

7 Service use

This chapter sets out the changing demand for health and social care services across Oxfordshire.

The Oxfordshire Clinical Commissioning Group (OCCG) is responsible for commissioning the majority of the healthcare provided to patients registered at Oxfordshire-based General Practitioners (GP) practices.

Reports published by Healthwatch Oxfordshire provide more information about the quality of services from a patient perspective.

7.1 Service use – key findings

This section highlights the key messages from the review of data on Service Use (data sources and research references are provided with the detailed data in the remainder of this chapter).

Healthcare workforce

- In September 2017, there was a total of 644 advertised vacancies (full time equivalents) for Oxford Health NHS FT, Oxford University Hospitals NHS FT and Oxfordshire CCG. 44% were for nurses/midwives and 22% were administrative and clerical.
- Care Quality Commission analysis shows that from mid-2016 to mid-2017 Oxfordshire NHS Acute staff turnover for nursing & midwifery staff, other clinical and non-clinical staff was well above the England average.

Use of health services

- Use of health services is increasing overall and per person. The number of times people visit their doctor or are treated in hospital has increased significantly in Oxfordshire (and nationally), especially in the older age group.
- According to the 2017 GP Patient Survey, after contacting an NHS service outside of GP surgery hours, 30% of Oxfordshire respondents attended A&E (34% nationally).
- The proportion of hospital inpatients with complicating comorbidities is increasing. In 2012-13 the proportion was 10.3% of inpatient spells and by 2016-17 this had increased to 11.8%. The district with the highest proportion of patients with complicating comorbidities was Oxford City.
- In 2016-17 there was around 12,000 inpatient spells for Oxfordshire residents aged 85 and over, 10% of the total number of inpatient spells.
- Oxfordshire County Council forecasts suggest a potential increase of inpatient spells for people aged 85+ from 12,000 in 2016-17 to 18,400 by 2031-32 (+6,800).
- In 2016-17 Ambulance data show the top condition for Oxfordshire residents was falls, 11% of the total.
- Oxfordshire's comparative rates of injuries due to falls in people aged 65+ and for people aged 80+ has improved, from statistically worse than average to similar to the South East average.



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- In 2016-17 the average daily rate of delayed transfers of care (DTOC) within Oxfordshire in 2016-17 was 25.7 (people aged 18 and over per 100,000). This rate has fallen since the previous year but remains significantly higher than the average rate for England of 15.
 - Care Quality Commission analysis shows the greatest difference between Oxfordshire and national/regional averages from February 2017 to August 2017 was people waiting for a care package at home or community equipment/adaptations, where Oxfordshire was over 3 times the average rate per 100,000 people of comparator areas.
- In the past year, there has (again) been an increase in the number of people referred for treatment to Oxford Health mental health services, particularly children and young people.
 - Between 2011-12 and 2016-17, the number of patients referred to Oxford Health mental health services overall increased by 22%. The number of patient referrals aged 10-14 increased by 70% and aged 15-19 increased by 80%
- 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.

Use of social care services

- The majority (60%) of Oxfordshire's long term social care clients are older people aged 65 and over. A quarter (25%) of people receiving social care support are people with learning disabilities.
- Oxfordshire County Council forecasts suggest a potential increase of older social care clients aged 85+, from 1,900 in 2017 to 2,900 by 2031.
- Between 2015-16 and 2016-17 there was a 9% drop in the number of adults provided with short-term reablement services.
- There has been an increase in the proportion of older social care clients supported at home, from 44% of older clients in 2012 to 59% in 2017.
- By district, the highest number of older people being supported with long-term social care services as of end March 2017 was in Cherwell. The highest rate per 1,000 population was Oxford City.
- Oxfordshire County Council estimates that: of the total number of older people receiving care in Oxfordshire, 40% (4,200) are being supported by the County Council or NHS funding and 60% (6,300) are self-funding their care.
- Oxfordshire has seen increases in the number of children referred to social care, children on protection plans and children who are looked after.
 - 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.
 - 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.



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- 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.
- Care leavers in Oxfordshire are less likely than average to be in employment, education or training.

Community safety, Citizens Advice, Troubled families

- The vast majority of victims of doorstep crime and rogue traders were older people and Oxfordshire Trading Standards has seen a repeat targeting of elderly and vulnerable victims.
- A higher than average proportion of clients of Oxfordshire's Citizens Advice services were disabled (31% compared with 14% with activities limited by health or disability in Oxfordshire in 2011). The district with the greatest number of clients with multiple health impairments was Oxford.
- 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.*
- Around 2,800 families have been identified in Oxfordshire for the second phase of the Troubled Families (Think Families) programme. Over half (61%) 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).

Access to services

- National data shows that a significantly lower proportion of disabled people used the internet to find information about goods and services (57% disabled compared with 80% not disabled).
- Areas of rural Oxfordshire classified as 2 miles or more from a GP surgery cover almost a third of the younger population (aged 0-15, 32%) and a third of the older population (aged 65+, 34%) in rural districts.




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7.2 Primary health care

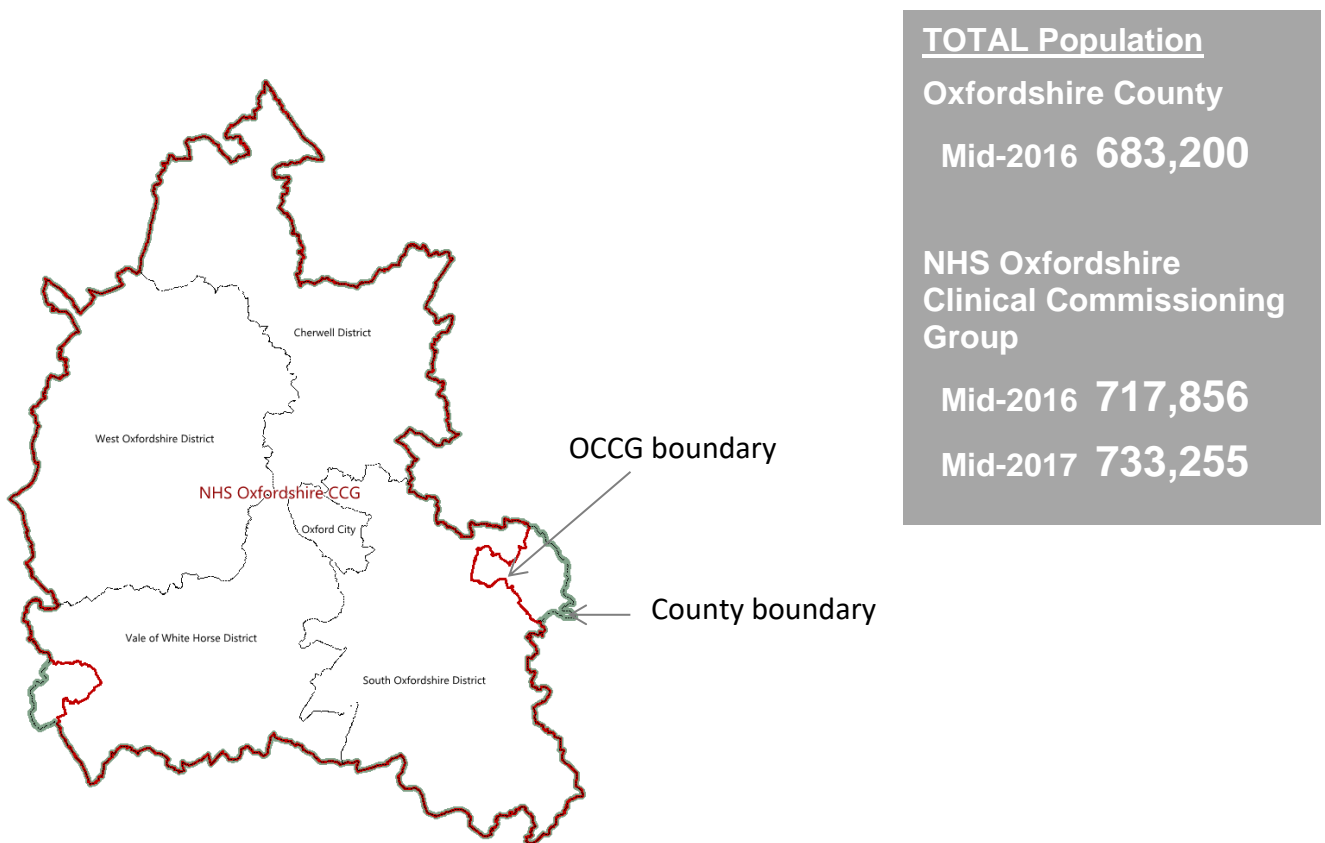
Oxfordshire Clinical Commissioning Group area

 Between mid-2016 and mid-2017 the Oxfordshire Clinical Commissioning Group (OCCG) GP registered population increased by 2% to a total of **733,255**.

Comparing the Oxfordshire Clinical Commissioning Group (OCCG) GP registered population in mid-2016 with ONS population estimate for Oxfordshire shows the GP practice population as 34,700 above the estimated population of Oxfordshire county.

This is a result of (a) slightly different geographical boundaries; (b) some residents of neighbouring counties being registered with Oxfordshire GPs; (c) possible delays in deregistering patients from practice lists, especially students.

Figure 1 Oxfordshire Clinical Commissioning Group boundary



Source: Map from NHS South, Central and West Commissioning Support Unit



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Oxfordshire is sub-divided into 5 district areas and 6 Clinical Commissioning Group locality areas.

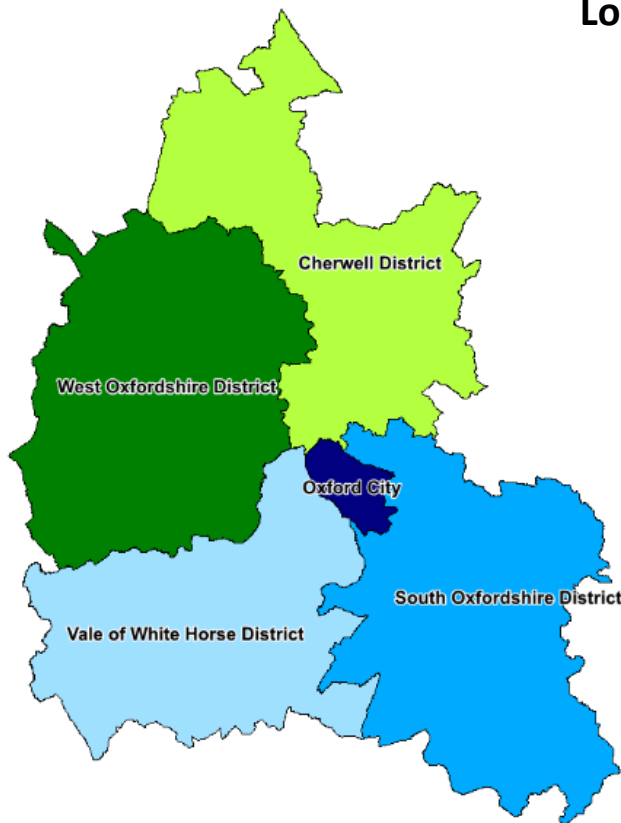
Districts

- Cherwell
- Oxford
- South Oxfordshire
- Vale of White Horse
- West Oxfordshire

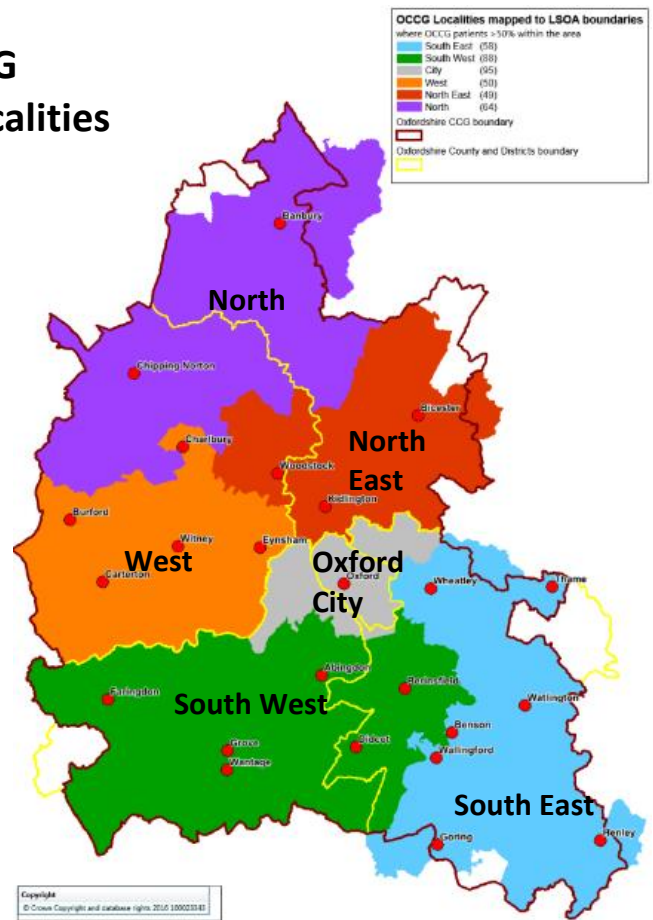
OCCG Localities

- North
- North East
- West
- Oxford City
- South West
- South East

Districts



CCG Localities



Locality mapping based on patients registered to GP practices within Oxfordshire Clinical Commissioning Group by Lower Super Output Area



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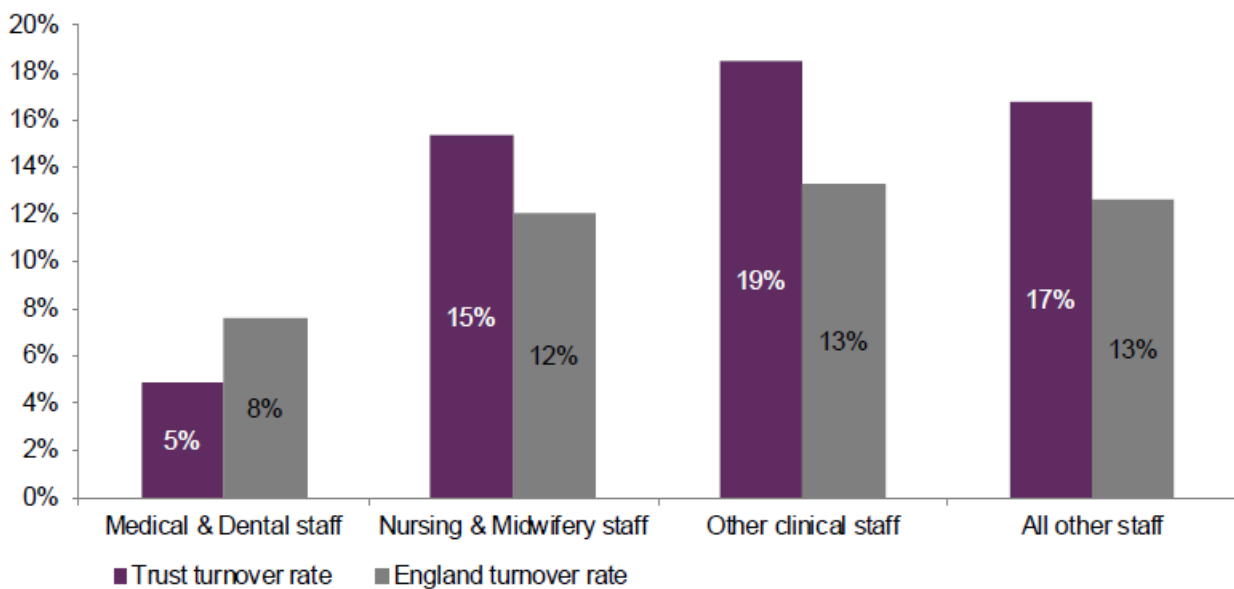
Healthcare workforce

As of September 2017, there were 406 full time equivalent GPs (including salaried, retainers, registrars and locums) in Oxfordshire CCG practices, 59.5 per 100,000 population¹. This was just below the national average of 60.3 per 100,000 population.

NHS experimental vacancy statistics published January 2018² include comparative organisational level vacancy data for the first time. This shows a total of 644 advertised vacancies (full time equivalents) for Oxford Health NHS FT, Oxford University Hospitals NHS FT and Oxfordshire CCG in September 2017. 44% were for nurses/midwives and 22% were administrative and clerical.

Care Quality Commission analysis shows that from mid-2016 to mid-2017 Oxfordshire NHS Acute staff turnover for nursing & midwifery staff, other clinical and non-clinical staff was well above the England average.

Figure 2 NHS Acute Staff Turnover 1Jul16 to 30Jun17



Source: CQC analysis. Levels of staff turnover and stability within acute hospital services between 01 July 2016 and 30 June 2017. Oxfordshire is Oxford University Hospitals NHS Foundation Trust. Turnover data is based on headcount and shows people leaving or returning to active service.

¹ General Practice Provisional Tables September 2017 <https://digital.nhs.uk/catalogue/PUB30149>; ONS 2016 mid-year population estimate

² NHS Vacancy Statistics England, February 2015 - September 2017, Provisional Experimental Statistics, January 23, 2018



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Contact with GPs


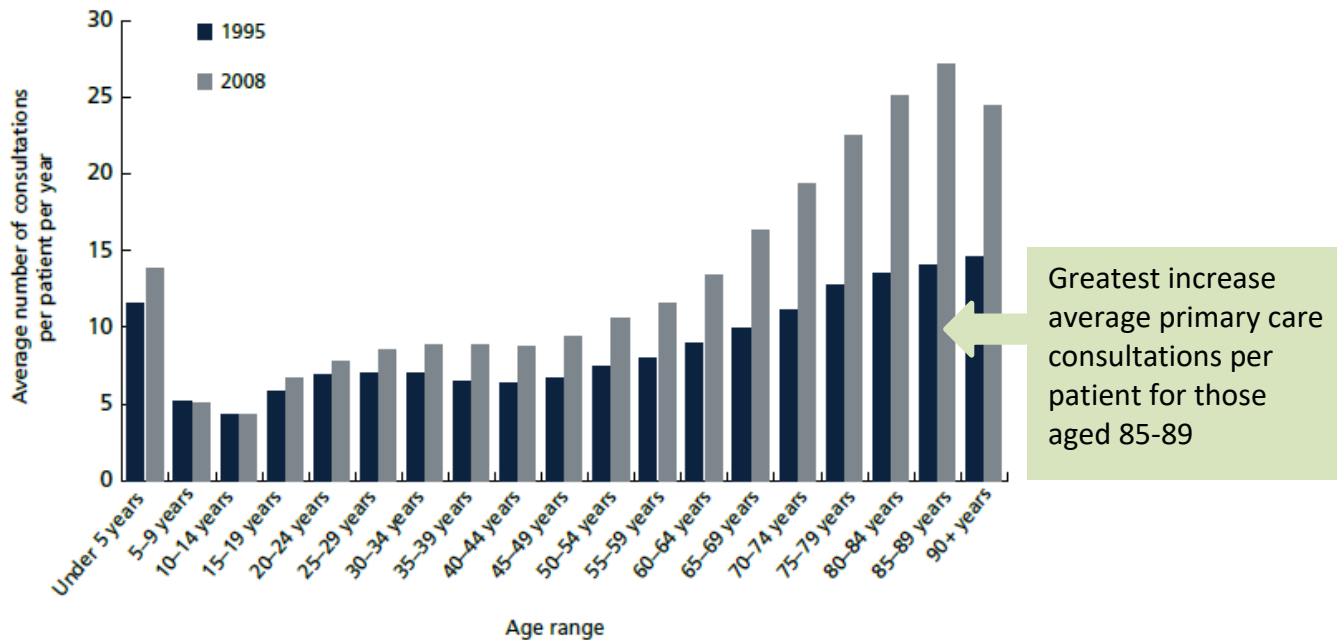

 National data suggests that the number of primary care consultations per patient per year has increased significantly, especially in the older age groups.

Figure 3 Change in the average number of primary care consultations per patient per year in England 1995 to 2008



Source: The 2022 GP Compendium of evidence, Royal College of General Practitioners; data from Hippisley-Cox J, Vinogradova Y. Trends in consultation rates in general practice 1995/96 to 2008/9. Datasets are available from https://data.gov.uk/dataset/trends_in_consultation_rates_in_general_practice

More recent analysis comparing 2007 to 2014 primary care consultations³ has shown this trend continuing.

 A study carried out by the Oxfordshire Clinical Commissioning Group, based on data from 12 (self-selecting) OCCG Practices, shows an increase in consultation rates in the older age bands, similar to the national trend.

- The number of consultations per person aged 80 and over doubled between 2009-10 and 2013-14.

GP Patient Survey

The GP Patient Survey takes place twice a year and asks patients about experiences of their local GP surgery and other local NHS services.

³ Clinical workload in UK primary care: a retrospective analysis of 100 million consultations in England, 2007–14 [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)00620-6/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)00620-6/abstract)



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About the GP Patient Survey

The GP Patient Survey (GPPS) is an England-wide survey, providing practice-level data about patients' experiences of their GP practices.

Ipsos MORI administers the survey on behalf of NHS England.

The survey measures patients' experiences across a range of topics, including:

- Making appointments
- Waiting times
- Perceptions of care at appointments
- Practice opening hours
- Out-of-hours services

The GP Patient Survey provides data at practice level using a consistent methodology, which means it is comparable across organisations and over time.


The survey has limitations:

- Sample sizes at practice level are relatively small.
- The survey does not include qualitative data which limits the detail provided by the results.
- The data are provided twice a year rather than in real time.

The July 2017 GPPS results report on the wave of fieldwork carried out in January to March 2017. In NHS OXFORDSHIRE CCG, 20,111 questionnaires were sent out, and 8,157 were returned completed. This represents a response rate of 41% (similar to the previous year).


<http://gp-patient.co.uk>

Use of GP services

 The 2017 GP Patient survey shows that 67% of respondents in the Oxfordshire Clinical Commissioning Group area had seen or spoken to a GP within the last six months. This was similar to the England rate (68%) and similar to Oxfordshire CCG rate in 2016 (68%).

Satisfaction with GP services overall in Oxfordshire was significantly higher than for England. 89% rated their GP surgery as good (very good or fairly good) compared with 85% nationally.

Out of hours contact

 According to the 2017 GP Patient Survey, when contacting an NHS service outside of GP surgery hours, a higher proportion than average of Oxfordshire respondents made contact by telephone (74% in Oxfordshire CCG compared with 61% across England) and a slightly lower than average proportion went to A&E (30% in Oxfordshire CCG compared with 34% nationally).

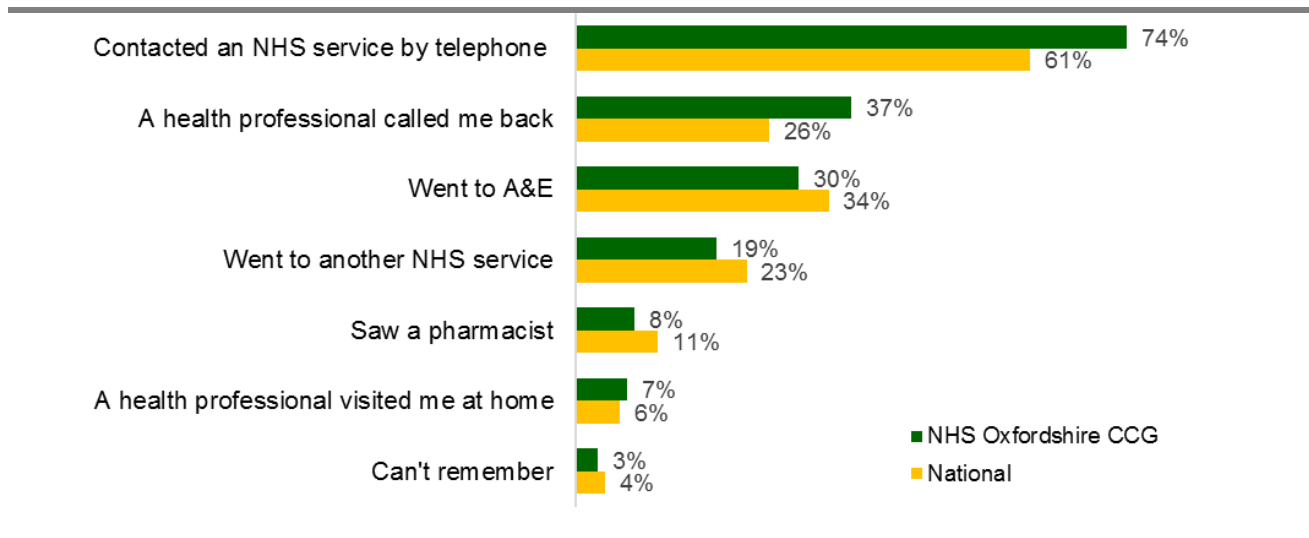


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Figure 4 Services contacted out of hours (Q: Considering all of the services you contacted, which of the following happened on that occasion?) 2017



Source: GP Patient Survey 2017 (Jan-Mar 2017 wave); Base: All those who tried to contact an NHS service when GP surgery closed in the past 6 months: National 140,428; CCG 1,677



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7.3 Secondary Health Care

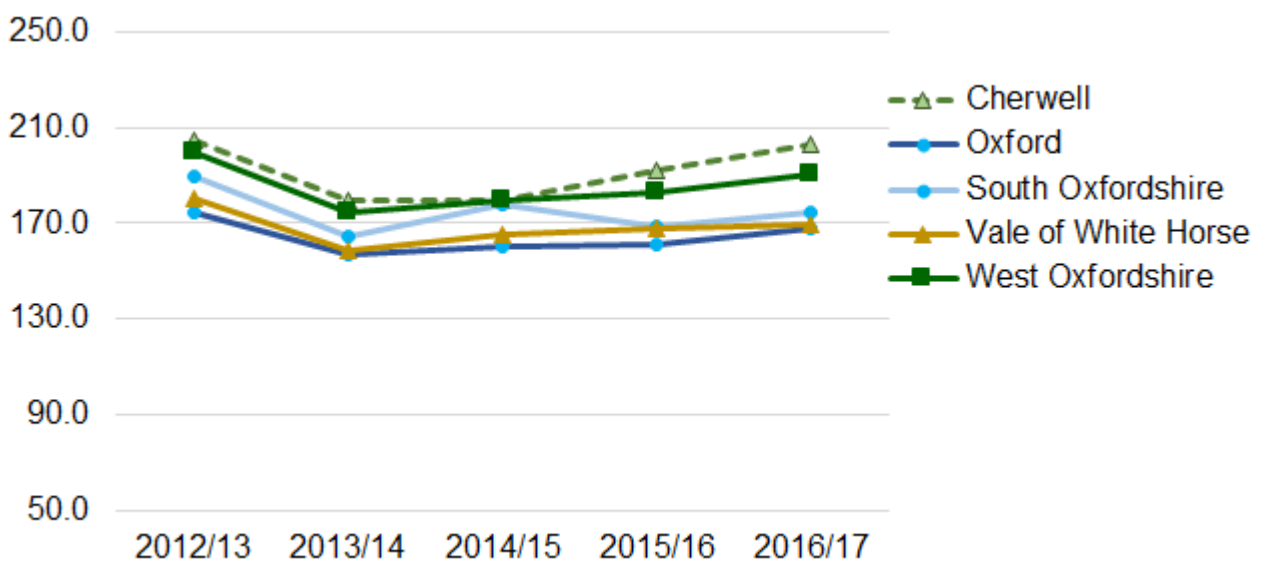
Data on hospital inpatient activity, ambulance activity and data on complex patients is new to this 2018 JSNA update.

Hospital inpatient activity

➔ According to hospital inpatient data provided by the NHS South, Central and West Commissioning Support Unit, there was a total of **123,300** inpatient spells for residents of Oxfordshire in 2016-17. This was just below the total number in 2012-13 (125,100).

The rate per 1,000 population in Oxfordshire’s districts was highest in Cherwell and West Oxfordshire.

Figure 5 Inpatient spells, crude rate per 1,000 population



Source: data provided by NHS South, Central and West Commissioning Support Unit, analysis by Oxfordshire County Council; note that chart does not start at 0

The proportion of hospital patients with complicating comorbidities⁴ is increasing. In 2012-13 the proportion was 10.3% of inpatient spells and by 2016-17 this had increased to 11.8%.

The district with the highest proportion of patients with complicating comorbidities was Oxford City (17.1% in 2016-17, compared with 11.8% across Oxfordshire).

⁴ *Complicating Comorbidities* are additional factors that may make the patient event more complicated, for example if a patient is very old or very young, or if the patient suffers from other conditions or injuries that may cause complications.



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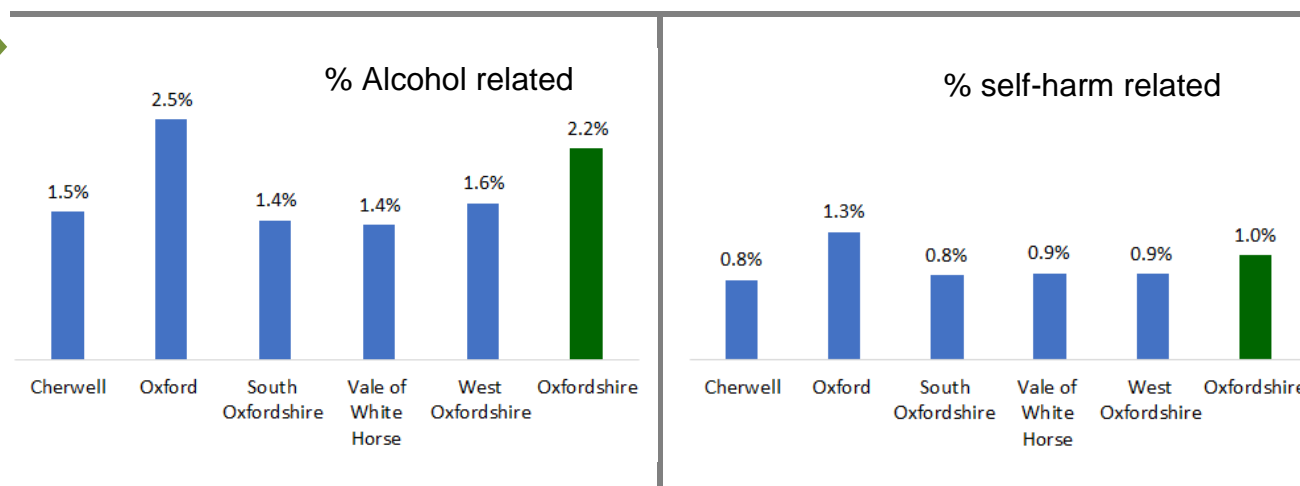
Table 1 Proportion of inpatients with complicating comorbidities by district

	2012-13	2013-14	2014-15	2015-16	2016-17
Cherwell	11.2%	12.8%	13.5%	13.5%	15.8%
Oxford	13.3%	14.0%	14.5%	15.2%	17.1%
South Oxfordshire	10.0%	10.7%	10.8%	12.0%	13.5%
Vale of White Horse	11.7%	12.2%	12.9%	13.6%	15.8%
West Oxfordshire	10.7%	11.5%	12.2%	12.6%	13.9%
Oxfordshire	10.3%	10.2%	11.1%	10.8%	11.8%

Source: data provided by NHS South, Central and West Commissioning Support Unit, analysis by Oxfordshire County Council

Oxford City had a highest proportion of inpatients with alcohol-related admissions and inpatients related to self-harm.

Figure 6 Proportion of inpatient spells that were alcohol related or self-harm related 2016-17



Source: data provided by NHS South, Central and West Commissioning Support Unit, analysis by Oxfordshire County Council



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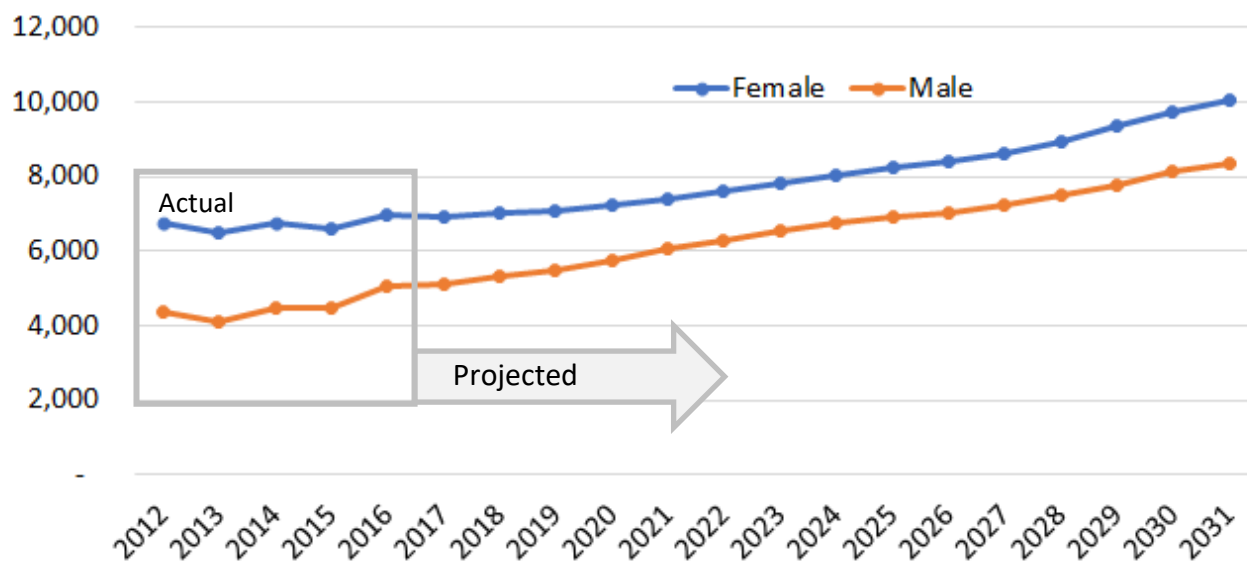
Hospital inpatients aged 85 and over



In 2016-17 there was around 12,000 inpatient spells for Oxfordshire residents aged 85 and over, 10% of the total number of inpatient spells.

Assuming that the over 85 population continues to need inpatient services at the same rate as the past 3 years, and using the forecast growth in population (County Council Feb18), gives a potential increase of an additional 6,400 inpatient spells for people aged 85+ by 2031-32 to a total of 18,400.

Figure 7 Actual and projected number of inpatient spells for Oxfordshire residents aged 85+



Source: Inpatient activity from NHS South, Central and West CSU; ONS population estimates and Oxfordshire County Council population forecasts (Mar18). Rate calculated using 3-year average of actual inpatient spells 2014-15 to 2016-17 and applying this rate to the forecast for Oxfordshire's 85+ population. Year is mid-year for population estimates and financial year for inpatient spells (2012 = 2012-13).

Table 2 Actual and projected number of inpatient spells for Oxfordshire residents aged 85+

	ACTUAL	PROJECTED			CHANGE
	2016-17	2021-22	2026-27	2031-32	2016-17 to 2031-32
Females	7,000	7,400	8,400	10,000	3,000
Males	5,000	6,100	7,000	8,300	3,300
TOTAL	12,000	13,500	15,400	18,400	6,400

Source: Inpatient activity from NHS South, Central and West CSU; ONS population estimates and Oxfordshire County Council population forecasts (Mar18). Rate calculated using 3-year average of actual inpatient spells 2014-15 to 2016-17 and applying this rate to the forecasts for Oxfordshire's 85+ population.



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Use of Ambulance services


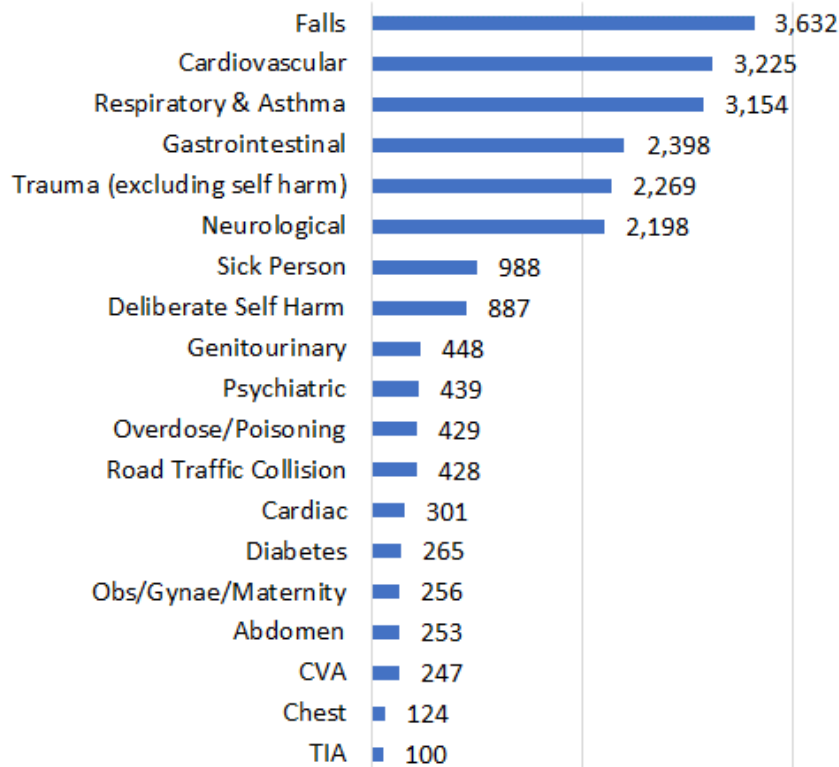
 In 2016-17 there was a total of 32,100 ambulance trips matched to A&E or inpatient records for Oxfordshire residents. The top condition/complaint was falls, accounting for 3,600 ambulance trips, 11% of the total.

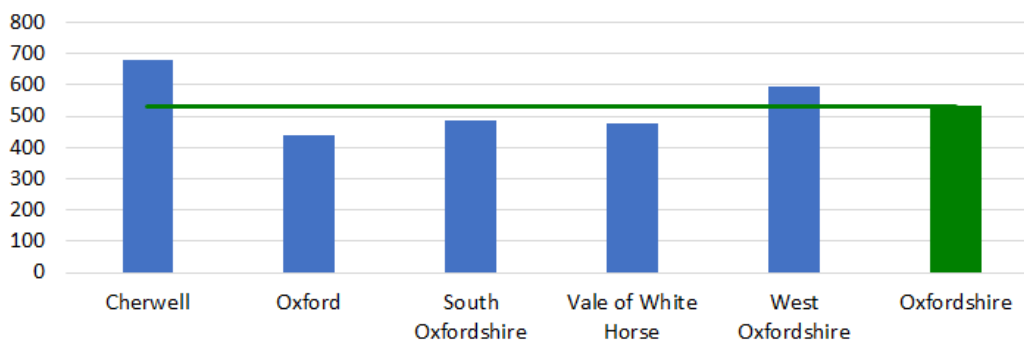
Figure 8 Ambulance trips by condition* – Oxfordshire residents 2016-17



Source: Ambulance activity data provided by NHS South, Central and West Commissioning Support Unit;
 *refers to the presenting ailment of the patient when the 999/111 call is made. These condition categories are created by grouping similar conditions present in the ambulance data and were created without clinical input and as such should be treated as broadly indicative

The rate per population of Ambulance service activity due to falls was above the county average in Cherwell and West Oxfordshire.

Figure 9 Ambulance trips due to FALLS, crude rate per 100,000 population 2016-17



Source: Ambulance activity data provided by NHS South, Central and West Commissioning Support Unit, ONS 2016 population estimate



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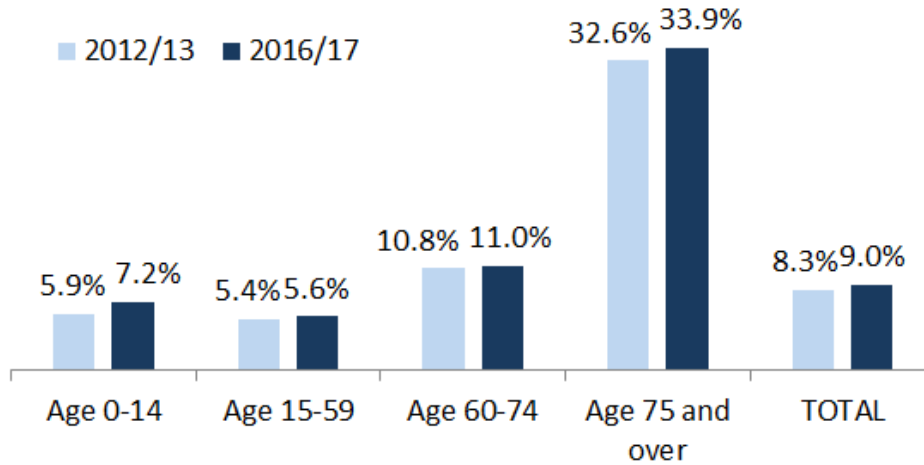
Emergency hospital admissions



Between 2012-13 and 2016-17, the proportion of emergency hospital admissions for patients registered to OCCG practices increased from 8.3% to 9% (as a percentage of the ONS estimate of resident population).

The greatest increases have been in the age groups 0-14 and 75+.

Figure 10 Emergency hospital admissions patients registered to Oxfordshire CCG practices, as % of population



Source: NHS South, Central and West Commissioning Support Unit; ONS population estimates for Oxfordshire county



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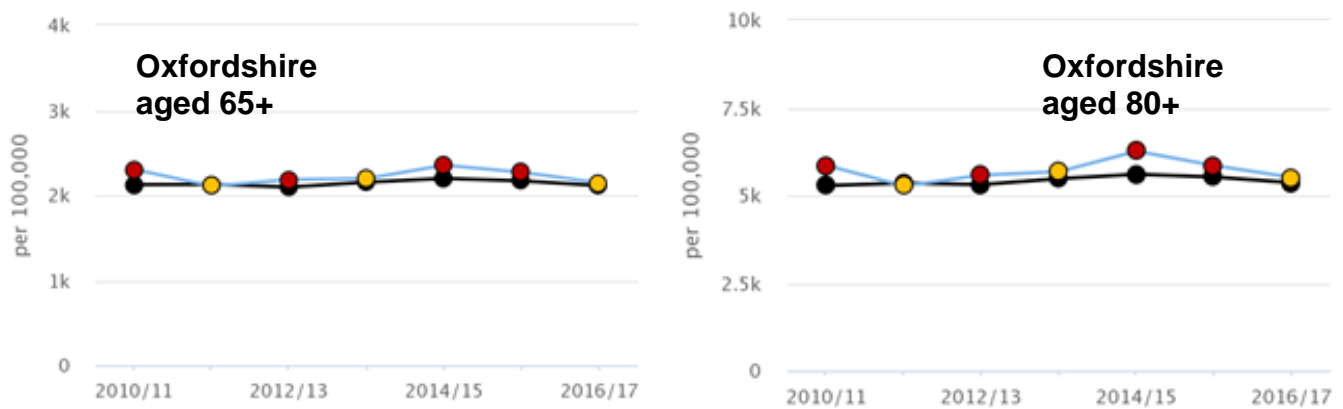
Emergency admissions for injuries due to a fall



According to Public Health England data, in 2016-17 there was a total of 2,683 emergency hospital admissions due to falls in Oxfordshire for people aged 65 and over of which the majority (1,850, 69%) were admissions for people aged 80 and over.

As of 2016-17 Oxfordshire was statistically similar to the England and South East average rates of injuries due to falls in people aged 65 and over, and for people aged 80 and over. In each age group the rate was statistically similar in both males and females.

Figure 11 Emergency hospital admissions due to falls in people aged 65+ and 80+ (directly age-sex standardised rate per 100,000)



Source: Public Health Outcomes Framework

Within the districts, emergency hospital admissions for falls in people aged 65+ were statistically above average in Oxford, and below average in South Oxfordshire in the latest year of data.

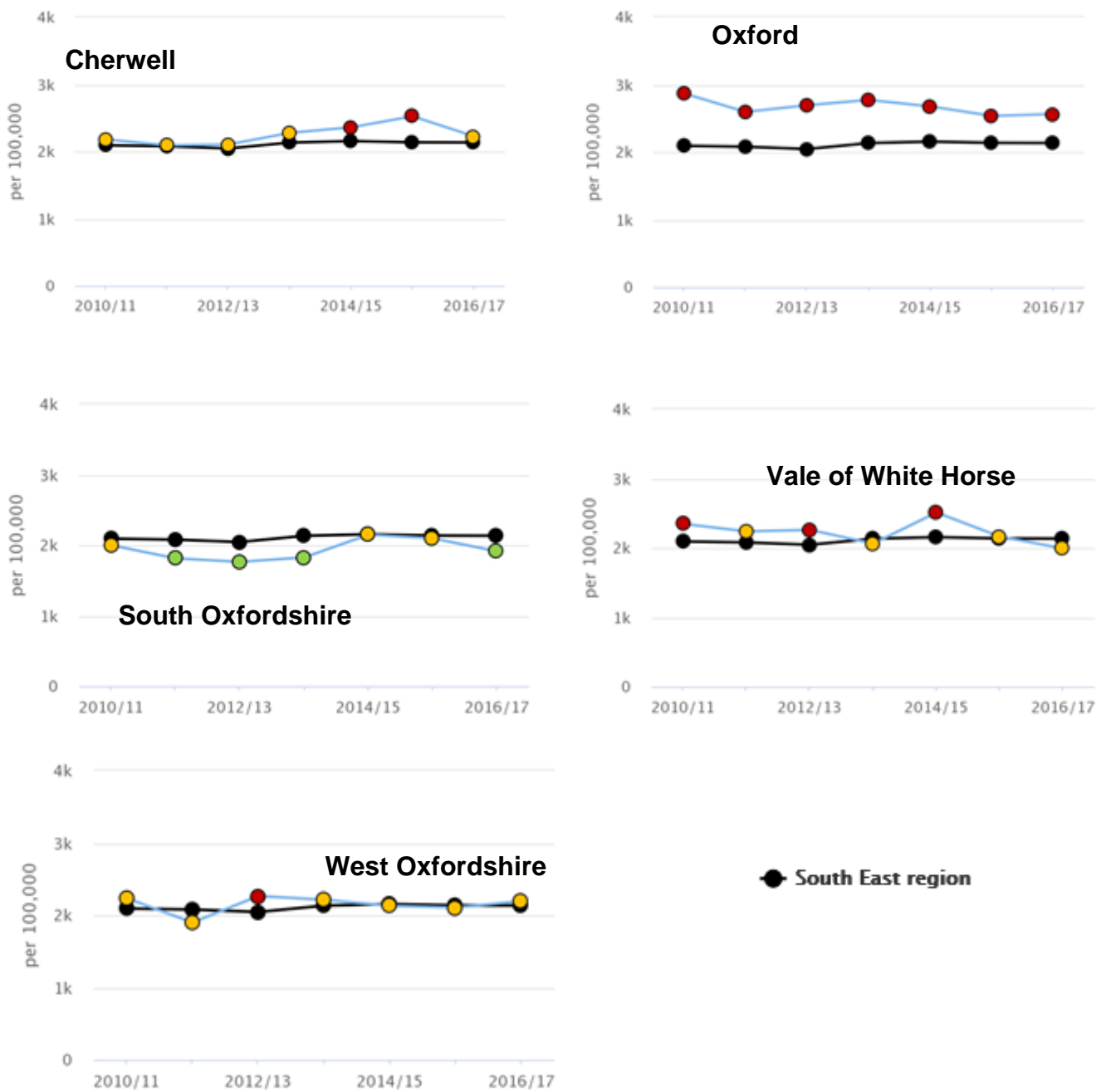


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Figure 12 Emergency hospital admissions due to falls in people aged 65+ (directly age-sex standardised rate per 100,000)



Source: Public Health Outcomes Framework



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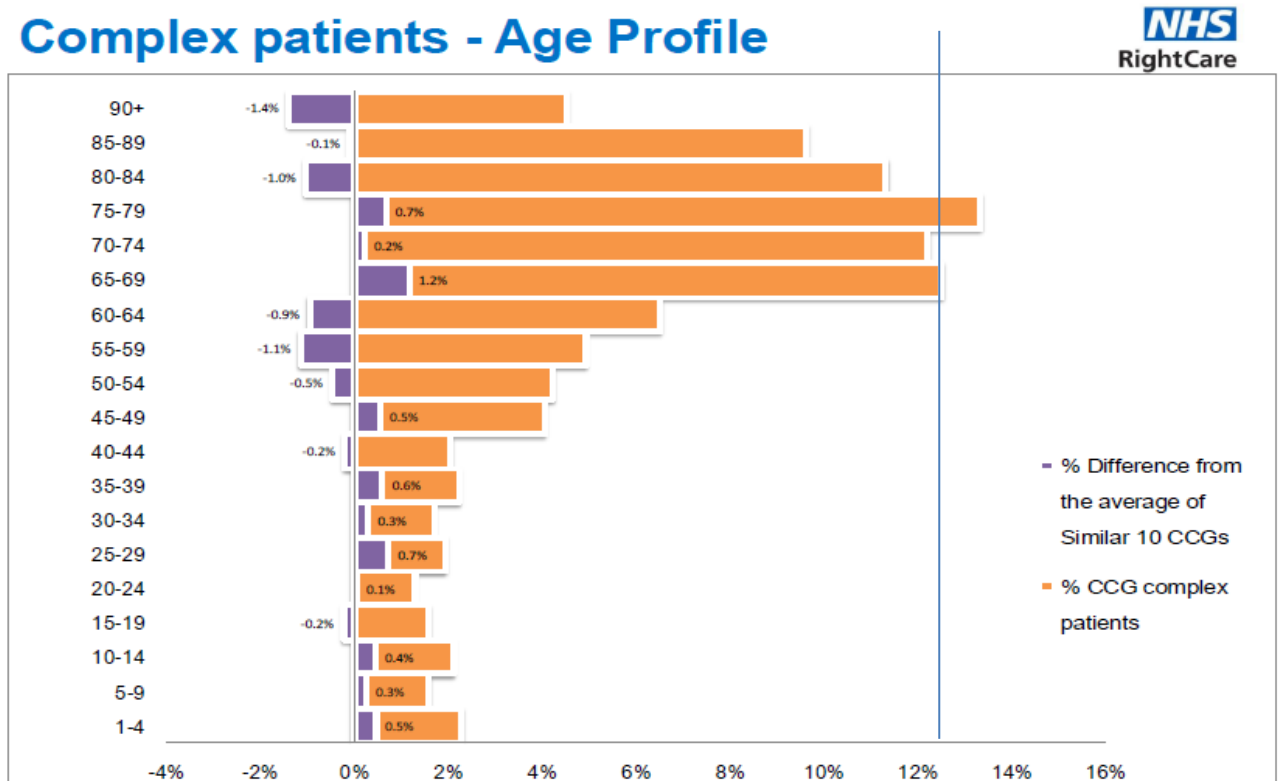
Complex patients and Co-morbidities

The NHS⁵ Rightcare pack for Oxfordshire CCG shows information on complex patients.

- Data on “complex patients” include analysis on inpatient admissions, outpatient and A&E attendances for the 2% of patients that your CCG spends the most on for inpatient admissions in 2015/16. Nationally the most common conditions of admissions for complex patients are circulation; cancer; and gastro-intestinal problems.
- Whilst this NHS analysis only focuses on secondary care due to availability of data, it is expected that these patients are fairly representative of the type of complex patients who will require the most treatment across the health and care system. However, it is not possible to include analysis on mental health patients as they are not captured fully in these datasets.


 Almost two thirds (64%) of Oxfordshire CCG’s complex patients are aged over 65+. The proportion aged 65 to 79 was above average of 10 similar CCGs.


Figure 13 Age profile of Oxfordshire CCG complex patients and % difference from the average of Similar 10 CCGs 2015-16



Source: Rightcare “Commissioning for Value – where to look pack” for Oxfordshire CCG (Jan 2017)

⁵ Rightcare “Commissioning for Value – where to look pack” for Oxfordshire CCG (Jan 2017)
<https://www.england.nhs.uk/rightcare/wp-content/uploads/sites/40/2017/01/cfv-oxfordshire-jan17.pdf>

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“Co-morbidities” is the presence of one or more additional diseases or disorders co-occurring with a primary disease or disorder.

The following chart shows the count of Oxfordshire Clinical Commissioning Group complex patients by main condition and co-morbidity conditions.

This shows, for example, that of the 519 patients admitted for Gastro intestinal conditions in 2015-16, 172 also had admissions for a Cancer condition. Of the 497 patients admitted for Cancer conditions, 139 also had admissions for a Respiratory condition.

Figure 14 Complex patients – co-morbidities (NHS Rightcare) 2016-17

Main conditions	Co-morbidity 1	Co-morbidity 2	Co-morbidity 3	Co-morbidity 4	Co-morbidity 5
Gastro intestinal	Cancer	Respiratory	Circulation	Neurological	Genito Urinary
519 patients	172	136	116	129	112
Cancer	Gastro intestinal	Respiratory	Circulation	Genito Urinary	Neurological
497 patients	172	139	97	91	101
Circulation	Respiratory	Gastro intestinal	Neurological	Cancer	Genito Urinary
511 patients	165	116	129	97	104
Respiratory	Circulation	Cancer	Gastro intestinal	Neurological	Genito Urinary
469 patients	165	139	136	137	104
Neurological	Gastro intestinal	Circulation	Respiratory	Cancer	Genito Urinary
444 patients	129	129	137	101	106

Source: Rightcare “Commissioning for Value – where to look pack” for Oxfordshire CCG (Jan 2017)

Interpreting co-morbidities: Co-morbidities are ranked by the number of different conditions (based on programme budgeting subcategories) that patients are admitted for. This ranking may be different if based on the number of patients that have had an admission for each condition




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Hospital Discharge and Delayed Transfers of Care

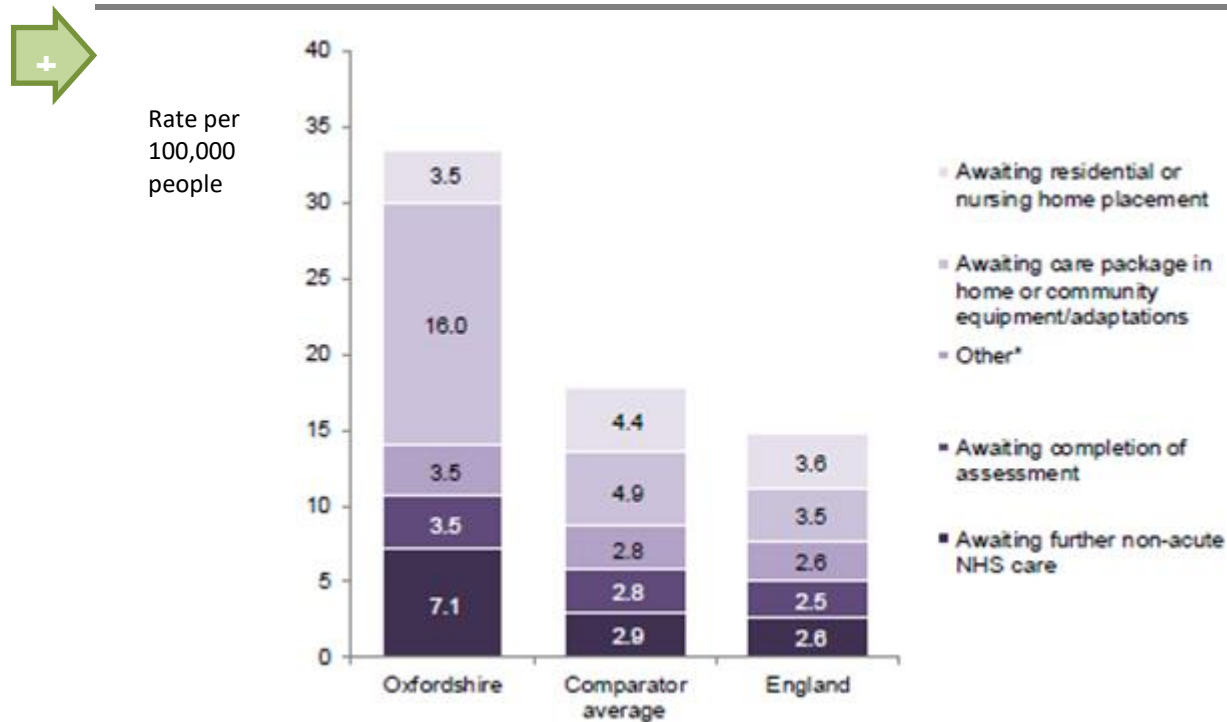
A delayed transfer of care occurs when a patient is deemed medically fit to depart from their current care, but is unable to do so because of non-clinical reasons, for example because the patient is awaiting a care package in their own home, or further non-acute care.

 In 2016-17 the average daily rate of delayed transfers of care (DTC) within Oxfordshire was 25.7 people aged 18 and over per 100,000.⁶ This was down from 29.4 in 2015-16.

The rate for Oxfordshire in 2016-17 was significantly higher than the average rate for England of 15 per 100,000 people.

Care Quality Commission analysis of DTC by reason shows the greatest difference between Oxfordshire and national/regional averages from February 2017 to August 2017 was people waiting for a care package at home or community equipment / adaptations, where Oxfordshire was over 3 times the average rate per 100,000 people of comparator areas.

Figure 15 Average daily delayed transfers of care per 100,000 people aged 18+ by reason (Feb17 to Aug17)



Source: Care Quality Commission analysis from NHS England and ONS 2015 mid-year estimate; 'Further non-acute NHS care' includes community and mental health care, intermediate care, rehabilitation services etc. 'Other' includes public funding, patient or family choice, disputes and housing. The categories are self-reported categories. Different LAs show a large variation in how frequently they report in the 'Other' category. For more info see: <https://www.england.nhs.uk/statistics/wp-content/uploads/sites/2/2015/10/mnth-Sitreps-def-dtoc-v1.09.pdf> page 13 onwards

⁶ NHS Delayed Transfers of Care Statistics: <http://www.england.nhs.uk/statistics/statistical-work-areas/delayed-transfers-of-care/>



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7.4 Mental Health Services

National data


Adults accessing mental health treatment

 The national survey of mental health and wellbeing⁷ 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.

Detentions in hospital under the Mental Health Act

NHS Digital has published Mental Health Act detentions data for 2016/17⁸ 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.

⁷Adult Psychiatric Morbidity Survey: Survey of Mental Health and Wellbeing, England, 2014
<http://content.digital.nhs.uk/catalogue/PUB21748>

⁸Mental Health Act Statistics, Annual Figures: 2016-17, Experimental statistics October 2017
<https://digital.nhs.uk/catalogue/PUB30105>



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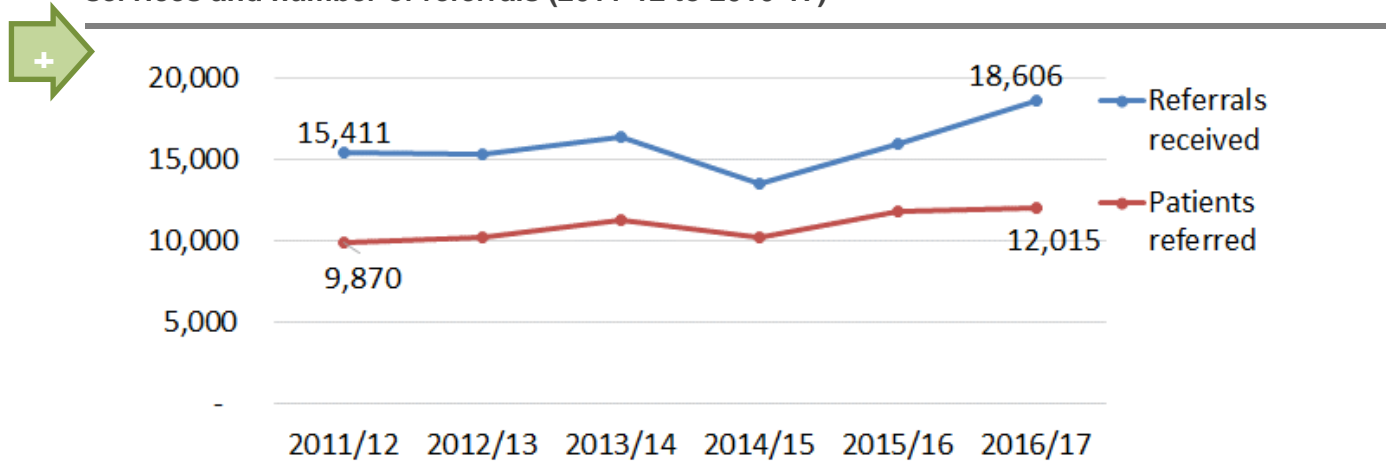
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Oxford Health Mental Health Referrals

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.⁹ 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 16: 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

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 overall increased by 22%. The number of patient referrals aged 15-19 increased by 80%

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

⁹ Data in this section has been provided by Oxford Health NHS Foundation Trust

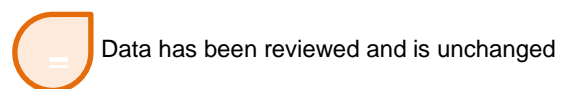
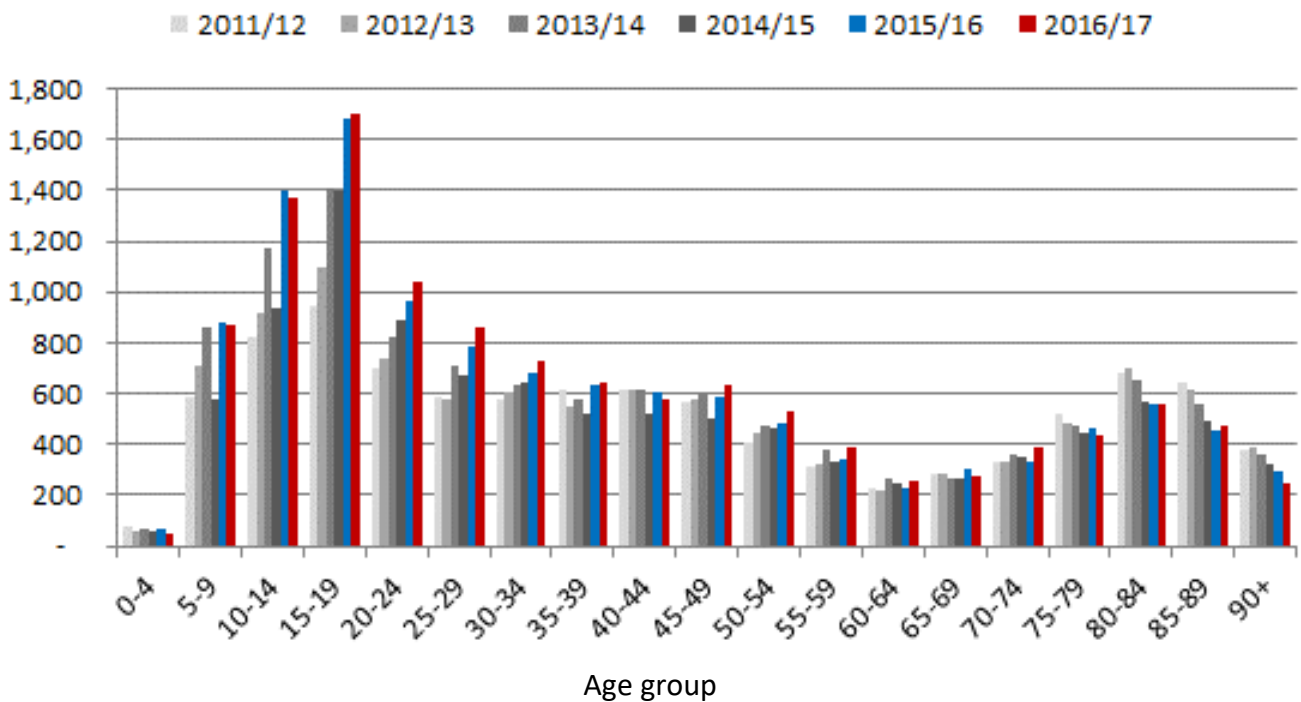


Figure 17 Number of Oxfordshire residents referred to Oxford Health mental health services (2011-12 to 2016-17)



Source: Oxford Health NHS Foundation Trust

As a result, 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 patient referrals to CAMHS increased from 2,600 to 4,900 (+2,200, 86%).

Waiting times for CAMHS

In December 2017, two thirds (66%) of young people referred to CAMHS in the Oxfordshire Clinical Commissioning Group area, 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.

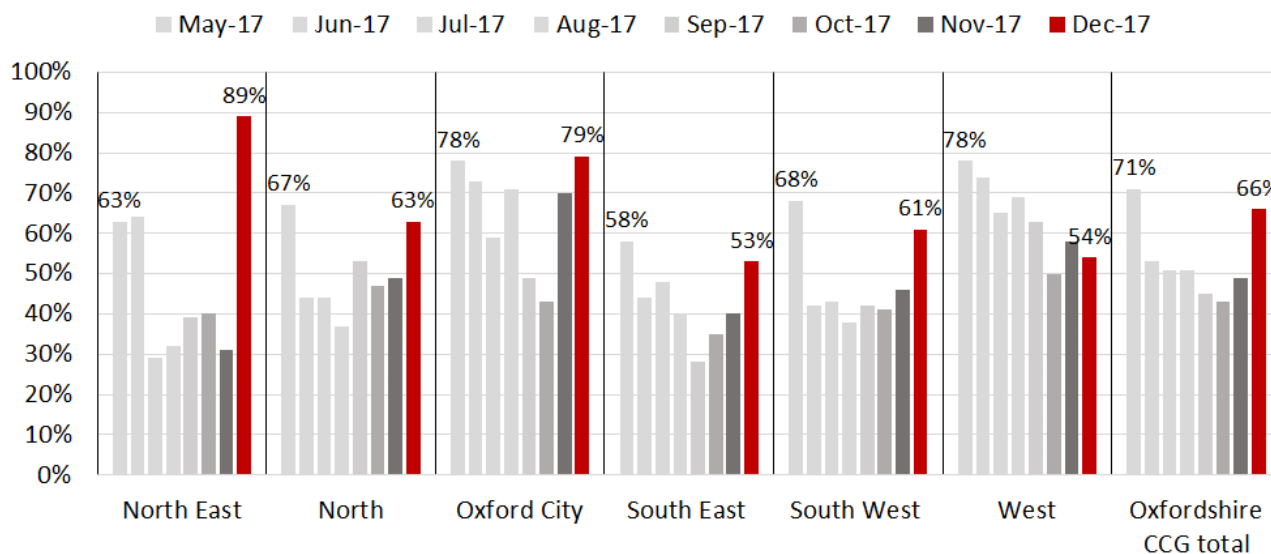


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Figure 18 Waiting times for CAMHS services – percentage of young people seen within 12 weeks by Oxfordshire Clinical Commissioning Group locality



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

Table 3 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%
Oxfordshire CCG total	71%	53%	51%	51%	45%	43%	49%	66%

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



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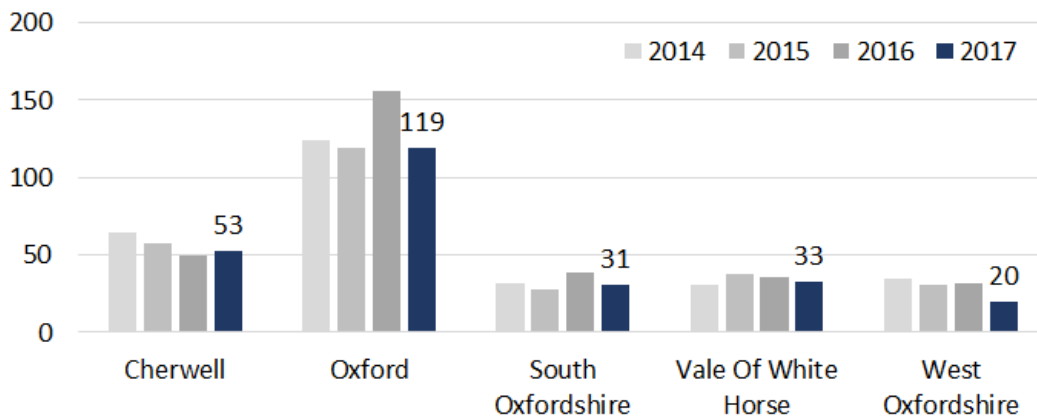
Detentions under Section 136

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 19 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.

7.5 Drug and Alcohol Treatment Services

➔ In 2016/17 there were 1,963 adults (aged 18 and over) in specialist drug treatment in Oxfordshire¹⁰. 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 door 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

¹⁰ Source: NDTMS - Adults and YP commissioning support pack 2018-19: key data



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Data has been reviewed and is unchanged

- 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.


7.6 Social care

Many people with care needs require both health and social care and the distinction between health and social care is not always clear. Oxfordshire County Council and the Clinical Commissioning Group have pooled some of their money together to provide more efficient commissioning of care and better integration of health and social care services.

Note that social care client data published in *NHS Digital, Adult Social Care Activity and Finance: England 2016-17* does not include all social care clients funded by the pooled budget in Oxfordshire.

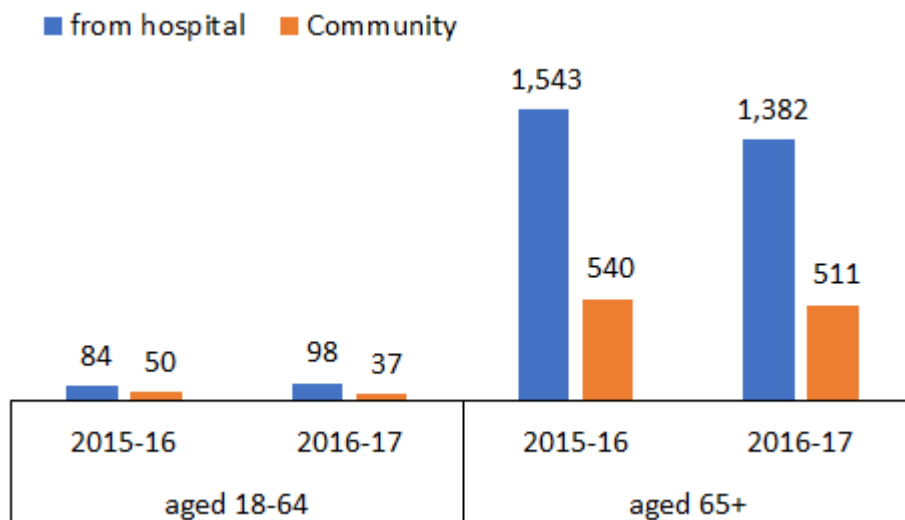
Short-Term (Reablement) Adult Social Care

'Reablement' is a social care service aimed at supporting people to regain independence that may have been reduced or lost through illness or disability.

 In 2016-17, a total of 2,028 adults in Oxfordshire were provided with reablement services by Oxfordshire County Council, below the number in 2015-16 (2,217, -9%).

The vast majority (93%) of people provided with reablement services were aged 65+ and around three quarters (73%) of the total received a service following a stay in hospital.

Figure 20 Number of people provided with reablement social care services, 2015-16 and 2016-17



Source: Oxfordshire County Council



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Long-Term Adult Social Care

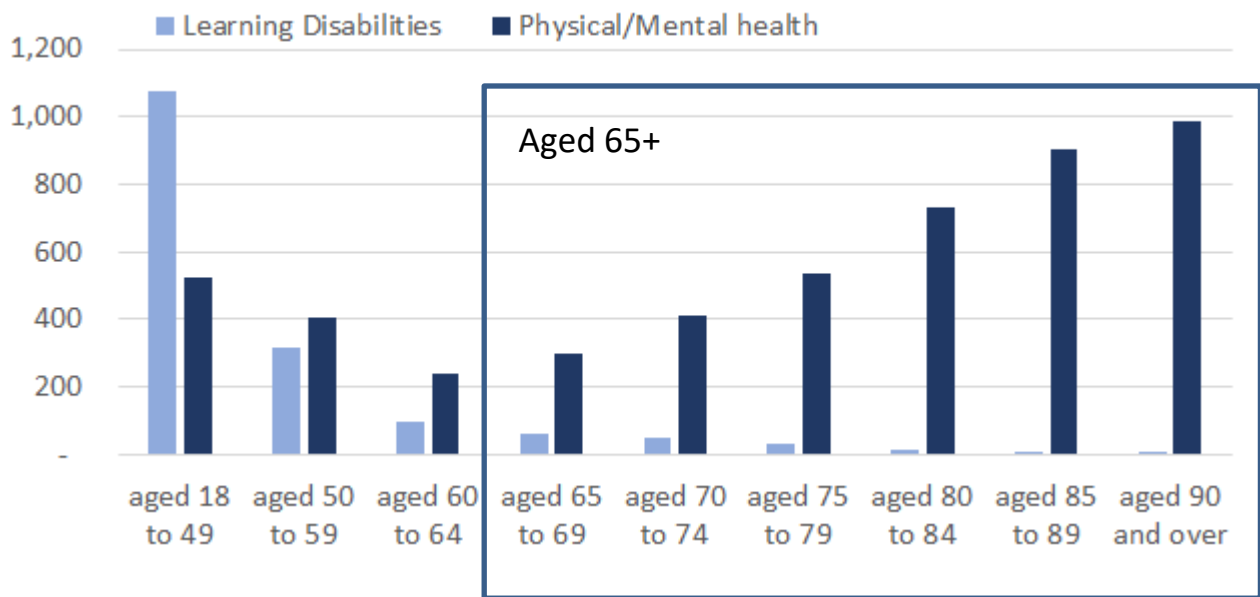


At the end of March 2017 there were **6,713** adults in Oxfordshire receiving long-term social care from Oxfordshire County Council, up from 6,214 in March 2016 (+8%).

The majority (60%) of Oxfordshire’s long term social care clients are older people aged 65 and over.

A quarter (25%) of people receiving social care support are people with learning disabilities.

Figure 21 Number of adults provided with long-term social care services by Oxfordshire County Council 2016-17 by broad age and category



Source: Oxfordshire County Council

As of March 2017, 1,900, equivalent to 11% of the population aged 85 and over¹¹ in Oxfordshire was receiving long-term social care services provided by Oxfordshire County Council.

Demand for services is expected to continue to grow in the future as a result of:

- an increase in people with a learning disability needing social care support.
 - 30% of people in Oxfordshire with a learning disability first approach the council for services after their 25th birthday. For many this is because their parents can no longer provide all their care. The average age of a service user with learning disability is 44 and over a third are over 50.
- the predicted growth in the older population in Oxfordshire (see chapter 2).

¹¹ Denominator is ONS 2016 mid-year estimate



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Data has been reviewed and is unchanged

Applying the predicted growth in Oxfordshire’s population aged 85+ (Oxfordshire County Council forecasts Feb18) to the proportion of social care clients in the age group 85+, gives a potential increase of +1,000 clients aged 85+ by 2031 to a total of 2,900.

Table 4 Potential growth in number of people aged 85+ needing long-term social care services in Oxfordshire by 2031

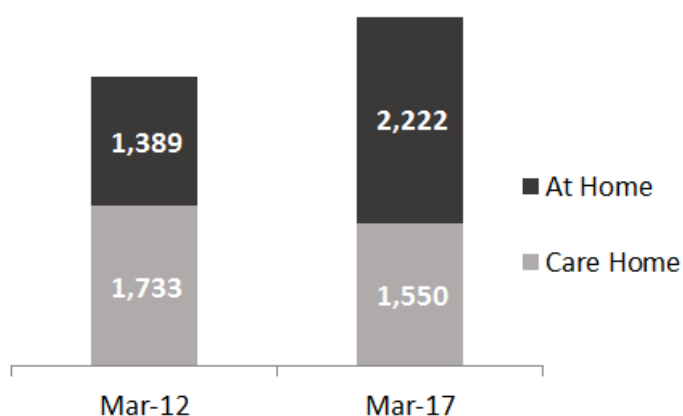
	March 2017	March 2031	Change
Population aged 85+	17,000	26,400	
Social care clients aged 85+	1,900	2,900	+1,000

Source: Oxfordshire County Council


Care setting


 There has been an increase in the proportion of older social care clients supported at home, from 44% of older clients in 2012 to 59% in 2017.

Figure 22 Older clients of long-term social care services provided by Oxfordshire County Council receiving services at home vs in a care home



Source: Oxfordshire County Council; excludes learning disabilities, physical disabilities and other services

 Data has been updated in this version

 Data has been reviewed and is unchanged


 By district, the highest number of older people being supported with long-term social care services as of end March 2017 was in Cherwell. The highest rate per 1,000 population was Oxford City.

Table 5 Older clients of long-term social care services provided by Oxfordshire County Council by setting: count and rate per 1,000 population aged 65+ (March 2017)

	Care home		Supported at home		Total	
	Count	Rate	Count	Rate	Count	Rate
Cherwell	297	11.5	571	22.1	868	33.6
Oxford	274	14.9	408	22.2	682	37.1
South Oxfordshire	282	9.9	376	13.2	658	23.2
Vale of White Horse	258	10.0	442	17.2	700	27.2
West Oxfordshire	336	14.8	404	17.8	740	32.6
Oxfordshire total	1,447	12.0	2,201	18.2	3,648	30.1

Source: Oxfordshire County Council, ONS 2016 population estimates; excludes those supported outside Oxfordshire


Adult Social Care User Survey

About the Adult Social Care User Survey

For the last six years, councils have surveyed users of social care aged 18 and over as part of a national survey. The survey is run each February for people receiving social care funded wholly or in part by councils in the previous September. Its purpose is to learn more about whether or not the services are helping them to live safely and independently in their own home, and to understand the impact on their quality of life. In the 2016-17 survey, 563 adult social care users in Oxfordshire responded.

The headline measure produced by the survey is an overarching view of the 'quality of life for users of social care'. This is a composite measure of eight questions in the survey. The measure identifies whether, after care has been provided, people still have needs in any of the following areas: control over their daily life; being clean and presentable; having enough food and drink; having a clean and comfortable home; feeling safe; having adequate social contact; spending time as they wish and being treated with dignity.

<http://www.hscic.gov.uk/socialcare/usersurveys>

 In 2016-17, social care-related quality of life in Oxfordshire remained at a similar level to the previous five years. It also remained above the national average and above average for shire counties.

The proportion of care users who were very satisfied with their care and support in 2016-17 was 67.7%, above the national average of 64.7%.

The proportion of respondents who find it "very easy" or "fairly easy" to find information about services in Oxfordshire was below average: 72.5% in Oxfordshire, compared with 73.5% nationally and 74.5% in the South East.




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Data has been reviewed and is unchanged

Adult Social Care, Sexual Orientation and Gender Identity

 National research has been conducted with adult social care users who are lesbian, gay, bisexual and trans (LGB&T), and their carers.¹² This suggests that these groups may have distinct needs, for example they may be more at risk of social isolation and loneliness; and they may face distinct issues, including discrimination. However, the data on sexual orientation and gender identity of the social care community is currently limited.

Disabled Facilities Grants


 Between January 2017 and December 2017, there was a total of 1,191 applications for a Disabled Facilities Grant, the majority (59%) from people living in social rented housing. The district with the highest number of applications was Cherwell.

Table 6 Applications for Disabled Facilities Grants Jan to Dec 2017

	Cherwell	Oxford City	South Oxon	Vale of WH	West Oxon	Not Recorded	Un-known	TOTAL	
Owner Occupier	89	4	62	38	53	164	13	423	36%
Private Rented	9	1	2	8	5	16	1	42	4%
Social rented	88	178	93	76	62	180	20	697	59%
Not recorded	4	1	5	4	1	13	1	29	2%
TOTAL	190	184	162	126	121	373	35	1,191	100%

Source: Oxfordshire County Council LAS

About Disabled Facilities grants

Local Authorities provide Disabled Facilities Grants for people who are disabled and need to make changes to their home, for example to:

- widen doors and install ramps
- improve access to rooms and facilities - e.g. stairlifts or a downstairs bathroom
- provide a heating system suitable for needs
- adapt heating or lighting controls to make them easier to use

<https://www.gov.uk/disabled-facilities-grants>

¹² The LGBT ASCOF Companion Document (LGBT Foundation, 2015): <http://lgbt.foundation/get-support/downloads/detail/?downloadid=365>



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Data has been reviewed and is unchanged

Self-funding care


 Oxfordshire County Council estimates that: of the total number of older people receiving care in Oxfordshire, 40% (4,200) are being supported by the County Council or NHS funding and 60% (6,300) are self-funding their care.

Table 7 Estimate of older people who are self-funding long term care in Oxfordshire

	Count
1. OCC and NHS funded care home beds	
1.1 People aged 65+ in Care homes* who are OCC funded (end March 2017)	1,568
1.2 Care home beds NHS funded (end March 2017)	175
2. Total care home beds	
2.1 Total Care home beds for older people (CQC as of 1 April 2017)	4,895
2.2 Estimate of total Care home beds in use (OCC estimate 90%)	4,226
Estimate of Care home beds occupied by self-funders	2,482
3. Care at home	
3.1 People aged 65+ receiving OCC funded care in own home (end March 2017)	2,496
3.2 Ratio of self-funders at home VS self-funders in care homes (data from national seminar on Funding Reform July 2013)	1.55
Estimate of people self-funding care at home	3,865
TOTAL self-funding	6,300
TOTAL supported by OCC or NHS	4,200
Grand total#	10,600

*excludes respite and temporary provision; #rounding means this does not sum



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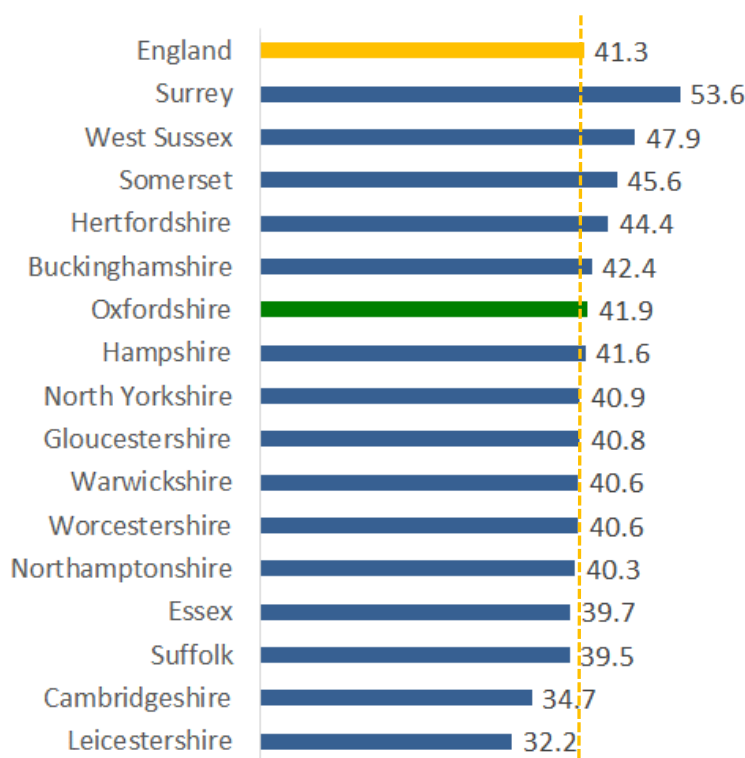
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Care home beds

As of 1 January 2018, there were 5,068 care home beds for older people in Oxfordshire¹³ of which around three quarters include nursing care.

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 6th highest out of Oxfordshire's set of 16 statistical neighbours.

Figure 23 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 8 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%
Oxfordshire	5,068	3,918	77%	4,141	82%

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

¹³ CQC care directory 1 January 2018 <http://www.cqc.org.uk/about-us/transparency/using-cqc-data>

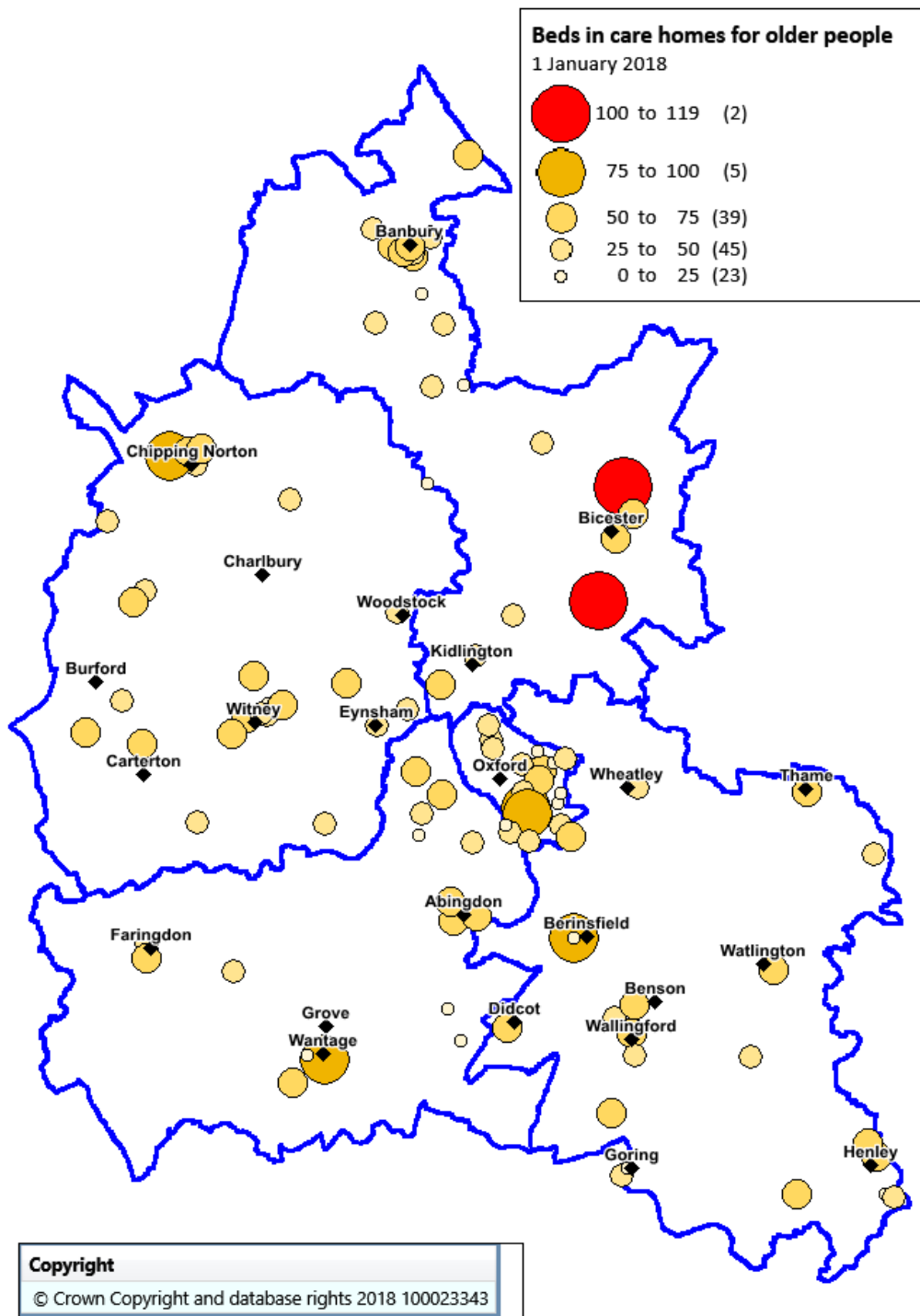


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Figure 24 Care home beds for older people in Oxfordshire



Source: CQC care directory 1 January 2018; mapping by Oxfordshire County Council



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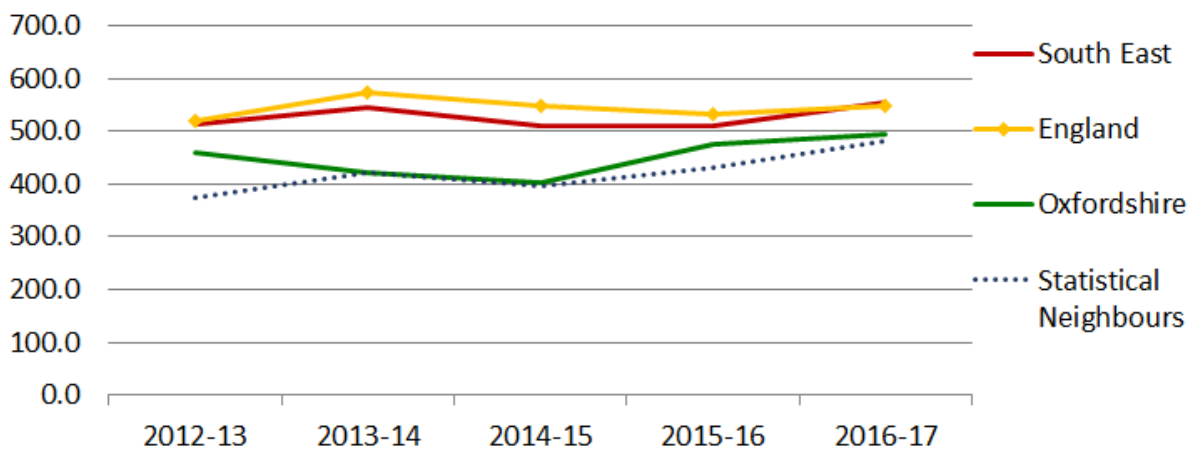
Children’s Social Care

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 25 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.

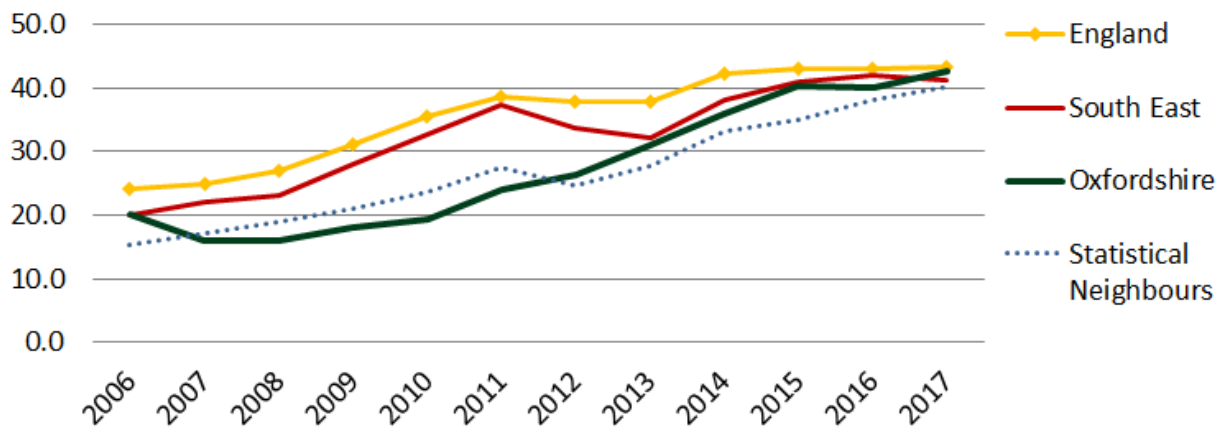


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Figure 26 Rate of children who were the subject of a child protection plan at 31 March each year per 10,000 children aged 0-17



Source: Department for Education


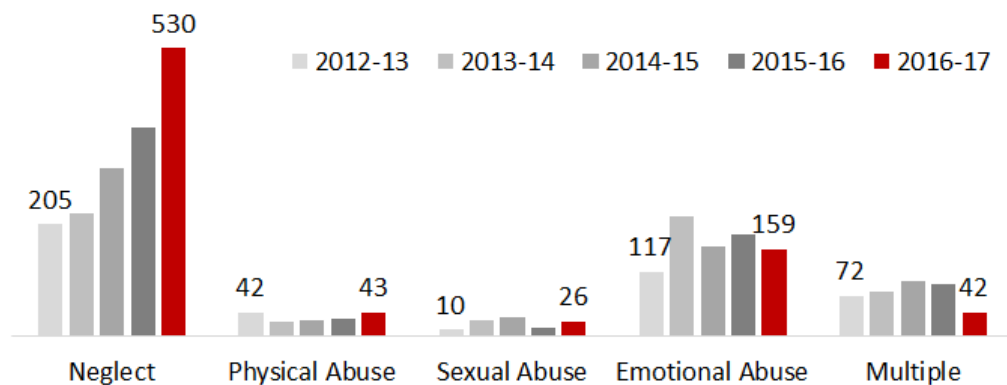
 The category of abuse that has seen the greatest increase in numbers of children subject to child protection plans in Oxfordshire over the past 5 years is “neglect”.

Figure 27 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).

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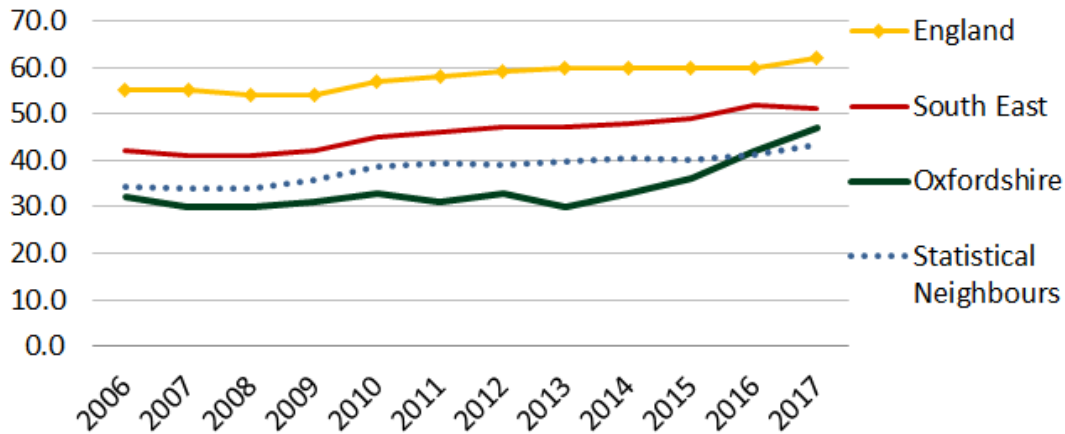
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Looked After Children

➔ 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.

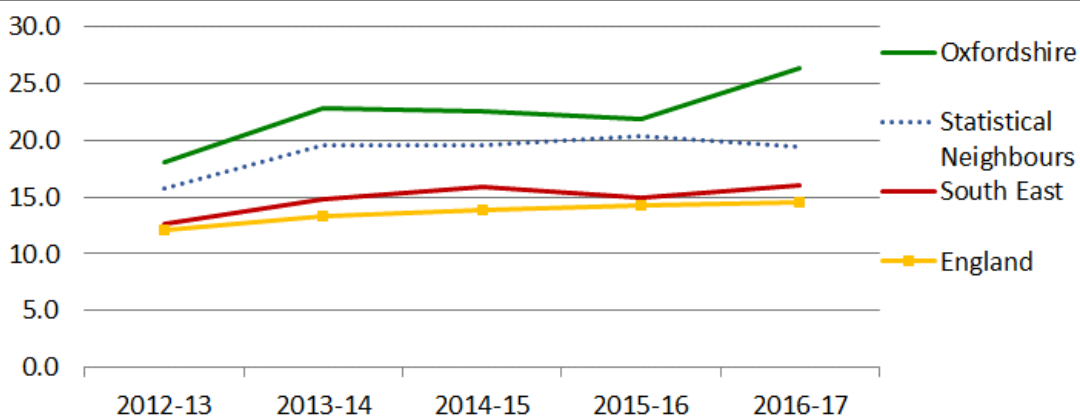
Figure 28 Rates of Looked After Children (as at 31 March each year) per 10,000 children



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 29 Proportion of Looked After Children placed out of county and more than 20 miles from home



Source: Department for Education


➔ Data has been updated in this version

○ Data has been reviewed and is unchanged

 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

Young people leaving care tend to be particularly vulnerable to poor health and wellbeing. For example, national research shows that they are at greater risk of social exclusion, unemployment, health problems, and offending.¹⁴

 As of 31 March 2017, there were **230** care leavers¹⁵ 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 9 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

¹⁴ 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>

¹⁵ 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



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Data has been reviewed and is unchanged

7.7 Community safety services

Victims of dwelling fires


 In 2016-17 there was a total of 44 people injured and 4 people killed as a result of a dwelling fire in Oxfordshire (56 and 2 in 2015-16).


Table 10 Injuries due to dwelling fires 2010-11 to 2016-17

DWELLING FIRES	2011-12	2012-13	2013-14	2014-15	2015-16	2016-17
Total Number of Dwelling Fires	490	499	471	417	463	385
Accidental or unknown cause	461	480	450	402	446	358
Deliberate cause	29	19	21	15	17	27
All Injuries due to fire	52	67	67	42	54	43
Serious Injuries due to fire	5	3	5	3	2	1
All Dwelling Fire Fatalities	2	4	2	2	3	4
Fatalities due to fire*	1	4	2	2	2	4

Source: Oxfordshire County Council; * Excludes Fatalities confirmed as non-fire related

Between 2010-11 and 2016-17, of those who were killed or injured (where age was recorded) a third were aged in their 20s and 30s and just under a third (29%) were people aged 60 and over.

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 11 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
TOTAL Oxfordshire	393	627	377	379	377



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Data has been reviewed and is unchanged


Source: Oxfordshire County Council

7.8 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 research¹⁶ 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.

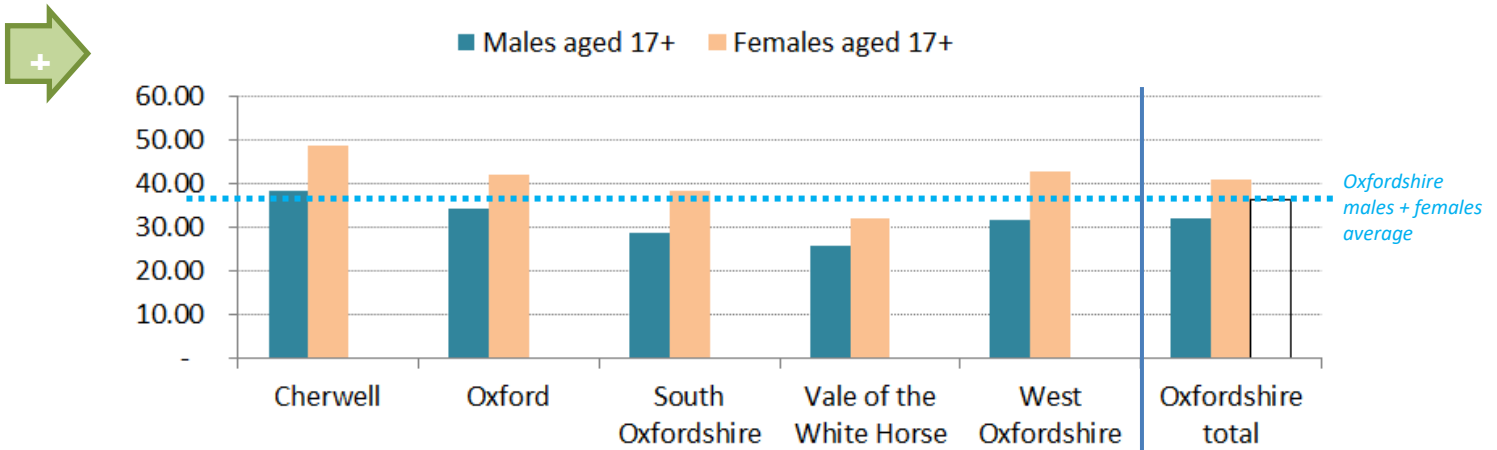
 The total number of clients accessing Citizens Advice services in Oxfordshire in 2016-17 was similar to the previous year (25,400 in 2016-17 vs 25,600 in 2015-16).

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 30 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

¹⁶ Citizens Advice (2014) Findings from national outcomes and impact research

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 Data has been reviewed and is unchanged

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.

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 31 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%
Total with disability	1,615	1,410	1,108	884	1,186	6,203	100%

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




Data has been updated in this version




Data has been reviewed and is unchanged

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 UK¹⁷ 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.

¹⁷ 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/>



Data has been updated in this version



Data has been reviewed and is unchanged

7.9 Troubled families programme

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.

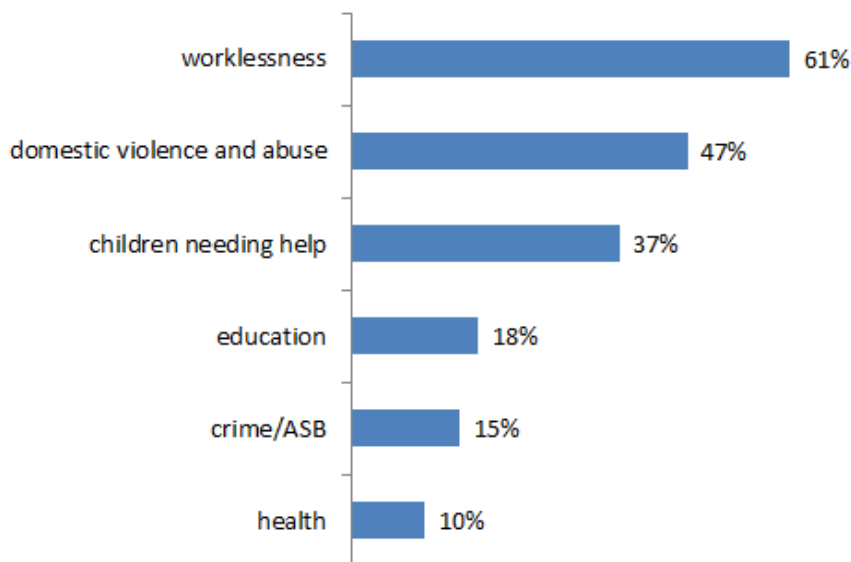
About the Troubled Families Programme

- 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 32 Troubled families identified in Oxfordshire by criteria (end December 2017)



Source: Oxfordshire County Council



Data has been updated in this version



Data has been reviewed and is unchanged


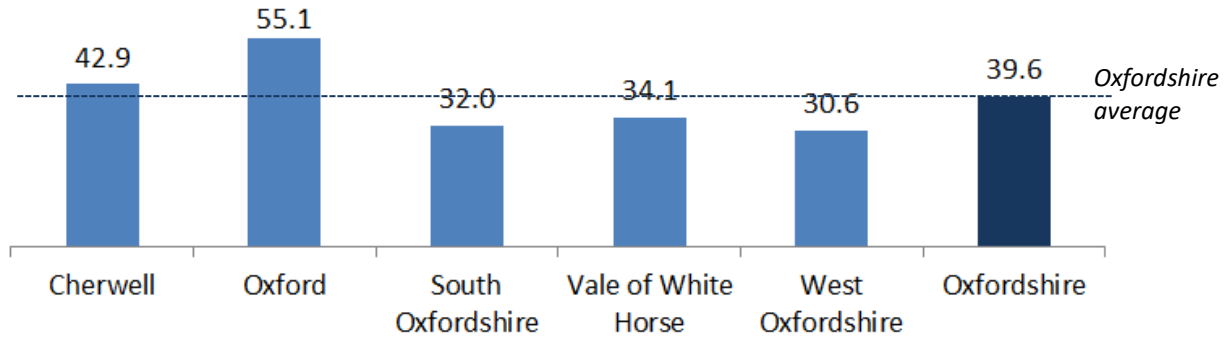
 The rate per 1,000 families of those identified by the Troubled Families programme was highest in Oxford (55 per 1000) and lowest in West Oxfordshire (30.6).

Figure 33 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 12 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
Oxfordshire	2,814	100%	39.6

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



Data has been updated in this version



Data has been reviewed and is unchanged

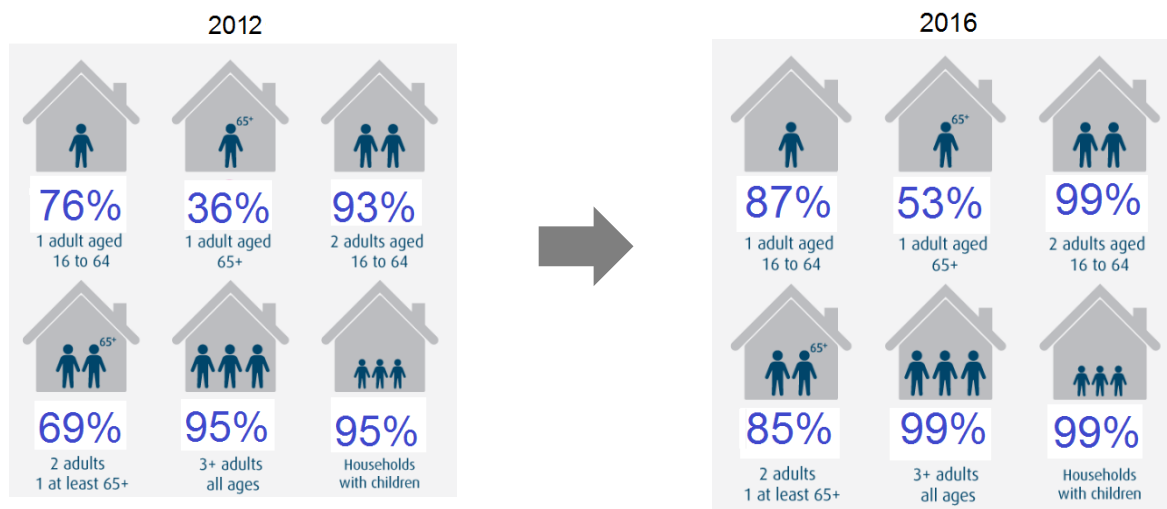
7.10 Access to services

Use of the internet

Data on internet use is limited. The statistics in this section are from the ONS Opinions and Lifestyle survey.

Between 2012 and 2016, the proportion of internet-connected households increased for each household type in Great Britain. Households occupied by a single older person (aged 65+) remained the household type with the lowest proportion of internet-connected households (53% in 2016).

Figure 34 Internet connection by household type



Source: ONS Opinions and Lifestyle survey, ONS infographic

<https://www.ons.gov.uk/peoplepopulationandcommunity/homeinternetandsocialmediausage/bulletins/internetaccesshouseholdsandindividuals/2016#quality-and-methodology>

A significantly lower proportion of disabled people used the internet to find information about goods and services (57% disabled compared with 80% not disabled).

Table 13 Using the internet to find goods and services (95% confidence intervals) 2016

	Lower limit	Survey estimate	Upper limit
Disability status			
Equality Act disabled ¹	52	57	61
Not Equality Act disabled	78	80	82

Base: Adults (aged 16+) in Great Britain.

Source: Office for National Statistics

1. Equality Act disabled refers to those who have a health condition or illness in line with the Equality Act definition of disability.




Data has been updated in this version



Data has been reviewed and is unchanged

Distance to health services

 The Indices of Deprivation 2015 includes an indicator of the average road distance to a GP surgery indicator.

Out of the total of 407 Lower Super Output Areas¹⁸ (LSOAs) in Oxfordshire, 101 (31%) were 2 miles or more (3.2km) from the nearest GP surgery, covering a total population of 157,000 (25%) as of 2011.

There were no areas of Oxford City classified as 2 miles or more from a GP surgery. Areas classified as 2 miles or more from a GP surgery in rural districts in Oxfordshire covered:

- 3,700 households with no car (23% of total households in rural districts)
- 30,300 people aged 0-15 (32% of the total in rural districts)
- 28,800 people aged 65 and over (34% of the older population in rural districts).

The following map shows the areas of Oxfordshire that are ranked most deprived on the wider subdomain of Geographical Access to Services – including distance to GP, supermarket, post office and primary school – overlaid with locations of Oxfordshire's GPs.

¹⁸ Lower Super Output Areas have an average of roughly 1,500 residents and 650 households. Measures of proximity (to give a reasonably compact shape) and social homogeneity (to encourage areas of similar social background) are also included.

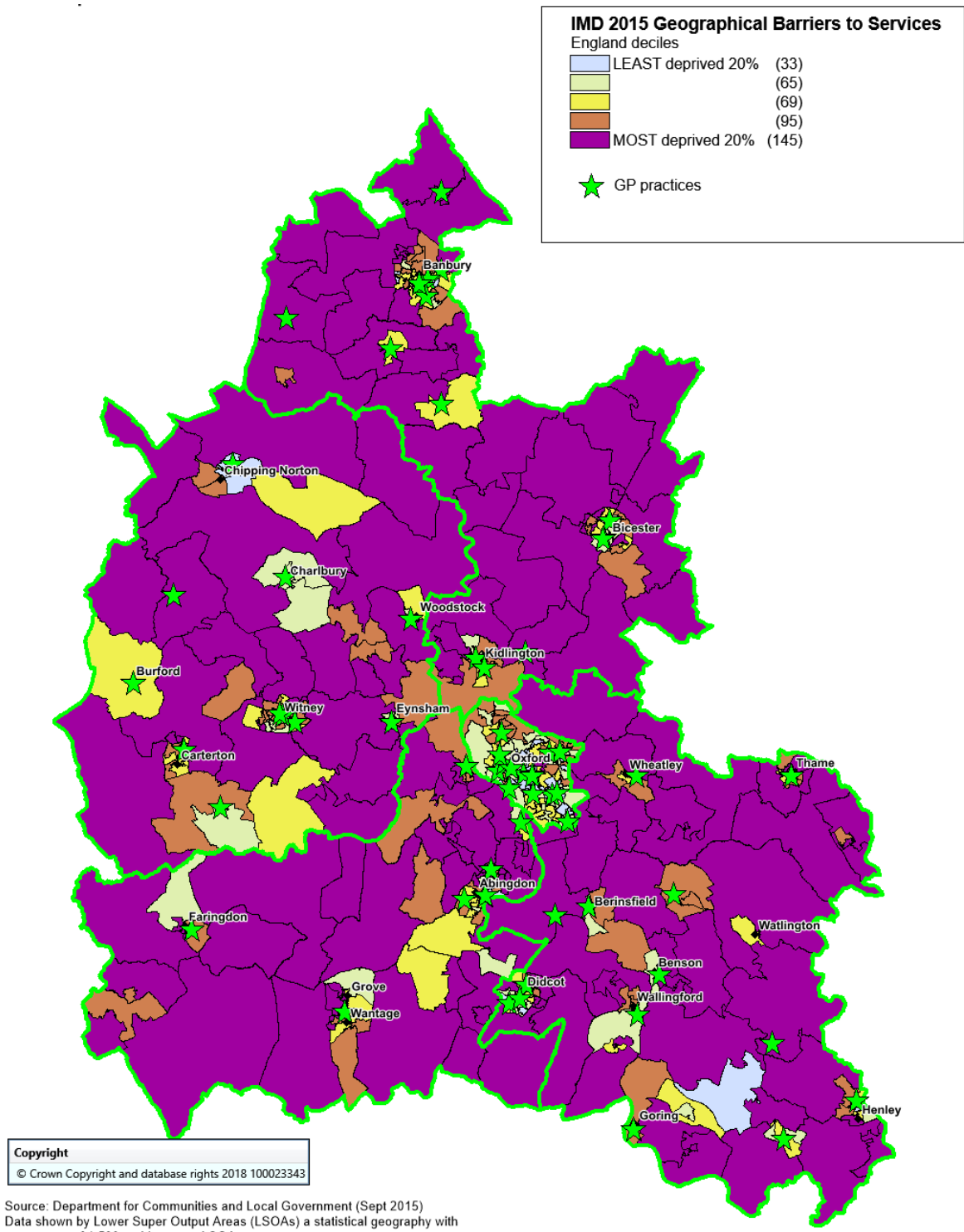


Data has been updated in this version



Data has been reviewed and is unchanged

Figure 35 Geographical barriers to services (IMD 2015) showing locations of GP practices



Source: Department for Communities and Local Government (Sept 2015)
Data shown by Lower Super Output Areas (LSOAs) a statistical geography with an average of 1,500 residents per LSOA

The IMD 2015 Geographical Barriers sub-domain includes:

- Road distance to a post office: A measure of the mean distance to the closest post office for people living in the Lower-layer Super Output Area
- Road distance to a primary school: A measure of the mean distance to the closest primary school for people living in the Lower-layer Super Output Area
- Road distance to a general store or supermarket: A measure of the mean distance to the closest supermarket or general store for people living in the Lower-layer Super Output Area
- Road distance to a GP surgery: A measure of the mean distance to the closest GP surgery for people living in the Lower-layer Super Output Area



Data has been updated in this version



Data has been reviewed and is unchanged