Oxfordshire
Joint Strategic Needs Assessment
2018 Stakeholder Conference

18th June 2018

Town Hall, Oxford

Welcome!

WELCOME AND INTRODUCTIONS

Jackie Wilderspin, Public Health Specialist, Oxfordshire County Council

Welcome

Aims of the afternoon

- To share the latest Joint Strategic Needs Assessment intelligence on health & well-being and inequalities in Oxfordshire.
- To discuss ways of improving the content of the JSNA going forwards.
- Networking!

What is a Joint Strategic Needs Assessment?

- Joint
- Strategic
- Needs
- Assessment

- What ISN'T it?

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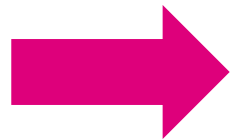
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Home

Guidance
JSNAs and JHWS statutory guidance

Statutory guidance published on Joint Strategic Needs
Assessments and Joint Health and Wellbeing Strategies.

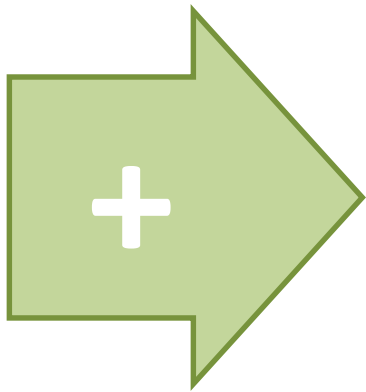Published 26 March 2013
From: **Department of Health and Social Care**

➡️ To improve the health and wellbeing of the
local community and reduce inequalities for all
ages

Have you seen the JSNA report for 2018?

208

7

1

+

59

49331

=
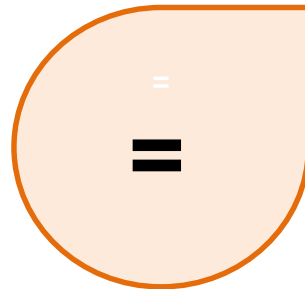
Steered by partnership group

- *Steering group includes :*
  - Oxfordshire County Council (Public Health, Policy, Research & Intelligence)
  - Healthwatch Oxfordshire
  - District Councils
  - Oxfordshire Clinical Commissioning Group
- Signed off by Oxfordshire County Council and Oxfordshire Clinical Commissioning Group
- Discussed at Health and Wellbeing Board (March Board meeting) and **published** at… insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

What we will hear about today

How the JSNA connected to

- The Commissioning Cycle
- Housing and infrastructure growth
- Understanding Oxfordshire
- Highlighting inequalities
- Analysis on a particular issue

Discussion groups to reflect, offer, suggest….

KEY NOTE - THE COMMISSIONING CYCLE AND HOW THE JSNA FEEDS INTO THIS PROCESS

Diane Hedges, Chief Operating Officer and Deputy Chief Executive, Oxfordshire Clinical Commissioning Group

The commissioning cycle and how the JSNA feeds into this process

JSNA Conference, 18 June 2018

Diane Hedges, Chief Operating Officer and Deputy Chief Executive, Oxfordshire Clinical Commissioning Group

What is the CCG and what do we do?

We enable the optimal use of our system wide resources to deliver the best possible outcomes for the population of Oxfordshire. We do this through setting direction of travel and engaging and facilitating key stakeholders to support their delivery of the framework.

North　　North East　　Oxford City　　South East　　South West　　West

NHS commissioning cycle

NHS
Oxfordshire
Clinical Commissioning Group

Currently greatest impact

Innovation potential

Big opportunity going forward

Reviewing service provisions

Deciding priorities

Designing services

Assessing needs

Strategic planning

Shaping structure of supply

Patients/Public

Procuring services

Seeking public and patient views

Monitoring and evaluation

Planning capacity and managing demand

Managing performance

Supporting patient choice www.nhs.uk

Courtesy of The NHS Information Centre for health and social care. Full diagram available at: www.ic.nhs.uk/commissioning

How we have used the JSNA

❑ Strategic planning (Assessing need, Reviewing service provision, Deciding priorities)

  ▪ Creating locality ambitions

  ▪ Service redesign

  ▪ Focussing on areas of inequality

  ▪ Business cases – Diabetes, End of life, etc, etc

❑ Procuring services

❑ Monitoring and evaluation

Table 1: Housing growth in North Oxfordshire to 2026/7

Year	Housing Growth – 5 years						Population growth 5 years	Housing Growth – 10 years						Population growth 10 years
	2017/18	2018/19	2019/20	2020/21	2021/22	5yr Total	5yr Total	2022/23	2023/24	2024/25	2025/26	2026/27	10 Year Total	10yr Total
Banbury Cluster	719	1,362	1,410	1,083	876	5,450	13,080	610	535	472	470	392	7,929	19,030
Rural North	216	265	188	200	156	1,025	2,460	158	158	168	168	168	1,844	4,424
North Total	935	1,627	1,598	1,283	1,032	6,475	15,540	768	693	640	638	560	9,773	23,454

Data provided by OXIS – Oxfordshire County Council 2017
Assumptions:

- Population growth assumes an average of 2.4 people per dwelling
- This includes significant growth in the ex RAF Heyford Park area, for which we expect use of primary care services to be split between practices in the North and the North East localities.

2. The health of our community in North Oxfordshire locality

2.1 Morbidity and Mental Health

- Banbury Neithrop had higher than average % of children aged 10-11 classified as overweight or obese.
- Banbury Grimsbury & Castle had higher than average hospital admissions for alcohol attributable conditions, whilst Banbury Ruscote is similar to the England average.

Table 2: Disease and mental health prevalence – North locality practices
Source: QOF Data 2017

	2016/2017 Prevalence %					
	Atrial Fibrillation	Hypertension	Dementia	Depression	Asthma	COPD
Banbury	1.6%	12.1%	0.7%	8.8%	5.7%	1.5%
Rural North	2.4%	14.8%	1.0%	6.7%	6.1%	1.5%
Oxfordshire	1.7%	12.1%	0.7%	7.7%	5.7%	1.4%
England	1.8%	14.1%	0.8%	9.3%	6.1%	1.8%

Homing in by GP Practice

Wards that are significantly worse than Oxfordshire OR than England average

	Ward	Life expectancy at birth (males)	Life expectancy at birth (females)	% Children Under 16 yrs living in poverty	Income deprivation (%)	Fuel poverty households %	% good development at 5 years	Injuries 0-4 yrs hosp admission (crude rate)	Emergency admissions 0-4 yrs (crude rate)	% Reception year children who are obese	% Year 6 children who are obese	Admission for injuries Under 15 yrs	Admission for injuries 15-24 yrs	Hospital stays for self-harm (SAR)	Emergency Hospital admissions COPD	Emergency Hospital admissions CHD	Emergency Hospital admissions Stroke	Hospital stays for alcohol-harm (SAR)	Cancer mortality under 75 years	Mortality under 75 from coronary heart disease	Mortality from respiratory diseases (all ages)	Mortality from stroke (all ages)	GP practices serving high wards (i.e. those with most patients resident in those wards)	Practice IMD
	Oxfordshire average	80.9	84.1	11.8	8.0	9.1	60.3	132.0	122.8	6.9	16.3	107.5	143.9	96.8	66.9	78.0	85.2	85.9	88.4	68.9	85.8	94.9		
CHERWELL	Banbury Grimsbury & Hightown																						West Bar, Horsefair and Woodlands	16.4, 15.2, 17.0
	Banbury Hardwick																						West Bar, Horsefair and Hightown	16.4, 15.2, , 12.3
	Banbury Ruscote																						West Bar and Horsefair	16.4, 15.2
	Banbury Cross & Neithrop																						West Bar and Horsefair	16.4, 15.2
	Bicester North and Caversfield																						Alchester, Montgomery, Bicester HC	9.0, 11.8, 11.8
	Launton & Otmoor																						Islip Surgery	11.1
OXFORD	Barton and Sandhills																						Bury Knowle and Manor Surgery	16.2, 14.7
	Blackbird Leys																						Leys HC	33.2
	Carfax																						19 Beaumont St. and Jericho HC	15.0, 15.0
	Churchill																						St Bartholomew's and Manor Surgery	16.4, 14.7
	Cowley																						Donnington MC and Temple Cowley	22.4, 21.5
	Cowley Marsh																						St Bartholomew, Bartlemas, TempleCowley & Cowley Rd	16.4, 21.0, 20.9
	Headington																						Manor Surgery and Bury Knowle	14.7, 16.2
	Hinksey Park																						South Oxfordshire HC	16.8
	Iffley Fields																						Donnington MC and St Bartholomew's	16.4
	Littlemore																						Donnington MC and Temple Cowley	21.5
	Lye Valley																						Hollow Way, Bury Knowle and St Bartholomew's	19.8, 16.2, 16.4
	Northfield Brook																						Leys HC	33.2
	Rose Hill and Iffley																						Donnington MC	22.4
	St Mary's																						St Bartholomew's	16.4
	Quarry & Risinghurst																						Bury Knowle and Manor Surgery	16.2, 14.7
SOUTH OXFORDSHIRE	Berinsfield																						Berinsfield HC	16.8
	Didcot West																						Didcot HC and Woodlands MC	12.0, 11.2
	Sandford & The Whittenhams																						Clifton Hampden	10.4
VALE OF WHITE HORSE	Abingdon Caldecott																						Malthouse and Abingdon	10.1, 9.9
	Abingdon Fitzharris																						Malthouse, Marcham Rd and Abingdon	10.1, 8.9, 9.9
	Faringdon																						White Horse Practice	9.5
WEST OXFORDSHIRE	Alvescot & Filkins																						Burford Surgery and one outside Oxfordshire CCG	9.2
	Ascott & Shipton																						Wychwood Surgery	7.1
	Burford																						Burford Surgery	9.2
	Brize Norton & Shilton																						Burford, Broadshires and Bampton	9.2, 7.9, 7.4
	Carterton North East																						Broadshires HC	7.9
	Chadlington & Churchill																						Chipping Norton	10.5
	Chipping Norton																						Chipping Norton	10.5
	Kingham, Rollright and Enstone																						Chipping Norton	10.5
	Witney Central																						Windrush HC and Nuffield HC	9.9, 10.0
	Witney South																						Windrush and Nuffield HC	9.9, 10.0

Wards included in the tartan rug are worse than average on two or more indicators.

Data shown at ward level are for ward boundaries in place in 2016. Data shown for wards in the worst quintile (i.e. the highest) in Oxfordshire for each indicator separately.

Indicators not updated this year are for ward boundaries in place 2015, and may be different from 2016 boundaries. These indicators are shown in pink.

Income deprivation (%) is a good measure of Deprivation at ward level.

Extract: Diabetes Case for Change

Oxfordshire's Joint Strategic Needs Assessment (JSNA)

The Oxfordshire JSNA provides a consistent evidence-base which supports us in identifying service gaps to target improvements. Key challenges identified in the JSNA, relevant to this case for change, are summarised below:

Demographic Pressures	Oxfordshire's population has grown by more than 10% in the last 15 years. The proportion of older people in the population also continues to increase which means that every pound spent from the public purse has further to go.
Lifestyles	Three in five adults, and over a quarter of Year 6 children, are overweight or obese.
Service demand	As of 1st January 2016, there were 77 General Practitioners (GP) practices in the Oxfordshire Clinical Commissioning Group (OCCG) area, with around 720,000 registered patients. Demand is increasing across a range of secondary health care services.

Extract 2: Diabetes Case for Change – TVSCN & OCCG (June 2017) 2

The population's demographics are changing

Type 2 diabetes is up to six times more common in people of South Asian descent and up to three times more common in those of African and African-Caribbean descent, compared with the white population. It is also more common in people of Chinese descent and other non-white groups (NSF, 2001).

Between 2001 and 2011 the proportion of BME communities in Oxfordshire doubled, rising from 4.9% to 9.2% of the population. People from Asian backgrounds constituted the largest BME group, numbering 31,700 or 4.8% of the county's population (up from 2.4% in 2001) (JSNA, 2017).

The most recent census data (2011) reports that there are:

- 31,657 people with South Asian heritage (4.8% of population)
- 11,424 people with black heritage (1.7% of population)
- 5,618 people with Chinese ethnic heritage (JSNA, 2017)

This rise in the proportion of BME communities in the Oxfordshire population is likely to result in an increase in the prevalence of diabetes.

4.8% Asian — 1.7% Black

Ethnicity in Oxfordshire CCG

Source: https://www.nomisweb.co.uk/census/2011/qs211ew
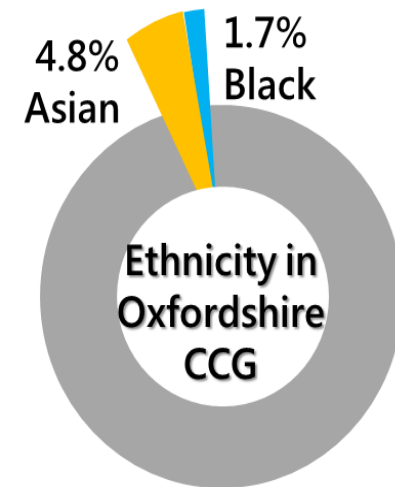
How we have used the JSNA?

❑ Healthy New towns in Bicester and Barton

❑ Commissioned services for the Practices serving the more deprived wards

❑ Focussed work on inequalities

- Service needs and proactive invites – speed dating for unmet need

- Understanding of siting of GP premises

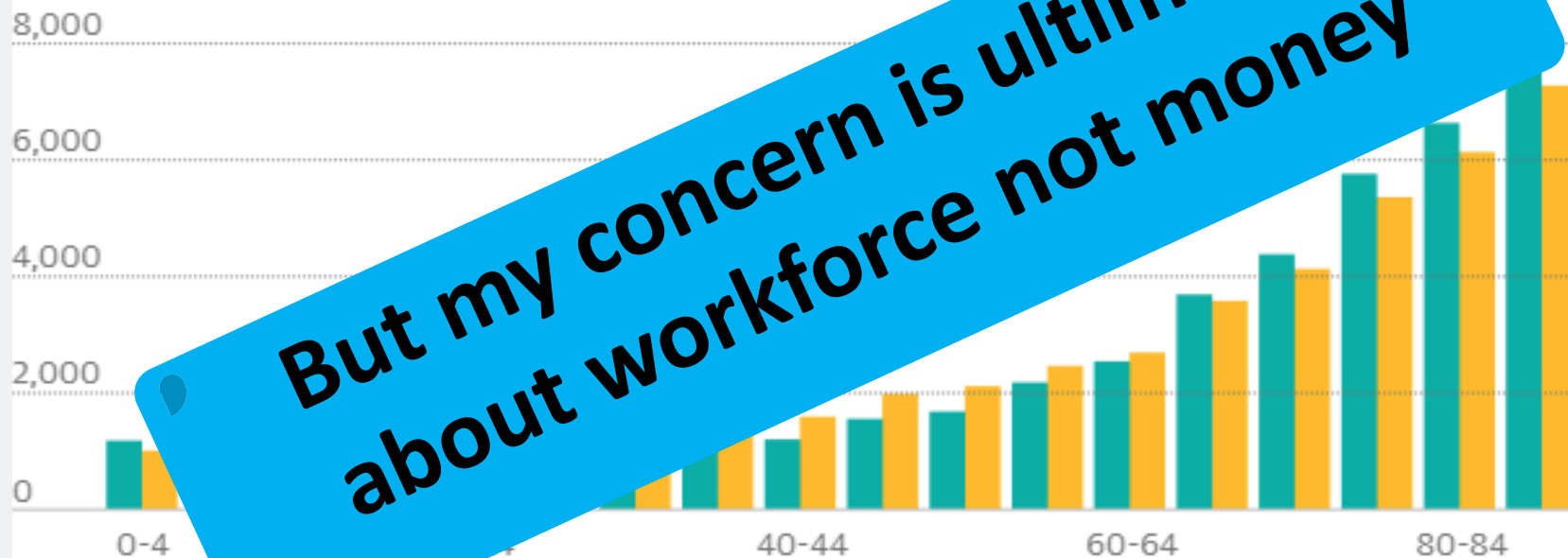❑ Setting priorities of diabetes, respiratory – more work on mental health

JSNA: my earworms

- ❑ **By 2031, the number of people aged 85** and over is expected to have **increased by 55%** in Oxfordshire overall, with the highest growth predicted in South Oxfordshire (+64%) and Vale of White Horse (+66%).

- ❑ …

https://insight.oxfordshire.gov.uk/cms/system/files/documents/1%2 0Executive%20Summary%20JSNA%202018.pdf

Average health spending per person in the UK in 2013/14 was highest for people aged 85 and over. £7,274 for women, and £7,917 for men

■ Men ■ Women

8,000

6,000

4,000

2,000

0

0-4   40-44   60-64   80-84

Source: Estimat... ...e Nuffield Trust

But my concern is ultimately about workforce not money

https://www.theguardian.com/society/2016/feb/01/ageing-britain-two-fifths-nhs-budget-spent-over-65s

JSNA: my earworms

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

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

https://insight.oxfordshire.gov.uk/cms/system/files/documents/1%20Executive%20Summary%20JSNA%202018.pdf

Signs of need to change?

Well being in Oxfordshire

- ❑ An estimated 55% of people => 16 are classified as overweight or obese (below national average)

- ❑ Number and rate of GP-registered patients with depression or anxiety has increased significantly each year for the past 4 years

- ❑ There has (again) been an increase in the number of people referred for treatment to mental health services, particularly children and young people

- ❑ Rates of intentional self-harm in Oxfordshire are now statistically above the England average

- ❑ There were 23 suicides of people aged under 25 in 2014-16. The OCCG rate was statistically above the England average

Jackie, Sue and Margaret (and the JSNA)

❑ Stimulate debate on what matters

❑ Inspire our teams to understand underlying problems

❑ Shows us where we can add greatest impact

❑ Helps us see where we can save or extend lives

❑ Make us curious and our jobs stimulating – reminds us of the point of commissioning

❑ Gives us a unique vantage point to maximise use of resources for best outcome for population

BUT need to keep the faith – impossible to see in a day, a week or maybe even a year!

Where next

- ❑ CCG alone cannot deliver the change that is needed
- ❑ Needs an integrated approach
- ❑ Must be proactive population management/planning
- ❑ Needs to draw on place, community, those who live in the community so each resident and those around them rise to our demographic opportunity

- ❑ More older people living longer – how do we all relish this new dynamic and also ensure mental well being as we go?
- ❑ How are we going to ensure the younger generation have the best outlook?

The JSNA is now more important than ever before!!

North   North East   Oxford City   South East   South West   West

OUR CHANGING COUNTY – HOUSING AND INFRASTRUCTURE GROWTH

John Disley, Policy & Strategy Manager, Oxfordshire County Council

Our changing county – housing and infrastructure growth

John Disley

Policy & Strategy Manager

1st up: Context - Oxfordshire Growth Deal

- – Commitment to accelerate delivery of 2030 target for 100,000 new homes & 85,000 jobs for Oxfordshire

- – Government providing £215m for Infrastructure and 'Affordable' Housing over next 5 years

- – A once in a generation opportunity to build better new places and help bring about wider health & wellbeing

- – Need to consider everything Oxfordshire might need: building on the Oxfordshire Infrastructure Strategy (OxIS)

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COUNTY COUNCIL

OxIS: Where we have got to?

– A comprehensive picture of all our known and envisaged strategic infrastructure needs up to 2040+

– Covers the full range – Transport, Utilities, Health Education, Digital, Green, Emergency Services

– Includes envisaged costs and timescales

– Blueprint for securing funding for which the Growth Deal is just the first step (hopefully to be followed by the Housing Infrastructure Fund...)

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What does OxIS look like?

- Overall Strategy for Oxfordshire

- Broken down into nine principal "growth corridors"

- Separate detailed plan for each

Identified Growth Sites

Oxfordshire Infrastructure Strategy

AECOM

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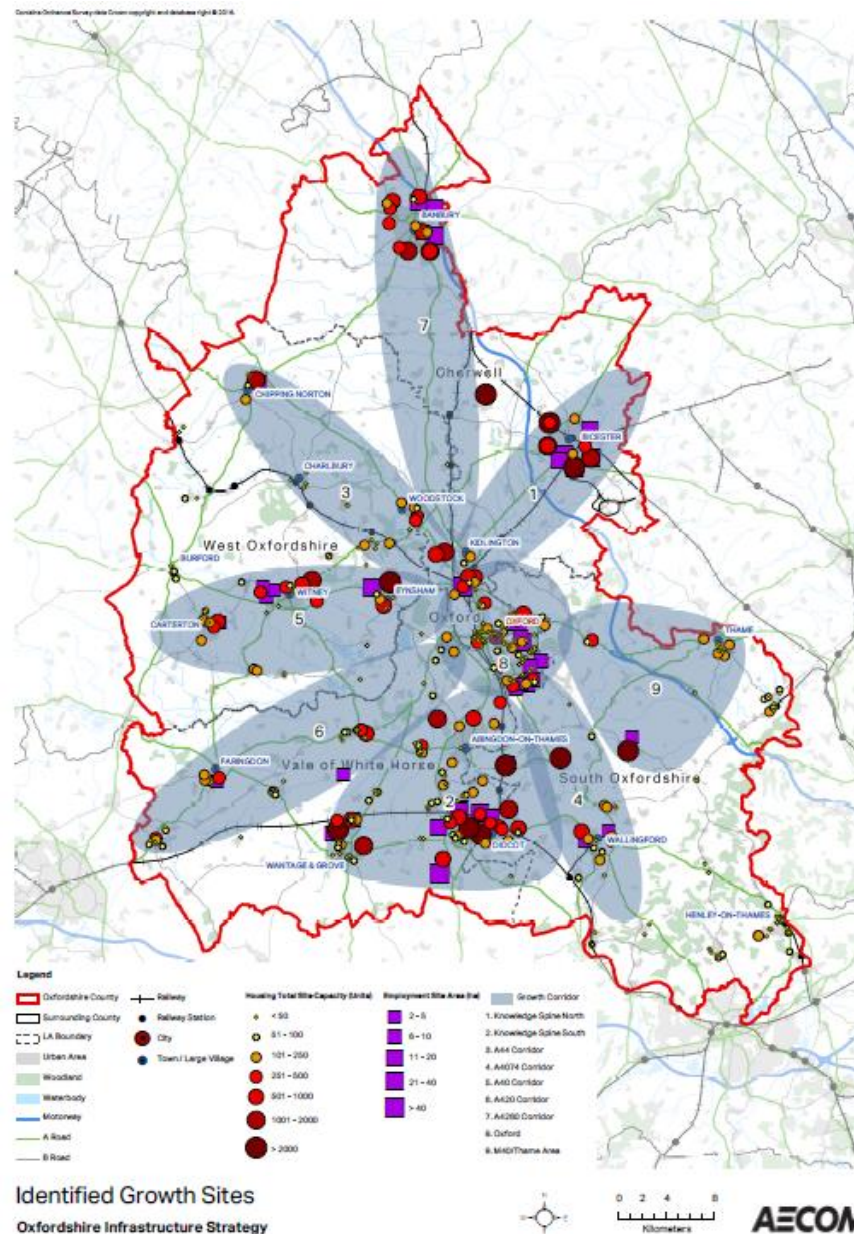
West Oxfordshire Growth Corridor in more detail … (illustrative)
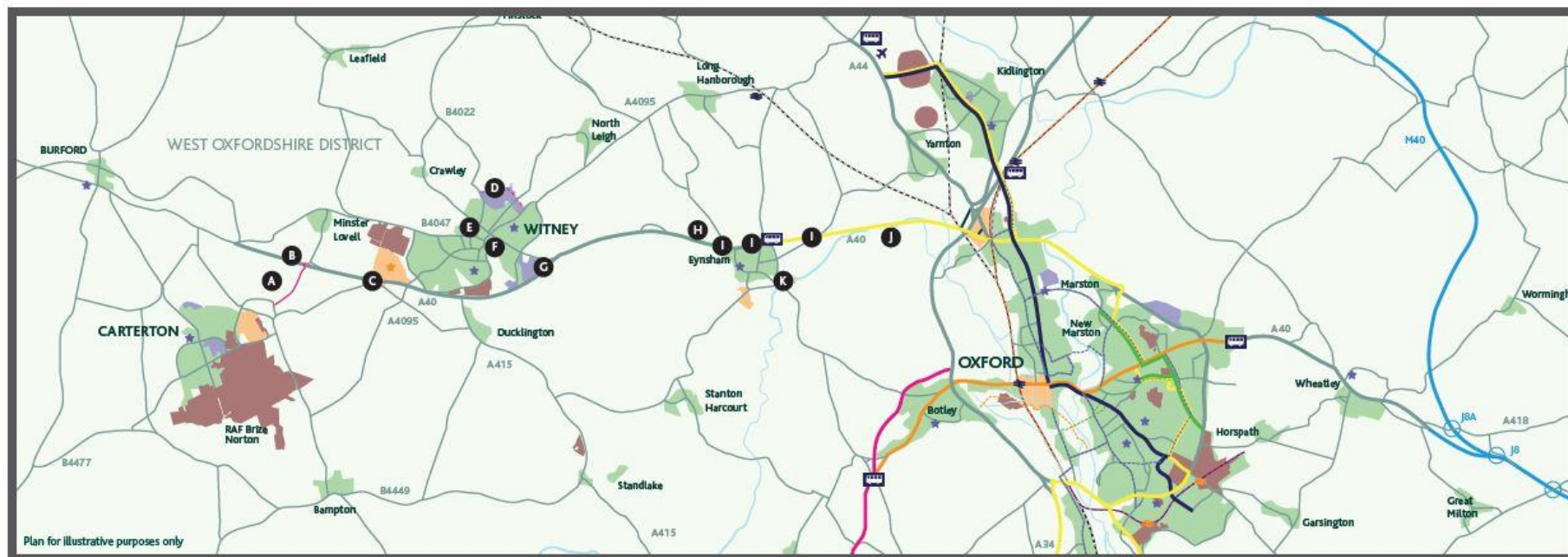
So what does this mean?

- A clear relationship to development and a strategy against which future spatial planning can be mapped

- So bring on the **Joint Strategic Spatial Plan** – now agreed to be developed by all Oxfordshire Councils as part of the Growth Deal

- This effectively needs to be ready by the end of 2019

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How does all this help
Health, Wellbeing and Inequalities?

- Cross Council planning has already taken place, taking into account a broader range of factors, e.g. deprivation and opportunity to build communities

- Evidence in development locations coming forward – e.g. West Oxfordshire Garden Village – with a more engaged 'Action Plan' approach taking factors such as Active & Healthy Travel in from the start

- Future development patterns / locations – what do we need to consider?

What Happens Next…

- JSSP underway: we all need to feed into the development planning process to ensure the best outcomes

- OxIS update: missing (or need more) information on plans, proposals and costs, especially third party funded

- Refreshed **Local Transport Plan** – more emphasis on Active & Healthy Travel (including new Local Cycling & Walking Investment Plan) and dealing with Air Quality

- Other changes will affect strategy over time: Oxford to Cambridge Expressway, new Reservoir – how do we turn these into opportunities?

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Example: An "Expressway" in the future?

Extra Slides – OxIS data

GROWTH FORECASTS 2016-2040

Forecast Housing Growth

Table 1.3: Assumed Housing Growth from 2016-2031

	Identified Housing Need (SHMA)	District's Planned Housing Growth	Reallocation of Oxford City Unmet Need	District's Planned Housing Growth Adjusted	Housing Completions	Remaining Planned Housing Growth (Planned Growth – Completion)
		2011/12 - 2030/31			2011/12 - 2015/16	2016/17- 2030/31
Cherwell	22,800	22,840	4,400	27,240	3,031	24,209
Oxford City	28,000	10,212*	550	10,762	1,371	9,391
South Oxfordshire	15,500	15,000	4,950	19,950	2,732	17,218
Vale of White Horse	20,560	20,560	2,200	22,760	3,065	19,695
West Oxfordshire	13,200	13,200	2,750	15,950	1,464	14,486
Oxfordshire	**100,060**	**81,812**	**14,850**	**96,662**	**11,663**	**84,999**
Housing need not planned by districts		18,248	3,398			
Total		**100,060**	**18,248**			

Oxford City Figure represents an estimated Capacity from the 2014 SHLAA and not the Local Plan Target (8,000)

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GROWTH FORECASTS 2016-2040

Forecast Housing Growth

Table 1.4: Assumed Housing Growth from 2031-2040

Authority	Annual Housing	2031/32 - 2040/41
Cherwell	1,142	11,420
Oxford City	700	7,000
South Oxfordshire	749	7,490
Vale of White Horse	1028	10,280
West Oxfordshire	661	6,610
Oxfordshire	4,280	42,800

Table 1.5: Assumed Housing Growth from 2016-2040

Authority	2016-2031	2031-2040	2016-2040
Cherwell	24,209	11,420	35,629
Oxford City	9,391	7,000	16,391
South Oxfordshire	17,218	7,490	24,708
Vale of White Horse	19,695	10,280	29,975
West Oxfordshire	14,486	6,610	21,096
Oxfordshire	84,999	42,800	127,799

- Headlines:
- 128,000 Homes
- 5,100 homes per annum average

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GROWTH FORECASTS 2016-2040

Forecast Population Growth

Table 1.7: OCC Research and Intelligence Forecast

	2016	2031		2016-2031	2040	2016-2040	2016-2040
Cherwell	147,721	201,156	53,435	36%	221,639	73,918	50%
Oxford	163,602	181,519	17,917	11%	191,931	28,330	17%
South Oxfordshire	138,375	177,308	38,933	28%	192,210	53,835	39%
Vale of White Horse	129,261	175,197	45,935	36%	193,897	64,636	50%
West Oxfordshire	108,700	141,134	32,435	30%	154,948	46,248	43%
Oxfordshire	**687,658**	**876,314**	**188,655**	**27%**	**954,625**	**266,966**	**39%**

Source: OCC R&I Population Forecast November 2016

- Headlines:
- 267,000 people
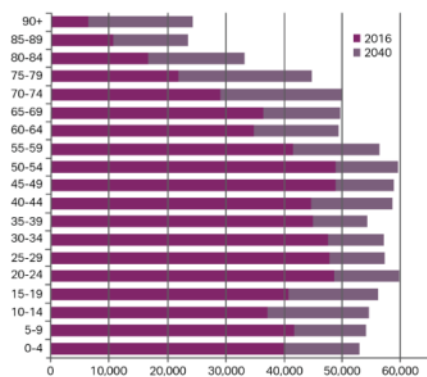
Figure 14: Forecast age specific population change (absolute) 2016-2040
Source: OCC R&I Population Forecast November 2016
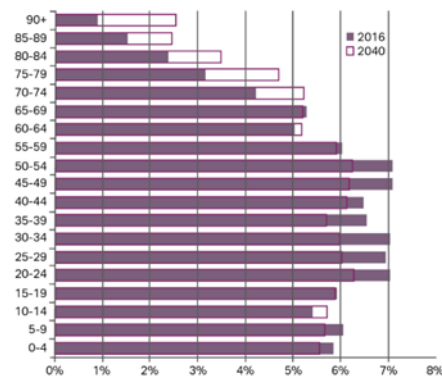
Figure 15: Forecast age specific population profile change (proportional) 2016-2040
Source: OCC R&I Population Forecast November 2016

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GROWTH FORECASTS 2

Forecast Employment Growth

Table 1.10: Theoretical Employment Forecast 2016-2040

	2016-2031	2031-2040	2016-2040
Cherwell	15,784	9,453	**25,237**
Oxford City	18,116	10,974	**29,089**
South Oxfordshire	8,417	4,957	**13,374**
Vale of White Horse	16,006	8,450	**24,456**
West Oxfordshire	5,706	3,466	**9,173**
Oxfordshire	**64,029**	**37,300**	**101,329**

- Headlines:
- 101,000 jobs
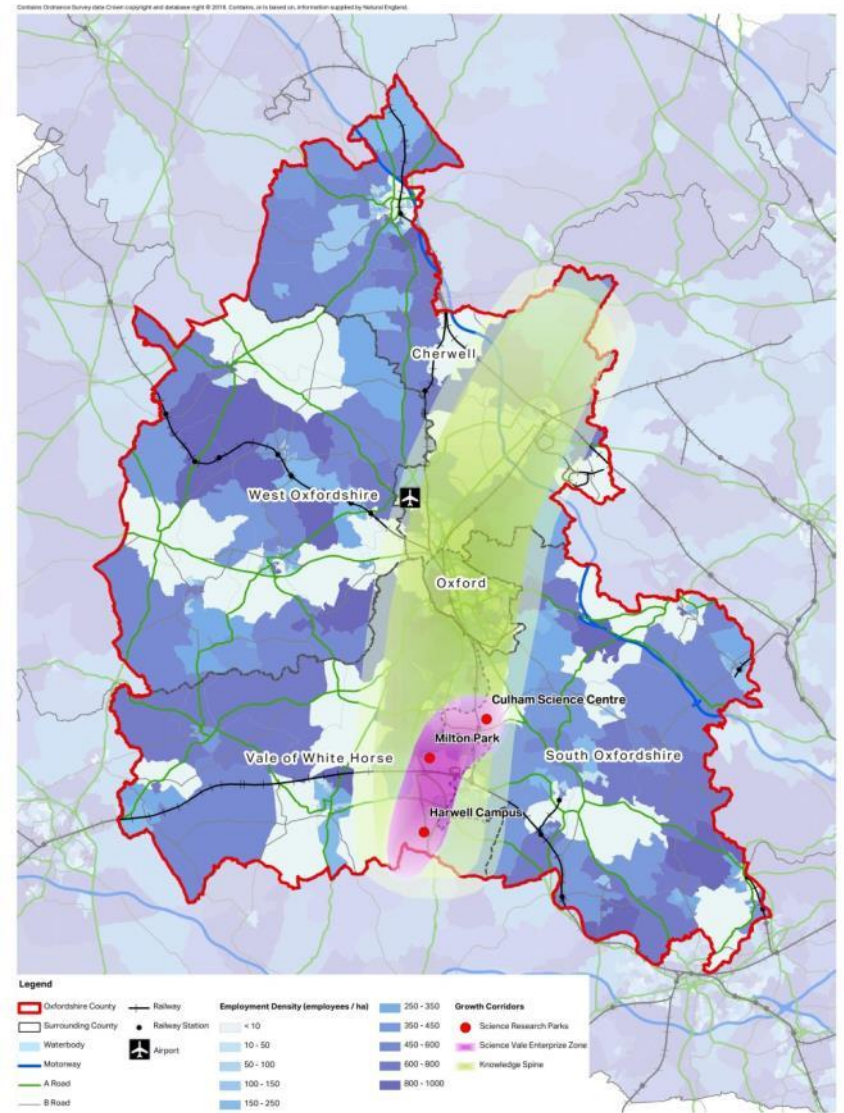
Employment Density
Oxfordshire Infrastructure Strategy

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AN OVERVIEW OF THE FINDINGS OF THE JSNA FOR OXFORDSHIRE AND ITS COMMUNITIES

Margaret Melling, Senior Research and Intelligence Officer, Oxfordshire County Council and Sue Lygo, Health Improvement Practitioner, Oxfordshire County Council

What does the JSNA look like?

➢ **REPORTS**

JSNA Annual Report and Basket of Inequalities Indicators

Public Health Oxfordshire surveillance dashboards of 130+ indicators

Community health and wellbeing profiles

Ad hoc Insight briefings (e.g. Carers survey)

JSNA reports to support strategic planning – Children & Young People, Older People, Mental Health

➢ **BRIEFINGS**

➢ **Support to making use of the JSNA** e.g. Age Friendly Banbury, enquiry service

Insight.Oxfordshire.gov.uk

Where does the information come from?

National datasets

- *ONS:* Census, population, house prices, earnings, life expectancy, causes of death, wellbeing score

- CLG: Indices of deprivation

- *Public Health England* (analysis by Public Health team)

- *NHS Digital* (GP QOF data)

- *Other national – CQC, DWP, DfE, Age UK, MoD, CLG, BEIS, DfT, NDTMS, Parliamentary briefings*

Sharing our local intelligence ⬅ Area of focus

- **County Council** – public health, social care, fire, doorstep crime, carers survey, pupil census, population forecasts, road accidents, blue badges, bus passes, not in education, troubled families

- **Clinical Commissioning Group** – inpatients, use of ambulance services

- **Districts** – air quality (District Data service), housing growth, residents surveys

- **Oxford Health** – mental health

- **Thames Valley Police** – abuse and exploitation, crimes and incidents

- **Reports from partnerships** – homelessness, green space (for 2019)

- **VCS** – e.g. Citizens Advice clients, trends

Some questions for the data and intelligence...

Any caveats?

Are changes significant?

POPULATION

A growing and ageing population

2016 to 2031
27% increase (all ages)

Oxfordshire population by age 2016 and 2031 *+15 years*

44% increase in the age group 65+

24% increase in the age group 0-19
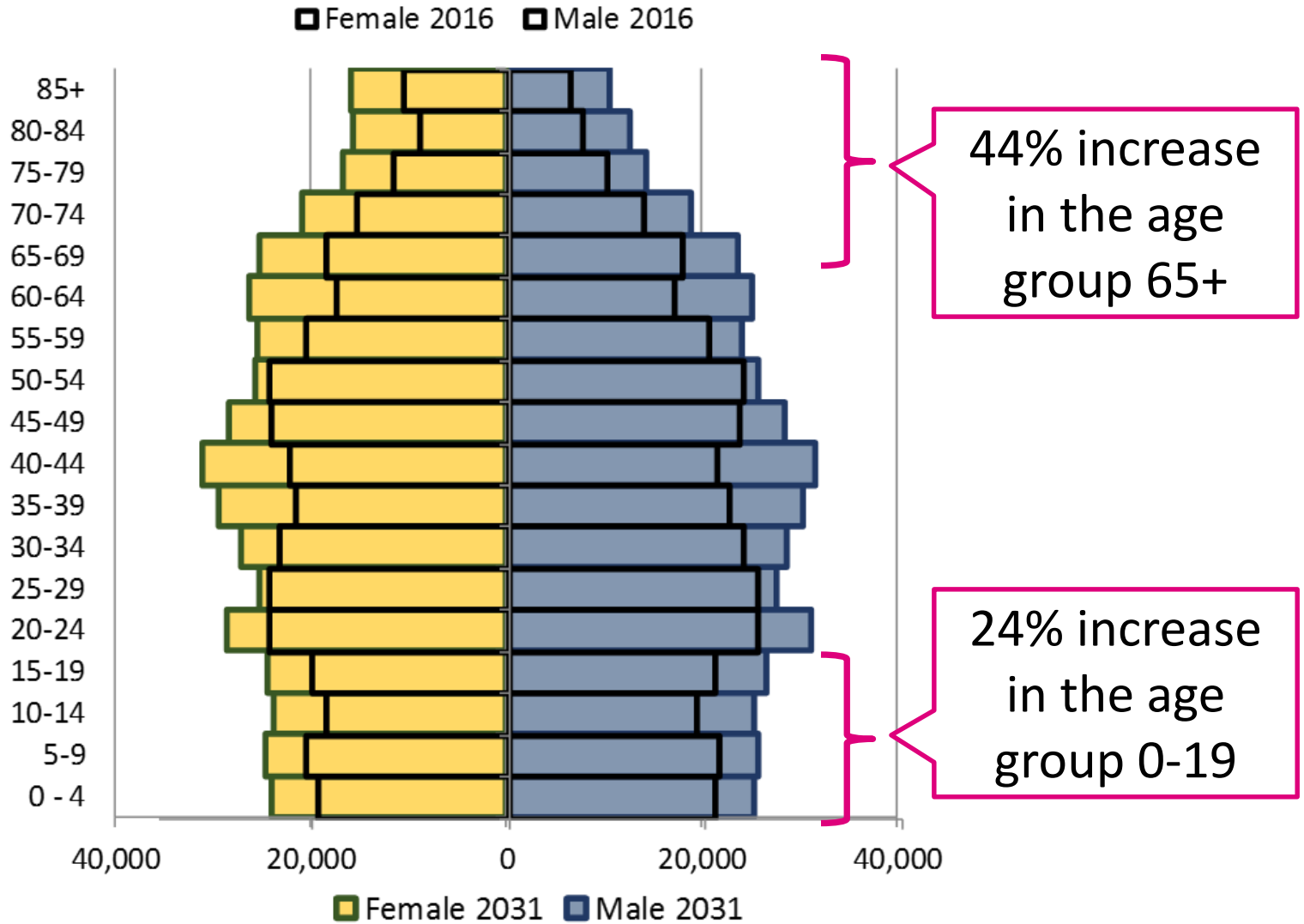
An affluent county overall, areas of deprivation in Oxford and Banbury…

In 10% most deprived…

- IMD overall = 2 areas (Oxford)

- Education and skills = 25 areas (all districts)

- Access to services = 85 (rural areas)

- Child poverty = 7 areas (Oxford and Banbury)

- Older people poverty = 1 area (Banbury)

Indices of Deprivation 2015, overall index by Lower Layer Super Ouput Areas showing District boundaries

IMD 2015 overall index
England deciles
- LEAST deprived 20% (193)
- (107)
- (62)
- (30)
- MOST deprived 20% (15)

Banbury

Bicester

Witney

TO BE UPDATED SUMMER 2019
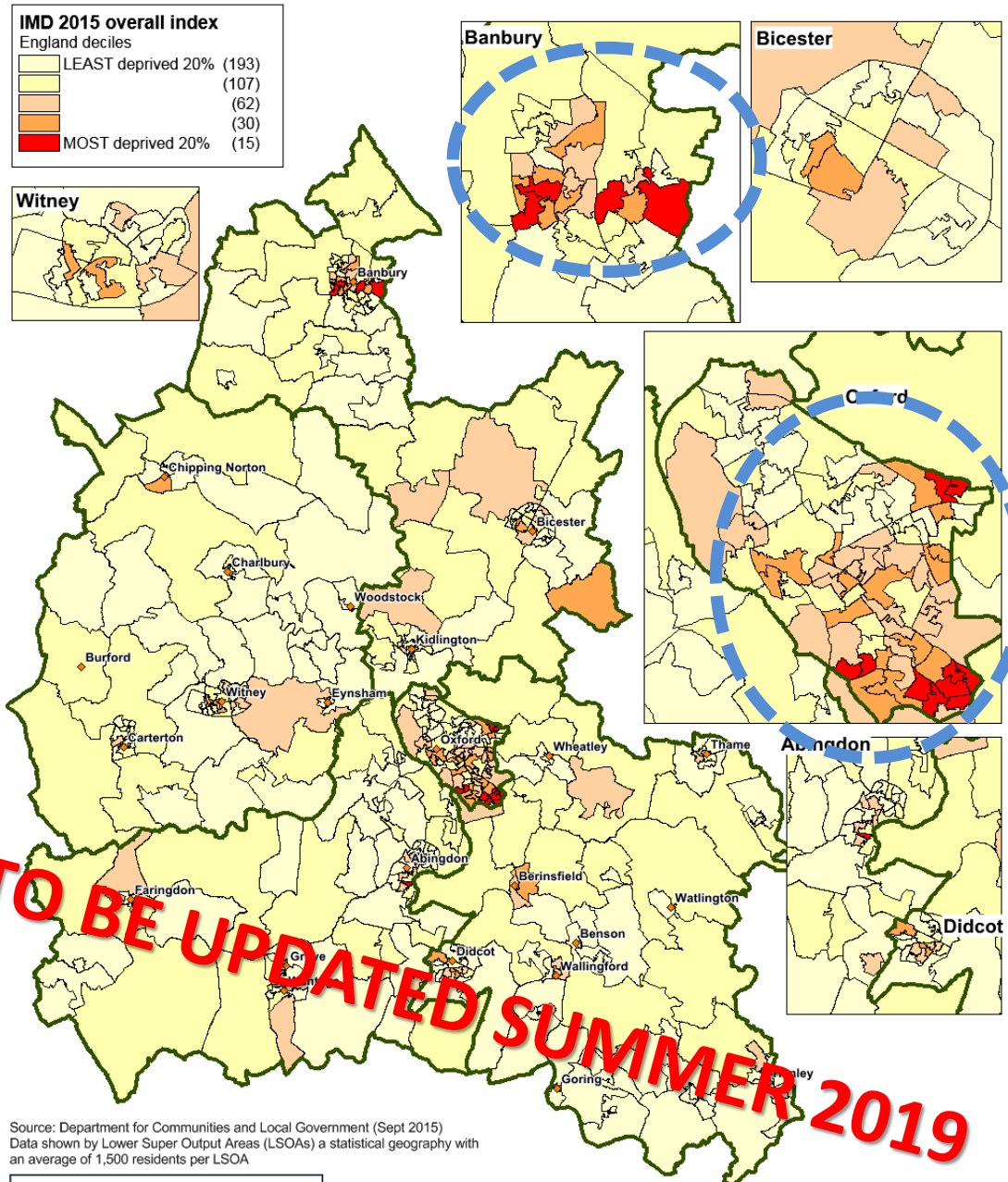
Source: Department for Communities and Local Government (Sept 2015)
Data shown by Lower Super Output Areas (LSOAs) a statistical geography with an average of 1,500 residents per LSOA

Signs of increasing inequality in life expectancy?

- Males in the relatively affluent North ward in Oxford appear to have gained most in life expectancy...


Males

Females
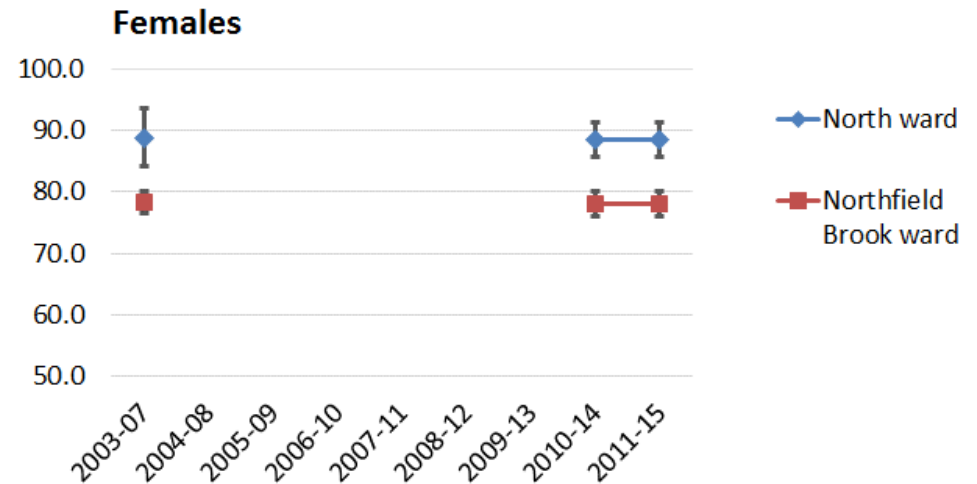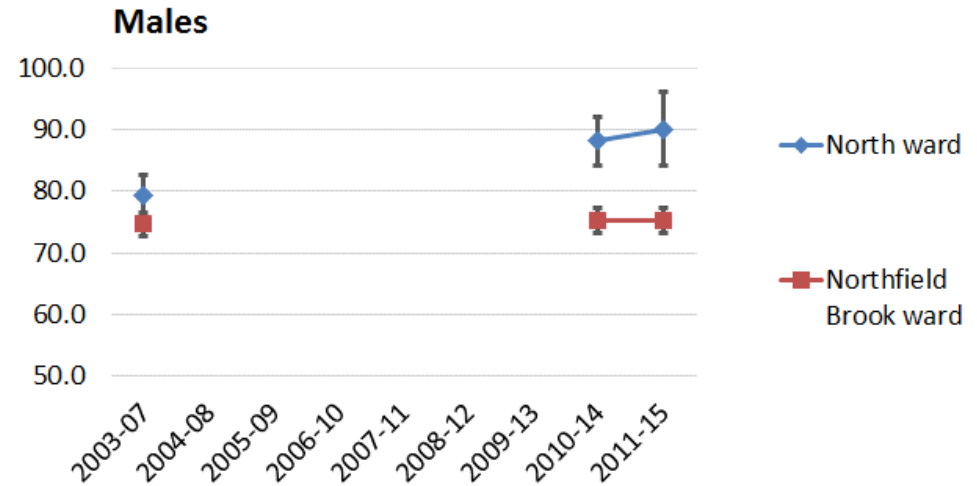
Sources: 2010-14 data from ONS by ward from Local Health; 2003-07 data from Oxfordshire County Council archive

House prices continuing to increase

- Centre for Cities again ranked Oxford as the least affordable UK city for housing (2018)

- Oxford house prices = 17.3 times annual salaries *(up from 16.7 in 2016)*

Figure 27 Mean price paid (all dwellings) to year ending June 2017
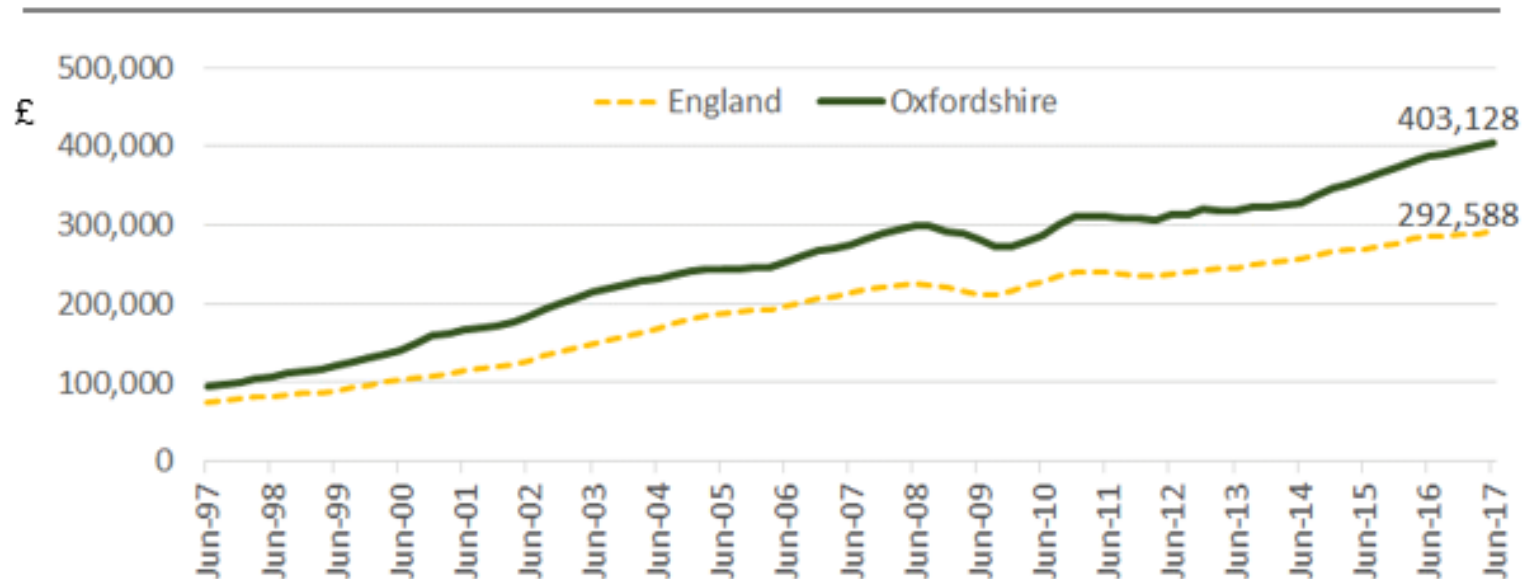
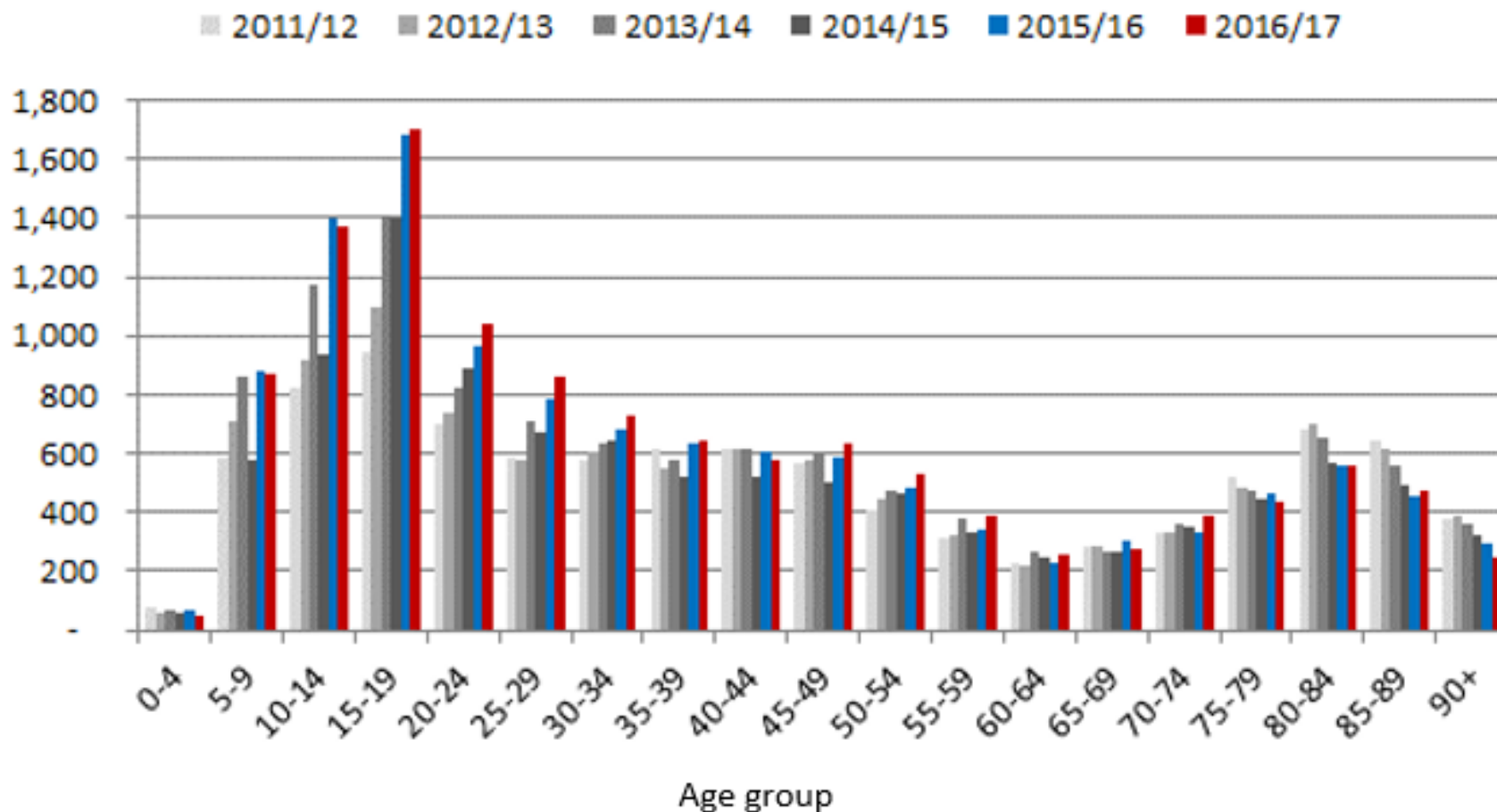Source: ONS Mean price paid for administrative geographies - HPSSA Dataset 12, released December 2017

HEALTH ➡ Generally healthy overall

Increasing rates of depression and mental health referrals

Figure 99 Number of Oxfordshire residents referred to Oxford Health mental health services (2011-12 to 2016-17)

Increasing complexity of conditions

Table 55 Proportion of inpatients with complicating comorbidities by district

	2012-13	2013-14	2014-15	2015-16	2016-17
Cherwell	11.2%	12.8%	13.5%	13.5%	15.8%
Oxford	13.3%	14.0%	14.5%	15.2%	17.1%
South Oxfordshire	10.0%	10.7%	10.8%	12.0%	13.5%
Vale of White Horse	11.7%	12.2%	12.9%	13.6%	15.8%
West Oxfordshire	10.7%	11.5%	12.2%	12.6%	13.9%
Oxfordshire	**10.3%**	**10.2%**	**11.1%**	**10.8%**	**11.8%**

Source: data provided by NHS South, Central and West Commissioning Support Unit, analysis by Oxfordshire County Council

Complicating Comorbidities are additional factors that may make the patient event more complicated, for example if a patient is very old or very young, or if the patient suffers from other conditions or injuries that may cause complications

Relatively high staff turnover

Figure 84 NHS Acute Staff Turnover 1Jul16 to 30Jun17
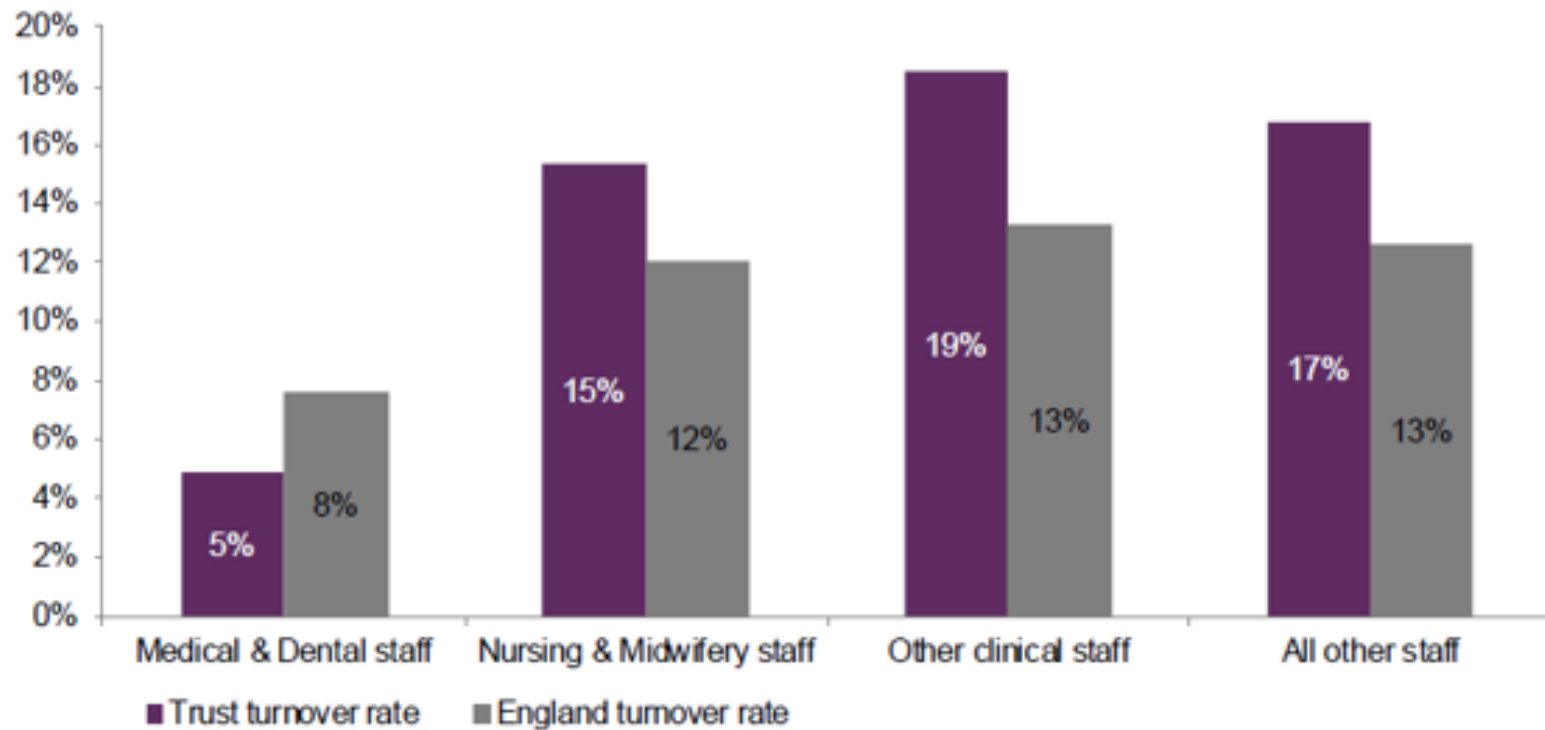
Source: CQC analysis. Levels of staff turnover and stability within acute hospital services between 01 July 2016 and 30 June 2017. Oxfordshire is Oxford University Hospitals NHS Foundation Trust. Turnover data is based on headcount and shows people leaving or returning to active service.

Expected growth in oldest population likely to increase demand for local health and social care services

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

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

  +1,000 additional clients supported by long term social care services aged 85+ from 1,900 in 2016-17 to 2,900 in 2031-32.
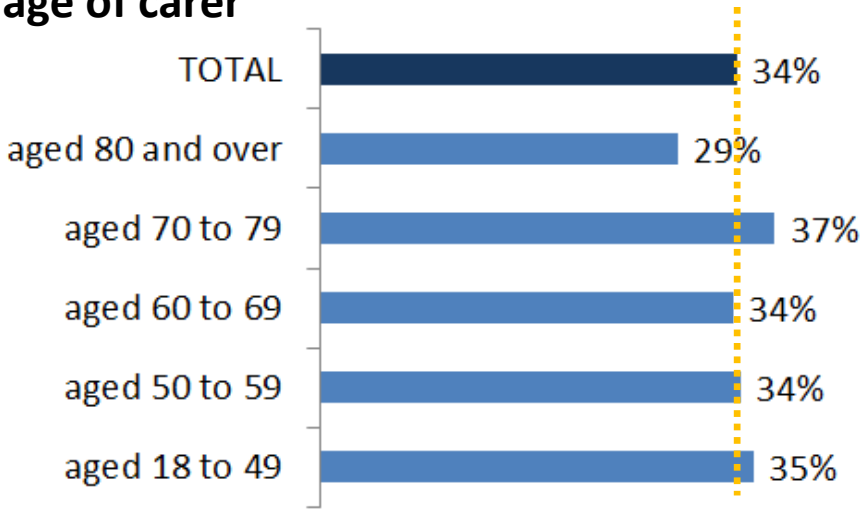
Pressures on carers

- Around a third (34%) of Oxfordshire carer respondents have had to see their own GP in the past 12 months because of their caring role.

- Above the England average (29.3%)

- Similar % in all broad age categories

% of Oxfordshire carer respondents who had to see their own GP because of their caring role, by broad age of carer

TOTAL	34%
aged 80 and over	29%
aged 70 to 79	37%
aged 60 to 69	34%
aged 50 to 59	34%
aged 18 to 49	35%

Carers survey 2016-17, analysis by Oxfordshire County Council
Base = 702 responding to this question

In summary…

➢ An affluent and relatively healthy county

➢ Housing remains unaffordable

➢ A growing and ageing population

➢ Increasing life expectancy, inequalities remain

➢ Increase in rates of depression and mental health referrals

➢ Pressures on health and social care services expected to increase

Oxfordshire Health Inequalities Basket of Indicators

Sue Lygo
Health Improvement Practitioner
Public Health, OCC

Ward level indicators
- Life expectancy at birth (females)
- Life expectancy at birth (males)
- Healthy life expectancy at birth (females)
- Healthy life expectancy at birth (males)
- Disability free life expectancy (females)
- Disability free life expectancy (males)
- Income deprivation affecting children
- Income deprivation
- Fuel poverty
- Good level of development age 5 years
- Hospital admissions for injury age 0-4 years
- Emergency hospital admissions age 0-4 years
- Reception year obesity
- Year 6 obesity
- Hospital admissions for injury age 0-14 years
- Hospital admissions for injury age 15-24 years
- Hospital stays for self harm
- Emergency hospital admissions for COPD
- Emergency hospital admissions for CHD
- Emergency hospital admissions for stroke
- Hospital stays for alcohol harm
- Cancer mortality under 75 years

- CHD mortality under 75 years
- Respiratory mortality, all ages
- Stroke mortality, all ages

MSOA level indicators
- Unemployment

District level indicators
- Low birth weight
- Infant mortality
- Tooth decay age 5 years
- Eligible homelessness not in priority need
- Households accepted as homeless
- Households in temporary accommodation
- Smoking prevalence in adults
- Smoking prevalence in routine and manual workers
- Tuberculosis incidence
- Suicide rate

GP Practice level indicators
- Mental health indicators

Wards that are significantly worse than Oxfordshire OR than England average

	Ward	Life expectancy at birth (males)	Life expectancy at birth (females)	% Children Under 16 yrs living in poverty	Income deprivation (%)	Fuel poverty households %	% good development at 5 years	Injuries 0-4 yrs hosp admission (crude rate)	Emergency admissions 0-4 yrs (crude rate)	% Reception year children who are obese	% Year 6 children who are obese	Admission for injuries Under 15 yrs	Admission for injuries 15-24 yrs	Hospital stays for self-harm (SAR)	Emergency Hospital admissions COPD	Emergency Hospital admissions CHD	Emergency Hospital admissions Stroke	Hospital stays for alcohol-harm (SAR)	Cancer mortality under 75 years	Mortality under 75 from coronary heart disease	Mortality from respiratory diseases (all ages)	Mortality from stroke (all ages)	GP practices serving high wards (i.e. those with most patients resident in those wards)	Practice IMD
	Oxfordshire average	80.9	84.1	11.8	8.0	9.1	60.3	132.0	122.8	6.9	16.3	107.5	143.9	96.8	66.9	78.0	85.2	85.9	88.4	68.9	85.8	94.9		
CHERWELL	Banbury Grimsbury & Hightown		■						■	■				■									West Bar, Horsefair and Woodlands	16.4, 15.2, 17.0
	Banbury Hardwick							■	■				■										West Bar, Horsefair and Hightown	16.4, 15.2, , 12.3
	Banbury Ruscote	■	■	▨	▨			■			■		■		■	■	■		■		■		West Bar and Horsefair	16.4, 15.2
	Banbury Cross & Neithrop	■																					West Bar and Horsefair	16.4, 15.2
	Bicester North and Caversfield		■																		■		Alchester, Montgomery, Bicester HC	9.0, 11.8, 11.8
	Launton & Otmoor	■				▨			■														Islip Surgery	11.1
OXFORD	Barton and Sandhills	■	■	▨						■	■	■		■				■					Bury Knowle and Manor Surgery	16.2, 14.7
	Blackbird Leys	■		▨														■	■	■			Leys HC	33.2
	Carfax					▨																	19 Beaumont St. and Jericho HC	15.0, 15.0
	Churchill					▨					■			■									St Bartholomew's and Manor Surgery	16.4, 14.7
	Cowley					▨																■	Donnington MC and Temple Cowley	22.4, 21.5
	Cowley Marsh					▨				■					■								St Bartholomew, Bartlemas, TempleCowley & Cowley Rd	16.4, 21.0, 20.9
	Headington	■	■																				Manor Surgery and Bury Knowle	14.7, 16.2
	Hinksey Park	■												■									South Oxfordshire HC	16.8
	Iffley Fields	■			▨									■				■					Donnington MC and St Bartholomew's	16.4
	Littlemore	■		▨	▨			■	■		■			■				■					Donnington MC and Temple Cowley	21.5
	Lye Valley	■	■	▨	▨						■			■	■	■							Hollow Way, Bury Knowle and St Bartholomew's	19.8, 16.2, 16.4
	Northfield Brook	■		▨	▨						■			■				■			■	■	Leys HC	33.2
	Rose Hill and Iffley	■		▨	▨			■	■		■												Donnington MC	22.4
	St Mary's	■				▨																	St Bartholomew's	16.4
	Quarry & Risinghurst		■			▨												■					Bury Knowle and Manor Surgery	16.2, 14.7
SOUTH OXFORD-SHIRE	Berinsfield			▨	▨				■														Berinsfield HC	16.8
	Didcot West													■							■		Didcot HC and Woodlands MC	12.0, 11.2
	Sandford & The Whittenhams					▨			■														Clifton Hampden	10.4
VALE OF WHITE HORSE	Abingdon Caldecott			▨								■	■										Malthouse and Abingdon	10.1, 9.9
	Abingdon Fitzharris		■									■	■										Malthouse, Marcham Rd and Abingdon	10.1, 8.9, 9.9
	Faringdon	■	■			▨																	White Horse Practice	9.5
WEST OXFORDSHIRE	Alvescot & Filkins					▨						■											Burford Surgery and one outside Oxfordshire CCG	9.2
	Ascott & Shipton								■													■	Wychwood Surgery	7.1
	Burford					▨						■											Burford Surgery	9.2
	Brize Norton & Shilton					▨						■											Burford, Broadshires and Bampton	9.2, 7.9, 7.4
	Carterton North East		■																			■	Broadshires HC	7.9
	Chadlington & Churchill					▨			■														Chipping Norton	10.5
	Chipping Norton	■				▨			■												■		Chipping Norton	10.5
	Kingham, Rollright and Enstone					▨			■														Chipping Norton	10.5
	Witney Central		■									■	■										Windrush HC and Nuffield HC	9.9, 10.0
	Witney South											■	■										Windrush and Nuffield HC	9.9, 10.0

Wards included in the tartan rug are worse than average on two or more indicators.

Data shown at ward level are for ward boundaries in place in 2016. Data shown for wards in the worst quintile (i.e. the highest) in Oxfordshire for each indicator separately.
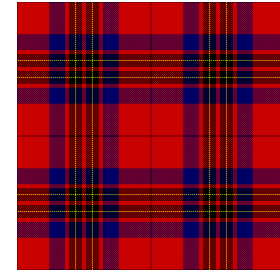
Indicators not updated this year are for ward boundaries in place 2015, and may be different from 2016 boundaries. These indicators are shown in pink.

Income deprivation (%) is a good measure of Deprivation at ward level.

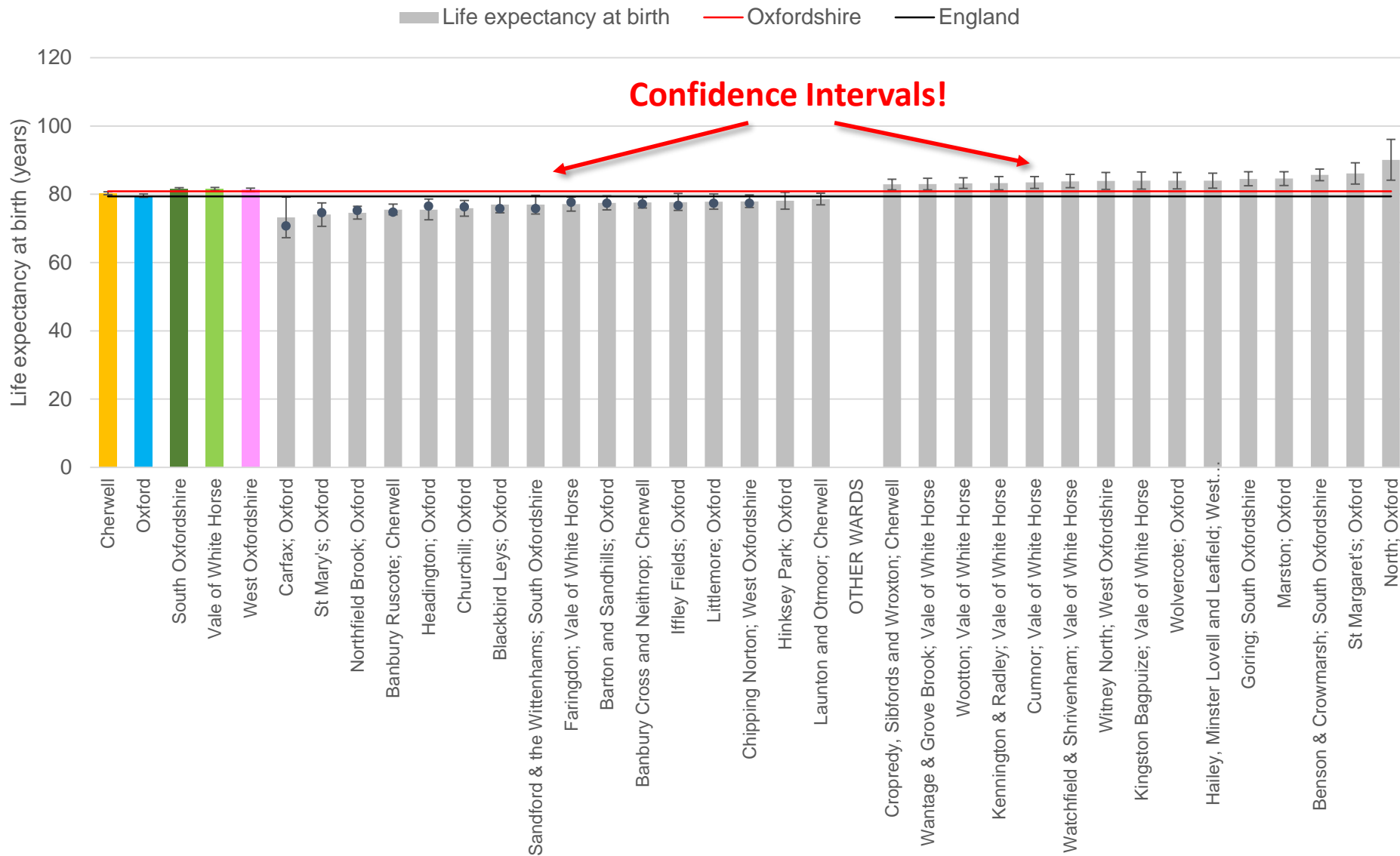Where possible Oxfordshire figure is based on the same data used at ward level.

# Tartan Rug
What does it show?

- 25 indicators at ward level

- 43 wards - 2 or more

- 9 wards with more than 10 (Banbury & Oxford)

**Life expectancy at birth for males,
Wards signifcantly lower and higher than Oxfordshire figure, 2011- 2015**

Life expectancy at birth — Oxfordshire — England

Confidence Intervals!

Life expectancy at birth for females,
Wards significantly lower and higher than Oxfordshire figure, 2011- 2015
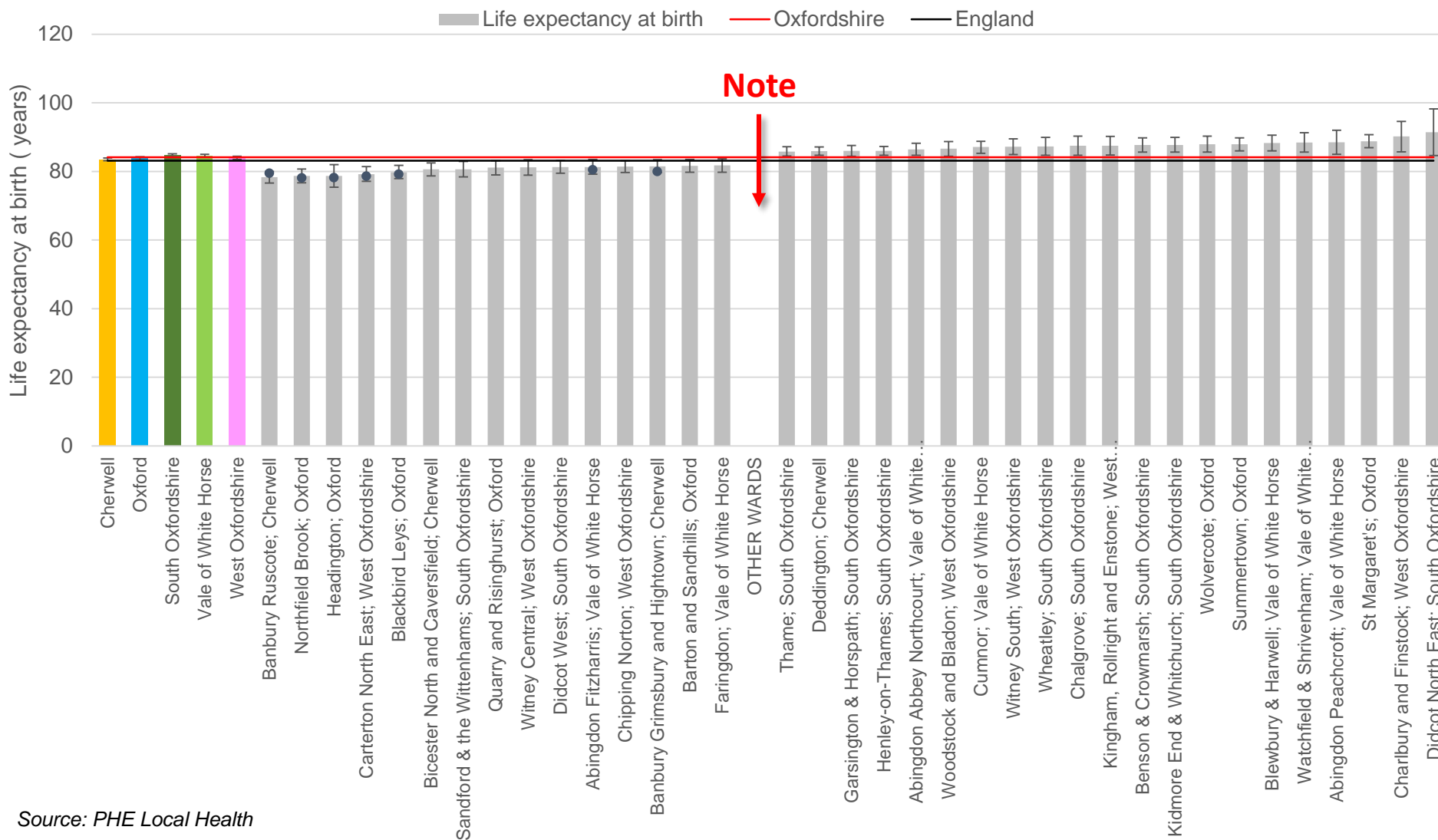
Source: PHE Local Health

Percentage of measured children in Year 6 who were classified as obese 2013/14-2015/16
Wards significantly higher or lower than Oxfordshire average

Legend: Obese Children (Year 6) — Oxfordshire — England

Source: PHE Local Health
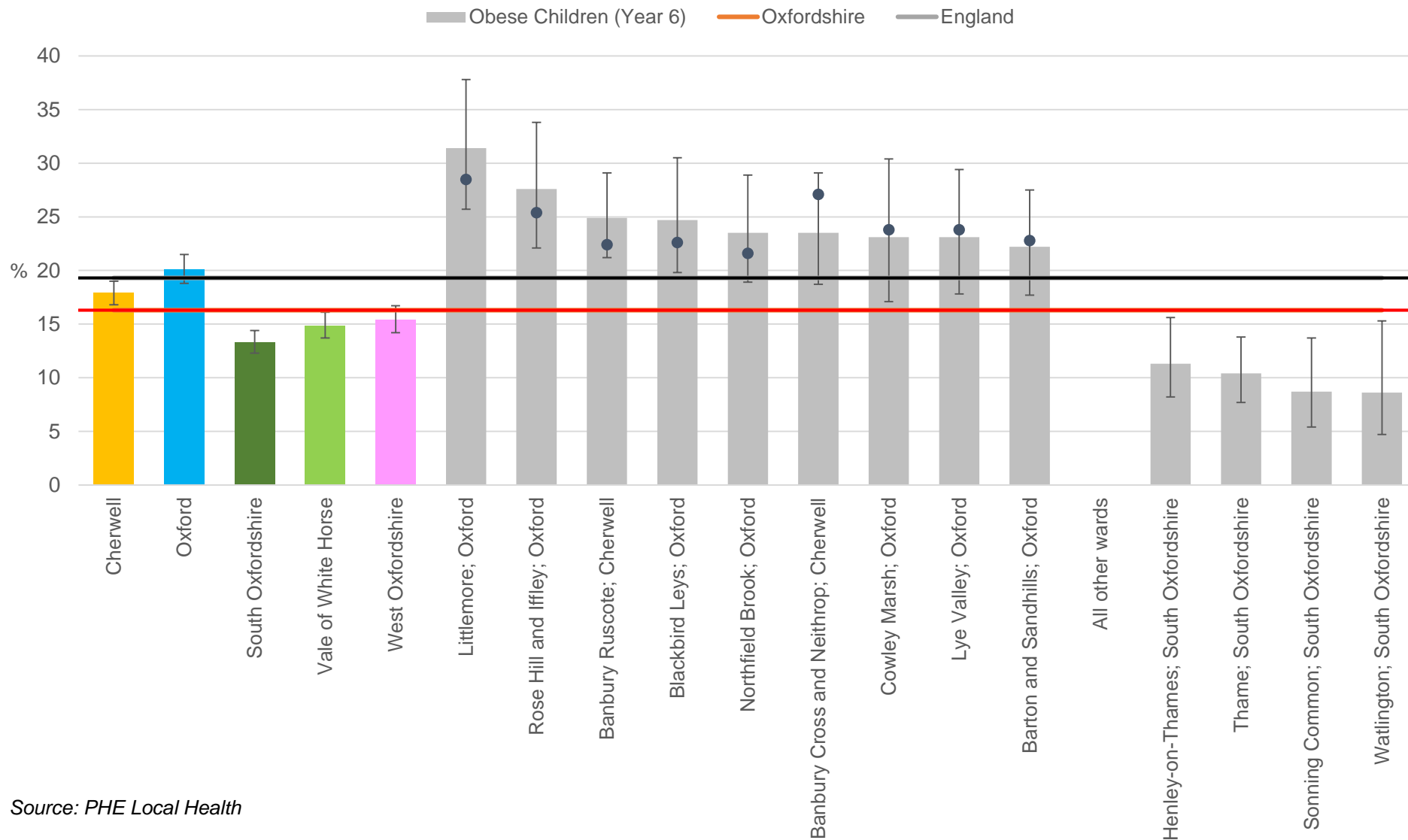
Hospital stays for self harm; standardised admission ratio (SAR)
Wards in Oxfordshire significantly higher and lower than England SAR; 2011/12 to 2015/16 combined
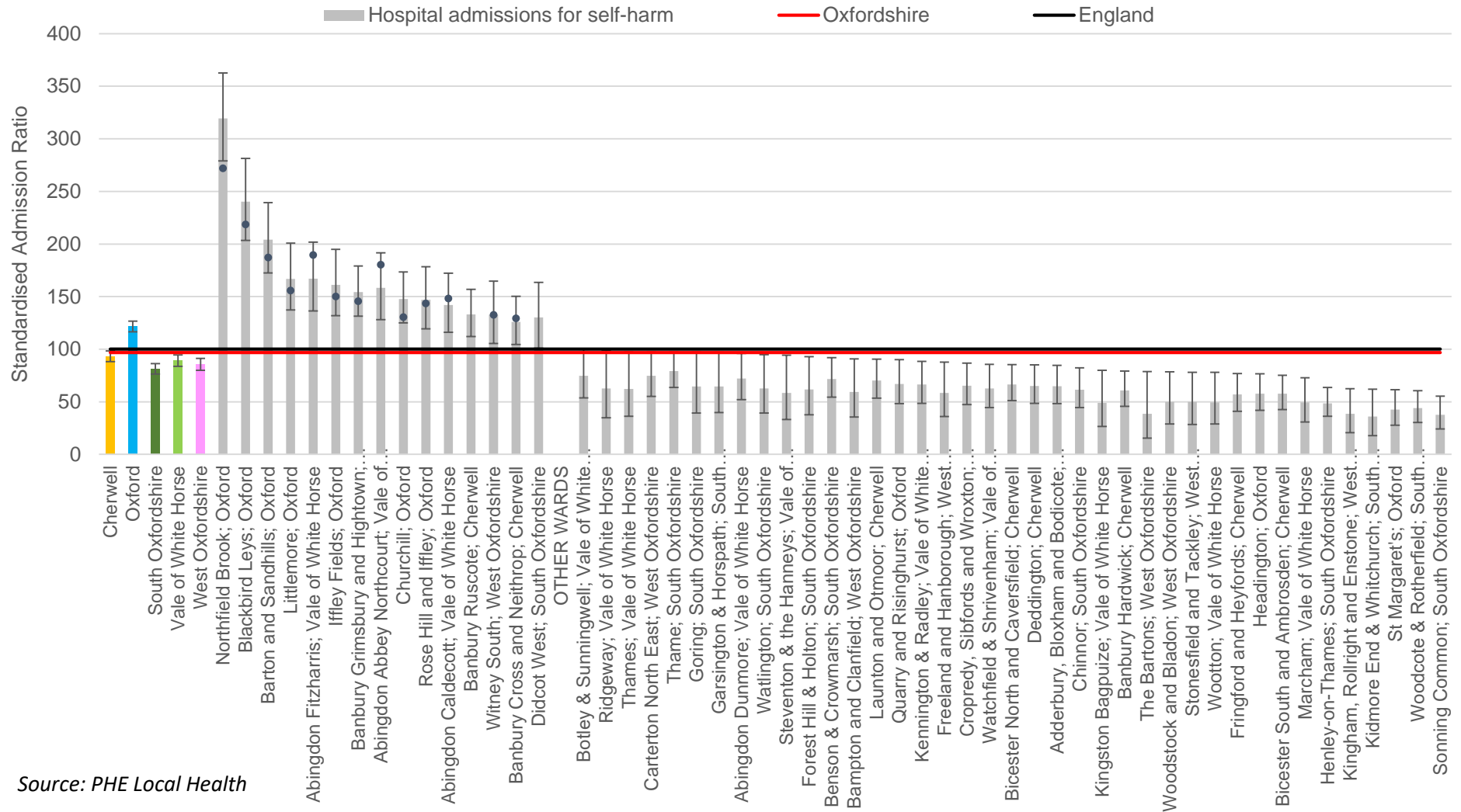
Source: PHE Local Health

Use and Next Steps

- District & CCG locality profiles

- Identify further indicators

- Measure gap(s) over time

MAKING USE OF THE JSNA

Steve Thomas, Performance and Information Manager (Social Care)
Oxfordshire County Council

The problem
Some key facts

It was a shared problem

How to engage partners?

… by solving common problems

Over 4 years

- **Doubling +** of children recorded as victims of crime
- **60%** increase in Looked After Children
- **41%** increase in Child protection cases

In one year

- **46%** increase in social care assessments
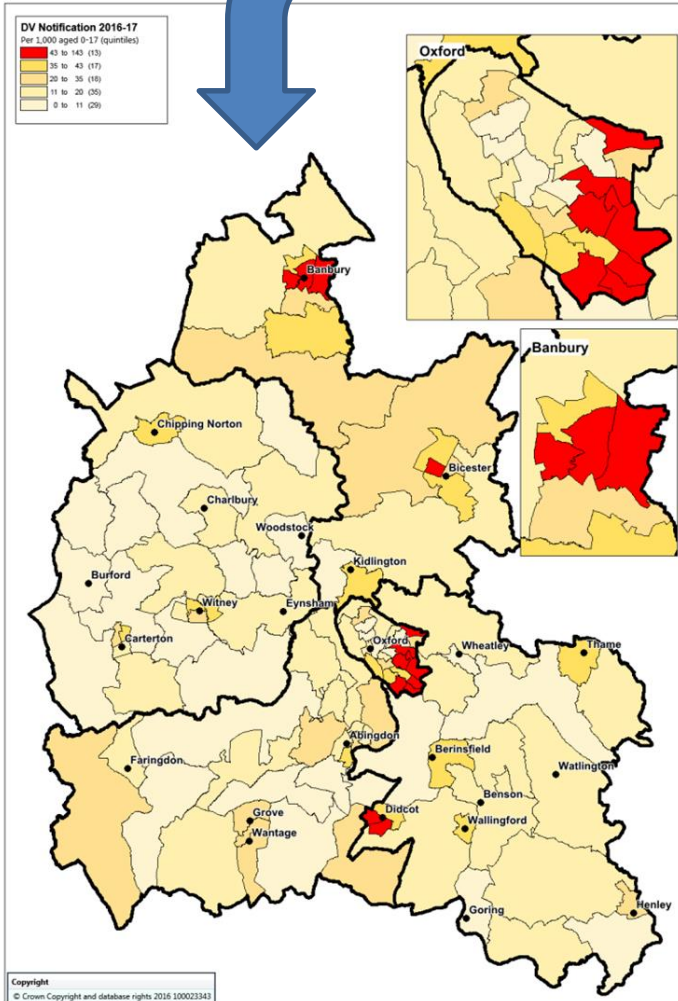- **47%** increase in referrals to CAMHS

All working in the same place
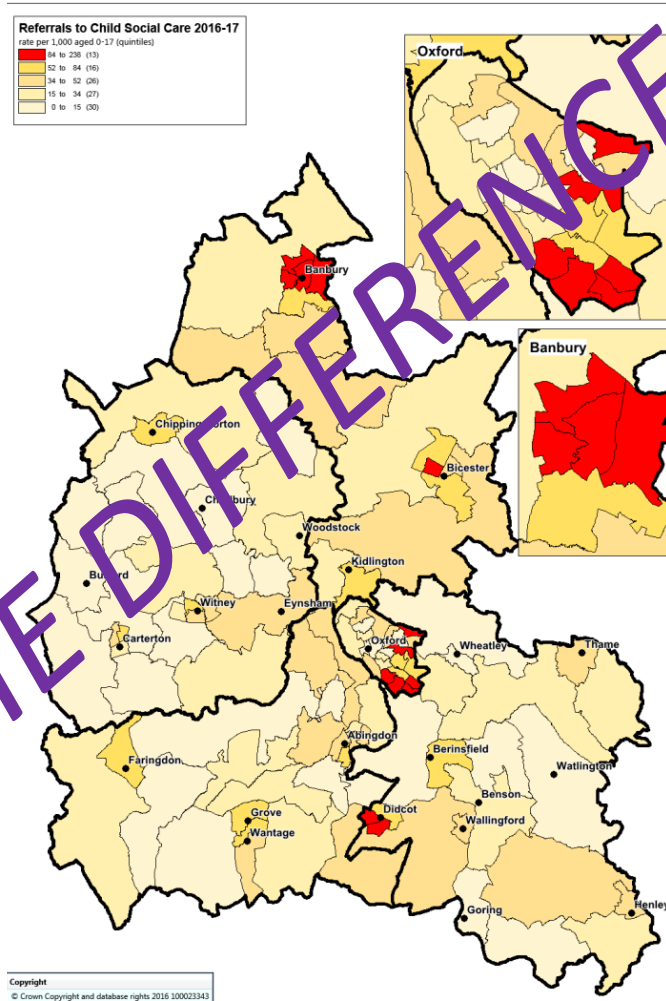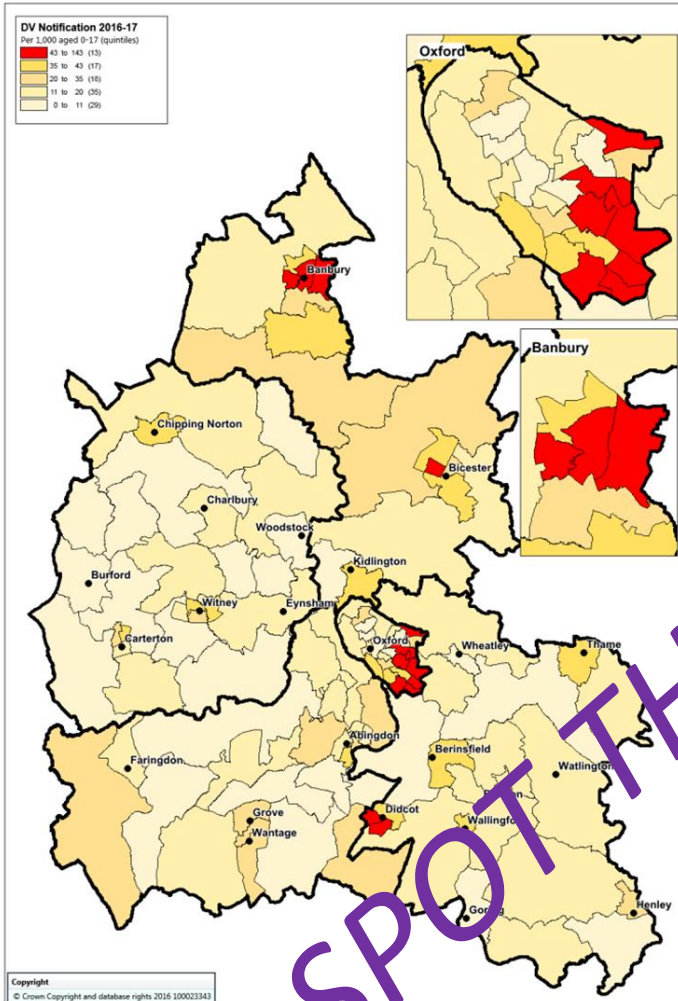
9 of the top 10 wards for domestic violence are the in the top 10 for referrals to social care
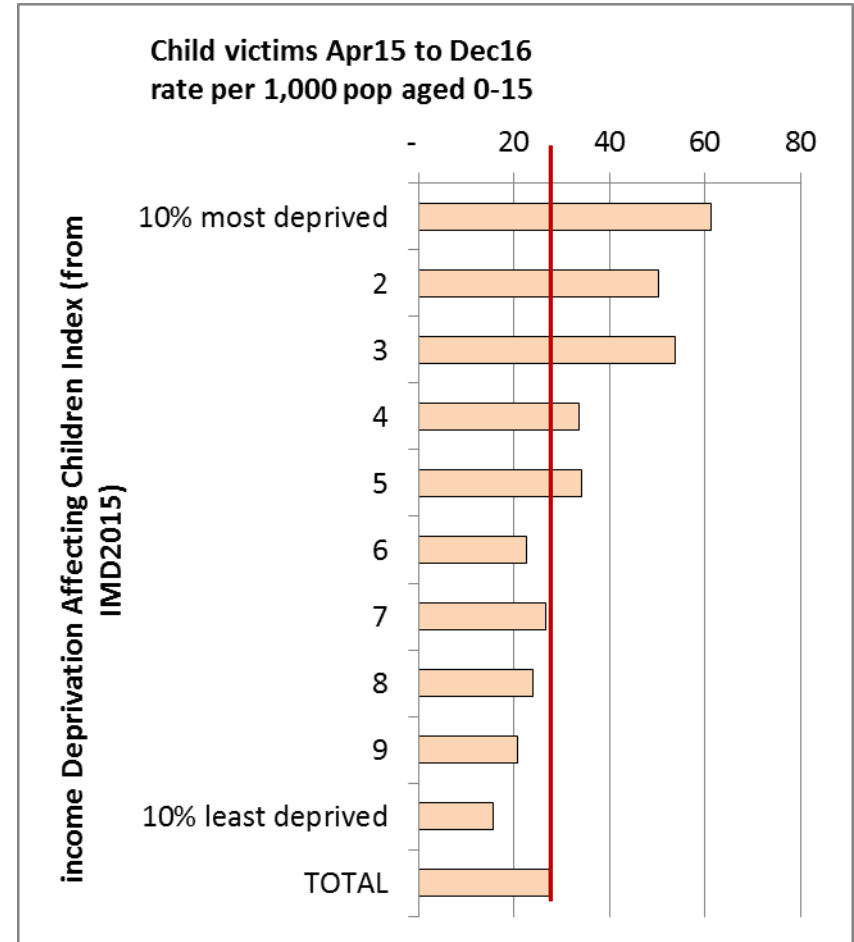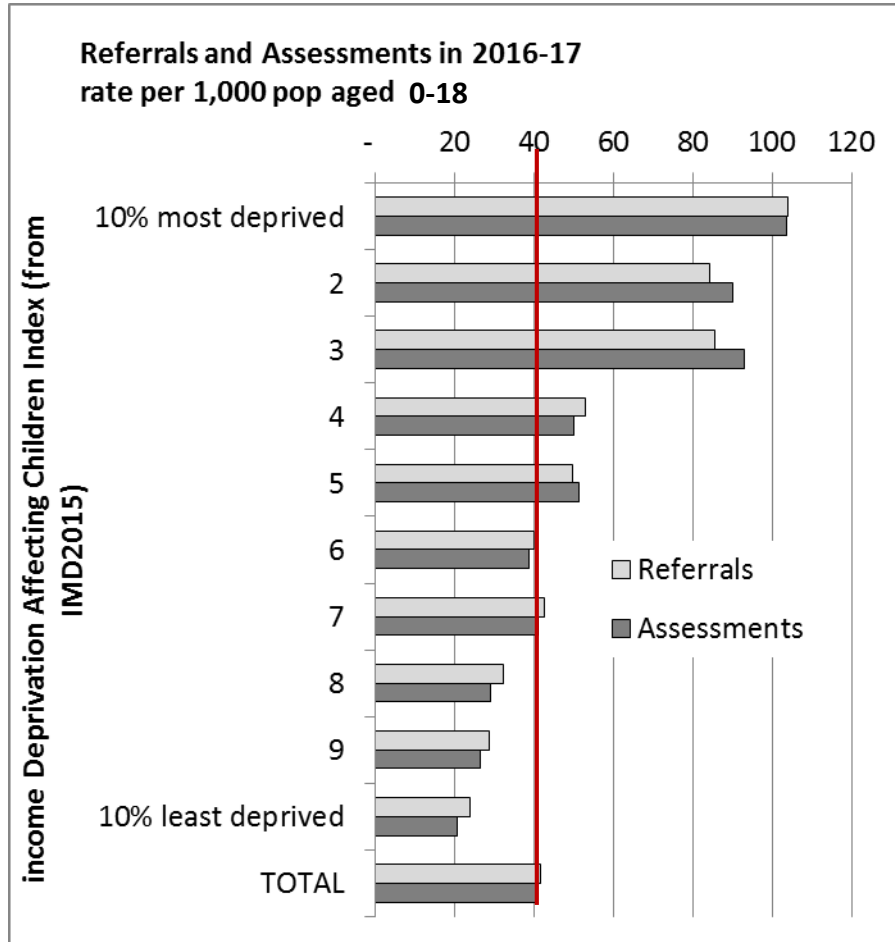
All working in the same place

Domestic Violence Notifications

Social Care Referrals
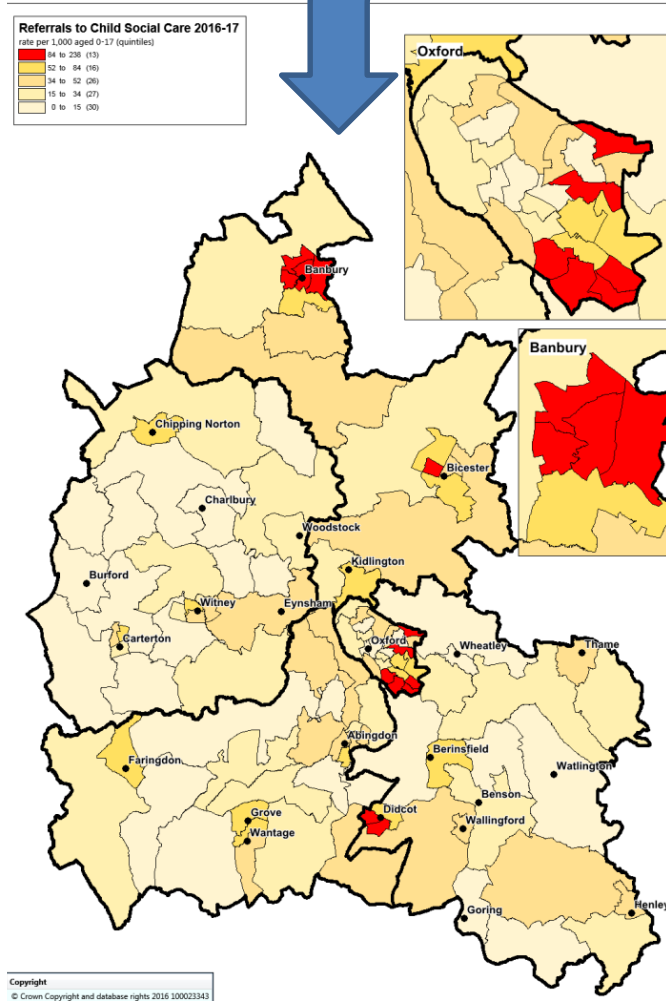
9 of the top 10 wards for domestic violence are the in the top 10 for referrals to social care

Links to inequalities

Referrals and Assessments in 2016-17
rate per 1,000 pop aged 0-18

Child victims Apr15 to Dec16
rate per 1,000 pop aged 0-15

Looking in more depth
Children as victims of crime

Oxfordshire

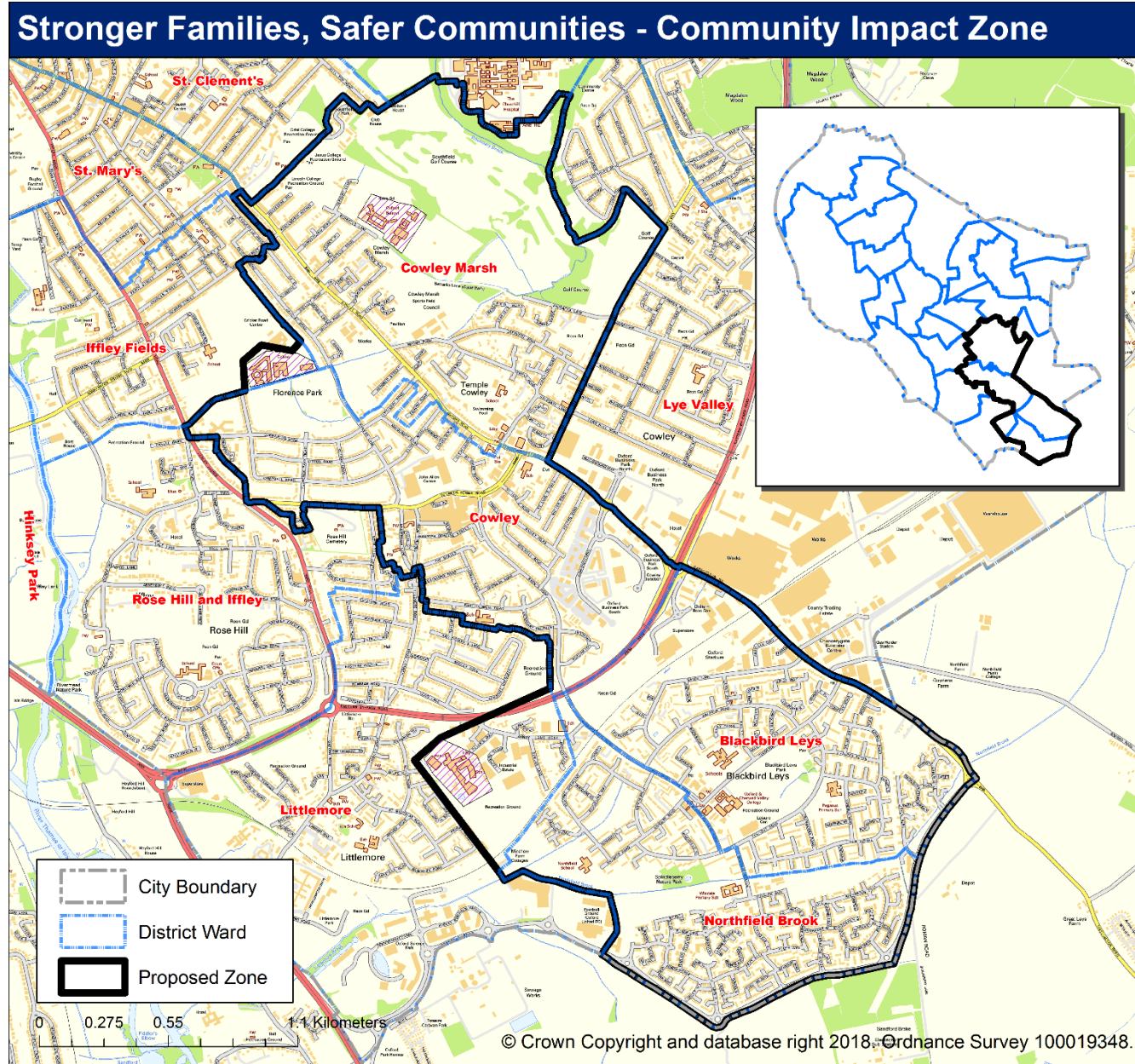|	Sexual offence	Other offence	Total	
In school time	120	364	484	30.7%
Outside school time	236	858	1094	69.3%
Time not recorded	105	208	313	
Total	461	1430	1891	

Leading to..

Focused work in wards

Community Impact Zones
- Banbury and
- East Oxford

Addressing issues with the community

What we need to do next

1. Expand the data sets we agree to share

2. Provide confidence levels on the analysis

3. Match the data. Are they the same people?

   "GDPR does not prevent further processing for … statistical purposes"

Oxfordshire

JSNA

QUESTIONS

?????

BREAK

Over to you... Improving the JSNA Content

Introductions

Q1: What was interesting for you?

Q2: What do you need the JSNA to tell you?

Q3: What could you contribute to the JSNA?

Q4: How do we encourage people to contribute to and make use of the JSNA?

FEEDBACK

NEXT STEPS

Other things you may like to know

- CCG Locality Profiles and District Profiles have been published today

- A Knowledge Hub for analysts has been launched – ask Owen, Tiffany, Bella or Margaret for details if you want to register

- Contact address JSNA@oxfordshire.gov.uk

Next steps

- Publish the presentations from today and let you know where they are

- Collate all your ideas and suggestions for discussion at the JSNA steering group

- Follow up your suggestions / contributions

- Start to develop the 2019 JSNA report (to be published in March 2019)

- Keep in touch!