

6 Lifestyles

This chapter presents data on lifestyle factors that affect health and wellbeing, such as food, weight, exercise, smoking, alcohol and drugs.

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 over 20 food banks in Oxfordshire, most of which operate independently.
- An estimated 55% of people aged 16 or over in Oxfordshire are classified as overweight or obese. This is below the national average.
- The latest data from the National Child Measurement Programme shows a similar level of in obesity of younger children (aged 4-5 years) in Oxfordshire and a slight increase in obesity of children aged 10-11.
- In the 2016/17 academic year, a measure of prevalence of severe obesity was introduced. In Oxfordshire, around 110 (1.4%) reception year children were severely obese. In year 6, around 220 (3.4%) children were severely obese. Levels were highest in Oxford City where 2.7% children in reception year and 4.8% children in Year 6 were severely obese.

Breastfeeding

- Rates of breastfeeding 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.
- Oxford and Vale of White Horse were each better than the England average on the proportion of people who were inactive according to the new Active Lives survey (replacing Active People).

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.



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Data has been reviewed and is unchanged

- As an example of community volunteering: voluntary effort is currently supporting 67 community transport schemes in Oxfordshire.

Smoking

- Health survey for England data for 2016 shows a national decline in proportion of adults smoking and a decline in the proportion of children smoking.
- In 2016 an estimated 11.9% of adults in Oxfordshire were smokers (down from 15.5% in 2015), statistically lower than the England average. Smoking prevalence in all of Oxfordshire's districts was either below or similar to national and regional averages.
- Smoking prevalence in adults in routine and manual occupations was estimated at 24.5% in Oxfordshire, over double the rate of all adults and similar to the national average.
- Smoking at time of pregnancy in Oxfordshire has reduced to 7.7%, remaining below the England average.

Alcohol and drugs

- According to the 2016 Health survey for England, alcohol consumption in general has remained similar in adults and declining in children.
- Admissions for alcohol-related conditions were better than the England average in Oxfordshire overall and in rural districts. Oxford City had a similar rate to the national average.
- 6 wards in Oxfordshire had a significantly higher rate of hospital admissions linked to alcohol, all in Oxford city.
- The rate of hospital admissions for alcohol-specific conditions in females under 18 in Oxfordshire has remained statistically above the national average in the latest data. The rate for males in Oxfordshire was similar to average.
- 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.

Abuse and exploitation

- Data from Thames Valley Police shows an increase in recorded victims of abuse and exploitation in Oxfordshire. In 2017 there were:
 - Around 11,400 recorded victims of domestic abuse crimes and incidents (+2% since 2016).
 - 611 recorded victims of rape offences (up from 548 in 2016, +11%).
 - 69 recorded victims of Honour-based violence in Oxfordshire (up from 61 in 2016, +15%).
 - 106 recorded victims of modern slavery, almost three times the number in 2016 (37).
- The exception was the number of recorded victims of Child Sexual Exploitation which declined from 170 in Oxfordshire in 2016 to 106 in 2017.

Teenage conceptions



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- 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 2014 and 2015, there was a decline 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 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 over 20 food banks across Oxfordshire, most of which operate independently (with many supported by local churches):

Cherwell

- The Trussell Trust food banks at four locations in Banbury and one in Bicester
- Banbury Young Homeless Project (BYHP) food bank
- Banbury Food for Charities supplies registered charities in Banbury and the surrounding area

Oxford

- Oxford Community Emergency Foodbank, at Littlemore and Hollow Way
- Community Cupboard at Rose Hill
- Oxford Food bank supplies about 80 registered charities (not individuals directly) in Oxford, Abingdon and Didcot

South Oxfordshire

- Didcot Baptist Church food bank
- Wallingford Emergency food bank
- Thame food bank
- NOMAD Youth and Community Project food bank, Henley-on-Thames

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

² <https://feeding-britain.org/>



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- FareShare Thames Valley redistributes food to charities in the area

Vale of White Horse


- Abingdon Emergency food bank
- Faringdon Family Centre food bank
- Wantage and Grove food bank

West Oxfordshire


- Trussell Trust Witney and West Oxfordshire food bank
- North Oxfordshire community food bank (Chipping Norton, Woodstock, Kidlington)

Most food banks require referral, but self-referral is possible at some organisations and there are also charities and organisations in Oxfordshire that provide free or subsidised meals available to all.

Within Oxford, a partnership between Oxford City Council, Feeding The Gaps and Good Food Oxford has created a map and database of services³ providing free or subsidised food.

 A qualitative study on Food Poverty in Oxford⁴ 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”.

 A 2017 report⁵ by the Trussell Trust⁶ suggests that the roll out of Universal Credit has increased the use of foodbanks.

- *Foodbanks in areas of full Universal Credit rollout to single people, couples and families, have seen a 16.85% average increase in referrals for emergency food, more than double the national average of 6.64%.*
- *The effect of a six-plus week waiting period for a first Universal Credit payment can be serious, leading to foodbank referrals, debt, mental health issues, rent arrears and eviction. These effects can last even after people receive their Universal Credit payments, as bills and debts pile up.*

According to Oxfordshire’s Citizens Advice agencies: as of January 2018, *it is too early to notice any Universal Credit trends in Oxfordshire as it has only just been introduced across the county.*

³ <http://goodfoodoxford.org/good-food-for-everyone/food-access-services-map/>

⁴ Food poverty in Oxford: A qualitative study in Barton and Rose Hill (Dec 2015)
<http://goodfoodoxford.org/blog/giving-voice-to-food-poverty/>

⁵ <https://www.trusselltrust.org/wp-content/uploads/sites/2/2017/04/Early-Warnings-Universal-Credit-and-Foodbanks.pdf>

⁶ The Trussell Trust runs a network of over 425 foodbanks, who provide three days’ nutritionally balanced food and support to people in crisis in the UK.



Data has been updated in this version



Data has been reviewed and is unchanged

Excess weight in adults

As reported in the latest Health survey for England⁷ there has been a decline in the proportion of adults of a normal weight nationally.



- Between 1993 and 2016, adults with a normal body mass index (BMI) decreased from 41% to 33% among men and from 49% to 41% 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 2016-17 there were around **45,900** GP-registered patients in the Oxfordshire Clinical Commissioning Group who were recorded as being obese, up from 43,200 in 2015-16. The prevalence increased from 7.55% of patients to 7.85%, remaining below the national and regional averages.

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

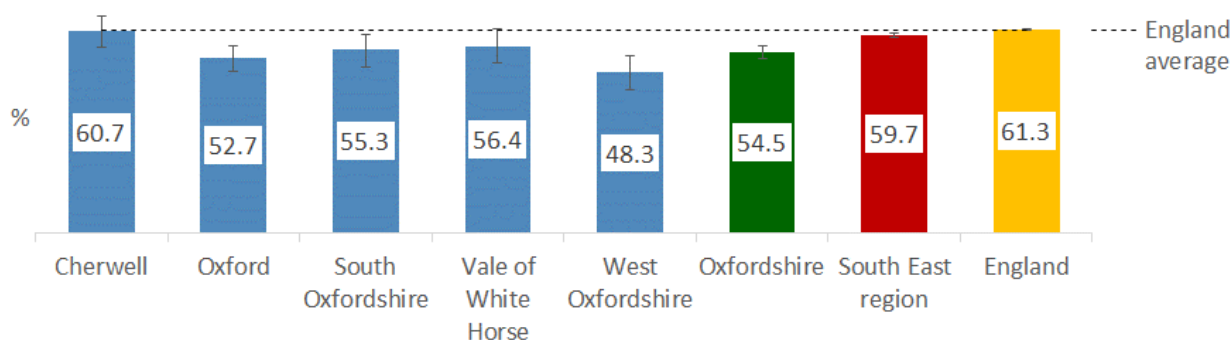
	2015-16	2016-17	2015-16 to 2016-17
NHS Oxfordshire (count)	43,231	45,905	
NHS Oxfordshire %	7.55	7.85	+0.30pp
South of England (health region) %	8.58	8.38	+0.17pp
England %	9.45	9.65	+0.20pp

Source: Quality and Outcomes Framework (QOF) 2016-17, published Oct 2017

The latest survey data for Oxfordshire on excess weight covers the year 2015/16. This estimates that 54.5% of people aged 18 or over in Oxfordshire are classified as overweight or obese, lower than the average for England (61.3%) or the South East (59.7%).

Adults in Oxford City, South Oxfordshire and West Oxfordshire were less likely to be overweight than those in England overall. This is a new survey so it cannot be compared to previous data.

Figure 1 % of people aged 18 or over classified as overweight or obese 2015-16



Source: Public Health England, Public Health Outcomes Framework from Active Lives survey 2015-16

⁷ <https://digital.nhs.uk/catalogue/PUB30169>




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Data has been reviewed and is unchanged

Excess weight in children

 Data in this section is from the National Child Measurement Programme. The latest data are for 2016-17.

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. Prevalence of 'severe obesity' has been added for the year 2016-17.

Some schools/pupils choose to opt out of the programme. In 2016-17 the participation rate in reception year for England was 95.8%. For Oxfordshire, the participation rate was 96.7% which is higher than in previous years (e.g. in 2010-11 it was 92.9%). In Year 6 the participation rate was 94.2% in England and 94.2% 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 2016-17, around 1,460 (20%) reception children, aged 4 or 5, in Oxfordshire were overweight or obese. In year 6, aged 10 or 11, there were around 1,910 children overweight or obese and the proportion was higher at 30%.

Between 2015-16 and 2016-17, the prevalence of obesity in Oxfordshire did not change in reception year and increased in year 6.

- In reception obesity remained at 7%, and in year 6 increased from 16% to 16.9%.
- The change in obesity in Oxfordshire's districts varied, with some increasing and some reducing:
 - In Cherwell, obesity in reception aged children decreased from 7.3% to 6.9% and Year 6 increased from 17.4% to 18.8%;
 - In Oxford, obesity in reception decreased slightly from 8.8% to 8.6% and Year 6 increased from 20.2% to 21.3%;
 - For South Oxfordshire, there has been a decrease in reception aged children from 6.6% to 6.1% and an increase in Year 6 children from 11.8% to 12.9%;
 - In Vale of White Horse there has been an increase in reception and Year 6 children (reception rose from 5.1% to 6.9% and Year 6 from 14.5% to 16%);
 - For West Oxfordshire, reception year remained at 6.7% and Year 6 prevalence decreased from 15.6% to 14.7%.

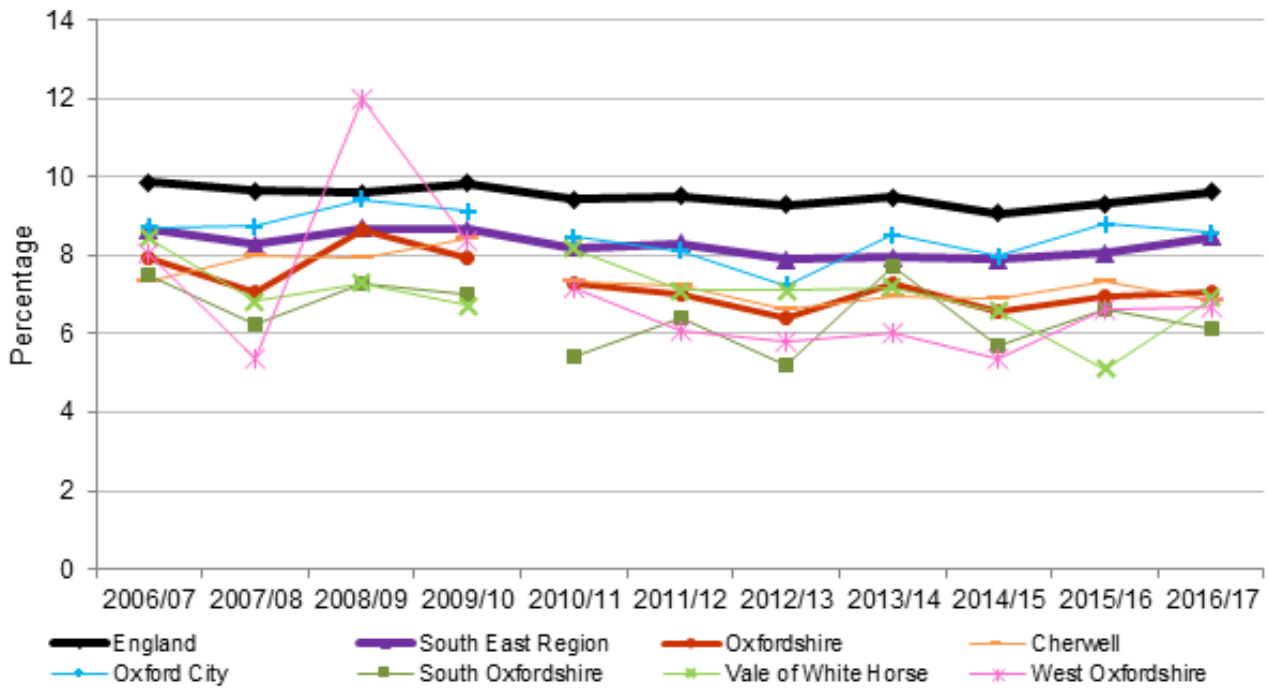


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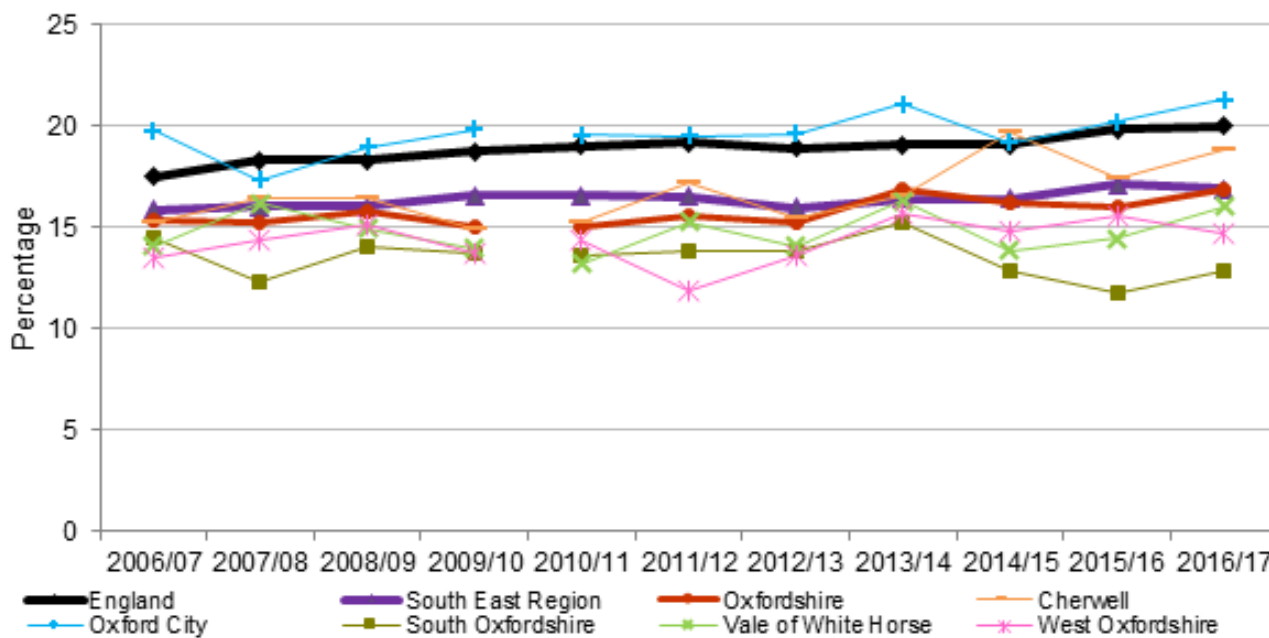
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Figure 2 Percentage of children in Reception Year (aged 4-5 years) who are obese - 2006-07 to 2016-17 (academic years)





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 2016-17 (academic years)



Source: National Child Measurement Programme (via NHS Digital)

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 Data has been reviewed and is unchanged

In the 2016/17 academic year, a measure of prevalence of **severe obesity** was introduced. In Oxfordshire, around 110 (1.4%) reception year children were severely obese. In year 6, around 220 (3.4%) children were severely obese. Levels were highest in Oxford City where 2.7% children in reception year and 4.8% children in Year 6 were severely obese.

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



In 2015, there was a rate of 6.2% live and still births with birth weights under 2500 grams in Oxfordshire compared with 7.4% nationally⁸.

Between 1998 and 2015, 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 2015-16⁹ **82.5%** of mothers in Oxfordshire initiated breastfeeding. This rate is similar to the previous year and is significantly higher than the England average (74%) and that for the South East (77.3%).



Data for 2016-17⁶ shows that, at 6-8 weeks after birth, **62%** of mothers in Oxfordshire were breastfeeding, this was well above the national average of 44%.

⁸ Public Health England, Breastfeeding and Early Years profiles, data for Oxfordshire in 2016-17 not available as of Feb 2018

⁹ Public Health England, Public Health Outcomes indicators



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Data has been reviewed and is unchanged

6.3 Physical activity

According to Public Health England, low physical activity is one of the top 10 causes of disease and disability in England¹⁰.

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.

The Health Survey for England collects data on children's physical activity, but not every year. This section is based on data collected in 2015 and earlier years.

Excluding school-based activities, 22% of children aged 5 to 15 in the Health Survey for England 2015 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-2016-findings-and-trend-tables>

¹⁰ <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>



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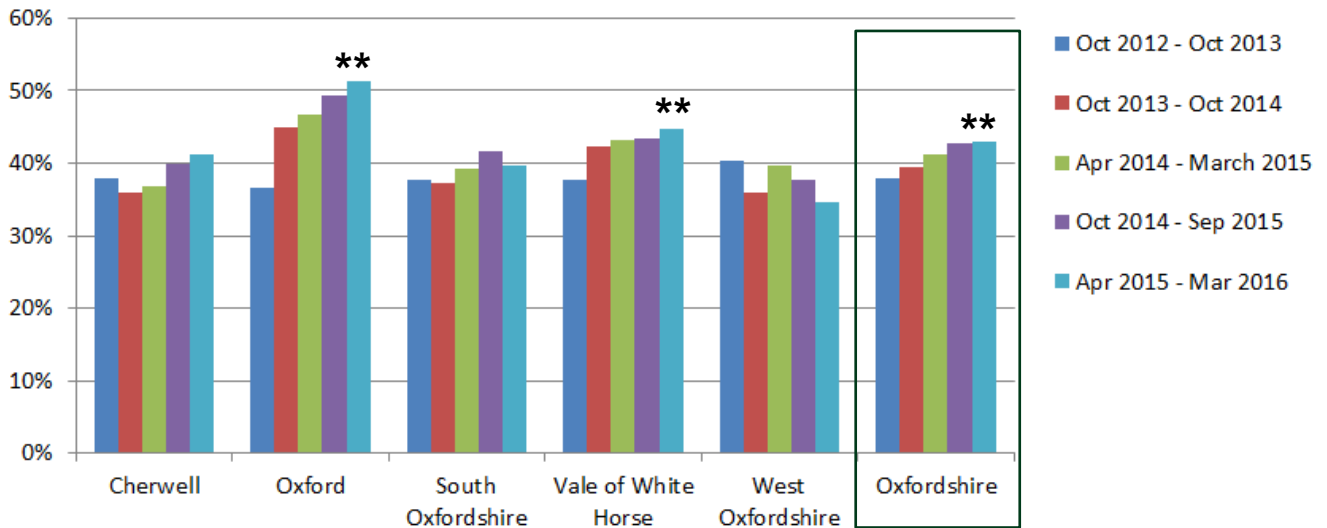


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Local data on physical activity of adults is from the Active People survey now redesigned and renamed the Active Lives survey¹¹. The new Active Lives findings are not comparable to the previous results.

As reported by the (old) 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 (old method) - 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

¹¹ <https://www.sportengland.org/research/active-lives-survey/>



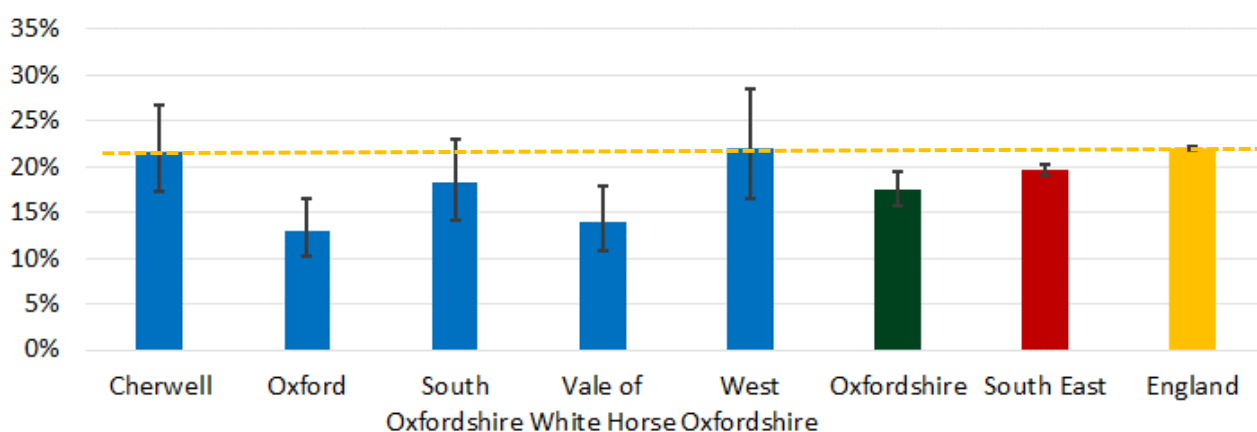
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Data has been reviewed and is unchanged

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

 **Figure 5 Proportion of people aged 16+ INACTIVE (less than 30 minutes per week, including walking and gardening) November 15-16**



Source: Sport England Active Lives Survey;

Depending on the number of minutes of moderate intensity equivalent (MIE) physical activity, people are described as:

- Inactive – Doing less than 30 minutes a week
- Fairly active - Doing 30-149 minutes a week
- Active – Doing at least 150 minutes a week

Moderate activity is defined as activity where you raise your heart rate and feel a little out of breath.

About the Active Lives survey

The Active Lives survey is a “push to web” survey.

It involves four postal mailouts designed to encourage participants to complete the survey online. There is also the option to take part via telephone for those whose first language is not English, and for those who may find online or paper completion difficult, for example those who are visually impaired.

The overall sample size will be around 198,250 people each year. The minimum annual sample size for each English local authority (excluding the City of London and Isles of Scilly) will be 500. Active Lives results are published every six months.

The latest findings - for the year to mid-May 2017 - were published in October 2017. Full year results covering the period mid-November 2016 to mid-November 2017 will be released March 2018.

<https://www.sportengland.org/research/active-lives-survey/method-behind-active-lives/>



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Data has been reviewed and is unchanged

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.”¹²


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 volunteers¹³ 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 survey¹⁴ is the main source of data on the extent of volunteering in England with a sample size of around 3,000. In 2016-17 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.

- *Levels of volunteering have decreased between 2013-14 and 2016-17, with the proportion of adults who had engaged in any volunteering in the last 12 months falling from 70% to 63% and the proportion who had engaged once a month falling from 44% to 39% in this period. However, the proportion of adults who had engaged in formal volunteering, both annually and monthly, levelled off in 2016-17.*

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

Volunteering in Oxford

 A November 2016 survey of voluntary groups in Oxford¹⁵ 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.

¹² <https://www.ncvo.org.uk/policy-and-research/volunteering-policy>

¹³ Age UK Older People as Volunteers Evidence review

¹⁴ <https://www.gov.uk/government/collections/community-life-survey>

¹⁵ Oxford City Council Volunteering Research Project November 2016 carried out with support from OCVA, Community Action Groups and the Oxford Hub




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Data has been reviewed and is unchanged

Volunteering in South Oxfordshire and Vale of White Horse

South Oxfordshire and Vale of White Horse District Councils carry out residents' surveys every 2 years which include questions on volunteering¹⁶.

 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; note this survey is carried out once every two years so this is still the most recent data

¹⁶ 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



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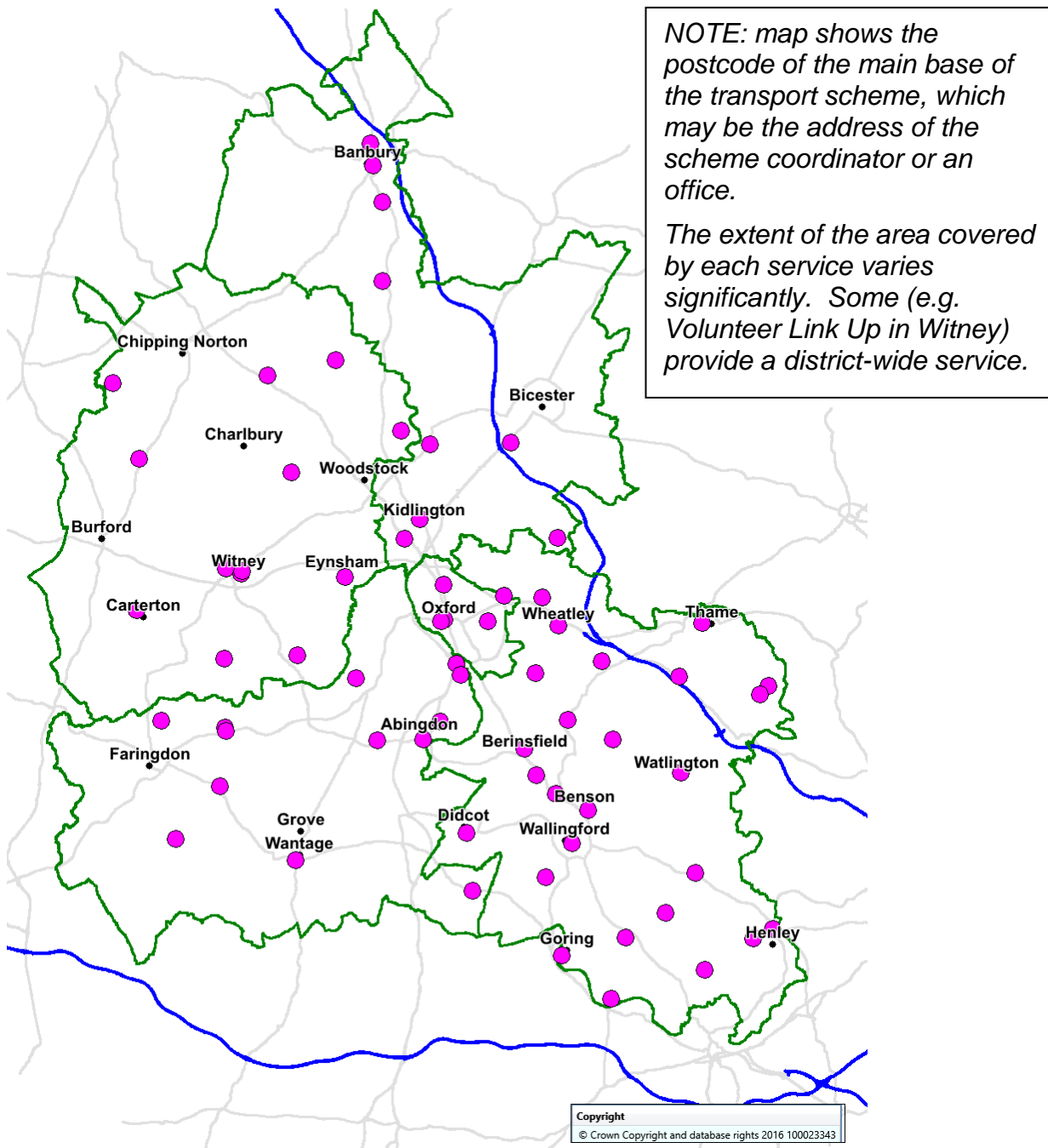
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Community Volunteering

Volunteers are actively providing a range of community services in Oxfordshire including community transport schemes. According to Community First Oxfordshire, as of January 2018, there were 67 community transport schemes active in Oxfordshire.



Figure 6 Location of Community Transport schemes in Oxfordshire (January 2018)



Source: Community First Oxfordshire January 2018; mapping by Oxfordshire County Council



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Data has been reviewed and is unchanged

6.5 Smoking

Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is estimated that 17% all deaths in 2014 were attributable to smoking¹⁷.

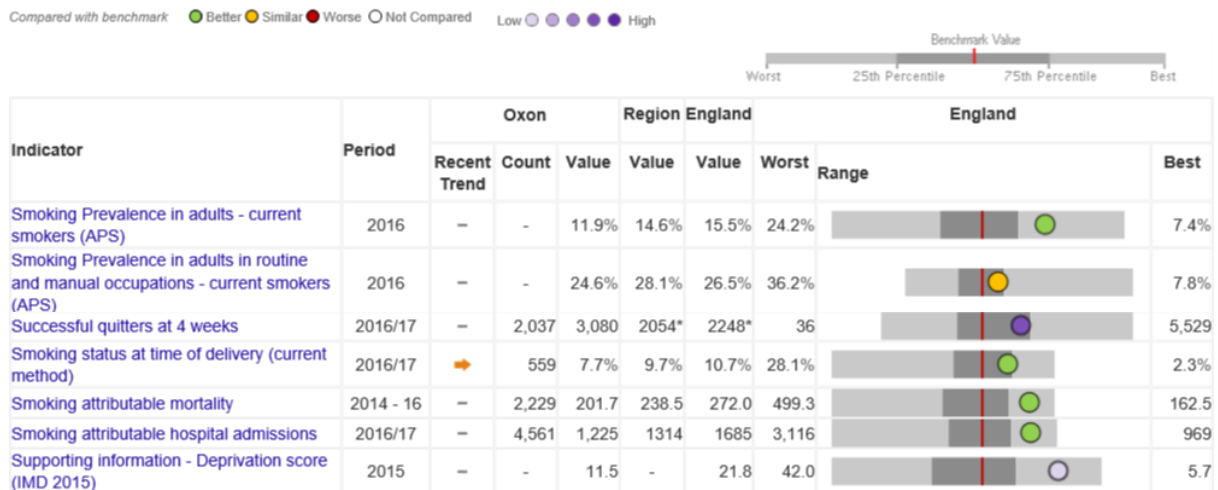
+ Health survey for England data for 2016 shows a national decline in proportion of adults smoking.

- Since 1993 there has been a steady decline in the proportion of men and women who were current smokers, from 28% to 20% in 2016 among men, and from 26% to 16% among women.

+ In 2016 an estimated **11.9%** of adults in Oxfordshire were smokers (down from 15.5% in 2015), statistically lower than the England average. Smoking prevalence in all of Oxfordshire’s districts was either below or similar to national and regional averages.

Smoking prevalence in adults in routine and manual occupations was estimated at 24.5% in Oxfordshire, over double the rate of all adults and similar to the national average.

+ Figure 7 Local tobacco profile for Oxfordshire



Source: Public Health England [Local Tobacco Profiles](#)

= The Health survey for England 2015 reported on use of e-cigarettes which may help smokers quit or reduce tobacco consumption. This was not included in the latest Health survey 2016.

- 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.


¹⁷ Source: NHS Digital, Statistics on Smoking, England – 2016

+ Data has been updated in this version

= Data has been reviewed and is unchanged

- 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 2016 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 6% of boys and 3% of girls in 2016.

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 (2016-17) shows that smoking at time of delivery in Oxfordshire was 7.7%, remaining at a similar level since 2010-11. This continues to be lower than England (10.7%) but indicates there are nearly 560 women smoking during pregnancy.

6.6 Alcohol and drugs

 According to the December 2016 *Public health burden of alcohol: evidence review*¹⁸ 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 2016 Health survey for England, alcohol consumption in general has been declining in children.

- There has been no statistically significant change in weekly alcohol consumption since 2011. In 2016, average consumption was 16.0 units per week for men and 9.1 units for women.
- 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 15% in 2016.

¹⁸ <https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>



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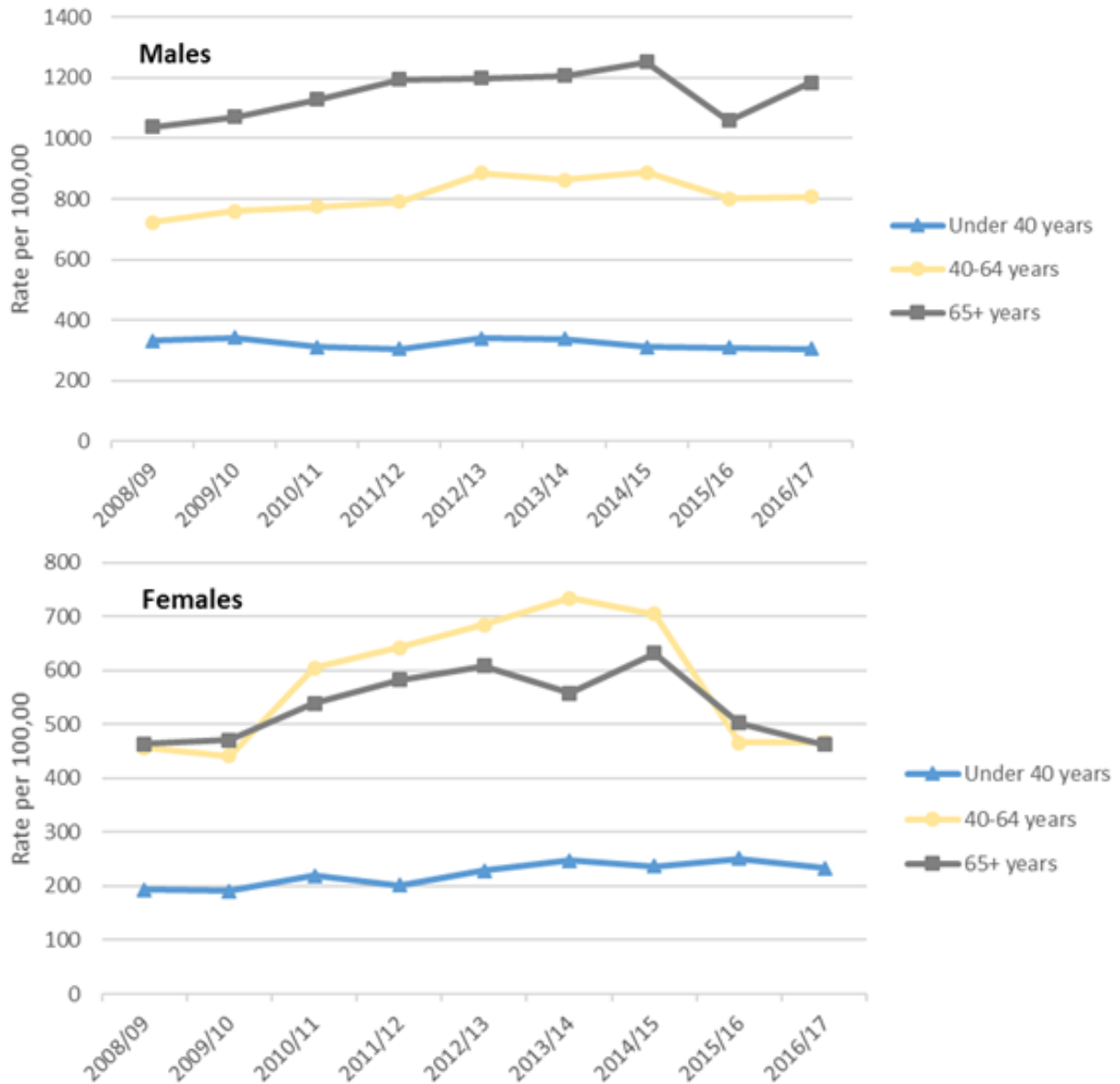
Alcohol and health in Oxfordshire



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 2016/17 there was no statistically significant change in the rate of admissions for alcohol-related conditions in Oxfordshire.

Figure 8 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.



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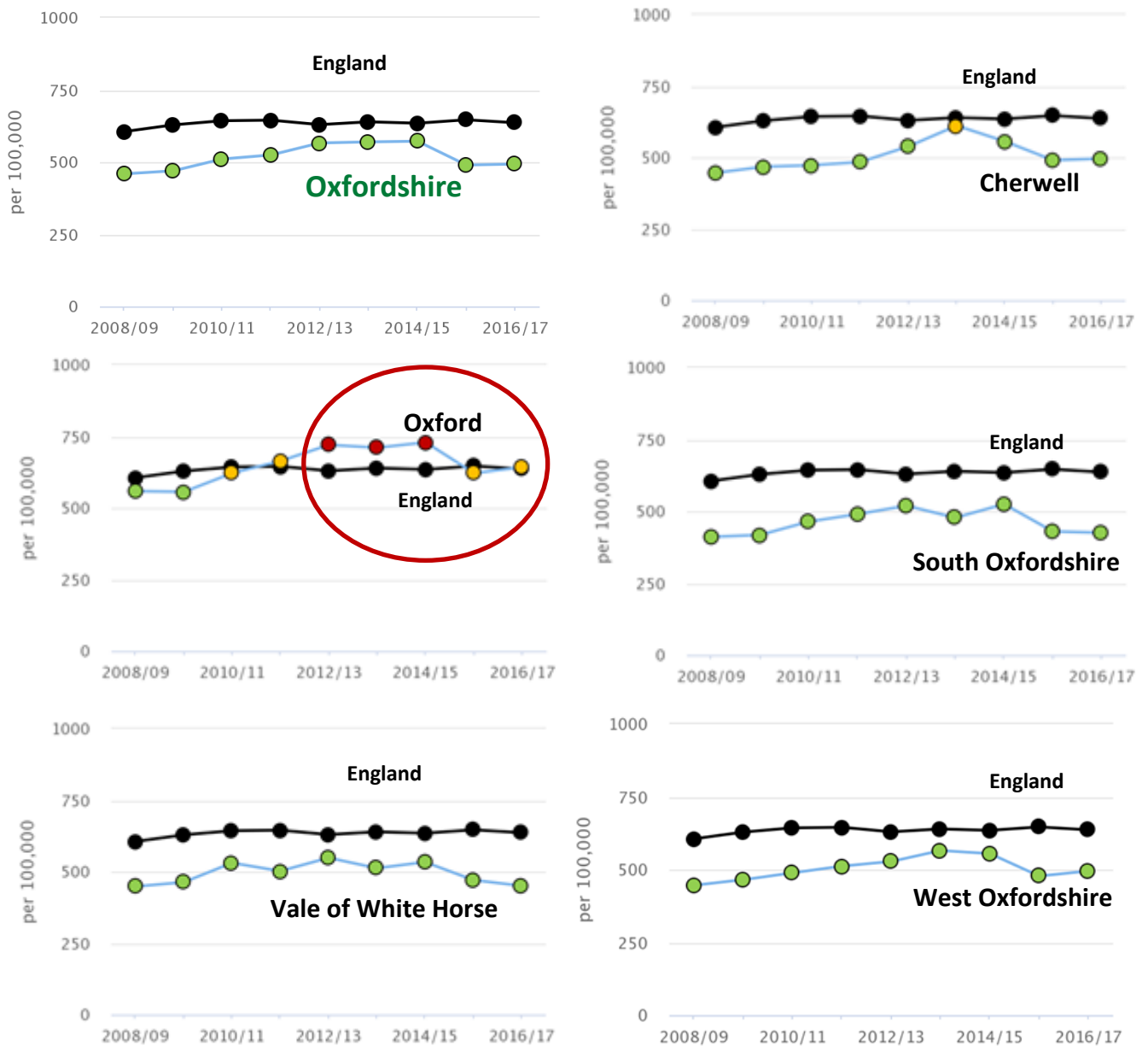


Data has been reviewed and is unchanged

Admissions for alcohol-related conditions were better than average in Oxfordshire compared with England.

In 2016/17, Oxford had a similar rate of admissions to England; all other districts were better than average.

Figure 9 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



Data has been updated in this version



Data has been reviewed and is unchanged

➔ At a ward level, data for 2011-12 to 2015-16 shows 6 wards in Oxfordshire with a significantly higher rate of hospital admissions for alcohol attributable conditions, all in Oxford city.

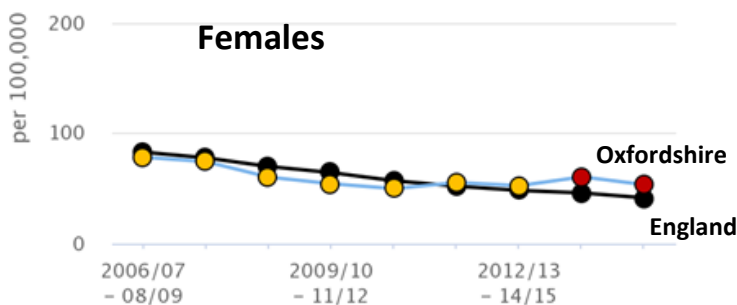
See JSNA 2018 ANNEX Health Inequalities Basket of Indicators for differences in admissions for alcohol attributable conditions across Oxfordshire

Alcohol admissions in under 18s

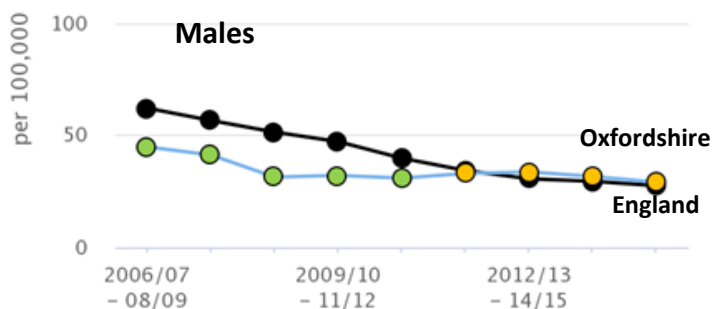
The number of under 18s in Oxfordshire admitted to hospital for alcohol-specific conditions in the three-year period 2014/15 to 2016/17 was **174**.

The rate of hospital admissions for alcohol-specific conditions in females under 18 in Oxfordshire increased in 2013/14-2015/16 to statistically above the national average, and has remained above average in the latest data (2014/15-2016/17). The rate for males in Oxfordshire was similar to average.

➔ **Figure 10 Hospital admissions for alcohol-specific conditions, under 18s, crude rate per 100,000 population, Oxfordshire**



Females count (2014/15-2016/17) = 111



Males count (2014/15-2016/17) = 63

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

➔ Data has been updated in this version

⊖ Data has been reviewed and is unchanged

Alcohol-related deaths



Nationally the rate of alcohol-related deaths (deaths caused by diseases known to be related to alcohol consumption, such as cirrhosis of the liver) per 100,000 population (age standardised) for males and females has declined since the peak in 2008¹⁹.

In recent years, for people in the UK, rates of alcohol-related deaths have remained at a similar level, with no statistical differences in the all person rate since 2012.

In 2016 there was a total of 224 alcohol-related deaths in Oxfordshire²⁰, the largest number was in Cherwell (55) followed by Oxford (51), South Oxfordshire (47), Vale of White Horse (39) and West Oxfordshire (32).

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

Drugs and health in Oxfordshire

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



Police recorded crime data from Thames Valley Police²¹ shows between 2015-16 and 2016-17 (Dec to Nov) there was a decline in the number of “possession of drugs” crimes in each reporting area of Oxfordshire (Cherwell & West, Oxford, South & Vale).

The rate of possession of drugs crimes per 1,000 population (Dec16 to Nov17) was below the Thames Valley (1.52) average in Cherwell & West (1.29) and in South & Vale (0.88) and above average in Oxford (2.28).

Drugs-related deaths



Combined data from 2014-16 gives a total of 53 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 below the national average in Oxfordshire, South Oxfordshire and Vale of White Horse.

¹⁹

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2015>

²⁰Public Health England Local Alcohol Profiles

²¹ Source: [Performance Figures 2016-17](#), Thames Valley Police

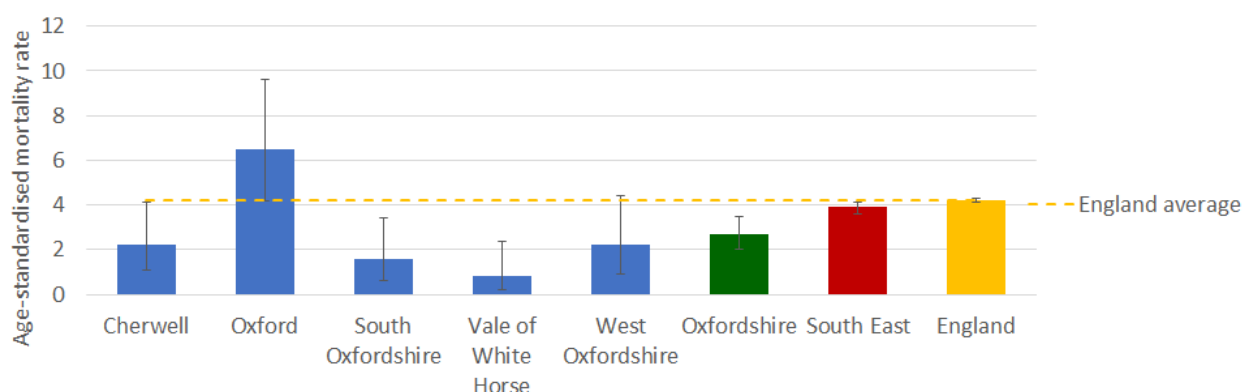


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Figure 11 Age-standardised mortality rate for deaths related to drug misuse, persons (2014-16)



Source: ONS, [Drug misuse deaths by Local Authority](#) released August 2017

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

6.7 Abuse and exploitation

Domestic Violence and abuse

The cross-government definition²² 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 2017, Thames Valley Police recorded a total of:

- 3,352 domestic abuse crimes (+6% compared with 2016)

²² <https://www.gov.uk/guidance/domestic-violence-and-abuse>



Data has been updated in this version



Data has been reviewed and is unchanged

- 8,566 domestic abuse incidents (at a similar level to 2016)
- 11,446 victims of domestic abuse crimes and incidents (+2% compared with 2016)

District-level data shows the greatest number of recorded victims of domestic abuse was in Oxford and the greatest increase in recorded victims between 2016 and 2017 was in South Oxfordshire (+11%) and West Oxfordshire (+10%).

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

	2014	2015	2016	2017	2016 to 2017	% change
Cherwell	2,455	2,860	2,878	2,999	121	4%
Oxford	2,965	3,166	3,278	3,174	-104	-3%
South Oxfordshire	1,694	1,760	1,742	1,934	192	11%
Vale of White Horse	1,588	1,696	1,880	1,777	-103	-5%
West Oxfordshire	1,333	1,385	1,416	1,562	146	10%
Oxfordshire TOTAL	10,035	10,867	11,194	11,446	252	2%

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018)

The oldest victim in 2017 in Oxfordshire was aged 101.

Between 2016 and 2017:

- The number of younger victims of domestic abuse in Oxfordshire (aged under 25) increased slightly.
- The 18-24 age group saw the biggest increase in numbers (+130).
- The greatest percentage increase by broad age was in the older age group 50-64 (+8%).



Data has been updated in this version



Data has been reviewed and is unchanged

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

	2014	2015	2016	2017	2016 to 2017	% change
0-15	128	141	114	95	-19	-17%
16-17	281	359	377	297	-80	-21%
18-24	2,023	2,116	2,087	2,217	130	6%
25-49	5,918	6,421	6,697	6,825	128	2%
50-64	1,224	1,339	1,417	1,534	117	8%
65-79	300	328	364	358	-6	-2%
80+	68	92	110	90	-20	-18%
Total (excluding age not recorded)	9,942	10,797	11,166	11,416	250	2%

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018)



Domestic abuse victims by gender

- Overall in Oxfordshire in 2017, of the victims with a recorded gender (the majority): 77% of victims were female and 23% were male, similar to previous years.
- The gender split was similar in all districts with a slightly higher proportion of female victims in Oxford (78%) and Vale of White Horse (78%) and a slightly lower proportion of female victims in West Oxfordshire (73%)



Domestic abuse victims by ethnicity:

- Overall in Oxfordshire in 2017, of the victims with a recorded ethnicity: 91% of victims were White ethnic background and 9% were non-White.
 - Asian 4%; Mixed 2%; Black 2%.
- In Oxford, as expected from the more ethnically diverse population, 80% of victims were White and 20% were non-White.
 - Asian 10%; Mixed 3%; Black 5%.
- Note that caution is needed in interpreting this data as there is a relatively high rate of victims without an ethnic group recorded (26% of the total).

Rape



Between 2016 and 2017, Thames Valley Police recorded an increase in the total number of recorded victims of rape offences in Oxfordshire from 548 in 2016 to 611 in 2017 (+11%).


The greatest number of recorded rape victims was in Oxford (36% of the total for Oxfordshire) and the greatest increase in victims between 2016 and 2017 was in South Oxfordshire (+11%, 28 additional victims).



Data has been updated in this version



Data has been reviewed and is unchanged


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

	2014	2015	2016	2017	2016 to 2017	% change
Cherwell	82	112	128	136	8	6%
Oxford	147	231	228	222	-6	-3%
South Oxfordshire	40	70	70	98	28	40%
Vale of White Horse	50	64	69	82	13	19%
West Oxfordshire	49	47	53	73	20	38%
Oxfordshire TOTAL	368	524	548	611	63	11%

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018); 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



Data has been updated in this version





Data has been reviewed and is unchanged

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 NHS Digital FGM annual report for 2016-17²³ shows that:
- in the South of England Commissioning region, there were 580 newly recorded cases of FGM reported, and 1,415 attendances where FGM was identified or a procedure for FGM was undertaken.
 - For NHS Oxfordshire CCG, there were 10 newly recorded cases of FGM and 15 attendances (rounding applied).

 In Oxfordshire in 2017, Thames Valley Police recorded a total of 5 victims of Female Genital Mutilation (crime and non-crime)²⁴.

Forced Marriage

 The number of cases of possible forced marriage being supported by the UK Forced Marriage Unit had been declining until the most recent year of data (2016).

- In 2016 the UK Forced Marriage Unit gave advice or support related to a possible forced marriage in 1,428 cases nationwide²⁵. This was up from 1,220 in 2015 (+17%). 10% of the cases were in the South East, compared with 11% in 2012.

 In Oxfordshire: for the four-year period Jan 2014 to Dec 2017, Thames Valley Police recorded no (zero) victims of Forced Marriage²⁶.

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

²³ NHS Digital: [Female Genital Mutilation \(FGM\) Annual Report](#) 2016/17 July 2017

²⁴ Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018)

²⁵ Forced marriage Unit Statistics: <https://www.gov.uk/government/statistics/forced-marriage-unit-statistics-2016>

²⁶ Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018) 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.




Data has been updated in this version




Data has been reviewed and is unchanged

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 69 in 2017.

The majority of victims in the 4-year period 2014-2017 were residents of Oxford city (61%). 23% were resident in Cherwell and 8% in Vale of White Horse.

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

	2014	2015	2016	2017	2014-17	% of total
Cherwell	10	5	15	10	40	23%
Oxford	5	16	36	47	104	61%
South Oxfordshire	0	2	1	5	8	5%
Vale of White Horse	2	0	8	3	13	8%
West Oxfordshire	1	1	0	4	6	4%
Oxfordshire TOTAL	18	24	60	69	171	100%


Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018); 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 – Crime Related Occurrence.

Child Sexual Exploitation

In February 2017, the government published *Child sexual exploitation: definition and guide for practitioners*²⁷ setting out a definition of child sexual exploitation, potential vulnerabilities and indicators of abuse and appropriate action to take in response.

The definition of Child Sexual Exploitation from this guidance is:

Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.

 In 2017, Thames Valley Police recorded a total of 106 victims of Child Sexual Exploitation in Oxfordshire, almost 40% below that in 2016 (170) with the greatest reduction in Oxford (21 in 2017 compared with 94 in 2016).

²⁷ <https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>



Data has been updated in this version



Data has been reviewed and is unchanged

Over 40% (44%) of victims recorded in the four years between 2014 and 2017 were in Oxford city and a further 26% were in Cherwell.

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

	2014	2015	2016	2017	Total 2014-17	% of total
Cherwell	38	29	41	36	144	26%
Oxford	36	92	94	21	243	44%
South Oxfordshire	8	15	16	24	63	11%
Vale of White Horse	26	16	10	16	68	12%
West Oxfordshire	6	11	9	9	35	6%
Oxfordshire TOTAL	114	163	170	106	553	100%

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018); 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 – Crime Related 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 106 victims of Modern Slavery in Oxfordshire in 2017, almost 3 times the number recorded in 2016 (37).

 **Table 8 Number of Victims of Modern Slavery and Trafficking Offences in Oxfordshire, calendar year**

	2016	2017	Total 2016-2017	% of total
Cherwell	12	30	42	29%
Oxford	20	50	70	49%
South Oxfordshire	1	6	7	5%
Vale of White Horse	2	15	17	12%
West Oxfordshire	2	5	7	5%
Oxfordshire TOTAL	37	106	143	100%

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018). 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)




Data has been updated in this version



Data has been reviewed and is unchanged

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.²⁸


 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.

6.9 Teenage conceptions

 In 2015 there was a total of 148 conceptions to women aged under 18 in Oxfordshire, below the number in 2014 (190).

Between 2014 and 2015 there was a decline in the number and rate of teenage conceptions in Oxfordshire, and a decline regionally and nationally.

²⁸ Public Health England, definition of indicator “Proportion of five-year-old children free from dental decay”



Data has been updated in this version



Data has been reviewed and is unchanged

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

	2014		2015		change
	Number	Rate	Number	Rate	
Cherwell	55	20.6	37	13.9	↓
Oxford	54	23.7	38	17.2	↓
South Oxfordshire	26	10.8	29	12.2	↑
Vale of White Horse	38	18	20	9.4	↓
West Oxfordshire	17	9.2	24	13.0	↑
Oxfordshire	190	16.8	148	13.2	↓
South East		18.8		17.1	↓
England		22.8		20.8	↓

Source: ONS conception statistics (released March 2017)

6.10 Sexually Transmitted Infections

As of 2016, the rate of new diagnoses of Sexually Transmitted Infections (STIs) per 100,000 population (aged 15 to 64) in Oxfordshire was 742. This was significantly below the rate for England (795). The rate for Oxford city remained above average (1,280). 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 symptoms²⁹.

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 above the national rate.

Note that the increased number of diagnoses in 2015 was due to the testing method used at the time. Following an audit of cases and a further period of external validation of tests it was found that there was a number of false positive cases.

A new method of secondary testing of samples is in place since 2015 which has created a more robust testing procedure and seen a reduction in positive cases.

²⁹ Public Health England definition of indicator of rate of diagnosis of gonorrhoea

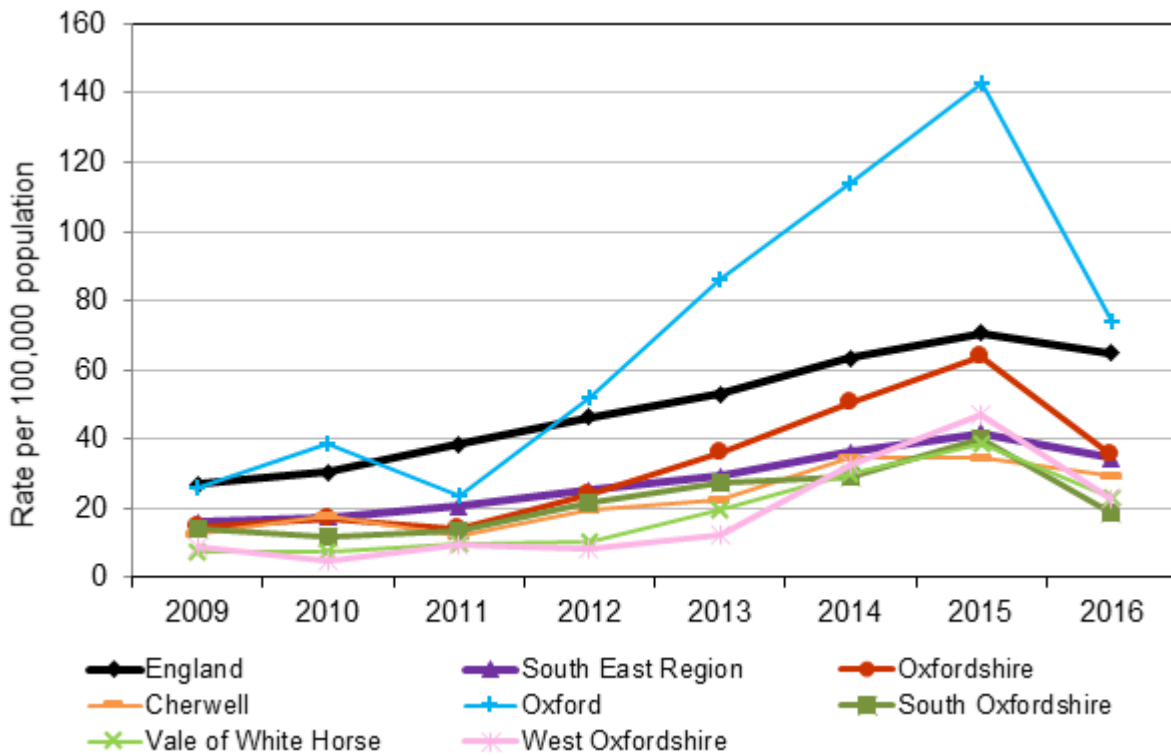


Data has been updated in this version



Data has been reviewed and is unchanged

Figure 12 Rate of diagnoses of gonorrhoea in Genito-urinary Medicine (GUM) clinics per 100,000 population (all ages) 2009 to 2016 (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.

Chlamydia

Chlamydia was the most commonly diagnosed STI in 2016. 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.

Over the past five years there has been little change nationally, regionally or locally. Within the districts in Oxfordshire, there is more fluctuation and, except for Oxford City, the rate has increased but is now levelling off. Oxford City rates have dropped significantly but have recently levelled off.

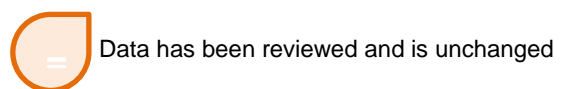
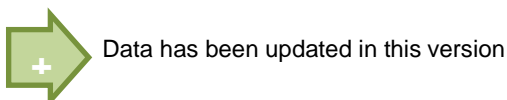
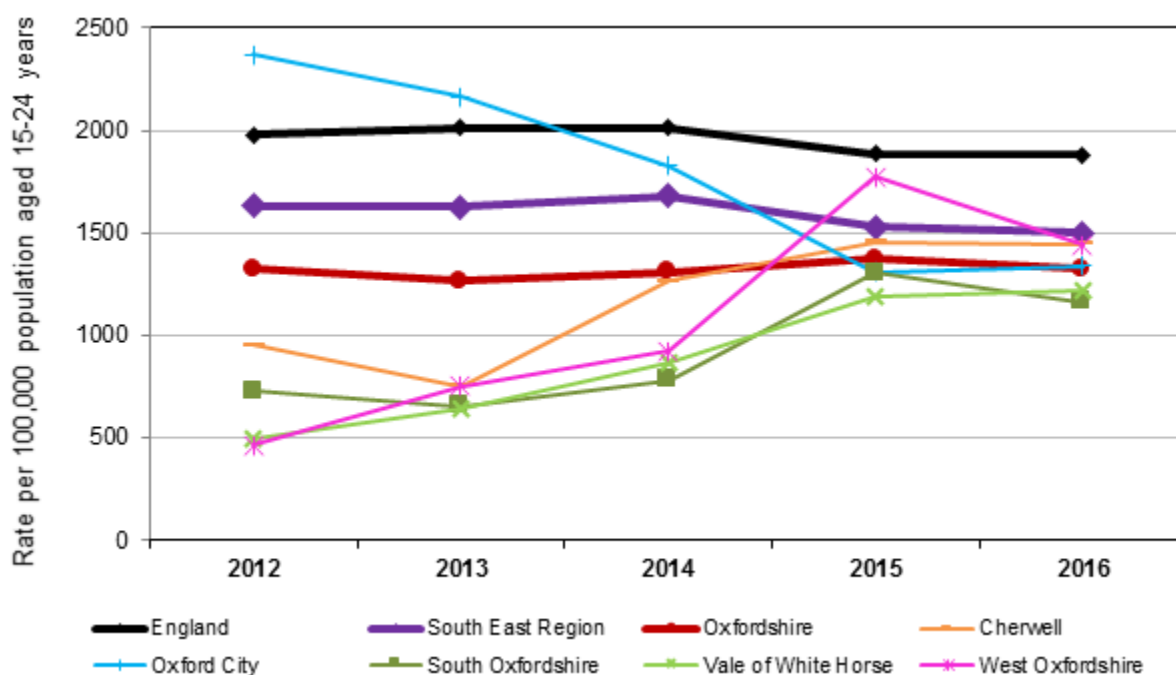


Figure 13 Diagnoses of chlamydia per 100,000 population (aged 15-24 years) 2012 to 2016 (calendar year)



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.



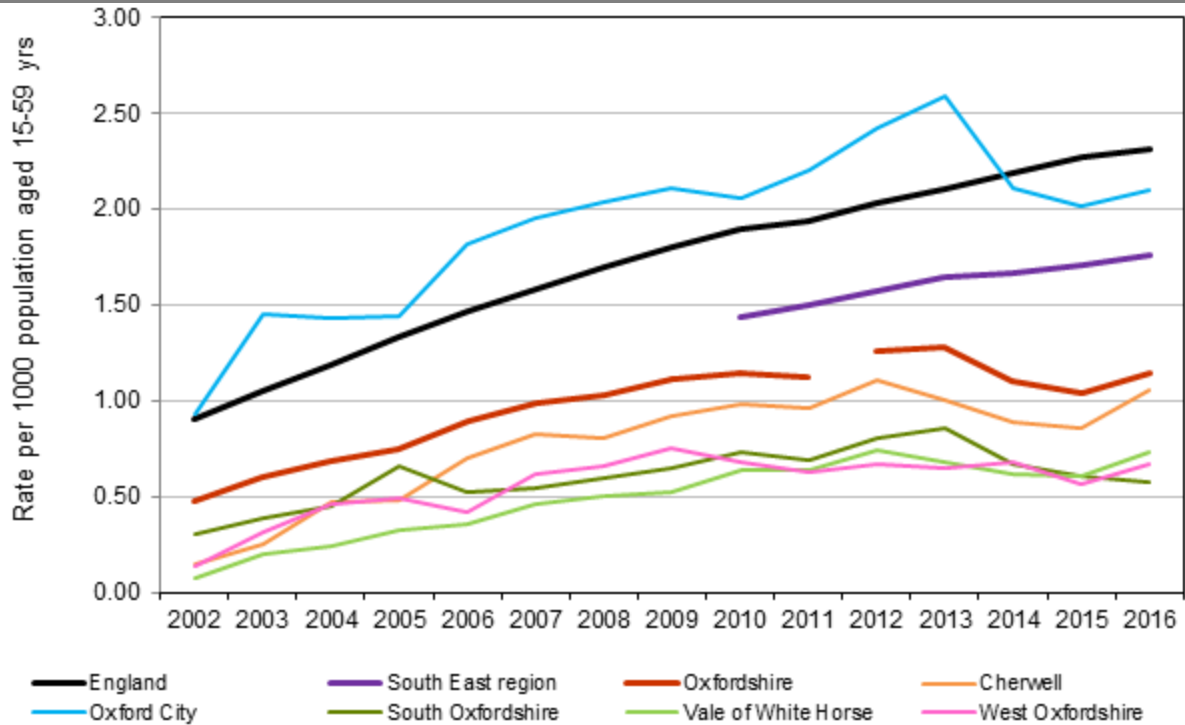
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Data has been reviewed and is unchanged

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 14 Prevalence of diagnosed HIV per 1000 population (i.e. people living with a diagnosis of HIV) aged 15-59 yrs 2002 to 2016 (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.



Data has been updated in this version



Data has been reviewed and is unchanged