

# Oxfordshire

## Joint Strategic Needs Assessment 2018

### Mental Health

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#### Introduction

The World Health Organisation defines mental health as ‘... a state of wellbeing in which the individual realises his or her abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community.’

As reported in the evidence-base report by the Mental Health Foundation and the Faculty of Public Health<sup>1</sup>

*Public mental health is fundamental to public health in general because mental health is a determinant and consequence of physical health as well as a resource for living.*

The Oxfordshire Joint Strategic Needs Assessment is produced to help inform the work of Oxfordshire’s Health and Wellbeing Board. It underpins the Oxfordshire Health and Wellbeing Strategy<sup>2</sup>.

When added to local knowledge of services, the JSNA gives Oxfordshire a common and consistent evidence-base which allows the NHS, Local Authorities and partners to pinpoint gaps and target improvements.

The JSNA covers a wide range of topics and many different statistics. It provides context by:

- Monitoring past trends and identifying changing patterns of need
- Comparing Oxfordshire against national, regional, and local benchmarks
- Explaining how different measures relate to health, wellbeing, and social care needs
- Predicting future growth in population

**This JSNA report is focused on the topic of Mental Health in Oxfordshire**

This report has been made possible through invaluable contributions, advice and guidance of the JSNA Steering Group and the many experts and data analysts in Oxfordshire’s local authorities, health services, police and voluntary organisations.

**February 2018**

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<sup>1</sup> <https://www.mentalhealth.org.uk/publications/better-mental-health-all-public-health-approach-mental-health-improvement>

<sup>2</sup> Oxfordshire’s Joint Health and Wellbeing Strategy 2015 to 2019 (July 2016)

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# 1 Summary of findings

This section summarises key findings from the Mental Health JSNA report. Sources are included in footnotes throughout the relevant sections of the report.

## Mental health conditions (chapter 3)

### *National research*

- The 2014 Adult Psychiatric Morbidity Survey of Mental Health and Wellbeing (a national survey, published Sept 2016) found that:
  - One adult in six had a common mental disorder (CMD): about one woman in five and one man in eight. Since 2000, overall rates of CMD in England steadily increased in women and remained largely stable in men.
  - Young women have emerged as a high-risk group, with high rates of CMD, self-harm, and positive screens for posttraumatic stress disorder (PTSD) and bipolar disorder.
  - Most mental disorders were more common in people living alone, in poor physical health, and not employed. Claimants of Employment and Support Allowance (ESA), a benefit aimed at those unable to work due to poor health or disability, experienced particularly high rates of all the disorders assessed.

### *Depression*

- GP (QOF) data on the number of patients diagnosed with depression shows that in 2016-17 there were around 56,800 GP-registered patients in the Oxfordshire Clinical Commissioning Group area with depression, 9.7% of patients. This was an increase of around 7,100 or +14% compared with the previous year.
- The rate of patients with depression in Oxfordshire has been above average for the South of England commissioning region and the average for England in each of the past 5 years.

### *Severe and enduring mental health problem*

- The percentage of GP-registered patients with a recorded diagnosis of a severe and enduring mental health problem has increased in all districts since 2006-07. The rate in Oxford City remains well above the average for NHS Oxfordshire CCG.

### *Intentional self-harm*

- There were 15 wards in Oxfordshire with a significantly higher admission ratio for intentional self-harm than England (2011-12 to 2015-16), these included 7 in Oxford, 3 in Cherwell, 3 in Vale of White Horse, 1 in South Oxfordshire, and 1 in West Oxfordshire.
- The two wards with the highest rates were the relatively deprived areas of Northfield Brook and Blackbird Leys in Oxford.

### *Suicide*

- Between 2014 and 2016, there was a total of 156 deaths registered as suicides in Oxfordshire. The rate of suicides was not significantly different to England.
- The OCCG rate of suicides of people aged under 25 was statistically above the England average.

### *Dementia and Alzheimer's*

- In 2016-17 there were almost 5,500 GP-registered patients in the Oxfordshire Clinical Commissioning Group with a diagnosis of Dementia and Alzheimer's disease, up from 5,200 in 2015-16. The estimated total number of people living with dementia in Oxfordshire (diagnosed and undiagnosed) is around 8,000.
- In West Oxfordshire, the age-standardised mortality rate for females due to Dementia and Alzheimer's disease increased in 2014, 2015 and again in 2016 to well above the national and regional averages.
- The mortality rate for females due to Dementia and Alzheimer's disease was above the national average in Cherwell in 2015 and 2016.

## **Use of mental health services (chapter 4)**

*An increasing proportion of adults with mental health conditions, such as anxiety or depression, are (a) accessing mental health treatment and (b) more likely to discuss their mental health with a GP.*

- Data from Oxford Health (service provider) shows an increase in the total number of referrals and in the number of patients referred to mental health services in Oxfordshire.
  - In 2016-17, 12,000 Oxfordshire residents were referred to Oxford Health NHS Foundation Trust mental health services and seen at least once. This represents an increase of around 2,100 (22%) since 2011-12.
  - Some patients were referred more than once during the year and the number of referrals was around 18,600 an increase of 21% since 2011-12.
- The 15-19 age group continued to make up the largest proportion and number of patients referred to Oxford Health mental health services in 2016-17 and has seen the biggest increase since 2011-12
  - Between 2011-12 and 2016-17, the number of patients referred aged 15-19 increased by 80% compared with a 22% increase overall (all ages).
- There was also a significant increase of referrals of patients in the younger age group aged 10-14 (+67%).
- The mental health speciality with the greatest increase in referrals was Child and Adolescent Mental Health services (CAMHS Oxfordshire).
  - Between the 2011-12 and 2016-17 the number of patient referrals to CAMHS increased from 2,600 to 4,900 (+2,200, 86%).
- As of December 2017, two thirds (66%) of young people, in the Oxfordshire Clinical Commissioning Group area referred to CAMHS, were seen within 12 weeks. In the previous 3 months (Sept-Nov17), less than half of referrals were seen within 12 weeks.

### *Mental health detentions*

- During the four years from January 2014 to December 2017, there was a total of 1,129 Section 136 detentions in Oxfordshire of which 518 (46%) were in Oxford.
- Cherwell saw a slight increase between 2016 and 2017, from 50 to 53 detentions. The numbers have fallen in other Oxfordshire districts.
- As at 31 March 2017 Oxford Health NHS Foundation Trust recorded 320 people detained in hospital and 100 people subject to Community Treatment Orders.

*Drug and alcohol treatment*

- In 2016/17 there were 1,963 adults (aged 18 and over) in specialist drug treatment in Oxfordshire<sup>3</sup>. This was a similar number to each of the previous 4 years.
- The majority of those in drug treatment were aged between 30 to 49.
- The number of adults in treatment for alcohol only in Oxfordshire in 2016-17 was 604, the majority of whom were aged 30 to 59.

*Care home beds*

As of January 2018, 82% of Oxfordshire's care home beds (4,100 out of 5,000) were available for people with dementia.

## Work, affluence and deprivation (chapter 5)

*Poverty increases the risk of mental illnesses, including schizophrenia, depression, anxiety and substance addiction. Poverty can act as both a causal factor (e.g. stress resulting from poverty triggering depression) and a consequence of mental illness (e.g. schizophrenic symptoms leading to decreased socio-economic status and prospects).*

- Oxfordshire has an above-average proportion of professional and managerial workers and of residents with high level qualifications (2011 Census).
- Earnings are relatively high and the county continues to have a low rate of unemployment (mid-year 2016-17).
- Overall Oxfordshire ranks as relatively un-deprived, with 2 out of 407 lower super output areas of the county within the 10% most deprived nationally according to the Indices of Multiple Deprivation (2015).
- On Education and Skills, however, there are 25 areas of the county where Oxfordshire ranks within the 10% most deprived nationally.
- According to the Income Deprivation Affecting Older People supplementary index, 13,500 older people in Oxfordshire were affected by income deprivation, 68% of whom were living in urban areas and 32% in rural Oxfordshire.
- The rate of claimants of Employment Support Allowance (ESA) per 1,000 population resulting from mental health conditions in Oxfordshire was well below the England average.
  - Just over half (51%) of ESA claimants in Oxfordshire in May 2017 (7,200 people) were a result of mental and behavioural disorders.
  - The rate of ESA claimants as a result of mental and behavioural disorders in Oxfordshire was 13 per 1,000 people aged 16+ (ONS 2016 population estimate), well below the England average of 21 per 1,000.
- A national workplace survey has found that almost a third (31%) of the workforce have been formally diagnosed with a mental health issue (29% in 2016). The most common diagnosis was depression or general anxiety.

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<sup>3</sup> Source: NDTMS - Adults and YP commissioning support pack 2018-19: key data

## Adult wellbeing and lifestyles (chapter 6)

- Releasing the wellbeing data for April 2016 to March 2017<sup>4</sup>, ONS commented..  
*It's worth noting that employment rates rose during the period covered by this report, and other ONS analysis showed people perceiving an improvement in their own financial situations and in the overall economy. These are factors we believe may account for some people's increased sense of personal well-being.*

- In Oxfordshire, the worthwhile, happiness and life satisfaction means are slightly lower in 2016-17 compared with 2015-16 and the anxiety mean is higher.

*A two-way association has been identified between mental health problems and obesity, with conditions such as depression often leading to weight gain and obesity leading to depression.*

- In 2016-17 there were around 45,900 GP-registered patients in the Oxfordshire Clinical Commissioning Group who were recorded as being obese, up from 43,200 in 2015-16. The prevalence increased from 7.55% of patients to 7.85%, remaining below the national and regional averages.
- The latest survey data for Oxfordshire on excess weight in adults covers the year 2015/16. This estimates that 54.5% of people aged 18 or over in Oxfordshire are classified as overweight or obese, lower than the average for England (61.3%) or the South East (59.7%).

*As well as strengthening muscles and helping to control weight, physical activity can boost mental wellbeing and help reduce social isolation, a risk factor for depression.*

- Oxford and Vale of White Horse were each better than the England average on the proportion of people who were INACTIVE according to the Active Lives survey. Cherwell, South and West Oxfordshire districts were similar to the national average.

*Stopping smoking improves mood.*

- In 2016 an estimated 11.9% of adults in Oxfordshire were smokers (down from 15.5% in 2015), statistically lower than the England average. Smoking prevalence in all of Oxfordshire's districts was either below or similar to national and regional averages.
- Smoking prevalence in adults in routine and manual occupations was estimated at 24.5% in Oxfordshire, over double the rate of all adults and similar to the national average.

*Adults and young people who have a severe mental illness and misuse substances are among the most vulnerable in society and experience some of the worst health, wellbeing and social outcomes.*

- Data on hospital admissions for alcohol-related conditions in Oxfordshire shows that:
  - Overall males continue to have higher rates than females for alcohol-related admission episodes.
  - Between 2008/09 and 2015/16 there no statistically significant change in the rate of admissions for alcohol-related conditions in Oxfordshire, with the exception of younger females (aged below 40) where the rate increased.

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<sup>4</sup> ONS Personal well-being in the UK: April 2016 to March 2017

- There has been a decline in the number of “possession of drugs” crimes in each police reporting area of Oxfordshire (Cherwell & West, Oxford, South & Vale).
- Combined data from 2014 to 2016 gives a total of 53 drugs related deaths in Oxfordshire, half of which were in Oxford.

## Maternity, children and young people (chapter 7)

*Women who have a history of mental health problems before becoming pregnant are at increased risk of certain mental health conditions during pregnancy and the year after childbirth.*

- Public Health England estimates that up to 2,200 women in Oxfordshire may be affected by depressive illness, anxiety or adjustment disorders and distress following childbirth.

*The majority of adult mental health problems begin in childhood, with 50 per cent of adult mental health problems (excluding dementia) start before the age of 15, and 75 per cent start before the age of 18.*

- There is limited data on mental health of children and young people. Results from a new national survey are expected to be published in 2018.
- Health survey for England data for 2016 shows a national decline in proportion of children smoking.
- The rate of hospital admissions for alcohol-specific conditions in females under 18 in Oxfordshire increased in the latest data (2012/13-2014/15) to statistically above the national average. The rate for males under 18 in Oxfordshire was similar to average.

*Obesity is not a psychological disorder, but some researchers and clinicians argue that it should be considered a mental or behavioural issue.*

- As of 2016-17, around 1,460 (20%) reception children, aged 4 or 5, in Oxfordshire were overweight or obese. In year 6, aged 10 or 11, there were around 1,910 children overweight or obese and the proportion was higher at 30%.
- Between 2015-16 and 2016-17, the prevalence of obesity in Oxfordshire did not change in reception year and increased in year 6.
- Excluding school-based activities, 22% of children aged 5 to 15 in the Health survey for England 2015 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.

*There is a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health, including debt, poor housing, and low income.*

- According to the Income Deprivation Affecting Children index, 14,000 children in Oxfordshire were affected by income deprivation, 81% of whom were living in urban areas and 19% in rural Oxfordshire.
- HMRC data shows that almost 1 in 5 children in Oxford (19.2%) were living in poverty.

*Factors such as parental mental health, drug/alcohol abuse or domestic violence increase the risk of children becoming subject to a child protection plan.*

- The rate of children in Oxfordshire referred to child social care has been increasing as has the rate of children subject to a child protection plan and looked after children.

- In 2016-17, the “toxic trio” (mental health, drug/alcohol abuse or domestic violence), affected 60% of children in Oxfordshire with child social care assessment(s).

*National research shows that young people leaving care are at greater risk of social exclusion, unemployment, health problems, and offending.*

- Of the 230 care leavers in Oxfordshire (Mar17), 90 (39%) were not in education, employment or training and the education/employment status of a further 30 was unknown.
- Benchmarking data from 2013-14 and 2016-17 shows Oxfordshire as below (worse than) average on the proportion of care leavers in employment, education or training.

*Special Educational Needs, attainment at school and absence*

- Oxfordshire has above the England average of pupils in state-funded primary and secondary schools with learning difficulties, most significantly for pupils with moderate learning difficulties.
- The proportion of Oxfordshire’s disadvantaged pupils aged 10-11 achieving the expected standard was below the England average at Key Stage 2 in 2017.
- Oxfordshire has a relatively high rate of unauthorised absences from school (primary and secondary).

## Population groups (chapter 8)

*Not being proficient in English can affect a person’s ability to access health and other services.*

- Data published as part of the Early Years foundation stage attainment results shows an increase in the number and proportion of pupils (age 5) in Oxfordshire with first language not English.

*Gender identity can have important links with health and wellbeing, and being transgender is also linked to greater risk of self-harm and thoughts of suicide.*

- During the 2016-17 financial year, there were 364 applications for gender recognition certificates in the UK, down from 374 in 2015-16. Data at local levels are not currently available.

*Caring for someone can have a significant impact on the mental health of carers*

- Over half (57%) of carer respondents in the latest carers’ survey in Oxfordshire reported general feeling of stress and just less than half reported feeling depressed. Feeling depressed or stressed was more likely in younger carers.
- Around a third (34%) of Oxfordshire carer respondents have had to see their own GP in the past 12 months because of their caring role. This was similar in all broad age categories.

*Students*

- There has been a significant increase nationally in the number of students reporting a mental health condition and in students leaving University due to mental health problems

*Armed Forces*

- The absolute numbers and rates of mental disorder among UK Armed Forces personnel assessed at MOD Specialist Mental Health services has increased over time from 1.8% in 2007/08 to 3.2% in 2016/17.
- As of 1 October 2017, around 9,200 regular armed forces (military and civilian) personnel were stationed in Oxfordshire (although not all necessarily reside in the county).
- The number of residents of Oxfordshire in receipt of Armed Forces Pension, War pension and Armed forces compensation scheme has increased in each of the past 4 years to just over 6,500.
- Using the national rate gives an estimated 294 armed forces personnel in Oxfordshire with a mental disorder.

*Troubled Families*

- The second phase of the Troubled Families programme has been expanded to target problems including domestic violence, health, drug abuse, mental health and children at risk.
- As of 31 December 2017, there was a total of 2,814 families identified in Oxfordshire, 61% of which met the national criteria on worklessness, 47% met the criteria on domestic abuse and 37% were families where children need help (in need or subject to a child protection plan). The highest rate per households was in Oxford City.

*Victims of abuse and exploitation*

- Data from Thames Valley Police shows an increase in recorded victims of abuse and exploitation in Oxfordshire. In 2017 there were:
  - Around 11,400 recorded victims of domestic abuse crimes and incidents (+2% since 2016).
  - 611 recorded victims of rape offences (up from 548 in 2016, +11%).
  - 69 recorded victims of Honour-based violence in Oxfordshire (up from 61 in 2016, +15%).
  - 106 recorded victims of modern slavery, almost three times the number in 2016 (37).
- The exception was the number of recorded victims of Child Sexual Exploitation which declined from 170 in Oxfordshire in 2016 to 106 in 2017.

*National Citizens Advice research has found that 2 in every 3 people who approach Citizens Advice say they are stressed, anxious or depressed. Of these, 4 in 5 (80%) said they felt less stressed, depressed or anxious after receiving advice.*

- Of the 6,200 Citizens Advice clients in Oxfordshire with disabilities in 2016-17, 40% had a long-term health condition and 20% (count=1,229) had a mental health problem.

## Housing and homelessness (chapter 9)

*Mental health and many common mental disorders are shaped to a great extent by the social, economic, and physical environments in which people live.*

- House prices are high in Oxfordshire and social rents have remained above average.
- Over the past 6 years there has been an increase in people presenting as homeless and of people accepted as homeless and in priority need in Oxfordshire, although the latest data for 2016-17 shows a decline.
- Loss of private rented accommodation is an increasing cause of homelessness.
- The number of households affected by the benefit cap across Oxfordshire increased significantly.

## Physical and social environment (chapter 10)

*Areas with more accessible green space are associated with better mental and physical health.*

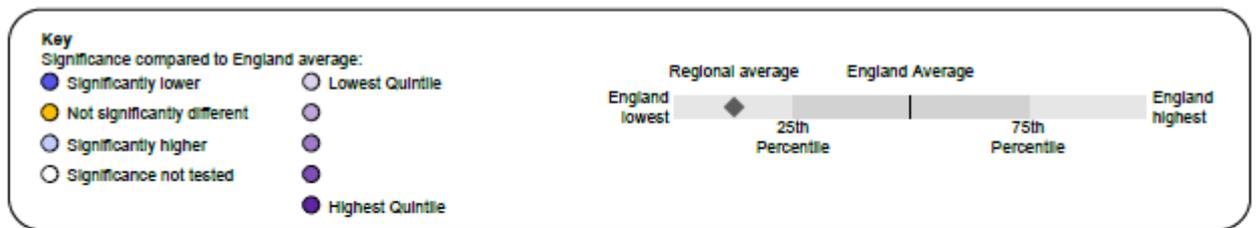
- Oxford continues to have relatively high rates of cycling, influenced by the higher rate of cycling amongst students.
- Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services.

## Population change and implications for future demand (chapter 11)

- Oxfordshire County Council's population forecasts, predict an increase in the number of Oxfordshire residents of +187,000 people (+27%) between 2016 and 2031.
- The number of children and young people aged 0-19 is expected to increase by +25% and the older age group 65+ in Oxfordshire is expected to increase by +43%.
- Applying the rate of patients referred to Oxford Health by age per population in 2016/17 to the forecast growth in population gives a potential increase in demand of:
  - +9% from 2016/17 to 2021/22, to a total of 13,100 and
  - +21% from 2016/17 to 2026/27 to a total of 14,500.
- Applying the current prevalence of dementia in Oxfordshire (diagnosed and undiagnosed) to the forecast growth in the number of people aged 65+ gives an estimated additional 1,000 people with dementia by 2022 and a further 1,200 by 2027.

## 2 Mental Health Public Health profile

Figure 1 Mental Health profile for Oxfordshire (April 2017)



### Prevalence & Incidence

	Period	Local count	Local value	Eng. value	Eng lowest	Range	Eng highest
Estimated prevalence of mental health disorders in children and young people: % population aged 5-16	2014	7,623	8.3 ^	9.3 ^	7.1		11.0
Depression recorded incidence (QOF): % of practice register aged 18+	2015/16	9,421	1.6	1.4	0.7		2.8
Depression recorded prevalence (QOF): % of practice register aged 18+	2015/16	51,126	8.8	8.3	4.5		13.5
Depression and anxiety prevalence (GP Patient Survey): % of respondents aged 18+	2015/16	1,050	10.4	12.7	8.1		19.0
Depression and anxiety among social care users: % of social care users	2013/14		50.2	52.8	36.7		61.2
Long-term mental health problems (GP Patient Survey): % of respondents aged 18+	2015/16	392	4.1	5.2	2.0		8.8
New cases of psychosis: estimated incidence rate per 100,000 population aged 16-64	2011	90	21.0 ^	24.2 ^	15.6		71.9
Severe mental illness recorded prevalence (QOF): % of practice register all ages	2015/16	5,847	0.81	0.90	0.52		1.52
ESA claimants for mental and behavioural disorders: rate per 1,000 working age population	2016	7,170	16.6	27.5	10.1		66.8

### Quality & Outcomes

	Period	Local count	Local value	Eng. value	Eng lowest	Range	Eng highest
Stable and appropriate accommodation: % of adults in contact with mental health services aged 18-69 (Persons)	2014/15		54.5	59.7	10.6		91.6
Stable and appropriate accommodation: % of adults in contact with mental health services aged 18-69 (Male)	2014/15		55.1	58.4	10.4		91.0
Stable and appropriate accommodation: % of adults in contact with mental health services aged 18-69 (Female)	2014/15		53.8	61.3	10.8		94.3
Satisfaction with social care protection: % service users	2015/16		86.5	85.4	69.4		98.6
Employment of people with mental illness or learning disability: % of those with a mental illness or learning disability	2016 Q1		56.2	40.1	0.0		73.4
Gap in the employment rate for those in contact with secondary mental health services and the overall employment rate: percentage point difference	2014/15		67.8	66.1	54.2		77.5
Smoking in people with SMI: % of people with SMI aged 18+	2014/15	1,640	36.4	40.5	27.2		52.3
Suicide: age-standardised rate per 100,000 population (3 year average) (Persons)	2013 - 15	164	9.4	10.1	5.6		17.4
Suicide: age-standardised rate per 100,000 population (3 year average) (Male)	2013 - 15	125	14.6	15.8	8.5		27.5
Suicide: age-standardised rate per 100,000 population (3 year average) (Female)	2013 - 15	39	4.4	4.7	2.6		8.5
Excess under 75 mortality rate in adults with serious mental illness: ratio of observed to expected mortalities	2014/15		306.3	370.0	164.8		570.4

Source: Public Health England Mental Health JSNA profile (April 2017)

### 3 Mental health conditions

#### 3.1 Mental health disability

##### Family resources survey (national data)

The Family Resources Survey (FRS) for the UK in 2015-16 estimated that around 21% of the UK's population was disabled, experiencing physical, mental, cognitive, learning, social, behavioural or other types of impairment<sup>5</sup>. This was an increase of 1 percentage point on the previous year (2015-16).

The South East was slightly below the UK average at 19%. Applying this regional rate to Oxfordshire implies a total of **129,800** with a disability living in the county including **8,900** children aged 0-15.

This is well above the **89,800** people in Oxfordshire reported by the Census 2011 survey as having activities limited by health or disability<sup>6</sup>. The difference may be due to the definition (some impairments in the Family resources survey may not have been seen as "limiting" by people responding to the Census) or as a result of applying a UK prevalence rate or both.

The types of impairment reported in the FRS varied by age. Compared with other age groups:

- working age adults with disabilities reported the highest proportion of mental health impairments,
- children reported the highest proportion of learning and social/behavioural impairment and
- pension age adults reported the highest proportion of physical impairments, especially mobility and stamina/breathing/fatigue.

**Figure 2 Impairment types reported by disabled people, by age group, 2015-16, United Kingdom, percentage of disabled people**

Impairment type	All disabled people	Working age adults	State Pension age adults	Children
Vision	13	11	18	8
Hearing	14	8	23	6
Mobility	52	44	68	21
Dexterity	27	24	34	12
Learning	13	14	8	36
Memory	16	16	17	11
Mental health	22	32	9	17
Stamina/ breathing/ fatigue	38	35	44	26
Social/behavioural	8	8	1	42
Other	15	16	13	14

Source: Family Resources Survey 2015-16. Totals will sum to over 100 per cent as respondents can report more than one impairment type. From 6 April 2010, the State Pension age for women has been gradually increasing. FRS data contained in this report was collected throughout the financial year 2015/16, during which the State Pension age for women increased from 62 years and 6 months to 63 years 0 months. The changes do not affect the State Pension age for men, currently 65 years.

<sup>5</sup> <https://www.gov.uk/government/statistics/family-resources-survey-financial-year-201516>

<sup>6</sup> ONS Census 2011 table KS301

Applying the FRS UK survey data to the population of Oxfordshire by age, gives the following estimate of the number of people by age and impairment in Oxfordshire.

**Table 1 Estimate of number of people in Oxfordshire by impairment type and age from UK prevalence data (2015-16)**

Impairment type	Children (0-15)	Working age adults (16-64)	State Pension age adults (65+)	TOTAL
Vision	700	8,600	9,600	18,900
Hearing	500	6,300	12,200	19,000
Mobility	1,900	34,400	36,200	72,500
Dexterity	1,100	18,800	18,100	38,000
Learning	3,200	11,000	4,300	18,500
Memory	1,000	12,500	9,100	22,600
Mental health	1,500	25,000	4,800	31,300
Stamina/ breathing/ fatigue	2,300	27,400	23,400	53,100
Social/behavioural	3,700	6,300	500	10,500
Other	1,200	12,500	6,900	20,600

Source: Extrapolation from Family Resources Survey 2014-15 and 2015 mid-year population estimate for Oxfordshire

Note that for the mental health category this method implies 31,300 people with this impairment which appears to be a significant underestimate. The number of people in the Oxfordshire Clinical Commissioning Group with diagnosed depression (alone – without including other mental health conditions) was around 56,800 in 2016-17.

### 3.2 Common mental disorders

Common mental disorders (CMDs) include different types of depression and anxiety. They cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. Although usually less disabling than major psychiatric disorders, their higher prevalence means the cumulative cost of CMDs to society is great.<sup>7</sup>

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

- **One adult in six had a common mental disorder (CMD):** about one woman in five and one man in eight. Since 2000, overall rates of CMD in England steadily increased in women and remained largely stable in men.
- Reported rates of self-harming increased in men and women and across age groups since 2007. However, much of this increase in reporting may have been due to greater awareness about the behaviour.

<sup>7</sup> Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014 (Sept 2016) NHS Digital <http://content.digital.nhs.uk/catalogue/PUB21748>

- Young women have emerged as a high-risk group, with high rates of CMD, self-harm, and positive screens for posttraumatic stress disorder (PTSD) and bipolar disorder.
- The gap between young women and young men increased.
  - In 1993, 16 to 24 year old women (19.2%) were twice as likely as 16 to 24 year old men (8.4%) to have symptoms of CMD. In 2014, CMD symptoms were about three times more common in women of that age (26.0%) than men (9.1%).
- Most mental disorders were more common in people living alone, in poor physical health, and not employed. Claimants of Employment and Support Allowance (ESA), a benefit aimed at those unable to work due to poor health or disability, experienced particularly high rates of all the disorders assessed.

#### About the Adult Psychiatric Morbidity Survey of Mental Health and Wellbeing

- The Adult Psychiatric Morbidity Survey series provides data on the prevalence of both treated and untreated psychiatric disorder in the English adult population (aged 16 and over).
- The 2014 survey (published September 2016) is the fourth in a series and was conducted by NatCen Social Research, in collaboration with the University of Leicester, for NHS Digital.
- The previous surveys were conducted in 1993 (16-64 year olds) and 2000 (16-74 year olds) by the Office for National Statistics, which covered England, Scotland and Wales. The 2007 Survey included people aged over 16 and covered England only.
- The survey used a robust stratified, multi-stage probability sample of households and assesses psychiatric disorder to actual diagnostic criteria for several disorders.

<http://content.digital.nhs.uk/catalogue/PUB21748>

### 3.3 Depression

GP (QOF) data on the number of patients **diagnosed with depression** shows that in 2016-17 there were around **56,800** GP-registered patients in the Oxfordshire Clinical Commissioning Group area with depression, 9.7% of patients.

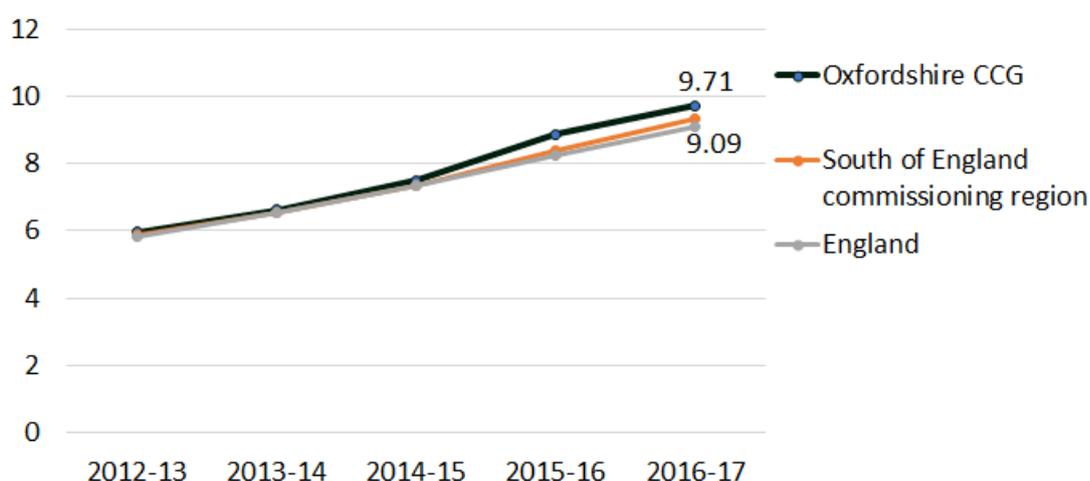
Between 2015-16 and 2016-17 the number of patients with depression in Oxfordshire CCG increased by 14%.

The rate of patients with depression in Oxfordshire (9.7%) has been above average for the South of England commissioning region and the average for England in each of the past 5 years.

**Table 2 Patients registered with depression – count and percent**

Count	2012-13	2013-14	2014-15	2015-16	2016-17
Oxfordshire CCG	32,634	37,002	42,594	49,662	56,795
<i>Change from previous year</i>		+4,368	+5,592	+7,068	+7,133
		+13%	+15%	+17%	+14%
Percent of patients aged 18+	2012-13	2013-14	2014-15	2015-16	2016-17
Oxfordshire CCG	5.97	6.62	7.5	8.88	9.71
South of England commissioning region	5.88	6.53	7.35	8.39	9.33
England	5.84	6.52	7.33	8.24	9.09

Source: NHS Digital Quality Outcomes Framework

**Figure 3 Trend in prevalence of depression (percent of patients aged 18+), Oxfordshire CCG vs South of England and England**

Source: NHS Digital Quality Outcomes Framework; indicators of depression at GP practice level are included in JSNA 2018 Annex

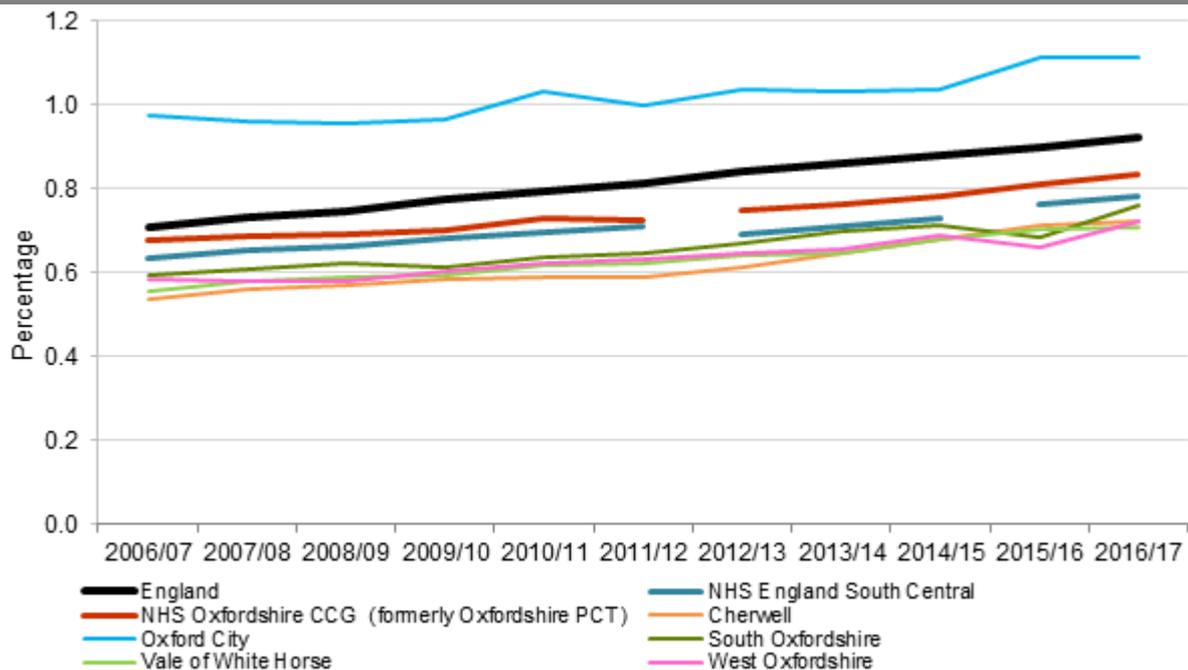
### 3.4 Severe and enduring mental disorders

People diagnosed with severe and enduring mental disorders are at increased risk of deprivation due to the challenges of maintaining employment, housing and social connections.

The Quality and Outcomes framework provides GP data on the number of patients diagnosed with schizophrenia, bipolar affective disorder or other psychoses; or who were on lithium therapy. In 2016/17 there were around 6,100 GP-registered patients in the Oxfordshire Clinical Commissioning Group area with these conditions. This number has increased by around 400 or 0.2% since 2015/16.

The percentage of GP-registered patients with a recorded diagnosis of a severe and enduring mental health problem has increased in all districts since 2006-07. The rate in Oxford City remains well above the average for NHS Oxfordshire CCG.

**Figure 4 Percentage of patients with a recorded diagnosis of a severe and enduring mental health problem in the GP registered population 2006-07 to 2016-17**



Source: NHS Digital; quality and outcomes framework; indicator at GP practice level is included in JSNA 2018 Annex

### 3.5 Intentional self-harm

Self-harm is a manifestation of emotional distress and a behavioural indication that something is wrong rather than a primary disorder. For each person, the contributing circumstances are unique.

An act of self-harm is not necessarily a suicide attempt or even an indicator of suicide but people who self-harm are statistically at a high and persistent risk of suicide.

Common reasons for self-harm are: difficult personal circumstances; past trauma and social/economic deprivation together with some level of mental disorder. Self-harm can be associated with the misuse of drugs or alcohol.

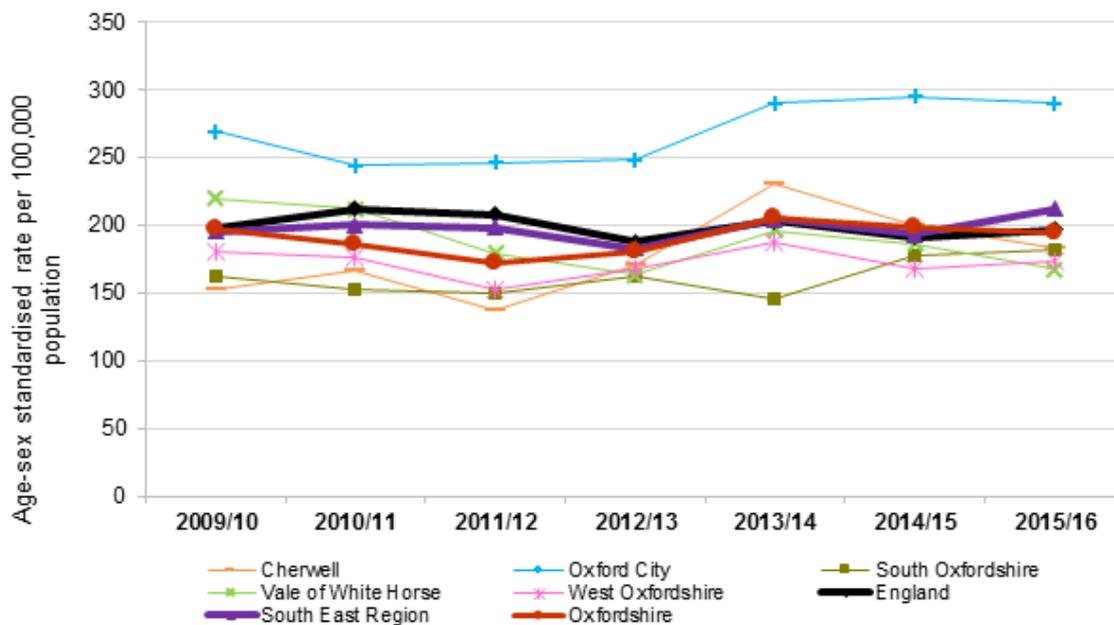
The available indicator of self-harm is the rate of emergency hospital admissions. This is likely to be an under-estimate of the true scale however as:

- The identification and coding of intent may be subject to recording bias.
- A variation in completeness of hospital records and quality of coding between hospital trusts (e.g. whether an injury is intentional).
- Data includes only those patients who were admitted to hospital therefore any patients attending A&E or Minor Injury Units (MIU) and NOT admitted are not included.

During 2015-16 the number of emergency admissions for intentional self-harm in Oxfordshire was 1,373, this was similar to the number recorded in 2014-15 (1,387).

Oxfordshire's rates of hospital admissions for self-harm have been significantly lower than England, but are no longer significantly different. There is insufficient data to know whether this is a trend or if self-harm is on the increase.

**Figure 5 Age-sex standardised rate of emergency hospital admissions for intentional self-harm per 100,000 population (2009-10 to 2015-16)**



Source: Hospital Episode Statistics (HES) published via Local Authority Health Profiles (Public Health Observatories). Office for National Statistics (ONS) mid-year population estimates

Rates of hospital admission in Oxford City are significantly higher than Oxfordshire as a whole. This may be due to the presence of areas of deprivation, the higher proportion of drug and alcohol and mental health service users who live in the city as well as more facilities for the homeless.

There were 15 wards in Oxfordshire with a significantly higher admission ratio for intentional self-harm than England (2011-12 to 2015-16), these included 7 in Oxford, 3 in Cherwell, 3 in Vale of White Horse, 1 in South Oxfordshire, and 1 in West Oxfordshire.

The two wards with the highest rates were the relatively deprived areas of Northfield Brook and Blackbird Leys in Oxford.

See JSNA 2018 ANNEX: Health Inequalities Basket of Indicators for differences in intentional self-harm across Oxfordshire

### 3.6 Suicide

Between 2014 and 2016, there was a total of **156** deaths registered as suicides in Oxfordshire<sup>8</sup>. The rate of suicides was not significantly different to England.

There were 23 suicides of people aged under 25 in the Oxfordshire Clinical Commissioning Group area in 2014-16<sup>9</sup>. The OCCG rate of 5.7 (age standardised) was statistically above the England average (4.7).

<sup>8</sup> ONS Suicides in England and Wales by Local Authority (released Sept17)

<sup>9</sup> Number of suicides by sex, age and clinical commissioning groups in England, 2014 to 2016 death registrations (user request released 18 Dec17)

### 3.7 Dementia and Alzheimer's disease

#### Prevalence

In 2016-17 there were almost **5,500** GP-registered patients in the Oxfordshire Clinical Commissioning Group with a diagnosis of Dementia and Alzheimer's disease, up from 5,200 in 2015-16. The prevalence increased from 0.74% of patients to 0.75%, just below the national average and below the regional average.

**Table 3 GP-registered patients with Dementia and Alzheimer's disease (count and % of list)**

	2015-16	2016-17	2015-16 to 2016-17
NHS Oxfordshire (count)	5,176	5,461	+285
NHS Oxfordshire %	0.74	0.75	+0.01pp
South of England (health region) %	0.84	0.84	0pp
England %	0.76	0.76	+0.01pp

Source: Quality and Outcomes Framework (QOF) 2016-17, published Oct 2017

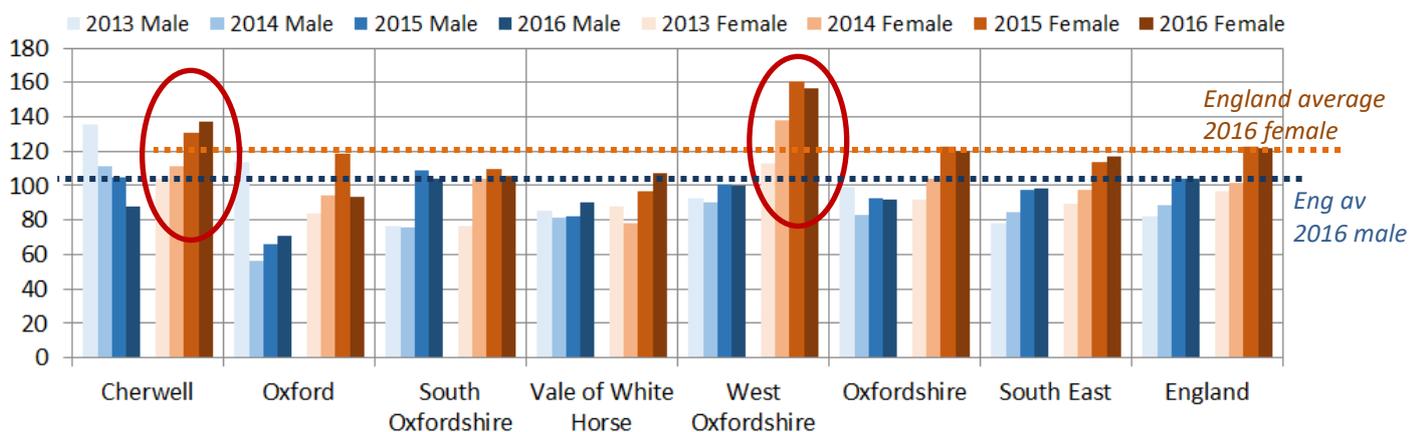
The estimated total number of people living with dementia in Oxfordshire (diagnosed and undiagnosed) is around 8,000<sup>10</sup>.

#### Deaths

In West Oxfordshire, the age-standardised mortality rate for females due to Dementia and Alzheimer's disease increased in 2014, 2015 and again in 2016 to well above the national and regional averages.

The mortality rate for females due to Dementia and Alzheimer's disease was above the national average in Cherwell in 2015 and 2016.

**Figure 6 Age standardised mortality rate, 2013 to 2016, Dementia and Alzheimer's disease**



Source: ONS (from nomis "life events")

<sup>10</sup> Oxfordshire Clinical Commissioning Group

## 4 Use of Mental Health services

### 4.1 National data

#### Adults accessing mental health treatment

The national survey of mental health and wellbeing<sup>11</sup> has found that an increasing proportion of adults with mental health conditions, such as anxiety or depression, were accessing mental health treatment and more likely to discuss their mental health with a GP.

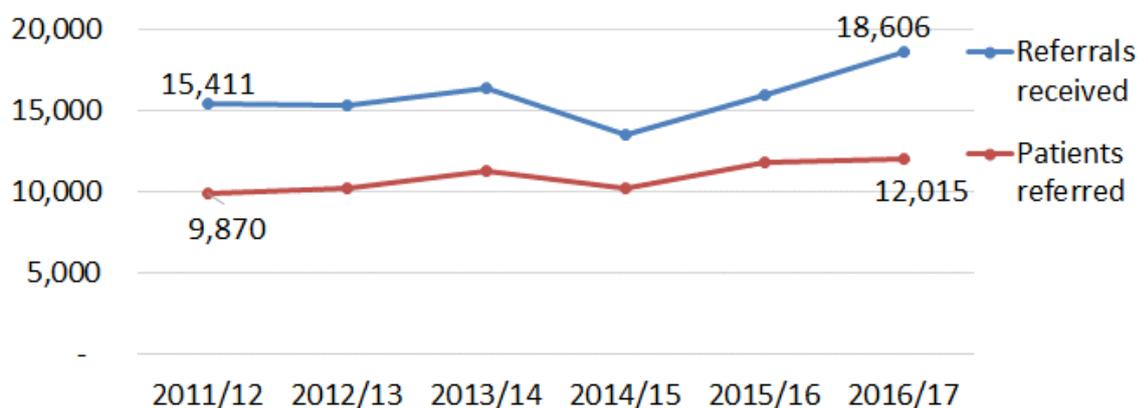
- One person in three with common mental disorders (mainly depression or anxiety) reported current use of mental health treatment in 2014, an increase from the one in four who reported this in 2000 and 2007. This was driven by steep increases in reported use of psychotropic medication. Increased use of psychological therapies was also evident among people with more severe mental disorder symptoms.
- Since 2007, people with common mental disorders had become more likely to use community services and more likely to discuss their mental health with a GP.

### 4.2 Oxford Health Mental Health Referrals

Data from Oxford Health (service provider) shows there has been an increase in the total number of referrals and in the number of patients referred to mental health services in Oxfordshire.

- In 2016-17, 12,000 Oxfordshire residents were referred to Oxford Health NHS Foundation Trust mental health services and seen at least once.<sup>12</sup> This represents an increase of around 2,100 (22%) since 2011-12.
- Some patients were referred more than once during the year and the number of referrals was around 18,600 an increase of 21% since 2011-12.

**Figure 7: Number of Oxfordshire residents referred to Oxford Health NHS FT mental health services and number of referrals (2011-12 to 2016-17)**



Source: Oxford Health NHS Foundation Trust

<sup>11</sup>Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014  
<http://content.digital.nhs.uk/catalogue/PUB21748>

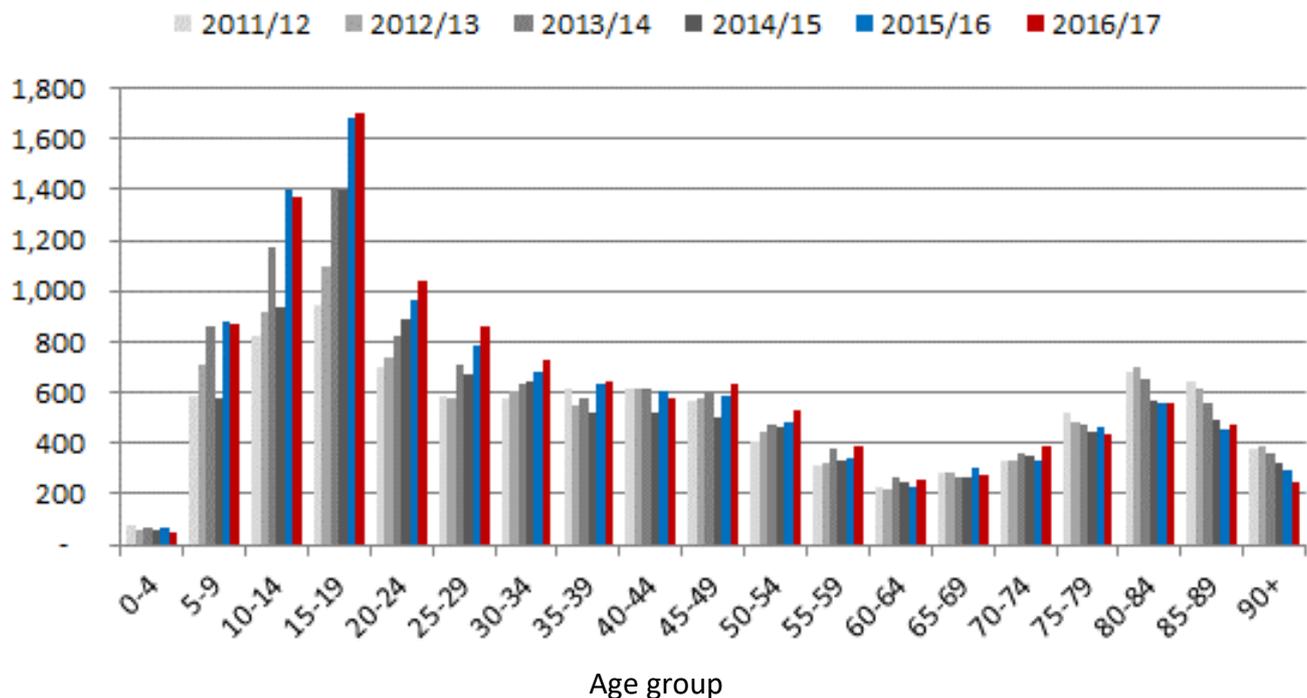
<sup>12</sup> Data in this section has been provided by Oxford Health NHS Foundation Trust

The 15-19 age group continued to make up the largest proportion and number of patients referred to Oxford Health mental health services in 2016-17 and has seen the biggest increase since 2011-12

- Between 2011-12 and 2016-17, the number of patients referred aged 15-19 increased by 80% compared with a 22% increase overall (all ages).

There was also a significant increase of patients referred in the younger age group aged 10-14 (+67%).

**Figure 8 Number of Oxfordshire residents referred to Oxford Health mental health services (2011-12 to 2016-17)**



Source: Oxford Health NHS Foundation Trust

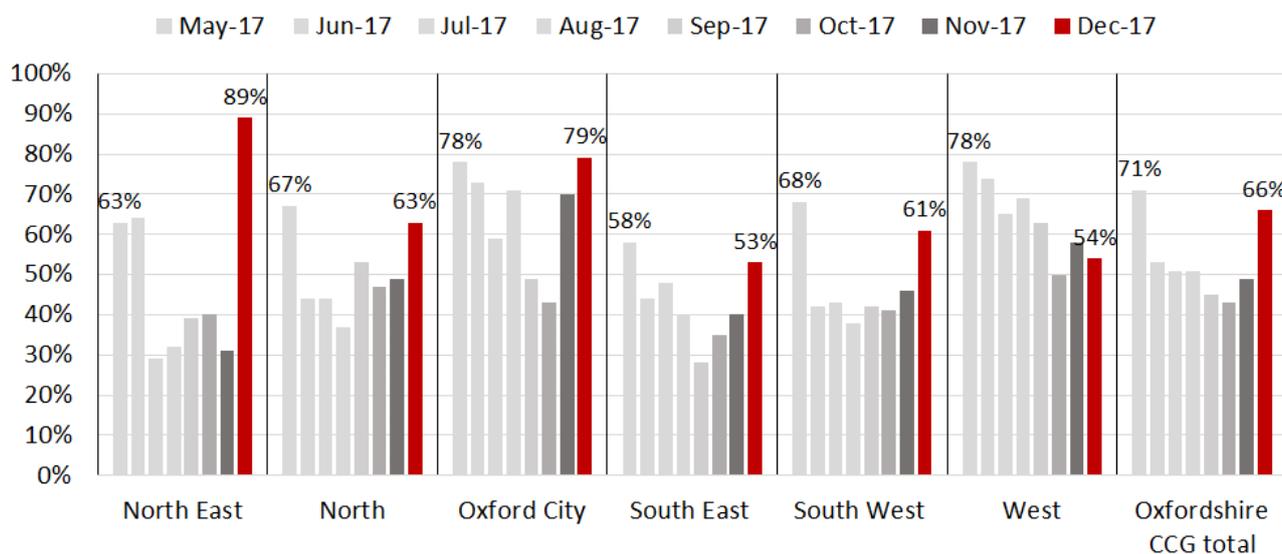
According to data from Oxford Health (service provider), the mental health speciality with the greatest increase in number of referrals was Child and Adolescent Mental Health services (CAMHS Oxfordshire).

- Between the 2011-12 and 2016-17 the number of patient referrals to CAMHS increased from 2,600 to 4,900 (+2,200, 86%).

As of December 2017, two thirds (66%) of young people, in the Oxfordshire Clinical Commissioning Group area referred to CAMHS, were seen within 12 weeks. In the previous 3 months (Sept-Nov17), less than half of referrals were seen within 12 weeks.

The localities with the lowest rates were North East and South East Oxfordshire. These areas each dropped to below 30% in 1 of the past 8 months of data.

**Figure 9 Waiting times for CAMHS services – percentage of young people seen within 12 weeks by Oxfordshire Clinical Commissioning Group locality**



Source: Oxfordshire County Council from data provided by OCCG for PAQA. Includes PCAMHS & Core CAMHS, LD, Horizon, Neuro, excluding all other teams

**Table 4 Waiting times for CAMHS services – percentage of young people seen within 12 weeks by Oxfordshire Clinical Commissioning Group locality**

Locality	May 2017	Jun 2017	Jul 2017	Aug 2017	Sep 2017	Oct 2017	Nov 2017	Dec 2017
North East	63%	64%	29%	32%	39%	40%	31%	89%
North	67%	44%	44%	37%	53%	47%	49%	63%
Oxford City	78%	73%	59%	71%	49%	43%	70%	79%
South East	58%	44%	48%	40%	28%	35%	40%	53%
South West	68%	42%	43%	38%	42%	41%	46%	61%
West	78%	74%	65%	69%	63%	50%	58%	54%
<b>Oxfordshire CCG total</b>	<b>71%</b>	<b>53%</b>	<b>51%</b>	<b>51%</b>	<b>45%</b>	<b>43%</b>	<b>49%</b>	<b>66%</b>

Source: provided by OCCG for PAQA. Includes PCAMHS & Core CAMHS, LD, Horizon, Neuro, excluding all other teams

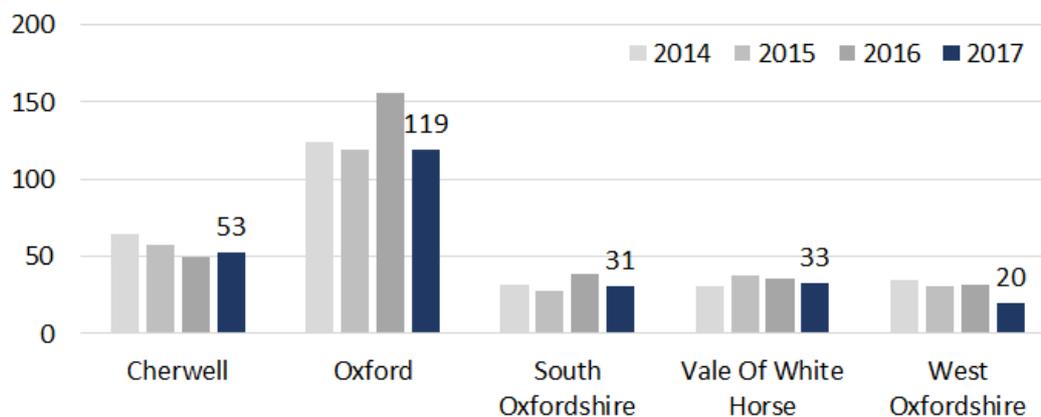
### 4.3 Detentions under Section 136

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.

During the four years from January 2014 to December 2017, there was a total of **1,129** Section 136 detentions in Oxfordshire of which 518 (46%) were in Oxford.

Cherwell saw a slight increase between 2016 and 2017, from 50 to 53 detentions. The numbers have fallen in other Oxfordshire districts.

**Figure 10 Number of Section 136 detentions 2014 to 2017**



Source: Thames Valley Crime Recording System - NICHE RMS & Mental Health Master, extracted Jan18

From January to December 2017:

- Over half (57%) of the detainees were male.
- Almost two thirds (64%) were aged under 40.

### 4.4 Detentions in hospital under the Mental Health Act

NHS Digital has published Mental Health Act detentions data for 2016/17<sup>13</sup> including by NHS providers. The latest data cannot be compared with previous years.

*The way these statistics are sourced and produced has changed. Coverage is also incomplete this year. As a result, 2016/17 figures are not directly comparable to previous years. 45,864 new detentions were recorded in 2016/17 and 4,966 new Community Treatment Orders (CTOs), but the overall national totals will be higher as not all providers submitted data. For the subset of providers that submitted good quality1 detentions data in both 2015/16 and 2016/17, we estimate there was an increase in detentions of around 2 per cent from last year. Further information is provided in the Background Data Quality Report.*

As at 31 March 2017 Oxford Health NHS Foundation Trust recorded 320 people detained in hospital and 100 people subject to Community Treatment Orders.

<sup>13</sup>Mental Health Act Statistics, Annual Figures: 2016-17, Experimental statistics October 2017  
<https://digital.nhs.uk/catalogue/PUB30105>

## 4.5 Drug and Alcohol Treatment Services

In 2016/17 there were 1,963 adults (aged 18 and over) in specialist drug treatment in Oxfordshire<sup>14</sup>. This was a similar number to each of the previous 4 years.

The majority of those in drug treatment were aged between 30 to 49.

The number of adults in treatment for alcohol only in Oxfordshire in 2016-17 was 604, the majority of whom were aged 30 to 59.

In 2016/17 the number of young people (aged under 18 years) in specialist substance misuse services in Oxfordshire was 102.

- 69 began using their main substance before they reached 15 years of age
- 45 were using more than one substance
- 20 reported being affected by others' substance misuse.

Referrals were predominantly from education services and children and family services.

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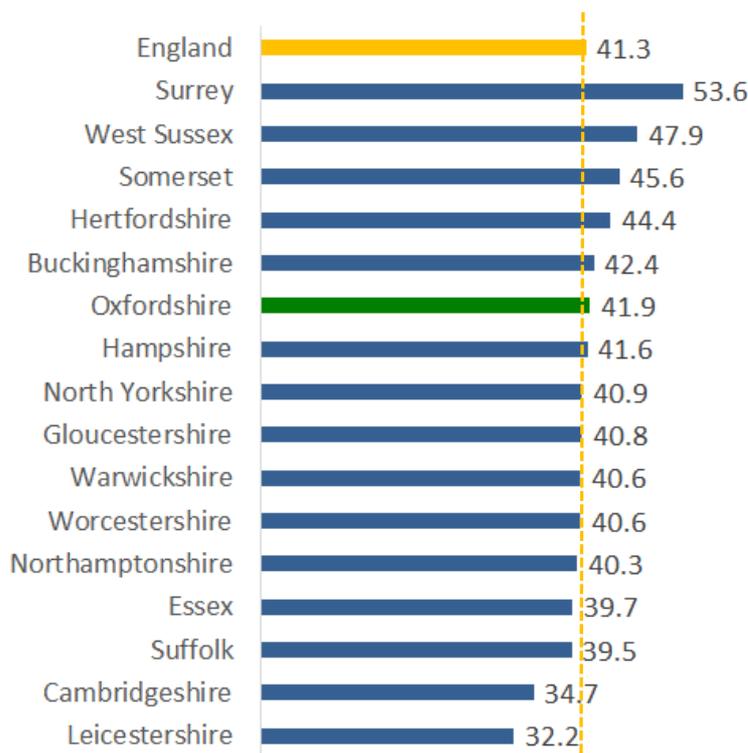
<sup>14</sup> Source: NDTMS - Adults and YP commissioning support pack 2018-19: key data

## 4.6 Care home beds

As of 1 January 2018, there were 5,068 care home beds for older people in Oxfordshire<sup>15</sup> of which around three quarters include nursing care. 82% of beds were available for people with dementia.

The rate of care home beds for older people per population aged 65+ in Oxfordshire was 41.9 per 1,000 people, similar to the national average and 6<sup>th</sup> highest out of Oxfordshire's set of 16 statistical neighbours.

**Figure 11 Rate of care home beds (1 Jan 2018) for older people per 1,000 people aged 65+**



Source: CQC care directory 1 January 2018, extract for care homes for older people; ONS mid-year population estimates 2016 for people aged 65+

**Table 5 Number of care home beds for older people (1 Jan 2018)**

	All	with nursing		incl dementia	
Cherwell	1,164	961	83%	1,067	92%
Oxford	691	416	60%	455	66%
South Oxfordshire	1,038	900	87%	905	87%
Vale of White Horse	966	709	73%	778	81%
West Oxfordshire	1,209	932	77%	936	77%
<b>Oxfordshire</b>	<b>5,068</b>	<b>3,918</b>	<b>77%</b>	<b>4,141</b>	<b>82%</b>

Source: CQC care directory 1 January 2018, mapped to district by Oxfordshire County Council

<sup>15</sup> CQC care directory 1 January 2018 <http://www.cqc.org.uk/about-us/transparency/using-cqc-data>

## 5 Work, affluence and deprivation

Poverty increases the risk of mental illnesses, including schizophrenia, depression, anxiety and substance addiction. Poverty can act as both a causal factor (e.g. stress resulting from poverty triggering depression) and a consequence of mental illness (e.g. schizophrenic symptoms leading to decreased socio-economic status and prospects)<sup>16</sup>.

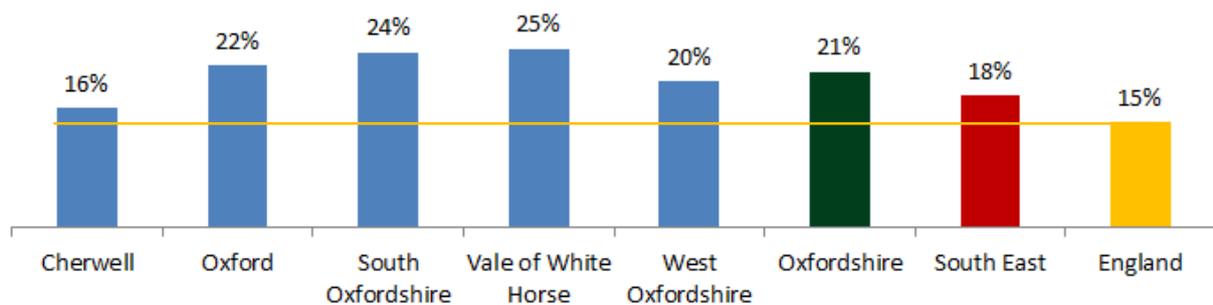
### 5.1 Employment and unemployment

At the time of the Census 2011 survey<sup>17</sup>, Oxfordshire had a higher proportion of people in Higher Managerial and Professional occupations than average and a lower proportion of people in Routine occupations.

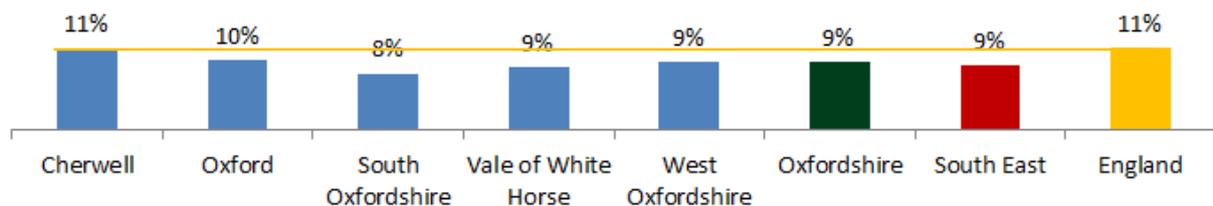
The district with the lowest proportion of people in Higher Managerial and Professional occupations was Cherwell.

**Figure 12 Proportion of households in highest and lowest socio-economic groups (NS-SEC of household reference person aged under 65) 2011**

#### Higher Managerial and Professional as % of total



#### Routine occupations as % of total



Source: ONS Census 2011, table QS608

The working age population in Oxfordshire (and nationally) is ageing.

- Between 2006 and 2016, the total working age population (aged 16 to 64) in Oxfordshire increased by +4%. The growth in older working age residents (aged 50 to 64) of Oxfordshire was almost a third (+33%).

<sup>16</sup> <https://www.jrf.org.uk/report/psychological-perspectives-poverty>

<sup>17</sup> Note that more recent data from the Annual Population Survey is only available for SOC 2010 classifications which is not fully comparable to the NS-SEC classification used for this analysis.

Unemployment remains relatively low in Oxfordshire.

- The official measure of unemployment is from the ONS Annual Population Survey and not directly available at local authority level due to small survey numbers.
- For local authorities, ONS provides model-based estimates of unemployment<sup>18</sup> which, for the period Jul16 to Jun17, gives an estimate of **12,500** people unemployed in Oxfordshire (+/- 4,900).
- The estimated rate of unemployment (as a percentage of the economically active population) was **3.4% in Oxfordshire** (+/-1.3). The value was just below the regional average (**3.5%** +/-0.3) and England average (**4.6%** +/-0.1).

There has been an above-average increase in the number of claimants of benefits related to unemployment in the past year in Oxfordshire.

- The experimental claimant count indicator provided by DWP provides the number of people claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work.
- This shows of a total of **2,880 claimants in Oxfordshire** in November 2017, up from 2,700 in November 2016 (+180, +7%). Oxfordshire's increase was just above the average increase for England over this period (+6%).
- Each district saw an increase in claimants except for Cherwell where there was a slight decline.

**Table 6 Claimant count (JSA and Universal Credit seeking work) Nov 16 and Nov 17**

	Nov 2016	Nov 2017	Nov 16 to Nov 17		Nov 2017 count as % of Oxfordshire
Cherwell	520	515	- 5	-1%	18%
Oxford	1,005	1,020	15	1%	35%
South Oxfordshire	410	445	35	9%	15%
Vale of White Horse	420	500	80	19%	17%
West Oxfordshire	345	400	55	16%	14%
<b>Oxfordshire</b>	2,700	2,880	180	7%	100%

Source: DWP from nomis. This experimental series counts the number of people claiming Jobseeker's Allowance plus those who claim Universal Credit and are required to seek work and be available for work and replaces the number of people claiming Jobseeker's Allowance as the headline indicator of the number of people claiming benefits principally for the reason of being unemployed.

Of the 2,660 claimants in Oxfordshire in November 2017:

- 61% were male and 39% female
- 465 (16%) were aged 18 to 24 and 875 (30%) were aged 50 and over

The increase in claimants in the older age group was above the average for all age groups in Oxfordshire.

- Between November 2016 and November 2017, claimants aged 50 and over increased in Oxfordshire from 750 to 875 (+125, +17%). This was above the

<sup>18</sup> Downloaded from [www.nomisweb.co.uk](http://www.nomisweb.co.uk) from the Annual Population Survey datasets.

average for all ages in Oxfordshire (+7%) and above the increase in the older age group in England (+13%).

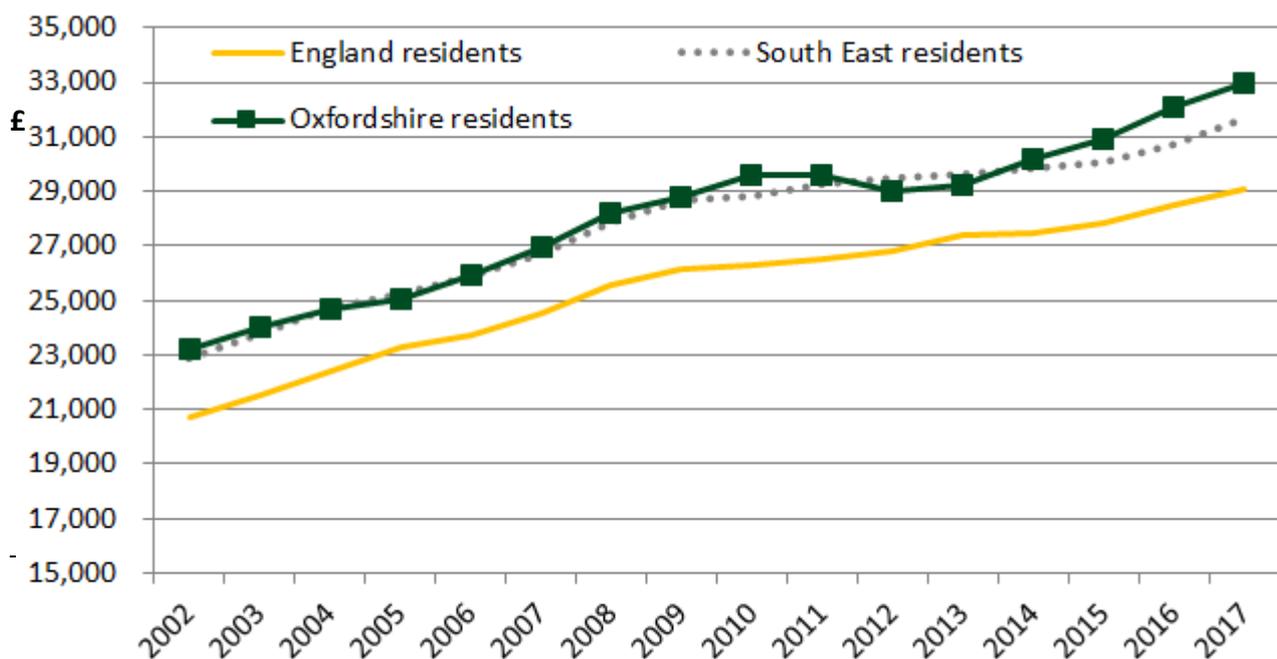
The wards in Oxfordshire with the highest number of claimants in November 2017 were Barton & Sandhills, Blackbird Leys and Banbury Grimsbury & Castle.

## 5.2 Earnings

Earnings remain relatively high for Oxfordshire residents and median earnings for residents was above the South East average (but not statistically above).

- In 2017, the median wage for Oxfordshire residents was £33,000 compared with £31,700 in the South East.
- Earnings will be strongly influenced by the mix of employment in the area.

Figure 13 Median gross full time annual pay of residents 2002 to 2017



Source: ONS Annual Survey of Hours and Earnings from nomis; NOTES: chart does not show confidence intervals. Median is the mid-point of the range. Scale does not start at 0

## 5.3 Qualifications

As reported in the previous JSNA (2016)<sup>19</sup>, Oxfordshire had an above-average proportion of people with higher qualifications and a below-average proportion of people with no qualifications.

- At the time of the 2011 Census survey, 35.7% of people over 16 in Oxfordshire had at least a bachelor's degree (census category level 4 and above). This was up from

<sup>19</sup> <http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>

27.7% in 2001. The proportion was higher than in the South East (29.9%) and England overall (27.4%).

- 16.7% of Oxfordshire's population lacked any qualification (down from 18.6% per cent in 2001). This was below the proportions seen in the South East (19.1%) and England (22.5%).

The **Education and Skills domain** of the Indices of Multiple Deprivation 2015 had **25 areas** within Oxfordshire ranked in the top 10% most deprived nationally.

**Table 7 Number of lower super output areas\* within the 10% most deprived in England by domain**

	Index of Multiple Deprivation (IMD)	Income	Employment	Education Skills and Training	Health and Disability	Crime	Barriers to Housing and Services	Living Environment
Cherwell	0	0	0	8	0	1	16	1
Oxford	2	3	0	10	2	6	3	6
South Oxfordshire	0	0	0	4	0	0	10	0
Vale of White Horse	0	0	0	1	0	0	8	0
West Oxfordshire	0	0	0	2	0	0	2	0
<b>Oxfordshire</b>	<b>2</b>	<b>3</b>	<b>0</b>	<b>25</b>	<b>2</b>	<b>7</b>	<b>39</b>	<b>7</b>

Source: Department for Communities and Local Government IMD2015; \*lower super output areas are a statistical geography and have an average of around 1,500 residents and 650 households, LSOAs are the main geography used for the IMD.

## 5.4 Income deprivation

The income deprivation domain of the 2015 Indices of Multiple Deprivation (IMD) shows Oxfordshire as a relatively affluent county.

- Out of the 407 lower super output areas in Oxfordshire, the clear majority (80%) were ranked within the least deprived 50% in England on the income deprivation domain.
- The most deprived areas of Oxfordshire on income deprivation were 3 areas within Oxford.

According to the Income Deprivation Affecting Older People supplementary index<sup>20</sup>, **13,500** older people in Oxfordshire were affected by income deprivation, 68% of whom were living in urban areas and 32% in rural Oxfordshire.

The districts with the highest number and rate of older people in poverty were Oxford and Cherwell.

<sup>20</sup> The Income Deprivation Affecting Older People Index is the proportion of all those aged 60 or over who experience income deprivation. This includes adults aged 60 or over receiving Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee).

In West Oxfordshire 1,440 older people in poverty were living in rural areas, 65% of the total in poverty in the district.

**Table 8 Income deprived older people – rural vs urban by district (from IMD 2015)**

	Rural		Urban		Total	
	count	% of population	count	% of population	count	% of population
Cherwell	765	6.9%	2,350	11.7%	3,115	10.0%
Oxford	30	8.5%	3,240	14.4%	3,270	14.3%
South Oxfordshire	1,160	6.5%	1,375	8.6%	2,535	7.5%
Vale of White Horse	945	7.5%	1,405	7.8%	2,350	7.7%
West Oxfordshire	1,440	8.0%	790	9.0%	2,230	8.3%
<b>Oxfordshire</b>	<b>4,340</b>	<b>7.2%</b>	<b>9,160</b>	<b>10.7%</b>	<b>13,500</b>	<b>9.3%</b>
<i>% of Oxfordshire</i>	<i>32%</i>		<i>68%</i>		<i>100%</i>	

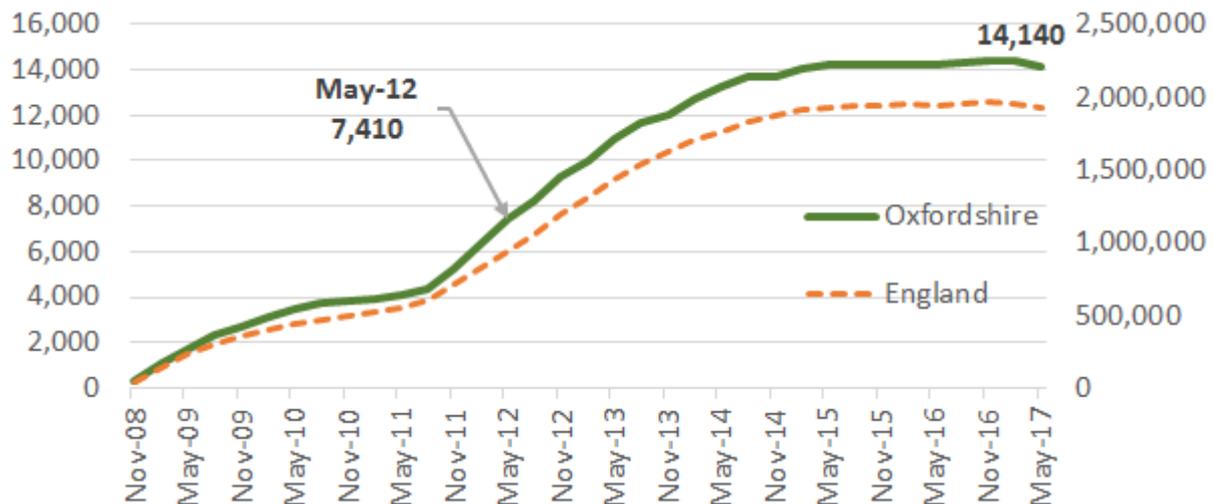
Source: CLG IMD 2015, underlying indicators, analysis by Oxfordshire County Council; indicators as of 2012

## 5.5 Employment and Support Allowance claimants

As of May 2017, there was a total of **14,140** people claiming Employment and Support Allowance (for people where illness and disability affects ability to work) in Oxfordshire of which just under half (6,270, 44%) were people aged 50 and over.

The number of ESA claimants has remained a similar level in Oxfordshire and nationally since early 2015.

**Figure 14 Count of claimants of Employment and Support Allowance in Oxfordshire**



Source: DWP from nomis; claimants aged 16-64

Just over half (51%) of ESA claimants in Oxfordshire in May 2017 (7,200 people) were a result of mental and behavioural disorders.

The rate of ESA claimants as a result of mental and behavioural disorders in Oxfordshire was 13 per 1,000 people aged 16+ (ONS 2016 population estimate), well below the England average of 21 per 1,000.

Employment and Support Allowance (ESA) is an income-related benefit for people where illness or disability affects ability to work. Claimants must be: under State Pension age; not getting Statutory Sick Pay or Statutory Maternity Pay and haven't gone back to work; not getting Jobseeker's Allowance.

There are 3 types of ESA:

- contribution-based ESA - if enough National Insurance contributions have been paid
- 'new style' ESA for people entitled to claim Universal Credit
- income-related ESA - on its own or on top of contribution-based ESA, for people on a low income

## 5.6 Workplace wellbeing

According to the Business in the Community *Mental Health at work* survey<sup>21</sup>

- Three out every five employees (60%) have experienced mental health issues in the past year because of work.
- Almost a third (31%) of the workforce have been formally diagnosed with a mental health issue (29% in 2016). The most common diagnosis was depression or general anxiety.
- More people are comfortable talking about mental health at work than in 2016. A low proportion, however, (13%) felt able to disclose a mental health issue to their line manager.
- Of those employees who disclosed a mental health issue, 15% were subject to disciplinary procedures, demotion or dismissal (9% in 2016).
- Younger employees are more likely to have mental health issues, with 37% of those aged 18 to 29 having been formally diagnosed with a mental health condition, compared to 29% of employees in their 50s. This may be because of growing awareness about mental health among the age group,
- Younger employees are also less likely to disclose concerns. Less than half (44%) feel comfortable talking about mental health at work compared to 57% of those in their 40s and 50s.

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<sup>21</sup> [https://wellbeing.bitc.org.uk/system/files/research/bitcmental\\_health\\_at\\_work\\_report-2017.pdf](https://wellbeing.bitc.org.uk/system/files/research/bitcmental_health_at_work_report-2017.pdf)

## 6 Adult wellbeing and lifestyles

### 6.1 Adult well-being

The Office for National Statistics has been surveying general adult wellbeing since 2011-12.

#### About the ONS wellbeing indicators

Every year since 2011, the ONS has asked a sample of UK adults aged 16 to answer 4 personal wellbeing questions:

- overall, how satisfied are you with your life nowadays?
- overall, to what extent do you feel the things you do in your life are worthwhile?
- overall, how happy did you feel yesterday?
- overall, how anxious did you feel yesterday?

People are asked to respond on a scale of 0 to 10, where 0 is “not at all” and 10 is “completely”. From 2016, personal well-being data will be included within the main Annual Population Survey (APS) dataset available on [www.nomisweb.co.uk](http://www.nomisweb.co.uk) rather than being released as a separate dataset.

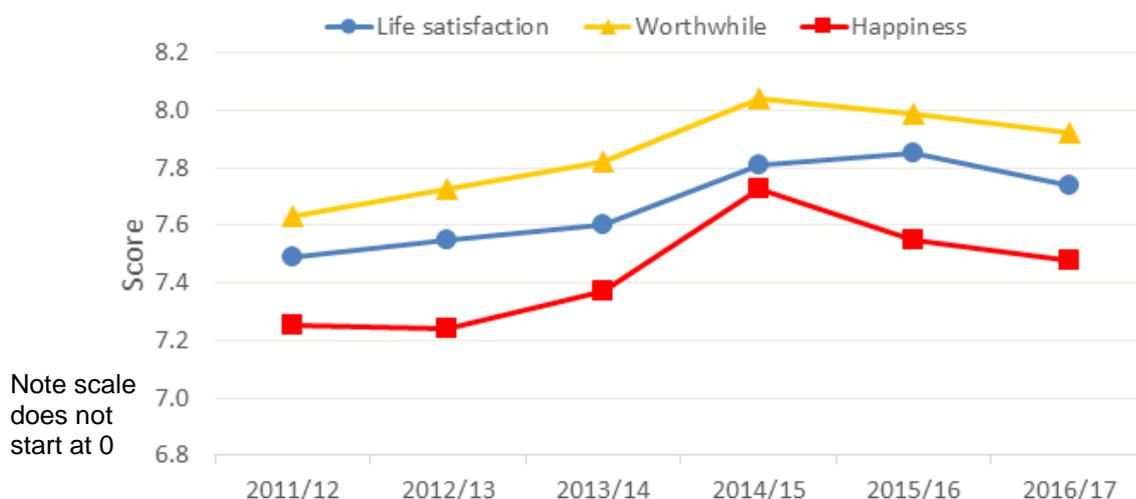
<https://www.ons.gov.uk/peoplepopulationandcommunity/wellbeing/datasets/measuringnationalwellbeingdomainsandmeasures>

Releasing the wellbeing data for April 2016 to March 2017<sup>22</sup>, ONS commented..

*It's worth noting that employment rates rose during the period covered by this report, and other ONS analysis showed people perceiving an improvement in their own financial situations and in the overall economy. These are factors we believe may account for some people's increased sense of personal well-being.*

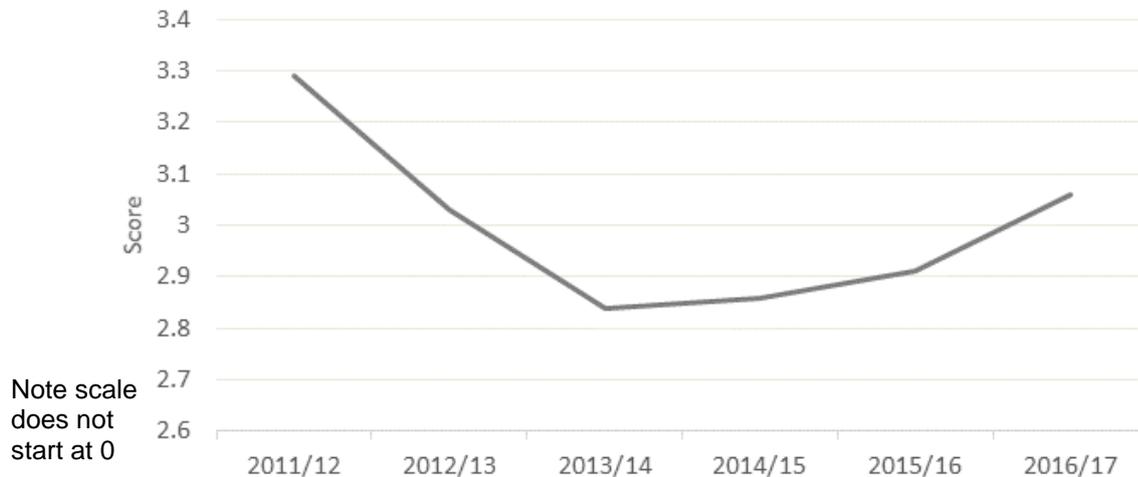
In Oxfordshire, the worthwhile, happiness and life satisfaction means are slightly lower in 2016-17 compared with 2015-16 and the anxiety mean is higher.

**Figure 15 Trend in average wellbeing scores in Oxfordshire for (a) life satisfaction, (b) things you do that are worthwhile and (c) happiness**



Source: Office for National Statistics Personal Wellbeing released Nov17

<sup>22</sup> ONS Personal well-being in the UK: April 2016 to March 2017

**Figure 16 Trend in mean score for anxiety - Oxfordshire**

Source: Office for National Statistics Personal Wellbeing released Nov17

## 6.2 Food and nutrition, excess weight

*A two-way association has been identified between mental health problems and obesity, with conditions such as depression often leading to weight gain and obesity leading to depression.<sup>23</sup>*

*Whilst the perceived stigma and body image issues of weight gain can negatively affect mood, in people with mental health problems, food can be used as a coping strategy, diet can be unhealthy and low mood can affect adherence to weight management programmes.<sup>24</sup>*

### Excess weight in adults

As reported in the latest Health survey for England<sup>25</sup> there has been a decline in the proportion of adults of a normal weight nationally.

- Between 1993 and 2016, adults with a normal body mass index (BMI) decreased from 41% to 33% among men and from 49% to 41% among women.

GP practices maintain a register of patients aged 16 or over who have been recorded as having a body mass index (BMI) of 30 or more during the preceding 12 months. The quality of the data is dependent on recording within practices.

In 2016-17 there were around **45,900** GP-registered patients in the Oxfordshire Clinical Commissioning Group who were recorded as being obese, up from 43,200 in 2015-16. The prevalence increased from 7.55% of patients to 7.85%, remaining below the national and regional averages.

<sup>23</sup> Public Health England. Obesity and disability: Adults. London: UK, 2013.

<sup>24</sup> Gatineau M, Dent M. Obesity and mental health. National Obesity Observatory 2011

<sup>25</sup> <https://digital.nhs.uk/catalogue/PUB30169>

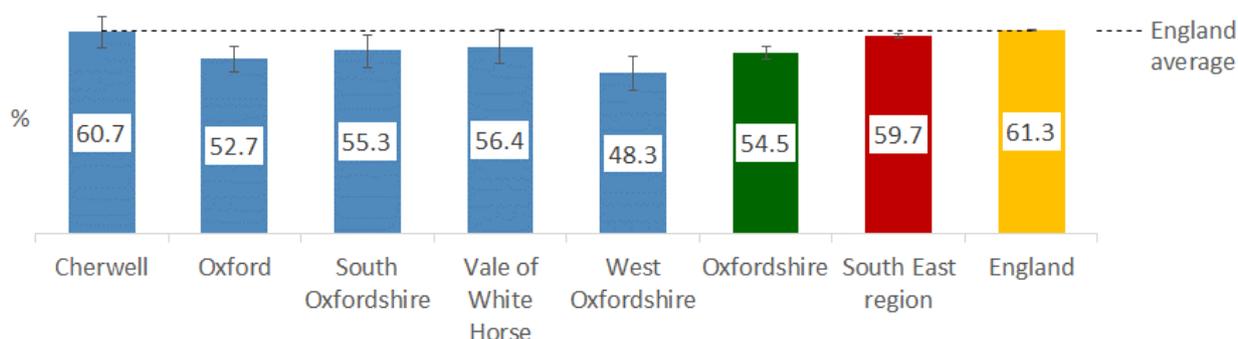
**Table 9 GP-registered patients recorded as being obese (count and % of list)**

	2015-16	2016-17	2015-16 to 2016-17
NHS Oxfordshire (count)	43,231	45,905	
NHS Oxfordshire %	7.55	7.85	+0.30pp
South of England (health region) %	8.58	8.38	+0.17pp
England %	9.45	9.65	+0.20pp

Source: Quality and Outcomes Framework (QOF) 2016-17, published Oct 2017

The latest survey data for Oxfordshire on excess weight covers the year 2015/16. This estimates that 54.5% of people aged 18 or over in Oxfordshire are classified as overweight or obese, lower than the average for England (61.3%) or the South East (59.7%).

Adults in Oxford City, South Oxfordshire and West Oxfordshire were less likely to be overweight than those in England overall. This is a new survey so it cannot be compared to previous data.

**Figure 17 % of people aged 18 or over classified as overweight or obese 2015-16**

Source: Public Health England, Public Health Outcomes Framework from Active Lives survey 2015-16

## Food security and food poverty

There is currently no standard measure of food security/poverty.

A quantitative study on child hunger in London by Ipsos MORI<sup>26</sup> found that for 10% of children the school lunch is their biggest meal of the day and 9% of children “sometimes” or “often” go to bed hungry.

The 2014 Evidence Review for the All-Party Parliamentary Inquiry into Hunger in the United Kingdom<sup>27</sup> highlighted the issue of rural hardship..

.. evidence highlighting the longstanding difficulties facing poorer families who live in wealthier parts of the country, and who may be struggling to afford life’s essentials.

There are over 20 food banks across Oxfordshire, most of which operate independently (with many supported by local churches):

Cherwell

<sup>26</sup> <https://www.ipsos-mori.com/researchpublications/publications/1585/Child-Hunger-in-London.aspx>

<sup>27</sup> <https://feeding-britain.org/>

- The Trussell Trust food banks at four locations in Banbury and one in Bicester
- Banbury Young Homeless Project (BYHP) food bank
- Banbury Food for Charities supplies registered charities in Banbury and the surrounding area

#### Oxford

- Oxford Community Emergency Foodbank, at Littlemore and Hollow Way
- Community Cupboard at Rose Hill
- Oxford Food bank supplies about 80 registered charities (not individuals directly) in Oxford, Abingdon and Didcot

#### South Oxfordshire

- Didcot Baptist Church food bank
- Wallingford Emergency food bank
- Thame food bank
- NOMAD Youth and Community Project food bank, Henley-on-Thames
- FareShare Thames Valley redistributes food to charities in the area

#### Vale of White Horse

- Abingdon Emergency food bank
- Faringdon Family Centre food bank
- Wantage and Grove food bank

#### West Oxfordshire

- Trussell Trust Witney and West Oxfordshire food bank
- North Oxfordshire community food bank (Chipping Norton, Woodstock, Kidlington)

Most food banks require referral, but self-referral is possible at some organisations and there are also charities and organisations in Oxfordshire that provide free or subsidised meals available to all.

Within Oxford, a partnership between Oxford City Council, Feeding The Gaps and Good Food Oxford has created a map and database of services<sup>28</sup> providing free or subsidised food.

A qualitative study on Food Poverty in Oxford<sup>29</sup> carried out in Barton and Rose Hill (Dec 2015) included interviews with 21 residents considered to be in food poverty. From this research, the main drivers of food poverty were found to be a combination of economic difficulties in general and the perceived high cost of food.

Access to local food stores did not come up as a major issue in this study, however a lack of availability of fresh food was mentioned by “a few older interviewees with limited mobility”.

A 2017 report<sup>30</sup> by the Trussell Trust<sup>31</sup> suggests that the roll out of Universal Credit has increased the use of foodbanks.

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<sup>28</sup> <http://goodfoodoxford.org/good-food-for-everyone/food-access-services-map/>

<sup>29</sup> Food poverty in Oxford: A qualitative study in Barton and Rose Hill (Dec 2015)  
<http://goodfoodoxford.org/blog/giving-voice-to-food-poverty/>

<sup>30</sup> <https://www.trusselltrust.org/wp-content/uploads/sites/2/2017/04/Early-Warnings-Universal-Credit-and-Foodbanks.pdf>

<sup>31</sup> The Trussell Trust runs a network of over 425 foodbanks, who provide three days' nutritionally balanced food and support to people in crisis in the UK.

- *Foodbanks in areas of full Universal Credit rollout to single people, couples and families, have seen a 16.85% average increase in referrals for emergency food, more than double the national average of 6.64%.*
- *The effect of a six-plus week waiting period for a first Universal Credit payment can be serious, leading to foodbank referrals, debt, mental health issues, rent arrears and eviction. These effects can last even after people receive their Universal Credit payments, as bills and debts pile up.*

According to Oxfordshire's Citizens Advice agencies: as of January 2018, *it is too early to notice any Universal Credit trends in Oxfordshire as it has only just been introduced across the county.*

### 6.3 Physical activity

According to Public Health England, low physical activity is one of the top 10 causes of disease and disability in England<sup>32</sup>.

July 2016 guidance from Public Health England sets out the benefits of physical activity. As well as strengthening muscles and helping to control weight, physical activity can:

- play a critical role across all elements of cancers; prevention, treatment, recovery and reducing the risk of recurrence
- boost mental wellbeing and help reduce social isolation, a risk factor for depression.

Local data on physical activity of adults is from the Active People survey now redesigned and renamed the Active Lives survey<sup>33</sup>. The new Active Lives findings are not comparable to the previous results.

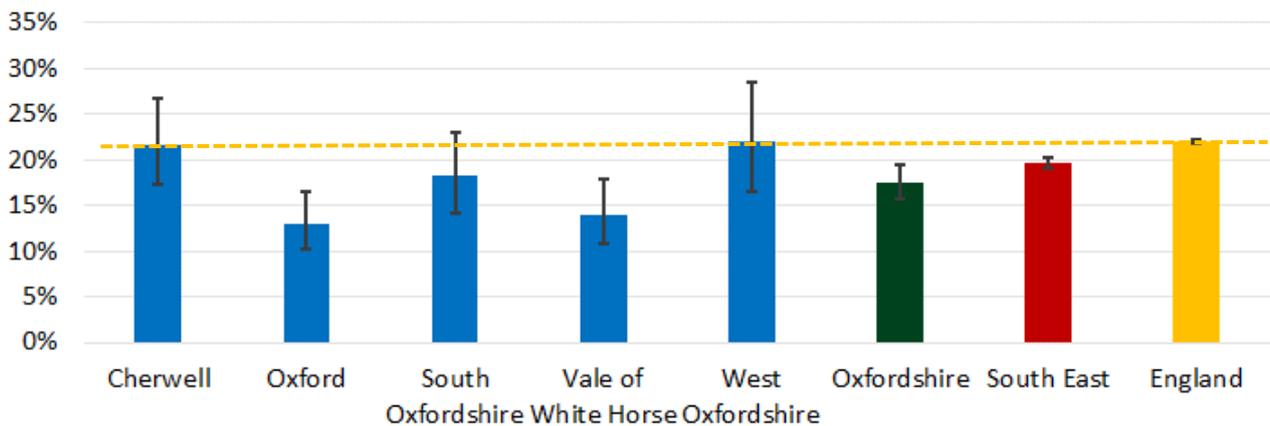
As reported by the (old) active people survey of Oct12-Oct13 and Apr15-Mar16, there was a statistically significant increase in the proportion of people participating in sport in Oxfordshire as a whole and in Oxford and the Vale of White Horse districts.

<sup>32</sup> <https://www.gov.uk/government/publications/health-matters-getting-every-adult-active-every-day/health-matters-getting-every-adult-active-every-day#the-benefits-of-physical-activity>

<sup>33</sup> <https://www.sportengland.org/research/active-lives-survey/>

Oxford and Vale of White Horse were each better than the England average on the proportion of people who were INACTIVE according to the Active Lives survey. Cherwell, South and West Oxfordshire districts were similar to the national average.

**Figure 18 Proportion of people aged 16+ INACTIVE (less than 30 minutes per week, including walking and gardening) November 15-16**



Source: Sport England Active Lives Survey;

Depending on the number of minutes of moderate intensity equivalent (MIE) physical activity, people are described as:

- Inactive – Doing less than 30 minutes a week
- Fairly active - Doing 30-149 minutes a week
- Active – Doing at least 150 minutes a week

Moderate activity is defined as activity where you raise your heart rate and feel a little out of breath.

### About the Active Lives survey

The Active Lives survey is a “push to web” survey.

It involves four postal mailouts designed to encourage participants to complete the survey online. There is also the option to take part via telephone for those whose first language is not English, and for those who may find online or paper completion difficult, for example those who are visually impaired.

The overall sample size will be around 198,250 people each year. The minimum annual sample size for each English local authority (excluding the City of London and Isles of Scilly) will be 500. Active Lives results are published every six months.

The latest findings - for the year to mid-May 2017 - were published in October 2017. Full year results covering the period mid-November 2016 to mid-November 2017 will be released March 2018.

<https://www.sportengland.org/research/active-lives-survey/method-behind-active-lives/>

## 6.4 Volunteering

*There are a range of studies highlighting health benefits of volunteering and Age UK has carried out a review of evidence on older people as volunteers<sup>34</sup> which found the most reported benefits are around physical, mental and emotional wellbeing, such as improved self-reported health, improved cognition, general mental health, increased life satisfaction, higher levels of social support and interaction, and improvements in the ability to cope with one's own illness (especially depression).*

*A recent Wildlife Trust report<sup>35</sup> found that of 139 volunteers (most who had an identified health or social need):*

- 95% of participants who were identified as having poor levels of mental health at the start, reported an improvement in 6 weeks, which increased further over 12 weeks*
- The mental wellbeing of more than two-thirds (69%) of all participants had improved after just 6 weeks.*
- Improvements were greatest for people new to volunteering with The Wildlife Trusts and those who had poor levels of mental health at the start.*
- Participants also reported significantly enhanced feelings of positivity, increased general health and pro-environmental behaviour, higher levels of physical activity and more contact with greenspace.*

NCVO defines volunteering as “any activity that involves spending time, unpaid, doing something that aims to benefit the environment or someone (individuals or groups) other than, or in addition to, close relatives. Central to this definition is the fact that volunteering must be a choice freely made by each individual.”<sup>36</sup>

The Community Life survey<sup>37</sup> is the main source of data on the extent of volunteering in England with a sample size of around 3,000. In 2016-17 just over a quarter (27%) of respondents participated in formal volunteering at least once a month, this has been at a similar level since 2001.

- Levels of volunteering have decreased between 2013-14 and 2016-17, with the proportion of adults who had engaged in any volunteering in the last 12 months falling from 70% to 63% and the proportion who had engaged once a month falling from 44% to 39% in this period. However, the proportion of adults who had engaged in formal volunteering, both annually and monthly, levelled off in 2016-17.*

There is no single source of comprehensive data on volunteering in Oxfordshire.

### Volunteering in Oxford

A November 2016 survey of voluntary groups in Oxford<sup>38</sup> had a response from 185 organisations (out of an estimated total of 900-1,000 in the city).

These organisations together employ around 13,800 volunteers equivalent to 10% of the population of the city aged 17 and over.

Organisations reported that volunteers in Oxford provide support in a variety of roles:

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<sup>34</sup> Age UK Older People as Volunteers Evidence review

<sup>35</sup> <https://www.wildlifetrusts.org/news/2017/10/02/new-report-links-volunteering-nature-better-mental-health>

<sup>36</sup> <https://www.ncvo.org.uk/policy-and-research/volunteering-policy>

<sup>37</sup> <https://www.gov.uk/government/collections/community-life-survey>

<sup>38</sup> Oxford City Council Volunteering Research Project November 2016 carried out with support from OCVA, Community Action Groups and the Oxford Hub

- The majority (75%) support frontline services. This may include mentors, helpers, befrienders, sports coaches, gardeners, cooks, tutors.
- 14% provide additional capacity by supporting back office functions, including communications, fundraising, volunteer recruitment.
- A small but significant number of volunteers (11%) provide governance support by contributing to trustee boards, steering committees or as school governors.

### Volunteering in South Oxfordshire and Vale of White Horse

South Oxfordshire and Vale of White Horse District Councils carry out residents' surveys every 2 years which include questions on volunteering<sup>39</sup>.

The most recent surveys found that the proportion of people, aged over 16, who had undertaken unpaid voluntary work in the past 12 months was:

- South Oxfordshire 29%
- Vale of White Horse 19%

The top reasons residents of South and Vale gave for not volunteering were work commitments and having to look after children/the home. There was a substantial minority (8% in South and 12% in Vale) who had not thought about volunteering, indicating a potential to increase the number of active volunteers.

**Table 10 Reasons why residents have not been involved in unpaid voluntary work in the last 12 months (2015-16)**

	South Oxfordshire		Vale of White Horse	
	count	percent	count	percent
I have work commitments	378	39%	385	36%
I have to look after children/the home	177	18%	179	17%
I have other things to do in my spare time	124	13%	171	16%
I've never thought about it	73	8%	131	12%
I'm too old	93	10%	82	8%
Other	124	13%	117	11%
TOTAL	969	100%	1065	100%

Source: South Oxfordshire residents' survey 2015-16 and Vale of White Horse residents' survey 2015-16; note this survey is carried out once every two years so this is still the most recent data

<sup>39</sup> South Oxfordshire Residents' survey 2015/16

[http://www.southoxon.gov.uk/ccm/support/dynamic\\_serve.jsp?ID=535687607&CODE=7B6EA465A82E8B9DCED66CCE97292BF8](http://www.southoxon.gov.uk/ccm/support/dynamic_serve.jsp?ID=535687607&CODE=7B6EA465A82E8B9DCED66CCE97292BF8)

Vale of White Horse Residents' Survey 2015/16

[http://www.whitehorsedc.gov.uk/java/support/dynamic\\_serve.jsp?ID=535688632&CODE=60FA7EC1248E352E99E300CB94B818DA](http://www.whitehorsedc.gov.uk/java/support/dynamic_serve.jsp?ID=535688632&CODE=60FA7EC1248E352E99E300CB94B818DA)

## 6.5 Smoking

According to NHS Choices<sup>40</sup>, when people stop smoking, studies show:

- anxiety, depression and stress levels are lower.
- quality of life and positive mood improve.
- the dosage of some medicines used to treat mental health problems can be reduced.

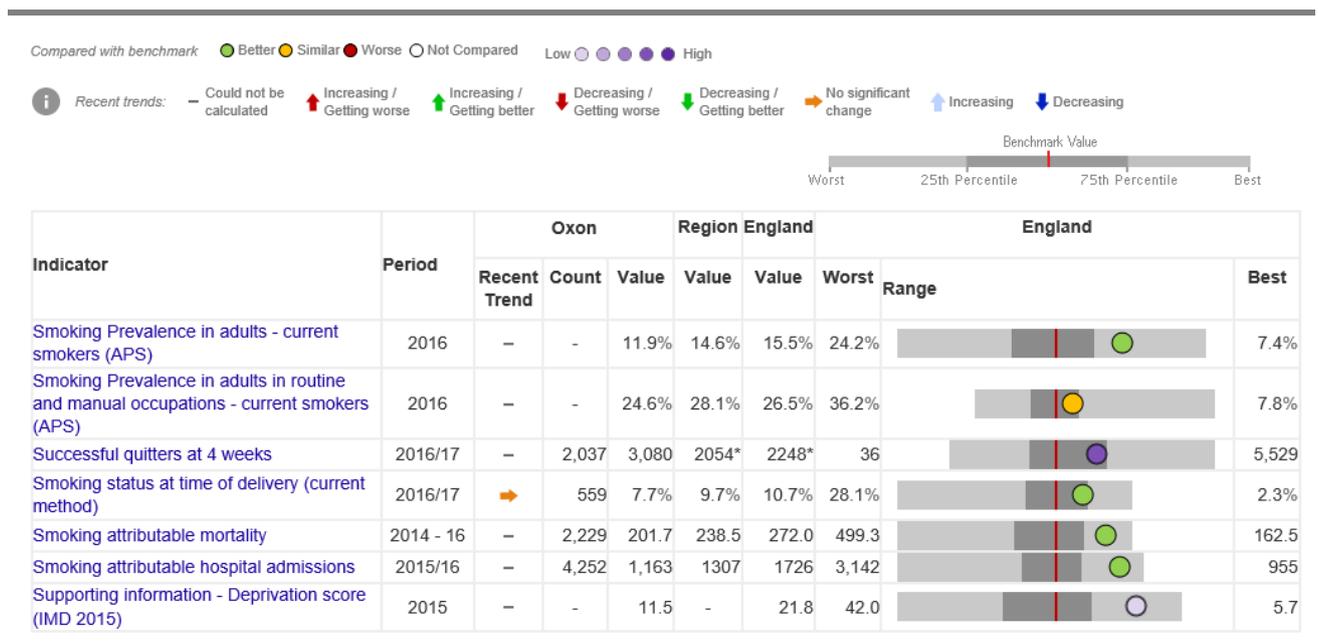
Health survey for England data for 2016 shows a national decline in proportion of adults smoking.

- Since 1993 there has been a steady decline in the proportion of men and women who were current smokers, from 28% to 20% in 2016 among men, and from 26% to 16% among women.

In 2016 an estimated **11.9%** of adults in Oxfordshire were smokers (down from 15.5% in 2015), statistically lower than the England average. Smoking prevalence in all of Oxfordshire’s districts was either below or similar to national and regional averages.

Smoking prevalence in adults in routine and manual occupations was estimated at 24.5% in Oxfordshire, over double the rate of all adults and similar to the national average.

**Figure 19 Local tobacco profile for Oxfordshire**



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

The Health survey for England 2015 reported on use of e-cigarettes which may help smokers quit or reduced tobacco consumption. This was not included in the latest Health survey 2016.

- In 2015, 5% of adults were currently using e-cigarettes. This is a small increase from HSE2013, when 3% of adults were e-cigarette users.

<sup>40</sup> <https://www.nhs.uk/Livewell/smoking/Pages/stopping-smoking-benefits-mental-health.aspx>

- The prevalence of ever having used e-cigarettes was much higher among current smokers (40%). Only 1% of those who had never smoked had ever used an e-cigarette.

### Smoking in pregnancy

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 (2016-17) shows that smoking at time of delivery in Oxfordshire was 7.7%, remaining at a similar level since 2010-11. This continues to be lower than England (10.7%) but indicates there are nearly 560 women smoking during pregnancy.

## 6.6 Alcohol and drugs

*Adults and young people who have a severe mental illness and misuse substances are among the most vulnerable in society and experience some of the worst health, wellbeing and social outcomes<sup>41</sup>.*

### Alcohol – costs and national trend

According to the December 2016 *Public health burden of alcohol: evidence review*<sup>42</sup> there are three major categories of alcohol-related health, social and economic costs:

- the direct economic costs of alcohol consumption, for example, costs to health and social care, the police and criminal justice system and the unemployment and welfare systems.
- the indirect costs of alcohol consumption, for example, lost productivity due to absenteeism, unemployment, decreased output, reduced earnings potential and lost working years due to premature pension or death.
- the intangible costs of alcohol consumption, for example, costs assigned to pain and suffering, poor quality of life, or costs from money spent on alcohol in families where the money is needed for other things.

Over half (55%) of all admissions for mental and behavioural disorders due to alcohol use were in the lowest three socioeconomic deciles, and these three groups also accounted for 53% of all admissions for alcoholic liver disease, 53% of all admissions for intentional injuries and 51% of all admissions for alcohol-related complications in pregnancy and childbirth.

According to the 2016 Health survey for England, alcohol consumption in general has been declining in children.

- There has been no statistically significant change in weekly alcohol consumption since 2011. In 2016, average consumption was 16.0 units per week for men and 9.1 units for women.
- The proportion of children aged 8 to 15 reporting ever having had a proper alcoholic drink (a whole drink, not just a sip) fell from 45% in 2003 to 15% in 2016.

### Alcohol and health in Oxfordshire

Data on hospital admissions for alcohol-related conditions in Oxfordshire shows that:

- Overall males continue to have higher rates than females for alcohol-related admission episodes.

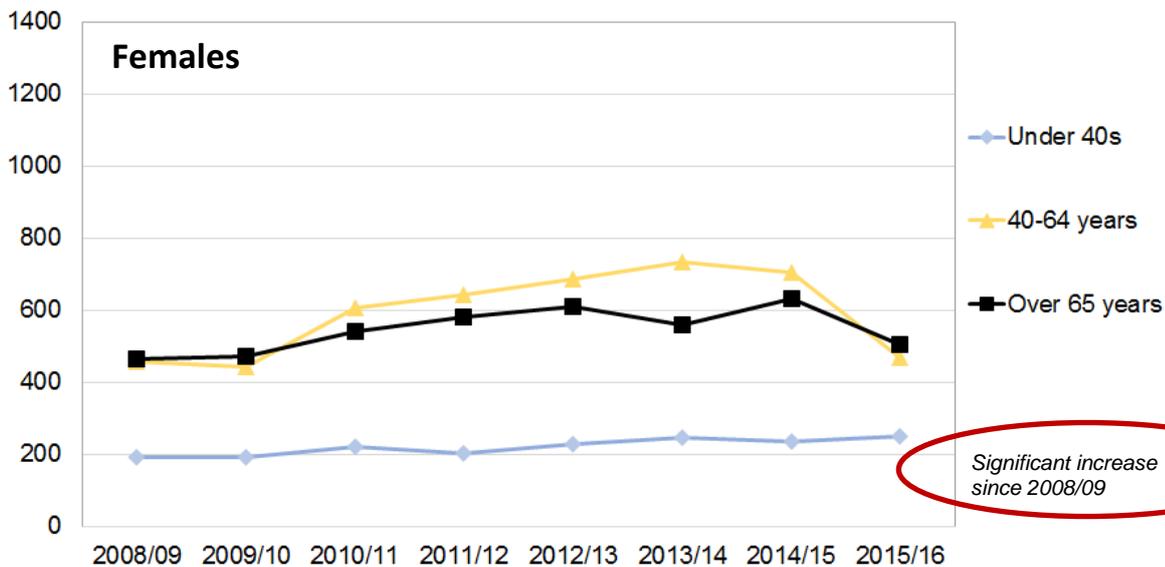
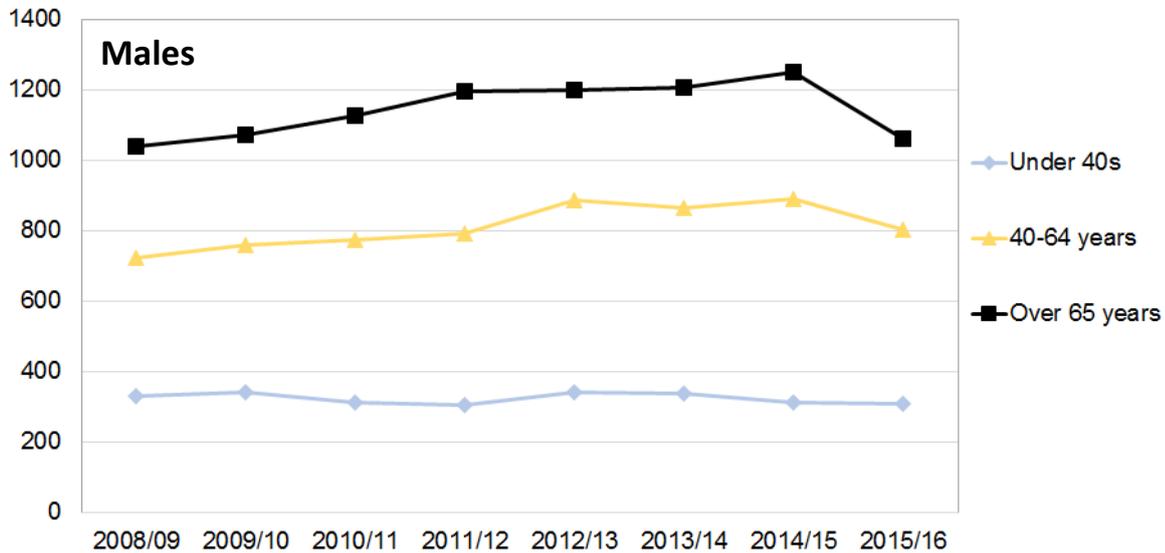
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<sup>41</sup> Severe mental illness and substance use (dual diagnosis), review of evidence for NICE

<sup>42</sup> <https://www.gov.uk/government/publications/the-public-health-burden-of-alcohol-evidence-review>

- Between 2008/09 and 2015/16 there no statistically significant change in the rate of admissions for alcohol-related conditions in Oxfordshire, with the exception of younger females (aged below 40) where the rate increased.

**Figure 20 Admission episodes for alcohol-related conditions (narrow), directly standardised rate per 100,000 people, Oxfordshire males and females by age**

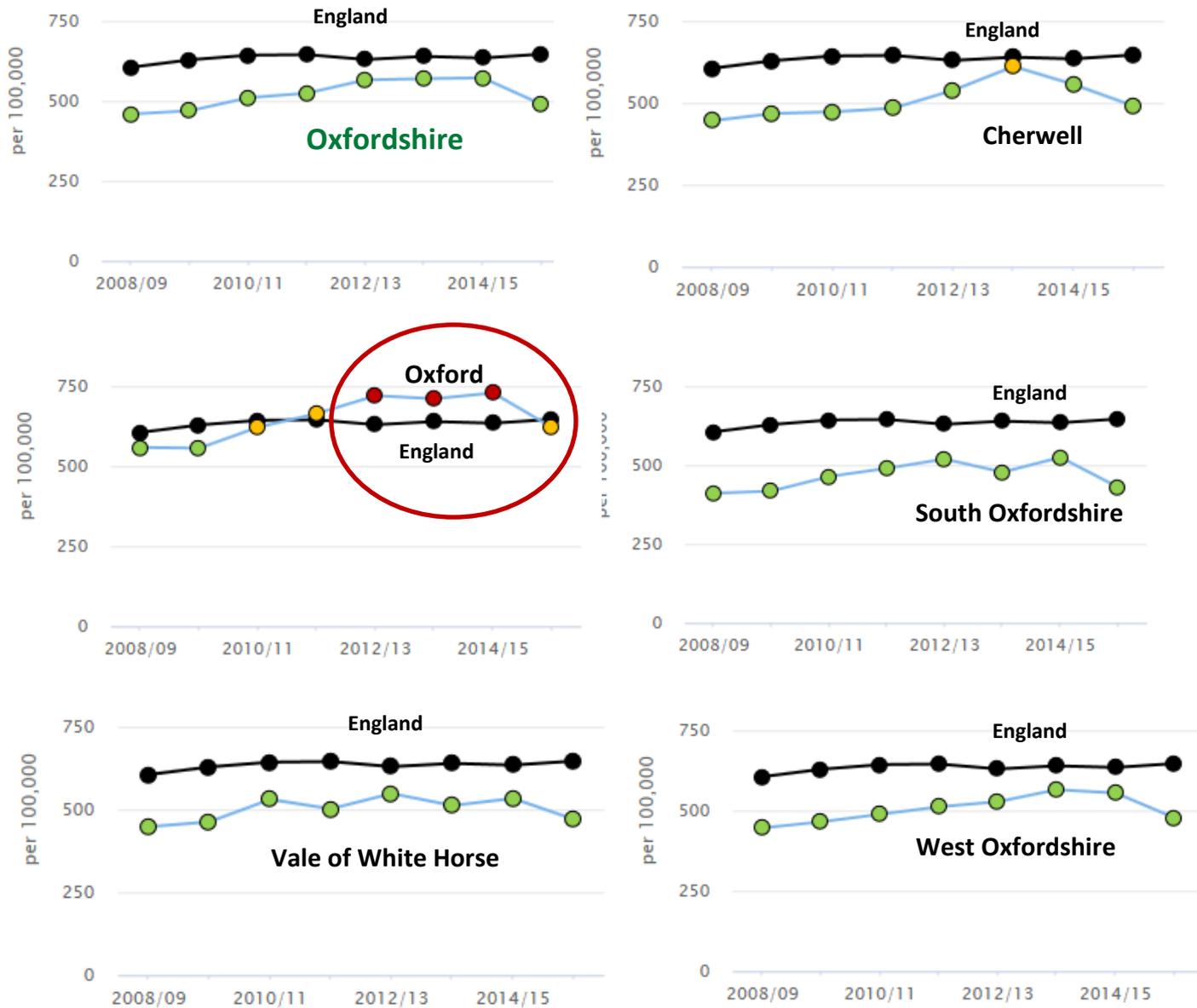


Definition: Admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable external cause code. Source: Public Health England Local Alcohol Profiles from Hospital Episode statistics and ONS population estimates.

Admission episodes for alcohol-related conditions in Oxford declined between 2014-15 and 2015-16, and is now similar to the national average.

Admissions for alcohol-related conditions was better than average in other districts in Oxfordshire.

**Figure 21 Admission episodes for alcohol-related conditions (narrow), directly standardised rate per 100,000 people**



Source: Public Health England Alcohol Profiles from Hospital Episode statistics and ONS population estimates

At a ward level, data for 2011-12 to 2015-16 shows 6 wards in Oxfordshire with a significantly higher rate of hospital admissions for alcohol attributable conditions, all in Oxford city.

See JSNA 2018 ANNEX: *Health Inequalities Basket of Indicators* for differences in admissions for alcohol attributable conditions across Oxfordshire

### Alcohol-related deaths

Nationally the rate of alcohol-related deaths (deaths caused by diseases known to be related to alcohol consumption, such as cirrhosis of the liver) per 100,000 population (age standardised) for males and females has declined since the peak in 2008<sup>43</sup>.

In recent years, for people in the UK, rates of alcohol-related deaths have remained at a similar level, with no statistical differences in the all person rate since 2012.

In 2016 there was a total of 224 alcohol-related deaths in Oxfordshire<sup>44</sup>, the largest number was in Cherwell (55) followed by Oxford (51), South Oxfordshire (47), Vale of White Horse (39) and West Oxfordshire (32).

In Oxfordshire, the rates of alcohol-specific and alcohol-related deaths were each statistically better than the national average. Districts in Oxfordshire were similar to or better than average.

### Drug use and mental health

Cannabis is one of the most commonly used drugs in England, used by about 1 in 20 adults<sup>45</sup>.

### Drugs and health in Oxfordshire

Local data on the health impact of drug use is limited.

Police recorded crime data from Thames Valley Police<sup>46</sup> shows between 2015-16 and 2016-17 (Dec to Nov) there was a decline in the number of "possession of drugs" crimes in each reporting area of Oxfordshire (Cherwell & West, Oxford, South & Vale).

The rate of possession of drugs crimes per 1,000 population (Dec16 to Nov17) was below the Thames Valley (1.52) average in Cherwell & West (1.29) and in South & Vale (0.88) and above average in Oxford (2.28).

### Drugs-related deaths

Combined data from 2014 to 2016 gives a total of 53 drugs related deaths in Oxfordshire, half of which were in Oxford.

<sup>43</sup>

<https://www.ons.gov.uk/peoplepopulationandcommunity/healthandsocialcare/causesofdeath/bulletins/alcoholrelateddeathsintheunitedkingdom/registeredin2015>

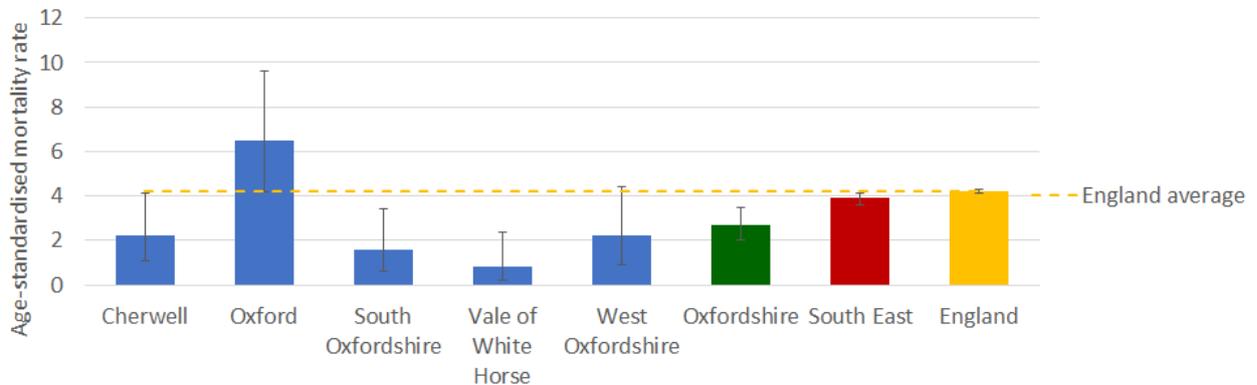
<sup>44</sup>Public Health England Local Alcohol Profiles

<sup>45</sup> Royal College of Psychiatrists College Report CR158 .Self-harm, suicide and risk: helping people who self-harm. London: 2010. *From Rethink Mental Illness, drugs, alcohol and mental health.*

<sup>46</sup> Source: [Performance Figures 2016-17](#), Thames Valley Police

The rate of deaths from drug misuse (not including alcohol and tobacco) was statistically below the national average in Oxfordshire, South Oxfordshire and Vale of White Horse.

**Figure 22 Age-standardised mortality rate for deaths related to drug misuse, persons (2014-16)**



Source: ONS, [Drug misuse deaths by Local Authority](#) released August 2017

#### About Deaths related to drug misuse: description and ICD-10 Codes

- Mental and behavioural disorders due to drug use (excluding alcohol and tobacco) F11–F16, F18–F19
- Accidental poisoning by drugs, medicaments and biological substances X40–X44
- Intentional self-poisoning by drugs, medicaments and biological substances X60–X64
- Assault by drugs, medicaments and biological substances X85
- Poisoning by drugs, medicaments and biological substances, undetermined intent Y10–Y14

## 6.7 Adults with learning disabilities

At the end of March 2017, Oxfordshire County Council's adult social care service was supporting 1,668 adults with learning difficulties of which 254 were supported in a care home.

Of the group of learning disabled adults supported by social care services:

- 65% were aged under 50. 19% were aged 50 to 59.
- Over half were males (57%)
- 93% were white British

## 7 Maternity, children and young people

### 7.1 Pregnancy and maternity

#### Perinatal mental health and mental health in the postnatal period

*Women who have a history of mental health problems before becoming pregnant are at increased risk of certain mental health conditions during pregnancy and the year after childbirth.*

Public Health England have estimated the number of women in Oxfordshire expected to have certain mental health problems in pregnancy and the postnatal period<sup>47</sup>.

- These estimates are based on national estimates of these conditions and local delivery figures only, and have been rounded up to the nearest five. They do not take into account socioeconomic factors or anything else which is likely to cause local variation. We are not aware of any data or research on exactly how maternal mental health differs by socioeconomic status that would allow us to take this into account in our estimates but appreciate that this would be useful if possible in the future.
- Adding all these estimates together will not give you an overall estimate of the number of women with antenatal or postnatal mental health conditions in your area, as some women will have more than one of these conditions. It is believed that overall between 10% and 20% of women are affected by mental health problems at some point during pregnancy or the first year after childbirth.

In Oxfordshire, where 7,278<sup>48</sup> women gave birth in 2015/16:

- Estimated number of women with postpartum psychosis: 15
- Estimated number of women with chronic SMI: 15
- Estimated number of women with severe depressive illness: 220
- Estimated number of women with mild-moderate depressive illness and anxiety (lower estimate): 730
- Estimated number of women with mild-moderate depressive illness and anxiety (upper estimate): 1,095
- Estimated number of women with PTSD: 220
- Estimated number of women with adjustment disorders and distress (lower estimate): 1,095
- Estimated number of women with adjustment disorders and distress (upper estimate): 2,185

#### Births by age of mother

In 2016 (calendar year) there were **7,757** live births to mothers living in Oxfordshire, slightly below 2015 (7,893). Oxfordshire had a higher proportion of births to older mothers than the national average.

- 62% of births in Oxfordshire in 2016 were to mothers aged 30 and over (61% in 2015). The proportion of births to mothers aged 30+ in England was 54%.
- The proportion of births to mothers aged 30+ was highest in South Oxfordshire district (65%) and lowest in Cherwell and West Oxfordshire districts (60%).

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<sup>47</sup> Mental health in pregnancy, the postnatal period and babies and toddlers Oxfordshire, Public Health England

<sup>48</sup> Source of deliveries: Hospital Episode Statistics, NHS Digital.

## Births by mother's country of birth

In 2016, 71% of births to residents of Oxfordshire were to mothers born within the UK, the same as the national average (71%).

In Oxford this proportion was 49% with 17% of births in the city from mothers born in Europe, followed by 18% to mothers born in Middle East and Asia.

**Table 11 Births by mother's country of birth (2016)**

	within UK		EU incl. 'New EU'*		New EU*		Rest of Europe (non EU)		Middle East and Asia		Africa		Rest of World	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Cherwell	1,328	72%	249	14%	179	10%	28	2%	114	6%	56	3%	61	3%
Oxford	894	49%	315	17%	165	9%	57	3%	325	18%	102	6%	118	7%
South Oxon	1,229	80%	159	10%	105	7%	14	1%	51	3%	43	3%	44	3%
Vale of WH	1,098	76%	139	10%	77	5%	9	1%	86	6%	56	4%	48	3%
West Oxon	959	85%	102	9%	66	6%	7	1%	24	2%	20	2%	22	2%
<b>Oxfordshire</b>	<b>5,508</b>	<b>71%</b>	<b>964</b>	<b>12%</b>	<b>592</b>	<b>8%</b>	<b>115</b>	<b>1%</b>	<b>600</b>	<b>8%</b>	<b>277</b>	<b>4%</b>	<b>293</b>	<b>4%</b>
<i>England</i>		<i>71%</i>		<i>11%</i>		<i>8%</i>		<i>1%</i>		<i>10%</i>		<i>5%</i>		<i>2%</i>

Source: ONS live births by parent's country of birth; \*The 'New EU' constitutes the countries which joined the European Union (EU) between 2004 and 2016.

## Low birth weight babies

*Low birth weight is a major cause of infant mortality in the UK and has an influence on future adult health status.*

Risk factors for low birth weight include:

- Socio economic status
- Genetics
- The health of the mother, particularly during the pregnancy including maternal smoking, substance misuse, nutritional status and maternal weight
- Ethnicity
- Environmental factors
- Mother's age – mothers under 20 are more likely to have a baby with low birth weight
- Multiple pregnancy

In 2015, there was a rate of 6.2% live and still births with birth weights under 2500 grams in Oxfordshire compared with 7.4% nationally<sup>49</sup>.

Between 1998 and 2015, Oxfordshire had a significantly lower percentage of low birth weight infants than England over most of this time period.

Data for Oxfordshire has had a higher proportion of low birth weight babies than South East region for some years during this time period. However, the differences are not statistically significant.

<sup>49</sup> NHS Digital Indicator Portal, <https://indicators.hscic.gov.uk/webview/>

## Breastfeeding

*Breastfeeding has been found to give a baby the best possible nutrition, and protect against disease and future obesity, as well as encouraging a strong bond between mother and baby.*

As of 2014-15<sup>50</sup> **82%** of mothers in Oxfordshire initiated breastfeeding. This rate is similar to the previous year and is significantly higher than the England average (74.3%) and that for the South East (78.0%).

Data for 2015-16<sup>6</sup> shows that, at 6-8 weeks after birth, **60%** of mothers in Oxfordshire were breastfeeding, this was well above the national average of 43%.

## Teenage conceptions

The latest Office for National Statistics data shows a continued decline in the number of conceptions to women aged under 18 regionally and nationally.

In Oxfordshire, there was a slight increase in the number and rate although much lower than it had been in previous years and remaining below the national average. In 2015 there was a total of 148 conceptions to women aged under 18 in Oxfordshire, below the number in 2014 (190).

**Table 12 Number and rate (per 1,000) of conceptions to women aged under 18**

	2014		2015		change
	Number	Rate	Number	Rate	
Cherwell	55	20.6	37	13.9	↓
Oxford	54	23.7	38	17.2	↓
South Oxfordshire	26	10.8	29	12.2	↑
Vale of White Horse	38	18	20	9.4	↓
West Oxfordshire	17	9.2	24	13.0	↑
<b>Oxfordshire</b>	<b>190</b>	<b>16.8</b>	<b>148</b>	<b>13.2</b>	<b>↓</b>
South East		18.8		17.1	↓
England		22.8		20.8	↓

Source: ONS conception statistics (released March 2017)

<sup>50</sup> Public Health England, Public Health Outcomes indicators

## 7.2 Child mental health and wellbeing

*The majority of adult mental health problems begin in childhood, with 50 per cent of adult mental health problems (excluding dementia) start before the age of 15, and 75 per cent start before the age of 18.<sup>51</sup>*

There remains limited data on mental health of children and young people.

The last Office for National Statistics prevalence survey on children and young people's mental health was published in 2004. It found that one in ten children and young people aged 5-16 had a clinically diagnosed mental disorder<sup>52</sup>.

A new survey has been commissioned and the publication of its results are expected in 2018.

According to the Public Health England report on Promoting children and young people's emotional health and wellbeing, in an average class of 30 15-year-old pupils<sup>53</sup>:

- three could have a mental disorder
- ten are likely to have witnessed their parents separate
- one could have experienced the death of a parent
- seven are likely to have been bullied
- six may be self-harming

The 2015 Health Survey for England<sup>54</sup> was the latest health survey to report on child wellbeing and found that:

- The majority of 13 to 15 year olds had high or very high scores on the ONS measures of life satisfaction (81%), feeling that the things they did were worthwhile (78%) and feeling happy yesterday (74%). More than half, 61%, also reported low or very low ratings for feeling anxious yesterday.
- The ONS measures showed some variation by age and sex, but these were not consistent. In general, older children and girls recorded lower levels of well-being than younger children and boys.
- Well-being was associated with whether or not 13 to 15 year olds had ever smoked or ever drunk alcohol. Children who had never smoked reported higher levels of well-being than those who had ever done so. Similarly, children who had not drunk alcohol reported higher levels of well-being than those who had drunk alcohol.

### Smoking among children

Health survey for England data for 2016 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 6% of boys and 3% of girls in 2016.

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<sup>51</sup> House of Commons research briefing Children and young people's mental health – policy, CAMHS services, funding and education December 2017

<https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-7196>

<sup>52</sup> <http://digital.nhs.uk/catalogue/PUB06116>

<sup>53</sup> Lavis, P. (2015). Promoting children and young people's emotional health and wellbeing: A whole school and college approach. London: Public Health England

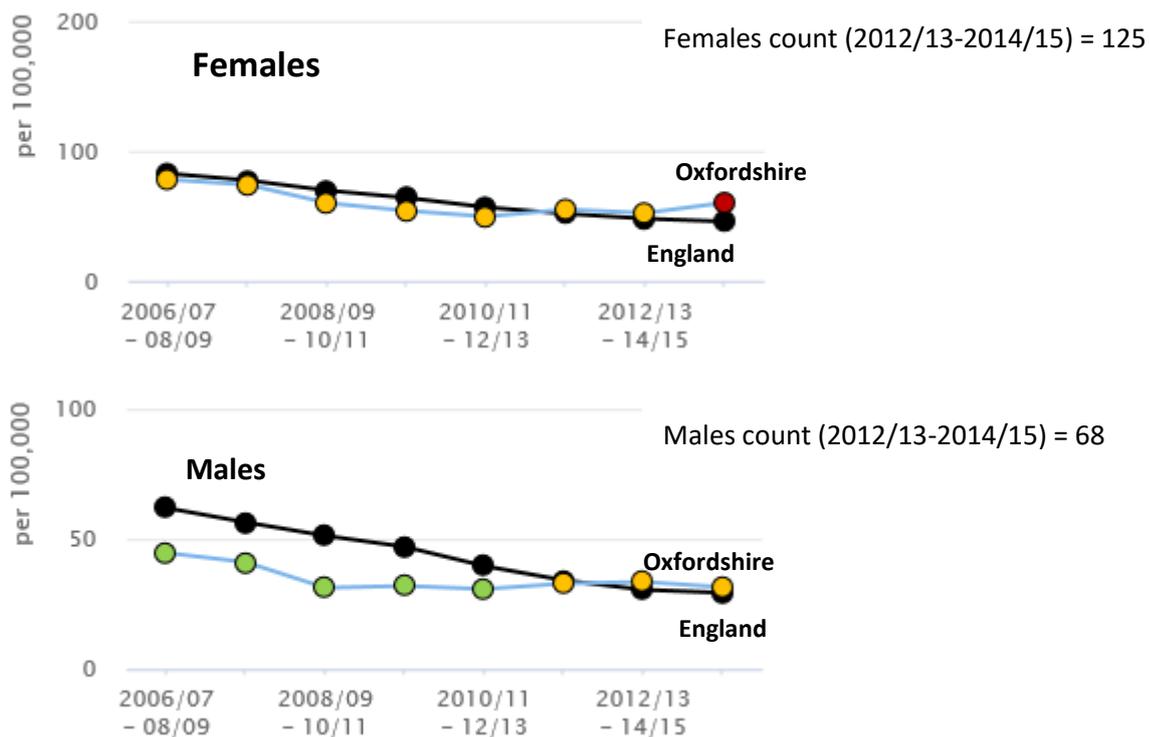
<sup>54</sup> <http://www.content.digital.nhs.uk/catalogue/PUB22610>

## Alcohol admissions in under 18s

The number of under 18s in Oxfordshire admitted to hospital for alcohol-specific conditions in the three-year period 2012/13 to 2014/15 was 193.

The rate of hospital admissions for alcohol-specific conditions in females under 18 in Oxfordshire increased in the latest data (2012/13-2014/15) to statistically above the national average. The rate for males under 18 in Oxfordshire was similar to average.

**Figure 23 Hospital admissions for alcohol-specific conditions, under 18s, crude rate per 100,000 population, Oxfordshire**



Source: Public Health England Alcohol Profiles from Hospital Episode statistics and ONS population estimates

Young people who use cannabis regularly are 6 times more likely to be diagnosed with schizophrenia than young people who have not used it<sup>55</sup>. The risk of psychosis is higher if the user has:

- used cannabis from a young age,
- used it for a long time, or
- used high-strength cannabis, like skunk.

<sup>55</sup> Casadio et al. Cannabis use in young people. The risk for schizophrenia. *Neuroscience and Biobehavioral Reviews*, 2011, vol 35, p1779-1787. *From Rethink Mental Illness, drugs, alcohol and mental health.*

## 7.3 Excess weight in children

*Obesity is not a psychological disorder, but some researchers and clinicians argue that it should be considered a mental or behavioural issue*<sup>56</sup>

Data in this section is from the National Child Measurement Programme. The latest data are for 2016-17.

### About the National Child Measurement Programme

The National Child Measurement Programme (NCMP) is operated jointly by the Department of Health (DH) and Department for Education (DfE). It was first established in 2007. Children in Reception Year and Year 6 are weighed and measured during every school year.

NCMP produces a national report which provides high-level analysis of the prevalence of 'underweight', 'healthy weight', 'overweight' and 'obese' children. Prevalence of 'severe obesity' has been added for the year 2016-17.

Some schools/pupils choose to opt out of the programme. In 2016-17 the participation rate in reception year for England was 95.8%. For Oxfordshire, the participation rate was 96.7% which is higher than in previous years (e.g. in 2010-11 it was 92.9%). In Year 6 the participation rate was 94.2% in England and 94.2% in Oxfordshire.

The high participation rate and large sample size means that 95% confidence intervals for prevalence estimates at national level are very narrow (indicating a small margin of potential error).

Note that improvements in data quality over time can affect prevalence figures. This should be considered when making comparisons over time as it may partly explain any observed changes; both significant and non-significant. <http://content.digital.nhs.uk/ncmp>

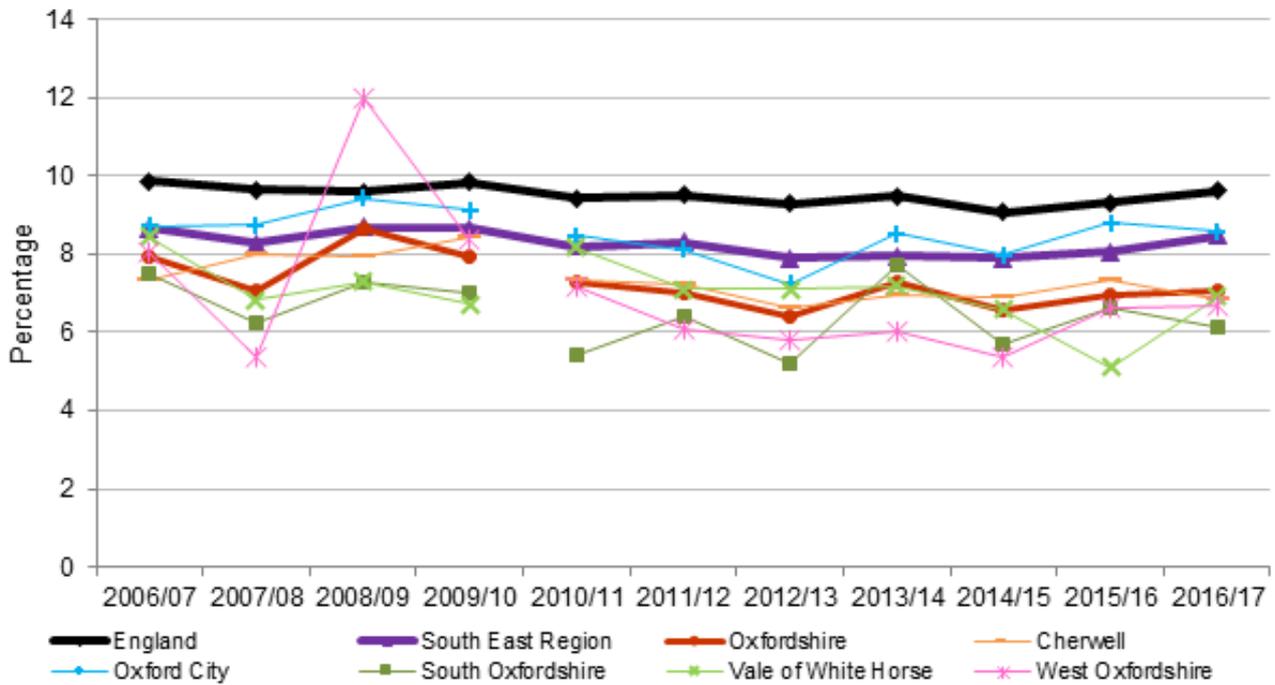
As of 2016-17, around 1,460 (20%) reception children, aged 4 or 5, in Oxfordshire were overweight or obese. In year 6, aged 10 or 11, there were around 1,910 children overweight or obese and the proportion was higher at 30%.

Between 2015-16 and 2016-17, the prevalence of obesity in Oxfordshire did not change in reception year and increased in year 6.

- In reception obesity remained at 7%, and in year 6 increased from 16% to 16.9%.
- The change in obesity in Oxfordshire's districts varied, with some increasing and some reducing:
  - In Cherwell, obesity in reception aged children decreased from 7.3% to 6.9% and Year 6 increased from 17.4% to 18.8%;
  - In Oxford, obesity in reception decreased slightly from 8.8% to 8.6% and Year 6 increased from 20.2% to 21.3%;
  - For South Oxfordshire, there has been a decrease in reception aged children from 6.6% to 6.1% and an increase in Year 6 children from 11.8% to 12.9%;
  - In Vale of White Horse there has been an increase in reception and Year 6 children (reception rose from 5.1% to 6.9% and Year 6 from 14.5% to 16%);
  - For West Oxfordshire, reception year remained at 6.7% and Year 6 prevalence decreased from 15.6% to 14.7%.

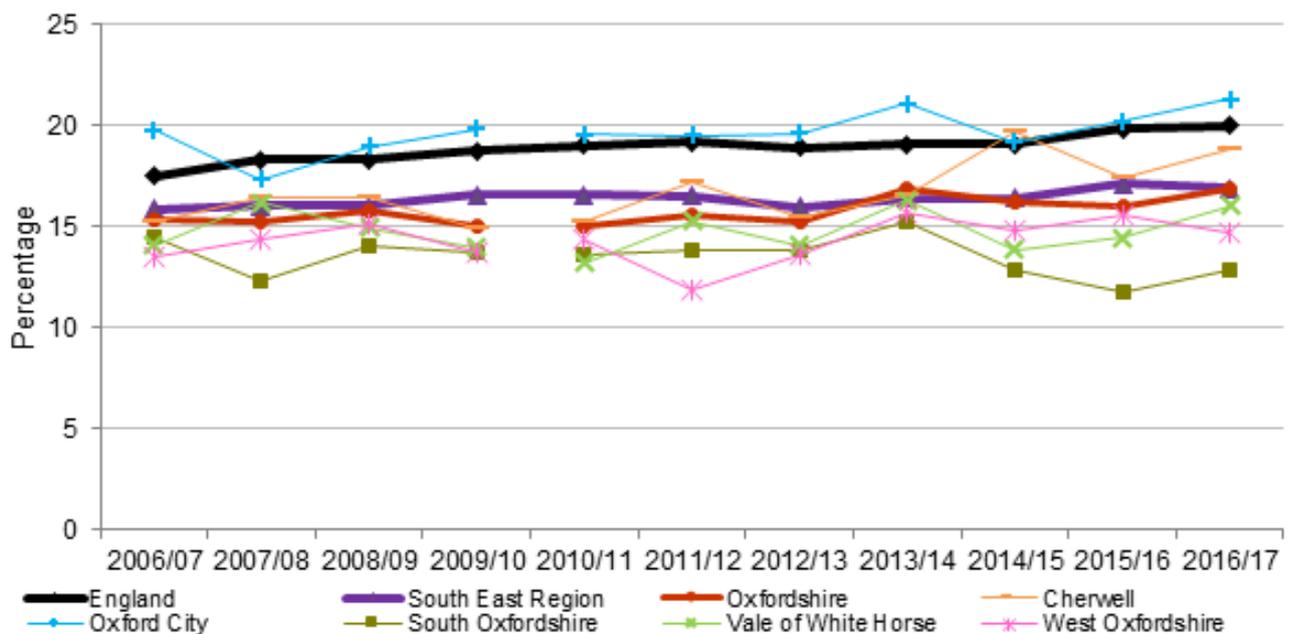
<sup>56</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3388583/>

Figure 24 Percentage of children in Reception Year (aged 4-5 years) who are obese - 2006-07 to 2016-17 (academic years)



Source: National Child Measurement Programme (via NHS Digital)

Figure 25 Percentage of Year 6 children (ages 10-11 years) who are obese - 2006-07 to 2016-17 (academic years)



Source: National Child Measurement Programme (via NHS Digital)

In the 2016/17 academic year, a measure of prevalence of **severe obesity** was introduced.

In Oxfordshire, around 110 (1.4%) reception year children were severely obese. In year 6, around 220 (3.4%) children were severely obese. Levels were highest in Oxford City where 2.7% children in reception year and 4.8% children in Year 6 were severely obese.

## 7.4 Physical activity of children

The Health survey for England collects data on children's physical activity, but not every year. This section is based on data collected in 2015 and earlier years.

Excluding school-based activities, 22% of children aged 5 to 15 in the Health survey for England 2015 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

### About the Health Survey for England

The Health Survey for England is a series of annual surveys designed to measure health and health-related behaviours in adults and children living in private households in England.

The survey consists of an interview and nurse visit. It has a series of core elements that are included every year or alternate years, and special topics that are included in selected years.

Every year topics include general health, social care, smoking, drinking, height measurements, blood pressure measurements, adult blood samples and child saliva samples.

<https://www.gov.uk/government/statistics/health-survey-for-england-2016-findings-and-trend-tables>

## 7.5 Income Deprivation Affecting Children

*There is a wide variety of evidence to show that children who live in poverty are exposed to a range of risks that can have a serious impact on their mental health, including debt, poor housing, and low income.<sup>57</sup>*

According to the Income Deprivation Affecting Children supplementary index<sup>58</sup>, **14,000** children in Oxfordshire were affected by income deprivation, 81% of whom were living in urban areas and 19% in rural Oxfordshire.

<sup>57</sup> <https://www.childrensociety.org.uk/what-we-do/resources-and-publications/poor-mental-health-the-links-between-child-poverty-and-mental>

<sup>58</sup> The Income Deprivation Affecting Children Index is the proportion of all children aged 0 to 15 living in income deprived families. Income deprived families are defined as families that either receive Income Support or income-based Jobseekers Allowance or income-based Employment and Support Allowance or Pension Credit (Guarantee) or families not in receipt of these benefits but in receipt of Working Tax Credit or Child Tax Credit with an equivalised income (excluding housing benefit) below 60 per cent of the national median before housing costs.

Oxford city had the highest rate, with 20% of the population aged 0-15 counted as income deprived.

**Table 13 Income deprivation affecting children aged 0-15 (from IMD 2015) – rural vs urban by district**

	Rural		Urban		Total	
	count	% of population	count	% of population	count	% of population
Cherwell	475	5.9%	2,775	13.5%	3,250	11.4%
Oxford	15	4.6%	5,110	19.8%	5,125	19.7%
South Oxfordshire	715	5.7%	1,220	9.0%	1,935	7.4%
Vale of White Horse	680	7.1%	1,365	9.9%	2,045	8.8%
West Oxfordshire	735	6.8%	915	10.0%	1,650	8.3%
<b>Oxfordshire</b>	<b>2,620</b>	<b>6.4%</b>	<b>11,385</b>	<b>13.7%</b>	<b>14,005</b>	<b>11.3%</b>
<i>% of Oxfordshire</i>	<i>19%</i>		<i>81%</i>		<i>100%</i>	

Source: CLG IMD 2015, underlying indicators, analysis by Oxfordshire County Council; indicators as of 2012

## Child Poverty

According to HM Revenue and Customs data on children in low income, between 2013 and 2014, the proportion of children aged 0-15 in poverty in Oxfordshire increased slightly (from 11.1% to 11.6%), remaining below the national average (20.1%).

The Oxfordshire district with the highest rate of children in poverty was Oxford (19.2%) and the lowest was South Oxfordshire (8.3%).

**Table 14 Children aged 0-15 in low income families 2013 and 2014 (snapshot as of 31 August)**

	31 Aug 2013	31 Aug 2014	Percentage point change
Cherwell	10.8%	11.4%	0.60pp
Oxford	19.5%	19.2%	-0.30pp
South Oxfordshire	7.7%	8.3%	0.60pp
Vale of White Horse	8.9%	9.4%	0.50pp
West Oxfordshire	8.0%	9.0%	1.00pp
<b>Oxfordshire</b>	<b>11.1%</b>	<b>11.6%</b>	<b>0.50pp</b>
England	18.6%	20.1%	1.50pp

Source: HM Revenue and Customs (released Sept 2016)

### Children in "Poverty"

Children in "Poverty" is defined as the number of children living in families in receipt of Child Tax Credit whose reported income is less than 60 per cent of the median income or in receipt of Income Support or (Income-Based) Job Seeker Allowance, divided by the total number of children in the area (determined by Child Benefit data)

For more information and definitions please refer to the technical note available at:

<https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure>

Latest release:

<https://www.gov.uk/government/statistics/personal-tax-credits-children-in-low-income-families-local-measure-2014-snapshot-as-at-31-august-2014-30-september-2016>

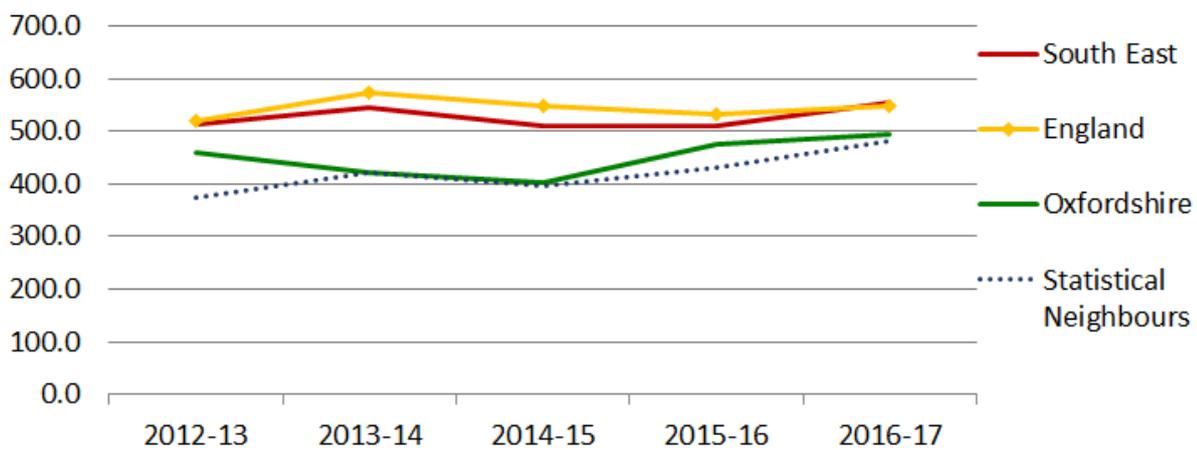
## 7.6 Children's social care

### Referrals

As of the end of March 2017 there were **7,066** referrals to child social care in Oxfordshire related to **6,429** children.

The rate of referrals in Oxfordshire (per 10,000 children aged 0-17) is below the national and regional averages. The number of referrals has increased for the past 2 years and remains above the rate of similar authorities.

**Figure 26 Rates of referrals to Children’s Social Care (as at 31 March each year) per 10,000 children aged 0-17**



Source: Department for Education

Around one third of referrals (34%) in Oxfordshire were from the police, above the England average of 27.5%.

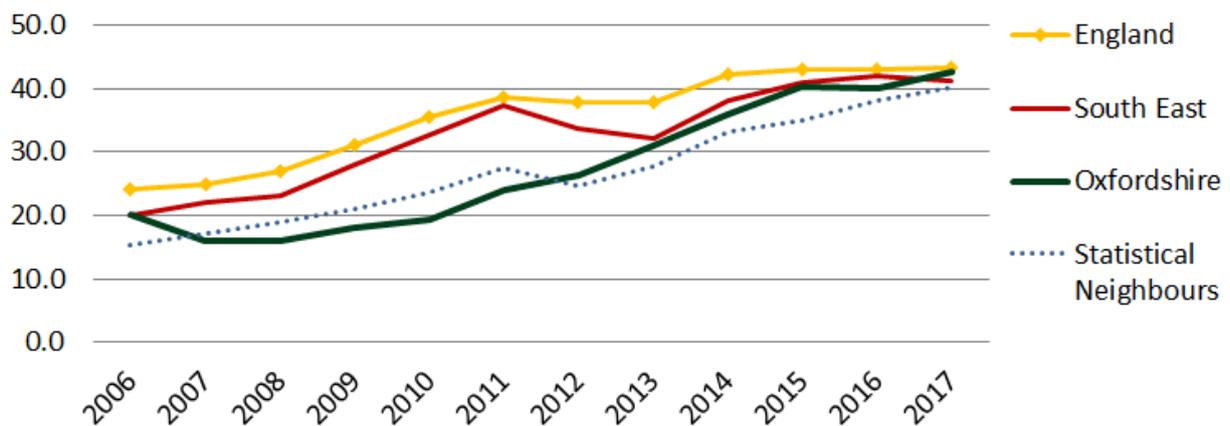
Just over one fifth (22%) of referrals in Oxfordshire were from schools, also above the England average (20%).

### Child Protection Plans

As of the end of March 2017 there were **609** children in Oxfordshire who were the subject of a child protection plan, up from 571 in March 2016. In two thirds of cases (66%) this was because of neglect rather than physical or emotional abuse.

Overall, the rate of children on protection plans has tended to be lower locally than nationally. However, the number of children on protection plans in Oxfordshire has been rising in recent years, and the rate is now above the South East average and just below the national average.

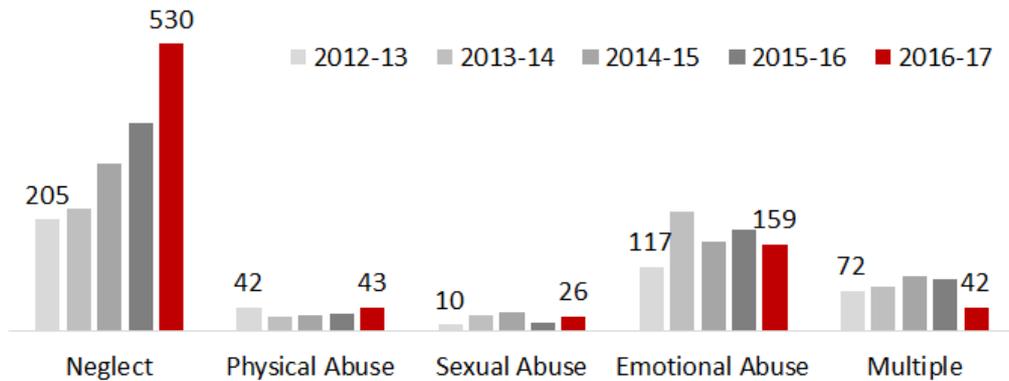
**Figure 27 Rate of children who were the subject of a child protection plan at 31 March each year per 10,000 children aged 0-17**



Source: Department for Education

The category of abuse that has seen the greatest increase in numbers of children subject to child protection plans in Oxfordshire over the past 5 years is “neglect”.

**Figure 28** Count of children in Oxfordshire subject to child protection plan by initial category of abuse



Source: Department for Education

**Factors such as parental mental health, drug/alcohol abuse or domestic violence increase the risk of children becoming subject to a child protection plan.**

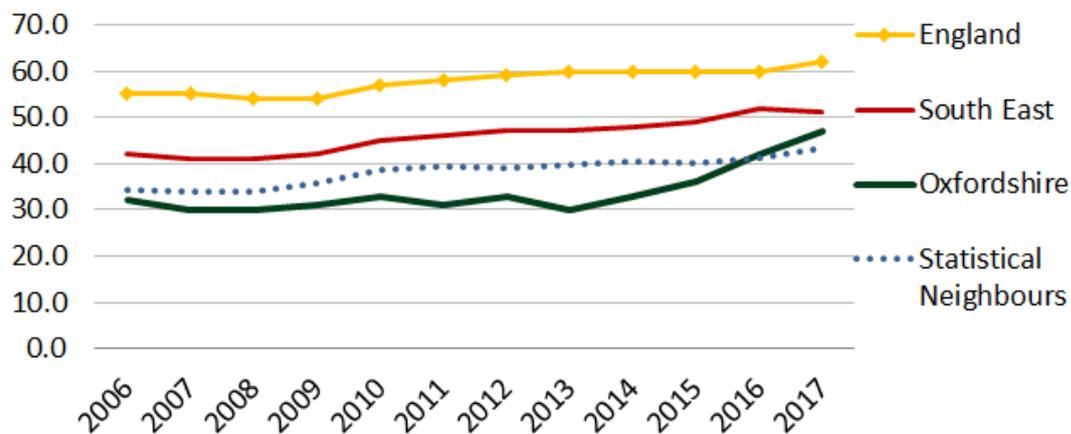
In 2016-17, this “toxic trio” (mental health, drug/alcohol abuse or domestic violence), affected 60% of children in Oxfordshire with child social care assessment(s).

### Looked After Children

As of the end of March 2017 there were **665** looked after children in Oxfordshire, up from 595 in March 2016.

The rate of looked after children in Oxfordshire remains below the national and regional averages, but the number of cases increased each year since 2013 and is now above the rate of similar authorities.

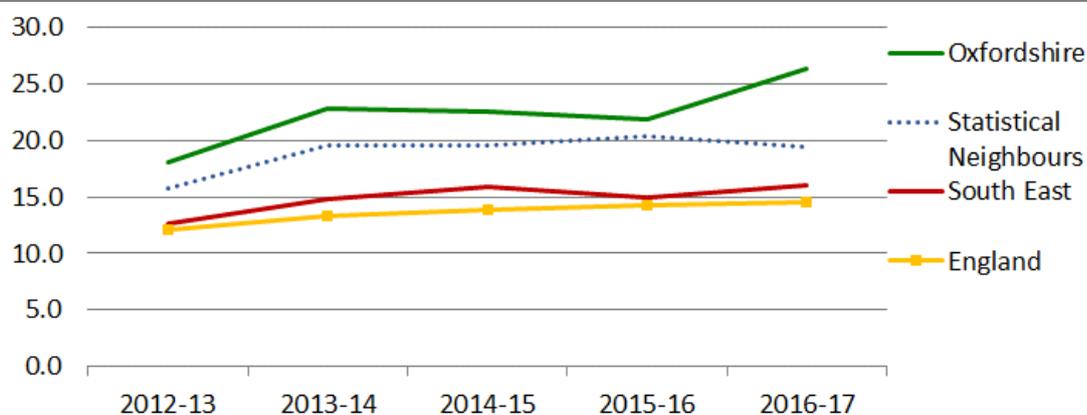
**Figure 29** Rates of Looked After Children (as at 31 March each year) per 10,000 children



Source: Department for Education SFR50/2017

In a trend related to this increase in placements, in 2016-17 the proportion of looked after children placed out of Oxfordshire (and more than 20 miles from home) increased. This was against the trend for statistical neighbours where the rate of placements out of area declined.

**Figure 30 Proportion of Looked After Children placed out of county and more than 20 miles from home**



Source: Department for Education

During the year 2016-17, there were 55 looked after children who were unaccompanied asylum-seeking children (UASC) in Oxfordshire, down from 60 in 2015-16 (rounding applied).

### Care Leavers

National research shows that young people leaving care are at greater risk of social exclusion, unemployment, health problems, and offending.<sup>59</sup>

As of 31 March 2017, there were **230** care leavers<sup>60</sup> in Oxfordshire. Of these, **90** (39%) were not in education, employment or training and the education/employment status of a further 30 was unknown.

Benchmarking data from 2013-14 and 2016-17 shows Oxfordshire as below average on the proportion of care leavers in employment, education or training.

**Table 15 Care leavers aged 19 to 21 in employment, education or training**

	2012-13	2013-14	2014-15	2015-16	2016-17
Oxfordshire	71	30	38	45	47
Statistical Neighbours	60.8	44.1	51.4	48.9	50.5
England	58	45	48	49	50
South East	56	38	47	47	50

Source: Children's Services Analysis Tool Oxfordshire County Council

<sup>59</sup> See, for example, Care leavers' transitions to adulthood: <https://www.nao.org.uk/report/care-leavers-transitions-to-adulthood/>; *Finding Their Feet: Equipping care leavers to reach their potential* (The Centre for Social Justice, January 2015): <http://www.centreforsocialjustice.org.uk/publications/finding-their-feet>

<sup>60</sup> Care leavers now aged 19, 20 and 21 who were looked after for a total of at least 13 weeks after their 14th birthday including some time after their 16th birthday

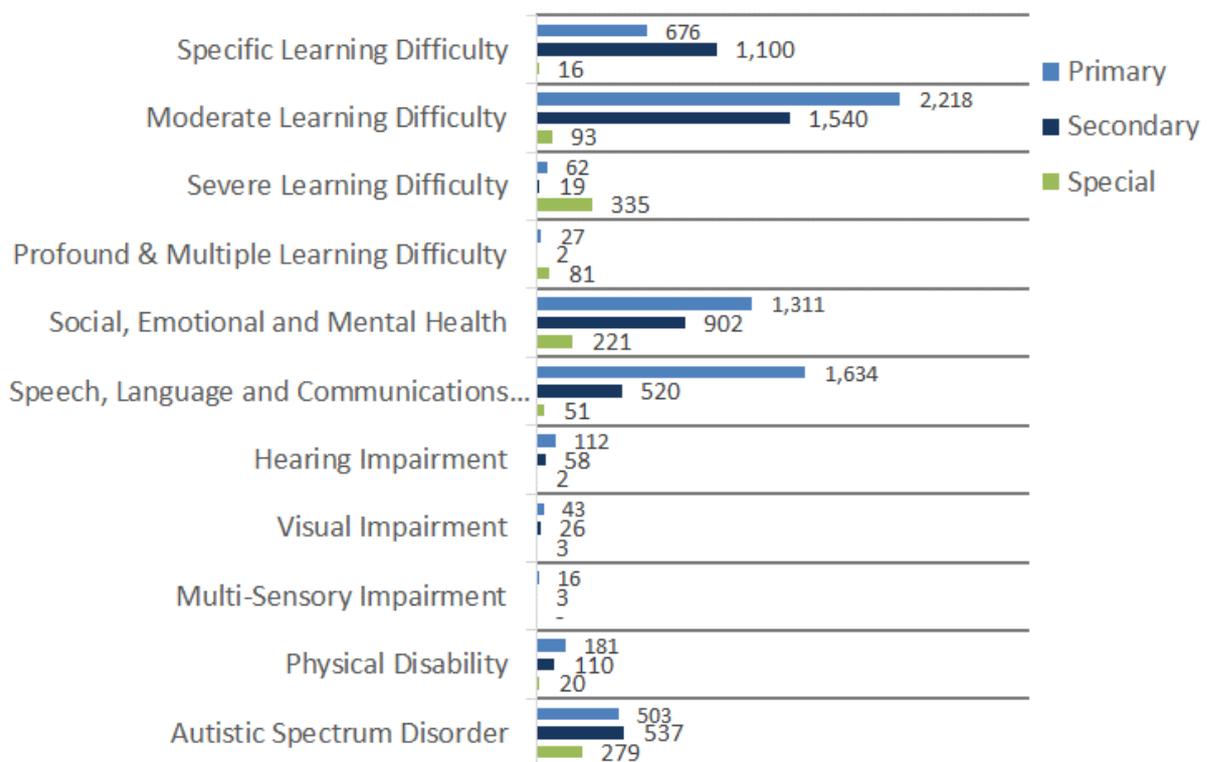
## 7.7 Child development and education

### Special Educational Needs

In January 2017, there was a total of 13,000 pupils in Oxfordshire's primary, secondary and special schools with special educational needs (SEN). Of these:

- 47% (6,169) had a primary need of specific, moderate, severe or profound learning difficulty.
- 19% (2,434) had social, emotional or mental health needs.
- 17% (2,205) had speech, language and communications needs.
- 10% (1,319) had a primary need of Autistic Spectrum Disorder

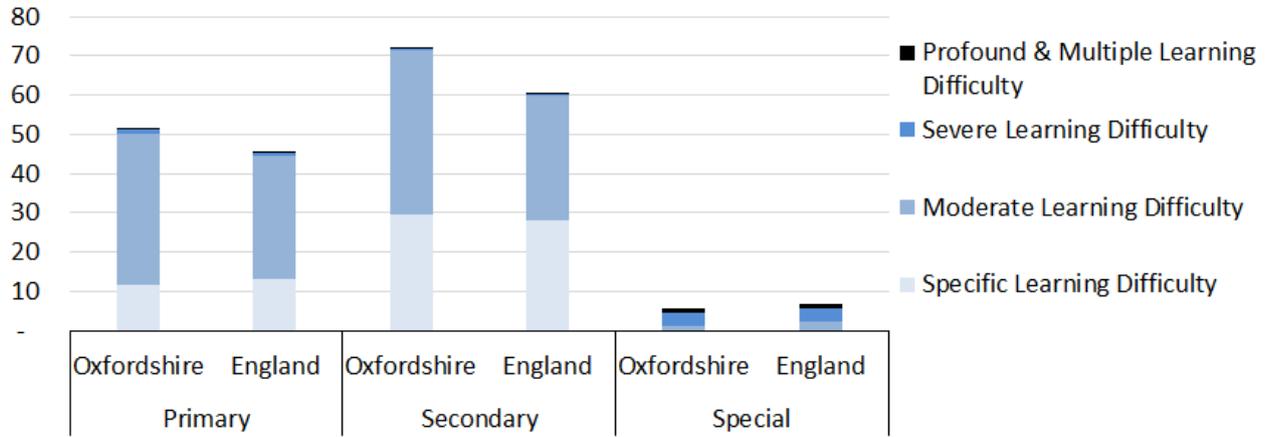
**Figure 31 Count of pupils in Oxfordshire in state-funded primary, secondary and special schools with Special Educational Needs by primary type of need (January 2017)**



Source: Special educational needs January 2017, SFR 27/2017

Oxfordshire has above the England average of pupils in state-funded primary and secondary schools with learning difficulties, most significantly for pupils with moderate learning difficulties.

**Figure 32 Rate per 1,000 population of primary, secondary and special school pupils with learning difficulties, Oxfordshire vs England (Jan17)**



Source: Special educational needs January 2017, SFR 27/2017; Denominator is ONS population estimate 2016 (primary = age 5-11; secondary = age 12-16; special = age 5-16)

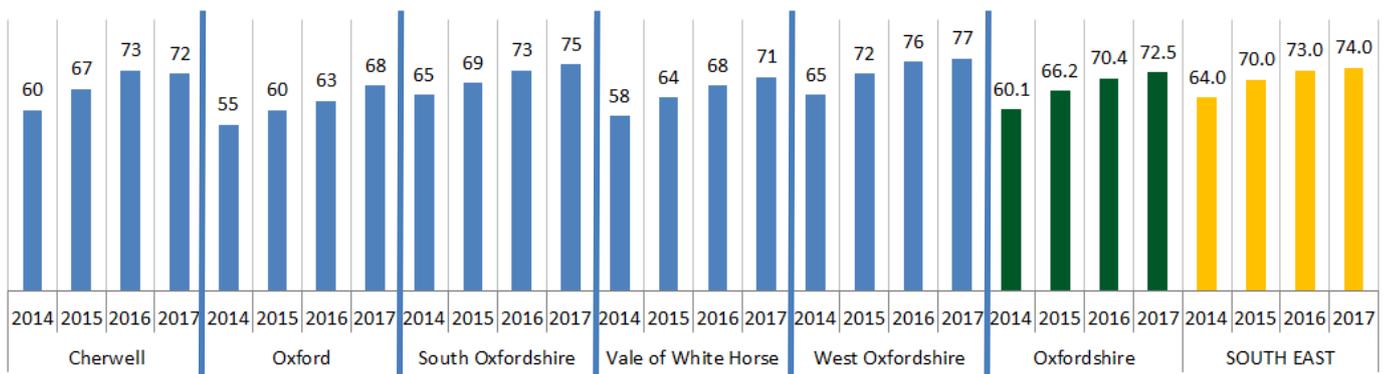
## Early years

The Early Years Foundation Stage Profile (EYFSP) is a teacher assessment of children's development at the end of the academic year in which the child turns five.

The latest release of data<sup>61</sup> shows that between 2016 and 2017 there was an increase in the proportion of children achieving a good level of development in all Early Learning Goals in each district in Oxfordshire, except for Cherwell where the rate declined.

In 2017, South and West Oxfordshire was each above the average for the South East and Cherwell, Oxford and Vale of White Horse were below average.

**Figure 33 % achieving a good level of development in all Early Learning Goals\* 2014-2017**



Source: Department for Education (released Oct2017), based on area of pupil residency

\*There are 17 **Early Learning Goals**:

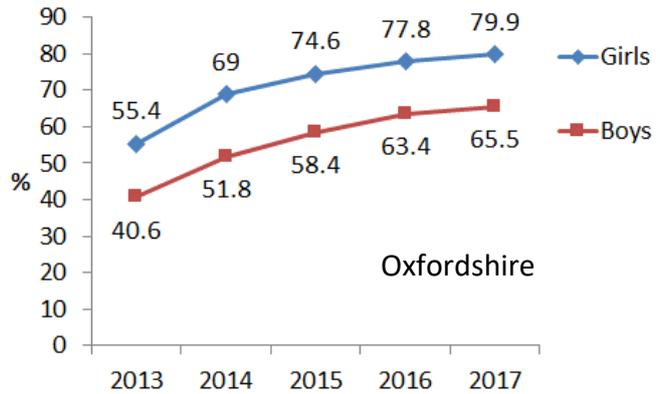
1. Listening and attention
2. Understanding
3. Speaking
4. Moving and handling
5. Health and self-care
6. Self-confidence and self-awareness
7. Managing feelings and behaviour
8. Making relationships
9. Reading
10. Writing
11. Numbers
12. Shape, space and measures
13. People and communities
14. The World
15. Technology
16. Exploring and using media and materials
17. Being imaginative

<sup>61</sup> <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2016-to-2017>

**Figure 34 % achieving a good level of development in all Early Learning Goals by GENDER, Oxfordshire (2013 to 2017)**

Girls continue to outperform boys in achieving the Early Learning Goals at aged 5 in Oxfordshire (and nationally).

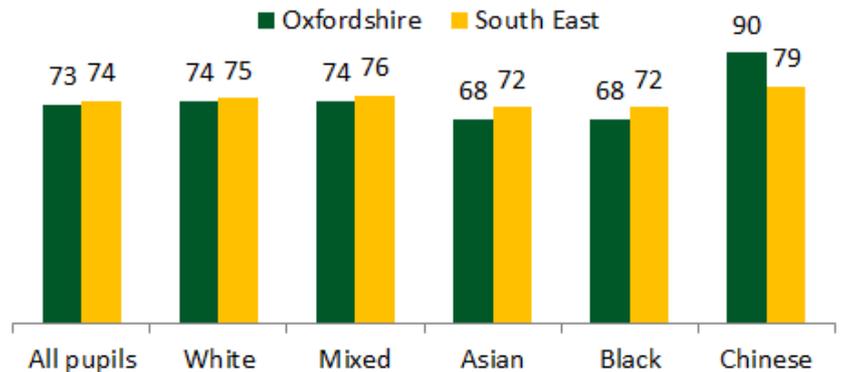
The gap between girls and boys in Oxfordshire was 14.8 in 2013 and 14.4 in 2017.



**Figure 35 % achieving a good level of development in all Early Learning Goals by ETHNICITY, Oxfordshire vs South East (2017)**

The ethnic groups with the lowest % of pupils achieving a good level of development in 2017 in Oxfordshire were Asian and Black, each 5 percentage points (ppts) below the average for the county.

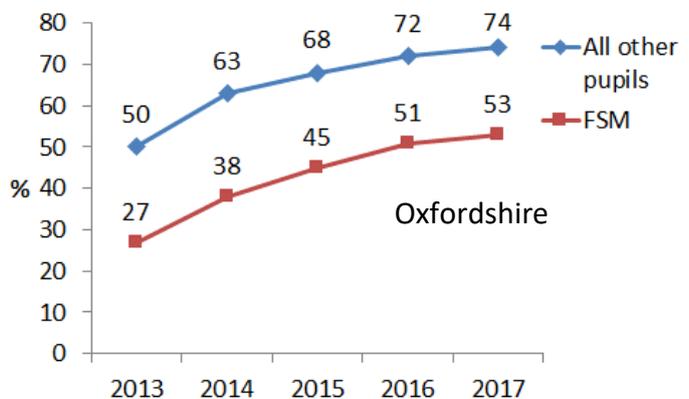
5 year olds with an Asian or Black ethnic backgrounds in Oxfordshire were 4 ppts below the average for these ethnic groups in the South East.



**Figure 36 % achieving a good level of development in all Early Learning Goals by FSM, Oxfordshire (2013 to 2017)**

The % of pupils known to be eligible for Free School Meals (FSM) in Oxfordshire and achieving a good level of development in ELGs remains significantly below other (non-FSM) pupils.

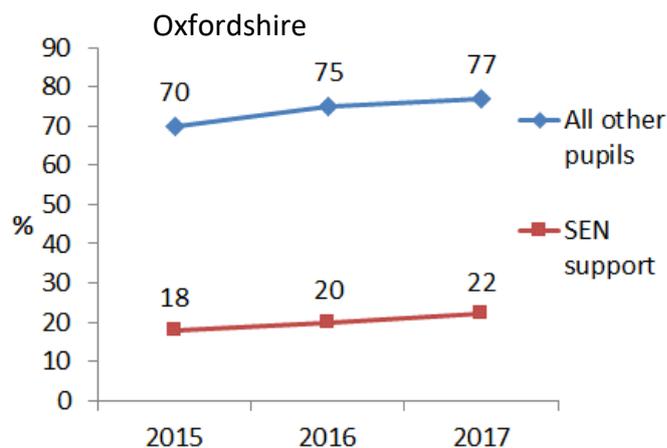
The gap has reduced slightly from 23 percentage points in 2013 to 21ppts in 2017.



**Figure 37 % achieving a good level of development in all Early Learning Goals with and without Special Educational Needs Support Oxfordshire (2015 to 2017)**

The % of pupils registered for Special Educational Needs in Oxfordshire and achieving a good level of development in ELGs remains significantly below other (non-SEN support) pupils.

The gap has increased from 52 percentage points in 2015 to 55pp in 2017.



Source: Department for Education (released Oct2017)

## Pupil attainment at Key Stage 2 (aged 10-11)

In 2017 the proportion of pupils in Oxfordshire attaining at least the expected standard at Key Stage 2 in reading writing and mathematics was 61% just below the national average (62% in England).

The proportion of girls in Oxfordshire achieving the standard was similar to the national average. For boys, the proportion was slightly below average.

**Table 16 Pupils achieving at least the expected standard at Key Stage 2 (pupils aged 10-11) in reading, writing and mathematics (2016 and 2017)**

	2016			2017		
	All	Boys	Girls	All	Boys	Girls
Oxfordshire	52%	47%	56%	61%	57%	66%
ENGLAND (state-funded schools)	54%	50%	58%	62%	58%	66%

Source: ONS National curriculum assessments: key stage 2, 2016 (revised) Dec 2017;

<https://www.gov.uk/government/statistics/national-curriculum-assessments-key-stage-2-2017-revised>

The proportion of Oxfordshire's disadvantaged pupils aged 10-11 achieving the expected standard was below the England average at Key Stage 2 in 2017.

- For pupils with SEN support, the proportion was 17% in Oxfordshire compared with 21% nationally.
- For pupils with a first language not English, the proportion was 55% in Oxfordshire compared with 61% nationally.
- For pupils eligible for Free School Meals, the proportion was 38% in Oxfordshire compared with 43% nationally.

## Pupil attainment at Key Stage 4 (GCSE)

A new secondary school accountability system was implemented in 2016. The headline accountability measures for schools from 2016 are: Attainment 8, Progress 8, Attainment in English and Maths (A\*-C), and English Baccalaureate (EBacc) entry and achievement.

Although this is the second year of reporting against new measures, the data is not fully comparable. The Department for Education advises that..

*Users should be cautious when comparing Attainment 8 scores between 2017 and 2016. In 2017, Attainment 8 scores were calculated using slightly different point score scales in comparison to 2016, in order to minimise change following the introduction of 9-1 reformed GCSEs. This means that Attainment 8 scores are likely to look different in 2017, as a result of changes to the methodology.*

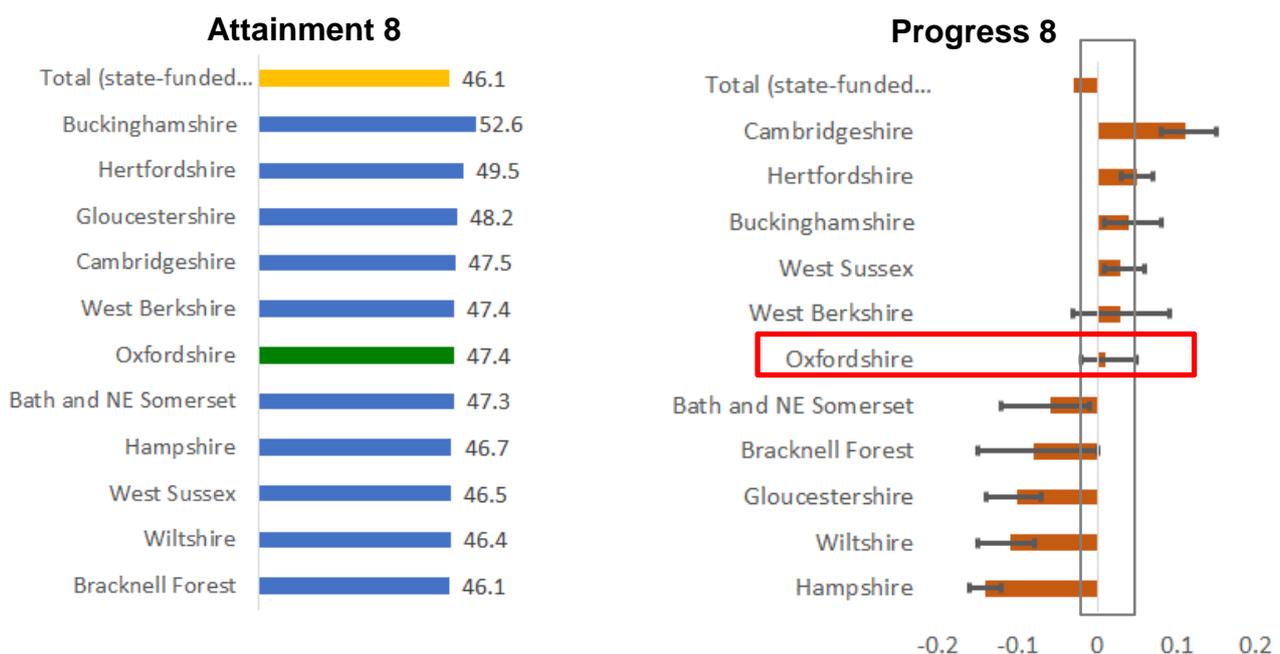
The Attainment 8 score for Oxfordshire in 2016-17 was **47.4**. This was above the average for the state funded sector of 46.1.

The Progress 8 score for Oxfordshire was **0.01** which means that, on average, pupils in the county are making slightly more progress than pupils with the same prior attainment nationally.

Compared with Oxfordshire's statistical neighbour group<sup>62</sup>, the county was ranked 6 out of 11 on Attainment 8 and 6 out of 11 on Progress 8.

Taking into account the confidence intervals on the Progress 8 measure, Oxfordshire was statistically better than the national average and better than Gloucestershire, Wiltshire and Hampshire. Oxfordshire was statistically worse than Cambridgeshire.

**Figure 38 Attainment 8 and Progress 8 Oxfordshire and Statistical Neighbours (2016-17)**



Source: Department for Education GCSE and equivalent results: 2016 to 2017 (provisional) last updated 6 Dec 2017<sup>63</sup>

<sup>62</sup> Statistical neighbour group – a set of local authorities designated by National Foundation for Educational Research (NFER) on behalf of the DfE as having the most similar socio-economic characteristics. Oxfordshire's statistical neighbours are Bath & NE Somerset, Bracknell Forest, Buckinghamshire, Cambridgeshire, Gloucestershire, Hampshire, Hertfordshire, West Berkshire, West Sussex and Wiltshire.

<sup>63</sup> <https://www.gov.uk/government/statistics/gcse-and-equivalent-results-2016-to-2017-provisional>

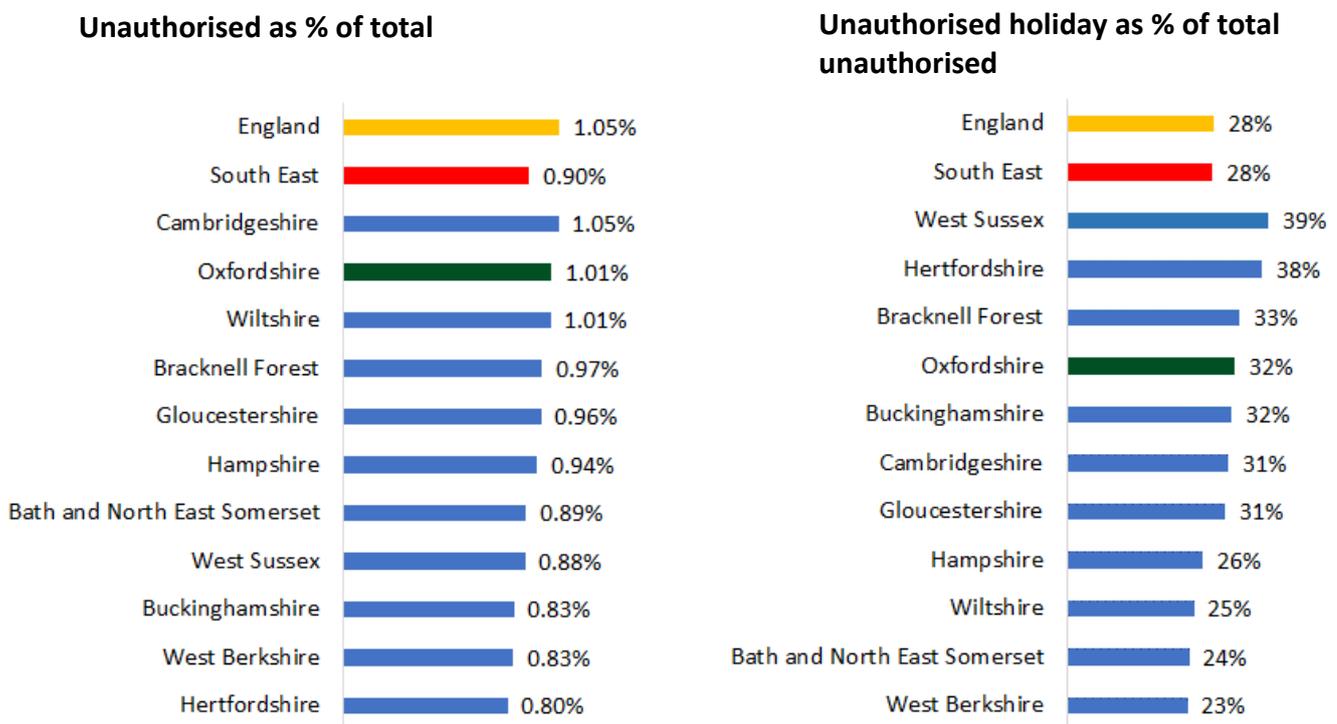
## 7.8 Absence from school and NEETs

### Pupil Absence

Oxfordshire has a relatively high rate of unauthorised absences from school.

- Department for Education data on pupil absence (Autumn 2016 to Spring 2017) shows Oxfordshire as second highest in its group of statistical neighbours on the percentage of unauthorised sessions in primary and secondary state-funded schools.
- The majority of unauthorised absences were categorised as “other”. Just under a third of unauthorised absences were due to holiday.

**Figure 39 Unauthorised absence sessions (Autumn 2016 to Spring 2017) state-funded primary and secondary schools**



Source: Department for Education published Oct17, SFR55; Oxfordshire and statistical neighbours

### Young people Not in Education, Employment or Training (NEET)

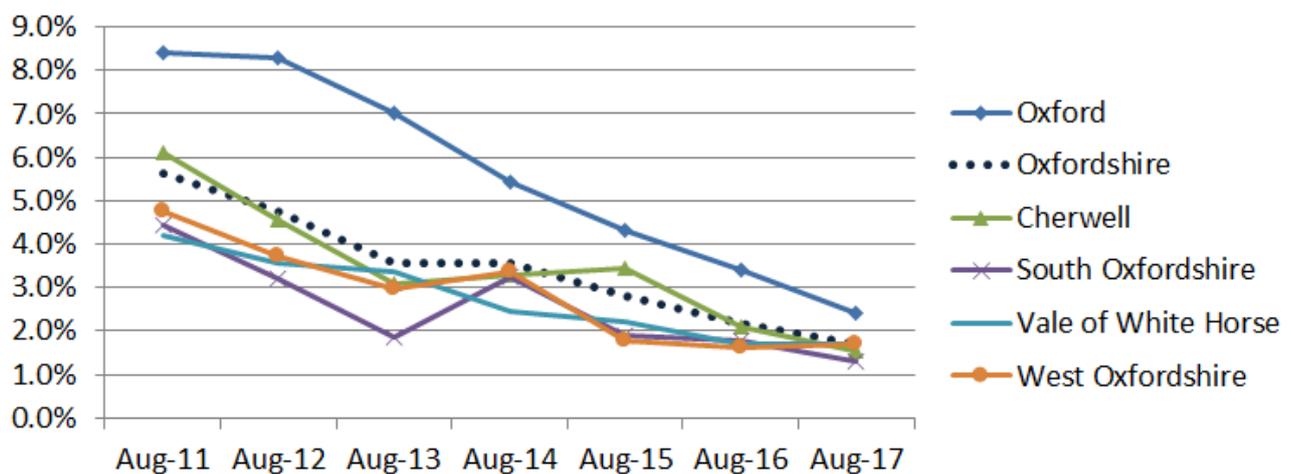
In September 2013, the education leaving age was raised to 17, and from September 2015 it was raised to 18.

It is now compulsory for young people in England between the ages of 16 and 18 to either:

- stay in full-time education, for example at a college;
- start an apprenticeship or traineeship;
- spend 20 hours or more a week working or volunteering, while in part-time education or training.

As of August 2017, in the age range 16 to 19, there was a total of **210** young people in Oxfordshire who were classified as Not in Education, Employment or Training (NEET). This was equivalent to 1.7% of the population of that age group. The district with the highest rate was Oxford with 2.4% young people NEET.

**Figure 40 Proportion of young people aged 16-19 who are Not in Education, Employment or Training, districts and county (consistent age range used in each year)**



Source: Oxfordshire County Council

## 8 Population groups

### 8.1 Ethnicity

#### Ethnic groups by age

The Census 2011 survey remains the most detailed source of data on the age profile and health of the population by ethnic group.

There was a total of **107,000** residents of Oxfordshire from an ethnic minority background (other than white British) in 2011, equivalent to 16% of the population. This was lower than the national average of 20%.

The proportion of people with an ethnic minority background varies by age. In Oxfordshire, the highest rate was in the age group 25 to 49 (22%) well above the proportion of ethnic minority residents in the older population (6% of people aged 65+).

The age profile of individual ethnic groups differs significantly:

- The Irish population is relatively elderly with the highest rate of people with an Irish background in the older population.
- The mixed/multiple ethnic group is relatively young – a far higher proportion of this group are aged 0-24.
- The “other white” population, including recent migrants from Europe, is the largest group within the working age category 25-49.
- The Asian/Asian British and Black ethnic minority groups each have a similar proportion of those aged 0-24 and 25-49 implying families.

The ethnic minority group with the largest number of people in the older population in Oxfordshire was ‘other white’ with 2,200 people aged 65 and over, followed by Irish (1,800).

#### Ethnicity and health

1,500 or 2% of the working age population (between the ages of 16 and 64) in an ethnic minority group in Oxfordshire were in bad health, this was below the South East and England averages.

#### Language skills

Not being proficient in English can affect a person’s ability to access health and other services.

At the time of the Census 2011 survey there was a total of **5,500** people in Oxfordshire who could not speak English or speak English well. Of these the largest numbers were in the working age groups 25 to 34 and 35 to 49.

Data published as part of the Early Years foundation stage attainment results shows an increase in the number and proportion of pupils (age 5) in Oxfordshire with first language not English. The % of pupils with first language not English in Oxfordshire is slightly higher than the regional South East average (14.4% in Oxfordshire compared with 14.1% in SE).

Lack of language skills is associated with lower performance of pupils in Oxfordshire schools.

The gap between the performance of Oxfordshire and England pupils with first language not English is greater at the end of primary school (KS2) than early years.

- In 2017<sup>64</sup> 64% of pupils with English as a second language in state funded schools in Oxfordshire reached a good level of development at Early Years Foundation Stage, compared with 65% of this group in England.
- In 2017<sup>65</sup> 55% of pupils with English as a second language in state funded schools in Oxfordshire reached the expected standard at KS2 in reading, writing and maths compared with 61% of this group in England.

## 8.2 Gender identity

Gender identity can have important links with health and wellbeing, and being transgender is also linked to greater risk of self-harm and thoughts of suicide.<sup>66</sup>

As reported in the 2016 JSNA, it is difficult to obtain reliable data on the number of people identifying their gender as different from the one assigned to them at birth. The Ministry of Justice publishes numbers of UK applications for gender recognition certificates.<sup>67</sup> These certificates enable people to change their gender legally and to gain the rights and responsibilities of their acquired gender.

During the 2016-17 financial year, there were 364 applications for gender recognition certificates in the UK, down from 374 in 2015-16. Data at local levels are not currently available.

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<sup>64</sup> <https://www.gov.uk/government/statistics/early-years-foundation-stage-profile-results-2016-to-2017>

<sup>65</sup> Department for Education: SFR69/2017: National curriculum assessments at key stage 2, 2017 (revised)

<sup>66</sup> The LGBT ASCOF Companion Document (LGBT Foundation, 2015): <http://lgbt.foundation/get-support/downloads/detail/?downloadid=365>

<sup>67</sup> Ministry of Justice data from <https://www.gov.uk/government/statistics/tribunals-and-gender-recognition-certificate-statistics-quarterly-july-to-september-2017>

## 8.3 Carers

Census 2011 data gives a total of:

- **61,100** residents of Oxfordshire providing any amount of unpaid care<sup>68</sup>.
- **17,400** residents of Oxfordshire providing 20 or more hours per week of unpaid care.

Analysis by age of carers as a proportion of the “out of term time” population<sup>69</sup> (i.e. excluding students with a main address elsewhere), shows that:

- Oxford had double the national average of young carers (aged under 16). The number of carers in this age group in Oxford was 90, of which half (45) were residents in the wards of Cowley Marsh, Northfield Brook, Lye Valley, Blackbird Leys and Hinksey Park.
- Oxford was above the regional South East average on the proportion of working age carers aged 35 to 49.
- Cherwell was above the regional South East average on the proportion of carers aged 65 and over. The number of carers in this older age group in Cherwell was 1,346, distributed across the district.

Compared with all people aged 65 and over, older people providing significant amounts of care (50 or more hours per week) were more likely to be in “bad” health.<sup>70</sup>

- 13% of people aged 65+ in Oxfordshire in 2011 providing significant amounts of care were in bad health compared with 10% overall.
- The proportion of older people providing care and in bad health was highest in Cherwell district (16%).

At the time of the 2011 Census there was a total of **4,200** people in Oxfordshire combining full time work (including employees and self-employed) with providing 20 or more hours a week of unpaid care.<sup>71</sup>

- Cherwell district had the highest rate of people combining full time work and caring with 1.84% of the employed population also carers, compared with 1.75% across Oxfordshire and 2.34% in England.

### Survey of carers

The Carers survey is a national survey run every other year, the latest survey was sent November 2016.

- *Note that there has been a change to the methodology since the carers survey in 2014-15. The previous “eligible population” was limited to carers who had had a carer’s assessment or review within the previous 12 months. The latest survey included all carers, whether or not they have had a recent review.*

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<sup>68</sup> ONS Census 2011 table LC3304

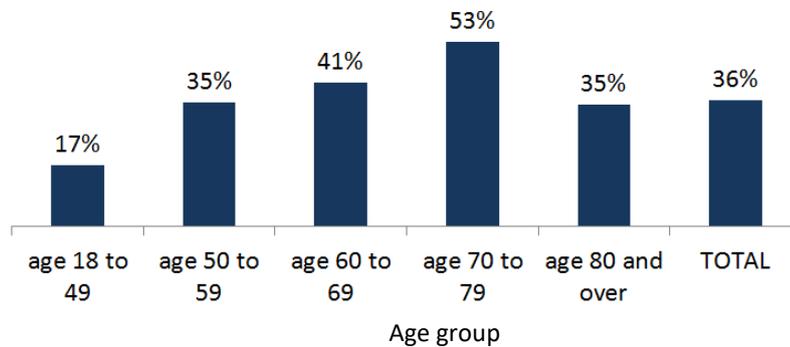
<sup>69</sup> ONS Census 2011 table OT1101

<sup>70</sup> ONS Census 2011 table LC3301

<sup>71</sup> ONS Census 2011 table LC6301

2,000 Carers known to Oxfordshire County Council<sup>72</sup> were sent a survey with around 400 in each of the 5 broad age bands. There were 721 responses from Oxfordshire carers in total (36%) with the highest response rate in the age group 70-79.

**Figure 41 Carers in Oxfordshire survey 2016-17: % respondents by age group**



Source: 2016-17 Carers survey; Oxfordshire County Council

Older carers more likely to have accessed information and advice and more likely to rate advice as helpful.

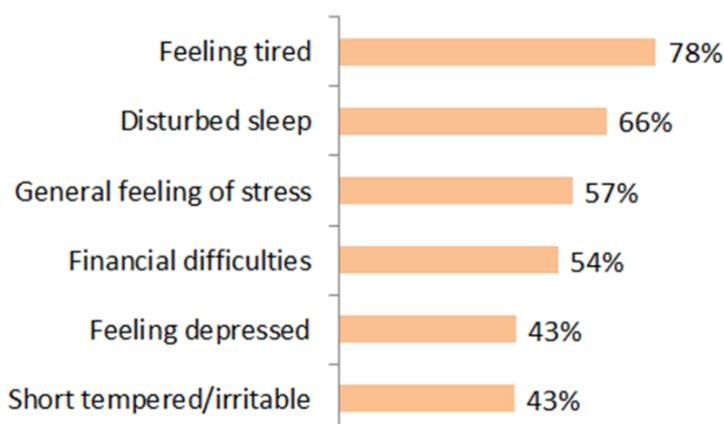
Carers commented on..

- The challenges of caring;
- Lack of available care, support for day care, poor quality home care, praise for Age UK, dealing with bureaucracy.

The top wellbeing issue for carer respondents was feeling tired. This was consistently high across all age groups.

Over half (57%) reported general feeling of stress and just less than half reported feeling depressed. Feeling depressed or stressed was more likely in younger carers.

**Figure 42 % of Oxfordshire carer respondents responding “yes” to...**

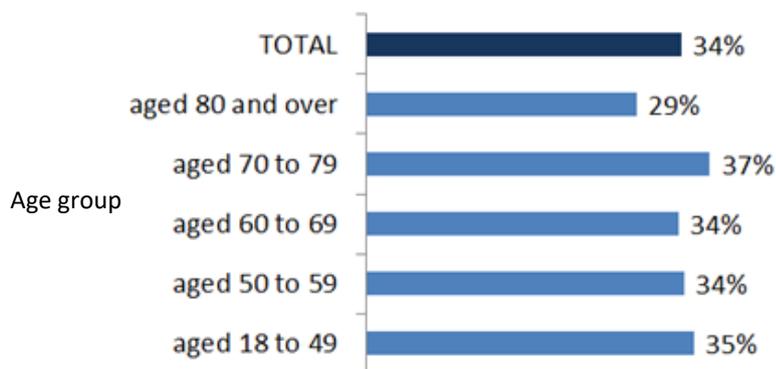


Source: 2016-17 Carers survey; Oxfordshire County Council

<sup>72</sup> Carers with assessment or review AND with record of cared for person and minimum data on carer including age

Around a third (34%) of Oxfordshire carer respondents have had to see their own GP in the past 12 months because of their caring role. This was similar in all broad age categories.

**Figure 43 % of Oxfordshire carer respondents who had to see their own GP because of their caring role, by broad age of carer**



Source: 2016-17 Carers survey; Oxfordshire County Council

In addition:

- 1 in 5 (21%) carers reported having developed “my own health condition” as a result of caring;
- 1 in 5 (21%) carers reported caring had made an existing condition worse.

If the Oxfordshire Carers sample is representative then, of the group providing care 20 or more hours per week, an estimated total of 6,200<sup>73</sup> carers in Oxfordshire will have had to see their GP as a result of their caring role in the past 12 months<sup>74</sup>;

It is possible that this action – to see their GP as a result of their caring role – is an early indication that their caring role is at risk, and, if so, this potentially affects at least 6,200 people currently being supported by an informal carer.

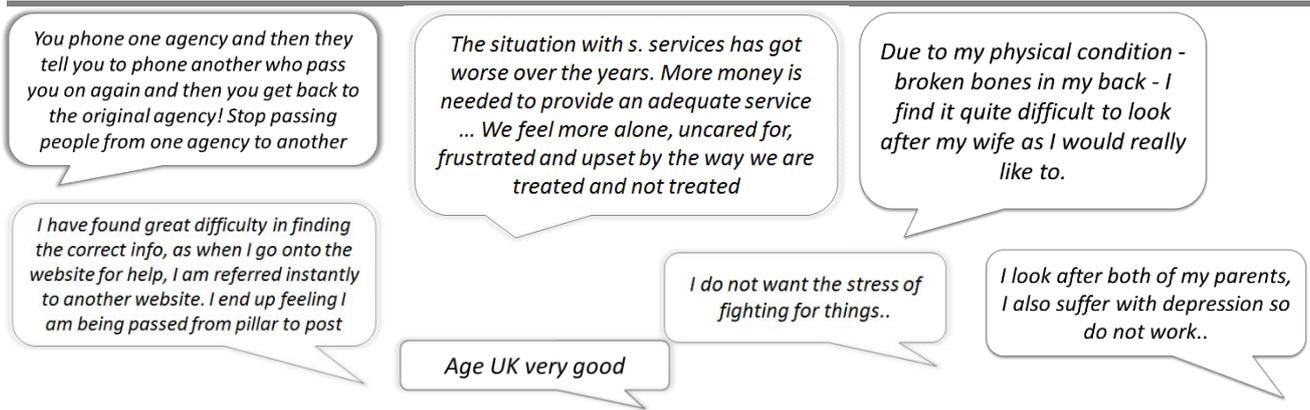
Over half of carer respondents in Oxfordshire would be prepared to take part in further research.

- 387 carers (over 50% of respondents) said they were happy to take part in future research.
- This “happy to take part in future research” group gave similar responses to the total.

<sup>73</sup> Assumptions: 17,200 people providing 20+ hours unpaid care per week in Oxfordshire (ONS Census 2011 survey); 35% of 2016-17 Carer respondents providing 20+ hours unpaid care went to see their GP as a result of their caring role

<sup>74</sup> This is likely to be a conservative estimate as the base data on total number of carers is from 2011 (6 years ago)

## Comments from Carers in Oxfordshire



Source: 2016-17 Carers survey; Oxfordshire County Council

Further data and analysis of the results of the 2016-17 carers survey is available from Oxfordshire Insight <http://insight.oxfordshire.gov.uk/cms/carers-survey-2016-17-jsna-briefing>

### Young carers

Caring is well known as a cause of stress for young people.

By the end of March 2017, the Oxfordshire Young Carers Service had identified and supported a total of **2,684** children and young adults (aged up to 25 years) who provide unpaid care to a family member<sup>75</sup>. This is an increase from the number as of March 2016 (2,281).

This included 456 new young carers identified in the year 2016-17 (480 in 2015-16).

### Carers from ethnic minority groups

The proportion of people providing care by ethnic minority group appears to be lower in Oxfordshire than nationally. This is very likely to be influenced by the age profile of each ethnic group.

<sup>75</sup> Oxfordshire County Council

## 8.4 Students

According to a recent House of Commons research briefing there has been a significant increase nationally in the number of students reporting a mental health condition and in students leaving University due to mental health problems.<sup>76</sup>

- A report by the Institute for Public Policy Research (IPPR) in September 2017 found that in 2015/16, 15,395 UK-domiciled first-year students at HEIs in the UK disclosed a mental health condition – almost five times the number in 2006/07 - this equates to 2 per cent of first-year students in 2015/16. An earlier YouGov survey in August 2016 found that more than a quarter of students (27%) reported having a mental health problem.
- The impact of mental health issues can be serious and according to the Higher Education Statistics Authority (HESA) there has been a 210% increase in the number of students leaving university due to mental health problems over the last five years.

## 8.5 Armed Forces

According to the latest Military of Defence statistics on the mental health of UK Armed Forces personnel<sup>77</sup>

- The absolute numbers and rates of mental disorder among UK Armed Forces personnel assessed at MOD Specialist Mental Health services has increased over time from 1.8% in 2007/08 to 3.2 % in 2016/17.
- Findings of significantly higher presentations in certain demographic groups remained broadly similar:
  - Army and RAF personnel - the lower rates of mental disorder seen among Royal Marines may be the due to the recruitment selection process, support received as a result of tight unit cohesion and high levels of preparedness for combat;
  - Females - this is replicated in the UK civilian population and may be a result of females being more likely to report mental health problems than males;
  - Other Ranks - higher educational attainment and socio-economic background are associated with lower levels of mental health disorder and this may explain differences in the rates between officers and other ranks;
  - Personnel aged between 20 and 44 years of age
- PTSD rates remain low at 0.2%, which represents 2 in 1,000 personnel assessed with the disorder in 2016/17.

### Regular armed forces personnel in Oxfordshire

As of 1 October 2017, around **9,200** regular armed forces (military and civilian) personnel were stationed in Oxfordshire (although not all necessarily reside in the county). This was a slight reduction on the number as of 1 October 2016 (9,400).

Using the national rate gives an **estimated 294** armed forces personnel in Oxfordshire with mental disorder.

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<sup>76</sup> Mental health services for post 16 students in England, House of Commons briefing December 2017  
<https://researchbriefings.parliament.uk/ResearchBriefing/Summary/CBP-8163>

<sup>77</sup> UK Armed Forces Mental Health trend over time published July 2017  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/619133/20170615\\_Mental\\_Health\\_Annual\\_Report\\_16-17\\_O\\_R.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/619133/20170615_Mental_Health_Annual_Report_16-17_O_R.pdf)

**Table 17 Armed Forces personnel stationed in Oxfordshire, Oct 2015 to Oct 2017**

	01-Oct-15	01-Oct-16	01-Oct-17	Oct16 to Oct17
<b>Military Total</b>	<b>8,430</b>	<b>8,340</b>	<b>8,230</b>	<b>-110</b>
Officers	1,780	1,780	1,770	-10
Other Ranks	6,650	6,550	6,460	-90
<b>Civilians Total</b>	<b>1,050</b>	<b>1,040</b>	<b>1,010</b>	<b>-30</b>
Non Industrial	810	810	810	-
Industrial	250	220	200	-20

Source: Ministry of Defence Quarterly Location Statistics updated 16 Nov 2017

As part of the November 2016 report on the review of Ministry of Defence land, it has been announced that three MoD sites in Oxfordshire will be sold for housing development, affecting a total of 1,744 Military personnel (not including families):

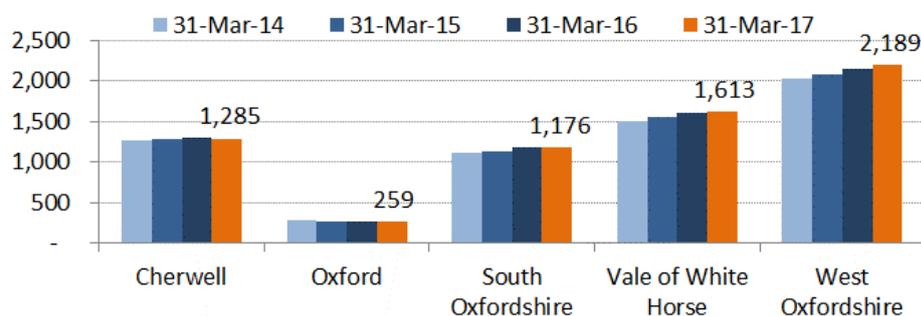
- St David's Barracks in Bicester (534 Military personnel)
- Vauxhall Barracks in Didcot (260 Military personnel)
- Dalton Barracks in Abingdon (950 Military personnel)

The closures are expected to take place before 2028-29.

## Veterans

As at 31 March 2017, there was just over **6,500** residents of Oxfordshire in receipt of Armed Forces Pension, War pension and Armed forces compensation scheme. The district with the largest number was West Oxfordshire with around 2,200.

**Figure 44 Number of residents in receipt of Armed Forces Pension, War pension and Armed Forces Compensation Scheme, Mar14 to Mar17**



Total  
Oxfordshire  
(31 Mar17)  
**6,522**

Source: Ministry of Defence, Location of armed forces pension and compensation recipients

## 8.6 Troubled Families

Oxfordshire's *Troubled Families – Think Families* programme identifies families most in need of intensive support through a combination of measures including:

- Parents or children involved in crime or anti-social behaviour.
- Children who have not been attending school regularly.
- Children who need help: children of all ages, who need help, are identified as in need or are subject to a Child Protection Plan.
- Adults out of work or at risk of financial exclusion or young people at risk of worklessness.
- Families affected by domestic violence and abuse.
- Parents or children with a range of health problems.

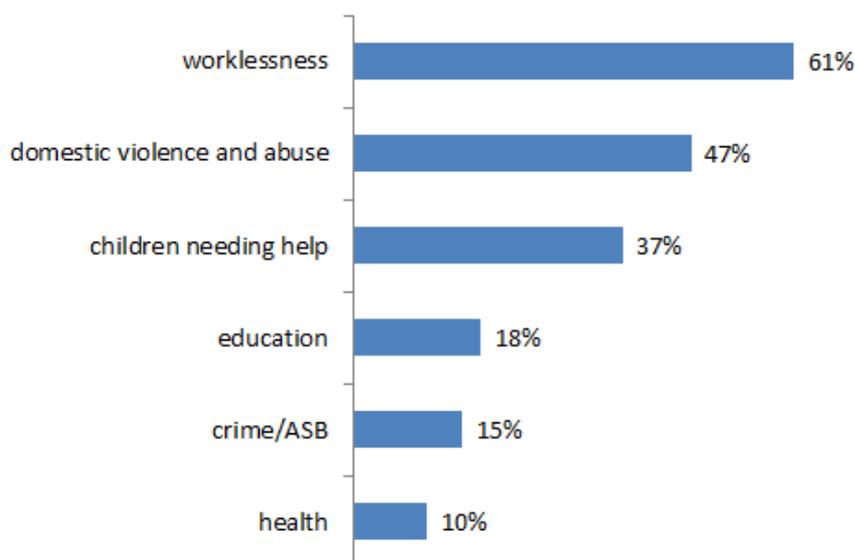
### About the Troubled Families Programme

- The first phase of the Troubled Families programme ran from 2012 to 2015
- It set a target to work with, and 'turn around', families with multiple problems
- Problems included crime, anti-social behaviour, truancy and unemployment
- Local authorities ran the programme and received payment-by-results from central Government
- The programme was expanded for 2015-2020 to work with 400,000 additional families
- Second phase targeted additional problems, including domestic violence, health, drug abuse, mental health and children at risk

*The Troubled Families programme (England) House of Commons briefing paper 20 Oct 2016*

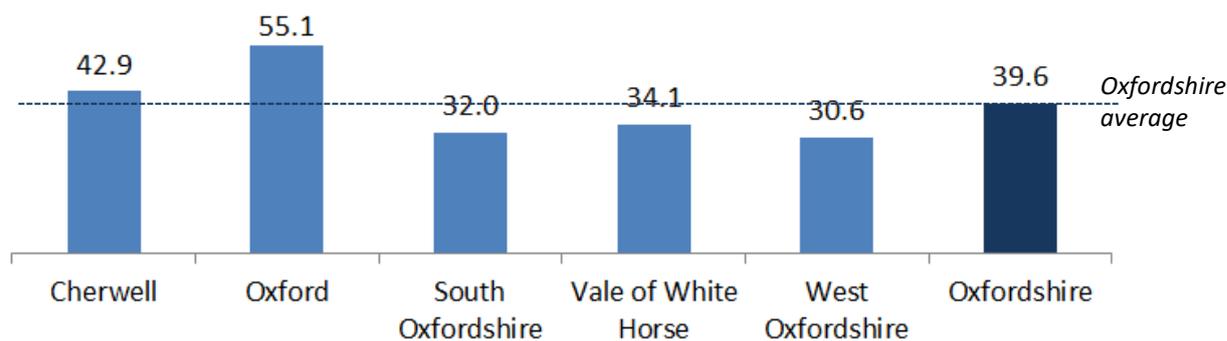
As of 31 December 2017, there was a total of **2,814** families identified in Oxfordshire, 61% of which met the national criteria on worklessness, 47% met the criteria on domestic abuse and 37% were families where children need help (in need or subject to a child protection plan).

**Figure 45 Troubled families identified in Oxfordshire by criteria (end December 2017)**



Source: Oxfordshire County Council

The rate per 1,000 families of those identified by the Troubled Families programme was highest in Oxford (55 per 1000) and lowest in West Oxfordshire (30.6).

**Figure 46 Troubled Families rate per 1,000 families by district (31 December 2017)**

Source: Oxfordshire County Council; denominator is number of households with dependent children from table KS105EW - Household composition ONS Census 2011

**Table 18 Troubled Families count and rate (31 December 2017)**

	Troubled Families (count)	% of total in Oxfordshire	TF rate* per 1,000 families
Cherwell	741	26%	42.9
Oxford	816	29%	55.1
South Oxfordshire	471	17%	32.0
Vale of White Horse	447	16%	34.1
West Oxfordshire	339	12%	30.6
<b>Oxfordshire</b>	<b>2,814</b>	<b>100%</b>	<b>39.6</b>

Source: Oxfordshire County Council; \*denominator is number of households with dependent children from table KS105EW - Household composition ONS Census 2011

## 8.7 Victims of abuse and exploitation

### Domestic Violence and abuse

The cross-government definition<sup>78</sup> of domestic violence and abuse is any incident or pattern of incidents of controlling, coercive, threatening behaviour, violence or abuse between those aged 16 or over who are, or have been, intimate partners or family members, regardless of gender or sexuality. The abuse can encompass, but is not limited to:

- psychological
- physical
- sexual
- financial
- emotional

In Oxfordshire in 2017, Thames Valley Police recorded a total of:

- 3,352 domestic abuse crimes (+6% compared with 2016)

<sup>78</sup> <https://www.gov.uk/guidance/domestic-violence-and-abuse>

- 8,566 domestic abuse incidents (at a similar level to 2016)
- 11,446 victims of domestic abuse crimes and incidents (+2% compared with 2016)

District-level data shows the greatest number of recorded victims of domestic abuse was in Oxford and the greatest increase in recorded victims between 2016 and 2017 was in South Oxfordshire (+11%) and West Oxfordshire (+10%).

**Table 19 Number of Victims of Domestic Abuse (Crime and Incidents) in Oxfordshire, calendar year**

	2014	2015	2016	2017	2016 to 2017	% change
Cherwell	2,455	2,860	2,878	2,999	121	4%
Oxford	2,965	3,166	3,278	3,174	-104	-3%
South Oxfordshire	1,694	1,760	1,742	1,934	192	11%
Vale of White Horse	1,588	1,696	1,880	1,777	-103	-5%
West Oxfordshire	1,333	1,385	1,416	1,562	146	10%
<b>Oxfordshire TOTAL</b>	<b>10,035</b>	<b>10,867</b>	<b>11,194</b>	<b>11,446</b>	<b>252</b>	<b>2%</b>

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018)

The oldest victim in 2017 in Oxfordshire was aged 101.

Between 2016 and 2017:

- The number of younger victims of domestic abuse in Oxfordshire (aged under 25) increased slightly.
- The 18-24 age group saw the biggest increase in numbers (+130).
- The greatest percentage increase by broad age was in the older age group 50-64 (+8%).

**Table 20 Victims of Domestic Abuse (Crime and Incidents) in Oxfordshire, by age**

	2014	2015	2016	2017	2016 to 2017	% change
0-15	128	141	114	95	-19	-17%
16-17	281	359	377	297	-80	-21%
18-24	2,023	2,116	2,087	2,217	130	6%
25-49	5,918	6,421	6,697	6,825	128	2%
50-64	1,224	1,339	1,417	1,534	117	8%
65-79	300	328	364	358	-6	-2%
80+	68	92	110	90	-20	-18%
<b>Total (excluding age not recorded)</b>	<b>9,942</b>	<b>10,797</b>	<b>11,166</b>	<b>11,416</b>	<b>250</b>	<b>2%</b>

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018)

Domestic abuse victims by gender

- Overall in Oxfordshire in 2017, of the victims with a recorded gender (the majority): 77% of victims were female and 23% were male, similar to previous years.
- The gender split was similar in all districts with a slightly higher proportion of female victims in Oxford (78%) and Vale of White Horse (78%) and a slightly lower proportion of female victims in West Oxfordshire (73%)

Domestic abuse victims by ethnicity:

- Overall in Oxfordshire in 2017, of the victims with a recorded ethnicity: 91% of victims were White ethnic background and 9% were non-White.
  - Asian 4%; Mixed 2%; Black 2%.
- In Oxford, as expected from the more ethnically diverse population, 80% of victims were White and 20% were non-White.
  - Asian 10%; Mixed 3%; Black 5%.
- Note that caution is needed in interpreting this data as there is a relatively high rate of victims without an ethnic group recorded (26% of the total).

## Rape

Between 2016 and 2017, Thames Valley Police recorded an increase in the total number of recorded victims of rape offences in Oxfordshire from 548 in 2016 to 611 in 2017 (+11%).

The greatest number of recorded rape victims was in Oxford (36% of the total for Oxfordshire) and the greatest increase in victims between 2016 and 2017 was in South Oxfordshire (+11%, 28 additional victims).

**Table 21 Number of Victims of Rape (Crime and Crime Related Occurrence) in Oxfordshire, calendar year**

	2014	2015	2016	2017	2016 to 2017	% change
Cherwell	82	112	128	136	8	6%
Oxford	147	231	228	222	-6	-3%
South Oxfordshire	40	70	70	98	28	40%
Vale of White Horse	50	64	69	82	13	19%
West Oxfordshire	49	47	53	73	20	38%
<b>Oxfordshire TOTAL</b>	<b>368</b>	<b>524</b>	<b>548</b>	<b>611</b>	<b>63</b>	<b>11%</b>

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018); The above data is for all victims of rape offences

**Reported crime** is all reports of crime recorded on the crime recording system.

Reported crime is made up of Finally Recorded Crime, Crime Related Occurrences and Cancelled Crimes.

**Crime Related Occurrence:** This term is used to describe a record of an incident which has come to the attention of the police, which, on the Balance of Probabilities would normally amount to a notifiable crime, but a resultant crime has not been recorded. The specific circumstances where this would happen are

1. The incident is reported by a third party and either
  - The alleged victim declines to confirm the crime or
  - The alleged victim cannot be traced

2. The incident is being dealt with by another police force
3. The National Crime Recording Standard or Home Office Counting Rules for Recording Crime direct that a crime should not be recorded

**Cancelled Crime:** An offence can only be cancelled if it has been recorded as a crime. The situations when a crime can be cancelled are governed by the Home Office Counting Rules for Recorded Crime. Specific circumstances when an offence can be cancelled are:

- The offence was committed in another force area.
- There is additional verifiable information which determines that no notifiable crime has been committed.
- The crime constitutes part of a crime already recorded.
- The crime was recorded in error.
- The crime was recorded as an assault and there is additional verifiable information that the offender acted in self-defence.
- The crime is an offence of fraud and there clear auditable information that shows that the offender has been dealt with in another jurisdiction.

Source: Thames Valley Police Performance Team

## Female Genital Mutilation

Female genital mutilation (FGM) comprises all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons. FGM is illegal in the UK and violates treaty provisions in the Universal Declaration of Human Rights, the Convention on the Rights of the Child, and the Convention on the Elimination of All Forms of Discrimination Against Women.

Statutory guidance published in April 2016 introduced a mandatory reporting duty which requires regulated health and social care professionals and teachers in England and Wales to report known cases of FGM in under 18s, which they identify in the course of their professional work, to the police.

The NHS Digital FGM annual report for 2016-17<sup>79</sup> shows that:

- in the South of England Commissioning region, there were 580 newly recorded cases of FGM reported, and 1,415 attendances where FGM was identified or a procedure for FGM was undertaken.
- For NHS Oxfordshire CCG, there were 10 newly recorded cases of FGM and 15 attendances (rounding applied).

In Oxfordshire in 2017, Thames Valley Police recorded a total of 5 victims of Female Genital Mutilation (crime and non-crime)<sup>80</sup>.

## Forced Marriage

The number of cases of possible forced marriage being supported by the UK Forced Marriage Unit had been declining until the most recent year of data (2016).

- In 2016 the UK Forced Marriage Unit gave advice or support related to a possible forced marriage in 1,428 cases nationwide<sup>81</sup>. This was up from 1,220 in 2015 (+17%). 10% of the cases were in the South East, compared with 11% in 2012.

<sup>79</sup> NHS Digital: [Female Genital Mutilation \(FGM\) Annual Report](#) 2016/17 July 2017

<sup>80</sup> Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018)

<sup>81</sup> Forced marriage Unit Statistics: <https://www.gov.uk/government/statistics/forced-marriage-unit-statistics-2016>

In Oxfordshire: for the four-year period Jan 2014 to Dec 2017, Thames Valley Police recorded no (zero) victims of Forced Marriage<sup>82</sup>.

## Honour-based Violence

According to the Crown Prosecution Service guidance:

There is no specific offence of "honour based crime". It is an umbrella term to encompass various offences covered by existing legislation. Honour based violence (HBV) can be described as a collection of practices, which are used to control behaviour within families or other social groups to protect perceived cultural and religious beliefs and/or honour. Such violence can occur when perpetrators perceive that a relative has shamed the family and/or community by breaking their honour code.

The number of victims of Honour-based violence in Oxfordshire appears to have increased from 18 recorded by Thames Valley Police in 2014 to 69 in 2017.

The majority of victims in the 4-year period 2014-2017 were residents of Oxford city (61%). 23% were resident in Cherwell and 8% in Vale of White Horse.

**Table 22 Number of Victims of Honour Based Violence All Occurrences (Crime and Crime Related Occurrence) in Oxfordshire, calendar year**

	2014	2015	2016	2017	2014-17	% of total
Cherwell	10	5	15	10	40	23%
Oxford	5	16	36	47	104	61%
South Oxfordshire	0	2	1	5	8	5%
Vale of White Horse	2	0	8	3	13	8%
West Oxfordshire	1	1	0	4	6	4%
<b>Oxfordshire TOTAL</b>	<b>18</b>	<b>24</b>	<b>60</b>	<b>69</b>	<b>171</b>	<b>100%</b>

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018); The above data is for all victims of offences where either the HBV Latest or HBV Finalisation qualifier has been used or the Occurrence Type or Classification has been recorded as Honour Based Violence – Crime Related Occurrence.

## Child Sexual Exploitation

In February 2017, the government published *Child sexual exploitation: definition and guide for practitioners*<sup>83</sup> setting out a definition of child sexual exploitation, potential vulnerabilities and indicators of abuse and appropriate action to take in response.

The definition of Child Sexual Exploitation from this guidance is:

*Child sexual exploitation is a form of child sexual abuse. It occurs where an individual or group takes advantage of an imbalance of power to coerce, manipulate or deceive a child or young person under the age of 18 into sexual activity (a) in*

<sup>82</sup> Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018) Forced Marriage data is for all victims of offences where either the Home Office Stats Code has been recorded as 03605 or the Classification has been recorded as Forced Marriage Offences.

<sup>83</sup> <https://www.gov.uk/government/publications/child-sexual-exploitation-definition-and-guide-for-practitioners>

*exchange for something the victim needs or wants, and/or (b) for the financial advantage or increased status of the perpetrator or facilitator. The victim may have been sexually exploited even if the sexual activity appears consensual. Child sexual exploitation does not always involve physical contact; it can also occur through the use of technology.*

In 2017, Thames Valley Police recorded a total of 106 victims of Child Sexual Exploitation in Oxfordshire, almost 40% below that in 2016 (170) with the greatest reduction in Oxford (21 in 2017 compared with 94 in 2016).

Over 40% (44%) of victims recorded in the four years between 2014 and 2017 were in Oxford city and a further 26% were in Cherwell.

**Table 23 Number of Victims of Child Sexual Exploitation (Crime and Crime Related Occurrence) in Oxfordshire, calendar year**

	2014	2015	2016	2017	Total 2014-17	% of total
Cherwell	38	29	41	36	144	26%
Oxford	36	92	94	21	243	44%
South Oxfordshire	8	15	16	24	63	11%
Vale of White Horse	26	16	10	16	68	12%
West Oxfordshire	6	11	9	9	35	6%
<b>Oxfordshire TOTAL</b>	<b>114</b>	<b>163</b>	<b>170</b>	<b>106</b>	<b>553</b>	<b>100%</b>

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018); The above CSE data is for all victims of offences where either the 'Child Sexual Exploitation' qualifier has been used or the Occurrence Type has been recorded as 'Suspected CSE – Crime Related Incident'

## Modern slavery

From 1 November 2015, as set out in the Modern Slavery Act 2015, specified public authorities (including all police forces and local authorities), have a duty to notify the Home Office of any individual encountered in England and Wales who they believe is a suspected victim of slavery or human trafficking.

Thames Valley Police recorded 106 victims of Modern Slavery in Oxfordshire in 2017, almost 3 times the number recorded in 2016 (37).

**Table 24 Number of Victims of Modern Slavery and Trafficking Offences in Oxfordshire, calendar year**

	2016	2017	Total 2016-2017	% of total
Cherwell	12	30	42	29%
Oxford	20	50	70	49%
South Oxfordshire	1	6	7	5%
Vale of White Horse	2	15	17	12%
West Oxfordshire	2	5	7	5%
<b>Oxfordshire TOTAL</b>	<b>37</b>	<b>106</b>	<b>143</b>	<b>100%</b>

Source: Thames Valley Police Crime Recording System - Niche RMS (extracted Jan 2018). The above data is for all victims of Modern Slavery and Trafficking offences. Modern Slavery offences have been identified where either the HO Category Number is 106 or the Modern Slavery Finalisation Qualifier has been used. Trafficking offences have been identified where either the classification or Occurrence Type has been recorded as Trafficking for Sexual exploitation (out of, into, within the UK) and Trafficking for non-sexual Exploitation (out of, into, within the UK)

### Victims of doorstep crime and rogue traders

In 2016-17 there were **377** people who were victims of doorstep crime or rogue traders in Oxfordshire. The majority of rogue traders were 'selling' garden and landscape services followed by roofing.

The vast majority of victims were older people and Oxfordshire Trading Standards has seen a repeat targeting of elderly and vulnerable victims.

- In 2016-17, 87% of victims of doorstep crime and rogue traders (where age was recorded) were aged over 60 (count=145).

The number of victims has been at a similar level for the past 3 years and remains below a peak of 627 in 2013-14.

**Table 25 Victims of doorstep crime and rogue traders**

District	2012-13	2013-14	2014-15	2015-16	2016-17
Cherwell	78	99	80	83	80
Oxford City	67	66	115	85	101
South Oxfordshire	83	97	42	63	73
Vale of White Horse	97	89	56	80	58
West Oxfordshire	48	79	50	49	53
SUM of districts	373	430	343	360	365
<i>District not recorded</i>	20	197	34	19	12
<b>TOTAL Oxfordshire</b>	<b>393</b>	<b>627</b>	<b>377</b>	<b>379</b>	<b>377</b>

Source: Oxfordshire County Council

## 8.8 People accessing Citizens Advice services

Oxfordshire has open-door Citizens Advice services based in offices in Abingdon, Banbury, Bicester, Didcot, Henley, Thame, Oxford and Witney plus outreach and specialist services.

National Citizens Advice research<sup>84</sup> has found that:

- *2 in every 3 people who approach Citizens Advice say they are stressed, anxious or depressed. Of these, 4 in 5 (80%) said they felt less stressed, depressed or anxious after receiving advice. 1 in 2 said their physical health had improved.*
- *GPs say 20% of consultations involve requests for help on non-health issues.*

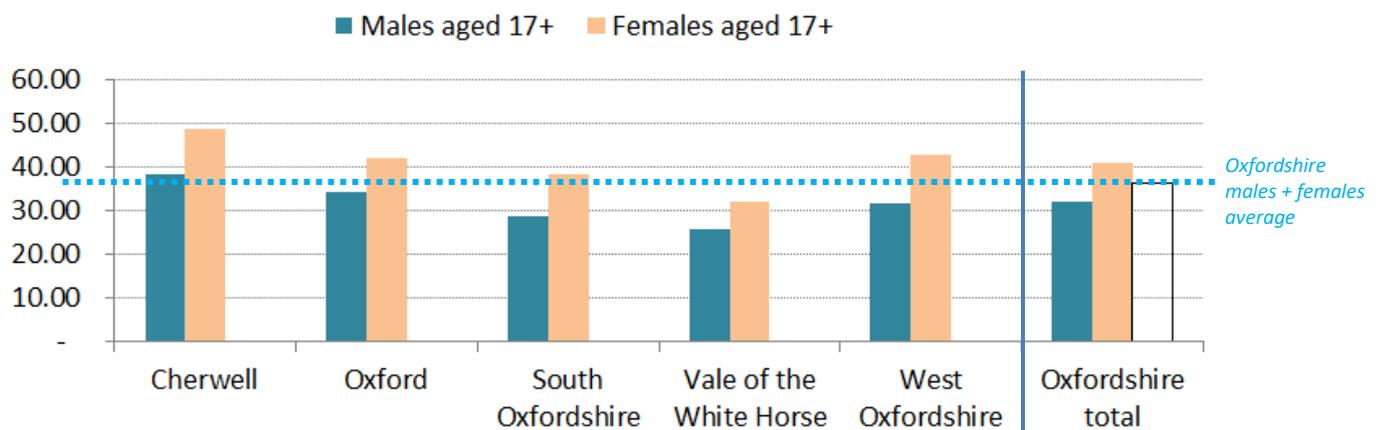
The total number of clients accessing Citizens Advice services in Oxfordshire in 2016-17 was similar to the previous year (25,400 in 2016-17 vs 25,600 in 2015-16).

The majority (80%) accessed benefits, debt, housing and employment services and this number increased from 19,400 in 2015-16 to 20,300 in 2016-17 (+4%).

### Clients by gender

In all districts in Oxfordshire in 2016-17, females were more likely than males to have accessed Citizens Advice services.

**Figure 47 Citizens Advice clients\* by gender per 1,000 population (crude rate) 2016-17**



Source: Citizens Advice Agencies Oxfordshire, ONS 2016 population estimates; \* not including clients of Consumer services

### Clients by ethnicity

The proportion of ethnic minority groups accessing Citizens Advice services has remained well above the proportion of ethnic minority groups in the general population.

- In 2016-17 (as in 2015-16), just over a quarter (28%) of Citizens Advice clients of housing, employment, benefits and debt services in Oxfordshire were from ethnic minority groups (non-white British). This was well above the proportion of the total population with ethnic minority backgrounds as at 2011 of 16% (Census 2011).
- In Oxford in 2016-17, over half (55%) of Citizens Advice clients of housing, employment, benefits and debt services were from ethnic minority groups, up from 36% in 2011.

<sup>84</sup> Citizens Advice (2014) Findings from national outcomes and impact research

### Clients by age

Citizens Advice clients had a higher proportion of people in the age range 25 to 64 than average for the population.

- 75% of Citizens Advice clients (aged 17+) of housing, employment, benefits and debt services in 2016-17 were aged 25 to 64. This was above the proportion of people aged 25 to 64 of the total population in Oxfordshire (64%, ONS mid-2016).

### Clients recorded as disabled

Over a quarter (6,200, 31%) of Citizens Advice clients of housing, employment, benefits and debt services in Oxfordshire were recorded as disabled. This was over double the proportion of people in households with disabilities in the general population in 2011 (Census 2011, 13.6%).

Between 2015-16 and 2016-17 the number of Citizens Advice clients of housing, employment, benefits and debt services with disabilities increased by 22% (from 5,100 to 6,200).

Of Citizens Advice clients with disabilities in 2016-17, 40% had a long-term health condition, just under a quarter (23%) had a physical or sensory impairment and 20% (count=1,229) had a mental health problem.

As in 2015-16, the district with the greatest number of clients with a disability was Cherwell. The district with the greatest number of clients with multiple health impairments was Oxford.

**Figure 48 Citizens Advice clients\* recorded as disabled by disability type 2016-17**

	Cherwell	Oxford	South Oxon	Vale of WH	West Oxon	Oxfordshire total	
Long term health condition	560	644	477	335	493	2,509	40%
Mental health problem	343	264	203	193	226	1,229	20%
Physical or sensory impairment	397	251	282	204	265	1,399	23%
Learning difficulty or cognitive impairment	67	49	35	37	47	235	4%
Multiple impairments	88	120	63	64	101	436	7%
Other	160	82	48	51	54	395	6%
<b>Total with disability</b>	<b>1,615</b>	<b>1,410</b>	<b>1,108</b>	<b>884</b>	<b>1,186</b>	<b>6,203</b>	<b>100%</b>

Source: Citizens Advice Agencies Oxfordshire; \*not including clients of Consumer services

### **Feedback on trends from Citizens Advice agencies in Oxfordshire**

Reflecting on recent trends, Citizens Advice agencies in Oxfordshire have commented:

- *We have seen significant increases in relation to benefits, in particular Housing Benefit, Personal Independence Payments and Employment and Support Allowance. The latter two is certainly due to an increase in withdrawal or refusal of benefits at medical assessment stage for ESA, and in transitioning from DLA to PIP. This will*

*have impacted on other benefits as premium entitlements are lost and other benefits re-evaluated and potentially lost.*

- *It is possibly too early for us to notice any Universal Credit trends as this has only just been introduced here in Oxfordshire.*

A study by Citizens Advice UK<sup>85</sup> into non-health demands on GPs found that 80% of the 824 GPs interviewed reported that dealing with non-health queries resulted in decreased time available to treat other patients' health issues, with almost a fifth (19%) of their consultation time being spent on non-medical matters. The most common issues raised were personal relationships, housing, employment, welfare & benefits and debt.

84% of GPs said that they refer patients to an advice agency in the community and only 31% reported that they were able to advise patients adequately themselves.

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<sup>85</sup> Caper, K & Plunkett, J (2015), A very general practice: How much time do GPs spend on issues other than health? Citizens Advice <https://www.citizensadvice.org.uk/about-us/policy/policy-research-topics/health-and-care-policy-research/public-services-policy-research/a-very-general-practice-how-much-time-do-gps-spend-on-issues-other-than-health/>

## 9 Housing and homelessness

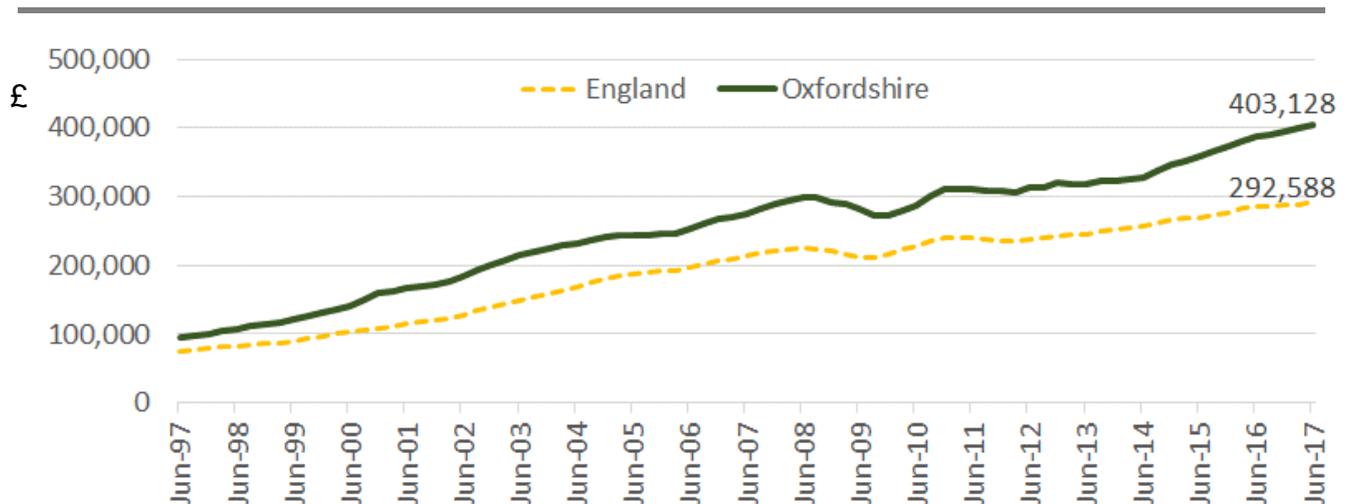
### 9.1 House prices

House prices in Oxfordshire continue to increase at a higher rate than earnings.

- As of 2016 the ratio of the cheapest market housing (lower quartile) to lower quartile earnings was above 10X in each district in Oxfordshire.

The average (mean) price paid for a dwelling in Oxfordshire to year ending June 2017 was £403,128, over a third more expensive than the England average.

**Figure 49 Mean price paid (all dwellings) to year ending June 2017**



Source: ONS Mean price paid for administrative geographies - HPSSA Dataset 12, released December 2017

The Centre for Cities report 2018<sup>86</sup> has again ranked Oxford as the least affordable UK city for housing.

### 9.2 Social rented housing

The proportion of social housing stock varies by district from between 11% and 13% in Oxfordshire's rural districts to 22% in Oxford. Since 2010 the proportion of social housing has declined in all districts in Oxfordshire other than Cherwell.

<sup>86</sup> <http://www.centreforcities.org/publication/cities-outlook-2018/>

**Table 26 Social housing stock as a percentage of total housing stock, 2010 to 2016**

	2010	2015	2016
Cherwell	12.8	12.92	12.91
Oxford	23.9	23.28	21.97
South Oxfordshire	12.5	11.31	11.31
Vale of White Horse	15.3	12.70	12.95
West Oxfordshire	14.1	14.06	12.07

Source: ONS Housing Summary Measures 2016,

Between 2015 and 2016 social sector rents in Oxfordshire increased by around 2% in each district in Oxfordshire (similar to the national increase).

In Oxford City, social rents in 2016 were 17% above the national average.

**Table 27 Average social rents £ per week (as at 31st March each year)**

	2015	2016	2015 to 2016		2016 social rents compared with national average
Cherwell	£105.08	£107.7	2.6	2%	1.10
Oxford	£113.20	£114.5	1.3	1%	1.17
South Oxfordshire	£111.16	£113.4	2.2	2%	1.16
Vale of White Horse	£108.91	£111.0	2.1	2%	1.13
West Oxfordshire	£109.26	£111.9	2.7	2%	1.14
ENGLAND	£95.89	£97.8	1.9	2%	1.00

Source: DCLG Live tables on rents, lettings and tenancies, table 704, Figures are based on based on general needs stock available for social rent only and are only taken from the larger Private Registered Providers

## 9.3 Homelessness

Indicators on homelessness are reported annually to the Oxfordshire Health Improvement Board. This section is from the 2016-17 report<sup>87</sup>.

### Homeless households in priority need

There has been an upward trend in people presenting as homeless<sup>88</sup>, over the whole County, in the past six years, rising from 457 in 2011/12 to 482 in 2016/17, although the figure has fallen from last year's figure (2015/16) of 505. The situation differs across Districts, with some experiencing greater volumes of presentations and some less, over this six-year period.

The reasons for homelessness presentations are changing. The loss of private rented accommodation is becoming an increasing cause of homelessness and, in some Districts, has overtaken exclusion by family or friends as the main reason for homelessness.

There has been an increase in people who are accepted as statutorily homeless and are in priority need in the County since 2011/12 to 2016/17 (279 to 304 households). There was

<sup>87</sup> <http://mycouncil.oxfordshire.gov.uk/ieListDocuments.aspx?CId=899&MId=5211&Ver=4>

<sup>88</sup> It should be noted that the indicators reported here exclude homeless applicants with a 'not homeless' or a 'not eligible' decision, so the total figure is not entirely the full number of all homeless presentations

however a reduction in acceptances from 324 in 2015/16. There are differences between Districts however. Over the past year, all Authorities have seen reductions apart from West Oxfordshire.

The numbers of people found to be intentionally homeless has fallen for four years in a row; from a total of 141 in 2013/14 to 94 in 2016/17.

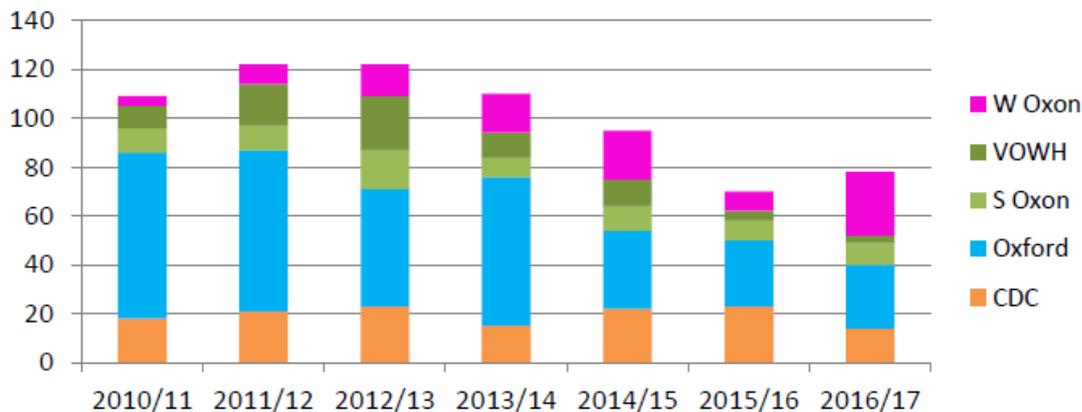
### Young people accepted as homeless

In 2015/16, 70 people aged 18 -24 were accepted as homeless in Oxfordshire. There was no-one aged 16 or 17. In 2016/17 the 18-24 figure rose slightly to **78**; however, this is still significantly lower than 2011/12, 2012/13 & 2013/14 figures (respectively: 122, 122 & 110).

### Priority need because of physical or mental illness

The number of households who are in priority need because of physical or mental illness remains moderately low. In 2016/17, there were 11 homeless households where a member had a physical disability and 23 because of mental health. In 2016/17 just 13 households accepted as homeless with the main reason being rent arrears (same figure as 2015/16).

**Figure 50 Homeless applicants (unintentionally homeless in priority need) aged 18-24 years**



Source: Health Improvement Board, Basket of Indicators for Housing and Health, Annual Report 2016-17

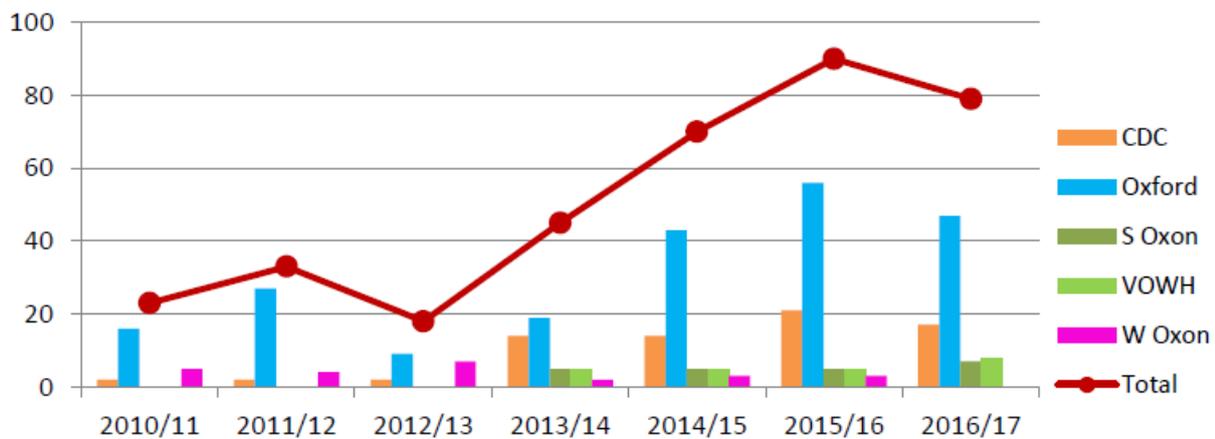
### Households in Temporary Accommodation

There were **161** households in temporary accommodation at the end of the financial year 2016/17, a reduction of 29 from the previous year.

### Rough-Sleeping

The estimated number of people rough sleeping in 2016/17 is **79**, showing a decrease from 90 persons in 2015/16.

The reduction in Oxfordshire bucks the national trend; as there was a 13% increase in rough sleeping, nationally, between autumn 2015 to autumn 2016 (based on most recent DCLG statistics).

**Figure 51 Estimate of number of people sleeping rough**

Source: Health Improvement Board, Basket of Indicators for Housing and Health, Annual Report 2016-17

### Households affected by removal of Spare Room Subsidy and Benefit Cap

In 2016/17, the number of households who found that their housing benefit has been reduced because of the Social Sector size criteria<sup>89</sup> was 2,053. This is a reduction from 2,154 households in 2015/16.

#### Benefit Cap

The benefit cap is a limit on the total amount of income from certain benefits a household can receive. If people receive more than the benefit cap allows then their Housing Benefit or Universal Credit is reduced until within the cap.

In November 2016, the benefit cap was changed.

- The maximum level for single adults who don't have children or whose children don't live with them fell from £350.00 per week to £257.69 per week, and
- The maximum level for couples (with or without children living with them) and single parents whose children live with them fell from £500.00 per week to £384.62 per week.

As a result of the reduction of benefit cap levels, the number of households affected by the benefit cap across Oxfordshire increased significantly from 125 in 2015-16 to 618 households in 2016-17.

<sup>89</sup> This affects households where the tenants are of working age and do not fall within one of the exception categories and they are assessed as having one or more bedrooms than they require according to the following formula of one bedroom for

- each adult couple
- any other person aged 16 or over
- two children of the same sex under the age of 16
- two children under the age of 10 regardless of their sex
- any other child
- a carer (who does not normally live with the tenant) if the tenant or their partner needs overnight care.

Tenants who are under occupying by one bedroom, have their benefit reduced by 14% of eligible rent, and tenants who are under occupying by two or more bedrooms have their benefit reduced by 25% of eligible rent.

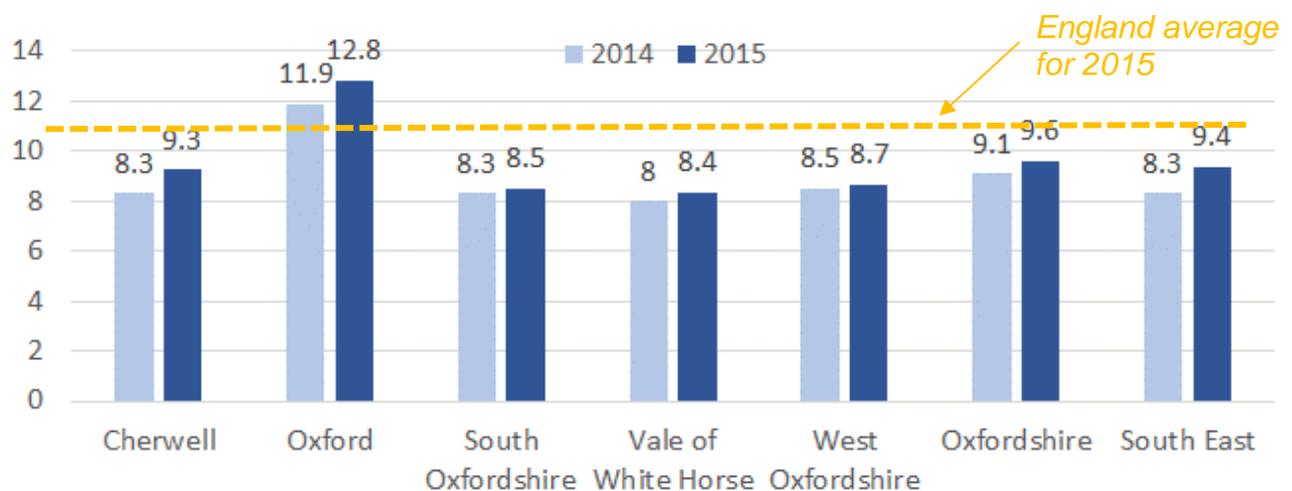
## 9.4 Fuel poverty

Between 2014 and 2015, an additional 1,600 households in Oxfordshire were classed as being “fuel poor” taking the total to 25,915 households in fuel poverty in the county.

There was an increase in the proportion of households defined as “fuel poor” in each district of Oxfordshire.

Oxford is one of 9 (out of 67) local authority districts in the South East to be significantly worse than the national average on fuel poverty (2015). Cherwell, South Oxfordshire, Vale of White Horse and West Oxfordshire were each significantly better than the national average.

**Figure 52 Percentage of households in fuel poverty 2014 and 2015**



Department for Business, Energy and Industrial Strategy published June 2017

Low Income High Costs (LIHC) definition: a fuel poor household is one in which..

- A household has required fuel costs that are above the median level; and
- Were the household to spend that amount, they would be left with a residual income below the official poverty line.

The greatest increase in the estimated number of fuel poor households was in Cherwell (+13%), similar to the regional average (13%).

**Table 28 Estimated number of Fuel Poor Households**

	2014	2015	2014 to 2015		% fuel poor 2015
Cherwell	4,870	5,481	611	13%	9.3
Oxford	6,840	7,406	566	8%	12.8
South Oxfordshire	4,670	4,809	139	3%	8.5
Vale of White Horse	4,099	4,306	207	5%	8.4
West Oxfordshire	3,798	3,913	115	3%	8.7
Oxfordshire	24,277	25,915	1,638	7%	9.6
South East	305,289	346,392	41,103	13%	9.4
England					11.0

Source: Department for Business, Energy and Industrial Strategy published June 2017

Fuel poverty in England is measured using the Low Income High Costs (LIHC) indicator. Under the LIHC indicator, a household is considered to be fuel poor if:

- they have required fuel costs that are above average (the national median level).
- were they to spend that amount, they would be left with a residual income below the official poverty line.

## 10 Physical and social environment

The environment is a major determinant of health. A well-designed physical environment can provide opportunities for:

- **people to be more active** e.g. encouraging walking and cycling as modes of transport, open spaces/green spaces for play and recreation, sports and leisure.
- **healthier food choices** e.g. restricting proximity of hot food takeaways to schools and encouraging healthy food provision in public spaces such as community centres, leisure centres and park kiosks.
- **social interaction** e.g. encouraging social community infrastructure and opportunities for social interaction, reducing social isolation and loneliness.

*Mental health and many common mental disorders are shaped, to a great extent, by the social, economic, and physical environments in which people live.<sup>90</sup>*

### 10.1 Access to healthy food choices

There is limited data about the availability of healthy food choices at a local area. As part of work on obesity, Public Health England has published information on the number of fast food outlets by local authority and ward<sup>91</sup>.

According to this analysis by Public Health England, there was a total of 423 fast food outlets in Oxfordshire of which 56% were in Cherwell and Oxford.

**Table 29 Count and rate per 100,000 population of fast food outlets in Oxfordshire (2014)**

	Count of outlets	Rate per 100,000 population	% of Oxfordshire outlets total
Cherwell	108	75	26%
Oxford	127	80	30%
South Oxfordshire	73	53	17%
Vale of White Horse	59	47	14%
West Oxfordshire	56	52	13%
Oxfordshire	423	63	100%

Source: Public Health England; rate uses ONS population estimate mid 2014

Banbury town centre (and surrounding retail areas) had more fast food outlets than Oxford city centre. Oxfordshire wards with the highest number of fast food outlets were:

- Banbury Grimsbury and Castle (39)
- Carfax (36)
- Bicester Town (20)
- Didcot South (19)
- Wantage Charlton (16)

<sup>90</sup> Social Determinants of Mental Health, World Health Organisation 2014

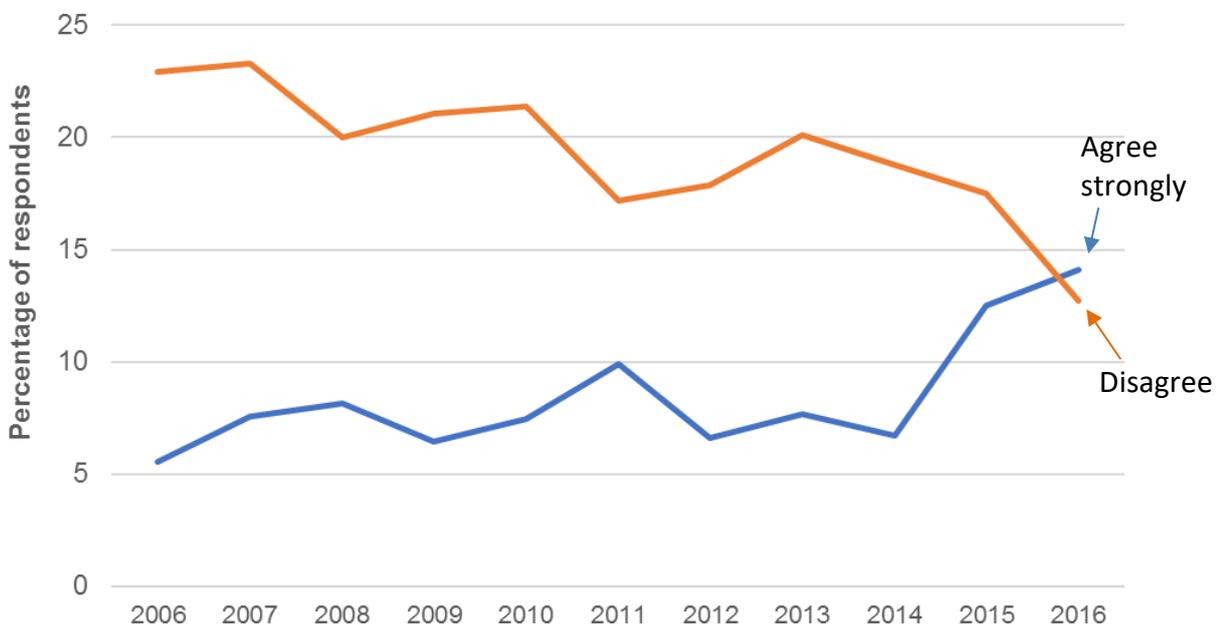
<sup>91</sup> <http://www.noo.org.uk/visualisation>

- St Mary's, Oxford (15)
- Witney South (14)
- Didcot West (11)
- Henley-on-Thames (10)

## 10.2 Active travel

The British Social Attitudes Survey measures public attitudes towards transport and has been doing so since 1996. Recent data (2016) shows that there is a strong willingness to walk short journeys less than 2 miles, rather than go by car. This has increased, from 6% in 2006 to 14% in 2016, whilst the proportion disagreeing has fallen from 23% to 13% in the same period.

**Figure 53 “Many of the journeys of less than 2 miles that I now make by car I could just as easily walk” – percentage of respondents agreeing and disagreeing**



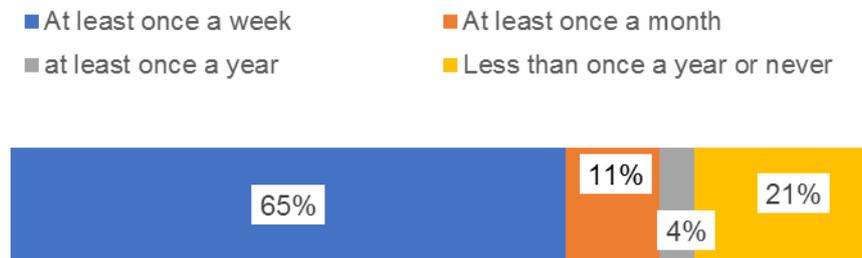
Source: <https://www.gov.uk/government/statistical-data-sets/att03-attitudes-and-behaviour-towards-roads-and-road-travel#table-att0315>

The same survey looks at perception of cycling danger. In 2016, 59% agreed that “It is too dangerous for me to cycle on the roads”, which is significantly lower than the 64% who agreed in 2015. The perception that roads are too dangerous for cyclists is at its lowest since the question was first asked in 2011.

The National Travel Survey (NTS) is a household survey of personal travel by residents of England travelling within Great Britain, from data collected via interviews and a one week travel diary. The NTS is part of a continuous survey that began in 1988, following ad-hoc surveys from the 1960s, which enables analysis of patterns and trends. Latest data is for 2016.

The NTS asks people to estimate how often they did a walk of more than 20 minutes. Around 65% of respondents said at least once a week.

**Figure 54 Walking frequency (walks of 20 minutes or more)**



Source: National Travel Survey 2016 <https://www.gov.uk/government/statistical-data-sets/nts03-modal-comparisons#table-nts0312>

Around 21% said less than once a year or never, but this varied by age. For age groups up to 50- 59, less than 20% of respondents gave this answer, compared to 45% of people aged 70 and over.

### Walking to school in Oxfordshire

Living Streets, the UK charity for everyday walking (<https://www.livingstreets.org.uk/>) has the ambition “Every child that can, walks to school”. In Oxfordshire 18 schools are signed up to take part in the challenge, with good results. There has been an increase in active travel rates of 19%.

The challenge is a behavioural change programme that incentivises primary school children, their parents and teachers to travel actively all or part of the way to school.

Every day pupils record how they get to school on the WOW Travel Tracker. Children who walk at least once per week for a month are rewarded with themed badges.

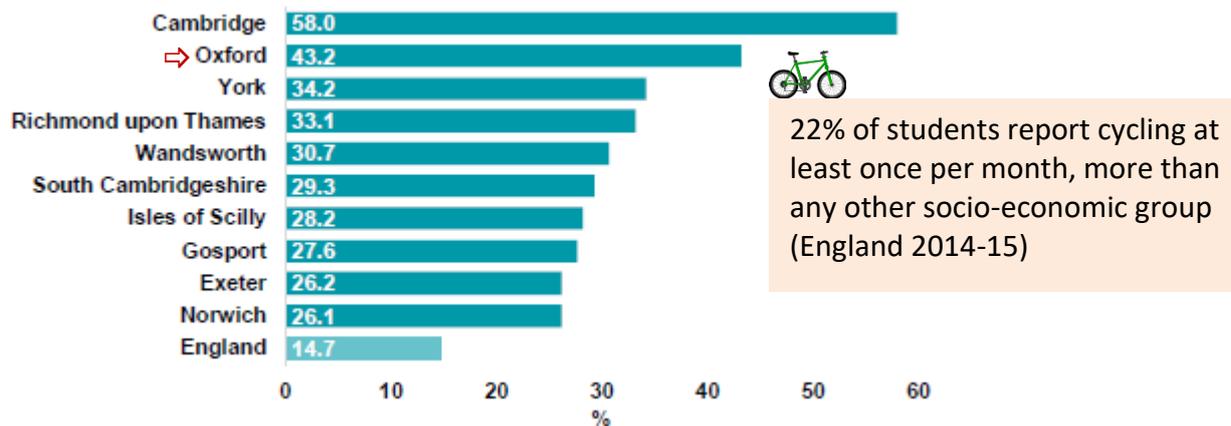
As of February 2018, 4,755 pupils in 18 schools are taking part in the challenge. Reports available show the number of trips taken since mid-October:

- By car have reduced by 3%.
- By walking increased over 7%
- By Park & Stride increased by 3%

Oxford continues to have relatively high rates of cycling, influenced by the higher rate of cycling amongst students.

- In England, the proportion of the adult population who cycled at least once per month has remained at around 15%. In Oxford, the proportion was over double this national rate (43%).

**Figure 55 Percentage of adults cycling at least once a month: top 10 local authorities, England, 2014-15**

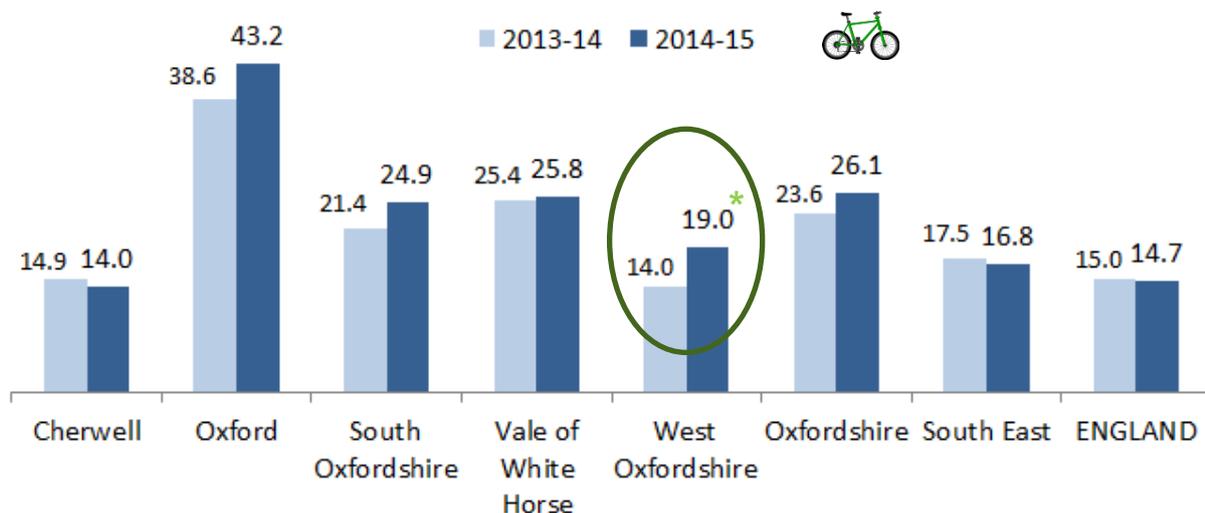


Source: Walking and cycling statistics Dept for Transport from Active People Survey (published July 2016, latest as of Jan18)

Comparing rates of walking and cycling between 2013-14 and 2014-15 shows little change in Oxfordshire’s districts.

The exception was West Oxfordshire where there was a statistically significant increase in cycling between 2013-14 and 2014-15. The increase in West Oxfordshire was in people using a cycle for “utility” reasons (anything other than recreational, i.e. including cycling to work) at least once per month.

**Figure 56 Any cycling in the last 4 weeks (% of survey respondents)**



\*statistically significant increase

Source: Walking and cycling statistics Dept for Transport from Active People Survey (published July 2016)

National analysis (England)<sup>92</sup> shows differences between walking and cycling in urban vs rural local authorities:

- Walking and cycling for recreational purposes is more prevalent in rural areas,
- Walking and cycling for utility purposes is more prevalent in urban areas.
- Overall cycling prevalence levels are higher in rural authorities.

Oxfordshire County Council operates 28 automatic counters for monitoring cycling. According to transport monitoring data, between 2015 and 2016<sup>93</sup>, there was:

- A decline in cycle flows (counts) in Abingdon and Witney.
- An increase in cycle flows (counts) in Oxford (Barracks Lane, Parks cycle route) and A40 near Cassington.

### Green spaces

An October 2016 Parliamentary Office of Science and Technology briefing on Green space and Health<sup>94</sup> found that:

- Areas with more accessible green space are associated with better mental and physical health.
- The risk of mortality caused by cardiovascular disease is lower in residential areas that have higher levels of 'greenness'.
- There is evidence that exposure to nature could be used as part of the treatment for some conditions.

## 10.3 Isolation and loneliness

Isolation and loneliness have been found to be a significant health risk and a cause of increased use of health services.

- Loneliness can be as harmful for our health as smoking 15 cigarettes a day<sup>95</sup>.
- Lonely individuals more likely to visit their GP, have higher use of medication, higher incidence of falls and increased risk factors for long term health care<sup>96</sup>.

In 2015, Age UK carried out a study to predict risk of loneliness at a local area level by applying findings from the English Longitudinal Study of Ageing (wave 5) to local demographic and social statistics.

<sup>92</sup> Dept for Transport: Local area walking and cycling in England 2014-15  
<https://www.gov.uk/government/statistics/local-area-walking-and-cycling-in-england-2014-to-2015>

<sup>93</sup> <https://www.oxfordshire.gov.uk/cms/content/transport-monitoring>

<sup>94</sup> <http://researchbriefings.parliament.uk/ResearchBriefing/Summary/POST-PN-0538>

<sup>95</sup> Social relationships and mortality risk: a meta-analytic review. Holt-Lunstad J, Smith TB, Layton JB. PLoS Med 2010;7(7)

<sup>96</sup> Cohen, G.D. et al. 2006 'The impact of professionally conducted cultural programs on the physical health, mental health, and social functioning of older adults' The Gerontologist 46 (6)  
<http://gerontologist.oxfordjournals.org/content/46/6/726>

The factors which were more associated with a higher prevalence of loneliness were:

- Health
  - The poorer the self-reported health, the more likely the respondent feels lonely.
  - Having difficulty with one or more activities of daily living is positively associated with the prevalence of loneliness
- Household type:
  - Being single, divorced or separated and widowhood are associated with a higher prevalence of loneliness compared to being married.
  - Household size is inversely related with prevalence of loneliness (the more people in the household the less like the respondent feels lonely).

Areas rated as “High risk” for isolation and loneliness in Oxfordshire were mainly found in Oxford and the urban centres of Banbury, Bicester, Kidlington, Didcot, Henley, Thame, Wallingford, Abingdon, Faringdon, Wantage and Grove, Chipping Norton and Witney.<sup>97</sup>

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<sup>97</sup> <https://www.ageuk.org.uk/our-impact/policy-research/loneliness-maps/>

## 11 Population change and implications for future demand

### 11.1 Historical change in population

As of mid-2016, the ONS estimated total population of Oxfordshire was **683,200** residents (including students and armed forces). This was an increase of 5,400 (+0.8%) compared with the previous year (mid-2015).

Over the ten-year period, 2006 and 2016, there was an overall growth in the population of Oxfordshire of 52,100 people (+8.3%), similar to the increase across England (+8.4%).

The five-year age band with the greatest increase over this period was the newly retired age group 65 to 69 (+41%). There was a decline in the population aged 35 to 44.

**Children and young people** aged 0 to 17 made up 21% of Oxfordshire's population as of mid-2016, a similar proportion to that in 2006. The greatest increases were in the age groups 0-4 and 5-9.

**Older people** aged 50 and over, made up 36% of Oxfordshire's population as of mid-2016, up from 32% in 2006. The greatest increase over this time was in the number of people aged 60-69.

The change in population by age varies by district in Oxfordshire with rural districts seeing an increase in the retirement aged population and Oxford seeing a growth in the younger age groups.

### 11.2 Forecast growth in population

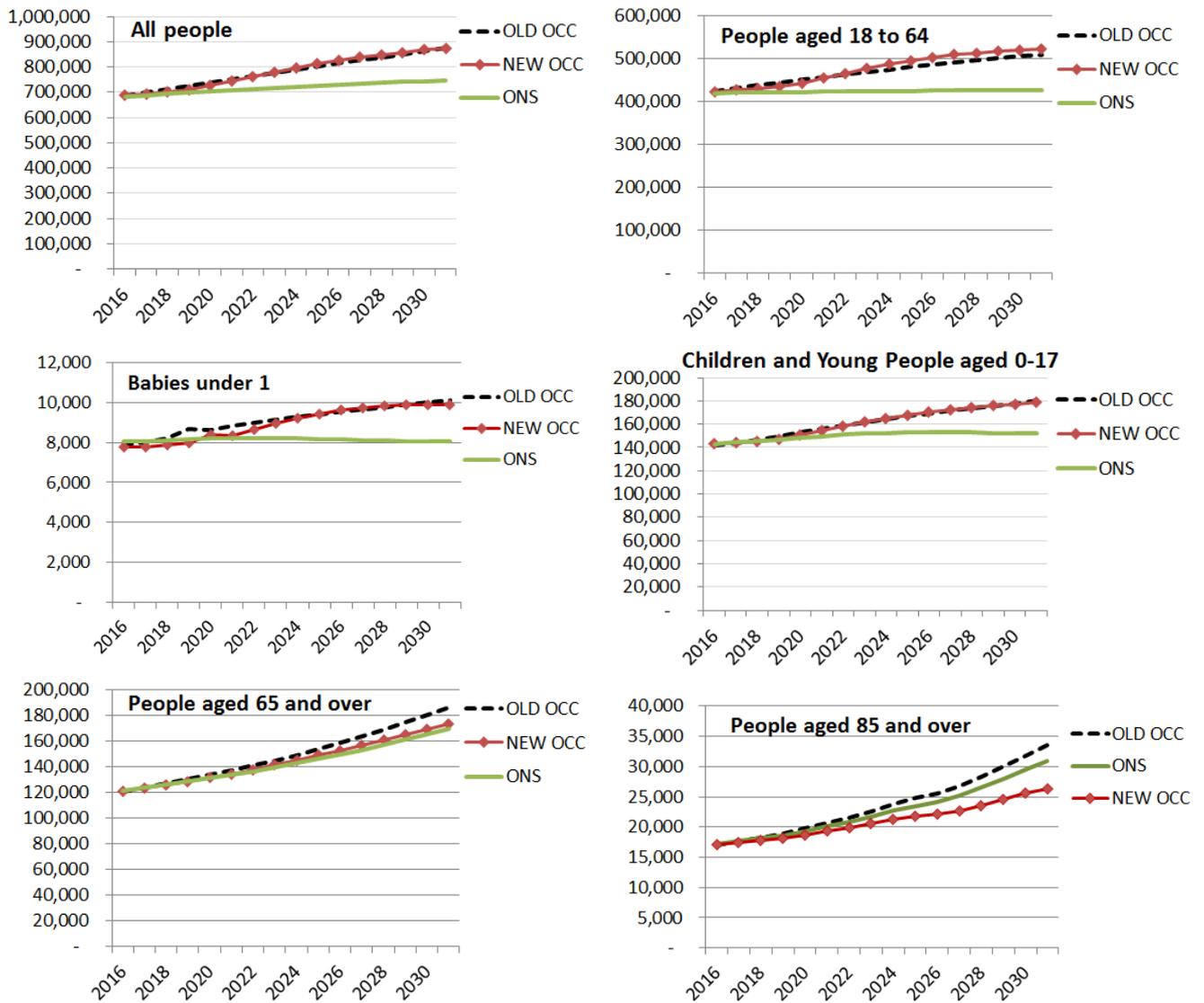
Oxfordshire County Council's updated local population forecasts include the expected housing growth in adopted and draft district local plans.

The new forecasts are also based on an improved set of assumptions from ONS, especially in the upper age bands where deaths data is now available by single year of age.

The following charts show the differences by age group between the new County Council forecasts (Feb18), the old County Council forecasts (Nov 2016) as reported in the previous JSNA and the trend-based Office for National Statistics 2014-based sub national population projections.

The comparisons show a similar trend in the total population and younger age groups and a lower predicted growth in the number of older people than the previous set of forecasts.

**Figure 57 Comparison of Oxfordshire County Council population forecasts based on housing growth (Nov16 and Feb18) and ONS projections based on past trends**



Sources: Oxfordshire County Council population forecasts (Nov16 and Feb 2018) and ONS 2014-based subnational population projections

The latest Oxfordshire County Council population forecasts, predict an increase in the number of Oxfordshire residents of +187,000 people (+27%) between 2016 and 2031.

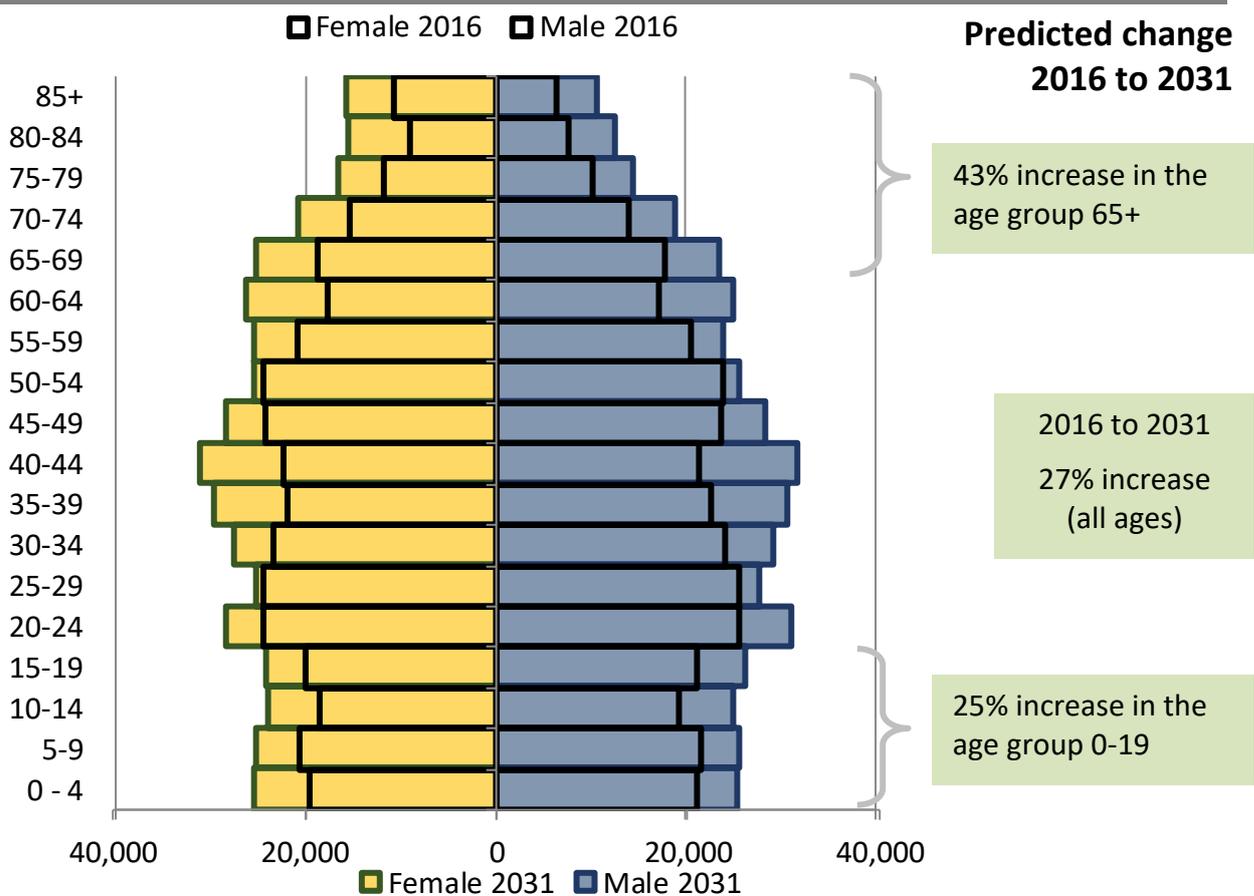
**Table 30 Projected growth in total resident population 2016 to 2031**

	2016	2031	Change 2016 to 2031	
Cherwell	148,200	205,000	56,800	38%
Oxford	161,400	170,500	9,000	6%
South	139,600	180,800	41,200	30%
Vale	129,400	179,900	50,600	39%
West	109,300	138,800	29,400	27%
<b>OXFORDSHIRE</b>	<b>687,900</b>	<b>874,900</b>	<b>187,000</b>	<b>27%</b>

Source: Oxfordshire County Council population forecasts (Feb18)

The number of children and young people aged 0-19 is predicted to increase by +25% and the older age group 65+ in Oxfordshire is expected to increase by +43%.

**Figure 58 Oxfordshire population by age 2016 and 2031**



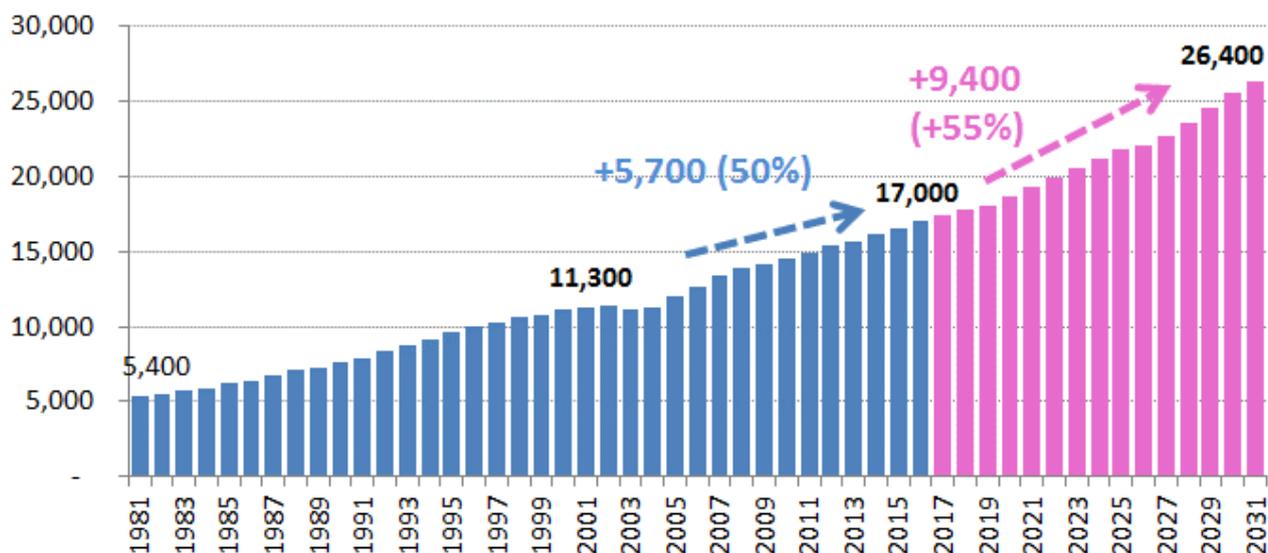
Source: Oxfordshire County Council population forecasts (Feb18)

### Predicted growth of the oldest age group (85+)

Between 2001 and 2016 the number of people aged 85 and over, living in Oxfordshire, increased from 11,300 to 17,000, a growth of 50%.

Between 2016 and 2031, Oxfordshire County Council predicts this age group will increase by a further 9,400 people to 26,400 (+55%).

Figure 59 Historical and forecast number of people aged 85 and over living in Oxfordshire



Sources: ONS mid-year population estimates; Oxfordshire County Council population forecasts (Feb18)

Each district in Oxfordshire is predicted an increase in the number of people aged 85 and over. The district expected to see the greatest increase in number and percentage change is Vale of White Horse.

Table 31 Historical and projected number of people aged 85 and over, Oxfordshire districts (2001 to 2016 and 2016 to 2031)

	ONS mid-year estimates			OCC projection		
	2001	2016	2001 to 2016	2031	2016 to 2031	
Cherwell	2,200	3,400	1,300	5,400	1,900	56%
Oxford	2,500	2,900	400	3,600	700	26%
South Oxfordshire	2,600	3,900	1,300	6,200	2,400	61%
Vale of White Horse	2,100	3,600	1,500	6,000	2,400	66%
West Oxfordshire	2,000	3,300	1,200	5,200	1,900	59%
Oxfordshire	11,300	17,100	5,800	26,400	9,300	55%

Sources: ONS mid-year population estimates; Oxfordshire County Council population forecasts (Feb18)

## 11.3 Implications of population growth for future demand for mental health services

Using the count of referrals to mental health services by age (see section 10.2) and calculating the (crude) rate per population (ONS) shows the age group 15-19 increasing from 23 per 1,000 population in 2011/12 to 42 per 1,000 in 2016/17.

Applying the rate of per population in 2016/17 to the forecast growth in population (Oxfordshire County Council forecasts including growth in housing) gives a potential increase in demand of:

- +9% from 2016/17 to 2021/22, to a total of 13,100 and
- +21% from 2016/17 to 2026/27 to a total of 14,500.

**Table 32 Rate per 1,000 population of patients referred to Oxford Health mental health services including estimates for 2021/22 and 2026/17 based on growth in population**

Age group	RATE						COUNT		
	2011/12	2012/13	2013/14	2014/15	2015/16	2016/17	2016/17 ACTUAL	2021/22 EST	2026/27 EST
0-4	1.9	1.3	1.5	1.3	1.6	1.1	46	49	55
5-9	16.1	18.7	22.0	14.4	21.5	20.6	866	900	1,000
10-14	22.0	25.1	32.4	25.7	38.1	36.4	1,371	1,600	1,700
15-19	22.7	26.9	34.1	33.7	41.0	41.6	1,704	1,800	2,100
20-24	14.6	15.5	17.1	17.8	19.0	20.6	1,037	1,100	1,100
25-29	12.5	12.3	15.5	14.8	17.4	18.9	856	1,000	1,100
30-34	13.1	13.3	13.7	13.8	14.7	15.8	730	800	900
35-39	14.0	12.8	13.8	12.2	14.7	14.6	644	700	900
40-44	12.9	12.9	13.0	11.3	13.5	13.3	578	600	700
45-49	11.7	11.8	12.2	10.3	12.2	13.3	634	600	700
50-54	9.9	10.3	10.6	10.1	10.2	11.0	531	500	500
55-59	8.7	8.7	10.2	8.5	8.6	9.5	391	500	500
60-64	6.0	6.0	7.4	7.1	6.6	7.3	254	300	400
65-69	9.3	8.5	7.6	7.5	8.4	7.7	278	300	300
70-74	13.8	13.6	14.0	13.3	11.9	13.2	385	500	400
75-79	26.3	23.9	22.8	20.6	21.1	19.9	436	500	700
80-84	45.1	44.8	41.3	35.8	34.2	33.7	559	600	800
85+	68.6	65.3	58.2	50.1	45.3	42.1	715	800	900
<b>TOTAL</b>	<b>15.1</b>	<b>15.5</b>	<b>16.8</b>	<b>15.1</b>	<b>17.3</b>	<b>17.6</b>	<b>12,015</b>	<b>13,100</b>	<b>14,500</b>
							Growth from 2016/17	+9%	+21%

Sources: Oxford Health NHS FT; ONS population estimates; Oxfordshire County Council population forecasts Feb18

Applying the current prevalence of dementia in Oxfordshire (diagnosed and undiagnosed) to the forecast growth in population of people aged 65+ gives an estimated additional 1,000 people with dementia by 2022 and a further 1,200 by 2027.

**Table 33 Estimate of future number of people with dementia in Oxfordshire based on forecast growth in population**

	mid 2017	mid 2022 EST	mid 2027 EST
Oxfordshire population aged 65+	123,200	137,900	156,700
estimated people with dementia aged 65+	8,000	9,000	10,200
<i>Change vs 2017</i>		<i>1,000</i>	<i>2,200</i>
		<i>13%</i>	<i>28%</i>

Source: Oxfordshire County Council; total dementia prevalence estimates from Oxfordshire CCG