



Oxfordshire JSNA 2023

Health conditions and causes of death

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This data pack..

- This data pack provides information on health conditions and causes of death in Oxfordshire.
- It includes information on COVID-19 and a range of health conditions and mortality statistics.
- Further JSNA resources are available via the [JSNA page of Oxfordshire Insight](#)
- **NOTE**
 - This data pack includes data accessed in March and April 2023.
- Note on data sources:
 - The majority of the data on health conditions relies on recorded cases which will reflect who is in contact with services and is diagnosed. This can particularly affect estimates of the prevalence of certain health conditions such as hypertension, dementia and depression.

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Summary - Health conditions

- The health conditions with the greatest number of GP-registered patients in Oxfordshire in 2021-22 were:
 - Hypertension (high blood pressure): 99,710 patients
 - Depression: 80,720 patients
 - Asthma: 45,841 patients
 - Obesity: 54,169 patients
- The prevalence of cancer and depression in Oxfordshire in 2021-22 were each above the national average.
- The prevalence of depression in adults has further increased in Oxfordshire.
- People with learning disabilities are more than twice as likely to have diabetes than the general population.
- In 2021-22 the rate of hospital admissions due to falls in Oxfordshire was above the national average. Oxford City has had a consistently high rate of admissions due to falls, the rate in Cherwell has seen a significant increase.
- The latest ONS measures of personal wellbeing (2021-22) for Oxfordshire show an increase in reported happiness and a decrease in anxiety. The average level of anxiety in Oxfordshire is below the England rate.
- The government's *State of the Nation 2022* report shows that women are more likely to screen positive for an eating disorder and to self harm compared to men.
- An increasing proportion of Oxfordshire's state school pupils are recorded with a special educational need (SEN) of social, emotional and mental health.

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Summary - Causes of death

- In 2019 to 2021, *Cancer* was the leading cause of death in Oxfordshire, followed by *Heart Disease* for males and *Dementia & Alzheimer Diseases* for females.
- Areas of Oxfordshire with higher rates of death from cancer were two areas of Banbury, Iffley Fields in Oxford, Bicester East and the Littlemore/Rose Hill area of Oxford
- National data shows that premature mortality (under 75 years) is closely associated with deprivation.
- The highest rates of preventable mortality found in males by district (2018-20) were in Oxford City and West Oxfordshire. The highest rates for females were in Cherwell and Oxford City.
- Between 2017 and 2019 (combined 3 years), there was an estimated 1,698 tobacco-related deaths in Oxfordshire. The rate of deaths was below the England average.
- An increasing number and proportion of deaths in Oxfordshire happen at home.

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Health conditions - Oxfordshire and England

- The health conditions with the greatest number of GP-registered patients in Oxfordshire were:
 - Hypertension (high blood pressure): 99,710 patients
 - Depression: 80,720 patients
 - Obesity: 54,169 patients
 - Asthma: 45,841 patients
- Two health conditions in Oxfordshire were above the England average:
 - Cancer
 - Osteoporosis

QOF 2021-22 - NHS Digital

Oxfordshire CCG	2020-21		2021-22		pp Change	England Rate
	Count	Rate	Count	Rate		
Cardiovascular group						
Atrial Fibrillation	16,025	2.06	16,671	2.1	-0.04	2.09
Coronary heart disease	17,946	2.3	18,142	2.28	0.02	3.01
Heart failure	5,995	0.77	6,459	0.81	-0.04	0.95
Hypertension	97,892	12.56	99,710	12.55	0.01	13.97
Periph. Atrial disease	3,639	0.47	3,654	0.46	0.01	0.58
Stroke and TIA	13,511	1.73	13,891	1.75	-0.02	1.81
Respiratory group						
Asthma	43,968	5.99	45,841	6.11	n/a	6.47
Chronic obstructive pulmonary disease	10,796	1.38	10,639	1.34	n/a	1.87
Lifestyle group						
Obesity	42,099	6.69	54,169	8.42	-1.73	9.72
High dependency and other long-term conditions group						
Cancer	28,461	3.65	30,235	3.8	-0.15	3.34
Chronic kidney disease	18,966	3.01	19,374	3.01	0	3.98
Diabetes mellitus	32,971	5.16	34,639	5.31	-0.15	7.26
Palliative care	2,293	0.29	2,186	0.28	0.01	0.46
Mental health and neurology group						
Dementia	5,423	0.7	5,586	0.7	0	0.72
Depression	79,244	12.59	80,720	12.54	0.05	12.65
Epilepsy	4,469	0.71	4,568	0.71	0	0.79
Learning disabilities	3,093	0.4	3,205	0.4	0	0.55
Mental health	6,561	0.84	6,779	0.85	-0.01	0.95
Musculoskeletal group						
Osteoporosis	4,153	1.5	4,532	1.6	-0.1	0.85
Rheumatoid arthritis	4,347	0.67	4,436	0.67	0	0.77
Non-diabetic hyperglycaemia						
Non-diabetic hyperglycaemia	21,243	3.38	25,004	3.89	-0.51	6.09

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Diabetes

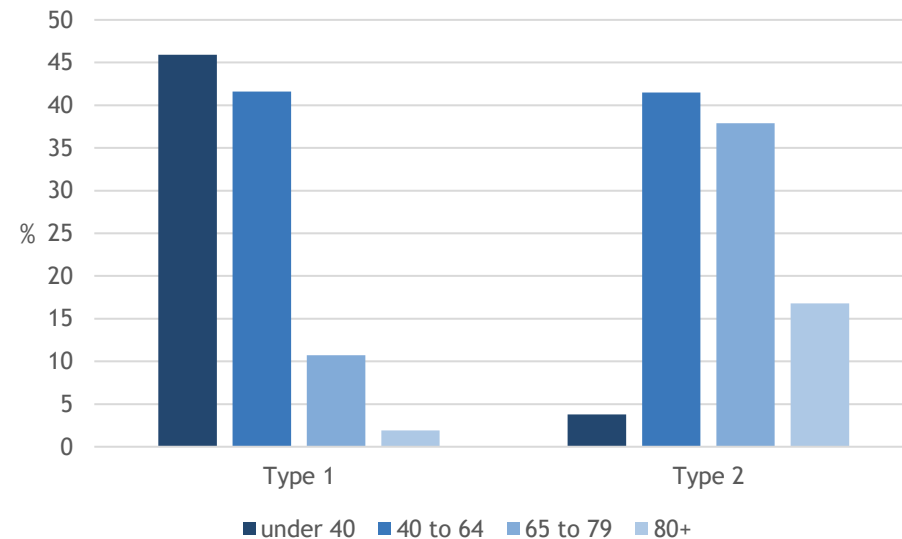
- In 2021-22 there were 34,620 GP registered patients aged 17 years or older who had been diagnosed with type 1 and type 2 diabetes in Oxfordshire.
- The prevalence of diabetes in the NHS Oxfordshire area was 5.3% in 2021-22, well below the England average of 7.3%.
- The most recent (2017) estimate of the prevalence of diagnosed and undiagnosed diabetes in the NHS Oxfordshire area was 7.2% (compared with 8.5% in England at that time).
- Estimates from 2020-21 show that Type 1 diabetes particularly affects younger people, while type 2 affects older people.

OHID [Diabetes profile](#) for Oxfordshire NHS

Diabetes prevalence (17+) to 2021-22



Distribution of people with type 1 and type 2 diabetes in Oxfordshire by age (2020-21)



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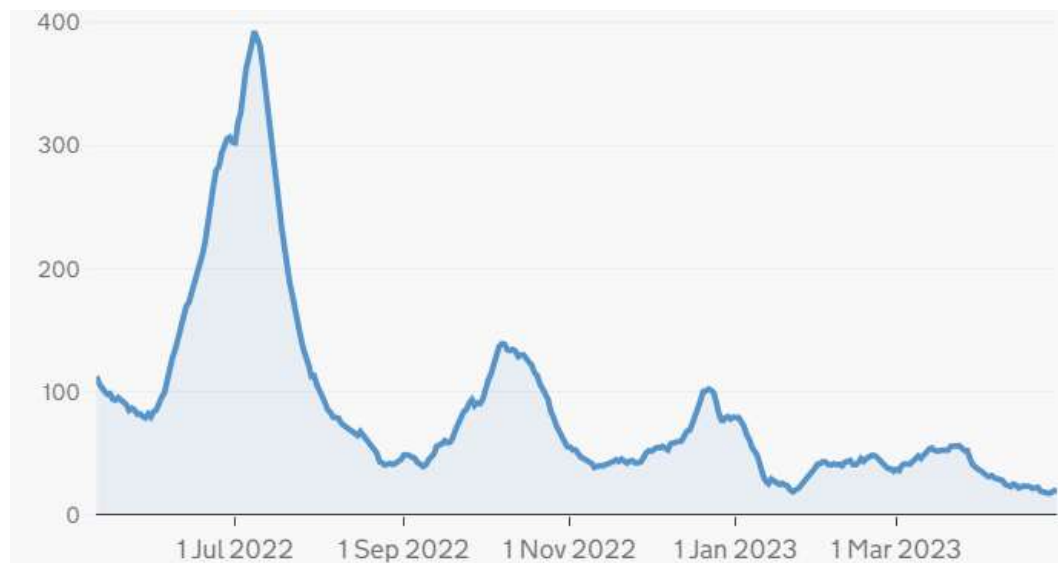
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Cases of coronavirus in Oxfordshire (COVID-19)

- Between April 2020 and March 2023 there was a total of 224,939 cases of COVID-19 in Oxfordshire with 33,420 in 2020/21; 150,000 in 2021/22 and 41,519 in 2022-23.
- The majority of these cases were in the working age population.
- The UK Government downgraded the severity of COVID-19 and is currently seen and monitored as any other respiratory disease.

Rate of cases per 100,000 people in the rolling 7-day period ending on week ending 13 May 2022 and 5 May 2023



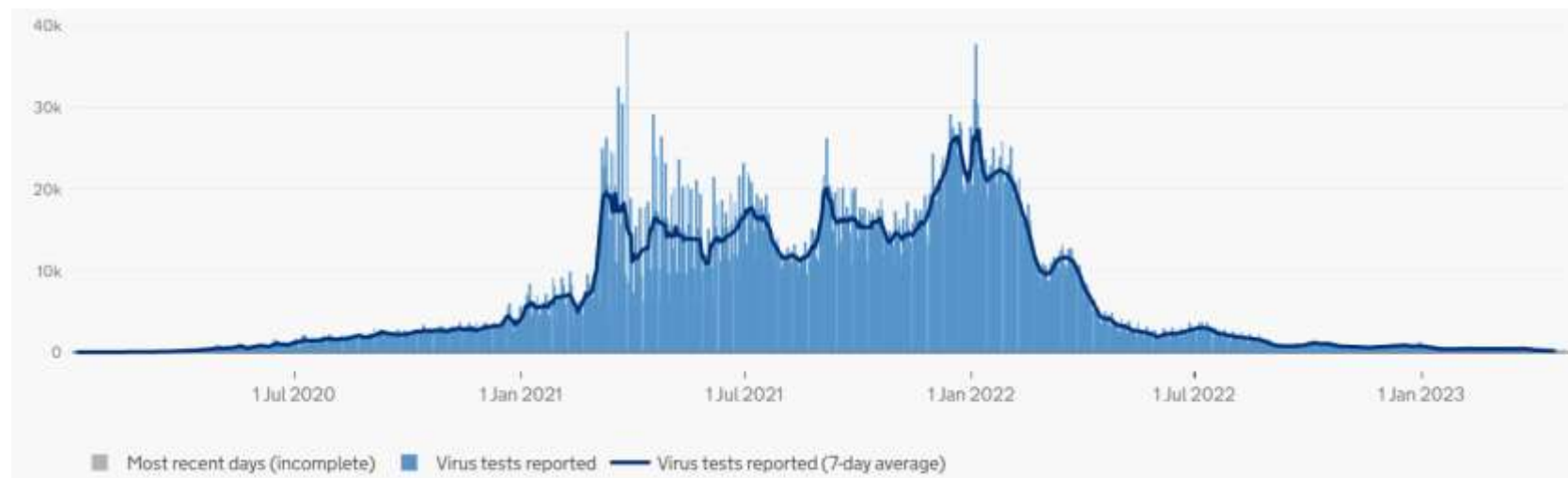
Source: UKHSA, [Coronavirus dashboard](#)
 For more information about COVID-19, see [Finding out more - coronavirus \(COVID-19\)](#); data for 1 March 2020 to 1 April 2023

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Testing of coronavirus (COVID-19)

- Between 4 January 2020 and April 2023, there was a total of 7,683,240 LFD's and PCR tests conducted in Oxfordshire.
- This is a count of test results and may include more than one test per person. Data is shown by the date the sample was taken from the person being tested.
- In September 2022 the UK Government downgraded the severity of COVID-19 and is currently seen and monitored as any other respiratory disease.

Number of confirmed positive, negative or void COVID-19 virus test results (PCR and LFD tests), and rolling 7-day average in Oxfordshire



Source: UKHSA, [Coronavirus dashboard](#)
For more information about COVID-19, see [Finding out more - coronavirus \(COVID-19\)](#)

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Long COVID- national

- UK ONS data shows that an estimated 2.9% of the population were experiencing self-reported long COVID-19 with symptoms continuing for more than four weeks after the first suspected coronavirus (COVID-19) infection.
- Of people with self-reported long COVID, the time they first had (or suspected they had) COVID-19 was:
 - Less than 12 weeks previously = 4%
 - At least 12 weeks previously = 92%
 - At least one year previously = 69%
- Fatigue continued to be the most common symptom reported by individuals experiencing long COVID (72% of those with self-reported long COVID), difficulty concentrating (51%), muscle ache (49%) followed by shortness of breath (48%).
- As a proportion of the UK population, the prevalence of self-reported long COVID was greatest in those:
 - Aged 35 to 69 years
 - Females
 - People living in more deprived areas
 - Working in social care
 - Aged 16 years or over who were not working and not looking for work
 - With another activity-limiting health condition or disability.

[Prevalence of ongoing symptoms following coronavirus \(COVID-19\) infection in the UK - Office for National Statistics \(ons.gov.uk\)](#) Published 30/03/23. The estimates presented in this analysis relate to self-reported long COVID, as experienced by study participants who responded to a representative survey, rather than clinically diagnosed ongoing symptomatic COVID-19 or post-COVID-19 syndrome in the full population. Long Covid-19 symptoms that were not explained by something else.

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Cancer incidence

- Cancer standardised incidence rates for combined years (2015 to 2019) for Oxfordshire show a significantly higher prevalence in breast cancers and in prostate cancers compared with England.

Indicator	Period	Oxon			Region England			England		
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best	
Incidence rate of alcohol-related cancer (Persons)	2017 - 19	–	705	36.27	37.01	38.00	48.11		29.15	
Incidence rate of alcohol-related cancer (Male)	2017 - 19	–	320	35.07	36.79	39.36	57.89		28.05	
Incidence rate of alcohol-related cancer (Female)	2017 - 19	–	385	37.64	37.53	37.09	42.33		28.73	
Incidence of all cancers, standardised incidence ratio	2015 - 19	–	18,957	97.7	-	100.0	116.6		72.6	
Incidence of breast cancer, standardised incidence ratio	2015 - 19	–	2,995	105.0	-	100.0	152.2		73.9	
Incidence of colorectal cancer, standardised incidence ratio	2015 - 19	–	2,225	100.4	-	100.0	120.5		65.6	
Incidence of lung cancer, standardised incidence ratio	2015 - 19	–	1,958	80.7	-	100.0	206.2		45.1	
Incidence of prostate cancer, standardised incidence ratio	2015 - 19	–	3,205	116.9	-	100.0	145.4		63.7	

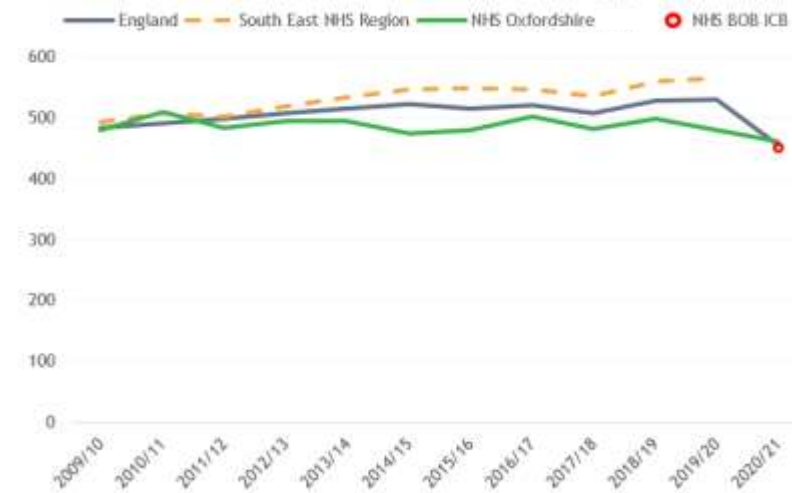
[Public health profiles - OHID \(phe.org.uk\)](https://phe.org.uk) for Oxfordshire accessed 24 Apr 23

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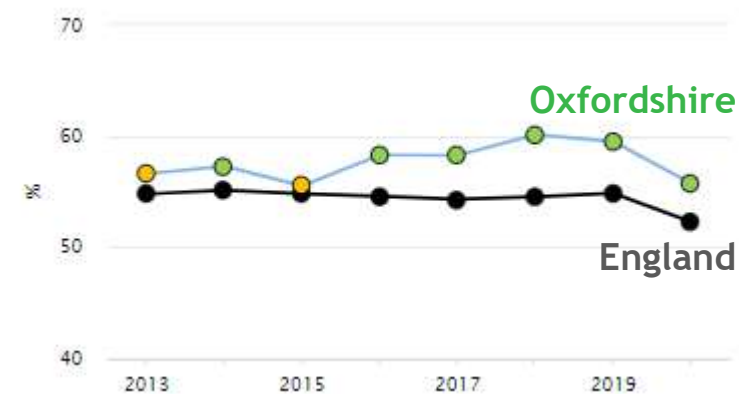
New cancer cases and diagnosis

- In 2020-21, there were 3,594 people in Oxfordshire diagnosed with new cases of cancer.
- This is equivalent to a rate of 461 per 100,000 population, higher than England (456) and the NHS BOB ICB (451) averages.
- NHS South East Region data was replaced with NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board.
- The percentage of cancer occurrences diagnosed at stages 1 and 2 (shown as a proportion of all new cases of cancer diagnosed) have remained above (better than) the England rate.
- In 2020, 1,416 new cases of cancer were diagnosed at stage 1 or 2 in Oxfordshire.

Crude incidence rate of cancer (new cases per 100,000 population)



Cancer diagnosed at stages 1 and 2



OHID [Cancer Profile](#), [Public Health Outcomes Framework](#) for Oxfordshire NHS accessed 5 Apr 23

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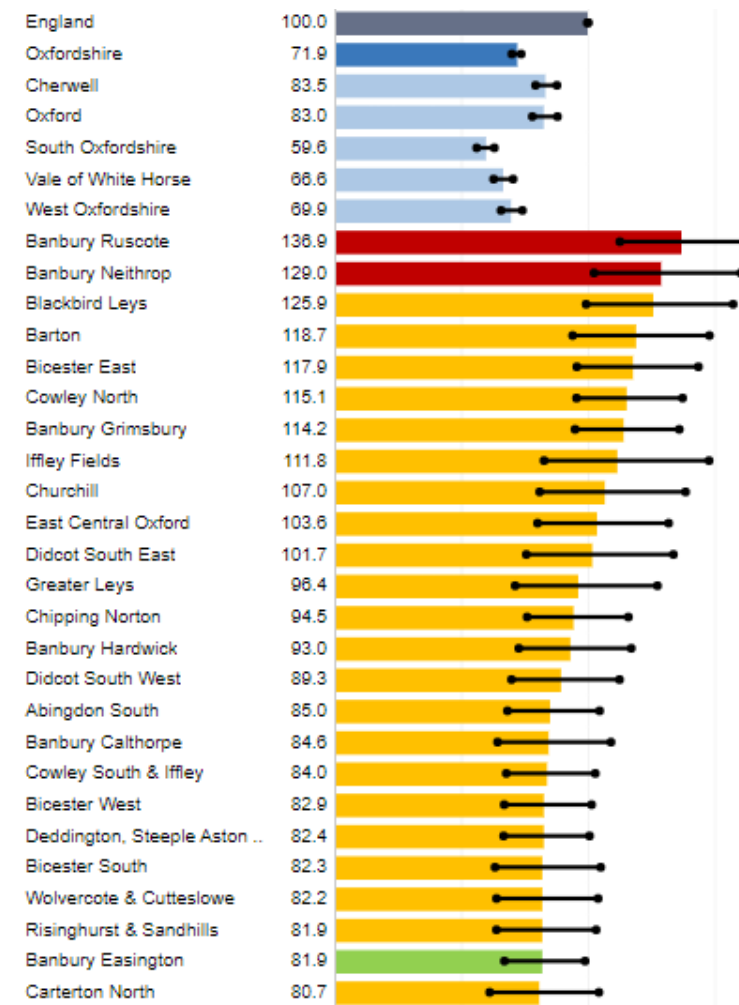
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Cardiovascular disease- Coronary heart disease

There were 18,142 people (all ages) registered with

- Coronary Heart Disease (CHD) among Oxfordshire GP practices in 2021-22 (2.28% of all patients, compared to 3.01% nationally).
- The latest data for hospital admissions for CHD shows that in 2020-21 the hospital admission rate for CHD in Oxfordshire NHS was 284.9 per 100,000 people (1,865 admissions). This is significantly lower than the England rate (368).
- Two of Oxfordshire's 86 Middle Layer Super Output Areas (MSOAs), Banbury Ruscote and Banbury Neithrop had significantly higher rates of hospital admissions for CHD than England. The areas with the highest rates for CHD admissions were Banbury Ruscote and Banbury Neithrop

Bar chart showing admission rate for CHD



OHID [Heart Disease and Stroke Profile Reports](#), [Local Health](#) for Oxfordshire NHS accessed 3 May 23
Oxfordshire insight- [Inequalities Dashboard](#)

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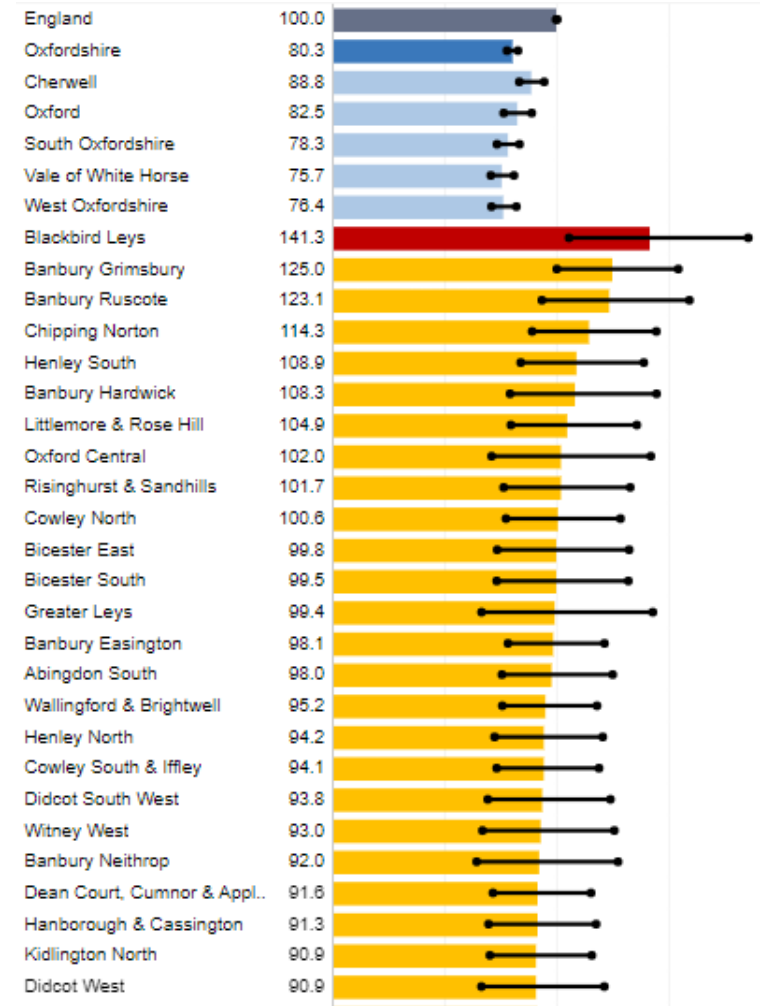
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Cardiovascular disease- Stroke

Cardiovascular disease (CVD) refers to disease of the heart or blood vessels. CVD also includes stroke and high blood pressure.

- 13,891 patients at Oxfordshire GP practices in 2021-22 had recorded stroke or transient ischaemic attack (TIA). This was 1.75% of all Oxfordshire patients, just below the national average (1.8%).
- In 2020-21 the admission rate for stroke in NHS Oxfordshire NHS was 140.0 for every 100,000 people in the population (945 admissions). This is significantly lower than England (161.8). The admission rate for stroke in the NHS has decreased by 23.4% between 2004-05 and 2020-21.
- 1 of Oxfordshire's 86 Middle Layer Super Output Areas (MSOAs) had significantly higher rates of hospital admissions for strokes than England.
- The area with the highest rates for stroke admissions was Blackbird Leys.

Bar chart showing admission rate for Stroke



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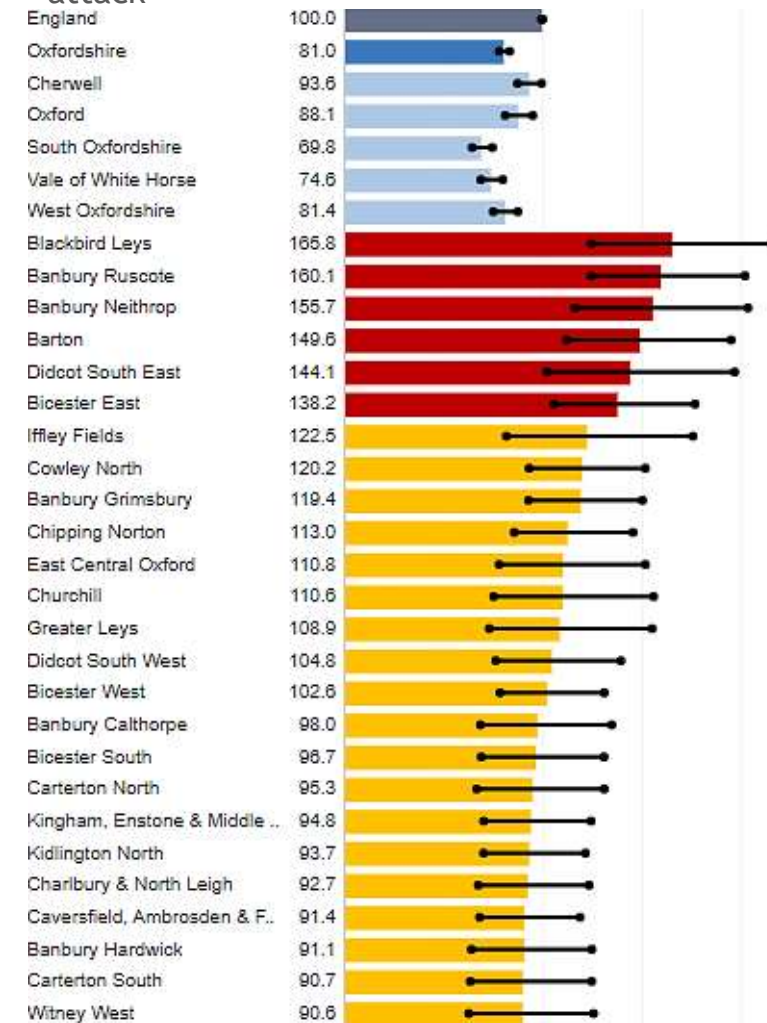
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Cardiovascular disease- Heart attack

Heart failure & admissions for heart attacks

- 6,459 patients at Oxfordshire GP practices in 2021-22 had recorded heart failure. This is 0.81% of all Oxfordshire patients, below the national average (0.95%).
- Between 2016-17 and 2020-21 the admission ratio for Myocardial infarction (Heart attack) in Oxfordshire was 81 per 100 people in the population.
- Six of Oxfordshire’s 86 Middle Layer Super Output Areas (MSOAs) had significantly higher rates of hospital admissions for heart attacks than England. The areas with the highest rates for heart attack admissions were Blackbird Leys, Banbury Ruscote, Banbury Neithrop, Barton, Didcot South East and Bicester East.

Bar chart showing admission rate for Heart attack



OHID [Heart Disease and Stroke Profile Reports](#), [Local Health](#) for Oxfordshire NHS accessed 3 May 23
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Cardiovascular disease- Blood pressure

- The percentage of patients aged 45 or over who have a record of blood pressure in the preceding 5 years is 97.4% of all Oxfordshire patients, just below the national average (97.67%). 331,763 patients at Oxfordshire GP practices in 2021-22 had recorded high blood pressure.
- In 2020-21 the admission rate for high blood pressure in NHS Oxfordshire was 140.0 for every 100,000 people in the population (945 admissions). This is significantly lower than England (161.8). The admission rate for stroke in the NHS has decreased by 23.4% between 2004-05 and 2020-21.

OHID [Heart Disease and Stroke Profile Reports](#), [Local Health](#) for Oxfordshire NHS accessed 3 May 23
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Musculoskeletal conditions

Good musculoskeletal health (MSK) is an important component of maintaining a person’s functional abilities throughout the life course. MSK conditions affect the bones, joints, muscles and spine, and are a common cause of severe long-term pain and physical disability. There are three groups:

- Inflammatory conditions e.g. rheumatoid arthritis;
 - Conditions of MSK pain e.g. osteoarthritis and back pain;
 - Osteoporosis and fragility fractures, e.g. a fracture after a fall from standing height.
- Each year, 17.6% of people see a doctor in England about a MSK problem.
 - In Oxfordshire (2022), there were an estimated 14.3% of people living with a long term MSK condition.

Percentage reporting a long-term MSK problem 2022 (districts in Oxfordshire)

Area	Value	95% Lower CI	95% Upper CI
England	17.6	17.5	17.7
Oxfordshire	14.3	13.5	15.1
Vale of White Horse	17.0	14.8	19.1
South Oxfordshire	16.4	14.6	18.4
West Oxfordshire	15.0	12.9	17.0
Cherwell	13.9	12.1	15.6
Oxford	10.7	9.3	12.3

OHID [Applying all our health](#)

OHID [Profile MSK Conditions](#)

Confidence intervals (CIs) on the chart show the range within which the estimate could fall.

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Musculoskeletal conditions and mental health

In the UK, musculoskeletal conditions are the leading cause of disability accounting for 30.5% of all years lived with disability; 26% of adults report having been diagnosed with at least one mental illness over their lifetime in the adult population who have a MSK condition. Data from the GP Patient Survey has been used to raise awareness of the association between musculoskeletal conditions and mental health conditions and to stimulate better pain management strategies.

- Data which estimates the likelihood of people with a musculoskeletal (MSK) condition also living with a mental health condition shows:
 - A higher likelihood of those with a MSK reporting a mental health condition in England and Oxfordshire
 - A likelihood in Oxfordshire that is similar to the national average (no significant difference, indicated by overlapping confidence intervals).

Odds ratio of reporting a mental health condition among people with and without an MSK condition 2022

Area	Value	95% Lower CI	95% Upper CI
England	1.4	1.4	1.4
Oxfordshire	1.2	1.0	1.4
Cherwell	2.1	1.5	2.9
South Oxfordshire	1.4	1.0	2.1
Vale of White Horse	1.2	0.8	1.8
Oxford	0.8	0.5	1.2
West Oxfordshire	0.5	0.3	1.0

An odds ratio of 1 represents no difference between long-term mental health condition prevalence rates in the two groups. An odds ratio higher than 1 signifies the group with a long-term musculoskeletal condition are more likely to have a mental health condition than their counterparts.

OHID [Profile MSK Conditions](#)

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Sensory Impairment - Sight loss

One in every five people in the UK will start to live with sight loss in their lifetime. The main causes of sight loss are uncorrected refracted error, age-related macular degeneration, cataract, glaucoma and diabetic eye disease.

To register as severely sight impaired (blind) or slightly impaired (partially sighted) you must have lost a large part of your visual field or have very poor visual acuity.

In Oxfordshire, there are an estimated 24,000 people (3.4% of total population) in 2021/22 living with sight loss, including 1,820 people registered blind or partially sighted. It is estimated that there will be 30,000 people in Oxfordshire living with sight loss by 2032.

- There are 1,085 people registered as blind, 35 of which are children; a further 735 are registered as partially sighted, 25 of which are children.
- National data from RNIB's Understanding Society survey show that only one in four blind and partially sighted people of working age are in employment.
- Compared to the UK average, people with sight loss reported significantly reduced wellbeing.
- People with learning disabilities are 10 times more likely to experience sight loss than the general population.

RNIB [Sight Loss Data Tool Version 5](#),
[Understanding Society: comparing the circumstances of people with sight loss to the UK population](#)
For information, see RNIB's report [Living with Sight Loss Through Lockdown](#)

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Sensory Impairment - Hearing Impairment

Hearing Impairment is a major public health issue that now affects over 9 million people in England. Due to our ageing population and the increasing prevalence of age-related hearing loss, this is set to grow to 13 million by 2035.

- NHS England estimates that the prevalence of hearing loss in Oxfordshire will increase from 20% in 2015 to 26% in 2035.

Estimated prevalence (%) of hearing loss of 25dBHL* or more in the adult population (18+ years)

	2015	2020	2025	2030	2035
Oxfordshire	20	22	23	25	26
South East	22	23	25	26	27
England	21	22	23	24	25

- The estimated number in 2020 is over 120,000 - 35% of these are aged 51-70 and over 50% of these are over 71 years of age.
- The number of people with hearing loss is estimated to increase to 160,000 by 2035.

*Hearing tests use pure tone audiometry where a person is presented with different frequencies (measured in decibels hearing level (dBHL) A threshold of 25dBHL indicates a hearing loss and threshold of 65dBHL indicates a severe hearing loss.

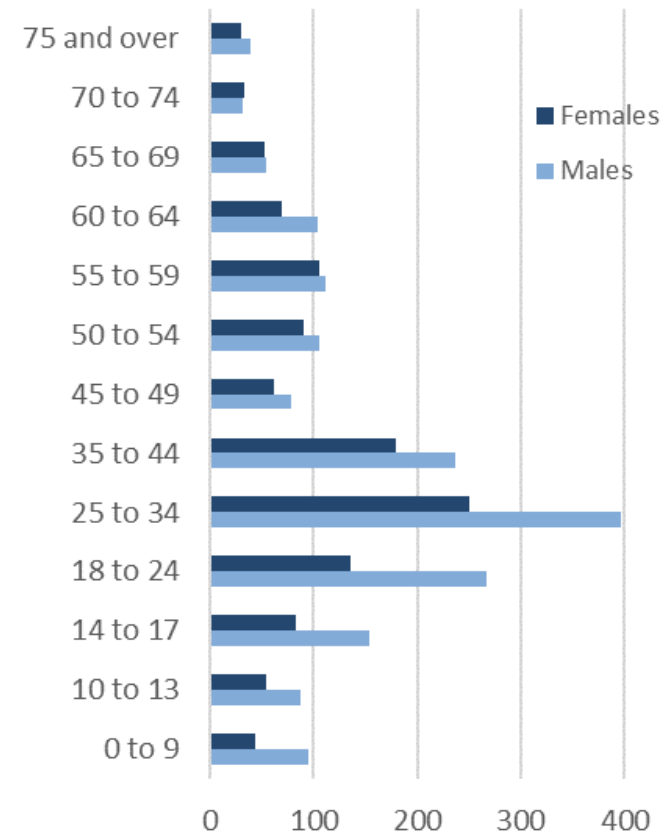
[NHS England » Hearing Loss Data Tool](#)

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Learning Disabilities by gender and age

- Experimental statistics show that, as of 31 March 2022, there were 2,945 patients recorded on their GP’s Learning Disabilities (LD) register in Oxfordshire.
- Patients with LD made up 0.39% of the total patient register in Oxfordshire (0.5% in England)
- By gender and age, the NHS Oxfordshire LD register included more males than females and more people aged 18 to 49:
 - 979 males (60%)
 - 626 females (40%)
 - 2,945 people aged 18 to 49 (54%)
 - 824 people aged 50+ (28%)

Number of patients recorded on their general practice’s learning disabilities register, Oxfordshire GP practices as at 31 March 2022



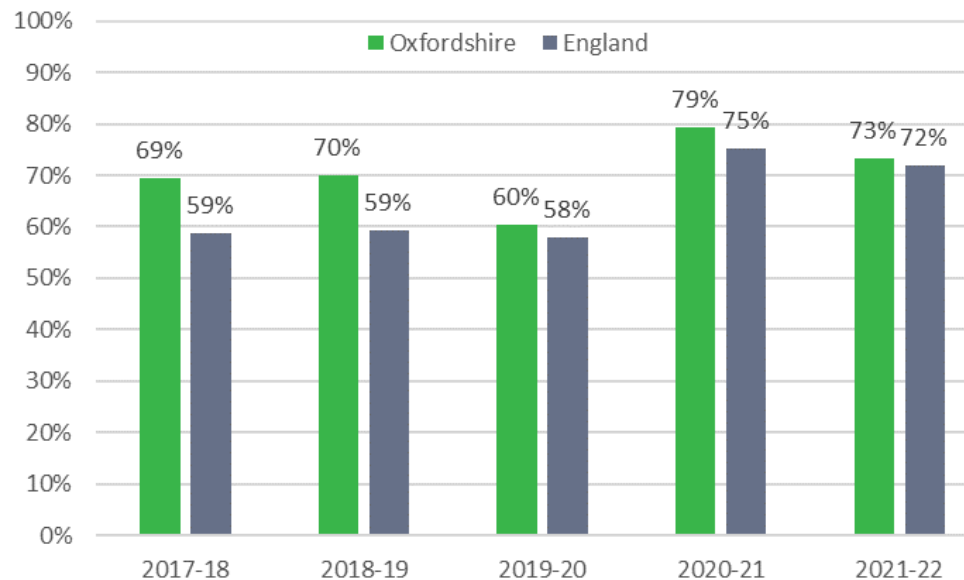
[Health and Care of People with Learning Disabilities Experimental Statistics 2021 to 2022 - NHS Digital](#)

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Health Checks for people with Learning disabilities

- In 2021-22 Oxfordshire GP practices provided a health check to 73% of registered patients with learning disabilities (aged 14 and over).
- This was below the England and Oxfordshire average in 2020-21.

Percentage of patients who had a learning disability health check (aged 14 or over) in the 12 months to 31 March each year



[Health and Care of People with Learning Disabilities Experimental Statistics 2021 to 2022 - NHS Digital](#)
From interactive dashboard

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Learning Disabilities and health conditions

- People with learning disabilities (LD) are likely to have much higher rates of certain health conditions than the general population.
- Rates of Epilepsy are almost 30 times as high for people with LD.
- People with LD are more than twice as likely to have diabetes than the general population and slightly less likely to have cancer.

[Health and Care of People with Learning Disabilities Experimental Statistics 2021 to 2022 - NHS Digital](#)

Interactive data visualisation

SPR = Standardised Prevalence Ratio XX times as likely as the population

To make a valid comparison, the number of cases in people with learning disabilities is shown as a percentage of the number expected if the general population age and sex specific rates had been applied to them.

A figure of more than 1 means the condition occurs more often than expected in people with learning disabilities, e.g. SPR = 2 means the condition is twice as common as expected in people with learning disabilities

NHS Oxfordshire patients 2021-22

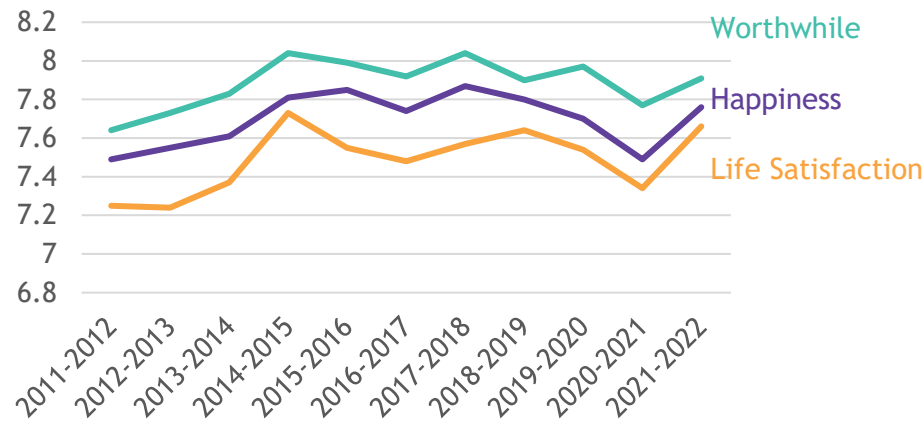
Disease category	SPR*	Observed	Expected
Epilepsy	29.4	508	17
Autism	18.0	806	45
Mental Health	6.4	156	24
Dementia	6.3	46	7
ADHD	5.3	195	37
Hypothyroidism	3.3	256	78
Diabetes – non-Type 1	2.3	187	81
Diabetes – Type 1	2.3	29	13
Stroke	2.0	54	28
Heart Failure	1.8	24	13
Asthma	1.6	256	161
Blood pressure	1.6	2,435	1,491
Hypertension	1.2	290	238
Depression	1.1	435	381
Cancer	0.9	66	72

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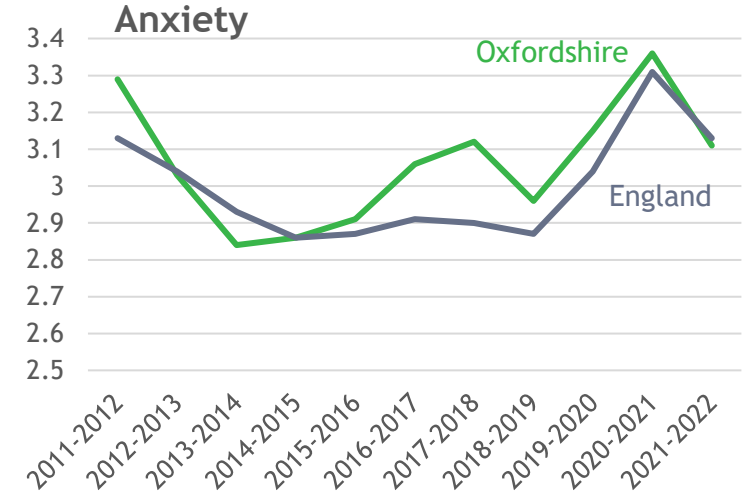
Personal wellbeing

- The latest ONS measures of personal wellbeing for Oxfordshire have each improved. Levels of reported anxiety in Oxfordshire have decreased in line with the England trend but are below the England average.
 - Between the years ending March 2021 and March 2022, the mean score for feeling “worthwhile”, “happiness” and “life satisfaction” each increased by 0.1%, 2% and 1.7% respectively.

Trend in average wellbeing scores in Oxfordshire to year ending March 2022



Trend in average level of Anxiety to year ending March 2022, Oxfordshire vs England



ONS Personal wellbeing in the UK note that vertical scales do not start at zero

The personal wellbeing estimates are from the Annual Population Survey (APS), which provides a representative sample of those living in private residential households in the UK. People living in communal establishments (such as care homes) or other non-household situations are not represented in this survey and this may be important in interpreting the findings in relation to those people reporting lower personal wellbeing.

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Children and Young People's wellbeing - national

The Department for Education (DfE) "State of the Nation" report was first published in October 2018 and integrates available evidence on the state of children and young people's wellbeing, to provide an accessible narrative on current evidence to guide discourse and action.

The 2022 DfE State of the Nation report found that:

- While children and young people's happiness with their health has remained stable since responses to this question began to be collected in 2013-2015, the percentage of those reporting low happiness with their health appears to have increased between 2019 and 2020 and has continued to increase in subsequent years.
- Rates of probable mental disorder among 17- 19-year-olds have risen from one in six in 2020 and 2021 to one in four in 2022. In the 20- to 23-year olds, rates of probable mental disorder were similar in 2021 and children's behavioural and attentional difficulties had, on average, remained relatively stable since between July 2021 and March 2022, while children's emotional difficulties had increased during this time period.
- Girls and young women were more likely than boys and young men to screen positive for a possible eating disorder in all three age groups (7-10 year olds, 17-19 year olds and 20-23 year olds), and in every wave where each group was surveyed.
- Girls and young women were more likely to have tried to harm themselves in their lifetime than boys and young men.

Department for Education [State of the Nation 2022](#) (published Feb23)

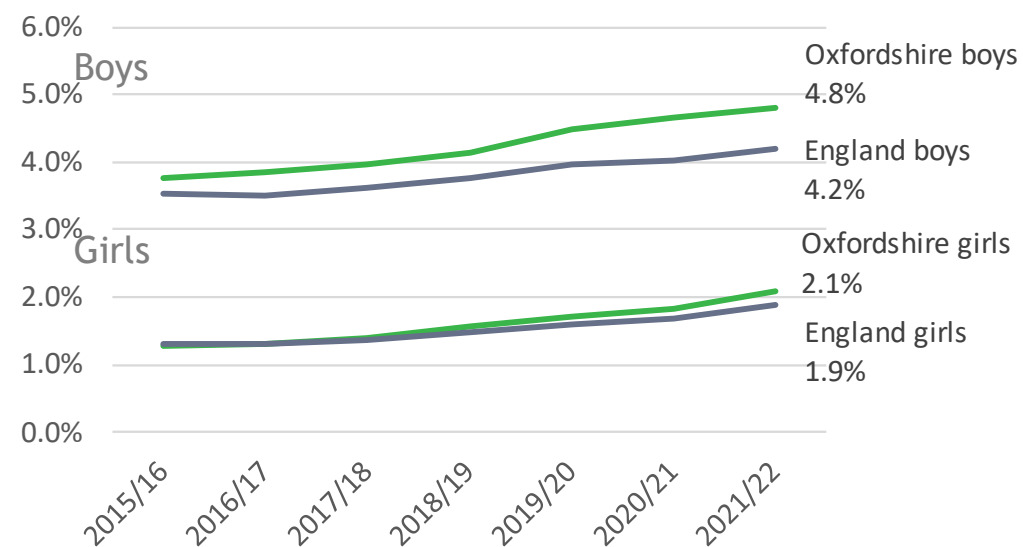
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Social, emotional and mental health needs in school pupils with Special Educational Needs

The measure below shows the number of pupils with SEN support or an Education, Health and Care plan where the primary need is social, emotional and mental health, expressed as a percentage of all school pupils. It is likely that there are pupils with social, emotional and mental health needs that are not reflected in this dataset. The National Clinical Practice Guidelines published by the British Psychological Society state that children with learning or physical disabilities have a higher risk of developing a mental health problem compared to the national population.

- Similar to the national trend, Oxfordshire has an increasing percentage of children with social, emotional and mental health needs, with a higher prevalence in boys.

Percentage of all state school children with social, emotional and mental health needs - Oxfordshire and England to 2021-22



[Special educational needs in England, Academic Year 2021/22 - Explore education statistics - GOV.UK \(explore-education-statistics.service.gov.uk\)](#) - Next update June23

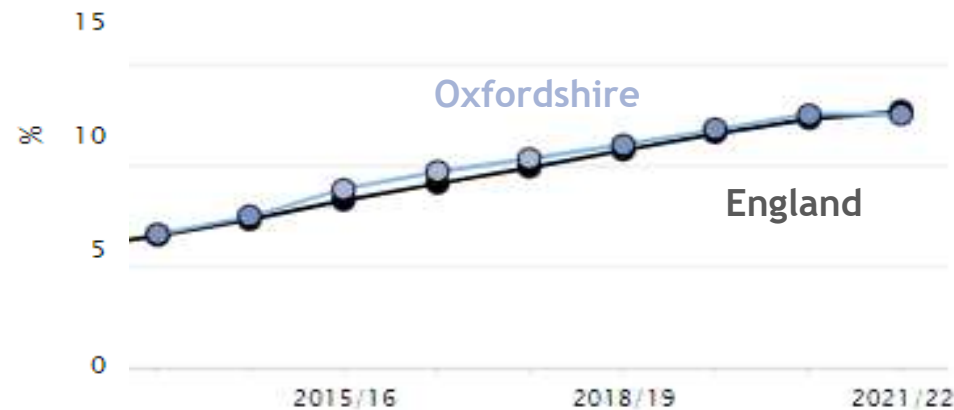
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Mental Health - Depression

Depression affects different people in different ways but it can include some or all of the following symptoms: feelings of sadness and hopelessness; losing interest in things; feeling tearful; feeling constantly tired, sleeping badly, having no appetite. It can result in significantly reduced quality of life for the patient their family and carers.

- In 2021-22 there were 81,177 patients (aged 18 or over) with a diagnosis of depression registered by Oxfordshire’s GP practices.
- The prevalence of recorded depression in Oxfordshire has stayed the same at 12.5%, slightly below the England average of 12.7%, however compared to 2017/18 there has been a 2% increase in patients with depression.

The percentage of patients aged 18 and over with depression, as recorded on practice disease registers, to 2021-22



[Mental Health and Wellbeing JSNA - OHID \(phe.org.uk\)](https://phe.org.uk)

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Self Harm

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

- In Oxfordshire rates of self-harm hospital admissions in children and young people (aged 15-24 years) were similar to England for 2021/22. The rate of admissions for those aged 10-14 were better than England 197.3 versus 307.1.
- In 2021-22 there were 545 admissions for 10-24 year olds, equivalent to a rate of 402 per 100,000 population. This is similar to England.

Emergency hospital admissions as a result of self-harm 10-24 year age bands, rate per 100,000

Indicator	Period	Oxon			Region England			England	
		Recent Trend	Count	Value	Value	Value	Worst	Range	Best
Hospital admissions as a result of self-harm (Persons, 20-24 yrs)	2021/22	-	-	362.4	466.3	340.9	1,213.9		68.2
Hospital admissions as a result of self-harm (Persons, 15-19 yrs)	2021/22	-	-	644.8	845.5	641.7	1,729.4		196.5
Hospital admissions as a result of self-harm (Persons, 10-14 yrs)	2021/22	-	-	197.3	346.3	307.1	785.4		69.8

PHE [Mental Health & Wellbeing Profile](#), also see [OxWell School Survey 2021](#)

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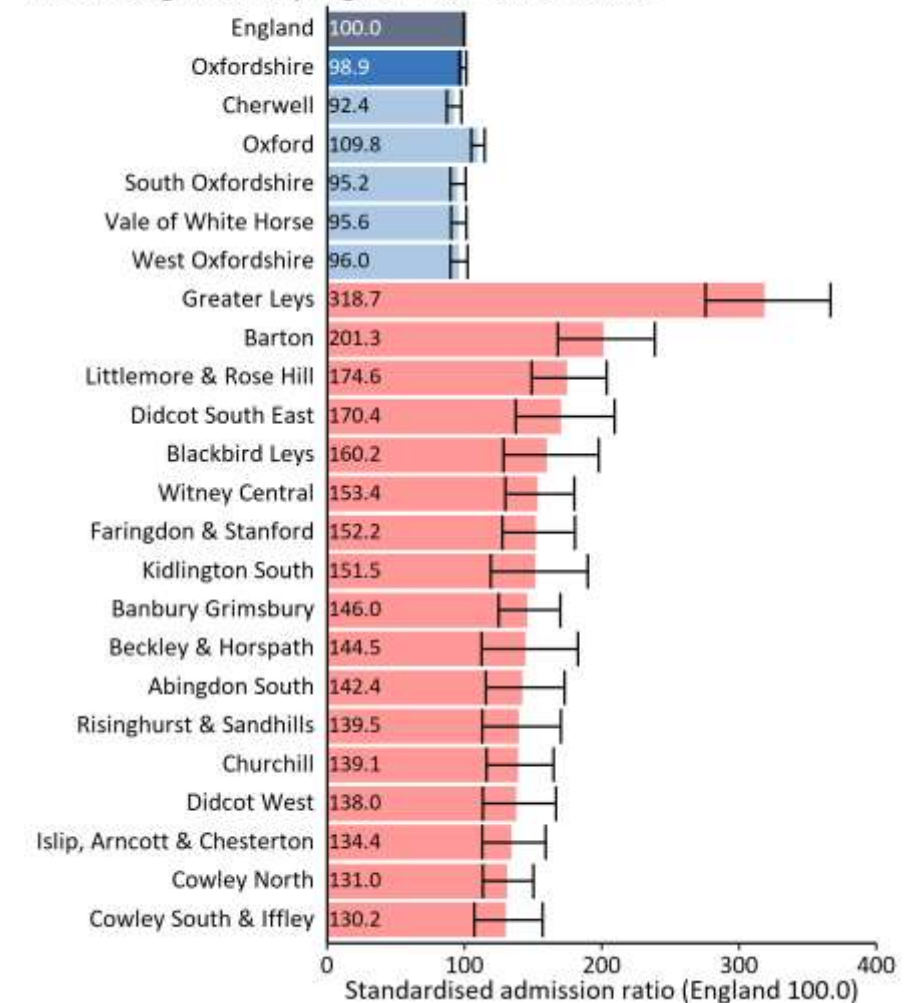
Inequalities - hospital stays for self-harm

- 23 of Oxfordshire’s 86 Middle Layer Super Output Areas (MSOAs) had significantly higher rates of hospital stays for self-harm than England (combined 5 years of data 2015-16 to 2019-20)
- The areas with the highest rates for self-harm were Greater Leys, Barton, Littlemore & Rose Hill, Blackbird Leys, and Blackbird Leys.

NB: There are concerns about the quality of this indicator.

From OHID [Local Health Explore inequalities data using our interactive dashboard](#)

Emergency hospital admissions for intentional self harm, standardised admission ratio, 2016/17 - 20/21
MSOAs significantly higher than Oxfordshire



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Emergency hospital admissions due to falls

Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes. Falls at home are a reason why people move from their own home to long-term nursing or residential care.

- In 2021-22 there were 2,890 hospital admissions due to falls in people aged 65 and over in Oxfordshire. The number of hospital admissions for falls in people aged 80 and over in 2021-2022 was 2,005.
- The rate of hospital admissions for falls in older people is similar to the national rate (2,103 per 100,00 population in Oxon compared to 2,100 in England).

Emergency hospital admissions due to falls in people (standardised rate per 100,000)

Indicator	Period	Recent Trend	Oxon		England			Best
			Count	Value	Value	Worst	Range	
Emergency hospital admissions due to falls in people aged 65 and over (Persons, 65+ yrs)	2021/22	–	2,890	2,103	2,100	3,272		1,394
Emergency hospital admissions due to falls in people aged 65 to 79 (Persons, 65-79 yrs)	2021/22	–	885	931	993	1,674		687
Emergency hospital admissions due to falls in people aged 80 plus (Persons, 80+ yrs)	2021/22	–	2,005	5,501	5,311	8,251		3,354

[Productive Healthy Ageing Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

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Emergency hospital admissions due to falls

- The rate of hospital admissions for falls in older people in Oxfordshire districts varied.
- Cherwell was statistically above (worse than) the England average.
- Oxford, Vale of White Horse and West Oxfordshire were similar to average and South Oxfordshire was better than average.

Emergency hospital admissions due to falls in people aged 65 and over (standardised rate per 100,000)

Area ▲▼	Count ▲▼	Value ▲▼	95% Lower CI	95% Upper CI
England	223,101	2,100	2,091	2,109
districts	-	-	-	-
Oxford	465	2,298	2,093	2,518
Cherwell	660	2,295	2,123	2,477
Vale of White Horse	610	2,084	1,922	2,257
West Oxfordshire	540	2,012	1,845	2,189
South Oxfordshire	615	1,892	1,744	2,048

[Productive Healthy Ageing Profile - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

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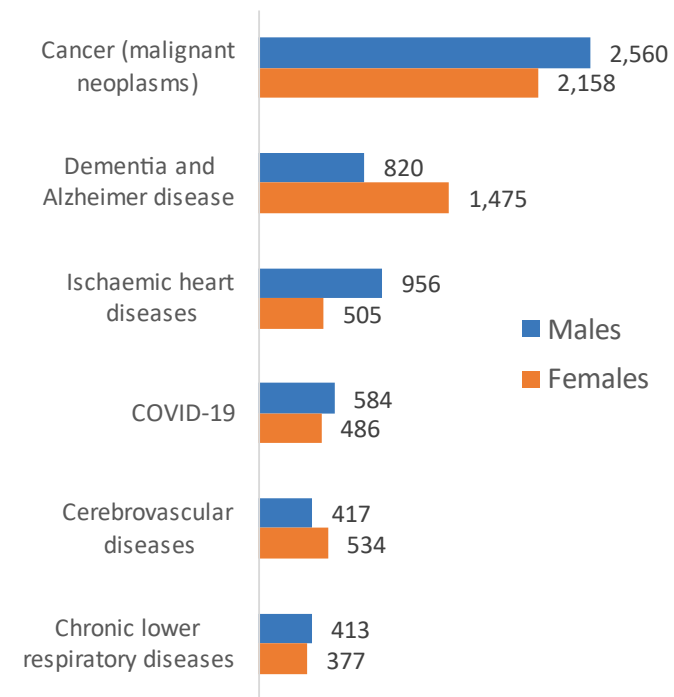
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Leading causes of death (all ages)

- For the combined years 2019 to 2021, Cancer was the leading cause of death in males and females in Oxfordshire, accounting for 24% of male deaths and 22% of female deaths.
- Cancer is also the leading cause of death in England.
- In females, the second main cause of death was Dementia and Alzheimer Diseases (15%). In males Heart Disease remained the second main cause of death (9%).
- COVID-19 deaths accounted for 5% of all male and female deaths for combined years 2019 to 2021.

Leading causes of death, Oxfordshire (2019 to 2021)



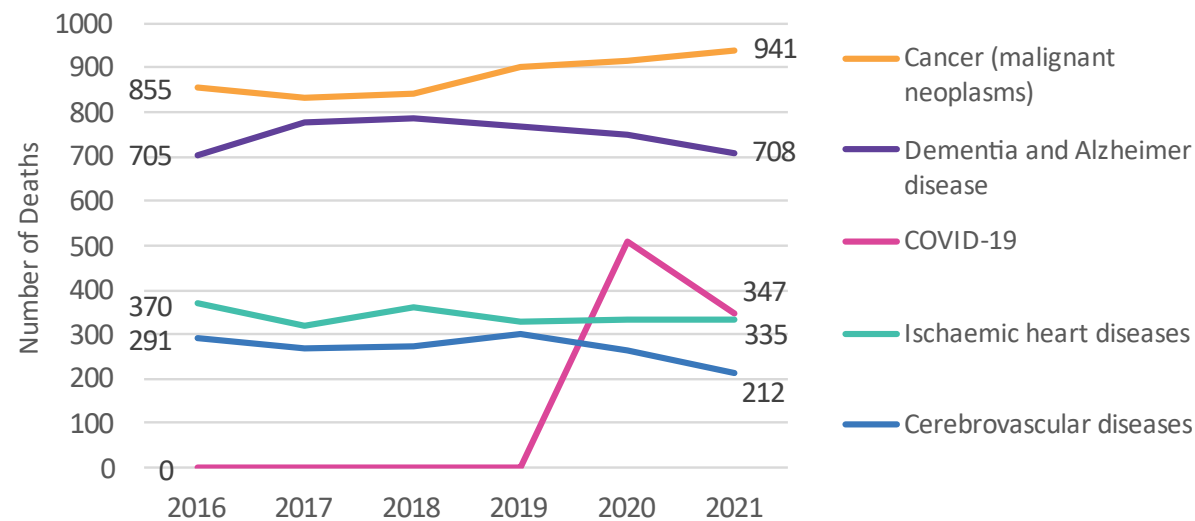
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Leading causes of death in people aged 75 years and over

- Cancers remain the leading cause of death amongst the 75+ age group in Oxfordshire with 941 deaths in 2021 (22% of the total).
- In each year 2020 and 2021, the number of deaths due to Dementia and Alzheimer’s disease declined, the proportion of deaths remained at 17%.
- COVID-19 deaths in people aged 75+ accounted for 11% of deaths in 2020 and 8% of deaths in 2021.

Leading causes of death in people aged 75 years and over, Oxfordshire 2016 to 2021



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Mortality indicators from Public Health Outcomes Framework

- Oxfordshire was ranked as significantly better than the England values on 10 of 13 key public health outcomes indicators related to mortality and similar to average on the remaining 3 indicators.



Indicator	Period	Oxon		Region England			England	
		Count	Value	Value	Value	Worst	Range	
Infant mortality rate (Persons, <1 yr)	2019 - 21	47	2.2	3.4	3.9	7.5		
Under 75 mortality rate from all cardiovascular diseases (Persons, <75 yrs)	2021	320	52.1	63.1	76.0	133.9		
Under 75 mortality rate from cardiovascular diseases considered preventable (Persons, <75 yrs)	2021	121	19.7	24.2	30.2	54.3		
Under 75 mortality rate from cancer (Persons, <75 yrs)	2021	652	106.9	112.9	121.5	189.8		
Under 75 mortality rate from cancer considered preventable (Persons, <75 yrs)	2021	241	39.6	43.5	50.1	100.7		
Under 75 mortality rate from liver disease (Persons, <75 yrs)	2021	83	13.4	17.5	21.2	52.4		
Under 75 mortality rate from liver disease considered preventable (Persons, <75 yrs)	2021	74	11.9	15.8	18.9	47.7		
Under 75 mortality rate from respiratory disease (Persons, <75 yrs)	2021	104	17.2	21.4	26.5	63.1		
Under 75 mortality rate from respiratory disease considered preventable (Persons, <75 yrs)	2021	64	10.7	13.3	15.6	40.1		
Mortality rate from a range of specified communicable diseases, including influenza (Persons, All ages)	2021	50	7.0	7.4	9.4	21.6		
Suicide rate (Persons, 10+ yrs)	2019 - 21	181	10.0	10.6	10.4	19.8		
Excess winter deaths index (Persons, All ages)	Aug 2019 - Jul 2020	230	12.6%	17.4%	17.4%	50.2%		
Excess winter deaths index (age 85 plus) (Persons, 85+ yrs)	Aug 2019 - Jul 2020	180	21.7%	20.7%	20.8%	61.5%		

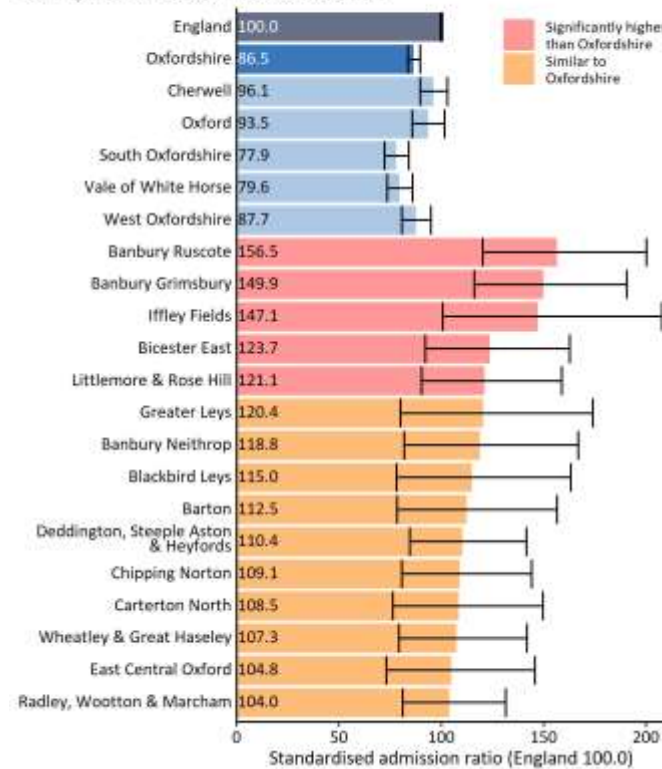
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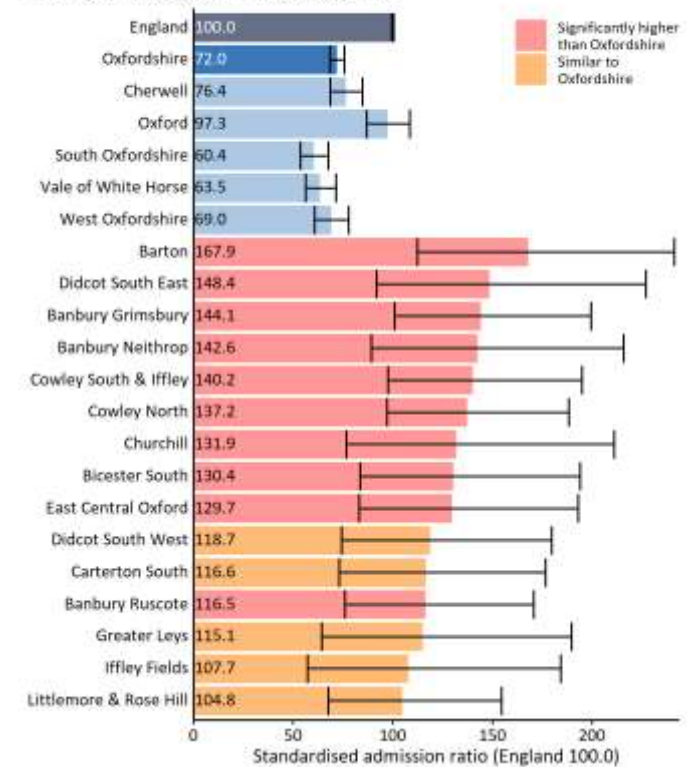
Mortality and inequalities

- Some areas of Oxfordshire experience significantly higher standard mortality ratios (SMR) than the average. The charts below show top 15 (out of 86) Middle Layer Super Output Areas (MSOAs) with the highest rates of deaths from cancer and deaths from circulatory diseases for people aged under 75.

Deaths from all cancer, under 75 years standardised mortality ratio, 2016-20
15 highest MSOAs in Oxfordshire



Deaths from circulatory disease, under 75 years standardised mortality ratio, 2016-20
15 highest MSOAs in Oxfordshire



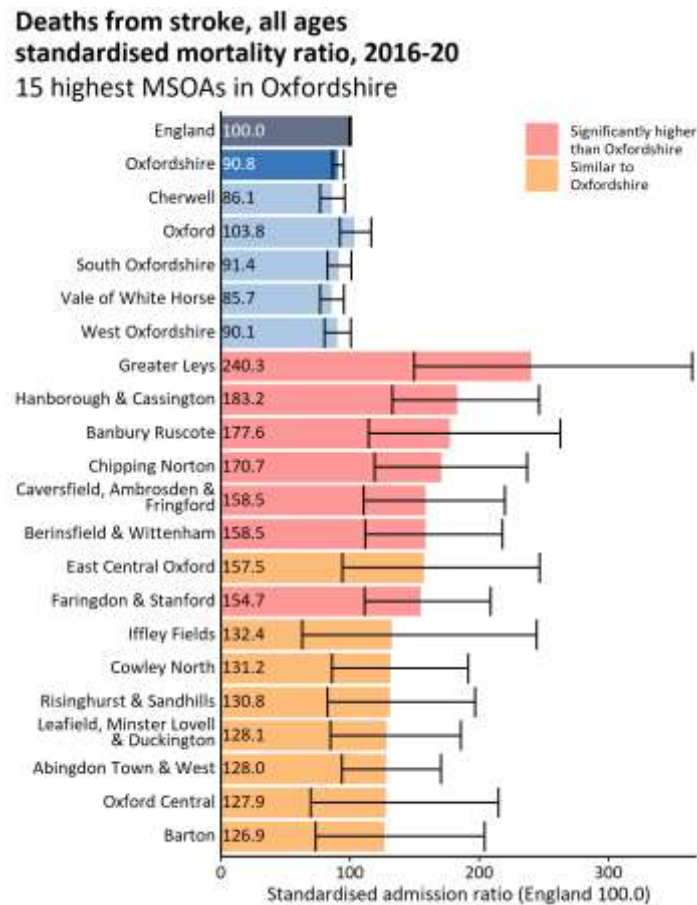
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Mortality and inequalities

- The charts below show the top 15 (out of 86) Middle Layer Super Output Areas (MSOAs) with the highest rates of deaths from stroke (all ages).



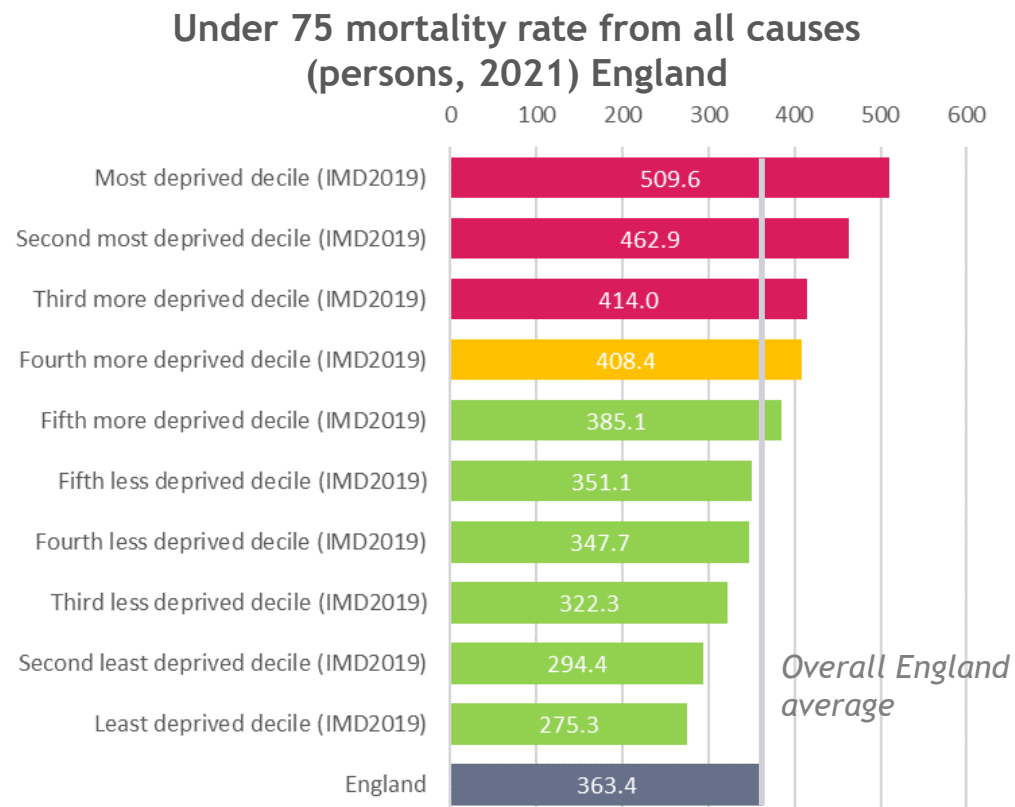
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Premature mortality attributable to socioeconomic inequality - national

- The under 75 mortality rate for a District or Unitary Authority in England is closely associated with its level of deprivation, with more deprived areas experiencing higher premature mortality rates in general.



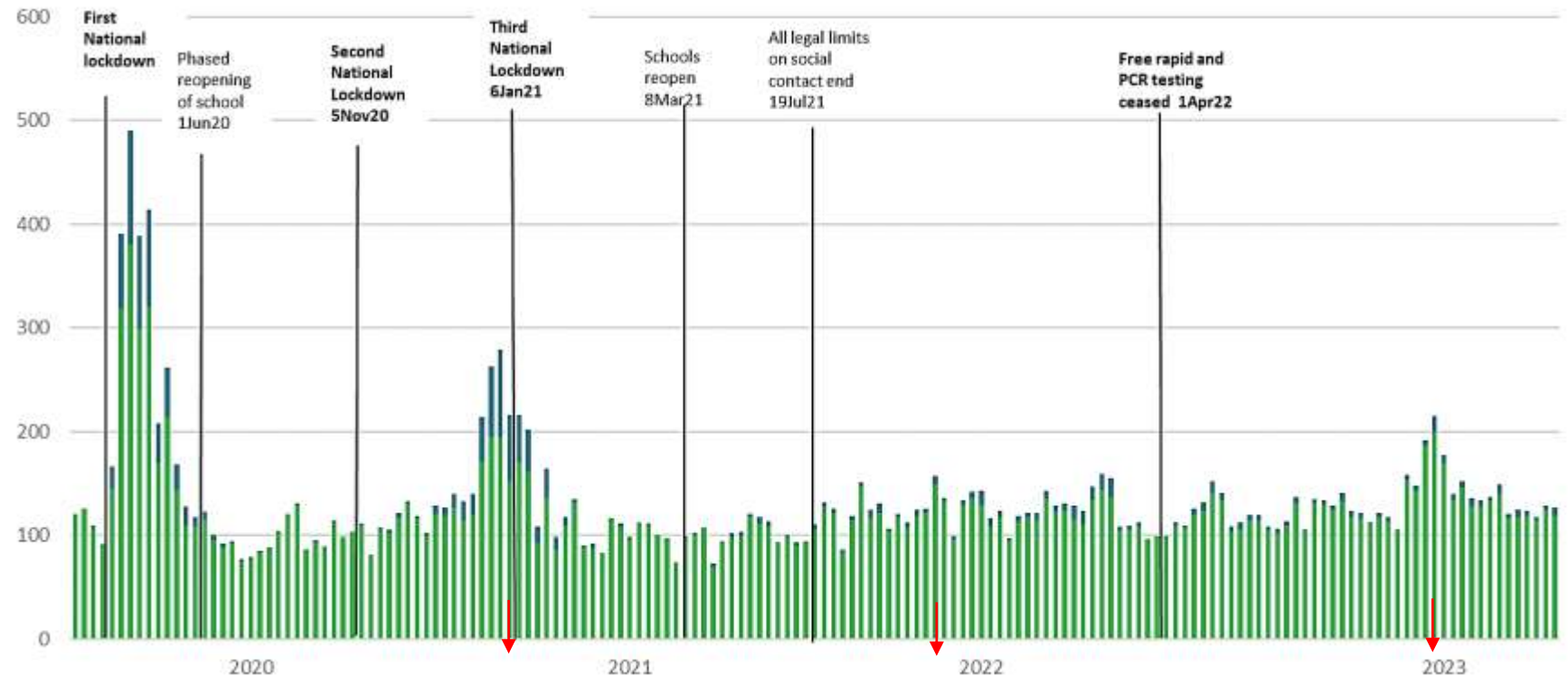
Not available for Oxfordshire. Deprivation deciles are based on the Index of Multiple Deprivation 2019 district local authority score. *Red statistically worse than England, yellow statistically similar to England and green statistically better than England.* [Mortality Profile - Data - OHID \(phe.org.uk\)](#)

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Deaths from coronavirus (COVID-19)

- Between April 2020 and March 2023 there was a total of 1,578 deaths with COVID-19 on the death certificate in Oxfordshire, 8% of the total number deaths.

Registered deaths by week of occurrence, Oxfordshire, April 2020 to March 2023



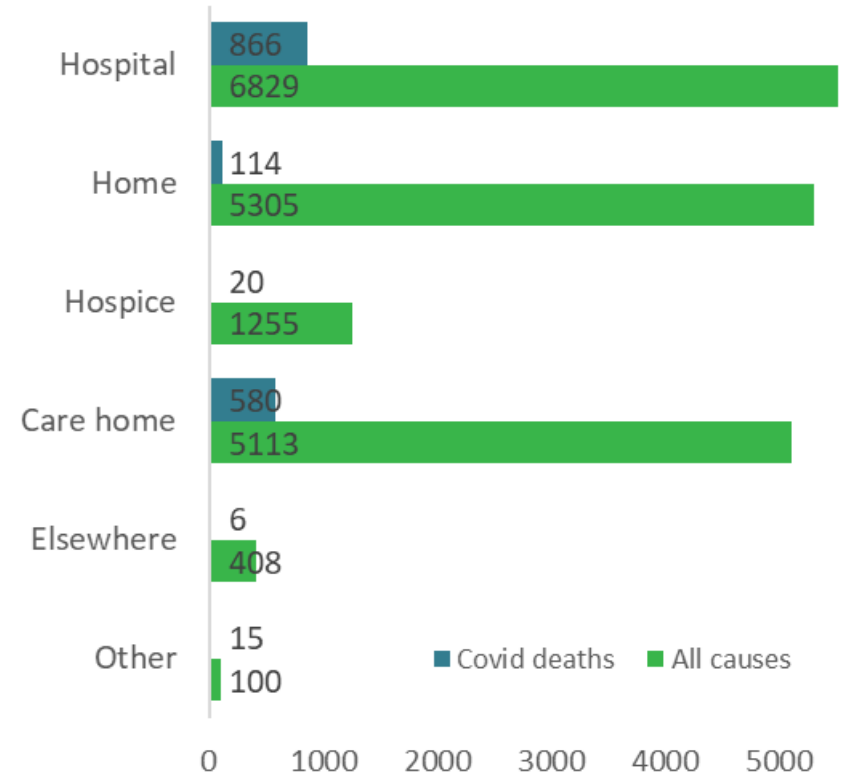
ONS, [Deaths registrations and occurrences by Local Authority and Health Board](#) *Accessed 03.05.2023
For more information about COVID-19, see [Finding out more - coronavirus \(COVID-19\)](#)

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COVID-19 Deaths by setting

- Between April 2020 and March 2023, Oxfordshire’s COVID-19 deaths accounted for 8% of overall deaths and:
 - 13% of deaths in hospital
 - 1% of deaths in care homes
 - 2% of deaths at home
 - 2% of deaths in a hospice

Count of registered deaths by setting, Oxfordshire, April 2020 to March 2023



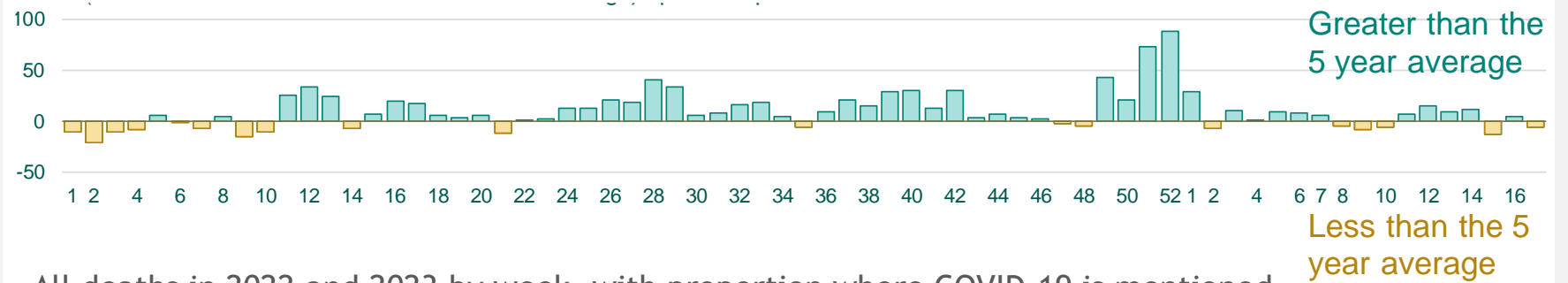
ONS, [Deaths registrations and occurrences by Local Authority and Health Board](#) Accessed 03.05.2023
 For more information about COVID-19, see [Finding out more - coronavirus \(COVID-19\)](#)

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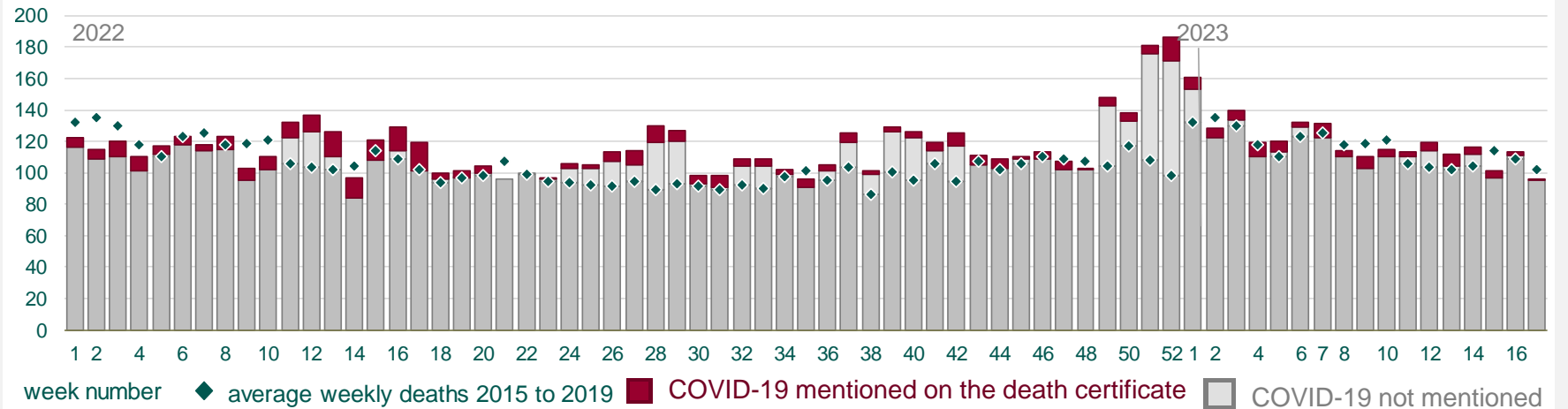
Excess deaths

Excess deaths are defined as the number of deaths above or below the five-year average.

Excess deaths (2022 and 2023 deaths minus 2015 to 2019 average) up to 28 April 2023



All deaths in 2022 and 2023 by week, with proportion where COVID-19 is mentioned



ONS Death registrations and occurrences by local authority and health board. Produced by LKIS, OHID (released May 2023)

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Avoidable mortality - an introduction

The Office for National Statistics (ONS) defines avoidable mortality as..

Avoidable mortality:

refers to deaths that are preventable or treatable.

Treatable mortality:

refers to causes of death that can be mainly avoided through timely and effective healthcare interventions, including secondary prevention and treatment (that is, after the onset of disease, to reduce case-fatality).

Preventable mortality:

refers to causes of death that can be mainly avoided through effective public health and primary prevention interventions (that is, before the onset of diseases or injuries, to reduce incidence). Examples could include deaths associated with risk factors such as obesity, inactivity, smoking and alcohol consumption.

[Avoidable mortality in Great Britain - Office for National Statistics \(ons.gov.uk\)](https://ons.gov.uk)

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Treatable mortality

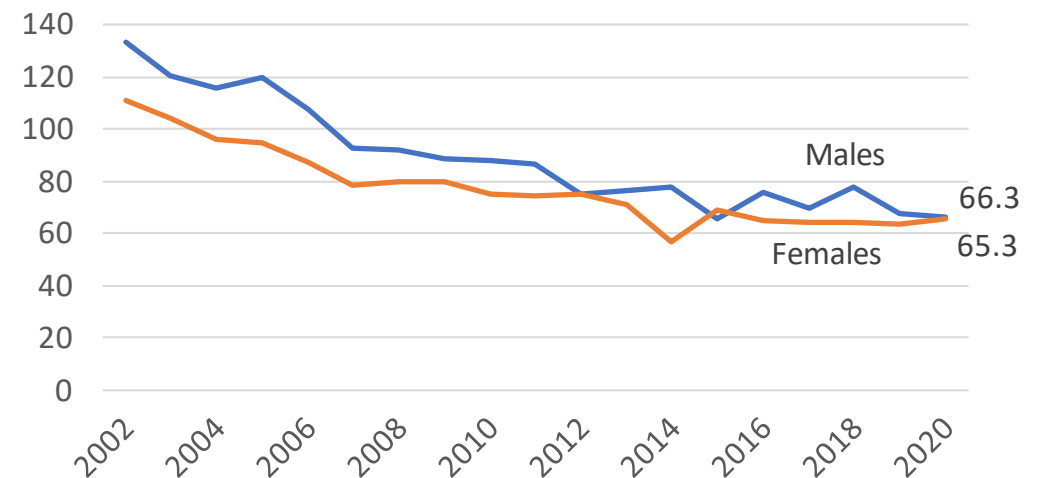
- Between 2013 and 2020 rates of treatable mortality for males and females in Oxfordshire have remained similar.
- In 2020, NHS Oxfordshire was ranked as having the third lowest (i.e. third best) rate of treatable mortality of the 106 Clinical Commissioning Group areas (area definitions at that time) in England for males and within the lowest quarter (84 out of 106) for females.

Treatable mortality refers to causes of death that can be mainly avoided through timely and effective healthcare interventions.

[Avoidable mortality in Great Britain - Office for National Statistics \(ons.gov.uk\)](#)

NOTES: 1. Age-standardised mortality rates are expressed per 100,000 people and standardised to the 2013 European Standard Population. 2. Figures exclude deaths of non-residents. 3. Figures are for deaths registered in each calendar year. 4. Figures are based on boundaries as of August 2021.

Age-standardised treatable mortality rates for patients registered to Oxfordshire GP practices, 2002 to 2020



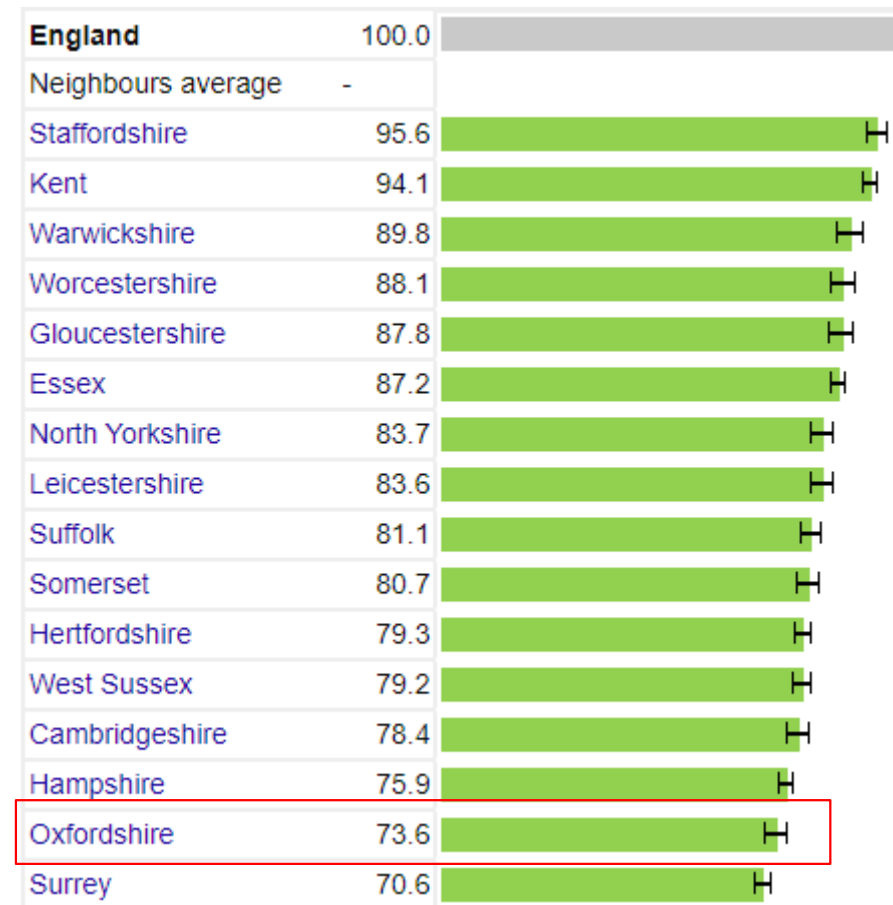
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Preventable mortality

- In the five-year period, 2016 to 2020, Oxfordshire had a total of 3,230 deaths considered preventable in people aged under 75 years.
- Oxfordshire had the second lowest rate of deaths from causes considered preventable under 75 years (calendar years 2016 to 2020) in its group of statistical neighbours and was well below (better than) the national average.

[Public health profiles - OHID \(phe.org.uk\)](#)
Preventable mortality refers to causes of death that can be mainly avoided through effective public health and primary prevention interventions. Figures are for deaths registered in five-year calendar periods.* *Statistical neighbour models provide one method for benchmarking progress. For each local authority (LA), these models designate a number of other LAs deemed to have similar characteristics. Next update August23*

Deaths from causes considered preventable, under 75 years (2016 to 2020) indirectly standardised ratio per 100 Oxfordshire county vs statistical neighbours

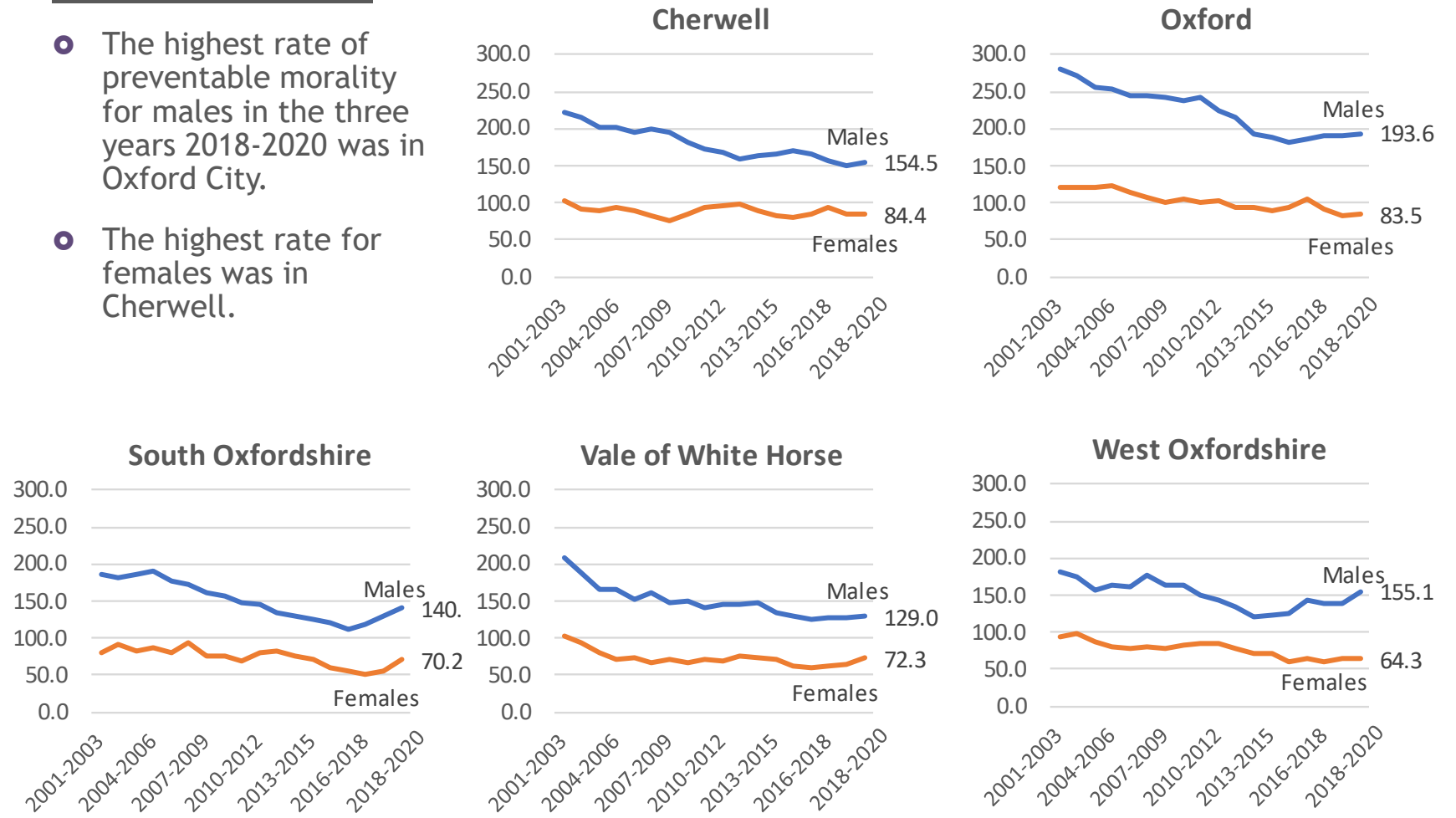


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Preventable mortality

- The highest rate of preventable mortality for males in the three years 2018-2020 was in Oxford City.
- The highest rate for females was in Cherwell.

Age-standardised preventable mortality rates to 2018-20



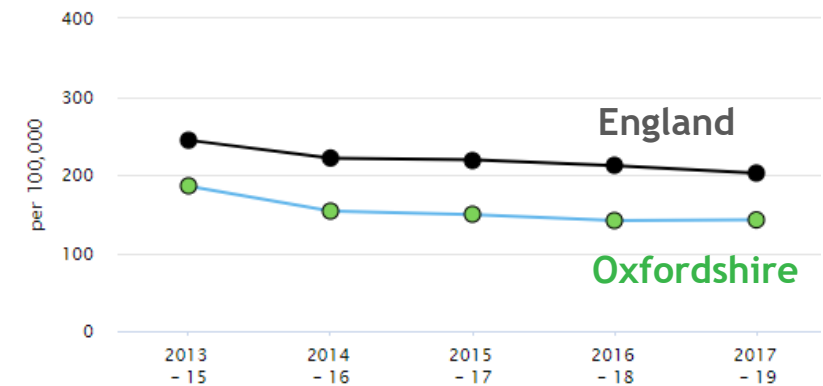
Avoidable mortality in Great Britain - Office for National Statistics (ons.gov.uk); Preventable mortality refers to causes of death that can be mainly avoided through effective public health and primary prevention interventions. Figures are for deaths registered in three-year calendar periods.

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Preventable mortality - tobacco-related deaths

- For the three years (combined) 2017 to 2019, the number of tobacco-related deaths in Oxfordshire was an estimated 1,698.
- The rate of smoking attributable mortality in Oxfordshire has remained similar since 2014-16.
- The rate per 100,000 in Oxfordshire in 2017-19 was 142.3 and was significantly below the England rate (202.2).

Deaths attributable to smoking, directly age standardised rate per 100,000 for persons aged 35 years+ to 2017-19



From [Local Tobacco Control Profiles - Data - OHID \(phe.org.uk\)](#) Mortality data from the ONS mortality file; ONS mid-year population estimates; Smoking prevalence data from Annual Population Survey; and relative risks from the Royal College of Physician's Report 'Hiding in Plain Sight'. The estimated number of smoking-attributable deaths is calculated by multiplying the observed number of deaths (smoking attributable deaths) by the SAFs (Smoking Attributable Fraction).

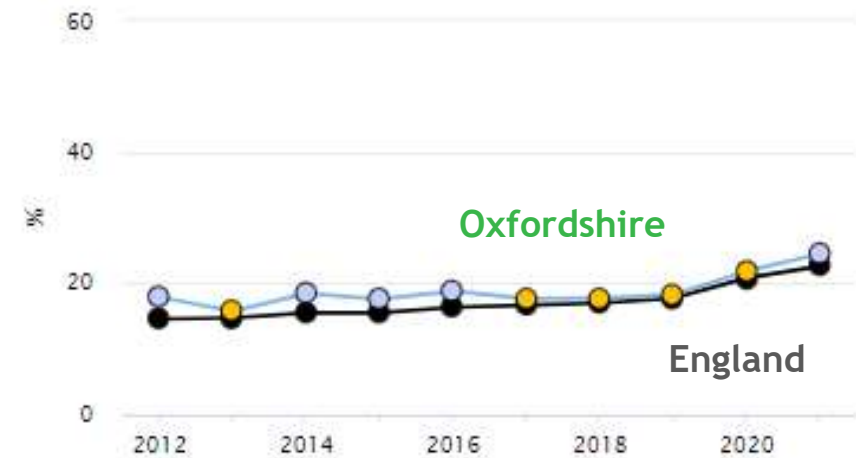
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Deaths occurring at home

- An increasing proportion of deaths in Oxfordshire (and nationally) happen at home*.
- In people of all ages in Oxfordshire, the proportion of all deaths that occurred at home increased from 23.2% of the total in 2012 to 28.4% of the total in 2021.
- In older people (85+ years), the proportion of deaths at home has increased from 17.9% of the total in 2012 to 24.5% in 2021.

**'Home' is defined as a person's usual place of residence, excluding care homes or other establishments where people live communally, for example monasteries, hostels, prisons and children's homes. It is important to recognise that the 'at home' group does not include the many very old people who die in a care home and who may have been long-term residents of that care home.*

Percentage of deaths that occur at home, people aged 85+ years to 2021



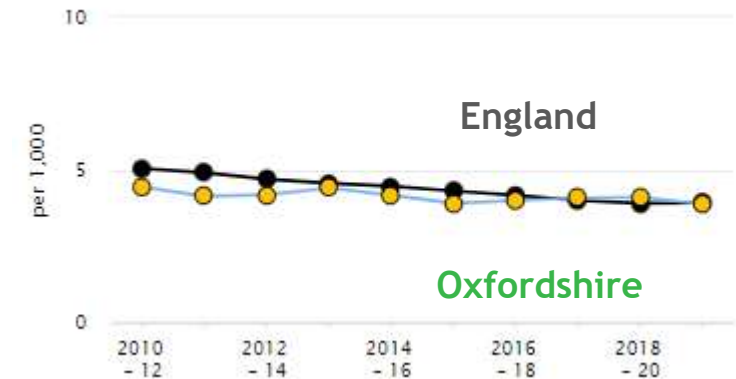
[Palliative and End of Life Care Profiles - Data - OHID \(phe.org.uk\)](https://phe.org.uk)

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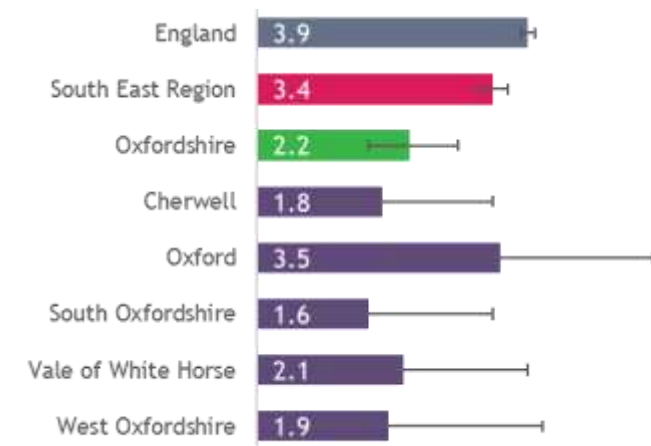
Stillbirth and neonatal mortality

- In the three year period between 2019 and 2021, there were 84 stillbirths in Oxfordshire. The rate has decreased from 4.1 to 3.9 per 1,000 births from 2018/20 to 2019/21, this is the same as the England rate (3.9).
- Neonatal mortality includes stillbirths and deaths under 28 days. Latest data for 2020 indicates that there were 31 incidences of neonatal mortality in Oxfordshire.
- Infant mortality rate measures infant deaths under 1 year of age (per 1000 live births). There were 47 infant deaths during 2019-21 in Oxfordshire.
- In 2019-21, infant mortality rates were higher in most deprived areas than in least deprived areas in England (5.5 deaths per 1,000 in most deprived areas compared with 2.5 per 1,000 live births in least deprived).

Stillbirth rate (crude rate per 1000 births)



Infant mortality in Oxfordshire districts 2019 -21



[Public health profiles - OHID \(phe.org.uk\)](#) ; [Public Health Outcomes Framework](#); [Child and infant mortality in England and Wales: 2021](#)

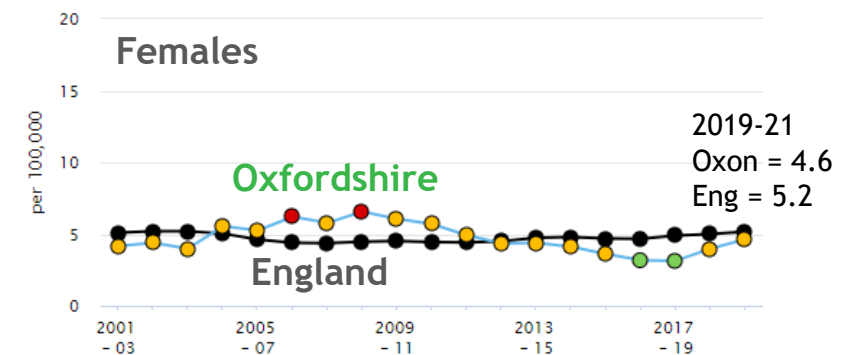
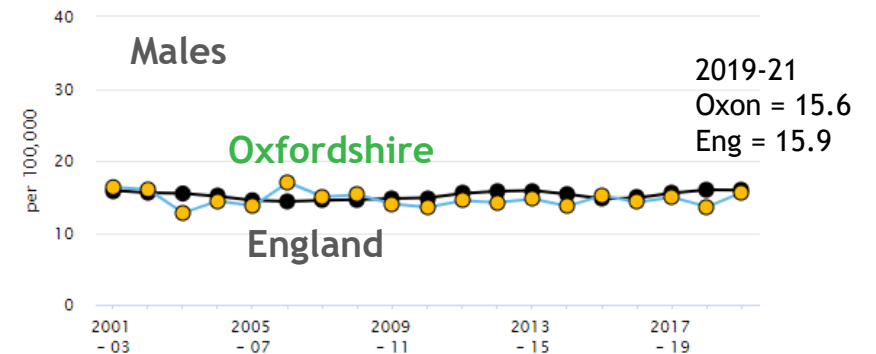
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Deaths from suicide

- For the three years 2019 to 2021, there were 181 deaths from suicide in Oxfordshire, 138 (76%) males and 43 (24%) females.
- The total suicide rate in Oxfordshire (for all persons, males and females) in 2019-21 was similar to the England rate.
- In 2018, local analysis identified the following most common contributing factors to deaths from suicide in Oxfordshire: relationship issues; bereavement; financial problems; alcohol; chronic physical health conditions.

[Public health profiles - OHID \(phe.org.uk\)](#)
[Oxfordshire Suicide and Self-Harm Prevention Strategy](#)

Age-standardised mortality rate from suicide per 100,000 population to 2019-21



Note differences in vertical scale

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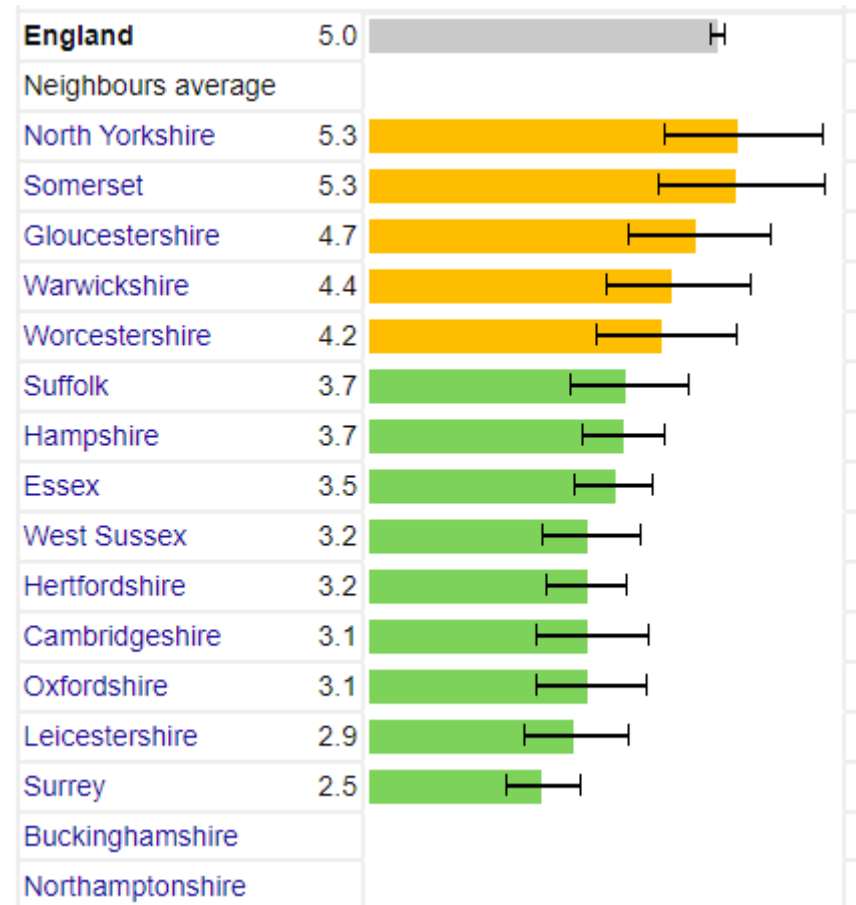
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Deaths from drug misuse

- For the three years (combined) 2018 to 2020, Oxfordshire had a total of 63 deaths from drug misuse, 46 (73%) males and 17 (27%) females.
- Oxfordshire had one of the lowest rates of deaths from drug misuse in its group of statistical neighbours and was below the national average.

[Mortality Profile - Data - OHID \(phe.org.uk\)](#)

Deaths from drug misuse (persons) 2018 to 2020 directly standardised rate per 100,000 Oxfordshire and nearest neighbours



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Oxfordshire Road Casualties

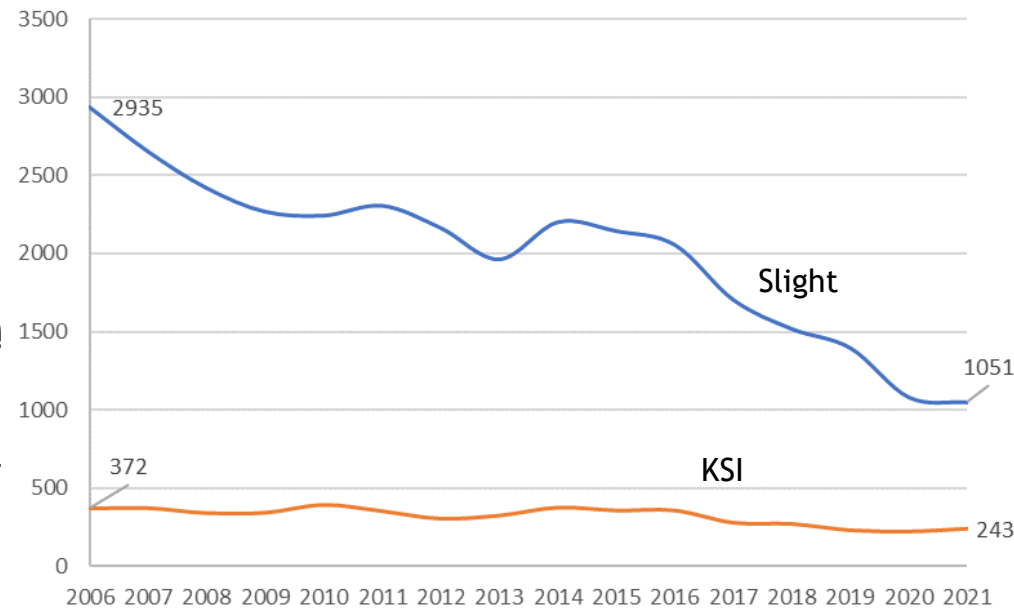
- In 2022, there was a total of 974 police-reported road casualties in Oxfordshire of which 229 were the more serious “killed or seriously injured” (KSI). This was a decline of 7% compared to 2021 (1,051 in total, including 243 KSI).
- The number of people killed or seriously injured (KSI) has fallen over time.

Total ‘Slight’ and ‘Killed or Seriously Injured’ casualties in Oxfordshire by year 2006 to 2021

‘Serious’ casualties include those requiring in-patient treatment and injuries such as bone fractures, severe internal injuries and severe cuts (i.e. requiring stitches) and injuries resulting in death more than 30 days following the initial accident.

‘Slight’ injuries include sprains, neck whiplash injury (not necessarily requiring medical treatment), bruises and slight shock requiring roadside attention.

The term “KSI” stands for “Killed or Seriously Injured”, and is used to highlight the higher severity casualties. Oxfordshire County Council [Road Casualty Report](#). Also see [Crashmap.co.uk](#)



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Oxfordshire serious road casualties by district

- Fatal and serious injuries from road accidents for the districts in Oxfordshire in 2021 are shown in the table below.
- Cherwell and Oxford had the highest number of serious injuries 51 in each district. All districts had at least one fatality during 2021.
- South Oxfordshire had the highest number of overall fatalities (6).

Number of people killed or seriously injured in road accidents 2021

		Pedestrian	Pedal cycle	Motor cycle	Car	Other	Total
Cherwell	Fatal	0	0	0	4	0	4
	Serious	2	7	12	23	2	51
Oxford	Fatal	0	2	0	0	0	2
	Serious	16	18	14	3	0	51
South Oxfordshire	Fatal	1	2	1	2	0	6
	Serious	6	8	8	25	2	49
Vale of White Horse	Fatal	0	0	1	2	0	3
	Serious	4	8	15	13	1	41
West Oxfordshire	Fatal	0	0	0	3	0	3
	Serious	2	7	5	15	4	33

Oxfordshire County Council [Road Casualty Report](#)

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Finding out more

- [OHID Oxfordshire Health Profile](#)
- [Oxfordshire JSNA Local Area Inequalities Dashboard](#)
- [Prevention concordat for better mental health](#) (includes various Oxfordshire organisations listed as signatories).
- [HS2 Mental health and wellbeing progress report](#)
- [Premature mortality in adults with severe mental illness](#)
- [NHS Digital Health Survey for England](#)
- [OHID Mortality Profile](#)
- Mortality data available from the [Office for National Statistics](#)
- [NHS Digital General Practice data hub](#)
- [Crashmap.co.uk](#) contains information about reported crashes from 1999 onwards and is completely free to view details about collision locations, dates, times, and the number of casualties and vehicles associated.

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Finding out more - coronavirus (COVID-19)

- Frequently updated data sources:
 - Gov.uk [Coronavirus \(COVID-19\) in the UK](#)
 - ONS (Weekly) [Death registrations and occurrences by local authority and health board](#)
 - ONS (Weekly) [Number of deaths in care homes notified to the CQC](#)
 - PHE [Wider Impacts of COVID-19 on Health \(WICH\) monitoring tool](#)
- Further analysis:
 - British Red Cross [COVID-19 vulnerability index](#)
 - PHE [SARS-CoV-2 confirmed England deaths: report](#)
 - ONS [COVID-19 Health inequalities monitoring in England tool \(CHIME\)](#)
 - ONS [Wider impacts of COVID-19 on health monitoring tool](#)