5. Morbidity and Mortality

This section covers the prevalence of illnesses and diseases in Oxfordshire (morbidity) and causes of deaths (mortality). Further resources are available online, by visiting the JSNA – Morbidity and Mortality webpage.

5.1. Health Deprivation and Disability

An index of health deprivation and disability was published as part of the English Indices of Deprivation 2015.\(^1\) This combines indicators about premature death, illness, disability, and hospital use. Oxfordshire is the 16\(^{th}\) least deprived upper tier local authority in terms of health and disability.

Most of Oxfordshire’s 407 small areas (technically known as lower layer super output areas, or LSOAs) are less deprived in terms of health than the national average. 137 are in the 10% least deprived of 32,844 small areas in England. A further 88 are in the 10-20% least deprived.

However, two of Oxfordshire’s small areas (in parts of Northfield Brook and Carfax wards in Oxford City) are in the 10% most deprived nationally. A further 12 small areas are in the 10-20% most deprived nationally. These are concentrated in parts of Banbury and Oxford City.

The map below shows the pattern of health deprivation in Oxfordshire.

---

5.2. Global Burden of Disease

Important new research into the ‘global burden of disease’ provides regional estimates of the contribution that individual health conditions make to the overall burden of ill health, disability, and early death. The largest single contributory factors for the South East of England are shown in the figure below, with the estimated proportion of the burden they account for.

Figure 2: Largest single contributory factors to the overall burden of ill health, disability, and early death in the South East of England (2013)

Source: Institute for Health Metrics and Evaluation

Explore the global burden of disease data in more detail using the interactive tool produced by the Institute for Health Metrics and Evaluation.

5.3. Morbidity

This section includes estimates of the prevalence of several health conditions. These estimates are often based on the patient population of GP practices in the Oxfordshire Clinical Commissioning Group area. The quality of the data is dependent on diagnosis and recording within practices.

Where possible, prevalence rates are compared at GP practice level to give a snapshot of where in the county needs may be the greatest. It is important to remember that rates have not been standardised by age or sex, and will be affected by the underlying social and demographic characteristics of each practice’s patient population. So, for example, prevalence of certain conditions may be higher among GP practices with high proportions of patients in older age groups.

---

Luther Street Medical Centre in Oxford is a specialist primary care health service for patients experiencing homelessness and vulnerable housing, serving 900 different patients per year since 1985. The service is provided in a building where patients can access a variety of healthcare services and professionals.

The health and care needs of patients include:
- Chronic alcohol use, often requiring detoxification services
- Substance abuse and misuse issues
- Mental health issues
- Healthcare needs relating to contraception, pregnancy, sexual health, and public health/ infectious disease
- Physical health needs

Over 70% of patients experience alcohol and drug abuse issues, as well as varying mental health diagnoses. The team often address complex healthcare needs within consultations, helping patients to access healthcare services.

More information is available on the Luther Street Medical Centre website.

5.3.1. Diabetes

Diabetes mellitus is a lifelong condition that causes a person’s blood sugar level to become too high. It is thought to affect 3.3 million people in the UK with a further 590,000 people likely to have the condition but not be aware of it. The majority of these will have Type 2 diabetes, which occurs when the body doesn't produce enough insulin.

In 2014/15 there were around 28,100 GP-registered patients aged 17 and over in the Oxfordshire Clinical Commissioning Group area who had a diabetes diagnosis. This number has increased by 1,000 (or 3.7%) since 2013/14. The rate of diabetes prevalence has also increased slightly from 4.8% to 4.9% of patients aged 17 and over. However, it remains below the average rates for England (6.4%) and the South (5.8%).

---

CHAPTER 5 – MORBIDITY AND MORTALITY (JSNA 2016)

Figure 3: Percentage of patients aged 17+ with a recorded diagnosis of diabetes in the GP registered population (2004/05-2014/15)

![Graph showing percentage of patients with diabetes](image)

Source: Quality and Outcomes Framework

The table below shows the 5 Oxfordshire GP practices with the highest rates of diabetes diagnosis.

Figure 4: Oxfordshire GP practices with the highest rates of diagnosed diabetes among patients aged 17 and over

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Ward*</th>
<th>District*</th>
<th>Diagnosed diabetes rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Horse Medical Practice</td>
<td>Faringdon and the Coxwells</td>
<td>Vale of White Horse</td>
<td>7.8%</td>
</tr>
<tr>
<td>Berinsfield Health Centre</td>
<td>Berinsfield</td>
<td>South Oxfordshire</td>
<td>7.8%</td>
</tr>
<tr>
<td>Windrush Surgery</td>
<td>Banbury Easington</td>
<td>Cherwell</td>
<td>7.1%</td>
</tr>
<tr>
<td>The Leys Health Centre</td>
<td>Northfield Brook</td>
<td>Oxford</td>
<td>6.8%</td>
</tr>
<tr>
<td>Gosford Hill Medical Centre</td>
<td>Yarnton, Gosford and Water Eaton</td>
<td>Cherwell</td>
<td>6.8%</td>
</tr>
</tbody>
</table>

*These are the ward and district in which the practice is located. However, many of the patients may live elsewhere

Source: Quality and Outcomes Framework

**Raised blood glucose levels**

There is a larger group of people who have raised blood glucose levels which, whilst not being in the diabetic range, increase the risk of developing Type 2 Diabetes. In 2015 it was estimated that around **58,300 people in Oxfordshire aged 16 and over** are in this situation, making up 10.7% of the adult population. This compares with an average rate of 11.4% in England overall.

---

5 Data prior to 2012/13 relate to patients registered with a GP in the Oxfordshire Primary Care Trust; later data relate to patients registered with a GP in the Oxfordshire Clinical Commissioning Group.

5.3.2. Cancer

Methodological Note
Cancer incidence rates are directly age-standardised using the European Standard Population (ESP). The ESP in use was introduced in 1976 and is an accepted methodological standard in health statistics in the UK and the rest of Europe. At the end of 2012 Eurostat decided to bring this population structure up to date. For both sexes, cancer incidence rates in 2012 were higher when calculated using the 2013 ESP compared with the 1976 ESP. The impact is smaller for female rates and the percentage increase varies by cancer site. The highest increases are found in bladder, stomach, colorectal, breast, and lung cancers. This methodological revision also affects some other age-standardised rates, such as mortality rates (see section 5.4: Mortality).

One in two people in the UK born after 1960 will be diagnosed with some form of cancer during their lifetime. The risk of developing cancer up to the age of 50 years is 1 in 35 for men and 1 in 20 for women. National trends in cancer diagnosis and outcome show that the number of people diagnosed with cancer in England every year has more than doubled in the past 40 years. This is likely to be due to population growth and ageing, as well as better diagnosis. Cancer survival rates have also been increasing over time.

The incidence of detected cancers has been increasing across all areas in people under the age of 75 but this now appears to be levelling off. The data shows that Oxfordshire has had a higher rate of incidence than the South East and England in both men and women, but more recent data shows that it is no longer significantly higher in men. The higher rate may in part be explained by better ascertainment (diagnosis of cancer) or the local population may be more aware of the signs and symptoms of cancer and seek medical advice early resulting in a prompt diagnosis.

Together breast, lung, prostate and bowel cancers account for over half of all new cancers each year (both nationally and locally). Breast, lung and bowel cancer are covered in more detail in the next subsections.

In 2014/15 there were around 17,400 GP-registered patients in the Oxfordshire Clinical Commissioning Group who had a cancer diagnosis. This number has increased by around 1,400 (or 8%) since 2013/14. The rate of cancer prevalence also rose, from 2.3% to 2.5% of the patient population. This is slightly above the average rate for England (2.3%) but similar to that for the South (2.5%).

The table below shows the 5 Oxfordshire GP practices with the highest rates of cancer diagnosis.

---

7 Cancer Research statistics: http://www.cancerresearchuk.org/health-professional/cancer-statistics
8 ONS analysis of cancer data, July 2015: http://visual.ons.gov.uk/40-years-of-cancer/
9 Health and Social Care Information Centre: http://www.hscic.gov.uk/
Figure 5: Oxfordshire GP practices with the highest rates of cancer diagnosis

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Ward*</th>
<th>District*</th>
<th>Diagnosed Cancer rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nettlebed Surgery</td>
<td>Watlington</td>
<td>South Oxfordshire</td>
<td>4.0%</td>
</tr>
<tr>
<td>White Horse Medical Practice</td>
<td>Faringdon and the Coxwells</td>
<td>Vale of White Horse</td>
<td>3.9%</td>
</tr>
<tr>
<td>Eynsham Medical Group</td>
<td>Eynsham and Cassington</td>
<td>West Oxfordshire</td>
<td>3.8%</td>
</tr>
<tr>
<td>White House Surgery</td>
<td>Chipping Norton</td>
<td>West Oxfordshire</td>
<td>3.8%</td>
</tr>
<tr>
<td>Goring and Woodcote Medical Practice</td>
<td>Woodcote</td>
<td>South Oxfordshire</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

*These are the ward and district in which the practice is located. However, many of the patients may live elsewhere.

Source: Quality and Outcomes Framework

Pooled data for the years from 2007 to 2011 show that three wards in Oxfordshire had cancer incidence rates that are higher than their local district rate and the county average.\(^{11}\) This is shown in the chart below, where the England average ratio is standardised to a value of 100.

Figure 6: Oxfordshire wards with the highest cancer incidence (indirectly age-standardised ratios)

Source: Public Health England

**Breast Cancer**

For the three-year period 2010-12, the rate of new breast cancer diagnoses in Oxfordshire was 159.4 per 100,000 women aged under 75.\(^{12}\) This was above the national and regional averages (139.1 and 142.5 respectively). Oxfordshire’s higher incidence of breast cancer is not unexpected because the county is relatively affluent, and research indicates that women in the least deprived socioeconomic groups have higher breast cancer incidence. This is thought to be linked to their tendency to have children at a later stage, to have fewer children,

\(^{11}\) Public Health England Local Health tool: [http://www.localhealth.org.uk/](http://www.localhealth.org.uk/). The analysis uses indirectly age-standardised ratios, which allow the data at a local level to be compared to those expected given the age structure of local populations. However caution should still be exercised when interpreting the data as numbers at smaller geographies will be relatively low and confidence intervals will therefore be wide.

\(^{12}\) Health & Social Care Information Centre Indicator Portal (Compendium of Population Health Indicators): [https://indicators.ic.nhs.uk/webview/](https://indicators.ic.nhs.uk/webview/)
and to take hormone replacement therapy, all of which are associated with increased breast cancer incidence.\textsuperscript{13}

**Lung Cancer**
Smoking is the main avoidable risk factor for lung cancer, linked to an estimated 86\% of lung cancer cases in the UK.\textsuperscript{14}

Pooled data for the years from 2007 to 2011 show that seven wards in Oxfordshire had lung cancer incidence rates above the national average.\textsuperscript{15} This is shown in the chart below, where the England average ratio is standardised to a value of 100.

![Chart showing lung cancer incidence in Oxfordshire wards](chart.png)

Source: Public Health England

**Bowel Cancer**
A person’s risk of developing bowel cancer depends on many factors, including age (95\% of cases occur in people aged 50 and over), genetics, and exposure to risk factors.\textsuperscript{16} An estimated 54\% of bowel cancers (UK) are linked to lifestyle factors including meat consumption, overweight and obesity, alcohol and smoking. Fibre consumption and physical activity protect against bowel cancer.

Pooled data for the years from 2007 to 2011 show that two wards in Oxfordshire had bowel cancer incidence rates above the national average.\textsuperscript{17} This is shown in the chart below, where the England average ratio is standardised to a value of 100.

\textsuperscript{13} Cancer Research UK statistics: [http://www.cancerresearchuk.org/content/breast-cancer-incidence-statistics#heading-Seven](http://www.cancerresearchuk.org/content/breast-cancer-incidence-statistics#heading-Seven)
\textsuperscript{14} Cancer Research UK: [http://www.cancerresearchuk.org/](http://www.cancerresearchuk.org/)
\textsuperscript{15} Public Health England Local Health tool: [http://www.localhealth.org.uk/](http://www.localhealth.org.uk/). The analysis uses indirectly age-standardised ratios, which allow the data at a local level to be compared to those expected given the age structure of local populations. However caution should still be exercised when interpreting the data as numbers at smaller geographies will be relatively low and confidence intervals will therefore be wide.
\textsuperscript{17} Public Health England Local Health tool: [http://www.localhealth.org.uk/](http://www.localhealth.org.uk/). The analysis uses indirectly age-standardised ratios, which allow the data at a local level to be compared to those expected given the age structure of local populations. However caution should still be exercised when interpreting the data as numbers at smaller geographies will be relatively low and confidence intervals will therefore be wide.
5.3.3. Circulatory Diseases

**Coronary Heart Disease (CHD)**

Coronary heart disease (CHD) involves the narrowing of the arteries providing blood to the heart, due to a gradual build-up of fatty material.

In 2014/15 there were around 17,900 GP-registered patients in the Oxfordshire Clinical Commissioning Group area who had CHD. This is similar to the 2013/14 number. However, due to growth in the patient population over the same period, the rate of CHD prevalence has fallen slightly, from 2.6% to 2.5% of patients. This is in line with national trends. The Oxfordshire rate remains below that for England overall (3.3%) and the South region (3.2%).

**Figure 9:** Percentage of patients with a recorded diagnosis of coronary heart disease in the GP registered population (2004/05-2014/15)

Source: Quality and Outcomes Framework

---


19 Data prior to 2012/13 relate to patients registered with a GP in the Oxfordshire Primary Care Trust; later data relate to patients registered with a GP in the Oxfordshire Clinical Commissioning Group.
The table below shows the 5 Oxfordshire GP practices with the highest prevalence rates for CHD.

**Figure 10: Oxfordshire GP practices with the highest rates of coronary heart disease (CHD)**

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Ward*</th>
<th>District*</th>
<th>CHD prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bampton Surgery</td>
<td>Bampton and Clanfield</td>
<td>West Oxfordshire</td>
<td>3.9%</td>
</tr>
<tr>
<td>Sibford Surgery</td>
<td>Sibford</td>
<td>Cherwell</td>
<td>3.9%</td>
</tr>
<tr>
<td>White Horse Medical Practice</td>
<td>Faringdon and the Coxwells</td>
<td>Vale of White Horse</td>
<td>3.8%</td>
</tr>
<tr>
<td>Kennington Health Centre</td>
<td>Kennington and South Hinksey</td>
<td>Vale of White Horse</td>
<td>3.8%</td>
</tr>
<tr>
<td>Woodstock Surgery</td>
<td>Woodstock and Bladon</td>
<td>West Oxfordshire</td>
<td>3.8%</td>
</tr>
</tbody>
</table>

*These are the ward and district in which the practice is located. However, many of the patients may live elsewhere.

Source: Quality and Outcomes Framework

**Stroke or Transient Ischaemic Attack (TIA)**

Stroke and Transient Ischaemic Attack occur when blood flow to an area of the brain is cut off, depriving brain cells of oxygen.

In 2014/15 there were around **11,600 GP-registered patients** in the Oxfordshire Clinical Commissioning Group area who had a diagnosis of Stroke or TIA. This number has increased by around 200 (or 2.0%) since 2013/14. However, due to growth in the patient population over the same period, the rate of stroke or TIA has remained similar, at 1.6% of patients. It is slightly below average rates for England (1.7%) and the South (1.9%).

**Figure 11: Percentage of patients with a recorded diagnosis of Stroke or TIA in the GP registered population (2004/05-2014/15)**

Source: Quality and Outcomes Framework

The table below shows the 5 Oxfordshire GP practices with the highest prevalence rates for stroke or TIA.

---

20 Data prior to 2012/13 relate to patients registered with a GP in the Oxfordshire Primary Care Trust; later data relate to patients registered with a GP in the Oxfordshire Clinical Commissioning Group.
CHAPTER 5 – MORBIDITY AND MORTALITY (JSNA 2016)

Figure 12: Oxfordshire GP practices with the highest rates of Stroke/Transient Ischaemic Attack (TIA)

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Ward*</th>
<th>District*</th>
<th>Stroke/ TIA prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berinsfield Health Centre</td>
<td>Berinsfield</td>
<td>South Oxfordshire</td>
<td>3.1%</td>
</tr>
<tr>
<td>The Malthouse Surgery</td>
<td>Abingdon Abbey and Barton</td>
<td>Vale of White Horse</td>
<td>2.7%</td>
</tr>
<tr>
<td>Exeter Surgery</td>
<td>Kidlington South</td>
<td>Cherwell</td>
<td>2.6%</td>
</tr>
<tr>
<td>Kennington Health Centre</td>
<td>Kennington and South Hinksey</td>
<td>Vale of White Horse</td>
<td>2.5%</td>
</tr>
<tr>
<td>White Horse Medical Practice</td>
<td>Faringdon and the Coxwells</td>
<td>Vale of White Horse</td>
<td>2.5%</td>
</tr>
</tbody>
</table>

*These are the ward and district in which the practice is located. However, many of the patients may live elsewhere.

Source: Quality and Outcomes Framework

5.3.4. Hypertension (High Blood Pressure)

In 2014/15 there were around 86,200 GP-registered patients in the Oxfordshire Clinical Commissioning Group area who had hypertension (high blood pressure). This number has increased by around 2,000 (or 2.4%) since 2013/14. The prevalence rate of hypertension also rose slightly, from 12.0% to 12.1% of patients. However, it remains below the average rates for England (13.8%) and the South (14.0%).

The table below shows the 5 Oxfordshire GP practices with the highest prevalence rates for hypertension.

![Percentage of patients with a recorded diagnosis of hypertension in the GP registered population (2006/07-2014/15)](image)

Source: Quality and Outcomes Framework

The table below shows the 5 Oxfordshire GP practices with the highest prevalence rates for hypertension.

---


22 Data prior to 2012/13 relate to patients registered with a GP in the Oxfordshire Primary Care Trust; later data relate to patients registered with a GP in the Oxfordshire Clinical Commissioning Group.
CHAPTER 5 – MORBIDITY AND MORTALITY (JSNA 2016)

Figure 14: Oxfordshire GP practices with the highest rates of Hypertension

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Ward*</th>
<th>District*</th>
<th>Hypertension prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Horse Medical Practice</td>
<td>Faringdon and the Coxwells</td>
<td>Vale of White Horse</td>
<td>19.8%</td>
</tr>
<tr>
<td>Nuffield Health Centre</td>
<td>Witney South</td>
<td>West Oxfordshire</td>
<td>19.2%</td>
</tr>
<tr>
<td>Cropredy Surgery</td>
<td>Cropredy</td>
<td>Cherwell</td>
<td>18.5%</td>
</tr>
<tr>
<td>Eynsham Medical Group</td>
<td>Eynsham and Cassington</td>
<td>West Oxfordshire</td>
<td>17.1%</td>
</tr>
<tr>
<td>Gosford Hill Medical Centre</td>
<td>Yarnton, Gosford and Water Eaton</td>
<td>Cherwell</td>
<td>16.6%</td>
</tr>
</tbody>
</table>

*These are the ward and district in which the practice is located. However, many of the patients may live elsewhere
Source: Quality and Outcomes Framework

5.3.5. Asthma

Asthma is a common long-term condition that can cause coughing, wheezing, chest tightness, and breathlessness.

In 2014/15 there were around 41,800 GP-registered patients in the Oxfordshire Clinical Commissioning Group area who had asthma. This number has increased by around 1,100 (or 2.6%) since 2013/14. The rate of asthma prevalence also rose slightly, from 5.8% to 5.9% of patients. However, it was slightly below the average for England (6.0%) and the South (6.1%).

Figure 15: Percentage of patients with a recorded diagnosis of asthma in the GP registered population (2004/05-2014/15)

Source: Quality and Outcomes Framework

The table below shows the 5 Oxfordshire GP practices with the highest prevalence rates for asthma.

---

23 Quality and Outcomes Framework 2014/15: http://www.hscic.gov.uk/catalogue/PUB18887 This excludes patients with asthma who have not been prescribed any asthma-related drugs in the previous 12 months.
24 Data prior to 2012/13 relate to patients registered with a GP in the Oxfordshire Primary Care Trust; later data relate to patients registered with a GP in the Oxfordshire Clinical Commissioning Group.
Figure 16: Oxfordshire GP practices with the highest rates of asthma

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Ward*</th>
<th>District*</th>
<th>Asthma prevalence</th>
</tr>
</thead>
<tbody>
<tr>
<td>White Horse Medical Practice</td>
<td>Faringdon and the Coxwells</td>
<td>Vale of White Horse</td>
<td>8.9%</td>
</tr>
<tr>
<td>Berinsfield Health Centre</td>
<td>Berinsfield</td>
<td>South Oxfordshire</td>
<td>8.0%</td>
</tr>
<tr>
<td>Nettlebed Surgery</td>
<td>Watlington</td>
<td>South Oxfordshire</td>
<td>8.0%</td>
</tr>
<tr>
<td>Woodlands Surgery</td>
<td>Banbury Grimsbury and Castle</td>
<td>Cherwell</td>
<td>7.6%</td>
</tr>
<tr>
<td>Burford Surgery</td>
<td>Burford</td>
<td>West Oxfordshire</td>
<td>7.6%</td>
</tr>
</tbody>
</table>

*These are the ward and district in which the practice is located. However, many of the patients may live elsewhere.

Source: Quality and Outcomes Framework

5.3.6. **Chronic Obstructive Pulmonary Disease (COPD)**

Chronic Obstructive Pulmonary Disease (COPD) refers to a collection of lung diseases that lead to difficulties with breathing. The main risk factor for COPD is smoking and the risk increases the longer a person has smoked.

In 2014/15 there were around **9,200 GP-registered patients** in the Oxfordshire Clinical Commissioning Group area who had COPD.\(^{25}\) This number has increased by around 400 (or 4.3%) since 2013/14. However, due to growth in the patient population, prevalence of COPD remained at 1.3% of patients. This rate is a little lower than the England average (1.8%) and the average for the South region (1.7%).

Figure 17: Percentage of patients with a recorded diagnosis of chronic obstructive pulmonary disease in the GP registered population 2004/5-2014/15\(^{26}\)

The table below shows the 5 Oxfordshire GP practices with the highest prevalence rates for COPD.


\(^{26}\) Data prior to 2012/13 relate to patients registered with a GP in the Oxfordshire Primary Care Trust; later data relate to patients registered with a GP in the Oxfordshire Clinical Commissioning Group.
5.3.7. Dementia

Dementia results from damage to the brain from disease or strokes, and can lead to symptoms such as memory loss and difficulties with thinking, problem-solving, and language.

In 2015/16 the estimated number of people aged 65 and over in the Oxfordshire Clinical Commissioning Group area who have dementia is 7,641. It is thought that nearly 3,000 of these are as yet undiagnosed.

Data are collected from Quality and Outcomes Framework (QOF) on a monthly basis to support the Dementia Strategy and the Prime Minister’s Dementia Challenge, one aim of which is to improve the national diagnosis rate of dementia.

In 2014/15 there were around 5,000 GP-registered patients in the Oxfordshire Clinical Commissioning Group area who had a diagnosis of dementia. This number has increased by around 1,000 (or 25.3%) since 2013/14. The rate of dementia prevalence also rose slightly from 0.6% to 0.7% of patients. This is just below the England and South East averages but above that for the Thames Valley area. The figure below shows a steady increase across all geographies.

27 Data provided by Oxfordshire Clinical Commissioning Group, January 2016
The table below shows the 5 Oxfordshire GP practices with the highest prevalence rates for dementia.

### Figure 20: Oxfordshire GP practices with the highest rates of Dementia

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Ward*</th>
<th>District*</th>
<th>Recorded rate of dementia</th>
</tr>
</thead>
<tbody>
<tr>
<td>Berinsfield Health Centre</td>
<td>Berinsfield</td>
<td>South Oxfordshire</td>
<td>1.5%</td>
</tr>
<tr>
<td>Goring and Woodcote Medical Practice</td>
<td>Woodcote</td>
<td>South Oxfordshire</td>
<td>1.4%</td>
</tr>
<tr>
<td>The Wychwood Surgery</td>
<td>Ascott and Shipton</td>
<td>West Oxfordshire</td>
<td>1.4%</td>
</tr>
<tr>
<td>Islip Surgery</td>
<td>Otmoor</td>
<td>Cherwell</td>
<td>1.3%</td>
</tr>
<tr>
<td>Nuffield Health Centre</td>
<td>Witney South</td>
<td>West Oxfordshire</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

*These are the ward and district in which the practice is located. However, many of the patients may live elsewhere.

Source: Quality and Outcomes Framework

5.3.8. Epilepsy

Epilepsy is a condition that affects the brain and causes repeated seizures.

In 2014/15 there were around 4,000 GP-registered patients aged 18 and over in the Oxfordshire Clinical Commissioning Group area who were receiving drug treatment for Epilepsy. This number has increased by about 100 (or 4.0%) since 2013/14. However, due to small numbers of Epilepsy sufferers, and growth in the patient population, prevalence remains at 0.7% of patients. This is slightly lower than the averages for England and the South (both 0.8%).

The table below shows the 5 Oxfordshire GP practices with the highest rates of epilepsy; these are still low, at around 1%.

---

Figure 21: Oxfordshire GP practices with the highest rates of patients aged 18 and over receiving drug treatment for epilepsy

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Ward*</th>
<th>District*</th>
<th>Rate of epilepsy</th>
</tr>
</thead>
<tbody>
<tr>
<td>West Bar Surgery</td>
<td>Banbury Easington</td>
<td>Cherwell</td>
<td>1.2%</td>
</tr>
<tr>
<td>Berinsfield Health Centre</td>
<td>Berinsfield</td>
<td>South Oxfordshire</td>
<td>1.1%</td>
</tr>
<tr>
<td>Nuffield Health Centre</td>
<td>Witney South</td>
<td>West Oxfordshire</td>
<td>1.0%</td>
</tr>
<tr>
<td>White Horse Medical Practice</td>
<td>Faringdon and the Coxwells</td>
<td>Vale of White Horse</td>
<td>1.0%</td>
</tr>
<tr>
<td>Hollow Way Medical Centre</td>
<td>Lye Valley</td>
<td>Oxford</td>
<td>1.0%</td>
</tr>
</tbody>
</table>

*These are the ward and district in which the practice is located. However, many of the patients may live elsewhere.

Source: Quality and Outcomes Framework

### 5.3.9. Autistic Spectrum Disorder

Autism (or Autistic Spectrum Disorder, ASD) is a lifelong developmental and neurological disability. People with autism can experience difficulty with social communication, social interaction, social imagination, sensory issues, and other difficulties.\(^30\)

In 2013, Oxfordshire County Council estimated that there could be in the region of **6,850** people in Oxfordshire who are on the autistic spectrum.\(^31\)

In January 2015, there were **1,140 pupils** in Oxfordshire schools with special educational needs (SEN) whose primary type of need was ASD.\(^32\) Of these, 429 were in state funded primary schools (making up 6.6% of all pupils in these schools). Meanwhile, 471 were in state-funded secondary schools (making up 10.8% of all pupils in these schools). The remaining 240 were in special schools (making up 23.3% of all pupils in these schools).

The latest estimates of the prevalence of ASD in Oxfordshire (from 2013) suggest that there could be:\(^33\):

- **40-60 pre-school children** with autistic spectrum disorder
- **2,000-3,000 adults with both autistic spectrum disorder and learning disabilities** (defined as having an IQ below 70)
- **Well over 2,000 adults with autistic spectrum disorder but no learning disabilities** (many of whom will have Asperger’s syndrome)

Nationally, a diagnosis of autism is three to four times more common in men than women, although the condition may be particularly under-diagnosed in women.\(^34\) Autism is also associated with learning disability in around half of cases. Meanwhile, mental health problems, including depression and anxiety, are thought to be more common among people with autism than in the general population.

---

\(^30\) More information is available from The National Autistic Society: [http://www.autism.org.uk/](http://www.autism.org.uk/)


For more information about Autistic Spectrum Disorder in Oxfordshire, including about support needs, see the Oxfordshire Autism Joint Commissioning Strategy 2013-2017

5.3.10. Mental Health
This section considers the prevalence of mental health problems and self-harm among adults and children. Suicide is discussed in section 5.4.9. Use of mental health services is discussed in section 7.5.

Nationally, people with serious mental illness have higher mortality and morbidity rates and die on average 10 to 20 years younger than the general population.35

To explore the relationship between mental health and life expectancy in more detail, take a look at the web tool produced by the RSA, supported by partners including Healthwatch, Mind, Open Public Services and the Cabinet Office.

**Adult Wellbeing**
The Office for National Statistics (ONS) began measuring personal wellbeing in April 2011, through the Annual Population Survey (APS).36 Since then, the APS has included four questions which are used to monitor personal wellbeing in the UK:

- Overall, how satisfied are you with your life nowadays?
- Overall, to what extent do you feel the things you do in your life are worthwhile?
- Overall, how happy did you feel yesterday?
- Overall, how anxious did you feel yesterday?

Adults surveyed are asked to give their answers on a scale of 0 to 10, where 0 is 'not at all' and 10 is 'completely'. Scores relating to life satisfaction, worthwhile activities and happiness were significantly higher in Oxfordshire than in England overall. Otherwise, scores were broadly similar to regional and national averages.

---

Pooled data for the period April 2011 to March 2014 show higher levels of anxiety in Oxford compared with two of the other districts (South Oxfordshire and Vale of White Horse).\textsuperscript{37} Aside from this, there were no significant differences between districts.

To view wellbeing data at local authority district level, visit the interactive mapping tools produced by the Office for National Statistics:

\url{http://www.neighbourhood.statistics.gov.uk/HTMLDocs/dvc238/index.html}

National analysis has shown that levels of personal wellbeing are strongly linked to levels of household wealth: on average, levels of life satisfaction, sense of worth, and happiness are higher, and anxiety is lower, as the level of household wealth increases.\textsuperscript{38} This tends to be truer of financial wealth than other kinds of wealth, such as property and pensions. Levels of household \textit{income} were found to be less strongly linked to wellbeing than wealth, although they did relate to greater life satisfaction and greater sense of worth.


A separate national study, based on a different dataset, found that mental and physical health were much more important indicators of life satisfaction than family income. It also showed that the most powerful of the childhood predictors of adult life-satisfaction included in the analysis was the child’s emotional health, followed by the child’s conduct. The least important was the child’s intellectual development.

**Child Wellbeing (National Data)**

National data gathered by the Children’s Society in 2013 show that just over three quarters of children aged 10-15 had a medium/ high level of life satisfaction (rating this 7-10 out of 10). This is up slightly from 74.5% in 2012. Similar proportions had a medium/ high level of happiness (74.1% in 2013, up from 72.1% in 2012) and a medium/ high level of worthwhileness (75.3% in 2013, up from 69.7% in 2012).

**Mental Disorders**

National data for 2012/13 find indications of depression or anxiety in 18.3% of adults in the UK. The figure for England was 18.4%, and for the South East 17.4%. A direct extrapolation to Oxfordshire of the regional figure would give an estimate of 92,500 adults in the county with signs of depression and anxiety. However, this does not take account of any local differences in prevalence that may exist.

Nationally, there has been no significant change in the proportion of people displaying signs of depression or anxiety over the past three years but it has got worse compared with 2009/10 (when it stood at 18%). These conditions are more evident among adults in younger age groups (16-54 years) than among older adults. Women are also more likely to present with signs of depression or anxiety: in 2012/13 over a fifth (21.5%) did so, compared with less than a sixth (14.8%) of men.

The Quality and Outcomes Framework provides GP data on diagnosed depression. In 2014/15 there were around 42,600 GP-registered patients aged 18 and over in the Oxfordshire Clinical Commissioning Group area with a new diagnosis of depression. This number has increased by 5,600 (or 15%) since 2013/14. The rate of prevalence of diagnosed depression also increased from 6.6% to 7.5% of patients aged 18 and over. It remains slightly higher than the averages for England (7.3%) and the South (7.4%).

The table below shows the 5 Oxfordshire GP practices with the highest prevalence rates for depression.

---


43 This includes patients diagnosed with depression in the preceding 12 months, who have been reviewed between 10-56 days following diagnosis.
Figure 23: Oxfordshire GP practices with the highest rates of diagnosed depression among patients aged 18 and over

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Ward*</th>
<th>District*</th>
<th>Rate of diagnosed depression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Oak Tree Health Centre</td>
<td>Didcot Ladygrove</td>
<td>South Oxfordshire</td>
<td>17.3%</td>
</tr>
<tr>
<td>Broadshires Health Centre</td>
<td>Carterton North East</td>
<td>West Oxfordshire</td>
<td>16.3%</td>
</tr>
<tr>
<td>Langford Medical Practice</td>
<td>Bicester South</td>
<td>Cherwell</td>
<td>13.7%</td>
</tr>
<tr>
<td>Didcot Health Centre Practice</td>
<td>Didcot All Saints</td>
<td>South Oxfordshire</td>
<td>13.2%</td>
</tr>
<tr>
<td>White Horse Medical Practice</td>
<td>Faringdon and the Coxwells</td>
<td>Vale of White Horse</td>
<td>13.1%</td>
</tr>
</tbody>
</table>

*These are the ward and district in which the practice is located. However, many of the patients may live elsewhere. Source: Quality and Outcomes Framework

More information about depression among homeless patients who present at Oxford’s Luther Street Medical Centre is provided above, under section 5.3: Morbidity.

The Quality and Outcomes Framework also provides GP data on patients diagnosed with schizophrenia, bipolar affective disorder, or other psychoses; or who were on lithium therapy. In 2014/15 there were around 5,600 GP-registered patients in the Oxfordshire Clinical Commissioning Group area with these conditions. This number has increased by around 200 (or 5%) since 2013/14. However, due to the small numbers of people with these serious mental illnesses, and the growth in the patient population, prevalence remains at 0.8% of patients. This is broadly similar to the averages for England (0.9%) and the South (0.8%).

The table below shows the 5 Oxfordshire GP practices with the highest prevalence rates.

---


45 Data prior to 2012/13 relate to patients registered with a GP in the Oxfordshire Primary Care Trust; later data relate to patients registered with a GP in the Oxfordshire Clinical Commissioning Group.
Figure 25: Oxfordshire GP practices with the highest rates of patients diagnosed with schizophrenia, bipolar affective disorder, or other psychoses; or who were on lithium therapy.

<table>
<thead>
<tr>
<th>Practice Name</th>
<th>Ward*</th>
<th>District*</th>
<th>Rate of mental illness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Temple Cowley Health Centre</td>
<td>Cowley Marsh</td>
<td>Oxford</td>
<td>1.9%</td>
</tr>
<tr>
<td>Bartlemas Surgery</td>
<td>St Clement's</td>
<td>Oxford</td>
<td>1.5%</td>
</tr>
<tr>
<td>Cowley Road Medical Practice</td>
<td>St Clement's</td>
<td>Oxford</td>
<td>1.5%</td>
</tr>
<tr>
<td>South Oxford Health Centre</td>
<td>Hinksey Park</td>
<td>Oxford</td>
<td>1.4%</td>
</tr>
<tr>
<td>St Clements Surgery</td>
<td>St Mary's</td>
<td>Oxford</td>
<td>1.3%</td>
</tr>
</tbody>
</table>

*These are the ward and district in which the practice is located. However, many of the patients may live elsewhere.

Source: Quality and Outcomes Framework

The most recent adult psychiatric morbidity survey (conducted in 2007) indicated rates of mental disorder among all people in England aged 16 or over, as shown in the figure below.

Figure 26: Rates of mental disorder in England

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Common mental disorders (including different types of depression and anxiety)</td>
<td>15.1% (7.5% likely to warrant treatment)</td>
<td>No change*</td>
<td>Increased*</td>
</tr>
<tr>
<td>Current posttraumatic stress disorder</td>
<td>3%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Suicidal thoughts</td>
<td>16.7%</td>
<td>Increase</td>
<td>N/A</td>
</tr>
<tr>
<td>Suicide attempts</td>
<td>5.6%</td>
<td>No change</td>
<td>N/A</td>
</tr>
<tr>
<td>Self-harm</td>
<td>4.9%</td>
<td>Increased</td>
<td>N/A</td>
</tr>
<tr>
<td>Psychosis</td>
<td>0.4%</td>
<td>No change</td>
<td>N/A</td>
</tr>
<tr>
<td>Antisocial and borderline personality disorders</td>
<td>0.3%</td>
<td>No change</td>
<td>N/A</td>
</tr>
<tr>
<td>Attention deficit hyperactivity disorder characteristics</td>
<td>8.2%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Eating disorder</td>
<td>6.4%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Alcohol misuse (hazardous drinking)**</td>
<td>24.2%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Alcohol dependence**</td>
<td>5.9%</td>
<td>Decrease</td>
<td>N/A</td>
</tr>
<tr>
<td>Drug use**</td>
<td>9.2%</td>
<td>No change*</td>
<td>Increased*</td>
</tr>
<tr>
<td>At risk of problem gambling</td>
<td>3.2%</td>
<td>N/A</td>
<td>N/A</td>
</tr>
</tbody>
</table>

Source: Adult psychiatric morbidity in England, 2007

* Differences calculated for 16-74 year olds

** Alcohol and drug misuse is discussed further in chapter 6: Lifestyles.

Just under a quarter of adults in England screened positive for at least one of the conditions included in the study. Of those with at least one condition 68.7% met the criteria for only one condition, 19.1% met the criteria for two conditions and 12.2% met the criteria for three or more conditions. Numbers of identified conditions were not significantly different for men and women.

Detentions under Section 136

Section 136 of the Mental Health Act enables the police to act if they believe that someone is suffering from a mental illness and is in need of immediate treatment or care. The police may take that person from a public place to a place of safety, either for their own protection or for the protection of others. This is known as a Section 136 detention.

During the three calendar years 2013-2015, there were 891 Section 136 detentions in Oxfordshire. Around 40% of these (358) were during 2013, with around 30% in each of 2014 and 2015 (266 and 267 detentions, respectively).

Over the full three-year period, around 45% of the detentions were made in Oxford, whilst around 35% were in Cherwell and West Oxfordshire, and around 21% were in South Oxfordshire and Vale of White Horse.

A majority of the detainees were male (around 59%). The chart below shows the age distribution, with those aged 20-29 making up the largest group of people detained.

Mental Health in Children

It has been estimated that 50% of adult mental illness starts before the age of 15 and more than 75% by the age of 18. However, there is limited information available on the prevalence of mental ill health in children.

There are relatively few data about prevalence rates for mental health disorders in preschool age children. A 2006 literature review of four studies looking at 1,021 children aged 2 to 5 years inclusive, found that the average prevalence rate of any mental health disorder was 19.6%.

---

47 Data provided by Thames Valley Police, January 2016.
General prevalence estimates for mental health disorders in children aged five to 16 years have been estimated in a report by Green et al (2004). Prevalence was found to vary by age and sex, with boys more likely to have experienced or be experiencing a mental health problem than girls (11.4% compared with 7.8%). Children aged 11 to 16 years were also found to be more likely than 5 to 10 year olds to experience mental health problems (11.5% compared with 7.7%).

The more recent ‘What About YOUth’ survey showed that mental wellbeing among children aged 15 in England was better among those who were:

- living in less deprived areas
- had a more positive perception of their body-image
- had high life satisfaction
- were in better health
- consumed more fruit and vegetables
- exercised more

The same study found that a majority of children aged 15 in England reported having high or very high life satisfaction. On average, boys reported higher life satisfaction than girls. Young people from Black and Minority Ethnic (BME) backgrounds reported lower levels of life satisfaction than those from a White background. Poorer life satisfaction was also seen among young people who were living in more deprived areas, who were in worse health, or who had experienced bullying.

Separate national-level research indicates higher incidence of mental health problems among children and young people with learning disabilities, looked after children, and children who are homeless or sleeping rough.

Children and young people with poor mental health are more likely to have poor educational attainment and employment prospects, social relationship difficulties, physical ill health and substance misuse problems, and to become involved in offending.

**Self-Harm (Hospitalisation)**

Self-harm is an expression of personal distress and there are varied reasons for a person to harm themselves, irrespective of the purpose of the act. There is a significant and persistent risk of future suicide following an episode of self-harm.

During 2013/14 the number of emergency hospital admissions for intentional self-harm in Oxfordshire was 1,421. The rate of hospital admissions for intentional self-harm is rising in Oxfordshire, similarly to the regional and national picture.

---


The data in the chart below will not include patients who attended Accident and Emergency (A&E) or Minor Injury Unit (MIU) who were not admitted to hospital; it is likely to be an underestimate of the true rate of self-harm in our population.

Figure 28: Age/sex-standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population (2009/10 - 2013/14)

Source: Local Authority Health Profiles

Within the county, the rate of emergency hospital admissions for intentional self-harm is higher in Oxford than in other districts. Elsewhere in the county, South Oxfordshire shows a decline in rates of emergency admissions for self-harm.

Pooled data for the years 2008/09 to 2012/13 show that two wards in Oxfordshire had higher rates of hospital stays for self-harm than the district, county, and national averages.57 This is shown in the chart below, where the England average ratio is standardised to a value of 100.

---

57 Public Health England Local Health tool: http://www.localhealth.org.uk/. The analysis uses indirectly age-standardised ratios, which allow the data at a local level to be compared to those expected given the age structure of local populations. However, caution should still be exercised when interpreting the data as numbers at smaller geographies will be relatively low and confidence intervals will therefore be wide.
5.4. Mortality
This section covers some of the main causes of death in Oxfordshire.

5.4.1. Overview
Oxfordshire is similar to the national picture in terms of leading causes of death in males and females. Analysis of male and female mortality data for the three-year period 2011-13 is presented in the charts below. Where possible, mortality data in the rest of this section is for the period 2012-14. However, in some cases data for this time period is not yet available.

59 Analysis provided by Public Health England
CHAPTER 5 – MORBIDITY AND MORTALITY (JSNA 2016)

Figure 31: Leading causes of male mortality in Oxfordshire (2011-2013)

Source: Office for National Statistics/ Public Health England

**Methodological Note**

Mortality outputs are based on rates that are directly age-standardised using the European Standard Population (ESP). The ESP in use was introduced in 1976 and is an accepted methodological standard in health statistics in the UK and the rest of Europe.

At the end of 2012 Eurostat decided to bring this population structure up to date. For both sexes, mortality rates for all causes of death registered in 2012 were significantly higher when calculated using the 2013 ESP compared with the 1976 ESP. This is to be expected as deaths predominantly occur at older ages and the larger number of older people in the 2013 ESP wields more influence on these summary figures. This affects three year pooled data for 2010-12 onwards.

This methodological revision will also affect some other age-standardised rates, such as cancer incidence rates.

The Office for National Statistics has produced an interactive map of age-standardised mortality rates in English and Welsh local authorities.

5.4.2. Cancer

Early mortality from cancer is a direct measure of health care need, as public health interventions for prevention, early diagnosis and effective treatment can all reduce the burden of cancer morbidity and mortality.

In 2012-14 there were less than 2,000 deaths in Oxfordshire from all types of cancer in people under the age of 75 years. For male residents the cancer mortality rate was 133 deaths per 100,000 under the age of 75 years. This rate remains significantly lower than the England average (157.7). In female residents the mortality rate was 115.8, also significantly lower than the England average (126.6).

More than one in five of all cancer deaths in the UK are from lung cancer. Lung, bowel, breast and prostate cancers together accounted for almost half (46%) of all cancer deaths in

---


---

61 Health and Social Care Information Centre Compendium of Population Health Indicators: [https://indicators.ic.nhs.uk/webview/](https://indicators.ic.nhs.uk/webview/)
the UK in 2012\textsuperscript{62}. The proportion was slightly lower in Oxfordshire at 43\% but these remain the major causes of cancer mortality in the county.\textsuperscript{63}

Pooled data for the period from 2008 to 2012 show that the four Oxfordshire wards with the highest death rates from cancer were all in Oxford City, and two of these were significantly above the district and county averages.\textsuperscript{64} This is shown in the chart below, where the England average ratio is standardised to a value of 100.

Figure 32: Oxfordshire wards with the highest cancer mortality (indirectly age-standardised ratios)

Source: Public Health England

5.4.3. Circulatory Diseases

Pooled data for 2012-14 shows that the mortality rate from cardiovascular disease among male residents of Oxfordshire aged under 75 was 80.6 deaths per 100,000 population.\textsuperscript{65} This rate was significantly lower than in England (106.2) and the South East region (90.7). The equivalent female mortality rate was 33.4 per 100,000 population (less than half that for men) and was also significantly lower than the rates for England (46.9) and the South East region (38.9).

5.4.4. Respiratory Diseases

Two of the main respiratory diseases are chronic obstructive pulmonary disease (COPD) and asthma.

The most common cause of COPD is smoking. Over the 2012-14 three-year period, the rate of mortality from COPD in male residents of Oxfordshire aged under 75 was 12.6 deaths per 100,000 population.\textsuperscript{66} In female residents it was 11.4. Both rates were significantly lower than in England overall, which had a male mortality rate of 19.9 and a female mortality rate of 15.6. However, Oxford City had a significantly higher male mortality rate from COPD. As

\textsuperscript{62} Cancer mortality statistics: [http://www.cancerresearchuk.org/content/cancer-mortality-statistics#heading-One](http://www.cancerresearchuk.org/content/cancer-mortality-statistics#heading-One)

\textsuperscript{63} Health and Social Care Information Centre: [https://indicators.ic.nhs.uk/webview/](https://indicators.ic.nhs.uk/webview/)

\textsuperscript{64} Public Health England Local Health tool: [http://www.localhealth.org.uk/](http://www.localhealth.org.uk/). The analysis uses indirectly age-standardised ratios, which allow the data at a local level to be compared to those expected given the age structure of local populations. However caution should still be exercised when interpreting the data as numbers at smaller geographies will be relatively low and confidence intervals will therefore be wide.

\textsuperscript{65} Health and Social Care Information Centre Compendium of Population Health Indicators: [https://indicators.ic.nhs.uk/webview/](https://indicators.ic.nhs.uk/webview/)

\textsuperscript{66} Health and Social Care Information Centre Compendium of Population Health Indicators: [https://indicators.ic.nhs.uk/webview/](https://indicators.ic.nhs.uk/webview/)
there is a correlation between smoking prevalence and deprivation this may account for the higher rates in Oxford City.

Generally speaking Oxfordshire’s mortality rates from asthma (for all ages and both genders) have decreased, and although there has been some variation over the last few years, the number of deaths from asthma remains fairly static.\(^67\)

Pooled data for the period from 2008 to 2012 show that five Oxfordshire wards had higher death rates from respiratory diseases, compared with the county average.\(^68\) This is shown in the chart below, where the England average ratio is standardised to a value of 100.

**Figure 33: Oxfordshire wards with the highest mortality from respiratory diseases (indirectly age-standardised ratios)**

![Chart showing Oxfordshire wards with the highest mortality from respiratory diseases](chart.png)

Source: Public Health England

### 5.4.5. Deaths Caused by Smoking

Smoking is the biggest single preventable cause of disease and premature death in the UK.\(^69\) One in two regular smokers is killed by tobacco - half dying before the age of 70, losing an average of 21 years of life. Preventing people from starting smoking is key to reducing the health harms and inequalities associated with tobacco use.

The latest available figures (for the 2011-13 period) indicate that Oxfordshire had a significantly lower mortality rate than the national average, with a directly standardised rate of 230.7 per 100,000, compared to 288.7 for England. However the rate in Oxford was higher than the rest of Oxfordshire.

---

\(^{67}\) Health and Social Care Information Centre Compendium of Population Health Indicators: [https://indicators.ic.nhs.uk/webview/](https://indicators.ic.nhs.uk/webview/)

\(^{68}\) Public Health England Local Health tool: [http://www.localhealth.org.uk/](http://www.localhealth.org.uk/). The analysis uses indirectly age-standardised ratios, which allow the data at a local level to be compared to those expected given the age structure of local populations. However caution should still be exercised when interpreting the data as numbers at a smaller geographies will be relatively low and confidence intervals will therefore be wide.

5.4.6. Deaths Caused by Alcohol
The harmful use of alcohol results in 3.3 million deaths globally each year.\textsuperscript{70} In England there were 18,100 deaths in the three-year period 2011-13 (12,325 males, 5,775 females) which were due to alcohol-specific conditions.\textsuperscript{71} In Oxfordshire, alcohol-specific mortality accounted for 142 deaths in the same three-year period (85 male, 57 female).

For both men and women in Oxfordshire, alcohol-specific mortality has remained fairly steady. The mortality rate for males in 2011-13 was significantly lower than England. For females, although lower than England, it was not significantly so. Most Oxfordshire districts have low numbers of deaths among men caused directly by alcohol consumption and are significantly lower than for England.\textsuperscript{72}

In 2012-14 Oxfordshire’s overall mortality rate from liver disease in people under 75 years was significantly lower than England (7.4 and 10.8 per 100,000 population, respectively)\textsuperscript{73}. Data split by gender shows that liver disease mortality in males is significantly better than England (17.4 and 23.4 per 100,000 male population, respectively) but in females it is similar to England (12.9 and 12.4 per 100,000 female population respectively).

5.4.7. Excess Winter Deaths
The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature.\textsuperscript{74} Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population.

Three-year rolling data for the period August 2010-July 2013 shows that there were an estimated 1,034 excess winter deaths in Oxfordshire (around half of which were among those aged 85 and over). This represented a ratio of extra deaths to expected deaths (based on the average of the number of non-winter deaths) of 21.2.\textsuperscript{75} This was similar to surrounding areas in the South East region and the national average.

A majority of the excess winter deaths between 2010 and 2013 were among women. In Oxfordshire, the ratio of extra female deaths to expected female deaths was worse than the national average (at 25.3 compared with 19.3). This appears to be driven by above average rates in Oxford and South Oxfordshire.

For more analysis of excess winter deaths in Oxfordshire, see the \textit{District Data Service chart of the month from August 2015.}

\textsuperscript{70} World Health Organisation (WHO) Facts and Figures: \url{http://www.who.int/substance_abuse/facts/en/}
\textsuperscript{71} Conditions included are only those wholly attributable (100%) to alcohol (2014 version): \url{http://www.cph.org.uk/publication/updating-england-specific-alcohol-attributable-fractions/}
\textsuperscript{72} Public Health England Local Alcohol Profiles for England: \url{http://fingertips.phe.org.uk/profile/local-alcohol-profiles}
\textsuperscript{73} Health & Social Care, Compendium of Health Indicators: \url{https://indicators.ic.nhs.uk/webview/}
\textsuperscript{74} Public Health Outcomes Framework, indicators 4.15i-iv: \url{http://www.phoutcomes.info/}
\textsuperscript{75} Public Health Outcomes Framework, indicators 4.15i – 4.15iv: \url{http://www.phoutcomes.info/}: The Excess Winter Deaths (EWD) Index expresses the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths based on the average of the number of non-winter deaths.
5.4.8. Road Casualties

378 people were reported to the police as killed and seriously injured (KSI) on Oxfordshire’s roads in 2014. Of these, 26 were killed (including three children) and 352 were seriously injured (including 19 children). A further 1,824 slight injuries were reported to the police.

Car drivers made up the largest group of road casualties in 2014 (accounting for two fifths of the total) followed by cyclists (who made up 16.4%) and car passengers (who made up 15.5%). Motorcyclists and pedestrians each made up just under 10% of the total casualties.

The charts below show key trends since the turn of the century. Most of the main road user groups have seen a fall in the number of casualties over this period. However, injuries among pedal cyclists have shown a rising trend (as has also been reported nationally) which appears to be due at least in part to increased levels of cycling.

Source: Oxfordshire County Council

---

76 Oxfordshire County Council’s road casualties statistics: https://www.oxfordshire.gov.uk/cms/content/road-casualties
Men are slightly more likely than women to be killed or injured on the roads; they made up 57.7% of total casualties in 2014.

Police-reported casualty statistics are likely to underestimate the true number, as a substantial number of accidents – particularly those involving minor injuries – are not reported to the police. Some of these may, however, be reported to the health service, when casualties attend hospital Accident and Emergency (A&E) departments. The chart below compares the number of road casualties reported to police and recorded in Oxfordshire's A&E departments.

Sources: Oxfordshire County Council / Oxford University Hospitals NHS Foundation Trust
The latest 3-year rolling data for people reported to the police as killed and seriously injured (KSI) on the roads in Oxfordshire covers the period 2012-2014. These statistics show a KSI rate of 50.6 people per 100,000 in the population. Since the turn of the century, there has been a general downward trend in the rate of people killed or seriously injured on Oxfordshire’s roads.

Figure 37: Crude rate per 100,000 population of people killed or seriously injured on the roads (3-year rolling data, 1997-99 to 2012-14)

Oxfordshire continues to have a significantly higher rate of KSI per head of population (50.6 in 2012-14) than in the South East (47.9) and England overall (39.3). Across all districts except Oxford, rates exceeded the national average. Rates in Cherwell and South Oxfordshire also exceeded the regional average, whereas Oxford had a significantly lower rate than in the South East overall. When compared to its statistical neighbours on this measure, Oxfordshire’s performance continues to be relatively poor.

However, a more detailed analysis of the casualty data, taking account of traffic flows by the main user groups, and the character of the roads where the casualties were sustained (whether higher speed rural environments or lower speed urban/village settings), suggests that the actual risks faced by road users in Oxfordshire are very similar to, or lower than, those in other parts of the country.

The chart below, comparing casualty rates per billion vehicle miles, shows that Oxfordshire’s casualty rate has been consistently below the national and regional averages, and has fallen at a similar pace.

---

77 Public Health Outcomes Framework, indicator 1.10: http://www.phoutcomes.info/
78 Oxfordshire County Council analysis
In summary, compared to other parts of the country, Oxfordshire has relatively more and busier rural roads but fewer residents so, whilst the population-based casualty rate is higher than average, the traffic-based rate is lower.

For more detailed information, including comparisons with Oxfordshire’s statistical neighbours, see the Oxfordshire County Council Road Traffic Accident Casualty Data Summary 2014.

### 5.4.9. Suicide

In 2012-14 the rate of suicide and undetermined injury in Oxfordshire was 9.7 people per 100,000. This was lower (although not significantly so) than rates seen across the South East (10.7) and England overall (10.6). The number of suicides in 2014 was 54, compared to 58 in 2013. In Oxfordshire, the suicide rate in men is around three times the rate in women, in line with the national picture.

Because of the small numbers involved, it is difficult to establish clear patterns in suicide rates over time or across different parts of the county.

---