

6 Lifestyles

This chapter presents data on lifestyle factors that affect health and wellbeing, such as food, weight, exercise, smoking, alcohol and drugs. Further resources are available online, by visiting the [JSNA – Lifestyles webpage](#).

6.1 Lifestyles – key findings

This section highlights the key messages from the review of data on Lifestyles (data sources and research references are provided with the detailed data in the remainder of this chapter).

Food and nutrition, excess weight and obesity

- There is currently no standard measure of food security/poverty.
- There are 14 food banks in Oxfordshire, most of which operate independently.
- An estimated 60% of people aged 16 or over in Oxfordshire are classified as overweight or obese. This is below the national average.
- Data from the National Child Measurement Programme shows an increase in obesity of younger children (aged 4-5 years) in Oxfordshire and a slight decline in obesity of children aged 10-11.

Breastfeeding

- Rates of breastfeeding initiation and at 6-8 weeks after birth in Oxfordshire remain above the national average.

Physical activity

- Survey data for England shows a significant decline (2008 to 2012) in the proportion of boys meeting physical activity recommendations. Among girls there has been no significant change.
- There has been a statistically significant increase in the proportion of people participating in sport in Oxfordshire as a whole and in Oxford and the Vale of White Horse districts between the active people survey of Oct12-Oct13 and Apr15-Mar16.

Volunteering

- National data shows levels of volunteering have remained at similar levels since 2001.
- Surveys by South Oxfordshire and Vale of White Horse district councils show that the top reasons residents gave for not volunteering were work commitments and having to look after children/the home. There was a substantial minority (8% in South and 12% in Vale) who had “not thought about” volunteering, indicating a potential to increase the number of active volunteers.

Smoking

- Health survey for England data for 2015 shows a decline in proportion of adults smoking and a decline in the proportion of children smoking.
- In England in 2015, 5% of adults were currently using e-cigarettes. This was a small increase from 2013, when 3% of adults were current e-cigarette users.
- In 2015 an estimated 16% of adults in Oxfordshire were smokers, statistically similar to the England average. Smoking prevalence in all of Oxfordshire’s districts was either below or similar to national and regional averages.
- Smoking at time of pregnancy in Oxfordshire has reduced to 8%.

Alcohol and drugs

- According to the 2015 Health survey for England, alcohol consumption in general has been declining.
- Data on hospital admissions for alcohol-related conditions in Oxfordshire shows a decline, with the exception of younger females (aged below 40) where there was a significant increase.
- 8 wards in Oxfordshire had a significantly higher rate of hospital admissions linked to alcohol, 7 in Oxford and 1 in Banbury.
- The number of recorded crimes for possession of drugs in Oxfordshire has declined. The rate of drugs possession crimes in Oxford remains above the average for the Thames Valley area.
- The rate of deaths related to drug misuse was above the national average in Oxford.

Abuse and exploitation

- Data from Thames Valley Police shows an increase in recorded victims of abuse and exploitation in Oxfordshire. In 2016 there were:
 - Around 11,200 recorded victims of domestic abuse crimes and incidents (+3% compared with 2015).
 - 537 recorded victims of rape offences (up from 524 in 2015, +2%).
 - 61 recorded victims of Honour-based violence in Oxfordshire (up from 24 in 2015).
 - 169 recorded victims of Child Sexual Exploitation (up from 163 in 2015).

Oral health

- The proportion of 5 year olds who were free of dental decay in Oxfordshire has improved and is now similar to the national average. The rate was lowest in Oxford (and worse than average).

Teenage conceptions

- The latest Office for National Statistics data shows a continued decline in the number of conceptions to women aged under 18 regionally and nationally.
- Between 2013 and 2014, there was a slight increase in the number and rate of under 18 conceptions in Oxfordshire.

Sexually transmitted infections

- Gonorrhoea diagnoses have increased nationally and in Oxfordshire, which may be due in part to the introduction of the new test for gonorrhoea in August 2012.
- Since 2011, the rate of diagnosis of gonorrhoea in Oxford has increased at well above the national rate.

6.2 Food and nutrition, excess weight and obesity

Food security and food poverty

There is currently no standard measure of food security/poverty.

A quantitative study on child hunger in London by Ipsos MORI¹ found that for 10% of children the school lunch is their biggest meal of the day and 9% of children “sometimes” or “often” go to bed hungry.

The 2014 Evidence Review for the All-Party Parliamentary Inquiry into Hunger in the United Kingdom² highlighted the issue of rural hardship..

.. evidence highlighting the longstanding difficulties facing poorer families who live in wealthier parts of the country, and who may be struggling to afford life’s essentials.

There are 14 food banks in Oxfordshire with online details, most of which operate independently (with many supported by local churches):

- Cherwell
 - Banbury food bank (Trussell Trust) at four locations in Banbury.
 - Banbury Young Homeless Project (BYHP)
 - The Bicester food bank (Trussell Trust)
- Oxford
 - Oxford Food bank supplying about 80 registered charities (not individuals directly)
 - Oxford Community Emergency Foodbank supporting individuals including those referred by health professionals.
- South Oxfordshire
 - Didcot Baptist Church food bank
 - Thame food bank
 - FairShare Thames Valley (redistributes food to charities)
- Vale of White Horse
 - Abingdon Emergency food bank
 - Faringdon food bank
 - Wantage and Grove food bank
- West Oxfordshire
 - Oxfordshire West food bank (Witney)
 - Witney and West Oxfordshire food bank
 - North Oxfordshire community food bank (Kidlington, Charlbury, Chipping Norton, Woodstock)

A qualitative study on Food Poverty in Oxford³ carried out in Barton and Rose Hill (Dec 2015) included interviews with 21 residents considered to be in food poverty. From this research, the main drivers of food poverty were found to be a combination of economic difficulties in general and the perceived high cost of food.

Access to local food stores did not come up as a major issue in this study, however a lack of availability of fresh food was mentioned by “a few older interviewees with limited mobility”.

¹ <https://www.ipsos-mori.com/researchpublications/publications/1585/Child-Hunger-in-London.aspx>

² <https://feeding-britain.org/>

³ Food poverty in Oxford: A qualitative study in Barton and Rose Hill (Dec 2015)
<http://goodfoodoxford.org/blog/giving-voice-to-food-poverty/>

Excess weight in adults

According to the latest Health survey for England there has been a decline in the proportion of adults of a normal weight nationally.

- Between 1993 and 2015, adults with a normal body mass index (BMI) decreased from 41% to 30% among men and from 49% to 40% among women.

GP practices maintain a register of patients aged 16 or over who have been recorded as having a body mass index (BMI) of 30 or more during the preceding 12 months. The quality of the data is dependent on recording within practices.

In 2015-16 there were around **43,200** GP-registered patients in the Oxfordshire Clinical Commissioning Group who were recorded as being obese, up from 43,000 in 2014-15. The prevalence increased from 7.35% of patients to 7.55%, remaining below the national and regional averages.

Table 1 GP-registered patients recorded as being obese (count and % of list)

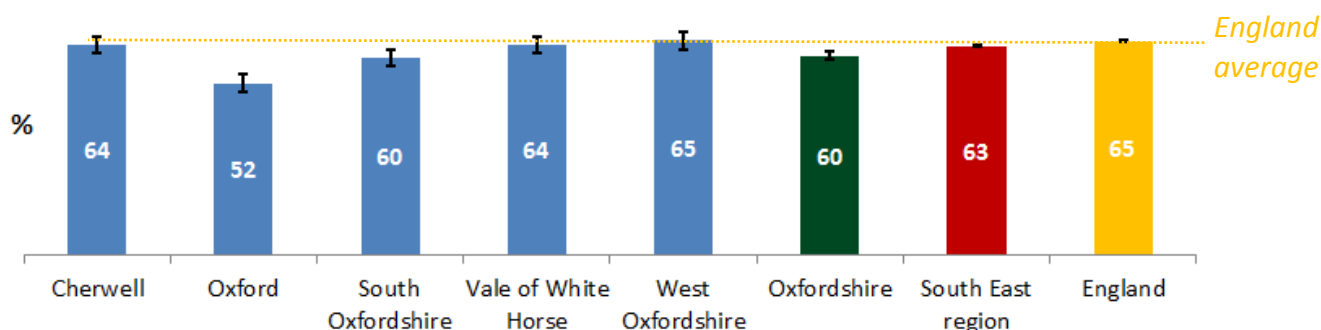
	2014-15	2015-16	2014-15 to 2015-16
NHS Oxfordshire (count)	42,996	43,231	
NHS Oxfordshire %	7.35	7.55	+0.19pp
South of England (health region) %	8.15	8.58	+0.43pp
England %	9.03	9.45	+0.43pp

Source: Quality and Outcomes Framework (QOF) 2015-16, published Oct 2016

The latest 3-year rolling data for Oxfordshire on excess weight covers the period 2013-15⁴. This estimates that 60% of people aged 16 or over in Oxfordshire are classified as overweight or obese, lower than the average for England (64.8%) or the South East (63.3%). The rate for Oxfordshire was slightly below the period 2012-14 (60.9%).

Adults in Oxford and South Oxfordshire were less likely to be overweight than in other districts.

Figure 1 % of people aged 16 or over classified as overweight or obese (3 year data for 2013-15)



Source: Public Health England, Public Health Outcomes Framework from Active People survey

⁴ Public Health Outcomes Framework indicator

Excess weight in children

Data in this section is from the National Child Measurement Programme. The latest data is for 2015-16.

About the National Child Measurement Programme

The National Child Measurement Programme (NCMP) is operated jointly by the Department of Health (DH) and Department for Education (DfE). It was first established in 2007. Children in Reception Year and Year 6 are weighed and measured during every school year.

NCMP produces a national report which provides high-level analysis of the prevalence of 'underweight', 'healthy weight', 'overweight' and 'obese' children.

Data from 2010-11 are derived from postcode of the child for Oxfordshire and districts within Oxfordshire. Prior to that year data were based on postcode of the school. Home postcode was not recorded for all children's records.

Data at a regional level were not available prior to 2008-09. Local authority district data were not available prior to 2007-08.

Some schools/pupils choose to opt out of the programme. In 2015-16 the participation rate in reception year for England was 95.6%. For Oxfordshire, the participation rate was 97.9% which is higher than in previous years (e.g. in 2010-11 it was 92.9%). In Year 6 the participation rate was 94% in England and 96.7% in Oxfordshire.

The high participation rate and large sample size means that 95% confidence intervals for prevalence estimates at national level are very narrow (indicating a small margin of potential error).

Note that improvements in data quality over time can affect prevalence figures. This should be considered when making comparisons over time as it may partly explain any observed changes; both significant and non-significant.

<http://content.digital.nhs.uk/ncmp>

As of 2015-16, around 980 (13%) reception children, aged 4 or 5, in Oxfordshire were overweight or obese. In year 6, aged 10 or 11, there were around 920 children overweight or obese and the proportion was higher at 15%.

Between 2014-15 and 2015-16, the prevalence of obesity in Oxfordshire increased in reception year and declined slightly in year 6.

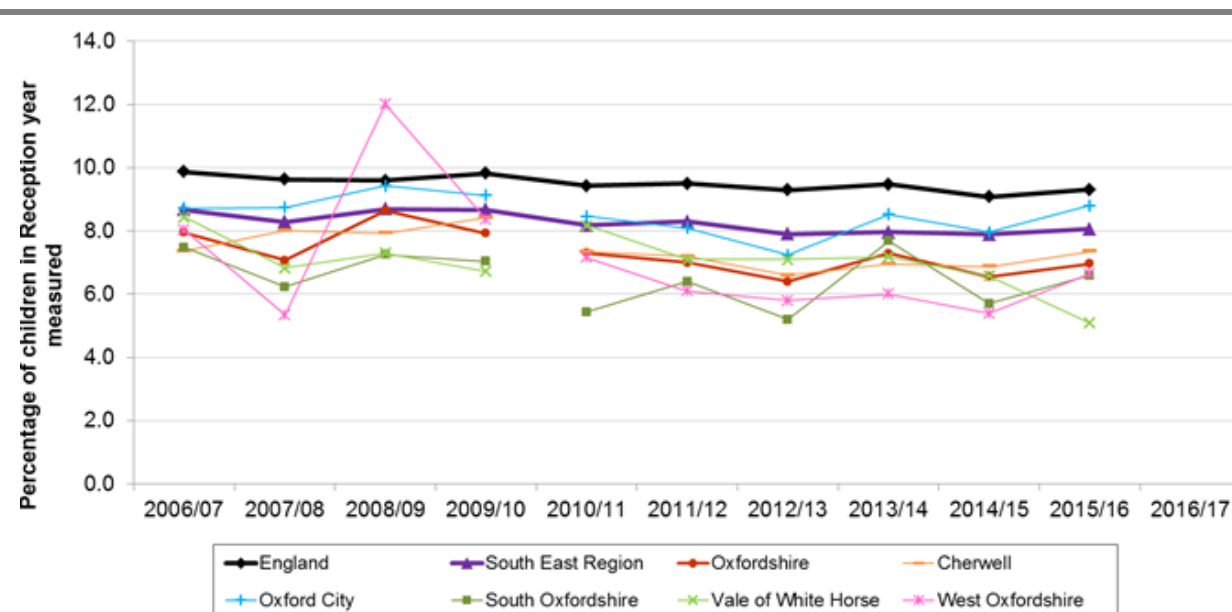
- In reception obesity increased from 6.6% to 7%, and in year 6 declined from 16.2% to 16%.

The change in obesity in Oxfordshire's districts varied, with some increasing and some reducing:

- In Cherwell obesity in reception aged children increased to from 6.9% to 7.3% and Year 6 reduced from 19.7% to 17.4%;
- In Oxford both reception and Year 6 have increased (reception increased from 8.0% to 8.8% and Year 6 increased from 19.2% to 20.2%);
- For South Oxfordshire there has been an increase in reception aged children from 5.7% to 6.6% and a decrease in Year 6 children from 12.8% to 11.8%;
- In Vale of White Horse there has been a decrease in reception aged children from 6.6% to 5.1% and an increase in Year 6 from 13.9% to 14.5%;

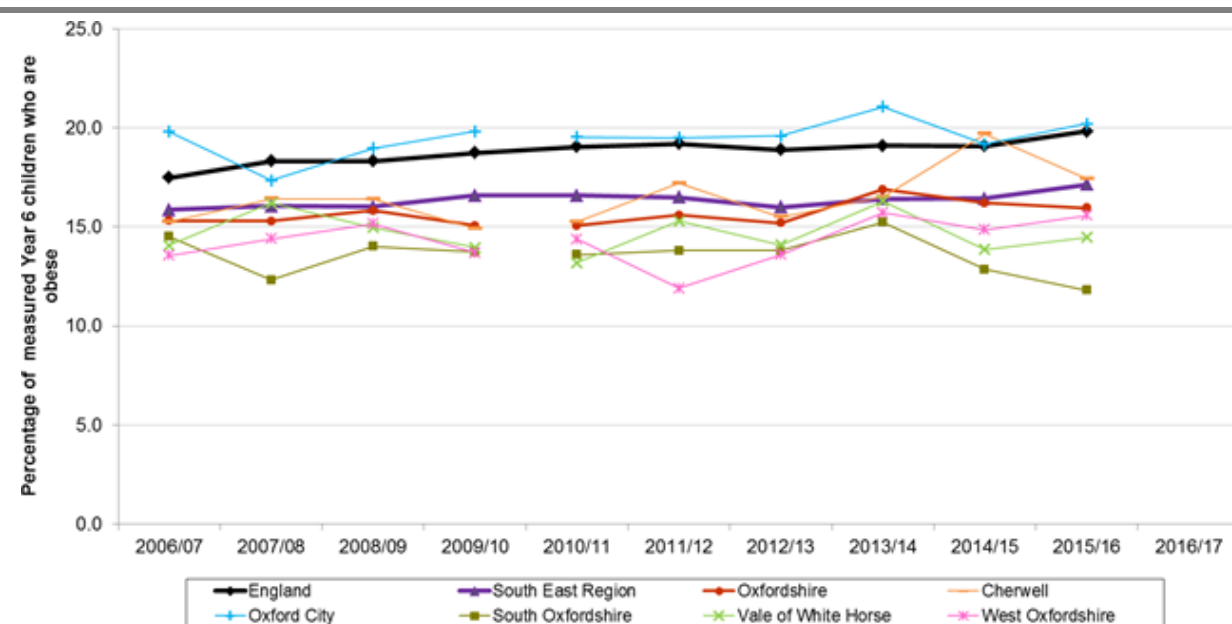
- For West Oxfordshire there has been an increase in both years – from 5.4% to 6.7% in reception and from 14.8% to 15.6% in Year 6.

Figure 2 Percentage of children in Reception Year (aged 4/5 years) who are obese - 2006-07 to 2015-16 (academic years)



Source: National Child Measurement Programme (via NHS Digital)

Figure 3 Percentage of Year 6 children (ages 10-11 years) who are obese - 2006-07 to 2015-16 (academic years)



Source: National Child Measurement Programme (via NHS Digital)

Low birth weight babies

Low birth weight is a major cause of infant mortality in the UK and has an influence on future adult health status.

Risk factors for low birth weight include:

- Socio economic status
- Genetics
- The health of the mother, particularly during the pregnancy including maternal smoking, substance misuse, nutritional status and maternal weight
- Ethnicity
- Environmental factors
- Mother's age – mothers under 20 are more likely to have a baby with low birth weight
- Multiple pregnancy

As of 2014, there was a rate of 6.4 live and still births with birth weights under 2500 grams in Oxfordshire compared with 7.4 nationally⁵.

Between 1998 and 2014, Oxfordshire had a significantly lower percentage of low birth weight infants than England over most of this time period.

Data for Oxfordshire has had a higher proportion of low birth weight babies than South East region for some years during this time period. However the differences are not statistically significant.

Breastfeeding

Breastfeeding has been found to give a baby the best possible nutrition, and protect against disease and future obesity, as well as encouraging a strong bond between mother and baby.

As of 2015-16⁶

- **82%** of mothers in Oxfordshire initiated breastfeeding. This rate is similar to the previous year and is significantly higher than the England average (74.3%) and that for the South East (78.0%).
- At 6-8 weeks after birth, **60%** of mothers in Oxfordshire were breastfeeding, this was well above the national average of 43%.

6.3 Physical activity

According to Public Health England, low physical activity is one of the top 10 causes of disease and disability in England⁷.

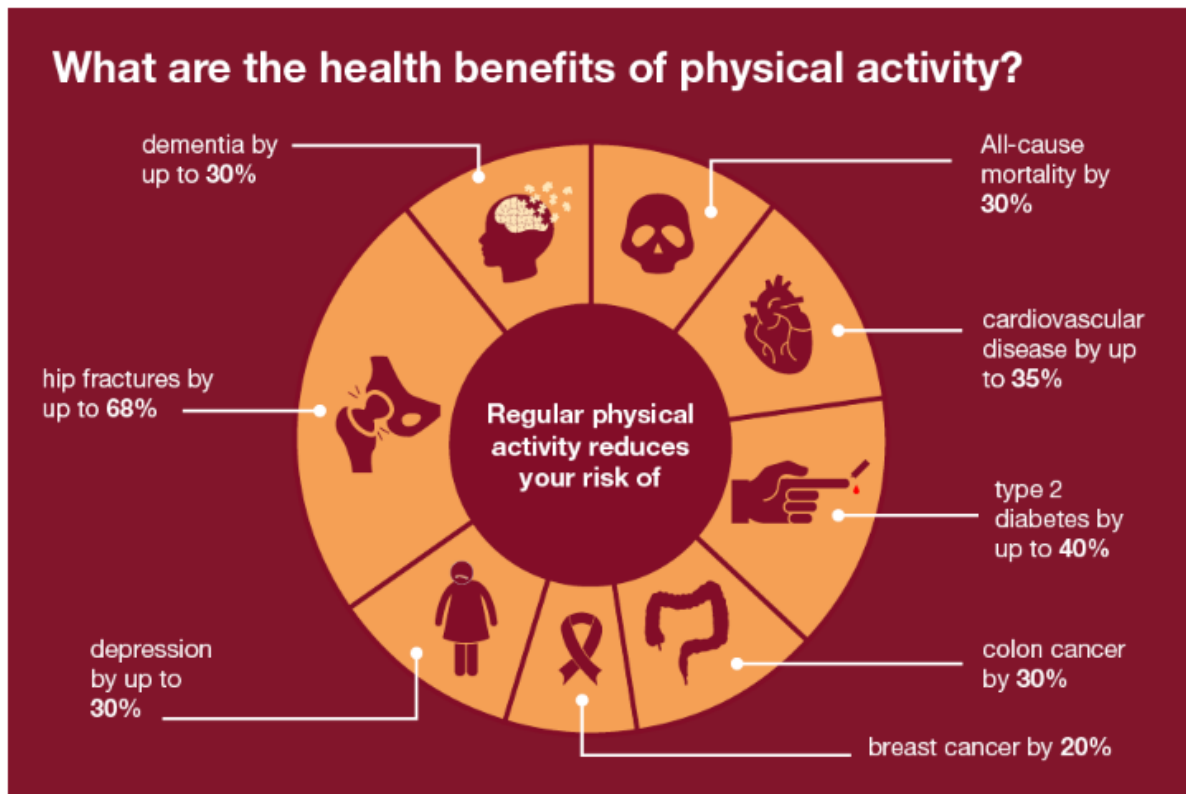
July 2016 guidance from Public Health England sets out the benefits of physical activity. As well as strengthening muscles and helping to control weight, physical activity can:

- play a critical role across all elements of cancers; prevention, treatment, recovery and reducing the risk of recurrence
- boost mental wellbeing and help reduce social isolation, a risk factor for depression.

⁵ Health and Social Care Information Portal

⁶ Public Health England, Public Health Outcomes indicators

⁷ <https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day#the-benefits-of-physical-activity>



Source: Public Health England Guidance, Health matters: getting every adult active every day

According to the 2015 Health survey for England, excluding school-based activities, 22% of children aged 5 to 15 met the physical activity guidelines of being at least moderately active for a minimum of 60 minutes every day.

There has been a decline in the proportion of boys meeting physical activity recommendations.

- Among boys, there was a decrease in the proportion meeting physical activity recommendations between 2008 and 2012, falling from 28% in 2008 to 21% in 2012. It has remained at the lower level in 2015, at 23%. Among girls there has been no statistically significant change in the proportion meeting physical activity recommendations over the period, with 19% in 2008 and 20% in 2015

About the Health Survey for England

The Health Survey for England is a series of annual surveys designed to measure health and health-related behaviours in adults and children living in private households in England.

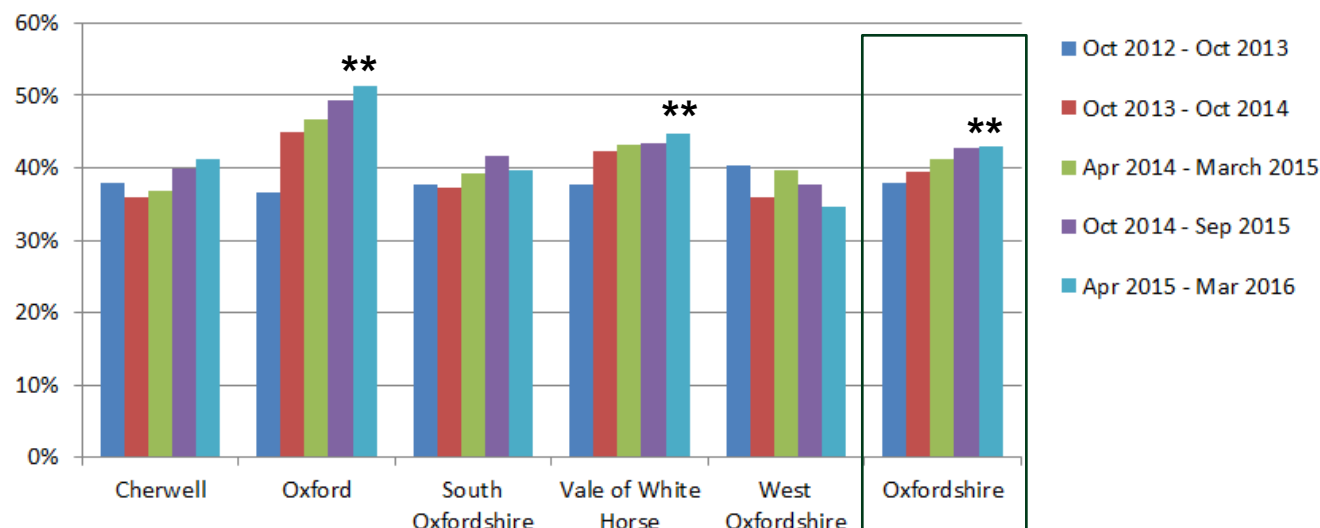
The survey consists of an interview and nurse visit. It has a series of core elements that are included every year or alternate years, and special topics that are included in selected years. Every year topics include general health, social care, smoking, drinking, height measurements, blood pressure measurements, adult blood samples and child saliva samples.

<https://www.gov.uk/government/statistics/health-survey-for-england-health-survey-for-england-2015>

Local data on physical activity of adults is from the Active People survey.

Between the active people survey of Oct12-Oct13 and Apr15-Mar16, there was a statistically significant increase in the proportion of people participating in sport in Oxfordshire as a whole and in Oxford and the Vale of White Horse districts.

Figure 4 Sports participation indicator - the number of people aged 14 and over participating in at least 30 minutes of sport at moderate intensity at least once a week.



Source: Sport England Active People Survey; ** statistically significant increase from Oct12-13 to 2015-16

About the Active People survey

The Active People Survey (APS) is a large telephone survey of sport and active recreation, commissioned by Sport England. The survey measures participation in sport and active recreation, and provides details of how participation varies from place to place and between different groups in the population.

The data are collected by quarters for each calendar year (i.e. for 2012 data is collected from Quarter 2 in 2012 (APS 6) to Quarter 1 in 2013 (APS 7)).

The range of activities include sport, recreational cycling and walking, walking and cycling for active travel purposes, dance and gardening. Occupational activity or work in the home is not included.

There is a potential for non-response bias in the survey and certain segments of the population may be under-represented. However good sampling and weighting techniques mean that we can be confident that the percentage participating in physical activity is representative of the total population aged 16 years and over.

Active people survey online analysis tool <http://activepeople.sportengland.org/>

The Oxfordshire Sport and Physical Activity website provides a helpful list of data sources related to physical activity, see <http://www.oxspa.co.uk/physical-activity-data-and-evide>

6.4 Volunteering

NCVO defines volunteering as “any activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives. Central to this definition is the fact that volunteering must be a choice freely made by each individual.”⁸

There are a range of studies highlighting health benefits of volunteering and Age UK has carried out a review of evidence on older people as volunteers⁹ which found the most reported benefits are around physical, mental and emotional wellbeing, such as improved self-reported health, improved cognition, general mental health, increased life satisfaction, higher levels of social support and interaction, and improvements in the ability to cope with one’s own illness (especially depression).

The Community Life survey¹⁰ is the main source of data on the extent of volunteering in England with a sample size of around 3,000. In 2015-16 just over a quarter (27%) of respondents participated in formal volunteering at least once a month, this has been at a similar level since 2001.

There is no single source of comprehensive data on volunteering in Oxfordshire.

Volunteering in Oxford

A November 2016 survey of voluntary groups in Oxford¹¹ had a response from 185 organisations (out of an estimated total of 900-1,000 in the city).

These organisations together employ around 13,800 volunteers equivalent to 10% of the population of the city aged 17 and over.

Organisations reported that volunteers in Oxford provide support in a variety of roles:

- The majority (75%) support frontline services. This may include mentors, helpers, befrienders, sports coaches, gardeners, cooks, tutors.
- 14% provide additional capacity by supporting back office functions, including communications, fundraising, volunteer recruitment.
- A small but significant number of volunteers (11%) provide governance support by contributing to trustee boards, steering committees or as school governors.

⁸ <https://www.ncvo.org.uk/policy-and-research/volunteering-policy>

⁹ Age UK Older People as Volunteers Evidence review

¹⁰ <https://www.gov.uk/government/collections/community-life-survey>

¹¹ Oxford City Council Volunteering Research Project November 2016 carried out with support from OCVA, Community Action Groups and the Oxford Hub

Volunteering in South Oxfordshire and Vale of White Horse

South Oxfordshire and Vale of White Horse District Councils carry out regular residents' surveys which include questions on volunteering¹².

The most recent surveys found that the proportion of people, aged over 16, who had undertaken unpaid voluntary work in the past 12 months was:

- South Oxfordshire 29%
- Vale of White Horse 19%

The top reasons residents of South and Vale gave for not volunteering were work commitments and having to look after children/the home. There was a substantial minority (8% in South and 12% in Vale) who had not thought about volunteering, indicating a potential to increase the number of active volunteers.

Table 2 Reasons why residents have not been involved in unpaid voluntary work in the last 12 months (2015-16)

	South Oxfordshire		Vale of White Horse	
	count	percent	count	percent
I have work commitments	378	39%	385	36%
I have to look after children/the home	177	18%	179	17%
I have other things to do in my spare time	124	13%	171	16%
I've never thought about it	73	8%	131	12%
I'm too old	93	10%	82	8%
Other	124	13%	117	11%
TOTAL	969	100%	1065	100%

Source: South Oxfordshire residents' survey 2015-16 and Vale of White Horse residents' survey 2015-16

6.5 Smoking

Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease.

Health survey for England data for 2015 shows a national decline in proportion of adults smoking.

- Since 1993 there has been a steady decline in the proportion of men and women who were current smokers, from 28% to 19% in 2015 among men, and from 26% to 17% among women.

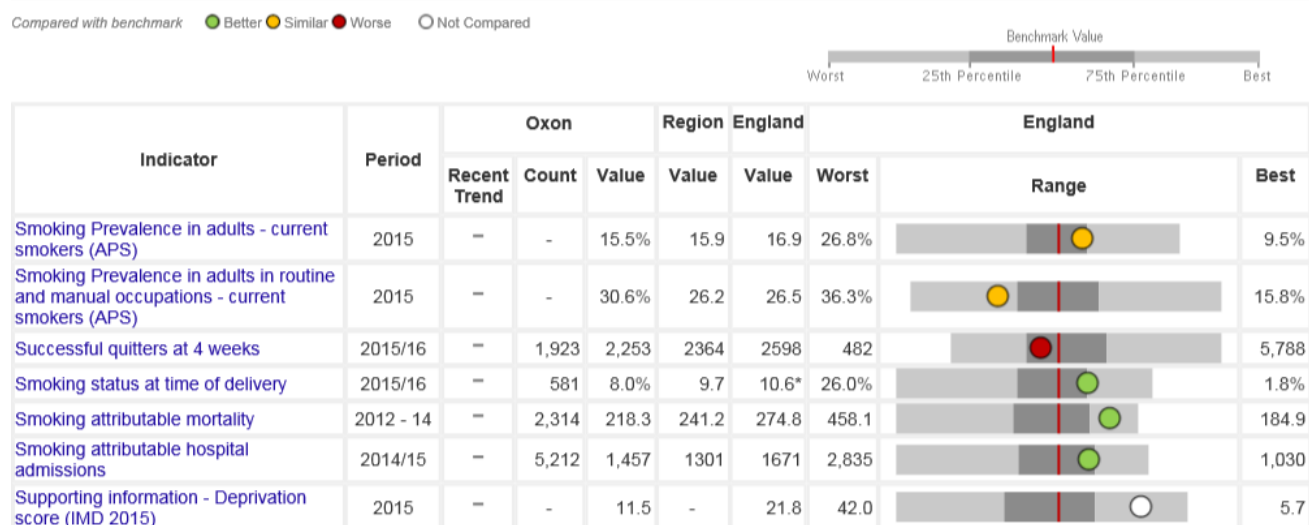
In 2015 an estimated **15.5%** of adults in Oxfordshire were smokers, statistically similar to the England average. Smoking prevalence in all of Oxfordshire's districts was either below or similar to national and regional averages.

¹² South Oxfordshire Residents' survey 2015/16

http://www.southoxon.gov.uk/ccm/support/dynamic_serve.jsp?ID=535687607&CODE=7B6EA465A82E8B9DCED66CCE97292BF8

Vale of White Horse Residents' Survey 2015/16

http://www.whitehorsedc.gov.uk/java/support/dynamic_serve.jsp?ID=535688632&CODE=60FA7EC1248E352E99E300CB94B818DA

Figure 5 Local tobacco profile for Oxfordshire

Source: Public Health England <http://www.tobaccoprofiles.info/> (updated Nov 2016 next update Feb 2017)

The Health survey for England 2015 reported on use of e-cigarettes which may help smokers quit or reduced tobacco consumption.

- In 2015, 5% of adults were currently using e-cigarettes. This is a small increase from HSE2013, when 3% of adults were e-cigarette users.
- The prevalence of ever having used e-cigarettes was much higher among current smokers (40%). Only 1% of those who had never smoked had ever used an e-cigarette.

Smoking among children

Health survey for England data for 2015 shows a national decline in proportion of children smoking.

- The proportion of children aged 8 to 15 who had ever smoked has decreased overall, from 18% of boys and 20% of girls in 1997 to 4% of both boys and girls in 2015.

Smoking in pregnancy

Smoking in pregnancy increases the risk of miscarriage, complications during pregnancy, low birth weight, congenital defects, stillbirth, or death within the first week of life.

The latest data (2015-16) shows that smoking at time of delivery in Oxfordshire has reduced again to 8.0%. This remains lower than England (10.6%) but indicates there are just over 580 women smoking during pregnancy.

6.6 Alcohol and drugs

According to the December 2016 *Public health burden of alcohol: evidence review*¹³ there are three major categories of alcohol-related health, social and economic costs:

- the direct economic costs of alcohol consumption, for example, costs to health and social care, the police and criminal justice system and the unemployment and welfare systems.
- the indirect costs of alcohol consumption, for example, lost productivity due to absenteeism, unemployment, decreased output, reduced earnings potential and lost working years due to premature pension or death.
- the intangible costs of alcohol consumption, for example, costs assigned to pain and suffering, poor quality of life, or costs from money spent on alcohol in families where the money is needed for other things.

Over half (55%) of all admissions for mental and behavioural disorders due to alcohol use were in the lowest three socioeconomic deciles, and these three groups also accounted for 53% of all admissions for alcoholic liver disease, 53% of all admissions for intentional injuries and 51% of all admissions for alcohol-related complications in pregnancy and childbirth.

According to the 2015 Health survey for England, alcohol consumption in general has been declining.

- There has been a gradual decrease in average weekly consumption of alcohol over the last five years for men, from 17.2 units per week in 2011 to 14.9 in 2015. For women there has been no statistically significant change, and the average weekly alcohol consumption was 8.9 units in 2015.
- The proportion of children aged 8 to 15 reporting ever having had a proper alcoholic drink (a whole drink, not just a sip) fell from 45% in 2003 to 16% in 2015.

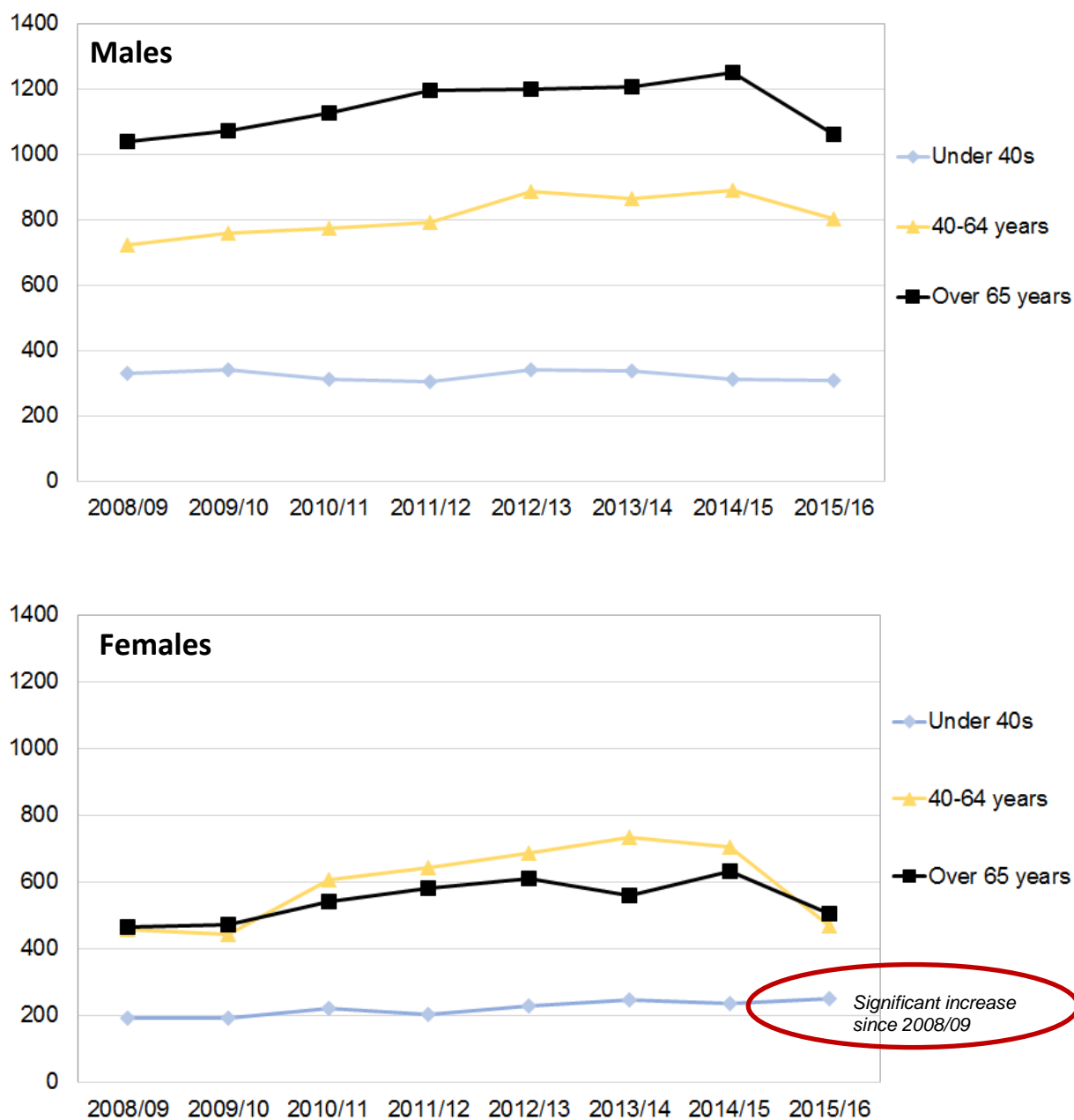
Alcohol and health in Oxfordshire

Data on hospital admissions for alcohol-related conditions in Oxfordshire shows that:

- Overall males continue to have higher rates than females for alcohol-related admission episodes.
- Between 2008/09 and 2015/16 there no statistically significant change in the rate of admissions for alcohol-related conditions in Oxfordshire with the exception of younger females (aged below 40) where the rate increased.

¹³ <https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>

Figure 6 Admission episodes for alcohol-related conditions (narrow), directly standardised rate per 100,000 people, Oxfordshire males and females by age

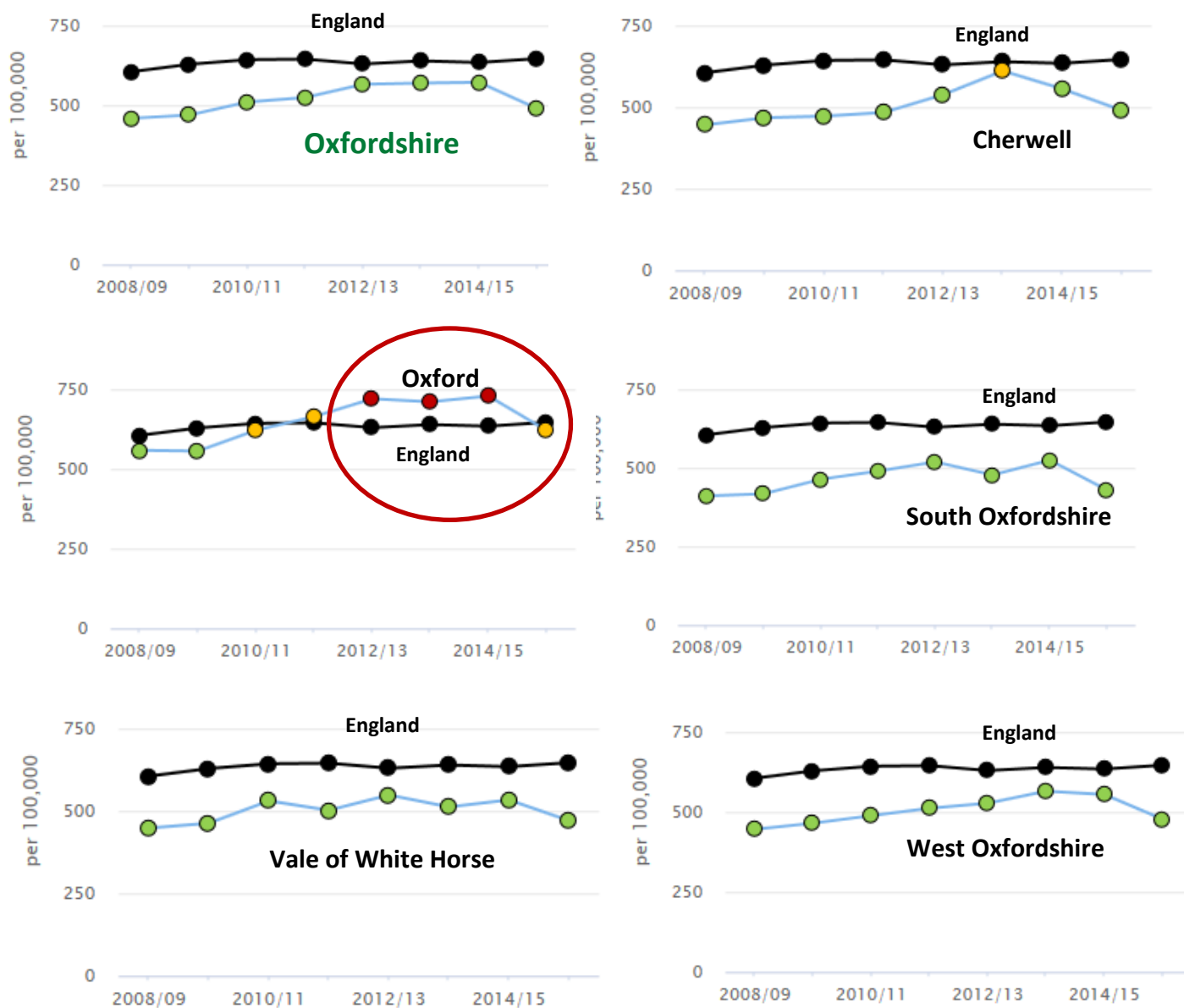


Definition: Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. Source: Public Health England Local Alcohol Profiles from Hospital Episode statistics and ONS population estimates.

Admission episodes for alcohol-related conditions in Oxford declined between 2014-15 and 2015-16, and is now similar to the national average.

Admissions for alcohol-related conditions was better than average in other districts in Oxfordshire.

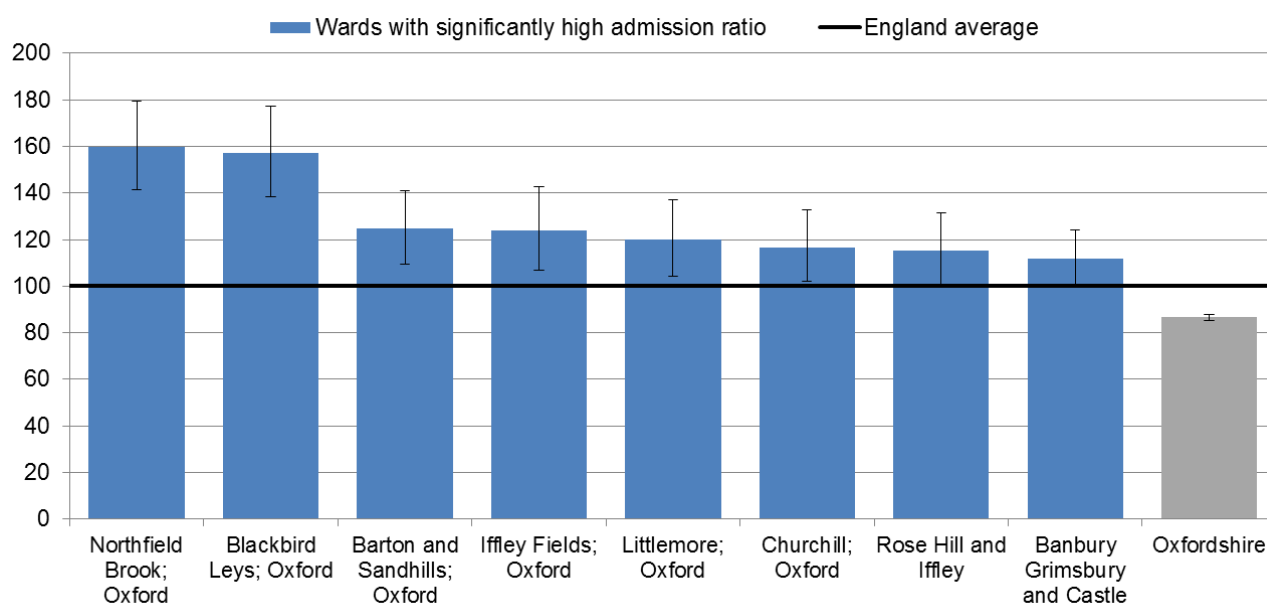
Figure 7 Admission episodes for alcohol-related conditions (narrow), directly standardised rate per 100,000 people



Source: Public Health England Alcohol Profiles from Hospital Episode statistics and ONS population estimates

At a ward level, data for 2010-11 to 2014-15 shows 8 wards in Oxfordshire with a significantly higher rate of hospital admissions for alcohol attributable conditions, 7 in Oxford and 1 in Banbury.

Figure 8 Hospital admissions for alcohol attributable conditions, standardised admission ratio, 2010-11 to 2014-15



Source: Public Health England Local Data Tool. This indicator counts the number of times that a person has been admitted to hospital in the year with an alcohol related condition, and not the person themselves. This indicator was previously referred to as 'alcohol related admissions to hospital'.

Alcohol-related deaths

Nationally the rate of alcohol-related (age standardised) deaths per 100,000 population for males and females has declined since the peak in 2008¹⁴.

The highest rates of alcohol-related deaths in 2014 in the UK were in men aged between 55 and 69.

In Oxfordshire, the rates of alcohol-specific and alcohol-related deaths were each statistically better than the national average. Districts in Oxfordshire were similar or better than average.

Drugs and health in Oxfordshire

Local data on the health impact of drug use is limited.

Police recorded crime data¹⁵ from Thames Valley Police shows between 2014-15 and 2015-16 (Dec to Nov) there was a decline in the number of "possession of drugs" crimes in

¹⁴ ONS alcohol-related deaths in the UK 1994 to 2014

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/datasets/alcoholrelateddeathsintheunitedkingdomreferencetable1>

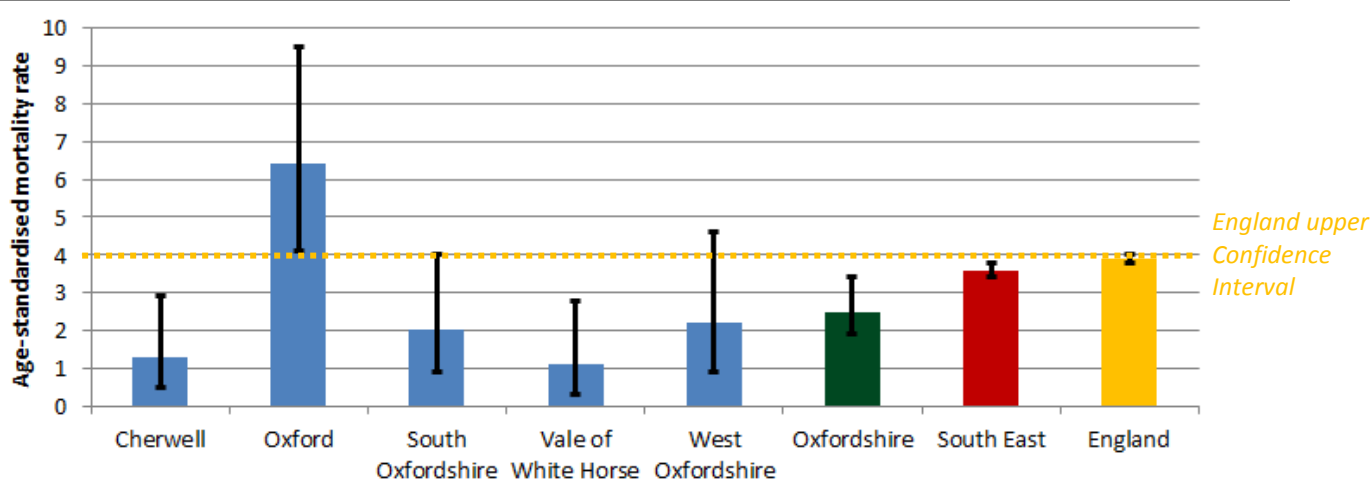
each reporting area of Oxfordshire (Cherwell & West, Oxford, South & Vale). The rate of possession of drugs crimes per 1,000 population (Dec15 to Nov16) was below the Thames Valley average in Cherwell & West and in South & Vale and above average in Oxford.

Drugs-related deaths

Combined data from 2013-15 gives a total of 50 drugs related deaths in Oxfordshire, half of which were in Oxford.

The rate of deaths from drug misuse (not including alcohol and tobacco) was statistically above the national average in Oxford and statistically below average in Cherwell and West Oxfordshire.

Figure 9 Age-standardised mortality rate for deaths related to drug misuse, persons (2013-15)



Source: ONS, drug misuse deaths by local authority released Sept 2016

About Deaths related to drug misuse: description and ICD-10 Codes

- Mental and behavioural disorders due to drug use (excluding alcohol and tobacco) F11–F16, F18–F19
- Accidental poisoning by drugs, medicaments and biological substances X40–X44
- Intentional self-poisoning by drugs, medicaments and biological substances X60–X64
- Assault by drugs, medicaments and biological substances X85
- Poisoning by drugs, medicaments and biological substances, undetermined intent Y10–Y14

¹⁵ <http://www.thamesvalley.police.uk/aboutus/aboutus-operf/aboutus-operf-figs.htm> , December 2015 to November 2016

6.7 Abuse and exploitation

Domestic Violence and abuse

The cross-government definition¹⁶ of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

In Oxfordshire in 2016, Thames Valley Police recorded a total of:

- 3,148 domestic abuse crimes (+1% compared with 2015)
- 8,576 domestic abuse incidents (+7% compared with 2015)
- 11,186 victims of domestic abuse crimes and incidents (+3% compared with 2015)

District-level data shows the greatest number of recorded victims of domestic abuse was in Oxford and the greatest increase in recorded victims between 2015 and 2016 was in Vale of White Horse (+11%).

Table 3 Number of Victims of Domestic Abuse (Crime and Incidents) in Oxfordshire, calendar year

	2014	2015	2016	2015 to 2016	% change
Cherwell	2,455	2,860	2,887	27	1%
Oxford	2,965	3,166	3,259	93	3%
South Oxfordshire	1,694	1,760	1,747	-13	-1%
Vale Of White Horse	1,588	1,696	1,878	182	11%
West Oxfordshire	1,333	1,385	1,415	30	2%
Oxfordshire TOTAL	10,035	10,867	11,186	319	3%

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017)

The youngest victim in 2016 in Oxfordshire was aged under a year and the oldest victim was aged 99.

Between 2015 and 2016:

- The number of younger victims of domestic abuse in Oxfordshire (aged under 25) decreased. The number in 2016 was a similar to 2013.
- The 25-49 age group saw the biggest increase in numbers (+254).
- The greatest percentage increase by broad age was in the older age groups 50 and above.
- Although the number of victims aged 80+ remained relatively small (108 in 2016), this group saw the biggest percentage increase.

¹⁶ <https://www.gov.uk/guidance/domestic-violence-and-abuse>

Table 4 Victims of Domestic Abuse (Crime and Incidents) in Oxfordshire, by age

	2014	2015	2016	2015 to 2016	% change
0-15	128	141	130	-11	-8%
16-17	281	359	360	1	0%
18-24	2,023	2,116	2,080	-36	-2%
25-49	5,918	6,421	6,675	254	4%
50-64	1,224	1,339	1,417	78	6%
65-79	300	328	364	36	11%
80+	68	92	108	16	17%
Total (excluding age not recorded)	9,942	10,797	11,135	338	3%

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017)

Domestic abuse victims by gender

- Overall in Oxfordshire in 2016, of the victims with a recorded gender (the majority): 76% of victims were female and 24% were male, similar to previous years.
- The gender split was similar in all districts with a slightly higher proportion of female victims in Cherwell (77%) and a slightly lower proportion of female victims in West Oxfordshire (74%)

Domestic abuse victims by ethnicity:

- Overall in Oxfordshire in 2016, of the victims with a recorded ethnicity: 90% of victims were White ethnic background and 10% were non-White.
 - Asian 5%; Mixed 2%; Black 2%.
- In Oxford, as expected from the more ethnically diverse population, 79% of victims were White and 21% were non-White.
 - Asian 11%; Mixed 4%; Black 4%.
- Note that caution is needed in interpreting this data as there is a relatively high rate of victims without an ethnic group recorded (22% of the total).

Rape

Between 2015 and 2016, Thames Valley Police recorded an increase in the total number of recorded victims of rape offences in Oxfordshire from 524 in 2015 to 537 in 2016 (+2%).

The greatest number of recorded rape victims was in Oxford (42% of the total for Oxfordshire) and the greatest increase in victims between 2015 and 2016 was in Cherwell (+14%, 16 additional victims).

Table 5 Number of Victims of Rape (Crime and Non Crime) in Oxfordshire, calendar year

	2014	2015	2016	2015 to 2016	% change
Cherwell	82	112	128 (24%)	16	14%
Oxford	147	231	226 (42%)	-5	-2%
South Oxfordshire	40	70	70 (13%)	0	0%
Vale Of White Horse	50	64	62 (12%)	-2	-3%
West Oxfordshire	49	47	51 (9%)	4	9%
Oxfordshire TOTAL	368	524	537 (100%)	13	2%

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017); The above data is for all victims of rape offences

Reported crime is all reports of crime recorded on the crime recording system.

Reported crime is made up of Finally Recorded Crime, Crime Related Occurrences and Cancelled Crimes.

Crime Related Occurrence: This term is used to describe a record of an incident which has come to the attention of the police, which, on the Balance of Probabilities would normally amount to a notifiable crime, but a resultant crime has not been recorded. The specific circumstances where this would happen are

1. The incident is reported by a third party and either
 - The alleged victim declines to confirm the crime or
 - The alleged victim cannot be traced
2. The incident is being dealt with by another police force
3. The National Crime Recording Standard or Home Office Counting Rules for Recording Crime direct that a crime should not be recorded

Cancelled Crime: An offence can only be cancelled if it has been recorded as a crime. The situations when a crime can be cancelled are governed by the Home Office Counting Rules for Recorded Crime. Specific circumstances when an offence can be cancelled are:

- The offence was committed in another force area.
- There is additional verifiable information which determines that no notifiable crime has been committed.
- The crime constitutes part of a crime already recorded.
- The crime was recorded in error.
- The crime was recorded as an assault and there is additional verifiable information that the offender acted in self-defence.
- The crime is an offence of fraud and there clear auditable information that shows that the offender has been dealt with in another jurisdiction.

Source: Thames Valley Police Performance Team

Female Genital Mutilation

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is illegal in the UK and violates treaty provisions in the Universal Declaration of Human Rights, the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination Against Women.

Statutory guidance published in April 2016 introduced a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18s, which they identify in the course of their professional work, to the police.

The Health and Social Care Information Centre's FGM enhanced dataset for 2015-16¹⁷ shows that, in the South of England Commissioning region, there were:

- 620 newly recorded cases of FGM reported, and 1,055 attendances where FGM was identified or a procedure for FGM was undertaken.
- For NHS Oxfordshire CCG there is no data in this calendar year (which implies less than 5 cases).

Nationally:

- The majority (87%) of FGM cases of women with a known pregnancy status were pregnant at the point of attendance.
- The majority (90%) of women and girls with a known country of birth were born in an Eastern, Northern or Western African country, and 6 per cent were born in Asia.
- Somalia in Eastern Africa accounted for more than one third of all newly recorded women and girls with a known country of birth (37 per cent). Other countries with a large volume of cases include Eritrea in Eastern Africa, the Sudan in Northern Africa and Nigeria and the Gambia in Western Africa.
- 43 newly recorded cases of FGM involved women and girls reported to have been born in the United Kingdom. Of those with a known FGM type, more than 40 per cent were reported with FGM Type 4 – Piercing.
- The most frequent age range at which the FGM was carried out was between 5 and 9 years old, involving 43 per cent of cases where the age was known.

In Oxfordshire: for the three year period Jan 2014 to Dec 2016, Thames Valley Police recorded a total of 9 victims of Female Genital Mutilation (crime and non-crime), of which 5 were in Oxford, 2 in Cherwell, 1 in each of South Oxfordshire and Vale of White Horse and none in West Oxfordshire¹⁸.

Forced Marriage

The number of cases of possible forced marriage being supported by the UK Forced Marriage Unit is declining.

- In 2015 the UK Forced Marriage Unit gave advice or support related to a possible forced marriage in 1,220 cases nationwide¹⁹. This was down from 1,267 in 2014, 1,302 in 2013 and 1,485 in 2012. 9% of the cases were in the South East, compared with 11% in 2012.

¹⁷ NHS Digital: Female Genital Mutilation (FGM) Apr 2015 to Mar 2016, Experimental Statistics (July 2016)

¹⁸ Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017)

¹⁹ Forced marriage Unit Statistics: <https://www.gov.uk/government/statistics/forced-marriage-unit-statistics-2015>

In Oxfordshire: for the three year period Jan 2014 to Dec 2016, Thames Valley Police recorded no (zero) victims of Forced Marriage²⁰.

Honour-based Violence

According to the Crown Prosecution Service guidance:

There is no specific offence of "honour based crime". It is an umbrella term to encompass various offences covered by existing legislation. Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

The number of victims of Honour-based violence in Oxfordshire appears to have increased from 18 recorded by Thames Valley Police in 2014 to 61 in 2016.

The majority of victims over the three year period 2014 to 2016 were residents of Oxford city (55%). 30% were resident in Cherwell and 10% in Vale of White Horse.

Table 6 Number of Victims of Honour Based Violence All Occurrences (Crime and Non Crime) in Oxfordshire, calendar year

	2014	2015	2016	2014-16	% of total
Cherwell	10	5	16	31	30%
Oxford	5	16	36	57	55%
South Oxfordshire	0	2	1	3	3%
Vale Of White Horse	2	0	8	10	10%
West Oxfordshire	1	1	0	2	2%
Oxfordshire TOTAL	18	24	61	103	100%

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017); The above data is for all victims of offences where either the HBV Latest or HBV Finalisation qualifier has been used or the Occurrence Type or Classification has been recorded as Honour Based Violence - Non Crime Occurrence.

Child Sexual Exploitation

The current definition of child sexual exploitation was published in the 2009 guidance "Safeguarding Children and Young People from Sexual Exploitation".

'Sexual exploitation of children and young people under 18 involves exploitative situations, contexts and relationships where young people (or a third person or persons) receive 'something' (e.g. food, accommodation, drugs, alcohol, cigarettes, affection, gifts, money) as a result of them performing, and/or another or others performing on them, sexual activities. Child sexual exploitation can occur through the use of technology without the child's immediate recognition; for example being persuaded to post sexual images on the Internet/mobile phones without immediate payment or gain. In all cases, those exploiting the child/young person have power

²⁰ Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017) Forced Marriage data is for all victims of offences where either the Home Office Stats Code has been recorded as 03605 or the Classification has been recorded as Forced Marriage Offences.

over them by virtue of their age, gender, intellect, physical strength and/or economic or other resources. Violence, coercion and intimidation are common, involvement in exploitative relationships being characterised in the main by the child or young person's limited availability of choice resulting from their social/economic and/or emotional vulnerability'.

In 2016 the government consulted on the statutory definition of Child Sexual Exploitation and (separately) on the possible introduction of mandatory reporting of child abuse and neglect or a duty to act in relation to child abuse or neglect. The results of these consultations have not yet been published.

In 2016, Thames Valley Police recorded a total of 169 victims of Child Sexual Exploitation in Oxfordshire, a slight increase from 2015 (163).

Around half (49%) of victims recorded in the three years between 2014 and 2016 were in Oxford city and a further 25% were in Cherwell.

Table 7 Number of Victims of Child Sexual Exploitation (Crime and Non Crime) in Oxfordshire, calendar year

	2014	2015	2016	2014-16	% of total
Cherwell	38	29	43	110	25%
Oxford	36	92	90	218	49%
South Oxfordshire	8	15	15	38	9%
Vale Of White Horse	26	16	12	54	12%
West Oxfordshire	6	11	9	26	6%
Oxfordshire TOTAL	114	163	169	446	100%

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017); The above CSE data is for all victims of offences where either the 'Child Sexual Exploitation' qualifier has been used or the Occurrence Type has been recorded as 'Suspected CSE - Non Crime Incident'

Modern slavery

From 1 November 2015, as set out in the Modern Slavery Act 2015, specified public authorities (including all police forces and local authorities), have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking.

Thames Valley Police recorded 32 victims of Modern Slavery in Oxfordshire in 2016.

Local intelligence in Oxford city suggests this police recorded data significantly under-represents the full extent of Modern Slavery and Trafficking.

Table 8 Number of Victims of Modern Slavery and Trafficking Offences in Oxfordshire, January to December 2016

	2016	% of total
Cherwell	12	38%
Oxford	16	50%
South Oxfordshire	1	3%
Vale Of White Horse	1	3%
West Oxfordshire	2	6%
Oxfordshire TOTAL	32	100%

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2017). The above data is for all victims of Modern Slavery and Trafficking offences. Modern Slavery offences have been identified where either the HO Category Number is 106 or the Modern Slavery Finalisation Qualifier has been used. Trafficking offences have been identified where either the classification or Occurrence Type has been recorded as Trafficking for Sexual exploitation (out of, into, within the UK) and Trafficking for non-sexual Exploitation (out of, into, within the UK)

6.8 Oral health

Tooth decay is a predominantly preventable disease. Significant levels remain, resulting in pain, sleep loss, time off school and, in some cases, treatment under general anaesthetic.²¹

Data from Public Health England shows that in Oxfordshire, 77.3% of 5 year olds were free of dental decay in 2014-15, similar to the national average. This is an improvement on the rate in 2011-12 when Oxfordshire was statistically below (worse than) the national average. The rate was lowest in Oxford where 67% of 5 year olds were free from dental decay in 2014-15 (worse than average).

Table 9 Proportion of five year old children free from dental decay (2010-11 and 2014-15)

	2011-12			2014-15		
	Count	Percentage	vs Eng av	Count	Percentage	vs Eng av
Cherwell	198	56.2	WORSE	232	78.2	SIMILAR
Oxford	150	61.0	WORSE	210	67.2	WORSE
South Oxfordshire	193	84.9	BETTER	223	78.6	BETTER
Vale of White Horse	198	81.2	BETTER	225	79.4	SIMILAR
West Oxfordshire	130	59.1	WORSE	249	81.2	BETTER
Oxfordshire	869	67.1	WORSE	1,139	77.3	SIMILAR

Source: Public Health England, Public Health Outcomes Framework, denominator is total number of examined children in the area. Note that parental permission is required for dental examination and may affect the results.

²¹ Public Health England, definition of indicator "Proportion of five year old children free from dental decay"

6.9 Teenage conceptions

The latest Office for National Statistics data shows a continued decline in the number of conceptions to women aged under 18 regionally and nationally.

In Oxfordshire there was a slight increase in the number and rate although much lower than it had been in previous years and remaining below the national average. In 2014 there was a total of 190 conceptions to women aged under 18 in Oxfordshire, just above the number in 2013.

Table 10 Number and rate (per 1,000) of conceptions to women aged under 18

	2013		2014		change
	Number	Rate	Number	Rate	
Cherwell	47	18	55	20.6	↑
Oxford	45	20.5	54	23.7	↑
South Oxfordshire	33	13.8	26	10.8	↓
Vale of White Horse	27	12.9	38	18	↑
West Oxfordshire	32	17.5	17	9.2	↓
Oxfordshire	184	16.5	190	16.8	↑
South East		20.5		18.8	↓
England		24.3		22.8	↓

Source: ONS conception statistics (released March 2016)

6.10 Sexually Transmitted Infections

As of 2015, the rate of new diagnoses of Sexually Transmitted Infections (STIs) per 100,000 population (aged 15 to 64) in Oxfordshire was 772. This was significantly below the rate for England (815). The rate for Oxford city remained above average (1,290). There has been little change in rate of diagnoses since 2012.

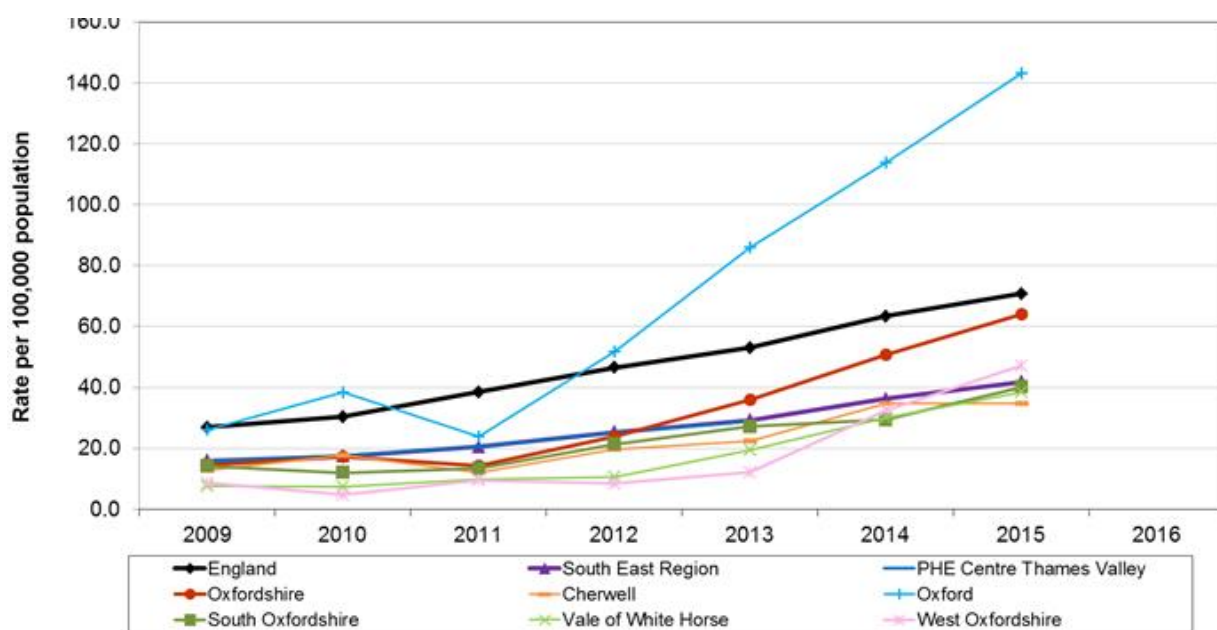
Gonorrhoea

Gonorrhoea causes avoidable sexual and reproductive ill-health. Gonorrhoea is used as a marker for rates of unsafe sexual activity. This is because the majority of cases are diagnosed in genitourinary medicine (GUM) settings, and consequently the number of cases may be a measure of access to sexually transmitted infection (STI) treatment. Infections with gonorrhoea are also more likely than chlamydia to result in symptoms²².

Gonorrhoea diagnoses have increased nationally and in Oxfordshire, which may be due in part to the introduction of the new test for gonorrhoea in August 2012. This has greatly improved sensitivity for extra-genital gonococcal infections (throat and rectum) so has increased case finding in men who have sex with men.

Since 2011, the rate of diagnosis of gonorrhoea in Oxford has increased at well above the national rate.

Figure 10 Rate of diagnoses of gonorrhoea in Genito-urinary Medicine (GUM) clinics per 100,000 population (all ages) 2009 to 2015 (calendar years)



Source: Public Health England / Health Protection Agency - Sexual and Reproductive Health Profiles

Notes: Data represent the number of diagnoses reported and not the number of people diagnosed.

Data available by patient residence - data represent STI diagnoses among people accessing services located in England who are resident in England. If patient residence is not known that data has been excluded.

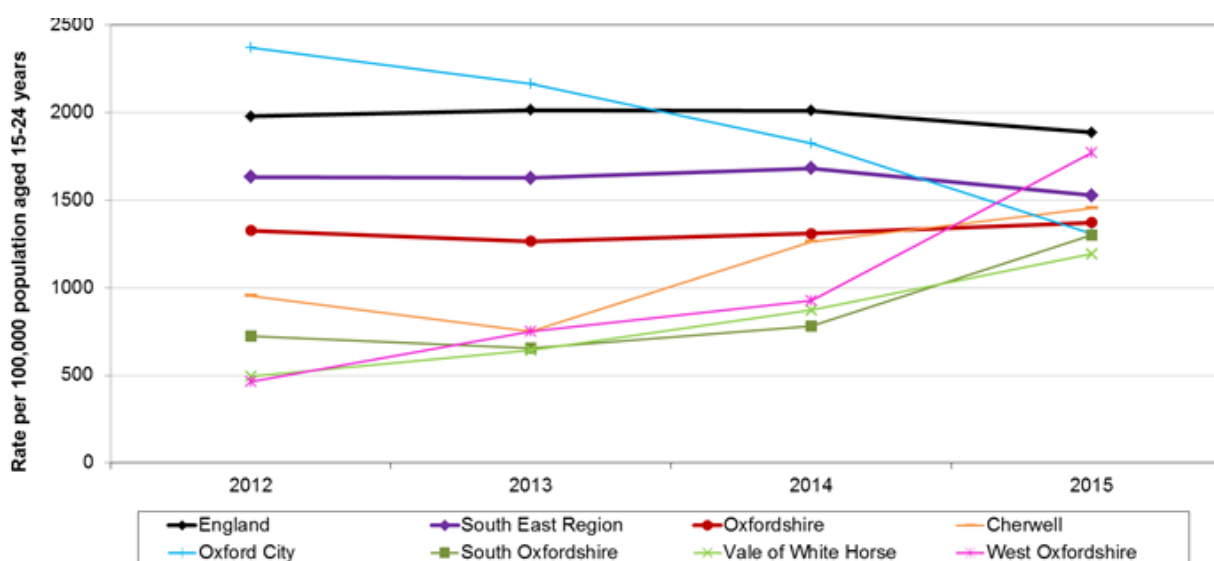
Crude rates are not adjusted for factors such as age, sex and ethnicity and have been recalculated for 2009, 2010, 2011 and 2012. Confidence intervals have been calculated locally.

²² Public Health England definition of indicator of rate of diagnosis of gonorrhoea

Chlamydia

Chlamydia was the most commonly diagnosed STI in 2015. The detection rate for Chlamydia was set by the Department of Health as a level that would encourage high volume screening in young people under 25 years old.

Figure 11 Diagnoses of chlamydia per 100,000 population (aged 15-24 years) 2012 to 2015 (calendar year)



Source: Data accessed via the National Chlamydia Screening Programme website

Notes: Data represent chlamydia tests and diagnoses among people accessing services in England, who are residents in England. Data includes all screening tests, diagnostic tests and tests on contacts. Data represents the number of tests and diagnoses reported, and not the number of people tested or diagnosed. Data presented is based on tests with confirmed positive and negative results only. Tests with equivocal, inhibitory and insufficient results have been excluded as most people with these results are re-tested. Confidence intervals are calculated locally.

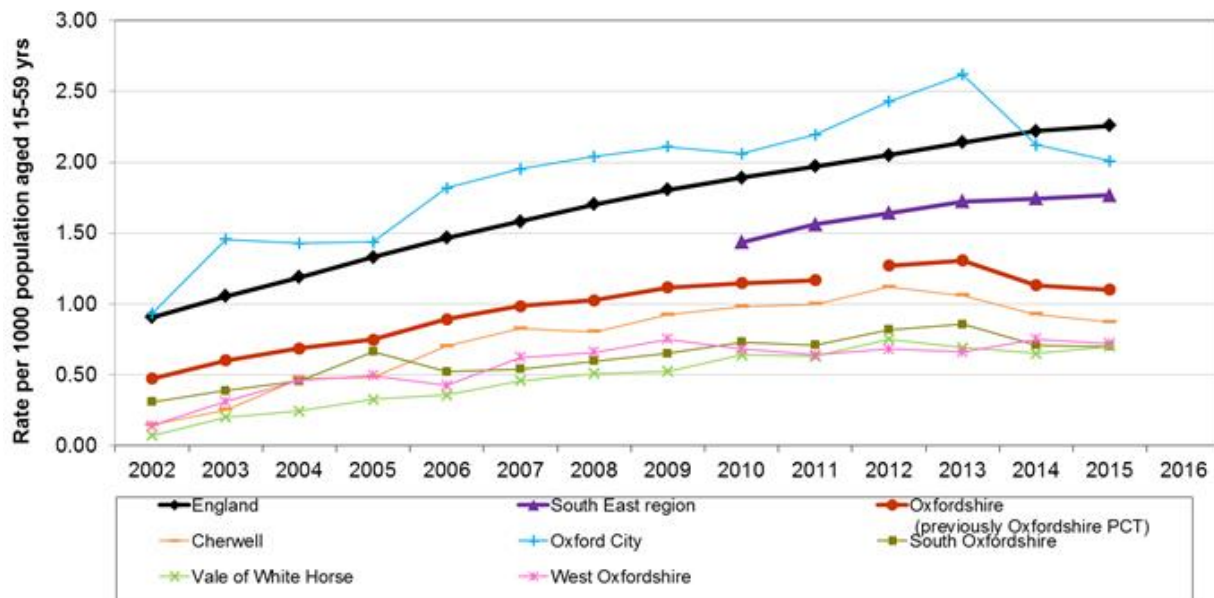
HIV

Human Immunodeficiency Virus (HIV) continues to be one of the most important communicable diseases in the UK. It attacks the immune system, and weakens the ability to fight infections and disease. It is an infection associated with serious morbidity, high costs of treatment and care, significant mortality and high number of potential years of life lost. HIV is most commonly caught by having unprotected sex. It can also be passed on by sharing infected needles and other injecting equipment, and from an HIV-positive mother to her child during pregnancy, birth and breastfeeding.

Individuals who are diagnosed with HIV at early stages in their infections respond well to antiretroviral treatment, have improved health outcomes and are less likely to transmit the virus to others. Because treatment is now provided at an earlier stage in the disease, people who are HIV positive will continue to live longer so the prevalence rate will gradually increase over time i.e. the number of people living with HIV will "accumulate". As a result of this, the prevalence of people living with a diagnosis of HIV has been increasing across all geographical areas over the past 12 years.

Overall in Oxfordshire the prevalence rate of HIV is significantly lower than the national average. However more than half of the people with HIV live in Oxford City which, until recently, has had a significantly higher prevalence rate than England.

Figure 12 Prevalence of diagnosed HIV per 1000 population (i.e. people living with a diagnosis of HIV) aged 15-59 yrs 2002 to 2015 (calendar years)



Source: Public Health England Sexual and Reproductive Health Profiles

Notes: The numerator only covers individuals who have received a HIV diagnosis and will therefore be an under-estimation of actual numbers of people living with HIV who remain undiagnosed and untreated. Crude rates are not adjusted for factors such as age, sex and ethnicity. In addition, numbers do not include people who are undiagnosed.