25-29 age group, and generally decreases as age increases. There is also variation by ethnicity and country of birth. Smoking prevalence is highest in Mixed (19.5%), Other ethnicity (15.6%) and White (14.4%) ethnic groups. Smoking prevalence by country of birth ranges from 23.9% in those born in Poland, to 5.4% in those born in India.

Data for Oxfordshire show that smoking prevalence is similar in males and females, with 12.1% (32,500) men and 11.9% (32,600) women in Oxfordshire currently smoking.

E-cigarettes are currently the most popular stop smoking aid in England. In 2019, 5.7% of people in Great Britain reported currently using an e-cigarette. Vaping was most common among current cigarette smokers (15.5%) and ex-cigarette smokers (11.7%); only 0.4% of people who have never smoked reported that they currently vape.

In the three-year period 2016-18, there were 2,044 deaths attributable to smoking in Oxfordshire, including 166 deaths from heart disease and 62 deaths from stroke. In the same period, there were 8,176 potential years of life lost due to smoking related illness.

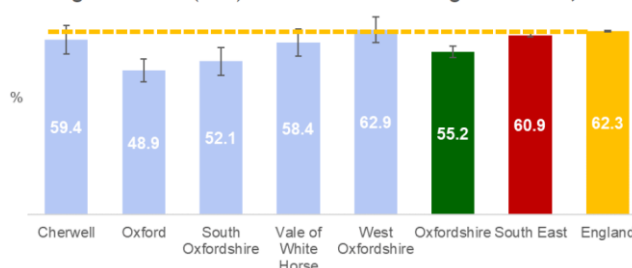
Dietary risks

Dietary risk factors accounted for nearly 11,500 lost years of healthy life (DALYs) in 2019 due to cardiovascular diseases, diabetes and kidney disease, and neoplasms. There is some uncertainty over the effects of specific foods, but current evidence suggests the leading dietary risk factors are:

- Low whole grains
- High processed meat
- High red meat
- Low fruit
- Low nuts and seeds

An estimated 55.2% of people aged 18 or over in Oxfordshire are classified as overweight or obese (2018/19), significantly lower than the South East average (60.9%). This percentage for Oxfordshire is similar to the percentage in 2015/16 (54.5%).

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



Oxfordshire Insight, JSNA 2021 (3)

Prevalence of obesity is higher in males, older people, White British and Black ethnic groups and increases with deprivation. Similar to previous years, excess weight in children has remained high. In 2018/19, around 18.6% of Reception children, aged 4 or 5, in Oxfordshire were overweight or obese. This included 6.7% who were obese and 1.5% who were severely obese.

Obesity prevalence is higher in boys than in girls in Oxfordshire, and the disparity increases between Reception and Year 6. In Reception, 7.5% of boys were obese compared to 6.9% of girls. This difference is not statistically significant. By Year 6, 18.1% of boys were obese, compared to 14.2% of girls. This difference is statistically significant. In Reception (aged 4 or 5), obesity prevalence ranges from 3.6% in Botley and Kennington to 12.5% in Kingston Bagpuize & East Hanney.

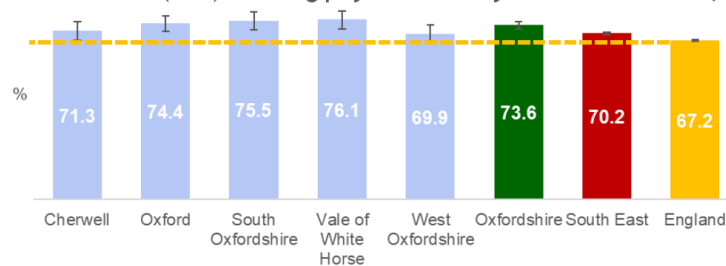
Physical activity

A slightly higher percentage of Oxfordshire adults meets the physical activity guideline than national and regional figures, but 1 in 4 Oxfordshire adults do not. Nationally, the data show that participation in physical activity is lower in older age groups, more deprived groups, unemployed or economically inactive groups, routine and manual workers, those who had never worked or were unemployed, and people with disability. Percentage of physically active adults was lower in Asian, Black, and Chinese ethnic groups than the average.

In 2019, Low Physical Activity caused 121 (2.2% of total) deaths and 676 years lived with disability (YLDs) in Oxfordshire, due to cardiovascular diseases, diabetes and kidney disease, and neoplasms.

WORKING DOCUMENT – JUNE 2021

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



Oxfordshire Insight, JSNA 2021 (3)

Alcohol

In adult age groups, males have higher rates of alcohol-related admission episodes than females. Admissions in under 18s are higher in females than males. Adults in least deprived areas were more likely to drink over 14 units pw (27%) than those in most deprived areas (18%).

36% of men in the least deprived areas drank at increasing and higher risk levels, compared with 27% of men in the most deprived areas. 17% of women in the least deprived areas drank more than 14 units compared with 10% of women in the most deprived areas.

A total of 17% of pupils aged 11-15 said they usually drank alcohol at least once a month.

In 2018/19, there were 3,114 admission episodes for alcohol specific conditions in Oxfordshire, equivalent to 472 admissions per 100,000 population. This is significantly lower than national and regional rates. This was made up of 2,029 admissions in males and 1,085 admissions in females and include admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol specific (wholly attributable) condition code only.

There were 3,316 admission episodes for alcohol related conditions in Oxfordshire, equivalent to 497 admissions per 100,000 population. Although admissions in Oxfordshire are significantly lower than England in all adult age groups for both males and females, between 2017/18 and 2018/19 there has been an increase in admissions for both males and females across all three age groups. This was made up of 2,099 admissions in males and 1,217 admissions in females and include admissions to hospital where the primary diagnosis is an alcohol related condition, or a secondary diagnosis is an alcohol related external cause,

When a broader definition is used, there were 11,822 admission episodes for alcohol related conditions, equivalent to a rate of 1,802 admissions per 100,000 population. This was made up of 7,682 admissions in males and 4,140 admissions in females and include admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol attributable code.

Drug misuse

Local data shows that Oxfordshire has one of the lowest rates of deaths from drug misuse in the South East region and is significantly lower than the England average. Despite this, there were still 48 deaths (DSR rate 2.4 per 100,000) from drug misuse between 2016 and 2018 in Oxfordshire, compared to 1,021 in South East (rate 3.9). More than half of these deaths were in Oxford City. The rate of hospital admissions for poisoning by drug misuse in Oxfordshire is similar to regional and national rates.

Younger people are more likely to have taken illicit drugs than older people. The higher rates of drug use were associated with higher frequency of visits to pubs, bars and nightclubs.

Rehabilitation and reducing time in hospital

The more time a patient spends in a hospital bed, the greater the decline in their strength and muscle mass, which in older adults is associated with a long-term functional decline, and hence a greater risk of future falls, illness and ultimately the risk of an earlier death. Gill et al. identified that extending bed rest increases the risk of functional decline (6). In addition, Kortebein famously estimated that 10 days in bed results in the equivalent of 10 years of ageing in lost muscle mass (7).

This does not mean that community hospital inpatient units no longer have an important role to play in the future provision of care for some patients, such as those who need intensive rehabilitation or supportive end-of-life care. Rather, this evidence shows how important it is to ensure that all our inpatient units are equipped with the staff and resources they need to provide focused care pathways, interventions, facilities and experiences that will benefit the patients who use them.

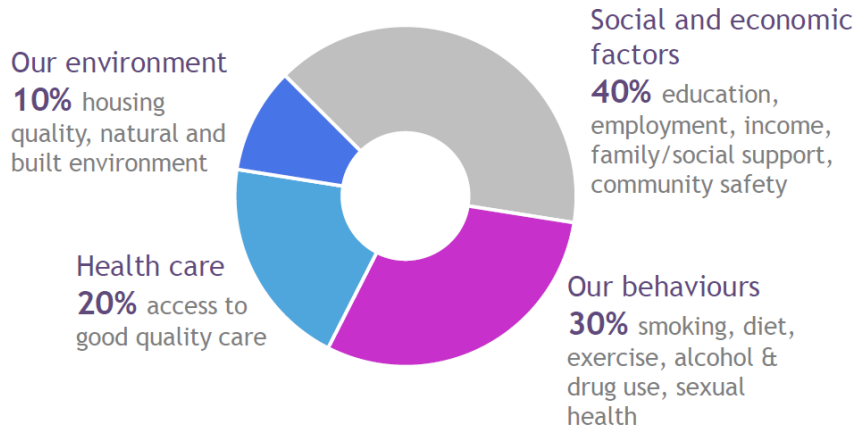
For example, there is evidence that patients with specific health conditions experience better long-term outcomes if they are treated in facilities that are optimised for their needs as set out in NICE guidelines on alternatives to hospital care (8). It is now widely accepted that people requiring stroke rehabilitation experience better outcomes if cared for in a unit with specialist facilities and staff. For this reason, an Oxfordshire resident recovering from a stroke will usually receive care in the Specialist Stroke Rehabilitation Unit based at Abingdon Community Hospital, which has specialised therapy facilities and teams, even when a general community bed is available for them in a more local Community Hospital. The benefit of returning patients home as an alternative to acute hospital care is widely supported within the literature (9).

DRAFT

Wider determinants of health - Summary from the 2021 JSNA (3)

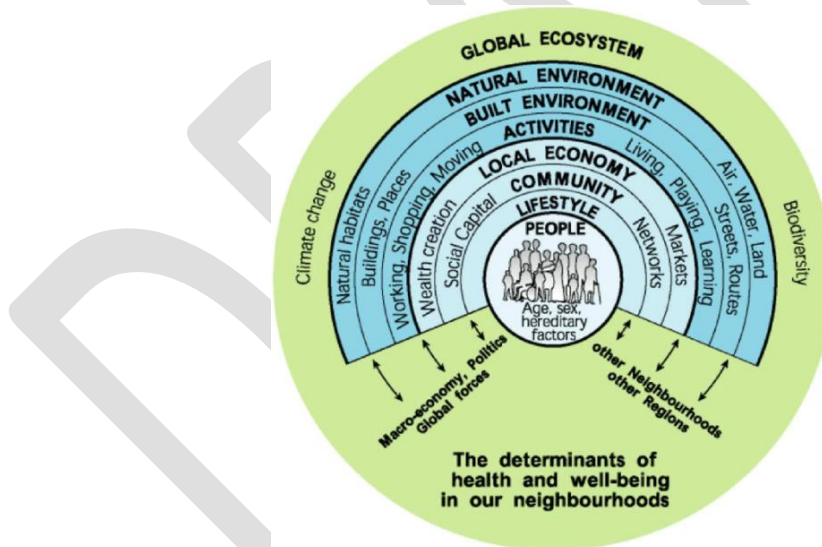
The wider determinants of health are the conditions in which people are born, grow, live work and age. They include social, cultural, political, economic, commercial and environmental factors. The strongest influences on people’s health are social determinants such as their level of education, income, quality of housing and employment.

Factors affecting health outcomes



Oxfordshire Insight, JSNA 2021 (3)

Barton and Grant (2006) developed a 'health map' showing the determinants of health and well-being



The health map (Source: Barton and Grant (2006, p.2))

Oxfordshire Insight, JSNA 2021 (3)

Poverty and deprivation

Oxfordshire’s rate of employment and average earnings remains above the England average and the number of people unemployed is relatively low. There are higher rates of child poverty in parts of Banbury and Oxford City. After housing costs, 1 in 5 children in Oxfordshire are estimated to be living in poverty. Within the city of Oxford, however, this figure rises to 1 in 4. More areas of Oxfordshire are now ranked as deprived on the Income Deprivation Affecting Older People Index (within the worst 10%).

Children

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

Child poverty measures for Oxfordshire districts

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

Oxfordshire Insight, JSNA 2021 (3)

Adults

As at 1 April 2020 there were 6,197 adults in Oxfordshire receiving on going long term social care from Oxfordshire County Council, down from 6,310 at 3 April 2019 (1.8%). The majority (60%) of Oxfordshire's ongoing long-term social care clients were older people aged 65 and over. 15% were aged 90 or over. Just over a quarter (27%) of people receiving social care support are people with learning disabilities.

Older adults

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

Social isolation

Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services. Loneliness can be as harmful for our health as smoking 15 cigarettes a day. Lonely individuals are more likely to visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term health care. In 2015, Age UK published heat maps showing the variation in the risk of loneliness within local authority districts. These maps highlight the following areas as being in the highest risk quintile of all neighbourhoods in England:

- Cherwell: Banbury, Bicester Town
- Oxford: Blackbird Leys, Wood Farm, Barton, St Clements, Jericho, Cowley
- South Oxfordshire: Didcot South

Housing and homelessness

The ratio of the cheapest market housing (lower quartile) to lower earnings in Oxfordshire was 11.22 in 2019, remaining much less affordable than the England average (7.27). The cost of renting privately in Oxfordshire remains well above the South East and national averages.

The homeless population is difficult to see and measure but represents a broad group with diverse needs. A health needs assessment of the adult street homeless population in Oxfordshire estimated that, on any one night, 100-150 people sleep rough somewhere in the county and between 350-400 homeless adults sleep in some form of supported accommodation each night.

A health needs assessment of the adult street homeless population in Oxfordshire in 2019 estimated that, on any one night, 100 150 people sleep rough somewhere in the county and between 350 400 homeless adults sleep in some form of supported accommodation each night.

Around 80% of homeless adults are male, but the proportion of women has increased in recent years. Most homeless adults are aged between 30 and 50, but the proportion of young people has increased.

Physical and social environment

Oxfordshire's first healthy new towns programmes in Bicester and Barton have highlighted strong partnership working and people actively managing their health.

Healthy place shaping is a practical mechanism for creating healthier communities through unified planning.

'Healthy place shaping is a collaborative process which aims to create sustainable, well designed communities where healthy behaviours are the norm and which provide a sense of belonging and safety, a sense of identity and a sense of community. It is also a means of shaping local services, infrastructure and the economy through the application of knowledge about what creates good health, improves productivity and benefits the economy, thus providing efficiencies for the taxpayer.'

Healthy place shaping is based on:

- Shaping the built environment, green spaces and infrastructure at a local level to improve health and wellbeing
- Working with local people and local organisations, schools etc to engage them in planning places, facilities and services through 'community activation'
- Reshaping health, wellbeing and care services (and the infrastructure which supports them) to achieve health benefits. This includes health services, social care, leisure and recreation services, community centres etc.

In Oxfordshire HPS can be applied at 3 geographical levels:

- Town/village/new development level. Healthy place shaping applied to all new and existing developments within Districts and the City so as to create healthy communities in the broadest sense. It involves very local changes to individual's behaviour, lifestyles and engagement alongside changes to local infrastructure and services. This is fundamental as a concept and underpins the two approaches below.
- Locality (area) level. This applies to the redesign and transformation of services in localities covering larger populations. This approach considers how the services of many organisations (including NHS, Local Authority and voluntary sector organisations) and their built assets and supporting infrastructure interlock to benefit the health and wellbeing of local residents.
- County level and beyond. This applies the approach to health and wellbeing issues affecting larger strategic infrastructure plans. It covers, for example, travel and transport planning, workforce planning, the development of the local economy and productivity issues. These factors are integral to the health and wellbeing of local residents and the development of future health and care services.

North Area example

The Healthy Bicester programme continues to undertake a range of activities to develop a built environment that promotes health and wellbeing, to support schools, local businesses and community groups, to enable people to be active, to make healthy food choices and to be good neighbours, and residents to take care of their health and reduce or delay the need for treatment.

Bicester has continued to run diabetes education meetings at which local GPs and a range of community groups and District Council run services have encouraged people with diabetes to better manage their condition. In Cherwell 300 patients were referred into the Go Active for Diabetes motivational coaching service provided by the District Council with 52.8% successfully enrolled. Follow up with one Bicester practice showed 50% of patients either stabilised or reduced their blood sugars.

South Area example

Barton - The creation of a community partnership to bring residents together to take action on the things that are important to them. Working on the development of a 5 year forward strategy for the continuation of the Barton Healthy New Town programme, which aligns with the aims of the Primary Care Network. Funding committed from Grosvenor which will further support and build on the proactive health model from the previous 3 years.

In 2019, Barton Surgery expanded from 3 consultation rooms to 6 consultation rooms with the addition of two new meeting rooms. Barton Surgery is now accommodating several new and existing health services including: Abdominal Aortic Aneurysm (AAA) ultrasound screening, Midwife antenatal clinic, Podiatrist, Listening Centre and MIND Clinics for mental health counselling, Drug and Alcohol worker, an expanded Social Prescribing Service, Nurse and Phlebotomy Clinics. There are also plans to have nurse led minor illness clinics running there.

Active travel

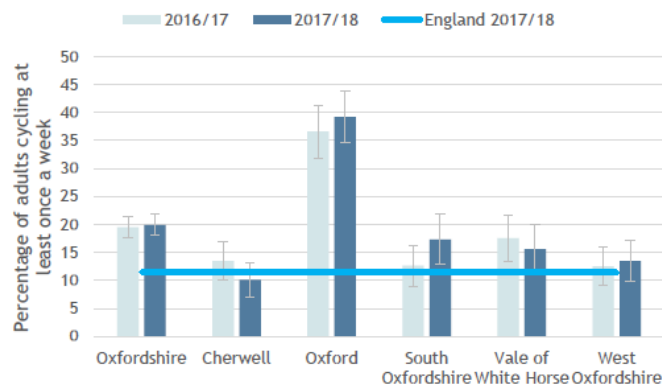
The latest Sport England data for Oxfordshire and districts (November 2018/19) shows that Oxfordshire had the highest proportion of adults (43.3%) participating in active travel (at least twice in the last 28 days) of all of England's counties Cambridgeshire was second (43.0%). Oxford City had a high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

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

Oxfordshire Insight, JSNA 2021 (3)

In 2017/18, an estimated 76% of adults walked at least once per week in Oxfordshire. Oxford had the highest proportion of adults walking (continuously for over 10 minutes) at least once a week (80%) although all five districts were above the national average.

In 2017/18, an estimated 19.9% of adults cycled at least once per week, much greater than the national average (11.5%). Nationally, Oxford had the second highest prevalence for cycling at least once per week (39%), only below Cambridge (57%). Nationally men cycle 2.5 as many trips as women (although women walk slightly more).



Oxfordshire Insight, JSNA 2021 (3)

Transport and air pollution

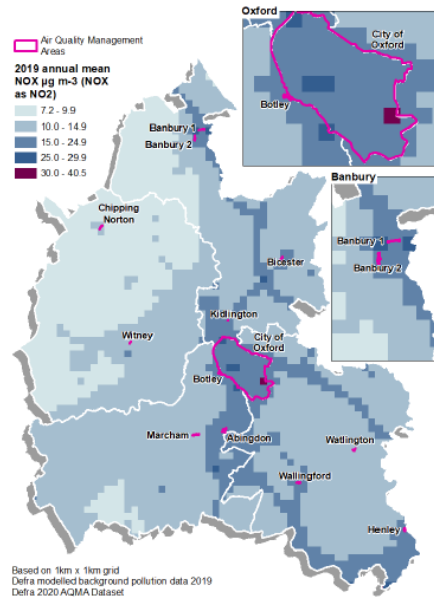
In Oxfordshire, it was estimated that over 2,300 years of healthy life (DALYs) were lost due to ambient particulate matter in 2019. These were mainly attributed to cardiovascular diseases, diabetes and kidney diseases, and chronic respiratory diseases.

Oxfordshire has 13 designated Air Quality Management Areas where air quality objectives are not being met: 4 in Cherwell (2 in Banbury, 1 each in Bicester and Kidlington); the city of Oxford, 3 in South Oxfordshire (Henley, Wallingford and Watlington); 3 in Vale of White Horse (Abingdon, Botley and Marcham) and 2 in West Oxfordshire (Chipping Norton, Witney). Cutting air pollution in Oxford by one fifth would result in:

- 83 fewer cases of coronary heart disease each year
- 28 fewer cases of lung cancer each year
- 77 fewer children with low lung function each year
- 38 fewer asthmatic children with bronchitic symptoms each year
- 31 fewer children with a chest infection (acute bronchitis) each year
- 1 less baby born underweight each year
- an increase in children's lung capacity by around 2.8%

Between 2008-2017, transport CO₂ emissions in Oxfordshire increased by 1% and now make up the largest share by source with 45% of total emissions. About 5,000 petrol cars are registered per year in Oxfordshire. Over the past 5 years, the sites with the highest readings for Nitrogen Dioxide (NO₂) in Oxfordshire have generally seen a declining trend.

WORKING DOCUMENT – JUNE 2021
Annual mean NOX pollution 2019



Oxfordshire Insight, JSNA 2021 (3)

Mental health and wellbeing

Groups exposed and vulnerable to unfavourable social, economic, and environmental circumstances are at higher risk of mental health problems. These include (but are not limited to):

- Black and minority ethnic groups
- People living with physical disabilities
- People living with learning disabilities
- People with alcohol and/or drug dependence
- Prison population, offenders and victims of crime
- LGBT (lesbian, gay, bisexual and transgender) people
- Carers
- People with sensory impairment
- Homeless people
- Refugees and asylum seekers
- Other groups associated with poverty and socio-economic disadvantage
- People at various points across the life course e.g. pregnancy, motherhood, people with poor physical health, isolated older people or those in living in care homes

In Oxfordshire, rates of self-harm hospital admissions in younger people (aged 10-24 years) have increased over time. There was a slight reduction in 2017/18 and the rate is now similar to England. Some wards in Oxford City and Banbury have significantly higher rates of hospital stays for self-harm than England. The highest ward has an admission ratio 3.35x that of the England average, the lowest 0.52 of the England average.

Social prescribing

Social prescribing link workers connect people to wider community support, which can help to improve their health and well-being and engage and deal with some of their underlying causes of ill health. Social prescribing schemes may lead to a reduction in the use of NHS services, including GP attendance. 59% of GPs think social prescribing can help reduce their workload.

Data implications for pilot and workstream areas

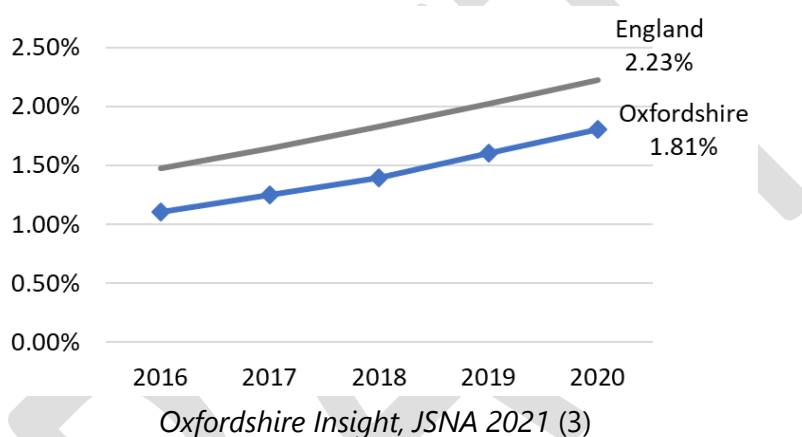
The data identified to date helps us to shape a number of pilot areas for changes to improve community health services. In this section we have broken down how the data has informed development of the community services strategy priorities.

Start well

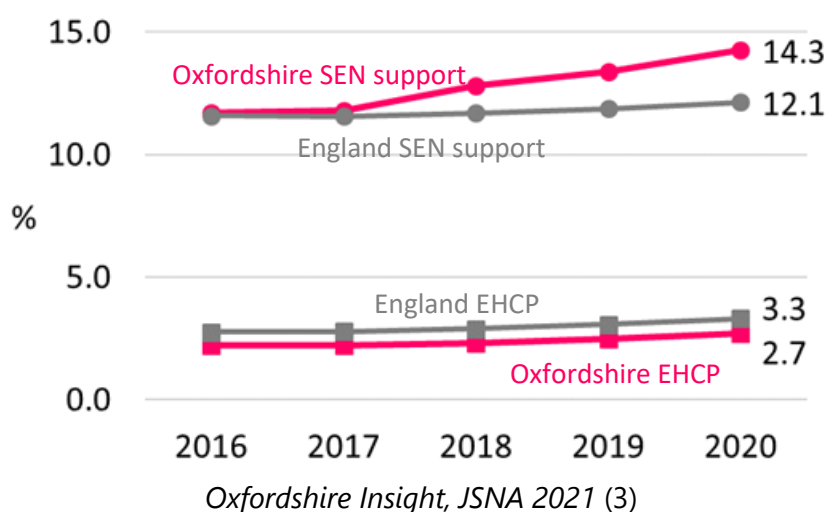
Children’s integrated therapies review

In recent years, there has been a significant increase in demand as well as increased complexity of need among young people referred to the children’s integrated therapy team. This has resulted in the need to review the way in which we deliver services.

Over the last five years, the number of Education Health and Care Plans (aged 0-25) issued per year in Oxfordshire has trebled, from 232 to 706 (+204%):



The proportion of pupils with SEN support in Oxfordshire schools has increased at above the national rate:



The trend in rate by primary area of need vs England for Oxfordshire SEN pupils shows:

- Cognition and Learning: above average and stable
- Speech, Language and Communications: below average and increasing faster than England
- Autistic Spectrum Disorder: above average and increasing
- Social, Emotional and Mental Health: above average and increasing
- Sensory and/or physical needs: below average and increasing (3)

Pupils with SEN are more than twice as likely to be eligible for pupil premium. As of January 2020, 35% of pupils with an Education, Health and Care plan and 31% of those with Special Educational Needs support (living in Oxfordshire and attending an Oxfordshire school) were eligible for pupil premium. Each was over double the rate of those with no SEN (13%). (3)

Out of hours primary care

See below section on primary care within live well.

Children’s nursing for long term conditions

Since 2017, the number of children with disabilities in Oxfordshire has increased across nearly all impairment types:

Impairment type	2017	2021	Difference
Social/behavioural	3,100	4,700	+1,600
Learning	2,800	3,800	+1,000
Mental health	1,600	3,000	+1,400
Stamina/ breathing/ fatigue	2,700	2,700	0
Other	1,700	2,600	+900
Mobility	1,900	2,300	+400
Memory	900	1,400	+500
Dexterity	900	1,200	+300
Vision	700	900	+200
Hearing	700	800	+100

Oxfordshire Insight, JSNA 2021 (3)

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

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

Oxfordshire Insight, JSNA 2021 (3)

Obesity is associated with poor psychological and emotional health. Obese children are more likely to become obese adults with a higher risk of morbidity, disability and premature mortality in adulthood. The majority of measured children in Oxfordshire are a healthy weight (8 out of 10 Reception children; 7 in 10 Year 6 children). In 2018/19 1340 reception children were overweight or obese. Of these 520 were obese and of these 100 were severely obese. (3)

Since 2007/08, overweight or obesity prevalence has remained relatively stable in Oxfordshire for both reception and year 6. In 2019/20, around 18.6% of Reception year children, aged 4 or 5, in Oxfordshire were overweight or obese. This included 6.7% of all children who were obese, and 1.5% who were severely obese. Overweight and obesity prevalence increases over the course of primary school in Year 6, aged 10 or 11, 29.4% of children were overweight or obese. This included 16.1% of all children who were obese, and 3.0% of children who were severely obese. Prevalence of underweight is also higher by Year 6: 1.0% in Reception compared to 1.5% in Year 6. (3)

The burden of obesity is falling hardest on children in low income families. One of the main risk factors for obesity is the food and drink environment. The Food Foundation 2019 Children's Future Food Inquiry Report found that one in three children (4.1 million) are living in poverty in the UK; for their families to be able to afford the Government's recommended diet, they would have to spend an estimated 35% of their income on food, once their housing costs have been taken care of. (3)

People with a learning disability aged 0-74 were between 3.87 and 4.11 times more likely to die in the period 2016-19 than people in the general population in the same age and sex group. People with Learning Difficulties also tend to have higher rates of a wide range of health conditions. (3)

Other areas of priority

Healthy Development:

After removing housing costs, 1 in 5 children in Oxfordshire are estimated to be living in poverty within Oxford City this figure rises to a quarter of children. In the past year, there has (again) been an increase in the number of people referred for treatment to Oxford Health mental health services, particularly children and young people. (3)

Safeguarding:

14,000 children in Oxfordshire were affected by income deprivation. Oxfordshire has seen increases in the number of children referred to social care, children on protection plans and children who are looked after. Care leavers in Oxfordshire are less likely than average to be in employment, education or training. The proportion of Oxfordshire's disadvantaged pupils aged 10-11 achieving the expected standard at Key Stage 2 was below the England average in 2017. Oxfordshire has a relatively high rate of unauthorised absences from school. (3)

Live well

Integrating care for long term conditions

There are over 137,000 people of all ages with two or more chronic conditions in Oxfordshire. 89,800 people in Oxfordshire reported by the Census 2011 survey as having activities limited by health or disability. Prevalence increases as age increases. Prevalence of depression is also increasing in Oxfordshire. (3)

The health conditions with the greatest number of GP registered patients in Oxfordshire were:

- Hypertension (high blood pressure): 97,600 patients
- Depression: 73,600 patients
- Asthma: 48,100 patients
- Diabetes: 32,000 patients

For the 3-year period, 2014 to 2016, total deaths of people aged under 75 from the four causes of: cardiovascular diseases, cancer, liver disease and respiratory disease in Oxfordshire was 3,396. Of these 1,959 (58%) were considered preventable. (3)

Referrals for the heart failure service have increased by 54% in last 4 years during which time there has been no increase in staff numbers.

The Kings fund, review of community services (2018) identified that:

It can be complex for service users – and sometimes professionals – to understand who provides what care and to navigate services. This was highlighted in the public consultation for Our health, our care, our say – a common complaint was that services were not well co-ordinated and people reported having to repeat information to multiple professionals, having several separate assessments and needing to join up care themselves (Opinion Leader Research 2006).

This complexity and fragmentation may also give rise to duplication and overlap, and gaps between the teams delivering care. Duplication is not only wasteful of resources and staff time, but also wastes the time of patients and carers, while gaps risk leaving people without the care and support they need. (10)

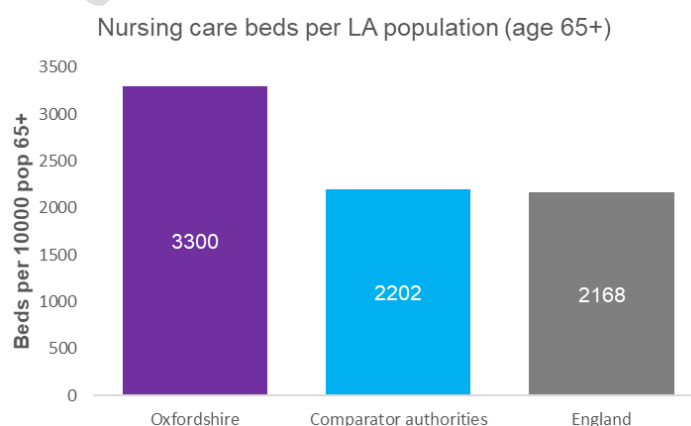
Enhanced health in care homes

As of 2 November 2020, there were 118 care homes in Oxfordshire providing 5,393 care home beds for older people of which 4,147 (77%) included nursing care. As a proportion of the number of residents aged 85 and over, the rate of care home beds for older people in Oxfordshire was 29.3 per 100, just below the South East (29.9) and England (29.5). Cherwell and West Oxfordshire were each above the national, regional and county rates.

	Care homes	Beds for older people	Beds with nursing	Beds per pop aged 85+
Cherwell	27	1,326	1,049	35
Oxford City	16	703	423	23
South Oxfordshire	24	1,080	936	26
Vale of White Horse	25	1,055	782	27
West Oxfordshire	26	1,229	957	34
Oxfordshire	118	5,393	4,147	29

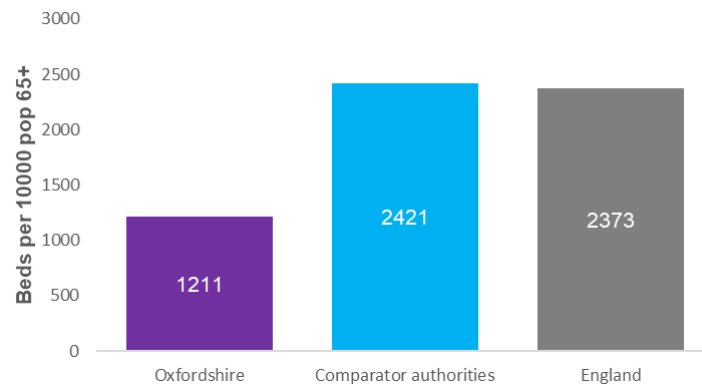
Oxfordshire Insight, JSNA 2021 (3)

Currently Oxfordshire has significantly higher numbers of nursing care home beds than both comparator authorities and England as a whole. Although we support the same number of people as similar authorities, 45% are supported in care homes compared to 40% nationally, when people are supported in care homes they are more likely to be in nursing home care.



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Residential care beds per LA population (age 65+)



Rate per 10,000 people supported:

	65+
Oxfordshire	472.6
England	608.7
Similar Authorities	479.0

% of older people supported by care type:

	Residential care	Nursing home care	At home
Oxfordshire	22%	23%	55%
England	27%	13%	60%
Similar Authorities	29%	14%	57%

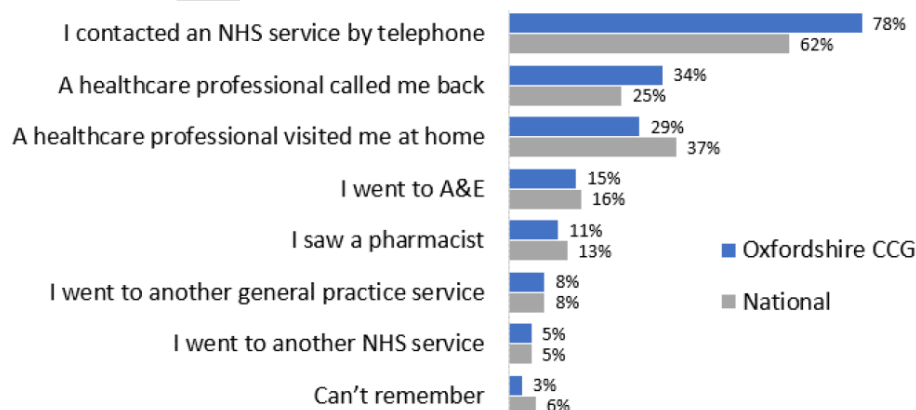
Oxfordshire Insight, JSNA 2021 (3)

Review of out of hours service

The NHS Long Term Plan set out priorities for healthcare over the next 10 years with a focus on preventing ill health, improving care, supporting staff and investing in new technology.

The out-of-hours service currently provides urgent medical care from 6.30pm to 8.00am on weekdays and around the clock at weekends and bank holidays. It can reduce demand at hospital Emergency Departments.

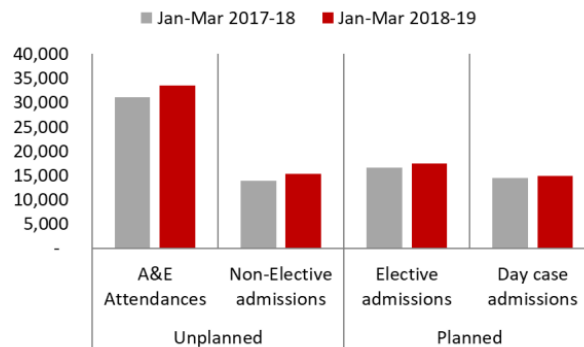
Based on the GP patient survey 2020, Oxfordshire carried out significantly below the national average contacts at home. 15% of the patients who tried to contact an out of hours service ended up going to A&E. The outcome of contacting out of hours services showed (multiple responses possible):



Oxfordshire Insight, JSNA 2021 (3)

WORKING DOCUMENT – JUNE 2021

Unplanned attendances continue to make up the majority of hospital contacts and this proportion increased between 2017-18 and 2019-20. Improving out of hours services provides the opportunity to reduce some of these unplanned contacts:



Oxfordshire Insight, JSNA 2021 (3)

Additional services in community hospitals

Mental health

Development of new mental health clinics including:

- Learning disability
- CAMHS

Tbc - Awaiting current data

OUH services:

- Ear, Nose and Throat (ENT)
- Audiology
- Ophthalmology
- Renal Dialysis
- Chemotherapy

Tbc – awaiting current data

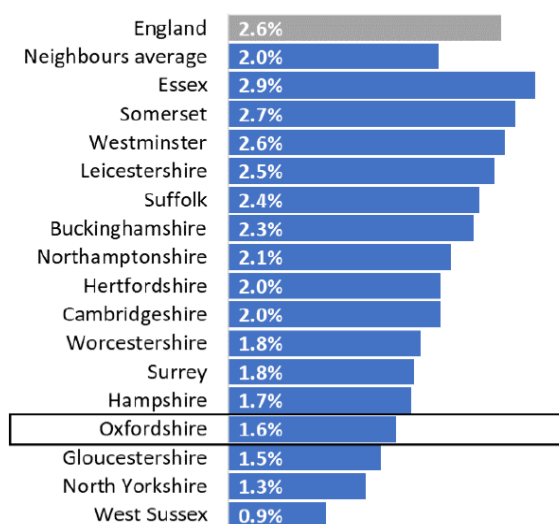
Virtual wards

Virtual ward rounds identify frail or medically unstable patients with an aim of prevention or early identification of health or social crises and enabling improved forward planning. This could include for example input from a gerontologist or interface physician, social worker, nurse and GP.

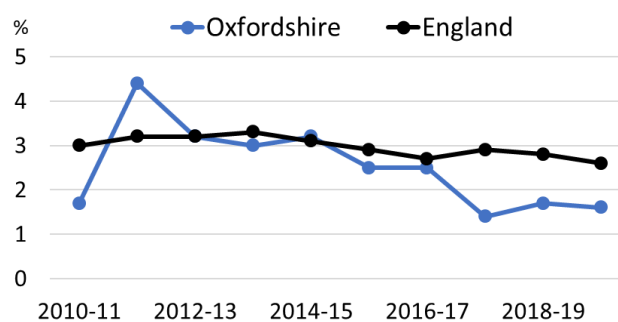
Implementation of virtual wards in South Devon and Torbay have achieved a significant improvement in the patient experience as well as reducing costs for the NHS (11). By better integrating community and primary care there is an opportunity to reduce hospital admissions and enable people to remain independent.

Home first

There has been an increase in the proportion of older social care clients supported at home, from 44% of older clients in 2012 to 59% in 2017, however, reablement from hospital remains a priority area. Between April 2019 and March 2020, 2,601 people in Oxfordshire received reablement. Of these, 1,461 were helped to leave hospital, 366 were diverted from hospital and 774 were supported via a community referral. As of 2019-20, Oxfordshire was ranked 13th in its group of 16 statistical neighbours on the % of older people offered reablement services following discharge from hospital. Oxfordshire has remained below the national average. In 2019 20, 1.6% of older people (aged 65+) in Oxfordshire who left hospital were supported via reablement compared to 2.6% nationally. (3)



Percentage of people aged 65 and over offered reablement services following discharge from hospital, Oxfordshire and Statistical Neighbours (2019-20)



Percentage of people aged 65 and over offered reablement services following discharge from hospital – trend

Oxfordshire Insight, JSNA 2021 (3)

There is a substantial and growing body of evidence that shows the benefits of an active, ‘strengths-based’ home reablement approach for older people who have experienced an acute episode of illness requiring hospital admission, particularly for those who are living with frailty. This is the approach taken by the Oxfordshire ‘Home First’ team which is now being piloted in Oxfordshire. This developing pathway aims to shorten the length of stay in hospital and support people to recover and regain their independence in their own home, following a period of illness that has required an acute hospital admission.

Other areas of priority (3)

Life expectancy by ward data for Oxford shows the gap in male life expectancy between the more affluent North ward and the relatively deprived ward of Northfield Brook has increased from 4 years in 2003-07 to 15 years in 2011-15. Female life expectancy in these wards has remained at similar levels with a gap of just over 10 years.

The number and rate of GP-registered patients in Oxfordshire with depression or anxiety has increased significantly each year for the past 4 years. Rates of intentional self-harm in Oxfordshire are now statistically above the England average.

Smoking prevalence in adults in routine and manual occupations was estimated at 24.5% in Oxfordshire, over double the rate of all adults and similar to the national average. The rate of hospital admissions for alcohol-related conditions gives a mixed picture in different age groups. By and large the rates are reducing, except for women aged under 40. In addition, the alcohol-specific admissions for females under 18 in Oxfordshire has remained statistically above the national average in the latest data. The rate for males in Oxfordshire was similar to average.

Oxford and Vale of White Horse were each better than the England average on the proportion of people who were inactive according to the Active Lives survey. Cherwell, South and West Oxfordshire districts were similar to the national average.

The Joint Strategic Needs Assessment has no figures on numbers of people with high plasma glucose levels but does record that in 2016-17 there were around 29,500 GP-registered patients in the Oxfordshire Clinical Commissioning Group area with a recorded diagnosis of diabetes, up from 27,900 in 2015-16. In 2016-17

there were around 89,900 GP-registered patients in the Oxfordshire Clinical Commissioning Group area with a recorded diagnosis of Hypertension, up from 85,800 in 2015-16.

Age well

Urgent community response (Ageing well)

People are generally healthier than in other parts of the country:

- People live longer
- Diabetes cases are far lower across the area
- Adult obesity rates and smoking are below the national average
- There are lower rates of many major diseases compared to the national average including cancer, dementia and stroke

Although, on the whole, people have good health, it is not the case for everyone. Parts of Oxford and Banbury are in the 20% most deprived areas of the UK. In these areas there are higher levels of:

- Homelessness
- Childhood obesity
- Diabetes
- Falls in elderly people
- Smoking rates amongst people with anxiety and depression

50% of people have one or more long term condition. There is a higher number of premature deaths of people with serious mental illness compared to the national average. (3)

There is a predicted population growth of 25% owing to house building and an overall increase of 300,000 people living in the area by 2033. Within our population the numbers of people aged 85 and over is expected to double over the same period, with a parallel increase in demand for supporting an older population with the risk of frailty. (3)

Across the Integrated Care System some services are struggling to meet demand:

- Our hospitals have not met the 95% national target of A&E attendees being seen within 4 hours
- Demand for our services is in some cases exceeding our individual capacity to provide them for several specialties and this gap is expected to grow
- People have told us that they continue to find it difficult to get a GP appointment
- People have told us that they are waiting too long from referral to treatment
- People have told us that they or their loved ones are waiting too long to receive a number of mental health services, particularly for Child Adolescent Mental Health Services ("CAMHS")

We, along with independent and voluntary sector service providers, have difficulty recruiting and retaining staff across the BOB health and social care system. This is due to the high cost of living and competitive local jobs markets

- The cost of both purchasing and renting accommodation is high across our area
- Nursing staff are likely to have to spend 58% of their monthly salary on housing
- The average price of housing in the BOB ICS area is 70% higher than the national average price of housing
- Our care workers tell us they would leave sector/area for jobs that enable them to buy family homes
- There is significant house building in some areas of our system but in other locations, building is restricted - which can limit the availability of rented accommodation and social housing. It also

means that, if staff can't find homes closer to where they work, their journey time is increased, adding an additional cost

- Many of our areas have high employment rates, which is a great success but makes attracting people to health and care jobs more challenging

Currently a number of services operate only during the day, this significantly limits their ability to respond within the required 2-hour timescale. There is an opportunity to extend service coverage to improve our urgent community response.

The most common reason for referral during the winter 20-21 pilot of urgent community response was rehabilitation:

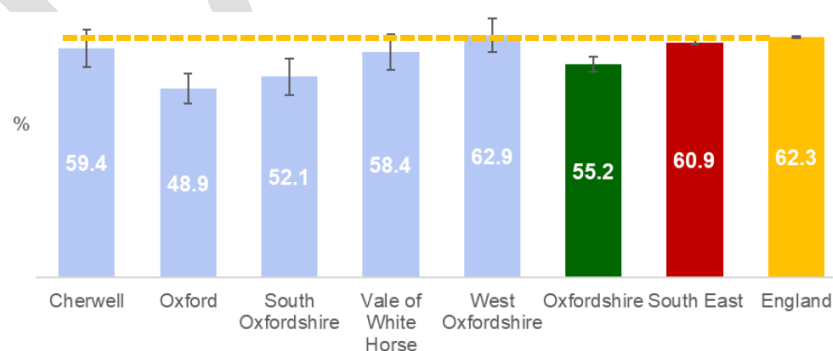
Primary Reason for Referral	Count	%
Rehabilitation	176	58%
Mobility Problems	61	20%
Equipment Provision	39	13%
End of Life Support	5	2%
Falls Risk	5	2%
Accident/Trauma	4	1%
Respiratory Conditions	4	1%
Cancer	2	1%
Over 75 Assessment	2	1%
Bladder Care	1	0%
Catheter Problems	1	0%
Musculoskeletal Problems	1	0%
Pain/Symptom Control	1	0%
Wound Care	1	0%
	303	

UCR Pilot data for Winter 20-21 (12)

New in-patient pathways

Bariatric

An estimated 55.2% of people aged 18 or over in Oxfordshire are classified as overweight or obese (2018/19). This percentage for Oxfordshire is similar to the percentage in 2015/16 (54.5%).

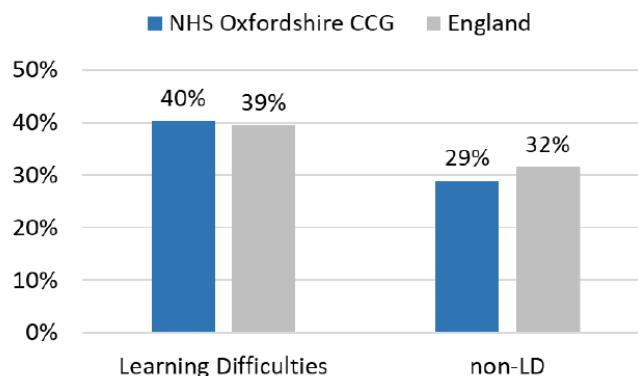


Oxfordshire Insight, JSNA 2021 (3)

National data show that overweight and obesity prevalence tends to be higher in older age groups, ranging from 35.4% in the 18-24 years age group to 71.9% in the 65-74 years age group. White British and Black ethnic groups have significantly higher prevalence than the national average (62.3%); prevalence in all other ethnic groups is significantly lower. Prevalence is higher in males (68.5%) than in females (56.1%). Obesity increases with deprivation, with 65.0% people living in the most deprived areas experiencing overweight or

obesity, compared to 57.7% people living in the least deprived areas. 71% of those who were disabled are overweight or obese, compared to 61% of those who are not disabled. Obesity prevalence also decreases as education level increases. (3)

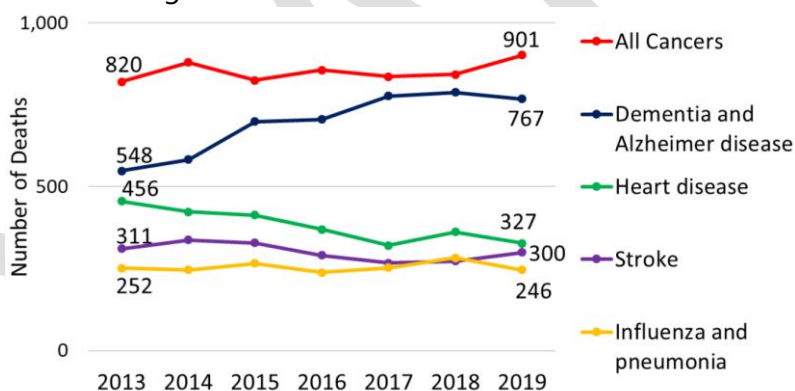
72% of GP registered adults (aged 18+) with Learning Disabilities in Oxfordshire had a BMI test in 2018/19 (68% in England). Of those people with Learning Disabilities and having a BMI test, 40% were measured as obese (39% in England).



Oxfordshire Insight, JSNA 2021 (3)

End of life

By 2031, the number of people aged 85 and over is expected to have increased by 55% in Oxfordshire overall, with the highest growth predicted in South Oxfordshire (+64%) and Vale of White Horse (+66%). Leading causes of death for those aged 75+ in Oxfordshire:



Oxfordshire Insight, JSNA 2021 (3)

Sub-acute

Community hospitals continue to have a central role to play and have been shown to be more effective settings for reablement than more acute hospitals (13). Emergency Multidisciplinary Units provide assessment and treatment for adults with sub-acute care needs as close to patients' homes as possible. Providing medical, nursing and therapist assessments and treatments, the units are designed to offer patients a faster and more convenient alternative to admission to an acute hospital. Currently sub-acute services are delivered from 2 of the 9 Oxford Health community hospitals, Abingdon and Witney. In addition, a rapid access to care unit is based within the Townlands community hospital in Henley.

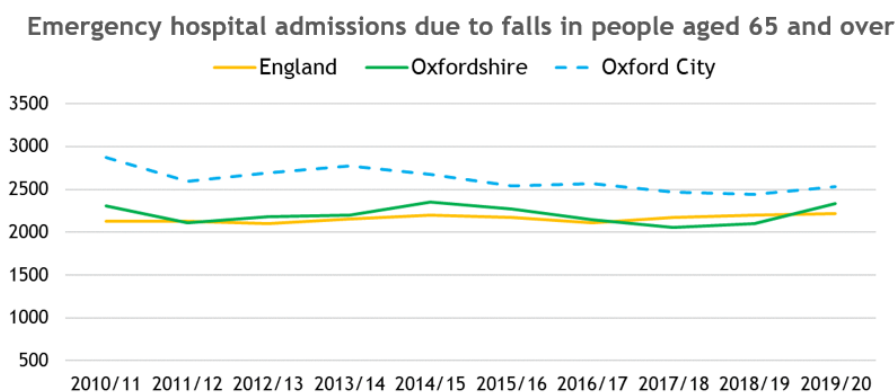
Admission avoidance

Assuming the use of health and social care services remains at current levels for the oldest age group (85+) would mean the forecast population growth in Oxfordshire leading to an increase in demand of:

- +7,000 additional hospital inpatient spells for people aged 85+: from 12,600 in 2016-17 to 19,600 in 2031-32.

- +1,000 additional clients supported by long term social care services aged 85+: from 1,900 in 2016-17 to 2,900 in 2031-32 (3)

Falls are the largest cause of emergency hospital admissions for older people. In 2019/20 there were 3,165 hospital admissions due to falls in people aged 65 and over in Oxfordshire. This rate is higher than national rate (2,331 per 100,00 population in Oxon compared to 2,222 in England). In addition, hospital admissions for heart failure are set to rise by 50% in next 25 yrs. due to ageing population. The five district areas in Oxfordshire have similar counts of hospital admissions (500-800 per district), however over the last ten years, the rate has been consistently higher in Oxford City:



Oxfordshire Insight, JSNA 2021 (3)

In addition, there are an estimated 22,900 (3.2% of total population) in Oxfordshire living with sight loss, including 19,780 people living with partial sight and 3,060 people living with blindness. It is estimated that there will be 29,000 people in Oxfordshire living with sight loss by 2030. National data from RNIB's Understanding Society survey shows that only 35% of people with sight loss of working age are in employment. People with sight loss were twice as likely to have difficulty managing financially than the general population (16% compared to 7%). Compared to the UK average, people with sight loss reported significantly reduced wellbeing. (3)

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