

**EXTRACT of Mental Health  
and Wellbeing data from...**

# Oxfordshire Health and Wellbeing

Joint Strategic Needs Assessment 2022

*Oxfordshire*



**JSNA**

## Introduction

### Summary

#### Population groups - disability

##### Learning disabilities

##### Autism

#### Health conditions and wellbeing

##### Depression

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## This pack

- This pack is an extract from the 2022 update of the Oxfordshire Joint Strategic Needs Assessment and includes datasets directly related to mental health and wellbeing.
- Note that only limited data has been copied into here on the behavioural and wider determinants of mental health and wellbeing. For further information please refer to the full [Joint Strategic Needs Assessment | Oxfordshire Insight](#).
- This extract and other information related to mental health and wellbeing in Oxfordshire is available at [Mental Health and Wellbeing | Oxfordshire Insight](#).
- A small number of the slides from the original JSNA report have been amended to highlight mental health data and some have been added to include more detailed data.  
The note at the bottom right of the slide shows whether data has been updated or where the slide is new in the original JSNA e.g. new

Slides introduced for this pack are marked as ADDED

Last updated 7 November 2022

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## Mental Health and Wellbeing Summary - 1

### Prevalence

- There was an estimated total of 39,100 people with mental health as a disability impairment in Oxfordshire (from Family Resources Survey 2020-21).
- As of 2021-22 these were 80,720 patients with depression recorded by Oxfordshire GPs. The prevalence has remained at a similar level to the previous year at 12.5%.
- Almost half of claimants of Employment Support Allowance and Personal Independence Payments in Oxfordshire were related to mental health.
  - Of the total 9,995 claiming ESA in Oxfordshire (Nov21), 49% were recorded as Mental and behavioural disorders (4,840).
  - Of the total 16,099 claiming PIP (aged 16+) in Oxfordshire (Nov21), 41% were recorded as Psychiatric disorders (6,617).
- Rates of Mental Health conditions were 6.5 times higher in people with learning disabilities.

### Wellbeing and loneliness

- The latest ONS measures of personal wellbeing for Oxfordshire have worsened.
  - Between the years ending March 2020 and March 2021, the mean score for feeling “worthwhile”, “happiness” and “life satisfaction” each decreased by 3%.
  - Levels of reported anxiety in Oxfordshire have continued to increase and remain above the England average.
- On the 2020-21 loneliness measure from the Active Lives survey, Oxfordshire was ranked highest (most lonely) compared with its statistical neighbours. Rates of loneliness were highest in Oxford and Cherwell districts.
- According to the Oxfordshire’s GP Patient survey (2022), Oxfordshire was above average and above both Buckinghamshire and Berkshire West on the proportion “feeling isolated from others”.
- The latest findings from the Adult Social Care (ASC) survey show an increase in the proportion of people agreeing they have as much social contact as they would like in Oxfordshire (and nationally), although not yet back at pre-pandemic levels.

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## Mental Health and Wellbeing Summary - 2

### Children and young people

- The 2021 DfE State of the Nation report found that children and young people's mental health and wellbeing had, on average, reduced during the pandemic, particularly during periods of school closures.
- 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.
- In Oxfordshire rates of self-harm hospital admissions in children and young people (aged 10-24 years) have remained relatively similar over time.
- The areas of the county with the highest rates for self-harm were Greater Leys, Barton, Littlemore & Rose Hill, and Blackbird Leys.

### Services

- Between 2019-20 and 2021-22, the number of referrals of Oxfordshire patients to Oxford Health for mental health services increased by 22%.
- The number of Oxfordshire patients referred to Talking therapy services (IAPT) fell in March and April 2020 at the start of the first COVID-19 lockdown and has continued to increase since that time.
- In 2021 (Jan-Dec) Thames Valley Police recorded a 31% increase in the number of detentions under section 136 of the mental health act in Oxfordshire, above the increase across Thames Valley (+22%).

### Volunteering

- A 2020 study found that the abrupt cessation of volunteering activities of and for older people because of the COVID-19 pandemic is "highly likely" to have negative health and wellbeing effects on older adults with long-term and far-reaching policy implications.
- Between 2019-20 and 2020-21, the proportion of people participating in formal volunteering dropped significantly. Rates of informal volunteering increased.



Extract from Chapter 3

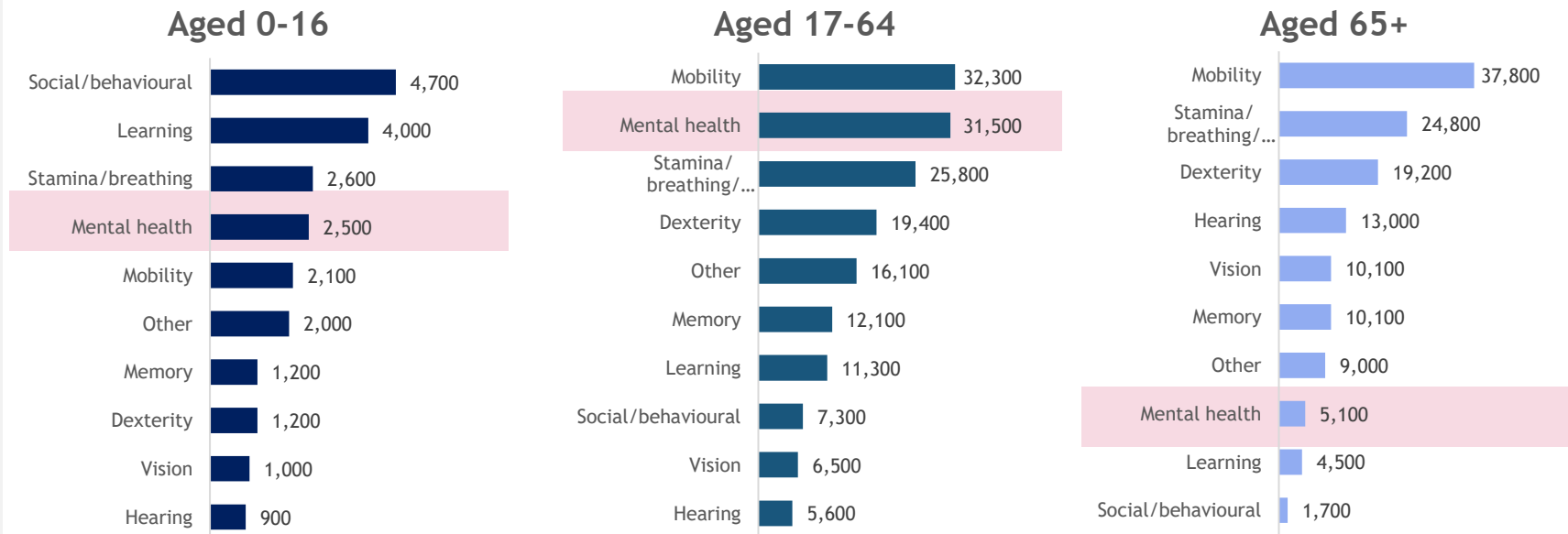
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## Disability - Oxfordshire Estimates from National Survey Data

The Family Resources Survey provides national disability estimates annually which can be scaled to Oxfordshire using population numbers.

- In 2020/21 it was estimated that around 20% of people in the South East region had a disability, just below the prevalence in England of 22%
- There was an estimated total of 39,100 people with mental health as a disability impairment in Oxfordshire



Family Resources Survey: financial year 2020 to 2021 - GOV.UK ([www.gov.uk](http://www.gov.uk)) (released 31 March 2022) scaled by ONS mid-2020 population estimate for Oxfordshire. **Note that Census 2021 data on disability is not yet available (expected to be released from October 2022), see Census 2021 on [Oxfordshire Insight](#)**

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## Disability - Benefits Claimants

*Employment and Support Allowance (ESA) supports those with a disability or health condition that affects work. ESA has replaced Incapacity Benefit (IB) and Severe Disablement Allowance (SDA).*

*Personal Independence Payment (PIP) helps with extra costs for working age adults with long term ill-health or a disability. From 2013, PIP has replaced Disability Living Allowance (DLA) for working age adults, but DLA still applies for young people aged under 16.*

*Attendance Allowance helps with extra costs for care and supervision due to a disability for state pension age residents who do not receive DLA/PIP*

- In November 2021 there was a total of **49,653** disability-related benefits claimed in Oxfordshire.

## Disability-related benefits claimed in Oxfordshire to November 2021

	Nov-18	Nov-19	Nov-20	Nov-21
Incapacity Benefit and Severe Disablement Allowance	354	266	240	218
Employment and Support Allowance	11,599	10,685	10,464	9,990
Disability Living Allowance	12,253	11,709	11,538	11,615
Personal Independence Payment	11,806	13,408	14,774	16,104
Attendance Allowance	11,878	11,903	11,765	11,726
<b>Total</b>	<b>47,890</b>	<b>47,971</b>	<b>48,781</b>	<b>49,653</b>

Descriptions from [Gov.uk](https://www.gov.uk) and data from [DWP Stat-Xplore](https://www.dwp.gov.uk/stat-xplore) using cases with entitlement for DLA, PIP and Attendance Allowance (which includes those in receipt of an allowance and those with entitlement where pay has been temporarily suspended, for example if they are in hospital)

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## People with Mental Health conditions claiming benefit support

ESA

- Of the total 9,995 claiming Employment and Support Allowance in Oxfordshire (Nov21), 49% were recorded as Mental and behavioural disorders (4,840)
- There has been a declining trend in claimants of ESA - according to DWP... *Over recent years, the number of ESA claims has been decreasing because Universal Credit has replaced ESA for new income-related claims on the grounds of incapacity.* Data published on UC does not include health condition.

PIP

- Of the total 16,099 claiming Personal Independence Payments (aged 16+) in Oxfordshire (Nov21), 41% were recorded as *Psychiatric disorders* (6,617)

data from [DWP Stat-Xplore](#)



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## Disability - Learning disabilities

*According to NHS Digital:*

- *People with a learning disability aged 0-74 were between **3.87** and **4.11** times more likely to die in the period 2016-19 than people in the general population in the same age and sex group.*
- *Epilepsy is **26** times more common in people with learning disabilities than those without.*
- As of 1 April 2022 there was a total **1,661** adults receiving long-term social care for learning disabilities in Oxfordshire from Oxfordshire County Council Adult Social Care services.
- In 2020-21 there was a total of **3,093** people with learning disabilities (all ages) registered with GP practices in Oxfordshire Clinical Commissioning Group
- According to the school census (as of January 2022) in Oxfordshire there was a total of **6,371** pupils with learning difficulties (including specific, moderate, severe, profound and multiple) in schools in Oxfordshire:
  - 2,843 pupils with learning difficulties in state primary schools (5.1% of pupils) and
  - 2,957 pupils with learning difficulties in state secondary schools (7% of pupils)
  - 571 pupils with learning difficulties in special schools (43% of pupils)

For data on health, health checks and screening of people with learning disabilities, see JSNA bitesize [Health and Care of People with Learning Disabilities](#)

NHS Digital, [Health and Care of People with Learning Disabilities, Experimental Statistics: 2020 to 2021](#)

NHS Digital, [Quality and Outcomes Framework 2020-21](#)

Department for Education, [Special educational needs in England: 2021/2022](#)

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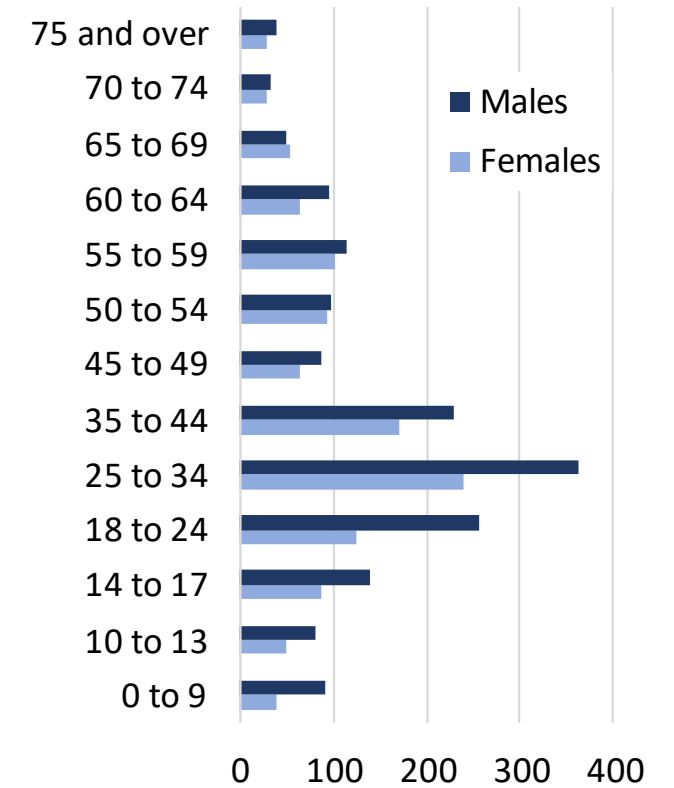
## Learning Disabilities by gender and age

- Experimental statistics show that, as of 31 March 2021, there were 2,820 patients recorded on their GP’s Learning Disabilities (LD) register in Oxfordshire.
- Patients with LD made up 0.38% 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:
  - 1,679 males (60%)
  - 1,141 females (40%)
  - 1,535 people aged 18 to 49 (54%)
  - 798 people aged 50+ (29%)

[Health and Care of People with Learning Disabilities Experimental Statistics 2020 to 2021 - NHS Digital](#)

Notes from NHS Digital: The outbreak of Coronavirus (COVID-19) has led to unprecedented changes in the work and behaviour of GP practices and consequently the data in this publication may have been impacted, including indicators and contextual data from patients registered at a GP Practice.

Number of patients recorded on their general practice’s learning disabilities register, Oxfordshire GP practices as at 31 March 2021

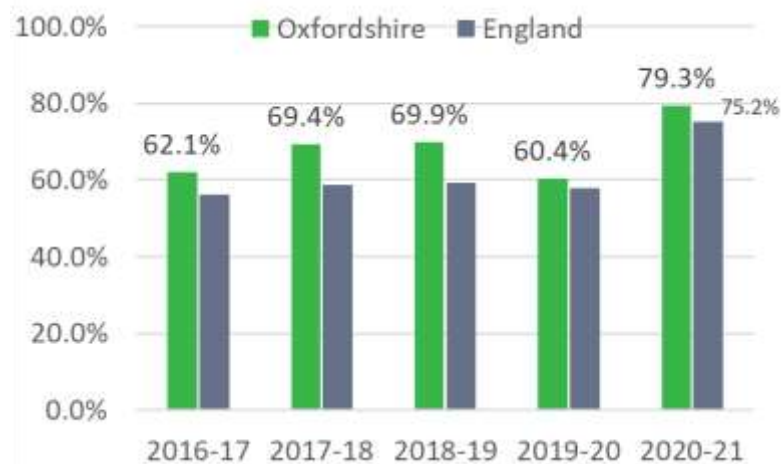


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## Health Checks for people with Learning disabilities

- In 2020-21 Oxfordshire GP practices provided a health check to 79% of registered patients with learning disabilities (aged 14 and over).
- This was above the England average in 2020-21 and above the Oxfordshire rate for each of the previous years 2016-17 to 2019-20.

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 2020 to 2021 - 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 Mental Health conditions were 6.5 times higher for people with learning difficulties.

### Health and Care of People with Learning Disabilities Experimental Statistics 2020 to 2021 - 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 2020-21

Disease category	SPR*	Observed	Expected
Epilepsy	29.6	485	16
Autism	19.0	726	38
Mental Health	6.5	152	24
Dementia	6.4	45	7
ADHD	5.9	171	29
Hypothyroidism	3.2	238	74
Diabetes – non-Type 1	2.3	180	77
Diabetes – Type 1	2.2	27	12
Stroke	1.9	51	27
Heart Failure	1.6	20	12
Asthma	1.6	247	151
Blood pressure	1.5	2,294	1,503
Hypertension	1.2	280	233
Depression	1.1	416	376
Cancer	1.0	68	67

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## Disability - Autism

*Autism is a lifelong, developmental disability that affects how a person communicates with and relates to other people, and how they experience the world around them. The common diagnostic term for autism is ‘Autism Spectrum Disorder’ (ASD). Autism as a spectrum condition means that autistic people share certain difficulties, but being autistic will affect them in different ways. Some autistic people also have learning disabilities, mental health issues or other conditions*

- In January 2022, there were **2,385** pupils in Oxfordshire registered with their primary/main type of need as Autism Spectrum Disorder, 2.0% of all pupils
  - Of these, 859 were in state-funded primary schools, 1,093 were in state-funded secondary schools and 433 were in special schools
- This is an increase in the number of registrations, with 1,938 in January 2020 and 2,135 pupils in January 2021.
- The proportion of pupils with autism was well above the England average in Oxfordshire’s state-funded secondary schools (2.6% compared with 1.8%), however, the total prevalence (all schools) is similar.

**Percentage of total pupils in Oxfordshire with primary type of need as Autism Spectrum Disorder**

	Jan 2020	Jan 2021	Jan 2022	England Jan 2022
Primary schools	1.2%	1.4%	1.6%	1.5%
Secondary schools	2.2%	2.3%	2.6%	1.8%
Special schools	30.3%	31.6%	33.0%	33.5%
<b>Total</b>	<b>2.0%</b>	<b>1.9%</b>	<b>2.0%</b>	<b>2.0%</b>

DfE, [Special educational needs in England: 2021/22](#)



Extract from Chapter 4

# Health conditions and wellbeing

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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): 97,892 patients
  - Depression: 79,244 patients
  - Asthma: 43,968 patients
  - Obesity: 42,099 patients
- Four health conditions in Oxfordshire were above the England average:
  - Atrial Fibrillation (abnormal heart rate)
  - Cancer
  - **Depression**
  - Osteoporosis\*

A new indicator has been added for Non-diabetic hyperglycaemia.

[QOF 2021-22 - NHS Digital](#)

	2019-20		2020-21			England rate
	Count	Rate	Count	Rate	pp change	
<b>Cardiovascular group</b>						
Atrial fibrillation	15,352	2.02	16,025	2.06	+0.04	2.05
Coronary heart disease	17,508	2.30	17,946	2.30	0	3.05
Heart failure	5,525	0.73	5,995	0.77	+0.04	0.91
Hypertension	95,454	12.55	97,892	12.56	+0.01	13.93
Periph. arterial disease	3,551	0.47	3,639	0.47	0	0.59
Stroke and TIA	13,131	1.73	13,511	1.73	+0.01	1.80
<b>Respiratory group</b>						
Asthma	47,255	6.21	43,968	5.99	*	6.38
Chronic obstructive pulmonary disease	10,544	1.39	10,796	1.38	*	1.93
<b>Lifestyle group</b>						
Obesity	56,369	9.20	42,099	6.69	-2.51	6.88
<b>High dependency and other long-term conditions group</b>						
Cancer	26,796	3.52	28,461	3.65	+0.13	3.21
Chronic kidney disease	18,872	3.08	18,966	3.01	-0.07	3.96
Diabetes mellitus	31,254	5.02	32,971	5.16	+0.14	7.11
Palliative care	2,413	0.32	2,293	0.29	-0.02	0.47
<b>Mental health and neurology group</b>						
Dementia	5,700	0.75	5,423	0.70	-0.05	0.71
Depression	72,187	11.79	79,244	12.59	+0.81	12.29
Epilepsy	4,284	0.70	4,469	0.71	+0.01	0.80
Learning disabilities	2,972	0.39	3,093	0.40	+0.01	0.53
Mental health	6,270	0.82	6,561	0.84	+0.02	0.95
<b>Musculoskeletal group</b>						
Osteoporosis	4,030	1.52	4,153	1.50	-0.01	0.76
Rheumatoid arthritis	4,143	0.66	4,347	0.67	+0.01	0.77
Non-diabetic hyperglycaemia (new)			21,243	3.38		5.31

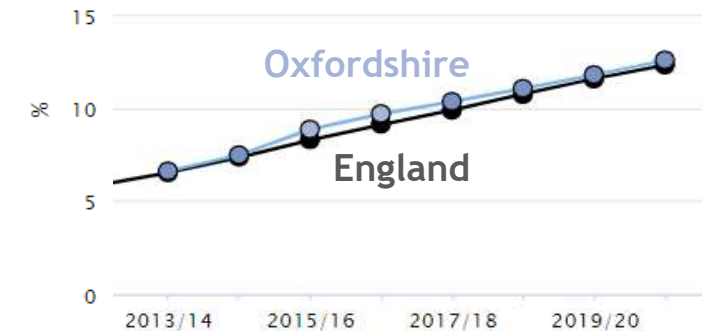
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## Mental Health - Depression

*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 2020-21 there were 79,657 patients (aged 18 or over) with a diagnosis of depression registered by Oxfordshire’s GP practices.
- The prevalence of recorded depression in Oxfordshire has continued to increase, up from 11.8% of patients in 2019-20 to 12.5% of patients in 2020-21.
- The prevalence in 2020-21 was slightly higher than the England average of 12.3%.
- The latest data for 2021-22 shows the prevalence of recorded depression in Oxfordshire has remained at a similar level to the previous year at 12.5% (count = 80,720).

The percentage of patients aged 18 and over with depression, as recorded on practice disease registers, to 2020-21



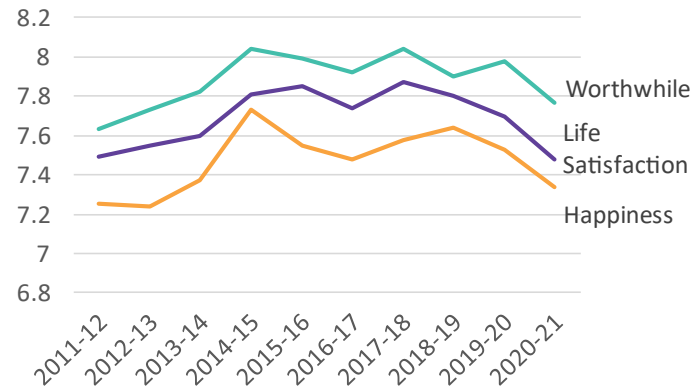


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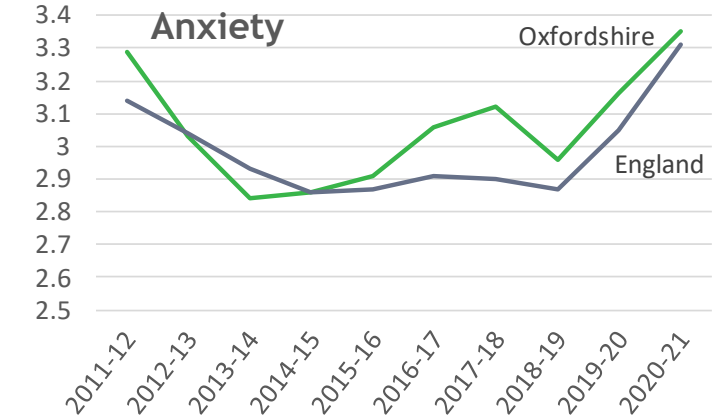
## Personal wellbeing

- The latest ONS measures of personal wellbeing for Oxfordshire have each worsened.
  - Between the years ending March 2020 and March 2021, the mean score for feeling “worthwhile”, “happiness” and “life satisfaction” each decreased by 3%.
  - Levels of reported anxiety in Oxfordshire have continued to increase and remain above the England average.

**Trend in average wellbeing scores in Oxfordshire to year ending March 2021**



**Trend in average level of Anxiety to year ending March 2021, 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 "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 2021 DfE State of the Nation report found that:

- Children and young people's mental health and wellbeing had, on average, reduced during the pandemic, particularly during periods of school closures.
- Rates of probable mental health disorders among children and young people remain higher in 2021 than they were in 2017, though this may have been influenced by the timing of data collection, which occurred during and shortly after the periods of lockdown restrictions in early 2021.
- The data also indicated potential pandemic impacts on other measures of health and wellbeing, including increased loneliness and poorer physical health as measured by obesity rates.
- Evidence was also found for a link between family connectedness, problems with family functioning, and mental health problems in children and young people, suggesting that disruptions in one area of wellbeing could lead to poorer outcomes in another.
- Older respondents and females were more likely to indicate poorer outcomes than younger respondents and males on a range of the outcomes across domains of wellbeing.

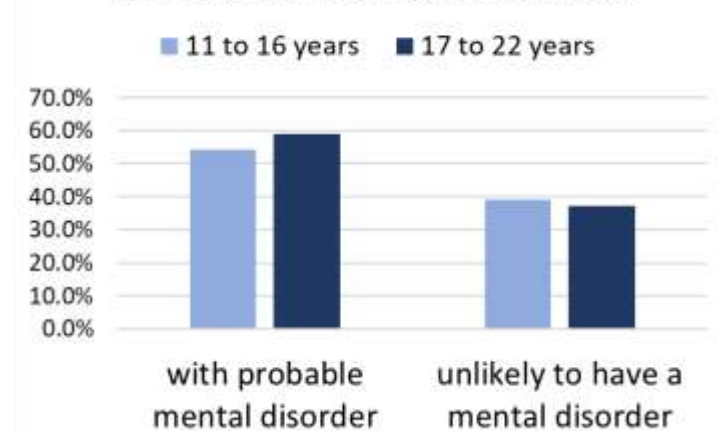
Department for Education [State of the Nation 2021](#) (published Feb21)

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## Mental health, COVID-19 and young people - national

- ONS COVID-19 analysis has found...
  - The proportion of children (aged 5-16 years) experiencing a probable mental disorder increased from one in nine in 2017 to one in six in July 2020.
  - Children and young people with a probable mental disorder were more likely to say that lockdown had made their life worse.
  
- A YoungMinds report, June/July 2020, reported significant deterioration in mental health of young people with existing mental health needs, particularly linked to increased loneliness and anxiety. This often led to increased condition-specific coping strategies, including:
  - greater levels of food restriction in respondents with eating disorders;
  - worsening of rituals/‘checking’ in respondents with OCD; and
  - an increase in **self-harm** amongst those already self-harming prior to the pandemic.

**% lockdown has made life worse**



ONS [Coronavirus \(COVID-19\) Review: data and analysis, March to October 2020, Impact on Mental Health](#)  
 YoungMinds [Coronavirus: Impact on young people with mental health needs, Summer 2020](#)

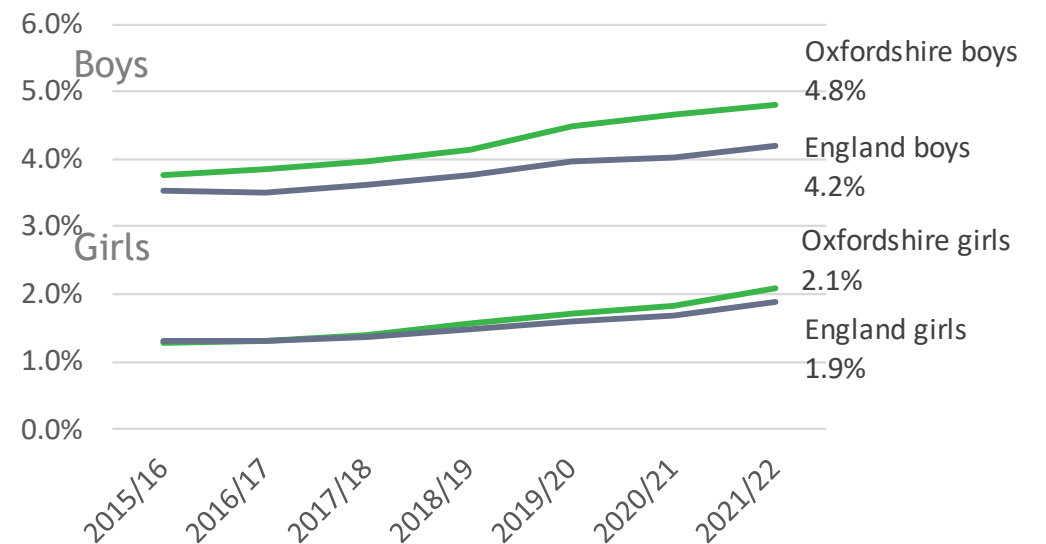
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## Social, emotional and mental health needs in school pupils with Special Educational Needs

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 \(explore-education-statistics.service.gov.uk\)](#)

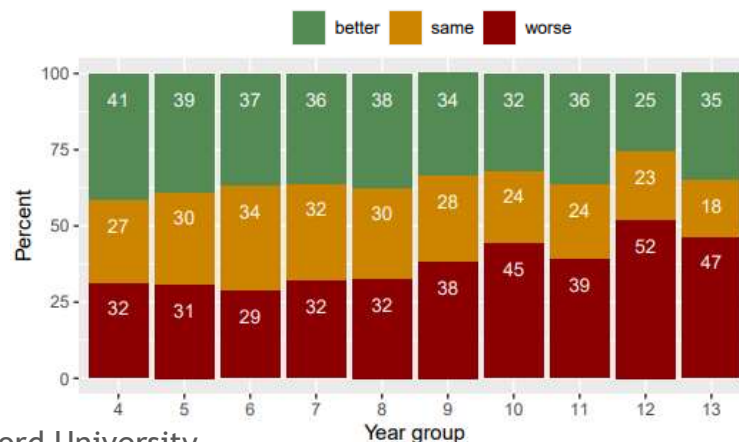
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## Mental wellbeing in schools

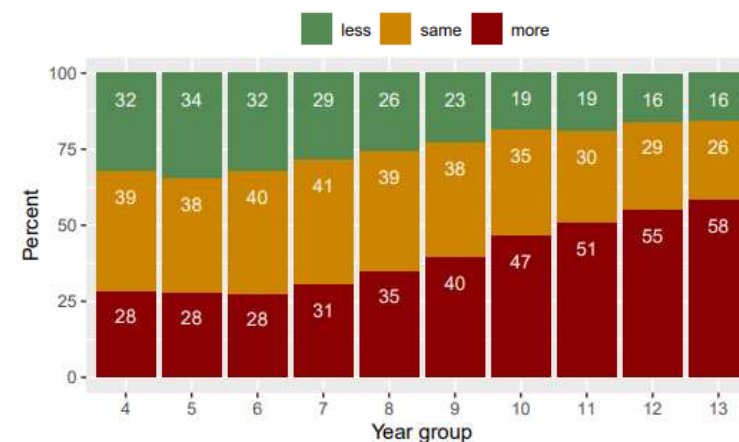
*In 2019, the OxWell School Survey collected pupils' responses to questions on a range of health and wellbeing-related issues. 4,390 pupils at Oxfordshire schools took part. The OxWell School survey 2020 collected data from 19,000 children and young people at schools in six counties in the south of England.*

- In 2019, it was found that primary school pupils scored numerically higher in wellbeing compared to secondary and FE college students in Oxfordshire, and there were more students in year 12 than in years 8&10 with low mental wellbeing. This overall pattern fits with adolescence being a critical age for the onset of mental health problems.
- In 2020, the survey of six counties asked about the effect of lockdown on happiness and loneliness:

Effect of lockdown on general happiness



Effect of lockdown on feeling lonely



Oxford University, [Preliminary Summary Report from the OxWell School Survey 2020](#), [Oxfordshire OxWell School Survey 2019](#)

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## Self Harm

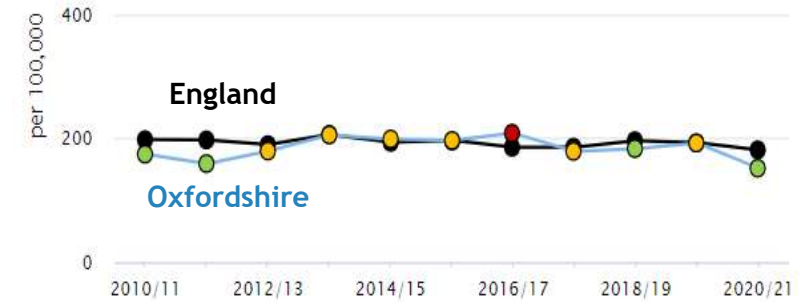
*Self-harm results in approximately 110,000 inpatient admissions to hospital each year in England, 99% are emergency admissions.*

*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.*

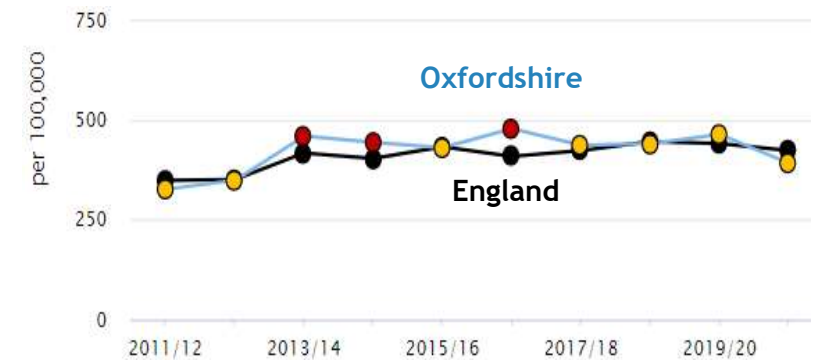
- Oxfordshire’s rate of hospital admissions for self-harm had increased since 2010-11, but during the pandemic in 2020-21 admissions decreased to 1,085, equivalent to a rate of 151.7 per 100,000 population, significantly lower than England and the South East average.
- In Oxfordshire rates of self-harm hospital admissions in children and young people (aged 10-24 years) have remained relatively similar over time. In 2020-21 there were 515 admissions, equivalent to a rate of 390.2 per 100,000 population. This is similar to England.

PHE [Mental Health & Wellbeing Profile](#)

**Hospital admissions as a result of self-harm (all ages)**



**Hospital admissions as a result of self-harm (10-24 years)**



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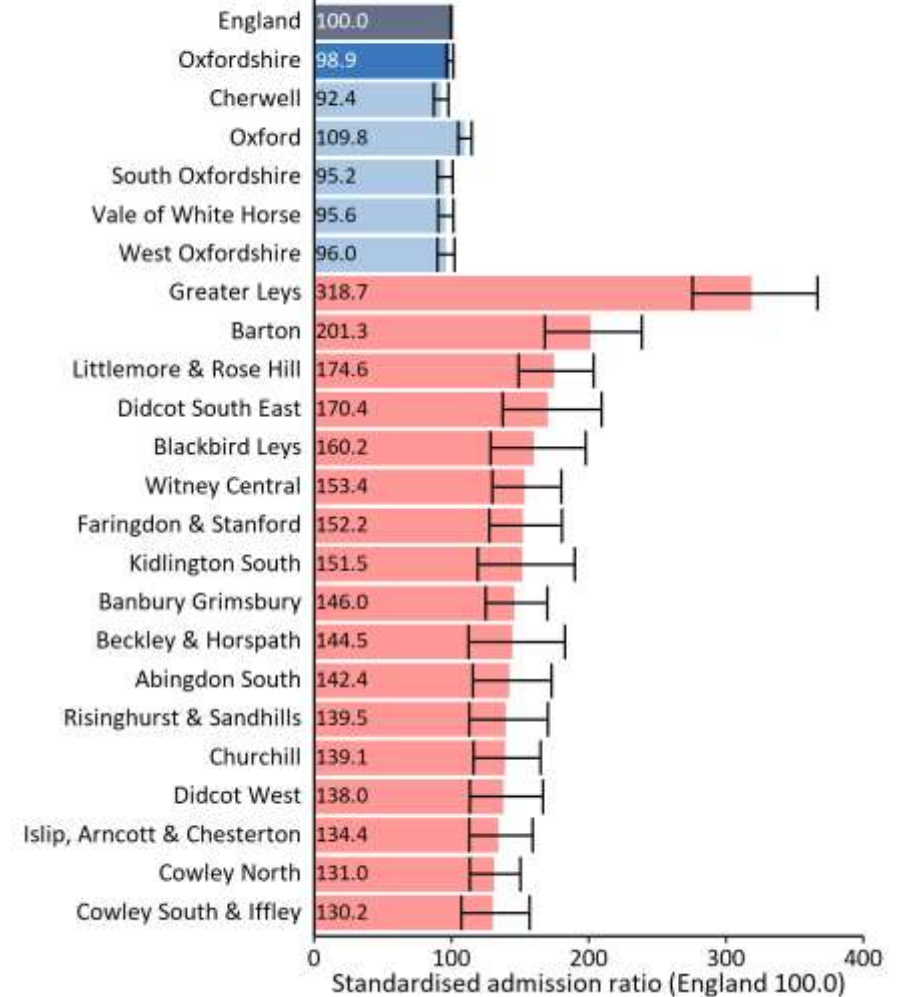
## Inequalities - hospital stays for self-harm

- 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, 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

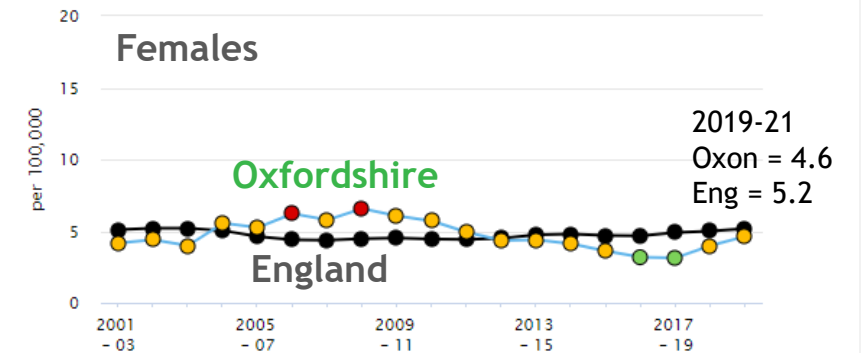
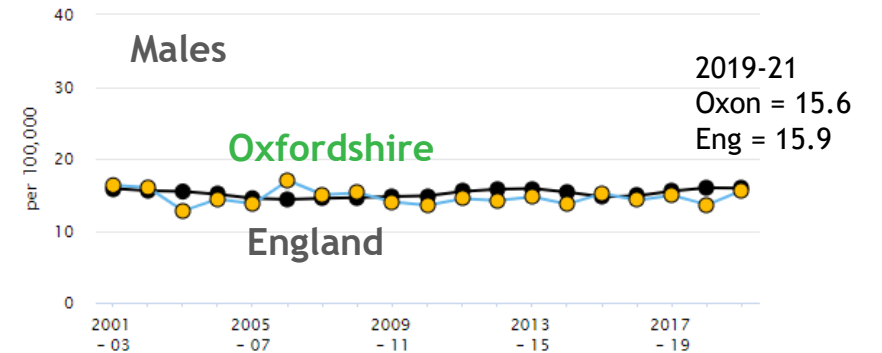


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## Deaths from suicide

- 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.

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



*Note differences in vertical scale*

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

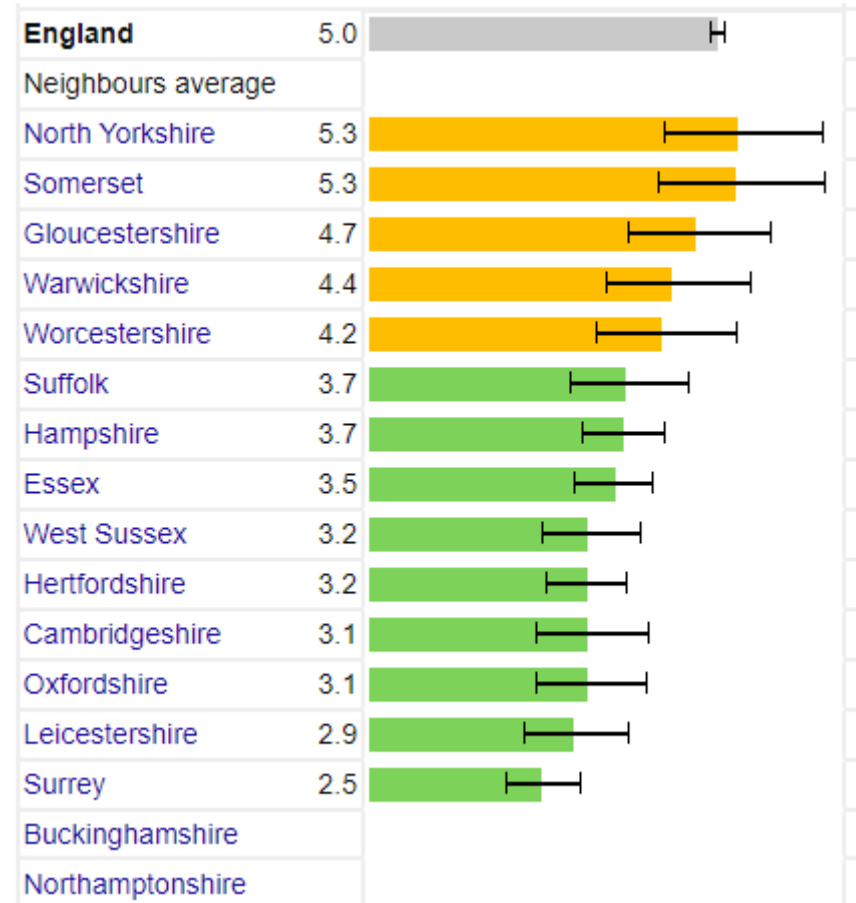


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## Deaths from drug misuse

- 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.

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



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



Extracts from Chapters 5 and 6

# Behavioural and wider determinants of health

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## Poverty - summary

### Children

- In 2020-21 there was an estimated total of 14,866 children aged 0-15 lived in low-income families in Oxfordshire.
- The most deprived areas on the Income Deprivation Affecting Children measure (IMD 2019), were in parts of Banbury Ruscote, Blackbird Leys, Littlemore and Rose Hill & Iffley wards.

### Older people

- As of February 2022, there was a total of 8,238 claimants of pension credit in Oxfordshire.
- The highest rate per population was in Oxford City.
- An estimated 4,300 older residents of Oxfordshire who are eligible for the benefit but not claiming.

### Fuel poverty

- Between 2019 and 2020, the number of households in Oxfordshire classified as “fuel poor” increased from 20,746 to 22,861 (+2,115, +10%).
- Oxford City remains significantly worse than the regional average on fuel poverty. Other Oxfordshire districts are each significantly better than average.
- 33% of fuel poor households were in urban areas and 67% in rural areas.

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## Homelessness and health - national

- People without a home are in poorer health and live shorter lives than average. National data shows:
  - 80% of homeless people reported that some form of mental health issue and 45% had a diagnosed mental health condition<sup>1</sup>.
  - Two thirds of people cite drug or alcohol use as a reason for first becoming homeless<sup>2</sup>.
  - 85% of people who are homeless smoke<sup>3</sup>.
  - Almost two in five deaths of homeless people were related to drug poisoning<sup>4</sup>.
  - People who are homeless die on average 30 years younger. In 2019, the average age at death for identified homeless deaths was 46 years for males and 43 years for females, compared with 76 years for men and 81 years for women (England and Wales)<sup>4</sup>.
- In addition, research by Crisis has found that:
  - Homeless people are 17 times more likely to be victims of violence<sup>5</sup>. Almost 1 in 4 female rough sleepers had been sexually assaulted<sup>6</sup>.

[1] [Homeless Link. \(2014\)](#)

[2] [Crisis: Drugs and alcohol](#)

[3] [Groundswell Report 2016](#)

[4] [ONS Deaths of homeless people 2019](#)

[5] [Crisis 2016](#)

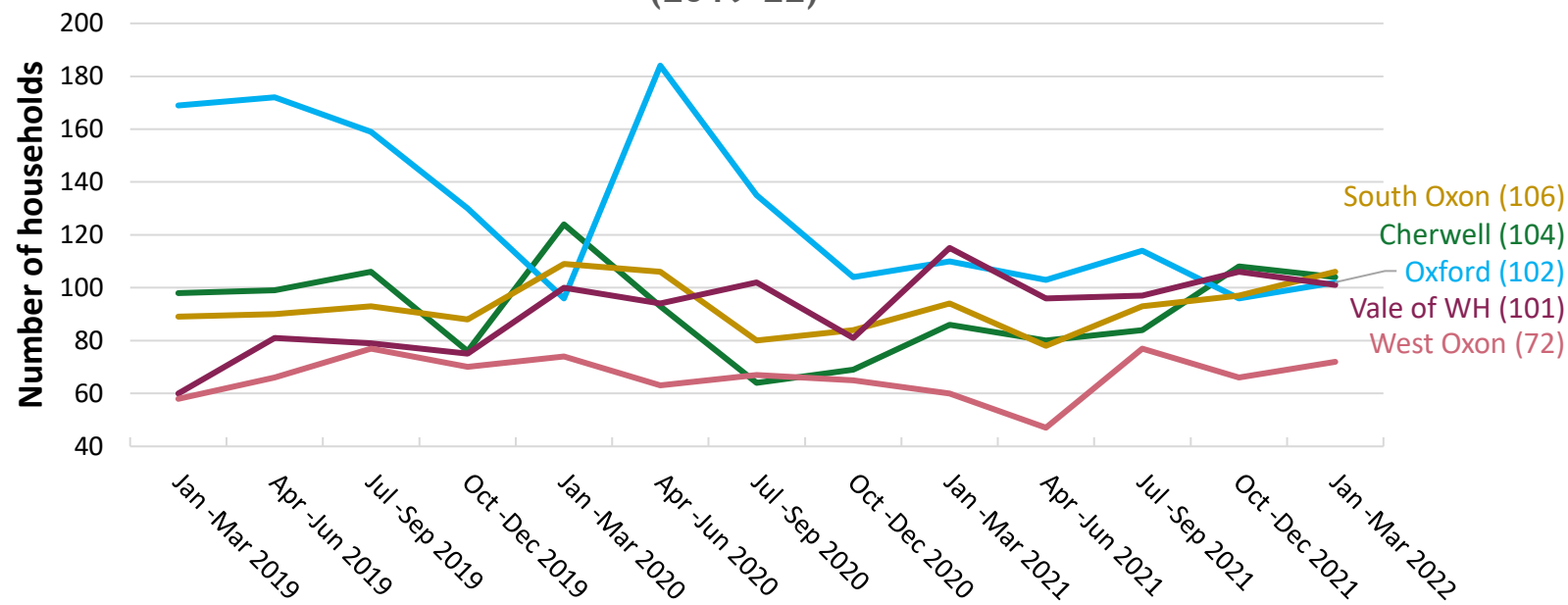
[6] [Crisis 2013](#)

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## Homelessness

- For the financial year 2020-21, there was a total of 1,883 households assessed as owed a homelessness duty (prevention or relief) in Oxfordshire, below the previous year (1,964 in 2019-20).
- Between April and June in 2020, during the first lockdown, there was a peak in assessed households in Oxford City (184).

Total count of households assessed as owed a homeless prevention or relief duty by quarter (2019-22)<sup>1</sup>



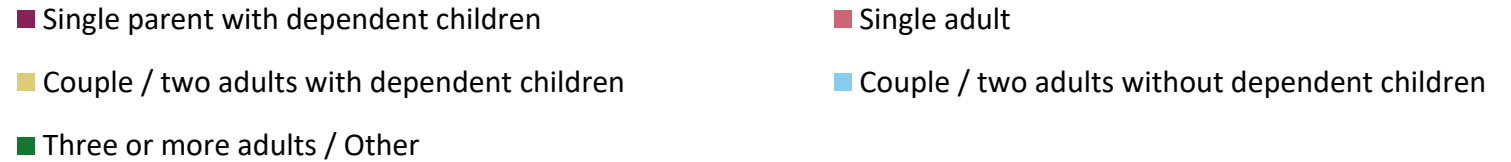
[1] Homelessness statistics - GOV.UK ([www.gov.uk](http://www.gov.uk))

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## Homelessness

- In 2020-21, the group with the highest number of applications assessed as owed a prevention or relief duty in Oxfordshire was Single adults (1,254, 67%).
- Between 2019-20 and 2020-21, the proportion of households with children (single or couple) decreased and the proportion of single adult households increased.

### Number of households owed a prevention or relief duty by household composition<sup>1</sup>



[1] [Homelessness statistics - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

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## Rough sleeping

- The homeless population is difficult to see and measure but represents a broad group with diverse needs.. The best guess of the number of rough sleepers at any one time comes from estimates based on street counts.
- A health needs assessment of the adult street homeless population in Oxfordshire in 2019 estimated that, on any one night, **100-150** people sleep rough somewhere in the county and between **350-400** homeless adults sleep in some form of supported accommodation each night.
- It is estimated that **600-700** people sleep rough somewhere in Oxfordshire in the course of a year, and around **600-650** homeless adults are accommodated in some form of supported accommodation in the course of a year.
- By combining annual estimates of rough sleepers (~600-700) with those in supported accommodation (~600-650), and then discounting the overlap between these groups (~200-300), it is estimated that **around 1,000 homeless adults sleep rough or in supported accommodation in the course of a year**. Around 500 homeless adults either sleep rough (~100-150) or in supported accommodation (~350-400) on any given night.
- Around 80% of homeless adults are male, but the proportion of women has increased in recent years. Most homeless adults are aged between 30 and 50, but the proportion of young people has increased in recent years.

Oxfordshire County Council, [A health needs assessment of the adult street homeless population in Oxfordshire](#)

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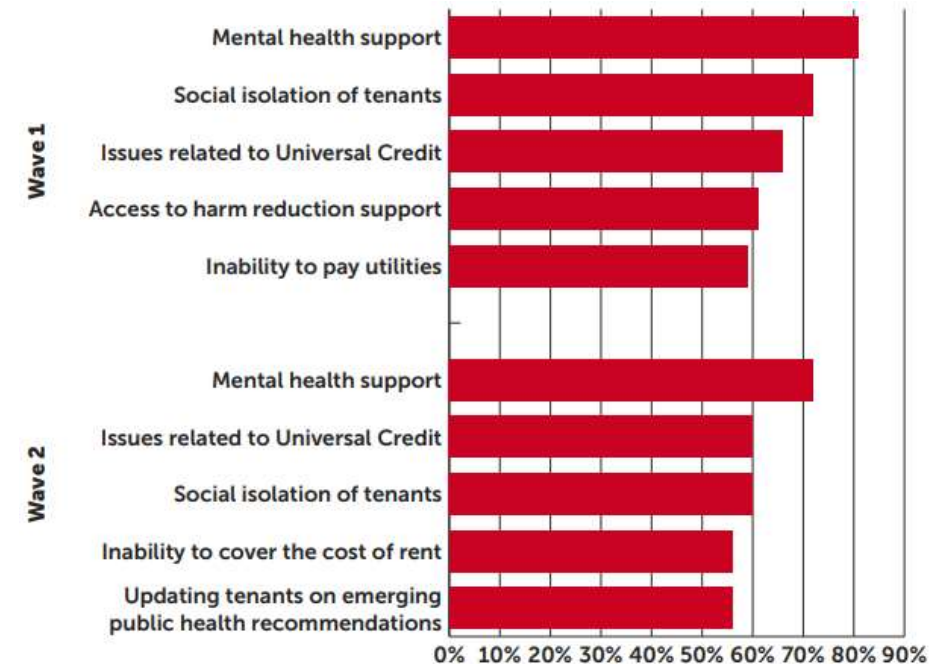
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## Rough sleeping and COVID-19 - national

- According to Crisis (Nov2020) there has been a continued new flow of people experiencing homelessness since the start of the pandemic.
- Towards the start of the pandemic the increase was driven by those already experiencing homelessness who became more visible as their living situations forced them to access help.
- Towards the second wave of the pandemic, there have been bigger increases from people who are experiencing homelessness for the first time, people who have been furloughed and those who are newly unemployed.
- Survey data show that in both waves, support needs highlighted were around mental health, loneliness and isolation.

Top 5 reported challenges related to supporting people currently housed and at risk of homelessness, 2020



Crisis, [The impact of COVID-19 on people facing homelessness and service provision across Great Britain \(2020\)](#)



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## Admissions for mental and behavioural disorders due to alcohol (narrow)

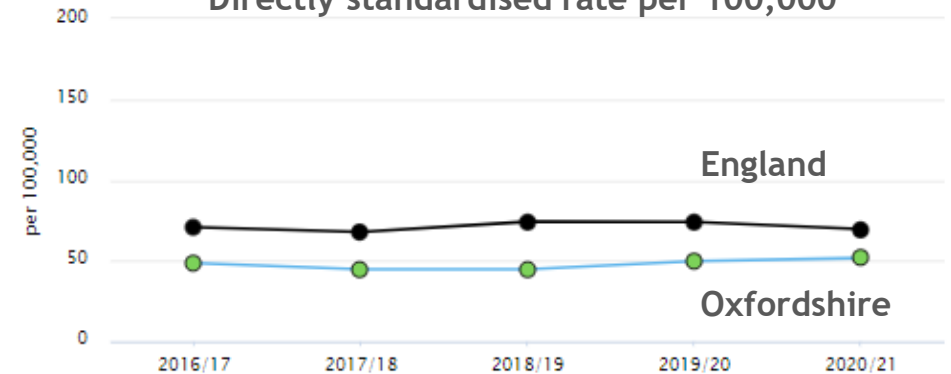
- The rate of admissions for mental and behavioural disorders due to alcohol in Oxfordshire has been consistently below (better than) the national average.

Admissions to hospital where the primary diagnosis is an alcohol-attributable mental and behavioural disorders due to use of alcohol code. Directly age standardised rate per 100,000 population (standardised to the European standard population).  
**Broad definition:** A measure of hospital admissions where either the primary diagnosis (main reason for admission) or one of the secondary (contributory) diagnoses is an alcohol-related condition. This represents a Broad measure of alcohol-related admissions but is sensitive to changes in coding practice over time.

**Narrow definition:** A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition. This represents a Narrower measure. Since every hospital admission must have a primary diagnosis it is less sensitive to coding practices but may also understate the part alcohol plays in the admission.

In general, the Broad measure gives an indication of the full impact of alcohol on hospital admissions and the burden placed on the NHS. The Narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions.

Admission episodes for mental and behavioural disorders due to alcohol (narrow)  
Directly standardised rate per 100,000



Recent trend: ➔ No significant change

Period		Oxfordshire				South East	England
		Count	Value	95% Lower CI	95% Upper CI		
2016/17	●	317	48.6	43.4	54.2	47.5	70.8
2017/18	●	296	44.8	39.8	50.2	46.3	67.8
2018/19	●	297	44.7	39.8	50.1	50.9*	74.2
2019/20	●	331	49.8	44.6	55.5	54.6	74.1
2020/21	●	343	51.8	46.4	57.6	51.8	69.7

Source: Calculated by OHID: Population Health Analysis (PHA) team using data from NHS Digital - Hospital Episode Statistics (HES) and Office for National Statistics (ONS) - Mid Year Population Estimates.

[Public health profiles - OHID \(phe.org.uk\)](http://phe.org.uk)

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## Loneliness research - national

- Research published April 2021 by ONS found that:
  - Age and marital status are known to be significant factors in experiences of loneliness. Pre-pandemic, those aged 16 to 24 years, renting, and single were more likely to say they often felt lonely than older age groups or those who were married.
  - Research during the pandemic found nearly two-thirds of students have reported a worsening in their mental health and well-being. Over a quarter report feeling lonely often or always, a significantly higher amount than the adult population (8%). This is likely to be affecting loneliness scores for younger people in general at a local level.

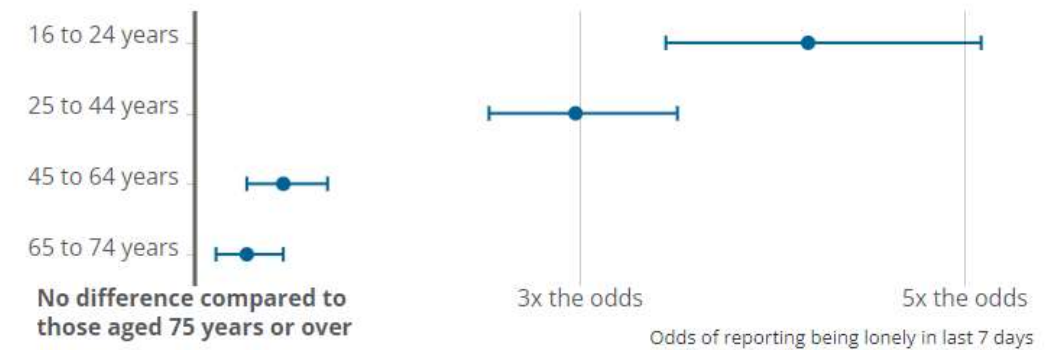
### Mapping loneliness during the coronavirus pandemic - Office for National Statistics (ons.gov.uk)

*The values in the chart are odds ratios; this is the comparison of the odds of reporting lockdown loneliness for someone in a certain age group compared with those aged 75 years and over, while controlling for other possible influences.*

*Lockdown loneliness is defined as those who said their well-being had been affected by the coronavirus through feeling lonely in the last seven days.*

### **Younger people were more likely to experience “lockdown loneliness”**

Odds of reporting feeling lonely in last 7 days, of people who said their well-being was affected by the coronavirus, Great Britain, 14 October 2020 to 22 February 2021.



Source: Office for National Statistics - Opinions and Lifestyle Survey

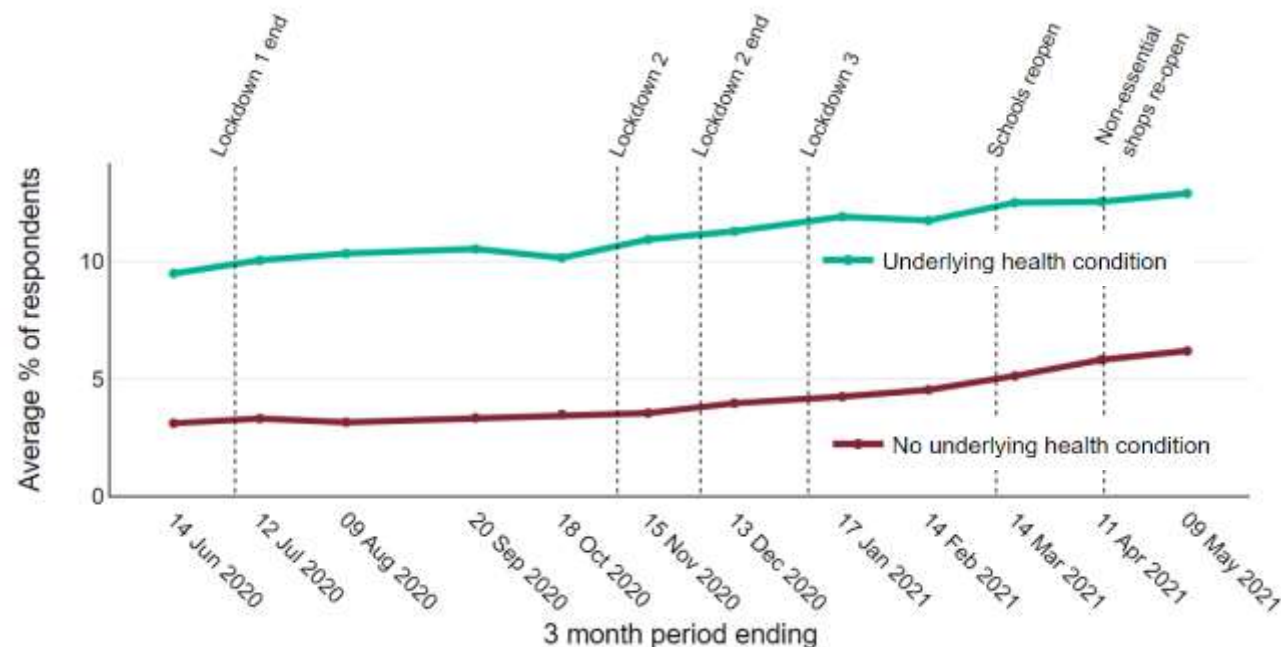
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## Loneliness and health - national

- Data from the ONS Opinions and Lifestyle survey (included in the national Wider Impacts of COVID dashboard) from June 2020 to May 2021, shows higher rates of loneliness in people with an underlying health condition.
  - In July 2020, 10.1% of those with underlying health conditions felt lonely often, compared with 3.3% of those with no underlying health condition.
  - By May 2021 this had risen to 12.9% of those with underlying health conditions felt lonely often, compared with 6.2% of those with no underlying health condition

**Percentage of respondents who are “often” lonely in England, by underlying health condition**

[Wider Impacts of COVID-19 \(phe.gov.uk\)](#)  
PHE/OHID analysis of Opinions and Lifestyle Survey data from ONS



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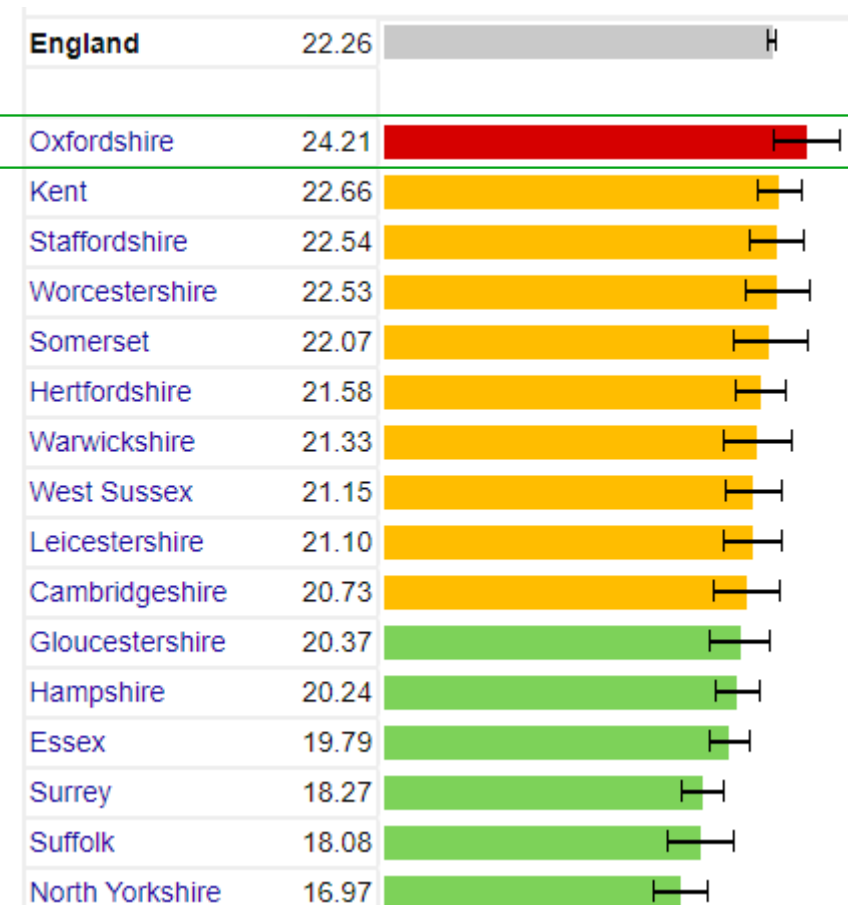
## Loneliness - Oxfordshire

*Loneliness is a feeling that most people will experience at some point in their lives. When people feel lonely most or all of the time, it can have a serious impact on an individual's well-being, and their ability to function in society. Feeling lonely frequently is linked to early deaths and its health impact is thought to be on a par with other public health priorities like obesity or smoking. Lonely people are more likely to be readmitted to hospital or have a longer stay and there is also evidence that lonely people are more likely to visit a GP or A&E and more likely to enter local authority funded residential care.*

- According to the loneliness measure from the Active Lives survey (Nov20-Nov21), the rate of adults who felt lonely always/often or some of the time in Oxfordshire was above the national average (24% vs 22%).
- Oxfordshire was ranked highest (most lonely) compared with its statistical neighbours on this measure.

[Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/) (from Active Lives Adult Survey, Sport England)

The percentage of adults (aged 16+) that responded to the question "How often do you feel lonely?" with "Always / often" or "Some of the time" (Nov20 to Nov21)  
Oxfordshire vs statistical neighbours



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## Loneliness - Oxfordshire's Districts

- The districts in Oxfordshire ranked highest on the rate of adults who felt lonely always/often or some of the time were Oxford City and Cherwell which were each significantly above the Oxfordshire (24%) and national (22%) averages.
- Vale of White Horse, South Oxfordshire and West Oxfordshire were each similar to the national average.

The percentage of adults (aged 16+) that responded to the question "How often do you feel lonely?" with "Always / often" or "Some of the time" (Nov20 to Nov21)  
Oxfordshire's Districts

<b>England</b>	22.26	
Oxfordshire Districts		
Oxford	29.43	
Cherwell	26.70	
Vale of White Horse	22.06	
South Oxfordshire	21.89	
West Oxfordshire	18.98	

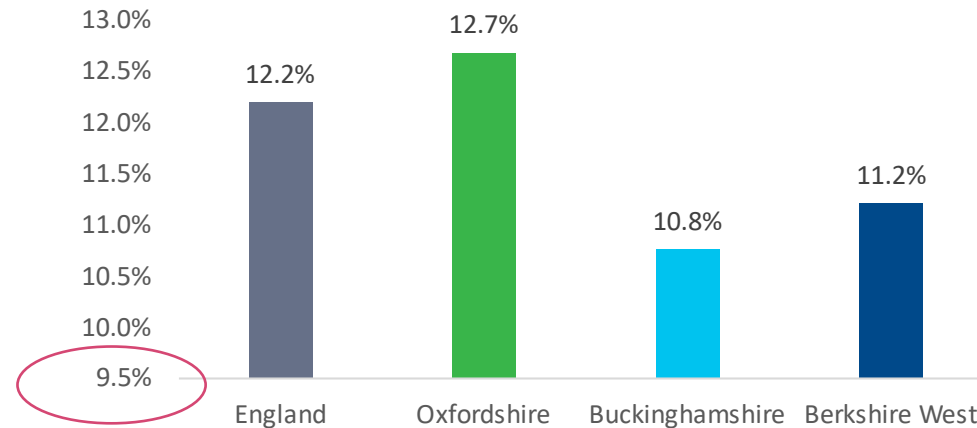
[Public health profiles - OHID \(phe.org.uk\)](https://publichealthprofiles.org.uk/) (from Active Lives Adult Survey, Sport England)

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## Feeling isolated - GP patients survey

- According to the Oxfordshire’s GP Patient survey (2022), Oxfordshire was above average and above both Buckinghamshire and Berkshire West on the proportion “feeling isolated from others”.

**GP Patient survey 2022, people responding yes to “feeling isolated from others”**



*Note that axis does not start at 0*

Data from [GP Patient Survey 2022 results - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/statistics/gp-patient-survey-2022) Analysis by NHS Buckinghamshire, Oxfordshire and Berkshire West Integrated Care Board, Population Health Management. Oxfordshire base = 9,211 respondents

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## Social contact - Adult Social Care survey

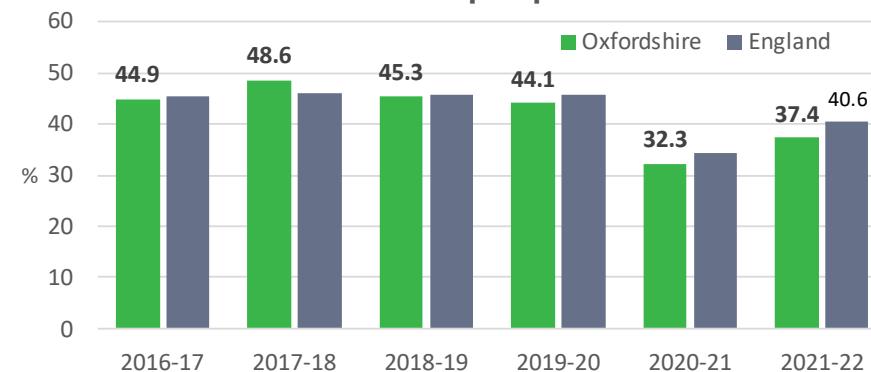
- The latest findings from the Adult Social Care (ASC) survey show an increase in the proportion of people agreeing they have as much social contact as they would like in Oxfordshire (and nationally), although not yet back at pre-pandemic levels.
- The proportion in Oxfordshire with as much social contact as they would like was 37.4% in 2021-22. This was just below the England average of 40.6% but the difference was not statistically significant.

Question 8a - Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation? Answer options

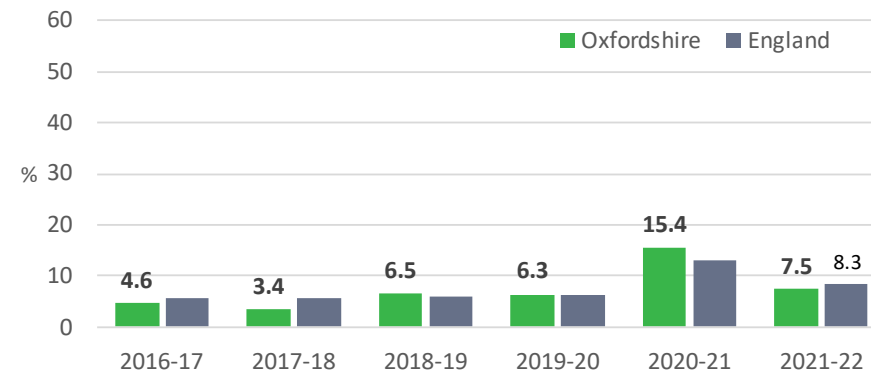
1. I have as much social contact as I want with people I like
2. I have adequate social contact with people
3. I have some social contact with people, but not enough
4. I have little social contact with people and feel socially isolated

[Adult Social Care Analytical Hub Microsoft Power BI](#) [Personal Social Services Adult Social Care Survey, England, 2021-22 - NHS Digital](#) (released 20 Oct22)

## ASC survey - I have as much social contact as I want with people I like



## ASC survey - I have little social contact with people and feel socially isolated



Oxfordshire respondents in 2021-22 = 335

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## Volunteering and health

- Research<sup>1</sup> has found that participation in voluntary services is significantly predictive of:
  - better mental and physical health, life satisfaction, self-esteem, happiness;
  - lower depressive symptoms, psychological distress, and mortality and functional inability.
- A 2020 study<sup>2</sup> found that:
  - The abrupt cessation of volunteering activities of and for older people because of the COVID-19 pandemic is highly likely to have negative health and wellbeing effects on older adults with long-term and far-reaching policy implications.

[1] <https://bmcpublihealth.biomedcentral.com/articles/10.1186/s12889-017-4561-8>

[2] [Pandemic policy making: the health and wellbeing effects of the cessation of volunteering on older adults during the COVID-19 pandemic | Emerald Insight](#)



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## Volunteering during the Covid-19 pandemic- Oxfordshire

A report on Oxfordshire projects set up to support communities through COVID-19<sup>1</sup> highlights the role of volunteers:

- *Volunteers were crucial to delivering services.*
- *In a few instances volunteers became the front line of health and support services.*
- *There was a loss of many volunteers who were themselves vulnerable due to age or health concerns.*
- *Younger volunteers came forward for periods of the pandemic.*
- *Personal connections became very important to recruit volunteers.*
- *Volunteers supported improvements in loneliness, isolation and mental health:*
  - *Interaction with staff and volunteers whether through befriending on the phone or in person, advice, caseworkers and support groups, tea parties, participating in group exercise, receiving food parcels, gardening support or a lift in volunteer transport, provided company and a lifeline for many people experiencing challenges.*
  - *Volunteer transport helped alleviate the stress of sometimes difficult medical and personal situations by ensuring clients had a reliable, accessible and cost effective, caring service with drivers acting as companions as well as drivers.*

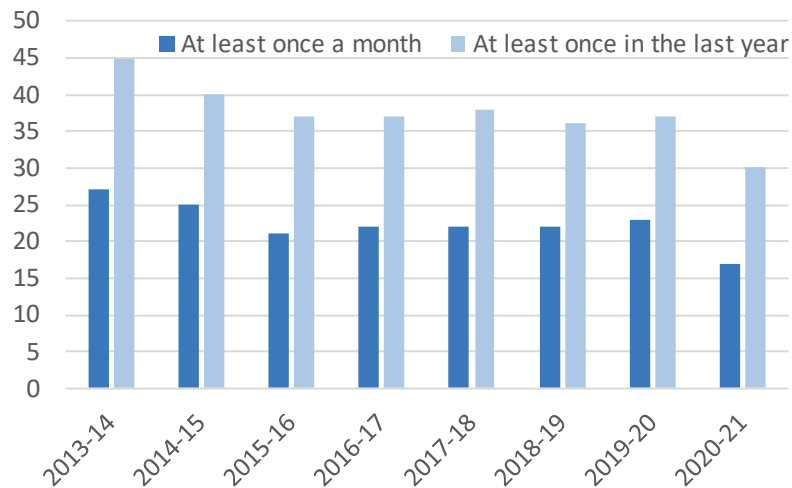
[1] Community First Oxfordshire and OCVA [Supporting Communities through COVID-19 fund](#) - report on impact published August 2022

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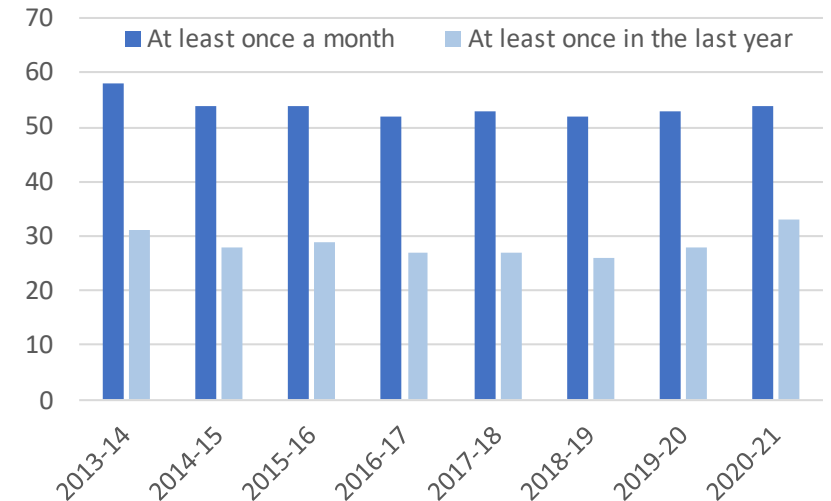
## Volunteering - national trend

- The 2020-21 Community Life survey found that the most common barriers to volunteering were work commitments and other activities taking up spare time.
- Between 2019-20 and 2020-21, the proportion of people participating in formal volunteering dropped significantly while rates of informal volunteering increased.
  - Formal volunteering (at least once a year) declined from 37% to 30% (-7ppt).
  - Informal volunteering (at least once a year) increased from 28% to 33% (+5ppt).

**Participation in formal volunteering, 2013-14 to 2020-21**



**Participation in informal volunteering, 2013-14 to 2020-21**



[Community life survey](#) published July 2021 DCMS Social Science Research, [The economic benefits of volunteering and social class](#)

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## Community and voluntary groups

- In 2020-21 Oxfordshire Community and Voluntary Action (OCVA) had 3,313 groups and organisations registered on its database<sup>1</sup>.
- The Live Well Oxfordshire database provides a searchable directory of activities and support for health and wellbeing with links and contact details [Live Well Oxfordshire Home - Oxfordshire](#)

## Volunteering as a result of COVID-19<sup>2</sup>

- Between March and May 2020, over 15,000 volunteers in Oxfordshire were recorded as available to help with supporting clinically vulnerable residents and over 33,000 tasks were recorded including:
  - Medication deliveries;
  - Food boxes and shopping;
  - Check in a chat calls;
  - Welfare checks;
  - Wellness support from street champions.

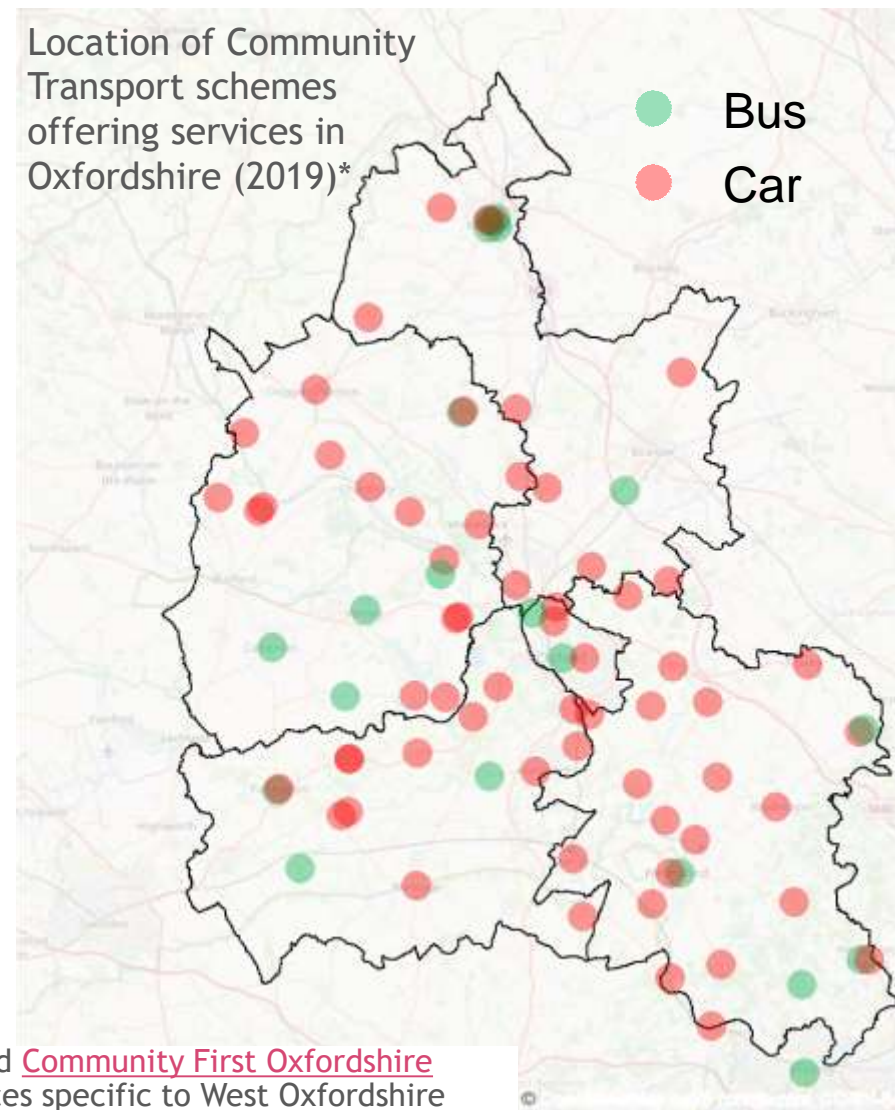
[1] [OCVA annual report](#)

[2] VCSE/CSG Community Resilience report, 2020

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## Community transport schemes operate throughout Oxfordshire

- The November 2020 community transport directory (information as of 2019) lists a total of 86 schemes in Oxfordshire offering a very wide range of services - some are local and others cover the whole county.
- Of these, there were:
  - 15 in Cherwell
  - 5 in Oxford
  - 24 in South Oxfordshire
  - 19 in Vale of White Horse
  - 21 in West Oxfordshire
  - 2 that cover the entire county



From CT directory, Oxfordshire County Council and [Community First Oxfordshire](#)  
\*Map excludes 2 county-wide services and 2 services specific to West Oxfordshire



Extract from Chapter 7

# Service use

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## Social prescribing - introduction

- Social prescribing, also sometimes known as community referral, is a means of enabling health professionals to refer people to a range of local, non-clinical services. The referrals generally, but not exclusively, come from professionals working in primary care settings, for example, GPs or practice nurses<sup>1</sup>.
- Recognising that people's health and wellbeing are determined mostly by a range of social, economic and environmental factors, social prescribing seeks to address people's needs in a holistic way. It also aims to support individuals to take greater control of their own health.
- In order to understand the take-up and impact of social prescribing, the Professional Records Standards Body<sup>2</sup> is developing a social prescribing standard. The standard is in three parts:
  - The referral to social prescribing (unless it's a self-referral)
  - The link worker's record
  - The message back to the GP and referrer (if different)
- The standard is in draft form (as of August 2022) and the endorsement and approval process is in progress.

[1] [What is social prescribing? | The King's Fund \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/what-is-social-prescribing)

[2] [Social Prescribing Standard V0.2 - PRSB \(theprsb.org\)](https://www.theprsb.org/social-prescribing-standard-v0.2)

Further information:

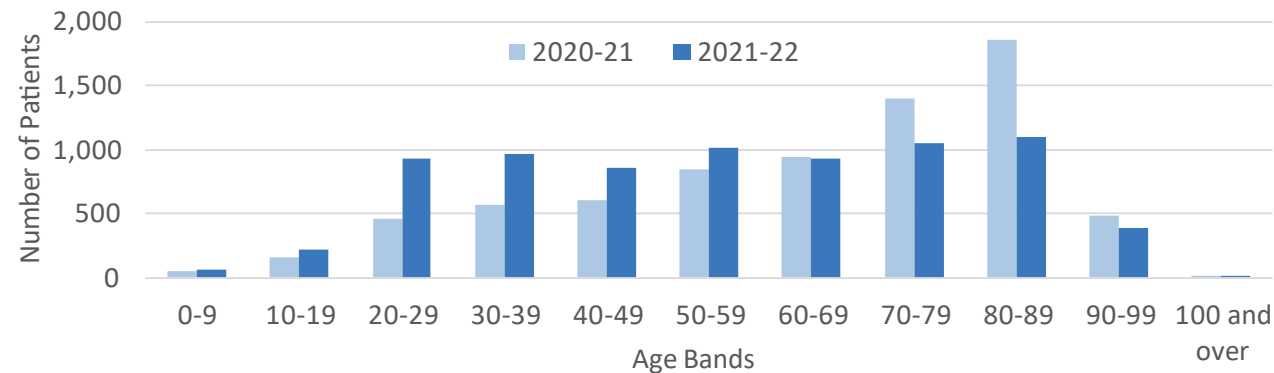
- Social Prescribing hub with a heat map (at ICS level) [Social prescribing heat maps | ORCHID RSC](#)
- Research network [Home – Oxford Social Prescribing Research Network](#)

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## Use of social prescribing

- Social prescribing is being rolled out in Oxfordshire with a variety of local arrangements including:
  - Link workers employed directly by GP practices
  - Link workers provided by Oxfordshire Mind, Age UK Oxfordshire or a neighbouring Primary Care Network of GP practices
- In 2021-22 there was a total of 7,552 patients referred to Social Prescribing in Oxfordshire and 10,717 referrals. Almost two thirds (62%) of patients referred were female and 38% were male.
- Between 2020-21 and 2021-22 there was an increase in the number of younger people and a decrease in the number of older people referred.

### Age breakdown of Oxfordshire GP Patients referred to Social Prescribing (2020-21 and 2021-22)



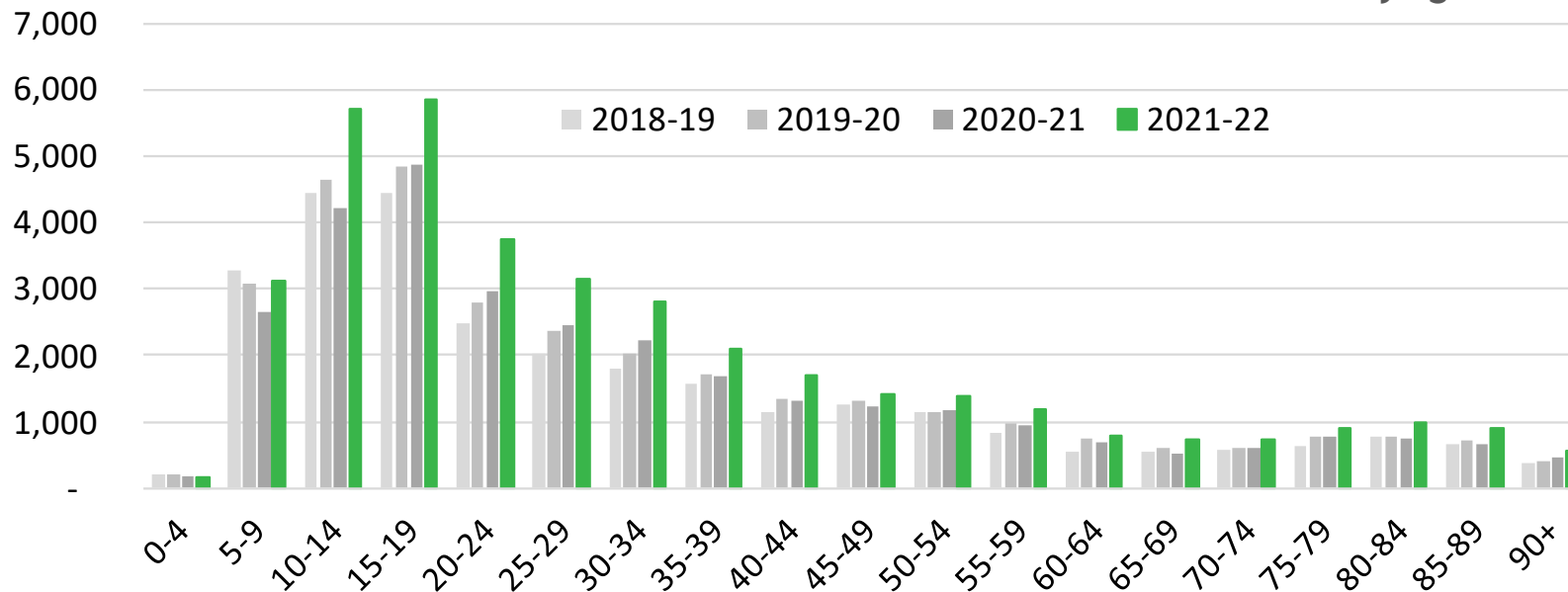
Provided by NHS South, Central and West Commissioning Support Unit

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## Referrals for mental health services by age

- Between 2019-20 and 2021-22, the number of referrals of Oxfordshire patients to Oxford Health for mental health services increased by 22% overall and by:
  - +22% for people aged 10 to 19
  - +33% for people aged 20 to 24
  - +28% for people aged 25 to 49
  - +20% for people aged 50+

Oxfordshire count of referrals to Oxford Health mental health services by age



Oxford Health NHS FT; all Oxfordshire patients including those living outside Oxfordshire. Includes Adult Mental Health; Complex Needs Service; Older Adult Mental Health; Psychological Services; CAMHS; Eating Disorders; Learning Disabilities; Perinatal; Forensics



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## Talking therapies for depression or anxiety

*Improving Access to Psychological Therapies programme (IAPT) is run by the NHS in England and offers NICE-approved therapies for treating people with depression or anxiety.*

- Between April 2020 and March 2021 15,575 NHS Oxfordshire patients were referred to IAPT services and 11,905 (76%) started treatment. This is slightly higher than the England average, where 70% of referrals started treatment.
- Of the NHS Oxfordshire patients who entered treatment:
  - 93% were aged 18 to 64
  - 69% were female
  - 10% were from an ethnic minority group (compared with 16% ethnic minority in Oxfordshire county<sup>1</sup>)
  - 4% were ex-armed forces
- 6,715 finished a course of IAPT treatment and 3,235 moved to recovery (i.e. they were no longer classed as having a clinical case of a mental health problem).
- 4,495 showed a reliable improvement in their condition after finishing a course of IAPT treatment.

Data used here is taken from [Psychological Therapies, Report on the use of IAPT services](#)

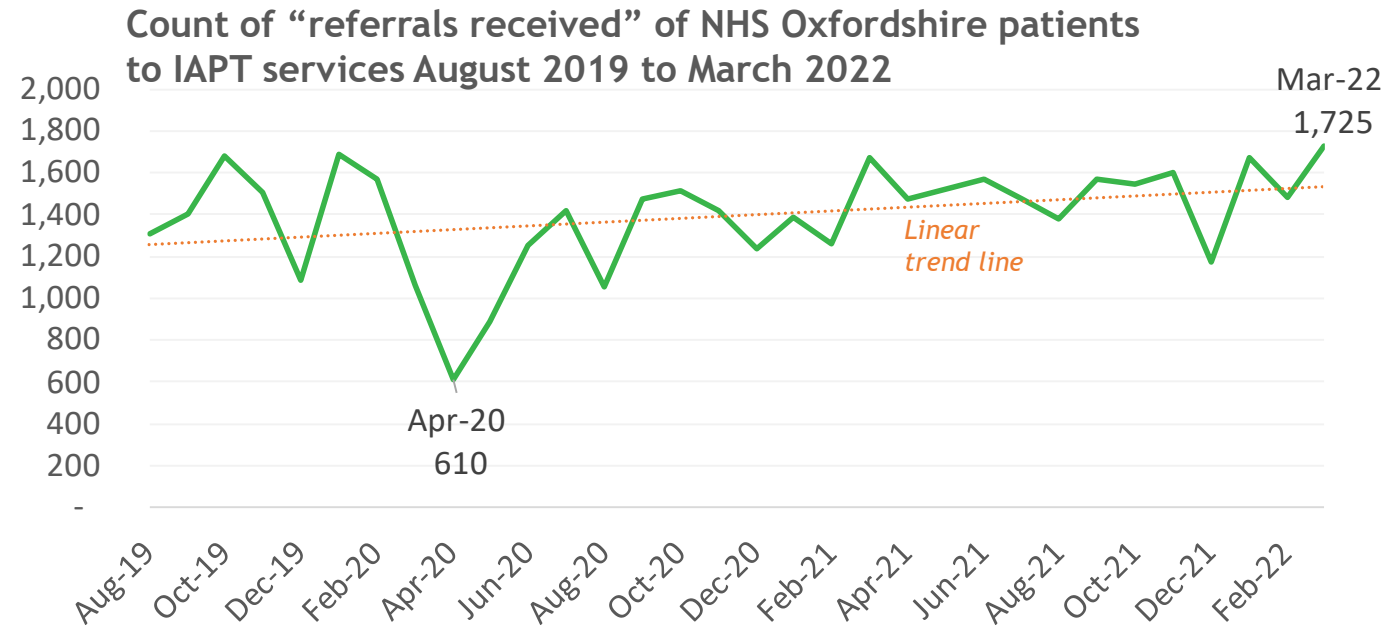
See also [NHS Mental Health dashboard](#) with quarterly data for Oxfordshire CCG

[1] Census 2011, table KS201 ethnic minority = all groups other than white British (all ages)

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## People accessing talking therapies

- The number of Oxfordshire patients referred to Talking therapy services (IAPT) fell in March and April 2020 at the start of the first COVID-19 lockdown and has continued to increase since that time.
- Between the year ending March 2021 and year ending March 2022, the average number of IAPT referrals increased by 20% (from a monthly average of 1,265 to 1,515, +250).



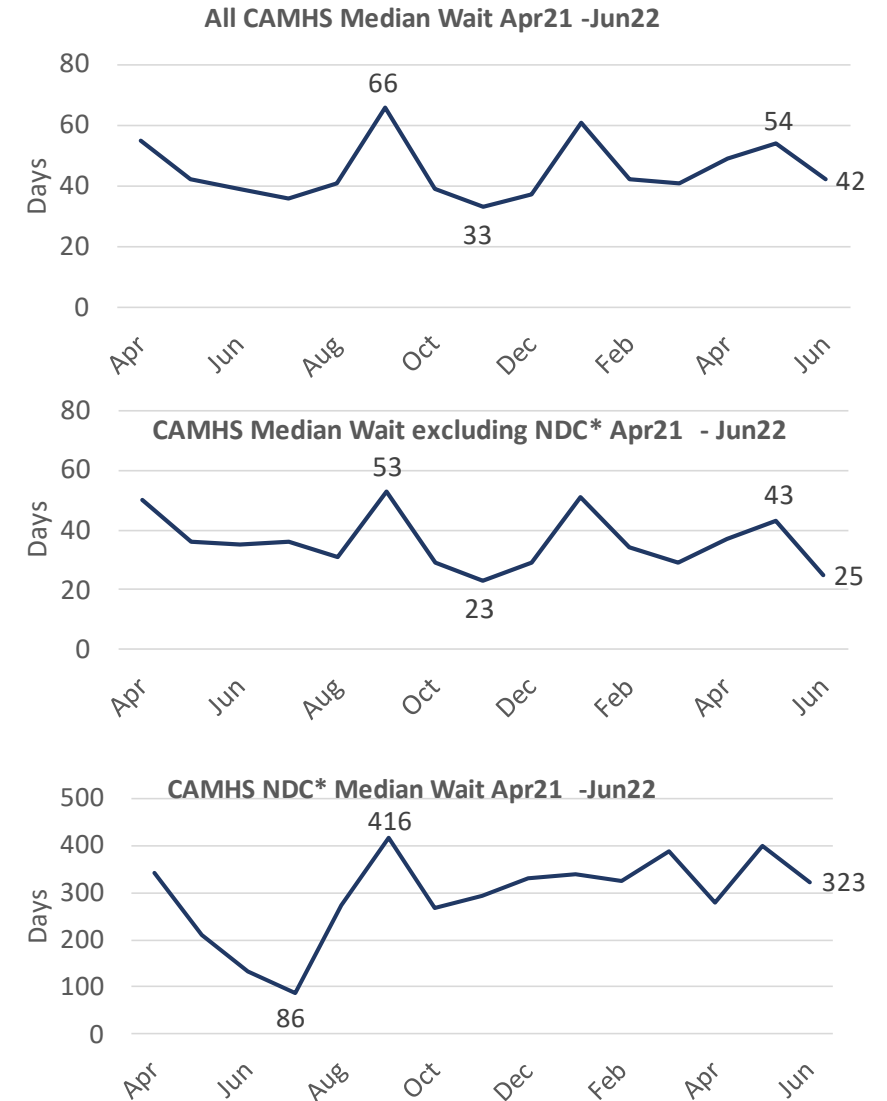
NHS Digital: [Psychological Therapies, Report on the use of IAPT services](#) (report accessed: for July 2022)

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## Access to Child and Adolescent Mental Health Services (CAMHS)

- Between January and June 2022, the median\* number of days of all children and young people waiting for CAMHS appointments was between 40 and 60 days (42 in June 2022).
- Between August 2021 and June 2022, Median Waiting Days for the Neuro-developmental Diagnostic Clinic\* has been close to or over 300 days (10 months).

Oxfordshire Health NHS FT \*The Neuro-developmental Diagnostic Clinic (NDC) is one of the specialist Child and Adolescent Mental Health Services (CAMHS). The NDC offers diagnostic assessment of autism and attention deficit hyperactivity disorder (ADHD), as well as other neuro-developmental conditions  
\*median refers the point above and below which half (50%) the observed data falls, the midpoint of the data.



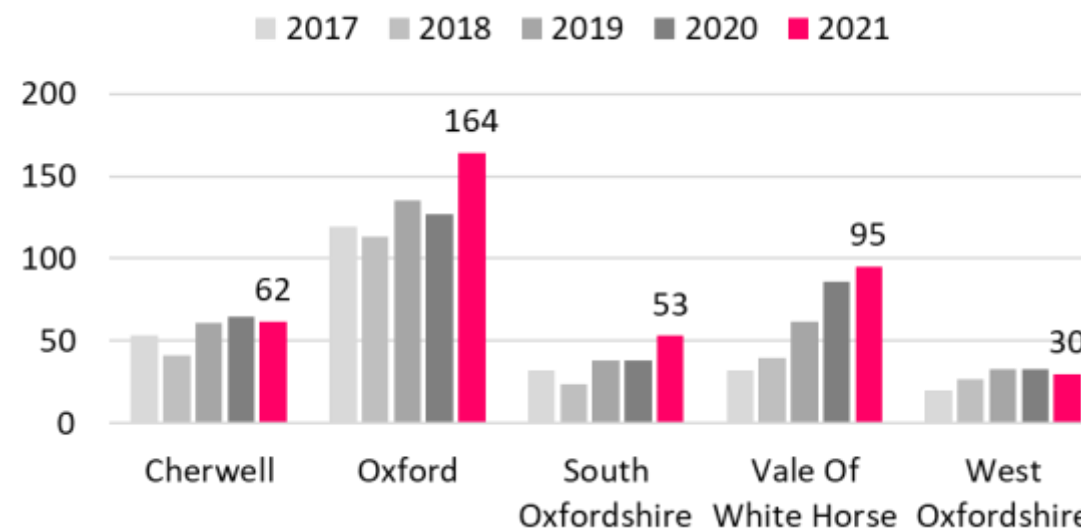
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## Police detentions under S136 of mental health act

*Section 136 of the Mental Health Act enables the police to act if they believe that someone is suffering from a mental illness and needs immediate treatment or care. The police may take that person from a public place to a place of safety, either for their own protection or for the protection of others. This is known as a Section 136 detention.*

- In 2021 (Jan-Dec) Thames Valley Police recorded a total of 404 section 136 detentions in Oxfordshire.
- This was 31% above the 3 year average (for the years 2018 to 2020), and above the increase across Thames Valley (+22%)
- The district with the greatest increase was South Oxfordshire (+59%)

**Count of Section 136 detentions by district 2016 to 2021 (Jan-Dec)**



Thames Valley Police Crime Recording System - NICHE  
RMS & Mental Health Master

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## Drug and alcohol services

### Adults

- In 2020-21 there were **1,992** adults (aged 18 and over) in specialist drug treatment in Oxfordshire. This is up by 2.4% since the previous year.
- 73% of the total adults in drug treatment were males and 27% were females.
- The majority of those in drug treatment were aged between 30 to 49 (1,392 people, 70%)
- The number of adults in treatment for alcohol only in Oxfordshire in 2020-21 was **617**. This was up by 7.5% from last year. The majority (77%) were aged 30 to 59.

### Young people

- In 2020-21 the number of young people (aged under 18 years) in specialist substance misuse services in Oxfordshire was **138**, down by 11% from the previous year.
  - 67 began using their main substance before they reached 15 years of age
  - 54 were using two or more substance (this includes Alcohol)
  - 55 Identified as having a mental health treatment need
  - 34 Receiving treatment for their mental health needs
- Referrals were predominantly from education services (21%) and children and family services (47%).

Oxfordshire County Council, Public Health team

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## Make Every Contact Count (MECC)

- MECC is an approach that uses opportunistic conversations in everyday life to talk about health-related behaviour. It involves responding appropriately to cues from others to encourage them to think about behaviour change and steps that they could take to improve their health and wellbeing.
- MECC training involves giving people in contact with members of the public the skills and confidence to have brief conversations about health with others and to follow up with signposting for support.
- In Oxfordshire the [Oxfordshire Live Well website](#) is used as the main signposting tool.
- [Oxfordshire’s Library Service](#) is developed MECC skills and as of July 2022 there were 41 library service MECC champions.
- Between April 2021 to March 2022 there was a total of 3,977 MECC conversations recorded through Oxfordshire Libraries (up from 622 in 2020-21). Conversations were about:
  - Smoking (55)
  - Alcohol (56)
  - Weight/healthy eating (230)
  - Physical activity (327)
  - Mental health and wellbeing (1,539)
  - Other health topic (1,265)
  - Signpost to health resource or services (505)
- In the 4 months from April to July 2022, Oxfordshire Libraries had already recorded a further 2,022 MECC conversations.

[Making Every Contact Count \(MECC\)](#) [New models of care](#) | [Oxfordshire County Council](#)  
[Oxfordshire County Council Library Service](#)



Extract from Chapter 8

# Local research

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## Rural Isolation in Oxfordshire

*Healthwatch Oxfordshire commissioned Community First Oxfordshire (CFO) to carry out a survey and community engagement exercise to better understand the levels of isolation felt in rural communities.*

*Responses were gathered via an online survey Nov-Dec21 and two online focus groups. In total there were 528 participants.*

- Findings related to health and wellbeing:
  - 35 had face-to-face contact with others less than once a week. *Base=425*
  - 147 were involved in volunteering in their community. *Base=326*
  - Reasons for not being able to be involved in community activities included work (108), lack of confidence (63), physical health (56), transport (50) and caring (24). *Base=412*
  - 132 respondents stated they sometimes felt lonely and an additional 44 often felt lonely. *Base=424*

## RURAL ISOLATION IN OXFORDSHIRE SURVEY REPORT



March 2022

communityfirst100  
oxfordshire

Supported by  
healthwatch  
Oxfordshire

[Rural Isolation in Oxfordshire - March 2022 - Healthwatch Oxfordshire](#)



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## Oxfordshire Storytelling Project Report - August 2022

- Members of the Oxfordshire Communications Group (Achieve Oxfordshire, Home-Start Oxford, Healthwatch Oxfordshire, West Oxfordshire District Council, Rethink Mental Illness, and Oxfordshire County Council), in collaboration with the Old Fire Station, trained in the storytelling evaluation methodology and used it to collect stories from 5 people involved in different ways in mental wellbeing support - staff, volunteers and recipients of support
- The report reflects learning from a participatory analysis of these stories with local partners in June 2022.
- The following key learnings came out of this process:
 

<ol style="list-style-type: none"> <li>1. Valuing listening</li> <li>2. Supporting joined-up, community-based work</li> <li>3. Kindness, compassion and self-love</li> <li>4. Using everyday language</li> <li>5. Diversity improves accessibility</li> <li>6. Lived experience is expertise</li> </ol>	<ol style="list-style-type: none"> <li>7. Meeting basic needs is essential</li> <li>8. Small things can make a big difference</li> <li>9. Helping others can help yourself</li> <li>10. Providing support for staff and volunteers</li> <li>11. Supporting early intervention</li> </ol>
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Report can be read here: <https://insight.oxfordshire.gov.uk/cms/mental-health-and-wellbeing>  
 Stories can be read here: <https://oldfirestation.org.uk/oxfordshire-storytelling-report/>



## Finding out more

Related JSNA resources for Oxfordshire are published alongside this report on [Oxfordshire Insight](#), including:

[Oxfordshire Local Area Inequalities dashboard](#)

[Early years JSNA data dashboard](#)

[Community Health and Wellbeing Profiles](#)

[Community Insight \(in-depth\) Profiles](#)

[Health Needs Assessments](#)

[JSNA Bitesize](#)

A wide range of health indicators and profiles are available on [Fingertips](#)

ONS population estimates and population projections for county and districts, benefits claimants and the annual population survey are available from [www.nomisweb.co.uk](http://www.nomisweb.co.uk)

Oxfordshire County Council population forecasts are published on [Oxfordshire Insight](#)

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web: [insight.oxfordshire.gov.uk/jsna](http://insight.oxfordshire.gov.uk/jsna)

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