

OGP Policy Working Group: Background to Health

What is happening in Oxfordshire now

The overall view of the averages for Oxfordshire paints a very positive picture of the County. The County appears to be doing well when compared to the national averages in areas such as life expectancy, deaths from preventable causes and obesity.

However, this is to be expected in an area of relative wealth. (The County is one of the 20% least deprived County Councils (or Unitary Authorities) in England.)

Notwithstanding this, the figures do not paint a picture of a uniformly healthy society. Oxfordshire is above the national average in those seeking hospital attention for self-harm (104 per 100,000 as compared to a national average of 100 per 100,000), and despite being better than the national average, 16.3% of children are still classified as obese (compared with a national average of 20%).

<https://www.oxfordshire.gov.uk/sites/default/files/file/public-health/PublicHealthAnnualReportMay2020.pdf>

Further, the overall averages do not represent the situation for everyone in the County. When we look deeper into the data below the County level, we know there are 10 wards in Oxfordshire which fall within the 20% most deprived wards in England (6 in Oxford, 3 in Banbury, 1 in Abingdon).

When the averages in these wards are taken as a whole, life expectancy, deaths from preventable causes, self-harm and obesity are all worse than the county and national averages.

Oxfordshire is a two-tier County in terms of health. If you live in one of these 10 wards you can expect:

- Lower life expectancy with higher rates of death from cardiovascular disease, stroke, lung illness and cancers.
- Earlier onset of long-term conditions. We know that those living in the 10% most deprived areas are likely to face effects of illness at the age of 60 whereas people living in the least deprived 10% generally will have another 10 years of healthy life, free from disability and illness

What the Green Party needs to do

We want everyone in Oxfordshire to enjoy the same robust health as those in the wealthiest areas. Our goal is to level up the County's health.

All areas should be close to the County average for life expectancy and deaths from preventable causes.

We also want to see significant reductions in childhood obesity and self-harm across the County. (See note on obesity below.)

We will tackle the underlying causes of the economic, environmental and social inequalities (poverty, education, housing and the built environment) that fuel the inequalities in health.

For example by:

- working with health partners to increase availability and access to healthcare and social prescribing;
- housing policies that improve housing conditions and affordability;
- transport policies that increase public transport, make active transport safer and more attractive and decrease pollution in some of the most deprived wards.
- policies on food and farming that improve access to healthy, nutritious food.

Note on obesity

Notably regarding childhood obesity: lifestyle (e.g. excess calorie intake, decreased physical activity) and genetic predispositions are well-known factors related to obesity. Recently, however, there is accumulating evidence suggesting that exposure to some environmental chemicals during critical windows of development may also contribute to the rapid increase in the incidence of obesity. Agrochemicals, used extensively in farming, have been widely detected in humans. There is now considerable evidence linking human exposure to agrochemicals with obesity, including childhood obesity, which can start as early as with prenatal exposure to agrochemicals.