Oxfordshire
Clinical Commissioning Group

# OXFORDSHIRE CLINICAL COMMISSIONING GROUP BOARD

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| **Date of Meeting:** 28 March 2019 | **Paper No: 19/17** |

**Title of Paper:** Living Longer, Living Better: Oxfordshire's Older People's Strategy

| **Paper is for:** (please delete tick as appropriate) | **Discussion** | | **Decision** | ✓ | **Information** | |
|---|---|---|---|---|---|---|

| **Conflicts of Interest** (please delete tick as appropriate) | |
|---|---|
| No conflict identified | ✓ |
| Conflict noted: conflicted party can participate in discussion and decision | |
| Conflict noted, conflicted party can participate in discussion but not decision | |
| Conflict noted, conflicted party can remain but not participate in discussion | |
| Conflicted party is excluded from discussion | |

**Purpose and Executive Summary:**
'Living Longer, Living Better' was drafted in 2018 with system partners, third sector and voluntary organisations, and older people and their families & carers. A draft report was presented to the Health & Wellbeing Board in November 2018 following which consultation with the wider population was undertaken via the 'Talking Health' web portal.

This report now includes the final strategy, which is submitted for approval to the Health & Wellbeing Board in March 2019.

**Engagement: clinical, stakeholder and public/patient:**
Engagement was undertaken during the initial drafting phase, and a consultation on the draft report has also been completed. Analysis of the engagement and consultation responses is included with this report.

**Financial Implications of Paper:**
The strategy does not in itself pose any budgetary implications, but as the implementation plan is produced budgetary changes may be proposed in order to deliver against the four themes. Should budgetary issues arise these will be managed by the Better Care Fund Joint Management Group within the funds available.

**Action Required:**
The final draft of 'Living Longer, Living Better' is appended for approval, in addition to final sign off by the Health & Wellbeing Board.

| **OCCG Priorities Supported** (please delete tick as appropriate) | |
|---|---|
| | Operational Delivery |
| | Transforming Health and Care |
| | Devolution and Integration |
| ✓ | Empowering Patients |
| ✓ | Engaging Communities |
| ✓ | System Leadership |

**Equality Analysis Outcome:**
An equality analysis has not been undertaken at this stage, this will form part of the implementation phase.

**Link to Risk:**
No risks identified.

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**Clinical / Executive Lead:** Diane Hedges, Chief Operating Officer

**Date of Paper:** 14 March 2019

## Background

1. Oxfordshire's Older People's Strategy 'Living Longer, Living Better' was produced in 2018, following the redesign of the Health & Wellbeing Board. To draft the strategy, significant co-production with people, partners and organisation was undertaken to ensure that our strategy represents the views and aspirations of our population.

2. The draft strategy was presented to the Health & Wellbeing Board in November and includes the four themes which emerged during the co-production phase:

   i. Being physically and emotionally healthy
   ii. Being part of a strong and dynamic community
   iii. Housing, homes and the environment
   iv. Access to information and care

3. The draft strategy was published on the Talking Health webpage for wider public consultation between December 7th 2018 and 1st February 2019. 236 individuals responded to the consultation, a summary and analysis of these are included in the 'Report on the Draft Older People's Consultation' included with this report.

## The Final Strategy

4. The initial drafting, engagement and consultation that has been undertaken throughout the preparation of this strategy has been invaluable. The breadth and richness of the conversations and comments that people have participated in have resulted in a strategy which represents our shared aspirations for Oxfordshire's older population.

5. Detailed analysis of the feedback from the most recent consultation in a series of recommendations for refining and enhancing the draft strategy. These are listed below:

**Theme 1: Being Physically & Emotionally Healthy**

- Outcome 1 'health' is changed to 'physical and emotional health and well-being' so that all aspects of health are explicitly included.
- Age bands to taken out of Outcome 2 as the feedback indicated a range of activities were needed based on interests and abilities.
- The targeted support outlined in Outcome 3 might be too specific and focusses only on physical health. The feedback suggests there are a range of reasons why a person's emotional or physical health are 'at risk' (not just "inactivity"). This outcome could recognise this complexity.
- Two responses thought that 'planning' and 'enjoying' should not be placed in the same outcomes and wanted reassurance that this outcome was measurable.

**Theme 2: Being part of a strong and dynamic community**

- There was some wariness about measuring loneliness and isolation by the number of activities people engage in. Outcome 1 could take "reducing isolation" and focus on safe communities only. Loneliness is picked up later in Outcome 3.
- People thought there is a need for support and education as well as signposting in order that people can make a smooth transition from work to retirement. People sometimes need support in order to find and access meaningful and interesting voluntary work. Outcome 2 could be changed to reflect this.

**Theme 3: Housing, homes and the environment**

- The issue of "easy access to local facilities" should be included in Outcome 3.

**Theme 4: Access to information and care**

- The reference to GPs is removed from Outcome 2.

6. In addition, updates have been made in reference to the NHS 10 year plan on page 8 which is now published, to include reference to the online consultation on page 16 and to strengthen links with the healthy place shaping work on page 14.

7. The above recommendations and amendments have been reflected in the draft strategy; which is recommended as the final version of 'Living Longer, Living Better: Oxfordshire's Older People's Strategy."

**Implementation phase**

8. One of the main areas commented upon during the wider consultation, and indeed a theme than began during the drafting and engagement phase, is the deliverability of the vision and priorities. The following recommendations regarding this are made in the engagement report:

    - The outcomes are refined and are measurable.
    - The Implementation Plan clearly maps against measurable outcomes and contains detail on what data will be collected and how.
    - The Implementation Plan is publicly available and disseminated via partner organisations so those who participated are reassured that there is a clear plan behind the Strategy

9. To deliver vision and priorities, the County Council, Age UK and the Clinical Commissioning Groups will lead the production of implementation plans which will support the four themes. This work will be co produced and build on the conversations and engagement that took place during the initial drafting phase.

10. A large number of people and organisations, including those involved or consulted as part of the initial drafting, have expressed interest in supporting the implementation phase for this strategy. Groups convened around the four themes will consider the aims proposed in the strategy, further aims that

relate to each theme, and the measurable outcomes that can be achieved. This will include consideration of the work and initiatives already underway in the Oxfordshire system and the associated spend, and how these can best be used to support the strategy's vision and aims.

**Recommendation**

11. Oxfordshire Clinical Commissioning Group's Board are asked to support the final version of 'Living Longer, Living Better: Oxfordshire's Older People's Strategy" in addition to approval at the Health & Wellbeing Board in March 2019.

12. The Board are also asked to support the 'Report of the Older People's Strategy Consultation' which is also submitted to the Health & Wellbeing Board.

# Living Longer, Living Better

# An Older People's Strategy For Oxfordshire

## 2019 – 2024
## Final
## February 2019

**Foreword by the Chair and Vice Chair of**

**Oxfordshire's Health and Wellbeing Board**

***"Ageing is not lost youth but a new stage of opportunity and strength"***

***Betty Friedan***

We are pleased to launch the new 2019 – 2024 Oxfordshire Older People's Strategy which follows on from the prior Oxfordshire Older People's Joint Commissioning Strategy.

This new strategy has been co-produced with the support of a wide range of people including members of the public, patients and service users and their families, carers, voluntary organisations, local councillors, clinicians and commissioning and service managers.

We have heard clear messages that "age is but a number." Through this strategy, we therefore aim to create a new image of what it is to become older, to create a new focus on prevention that helps people live well for longer ensuring that they can remain independent for as long as possible by having access to the right support at the right time.

We have organised your feedback into four separate themes and have set out what we intend success to look like:

Theme 1: Being Physically and Emotionally Healthy
Theme 2: Being part of a Strong and Dynamic Community
Theme 3: Housing, Homes and the Environment
Theme 4: Access to Information and Care

This strategy will be used to inform the planning, commissioning and delivery of services across Oxfordshire and will be monitored by the Better Care Fund Joint Management Group reporting to the Health and Wellbeing Board.

We would like to thank all those people who have helped to shape this strategy by sharing their time, their knowledge and lived experience with us. Together we aim to make Oxfordshire a great place to live and grow older.

Ian Hudspeth, Chair of Oxfordshire's Health and Wellbeing Board

Dr Kiren Collison, Vice Chair of Oxfordshire's Health and Wellbeing Board

## Contents

## Executive Summary

The health and wellbeing of people as they age is a significant factor in whether they are able to live long and fulfilling lives. We have heard from a wide range of stakeholders about the issues that are of concern, that if tackled would make a difference to people's lives.

Loneliness and isolation is one of the biggest issues as it not only impacts on the quality of older people's lives but can also lead to ill health and shortening of lives. Being part of a vibrant, safe community with the ability to easily access those services that are needed is seen to be one of the most important solutions, particularly for those that are most vulnerable.

Having access to good information at the right time is essential in alleviating worry and stress but also provides a means of people taking back control and responsibility.

Oxfordshire's journey towards the delivery of integrated care, closer to where people live will support early intervention and help people maintain their independence longer.

Changing the way we think about and respond to the needs of those that are becoming older is important. Oxfordshire's older residents want to be empowered to remain fit and healthy for as long as possible.

This strategy provides a framework to ensure that we act together to deliver a positive future for Oxfordshire's older population.

## Introduction

This new Oxfordshire Older People's Strategy 2019 -2024 follows on from the 2013 - 2016 Oxfordshire Older People's Joint Commissioning Strategy (extended to 2018). It updates the vision and priorities and has been co-produced with a wide range of people whose work and lives it affects including; members of the public, service users, patients and their families, clinicians, local councillors, commissioning and service managers and third sector organisations, to reflect clearly what matters to older people.

The work has been led by Oxfordshire County Council and Oxfordshire Clinical Commissioning Group on behalf of the Oxfordshire system. The new strategy will sit alongside a suite of strategies under the new Oxfordshire Health and Wellbeing Strategy within the Health and Wellbeing Boards new governance structure. Appendix 1 shows how the strategies sit together under the new governance structure.

This strategy, whilst linking to the other Health and Wellbeing strategies is also underpinned by a range of clinical pathways, some of which are in development or being revised, including:

- Frailty
- Falls
- Long Term Conditions
- Mental Health (including dementia)
- Learning Disabilities
- End of Life
- Healthy place shaping

Oxfordshire's Older People's Strategy 2019 - 2024 will provide the context within which Oxfordshire will plan, commission and deliver services. Details of specific services will be included in Oxfordshire's strategic, operational and commissioning plans as well as laid out in those clinical pathways outlined above.

Performance on the delivery of the 2013-2016 strategy was reported quarterly to the Health and Wellbeing Board.

Key success factors included:

- Over 20,000 people receiving information and advice about areas of support as part of community information networks
- Greater numbers of people with dementia that have a recorded diagnosis (now over 67%)
- Growing numbers of extra care housing flats in Oxfordshire with 12 schemes including 692 flats being opened since 2012
- Improved quality of care with 92% of commissioned providers in Oxfordshire rated as outstanding or good by the Care Quality Commission(CQC) compared to 86% nationally
- Increasing numbers of people supported with home care – 27% more people than in 2012 and 46% more hours.

Challenges that remain include:

- The need to continue to reduce delayed transfers of care. However, the number of delays has fallen from an average of 192 in March 2017 to 111 in August 2018 (a reduction of 42%)
- A need to provide more reablement and ensure it is effective building on the improvement in the current year (2017/18), where there has been a 34% increase in hours compared to last year, up from 4400 hours to 5900 hours per month

## The Vision

The shared vision for Oxfordshire's is:

***To work together in supporting and maintaining excellent health and wellbeing for all the residents of Oxfordshire***

The Health and Wellbeing Strategy that will deliver this vision takes a life course approach with 4 priorities;

- A good start in life
- Living well,
- Ageing Well
- Tackling wider issues that determine health.

Running through these priorities are prevention measures that aim to 'Prevent, Reduce or Delay' helping people to:

- Prevent illness and keep themselves healthy in order to live longer lives
- Reduce the need for treatment by identifying health issues early and supporting people to manage their long term conditions
- Delay the need for care by providing the right support at the right time to keep people independent for longer

This approach is mirrored in the co-produced vision for this strategy that is set out below:

***That Oxfordshire is a place where individuals, whatever their age, are valued and empowered to live healthy, active and socially fulfilling lives, connected to their families and friends. Supported by thriving communities and locally provided universal services or through targeted and specialist services when the need arises***

Oxfordshire's older people do not want to be defined in terms of an arbitrary age. Our approach, therefore, should be that 'age doesn't matter' ensuring that people and their needs 'at any age' are the driving force behind what we do and how we act.

## The Context for this Strategy

### National Context

The national NHS 10 year plan was published in January 2019 and the Social Care Green Paper is expected to be published in 2019. These will set the national policy context for the delivery of this strategy.

Indications are that national and local planning for the period of Oxfordshire's new strategy will be set within a five year NHS budget allocation, with planning at scale through Sustainability and Transformation Partnerships (STP) and more locally through Integrated Care Systems (ICS).

### Local Context

The health of people in Oxfordshire is generally good and we consistently outperform England averages on overall indicators of health and wellbeing. Unemployment is low and the local economy is successful. However there remain challenges to local health and wellbeing including the potential for a growing population of older people likely to be living in poor health with pockets of deprivation that will affect older people.

### Oxfordshire Older People's Joint Strategic Needs Assessment (JSNA)

A 2018 Needs Analysis for Older People in Oxfordshire has been developed drawing on evidence in the wider Oxfordshire JSNA, last updated in April 2018. Parts of the Older People JSNA have been refreshed with more up to date information for this strategy. The Oxfordshire Older Peoples JSNA is attached separately as *Appendix 2.*

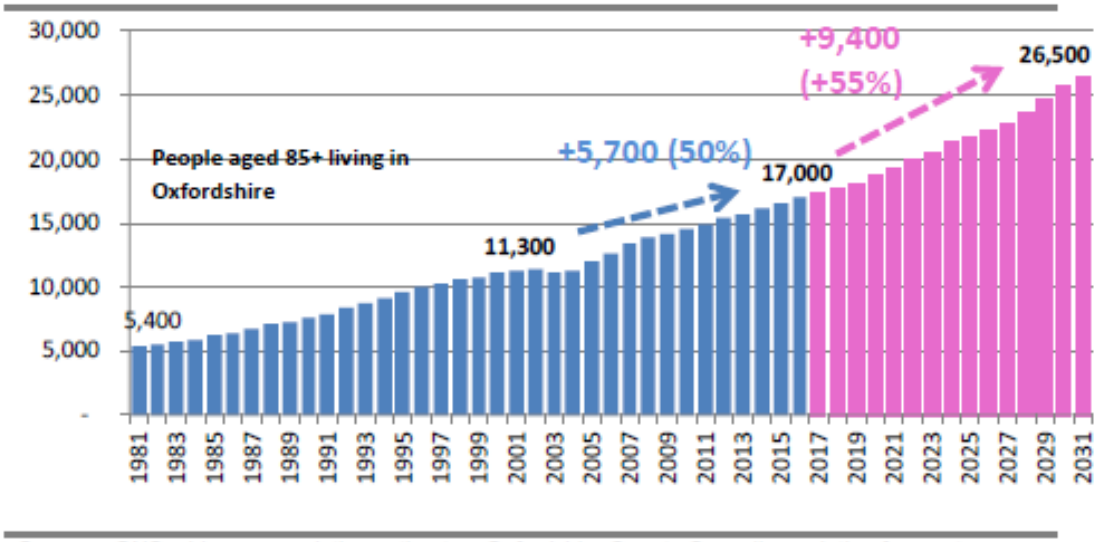
### The Key findings are:

### Population Growth

There are 121,000 people over 65 living in Oxfordshire of which 17,100 are aged 85 years or over (2016).

The number of people aged 65 and over is expected to grow to 174,400 by 2031, with a 55% increase in those aged 85 and over (an additional 9,400).

Historical and forecast number of people aged 85 and over living in Oxfordshire




Sources: ONS mid-year population estimates; Oxfordshire County Council population forecasts (revised Apr18)

6% of the population aged 65+ in Oxfordshire (2011) is from an ethnic minority background, this was below the England average of 8%. In Oxford City, 16% of the older population aged 65+ was from an ethnic minority group.

**Positive Ageing**

Oxfordshire's older people are actively contributing to the local economy. In 2011 there were 100,110 people aged 50 and over working in Oxfordshire (jobs) and 101,310 people aged 50+ in employment and living in Oxfordshire (resident workforce).

The broad industry sectors with the highest proportions of older workers were:

- Manufacturing (9,000 workers aged 50+, 32%)
- Construction (7,400 workers aged 50+, 32%)
- Public Admin, Education, Health (34,000 workers aged 50+, 31%)

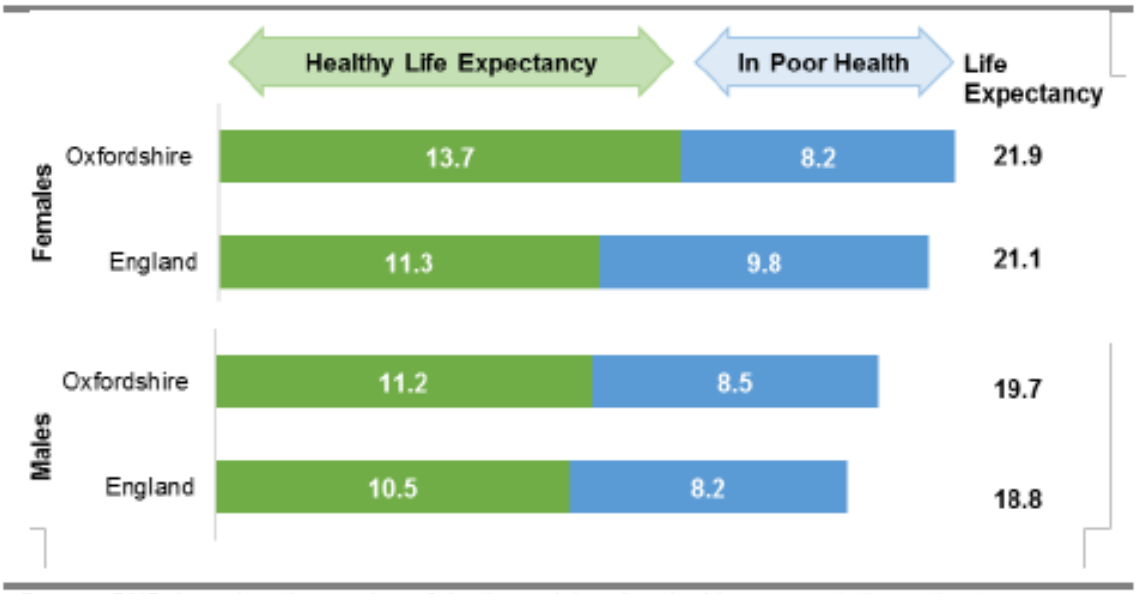
Compared with England, Oxfordshire had a higher proportion of older workers in "financial real estate, professional and administration" industries (30% compared with 26%). More recent data shows a higher proportion of older people (aged 50+) engaged in the workforce in Oxfordshire than average.

Adults aged 65 – 75 years are among the most likely to participate in volunteering at least once a month, but those aged 75+ were among the least likely. In both age groups over 65 years, women are more likely to participate in regular volunteering than men.

## Life Expectancy

At age 65, females in Oxfordshire can expect almost 14 years of healthy life, followed by 8 years in poor health. Males at age 65 can expect just over 11 years of healthy life, followed by 8.5 years in poor health.

Life expectancy and healthy life expectancy at age 65, 2014 to 2016, Oxfordshire and England (years)




Source: ONS; based on the number of deaths registered and mid-year population estimates, aggregated over 3 consecutive years.

## Health

On public health measures of health and wellbeing of people over 65 Oxfordshire ranks similar to or better than the national average and for each of the three main causes of death (cancer, cardiovascular and respiratory disease) Oxfordshire has a significantly better rate than England or the South East region.

National data shows older people significantly more likely to be overweight or obese. (Oxfordshire obesity data by age is not available).

National data shows that inactivity levels generally increase with age The sharpest increase in inactivity comes between ages 75 and 84 (48%) and age 85+ (71%).

**Oxfordshire Inactivity Data**

| INACTIVITY <30MINS PER WEEK | November 2015 – November 2016 | | May 2016 – May 2017 | | November 2016 – November 2017 | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| | Total | | Total | | Total | | Male | | Female | |
| | %age | Number | %age | Number | %age | Number | %age | Number | %age | Number |
| All ages | 21.0% | 115,700 | 22.3% | 124,000 | 21.4% | 119,200 | 20.7% | 56,800 | 22.2% | 62,400 |
| 55 - 64 | 23.2% | 17,700 | 23.9% | 16,800 | 21.6% | 14,000 | 19.4% | 6,200 | 23.7% | 7,800 |
| 65 - 74 | 28.2% | 19,700 | 27.9% | 19,100 | 24.8% | 18,000 | 25.3% | 8,900 | 24.3% | 9,000 |
| 75 - 84 | 41.2% | 19,800 | 46.5% | 22,600 | 41.7% | 23,300 | 37.0% | 9,200 | 45.6% | 14,100 |
| 85+ | N/A | | 68.0% | 6,400 | 70.4% | 7,700 | N/A | | | |

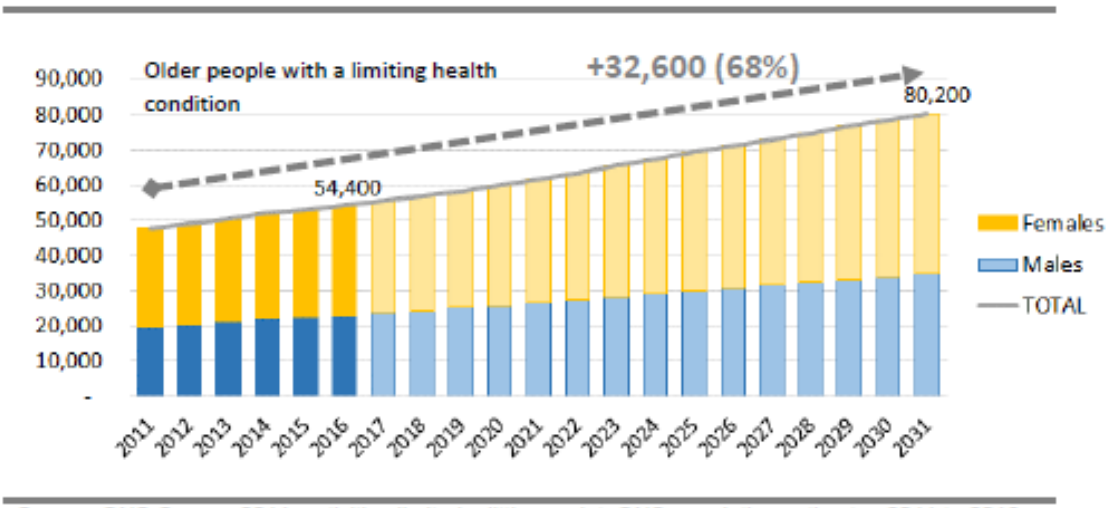
Source: Sport England Active Lives Survey

Over 65s in Oxfordshire have higher rates of alcohol-related hospital admission than younger age groups. In 2017 there were 1,184 admissions per 100,000 males aged 65+, compared to 463 per 100,000 females in the same group. Admissions are highest in Oxford city, where the rate is statistically similar to England. Rates in other districts are significantly lower than England.

There were an estimated 44,500 people aged 65 and over who were living with a life limiting long term health condition or disability in 2011.

Applying the prevalence of long-term health conditions in 2011 to the actual and predicted growth in the older population, suggests that there could be 80,200 people aged 65+ living with a life limiting long term health condition or disability in Oxfordshire by 2031, an increase of 32,600 (+68%).

Estimated number of people aged 65+ living with a limiting long-term health condition or disability Oxfordshire (based on Census 2011 prevalence and forecast population growth)




Source: ONS Census 2011, activities limited a little or a lot, ONS population estimates 2011 to 2016, Oxfordshire County Council population forecasts to 2031

In Oxfordshire 5,600 people are known to have dementia (2017-18), with a further 2,700 who are estimated to be living with undiagnosed dementia, a total of 8,300. Based on forecast population growth, this may reach 12,000 people by 2031.

An estimated 20,400 people in Oxfordshire experience loneliness at least some of the time, with at least 3,500 experiencing loneliness 'often or always'.

**Use of health and social care**

Almost two thirds of Oxfordshire's complex patients are aged 65+ (2016-17) and 10,600 people receive long term social care (including self-funders) many of these are aged 85 and over.

Sitting alongside this, there are a significant number of people 65 and over who are providing 20 hours or more of unpaid care each week. Oxfordshire's Carers' Strategy 2017-2020 provides more detail.

The top reason for ambulance trips to A&E in 2016-17 was falls and there were 2,683 emergency hospital admissions for injuries due to a fall in people aged 65 and over, the majority of whom were people aged 80 and over.

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.

Delayed transfers of care (DTOC) have been a significant problem in Oxfordshire for a number of years. There has, however, been a substantial improvement, between May 2017 and May 2018, the number of DTOC Beds (delayed days divided by calendar days) for Oxfordshire patients reduced by a half.

Simply on the basis of the expected growth in the number of older residents, Oxfordshire will see an increase in demand for health services and an increase in the demand for social care services for older people.

**Rurality**

A higher proportion of older people live in rural areas than average. 42% of people aged 65+ (50,300) in Oxfordshire were living in rural parts of the county compared with a third of people of all ages.

30,000 of people aged 65+ are living alone (2011) of which 10,800 were living in rural Oxfordshire.

**Financial security**

In the main, Oxfordshire is a wealthy county and 60% of people receiving care services aged 65+ are estimated to be funding care themselves.

However 13,500 of people aged 65 and over are affected by income deprivation, mainly those living in urban areas. 10,750 are claiming pension credit.

In addition, there are an estimated 6.500 – 7,500 older people who are not claiming benefits to which they are entitled.

## Going Local and Integrating Care

Oxfordshire, as elsewhere in the UK, has a growing ageing population. Whilst they are generally healthy, it is recognised that there are increasing numbers of people who have or are likely to develop one or more long term conditions with increasing frailty towards the end of their lives.

People want to remain as active as possible for as long as possible. Whether they live in the city, in a smaller town or in rural areas local people believe their health and wellbeing is improved by being and feeling able to feel connected to their local community.

Oxfordshire's older people value being part of a vibrant community where there are opportunities to share their knowledge, skills and lived experience. This allows people to continue to make a contribution and have a purpose.

Oxfordshire's older people are an asset to their community. They are keen to use their knowledge and skills to continue to make a positive contribution in a range of ways.

Developing and strengthening local infrastructure as well as providing services locally are thought to be positive ways to promote that sense of being connected, enable older people to plan their activities across the day or the week and interact more easily with those around them. This is embodied in the healthy place shaping approach that is being developed across Oxfordshire to bring together plans for housing, economy and infrastructure with planning for health and wellbeing.

Oxfordshire is on a journey to deliver integrated care. A framework is being developed so that commissioners and providers of health and care services in Oxfordshire can work together to meet the health and care needs of the population, today and into the future. Management in health and social care are working on a joint plan that will meet the health and care needs of the population today and in the future.

Services locally are excellent, with Care Quality Commission (CQC) ratings above much of the country, and high levels of performance and service user or patient satisfaction. Our challenge is to ensure that good services, whether provided by care homes, home care agencies, GP surgeries, community services or acute hospitals, work together around individuals.

Increasingly networks are creating opportunities for GP's and other partners, such as social workers, community nurses, pharmacists and care navigators to provide coordinated care in a more efficient way. They are also well placed for promoting self-care, prevention and holistic care for patients with chronic conditions.

Neighbourhoods are small enough to maintain continuous care, local ownership and personal relationships between staff but large enough to provide economies of scale, resilience, neighbourhood multidisciplinary teams, and joint recruitment.

A Population Health Management approach is being taken in developing services. This is an evidence-based approach to determining the health and care needs of a population using data to develop specific interventions, in specific places with “at risk” populations to improve physical and mental health outcomes for groups of people.

It enables us to address a full range of factors that impact upon people’s health delivered in partnership with communities and partner agencies such as housing and quality.

There is an emphasis on locally developed solutions, balancing opportunities for addressing challenges locally with those that impact on a wider geography or population that would be better addressed at a greater scale or for a bigger population.

## How the Strategy Was Developed

Throughout the development of this new strategy we have worked in partnership. We have engaged with local people, clinicians, professionals and other stakeholders so that the strategy is grounded in what people tell us matters most to them.

Oxfordshire Clinical Commissioning Group and Oxfordshire County Council have led the work in close partnership with Oxford City Council and Cherwell District Council, South District Council, West District Council and Vale of White Horse District Council.

Through the Health and Wellbeing Board we made a commitment to include and be guided by the principles of co-production. Therefore we have worked together to ensure a shared ownership of the future vision and strategic priorities. These will to influence how Oxfordshire plans, commissions and delivers services over the coming five years.

A three month period of engagement was undertaken to check that the messages from the previous consultations were still relevant and ask people to tell us what is important to them as they grow older. An online survey received over 300 responses. Meetings were held with voluntary groups, the Clinical Commissioning Group's Locality Clinical Groups and a number of acute and community clinicians.

Following the drafting of the initial report, a further wider consultation was undertaken to ensure that the written document accurately reflects the conversations that were had with people during the drafting phase. This final document incorporates the feedback gathered during this wider consultation.

The key findings showed that the following four areas were most important to people as they grow older:

- Loneliness and isolation
- Keeping active and healthy
- Access to services
- Planning and lifestyle

We also worked with Oxfordshire's Co-production Champions to plan and run a co-production event on 16 October 2018, at which we collaboratively agreed the strategy's vision, strategic priorities and structure. Over 40 people participated including members of the public, Black and Ethnic Minority representatives, members of voluntary organisations, city and district councillors and managers, health and care managers and clinicians. This output work has helped to shape the design and key themes within this strategy.

We would like to thank the City and District Councils, Healthy Towns Bicester, Age UK, Parkinson's UK and Active Oxfordshire who have all shared key documents with us, provided material that has informed the strategy or have personally helped with the editing of this document.

## Priorities for 2019 – 2024

The engagement activities and the co-production event have provided a wealth of information on the issues, priorities and ideas of what would make a difference to people's lives. To create the priority areas to focus on over the next five years we have organised the key messages under four themes:

Theme 1: Being Physically and Emotionally Healthy
Theme 2: Being part of a Strong and Dynamic Community
Theme 3: Housing, Homes and the Environment
Theme 4: Access to Information and Care

### Theme 1: Being Physically and Emotionally Healthy

### Physical Activity

There was a clear message from those we worked with for a focus on helping people to be and stay fit and healthy throughout their lives. People want to keep both their body and minds active to enable them to enjoy this stage of their lives. Keeping active was also seen as a way of remaining socially connected and avoiding loneliness.

Physical activity and sport is an area that can provide real positive change to all that engage. The benefits are significant to all no matter what age; gender; background; location or ability. There is strong evidence that physical activity provides improved health; enhanced social links; reduces loneliness and isolation and improves mental wellbeing and community cohesion.

Oxfordshire is an active county and has the lowest rates of inactivity (doing less than 30 minutes of activity at the right intensity a week) in England. There are, however, still a significant number of people who are inactive (around 1 in 5 of the adult population). Physical inactivity increases with age, almost doubling by the age of 75. Helping this group of older people might mean increasing the intensity, or increasing the duration that they are active.

Research from the GO Active Gold programme shows that access to activity is an issue in more rural areas and that tailored programmes of activity provided locally by friendly instructors can ensure that people are engaged and become more active. In more urban areas barriers include community safety and deprivation. Age UK Oxfordshire has also consulted and found older people want arts and creativity and sport and physical activity opportunities to increase their health and wellbeing.

There is already some fantastic work taking place in Oxfordshire including success county-wide engaging older people in Health Walks with reported benefits around physical and mental health.

## Wellbeing

People's wellbeing is closely linked to how well they are doing in all aspects of their lives including financial, health, social, personal and the local environment. Age UK's Index of Wellbeing in Later Life[1] noted that engagement in creative and cultural activities contributed highest to people's overall wellbeing. Opportunities for flexible employment and participating in different forms of volunteering are recognised as being beneficial for people as they grow older.

## Planning

Planning for older age will vary considerably based on people's lifestyles and personal circumstances. Forward planning and prevention are important. People want to plan their lives beyond working age. We need to work with employers to help people prepare for retirement.

## Prevention

There is strong support for individuals to be empowered to take responsibility for their health and wellbeing at all stages of their life.

Prevention services such as yoga, pilates and strength and balance' classes should be tailored to help avoid common problems such as falls. People want a range of organised activities to improve the length and quality of people's lives, as well as delaying or avoiding the need for health and social care services. This quote from the feedback sums this up well:

***"I want to be independent and active for as long as possible and when my body starts to restrict me I would like to be able to get advice on how best to manage or stretch my limitations"***

## What will success look like?

- We will make 'every contact count' and offer advice on prevention and activities to improve people's physical and emotional health and well-being
- There will be greater numbers of people accessing; stop smoking, increased activity, healthy eating (on a budget)
- We will develop a range of different solutions for different age bands to achieve a year on year reduction in inactivity.
- There will be more targeted interventions for 'at risk' populations to meet their specific need especially in places in Oxfordshire which have the highest levels of inactivity.
- There will be more targeted interventions to support overall wellbeing in recognition of the interrelationship between physical & emotional health.
- There will be support for people planning for and enjoying their later lives.

[1] https://www.ageuk.org.uk/our-impact/policy-research/wellbeing-research/index-of-wellbeing/

## Theme 2: Being part of a Strong and Dynamic Community

### Making a contribution

The transition from working life can be a difficult adjustment. People want to find new roles and continue to make a valued contribution to their family, social networks and local community. Age UK's Index of Wellbeing in Later Life[2] states that 'there is a close link between how satisfied older people feel about their lives and how well they are doing in 'important areas of life'.

### Connection

The importance of facilities, services and care closer to home links to people's ability to manage the important things in their lives. People, whether they live in urban, suburban or rural areas need to be able to access the services and facilities needed for their health and wellbeing. The ability to stay independent is linked to people's psychological wellbeing and is closely aligned to having local facilities and services that also serve to enable people to stay connected to their community. People also need local respite and palliative care to make it easier for family and friends to visit and maintain relationships.

### Loneliness

Loneliness and isolation is a significant concern for people as they age. It is something that older people worry about and there is evidence that loneliness has the ability to shorten people's lifespan.

### Carers

The largest group of carers in the county are between 50 -64 years old. For many this means loss of employment due to the increasing pressures of caring and/or lack of flexibility by employers. For others they may find themselves taking on a caring role at a time when they had more ambitious plans for their retirement and future life.

Loneliness and isolation are not only experienced by those living alone but also by those who have become carers. A quote from the feedback illustrates this

***"When looking after a person with dementia the loneliness can become chronic".***

It is important to ensure that carer's needs are recognised and properly supported. Oxfordshire Carers Strategy provides more information about the support available for those caring for a relative, friend or neighbour.

[2] https://www.ageuk.org.uk/our-impact/policy-research/wellbeing-research/index-of-wellbeing/

## Access

People are concerned about both the cost and availability of public and personal transport. It is an important factor in enabling people to lead an active life, visit friends and family, do basic daily tasks or attend appointments.

People also want local services of all kinds as a way of enabling people to balance those things that can be done locally with those things that require planning and travel.

## Use of technology

Many older people are still unable to use or feel confident about using the internet or mobile technology. 43% of men and 56% of women over 75 (UK) have never used the internet (an estimated 28,700 people aged 75+ in Oxfordshire). Similar findings were confirmed in an Older People's workshop run by Bicester Healthy Towns Project. The ability to use the internet and all forms of modern technology can facilitate things like online banking, skype calls with friends or family or skype consultations with clinicians, remote monitoring of blood pressure or location of dementia patients living at home.

## Intergenerational Relationships

Promoting intergenerational relationships can be beneficial in improving the perception of older people and helping to strengthen local communities. These relationships can provide young people with opportunities to share knowledge and skills in the use of new technology. They provide opportunities for social interaction allowing younger people to help with activities challenge and listen to the way older people think and hear stories of lives well spent. Closing the generation gap can help create a new image of what it means to get older and how older people are seen and think about themselves.

## What will success look like?

- We will be able to evidence initiatives that contribute to safe communities
- Through social prescription and other means, more older people will be signposted to activities which support their own community with a demonstrable impact on their isolation and wellbeing
- There will be increased support available for people to take up volunteering and other opportunities as they transition from working life to retirement.
- There will be reduced levels of people reporting that they experience loneliness 'often or always'
- There will be greater levels of integrated care provided at a local level closer to home where appropriate

## Theme 3: Housing, Homes and the Environment

### Housing Growth

Oxfordshire is experiencing significant housing growth and development providing both opportunities and challenges. Some new housing and the associated environment is being planned to provide houses that adapt to changing lifestyles and needs. Home and communities may offer inbuilt technology, energy efficiency, communal open spaces and walk and cycle-ways connecting homes to local shops and facilities. These are often in areas linked to Oxfordshire's two successful Healthy Town developments in Barton and Bicester.

In other areas of growth facilities can often lag behind the new builds putting pressure on already stretched resources such as GP's and other health services that older people say they rely on. The development of 'Healthy Places' enables systematic and proactive prevention of ill health by building in factors that support good health.

### Age Friendly Communities

Along with concerns about housing and public and private travel is the need to make communities more accessible and 'Age Friendly'. Oxfordshire is set to benefit from the cross-sector partnership that Age UK is leading to establish Banbury as the first Age Friendly place in Oxfordshire and making it a great place to grow older. This is a model from which other communities in Oxfordshire will be able to learn.

### Remaining independent

All of those that we engaged with told us that "older people want to remain in their own homes as long as possible'". Home however could be their family home, extra care housing, a residential or a nursing home. But in most cases people want it to be a place that is affordable, safe and in the community they have been living in with support to live independently in their own space. The Bicester Healthy Towns project found that older people were worried about the affordability of housing, particularly those on low incomes; this was also reflected in our wider engagement report.

Local clinicians commented too on the need for additional extra care housing as this has proved a popular choice for people leaving hospital care as well as helping people to be supported and remain independent.

### Feeling Safe

Feeling safe in the community is linked to older people's confidence about being outdoors. Things like good lighting, well maintained paths and roads for walking, cycling or using mobility scooters are important.

Fear of low level crime or intimidation also impacts on people's ability to be mobile and/or get involved in their community. Feeling unsafe can in some circumstances lead to people looking for alternative accommodation risking breaking their links with their support and social network at a time when it is needed most.

**What will success look like?**

- More people will be able to live in neighbourhoods and communities that promote their health and wellbeing, adapt to their changing needs and promote access to local facilities.
- There will be a measurable increase in the numbers of people supported to live independently at ‘home’.
- There will be improvements in the range of housing options available for people as they age based on their needs.
- More people will report that feel safe and are able to get out in the place where they live

## Theme 4: Access to Information and Care

### Good Information

Access to information and services mean people can take responsibility for their health and wellbeing. With the right information and services people are better able to manage their disabilities or long term conditions and know where to go for advice, support and early intervention when things begin to go wrong.

There is a wealth of information available both on the internet and in hard copy. People's ability to navigate the system and identify the information they need when they need it, often at a time when they are coming to terms with a difficult future, can be daunting. A single point of contact providing information at a time the individual and their families can cope with it would be helpful. People want access to 'reliable' information in a range of formats including face to face advice or 'one stop shop' at appropriate times in their lives provided in plain English, without jargon and in a range of accessible formats including large print, pictures and symbols and other languages.

### Access to Care

People want to be able to access GP and other medical appointments promptly. Waiting causes people to worry and not knowing how long the wait will be also increases frustration and anxiety. People recognise that GP's are under pressure but they would like longer primary care appointments so that they have enough time to understand their condition and get the right advice or support. People need to know who to contact when they are in the system. Good signposting helps people access the right information quickly and be a better use of resources.

### Integrated Services

People don't distinguish between health and social care when they have a need. They want services to be joined up, seamless and planned and delivered around them. Their experience of care works best when they are treated as a 'whole person' regardless of who is providing a service. Although Oxfordshire is working towards interoperability that will allow all those providing care to access one set of records this still remains an issue that impacts on continuity of care and the need for service users or patients to 'only have to tell their story once'.

### Being in control

Being able to die with dignity in the place of your choosing is important to older people. Information on end of life, palliative care, assisted dying and the right to die helps people to be less fearful about what lies ahead and be in control of what happens at the end of their lives. Clinicians now are often able to identify those who are frail but managing but who could have more control of decisions about their future if their prognosis was sensitively shared with them at an earlier stage. Being supported to make an advance directive can also create peace of mind and allow people to retain control.

**What will success look like?**

- More people will be supported to access the information they need, irrespective of the day and time of the week, in the format they need it to promote their own health, manage their long term conditions and have more control over how they manage their lives
- We will make sure support to identify and access Information is available from a wider range of people when needed.
- Integrated care will be provided by multidisciplinary teams closer to home will be the everyday experience for people living in Oxfordshire
- Increased numbers of people will be supported to die in a place of their choice.

## Putting Words into actions

The energy and joy of those who have contributed to the development of this strategy have been put into words throughout this document and have helped us create the vision and priorities. Local people, clinicians, Councillors and professionals have sent clear messages about the design of the strategy and how Oxfordshire's older people want to be recognised, empowered, supported and cared for.

This strategy aims to provide a framework for those who are responsible for planning, commissioning and delivering services. The focus is on the health and wellbeing of people as they age in Oxfordshire and how they want to live their lives.

It is clear that many of the things that help people live fulfilling and active lives goes well beyond traditional health and social care services. A system-wide response needs to integrate care and align a wide range of services from infrastructure planning, access to leisure, innovative solutions to travel, locally base services of all kinds and development of community assets. These solutions will benefit not just older people but people of all ages.

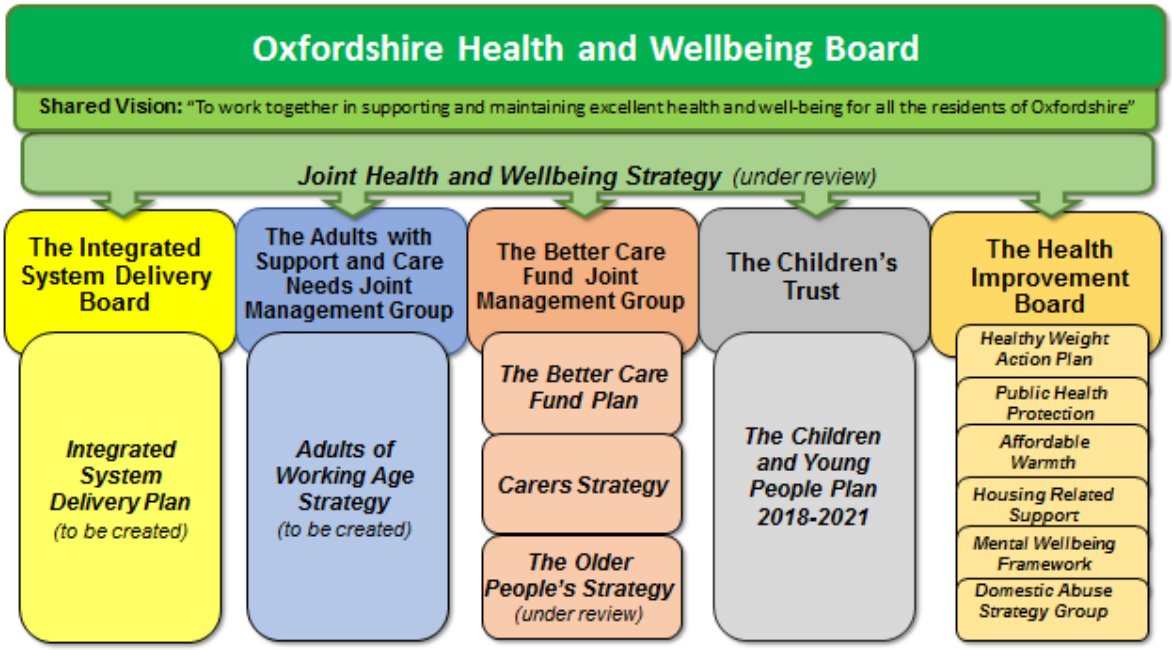
The aspirations fit well with what we have heard in the past and how Oxfordshire wants to organise itself to deliver a more integrated response in the future. We have identified four main themes for this strategy and have organised the most important issues under these headings setting out within each section the kind of success we aim to achieve.

Our next steps are to identify what needs to happen, how we can work together and what we need to do to make a difference to people's lives.

We will do this by continuing to work in partnership to co-produce an action plan with measurable outcomes. We will set up working groups for each of the four themes and agree which organisations and/or individuals need to be a member. We will incorporate the insights that using Population Health Management can give us to ensure that we focus our efforts where they are most needed. Progress against the outcomes will be monitored by Oxfordshire's Better Care Fund Joint Management Group who will report to Oxfordshire's Health and Wellbeing Board.

## Appendices

### Appendix 1- Oxfordshire Health and Wellbeing Board Governance Structure



# Oxfordshire County Council and Oxfordshire Clinical Commissioning Group

# Report on the Draft Older People's Strategy Consultation

**February 2019**

## Consultation Report

**Contents**

**Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG)**

**Report on the Older People's draft Strategy Consultation**

## 1. Purpose

This Consultation Report outlines the process and findings of the public consultation on the OCC and OCCG's draft Older People's Strategy (referred to in this document as the "draft Strategy"). The consultation was open between 7th December 2018 and 1st February 2019. Feedback was gathered using a questionnaire[1] which explored views on the draft Strategy's Vision, four Priorities and Outcomes for success. It was available online and in hard copy[2].

The draft Strategy is considered in the light of the feedback and, where appropriate, recommendations are made for refinements to the Strategy.

## 2. Background

The draft Strategy was developed following a period of engagement between July and September 2018 which resulted in extensive feedback from key stakeholders and the public. Over 300 survey responses were received, and meetings were held with 11 stakeholder groups (see Report on engagement to inform the development of an Older People's Strategy for Oxfordshire 2019-2024[3]).

The Vision and Priorities within the draft Strategy were co-produced at an event attended by members of the public, professionals and voluntary and community groups. Minority groups were represented including older people, carers and black and minority ethnic groups (BAME).

The aim of the subsequent consultation was to provide a further opportunity for the Strategy to be informed by the views of a wide range of people and communities. It was recognised that BAME groups were underrepresented during the Strategy development phase, and therefore visits were made to these communities in order to ensure the BAME voice is heard (see Section 3.4).

## 3. Responses

This section provides an outline of the number and profile of survey respondent and BAME community visits.

### 3.1 Number of responses

A total of 236 individuals participated in the consultation. There were 179 responses to the online consultation, with a further eight incomplete responses which were

[1] Questionnaire on the draft Older People's Strategy
[2] Community visits used a hard copy of the questionnaire
[3] https://consult.oxfordshireccg.nhs.uk/gf2.ti/-/985986/43823749.1/PDF/-/Final_Engagement_report_26.10.18_for_HWB.pdf

excluded from the analysis. In addition, 56 individuals from BAME communities[4] gave feedback, and a response was received from Oxford City Council.

Although a good level of feedback, it is less than to the engagement on the development of the draft Strategy. This could be explained by people feeling they had already had an opportunity to provide their views (this point was made by a survey respondent).

### 3.2 Category of respondent

The survey asked people to identify themselves according to pre-determined categories. The numbers below include those attending the focus groups. As some people identified in more than one category, the total (239) of the categories below is higher than number of individual responses (236).

| | |
|---|---|
| Members of the public | 196 |
| Carers | 12 |
| Representing the voluntary sector (including Healthwatch) | 20 |
| GP/clinician/NHS staff member | 7 |
| Councillor | 3 |
| City/District Council | 1 |

### 3.3 Demographics

Below outlines the demographic profile of those who responded to the online survey. Because full demographic information was not collected from the community groups, the available information is reported separately in 3.4.

**Age:** The older age group is the largest respondent with 65% from the "65 and over" group and 22% from the "55-64" group.

Only 4% of responses are from people aged between 25-44.

**Gender:** 61% of respondents are women, 37% men.

**Ethnicity:** 95% identify as White British.

**Disability:** 16% say they have a disability, 83% say they do not.

**Geography:** All areas of Oxfordshire are represented.

### 3.4 BAME community visits

Visits were made to three community groups:

- Happy Place, Chinese Lunch Club: 35 Chinese men and women, all members of the public, aged over 55, with one person aged 95

[4] The community groups reached a consensus on each question and gave one response per group. However, each individual who participated has been counted separately.

- Asian Older Women's Group, Banbury: 10 Asian/Asian British women, all members of the public, aged over 55, all without disabilities.
- BKLUWO, women's African community group: 8 Black African or African British women, all members of the public, aged over 65 and including at least one with a disability.
- Three Asian/Asian British men and women (who were not part of a group) were interviewed, including a carer, an NHS employee and a member of the public. Age categories were 45-54, 55-64 and 65+, including at least one with a disability.

## 4. Findings

This section outlines the extent of agreement with the draft Strategy's Vision, Priorities and Outcomes for success. The findings include the feedback from both the online survey and the focus groups. Comments have been explored and summarised into themes. The number of comments cited in each section relates only to the survey although the focus group feedback was analysed together with these comments.

### 4.1 Summary

Overall, there was strong agreement with the Vision, Priorities and Outcomes. Agreement with the Vision was lower (66%) than with Priorities (88.5% average over the four Priorities) and outcomes (82% average over all the Outcomes). See Appendix 2 for responses to questions on the Vision and Priorities.

There was an opportunity for comments on the Vision and each Priority and the key themes are explored below. In general, comments related to perceived gaps and suggestions for changes. This provides valuable information for the next stage which will be the formulation of an Implementation Plan.

Two general messages came through in the responses.

- **Implementation:** Respondents wanted a clearer sense of how the Strategy would be implemented and what funding implications there would be.
- **Outcomes:** Some respondents thought that the outcomes were more like aims or outputs and would be difficult to measure. People said they would like more clarity around what the baseline data would be and how improvements will be measured.

**Recommendations:**

- The outcomes are refined and are measurable.
- The Implementation Plan clearly maps against measurable outcomes and contains detail on what data will be collected and how.
- The Implementation Plan is publicly available and disseminated via partner organisations so those who participated are reassured that there is a clear plan behind the Strategy.

## 4.2 The Vision

198[5] people responded to the question "To what extent do you agree with this Vision?".

Agreement: 66% "strongly agreed" or "agreed".

Disagreement: 13% "disagreed" or "strongly disagreed".

**Key themes:**

80 comments were made on the Vision. Key themes were:

- **Access:** Respondents agreed that the ability to access facilities is key for staying healthy and active. They felt all types of transport facilitated this and that it was difficult when, for example, driving was no longer possible. Some people thought the cost of activities could be a barrier to participating regularly. Interweaved with "access" was a message around individuality and that people (particularly those who may feel marginalised due to health or other factors) need different levels of support to access facilities. People agreed that accessing facilities and activities alleviated isolation and loneliness.
- **Community:** Respondents expressed concern about the perceived decline of local community facilities and raised closures of libraries, shops and well-being centres as examples. This was viewed as particularly affecting those who were not able to get out and about due to, for example, to lack of mobility or support.
- **Joined up care and services:** Respondents thought that good, prompt care helped them stay healthy. They wanted to be able to access services locally. Respondents wanted good communication between services and wanted to know there were enough well qualified staff. There was support for voluntary organisations being well funded as these are as valuable support to older people and statutory services.

## 4.2. Priority 1: Being Physically and Emotionally Healthy

223 people responded to the question "To what extent do you agree Priority 1?"

Agreement: 89% "strongly agreed" or "agreed".

Disagreement: 3% "disagreed" or "strongly disagreed"

The Priority 1 outcomes for success had an average agreement of 85%.

**Key themes:**

168 comments were made on Priority 1, 66 comments on the Priority and 72 comments on the four Outcomes. Key themes were:

- **Access:** Respondents wanted to access local facilities and take control of their own wellbeing as far as was possible. As well as the need for transport to access services (as outlined above), other barriers identified were the cost

[5] The number of responses to this question is lower than to other questions because one community group did not give a quantitative response to this question.

of activities and the need for more widespread advertising and promotion of activities.

- **Targeted support:** It was noted that those who may be more vulnerable due to lack of confidence, disability, rural isolation, lack of transport or other factors will find it harder to engage with activities, even if local. These individuals may need sustained support in order to take up opportunities.
- **Range of activities:** In order to engage a wide spectrum of people there needs to be a range of inclusive activities. People felt that the outcomes needed a greater emphasis on emotional health and the BAME groups wanted more culturally appropriate activities. Some people were against the idea of activities based upon age group and would prefer activities based on interest or ability rather than age.

**Recommendations - Priority 1 and outcomes:**

- Outcome 1 'health' is changed to 'physical and emotional health and well-being' so that all aspects of health are explicitly included.
- Age bands to be taken out of Outcome 2 as the feedback indicated a range of activities were needed based on interests and abilities.
- The targeted support outlined in Outcome 3 might be too specific and focusses only on physical health. The feedback suggests there are a range of reasons why a person's emotional or physical health are 'at risk' (not just "inactivity"). This outcome could recognise this complexity.
- Two responses thought that 'planning' and 'enjoying' should not be placed in the same outcomes and wanted reassurance that this outcome was measurable.

### 4.3. Priority 2: Being part of a Strong and Dynamic Community

234 people responded to the question "To what extent do you agree Priority 2?"

Agreement: 90% "strongly agreed" or "agreed".

Disagreement: 1.5% "disagreed" or "strongly disagreed".

The Priority 2 outcomes for success had an average agreement of 77%.

**Key themes:**

128 comments were made on Priority 2, with 60 comments on the Priority and 68 four Outcomes. Key themes were:

- **Voluntary roles:** Voluntary roles and being able to contribute to community are valued. People would like increased opportunities to use skills and experiences in a voluntary capacity. It was recognised that people working for longer (and receiving pensions later) may lessen the opportunity for voluntary work, and that increasing age and ill health can curtail voluntary work or mean more support is needed to continue. People would value increased support to transition from work to retirement and help in finding appropriate voluntary opportunities.
- **Loneliness:** People feel that loneliness is hard to define and to measure. Participating in activities does not mean someone is not lonely (for example

after a bereavement or those whose family live far away). It was also noted that for those who lack confidence or have higher needs, support as well as signposting is needed. For some people, (e.g. those on the autistic spectrum) support is needed to join activities that involve other people.

- **Access:** The need was highlighted for the strategy to ensure that those who do not live close to facilities or local activities are able to travel to a supportive community easily.

**Recommendations – Priority 2:**

- There was some wariness about measuring loneliness and isolation by the number of activities people engage in. Outcome 1 could take "reducing isolation" and focus on safe communities only. Loneliness is picked up later in Outcome 3.
- People thought there is a need for support and education as well as signposting in order that people can make a smooth transition from work to retirement. People sometimes need support in order to find and access meaningful and interesting voluntary work. Outcome 2 could be changed to reflect this.

### 4.4. Priority 3: Housing, Homes and the Environment

232 people responded to the question "To what extent do you agree Priority 3?"

Agreement: 90% "strongly agreed" or "agreed".

Disagreement: 3% "disagreed" or "strongly disagreed".

The Priority 3 outcomes for success had an average agreement of 80%.

**Key themes:**

139 comments were made on Priority 3, with 70 comments on the Priority and 69 comments on four Outcomes.

Key themes were:

- **Smaller houses for downsizing:** Respondents said they would like to be able to downsize but did not want to move to a small flat. They would like smaller houses (preferably bungalows) to enjoy their later years. Houses with 2-3 bedrooms, with a garden/shed and space for visitors to stay.
- **New builds are not near facilities:** Respondents thought that new housing should not be on the outskirts of villages and towns as it may result in access difficulties to facilities for non-car owners. There was concern about isolation for people moving to these areas which may not be close to transport options.
- **Range of housing options:** Respondents would like a range of housing options. Adaptations to existing homes can be beneficial as it allows people to remain in their existing communities. New builds should be well built and affordable. Sometimes people need support to move from their community in order to be closer to family or for another reason.

**Recommendation – Priority 3:**

- The issue of "easy access to local facilities" is included in Outcome 3.

### 4.5. Priority 4: Access to Information and Care

233 people responded to the question "To what extent do you agree Priority 4?"

Agreement: 85% "strongly agreed" or "agreed".

Disagreement: 3% "disagreed" or "strongly disagreed".

The Priority 4 outcomes for success had an average agreement of 85%.

**Key themes:**

134 comments were made on Priority 4, with 67 on the Priority and 67 on the Outcomes. The key themes were:

- **Signposting:** People felt that GPs were too busy to take on responsibility for signposting and that this function should sit elsewhere. Voluntary organisations were valued for their signposting role and respondents would like there to be funding to increase capacity.
- **Face to face support is valuable:** It was felt that signposting is not always adequate especially for those with higher needs or lower confidence.
- **Information format/medium:** Concern that signposting will mean leaflets and posters or that the internet will be relied upon too heavily when most older people do not have access to it or cannot use it. There should be increased investment in teaching older people how to use computers. However, there was also caution about the quality of some internet information
- **Multi-agency working:** Recognition that this is already happening, the value of joined up working and desire for it to further embed.

**Recommendation – Priority 4:**

- The reference to GPs is removed from Outcome 2.

## 5. Conclusion

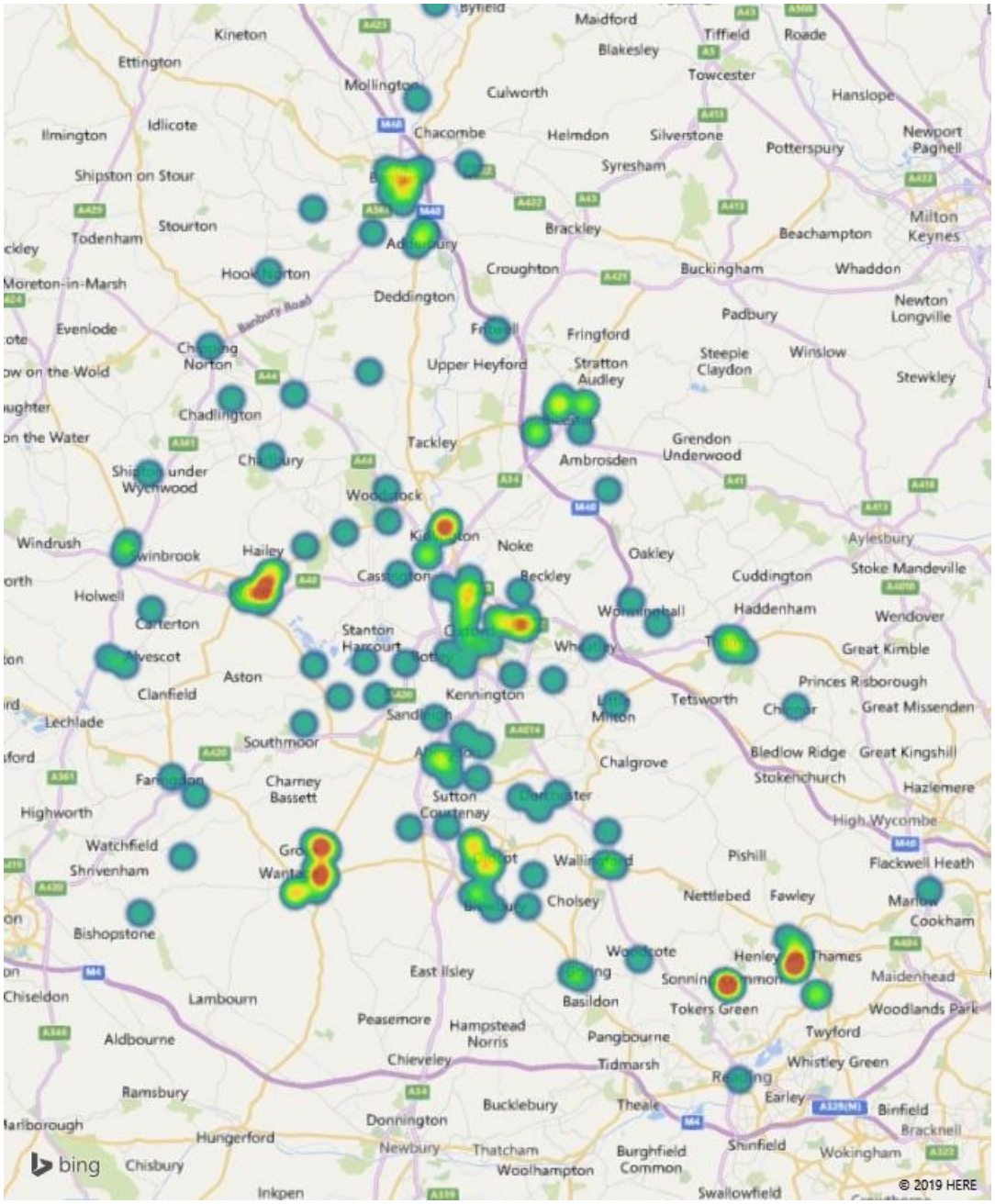
Agreement with the Vision, Priorities and Outcomes was high amongst the consultation respondents. The comments and queries reflect those of the pre-consultation phase. Some refinements to the Strategy are recommended in order to reflect the gaps raised by respondents to this consultation. The implementation plan will provide an opportunity to ensure the outcomes are measurable and that improvements can be evidenced.

Rachel Taylor on behalf of Oxfordshire County Council's Engagement Team, 18 February 2019

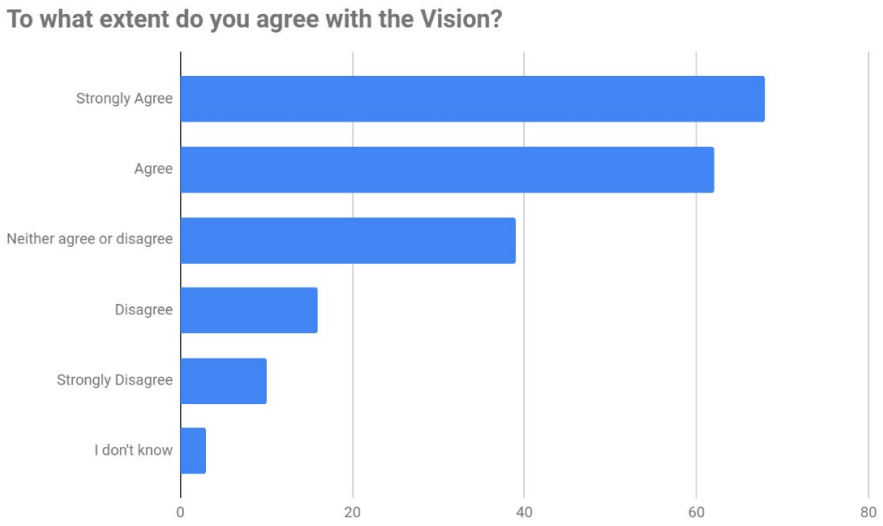
## Appendix 1

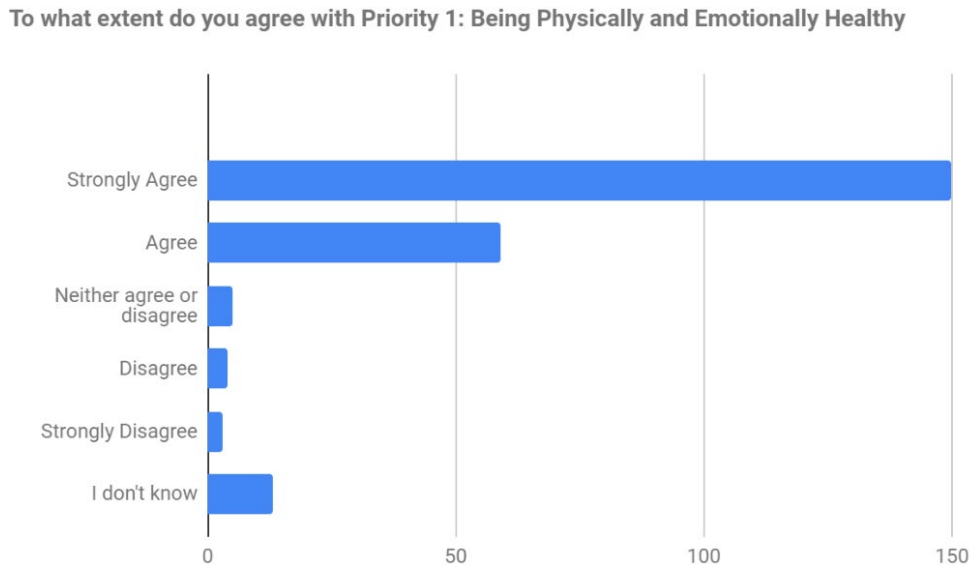
## Map showing geographical spread of responses to the online survey and focus group participants

('Heat map', warmer colours indicate higher number of responses.)

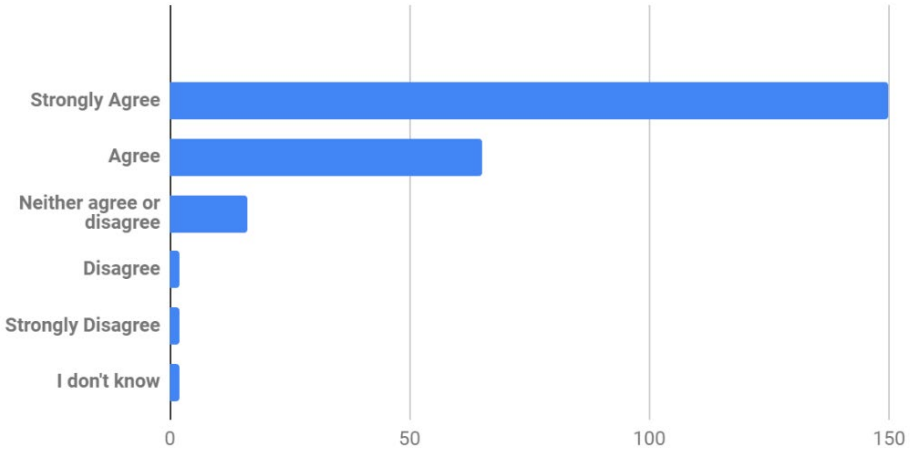


## Appendix 2 Survey responses

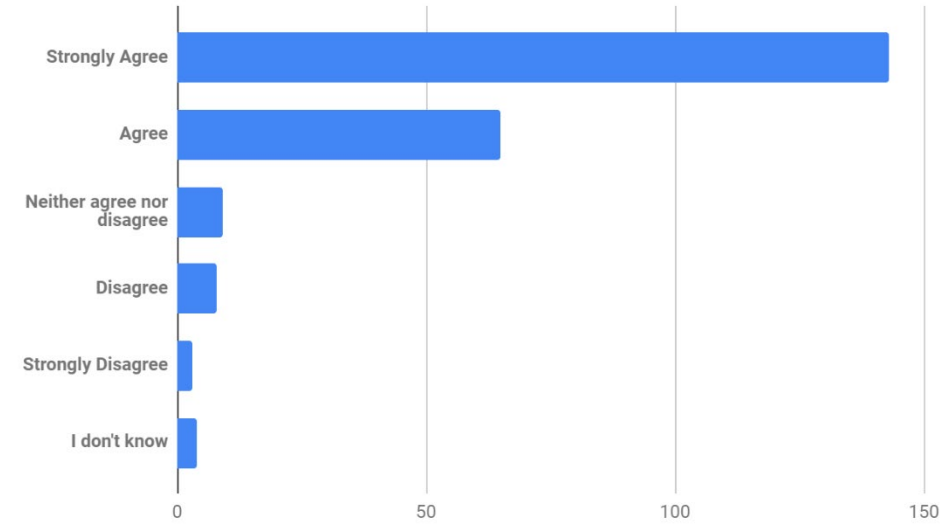


**To what extent do you agree with Priority 2: Being part of a Strong and Dynamic Community?**




**To what extent do you agree with Priority 3: Housing, Homes and the Environment**




**To what extent do you agree with Priority 4: Access to Information and Care?**