





6. Lifestyles


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 section is Chapter 6 of the 2019 update

Chapter 1: Summary

Chapter 2: Population overview

Chapter 3: Population groups

Chapter 4: Wider determinants of health

Chapter 5: Causes of death and health conditions

Chapter 6: Lifestyles

Chapter 7: Service use

Chapter 8: Local research

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

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Chapter 6: Lifestyles CONTENTS

This chapter of the 2019 JSNA presents data on lifestyle factors that affect health and wellbeing, such as healthy weight and physical activity, smoking and alcohol, and sexual and reproductive health.

For some topics it may be useful to refer to other JSNA chapters. For example, for healthy weight and physical activity, it may be useful to look at the *Physical and Social Environment* section of [Chapter 4: Wider Determinants of Health](#). For other topics in this chapter it may be useful to look at the *Health Support and Preventing Ill-health* section of [Chapter 7: Service Use](#).

[Summary](#)

[Smoking prevalence](#)

[Alcohol-related hospital admissions](#)

[Drug use and drug-related deaths](#)

[Adult overweight and obesity](#)

[Adult physical activity](#)

[Child overweight and obesity](#)

[Child physical activity](#)

[Breastfeeding and low birth weight](#)

[Oral Health](#)

[Sexually transmitted infections](#)

[Teenage conceptions](#)

[Volunteering](#)

[Annex: Finding out more](#)

Chapter 6: Lifestyles SUMMARY

- Smoking prevalence in Oxfordshire is lower than the England average and is decreasing, but prevalence remains high for adults in routine and manual occupation groups
- Alcohol-related hospital admissions in Oxfordshire adults were significantly lower than in England overall for males in all age groups, and females over age 40. Admissions for females under 40 were similar to England overall. Alcohol-specific admissions in under 18s were higher than national and regional averages
- The rate of deaths from drug misuse remains below the national and regional averages
- Over half of adults in Oxfordshire are overweight or obese, and three in ten adults are not meeting physical activity guidelines
- Similar to previous years, excess weight in children has remained high. One in five children in Reception, and one in three children in Year 6 was overweight or obese.
- Children's participation in sport and physical activity is declining nationally, and most children in Oxfordshire are not meeting the daily physical activity guidelines
- The percentage of babies with low birth weight in Oxfordshire remains lower than national levels, and breastfeeding prevalence stays high in the county, well above national levels
- Dental decay in 5 year olds is decreasing in the county, but one in five children is still affected
- New diagnoses of sexually transmitted infections have continued to decrease in Oxfordshire, and the rate is now similar to the South East average
- The rate of teenage conceptions in Oxfordshire is significantly lower than the national average and is decreasing broadly in line with national and regional trends

Smoking prevalence is decreasing nationally



Public Health
England

Health Matters

1. Smoking rates are falling

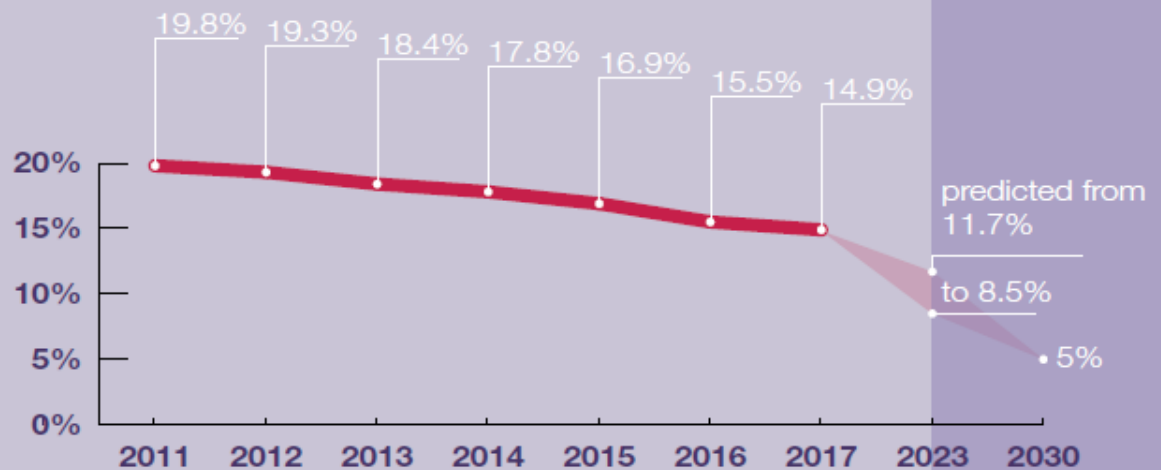
Smoking is the leading cause of preventable illness and premature death in England, with about half of all life-long smokers dying prematurely, losing on average around 10 years of life.

In 2016 alone, there were around 78,000 deaths attributable to smoking, representing 16% of all deaths across the UK.

The adult smoking rate in England is continuing to decline year on year and is now at a record low. In 2017, 14.9% of people in England aged 18 years and above smoked, accounting for 6.1 million people.

If this trend continues it will reduce to between 8.5% and 11.7% by 2023.

Smoking prevalence in England is at a record low



Current data from 2011 to 2017

Smoking prevalence remains high for adults in routine and manual occupations

Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. It is also associated with cancers in other organs, including lip, mouth, throat, bladder, kidney, stomach, liver and cervix. Smoking still accounts for 1 in 6 of all deaths in England, and there are huge inequalities in smoking and smoking related deaths.

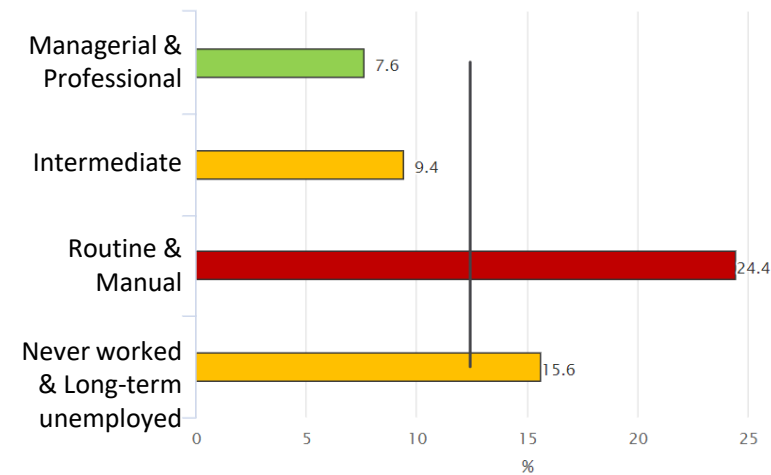
In 2017 an estimated 10.7% of adults in Oxfordshire were smokers, down from 15.1% in 2013 and significantly lower than the England average of 14.9%. Smoking prevalence in all of Oxfordshire's districts was either below or similar to national and regional averages

For adults in routine and manual occupations smoking prevalence is 24.4% in Oxfordshire, similar to the England prevalence of 25.7%

In 2017, 5.5% of adults nationally were currently using e-cigarettes. This is a small increase from 2014, when 3.7% of adults were e-cigarette users.

- E-cigarette use is higher in males than females for all age groups under 60 years.

Smoking prevalence by occupation group, 18-64 year olds, Oxfordshire 2017



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

Source: [Opinions and Lifestyle Survey](#), Office for National Statistics

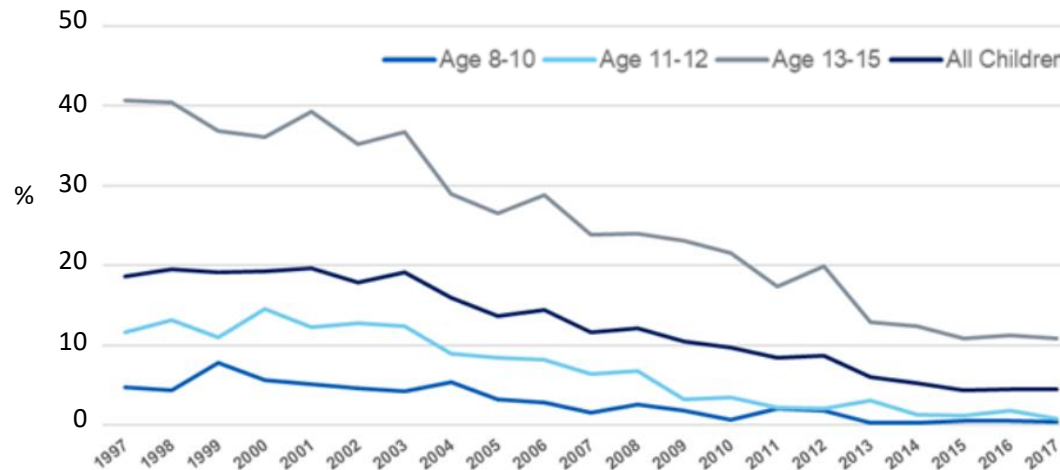
To find out more about adults smoking in Oxfordshire's districts, visit the [Public Health Surveillance Dashboard](#) or this [interactive chart](#) and [map](#)

National data show a decline in children smoking

Smoking remains an addiction which is largely taken up in childhood, with the majority of smokers starting as teenagers. Analysis of Health Survey for England has shown that 77% of smokers aged 16 to 24 in 2014 began smoking before the age of 18.

- Health Survey for England data for 2017 shows a national decline in proportion of **children smoking**. The proportion of children aged 8 to 15 who had ever smoked has decreased overall, from 18% of boys and 20% of girls in 1997 to 5% of boys and 4% of girls in 2017. Levels have been similar since 2013.

Proportion of children aged 8-15 who have ever smoked, 1997-2017



Source: [Tobacco Control Plan for England](#), DHSC

Source: [Health Survey for England 2017](#), NHS Digital



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

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

- The latest data (2017/18) shows that smoking prevalence at time of delivery in Oxfordshire is 7.8%. This remains lower than England (10.8%) but indicates there were over 510 women smoking throughout pregnancy that year.

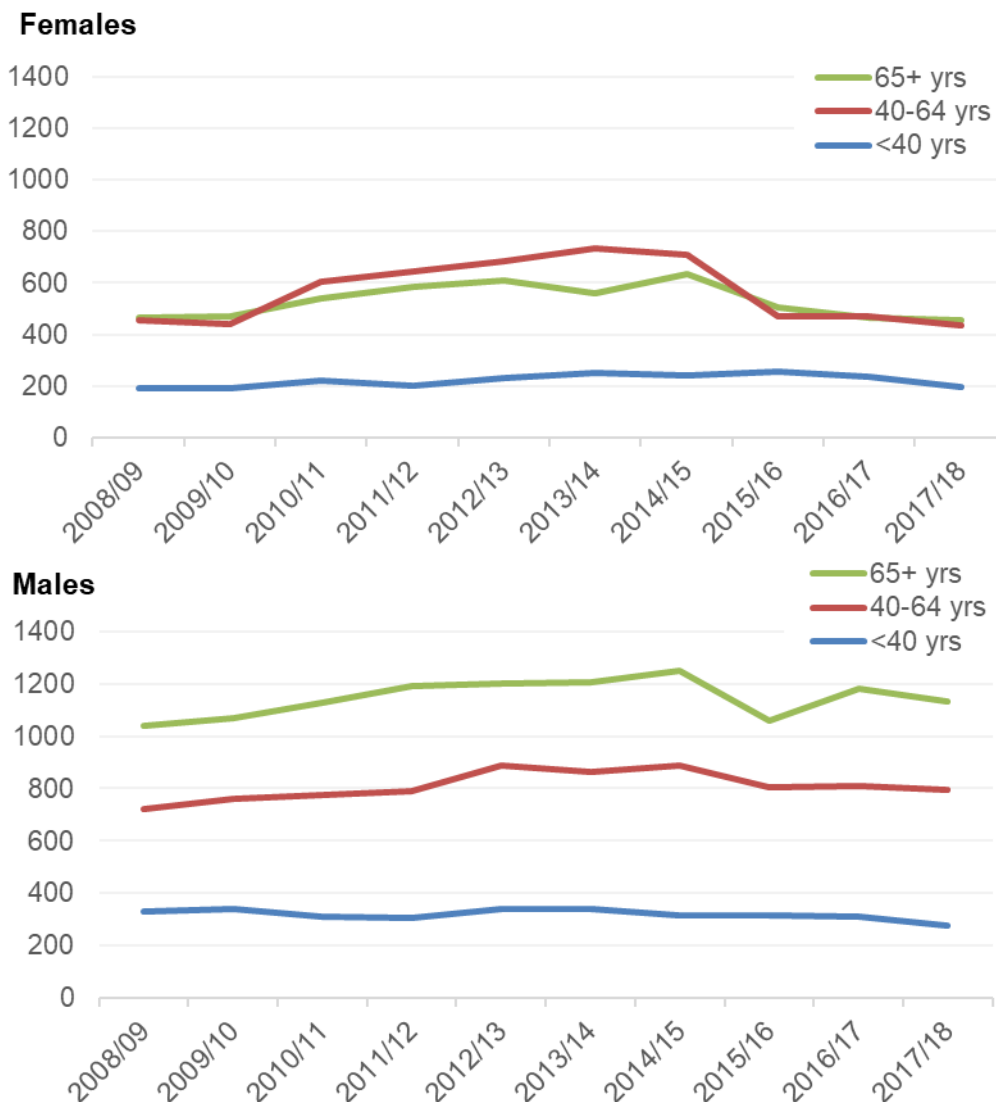
Alcohol-related hospital admissions

Alcohol consumption is a contributing factor to hospital admissions and deaths from a diverse range of conditions. Alcohol misuse is estimated to cost the NHS about £3.5 billion per year and society as a whole £21 billion annually.

-  Overall males continue to have higher rates than females for alcohol-related admission episodes
-  Between 2016/17 and 2017/18, admissions in under 40s have decreased for both males and females; admissions in Oxfordshire are now significantly lower than England in all age groups for both males and females

For the most up to date information about hospital admissions due to alcohol in Oxfordshire, visit the [Public Health Surveillance Dashboard](#). Admissions also vary by ward; for more information on this, visit the Oxfordshire [Health Inequalities Basket of Indicators](#).

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



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

Definition: Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code.

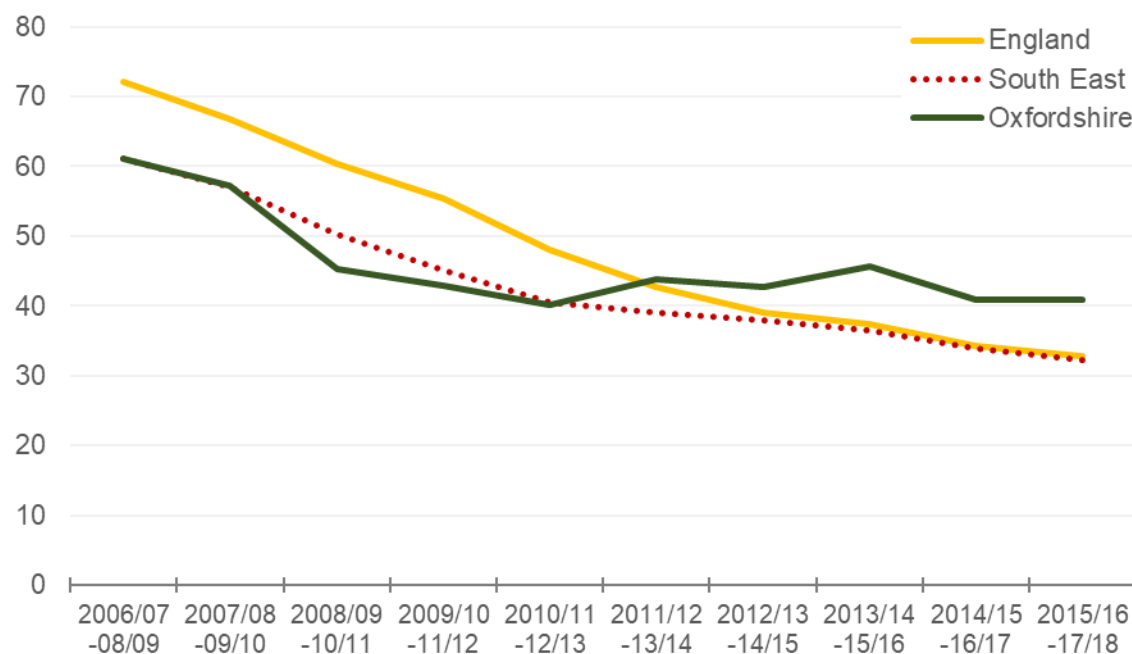
Hospital admissions of under 18s due to alcohol remain above the national and regional average, higher in females than males

There were 175 admissions of people aged under 18 in Oxfordshire due to alcohol-specific conditions in the three year period 2015/16 to 2017/18

This is equivalent to a rate of 40.9 admissions per 100,000 population, significantly above the England and South East average

Unlike the older age groups, admissions are higher in females than males. In the most recent data, the rate per 100,000 in Oxfordshire was 27.4 in males (similar to England and South East) and 55.0 in females (significantly worse than England and South East)

Under 18s admitted to hospital due to alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population



For the most up to date information about hospital admissions due to alcohol in Oxfordshire, visit the [Public Health Surveillance Dashboard](#)

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

Definition: Persons admitted to hospital due to alcohol-specific conditions – under 18 year olds, crude rate per 100,000 population. Number of persons under 18 admitted to hospital due to alcohol-specific conditions divided by the under 18 population of the area and multiplied by 100,000.

National data shows levels of drug use highest in younger age groups

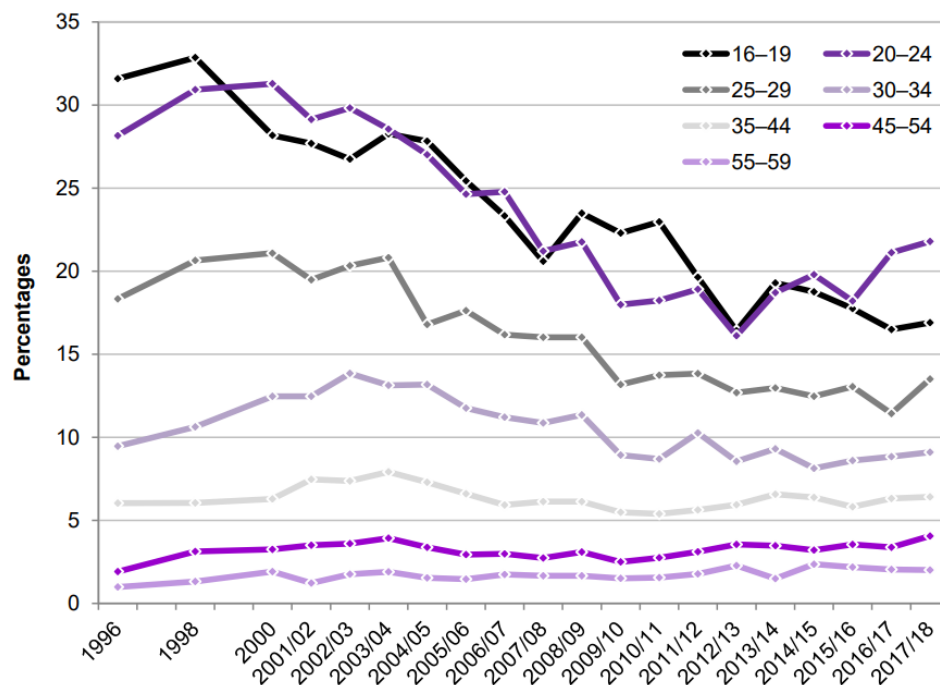
The latest national survey data shows that levels of drug use are highest in those aged 20-24 (21.8%), and second highest among those aged 16-19 (16.9%)

- This is true for all drug types except amphetamines and powder cocaine, with second highest use in 25-29s

Men were nearly twice as likely to have taken drugs as women; 11.8% men aged 16-59 had taken any drug compared with 6.2% women

People living in urban areas reported higher levels of drug use than those living in rural areas

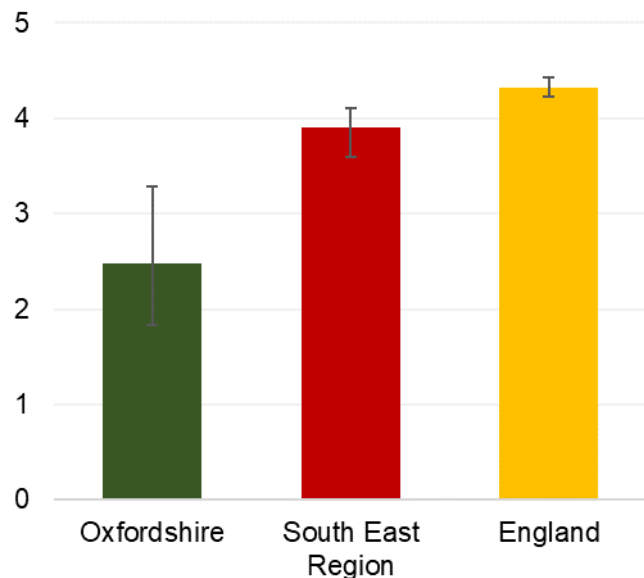
Proportion of 16 to 59 year olds using any drug in the last year by age group, 1996 to 2017/18 (England and Wales)



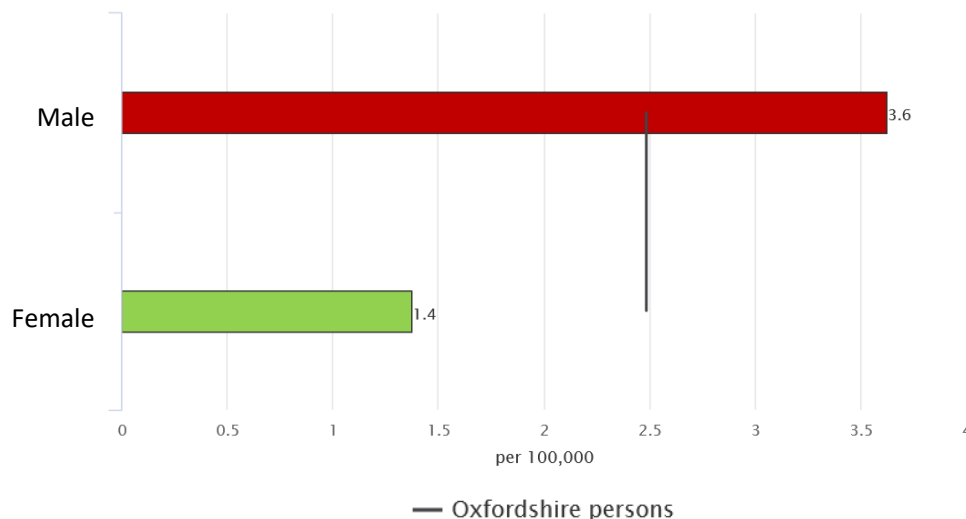
The rate of deaths from drug misuse in Oxfordshire remains below national and regional averages

- Local data on the health impact of drug use is limited. Combined data from 2015-17 gives a total of 49 drugs related deaths in Oxfordshire, half of which were in Oxford
 - The rate of deaths in Oxfordshire (2.5 per 100,000) was significantly lower than England (4.3) and the South East (3.9)
 - Separating by sex, the rate is significantly higher in males (3.6 per 100,000) than females (1.4). Males accounted for 35 of the 49 Oxfordshire deaths

Deaths from drug misuse 2015-17, age-standardised mortality rate per 100,000 population



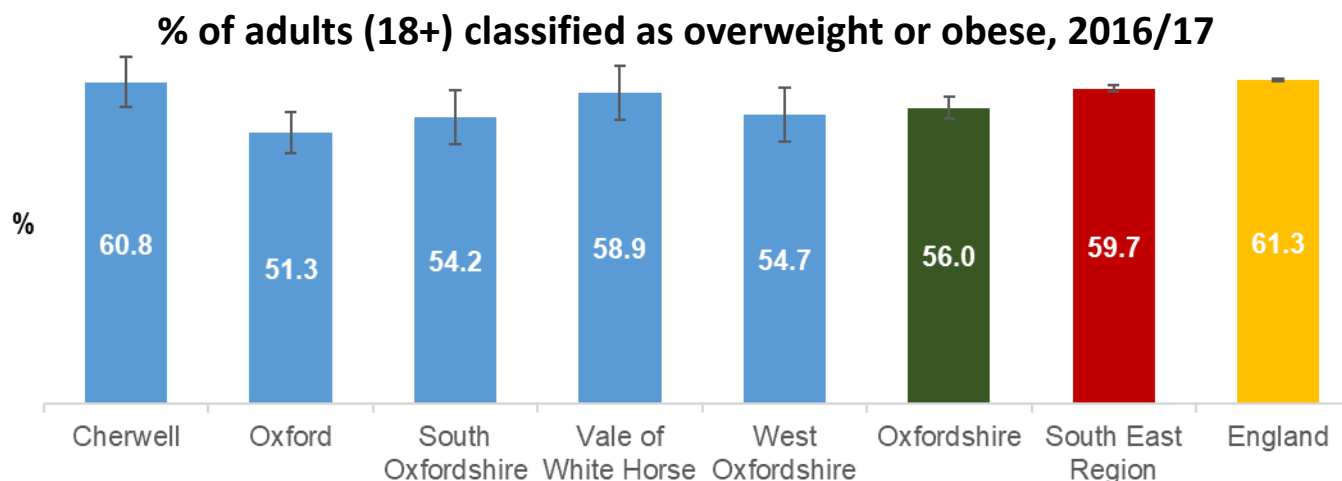
Deaths from drug misuse 2015-17: males and females in Oxfordshire, age-standardised mortality rate per 100,000 population



Over half of Oxfordshire adults are overweight or obese

Excess weight in adults is recognised as a major determinant of premature mortality and avoidable ill health. Adults are defined as overweight (including obese) if their body mass index (BMI) is greater than or equal to 25kg/m². Obesity is defined as a BMI greater than or equal to 30.

- An estimated 56% of people aged 18 or over in Oxfordshire are classified as overweight or obese (2016/17), significantly lower than the average for England (61.3%) or the South East (59.7%)
- The percentage for Oxfordshire is similar to the previous year (2015/16: 54.5%)
- With two years of data available from this survey, there is not sufficient data to comment on the trend



For the most up to date information about excess weight in Oxfordshire adults, visit the [Public Health Surveillance Dashboard](#)

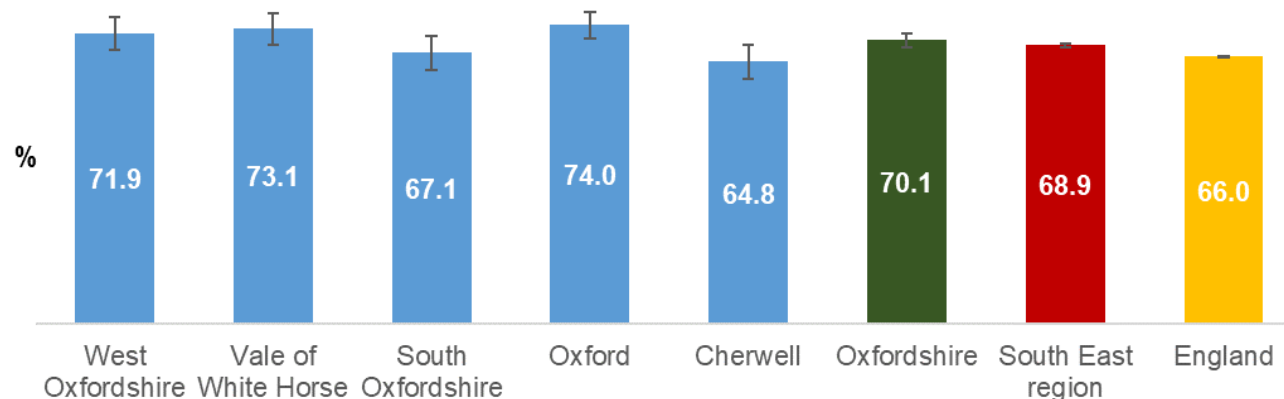
7 out of 10 Oxfordshire adults get enough physical activity

UK physical activity guidelines for adults (age 19-64 years) recommend at least 150 minutes (2½ hours) of moderate intensity activity in bouts of 10 minutes or more. Alternatively, comparable benefits can be achieved through 75 minutes of vigorous intensity activity spread across the week or combinations of moderate and vigorous intensity activity. Adults should also undertake physical activity to improve muscle strength on at least two days a week. All adults should minimise the amount of time spent being sedentary (sitting) for extended periods.



A slightly higher percentage of Oxfordshire adults meets the physical activity guideline than national and regional figures, but three in ten do not. Trends are not yet available for this data.

% of adults (19+) meeting physical activity recommendations, 2016/17



Nationally, the data show that participation in physical activity decreases with age, deprivation, unemployment or economic inactivity, and disability. White and mixed ethnic groups had higher proportions of active adults than Asian, Black and Chinese groups. A higher percentage of males were physically active than females.

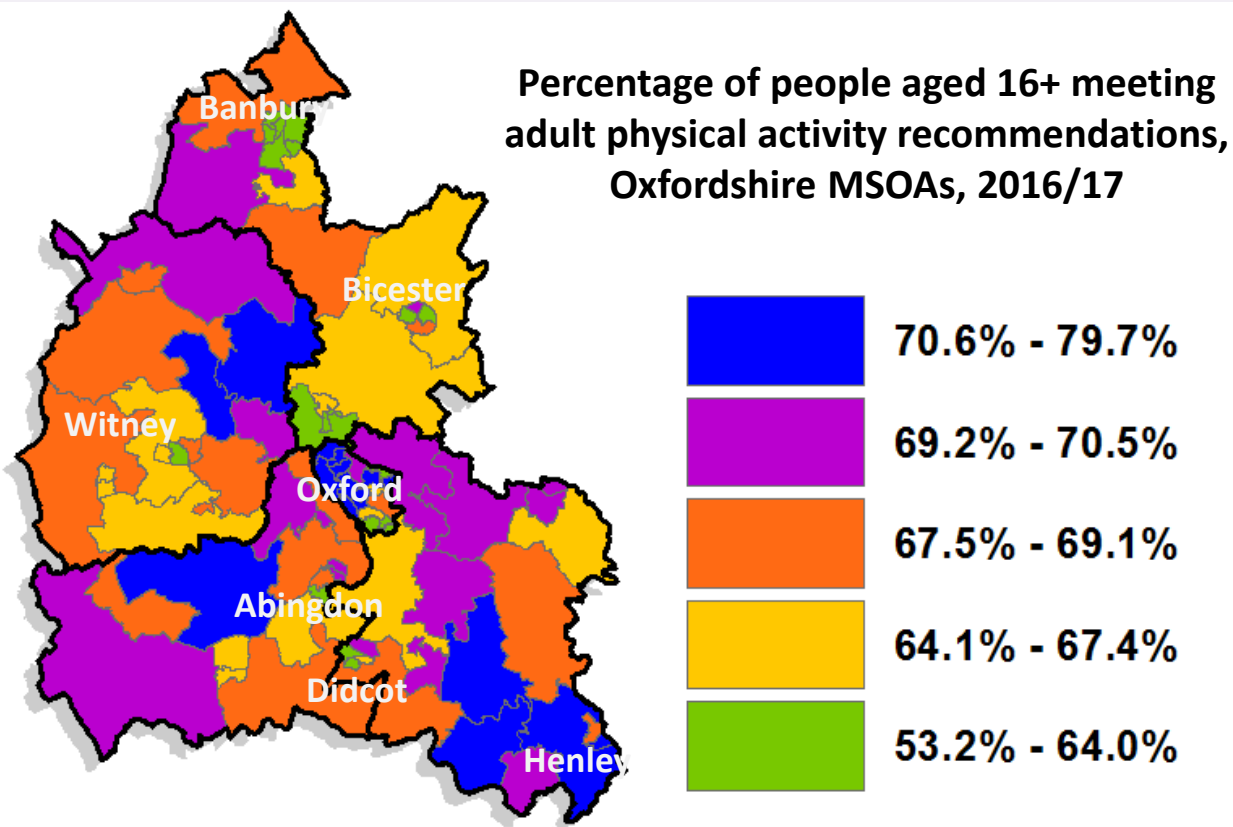
Source: [CMO Physical Activity Guidelines](#), Department of Health and Social Care
 Source: [Physical Activity Profile](#), Public Health England

For more information about physical activity and inactivity in Oxfordshire adults, visit the [Public Health Surveillance Dashboard](#)

Note: Individual physical and mental capabilities should be considered when interpreting the guidelines. [Separate guidelines](#) are available for older adults (65+), disabled adults and pregnant women.

There is variation in physical activity levels within districts

These estimates are calculated using the same data as local authority figures (previous page), but use adults aged 16+ as their population. They report the proportion of people meeting CMO physical activity guidelines for adults (150 minutes per week). Current CMO guidelines for 16-18 year olds recommend at least 60 minutes and up to several hours of physical activity per day.



These estimates indicate that the proportion of people aged 16+ meeting adult physical activity guidelines tends to be higher in more affluent areas of the county

Percentages are lowest in the south of Oxford (Blackbird Leys, Northfield Brook, Littlemore) and Banbury (Ruscote and Neithrop)

Source: [Small area estimates](#), Sport England

Source: [CMO Physical Activity Guidelines](#), Department of Health and Social Care

Mapping by Oxford City Council, © Crown Copyright and database right 2018. Ordnance Survey 100019348

Excess weight in children remains high

- 📌 Over the past 3 years, overweight or obesity levels at either reception or in year 6 have remained at a similar level in Oxfordshire (and nationally)
- 📌 In 2017/18, around 1,400 (20%) Reception children, aged 4 or 5, in Oxfordshire were overweight or obese
 - Nearly 560 of these children (7.8% of total) were obese, including 120 who were severely obese (1.7% of total)
- 📌 In Year 6, aged 10 or 11, there were around 1,900 children overweight or obese and the proportion was higher at 30%
 - Over 1,050 of these children (16.2% of total) were obese, including 180 who were severely obese (2.7% of total)
- 📌 Prevalence of underweight is also higher by Year 6: 0.8% in Reception compared to 1.2% in Year 6
- 📌 The prevalence of obesity varies between Oxfordshire's districts
 - Prevalence in Oxford and Cherwell tends to be higher than in other districts.

For the most up to date information about obesity in children in Oxfordshire districts, visit the [Public Health Surveillance Dashboard](#). For ward level data, visit the [Oxfordshire Health Inequalities Basket of Indicators](#).

Reception



● Underweight ● Healthy weight
● Overweight ● Obese
● Severely obese

Year 6



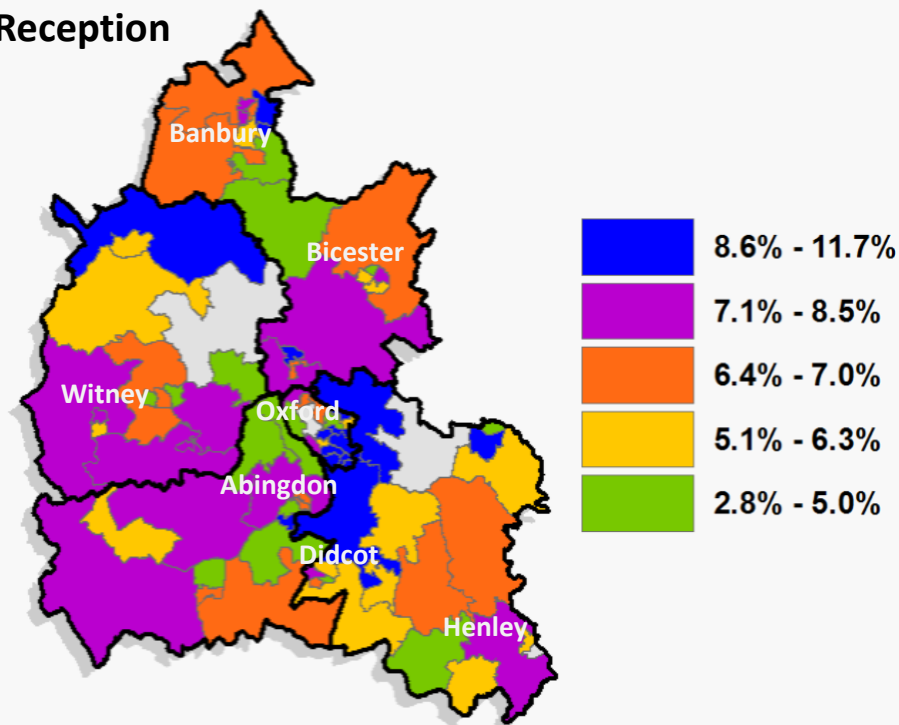
Source: icons8.com

Obesity prevalence varies within the districts

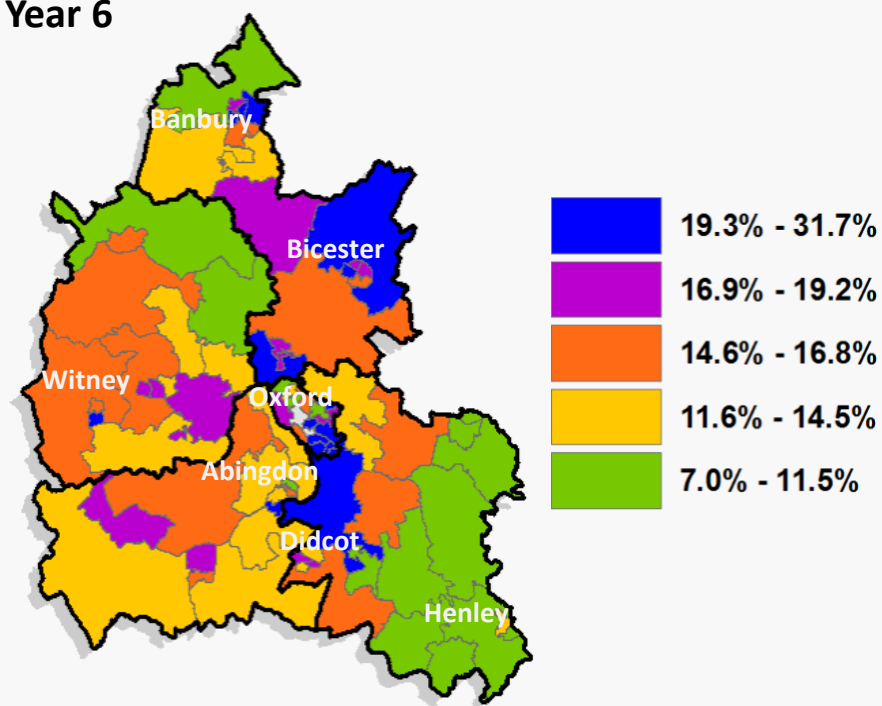
- In Reception (aged 4 or 5), obesity prevalence ranges from 2.8% in Headington and Botley & Kennington to 11.7% in Barton
- In Year 6 (aged 10 or 11), the range is broader with the lowest prevalence (7.0%) in Henley and Shiplake, to 31.7% in Littlemore

Obesity prevalence (%) in Oxfordshire MSOAs, 2014/15-2016/17

Reception



Year 6



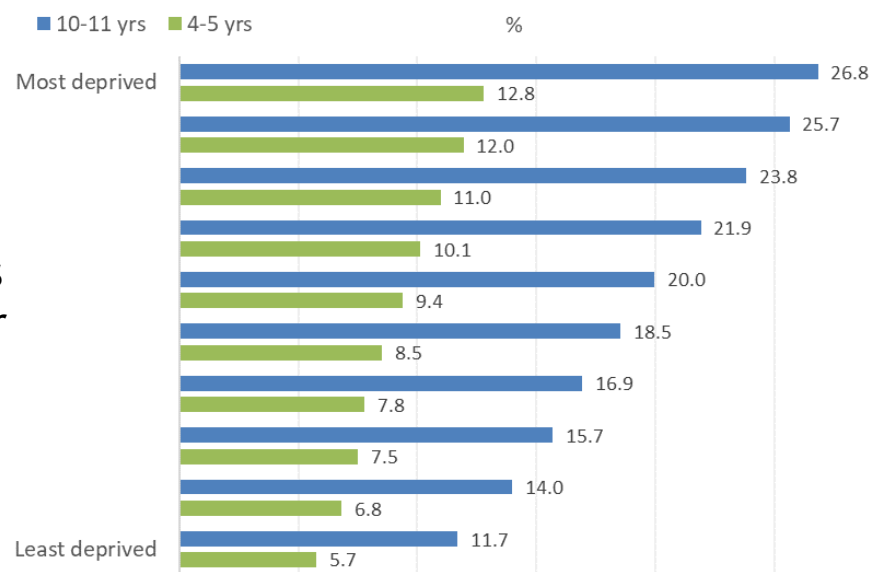
For the most up to date information about obesity in children in Oxfordshire districts, visit the [Public Health Surveillance Dashboard](#).

For ward level data, visit the Oxfordshire [Health Inequalities Basket of Indicators](#).

The burden of obesity falls hardest on children from more deprived areas

- 📌 [The Marmot review](#) highlights that income, social deprivation and ethnicity have an important impact on the likelihood of becoming obese
- 📌 Data at national level shows that in both Reception and Year 6, obesity prevalence is considerably higher in children from more deprived areas
- 📌 National data have also shown that obesity prevalence varies by ethnic group, independent of deprivation. In Reception, obesity prevalence is higher in children from Black, Pakistani and Bangladeshi ethnic groups than White, Chinese and Indian groups. In Year 6, disparities are greater in than in Reception and prevalence in White British, White and Asian, and Chinese groups ethnic disparities in obesity prevalence is significantly lower than almost all other ethnic groups
- 📌 Obesity is a complex problem with many drivers, including behaviour, environment, genetics and culture. To find out more about environmental factors, visit [JSNA Chapter 4: Wider Determinants of Health](#).

Prevalence of obesity in Reception and Year 6 by LSOA deprivation deciles in England, 2017/18





Source: [NCMP and Child Obesity Profile](#), Public Health England

Source: [Differences in child obesity by ethnic group](#), Public Health England

Source: [Health Matters: Obesity and the food environment](#), Public Health England

National data shows a decline in physical activity by boys

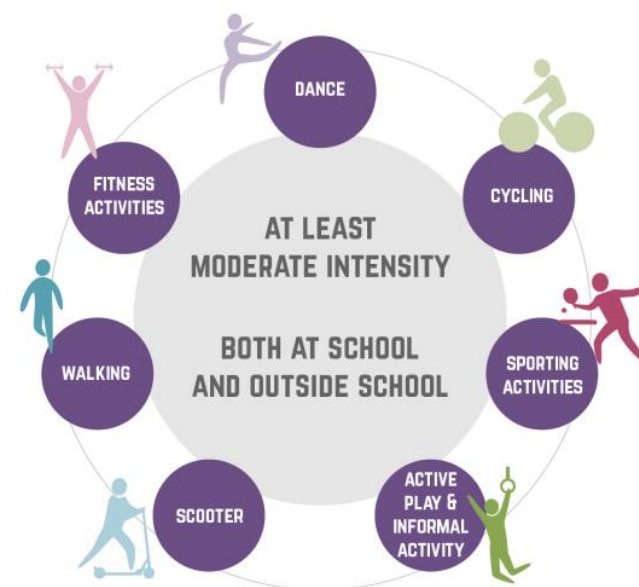
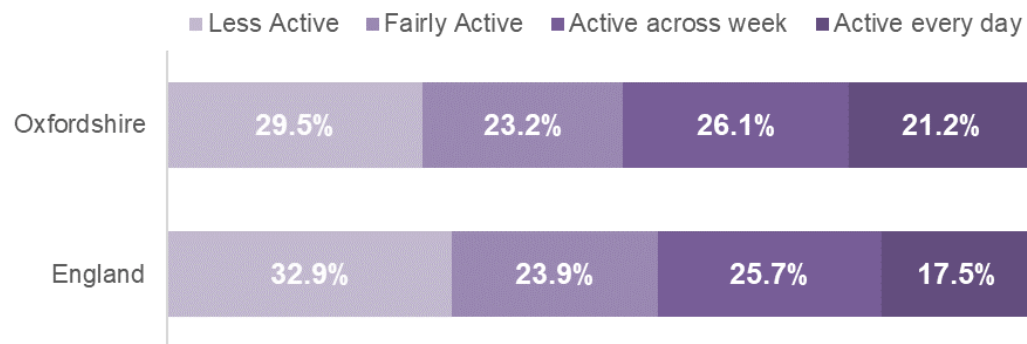
UK physical activity guidelines for children and young people aged 5-18 recommend moderate to vigorous intensity physical activity for at least 60 minutes and up to several hours every day. Vigorous intensity activities, including those that strengthen muscle and bone, should be incorporated at least three days a week. Separate guidelines are available for babies and children (birth-5 years).

-  According to the 2015 Health survey for England, excluding school-based activities, 22% of children aged 5 to 15 met the physical activity guidelines of being at least moderately active for a minimum of 60 minutes every day.
-  There has been a decline in the proportion of boys meeting physical activity recommendations.
 - Among boys, there was a decrease in the proportion meeting physical activity recommendations between 2008 and 2012, falling from 28% in 2008 to 21% in 2012. It has remained at the lower level in 2015, at 23%.
 - Among girls there has been no statistically significant change in the proportion meeting physical activity recommendations over the period, with 19% in 2008 and 20% in 2015

Oxfordshire children are more active than the national average, but most are not meeting guideline activity levels


- 📌 21.2% children age 5-16 in Oxfordshire reported that they met the physical activity guidelines of at least 60 minutes physical activity every day
- 📌 A further 26.1% reported that they did not take part in physical activity every day but still had an average of at least 60 minutes per day
- 📌 Over half of Oxfordshire children were fairly active (30-59 minutes per day) or less active (less than 30 minutes per day)
 - There are over 46,000 5-16 year olds in these activity groups

Sport and Physical Activity Levels (Children and Young People in school years 1-11), academic year 2016/17






Low birth weight

Low birth weight increases the risk of childhood mortality and has an influence on future adult health status. Risk factors for low birth weight include the health of the mother, particularly during the pregnancy including maternal smoking, substance misuse, nutritional status and maternal weight. Ethnicity, genetics, socioeconomic status, age and multiple pregnancy are also factors.

-  In Oxfordshire, 2.2% of live births at full term (at least 37 weeks gestational age) had a recorded birth weight under 2500g. This is similar to the regional average (2.3%) and significantly lower than the national average (2.8%)

Breastfeeding

Breast milk provides the ideal nutrition for infants in the first stages of life. There is evidence that babies who are breast fed experience lower levels of infection and child obesity, as well as encouraging a strong bond between mother and baby.

-  Breastfeeding initiation within 48 hours of delivery is recorded in hospital, and is recorded again at the Health Visitor check at 6-8 weeks after delivery
-  In 2015/16, 82.5% Oxfordshire mothers initiated breastfeeding. More recent data were not published due to data quality issues.
-  In 2017/18, prevalence of breastfeeding at 6-8 weeks in Oxfordshire was 61%, significantly higher than the prevalence in England overall (43%)

For more information about low birth weight and breastfeeding in Oxfordshire's districts, visit the [Public Health Surveillance Dashboard](#); to find out more about births, population and demography in Oxfordshire, visit [JSNA Chapter 2: Population overview](#)

Breastfeeding and oral health

Breastfeeding has strong evidence of benefits to both child and mother

1



UK government policy advises exclusive breastfeeding for around the first 6 months of life
Babies should then start solid foods alongside continued breastfeeding at around 6 months

2



Breastfeeding rates in the UK are very low. At 6 months, 34% are still breastfeeding, with 1% exclusively breastfeeding

3



Not being breastfed is associated with an increased risk of infectious morbidity such as gastroenteritis, respiratory infections and middle ear infections

Evidence on tooth decay and breastfeeding

Breastfeeding up to 12 months is associated with a decreased risk of tooth decay



Studies after 12 months are of low quality and contradictory and acknowledge they do not take account of other foods and drinks being consumed

Support and advice for mothers who are breastfeeding

- breast feeding provides the best nutrition for babies
- at around 6 months of age babies should start solid foods, alongside breastfeeding
- as a mixed diet is established, give a wide range of foods, flavours and textures and avoid sugary foods and drinks
- breast or formula milk should be babies' main drink until one year old
 - introduce babies to drinking from a non-valve free-flowing cup from around 6 months of age, containing only breast or formula milk or plain water
- as soon as babies' first tooth erupts:
 - brush their teeth at least twice a day with a smear of toothpaste containing at least 1000ppm fluoride
 - go to the dentist for advice on how to prevent dental disease
- for information on how to make your practice breastfeeding friendly go to the Breastfeeding network: <https://bit.ly/2ai17Eo>

For more evidence based advice see Delivering Better Oral Health <https://bit.ly/1uXmuyI>

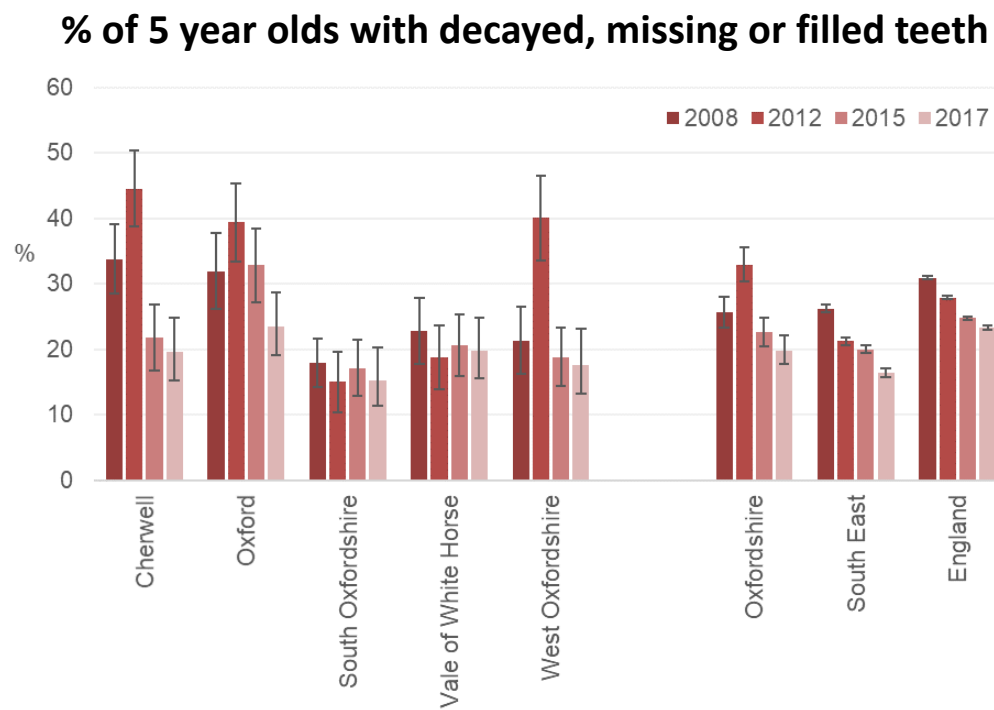
Gateway number: 2018681



Oral health: tooth decay in children remains significant

Tooth decay is a predominantly preventable disease. Significant levels remain, resulting in pain, sleep loss, time off school and in some cases, treatment under general anaesthetic. High levels of consumption of sugar-containing food and drink is also a contributory factor to other issues of public health concern in children - for example, childhood obesity.

- 19.8% of 5 year olds in Oxfordshire had decay experience in 2017, lower (better) than the national average of 23.3%
- Of those children with decay, the average number of decayed, missing, or filled teeth was 3.2
- This is an improvement on the rate in 2015, when Oxfordshire (22.7%) was similar to the national average (24.7%)
- In 2017, none of the districts were significantly different from the Oxfordshire figure. South Oxfordshire and West Oxfordshire were significantly lower than England.



To find out more about children's oral health in Oxfordshire, visit the [Public Health Surveillance Dashboard](#)

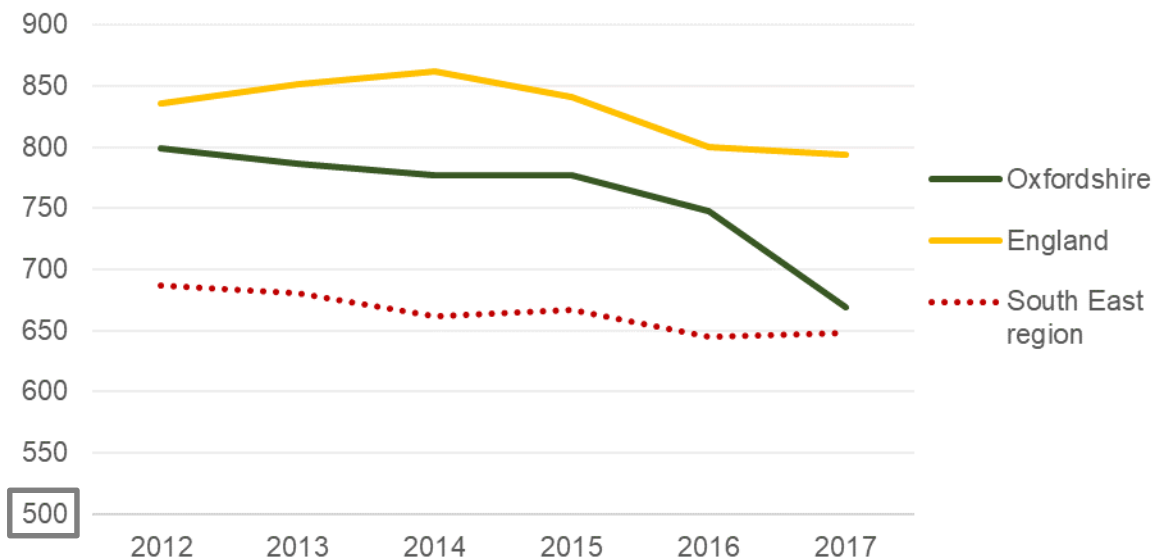
Sexually Transmitted Infections: new diagnoses are decreasing

In 2017, the rate of new STI diagnoses (excluding chlamydia in under 25s) in Oxfordshire was 669 diagnoses per 100,000 people aged 15-64 - significantly lower than the England average, and similar to the rate in the South East region

Oxfordshire's rate has decreased between 2012 and 2017. It has consistently been significantly below the England average in this period

Oxfordshire's rate is equivalent to approximately 2,900 new diagnoses in 2017. The number of diagnoses is related to the number of tests taken - in the same year, 67,751 tests were taken by people living in Oxfordshire




New STI diagnoses per 100,000 people aged 15-64 (excluding chlamydia in under 25 year olds)



Chlamydia diagnoses in 15-24 year olds are measured separately. In 2017, the rate of these diagnoses was 1,312 per 100,000 in Oxfordshire, significantly lower than the South East (1,510) and England (1,882) rates. This may be influenced by the uptake of chlamydia screening.

For more information about sexual and reproductive health in Oxfordshire, visit: [Public Health Surveillance Dashboard](#), [JSNA Bitesize on Sexual Health](#), [Sexual Health Needs Assessment for Oxfordshire](#)

Teenage conceptions continue to decrease

-  The rate of teenage conceptions in Oxfordshire is significantly lower than the national average and is decreasing broadly in line with national and regional trends
-  Teenage conceptions has been declining since the early 2000s, particularly in Oxford city
-  In 2016/17, 0.4% births were to mothers aged under 18.

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

	2015		2016		Change
	Number	Rate	Number	Rate	
Cherwell	37	13.9	34	12.9	↓
Oxford	38	17.4	25	11.5	↓
South Oxfordshire	29	12.2	25	10.2	↓
Vale of White Horse	20	9.3	27	12.5	↑
West Oxfordshire	24	13.0	20	10.8	↓
Oxfordshire	148	13.2	131	11.6	↓
South East Region		17.1		15.0	↓
England		20.8		18.8	↓

This indicator measures all conceptions in females under 18 years of age whether the pregnancy ends in birth or termination

Source: [Sexual and Reproductive Health Profile](#), Public Health England

For more information about trends in conceptions rates, visit [this article from the ONS](#) or the [Public Health Surveillance Dashboard](#)

Four in ten adults have been involved in volunteering recently

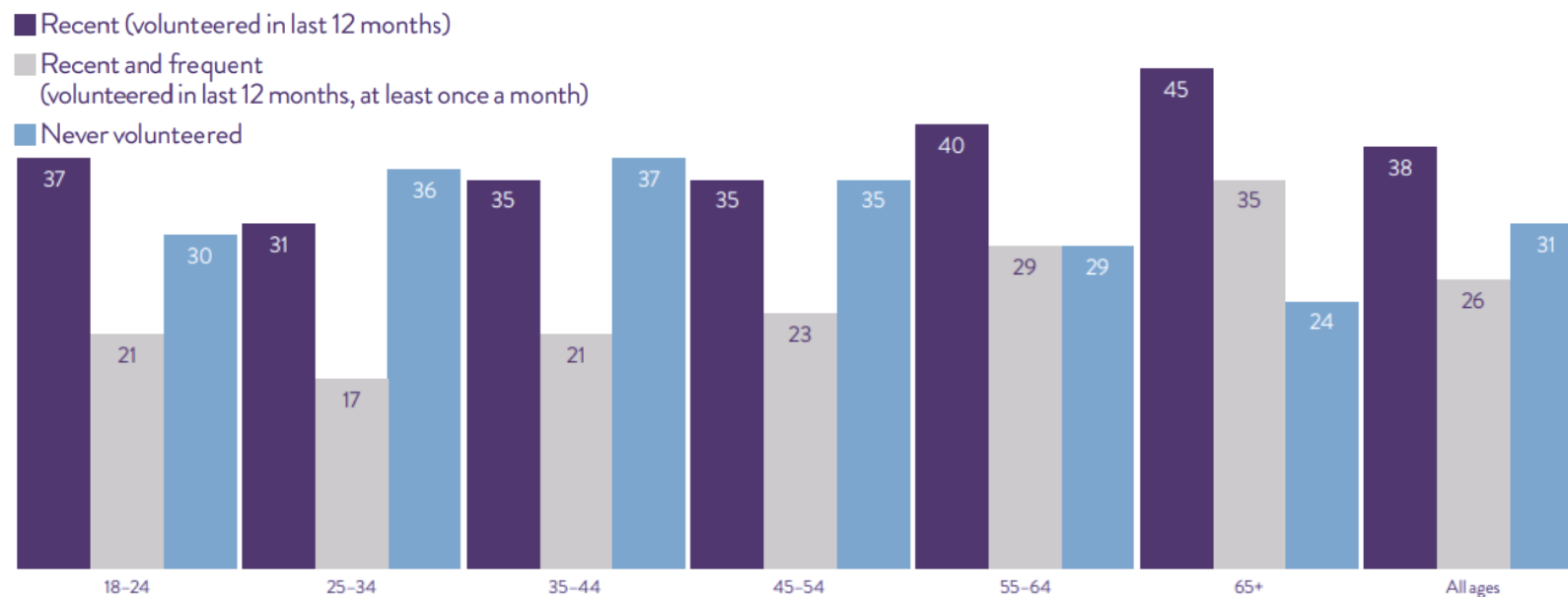
There is a lack reliable data on volunteering rates in Oxfordshire. The following data are from a national survey

People living in the south of England were more likely to be recent volunteers than the England average (42% vs 38%). They were also more likely to volunteer frequently (28% vs 25%)

Nationally, those educated to a higher level are more likely to have volunteered recently. Separating by working status, those working part-time (less than 8 hours a week) are most likely to have volunteered recently



Proportion of recent volunteers, recent and frequent volunteers, and those who have never volunteered (% of age group)







People aged 65 and over were the **most likely** to have volunteered recently.

45%
of 65+ year-olds

VS

31%
of 25-34 year-olds

Annex: Finding out more

-  More information on many of these topics is available from [Oxfordshire's Public Health Surveillance Dashboard](#)
-  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, for healthy weight and physical activity, it may be useful to look at the *Physical and Social Environment* section of [Chapter 4: Wider Determinants of Health](#). For other topics in this chapter 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](#); the [Office for National Statistics](#); the [Health Survey for England](#); and the Sport England [Active Lives Surveys](#)

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