



5. Causes of death and health conditions

March 2019



Introduction to the Oxfordshire Joint Strategic Needs Assessment: Health and Wellbeing facts and figures

 The Oxfordshire Joint Strategic Needs Assessment identifies the current and future health and wellbeing needs of our local population.

 The annual JSNA report is provided to the Oxfordshire Health and Wellbeing Board and underpins the Health and Wellbeing strategy

 Other JSNA resources include:

- [Public Health Dashboards](#)
- [Health Needs Assessments](#)
- [Community Health and Wellbeing Profiles](#)
- [JSNA Bitesize](#)

 This summary section is Chapter 5 of the 2019 update

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Chapter 2: Population overview

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[ANNEX: Inequalities indicators ward level data](#)

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Chapter 5: Causes of death and health conditions CONTENTS

This chapter of the 2019 JSNA provides information on leading causes of death and some health conditions.

It includes information on the main causes of death overall in Oxfordshire and the main causes of death in older people.

Further information is provided on premature deaths in people under 75 years which are considered to be preventable.

More information on causes of death and prevalence of health conditions can be found in the [Public Health Surveillance Dashboard](#) - Mortality and Preventing Ill Health sections.

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Chapter 5: Causes of death and health conditions SUMMARY

- 📌 Cancer remains the leading cause of death in Oxfordshire
- 📌 Dementia and Alzheimer's disease are increasing as leading cause of death in people over 75
- 📌 Over half of deaths in those under 75 were considered preventable, and the highest cause of preventable death in those under 75 was cancer
- 📌 The Public Health England local health profile for Oxfordshire shows that, for the majority of indicators, Oxfordshire fairs well compared with the national average
- 📌 Cardiovascular, cancer, depression and osteoporosis have higher prevalence in Oxfordshire GP-recorded data than national average
- 📌 Cancer incidence rate is similar to national average
- 📌 Depression diagnosis among adults is increasing. The rate of social, emotional and mental health needs of school pupils in Oxfordshire is increasing and remains above the national average.
- 📌 Emergency hospital admissions for self-harm for all ages have decreased, but are increasing in young people (aged 10-24 years) in Oxfordshire and now significantly higher than England
- 📌 The rate of deaths by suicide remains similar to national and regional rates
- 📌 Falls are the largest cause of emergency hospital admissions for older people (65+); the rate of admissions due to falls in Oxford City has remained above the national average
- 📌 Oxfordshire estimated to have 430 blind or partially sighted children and young people.
- 📌 Over 40% of people 50+ years have hearing loss, rising to 71% in people 70+ years

Cancer remains the leading cause of death in Oxfordshire

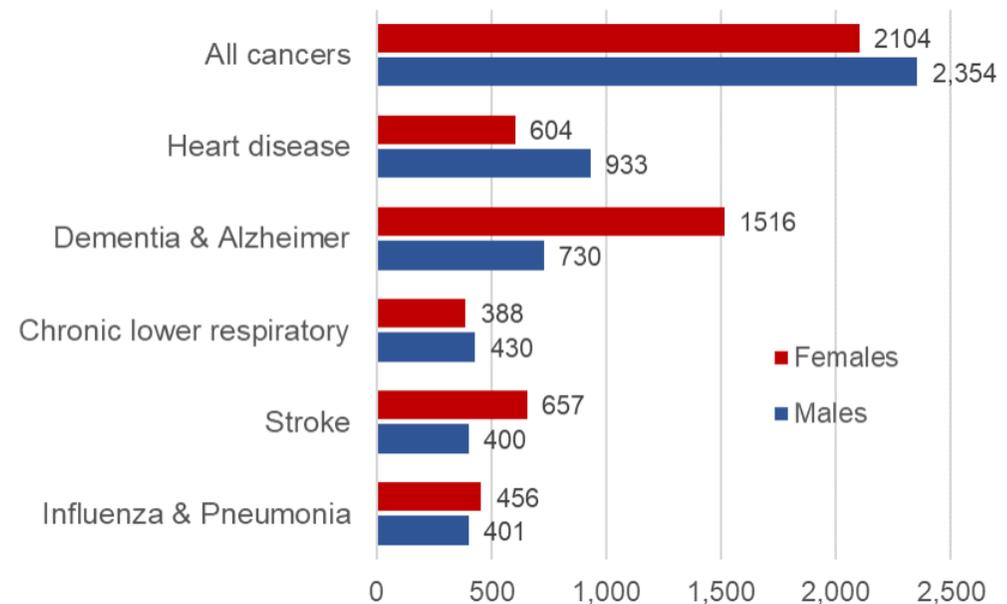
📌 Cancer was the leading cause of death in Oxfordshire (for the combined years 2015, 2016 and 2017), accounting for 30% of male deaths and 25% of female deaths, similar to the national average

📌 The second highest cause was:

- Males: Heart diseases (affecting the supply of blood to the heart), 12% of deaths
- Females: Dementia and Alzheimer disease, 18% of deaths

📌 Deaths from chronic lower respiratory diseases account for 6% of male deaths and 5% of female deaths in 2015-17, similar to the national average. For males this is higher than deaths from stroke

Leading causes of death in Oxfordshire by gender (2015 to 2017)



To find out more about causes of death in Oxfordshire's districts, visit the [Public Health Surveillance Dashboard](#) 'Mortality' section; for small area (electoral ward) level data, visit Oxfordshire's [Health Inequalities Basket of Indicators](#)

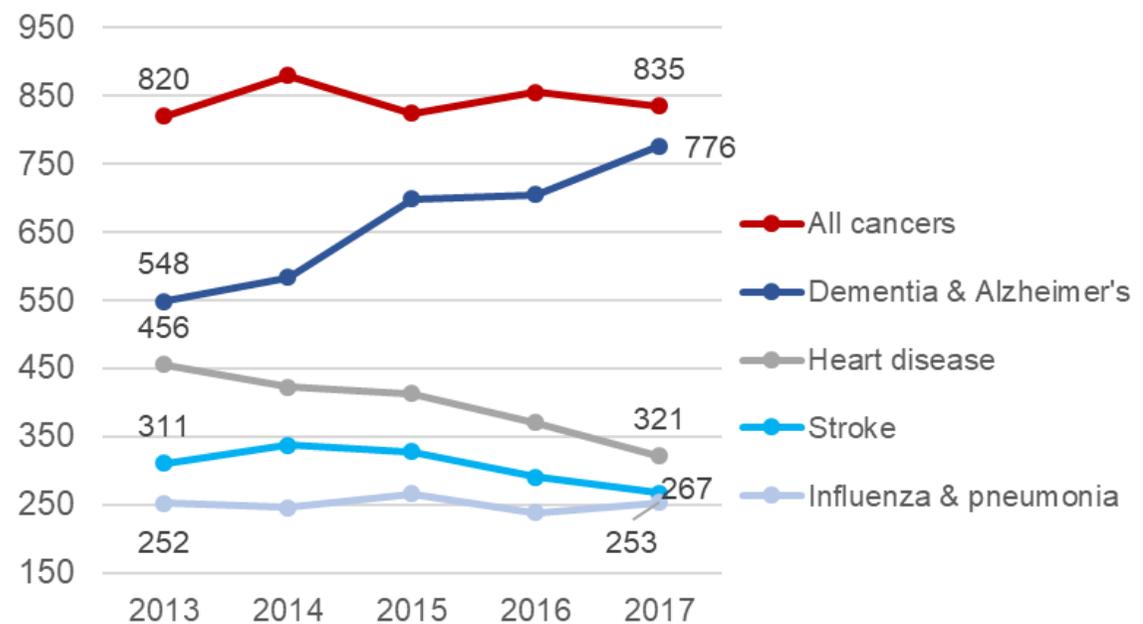
Dementia and Alzheimer's increasing as a leading cause of death in older people

Between 2013 and 2017, the number of deaths of older people (aged 75 and over) from heart disease in Oxfordshire declined by 30%

Dementia and Alzheimer's disease continues to increase as a leading cause of death - increased by 42% since 2013. The reasons for this may be partly related to attempts across the health system to improve the diagnosis of people with dementia, and therefore it is recorded as a cause of death more often.

Deaths from stroke in those aged 75 years and over has also decreased during this time period.

Leading causes of death in Oxfordshire for people aged 75 and over



Avoidable mortality - an introduction

How the Office for National Statistics (ONS) define avoidable mortality:

 **Amenable mortality:**
a death is amenable (treatable) if, in the light of medical knowledge and technology available at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided through good quality healthcare.

 **Preventable mortality:**
a death is preventable if, in the light of understanding of the determinants of health at the time of death, all or most deaths from that cause (subject to age limits if appropriate) could be avoided by public health interventions in the broadest sense.

 **Avoidable mortality:**
avoidable deaths are all those defined as preventable, amenable (treatable) or both, where each death is counted only once; where a cause of death is both preventable and amenable, all deaths from that cause are counted in both categories when they are presented separately.

Cancer is the highest cause of preventable deaths in Oxfordshire in people under 75 years

These deaths could be prevented by reducing associated risk factors, such as obesity, inactivity, smoking and alcohol consumption

-  Overall, preventable mortality in all ages is decreasing nationally as well as locally
-  Preventable deaths continue to make up almost half of all deaths in those under 75 years of age and there is a higher proportion of these deaths in areas of deprivation
-  Between 2015 and 2017 there were a total of 3,474 deaths from cardiovascular disease, cancer, respiratory or liver disease, 2,011 (58%) of which were considered preventable
-  There was a gender difference, with 59% male deaths under 75 from these causes considered preventable and 56% of female deaths
-  The highest cause of preventable deaths for people aged under 75 in Oxfordshire was cancer, with just over 1,000 deaths from 2015 to 2017

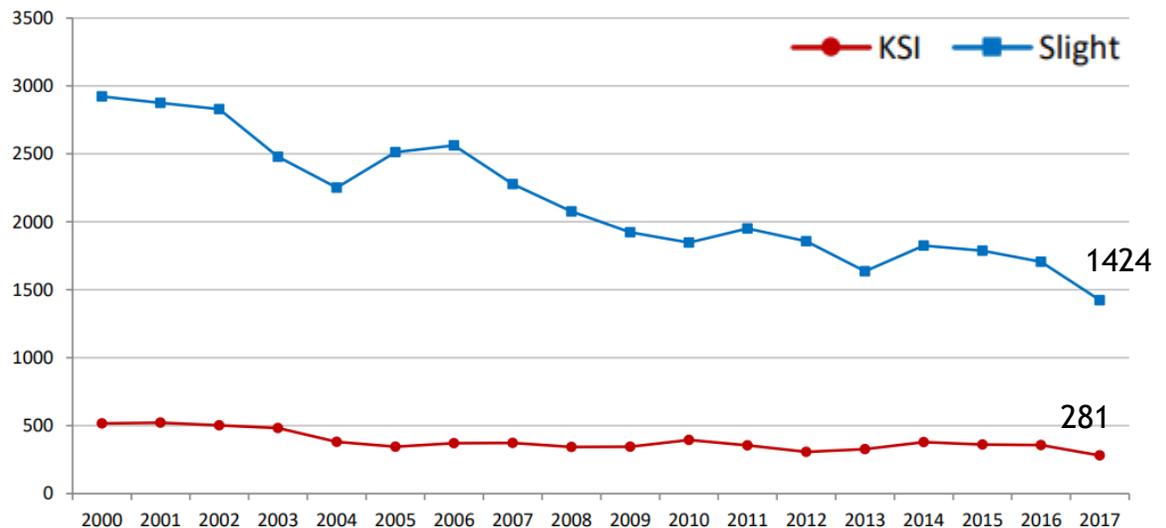
Deaths under the age of 75 from four causes considered preventable, Oxfordshire 2015-2017

| Deaths aged under 75 by cause | All deaths aged under 75 | | | Deaths considered preventable | | |
|--|--------------------------|---------|-------|-------------------------------|---------|-------|
| | Males | Females | Total | Males | Females | Total |
| Cardiovascular diseases | 590 | 280 | 870 | 398 | 136 | 534 |
| Cancer | 1,024 | 920 | 1,944 | 527 | 513 | 1,040 |
| Liver disease | 153 | 84 | 237 | 127 | 69 | 196 |
| Respiratory disease | 240 | 183 | 423 | 135 | 106 | 241 |
| Total of these four disease groups | 2,007 | 1,467 | 3,474 | 1,187 | 824 | 2,011 |
| <i>% of total considered preventable</i> | | | | 59% | 56% | 58% |

Oxfordshire road casualties are reducing, but remain high compared to statistical neighbours

- 📌 During 2017, there were 1,705 reported road casualties, 281 of which were fatal or serious. Over the long term there has been a downward turn in reported accidents and injuries in Oxfordshire (in 2007 the total was 2,652)
- 📌 When compared to statistical neighbours, Oxfordshire continues to be among poorer performers. However, a more detailed analysis of the data taking account of traffic flows suggests actual risks faced by road users are very similar to other parts of country
- 📌 Pedestrian casualties have reduced to 130 (down 15% from 153 in 2016), 93 of which were slight
- 📌 Pedal cyclist casualties have also reduced to 277 (325 in 2016), of which 216 were slight
- 📌 Child casualties have also decreased over time (103 in 2017 compared to 209 in 2007). Over half of these (51.5%) are as car passengers

Total road casualties in Oxfordshire, 2000 to 2017



KSI stands for “Killed or Seriously Injured”. **Fatal** casualties are defined as those where death occurs at or within 30 days of the accident, whilst **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.

Excess winter deaths

Excess Winter Deaths Index (EWD Index) is the excess winter deaths measured as the ratio of extra deaths from all causes that occur in the winter months compared with the expected number of deaths, based on the average of the number of non-winter deaths in those age groups.

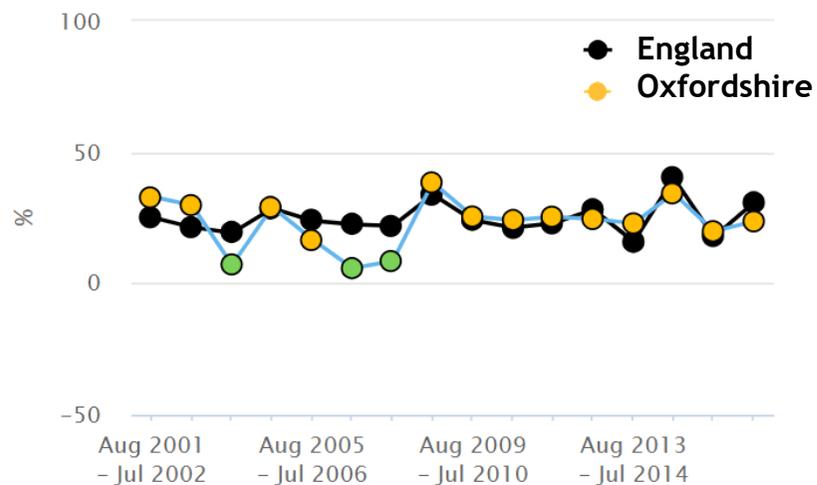
The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur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

 In Oxfordshire, there were 179 excess deaths during the winter 2016 - 2017, in those aged 85 and over (on top of the 756 expected deaths in the age group for this time period)

 Of the 179 excess deaths, 126 were female and 53 were male

To find out more about excess winter deaths in Oxfordshire's districts, visit the [Public Health Surveillance Dashboard](#) 'Wider determinants' section

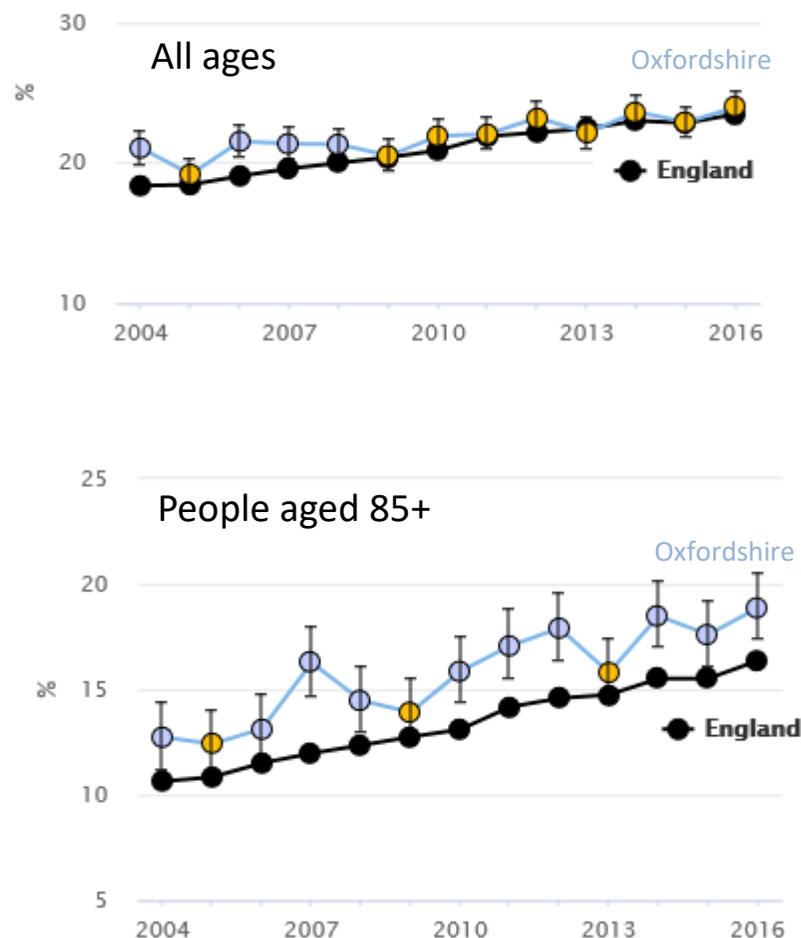
Excess winter deaths index (single year, age 85+ years), Oxfordshire compared to England



An increasing proportion of deaths are at home

- In 2016, the number of people in Oxfordshire with recorded place of death at home was 1,298, of whom 461 were aged 85 and over
- For all age groups, the proportion of deaths in Oxfordshire where the place of death is recorded as home has increased and is similar to the national average
- For people aged 85 and over, the proportion of deaths at home in Oxfordshire increased from 13% in 2004 to 19% in 2016 and has remained above the national average

Percentage of deaths at home, 2004 to 2016



Health of people in Oxfordshire compared to England average

The Public Health England local health profile for Oxfordshire shows that, for the majority of indicators, Oxfordshire fares well compared with the national average

Indicators that are worse than average are: killed and serious injured on roads; hospital stays for self harm; diabetes diagnosis and alcohol-specific hospital stays in young people

Note:

The diabetes indicator differs from that used in Quality Outcomes Framework (see following slide) and is calculated as a proportion of (modelled) diabetes prevalence based on health survey for England data. It relies on a modelling process to estimate the number of people with undiagnosed diabetes in the area.

Source: [Local Authority Health Profiles](#), PHE

The chart below shows how the health of people in this area compares with the rest of England. This area's value for each indicator is shown as a circle. The England average is shown by the red line, which is always at the centre of the chart. The range of results for all local areas in England is shown as a grey bar. A red circle means that this area is significantly worse than England for that indicator. However, a green circle may still indicate an important public health problem.

- Significantly worse than England average
- Not significantly different from England average
- Significantly better than England average
- Not compared



| | Indicator names | Period | Local count | Local value | Eng value | Eng worst | | Eng best |
|-------------------------------------|---|---------------------|-------------|-------------------|-----------|-----------|--|----------|
| Life expectancy and causes of death | 1 Life expectancy at birth (Male) | 2014 - 16 | n/a | 81.4 | 79.5 | 74.2 | | 83.7 |
| | 2 Life expectancy at birth (Female) | 2014 - 16 | n/a | 84.6 | 83.1 | 79.4 | | 86.8 |
| | 3 Under 75 mortality rate: all causes | 2014 - 16 | 4,402 | 262.5 | 333.8 | 545.7 | | 237.8 |
| | 4 Under 75 mortality rate: cardiovascular | 2014 - 16 | 855 | 51.7 | 73.5 | 141.3 | | 45.6 |
| | 5 Under 75 mortality rate: cancer | 2014 - 16 | 1,904 | 114.7 | 136.8 | 195.3 | | 100.0 |
| | 6 Suicide rate | 2014 - 16 | 156 | 8.7 | 9.9 | 18.3 | | 6.1 |
| Injuries and ill health | 7 Killed and seriously injured on roads | 2014 - 16 | 1,096 | 53.9 | 39.7 | 71.3 | | 13.5 |
| | 8 Hospital stays for self-harm | 2016/17 | 1,465 | 206.1 | 185.3 | 578.9 | | 50.6 |
| | 9 Hip fractures in older people (aged 65+) | 2016/17 | 721 | 573.8 | 575.0 | 854.2 | | 364.7 |
| | 10 Cancer diagnosed at early stage | 2016 | 1,536 | 56.3 | 52.6 | 44.7 | | 60.0 |
| | 11 Diabetes diagnoses (aged 17+) | 2017 | n/a | 67.8 | 77.1 | 54.3 | | 96.3 |
| | 12 Dementia diagnoses (aged 65+) | 2017 | 5,331 | 66.7 | 67.9 | 53.8 | | 90.8 |
| Behavioural risk factors | 13 Alcohol-specific hospital stays (under 18s) | 2014/15 - 16/17 | 174 | 40.9 | 34.2 | 100.0 | | 6.5 |
| | 14 Alcohol-related harm hospital stays | 2016/17 | 3,241 | 493.2 | 636.4 | 1,151.1 | | 388.2 |
| | 15 Smoking prevalence in adults (aged 18+) | 2017 | 57,340 | 10.7 | 14.9 | 23.1 | | 8.1 |
| | 16 Physically active adults (aged 19+) | 2016/17 | n/a | 70.1 | 66.0 | 53.3 | | 78.0 |
| | 17 Excess weight in adults (aged 18+) | 2016/17 | n/a | 56.0 | 61.3 | 74.9 | | 40.5 |
| Child health | 18 Under 18 conceptions | 2016 | 131 | 11.6 | 18.8 | 36.5 | | 4.6 |
| | 19 Smoking status at time of delivery | 2016/17 | 559 | 7.7 | 10.7 | 28.1 | | 2.3 |
| | 20 Breastfeeding initiation | 2016/17 | 6,253 | ^a 68 | 74.5 | 37.9 | | 96.7 |
| | 21 Infant mortality rate | 2014 - 16 | 62 | 2.6 | 3.9 | 7.9 | | 1.6 |
| Inequalities | 22 Obese children (aged 10-11) | 2016/17 | 1,085 | 16.9 | 20.0 | 29.2 | | 11.3 |
| | 23 Deprivation score (IMD 2015) | 2015 | n/a | 11.5 | 21.8 | 42.0 | | 5.7 |
| Wider determinants of health | 24 Smoking prevalence: routine and manual occupations | 2017 | n/a | 24.4 | 25.7 | 38.9 | | 13.9 |
| | 25 Children in low income families (under 16s) | 2015 | 11,825 | 10.0 | 16.8 | 30.5 | | 6.1 |
| | 26 GCSEs achieved | 2015/16 | 3,480 | 59.5 | 57.8 | 44.8 | | 74.6 |
| | 27 Employment rate (aged 16-64) | 2016/17 | 340,000 | 79.6 | 74.4 | 60.9 | | 82.4 |
| | 28 Statutory homelessness | 2016/17 | 80 | 0.3 ⁹⁸ | 0.8 | 9.6 | | 0.0 |
| Health protection | 29 Violent crime (violence offences) | 2016/17 | 7,706 | 11.4 | 20.0 | 42.2 | | 7.0 |
| | 30 Excess winter deaths | Aug 2013 - Jul 2016 | 899 | 17.8 | 17.9 | 28.9 | | 7.4 |
| | 31 New sexually transmitted infections | 2017 | 2,929 | 669.4 | 793.8 | 3,215.3 | | 329.4 |
| | 32 New cases of tuberculosis | 2014 - 16 | 163 | 8.0 | 10.9 | 69.0 | | 1.3 |

For full details on each indicator, see the definitions tab of the Health Profiles online tool: www.healthprofiles.info

Health conditions - Oxfordshire CCG and England

 The Quality and Outcomes framework provides a count of GP-registered patients by health condition.

 The table shows change between 2016-17 and 2017-18 for NHS Oxfordshire Clinical Commissioning Group (CCG) and highlights conditions that were above the England average in the most recent year of data

- cardiovascular disease
- cancer
- depression and
- osteoporosis

To find out more about GP recorded health conditions in Oxfordshire's districts, visit the [Public Health Surveillance Dashboard](#) 'Preventing Ill Health' section

Source: [Quality and Outcomes Framework](#), NHS Digital

| | 2016-17 | | 2017-18 | | | |
|---|---------|-------|---------|-------|-----------|------------------|
| | Count | Rate | Count | Rate | pp change | Eng average rate |
| Cardiovascular group | | | | | | |
| Atrial fibrillation | 13,049 | 1.81 | 14,025 | 1.89 | +0.08pp | 1.91 |
| Cardiovascular disease | 4,670 | 1.19 | 4,848 | 1.20 | +0.01pp | 1.14 |
| Coronary heart disease | 17,515 | 2.42 | 17,737 | 2.39 | -0.04pp | 3.13 |
| Heart failure | 4,776 | 0.65 | 5,223 | 0.70 | +0.06pp | 0.83 |
| Hypertension | 88,733 | 12.28 | 92,220 | 12.40 | +0.13pp | 13.94 |
| Peripheral arterial disease | 3,624 | 0.5 | 3,657 | 0.49 | -0.01pp | 0.59 |
| Stroke and transient ischaemic attack | 12,313 | 1.70 | 12,862 | 1.73 | +0.03pp | 1.77 |
| Respiratory group | | | | | | |
| Asthma | 41,811 | 5.78 | 42,558 | 5.72 | -0.06pp | 5.93 |
| Chronic obstructive pulmonary disease | 9,752 | 1.35 | 10,243 | 1.38 | +0.03pp | 1.91 |
| Lifestyle group | | | | | | |
| Obesity | 45,631 | 7.88 | 50,559 | 8.47 | +0.59pp | 9.76 |
| High dependency and other long term conditions group | | | | | | |
| Cancer | 20,965 | 2.90 | 23,132 | 3.11 | +0.21pp | 2.73 |
| Chronic kidney disease | 19,605 | 3.39 | 19,708 | 3.30 | -0.09pp | 4.11 |
| Diabetes mellitus | 29,153 | 4.96 | 30,108 | 4.97 | +0.01pp | 6.79 |
| Palliative care | 1,841 | 0.25 | 1,786 | 0.24 | -0.01pp | 0.39 |
| Mental health and neurology group | | | | | | |
| Dementia | 5,389 | 0.75 | 5,579 | 0.75 | 0.00 | 0.76 |
| Depression | 56,131 | 9.69 | 61,874 | 10.36 | +0.67pp | 9.88 |
| Epilepsy | 4,091 | 0.71 | 4,140 | 0.69 | -0.01pp | 0.80 |
| Learning disabilities | 2,693 | 0.37 | 2,765 | 0.37 | 0.00 | 0.49 |
| Mental health | 6,093 | 0.83 | 6,341 | 0.85 | +0.02pp | 0.94 |
| | 2016-17 | | 2017-18 | | | |
| | Count | Rate | Count | Rate | pp change | Eng average rate |
| Musculoskeletal group | | | | | | |
| Osteoporosis | 2,053 | 0.82 | 2,978 | 1.15 | +0.33pp | 0.62 |
| Rheumatoid arthritis | 3,748 | 0.63 | 3,949 | 0.64 | +0.01pp | 0.75 |

Coronary Heart Disease, Stroke and Diabetes prevalence are similar or lower to national average

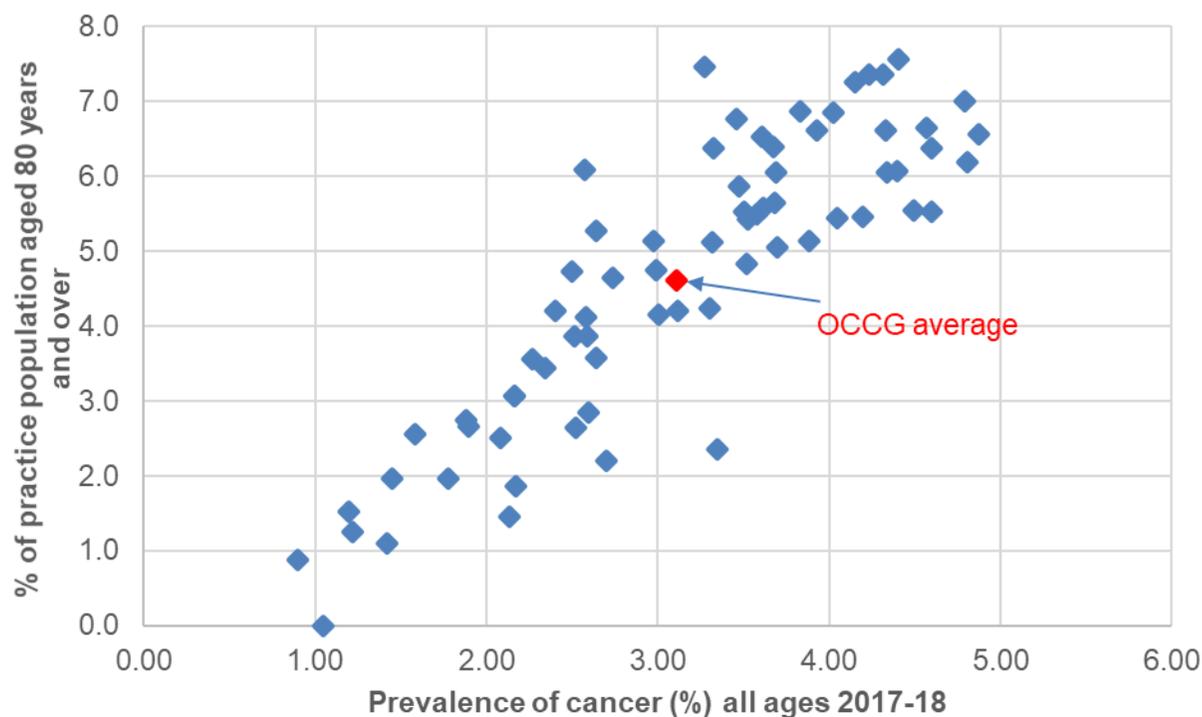
- 📌 There were 17,737 people (all ages) registered with coronary heart disease (CHD) among Oxfordshire GP practices in 2017-18 (2.4% of all patients, compared to 3.1% nationally)
 - In the same year, there were 2,140 hospital admissions (all ages) with a primary diagnosis of CHD (344.9 per 100,000 - significantly lower than 502.4 per 100,000 in England)
- 📌 12,862 patients at Oxfordshire GP practices had recorded stroke or transient ischaemic attack (TIA). This is 1.7% of all Oxfordshire patients, similar to national average (1.8%)
 - There were 927 hospital admissions for stroke in Oxfordshire for all ages in 2017/18; this is a rate of 146.5 per 100,000 population, significantly below the national average (169.1 per 100,000)
- 📌 There are 30,108 patients aged 17 years and over registered with Diabetes in Oxfordshire GP practices (2017/18)
 - The estimated prevalence (including undiagnosed) for 2017 was 42,755
 - This includes both Type 1 and Type 2 diabetes mellitus

To find out more about GP recorded health conditions in Oxfordshire's districts, visit the [Public Health Surveillance Dashboard](#) 'Preventing Ill Health' section

GP Practices with higher Cancer prevalence also have higher rates of older people

- GP practice Quality Outcomes Framework data on prevalence of cancer (all ages) has a very strong link to OCCG practices which have a higher proportion of older registered patients

**GP Practice Older Populations and Cancer Prevalence (all ages)
2017-18**



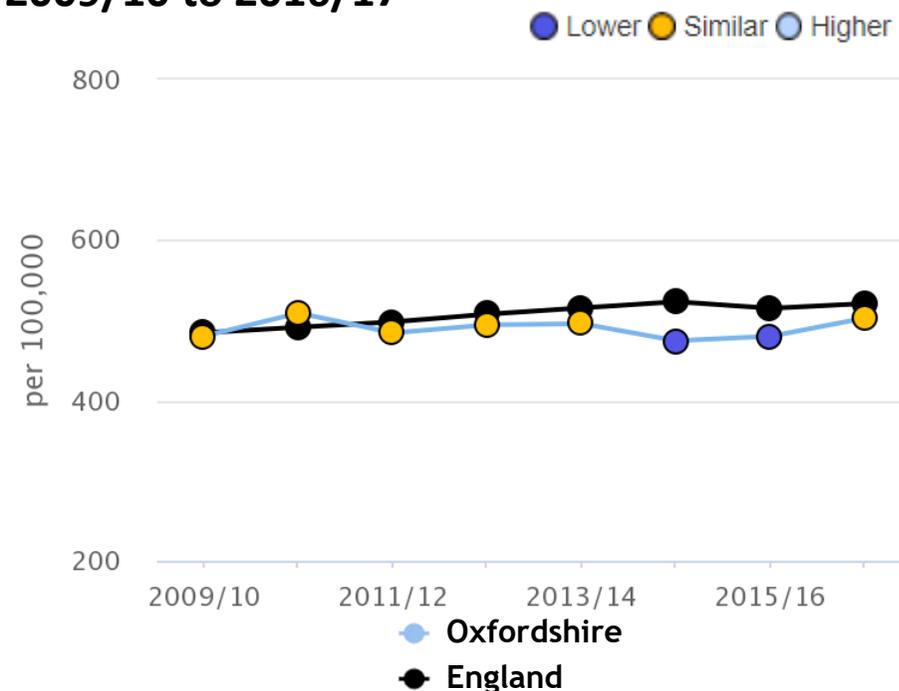
Source: [Quality and Outcomes Framework](#), NHS Digital

Source: [Numbers of Patients Registered at a GP Practice](#): March 2018, NHS Digital

New cancer cases similar to the national average

- In 2016/17, the crude cancer incidence rate for NHS Oxfordshire CCG is similar to the national average after being lower for the last two years. This represents 3,663 new cases in 2016/17.
- The prevalence, according to GP Quality Outcomes Framework, was 3.1% of the total practice population (23,132 cases overall).

Crude cancer incidence rate for NHS Oxfordshire Clinical Commissioning Group and England 2009/10 to 2016/17

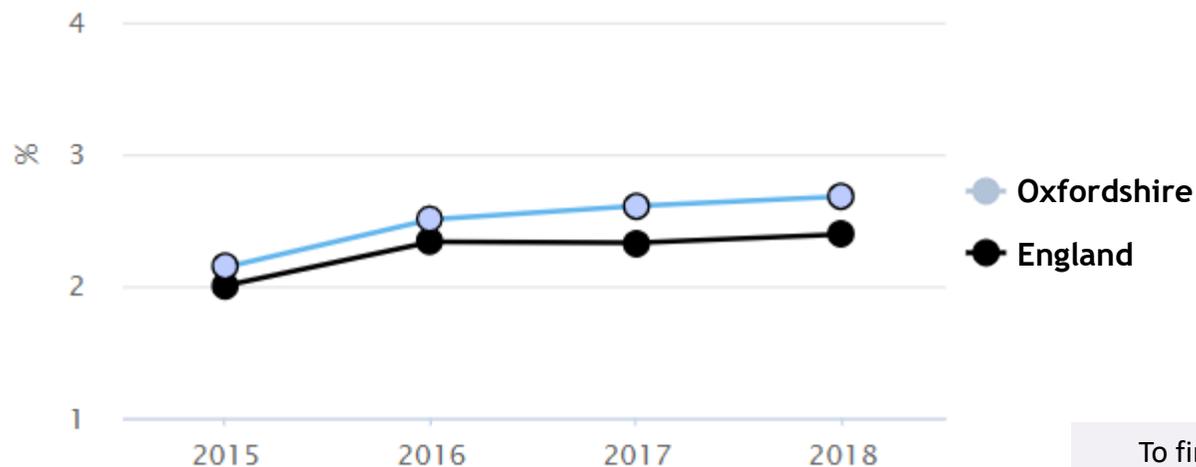


Each patient was traced to a GP Practice using the NHS Personal Demographics Service. The number of persons diagnosed with any invasive cancer excluding non-melanoma skin cancer (ICD-10 C00-C97, excluding C44) multiplied by 100,000 and divided by the practice list size (crude incidence rate)

Mental health: depression, social and emotional needs are increasing

- In 2017/18 there were 62,214 adult patients recorded with a diagnosis of depression in Oxfordshire. Since 2013/14, prevalence of depression has increased from 6.6% to 10.3% among the adult population (18+ years) - see [Page 12](#)
- The proportion of all school pupils with social, emotional and mental health needs has increased over recent years in Oxfordshire and in England. In 2018 there were 2,512 children with identified social, emotional and mental health needs at schools in Oxfordshire
- It is possible that increases in mental health diagnoses are partly due to increased awareness and reduced stigma. It remains likely that a significant proportion of people with depression are undiagnosed

School pupils with social, emotional and mental health needs: % of school pupils with social, emotional and mental health needs (all school ages) - Oxfordshire and England



This indicator shows the number of pupils with Special Educational Needs (SEN) 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 mental health need that are not identified in this dataset.

Source: [Quality and Outcomes Framework](#), NHS Digital

Source: [Special educational needs in England](#), Department for Education

To find out more about GP recorded dementia in Oxfordshire's districts, visit the [Public Health Surveillance Dashboard](#) 'Preventing Ill Health' section

Mental health - Adult Psychiatric Morbidity Survey 2014

The 2014 Adult Psychiatric Morbidity Survey of Mental Health and Wellbeing (national survey, published Sept 2016) found that:

-  One adult in six had a common mental disorder (CMD): about one woman in five and one man in eight. Since 2000, overall rates of CMD in England steadily increased in women and remained largely stable in men.
-  Reported rates of self-harming increased in men and women and across age groups since 2007. However, much of this increase in reporting may have been due to greater awareness about the behaviour.
-  Young women have emerged as a high-risk group, with high rates of CMD, self-harm, and positive screens for posttraumatic stress disorder (PTSD) and bipolar disorder.
-  The gap between young women and young men increased.
 - In 1993, 16 to 24 year old women (19.2%) were twice as likely as 16 to 24 year old men (8.4%) to have symptoms of CMD. In 2014, CMD symptoms were about three times more common in women of that age (26.0%) than men (9.1%).
-  Most mental disorders were more common in people living alone, in poor physical health, and not employed. Claimants of Employment and Support Allowance (ESA), a benefit aimed at those unable to work due to poor health or disability, experienced particularly high rates of all the disorders assessed.

Prevalence of Mental Health disorders in Children has increased in England

In November 2018, the NHS released the results of the 2017 survey of mental health in children and young people in England. This is the first major survey on this topic since 2004 and for the first time it has included 2-4 year olds and 17-19 year olds.

-  The proportion of children with a mental health disorder has increased over time (10.1% in 2004 to 11.2% in 2017 for ages 5-15). This is mainly an increase in emotional disorders and is below what we might expect, given the significant increase in the number of young people referred for mental health services in Oxfordshire in recent years
-  Young people who identified as lesbian, gay, bisexual or with another sexual identity were more likely to have a mental disorder (34.9%) than those who identified as heterosexual (13.2%)
-  Mental disorders tended to be more common in children living in lower income households. This was evident for emotional, behavioural and autism spectrum disorders, but not for hyperactivity or eating disorders

To find out more about referrals to mental health services, visit [JSNA Chapter 7: Service Use](#)

...and Children with Mental Health disorders see professionals as helpful

-  Nationally, more than two thirds who accessed professional services waited less than 10 weeks
 - One in five children with a disorder waited more than six months before their contact with a mental health specialist, physical health specialist, or educational support services
 - Waiting times were longest for children with neurodevelopmental disorders like hyperactivity and autism spectrum disorder, with one third waiting six months to be seen by a mental health specialist or educational support services
-  Professionals were seen as helpful by children and young people with mental disorders. The group seen as least helpful was primary care professionals (17% of 5-19 with a disorder who had contact said unhelpful or very unhelpful). For Social care professionals this was 12.4%. Educational support workers were the best rated (9.1% seeing them as unhelpful).
-  About 1 in 6 children (16%) with a mental disorder were taking medication (around 15% with a behavioural or emotional disorder, and just under half with hyperactivity disorder)

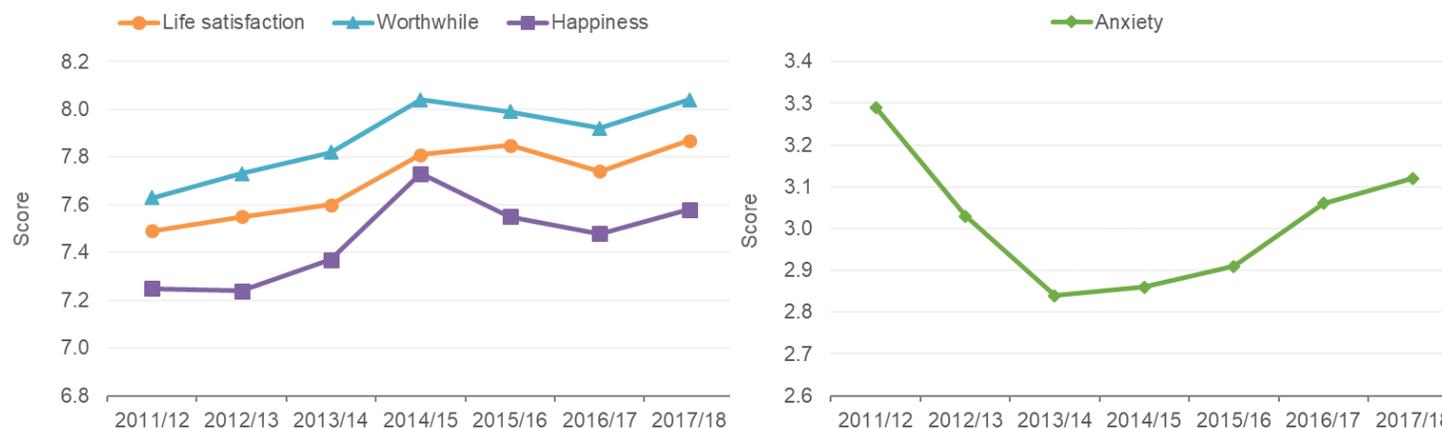
To find out more about referrals to mental health services, visit [JSNA Chapter 7: Service Use](#)

Mental well-being scores

The four personal well-being questions are included as measures for the wider Measuring National Well-being programme. This programme began in November 2010 with the aim of developing and publishing an accepted and trusted set of National Statistics, which help people understand and monitor well-being.

- In Oxfordshire, the average wellbeing scores for life satisfaction, “things you do are worthwhile”, and happiness are slightly higher in 2017/18 compared with 2016/17, and the anxiety mean has increased each year since 2013/14
- Releasing this data at national level together with economic wellbeing data, ONS commented: “Despite high levels of employment, rising incomes and spending across UK households, people are not reporting increases in their well-being. This may be due to worries about rising debt repayments, which could be driving concerns about their future financial situation”

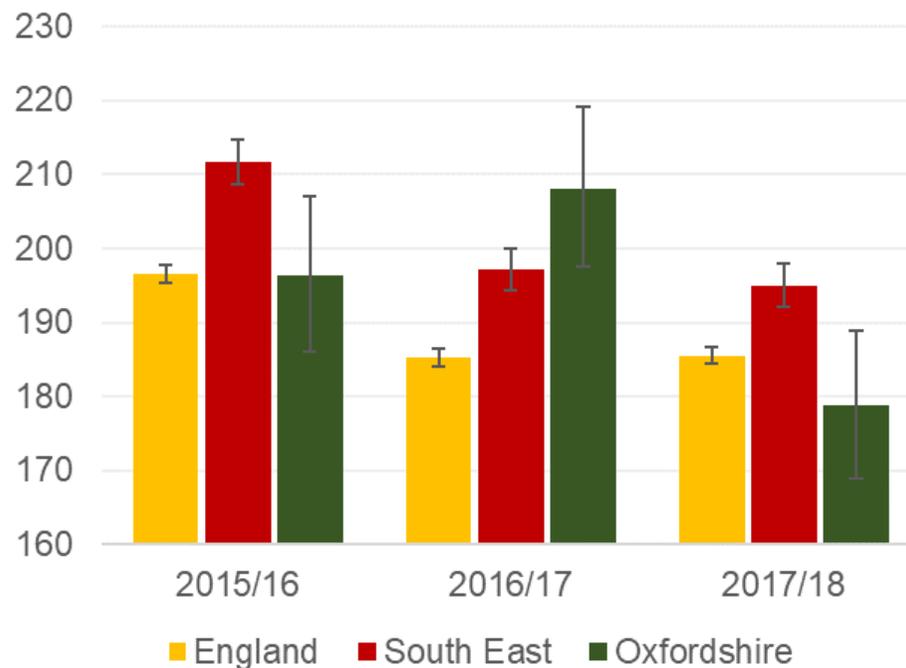
Trend in average wellbeing scores in Oxfordshire, 2011/12 to 2017/18



Emergency admissions due to self-harm have decreased since last year

- 📌 During 2017/18, there were 1,252 emergency hospital admissions for self-harm
- 📌 During 2017/18, the rate of emergency hospital admissions for intentional self-harm in Oxfordshire was 178.8 per 100,000 population, significantly lower than the rate in 2016/17 (208.1 per 100,000)
 - This is significantly lower than the South East rate and similar to the national rate
- 📌 Self harm is one of the top five causes of acute medical admission and those who self-harm have a 1 in 6 chance of repeat attendance at A&E within the year.

Emergency hospital admissions for intentional self-harm in all ages, directly age standardised rate, 2015/16 to 2017/18

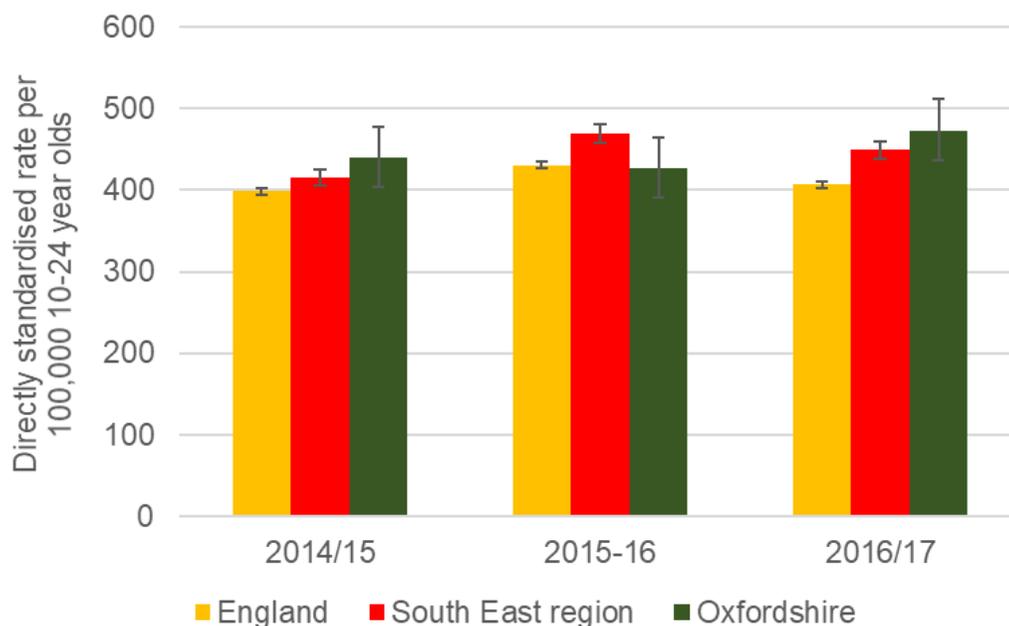


To find out more about hospital admissions for Self Harm by electoral ward and district, visit the Oxfordshire [Health Inequalities Basket of Indicators](#)

Emergency admissions due to self-harm in young people

- Self-harm admissions are increasing in young people (aged 10-24 years) in Oxfordshire. Numbers recorded for 2016-17 increased to 619 (552 in 2015-16).
- Oxfordshire's rate for 2016/17 is significantly higher than the England average (as it was in 2014/15).
- Nationally, hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men.
- National analysis shows that paracetamol and alcohol are the most common substances taken by young people and rates of poisoning are increasing.

Emergency hospital admissions for intentional self-harm in young people, directly age standardised rate, 2014/15 to 2016/17



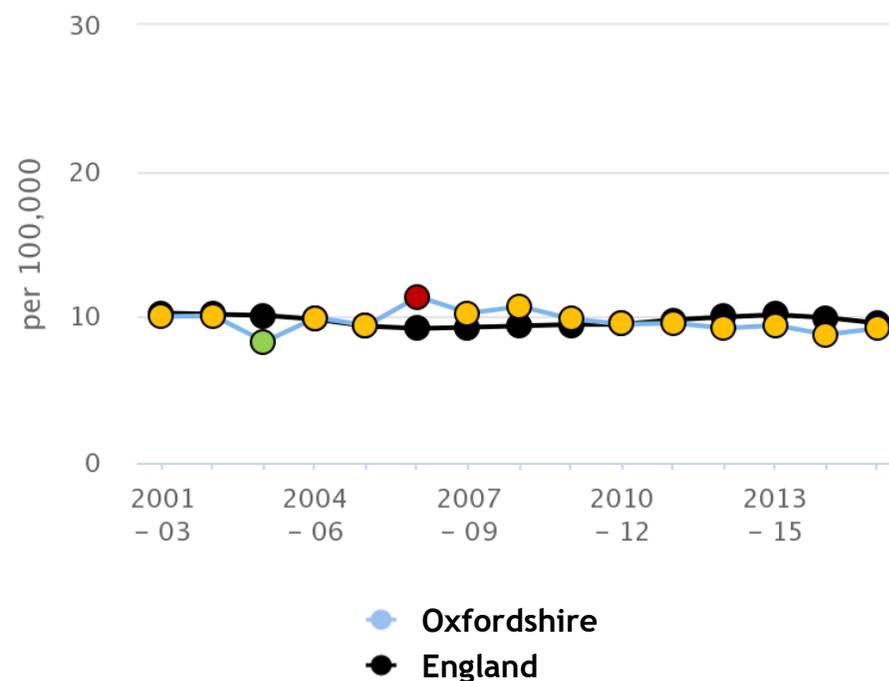
Source: [Children and Young People's Mental Health and Wellbeing Profile](#), PHE

Source: [National Institute for Health Research](#)

Suicide rate is similar to national and regional averages

-  There were 164 deaths by suicide between 2015 and 2017, 131 of which were male
-  Oxfordshire's suicide rate is not significantly different from national and regional figures.
-  Suicide rates are higher in men than in women. It is highest in men aged 35 to 64 years than in the younger (15-34) and older (64+) populations.
-  The Government strategy Preventing Suicide in England (2012) highlights that factors associated with male suicide include family and relationship problems including marital breakup and divorce.

Suicide trends in Oxfordshire and England up to 2015-17, directly standardised rate per 100,000



To find out more about deaths by suicide in Oxfordshire's districts, visit the [Public Health Surveillance Dashboard](#) 'Mortality' section

Musculoskeletal Diseases major cause of morbidity

-  The Global Burden of Disease data shows that, in England, low back and neck pain was ranked as the top reason for years lived with disability and other musculoskeletal (MSK) conditions was ranked as number 10
-  The latest GP Patient Survey (2017/18) indicates that 13.7% of participants in Oxfordshire reported a long-term musculoskeletal (MSK) problem
-  There are multiple risk factors that can increase a person's susceptibility to developing MSK problems. These include age, being overweight or obese, lack of physical activity, and multi-morbidity
-  Arthritis Research UK, partnered with Imperial College London, to develop Musculoskeletal Calculator, a prevalence modelling tool. For the first time this tool provides estimates of the burden of MSK conditions to local areas.

Estimated prevalence of Musculoskeletal Diseases for patients in NHS Oxfordshire CCG

| Name | Population | No. of Cases | | National average |
|-----------|------------|--------------------|---|------------------|
| Back Pain | 678,292 | 113,161 (16.7%) | < | 16.9% |
| Hip OA | 279,091 | 28,895 (10.4%) | < | 10.9% |
| Knee OA | 279,091 | 47,559 (17%) | < | 18.2% |
| RA | 591,158 | 4,828 (0.82%) | < | 0.83% |

OA = Osteoarthritis

RA = Rheumatoid Arthritis

Source: [GBD Compare](#), IHME

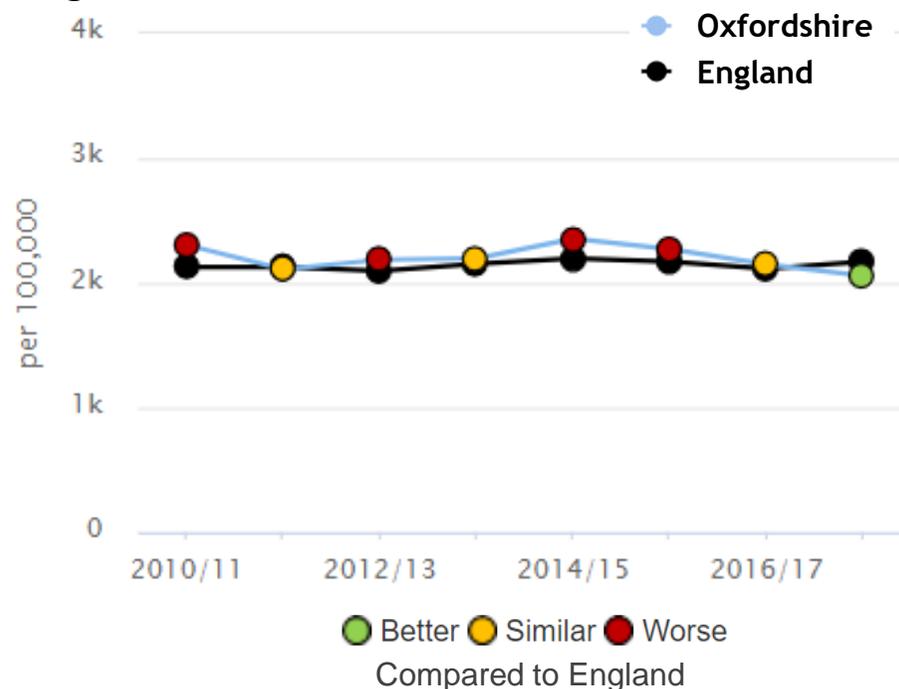
Source: [GP Patient Survey](#), NHS England

Source: [Musculoskeletal Calculator](#), Arthritis Research UK

Emergency admissions due to falls similar to national average

- 📌 Falls are the largest cause of emergency hospital admissions for older people, and significantly impact on long term outcomes
- 📌 It is estimated that about 30% people (2.5 million) aged 65 and above living at home and about 50% of people aged 80 and above living at home or in residential care will experience an episode of fall at least once a year
- 📌 In 2015-16, Oxfordshire's rate of emergency hospital admissions due to falls was above the England average
- 📌 Since then, the rate has fallen and is now significantly lower than national and regional rates
- 📌 In 2017-18, there were 2,642 falls, equivalent to a rate of 2,059 falls per 100,000 people aged 65+

Age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population – trends - Oxfordshire vs England



Source: [Public Health Outcomes Framework](#), PHE

Source: [Improving outcomes and supporting transparency](#), DHSC

Source: [Falls in Older People](#), NICE

To find out more about injuries due to falls in Oxfordshire's districts, visit the [Public Health Surveillance Dashboard](#) 'Preventing Ill Health' section

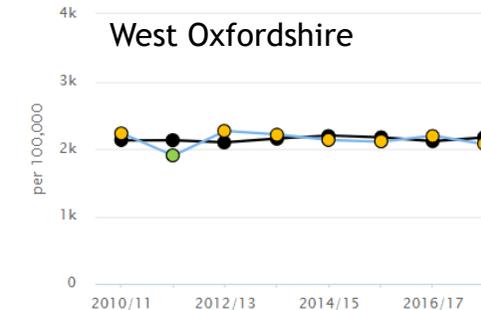
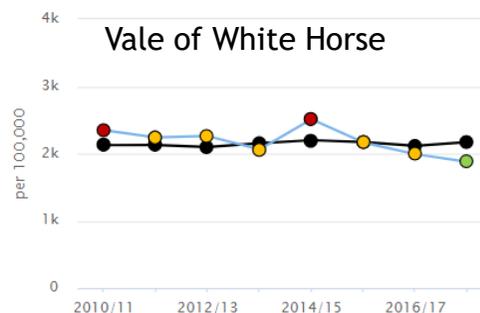
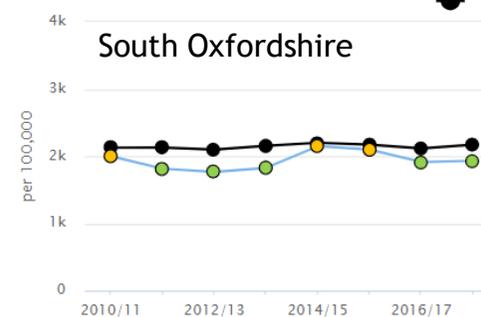
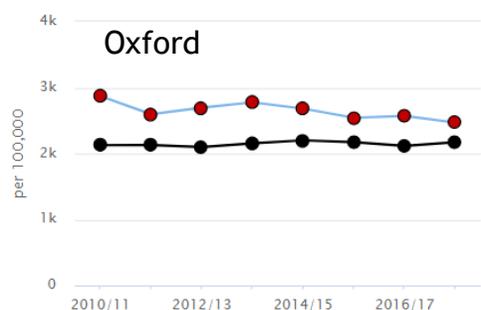
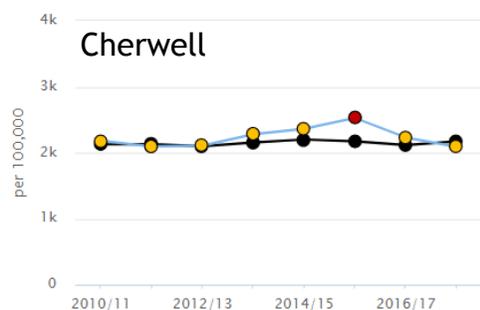
The rate of hospital admissions due to falls in Oxford City has remained above the national average

- Oxford city has been the only Oxfordshire district with a rate of falls consistently significantly worse than England
- In the most recent year the rate fell in Vale of White Horse and is now significantly lower than national and regional rates for the first time

2010-11 to 2018-19 age-sex standardised rate of emergency hospital admissions for injuries due to falls in persons aged 65+ per 100,000 population

● Better
 ● Similar
 ● Worse
 Compared to England

● England



To find out more about injuries due to falls in Oxfordshire's districts, visit the [Public Health Surveillance Dashboard](#) 'Preventing Ill Health' section

Sight loss has a significant impact on daily lives

For 2016/17 in Oxfordshire:

-  21,900 people (3.2% of total population) living with sight loss (that has a significant impact on daily lives, at any one point in time)
-  201 Certificates of Vision Impairment* were issued (29 per 100,000 people compared with 42 per 100,000 in England)
-  2,360 people are registered blind or partially sighted; this varies by age group (see table)
-  1,780 of the people registered as blind or partially sighted in Oxfordshire have also been recorded as having an additional disability by the local authority
-  £291,300,000 is the estimated cost of sight loss each year (includes direct and indirect costs)

Numbers of registered blind and partially sighted in Oxfordshire by age, 2016/17

| Age band | Registered blind | Registered partially sighted | Total |
|--------------|------------------|------------------------------|--------------|
| 0-17 | 10 | 30 | 40 |
| 18-49 | 180 | 140 | 320 |
| 50-64 | 165 | 115 | 280 |
| 65-74 | 125 | 100 | 225 |
| 75+ | 815 | 675 | 1,490 |
| Total | 1,300 | 1,060 | 2,360 |

*A Certification of Vision Impairment (CVI) certifies a person as either sight impaired (partially sighted) or severely sight impaired (blind). The CVI enables local government to then offer registration as blind or partially sighted and other relevant advice and support. Registers are maintained by local authorities.

Conditions that cause sight loss

- 📌 Thames Valley Eye Health Needs Assessment 2017 serves as a reference point for commissioning of eye health and sight loss services as well as future service development and will form the underlying evidence for the Thames Valley Eye Health Strategy
- 📌 **Definitions within the document:**
 - Vision Impairment - this refers to people with significant loss of vision that has reached a level that can be certified. This covers “sight impaired (partially sighted)” and “severely sight impaired (blind)”
 - Sight Loss - We have used the RNIB definition for this where it refers to people with loss of sight that is having a significant impact on their daily lives. This will include both permanent and correctable loss
- 📌 **Conditions that cause sight loss:**
 - **Age Related Macular degeneration:** Macular disease is the most common cause of vision impairment in the UK in the population over the age of 50.
 - **Glaucoma:** RNIB estimates that in Thames Valley the number of people with glaucoma in 2016 was 19,300
 - **Diabetes:** Using the 2011 Census and sub-national population projections, RNIB estimates that the numbers of people with background diabetic retinopathy in the Thames Valley was 40,440 people in 2015
- 📌 NHS expenditure on problems of vision has increased over the last decade from £1.21 billion in 2003/04 to £2.3 billion in 2012/13

Sight loss in children

-  There are over 25,000 visually impaired children aged 0-16 in the UK, and around 15,000 aged 17 to 25
-  Around half of these children will have additional disabilities and special educational needs
-  There are 204 children and young with visual impairment in contact with Oxfordshire's Sensory Impairment Team
-  The Royal National Institute of Blind People (RNIB) estimates that there is a much higher number of children and young people with visual impairment in the county
-  Figures from the latest Disability Register for Children and Young People aged 0-25 years in Oxfordshire (at end September 2018):
 - Number with hearing loss = 116
 - Number with sight loss = 140
 - Number with hearing AND sight loss = 27
 - Number with hearing loss OR sight loss = 229

Number of blind and partially sighted children by age group; Oxfordshire

| Age group | Blind | Partially sighted | Total |
|-------------|-------|-------------------|-------|
| 0-16 years | 28 | 153 | 181 |
| 17-25 years | 5 | 18 | 23 |

RNIB Estimated number of blind and partially sighted children by age group; Oxfordshire

| Age group | Blind | Partially sighted | Total |
|-------------|-------|-------------------|-------|
| 0-16 years | 70 | 200 | 270 |
| 17-25 years | 40 | 120 | 160 |

Note: Based on different childhood prevalence rates, totals may not sum to total number of people living with sight loss

One in six in the UK have some hearing loss

There is little data available about hearing loss at a local level. Action on Hearing Loss (a national charity) publish some useful statistics that highlight the prevalence of hearing loss:

- There are 11 million people with hearing loss across the UK, that's around one in six of us.
- By 2035, we estimate there'll be around 15.6 million people with hearing loss across the UK - that's one in five.
- There are 50,000 children with hearing loss in the UK. Around half are born with hearing loss while the other half lose their hearing during childhood.
- An estimated 900,000 people in the UK have severe or profound hearing loss.
- We estimate that there are at least 24,000 people across the UK who use British Sign Language (BSL) as their main language (although there are likely to be more that we don't know about).
- More than 40% of people over 50 years old have hearing loss, rising to 71% of people over the age of 70.
- Around one in 10 UK adults has tinnitus, hearing noises that aren't caused by an outside source

Annex: Finding out more

- More information on many of these topics is available from [Oxfordshire's Public Health Surveillance Dashboard](#)
- Mortality data are available from the [Office for National Statistics](#)
- Ward level data are available from the Inequalities Indicators Packs 2018 ([PowerPoint](#) and [Excel](#))
- For some topics it may be useful to refer to other JSNA chapters. For example, it may be useful to look at the *Health Support and Preventing Ill-health* section of [Chapter 7: Service Use](#)
- Further useful sources include the Public Health England [Fingertips tool](#) and the [Health Survey for England](#)

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