Oxfordshire
Joint Strategic Needs Assessment
2024

Overview of facts and figures about
Inclusion health groups - DRAFT

June 2024

Oxfordshire

JSNA

Introduction

- This pack is part of the 2024 update of the Oxfordshire Joint Strategic Needs Assessment and includes data on Inclusion health groups.

- "Inclusion health" is a term for people who are socially excluded, typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. Those who are or experience:

  – homelessness,
  – drug and alcohol dependence,
  – vulnerable migrants,
  – Gypsy, Roma and Traveller communities,
  – sex workers,
  – people in contact with the justice system and
  – victims of modern slavery.

- People belonging to inclusion groups, tend to have very poor health outcomes, often much worse than the general population and a lower average age of death. This contributes considerably to increasing health inequalities.

- The full set of JSNA resources is available at Joint Strategic Needs Assessment | Oxfordshire Insight

Contents

This report makes use of information provided in a comprehensive briefing pack by the Office for Health Improvement & Disparities for the South East: Inclusion Health Groups in Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS - An overview of available data and published evidence, December 2023

Inclusion groups are part of the NHS Core 20 PLUS 5 approach

Core 20 PLUS 5 is a national NHS England approach to inform action to reduce healthcare inequalities

Core20 refers to the most deprived 20% of the national population.

"Plus" population groups identifies those who are experiencing poorer than average health access, experience and/or outcomes.
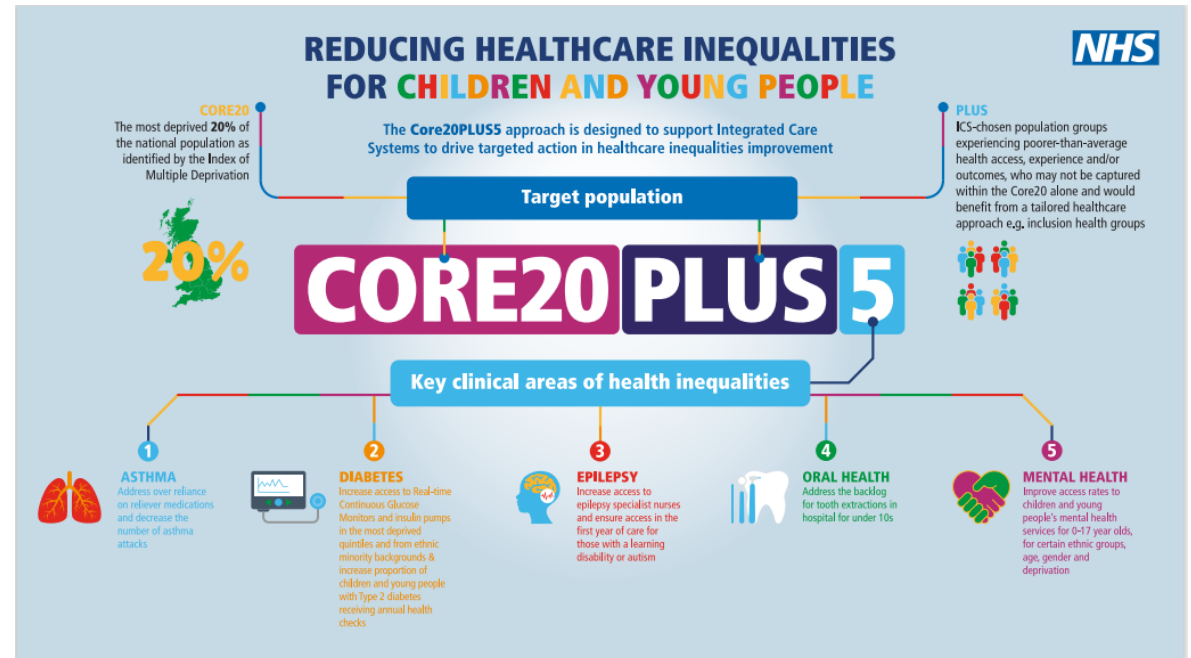
Inclusion health groups form part of the "PLUS" population groups

Action to address healthcare inequalities experienced by these groups is fundamental in order to reduce healthcare inequalities across the whole population.

Adults

Children and young people

NHS England » A national framework for NHS – action on inclusion health
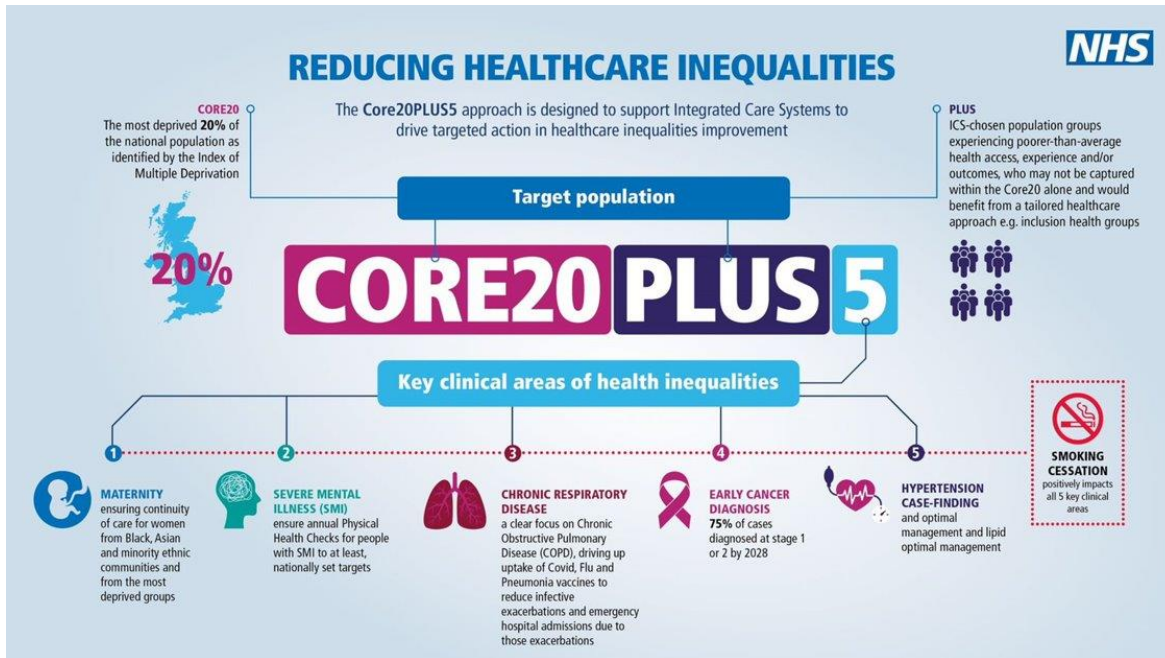
1. Summary

Summary

The Inclusion Health groups (ordered by population size) in Oxfordshire are:

- 3,556 people within a specified immigration group (homes for Ukraine, Afghan resettlement scheme, supported asylum).
- 2,800 people in treatment for drug and alcohol misuse.
- 2,655 households owed a homeless prevention or relief duty.
- 2,405 children aged 0-17 cautioned or sentenced (youth justice).
- 1,880 people from a Gypsy, Roma or Traveller background.
- 1,391 prisoners in the two prisons in Oxfordshire.
- 217 victims of modern slavery.

Other population groups also likely to experience poorer health outcomes (ordered by population size) are:

- 12,543 people providing unpaid care <u>and</u> in poor health, including 4,311 people providing 50+ hours per week and in poor health.
- 8,375 victim survivors of domestic abuse.
- 6,582 pupils with learning difficulties.
- 2,683 pupils with autism.
- 486 care leavers

Health Inclusion indicators by district (where available) show:

- Oxford had the highest rates of households owed a homeless duty, victims of modern slavery, Gypsy, Roma and Traveller population and unpaid carers.
- Cherwell had the highest rates of alcohol-related hospital admission and victims/survivors of domestic abuse.
- West Oxfordshire had the highest rate of specified Immigration groups.

(see following slide)

Further work is needed to develop data resources

- This review of Inclusion Health groups for the 2024 Oxfordshire JSNA has highlighted some limitations in the available data. More work is needed to understand the local picture in Oxfordshire, especially for under-recorded groups such as Sex Workers.
- Further work is also needed to understand those experiencing multiple disadvantage (for example) those experiencing homelessness and substance abuse and in contact with the justice system.

Health Inclusion groups indicators available by district mainly showing higher rates in Oxford

	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire	Oxfordshire rate	Oxfordshire count
1. Owed a homeless duty (prevention or relief)	2.9	4.8	3.5	3.6	3.0	3.6	2,655
2 Alcohol-related hospital admissions (narrow*)	389	364	302	341	351	347	2,451
3. Immigration groups (Homes for Ukraine, Afgan resettlement, supported asylum seekers)	4.1	4.7	5.0	4.8	5.6	4.8	3,556
4. Gypsy, Roma and Traveller population	3.3	3.5	1.6	1.8	2.5	2.6	1,880
5. Victims of modern slavery	3.3	5.9	1.7	1.4	1.7	2.9	217
6. Provides 50 or more hours unpaid care per week	1.4	1.5	1.2	1.4	1.4	1.4	13,636
7. Victim survivors of domestic abuse	17.4	14.6	11.3	12.9	12.1	13.8	8,375

NOTE: Indicators selected for this table are those where district level data is available
[1] DLUC MHCLG households assessed as owed a homeless prevention or relief duty Jan-Dec 2023 per 1,000 population
[2] OHID using NHS England HES 2022/23 Directly standardised rate per 100,000 population. *Narrow definition: A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition
[3] Home Office and DLUHC Regional and local authority data on immigration groups as at 31Dec23 per 1,000 population
[4] ONS Census 2021 table RM032, rate per 1000 population
[5] TVP Niche Jan-Dec 2023, rate per 10,000 population
[6] ONS Census 2021 table TS039 ASP age standardised proportions (aged 5 years and over)
[7] TVP Niche Jan-Dec 2023, rate per 1000 population aged 16+

Highlighting the district with the highest rate

2. Homelessness and rough sleeping

Compared with the general population..

A person who is homeless is:

34X more likely to have tuberculosis	50X more likely to have Hepatitis C	12X more likely to have epilepsy	6X more likely to have heart disease	5x more likely to have a stroke	2.5x more likely to have asthma

People who are homeless

Attend A&E 6x as often
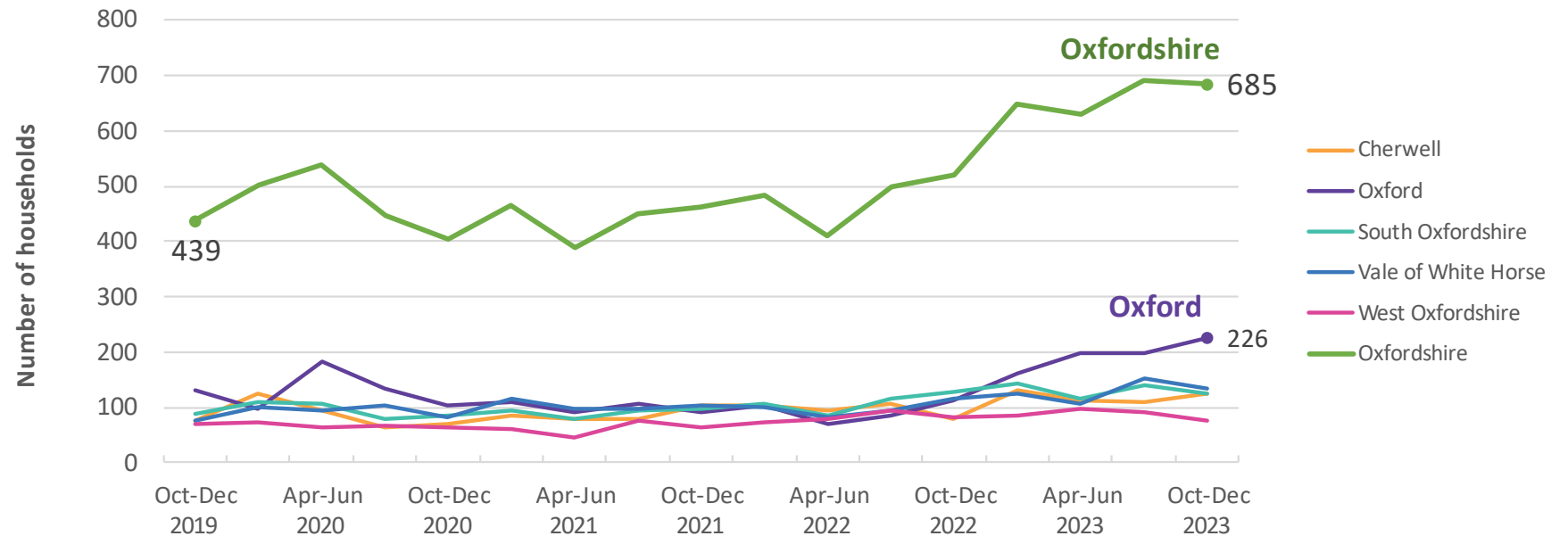
Are admitted to hospital 4X as often

Stay 3X as long

Source: OHID Inclusion Groups SE datapack Dec23, from pathway

Above-average increase in households in Oxfordshire owed a homelessness duty

- For the calendar year, Jan-Dec 2023, there were a total of 2,655 households assessed as owed a homelessness duty (prevention or relief) in Oxfordshire. This was 39% above the previous year (1,906 Jan-Dec 2022).

- The latest quarterly data shows that in Oct-Dec 2023, 685 households were assessed as owed a homelessness duty, up by 32% from Oct-Dec 2022.
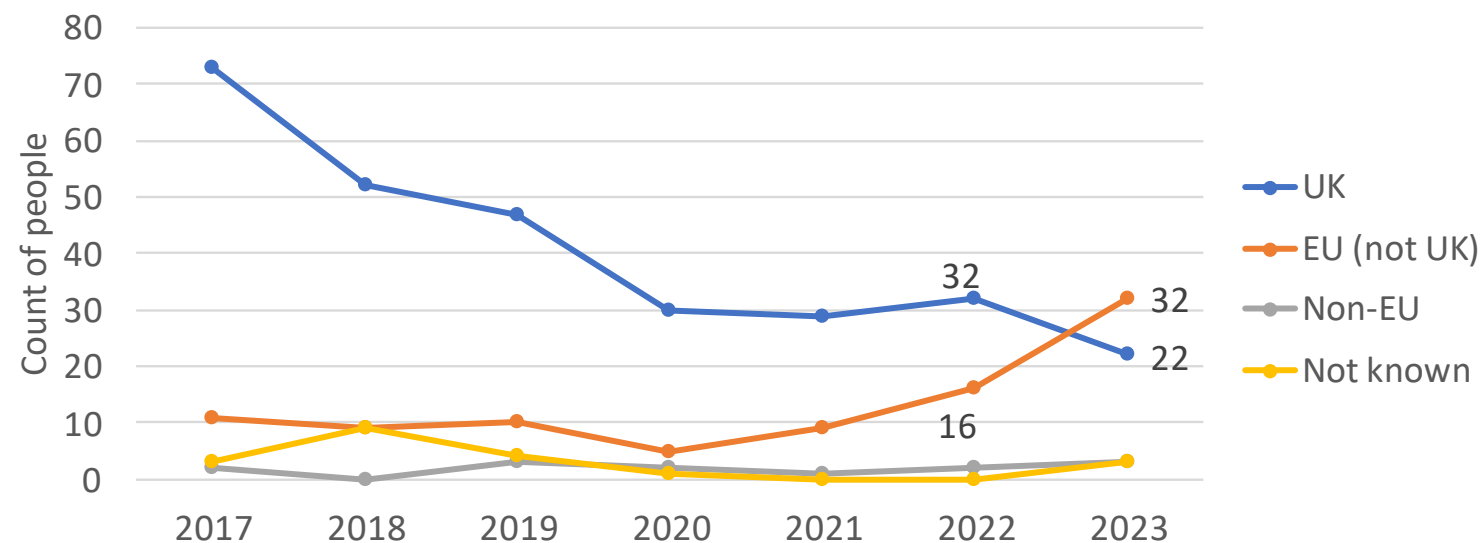
Source: Department for Levelling Up, Housing and Communities and Ministry of Housing, Communities & Local Government from Tables on homelessness - GOV.UK (www.gov.uk)

For data to Apr-Jun23 and further related information for Oxfordshire see Feb24_JSNA_Bitesize_Homelessness.pdf (oxfordshire.gov.uk)

Total count of households assessed as owed a homeless prevention or relief duty by quarter

Increase in EU nationals sleeping rough in Oxfordshire

- The number of people estimated to be sleeping rough on a single night in autumn has risen for the third year in a row in Oxfordshire to 60 people. It remains lower than its peak in 2017 of 89 people.

- Just over three quarters of rough sleepers in the county on a single night in autumn 2023 were in Oxford (46 of 60, 77%)

- The proportion of rough sleepers from European Union countries (i.e. not UK) has been increasing, this is group now accounts for the highest number by nationality in Oxfordshire with 53% of the total. Across England, the number of rough sleepers from the EU made up 18% of the total.

https://www.gov.uk/government/collections/homelessness-statistics#rough-sleeping
See also
Feb24_JSNA_Bitesize_Peoplesleepingrough.pdf (oxfordshire.gov.uk)

Number of people sleeping rough on a single night in autumn: Oxfordshire by nationality

Line chart showing count of people (y-axis 0–80) from 2017 to 2023 by nationality: UK, EU (not UK), Non-EU, Not known. Labelled values include 32, 32, 22, 16.

People sleeping rough and complex needs

People sleeping rough is at the extreme end of homelessness[1]

The Ministry of Housing, Communities and Local Government (MHCLG) defines people who sleep rough as: People sleeping, about to bed down or actually bedded down in the open air (such as on the streets, in tents, doorways or parks) or in buildings or other places not designed for habitation (such as stairwells or car parks)[2]

- Many people sleeping rough have experienced severe trauma in their lives such as abuse, neglect or loss. Periods of rough sleeping may have further significant impacts on someone's mental and physical health[3]

- The longer a person sleeps rough for, the more likely they will develop additional mental and physical health needs and substance misuse issues[4]

- It can be difficult for people sleeping rough to get access to mental health services and often services will not carry out assessments on the street[4]

- People sleeping rough also face other risks to their health: The prevalence of infectious diseases such as tuberculosis, HIV and hepatitis C, is considerably higher in the street-sleeping population than in the general population[4]

- Many are vulnerable to malnourishment which alongside exposure to the elements can reduce the effectiveness of the immune system[3,5]

- People sleeping rough are more likely to be exposed to cold weather periods, increasing the risk of cold-related illness and deaths. For example, there is an increased risk of hypothermia and existing chronic health conditions can be exacerbated by cold exposure[6]

[1] Homelessness: applying All Our Health - GOV.UK (www.gov.uk)
[2] Homelessness data: notes and definitions - GOV.UK (www.gov.uk)
[3] Seale, J,V. (2016) Nutrition and the homeless: the underestimated challenge, Nutrition Research Reviews, 29(2)

[4] Peate, I. (2019) The rough sleeper, British Journal of Nursing, 28(22)
[5] Supporting vulnerable people before and during cold weather: people homeless and sleeping rough - GOV.UK (www.gov.uk)
See also Feb24_JSNA_Bitesize_Peoplesleepingrough.pdf (oxfordshire.gov.uk)

3. Drug and alcohol dependence

Oxfordshire Joint Strategic Needs Assessment

People with drug and alcohol dependence: multiple disadvantage

- There is a significant overlap of populations experiencing severe multiple disadvantage including alcohol and drug dependence, homelessness, offending behaviours and mental ill health.

- Stigma remains a significant issue both for people affected by drug and alcohol dependence and their families and communities. This impacts on engagement with services and recovery.

- Education, prevention and early intervention is necessary to reduce harm and prevent both hospital admissions and drug and alcohol related deaths. Therefore, a key focus is for systems to identify need and refer to effective treatment.

From: briefing pack by the Office for Health Improvement & Disparities for the South East: Inclusion Health Groups in Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS - An overview of available data and published evidence, December 2023

Health outcomes: drug dependence

- Drug misuse is associated with a range of health-related problems. These include mental health problems (anxiety, depression, psychosis, personality disorder and suicide), cardiovascular disease, blood borne viruses, liver damage from undiagnosed or untreated hepatitis C virus to sexual risk taking and associated sexually transmitted infections, as well as poor vein health and arthritis or mobility problems among those who inject drugs (OHID).

- There is a significant overlap between those dependent on drugs and other levels of disadvantage, with the most deprived local authorities having the highest prevalence of problematic drug users.

- Drug dependence is associated with relationship breakdown and difficulty in maintaining social links.

- There is also a strong relationship between drug dependence and crime and between April 2021 and March 2022, there were 45,096 adults in alcohol and drug treatment detained in prisons and secure settings.

  - Of these, 74% started treatment during the year and nearly a third of people starting treatment were identified as having a mental health need (OHID, 2023).

- The pattern of drug misuse has changed over time with new psychoactive substances, image and performance enhancing drugs and misuse of medication producing areas of concern. The rise in psychoactive substances within criminal justice settings can contribute to health related and behavioural problems.

From: briefing pack by the Office for Health Improvement & Disparities for the South East: Inclusion Health Groups in Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS - An overview of available data and published evidence, December 2023

Adults in treatment for substance misuse - Oxfordshire

- As of 2022/23 there was a total of 2,800 in treatment for substance misuse in Oxfordshire.

- Comparing the pre-pandemic 5-year average (2015/16 to 2019/20) with the 2022/23 count shows a slight decline in those in treatment for opiates and an increase in other substance categories

Number of adults in treatment for substance misuse - Oxfordshire
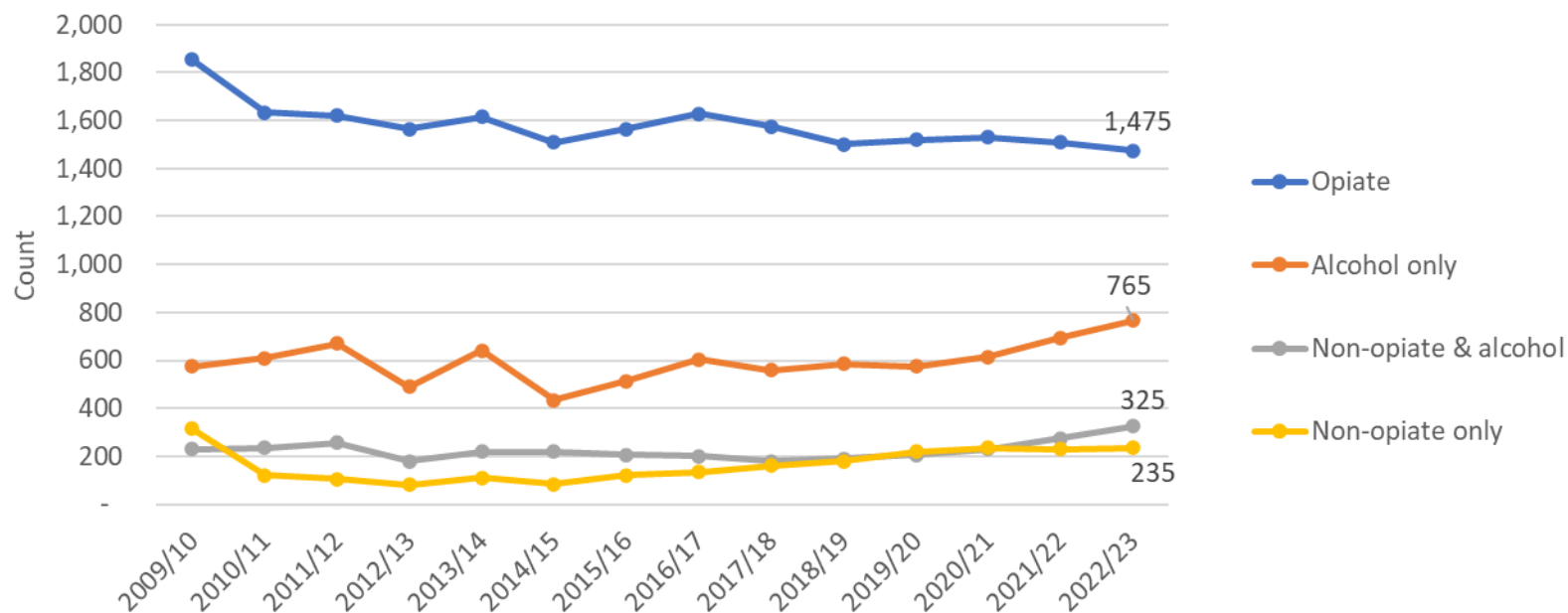
**Number of adults in treatment for substance misuse - Oxfordshire**

Substance Category	2022/23	average 2015/16 to 2019/20	Difference 2022/23 vs 5 year average	percent change
Opiate	1,475	1,558	-83	-5%
Alcohol only	765	568	197	35%
Non-opiate & alcohol	325	196	129	66%
Non-opiate only	235	163	72	44%
TOTAL	**2,800**	**2,485**	**315**	**13%**

Source: NDTMS last accessed 24 May 2024

Deaths from drug misuse - Oxfordshire

- For the 3 year period 2020-2022 there was a total of **64** deaths from drug misuse in Oxfordshire and a rate of 3.0 per 100,000, below the national rate for England of 5.2 per 100,000.

- Rates by district were similar to average in Oxford and West Oxfordshire and below (better than average) in Cherwell, South Oxfordshire and Vale of White Horse.

- There were no significant differences in rates between districts in Oxfordshire.

Deaths from drug misuse (2020-22) directly standardised rate per 100,000 Oxfordshire and districts
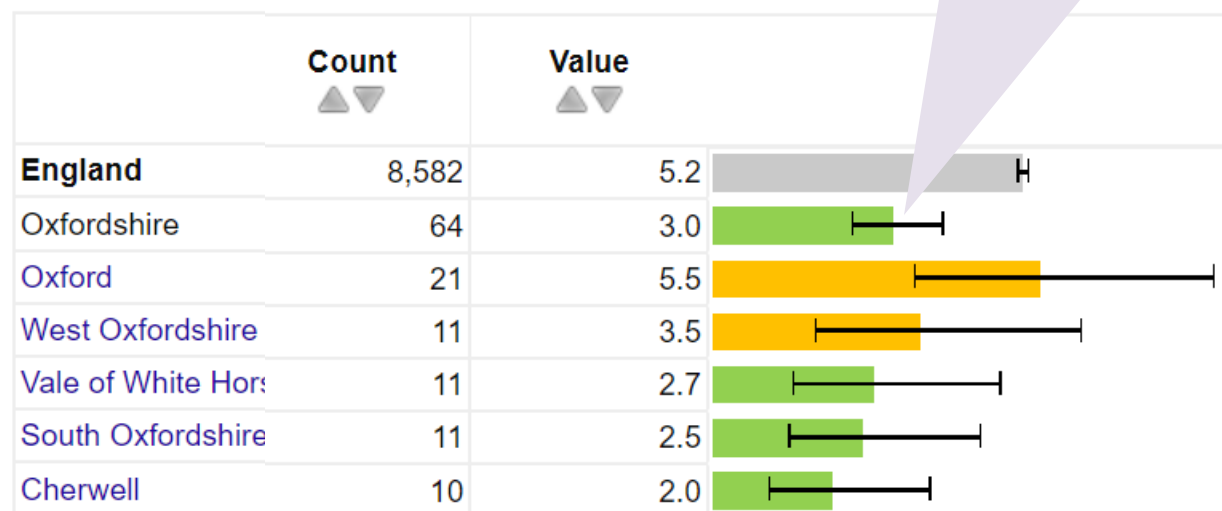
Oxfordshire's rate of deaths from drugs misuse was below (better than) the national average

	Count	Value	
England	8,582	5.2	
Oxfordshire	64	3.0	
Oxford	21	5.5	
West Oxfordshire	11	3.5	
Vale of White Hors	11	2.7	
South Oxfordshire	11	2.5	
Cherwell	10	2.0	

ONS from Public health profiles - OHID (phe.org.uk)

Health outcomes: alcohol dependence

- The National Institute for Health and Care Excellence (NICE) defines harmful (higher risk) drinking as a pattern of alcohol consumption that causes health problems directly related to alcohol.

- Excessive alcohol consumption is a major cause of preventable premature death with 3 million deaths every year worldwide resulting from harmful use of alcohol (5.2% of all deaths). Overall, 5.1% of the global burden of disease and injury is attributable to alcohol (World Health Organisation).

- Alcohol consumption is a risk factor for developing mental and behavioural conditions, along with non-communicable diseases including liver cirrhosis, cardiovascular disease and cancer (Alcohol guidelines review).

- Alcohol consumption in pregnancy can lead to low birth weight, preterm birth and being small for gestational age as well as lifelong impacts on the baby including foetal alcohol spectrum disorder.

- Drinking alcohol also contributes to both unintentional and intentional injuries, including road traffic accidents, violence and suicide.

- The 2023 National Confidential Inquiry into Suicide and Safety in Mental Health identified high proportions of those with alcohol (48%) and drug (37%) misuse among those who died from suicide in the UK between 2010 – 2020.

- High risk drinking is associated with a range of social and economic issues and there is significant overlap of populations that experience multiple and severe disadvantage including alcohol and drug dependency, homelessness, and offending behaviours. Alcohol and drug dependency are both common among people with mental ill health with more than two-thirds of people starting treatment for drug or alcohol dependence, saying they had a mental health need (70% in the alcohol only group). More than one-fifth of these were not receiving treatment to meet their mental health needs (Adult Substance misuse treatment statistics 2021-2022).

From: briefing pack by the Office for Health Improvement & Disparities for the South East: Inclusion Health Groups in Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS - An overview of available data and published evidence, December 2023

Alcohol-related hospital admissions by age group - Oxfordshire

- As of 2022/23 there were 2,451 alcohol-related hospital admissions (narrow definition[1]) in Oxfordshire. The admissions rate in Oxfordshire was lower than (better) the national average at 347 per 100,000 vs 361 in England.

- By age band, alcohol-related hospital admissions were lower than average with the exception of children and young people aged under 18 years where rates were similar to the national average.

| Alcohol-related hospital admissions by age | Period | Oxon | | | England | | | |
		Recent Trend	Count	Value	Value	Worst	Range	Best
Admission episodes for alcohol-related conditions (Narrow) - Under 40s (Persons)	2022/23	↓	362	98.5	137.8	402.3		59.4
Admission episodes for alcohol-related conditions (Narrow) - Under 40s (Male)	2022/23	↓	218	119.5	172.9	510.8		91.0
Admission episodes for alcohol-related conditions (Narrow) - Under 40s (Female)	2022/23	→	144	78.0	104.6	318.2		27.2
Admission episodes for alcohol-related conditions (Narrow) – 40 to 64 years (Persons)	2022/23	→	1,260	534	752	1,344		337
Admission episodes for alcohol-related conditions (Narrow) – 40 to 64 years (Male)	2022/23	→	821	705	922	1,716		429
Admission episodes for alcohol-related conditions (Narrow) – 40 to 64 years (Female)	2022/23	→	439	369	588	1,199		196
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Persons)	2022/23	→	830	626	809	1,370		468
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Male)	2022/23	→	641	1,048	1,277	2,091		792
Admission episodes for alcohol-related conditions (Narrow) – 65+ years (Female)	2022/23	→	188	266	411	728		191
Admission episodes for alcohol-specific conditions - Under 18s (Persons)	2020/21 - 22/23	–	100	22.7	26.0	75.5		3.8
Admission episodes for alcohol-specific conditions - Under 18s (Male)	2020/21 - 22/23	–	30	13.2	17.8	46.0		7.9
Admission episodes for alcohol-specific conditions - Under 18s (Female)	2020/21 - 22/23	–	70	32.8	34.7	111.9		8.0

Source: OHID using NHS England HES. Available at: OHID local alcohol profiles
[1] Narrow definition: A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition. Since every hospital admission must have a primary diagnosis it is less sensitive to coding practices, but may also understate the part alcohol plays in the admission. The Narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions.

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Alcohol-related hospital admissions by district

- In 2022/23 Cherwell had the highest number and rate of hospital admissions due to alcohol-related conditions (narrow) of districts in Oxfordshire.

- Rates in Cherwell were significantly higher than in South Oxfordshire (2022/23).

Source: OHID using NHS England HES. Available at: OHID local alcohol profiles
[1] Narrow definition: A measure of hospital admissions where the primary diagnosis (main reason for admission) is an alcohol-related condition. Since every hospital admission must have a primary diagnosis it is less sensitive to coding practices, but may also understate the part alcohol plays in the admission. The Narrow measure estimates the number of hospital admissions which are primarily due to alcohol consumption and provides the best indication of trends in alcohol-related hospital admissions.

Alcohol-related hospital admissions for alcohol-related conditions (narrow) persons Oxfordshire Districts

2022/23	Recent Trend	Count ▲▼	Value ▲▼		95% Lower CI	95% Upper CI
England	↓	262,094	475		473	476
Oxon Districts (from Apr 2023)	–	-	-		-	-
Cherwell	➡	614	389		359	422
Oxford	↓	463	364		331	400
West Oxfordshire	➡	423	351		318	386
Vale of White Horse	➡	481	341		311	373
South Oxfordshire	➡	471	302		275	331

Source: Office for Health Improvement and Disparities (OHID) using NHS England Hospital Episode Statistics (HES) and Office for National Statistics (ONS) mid-year population estimates.

Alcohol-related hospital admissions under 18s trend

- Admission episodes for alcohol-specific conditions for males and females aged under 18 have each fallen (improved) nationally and in Oxfordshire.

- For the period 2020/21 to 2022/23 in Oxfordshire:

  - Males: 30 admissions, 13.2 per 100,000
  - Females: 70 admissions, 32.8 per 100,000

- The rates for female under 18s have been significantly worse than the national average for much of the past ten years. The rates are currently similar to the national average.

Admission episodes for alcohol-specific conditions for under 18s, crude rate per 100,000

Source: OHID using NHS England HES. Available at: Alcohol Profile - Data - OHID (phe.org.uk)
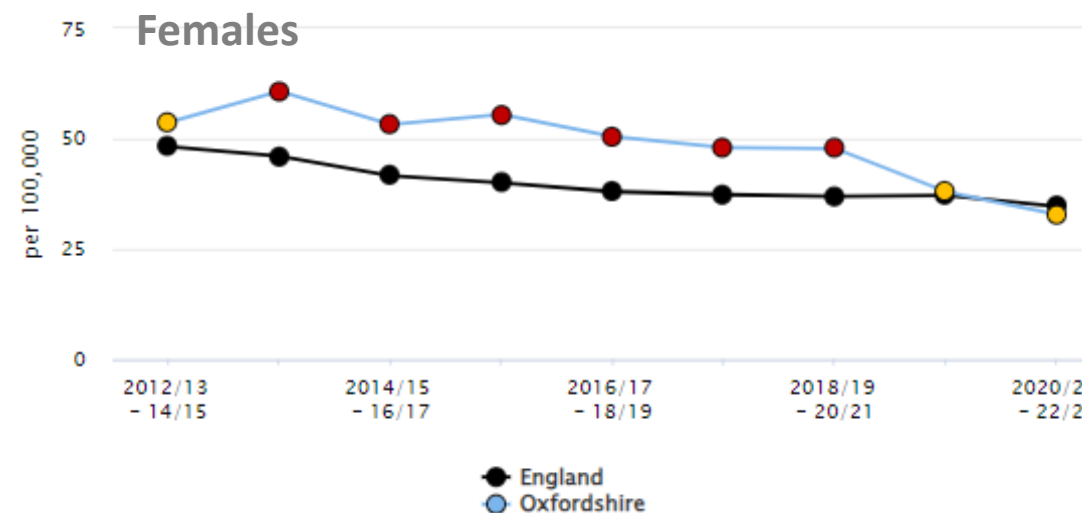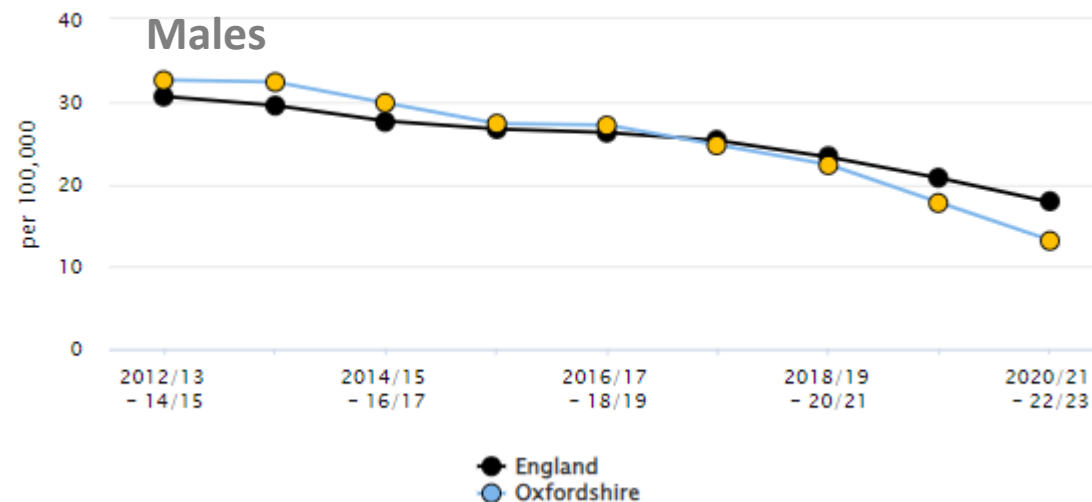
Alcohol-related crime - Oxfordshire

- In 2023 (Jan-Dec) Thames Valley Police recorded 2,061 alcohol-related crimes in Oxfordshire, just below the number in 2022 (2,187).

- Alcohol-related crimes were 4% of all crimes in the county.

- Comparing 2023 with the pre-COVD-19 year of 2019 shows a slight decline in Oxfordshire (-25, -1%) with changes by district of:
  - Cherwell +66, +16%
  - Oxford -197, -20%
  - South Oxfordshire -72, -23%
  - Vale of White Horse +5, +2%
 - West Oxfordshire +38, +17%

Source: Thames Valley Police Crime Recording System - Niche RMS, 2023 data extracted Feb 2024 Changes and differences have not been tested for significance

Count of alcohol-related crimes in Oxfordshire's districts (Jan-Dec)

Deaths related to alcohol - Oxfordshire

○ As of 2022, ONS data shows a total of 226 alcohol-related and 66 alcohol-specific deaths in Oxfordshire.

○ Alcohol-specific deaths appear to have increased, although rates for Oxfordshire remain significantly lower than the national average.

Alcohol-related mortality (deaths attributed to alcohol) to 2022
directly age-standardised rate per 100,000 population
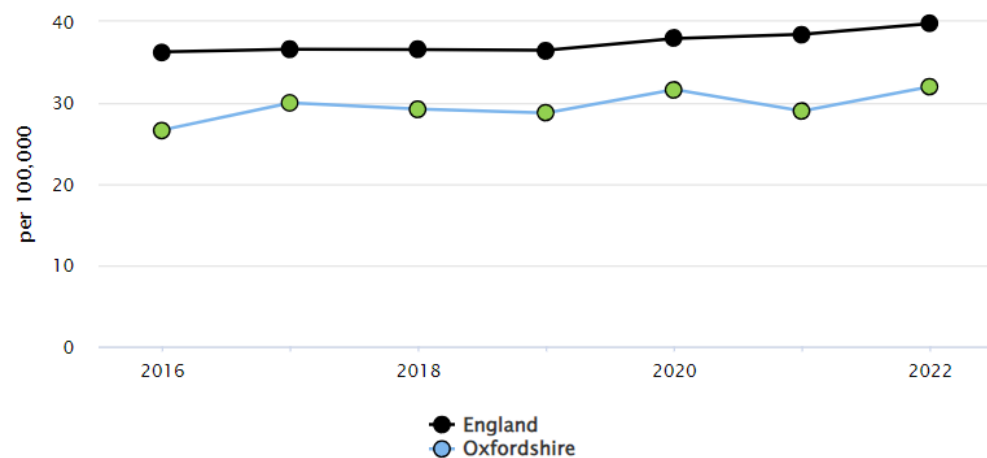
Alcohol-specific mortality (deaths wholly caused by alcohol consumption) to 2022
directly age-standardised rate per 100,000 population
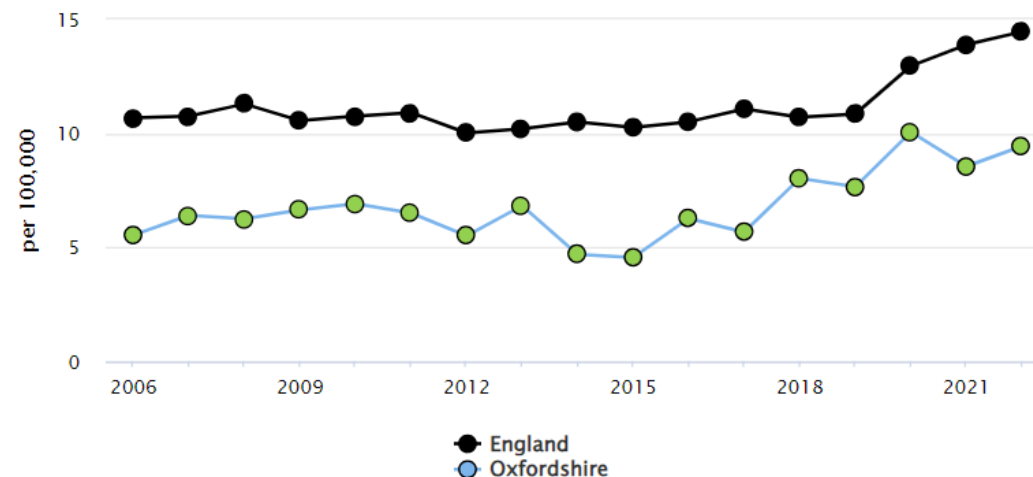
OHID local alcohol profiles
Value is all ages, directly age-standardised rate per 100,000 population (standardised to the European standard population)
Deaths based on underlying cause of death, registered in the calendar year for all ages. Each alcohol related death is assigned an alcohol attributable fraction based on underlying cause of death (and all cause of deaths fields for the conditions: ethanol poisoning, methanol poisoning, toxic effect of alcohol).
Mortality data includes all deaths registered in the calendar year where the local authority of usual residence of the deceased is one of the English geographies and an alcohol attributable diagnosis is given as the underlying cause of death.

4. Vulnerable migrants

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Health outcomes for vulnerable migrants

- Vulnerable migrants can experience a wide range of health needs including:

  - Communicable diseases
  - Incomplete vaccination history
  - Non-Communicable diseases
  - Malnutrition and nutrient deficiencies
  - Anaemia

  - Oral diseases
  - Sexually transmitted infections
  - Female Genital Mutilation
  - Psychological disturbance due to violence and trauma

- On arrival to the UK, vulnerable migrants may have to navigate a new culture and language, along with an (often complex) legal immigration process. They may have vulnerabilities from their experiences which along with uncertainty for the future and resettlement can lead to an increased risk of psychological distress and suicide[1]. This can be exacerbated by experiences including trauma, exposure to detention settings and social isolation.

- Refugees and asylum seekers are often subject to inequalities under the wider determinants of health, which impact both physical and mental health. They are likely to experience poorer socio-economic status on arrival in a new country, with potentially limited access to services and welfare support. Restricted opportunities for employment can impact food and housing security, as well as the ability to settle in a supportive community[2] along with delayed access to education for their children. They may experience a loss of identify and status with challenges to integration, a lack of family and community support along with racism and discrimination. There are often barriers to accessing healthcare, including through both through language and digital exclusion.

- All of these factors can exacerbate vulnerability, leaving people at risk of exploitation.

From: briefing pack by the Office for Health Improvement & Disparities for the South East: Inclusion Health Groups in Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS - An overview of available data and published evidence, December 2023
[1] Kokou-Kpolou CK, Moukouta CS, Masson J, Bernoussi A, Cenat JM, Bacque MF. Correlates of grief-related disorders and mental health outcomes among adult refugees exposed to trauma and bereavement: a systematic review and future research directions. J Affect Disord. 2020;267:171–84.
[2] Hynie M. The social determinants of refugee mental health in the post-migration context: a critical review. Can J Psychiatry. 2017;6(5):7.

Vulnerable migrants - overview

○ Although many migrants come to the UK to work or study and so are young and healthy, some groups of migrants may have increased health needs associated with their experiences either before, during or after migration which can make them particularly vulnerable to potential health needs. This includes the following groups:

- Asylum seekers: a person who has applied for permission to stay in the UK
- Refugees: a person given permission to stay in the UK
- Unaccompanied children
- People who have been trafficked: someone who has been moved to the UK to be exploited through forced labour, slavery or prostitution
- Undocumented migrants (those living in the UK with no legal status)
- Low paid migrant workers.

○ The OHID Migrant Health Guide includes comprehensive advice and guidance for healthcare professionals on the health needs of migrant patients in relation to access to healthcare, assessing and treating patients, communicable and non-communicable disease, outbreak management and nutrition.

○ Specialist support may be required for some refugees and asylum seekers due to their experience of violence and trauma. Language barriers can make it difficult to engage and access safe and effective healthcare.

From: briefing pack by the Office for Health Improvement & Disparities for the South East: Inclusion Health Groups in Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS - An overview of available data and published evidence, December 2023

Vulnerable migrants: Immigration groups

○ As of 31 December 2023, there was a total of 3,556 people counted in Oxfordshire within a specific immigration group including:

- 2,458 in the Homes for Ukraine scheme (arrivals)
- 388 in the Afghan resettlement programme (total population)
- 710 supported asylum seekers (total population)

○ The district with the highest rate per population was West Oxfordshire (not tested for significance).

Source: [Home Office and DLUHC Regional and local authority data on immigration groups](#)

1. Data is on specific immigration groups identified as of interest by LAs.
2. Dataset does not include data on any other migration cohorts that may require support from local authorities or for which local authorities are required to provide support.
3. Information has been extracted from local management information and databases. As such it should be treated as provisional and therefore subject to change. Definitions and data may not match with data drawn from other sources such as directly from accommodation providers.
4. The Homes for Ukraine data have been assigned to local authorities or country based on the postcode of the sponsor's address, or of the accommodation address if the applicant is not planning to stay at the sponsor's address. The data shows the number of arrivals into the UK, but is not necessarily reflective of the persons having arrived at the location noted in the table. It is not wholly comparable with the Afghan and Asylum data, which measure stock population (the number of people in the LA on the last day of the quarter).

Count of immigration groups by district in Oxfordshire (as of 31 December 2023)

	Homes for Ukraine (arrivals)	Afghan Resettlement (total pop)	Supported Asylum (total pop)	TOTAL
Cherwell	376	108	194	678
Oxford	442	78	252	772
South Oxfordshire	731	19	15	765
Vale of White Horse	477	150	59	686
West Oxfordshire	432	33	190	655
Oxfordshire	**2,458**	**388**	**710**	**3,556**

Immigration groups rate per 1,000 population Oxfordshire districts (31Dec23)
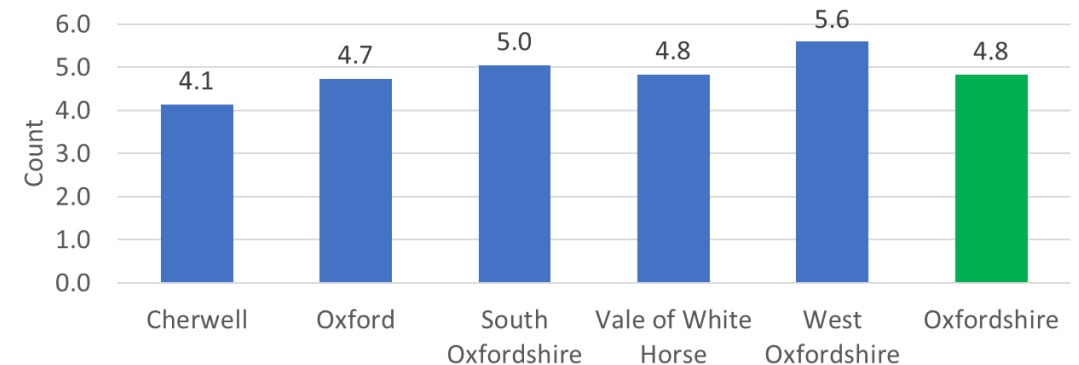
Unaccompanied asylum-seeking children

- As of end March 2023, there was a total of 104 unaccompanied asylum-seeking children being looked after by Oxfordshire County Council

Oxfordshire children looked after (total) and Unaccompanied asylum-seeking children

	2019	2020	2021	2022	2023
Total	779	767	782	855	881
Unaccompanied asylum-seeking children	64	52	41	58	104

Asylum-seeking children from Children Looked After (CLA) dataset

Create your own tables, Table Tool – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

NOTE: National Transfer Scheme requested LAs to house an increased % of unaccompanied asylum-seeking children.

5. Gypsy, Roma and Traveller communities

Gypsy, Roma and Traveller communities and health

- Gypsy, Roma and Traveller communities face significant discrimination and stigma and are among the most disadvantaged minority groups in the UK[1].

- A 2004 nationwide study[2] found that these communities were significantly more likely to have an enduring condition, suffer poorer health and experience an earlier death than the general population and the infant mortality rate was three times higher than the national average.

- Despite being an available ethnic category within NHS services, Gypsy, Roma Travellers are often not recognised in the data. As a result, healthcare services are often unaware of the severe inequalities that exist and are unable to measure progress against tackling them[1].

[1] From: briefing pack by the Office for Health Improvement & Disparities for the South East: Inclusion Health Groups in Buckinghamshire, Oxfordshire and Berkshire West (BOB) ICS - An overview of available data and published evidence, December 2023
[2] The Health Status of Gypsies & Travellers in England (Parry et al University of Sheffield 2004)

See also https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/ethnicity/articles/gypsyoririshtravellerpopulationsenglandandwales/census2021

Gypsies' and Travellers' lived experiences: England and Wales 2022
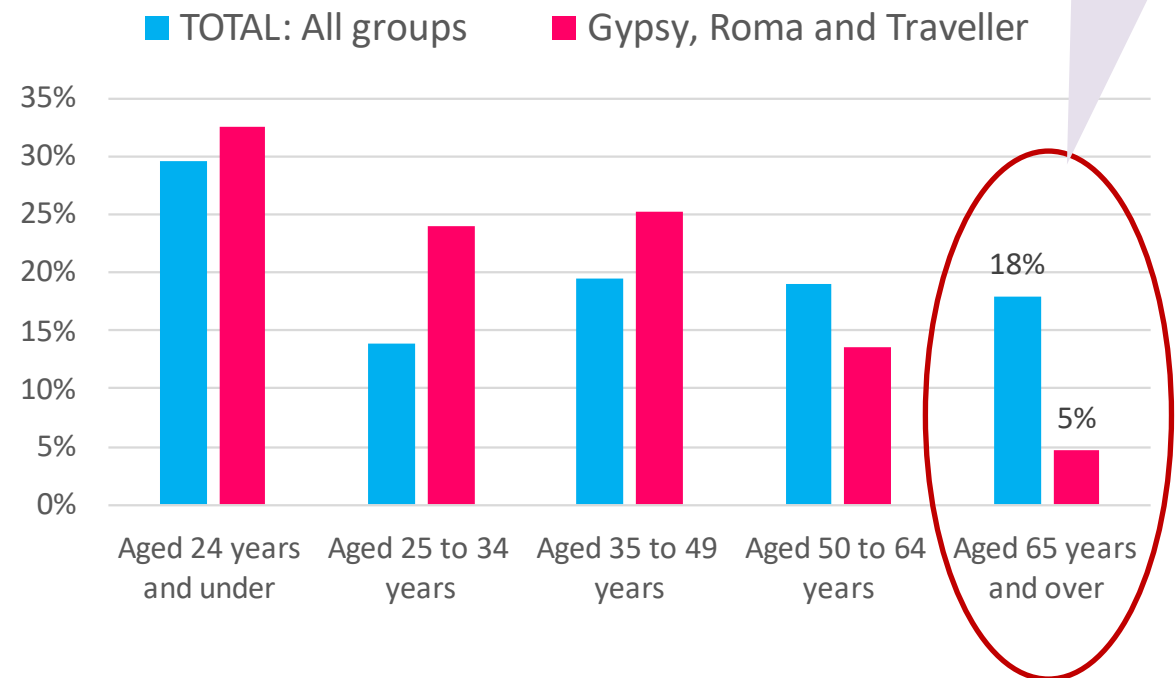
- In November 2021, the Office for National Statistics (ONS) commissioned Derbyshire Gypsy Liaison Group to collaborate on a research project into the experiences, priorities and needs of Gypsy and Traveller communities in England and Wales.

- Key findings included:

  - The importance of close-knit family and social groups and of shared moral values was described as fundamental to Gypsy and Traveller culture, communities and wellbeing

  - Participants' living situations varied greatly from houses or flats, to chalets on private land and large sites owned and managed by the local authority. The lack of authorised stopping places was described, along with an apprehension of being moved on by Police.

  - Barriers to employment include a lack of skills, education or formal qualifications and perceived discrimination from employers, colleagues and the settled community

  - A range of health conditions was described, along with delayed healthcare seeking and barriers to accessing healthcare which were highlighted as potentially creating vulnerability to negative health outcomes.

  - Particular challenges included:

    - Environmental factors including site locations and standards

    - Challenges in registering with a GP surgery without a fixed address

    - Delays in diagnosis and treatment along with delayed access to screening and preventative care

    - Perceived discrimination and derogatory attitudes of healthcare providers

    - Familiarity, understanding and open communication with trusted health practitioners were described as supportive to access and engagement with healthcare.

Gypsies' and Travellers' lived experiences, overview, England and Wales (ONS)

Gypsy, Roma and Traveller population in Oxfordshire

- At the time of the Census survey in March 2021, Oxfordshire had a total Gypsy, Roma and Traveller population of **1,880 people**[1] This was 0.26% of the total, just below the England average (0.29%)

- This population had a younger age profile than average (see chart)

- The counts and proportions of the Gypsy, Roma and Traveller population by district were:

    – Cherwell 530, 0.33%
    – Oxford 561, 0.35%
    – South Oxfordshire 242, 0.16%
    – Vale of White Horse 251, 0.18%
    – West Oxfordshire 289, 0.25%

[1] ONS Census 2021 table RM032
[2] ONS Gypsy or Irish Traveller populations, England and Wales: Census 2021

The Gypsy, Roma and Traveller population had a younger age profile than the total population, with a significantly lower proportion of people aged 65+

Oxfordshire population by broad age: total and Gypsy, Roma and Traveller group (2021)

6. Sex workers

Sex workers

The [National Ugly Mugs charity](#) defines sex work as "the exchange of sexual services for money or resources. This definition incorporates a range of different modes of sex work, including, but not limited to: street sex work, brothel work, escorting, adult film, stripping, professional bondage, dominance, sadomasochism (BDSM) services, phone sex and camming".*

- There is limited data on number of sex workers in the UK and no data at an Oxfordshire level

- A systematic review and meta-analysis of four inclusion health populations[1] found that sex workers were the least well investigated

- Lack of data is due to:

    - Criminalization

    - Stigma

    - Methodological challenges: e.g. difficult to obtain a representative sample of sex workers

- This is an important group to understand as they often experience the most extreme health inequalities and further research is needed

[1] Aldridge R.W. et al (2018) Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. Lancet; 391:241-50 [Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis - The Lancet](#). * camming = web-camera

Health outcomes for sex workers

- Studies show sex workers experience poor mental health, with increased rates of anxiety, depression, loneliness, post-traumatic stress disorder, self-harm, and suicide[1].

- Sexually Transmitted Infection (STI) risk is estimated to be higher in street based sex workers, who are at greater risk of unsafe sex and less likely to access sexual health services[2].

- Despite high rates of chronic disease, reproductive health need, respiratory disease and health problems related to substance misuse, most clinical services for Street Sex Workers (SSW) predominantly focus on sexual health[3]. There is an absence of high-quality evidence for effective healthcare provision for SSWs[4] but research has described the main challenges in providing healthcare to SSWs as services being inflexible, poorly-resourced services and services not being trauma-informed.

- In addition to their high burden of unmet health need[5], sex workers face severe, complex social inequity, which can often contribute to their many health issues, such as homelessness or insecure housing, unemployment, adverse childhood experiences, gender and racial inequality, poverty, sex work criminalisation, violence and exploitation, and the setting of sex work[4].

- During and post-Covid, reports have shown how sex workers were often excluded from government health protection and financial support resources. A recent report from the UK national charity, National Ugly Mugs, highlighted the experiences of sex workers facing the cost-of-living crisis, with workers saying they are facing fewer clients and having to "offer riskier and more emotionally draining services".

[1] Martín-Romo, L, Sanmartín, FJ, Velasco, J. Invisible and stigmatized: A systematic review of mental health and risk factors among sex workers. *Acta Psychiatrica Scand*. 2023; 148(3): 255-264. doi:10.1111/acps.13559

[2] Jeal N, Salisbury C. A health needs assessment of street-based prostitutes: cross-sectional survey. J Public Health (Oxf). 2004 Jun;26(2):147-51. doi: 10.1093/pubmed/fdh124. PMID: 15284317. (A health needs assessment of street-based prostitutes: cross-sectional survey - PubMed (nih.gov)

[3] Mc Grath-Lone L, Marsh K, Hughes G, et al. The sexual health of female sex workers compared with other women in England: analysis of cross-sectional data from genitourinary medicine clinics. Sexually Transmitted Infections 2014;90:344-350

[4] Potter, L.C., Horwood, J. & Feder, G. Access to healthcare for street sex workers in the UK: perspectives and best practice guidance from a national cross-sectional survey of frontline workers. *BMC Health Serv Res* **22**, 178 (2022). https://doi.org/10.1186/s12913-022-07581-7

[5] Aldridge R.W. et al (2018) Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis. Lancet; 391:241-50 Morbidity and mortality in homeless individuals, prisoners, sex workers, and individuals with substance use disorders in high-income countries: a systematic review and meta-analysis - The Lancet

7. People in contact with the justice system

People in contact with the justice system and health

- People in contact with the criminal justice system are some of the most marginalised, vulnerable population groups in any community, often experiencing multiple complex health and social care needs, with poor access to health services and a background of poverty, unemployment, indebtedness, substance misuse, poor education and homelessness.

- Considering and tackling health inequalities for this group includes both those within prisons and those being supervised by probation services.

- All of those in prison have come from the community and almost all will return to their community following their sentence, with the proportion of offenders being supervised by probation services outnumbering those currently serving by around three to one at any one time.

People in contact with the justice system – prison population

- There are two prisons in Oxfordshire, (1) Bullingdon men's prison near Bicester in Cherwell and (2) Huntercombe prison for foreign national men in South Oxfordshire

- Campsfield House near Kidlington is the site of a former Immigration Removal Centre (IRC). In 2022 the Home Office announced initial plans to develop a new IRC at the site[1].

- As of 31 March 2024, the total population of the Oxfordshire prisons[2] was 1,391:

  - Bullingdon = 910 (726 British nationals, 179 foreign nationals)
  - Huntercombe = 481 (2 British nationals, 479 foreign nationals)

Source:
[1] https://homeofficemedia.blog.gov.uk/2022/06/28/factsheet-blueprint-for-campsfield-house-immigration-removal-centre/
[2] Offender management statistics (Prison population: March 2024), Ministry of Justice and HM Prison and Probation Service. Available from https://www.gov.uk/government/statistics/offender-management-statistics-quarterly-october-to-december-2023
Map from ShapeAtlas

Prisons in Oxfordshire
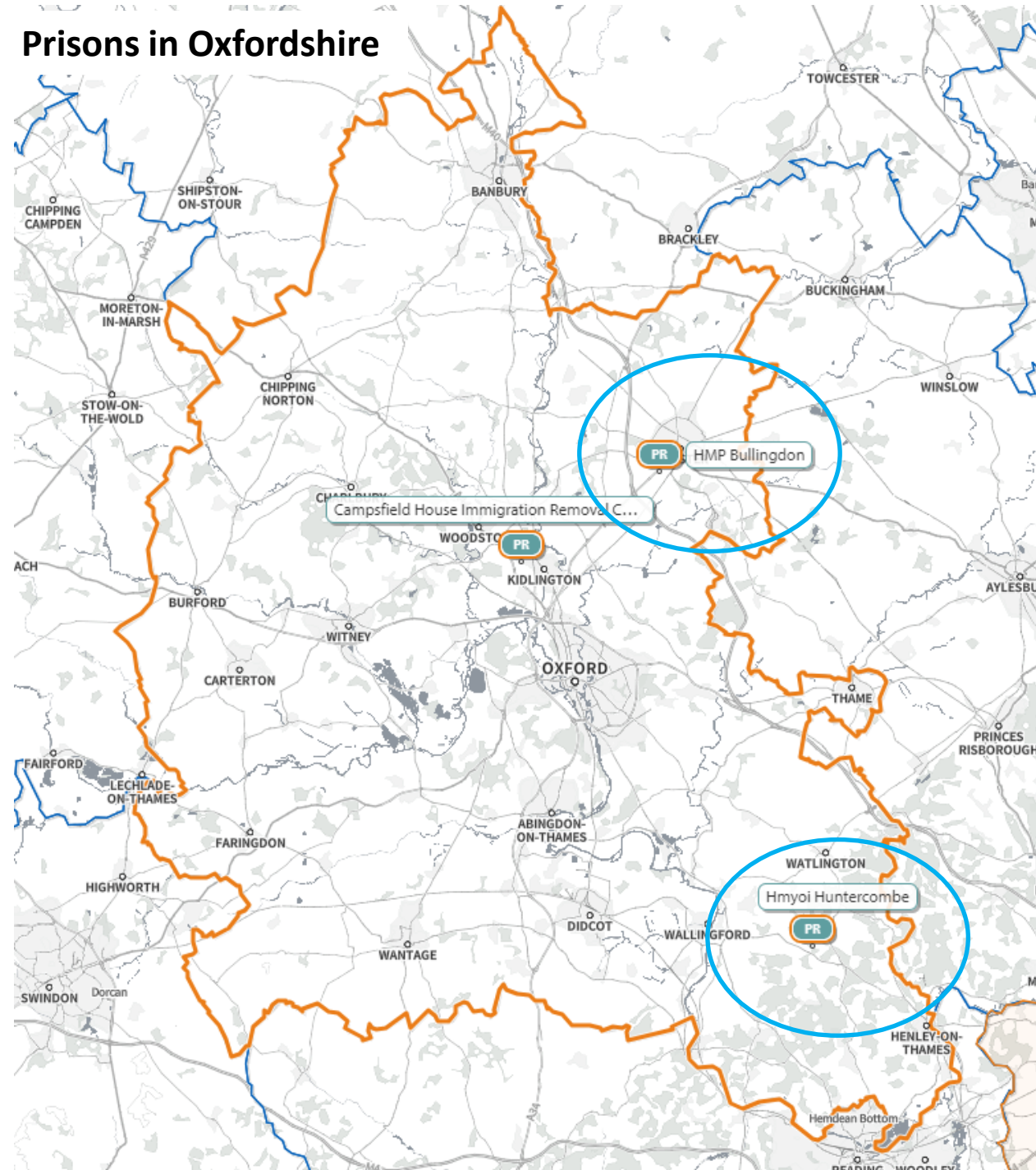
Youth Justice – children cautioned or sentenced

- As of 2022/23 there was a total of 2,405 children aged 10-17 years cautioned or sentenced in Oxfordshire

- This was a rate of 3.5% of the 10-17 population in Oxfordshire, just above the average rate for the South East region (3.1%) and below the rate for England (4.5%)

Children aged 10-14 and 15-17 years cautioned or sentenced
Percentage of resident population in these age bands
Oxfordshire vs South East and England
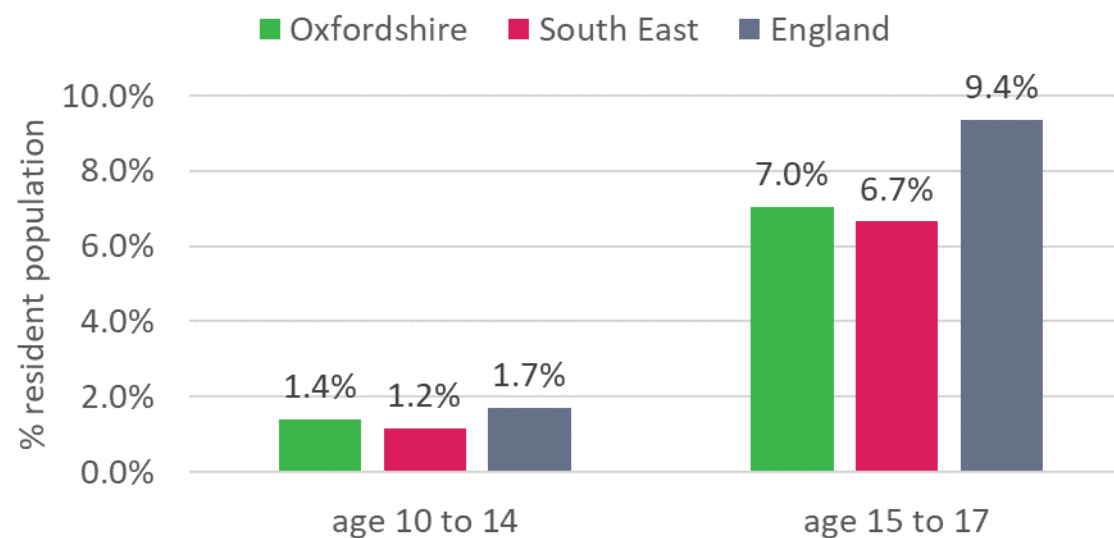
8. Victims of modern slavery

Modern slavery and health

- There are five main types of exploitation that victims of modern slavery may experience:

  - **labour exploitation:** victims are forced to work for nothing, low wages or a wage that is kept by their owner; work is involuntary, forced and/or under the threat of a penalty, and the working conditions can be poor. For example: rural work, farms and agricultural work, factories, construction, food processing, hospitality industries, plantations, fishing, beauty industry, shops.
  - **sexual exploitation:** victims are exploited through non-consensual abuse for the purpose of another person's sexual gratification, financial gain, personal benefit or advantage, or any other non-legitimate purpose
  - **domestic servitude:** victims are domestic workers who perform a range of household tasks (for example, cooking and cleaning); some live with their employers and have low pay, if any at all
  - **criminal exploitation:** victims are forced to work under the control of criminals in activities such as forced begging, shoplifting, pickpocketing, cannabis cultivation, drug dealing and financial exploitation
  - **organ harvesting:** living or deceased victims are recruited, transported or transferred, by threat or force for money, for their organs

- As this population group is largely hidden, data is very limited. Victims of modern slavery may only come to an organisation's attention when seriously ill or injured, or with an injury or illness that has been left untreated for a while. Health care issues may include:

  - evidence of long term multiple injuries
  - indications of mental, physical and sexual trauma
  - sexually transmitted infections
  - pregnant, or a late booking over 24 weeks for maternity care
  - disordered eating or poor nutrition
  - evidence of self-harm
  - dental pain
  - fatigue
  - non-specific symptoms of post-traumatic stress disorder
  - symptoms of psychiatric and psychological distress
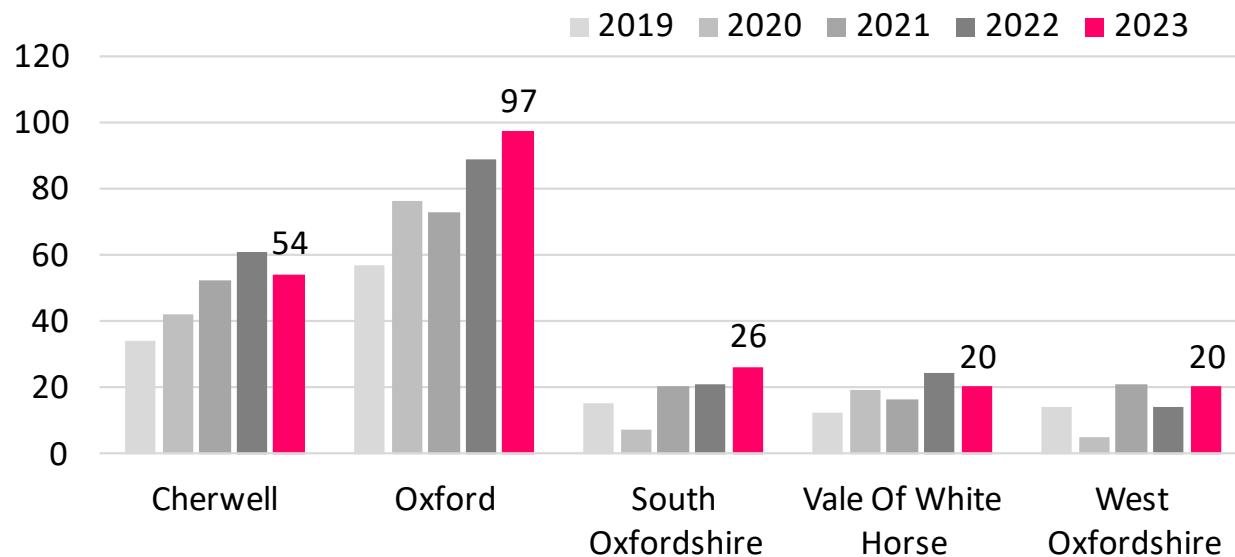 - back pain, stomach pain, skin problems; headaches and dizzy spells

Royal College of Nursing (2020) [Modern Slavery and Trafficking | Royal College of Nursing (rcn.org.uk)](#)

Victims of modern slavery

- In 2023 (Jan-Dec) Thames Valley Police recorded a total of **217** victims of Modern Slavery in Oxfordshire, up from 209 in 2022.

- This was 16% above the 3-year average (for the years 2020 to 2022), with the greatest increase in number in Oxford (+10) and the greatest percentage increases in the rural districts of South Oxfordshire (+31%) and Vale of White Horse (+22%).

- The Jan-Dec23 rate per 10,000 population in Oxfordshire was 2.9 and the highest rate per district was Oxford:

  - Cherwell 3.3
  - Oxford 5.9
  - South Oxfordshire 1.7
 - Vale of White Horse 1.4
  - West Oxfordshire 1.7

Thames Valley Police Crime Recording System - Niche RMS. Data for Jan-Dec 2023 extracted Feb24. Total recorded unique victims in the 12 month period, whether or not individuals have been a victim more than once

Recorded victims[2] of Modern Slavery and Trafficking - All Occurrences (Crime and Non Crime) Jan-Dec

Modern Slavery referrals by nationality – national data

Oxfordshire Joint Strategic Needs Assessment

- In 2023, Albanian and UK nationals were the most commonly referred nationalities in England for Modern Slavery.

  – UK nationals: 3,883 referrals in England (25.5%)

  – Albanian nationals: 3,854 referrals (25.4%)

Modern Slavery National Referral Mechanism (NRM) referrals by nationality as a percentage of all referrals with a known nationality for the 10 nationalities with the highest number of referrals, England, all persons, 2023
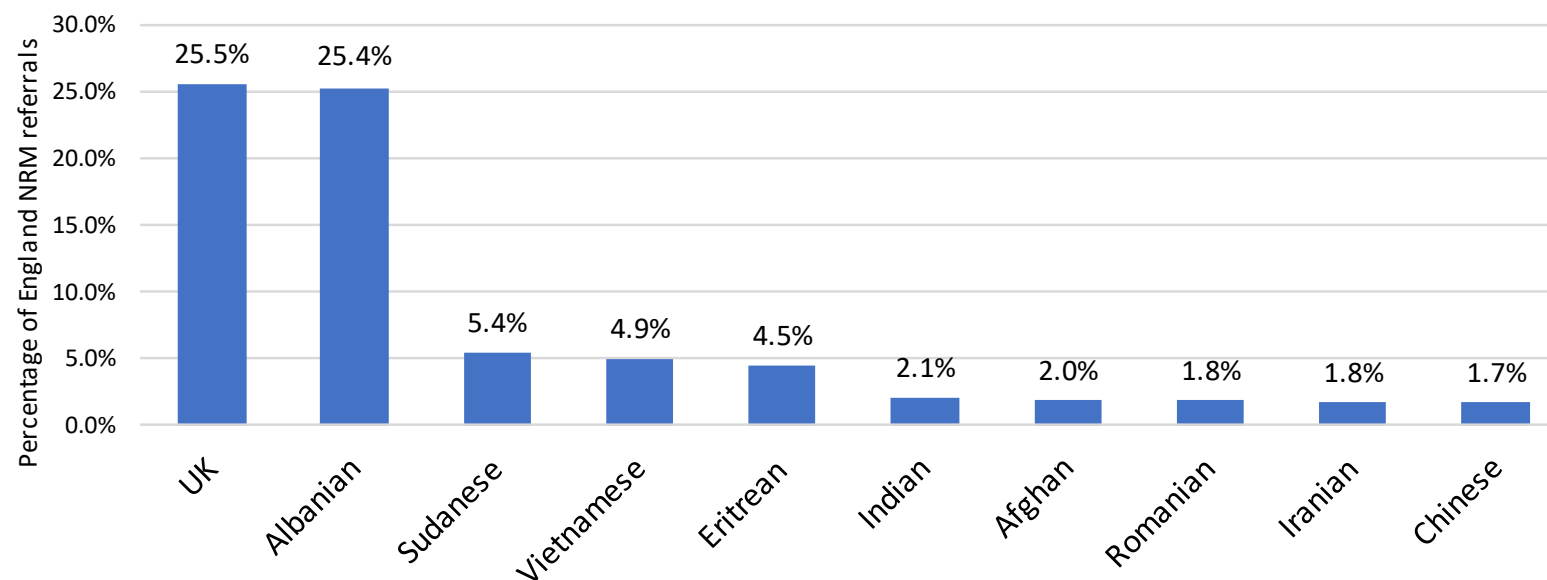
Source: Modern Slavery: National Referral Mechanism and Duty to Notify Statistics UK, end of year summary 2023, Home Office – Table 5
Available from: Modern Slavery: NRM and DtN statistics, end of year summary 2023 - GOV.UK (www.gov.uk)

9. Other population groups

Other groups

- This section provides data on other population groups (in addition to the groups already covered elsewhere in this pack) who are more likely to be socially excluded and more likely to experience multiple overlapping risk factors for poor health

a) People providing unpaid care

b) Learning disabilities/difficulties

c) Autism

d) Care leavers

e) Victim/survivors of domestic abuse

f) Older ethnic minority groups living with poor health

g) Loneliness and isolation

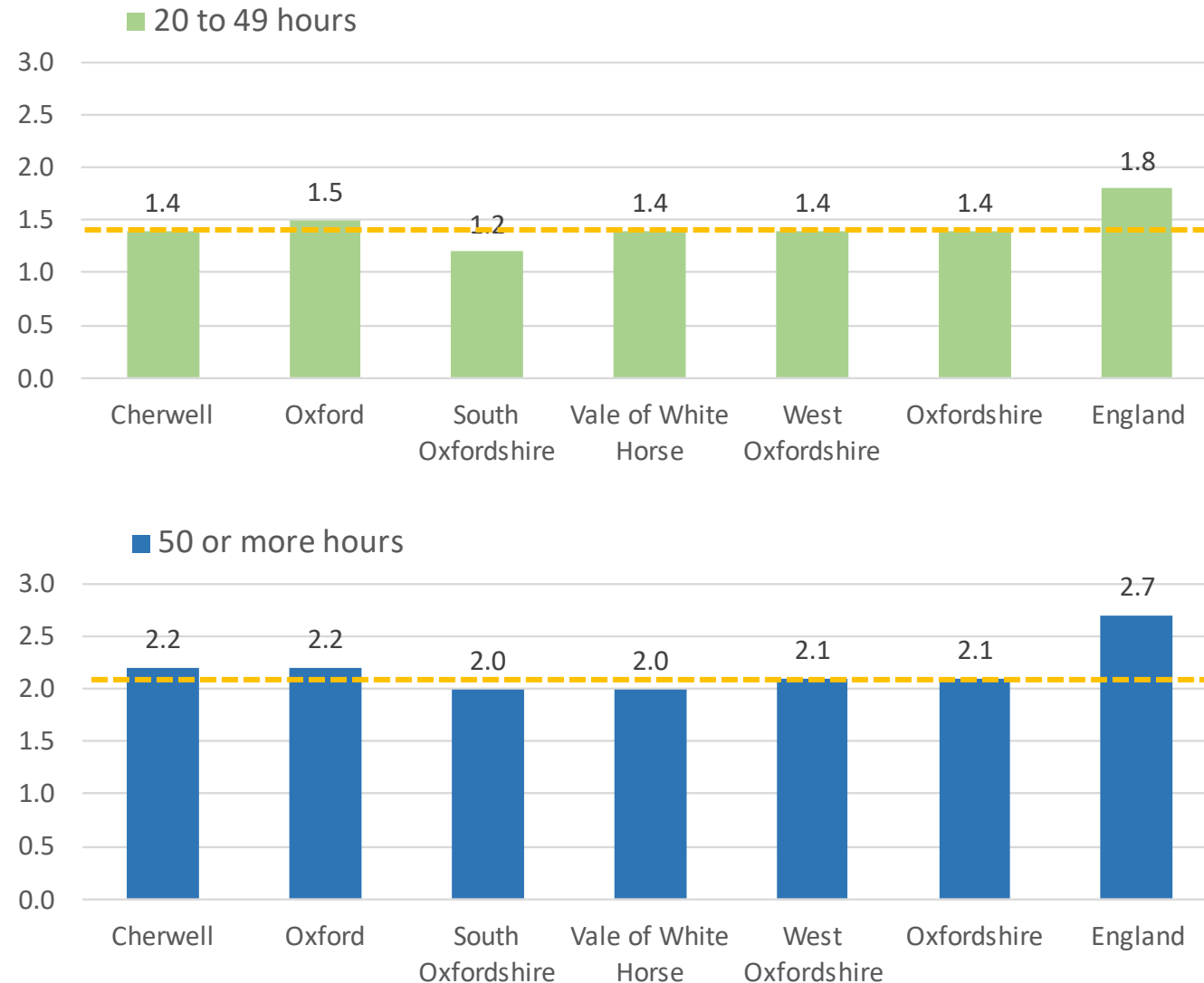# Oxford and Cherwell had highest proportions of unpaid carers

- As of 2021, 52,700 residents of Oxfordshire provided (any level of) unpaid care, of which just under half (43%, 22,800) provided 20 or more hours per week.

Age standardised proportions are provided to compare areas. This adjusts so that the proportion of people providing care in areas with an older population (e.g. West Oxfordshire) can be compared with areas with younger populations (e.g. Oxford).

- Using age standardised data, Oxford had the highest proportion providing 20-49 hours per week unpaid care in Oxfordshire.

- Oxford and Cherwell had the highest proportion providing 50+ hours per week.

Proportion of people providing unpaid care (2021) for 20-49 hours and 50+ hours per week
**Age standardised proportions**

Source: ONS Census 2021 table TS039ASP from www.nomisweb.co.uk
Differences not tested for significance

People providing unpaid care in poorer health than those providing no unpaid care

- Almost a third (32%, 4,311) of people providing 50 or more hours per week in Oxfordshire had a (self-declared) long-term health condition compared with 14% of those providing no unpaid care.
- Young carers had the highest proportion of those with a long-term health condition

% of residents with a (self-declared) long-term health condition by age and provision of unpaid care in Oxfordshire (2021)
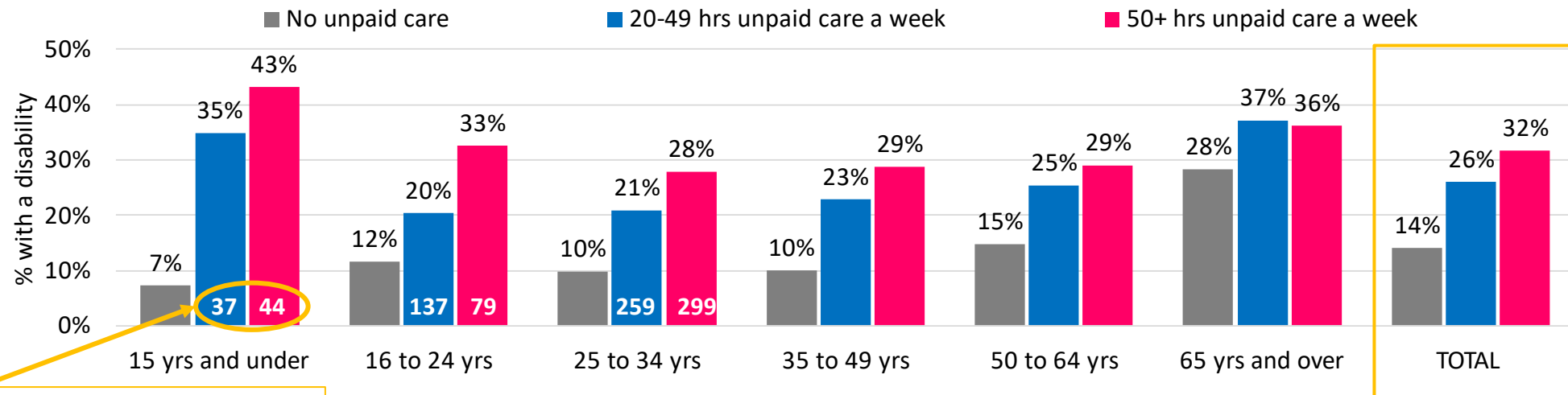
Count of people with long-term health condition providing unpaid care

ONS Census 2021 from Create a custom dataset - Office for National Statistics (ons.gov.uk)
People in households aged 5 years and over. People who assessed their day-to-day activities as limited by long-term physical or mental health conditions or illnesses are considered disabled. This definition of a disabled person meets the harmonised standard for measuring disability and is in line with the Equality Act (2010).

Carers not able to have as much social contact as they would like

○ The latest survey of adult carers (2021-22) shows that, in Oxfordshire, the proportion who have as much social contact as they would like has fallen to 27% and is significantly below the proportion in 2014-15 (39%)

Adult carers (18+) who have as much social contact as they would like
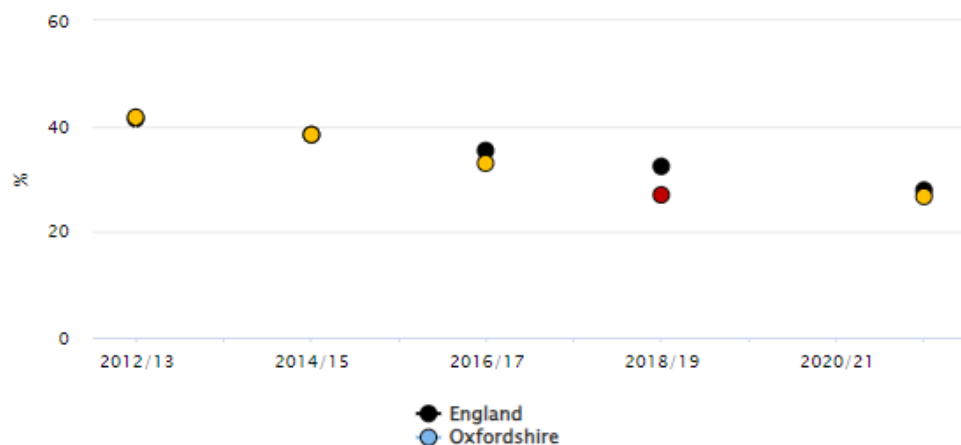
Recent trend: Could not be calculated

Period		Count	Value	95% Lower CI	95% Upper CI	England
					Oxfordshire	
2012/13	○	-	41.6%	37.8%	45.4%	41.4%
2014/15	○	-	38.5%	35.1%	41.9%	38.5%
2016/17	○	235	33.1%	29.8%	36.4%	35.5%
2018/19	●	165	27.1%	23.9%	30.3%	32.5%
2021/22	○	120	26.7%	22.8%	30.6%	28.0%

Source: Adult Social Care Outcomes Framework (ASCOF) based on the Personal Social Services Survey of Adult Carers, NHS Digital

Indicator Definitions and Supporting Information

● England
○ Oxfordshire

Public health profiles – OHID (phe.org.uk)

Learning disabilities/difficulties and autism

Young people in school

- According to the school census[1] (as of January 2023) in Oxfordshire there was a total of:

  - **6,582** pupils recorded as having learning difficulties (including specific, moderate, severe, profound and multiple) in state-funded schools in Oxfordshire
  - 2,683 pupils recorded with autism

GP register

- Experimental statistics[2] show that, as of 31 March 2023, there were 3,075 patients recorded on the GP's Learning Disabilities (LD) register in Oxfordshire.

- Patients with LD made up 0.4% of the total patient register in Oxfordshire (0.52% in England)

- People with learning disabilities are likely to have much higher rates of certain health conditions than the general population.

- Rates of Epilepsy are almost 30 times as high for people with LD.

- People with LD are more than twice as likely to have type 1 diabetes than the general population and similarly likely to have cancer.

[1] Source: Department for Education, explore education statistics. Available from: Explore our statistics and data – Explore education statistics – GOV.UK (explore-education-statistics.service.gov.uk)

[2] Source: Health and Care of People with Learning Disabilities, Experimental Statistics 2022 to 2023 NHS England (published 7Dec23)
Available from: Health and Care of People with Learning Disabilities, Experimental Statistics 2022 to 2023 - NHS England Digital

Care leavers

- *"Children and young people who grow up in care are up to four times more likely to suffer poor health 30 years later than those who grew up with their parents".[1]*

- As of 2023, there was a total of 486 care leavers in Oxfordshire aged 17 to 21 years and a further 372 care leavers aged 22 to 25 years.[2]

- Nationally there has been an increase in the number and proportion of households with support needs and owed a homelessness duty who are a care leavers aged 18 to 20 years.[3]

Number of care leavers in Oxfordshire

	2019	2020	2021	2022	2023
Aged 17 to 18	102	108	128	125	132
Aged 19 to 21	275	291	300	331	354
Total	**377**	**399**	**428**	**456**	**486**
Aged 22 to 25					372

[1] Care Leavers – a hidden health inequality - Evidence-Based Nursing blog (bmj.com)
[2] https://explore-education-statistics.service.gov.uk/data-tables/children-looked-after-in-england-including-adoptions
[3] https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness

Victim survivors of domestic abuse

- In 2023 (Jan-Dec) Thames Valley Police recorded a total of 8,375 victim survivors[1] of domestic abuse in Oxfordshire.

- This was 6% above the 3-year average for 2020 to 2022, with the greatest percentage increases in Cherwell (+12%), Oxford (+6%) and West Oxfordshire (+6%)

- The Jan-Dec23 rate per 1,000 population in Oxfordshire was 13.8.

- Cherwell and Oxford districts each had rates that were (statistically) above the Oxfordshire average.

- South Oxfordshire, Vale of White Horse and West Oxfordshire were each statistically below average.

Police-recorded victim/survivors[1] of domestic abuse (all occurrences) per 1,000 population, Jan-Dec 2023

Oxfordshire average
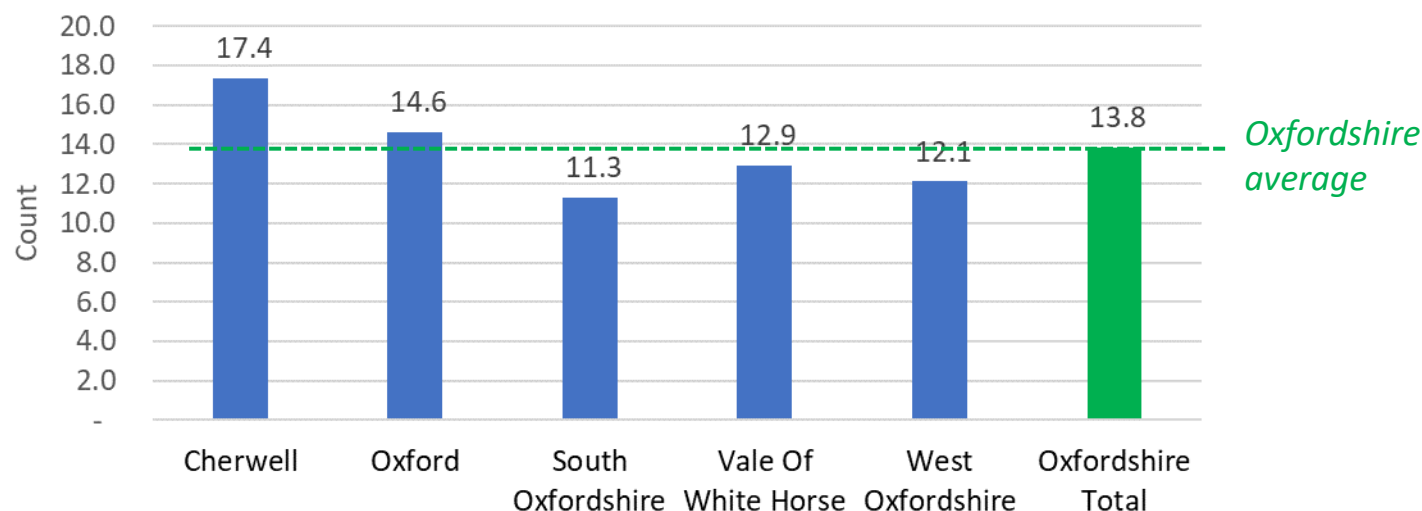
Thames Valley Police Crime Recording System - Niche RMS; [1] count is of total recorded unique victims in the 12 month period, whether or not individuals have been a victim more than once. Statistical test at 95% confidence.

Oxfordshire Joint Strategic Needs Assessment

10. Finding out more

Finding out more

- NHS England » A national framework for NHS – action on inclusion health

- The full set of JSNA resources is available at Joint Strategic Needs Assessment | Oxfordshire Insight

- A range of published health data, including Local Authority Health Profiles is provided at Public health profiles - OHID (phe.org.uk)

- Population data from the Office for National Statistics and tables from the Census surveys is available at www.nomisweb.co.uk