

# A Tale of Two Counties

Growing older in Oxfordshire





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Based on the research report *Growing Older in Oxfordshire: review of evidence*,  
by Margaret Melling, MM Consulting Limited, with acknowledgements to:

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Edited by Gill Rowley (glrowley@gmail.com)  
Designed by Harry Ward (wardharry@yahoo.com)

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Age UK Oxfordshire  
St Edmund House (registered office)  
39 West St Helen Street  
Abingdon  
Oxon  
OX14 5BW



Age Concern Oxfordshire is now Age UK Oxfordshire. The charity remains an independent local agency serving older people in Oxfordshire. It has also approved a brand partnership agreement between itself and Age UK, the new charity formed from the merger of Help the Aged and Age Concern England.

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# The demographic triumph

I don't believe that there is some different and darker territory called 'old age'. For me, growing older has been about continuing the same journey, but with new and wonderful experiences, discoveries and perspectives. We are too often encouraged to think of older age as a negative experience, a siding and a retreat. It is time we replaced stereotypes and stories that show only decline and loss with more forward-looking accounts.

Oxfordshire has a great chance to champion this positive story. It is a county with such a wealth of assets, from both 'old' and 'new': a remarkable history and heritage supporting the continual renewal of inquiry and innovation. There are certainly serious inequalities and problems, as this report shows in detail. The economic climate is tough. The competition for support from public services is intense. But Oxfordshire has the capability to tackle the worst blights on later life, providing people work in true partnership across society.

Above all, our hope of finding solutions to the social ills we have lies in the wit and wisdom of older people themselves – if we only listen to what they say. In my recent work with older people I have tried to make our voices stronger, or rather to open the ears of those who should be listening. Oxfordshire has a good record of older people speaking up, which is yet another asset.

So I'm an optimist, and my hope is that this report will help pave the way to an ever better experience of later life, in comfort, with support, and looking forward to opportunities for a life really worth living. That way we will prove the poet Emily Dickinson right when she said 'we grow not older with the years, but newer every day'.



**Dame Joan Bakewell**  
Voice of Older People, June 2010



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# Ten steps to an age-friendly Oxfordshire

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1

**'A great place to grow old in'** A joint commitment to making this a reality in Oxfordshire, by our local authorities and primary care trust, measured annually by older people and their carers.

2

**A council of elders in every town** – with an expectation that the local authority and primary care trust will attend and support these forums.

3

**'Living life my way'** Every large shop, GP practice, council office, community centre and care setting and library to signpost available rights, help and opportunities for older people and their carers.

4

**'The senior campus'** At least one senior school and college in every district to launch help programmes for older people to get online.

5

**A private-public sector partnership** in every town to ensure decent, accessible public toilets, seating/meeting places, and flexible transport schemes.

6

**'Scrap ageism, not people'** An employers' charter committing leading employers to nurture senior talent and not scrap it at 65.

7

**Friends of dementia** A county-wide call to communities to help people with dementia and their carers through befriending, advice or practical support.

8

**Claiming your rights** A new Pension Service-Councils-Age UK Oxfordshire drive to get measurable increases in take-up of older people's and carers' entitlements.

9

**'Never too late'** A shared quest for dignity and against ageism in social care, health and education, starting with the rollout of the 'Connect' initiative (stroke sufferers help train stroke sufferers) and extension of this principle to other areas.

10

**The mid-life health/wealth/skills check** Oxfordshire pioneering checks for people in mid-life, in a partner agencies/Age UK Oxfordshire/PCT partnership.

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# Having it all? Calls to action

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**Oxfordshire** is truly blessed. We live longer, have more money and like where we live more than most people in the country. We have remarkable assets: 650,000 citizens in generally good health and 15 per cent higher income on average than the rest of the country. The second-fastest-growing city in the UK. Two first-rate universities. From Blenheim Palace to Wittenham Clumps, along the Thames and across the Cotswolds, extraordinary beauty, history and elegance. We are located fortunately and linked well. We can be on the South Bank in London or in Birmingham's NEC in an hour or so, or in Bristol and the West Country in not much longer.

Growing older here offers huge potential for happiness and fun. More and more of us are enjoying the chance to live our later life to the full. The scientists say that with every recent decade life expectancy at birth in the UK has risen by two years – a dramatic surge with no slowing down in sight. Great news for those of us living, as we do here, in the middle of the rich world. So let's ban that familiar phrase 'demographic timebomb' – which triggers scary images of hordes of dependent seniors, swallowing the tax paid by their debt-ridden children. It's only a timebomb if we let it tick . . . only a threat if we see the burden of age, not the asset.

## A tale of two counties

For very many people thinking about Oxfordshire, that is where the story ends. It's the dreaming spires and images of affluence that stay in the mind. But in fact Oxfordshire is very divided in its experience. Cutteslowe's infamous 'snob wall', separating the Cowley workers on their housing estate from the well-offs in North Oxford, might have been demolished. But the underlying inequalities remain.

From leafy North Oxford to Blackbird Leys takes about ten minutes in the car – and marks a drop in life expectancy of roughly ten

years. Several wards in the county are ranked among the very poorest in the UK. A higher level of welfare benefits, giving older people the wherewithal to eat properly and heat their homes adequately, is claimed in the city of Oxford than in the UK as a whole. Some 14,000 of the country's older people survive on low income.

The good news of longer life brings bad news in the form of greater frailty. Over 7,000 of our citizens, all but a few aged over 65, face the terrible and long-term disease of dementia. Yet only a third of them have had the vital gateway of a proper diagnosis opened to them. Bizarrely, we have the best falls service in the country but a significantly higher rate of hip fractures than other counties like ours. Limiting long-term illness is much higher in the city than elsewhere in the county.

Ageing is most rapid in rural districts, in the increasing proportions of older people. In Burford, part of our new Prime Minister's constituency, two-thirds of the population will soon be over the age of 50. So we hope to get greater political attention focused on the challenges of rural ageing. One barrier is that the raw numbers cannot match urban concentrations on official measures of poverty. This is why people get 'lost' and the problems lie submerged in villages and communities.

Difficulties of income and poor health are made worse by limited access. Nearly half our rural areas are in the worst 10 per cent of the country in terms of access to services such as GP practices and supermarkets. Some can cope better than others. For a well-heeled, silver-surfing senior it is much easier to access information, services and help. But for many older people poor access is the norm. Over two-thirds of rural households without access to a car are occupied by pensioners.

## Unequal ageing

Oxfordshire is not alone. We live in a country

in which, despite much state effort and public money, inequalities abound and poverty persists. Growing older in the UK is too often a journey downwards, stumbling into crises and losses, rather than a serene experience of more time, leisure and fulfilment.

About 10 per cent of older people feel always or often lonely. Four in every five older people feel ignored by society. The sense that you are no longer an individual is profound. As one of our research participants said, 'All older people look alike from a distance'. In some key services the likelihood of being treated as an individual is poor. Time is too short in our pressurised and bewildering care system for professionals to get close to their clients: as another research participant put it, 'How can you build up a rapport in 15 minutes?'

Whether by design or default we have given older people a raw deal. We are now starting to wake up to the scale and severity of age discrimination.

The days of the default retirement age, whereby you can be kicked out of work with impunity at the age of 65, may be numbered, but other barriers to equality in later life may be harder to tear down: for example, the blatantly ageist loss of entitlement to mobility support at 65. And despite the devoted, skilled labours of so many care workers we have not yet delivered dignity in care for everyone in later life. To do this, we need first to engage hearts and minds, to challenge prejudice and ageism wherever they surface – from hospital to high street – and to demand more positive depictions of age in the media.

## Hunting down success

Of course, the media respond to what television we watch and the newspapers we read. As a direct result of our choices, media may not always view everyday success and effective service as newsworthy. 'Happiness writes white.' Age UK Oxfordshire will try to turn this round – not by ignoring the bad news but by highlighting the good. And there is a lot of good.

In this report we spotlight just 12 examples, labelled 'Champions and Challenges', out

of many more, where people working in the statutory and voluntary sectors are getting it wonderfully right across a range of services, helping people to live life their way:

- the county council is helping disadvantaged older people to go on enjoying books, through 'community book clubs' or through making available to day centres beautifully produced picture books that can help people with dementia retain the pleasure of responding to the printed page for longer
- Oxford Brookes University has energetically linked generations by encouraging its students to tutor seniors learning to use computers, and both generations are loving the experience
- we have worked with the county council and care providers to help care home residents line up activities and interests that make life fun. This service has won national awards
- Cherwell District Council has nurtured a seniors' programme which offers some 250 clubs and leisure pursuits from t'ai chi to IT.

The list we have selected from is long. But the experience of people living the life they really, really want is far from universal. We believe there is a crying need for us all to share more good practice, try out what works and learn from what doesn't – locally, nationally, globally. With the internationally respected Oxford Institute of Ageing and other resources on our doorstep we have a great chance to help learning travel. Good practice should not depend on the accident of postcode.

## Glittering prizes – hurry now!

The opportunity of older age is huge. One-third of us are over 50: just over 200,000 citizens, often active, expert and experienced, healthy, perhaps with more time at this life stage to focus our energy anew. But how much are we really reaping the harvest of this marvellous human resource?

- Older people have money: the over-65s spend nearly £100 billion every year across the country; the over-50s own

over 80 per cent of our net personal wealth. Yet often businesses and service providers are unresponsive to their needs and wants. Older people have money – but there is nothing they want to buy.

- At Age UK Oxfordshire we enjoy the generous gift of over 600 people prepared to work for us without pay. We need, and the county needs, many times that number if our Oxfordshire community is to rise to the challenges: for example, of navigating the benefits system, befriending the lonely, supporting people who are losing their memory, or helping people to die in comfort and dignity.
- Older people work. Working rates for men and women in Oxfordshire are well above national averages.
- And in a county of high intellectual capital, with these resources, there are so many opportunities for older entrepreneurs. Oxfordshire is fertile ground for initiatives such as PRIME, the agency promoting older people setting up in business.
- Perhaps most important of all, older people are holding Oxfordshire society together: among the army of nearly 60,000 unpaid carers some 10,000 are over the age of 65.

## Ageing successfully

We agree with the Chair of the Equality and Human Rights Commission that ‘a person’s origins should not be their destiny’. Some Oxfordshire agencies are working to break the cycle of deprivation that runs throughout life. We can play our part with our intergenerational work, with public awareness, by challenging unhelpful age bars such as compulsory retirement, and by spotting groups of people in mid-life who are at clear risk of early decline and exclusion, but who can be given practical help now to secure a happier, healthier old age.

The fundamental change we seek is to ensure that older people have stronger rights, are heard, and their views acted upon. There are some promising channels already, such as our own robust and articulate Health

and Social Care Panel advising the county on health and social care. This needs to be replicated in every town and village of Oxfordshire. Our job is to get out there and amplify the voices.

We all want to go on living life to the full, and most of us want to do that surrounded by the comforts and neighbourhood of our home. Residential care is a valid and valued source of support. But too many people are admitted to residential care because:

- we do not talk openly about incontinence or promote the help available for this problem
- we do not always act quickly and expertly when someone has a stroke. About one-third of the standards for stroke care are being met in our region
- we do not diagnose and manage memory problems adequately in communities. The new dementia strategy will not ensure the crucial ‘helping hand’ without support from us all
- we fall and become immobile. Physical inactivity and poor health need more attention
- we become depressed. We feel society has given up on us, so we give up on life.

Age UK Oxfordshire is active in these major risk areas. We are raising our game higher. We support the county’s emerging Ageing Successfully strategy, developing practical directions for commissioning services. This recently approved county-wide plan sets out in great detail future commissioning priorities and intentions. If implemented in full it could transform many lives. We applaud its vision. We like its recognition that older people have lives, and should be enabled to live those lives with a bit of help well before they enter the care system. If we have a concern, it lies in the very richness of the analysis and prescription. There is a danger that the detail will overwhelm, be seen as unaffordable or just be too much for busy senior figures to grasp, own and take forward.

This is why we want to add to that strategy a simple narrative that our leaders can embrace: a public script we can all follow.

We offer our 'Ten steps to an age-friendly Oxfordshire' as part of that high-level statement which needs ownership at the highest level, on a long-term journey with clear milestones.

## Deeds to match words

We now need, as a county, to turn thoughts into action under several headings:

- **'personalisation'** This policy buzzword heralds a real-life victory for older people, who, increasingly, will choose and control their services. The evidence about how this works in practice is cautious, though. Often older people are reticent about taking up an individual budget. So they need help and advice, from a trusted source, trust being a concept we know they value highly
- **access** A huge issue for Oxfordshire: basically, we must find out what stops older people getting around. Bus services are often good but they can only do so much. More can be done by communities to offer flexible ways of helping people get around. Equally, given that only two in five older people have ever used the internet, we need new ways to motivate and help people to get online
- **plan and anticipate** We often hear older people talking about the crises and traumas that come out of the blue. These could often be averted, and can nearly always be better predicted and supported. Looking ahead, predicting risk, gathering information to understand what is possible, and planning – more can be done in each of these areas if we gear up better for life transitions. There are seven key ones: retirement; finding new ways to contribute; staying put or moving; becoming a carer; having care needs; bereavement; and dying.

Older people have too stoically accepted the ageist imbalance in our society's priorities. This is changing as younger older people insist on 'just equal treatment', or as one of our distinguished leaders in health, Professor Sir John Grimley Evans, put it over a decade ago, the need 'to be informed; to stay in

charge; and to be thoroughly wilful and obstreperous in refusing to be fobbed off with second-rate care'.

Political leaders and policymakers must energise their response to ageing, if they are to prevent a timebomb materialising, and to secure a triumphant dividend. A successful initiative, pioneered by the World Health Organization and applied well in Manchester and elsewhere, would be to champion, design and develop very practical, age-friendly communities. We need a road map for this journey.

## A charity for all our tomorrows

We believe passionately that wherever you live in the county, however poor or poorly you may be, you should have access to material and physical comfort, support where you need it, and opportunities to have a life worth living. That is our mission. Through our information and advocacy, our social clubs, leisure and befriending schemes, our community development, and above all in partnership at the grassroots, we are driving this mission forward.

Taxpayers' money and well planned, efficient public services can pull many levers. Pushing spending back 'upstream', opening up policies to be age-neutral and alerting business practices to our ageing society will help people stay active and, above all, giving of themselves – surely the most effective antidote to 'unsuccessful' ageing. Each of these three needs a new burst of energy, which our politicians must help lead.

But all of us must act too, to create communities where people say, increasingly, 'This is a great place to grow old in'. There is indeed a living tapestry of men and women who can do more for themselves and for each other. Oxfordshire has all the natural resources necessary to ensure kinder, caring communities. Our work depends on both a genuine partnership with the public agencies and our full engagement with, and support by, the public of Oxfordshire. We believe this is crucial, for the sake of all our tomorrows.

### Paul Cann

Chief Executive, Age UK Oxfordshire

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# Research summary

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**1 The ‘demographic timebomb’ is one of the key issues highlighted by the Director of Public Health for Oxfordshire<sup>1</sup> and, as this report confirms, the predicted change is significant.**

- **There will be a large number of additional older residents:** it is predicted that between 2006 and 2031 30,000 more people aged 80+ will be living in Oxfordshire. This is equivalent in numerical terms to adding a new town the size of Bicester.
- **The balance of the total population will shift:** from the year 2025 the population aged 60+ is expected to be greater than the population aged 0–19 (including the student population of that age group).
- **The balance of local communities – particularly in rural areas – will shift:** by 2016 more people will be living in communities where the majority of the population are aged 50 or over. Rural areas are predicted to see a decline in the number of younger residents (aged 0–49).

**2 There are indications that a lower proportion of older people are in residential care in Oxfordshire than in other comparable areas.**

- A relatively low proportion of people aged 50+ were living in communal establishments in Oxfordshire in 2001. The majority were females aged 75+.
- Recent trend data shows that the proportion of older clients receiving daycare in Oxfordshire has increased while nationally the rate has declined. In 2007/8 Oxfordshire was ranked second in its group of 16 comparable counties (statistical neighbours<sup>2</sup>) on rate of older clients receiving daycare services and was well above regional and national averages.

**3 The older population in Oxfordshire is increasingly economically active and contributing to some of the most important economic sectors in the county.**

- In 2008/9 almost half of those aged 50+ in Oxfordshire were economically active – a rate that is well above regional and national averages and has increased over the past three years.
- In 2001, females aged 50–74 made up 20 per cent of the total education workforce and 23 per cent of the total social and health care workforce in Oxfordshire.

**4 A geographical focus on areas of multiple deprivation in Oxfordshire misses areas of pensioner poverty.**

- Areas of Banbury (parts of Neithrop, Grimsbury & Castle, Hardwick and Ruscote wards) and areas of Oxford (parts of Carfax, St Clement’s and St Mary’s wards) rank as deprived on the Income Domain Affecting Older People Index but are less deprived on the overall Index of Multiple Deprivation.

**5 Older people in Oxfordshire are relatively healthy. Males in Oxford city however have higher rates of limiting long-term illness and a lower life expectancy.**

- Life expectancy at birth (2006/8) in all Oxfordshire districts is significantly above the England average with the exception of life expectancy for males in Oxford city.
- The rate of limiting long-term illness in the 50+ population (2001) is comparatively high in Oxford city overall and particularly for males in each of the age groups 50–59, 60–74 and 75–84.

**6 Despite ranking as relatively healthy and relatively less deprived overall, emergency admissions data show a higher rate of hip**

<sup>1</sup>Director of Public Health for Oxfordshire Annual Report III, March 2009 <sup>2</sup>Statistical neighbour group as defined by the Audit Commission

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**fractures in Oxfordshire. There are many causes of fractures but the higher rate does not appear to be indicated by basic socio-demographic data.**

- Data for 2006/7 shows Oxfordshire had a rate of emergency admissions for hip fractures in people aged 65+ above the regional and national averages and ranked second in its group of 16 statistical neighbours. The highest rate was in South Oxfordshire district.
- Trend data between 2002/3 and 2007/8 shows that the rate of hip fractures (all ages) in Oxfordshire has been consistently above the South East average, with a statistically significant difference in each year of data.
- Comparing Oxfordshire with Hertfordshire, for example, Oxfordshire had a higher rate of hip fractures in the over-65 population in 2006/7 while also having a:
  - ◆ healthier older population: lower rate of limiting long-term illness (50+)
  - ◆ younger older population: slightly lower proportion of people in the upper age group (aged 80+) as a proportion of those aged 50+
  - ◆ better-off and potentially less isolated older population: lower rates of older people (a) in social rented housing; (b) claiming Pension Credit; (c) without access to a car.
- Reducing rates of smoking is one of the general prevention measures of relevance to hip fractures. There is evidence that rates of smoking in older females in Oxfordshire are lower than the national average, unlike older males where the rates are similar.

**7 Comparative national data and local studies have highlighted access to**

**services by older people in Oxfordshire with particular issues of access to health services and access in rural areas.**

- According to the Indices of Deprivation 2007, rural Oxfordshire ranked very poorly on geographic accessibility of services, with 44 per cent of rural Oxfordshire in the worst 10 per cent nationally.
- In 2001 69 per cent of households without access to a car in rural Oxfordshire were occupied by pensioners.
- Accessibility planning and local studies have highlighted the issue of access to hospitals in Oxfordshire and a decline in local services.

**8 Older people like living in Oxfordshire and there is evidence that older people are actively contributing to community life.**

- The 2008 Place Survey found 88.3 per cent of people aged 65+ fairly or very satisfied with both home and neighbourhood, ranking Oxfordshire second within its group of 16 statistical neighbours and above the regional and national averages.
- Recent profiles of community volunteers in two of Oxfordshire's active villages found that most volunteers were aged in their 60s.



# 1

## Population and demographics

- Just over 200,000 people aged 50+ were resident in Oxfordshire in 2008, equivalent to 32 per cent of the county's total population.
- Oxford city has a below-average proportion of people aged in their 60s and an above-average proportion in their 80s.
- Some wards have significantly higher numbers of people aged 80+, particularly in Oxfordshire's market towns.
- The pensioner population in Oxfordshire is currently less ethnically diverse than the population of Oxfordshire overall.
- Oxfordshire's older population is expected to grow at a much faster rate than the population as a whole.
- It is predicted that an additional 30,000 residents aged 80+ will be living in Oxfordshire by 2031 (compared with 2006).
- The district with the highest rate of growth in the 80+ population – both historical and projected – is West Oxfordshire.
- The rural proportion of the older population in Oxfordshire is above the rate for the population as a whole.
- By 2016 it is predicted that more people will be living in communities where the majority of people are aged 50 and over.

Sources: Office for National Statistics (ONS) mid-year population estimate for 2008; Oxfordshire County Council ward forecasts published 2009; ONS experimental estimates for population by ethnic group; Office for National Statistics (ONS) 2006-based sub-national population projections 2006 to 2031; ONS mid-year estimates from 1981 to 2008.

*'On you go. Blindly mostly. But on you go anyway.'*

### Online across the generations

Only 38 per cent of people over 65 have ever used the internet compared with 70 per cent of the overall population. So older people are missing out on a great deal: things which could make life easier, more enjoyable, happier, less lonely. The Northway Intergenerational IT Project is achieving just that.

Older people in Oxford have been learning useful computer skills through linking up with student volunteers from Oxford Brookes University. The free IT classes, taking place at Northway Community Centre, aim to equip older people with key computer skills. At the same time they bring generations and communities closer together.

Over a six-week period student volunteers and older learners have been working on a one-to-one basis under the supervision of a local Age Concern IT Development Worker, Ahmed Rahman. Catering for complete beginners and more experienced participants alike, the course explores a wide variety of IT applications ranging from word-processing and desktop publishing to digital photography, web design and, perhaps most significantly, internet use.

Since working alongside Brookes student Tom Smith, Edmund Ogunleye (aged 67, from Headington) has been able to reply to

emails from family members in Nigeria and Canada. 'These days,' he says, 'no matter what level of education you have, if you don't have knowledge of computers you can't participate. All the time I have only been opening my email and I can write and send them now.' He and Tom are pictured below.

Older people are looking for tuition. Young students are keen to teach or gain work experience. Oxford Brookes Careers Centre is supporting the scheme because it recognises the variety of benefits that this partnership can bring. It boosts the skills and motivation of learners and teachers alike. At a cost of about £100 a day it is a win for the old, the young and the public purse.

**The 'champion' in this study is obvious – generations working together; the challenge is to get more schools and colleges linking up with their seniors' groups, and vice versa, to make this type of scheme universal.**

## Full Circle: generations together

One of the sad realities of growing older is the feeling of gradual exclusion from society and from normal day-to-day opportunities. Older people find their contributions are no longer valued. They also find that life can be increasingly bewildering and unfriendly. Sometimes younger people seem more of a threat than a blessing to them. For their part, younger people often feel that they are misunderstood. In fact, people in both age groups frequently encounter age discrimination: they are either too old or too young. And yet when different groups are brought together there are benefits for both sides.



credit: Mike Bassett

.....  
**'It has transformed my opinion of young people.'**  
.....

Full Circle runs intergenerational groups in 14 locations across Oxfordshire with the aim of building bridges and nurturing understanding and respect between young and old. Activities range from simply chatting to arts and crafts, cooking and gardening.

Full Circle is about to start its 14th group, directly benefiting more than 60 older people over the last year and about 140 children and young people; the groups also have a positive impact on extended families, schools and the wider community.

Rowen Smith, manager of Full Circle, says, 'The groups benefit so many people in different ways, yet it is such a simple idea' – one that came originally from an Oxford resident, Teresa Garlake. She founded Full Circle after becoming aware of the lack of contact between young and old in relation to her own daughter's class at school.

Full Circle costs about £40,000 a year to run and has recently expanded to include a co-ordinator for older volunteers, whose role is specifically to recruit and support the older people involved in Full Circle projects.

For many of the older people, Full Circle activities are a highlight of the week, enabling them to take part in activities they thought were no longer available to them and also completely changing their view of the younger generation.

The impact is similar for the children. One local school reports a 'completely transformed' attitude to older people, to the extent that some of the children have developed very strong views – which they are keen to share – about older people being respected and treated fairly.

**Age discrimination affects young and old alike. Apart from the obvious benefit it brings, this 'champion' is a shining example of breaking down barriers of understanding and of reshaping attitudes.**

# Population in 2008

According to ONS mid-2008 estimates **over 200,000 people aged 50 and over were resident in Oxfordshire**, making up 32 per cent of the population, a slightly lower proportion than in the South East region (35 per cent).

Some **28,400 people in Oxfordshire were aged 80 and over** and the district with the largest number of people in this age group was South Oxfordshire.

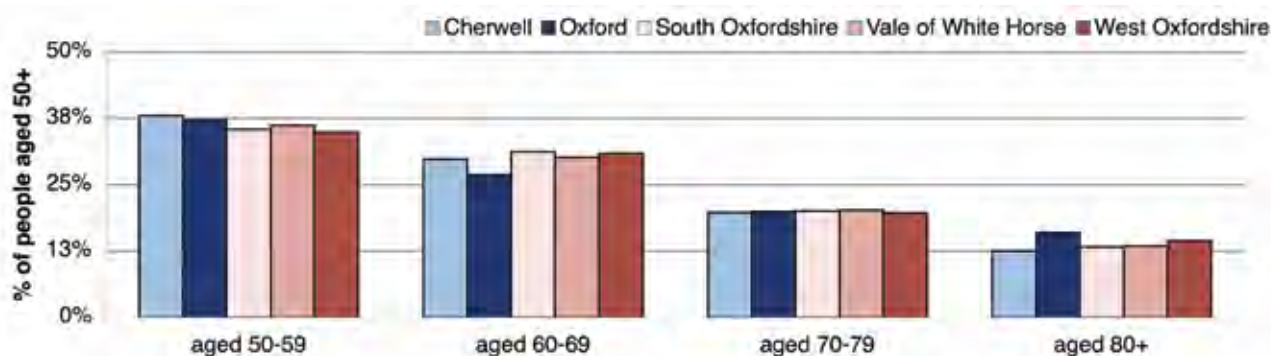
Calculating the rate of people aged 80 and over as a proportion of the population aged 50+ (i.e. excluding the effect of higher numbers of students and young people) shows that **Oxford city had an above average rate of people aged 80+ in its older population**, with 16 per cent of people aged 80+ (as a percentage of those aged 50+) compared with 12 per cent in Cherwell district and 14 per cent in Oxfordshire and the South East region.

**Table 1** Estimate of resident population mid-2008

Area	Total	Aged 50+	Aged 50+ as % of total	Aged 80+	Aged 80+ as % of total	Aged 80+ as % of aged 50+
Cherwell	138,200	45,000	33%	5,600	4%	12%
Oxford	153,900	35,000	23%	5,600	4%	16%
South Oxfordshire	129,100	46,800	36%	6,200	5%	13%
Vale of White Horse	116,900	42,500	36%	5,700	5%	13%
West Oxfordshire	101,600	37,500	37%	5,400	5%	14%
Oxfordshire	639,800	206,500	32%	28,400	4%	14%
South East	8,380,100	2,948,800	35%	417,900	5%	14%

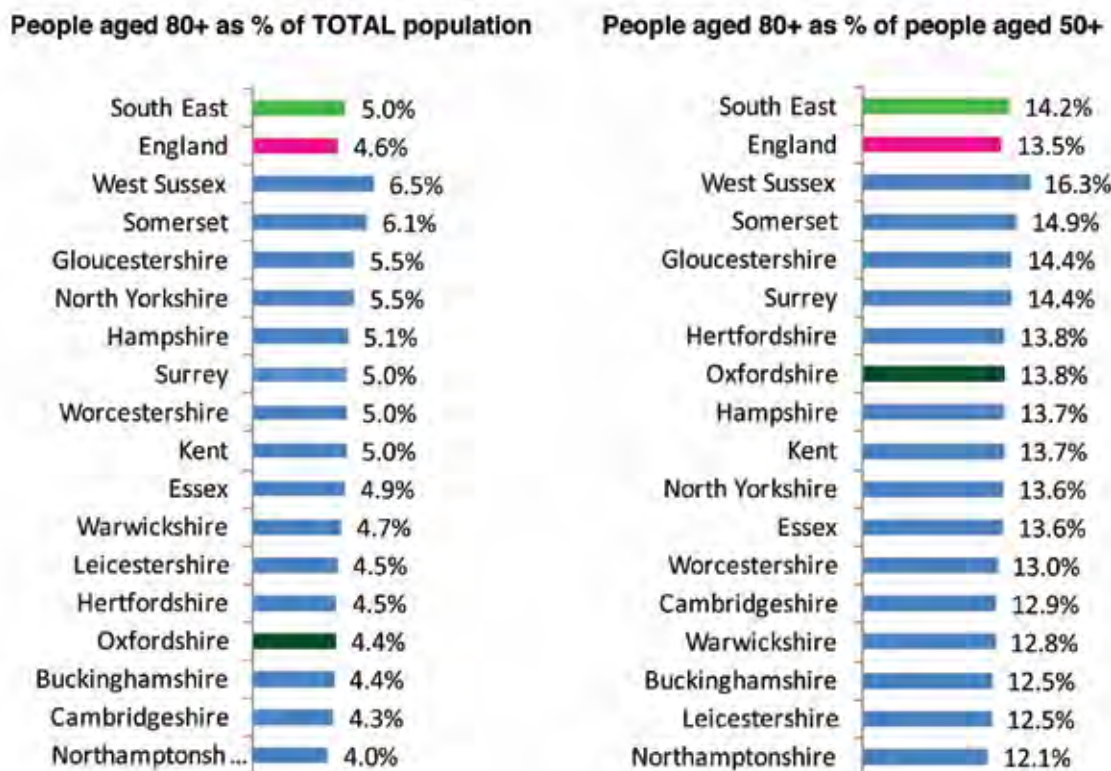
Source:ONS mid-year estimate Crown Copyright from nomis

**Figure 1** Older population by age as percentage of 50+ population (2008)



Source:ONS mid-year estimate Crown Copyright from nomis

**Figure 2** Rates of people aged 80+ (2008)



Source: ONS mid-year estimate Crown Copyright from nomis; Audit Commission (CIPFA) Nearest Neighbours 2009

Oxfordshire County Council population forecasts provide data for the county’s resident population by ward up to 2016. Wards with the highest estimated number of people aged 80+ in 2008 were in Oxfordshire’s market towns of Banbury, Chipping Norton, Henley, Kidlington, Wantage and Witney.

**Table 2** Oxfordshire wards with highest number of people aged 80+ (2008)

Ward	Local Authority	Total	Aged 50+	Aged 50+ as % of total	Aged 80+	Aged 80+ as % of total	Aged 80+ as % of aged 50+
Banbury Grimsbury & Castle	Cherwell	9,655	2,584	27%	596	6%	23%
Chipping Norton	West Oxon	6,463	2,442	38%	552	9%	23%
Henley North	South Oxon	5,151	2,412	47%	524	10%	22%
Kidlington South	Cherwell	8,204	3,166	39%	486	6%	15%
Wantage Charlton	Vale of WH	7,015	2,493	36%	479	7%	19%
Banbury Easington	Cherwell	7,656	3,227	42%	479	6%	15%
Witney South	West Oxon	6,342	2,314	36%	469	7%	20%
Headington	Oxford	5,876	1,746	30%	457	8%	26%

Source: Oxfordshire County Council resident population projections released August 2009

Wards with the lower numbers of older people tend to be in areas of newer housing development including Bicester South ward and Didcot Ladygrove.

**Table 3** Oxfordshire wards with lowest number of people aged 80+ (2008)

		Total	Aged 50+	Aged 50+ as % of total	Aged 80+	Aged 80+ as % of total	Aged 80+ as % of aged 50+
Bicester South	Cherwell	5,253	705	13%	29	1%	4%
Didcot Ladygrove	South Oxon	7,010	1,001	14%	62	1%	6%
Ducklington	West Oxon	2,046	843	41%	78	4%	9%
Chalgrove	South Oxon	2,840	865	30%	82	3%	9%
Kingston Bagpuize with Southmoor	Vale of WH	2,322	842	36%	83	4%	10%
Ambrosden and Chesterton	Cherwell	3,308	862	26%	87	3%	10%
Witney West	West Oxon	4,271	1,000	23%	88	2%	9%
Crowmarsh	South Oxon	2,351	675	29%	88	4%	13%

Source: Oxfordshire County Council resident population projections released August 2009

See Annex 2 for the 2008 estimate of the older population in all wards in Oxfordshire.

## Ethnicity

According to ONS experimental estimates there were 7,600 ethnic minority residents of pension age in Oxfordshire in 2007, equivalent to 6.8 per cent of the pension-age population. 'Ethnic minority' includes all ethnic groups other than 'White British'. The largest older ethnic minority group was 'Other White' followed by 'White Irish'.

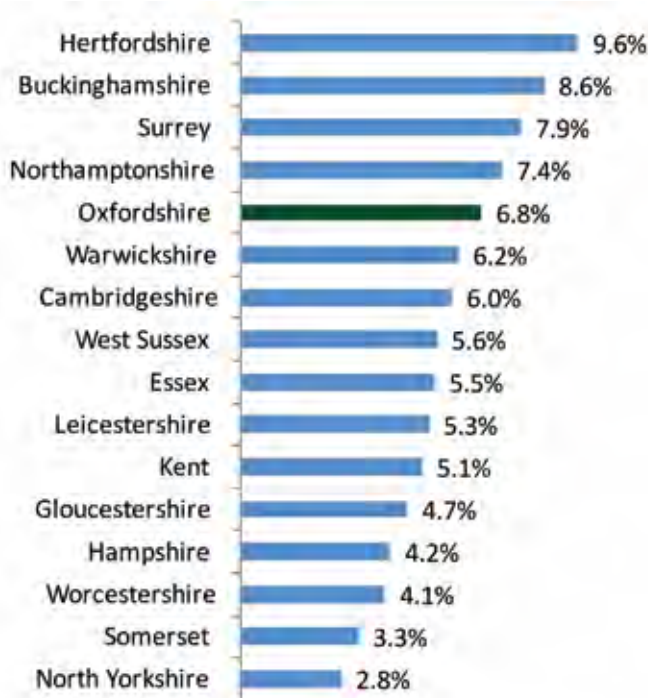
**Table 4** Ethnic minority population of pension age, Oxfordshire 2007

	All Groups	White: British	Total Ethnic Minority	White: Irish	White: Other White	Mixed	Asian or Asian British	Black or Black British	Chinese or other
Males aged 65+	41,500	38,600	2,800	900	900	0	500	300	200
Females aged 60+	70,100	65,200	4,800	1,400	1,900	200	600	400	300
Persons aged 65/60+	111,500	103,800	7,600	2,400	2,800	300	900	700	500

Source: ONS experimental ethnicity estimates Crown Copyright 2009; figures may not add exactly due to rounding

Oxfordshire ranked 5th in its group of 16 statistical neighbours on the proportion of ethnic minority pensioners in 2007 with over double the rate of North Yorkshire and Somerset.

**Figure 3** Ethnic minority pensioners: Oxfordshire vs statistical neighbours 2007

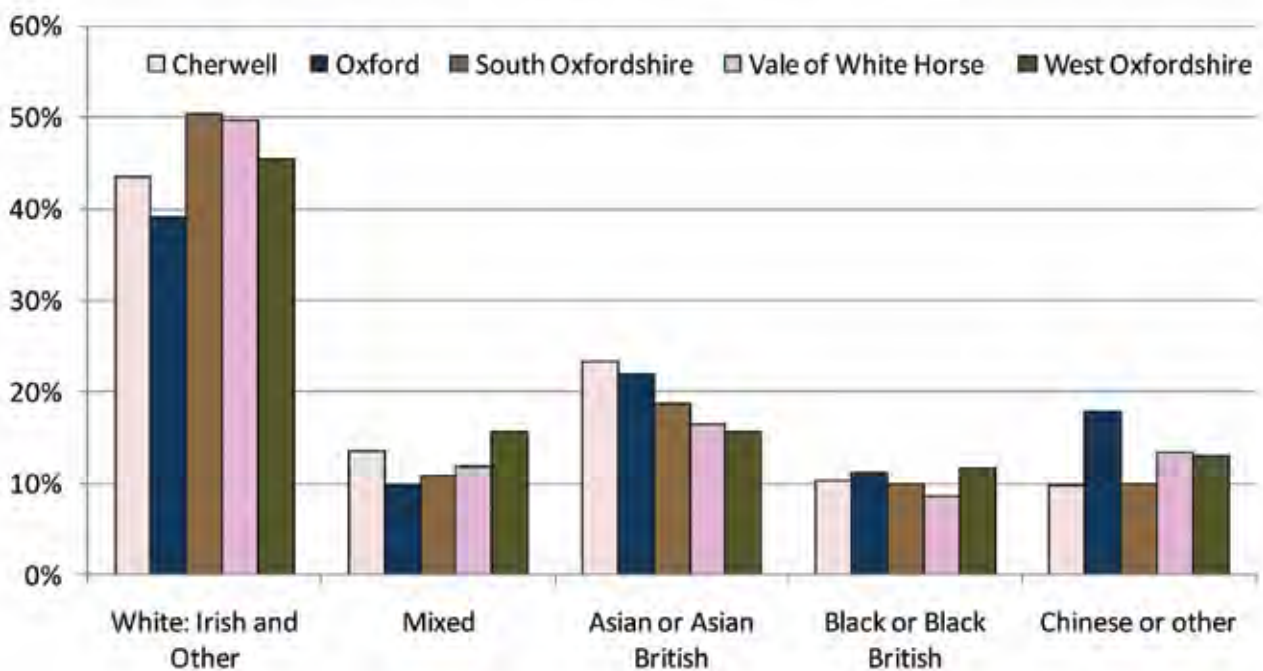


Source: ONS experimental ethnicity estimates Crown Copyright 2009; Audit Commission (CIPFA) Nearest Neighbours 2009

'Ethnic minority' includes all ethnic groups other than 'White British'

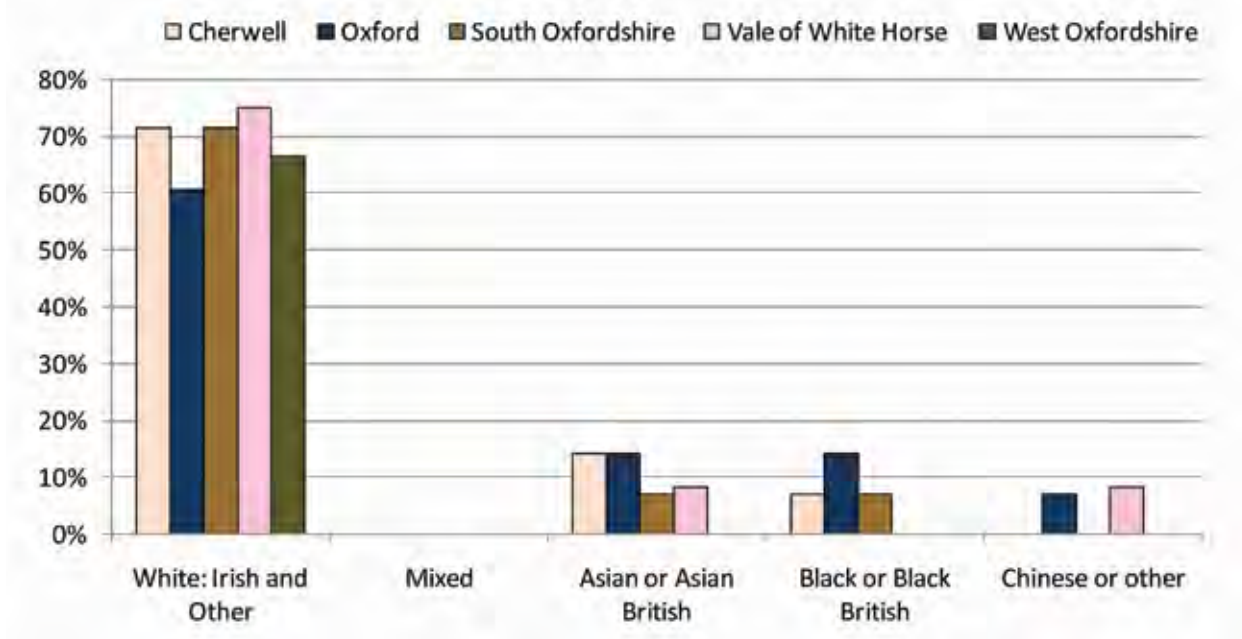
The proportion of ethnic minority population in pension-age groups in Oxfordshire (6.8 per cent) is less than half of the ethnic minority rate in the total population (15 per cent). A breakdown of the total ethnic minority population by broad ethnic group shows the potential for a more diverse older population in Oxfordshire in the future.

**Figure 4** Breakdown of ethnic minority population, all ages, by broad ethnic group (2007)



Source: ONS experimental ethnicity estimates Crown Copyright 2009

**Figure 5** Breakdown of ethnic minority population of pension age, by broad ethnic group (2007)



Source: ONS experimental ethnicity estimates Crown Copyright 2009

As estimates are not available for the ethnic minority population below district level the latest ward-level data is from the 2001 Census.

According to the Census, the ward with the highest number of ethnic minority people aged 50+ was Cowley in Oxford city and the ward with the highest number and rate of ethnic minority people aged 80+ was Northfield Brook. also in Oxford.

**Table 5** Oxfordshire wards with highest number of people aged 50+ from ethnic minority groups (2001)

		All people aged 50+	Ethnic minority aged 50+	% ethnic minority of people aged 50+
Cowley	Oxford	1,790	317	18%
Summertown	Oxford	2,001	317	16%
Blackbird Leys	Oxford	1,709	301	18%
Wolvercote	Oxford	2,307	270	12%
Lye Valley	Oxford	1,642	255	16%
Cowley Marsh	Oxford	1,039	252	24%
Hinksey Park	Oxford	1,418	244	17%
Rose Hill and Iffley	Oxford	1,903	227	12%
St Clement's	Oxford	1,050	215	20%
Churchill	Oxford	1,582	208	13%

Source: ONS Census 2001 table S101, downloaded from nomis

**Table 6** Oxfordshire wards with highest number of people aged 80+ from ethnic minority groups (2001)

		All people aged 50+	Ethnic minority aged 50+	% ethnic minority of people aged 50+
Northfield Brook	Oxford	108	35	32%
Blackbird Leys	Oxford	148	28	19%
Summertown	Oxford	380	28	7%
Wolvercote	Oxford	340	27	8%
St Margaret's	Oxford	207	25	12%
Cowley	Oxford	259	22	8%
Appleton and Cumnor	Vale of White Horse	356	22	6%
Quarry and Risinghurst	Oxford	313	21	7%
Bicester Town	Cherwell	321	20	6%
Goring	South Oxfordshire	394	20	5%

Source: ONS Census 2001 table S101, downloaded from nomis

## No place like home: Homeshare

We are very fond of our home. Most of us want to stay there as we grow older, even if our children have grown up and moved away, even if we find ourselves on our own (41,000 over-50s in the county live on their own), and even if we cannot bound up the stairs the way we used to. But keeping the house warm and in good repair can be a headache. So can feeling confident with callers we do not know, some of whom may not have the best intentions (the numbers of rogue traders in the county have risen to an all-time high over the last year). And there is that lonely feeling of 'rattling around'.

'Homeshare' is a simple way of helping people to help each other. It brings together people with different needs and different things to offer. First, people who have a home that they are willing to share but are at a stage where they need some help and support: householders. Second, people who are willing to give some help in exchange for somewhere to stay: homesharers.

By putting these two types of people together Homeshare manages to find householders the help, support and security they need. At the same time Homeshare finds homesharers a place to call home, possibly rent-free and maybe in an area or a property that would have been financially out of their reach.

Trouble is taken to make a good match in which both householder and homesharer are free from abuse and can retain their dignity and quality of life. This is where the Homeshare agency – in this case Oxfordshire County Council – has a vital role to play in safeguarding the individuals.

For example: ***'Mrs Booth is 82 years old. She has a homesharer, Nina, with whom she has shared her home for a year. Mrs Booth's husband has dementia and lives in a nearby nursing home. Mrs Booth has many friends, family and community links and loves to entertain and keep in touch with people. As she has got older she has lost the confidence to drive and this has made it difficult to maintain her friendships and***

*relationships. More importantly, Mrs Booth has found it difficult to visit her husband, which used to distress them both.*

*'As part of the Homeshare arrangement Nina drives Mrs Booth to visit her husband every day and to spend time with her friends. Nina also supports Mrs Booth to cook and entertain at home and to maintain her links within her community. Mrs Booth was also very nervous in the house on her own at night. Having Nina sleeping in the house has given Mrs Booth peace of mind.'*

The **challenge** to this 'champion' is that, in a city with two universities, full of students, hospitals and schools and with many staff not yet able to get on the housing ladder, why do we have so few matches in the Oxfordshire Homeshare scheme and only seven Homeshare agencies across the country? Surely we could all help promote this scheme.



## Change in overall age profile

According to ONS population projections, between 2006 and 2031 there is expected to be an increase of almost 70,000 residents aged 50 and over in Oxfordshire of which almost 30,000 are aged 80+.

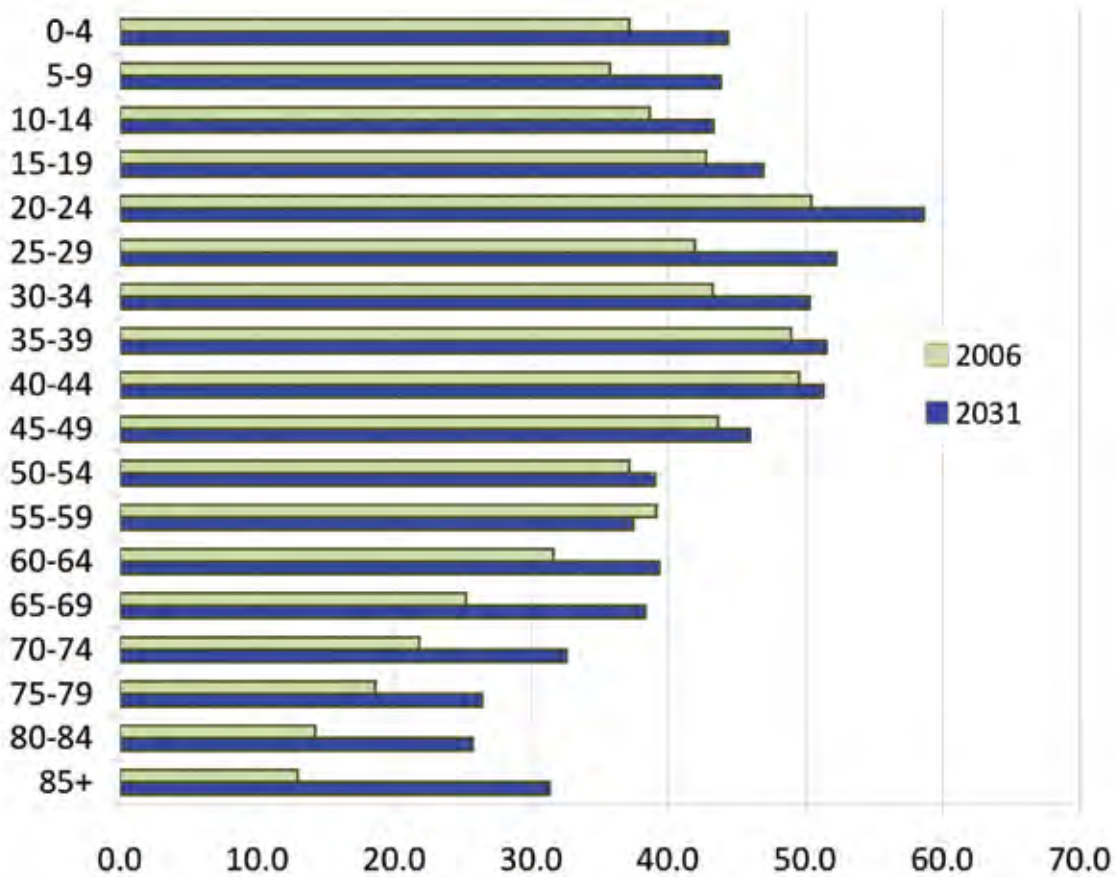
- 30,000 people aged 80+ in Oxfordshire is the equivalent in numbers to adding the total population of Bicester.

**Table 7** Population projection, Oxfordshire

(thousands)	2006	2011	2016	2021	2026	2031	2006 to 2031	
Age 50+	200.5	214.9	233.2	249.7	260.6	269.9	69.4	+35%
Age 80+	27.1	30.3	34.1	39.2	47.0	57.0	29.9	+110%
All ages	632.0	659.8	684.6	709.6	734.7	758.0	126.0	+20%

Source: ONS 2006-based sub-national population projections

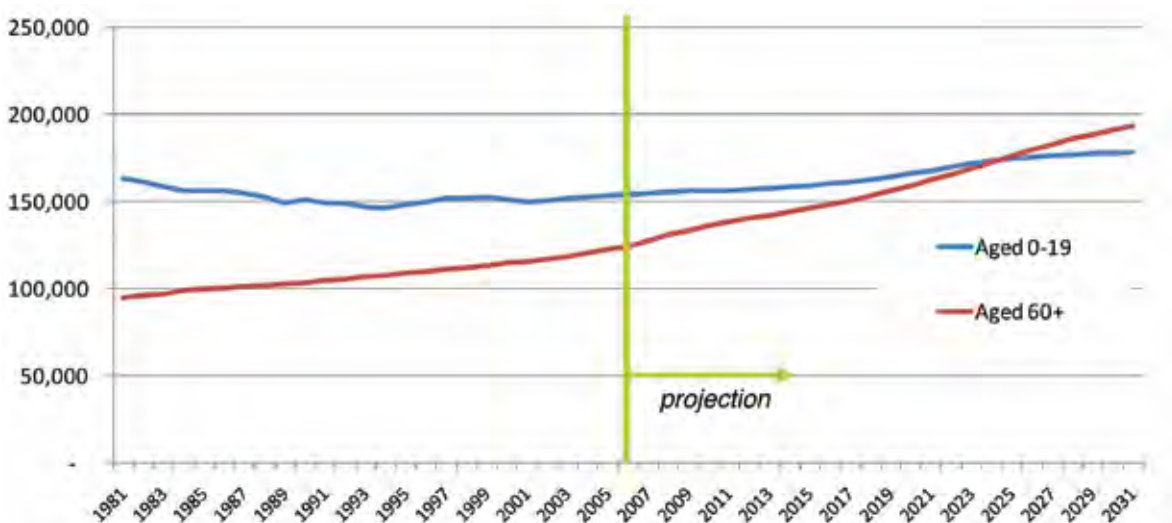
**Figure 6** Population by age group, 2006–31, Oxfordshire



Source: ONS 2006-based sub-national population projections

Combining the historical population growth and the projected change in the population of Oxfordshire into one chart (see below) shows consistent growth in the over-60 population since the 1980s – predicated to overtake the 0–19 population group in the year 2025.

**Figure 7** Oxfordshire residents aged 0–19 and 60



Source: ONS mid-year estimates and ONS 2006-based population projections

This population cross-over point is reached later in Oxfordshire than in the South East (2012) and England (2016). This may be due in part to the difficulty of accurately removing the full student population from the Oxfordshire projections affecting the size of the 0–19 age group.

# Change in number of people aged 80+

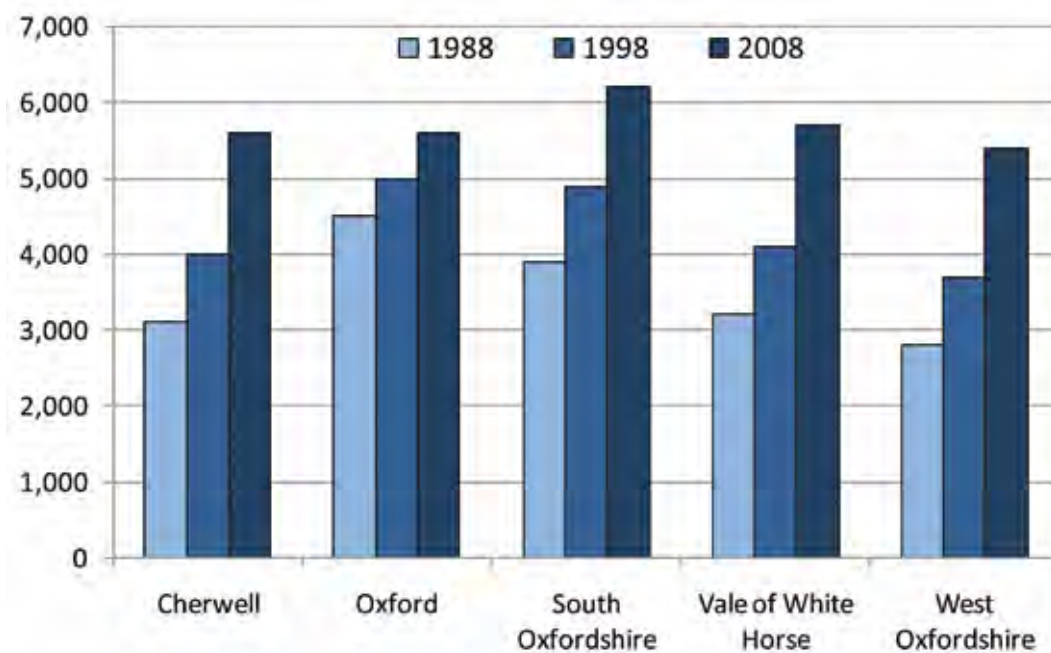
Over the past 20 years (from 1988 to 2008) the number of people aged 80+ living in Oxfordshire has increased by almost two-thirds (+63 per cent), with the highest growth in West Oxfordshire district (+93 per cent).

**Table 8** Number of people aged 80+ by district: historical change

	1988	1998	2008	1988 to 2008	
Cherwell	3,100	4,000	5,600	2,500	81%
Oxford	4,500	5,000	5,600	1,100	24%
South Oxfordshire	3,900	4,900	6,200	2,300	59%
Vale of White Horse	3,200	4,100	5,700	2,500	78%
West Oxfordshire	2,800	3,700	5,400	2,600	93%
Oxfordshire	17,500	21,700	28,500	11,000	63%

Source: ONS mid-year estimates

**Figure 8** Number of people aged 80+ by district: historical change



Source: ONS mid-year estimates

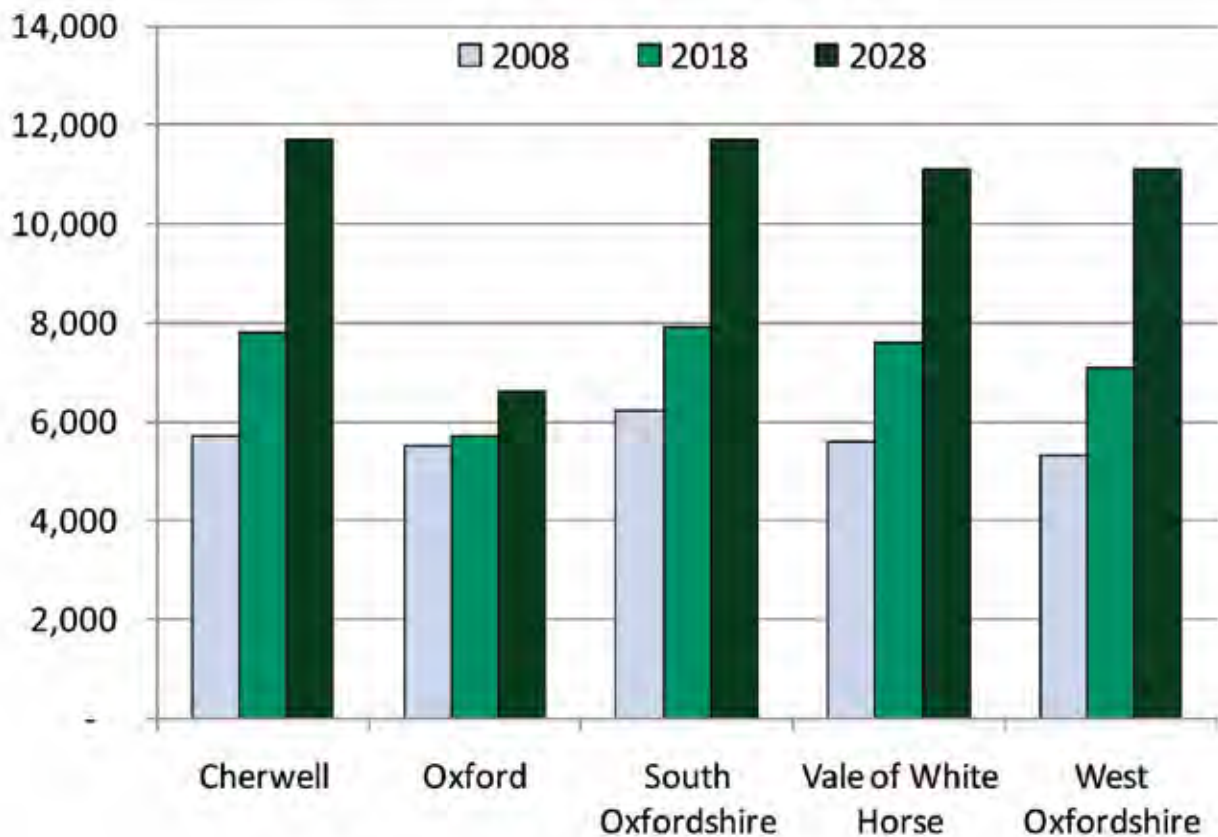
Over the next two decades (2008–28) the number of people aged 80+ in Oxfordshire is expected to increase by 23,900 (+84%) with the growth in rural districts well above that of Oxford city.

**Table 9** Number of people aged 80+ by district: projected future change

	2008	2018	2028	2008 to 2028	
Cherwell	5,700	7,800	11,700	6,000	105%
Oxford	5,500	5,700	6,600	1,100	20%
South Oxfordshire	6,200	7,900	11,700	5,500	89%
Vale of White Horse	5,600	7,600	11,100	5,500	98%
West Oxfordshire	5,300	7,100	11,100	5,800	109%
Oxfordshire	28,300	36,100	52,200	23,900	84%

Source: ONS 2006-based sub-national population projections

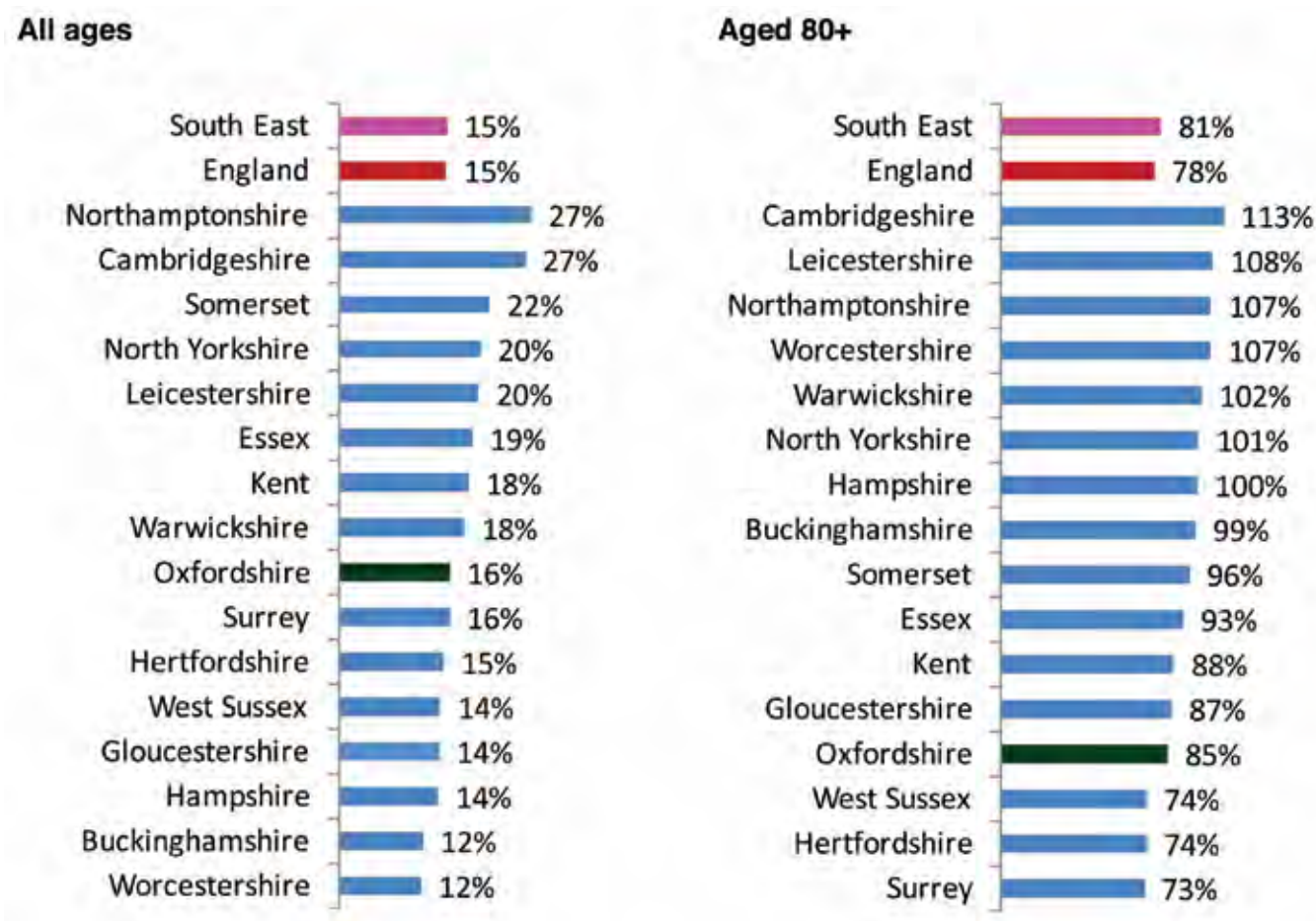
**Figure 9** Number of people aged 80+ by district: projected future change



Source: ONS 2006-based sub-national population projections

The predicted percentage growth between 2008 and 2028 in the total resident population (all ages) in Oxfordshire is 16 per cent and ranks the county 9th out of 16 statistical neighbours. For the resident population aged 80+ the growth between 2008 and 2028 in Oxfordshire is above regional and national averages and ranks the county 13th out of 16 neighbours.

**Figure 10** Percentage change in resident population 2008–28, all ages and people aged 80+



Source: ONS 2006-based sub-national population projections; Audit Commission (CIPFA) Nearest Neighbours 2009

## Change in rural/urban proportion of older population

Using Oxfordshire County Council’s ward-level estimates and the urban/rural ward classification developed by the ONS, it is estimated that almost 95,000 people aged 50+ and 13,500 people aged 80+ were living in Oxfordshire’s rural wards in 2008.

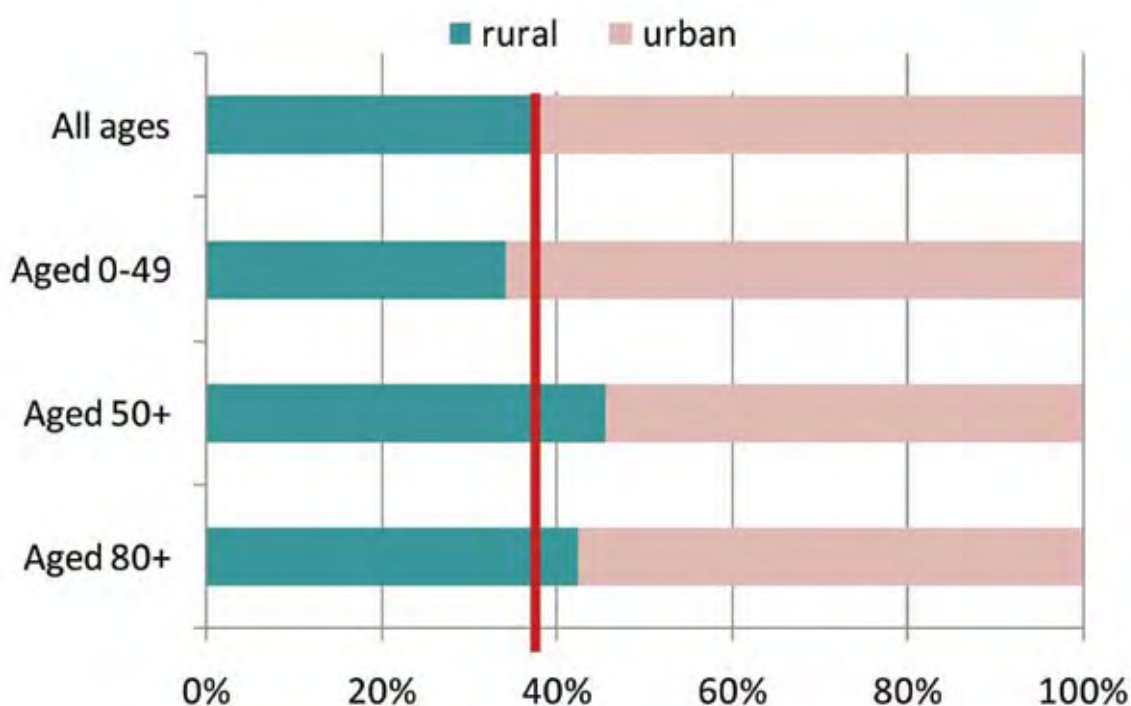
The proportion of the older population in Oxfordshire living in rural wards in 2008 was above the rate for the 0–49 population and the rate for the population as a whole: 46 per cent of those aged 50+ and 42 per cent of those aged 80+ are in rural wards compared with 34 per cent of 0–49-year-olds and 38 per cent of all ages.

**Table 10** Rural/urban share of population in Oxfordshire (2008)

	All ages		Aged 0-49		Aged 50+		Aged 80+	
Rural	237,721	38%	142,926	34%	94,795	46%	13,473	42%
Urban	389,158	62%	275,732	66%	113,425	54%	18,292	58%
Total	626,897	100%	418,659	100%	208,220	100%	31,766	100%

Source: Oxfordshire County Council resident population projections released August 2009 using data option 1 (Abingdon) for Vale of White Horse projections; rural/urban analysis by ward using ONS ward level classification. Note: the totals differ from ONS mid-year estimates as a different methodology is used for these ward-level forecasts

**Figure 11** Rural/urban share of population in Oxfordshire (2008)



Source: Oxfordshire County Council resident population projections released August 2009; rural/urban analysis by ward using ONS ward level classification

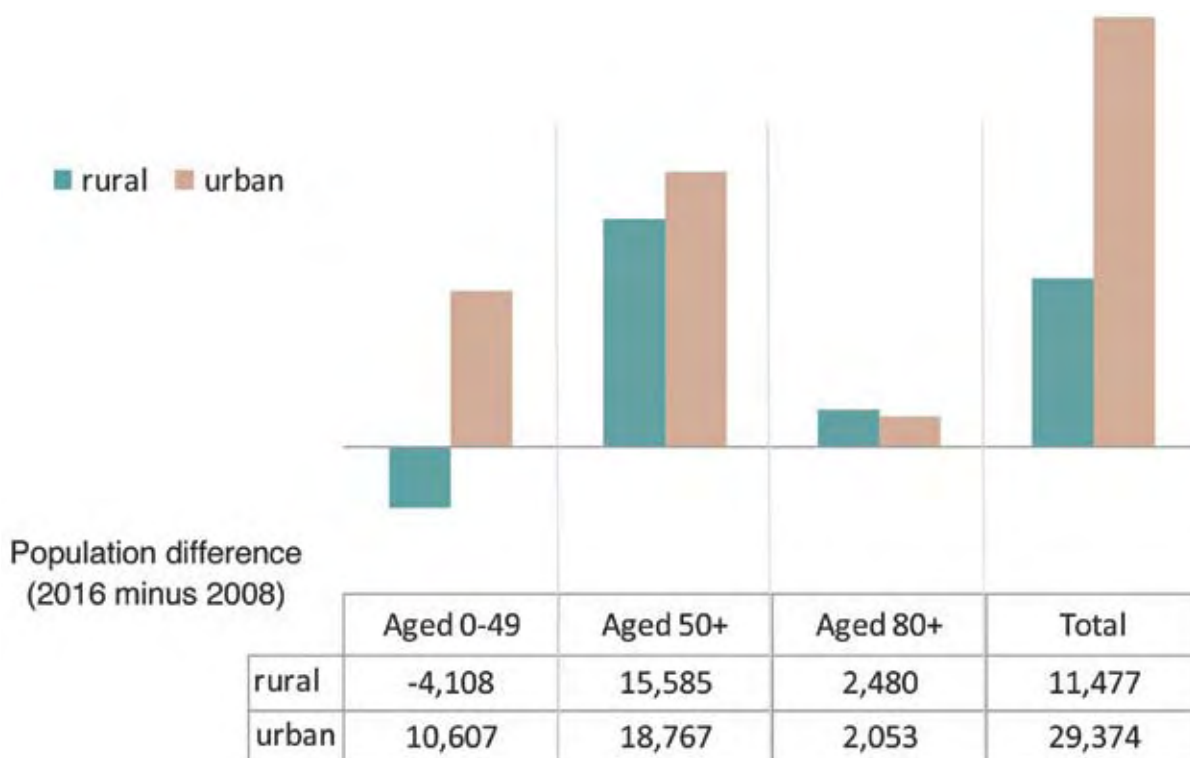
Between 2008 and 2016 it is predicted that urban Oxfordshire will grow faster in population than rural Oxfordshire, leading to a decrease in the rural proportion of population of 1 percentage point overall (from 38 per cent in 2008 to 37 per cent in 2016). At the same time there is a predicted 2 percentage point increase in the rural proportion of residents aged 80+ (from 42 per cent in 2008 to 44 per cent in 2016).

**Table 11** Rural/urban share of population in Oxfordshire (2016)

	All ages		Aged 0-49		Aged 50+		Aged 80+	
Rural	249,199	37%	138,818	33%	110,380	46%	15,953	44%
Urban	418,532	63%	286,340	67%	132,192	54%	20,345	56%
Total	667,730	100%	425,158	100%	242,572	100%	36,299	100%

Source: Oxfordshire County Council resident population projections released August 2009; data option 1 (Abingdon) for Vale of White Horse projections; rural/urban analysis by ward using ONS ward-level classification (assumes rural/urban classification stays the same in 2016). Note: the totals differ from ONS mid-year estimates as a different methodology is used for these ward-level forecasts

**Figure 12** Projected change in resident population 2008 to 2016 – Oxfordshire rural vs urban wards



Source: Oxfordshire County Council resident population projections released August 2009; rural/urban analysis by ward using ONS ward-level classification

One of the results of this demographic change is that more people will be living in communities where the majority of residents are aged 50 and over.

- Between 2008 and 2016 **the number of Oxfordshire wards with 50 per cent or more of the population aged 50+ is expected to increase significantly** – from 5 in 2008 to 26 by 2016.
- Burford ward in West Oxfordshire is expected to have the highest rate of people aged 50+ (67 per cent) and almost one-fifth of its population aged 80+.

**Table 12** Oxfordshire wards with highest predicted proportion of older people (2016)

		Total	Aged 50+	Aged 50+ as % of total	Aged 80+	Aged 80+ as % of total
Burford	West Oxfordshire	1,902	1,280	67%	337	18%
Ascott and Shipton	West Oxfordshire	2,038	1,277	63%	201	10%
Wroxton	Cherwell	2,044	1,239	61%	161	8%
Charlbury and Finstock	West Oxfordshire	3,775	2,207	58%	351	9%
Garsington	South Oxfordshire	2,523	1,456	58%	182	7%
Alvescot and Filkins	West Oxfordshire	1,725	989	57%	107	6%
Craven	Vale of White Horse	2,197	1,243	57%	151	7%
Woodstock and Bladon	West Oxfordshire	3,972	2,227	56%	363	9%
Adderbury	Cherwell	2,783	1,557	56%	169	6%
Hook Norton	Cherwell	2,403	1,315	55%	165	7%
Wheatley	South Oxfordshire	5,086	2,780	55%	401	8%
Sibford	Cherwell	2,264	1,215	54%	147	7%
Sunningwell and Wootton	Vale of White Horse	4,217	2,200	52%	351	8%
Eynsham and Cassington	West Oxfordshire	5,882	3,057	52%	388	7%

Source: Oxfordshire County Council resident population projections released August 2009; data option 1 (Abingdon) for Vale of White Horse projections

## ***Age UK Oxfordshire says:***

- **we must not be paralysed by the scale of current demographic change**
- **let us discard any lingering and limiting ideas about age and contribution: ‘old is gold’**
- **Oxfordshire needs a society for all ages and an age-friendly approach in all areas**
- **let us together design better planning for the key life stages and changes.**

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## ***Expert comment***

Future UK population ageing will increasingly occur through growth in the over-80s. Research undertaken at the Oxford Institute of Ageing has highlighted the tremendous contribution which older people in their 60s and 70s are making to the UK.<sup>3</sup> However, it also shows that after age 80 frailty and disability become increasingly prevalent and independent living becomes more difficult.<sup>4</sup> Oxfordshire faces a growing percentage of those over 80, who will be particularly vulnerable to increased dependency and social isolation. It is thus important that older adults keep as fit and healthy as possible so that they can delay the transition into dependency and frailty. Future national and local policies must enable all adults to remain active and able to contribute to their communities, whether through paid employment, through volunteering or through caring for friends and family members.

### **Professor Sarah Harper**

Director, Oxford Institute of Ageing  
University of Oxford

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<sup>3</sup>Harper S & Leeson GW (2008) *Future of Retirement IV – Investing in Later Life*, HSBC Insurance, London

<sup>4</sup>Leeson GW, Harper S & Levin S (2004) *Independent Living in Later Life*, Department for Work and Pensions, London



# 2

## Living and housing

- 22 per cent of people aged 50+ were living alone in Oxfordshire in 2001, double the rate of the UK's total population (all ages).
- The proportion of older people living alone and as an older lone parent in Oxford city was above that of other districts.
- In 2001 Oxfordshire had a relatively low proportion of households occupied by a single pensioner – ranked 13 of 16 statistical neighbours and below the regional and national averages.
- Oxford city had an above-average rate of single pensioner households in social rented accommodation (34 per cent compared with 25 per cent across the South East region).
- The high rate of social rented single pensioner households in Oxford contributes to the relatively high position of Oxfordshire county compared with statistical neighbours (4th out of 16).
- A relatively low proportion (2 per cent) of people aged 50+ was living in communal establishments in Oxfordshire in 2001. The majority were females aged 75+.
- Oxfordshire Joint Strategic Needs Assessment shows that almost half of telecare users were in Oxford city.
- Recent trend data shows the proportion of older clients receiving daycare in Oxfordshire has increased. Nationally the rate has declined.
- By 2031 a predicted 41,000 additional households will be headed by an older person aged 65+ in Oxfordshire of which 25,000 will be headed by a person aged 75+.

Sources: Office for National Statistics (ONS) 1991 and 2001 Census; Communities and Local Government household forecasts; Oxfordshire Joint Strategic Needs Assessment Care Quality Commission indicators

### Your own front door, care when you need it

In March 2007, the Orders of St John Care Trust (OSJCT) opened up its first Extra Care Housing Scheme (Isis Court) in Oxford. The scheme consists of 20 self-contained apartments and is provided through the Oxfordshire Care Partnership of OSJCT, Oxfordshire County Council and Bedford Pilgrims Housing Association.

The success of Isis Court shows that this development programme is creating vital,

***‘The days are very long when the walls are the same.’***

purpose-built new homes for those who might otherwise need to go into residential care, which can be less cost-effective for both residents and taxpayers. Inappropriate



placement in full-time residential care can mean that residents lose those everyday skills that enable them to remain independent, and moving to residential accommodation can prevent couples from remaining together.

However, with Extra Care, all the residents have a secure tenancy – with the option of shared ownership at future schemes – and the on-site domiciliary care team is there 24 hours a day to respond promptly to any emergencies, while seeking to deliver care in a programmed and unobtrusive way to meet the needs of individuals.

Having a care team on-site can be a more efficient and effective way of delivering care when compared to mobile domiciliary care where travelling is involved. The Extra Care model used aims to provide more flexibility and consistency of care, and to avoid travel costs, thus reducing the carbon footprint. Care on-site from dedicated and well-trained staff ensures that any changes in a client's needs are responded to quickly and effectively in conjunction with social services and other agencies.

Isis Court has attracted interest from far and wide, receiving delegations from as far afield as Croatia and Japan, as well as many from within the UK, to see the standards of care at the scheme. Based on what has been learned from Isis Court and from listening to residents' views, new schemes are to be opened in Banbury, Bicester and Shotover.

As an ex-resident called Joyce put it: ***'Being able to choose my flat was important to me – I like my ground-floor view. I would have a job to think of anywhere better to live. The staff here are wonderful. It was difficult to move on at my time of life, but being able to stay local in the area I grew up in made a difficult time much easier. If the council was thinking of building more of these schemes I would say, "Don't hesitate – go out and order the bricks today!"'***

The **challenge** for us is how to make available to increasing numbers of older people the range of housing and care options vital for an ageing county while funding is harder to come by. We must shape a versatile market that offers a much wider range of choice than older people have traditionally been offered.

In so doing we must not exclude any options. Sadly, government policy has too often been blinkered, ignoring the important role of residential care. Care homes have their place in the future, perhaps increasingly for the particularly vulnerable. Newer approaches such as Extra Care, and also initiatives such as the trailblazing retirement village developed by Richmond Villages in Letcombe Regis, are also to be welcomed. **The underlying, acid test is that any provision of whatever kind does not fob older people off with less than they should be entitled to.**

# Family type

According to the Census 2001 survey, 68 per cent of older people (aged 50+) in Oxfordshire were married or cohabiting compared with 71 per cent of the population as a whole. Some 22 per cent of people aged 50+ were living alone (double the rate of the total population) and a further 4 per cent were in a lone parent family.

**Table 13** Family type – Oxfordshire (2001)

Number of residents	Aged 50+		All ages	
	Number	Percentage	Number	Percentage
Married couple family	123,205	65%	369,692	61%
Cohabiting couple family	6,329	3%	60,066	10%
Total Married/Cohabiting	129,534	68%	429,758	71%
Not living in a family but with others in household	7,028	4%	34,809	6%
Living alone	41,390	22%	65,302	11%
Lone parent family	8,340	4%	51,309	8%
Living in a communal establishment	3,690	2%	24,310	4%
All people	189,977		605,488	

Source: ONS Census 2001 Crown Copyright, theme tables 5 and 7 from nomis

The proportion of older people living alone and as a lone parent in Oxford city was higher than that in other districts. were in a lone parent family.

**Table 14** Number of residents aged 50+ by family type (2001)

	Cherwell		Oxford		South Oxfordshire		Vale of White Horse		West Oxfordshire	
Married couple family	26,525	67%	18,520	54%	29,004	67%	27,025	69%	22,128	67%
Cohabiting couple family	1,411	4%	1,102	3%	1,510	3%	1,191	3%	1,115	3%
Not living in a family but with others in household	1,350	3%	1,881	5%	1,439	3%	1,237	3%	1,121	3%
Living alone	8,136	20%	10,061	29%	8,916	21%	7,588	19%	6,688	20%
Lone parent family	1,625	4%	2,087	6%	1,776	4%	1,559	4%	1,293	4%
Living in a communal establishment	702	2%	845	2%	804	2%	632	2%	707	2%
All people aged 50+	39,749		34,496		43,449		39,232		33,051	

Source: ONS mid-year estimate Crown Copyright from nomis

## Pensioners living alone

The number of single-pensioner households in Oxfordshire increased by almost 4,000 (+14 per cent) between the census surveys of 1991 and 2001.

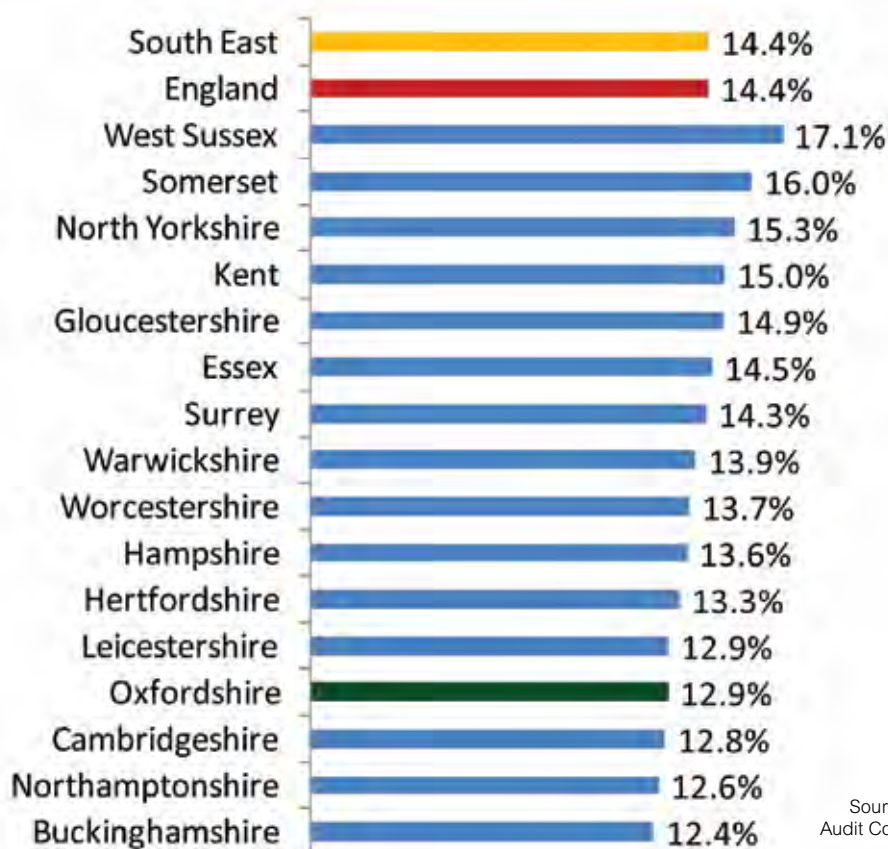
In 2001 Oxfordshire had a relatively low proportion of households occupied by a single pensioner – ranked 13 of 16 statistical neighbours and below the regional and national averages

**Table 15** 1991 and 2001 households occupied by a single person of pension age (M65+/F60+)

	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire	Oxfordshire total
1991	5,131	6,973	6,034	4,828	4,272	27,238
2001	6,118	7,415	6,728	5,738	5,141	31,140
1991 to 2001 change	987 19%	442 6%	694 12%	910 19%	869 20%	3,902 14%

Source: ONS, 1991 Census table L47 and 2001 Census table CS053 from nomis

**Figure 13** Households occupied by a single pensioner as percentage of all households (2001)



Source: ONS Census 2001 table S56 from nomis; Audit Commission (CIPFA) Nearest Neighbours 2009

The proportion of single-pensioner households by ethnic group is similar to the ethnicity of the total pension age population.

**Table 16** One-person pensioner household vs pension-age population by ethnic group, Oxfordshire

	Single person pensioner household (2001)		Pension age population (2001)	
White – British	29,508	94.8%	95,899	94.3%
White - Irish	644	2.1%	2,109	2.1%
White - Other	614	2.0%	2,204	2.2%
Black or Black British	159	0.5%	425	0.4%
Chinese or other	61	0.2%	249	0.2%
Mixed	59	0.2%	222	0.2%
Asian - Indian	39	0.1%	213	0.2%
Asian - Pakistani	35	0.1%	215	0.2%
Asian - Other	14	0.0%	83	0.1%
Asian - Bangladeshi	7	0.0%	44	0.0%
Total ethnic minority	1,632	5.2%	5,764	5.7%
Total	31,140		101,663	

Source: ONS Census 2001 tables S101 and S106 from nomis, Mixed and Black ethnic groups have been combined.

## Tenure

As of 2001, 77 per cent of people aged 50+ in Oxfordshire were living in a household owned outright or with a mortgage or loan. This rate was lowest in Oxford city (66 per cent) and highest in South Oxfordshire (81 per cent).

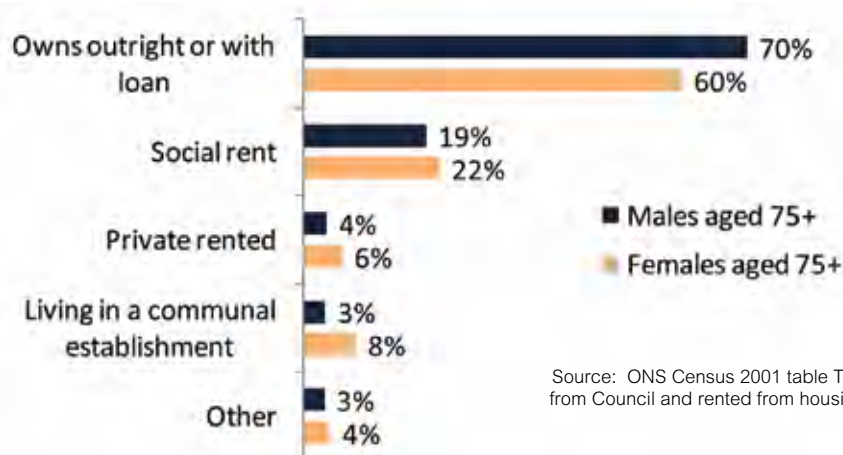
**Table 17** Percentage of people aged 50+ by tenure (2001)

People aged 50+	Oxfordshire	Cherwell	Oxford	South Oxfordshire	Vale of White Horse	West Oxfordshire
Owns outright	51%	49%	46%	54%	53%	51%
Owns with a mortgage or loan	26%	29%	20%	27%	28%	26%
Shared ownership	0%	0%	0%	0%	0%	0%
Rented from council	7%	9%	19%	1%	2%	4%
Other social rented	8%	4%	4%	10%	10%	9%
Private rented	4%	4%	5%	4%	4%	5%
Living rent free	2%	2%	3%	2%	2%	3%
Living in a communal establishment	2%	2%	2%	2%	2%	2%
TOTAL people aged 50+	189,977	39,746	34,497	43,451	39,232	33,049

Source: ONS Census 2001 table T05 from nomis;

Older females (aged 75+) were more likely than older males to be living in rented accommodation.

**Figure 14** Percentage of males and females aged 75+ by broad tenure in Oxfordshire (2001)



Source: ONS Census 2001 table T05 from nomis; 'Social rented' includes rented from Council and rented from housing association/other; percent is of total males and of total females aged 75+

Of the 31,000 households occupied by a single pensioner in Oxfordshire in 2001, 28 per cent were in social rented accommodation – well above the proportion of all households in social rented accommodation in Oxfordshire (14 per cent).

Oxford city had the highest rate with 34 per cent of single pensioners in social rented households

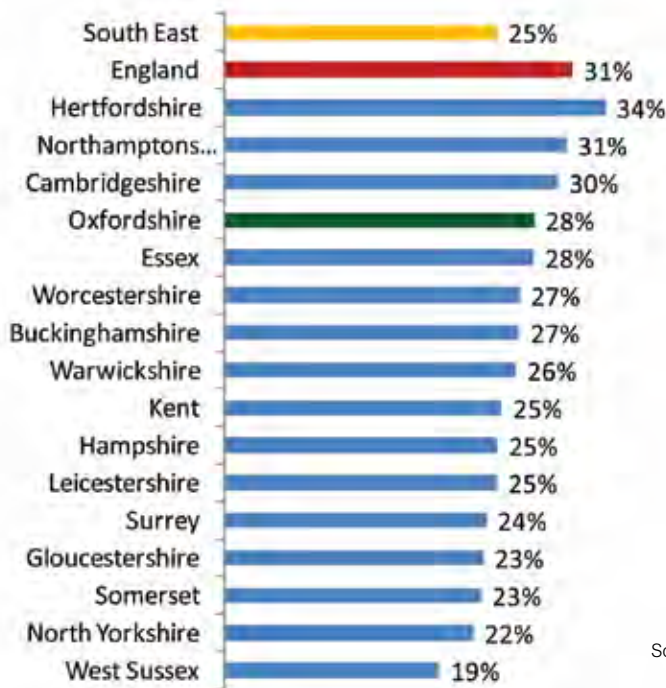
**Table 18** Single pensioner households by tenure (2001)

Single pensioner households	Cherwell		Oxford		South Oxfordshire		Vale of White Horse		West Oxfordshire		Oxfordshire	
	Count	%	Count	%	Count	%	Count	%	Count	%	Count	%
Owned	3,797	62%	4,156	56%	4,487	67%	3,749	65%	3,303	64%	19,492	63%
Private rented or living rent free	569	9%	773	10%	596	9%	459	8%	527	10%	2,924	9%
Rented from Council	1,106	18%	1,832	25%	220	3%	236	4%	473	9%	3,867	12%
Other Social Rent	642	11%	656	9%	1,425	21%	1,294	23%	836	16%	4,853	16%
Rented from Council + Other Social Rent	1,748	29%	2,488	34%	1,645	24%	1,530	27%	1,309	25%	8,720	28%
TOTAL single pensioner households	6,114		7,417		6,728		5,738		5,139		31,136	

Source: ONS Census 2001, table S56 from nomis; Audit Commission (CIPFA) Nearest Neighbours 2009

The high rate of social rented single pensioner households in Oxford contributes to the relatively high position of the county compared with statistical neighbours (4th out of 16) and the regional average (see following chart).

**Figure 15** Percentage of single-pensioner households that are social rented (2001)



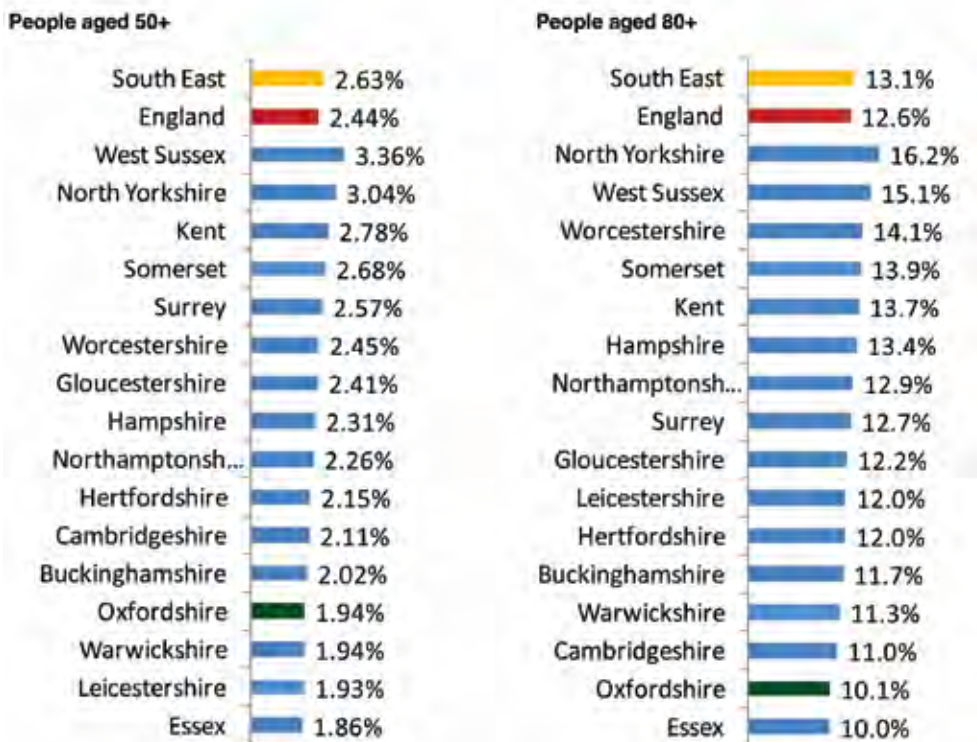
Source: ONS Census 2001, table S56 from nomis; Audit Commission (CIPFA) Nearest Neighbours 2009

## Older people in communal establishments

Some 3,689 people aged 50+ were in communal establishments<sup>5</sup> in Oxfordshire in 2001, a relatively low proportion (1.94 per cent) compared with regional and national averages and ranked 13 out of 16 statistical neighbours.

Similar data for the 80+ population shows Oxfordshire ranked 15 out of 16 neighbours.

**Figure 16** Percentage of older people living in communal establishments (2001)



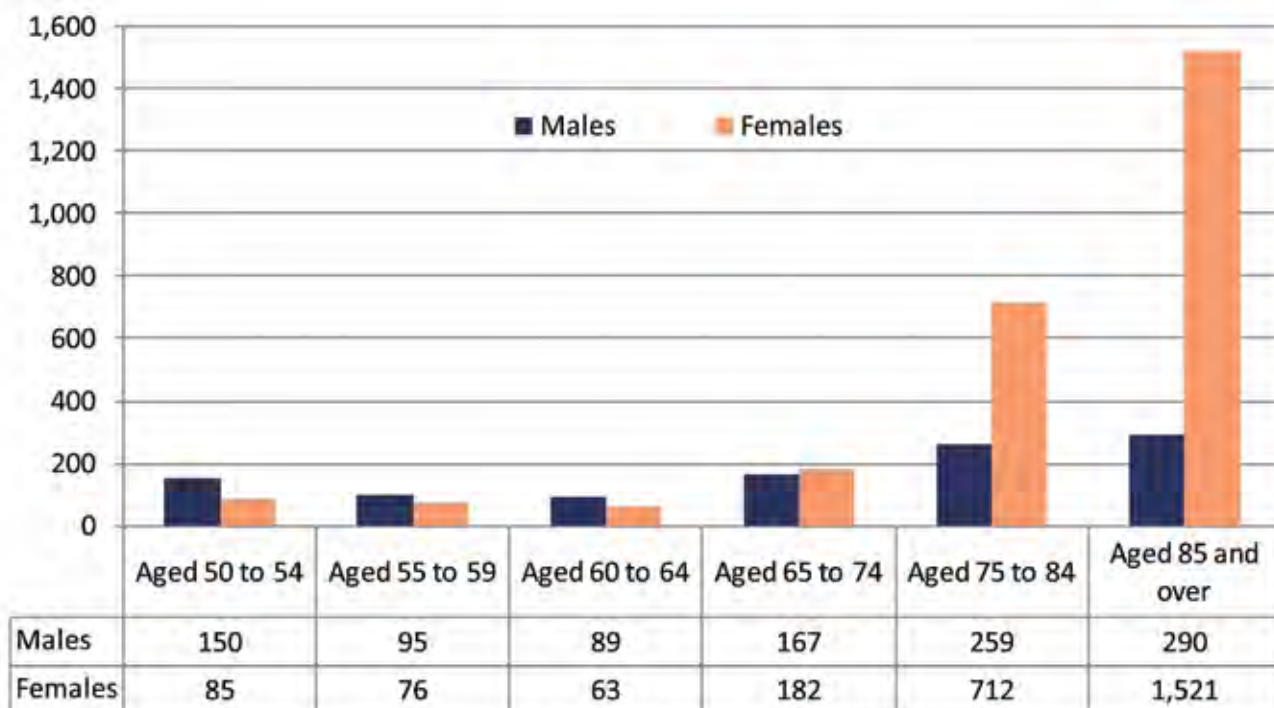
ONS Census 2001  
 Crown Copyright,  
 table CS01 from  
 nomis; Audit  
 Commission (CIPFA)  
 Nearest Neighbours  
 2009

<sup>5</sup>A communal establishment is defined as 'an establishment providing managed residential accommodation'. 'Managed' means full-time or part-time supervision of the accommodation. Sheltered housing is treated as a communal establishment if fewer than half the residents possess their own facilities for cooking. If half or more possess their own facilities for cooking (regardless of use) the whole establishment is treated as comprising separate households. [Census 2001 definitions ONS]

A breakdown of Oxfordshire's older communal establishment population by age shows high numbers of females aged 75–84 and 85+.

- 61 per cent of residents aged 50+ of communal establishments in Oxfordshire in 2001 were females aged 75+ (2,233 out of a total of 3,689).

**Figure 17** Number of residents of communal establishments aged 50+, Oxfordshire (2001)



Source: ONS Census 2001 table T05 from nomis

## Living life my way, in a care home: the 'support brokerage' service

Some 4,000 older people live in over 100 care homes in Oxfordshire. While their physical needs are usually met, they may have little opportunity to develop interests or be part of their local communities. They can be isolated and vulnerable. The county has been working in partnership with Age Concern Oxfordshire to help older people in care homes, including some vulnerable residents with dementia, enjoy a life that is worth living,

The Support Brokerage Service is free and available for any older person to use. A support broker will visit the client to work with them and/or their family to create a plan for the kind of support, help and activities they want to improve their quality of life. The broker can then approach organisations and agencies on behalf of the client to arrange help, negotiate terms and rates, and assist with contracts.

The benefits from this 'Individual Service Fund'

project are considerable, despite a very modest investment of time and money. On average, it takes about six hours for a broker to complete their work with a resident, including research and making necessary arrangements. At standard national rates (£20 per hour), the process costs about £120 per resident, and less if volunteers are used. The activities undertaken cost from nothing to several hundred pounds a year, depending on the interests of the resident. We are confident that for most people this money can be found from existing community resources or charitable funding. Fees will not have to rise.

The cost of a care home placement is from £20,000 to £40,000 per year. By investing a very small amount of broker time (say 0.5 per cent of the cost of a first-year placement), we can ensure that each placement affords maximum dignity and respect, by helping each resident to make the best use of their time – to have a life, rather than just being cared for. There are likely to be longer-term efficiencies through reduced



staff time and turnover, better health, less medication, and increased resident and staff satisfaction. These aspects will be researched by the Office of Disability Issues. It is too early to quantify such 'savings', but we think they are self-evident.

Some 500 new placements a year are directly funded by the council, a total of about 1,500 at any one time, at a cost of over £40 million. This project aims to have all 500 new placements offered a 'support broker' from January 2011, based on the excellent practice pioneered by Age Concern.

Once this process becomes established, we expect to see a significant culture change in care homes, and that 'person-centred' planning has become a reality, with consequent improvements in outcomes and well-being for residents.

Take Mr K ... A support broker worked with a local care home which specialised in supporting older people with high-level

dementia and mental health needs. The broker worked with individual residents, their families and staff to identify outcomes which could help improve residents' daily lives, either by doing something they used to do before entering the home, doing something differently, or by getting involved with the local community again. The broker and care home staff identified Mr K as someone they could help.

The starting point for a support broker is to tune into an individual and help him or her find their individual outcome. A knock-on effect of this can be benefits to other residents and improved staff morale, but, more importantly, individuals who were previously only on the periphery of local life become re-engaged with their local communities.

Before he entered residential care Mr K had been an active sailor, but in recent years his health had deteriorated. He also suffered from memory loss and confusion. He very much wanted to be able to go sailing again, and

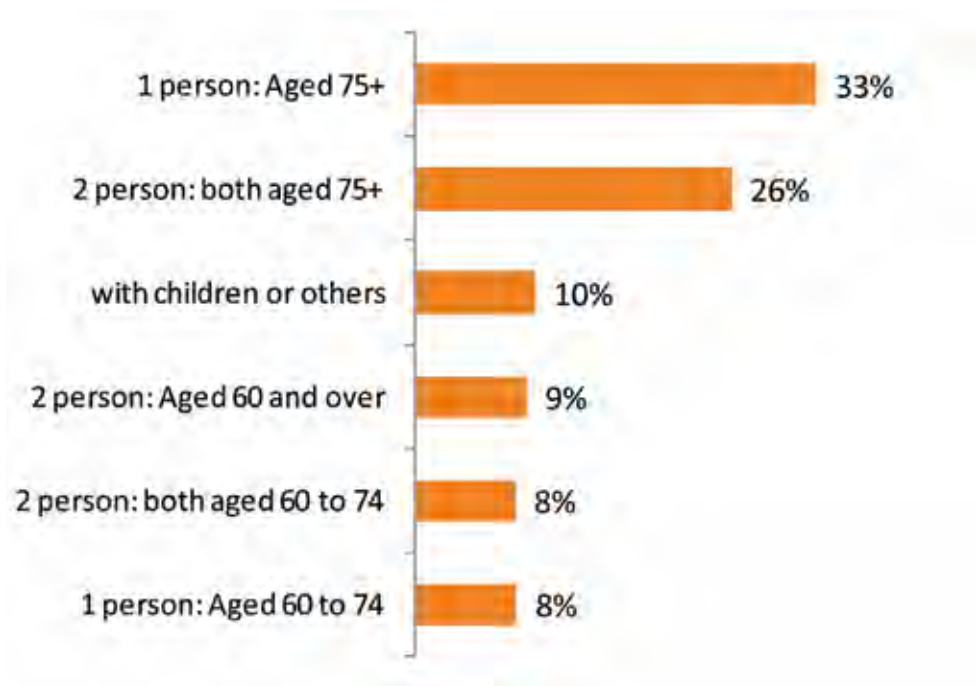
having a sociable nature he also wanted to meet people who enjoyed the same things as him. The local sailing club offered to provide two hours' sailing on one of its boats with an instructor. At his first visit Mr K rigged the boat himself, all his past sailing skills returning to him. He thoroughly enjoyed the experience, and the sailing club members were so impressed that they invited the care home to bring more residents along, either to try sailing as a participant in their disability sailing group or just to sit and enjoy being close to the water.

The costs of this activity are quite small but the outcomes for Mr K have been huge. He now engages more with his family and other residents within the home. He feels he has something exciting to talk about and share with others. Not only this, but whereas previously during the night he had been very active and agitated, this situation has now improved to the extent that his medication has been reduced and he sleeps well again.

## Home adaptation and telecare

According to the South Oxfordshire Housing Needs Assessment (2008), one-third of the sample of people aged 75+ living alone were in a home adapted to meet the needs of a disabled resident.

**Figure 18** Has your home, or the access to it, been built or adapted to meet the needs of a disabled resident? (South Oxfordshire)



ONS Census 2001 Source: South Oxfordshire District Council Housing Needs Assessment Survey August 2008, Older People sample, q9 and q11a

Oxfordshire's Joint Strategic Needs Assessment includes data on the number of people receiving telecare services from Oxfordshire County Council. Telecare is equipment such as a personal pendant alarms and home sensors designed to improve safety at home.

Data as of 2008 shows that the majority of Oxfordshire's telecare clients were in Oxford city (48 per cent of the total) and the wards with the highest rates were Headington in Oxford, Great Milton in South Oxfordshire and Littlemore in Oxford.

**Table 19** Telecare clients in Oxfordshire (2008)

	People receiving telecare	Rate per 10,000 population
Oxfordshire	492	7.9
Cherwell	99	7.5
Oxford	236	16.5
South Oxfordshire	79	6.2
Vale of White Horse	45	3.8
West Oxfordshire	33	3.2

Source: Oxfordshire County Council Social & Community Services JSNA ward database 2008

**Table 20** Wards with highest rates of people receiving telecare services (2008)

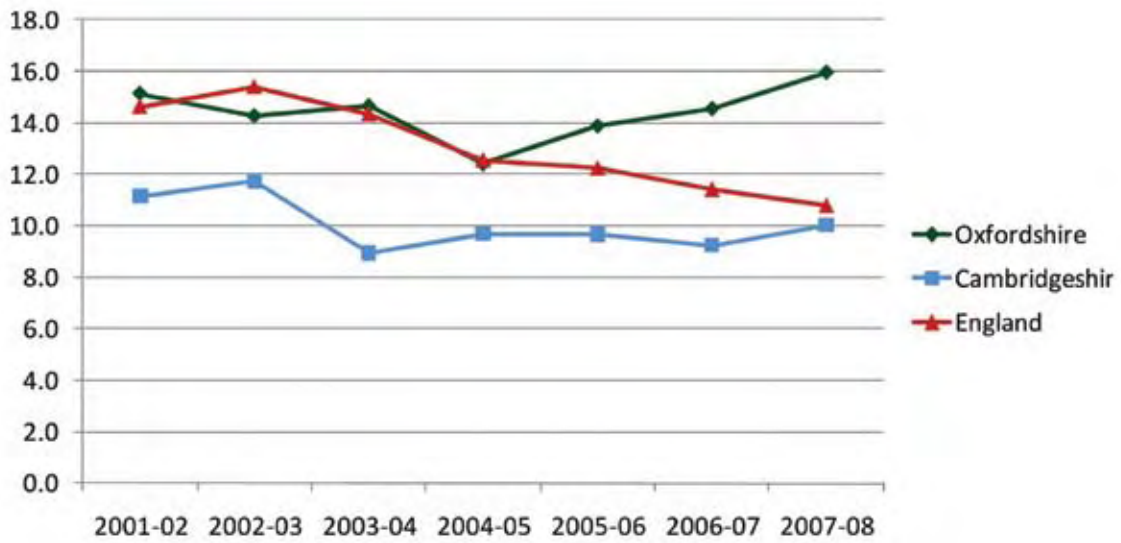
Ward	District	Rate per 10,000 population
Headington Hill & Northway	Oxford	31
Great Milton	South Oxfordshire	30
Littlemore	Oxford	29
Quarry & Risinghurst	Oxford	29
Cowley Marsh	Oxford	26
Cowley	Oxford	25
Barton & Sandhills	Oxford	24
Churchill	Oxford	23
Marston	Oxford	21
The Astons & Heyfords	Cherwell	19
Hinksey Park	Oxford	19

Source: Oxfordshire County Council Social & Community Services JSNA ward database 2008

## Day Care and Home Care

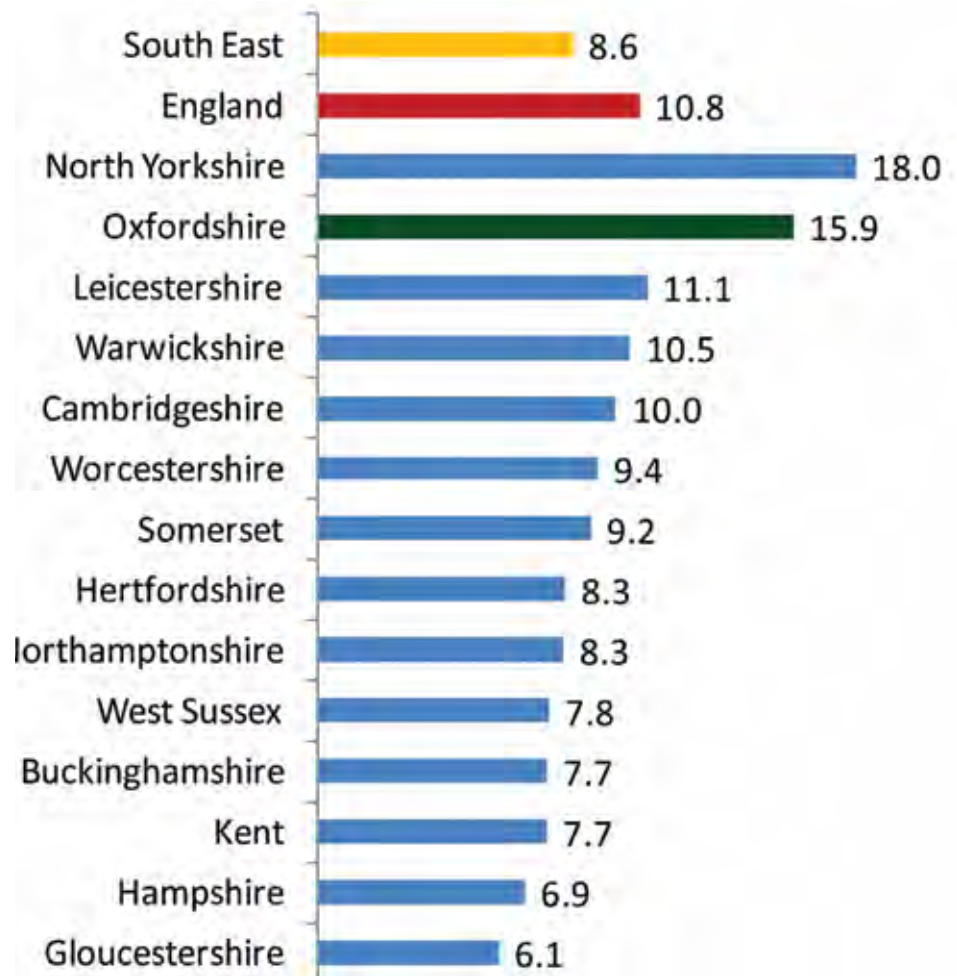
According to Care Quality Commission indicators, the proportion of people aged 65+ receiving daycare services in Oxfordshire increased between 2004/5 and 2007/8 – against the national trend. As of March 2008 Oxfordshire ranked second out of 16 statistical neighbours and well above the national and regional averages.

**Figure 19** Older clients aged 65+ receiving daycare per 1,000 of population



**Older clients aged 65+ receiving Day Care (March 2008)**

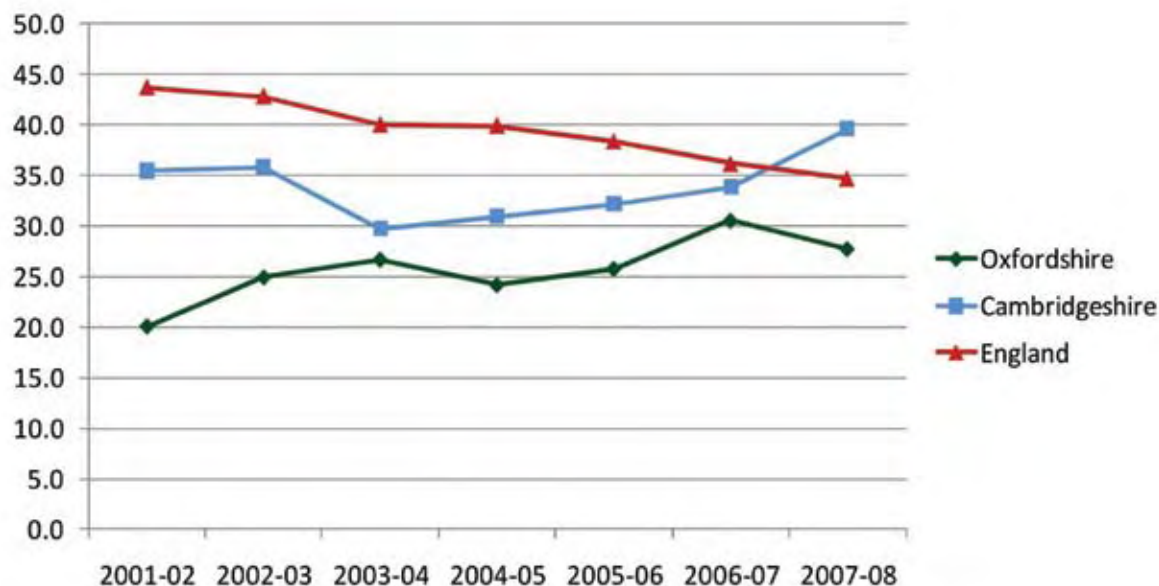
**Oxfordshire vs statistical neighbours**



Source: Care Quality Commission, Key Indicators Graphical System, Dr Foster's Intelligence Indicator OA123 Original source: Community Care Statistics Referrals, Assessments and Packages of Care for Adults; Audit Commission (CIPFA) Nearest Neighbours 2009

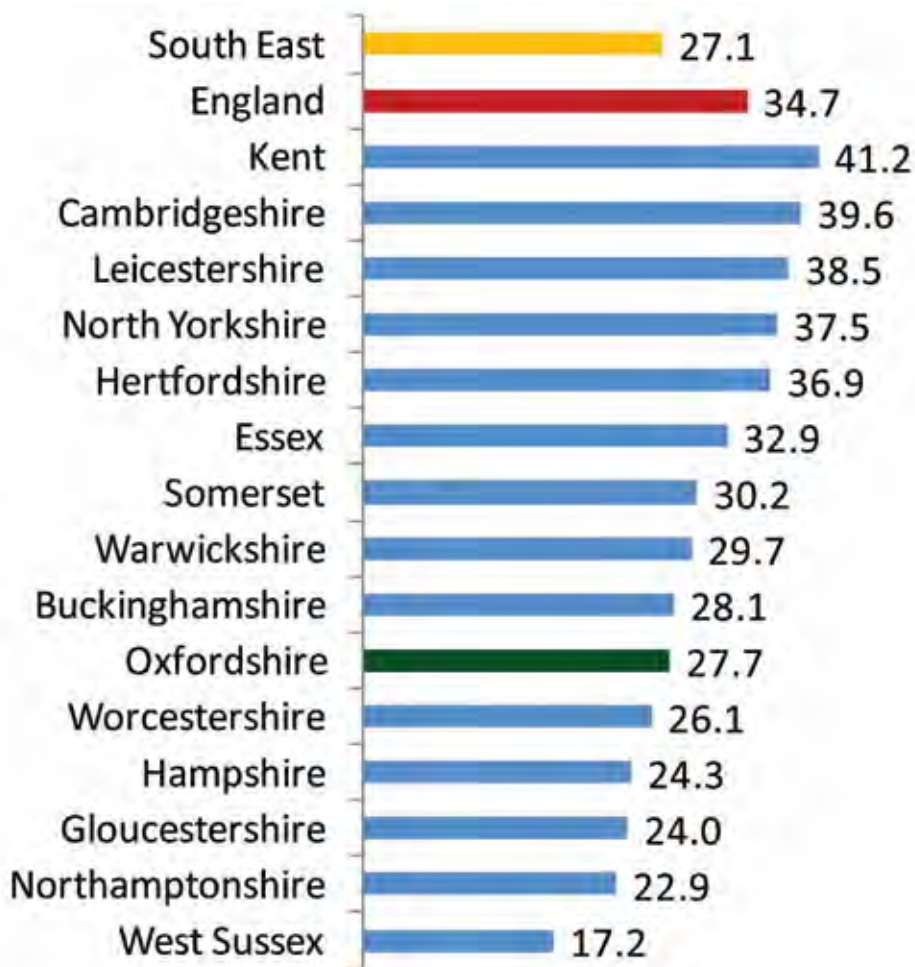
The proportion of people aged 65+ receiving home care services in Oxfordshire has increased since 2001/2. As of March 2008 Oxfordshire ranked 10th out of 16 statistical neighbours – a rate below the national average.

**Figure 20** Older clients aged 65+ receiving home care per 1,000 population



**Older clients aged 65+ receiving Home Care (March 2008)**

**Oxfordshire vs statistical neighbours**



Source: Care Quality Commission, Key Indicators Graphical System, Dr Foster's Intelligence Indicator OA123 Original source: Community Care Statistics Referrals, Assessments and Packages of Care for Adults; Audit Commission (CIPFA) Nearest Neighbours 2009

## Forecast of older-person households

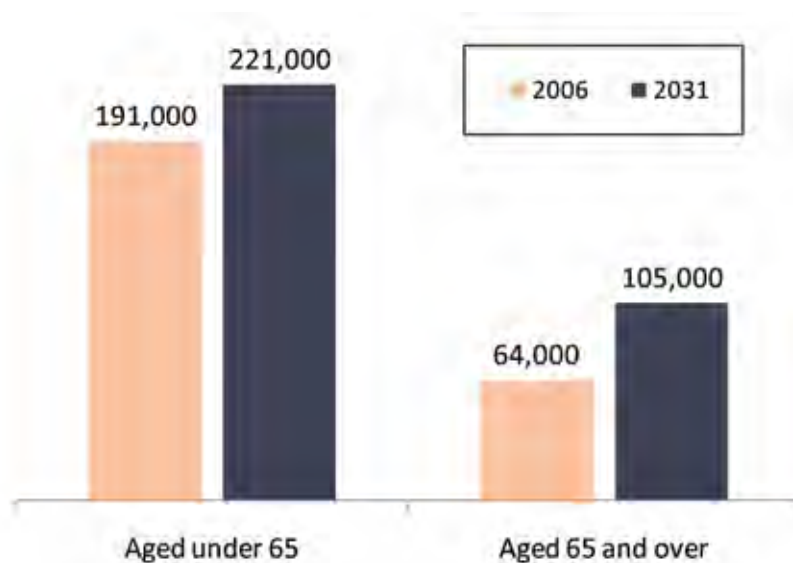
According to the household projections published by the Department of Communities and Local Government, by 2031 a predicted 41,000 additional households will be headed by an older person aged 65+ in Oxfordshire of which 25,000 will be headed by a person aged 75+.

**Table 21** Extract from Household Estimates and Projections – Oxfordshire and Districts

	Households in 2006		Increase in households 2006-31		
	Aged under 65	Aged 65 and over	All Ages	Aged 65 and over	Aged 75 and over
Oxfordshire (County)	191,000	64,000	71,000	41,000	25,000
Cherwell	44,000	13,000	20,000	12,000	7,000
Oxford	44,000	12,000	15,000	0	0
South Oxfordshire	39,000	14,000	10,000	10,000	6,000
Vale of White Horse	34,000	13,000	11,000	9,000	6,000
West Oxfordshire	30,000	11,000	14,000	10,000	6,000

Source: CLG Ilve tables 414 based on ONS 2006-based population projections

**Figure 21** Number of households in Oxfordshire by age of household representative, 2006 and 2031



Source: CLG Ilve tables 414 based on ONS 2006-based population projections. Age of household is based on the household representative – the individual that represents that household – and is usually taken as the oldest male within the household

## **Age UK Oxfordshire says:**

- **the mix of care and housing on offer must be more versatile and affordable**
- **loneliness is a scourge of modern society. With ever-larger numbers of older people living alone there is scope for even greater misery. We have a duty to work together.**
- **telehealthcare is a great win-win, but there is a danger that we do not apply our imagination and energy to what it can do.**

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## **Expert comment**

The stats give the facts.

- **Oxfordshire's six councils can now lead in our providing the action.**
- **Ensure maximum support, independence and dignity for their citizens aged 60+; review all major planning decisions. We have a duty to work together to reduce the impact of this social illness.**
- **Endorse one- or two-bedroom housing, designed for ease of access, inside and outside, with telehealthcare systems and high-speed broadband installed, and well served by public transport to access essential commercial, social and healthcare needs.**
- **Provide and maintain safe footpaths and public toilets in all large villages and urban settings.**
- **Together with the third sector, promote and support intergenerational activities, involving giving and receiving within the community.**

### **Anita Higham**

Retired Principal of Banbury School,  
former PCT Chair, current Member of the Health  
and Well-Being Partnership Board

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# 3

## Employment and money

- In 2008/9 almost half of people aged 50+ in Oxfordshire were economically active – a rate that has increased over the past three years.
- Oxfordshire’s economic activity rate for older people (aged 50+) is above regional and national averages and the county ranks in top place out of 16 statistical neighbours.
- 55 per cent of females aged 50+ in employment in Oxfordshire work part-time compared with 50 per cent nationally
- In 2001, females aged 50–74 made up 20 per cent of the total education workforce and 23 per cent of the total social and health care workforce in Oxfordshire.
- The total number of people claiming Pension Credit in Oxfordshire has remained relatively unchanged since 2005; however, the number of Guarantee Credit claimants has increased each year.
- The rate of total claimants of pension credit in Oxfordshire is below the regional and national averages and ranks 13th out of 16 statistical neighbours. Parts of Banbury and Oxford have relatively high rates.
- 32 of Oxfordshire’s 404 lower super output areas (LSOAs) are within the most deprived 30 per cent nationally on the Income Deprivation Affecting Older People Index (IDAOPI).
- Using the Index of Multiple Deprivation to target deprived areas misses many areas of Oxfordshire with high rates of older people in poverty.

Sources: Office for National Statistics (ONS) - Annual Population Survey; ONS – 2001 Census; Department for Work and Pensions – benefits claimants; Communities and Local Government – Indices of Multiple Deprivation

### Economic activity

According to the ONS Annual Population Survey, in 2008/9 almost half of people aged 50+ in Oxfordshire were economically active.<sup>6</sup>

Over the past three years the economic activity rate for older people (aged 50+) in Oxfordshire has seen a slight increase.

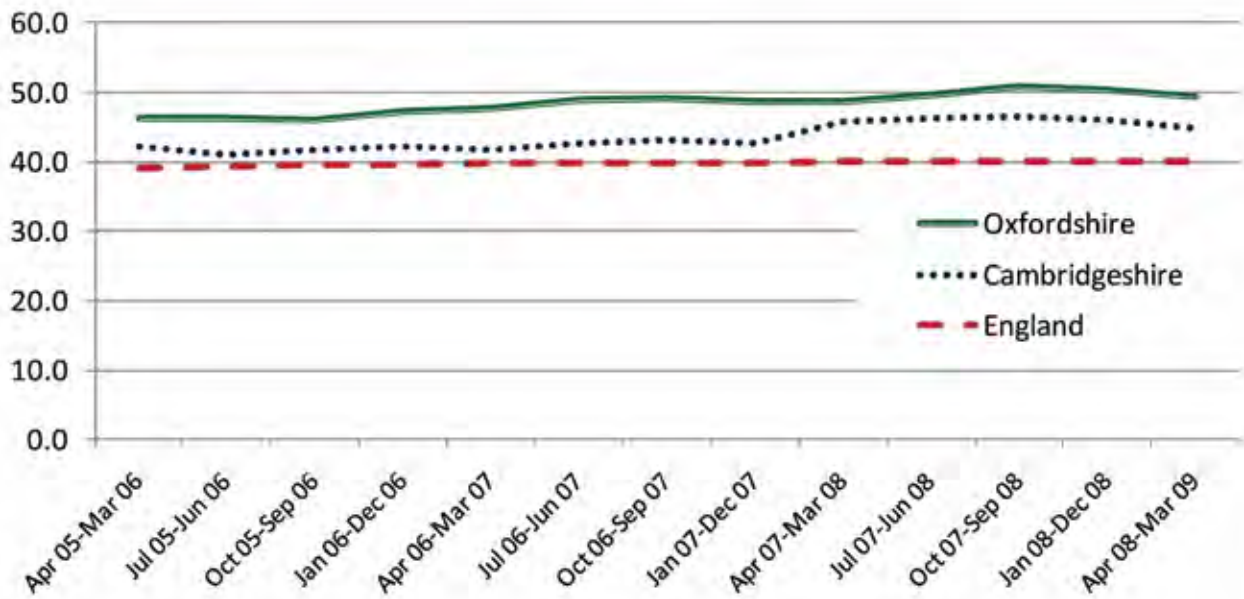
- In the most recent three years of data (April 2005–March 2006 vs April 2008–March 2009) the economic activity rate of people aged 50+ in Oxfordshire increased from 46.3 to 49.5 (+3.2 percentage points). This is above the increase of +2.7 percentage points in Cambridgeshire (Oxfordshire’s nearest statistical neighbour).

### *‘What’s important? Having enough money. Work.’*

- The 3.2 percentage point increase in Oxfordshire is equivalent to an additional 12,500 people aged 50+ active in Oxfordshire’s economy.
- The increase in economic activity of older people appears to be a national trend. The rate increased in England by +1.3 percentage points.

<sup>6</sup> Economically active = employee, self-employed; unemployed; student (also working). Economically inactive = retired; full-time student; looking after home/family; permanently sick/disabled

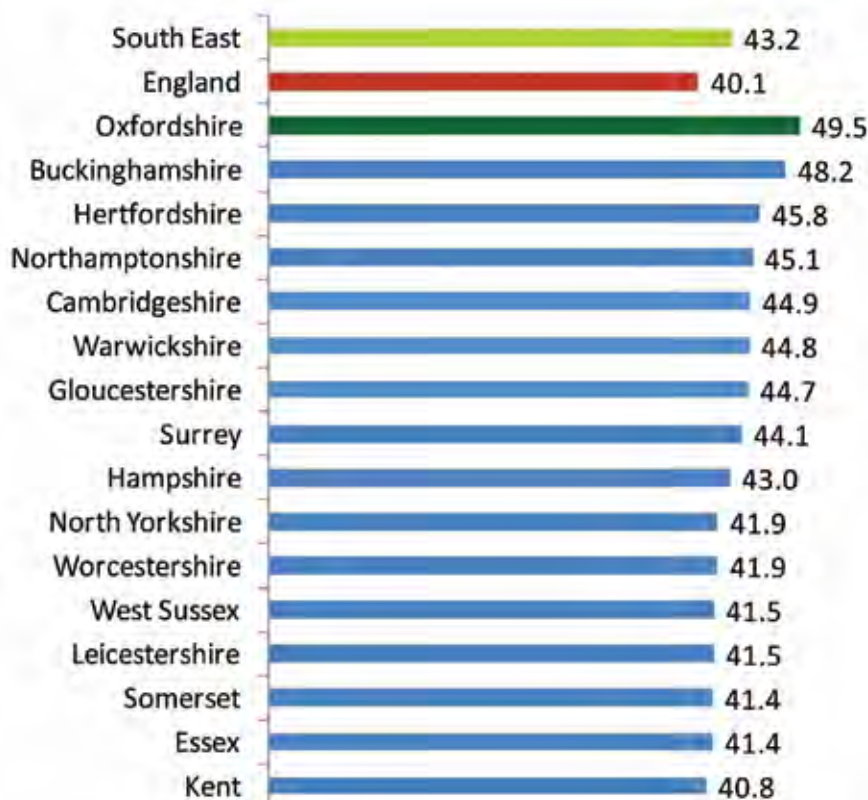
**Figure 22** Economic activity rate of people aged 50+



Source: ONS Annual Population Survey from nomis

Oxfordshire’s economic activity rate for older people (aged 50+) is above regional and national averages and the county ranks first out of 16 statistical neighbours.

**Figure 23** Economic activity rate for people aged 50+ (April 2008 to March 2009)

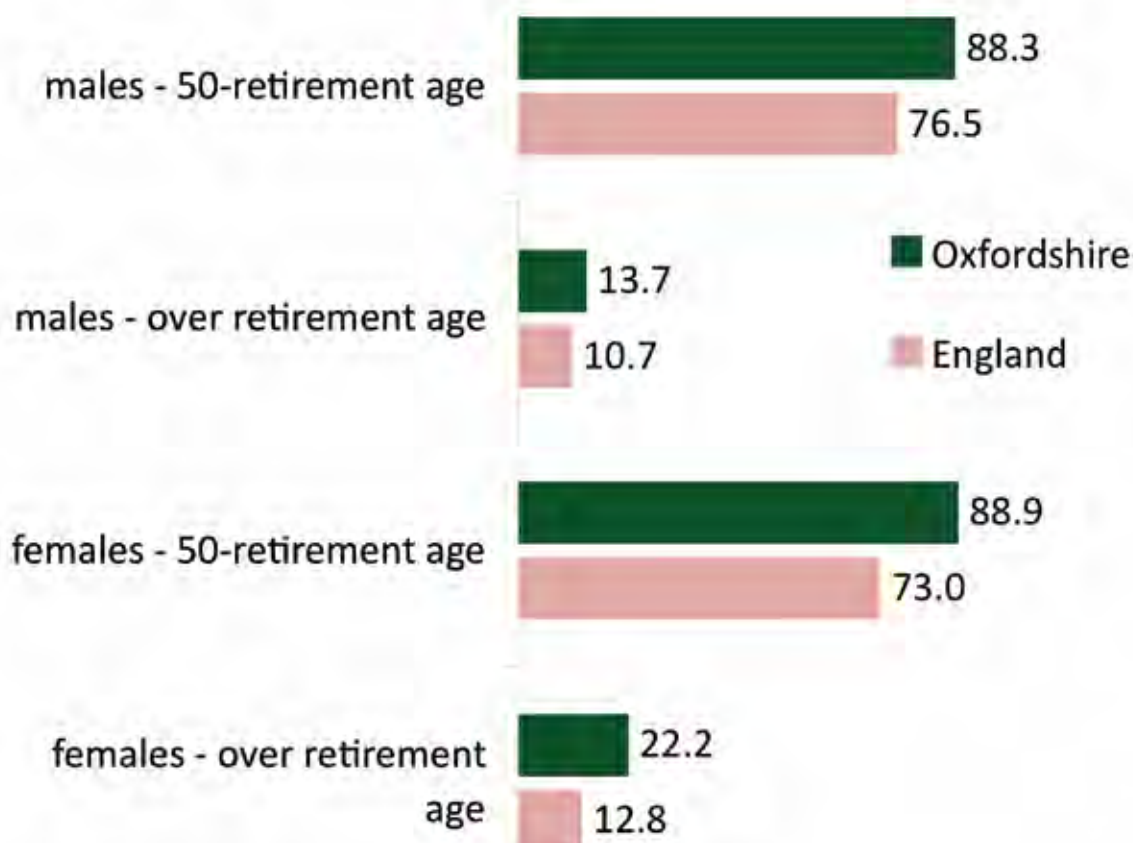


Source: ONS Annual Population Survey from nomis; Audit Commission (CIPFA) Nearest Neighbours 2009

A further breakdown of the economic activity rate shows differences between the Oxfordshire and England rates for both males and females. The biggest differences are in the economic activity rates for females.

<sup>6</sup>Economically active = employee, self-employed; unemployed; student (also working). Economically inactive = retired; full-time student; looking after home/family; permanently sick/disabled

**Figure 24** Economic activity rate for people aged 50+ (April 2008 to March 2009)



Economic activity rate for people aged 50+ (Apr08 to Mar09)

This relatively high economic activity rate for older females may be influenced by the higher proportion of part-time jobs: 55 per cent of females aged 50+ in employment in Oxfordshire work part-time compared with 50 per cent nationally.

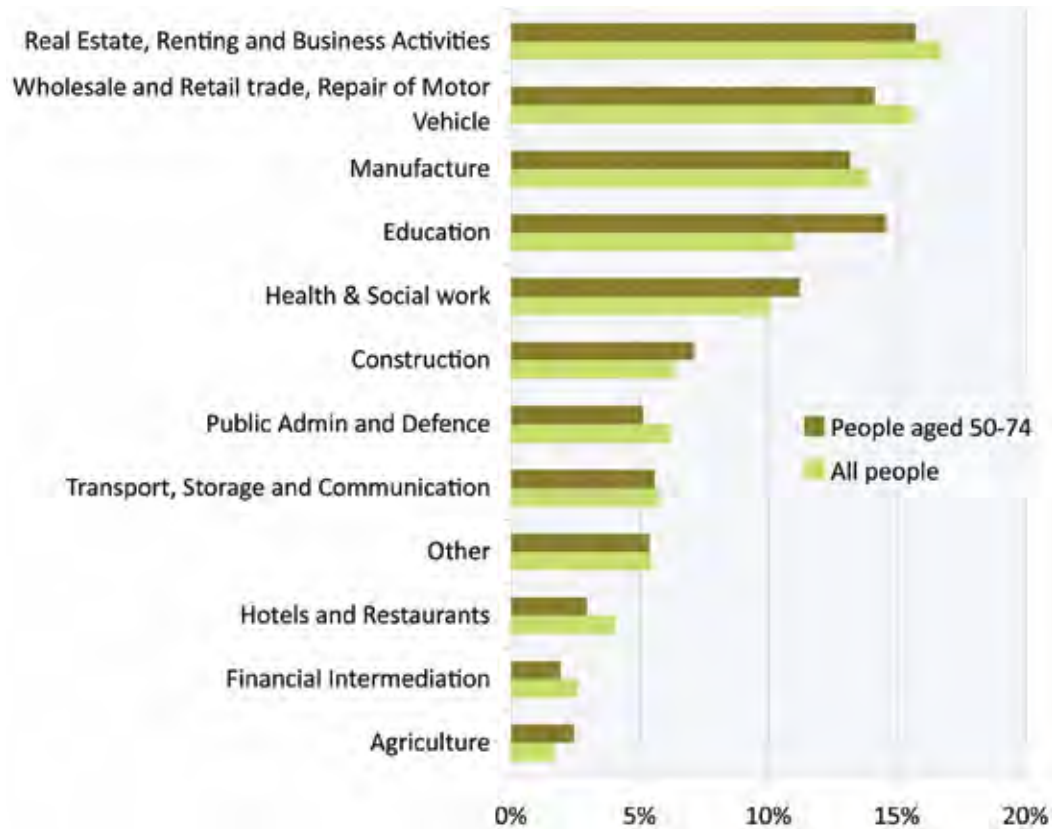
**Table 22** Full-time and part-time workers in Oxfordshire aged 50+ (workplace analysis April 2008 to March 2009)

	Males aged 50+ in employment	Males aged 50+ full time		Males aged 50+ part time		Females aged 50+ in employment	Females aged 50+ full time		Females aged 50+ part time	
England	3,646,700	3,014,900	83%	628,300	17%	2,954,300	1,472,600	50%	1,480,600	50%
South East	623,100	512,600	82%	110,100	18%	530,500	251,900	47%	278,600	53%
Oxfordshire	56,400	46,400	82%	10,000	18%	51,700	23,100	45%	28,500	55%

Source: ONS Annual Population Survey from nomis8

At the time of the Census 2001 survey, a higher proportion of older people than average were employed in education and in health and social work. These two sectors accounted for 26 per cent of the employment of people aged 50–74 compared with 21 per cent of the total workforce.

**Figure 25** Percentage of people employed by industry sector, Oxfordshire 2001

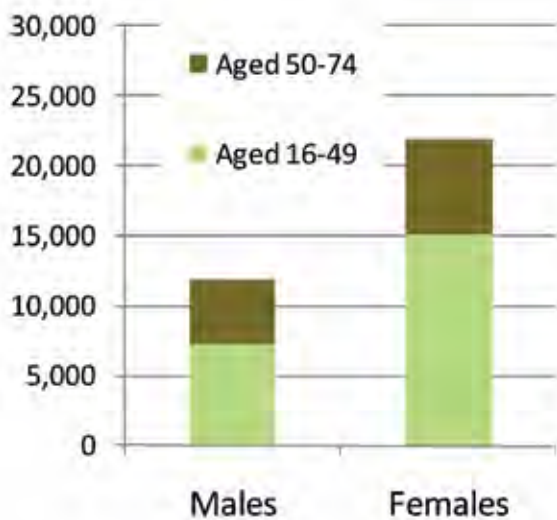


Source: ONS Census 2001 table S36 from nomis

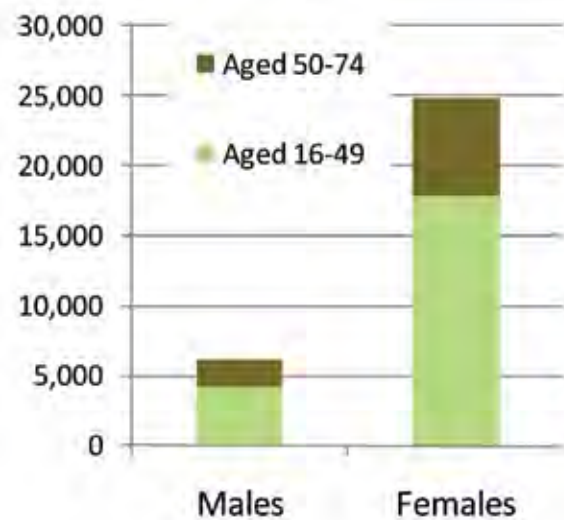
In 2001, females aged 50–74 made up 20 per cent of the total education workforce and 23 per cent of the total social and healthcare workforce in Oxfordshire.

**Figure 26** Number of people employed in education and in health and social care, by age, in Oxfordshire

Education (2001)



Health & Social care (2001)



Source: ONS Census 2001 table S36 from nomis

## Claiming what's yours: Age Concern Oxfordshire's home visiting service

For understandable reasons we have a complex system of entitlements to help people with low income. The causes of poverty are many and the solutions equally various. And in a world where resources are limited we have often had entitlements that are carefully calibrated so that they do not get paid to people who have no need for them: the emotively dubbed 'means-testing' system. This has led different political administrations over time to compile a highly intricate, inter-connected system of tax credits, benefits, allowances and other payments.

When the National Audit Office reviewed pensioner benefits in 2002 (*Tackling Pensioner Poverty: encouraging the take-up of entitlements*) it found a system of multiple benefit entitlements with 36 different linkages between 16 of the benefits. For several reasons – most commonly a lack of full appreciation of one's rights – pensioner benefits often remain in the exchequer, unclaimed. An estimate of unclaimed pensioner benefits puts the annual unclaimed sum in the UK at over £5 billion. We do not know for sure what the disaggregated figure for Oxfordshire is. But taking even a conservative estimate at the lower end we would be talking of over £100 million a year not getting to our older people: money they could and would spend to have a better life. Research shows that older people do in fact spend their credit or benefit money, and on vital personal, social and economic activities.

Since 2002 Age Concern Oxfordshire has helped older people in Oxfordshire receive an additional **£11 million of benefits** by working with them to check their entitlement, helping them to complete claim forms and sort out problems. Benefits can be complicated and the options open to older people can seem confusing, which is why the Home Visiting service has proved such a success and continues to help over 600 people a year. Some benefits are based on a person's health, physical or mental disability, others on the person's financial situation. Benefits are interlinked and everyone is different, which is why this service has provided a vital role to

our community, providing expert advice not otherwise available in such detail.

The Home Visiting service also provides help in the form of information and advice through referrals to our other services and partner agencies, such as the incontinence service, or to provide vital support at a particular time, or to combat isolation and anxiety by supporting a client to become more involved in their community. In the 2009–10 financial year this service has supported 501 people to secure benefits worth over £500,000, and this level of claim is rising.

Take Mrs S ... An advice worker assisted Mrs S to apply for Attendance Allowance (AA) and she was awarded the higher rate. Some months later, Mrs S contacted the advice worker again because she had moved into a care home and needed some help with her benefits. Her AA had ceased because she had moved into a care home. In fact, as a self-funder Mrs S was entitled to AA, but only following the sale of her house. A situation of this kind is subject to a complicated process which the client was expected to navigate herself. Mrs S was in poor health and very frail and could not be expected to understand the process or to know when and how to contact the Department for Work and Pensions (DWP) to ensure that her AA resumed. The advice worker needed to make three visits to the home over a period of 12 weeks, to make calls to the DWP, Pension Service and Post Office accounts helpline to monitor the benefit process and rectify several mistakes that were made. Without this support, Mrs S would not have received the benefit to which she was entitled, and which made a significant contribution towards her care home fees.

The **challenge** in this example is, clearly, why people do not claim what is theirs and why very substantial efforts over the years by the statutory sector have not closed the huge gap between entitlement and successful claim. One thing is clear: it is time for a new partnership for pensioners, with concerted efforts by the pensions, carers and disability services together with local authorities, Citizens Advice, Age UK Oxfordshire and others to redouble our efforts to increase the amount of money older people can use to give themselves a decent, dignified and comfortable life.

# Claiming work and income-related benefits

A range of work- and income-related benefits, including Jobseeker’s Allowance, the state pension and Pension Credit, is available to older people.

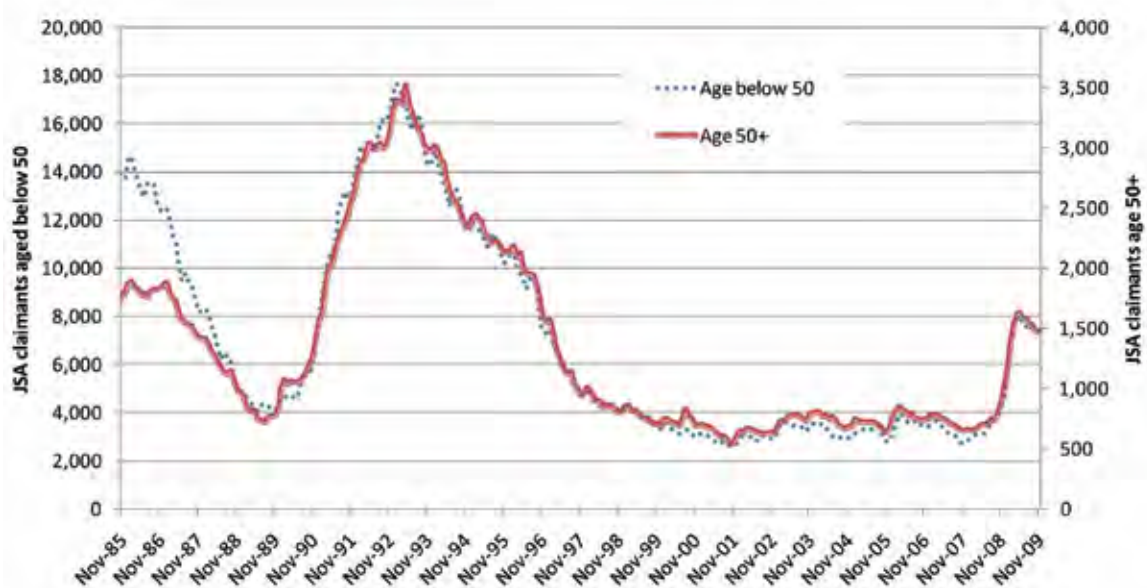
Other benefits related to health and caring are included in chapter 4.

## Jobseeker’s Allowance

As of November 2009 there were 1,480 claimants of Jobseeker’s Allowance aged 50+ in Oxfordshire, equivalent to 0.7 per cent of the 50+ population.

Since the early 1990s the change in older claimants (aged 50+) of JSA has followed a similar pattern to that of claimants aged under 50.

**Figure 27** Claimants of Jobseeker’s Allowance in Oxfordshire (note that chart uses two scales)



Source: Department for Work and Pensions from nomis

## State pension

Almost 100 per cent of those of pension age are in receipt of state pension in Oxfordshire and nationally.

**Table 23** Claimants of Jobseeker’s Allowance in Oxfordshire (note that chart uses two scales)

	<b>Aged 60 - 64 years</b>	<b>Aged 65 - 69 years</b>	<b>Aged 70 - 74 years</b>	<b>Aged 75 - 79 years</b>	<b>Aged 80 - 84 years</b>	<b>Aged 85 and over</b>	<b>Total aged 60+</b>
Oxfordshire State Pension (count)	15,750	26,340	23,180	18,780	13,970	9,430	111,750
Oxfordshire rate	44%	100%	103%*	99%	98%	97%	
England	46%	98%	100%	98%	99%	98%	
South East	45%	99%	100%	98%	99%	98%	

Source: DWP and ONS mid year population estimate from nomis

\*A rate above 100% may indicate a denominator population estimate that is too low.

## Pension Credit

Two types of Pension Credit are available:

- **Guarantee Credit** for people aged 60+ guarantees a minimum income by topping up weekly income to: £132.60 if single; £202.40 with a partner.
- **Savings Credit** for people aged 65+ paid to people on low incomes who have saved for retirement.

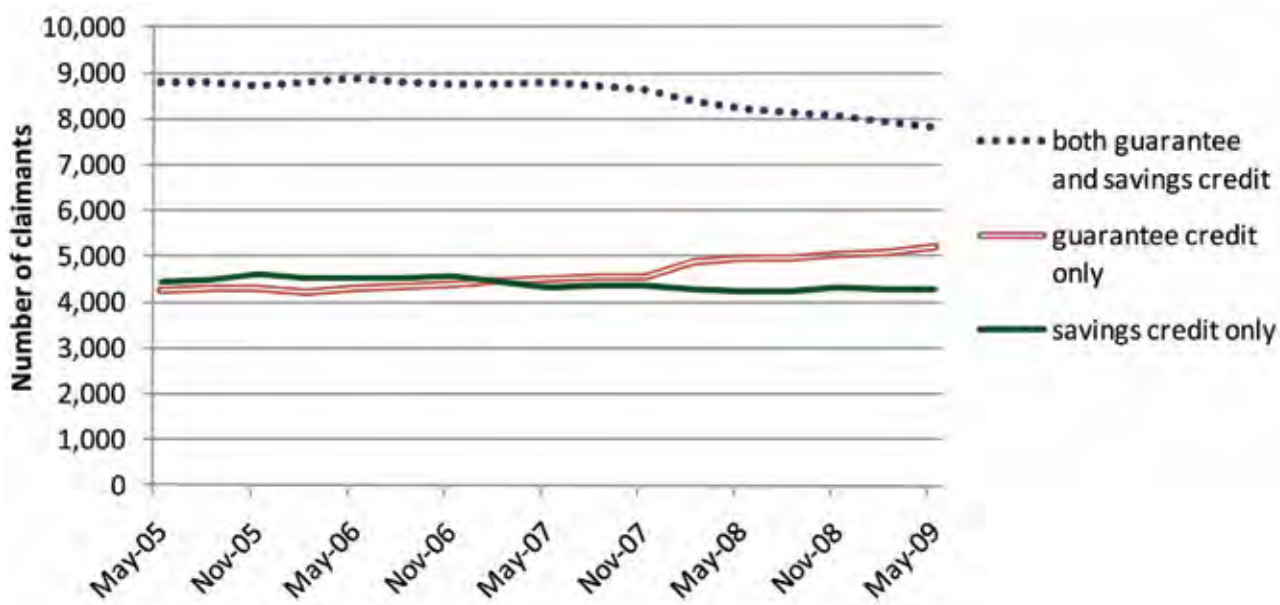
The total number of people claiming Pension Credit in Oxfordshire has remained relatively unchanged since 2005; however, the number of Guarantee Credit claimants has increased each year.

**Table 24** Number of people claiming Pension Credit, Oxfordshire

	May 2005	May 2006	May 2007	May 2008	May 2009	2005 to 2009	
both guarantee and savings credit	8,820	8,890	8,800	8,210	7,830	-990	-12%
guarantee credit only	4,240	4,290	4,500	4,960	5,210	970	24%
savings credit only	4,430	4,510	4,330	4,250	4,270	-160	-5%
Total	17,490	17,680	17,620	17,410	17,310	-180	-1%

Source: DWP from nomis

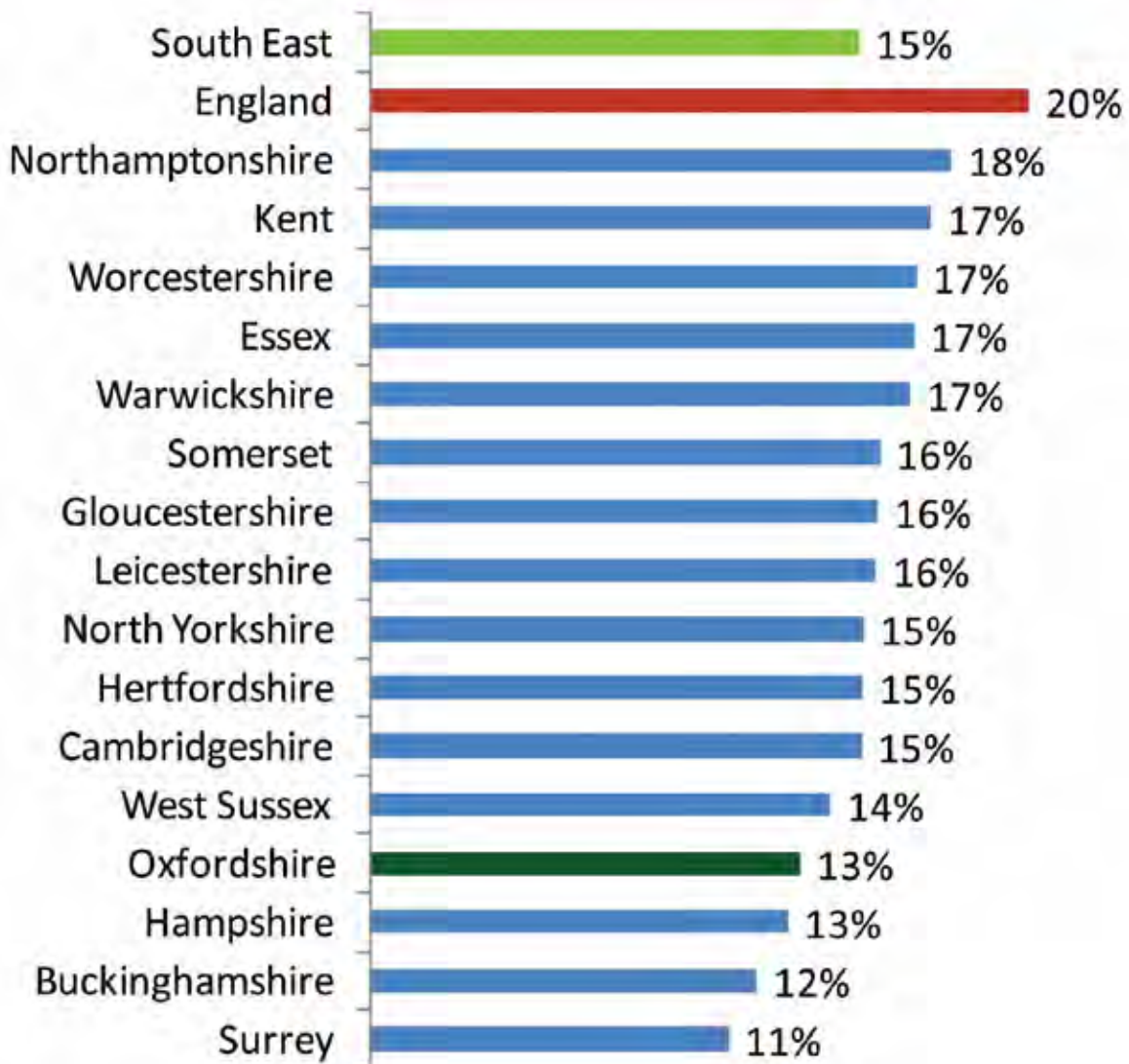
**Figure 28** Number of people claiming Pension Credit, Oxfordshire



Source: DWP from nomis

The rate of total claimants of Pension Credit in Oxfordshire is below the regional and national averages and ranks 13th out of 16 statistical neighbours.

**Figure 29** Total Pension Credit claimants as percentage of 60+ population (May 2009)



Source: DWP and ONS mid-year estimate from nomis; Audit Commission (CIPFA) Nearest

For the Guarantee Credit element only Oxfordshire is ranked 12th out of 16 neighbours.

Wards in Oxford and Banbury, however, have relatively high rates of claimants of pension credit and of those solely claiming the Pension Guarantee element.

- Northfield Brook had an estimated 14 per cent claimants of Pension Credit Guarantee element only, double the rate for Oxford city (7.3 per cent)
- Banbury Ruscote had the highest rate in Cherwell of 11 per cent compared with 4 per cent for Cherwell district as a whole.

**Table 25** Oxfordshire wards with the highest rates of claimants of Pension Guarantee only  
(May 2009)

Ward	Local Authority	60+ pop (OCC projections 2008#)	Pension credit	Pension credit as % of 60+ population	Guarantee element only	Guarantee element as % of 60+ population
Northfield Brook	Oxford	828	255	31%	120	14%
St Clement's	Oxford	607	160	26%	85	14%
St Mary's	Oxford	347	85	25%	45	13%
Cowley Marsh	Oxford	702	150	21%	85	12%
Banbury Ruscote	Cherwell	1,547	410	27%	175	11%
Iffley Fields	Oxford	634	160	25%	70	11%
Barton & Sandhills	Oxford	1,172	315	27%	115	10%
Carfax*	Oxford	594	95	16%	55	9%
Blackbird Leys	Oxford	1,117	300	27%	100	9%
Littlemore	Oxford	1,092	260	24%	90	8%
Banbury Neithrop	Cherwell	1,240	310	25%	100	8%
	CHERWELL	27,868	3,855	14%	1,110	4%
	OXFORD	22,742	4,090	18%	1,595	7%

Source: DWP from nomis

#Oxfordshire County Council resident population projections released August 2009; data option 1 (Abingdon) for Vale of White Horse projections. Note that Oxford Pension Credit data does not include Holywell ward (which had 0 Pension Credit Guarantee claimants in May 2009).

\*The population data for Carfax includes Holywell ward (each ward's population was too low). This means that the rates for Carfax ward are likely to be higher than these estimates indicate.

## Deprivation affecting older people

In 2007 Communities and Local Government published an updated version of the Indices of Multiple Deprivation – a relative measure of deprivation across the country.

Alongside the main IMD are two supplementary Indices measuring income deprivation among children and older people: the Income Deprivation Affecting Children Index (IDACI) and the Income Deprivation Affecting Older People Index (IDAOPI).

The main IMD is a measure of relative deprivation incorporating a wide range of indicators including education, health, employment, environment and services.

The Older People Index, however, focuses on income deprivation and estimates the proportion of older people (aged 60+) who are income-deprived based on:

- adults in Income Support households
- adults in Income Based Jobseeker's Allowance households
- adults in Pension Credit (Guarantee) households

- adults in Working Families Tax Credit households where there are children in receipt of Child Tax Credit whose equivalised income (excluding housing benefits) is below 60 per cent of median before housing costs
- adults in Child Tax Credit households (who are not eligible for IS, Income-Based JSA, Pension Credit or Working Tax Credit) whose equivalised income (excluding housing benefits) is below 60 per cent of median before housing costs
- adults in households in receipt of National Asylum Support Service (NASS) vouchers.

This section summarises the results for the IDAOPI in Oxfordshire and how this compares with the overall IMD.

### Income Deprivation Affecting Older People Index

Thirty-two of Oxfordshire's 404 lower super output areas (LSOAs) are within the most deprived 30 per cent nationally on the Income Deprivation Affecting Older People Index (IDAOPI).

One area (within Carfax ward) is in the most deprived 10 per cent in England and includes 40 per cent income deprived older people (aged 60+).

**Table 26** IDAOPI: number of areas in Oxfordshire within the most deprived deciles nationally

	within 10%	10% to 20%	20% to 30%
Cherwell		4	4
Oxford	1	6	13
South Oxfordshire			1
Vale of White Horse			1
West Oxfordshire			2
Oxfordshire	1	10	21

Source: CLG from IMD2007

**Table 27** Most deprived areas in Oxfordshire on Income Deprivation Affecting Older People Index

LSOA code	District	LSOA name	Income Deprivation Affecting Older People			Retired population*
			National rank	Oxfordshire rank	% of people aged 60+ who are income deprived	M65+/F60+ (2008)
E01028522	Oxford	Carfax 22	7.8%	1	40%	170
E01028514	Oxford	Barton and Sandhills 14	11.2%	2	37%	216
E01028448	Cherwell	Banbury Neithrop 48	11.9%	3	36%	289
E01028568	Oxford	Northfield Brook 68	13.9%	4	34%	220
E01028513	Oxford	Barton and Sandhills 13	14.7%	5	34%	250
E01028436	Cherwell	Banbury Grimsbury & Castle 36	14.9%	6	34%	363
E01028546	Oxford	Iffley Fields 46	16.8%	7	32%	292
E01028441	Cherwell	Banbury Hardwick 41	18.0%	8	31%	244
E01028454	Cherwell	Banbury Ruscote 54	18.9%	9	31%	295
E01028580	Oxford	St Clement's 80	19.1%	10	31%	114
E01028587	Oxford	St Mary's 87	19.3%	11	30%	110

Source: CLG from IMD2007; LSOA = Lower Super Output Area (areas smaller than wards);  
 \*Population estimate from ONS (experimental) – the 60+ age range is not available from these estimates

## Index of Multiple Deprivation

The Index of Multiple Deprivation is a composite index from indicators across seven 'domains' of:

- income
- employment
- health
- education, skills and training
- barriers to housing and services
- crime
- living environment.

In Oxfordshire there are 27 lower super output areas within the 30 per cent most deprived nationally on the Index of Multiple Deprivation 2007 (no areas are ranked within the 10 per cent most deprived).

**Table 28** IMD2007: number of areas in Oxfordshire within the most deprived deciles nationally

	<b>within 10%</b>	<b>10% to 20%</b>	<b>20% to 30%</b>
Cherwell		4	4
Oxford	1	6	13
South Oxfordshire			1
Vale of White Horse			1
West Oxfordshire			2
Oxfordshire	1	10	21

Source: CLG IMD2007

## Comparison of IDAOPI and IMD

This section compares the relative rankings of areas on the IMD 2007 and on the IDAOPI to establish whether a focus on the most deprived areas according to the IMD will also include the most income-deprived older people.

Mapping the Income Domain Affecting Older People against the Index of Multiple Deprivation shows that:

- the top three most deprived areas in Oxfordshire on the IMD are also ranked as deprived on the IDAOPI
- Banbury Ruscote 50 and Blackbird Leys 17 are ranked as deprived on the IMD but not on the IDAOPI
- areas that are ranked as deprived on the IDAOPI but not on the IMD include:  
 Carfax 22; Banbury Neithrop 48, Banbury Grimsbury & Castle 36, Iffley Fields 46,  
 Banbury Hardwick 41, Banbury Ruscote 54, St Clement's 80, St Mary's 87.

**Table 29** Most deprived areas in Oxfordshire sorted on IMD2007

District	LSOA name	Income Deprivation Affecting Older People			IMD2007
		National rank	Oxfordshire rank	% of people aged 60+ who are income deprived	National rank
Oxford	Northfield Brook 68	13.9%	4	34%	11.4%
Oxford	Barton and Sandhills 13	14.7%	5	34%	12.4%
Oxford	Barton and Sandhills 14	11.2%	2	37%	13.3%
Oxford	Blackbird Leys 20	40.6%	55	20%	14.1%
Oxford	Northfield Brook 69	40.2%	52	20%	14.3%
Cherwell	Banbury Ruscote 50	63.8%	138	13%	16.7%
Cherwell	Banbury Ruscote 54	18.9%	9	31%	16.8%
Oxford	Blackbird Leys 18	30.2%	34	24%	17.2%
Oxford	Rose Hill and Iffley 76	24.1%	21	27%	17.3%
Oxford	Rose Hill and Iffley 77	23.9%	20	28%	17.7%
Oxford	Littlemore 52	25.5%	24	27%	18.8%
Oxford	Blackbird Leys 17	75.2%	208	10%	19.3%

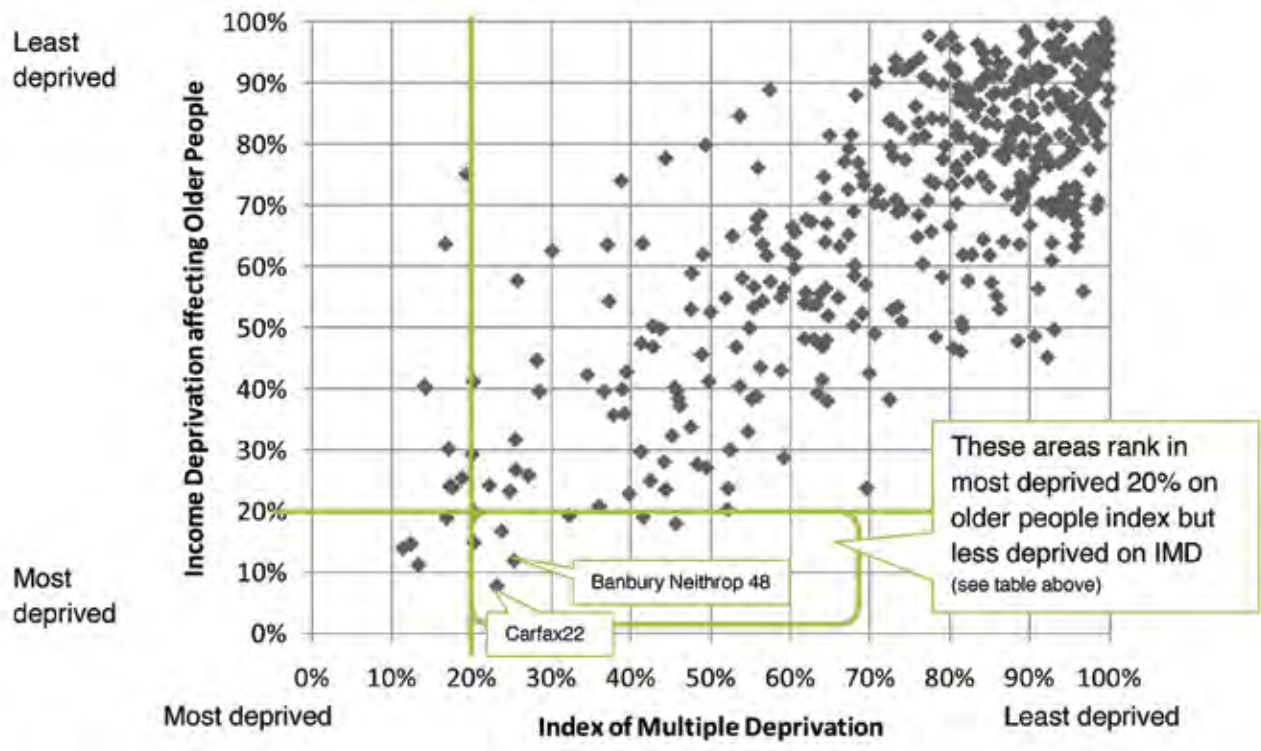
Source: CLG IMD2007

**Table 30** Most deprived areas in Oxfordshire sorted on Income Domain Affecting Older People

District	LSOA name	Income Deprivation Affecting Older People			IMD2007
		National rank	Oxfordshire rank	% of people aged 60+ who are income deprived	National rank
Oxford	Carfax 22	7.8%	1	40%	23.2%
Oxford	Barton and Sandhills 14	11.2%	2	37%	13.3%
Cherwell	Banbury Neithrop 48	11.9%	3	36%	25.3%
Oxford	Northfield Brook 68	13.9%	4	34%	11.4%
Oxford	Barton and Sandhills 13	14.7%	5	34%	12.4%
Cherwell	Banbury Grimsbury & Castle 36	14.9%	6	34%	20.3%
Oxford	Iffley Fields 46	16.8%	7	32%	23.7%
Cherwell	Banbury Hardwick 41	18.0%	8	31%	45.6%
Cherwell	Banbury Ruscote 54	18.9%	9	31%	16.8%
Oxford	St Clement's 80	19.1%	10	31%	41.5%
Oxford	St Mary's 87	19.3%	11	30%	32.2%
Oxford	Blackbird Leys 17	75.2%	208	10%	19.3%

Source: CLG IMD2007

**Figure 30** Mapping of all 404 Lower Super Output Areas in Oxfordshire on IDAOPI and IMD2007



Source: CLG IMD2007



## *Age UK Oxfordshire says:*

- **older people often want to go on working. We call for a Senior Entrepreneurs' Challenge to promote self-employment...**
- **...and a crusade against ageism at work**
- **face-to-face help (including over the phone) is the best way of getting money to people. A new partnership is called for across the agencies.**

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## *Expert comment*

For a predominantly rural county Oxfordshire is fortunate in the range of employment opportunities it can offer, as is shown in its ranking in figure 23.

But there is a world of difference between some older workers and others.

Some stay in work because they choose to and they also have the prospect of a reasonable pension Others need to work because they have no pension or their pension has been shot to pieces. The statistics show that many of the older workers are part-time. Some choose to work part-time, while others go part-time because it is the only work they can get – often in roles that do not make good use of their skills and experience.

For jobseekers over 50 it can be really tough. This is reflected in the high proportion of them who stay unemployed for a year or more. That's where our efforts should be concentrated, because poverty for a 50+ jobseeker is followed by poverty in old age.

### **Patrick Grattan**

former Chief Executive  
of The Age and Employment Network

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# 4

## Health and well-being

- Life expectancy at birth (2006/8) in all Oxfordshire districts is significantly above the England average, with the exception of life expectancy for males in Oxford city.
- The rate of limiting long-term illness in the 50+ population (2001) is comparatively high in Oxford city overall and particularly for males in each of the age groups 50–59, 60–74 and 75–84.
- In August 2007, 36 per cent of Oxfordshire's GP patients aged 65+ were registered with muscular skeletal conditions, followed by 28 per cent with circulatory disease/heart failure.
- Rates of older claimants of health-related benefits in Oxfordshire were well below average; however, some wards in Oxford and Banbury have significantly higher rates.
- Although the number of pensioners claiming Carer's Allowance is low there is an increasing trend both in Oxfordshire and nationally.
- West Oxfordshire had the highest number of excess winter deaths in 2007/8 in Oxfordshire and was ranked 56 out of 348 local authorities.
- Data for 2006/7 show that Oxfordshire had a rate of emergency admissions for hip fractures in people aged 65+ above the regional and national averages and ranked second out of its 16 statistical neighbours. The highest rate was in South Oxfordshire district.
- Recent data from the Oxfordshire PCT show a decline in hip fractures in older people from 2006 to 2008.
- Older people are less likely to take part in sport but are more likely to eat healthily.
- Comparing survey results for England and data from Oxfordshire GP practices indicates a lower rate of older female smokers in Oxfordshire than the national average.

Sources: Office for National Statistics (ONS) – Life expectancy and General Household Survey; Association of Public Health Observatories – selected health profile variables; Department for Work and Pensions – health-related benefits; Oxfordshire Primary Care Trust – Assessment of Healthcare Needs of Older People and other data; Department of Health – Health Survey for England; NHS Information Centre Compendium of Clinical and Health Indicators; Sport England; South East Public Health Observatory

### 'So I'm not in this alone then?'

Dementia is a syndrome caused by several illnesses in which there is a progressive decline in multiple areas of function, including decline in memory, reasoning, communication skills and the ability to carry out daily activities. It becomes more prevalent in an ageing population because its incidence rises with age, to a risk of 1 in 5 at the age of 80. Some

750,000 people in the UK have dementia, and this number is predicted to double in 30 years. The national cost is in the region of £20 billion a year, and is expected to treble in that same time period.

In Oxfordshire some 7,300 people have dementia: 98 per cent of them are older people. One big challenge for us is that only one-third of these people will have had a proper

diagnosis, without which they cannot access specialised support and get a vital helping hand on a journey that will last several years and invariably be terminal.

With any form of dementia comes a disruption of normal human relationships and indeed personality change. You lose your loved one as you knew them. So it is vital to be reassured, and to realise that you are not alone.

Since 2001 Meg Barbour has been running lunches for people affected by dementia, their carers, and former carers. Initial funding came from an Alzheimer's Society 'After Dementia' Millennium award, made to Meg personally. As such, the lunches were not an Alzheimer's Society activity (they were not allowed to be). They were independent and have remained so, making them an excellent example of a peer support service run by and for users/carers. The lunches are held every month or so and are extremely successful, with at least 80 people attending each time. Meg also organises holidays for people with dementia and their carers, often the only holiday they get.

The lunches are free to the person with dementia and their carer. The Alzheimer's Society has supported the costs of the project with a grant, and there has been support from the community. So the direct costs are minimal. But their value is incalculable. The diagnosis of dementia changes life dramatically and permanently. For the carer the experience, however precious, involves enormous sacrifice and often terrible isolation. These simple

.....

***'Health is the main thing. If you haven't got your health, you haven't got a good quality of life.'***

.....

gatherings help people realise they are not alone. Lunch clubs of this kind take place in Risinghurst, Summertown and elsewhere in the country, and are often a key event in someone's life.

As a county we all have a role to play: from specialised health services and community care staff to the thousands of us who are either drawn into helping or perhaps who feel it is our duty to get more involved. It is clear that tiny sums of money – for example, public money in support of groups, clubs or face-to-face help – triggers a big voluntary effort. And such effort can make a huge difference.

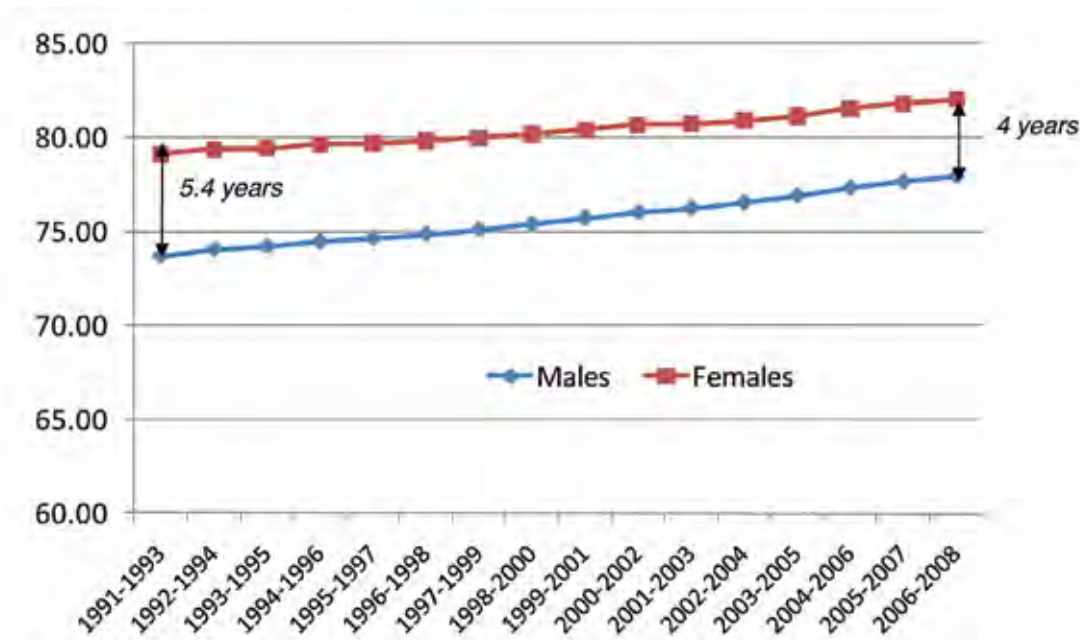
As the figure quoted above shows, dementia is a massive cost to society and to taxpayers. But maybe the **challenge** of dementia in Oxfordshire goes even beyond that. The 7,300 people affected in the county in 2010 need our help. Our response as a community will be a test of our decency as a county. Age UK Oxfordshire will continue to be there to help.



# Life expectancy and limiting long-term illness

Between 1991–3 and 2006–8, average life expectancy in England increased by 4.2 years for males and by 2.9 years for females, reducing the gender gap to 4 years.

**Figure 31** Life expectancy trend, England



Source: ONS

Life expectancy in 2006–8 in Oxfordshire was lowest in Oxford city for males and females with Oxford ranked 225 out of 432 local authorities on male life expectancy. Vale of White Horse had a relatively high female life expectancy – ranked 7th of 432.

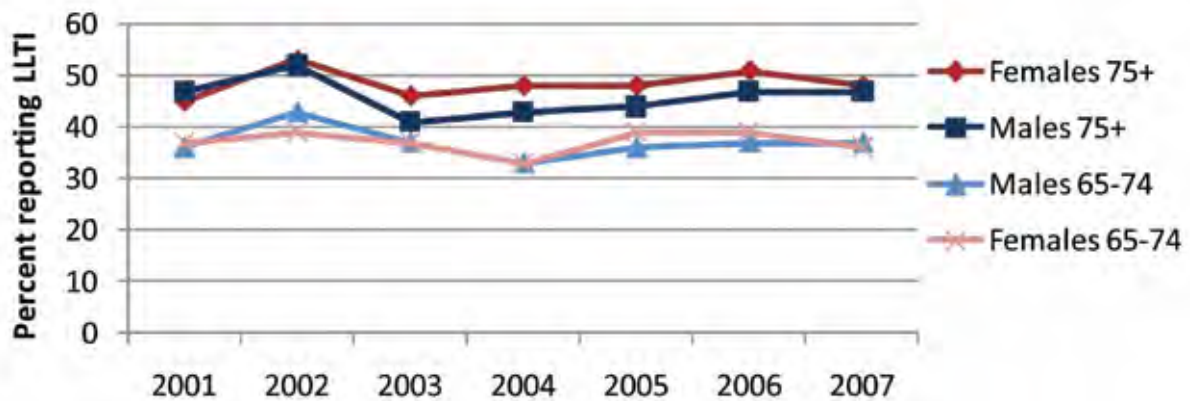
**Table 31** Life expectancy at birth 2006–8

	Male				Female			
	Life expectancy at birth	Lower confidence limit	Upper confidence limit	Rank order*	Life expectancy at birth	Lower confidence limit	Upper confidence limit	Rank order*
Cherwell	78.7	78.1	79.3	167	83.5	83.0	84.1	65
Oxford	78.0	77.3	78.7	225	82.8	82.1	83.4	144
South Oxon	79.6	79.0	80.2	74	83.4	82.8	83.9	73
Vale of White Horse	79.9	79.3	80.6	52	84.6	84.1	85.2	7
West Oxon	79.4	78.7	80.1	97	83.7	83.2	84.3	50
England	77.93	77.90	77.96		82.02	82.00	82.05	

Source: ONS; \*1 = highest, 432 = lowest

According to the ONS General Household Survey, since the year of the last Census in 2001 there has been little change in the overall percentage of older men and women reporting limiting long-term illness in Great Britain.

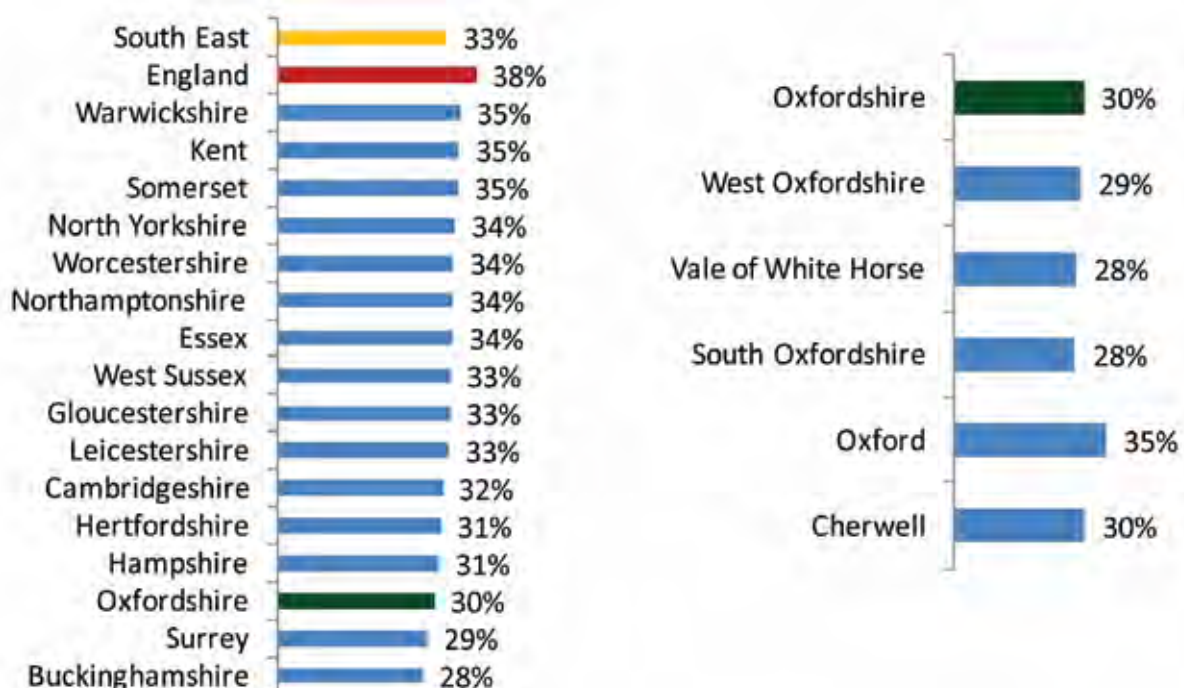
**Figure 32** Percentage of older males and females reporting limiting long-term illness, Great Britain



Source: ONS General Household Survey chapter 7 table 7.2

At the time of the Census 2001 survey, 30 per cent of people aged 50+ in Oxfordshire had a self-reported limiting long-term illness,<sup>7</sup> a rate below the regional and national averages and ranking 14th out of 16 statistical neighbours. **The rate in Oxford city (35 per cent) was above the regional and county average.**

**Figure 33** Percentage of people aged 50+ with limiting long-term illness (2001)

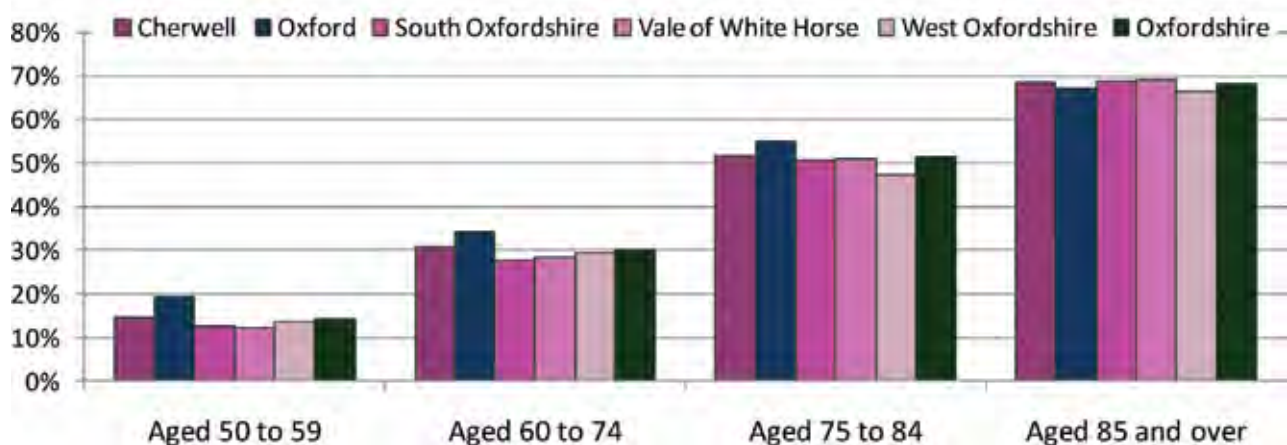


Source: ONS Census 2001 table T05 from nomis; Audit Commission (CIPFA) Nearest Neighbours 2009

<sup>7</sup>The Census question was 'Do you have any long-term illness, health problem or disability which limits your daily activities or the work that you can do? Include problems which are due to old age'

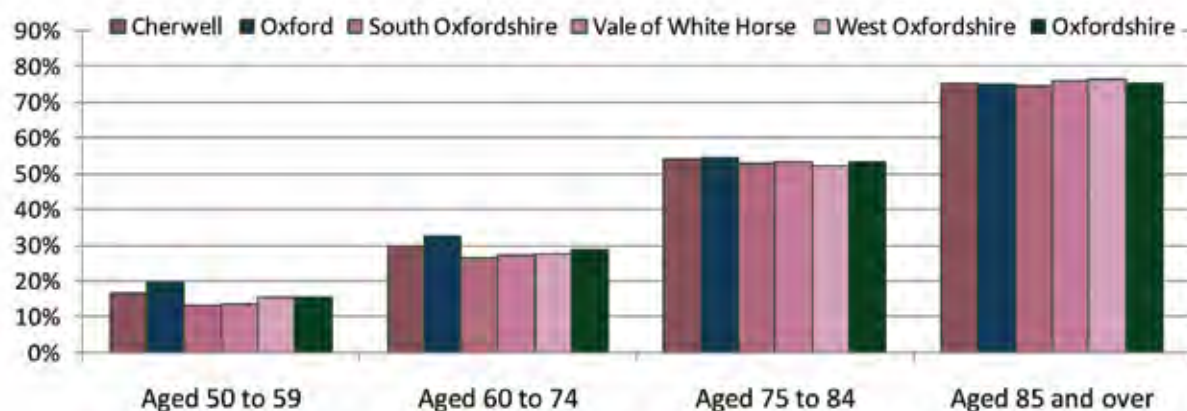
A further breakdown of limiting long-term illness by age and gender shows Oxford city with higher rates of LLTI, particularly in the age groups 50–59 and 60–74.

**Figure 34** Rate of limiting long-term illness by age, 2001: males



Source: ONS Census 2001 table T05 from nomis

**Figure 35** Rate of limiting long-term illness by age, 2001: females



Source: ONS Census 2001 table T05 from nomis

## Health conditions in the older population

The 2008 Assessment of Healthcare Needs for Older People in Oxfordshire included an analysis of the health conditions of 92,000 patients aged 65+ registered to GP practices in Oxfordshire as at 31 August 2007.

As shown in summary table 33, this study found that 36 per cent of Oxfordshire patients aged 65+ were registered with muscular skeletal conditions, followed by 28 per cent with circulatory disease/heart failure.

**Table 32** Number of cases recorded by GP practices in Oxfordshire by health condition (31 August 2007)

Category	Health condition	Number of cases (2007)	% of 65+ population registered with Oxfordshire GP Practices*
Muscular Skeletal	Osteoarthritis	24,150	26.3%
Endocrinology	Type 2 diabetes	10,028	10.9%
Circulatory disease / heart failure	Angina	7,837	8.5%
Respiratory disease	Asthma	6,402	7.0%
Circulatory disease / heart failure	Myocardial Infarction (MI)	5,228	5.7%
Muscular Skeletal	Osteoporosis	4,739	5.2%
Respiratory disease	Chronic Obstructive Pulmonary disease (COPD)	4,648	5.1%
Circulatory disease / heart failure	Transient Ischemic Attack (TIA)	4,609	5.0%
Circulatory disease / heart failure	Stroke	4,601	5.0%
Neurological	Neurological	4,070	4.4%
Circulatory disease / heart failure	Heart failure	3,862	4.2%
Mental health	Anxiety and/or depressive illness in last 12 months	2,830	3.1%
Cancer	Cancer	2,430	2.6%
Mental health	Dementia	2,406	2.6%
Muscular Skeletal	Fractured hip	2,219	2.4%
Muscular Skeletal	Rheumatoid arthritis	1,586	1.7%
Neurological	Parkinson's disease	1,087	1.2%
Mental health	Schizophrenia	655	0.7%
Endocrinology	Type 1 diabetes	415	0.5%
	Palliative care	364	0.4%
Mental health	Bipolar affective disorder	321	0.3%
Mental health	Diagnosis of alcohol abuse in the last 12 months	121	0.1%

Source: Oxfordshire PCT from Joint Assessment of Healthcare Needs for Older People in Oxfordshire \*registered patients aged 65+ as at 1 April 2007 at the 82 GP practices in Oxfordshire = 91,793 patients (55% female and 45% male)

**Table 33** Number of cases recorded by GP practices in Oxfordshire by category (31 August 2007)

Category	Including health conditions.	Number of cases (2007)	% of 65+ population registered with Oxfordshire GP Practices
Muscular Skeletal	Osteoarthritis, Osteoporosis, Hip fracture, Rheumatoid arthritis	32,694	36%
Circulatory disease / heart failure	Angina, heart failure, stroke	26,137	28%
Respiratory disease	Asthma, COPD	11,050	12%
Endocrinology	Type 1 and 2 diabetes	10,443	11%
Mental health	Anxiety, depression, dementia, schizophrenia, bipolar affective disorder	6,333	7%
Neurological	Parkinson's, other neurological	5,157	6%
Cancer	Cancer	2,430	3%

Source: Oxfordshire PCT from Joint Assessment of Healthcare Needs for Older People in Oxfordshire

## Dementia

According to a Medical Research Council Cognitive Function and Ageing Study<sup>8</sup> (CFAS), 'the increase in incidence of dementia with age is marked for both sexes, and continues into the oldest age groups'.

- The study used identical methods in five sites, two in rural areas and three in cities (Cambridgeshire, Nottingham, Gwynedd, Newcastle and Oxford).

From this study it is estimated that approximately 163,000 new cases of dementia occur in England and Wales each year.

**Table 34** Incidence rate of dementia per 1,000 person years with 95 per cent confidence intervals (all centres combined), 2005

Age group	Men		Women		Men & Women	
65-69	6.9	(3.3-14.5)	6.3	(2.9-15.6)	6.7	(3.8-12.4)
70-74	14.5	(7.4-34.1)	6.1	(2.8-12.6)	10.3	(6.2-19.9)
75-79	14.2	(6.7-25.1)	14.8	(8.5-25.1)	14.5	(9.6-20.7)
80-84	17.0	(6.7-34.1)	31.2	(21.2-34.1)	26.5	(18.3-37.7)
85+	58.4	(27.3-96.7)	71.7	(52.0-96.7)	68.5	(52.5-88.1)

Source: Medical Research Council Cognitive Function and Ageing Study

According to the Oxfordshire Mental Health Needs Assessment of 2007<sup>9</sup> there are no recent Oxfordshire surveys on the prevalence of mental illness among older people in the country

<sup>8</sup> Matthews F, Brayne C, Investigators MRC CFAS (2005) The incidence of dementia in England and Wales: findings from the five identical sites of the MRC CFA Study. *PLoS Med* 2(8): e193

<sup>9</sup> *Mental Health Needs Assessment of Older People in Oxfordshire*, Dr Uy Hoang, Oxfordshire Primary Care Trust, October 2007

## Claiming health-related benefits

Health-related benefits include:

- **Incapacity Benefit** – a weekly payment for people who become incapable of work while under state pension age. From October 2008 for new claimants this has been replaced by Employment Support Allowance.
- **Severe Disablement Allowance** – replaced by Incapacity Benefit for new claimants from 2001.
- **Disability Living Allowance** – for people aged under 65 who need help with personal care or have walking difficulties because they are physically or mentally disabled.
- **Attendance Allowance** – for people aged 65+ who need help with personal care.
- **Carer's Allowance** – to help people who look after someone who is disabled (do not have to be related to, or live with, the person that is cared for).

Rates of older claimants of health-related benefits in Oxfordshire are well below the national averages.

**Table 35** Summary of rate of older claimants of health-related benefits (May 2009)

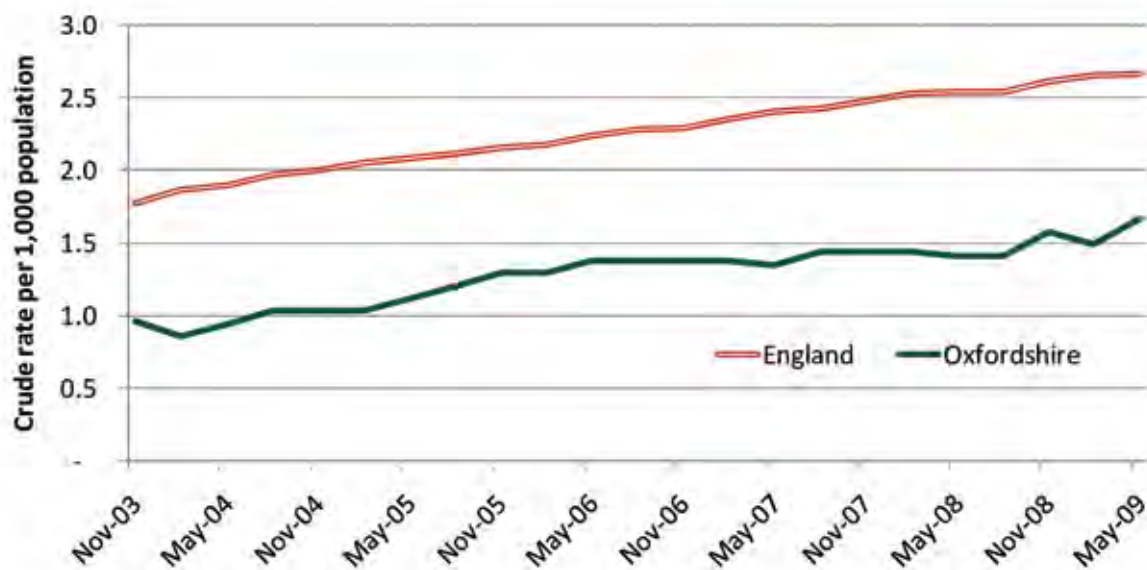
Benefit type	Source of data	Oxfordshire		England
		Count	Rate per 1,000	Rate per 1,000
Incapacity Benefit/ Severe Disablement Allowance claimants aged 50+	DWP from nomis	5,480	26.5	51.8
Disability Living Allowance claimants aged 50+	DWP from nomis	8,700	42	81
Attendance Allowance total (aged 65+)	DWP from DWP tabulation tool	12,830	134	160
Pensioners claiming Carer's Allowance	DWP from nomis	180	1.6	2.6

Source: DWP

Rates of older claimants of Incapacity Benefit/Severe Disablement Allowance have been declining in Oxfordshire and nationally as these are replaced by Employment Support Allowance for new claimants.

Although the number of pensioners claiming Carer's Allowance is low (180 claimants of pension age in Oxfordshire in May 2009) there is an increasing trend both in Oxfordshire and nationally (see following chart).

**Figure 36** Summary of rate of older claimants of health-related benefits (May 2009)



Source: DWP from nomis

Some wards in Oxford city and Banbury have significantly higher rates of older people claiming health-related benefits.

**Table 36** Older claimants of health benefits – wards in Oxfordshire with high rates (May 2009)

		Disability Living Allowance aged 50+		Incapacity Benefit / Severe Disablement Allowance aged 50+	
		Count	Rate per 1,000	Count	Rate per 1,000
Carfax	Oxford	65	6.29	85	8.23
Northfield Brook	Oxford	160	13.37	95	7.94
Littlemore	Oxford	190	11.24	130	7.69
St Mary's	Oxford	60	9.11	50	7.59
Blackbird Leys	Oxford	175	10.58	120	7.26
Barton and Sandhills	Oxford	180	9.75	125	6.77
St Clement's	Oxford	65	6.57	60	6.07
Iffley Fields	Oxford	90	8.38	65	6.05
Banbury Grimsbury and Castle	Cherwell	210	8.13	150	5.81
Banbury Ruscote	Cherwell	230	9.46	140	5.76
Cowley Marsh	Oxford	80	7.50	60	5.62

Source: DWP from nomis; denominator is Oxfordshire County Council resident population projections released August 2009; data option 1 (Abingdon) for Vale of White Horse projections. Data on Carer's Allowance is not available by ward

# Excess winter deaths

## Winter mortality

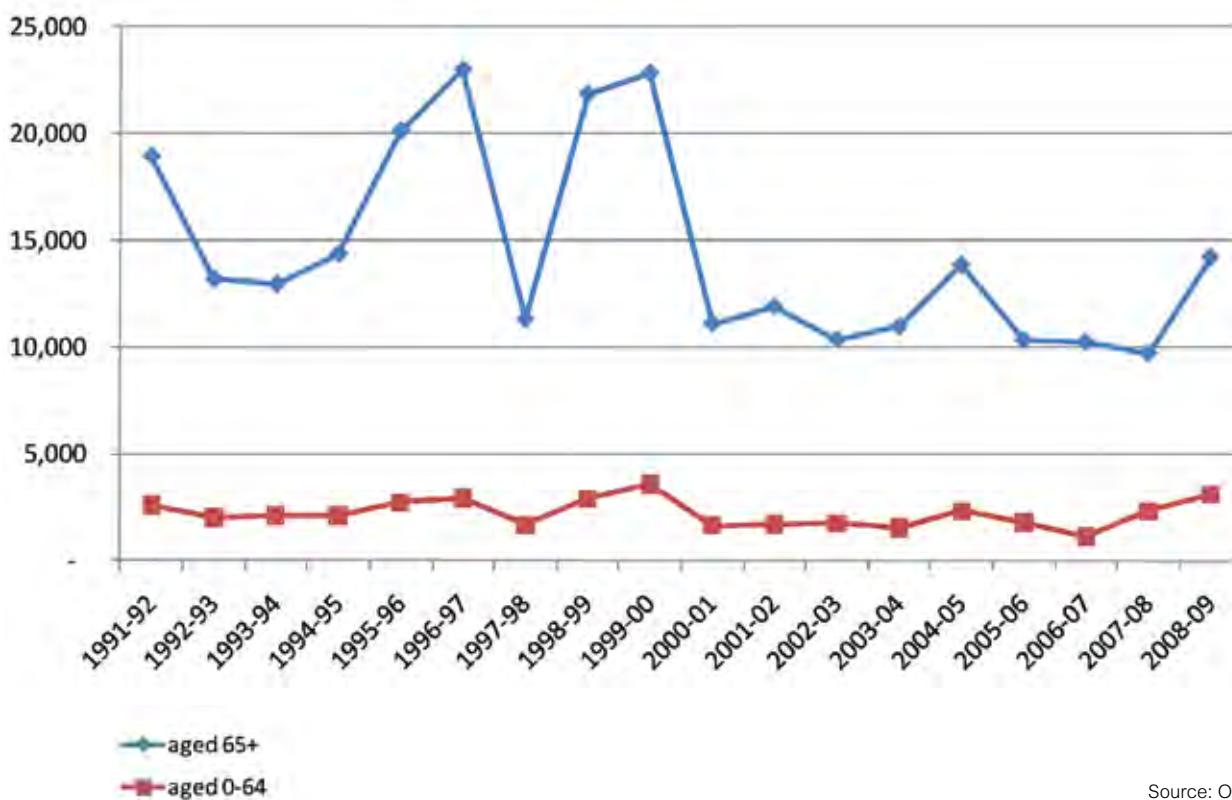
The number of extra deaths occurring in winter varies depending on temperature, the level of disease in the population, and other factors. Increases in deaths from respiratory and circulatory diseases are responsible for most of the excess winter mortality. Influenza is often implicated in winter deaths as it can cause complications such as bronchitis and pneumonia, especially in the elderly, although relatively few deaths are attributed to influenza itself.

According to the Health Protection Agency (HPA), influenza activity started early and reached moderate levels during the winter of 2008/9, but did not reach the epidemic levels seen in the winter of 1999/2000.

Office for National Statistics <http://www.statistics.gov.uk/cci/nugget.asp?id=574>

According to the ONS, the winter period of December to March 2008/9 saw a 47 per cent increase in the number of excess winter deaths<sup>10</sup> in England. Eighty-two per cent of excess deaths in 2008/9 were of people aged 65 and over.

**Figure 37** Number of excess winter deaths by broad age group, England

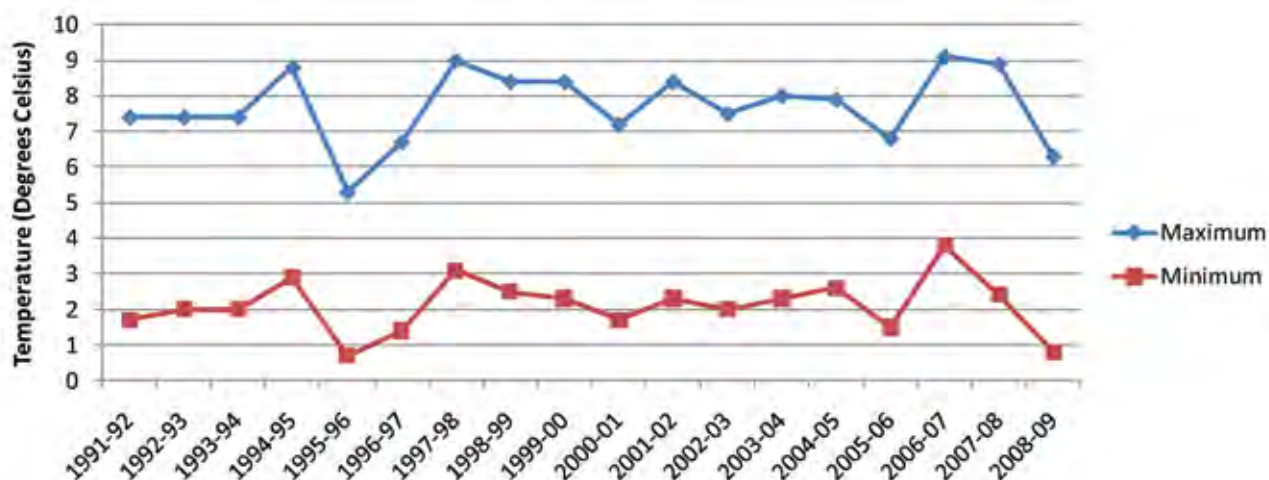


Source: ONS

<sup>10</sup> Excess winter mortality is calculated as winter deaths (deaths occurring from December to March) minus the average of non-winter deaths (April to July of the current year and August to November of the previous year). Figures for 2008/9 are provisional.

The Met Office publishes seasonal data for central England temperatures which show a drop in maximum and minimum winter (December to February) temperature in 1995–6 and in 2008–9.

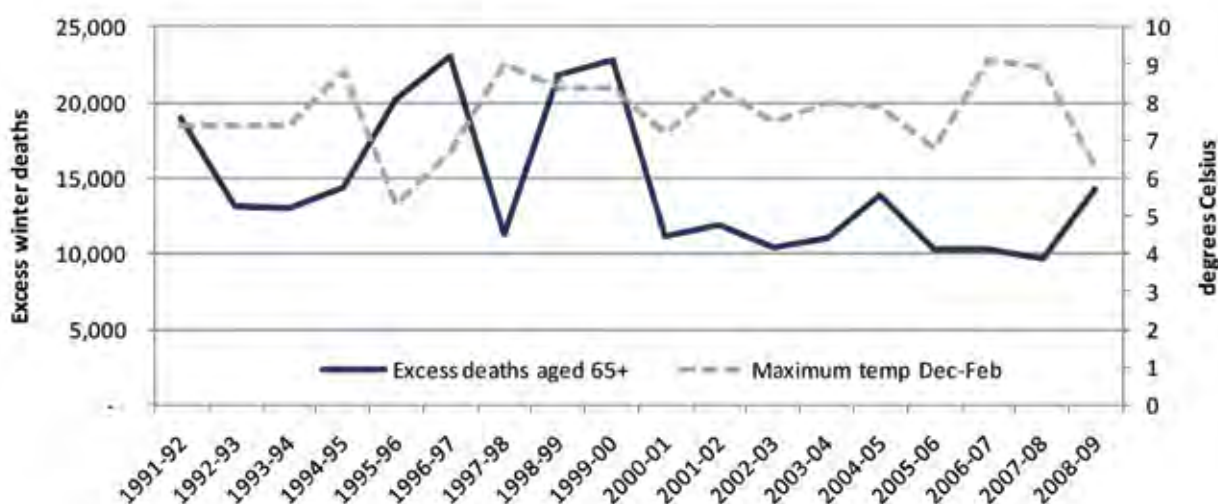
**Figure 38** Number of excess winter deaths by broad age group, England



Source: Met Office Hadley Centre hadobs.metoffice.com

Comparing excess deaths and temperature shows a possible relationship with the dip in temperature in 1995–6 and 2008–9 accompanied by a rise in excess winter deaths for older people. Note that winter deaths data are for December–March while the temperature data are for December–February.

**Figure 39** Number of excess winter deaths for people aged 65+ in England vs Central England maximum winter temperature

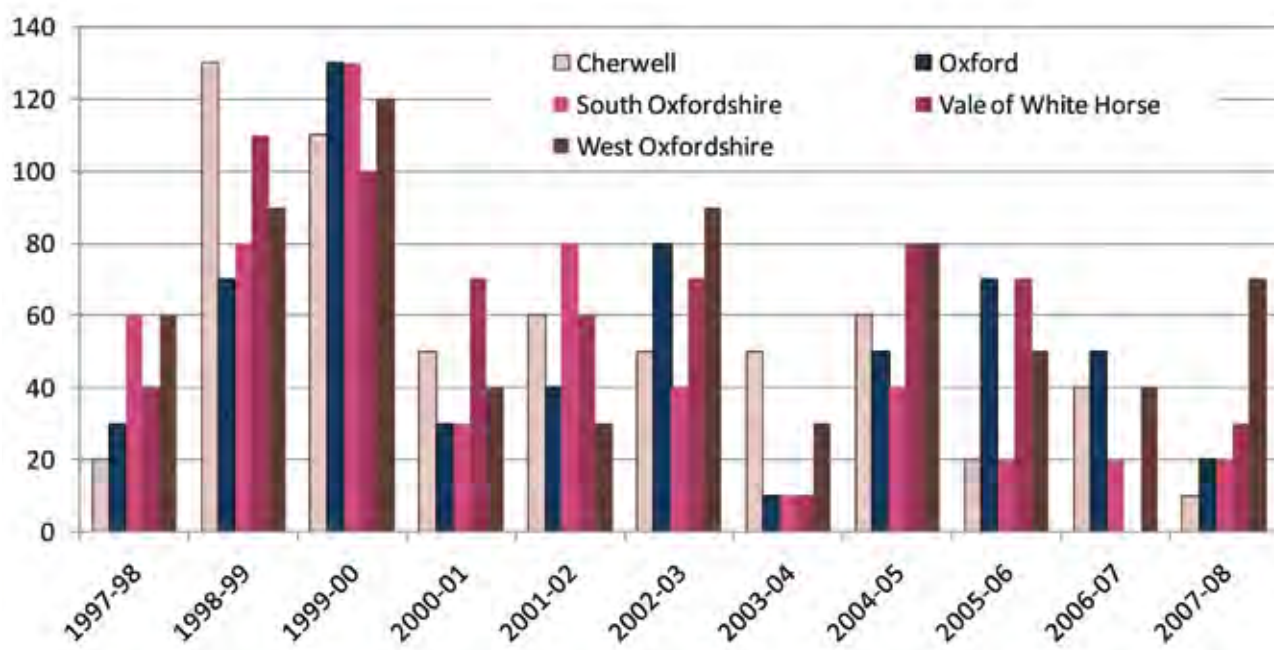


Source: ONS and Met Office Hadley Centre hadobs.metoffice.com

The latest data for Oxfordshire show the highest number of excess winter deaths in 2007–8 were in West Oxfordshire district. West Oxfordshire was ranked 56 out of 348 local authorities.

In the winters of 1998–9 and 1999–2000, when excess winter deaths in England were relatively high, all Oxfordshire districts were affected.

**Figure 40** Excess winter deaths in Oxfordshire by district



Source: ONS special enquiry (rounded to nearest 10)

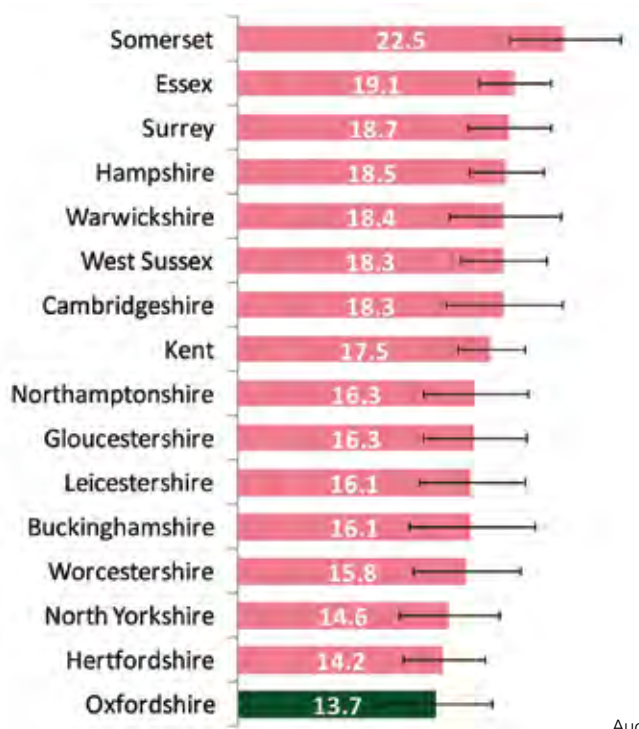
**Table 37** Excess winter deaths in Oxfordshire by district

	1997/8	1998/9	1999/2000	2000/1	2001/2	2002/3	2003/4	2004/5	2005/6	2006/7	2007/8
Cherwell	20	130	110	50	60	50	50	60	20	40	10
Oxford	30	70	130	30	40	80	10	50	70	50	20
South Oxfordshire	60	80	130	30	80	40	10	40	20	20	20
Vale of White Horse	40	110	100	70	60	70	10	80	70	0	30
West Oxfordshire	60	90	120	40	30	90	30	80	50	40	70

Source: ONS special enquiry (rounded to nearest 10)

The comparison of the excess winter mortality index with statistical neighbours for the period 2005–7 shows Oxfordshire ranked 16th out of 16.

**Figure 41** Excess winter mortality index (ratio of actual to expected based on non-winter deaths expressed as a percentage), 2005–7



Source: downloaded from: Association of Public Health Observatories; 95% Confidence Intervals; Audit Commission (CIPFA) Nearest Neighbours 2009

## Many a slip, trip and broken hip

Falls are bad news: for us as individuals, for people around us, for taxpayers. And they are very common. Between 32 and 42 per cent of over-75s have a fall every year. One of the most serious injuries resulting from a fall is a hip fracture. The estimated cost of a hip fracture is currently £24,000, including health and social care costs. The personal costs to the individual are also huge, with 30 per cent mortality rate within a year, increased dependency and pain.

Fortunately we have a falls service rated as the best in the country: a proud achievement. The falls prevention service is jointly funded by Oxfordshire PCT and Oxfordshire Social and Community Services, commissioned by Oxfordshire PCT from Community Health Oxfordshire. The service has been in place since 2004. County-wide, it is a partnership across acute care, community, social care and the voluntary or 'third' sector. The service carries out over 2,000 specialist falls assessments per year. In addition it works in care homes and day centres, as well as educating health professionals, older people and the public on falls prevention, among

many other activities. The service takes referrals from health professionals, social care and directly from the public.

Evidence suggests that care home residents are one of the highest groups at risk of falls and the Oxfordshire falls prevention service has therefore prioritised its resources in care homes. Each year it assesses roughly 10 per cent of care home residents (approximately 400 of 4,000 beds per year), and roughly 1.6 per cent of people over 65 years living in their own home (*circa* 1,500 of 93,000 per year). Current trends show a reduction in hip fracture rates. This has been more evident among care home residents.

So far so excellent. Yet the **challenge** in all of this is to understand why, as our figures clearly show, Oxfordshire should have a significantly higher rate of hip fractures than its statistical neighbours, or 'counties like us'. And, moreover, why – if we are reducing the rate of fractures – that gap should have obstinately persisted over recent years.

Our report should challenge us to reject any possible complacency about the fact that we undoubtedly have an excellent falls team, and

to pose the following questions.

- Why do public health authorities not give as much attention to malnutrition, a key factor in falls, as they do to obesity?
- If a single fall costs £24,000 yet a structured, evidence-based exercise class for a group of people costs a few pounds, should we not invest much more in our falls service and physical exercise for seniors and not allow any disinvestment?
- If unsafe pavements are a very frequent cause of falls (Help the Aged research found 2,400 falls a year due to broken pavements), should we not spend more on repair and gritting pavements in icy weather?

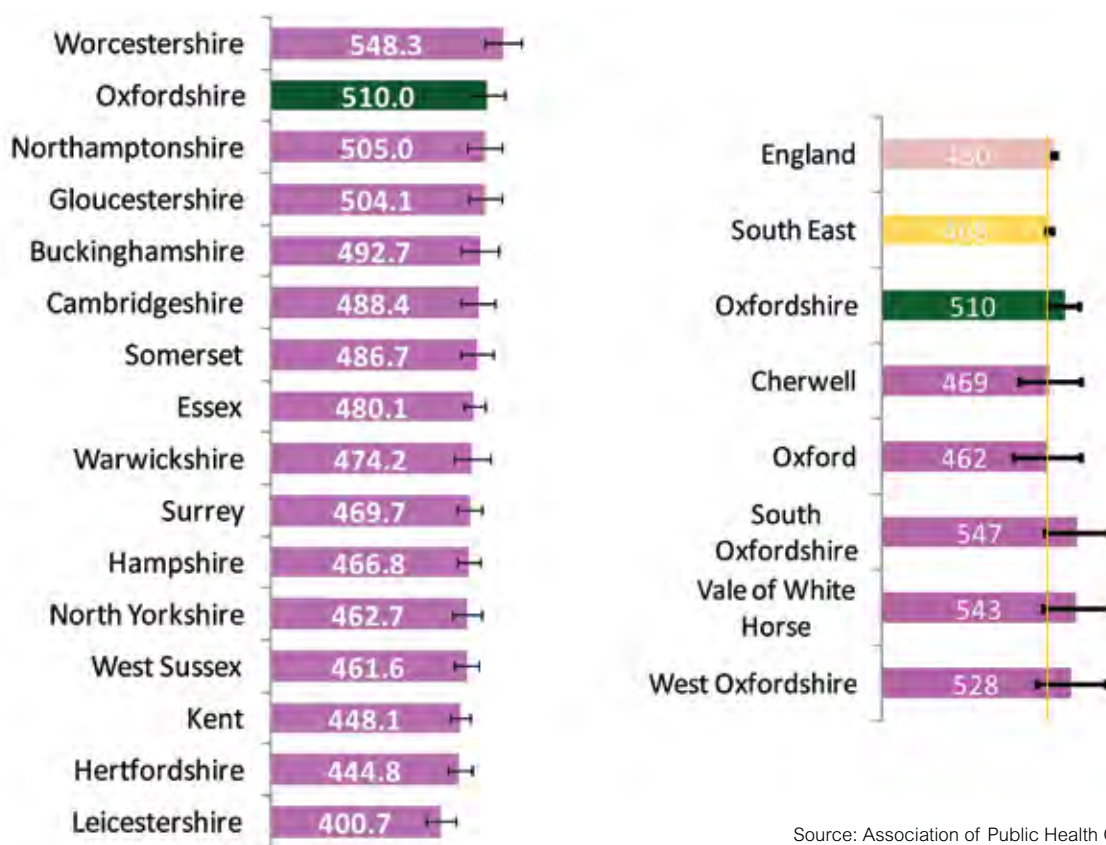
## Hip fractures

According to the NHS Information Centre, a hip fracture (fractured neck of femur or fractured 'proximal femur' – the top of the long bone running through the thigh) is:

a serious condition causing pain and immobility, requiring hospitalisation. Mortality is high, with approximately one in five patients with the fracture being dead within one year. Some fractures are potentially preventable through interventions aimed either at whole populations (e.g. reducing smoking rates, promoting better nutrition and higher levels of physical activity) or at people at risk of having a fracture. The latter include timely identification of those at risk (e.g. those with osteoporosis, likelihood of having an accident) and management of risk e.g. medication, home safety, mobility aids, padded clothing etc.

The most recent data published by the Association of Public Health Observatories for 2006/7 show that Oxfordshire had a rate above the regional and national averages and ranked second out of its 16 statistical neighbours. The highest rate was in South Oxfordshire district.

**Figure 42** Emergency hospital admissions of older people for fractured neck of femur (hip) 2006/7, rate per 100,000 of all persons aged 65+ by area of residence

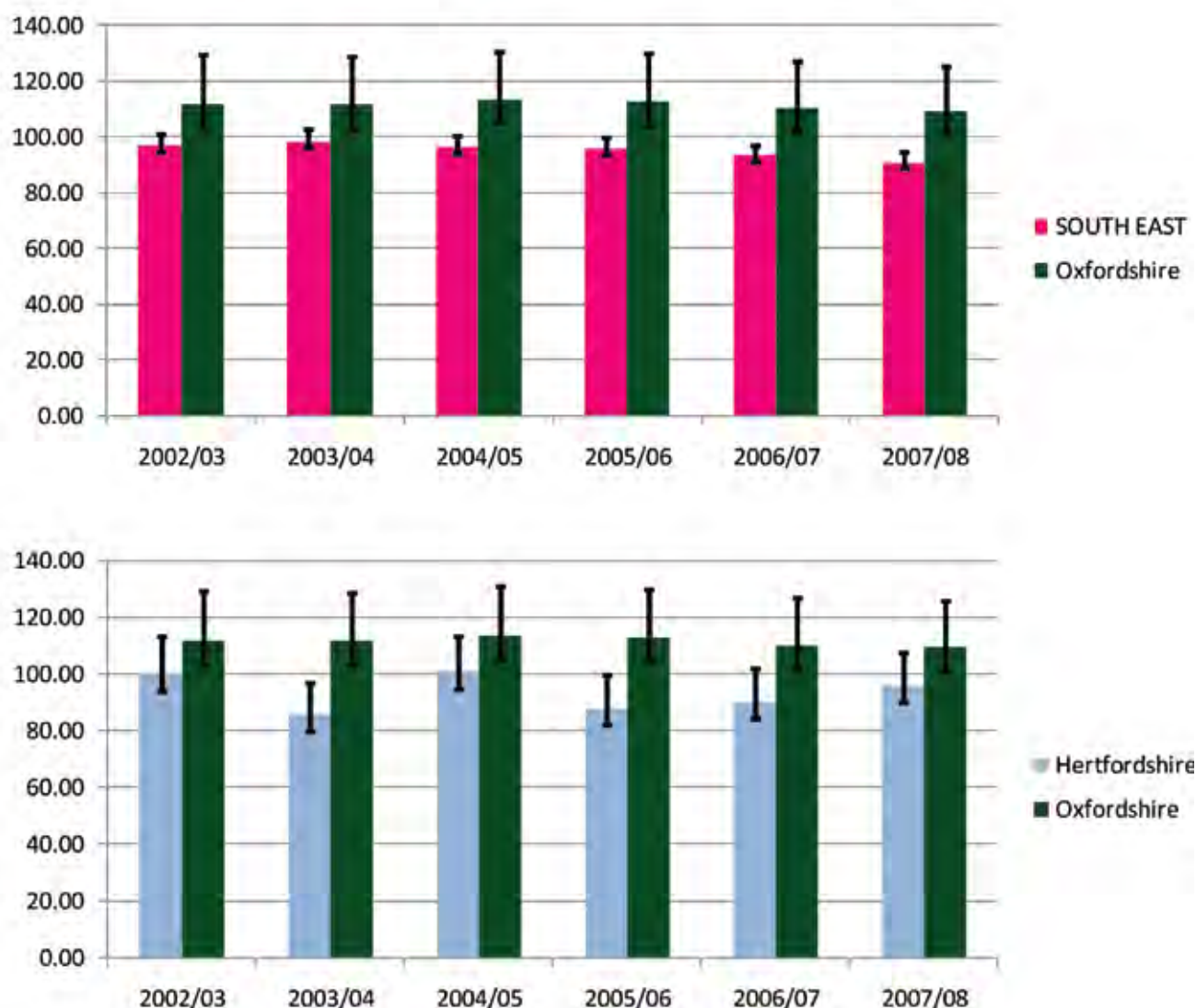


Source: Association of Public Health Observatories Error bars at 95% Confidence Intervals; Audit Commission (CIPFA) Nearest Neighbours 2009

Trend data on emergency admissions for hip fractures are available from 2002/3 to 2007/8 from the NHS Compendium of Clinical and Health Indicators. These show that the rate of hip fractures (all ages) in Oxfordshire has been consistently above the South East average, with a statistically significant difference in each year of data.

A comparison with one the counties in Oxfordshire's neighbour group (Hertfordshire) shows statistically significant differences in 2003/4, 2005/6 and 2006/7.

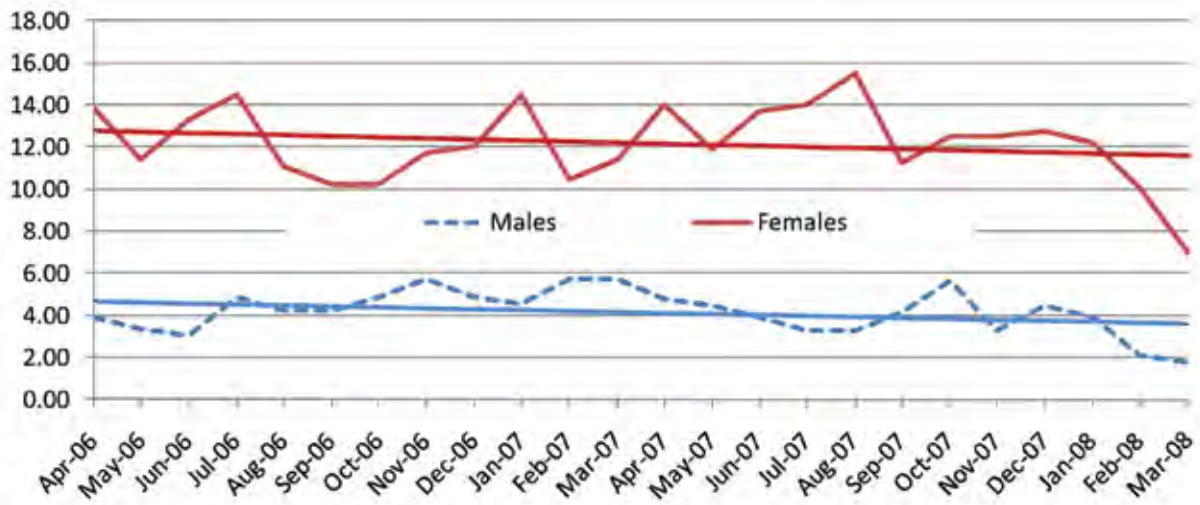
**Figure 43** Emergency hospital admissions for all people with fractured proximal femur (indirectly age- and sex-standardised rate per 100,000)



Source: Compendium of Clinical and Health Indicators from NHS Information Centre [www.nchod.nhs.uk](http://www.nchod.nhs.uk) provided by the South East Public Health Observatory; (ICD 10 codes: S72.0, S72.1, S72.2); All data standardised to ONS population estimates of 2005/6

Data from Oxfordshire Primary Care Trust show a declining trend in emergency admissions for hip fractures in people aged 65+ between April 2006 and March 2008

**Figure 44** Emergency admissions for fractured neck of femur Oxfordshire PCT registered patients aged 65+ (crude rate per 100,000 total population)



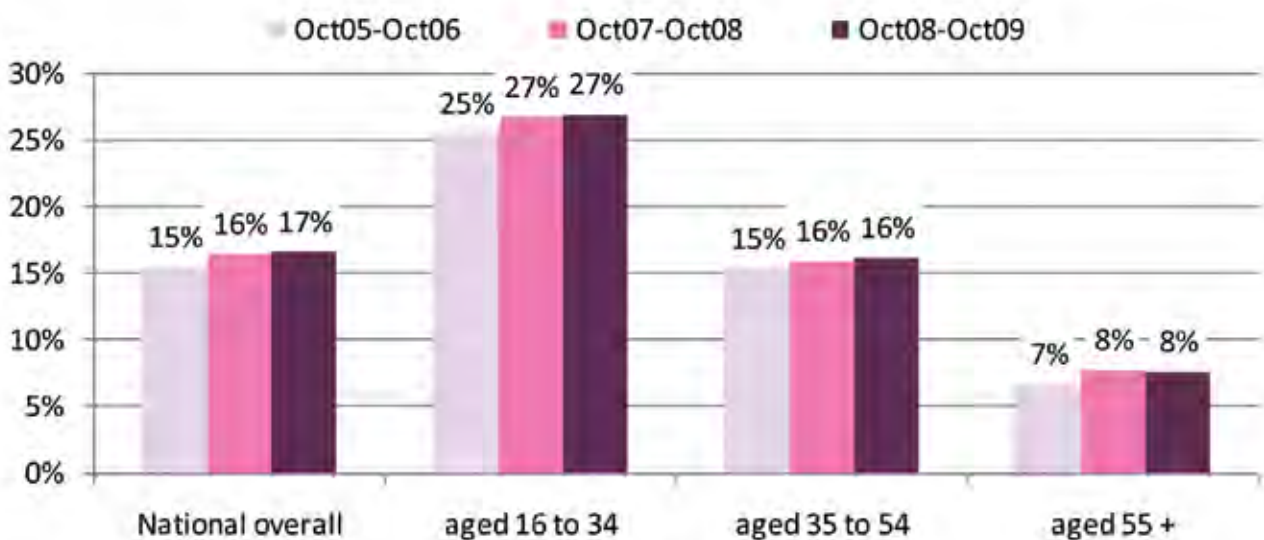
Source: Oxfordshire PCT Decision Support (ICD10 code S72) Note: this is a rate per 100,000 of the total population and is per month rather than per year.

## Healthy lifestyles

### Physical activity, obesity and healthy eating

According to the Sport England Active People survey, older people are less likely to participate in sport with 8 per cent of people aged 55+ participating three times per week in the survey of 2008/9 compared with 16 per cent of those aged 35–54. The comparison with previous surveys shows no significant change.

**Figure 45** Percentage of adults participating in 30 minutes of moderate-intensity sport at least three times per week by age, England

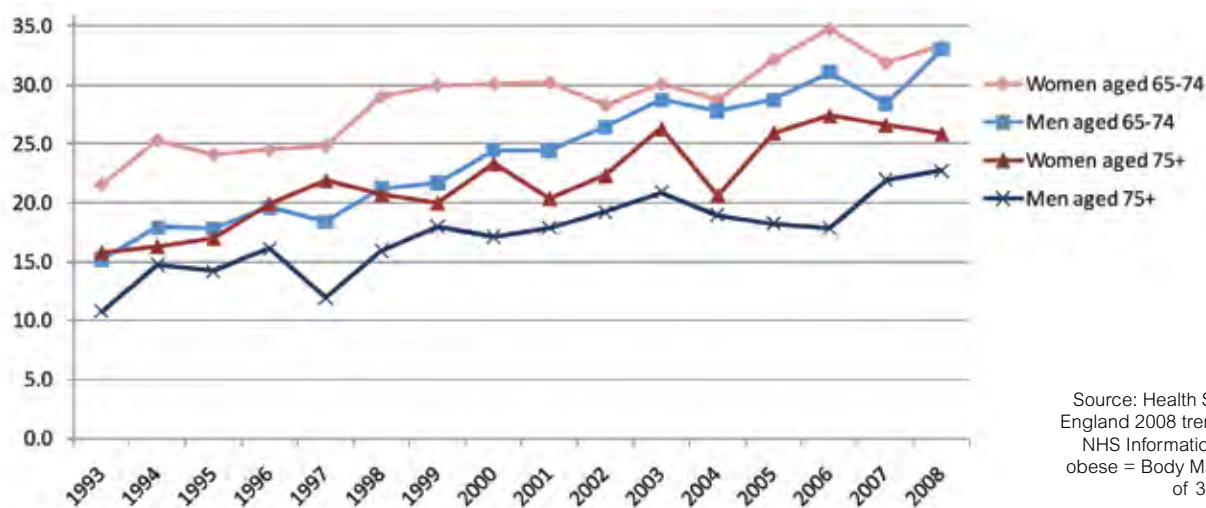


Source: Sport England Active People survey

Like the rest of the population, an increasing proportion of older people are classified as obese.

- According to the Health Survey for England, one-third (33 per cent) of men and women aged 65–74 were classified as obese in 2008, up from 21.5 per cent (women) and 15.2 per cent (men) in 1993.

**Figure 46** Percentage of older people classified as obese, England



### What determines sports participation among recently retired people?

#### What does being retired mean to retirees?

- Retirement represents a very radical change which means reduced stress, more freedom and a desire to keep busy.
- There is recognition of the ‘ageist’ society – they are identified as pensioners, but are seen as a spare set of hands to help by family.
- The body slows down, so health is a key consideration.

#### How do retired people feel about exercise?

- It was felt that any form of physical activity with some exertion counts as exercise.
- Consequently, many who were classed as ‘inactive’ think they regularly take exercise.
- Most were aware of the benefits of exercise.
- The word ‘sport’ is not received well, as it implies strenuous or serious exercise.
- Only certain forms of exercise are deemed to be suitable – the more gentle forms of exercise such as walking, swimming, bowling, yoga.

#### What activity do retired people do?

- Most of the ‘inactive’ males did sport when younger but nowadays there is a greater emphasis on general exercise (gardening, walking, DIY), rather than ‘sport’.
- Although classified as ‘inactive’, the inactive women did do some exercise informally, and others did activities which they saw as exercise (gardening, walking).
- Both males and females place more value on ‘active chores’ than exercise.

Sport England research, February 2006 [http://www.sportengland.org/research/understanding\\_participation.aspx](http://www.sportengland.org/research/understanding_participation.aspx)

Sport England data on participation by age is not available at county level.

According to the lifestyle survey by the Oxfordshire Primary Care Trusts, older people (aged 65–74) in Oxfordshire are more likely to eat more than five portions of fruit per day compared with younger age groups.

**Table 38** Proportion of people eating less than one or more than five portions of fruit per day, Oxfordshire (2005)

Age band	% eating less than one fruit per day	% eating more than 5 fruits per day
Aged 35-44	5.8	21.6
Aged 45-54	4.7	24.7
Aged 55-64	2.6	34.9
Aged 65-74	4.7	38.5

Source: Healthy Lifestyles Survey for Oxfordshire Primary Care Trusts from Older People's Mental Health Needs Assessment, October 2007

## Blood pressure

The Assessment of Healthcare Needs for Older People in Oxfordshire (2008) found 8.6 per cent of the Oxfordshire patient population aged 65+ diagnosed with high blood pressure. The rate was higher for females (9.7 per cent) than for males (7.1 per cent).

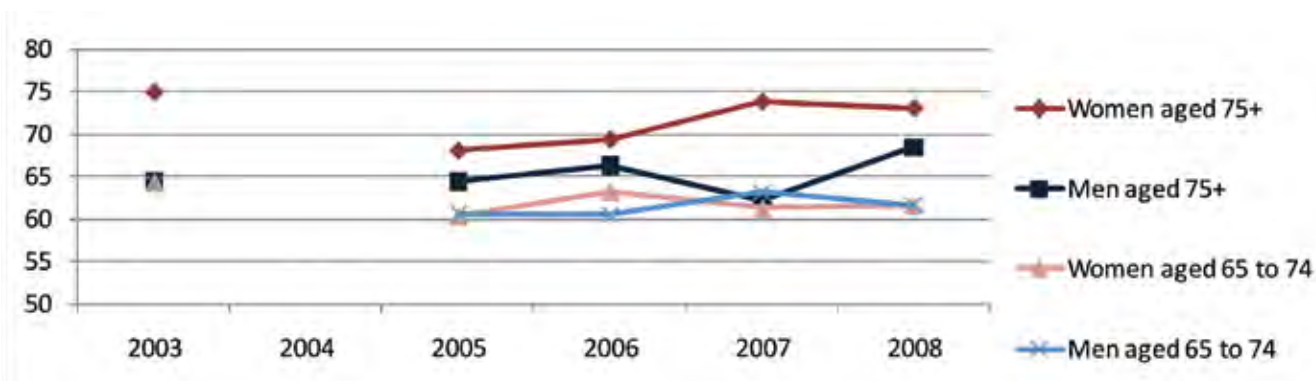
**Table 39** Health risk factors in patients aged 65+ in Oxfordshire (31 August 2007)

	Females	Males	Total
High Cholesterol (>5mmol/l)	39%	25%	34%
High blood pressure (>= 100 mmHg diastolic)	9.7%	7.1%	8.6%
Patients prescribed statins	30.1%	39.2%	34%

Source: Oxfordshire PCT from Joint Assessment of Healthcare Needs for Older People in Oxfordshire; excludes patients with no clear diagnosis

Much higher rates were found from the Health Survey for England 2008 with 61.6 per cent of people aged 65–74 and 71 per cent of people aged 75+ found to have high blood pressure. This is difficult to compare with the local data as the definition appears to be much wider.

**Figure 47** Percentage of older people with high blood pressure, 2003–8, England



Source: Health Survey for England 2008 trend tables, NHS Information Centre

Participants were classified into one of four groups:

- Normotensive untreated: SBP below 140mmHg and DBP below 90mmHg, not currently taking medication for blood pressure.
- Hypertensive controlled: SBP below 140mmHg and DBP below 90mmHg, currently taking medication for blood pressure.
- Hypertensive uncontrolled: SBP at or greater than 140mmHg and DBP at or greater than 90mmHg, currently taking medication for blood pressure
- Hypertensive untreated: SBP at or greater than 140mmHg and DBP at or greater than 90mmHg, not currently taking medication for blood pressure.

## Smoking

There is no exactly comparable national and local source of data on the proportion of older smokers.

However, survey results for England and data from Oxfordshire GP practices indicate a lower rate of older female smokers in Oxfordshire than the national average.

- According to the Health Survey for England the proportion of male and female smokers aged 65–74 was the same at 13 per cent of the population. A higher rate of females aged 75+ smoked (8 per cent) compared with males (6 per cent). Using the data on the size of the base sample in the survey results gives an overall calculated rate of 10 per cent for males and females.
- Analysis of patients registered to Oxfordshire GP practices in 2007 found 7.6 per cent of female patients aged 65+ were smokers compared with 10 per cent of males.

**Table 40** Percentage of people who smoke aged 65–74 and 75+ England survey (2008)

	Females	Males	Total
People aged 65-74	13%	13%	13%
People aged 75+	8%	6%	7%
People aged 65+ (calculated)	10%	10%	10%

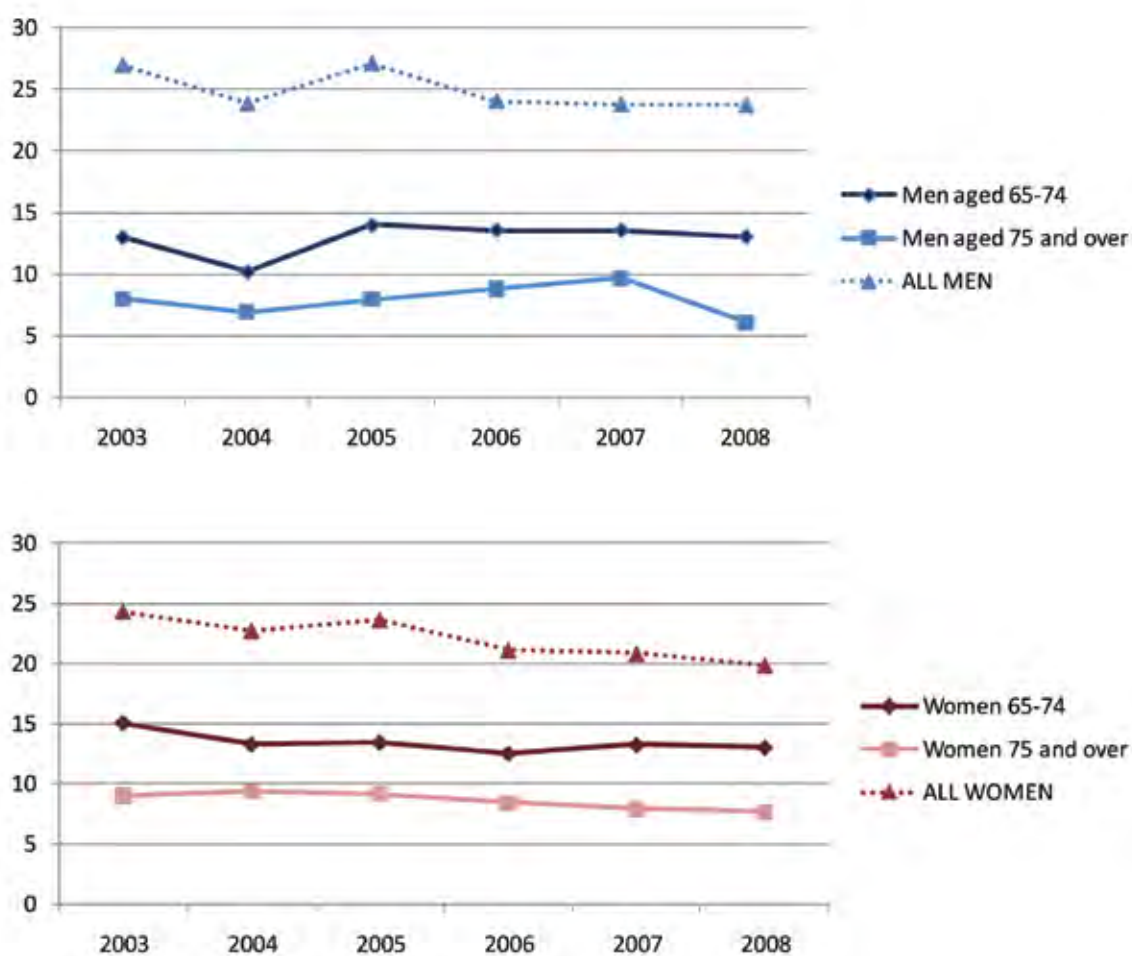
Source: Health Survey for England 2008 trend tables, NHS Information Centre

**Table 41** Percentage of Oxfordshire GP patients aged 65+ who smoke (31 August 2007)

	Females	Males	Total
Oxfordshire smokers aged 65+ registered to GP practices	7.6%	10%	8.6%

Source: Oxfordshire PCT from Joint Assessment of Healthcare Needs for Older People in Oxfordshire; excludes patients with no clear diagnosis

**Figure 48** Smokers aged 65+ as percentage of population 2003–8, England



Source: Health Survey for England 2008 trend tables, NHS Information Centre

## Friendship when it counts: the community matrons

Just over 5,000 people in the county die each year. With an ageing population the dying 'journey' is becoming protracted and complex for many older people, often living with several different illnesses and frailties at the same time: 'living on thin ice, not knowing what bit of my body is going to give out next' as one older person put it.

Oxfordshire's Community Matron scheme supports dying patients with a range of conditions, in the community. It is helping to focus attention on unmet need, service gaps, staff knowledge and skills gaps. Liz Clements has been working as community matron across the county for over three years. She has helped more people to die where they wish, and in the course of a year she saved the health service an estimated £64,000 by reducing hospital admissions.

The Community Matron Supportive and Palliative Care service grew from a partnership between Oxfordshire PCT and Sue Ryder Care. It helps people manage their symptoms effectively and die in the place of their choice. Referrals can be made by any healthcare professional. An evaluation covering the first year of the service revealed that just over 58 per cent of those referred had a cancer diagnosis. The other 42 per cent had a mixture of conditions including respiratory disease, cardiac disease, motor neurone disease, Parkinson's disease and dementia (the split is now closer to 50-50). The average time patients were on caseload was five months (from two days to two years).

Liz received 128 referrals in her first year of whom 20 were supported and then discharged to other services and 78 died. More than half have been supported from referral to death. Of the 51 people who identified where they wished to die, 49 were able to achieve this objective. A further six were unable to express a preference but those closest to them believed they died where they would have wished to.

The new service saved about £41,000 in 2008 through providing intensive support in the community, preventing a hospital admission, and a further £23,000 by facilitating discharge of those patients who were admitted. Liz works with other health and social care services. She also delivered educational sessions to nursing homes, intermediate and continuing care, and provided one-off support to primary healthcare teams where required. She has actively promoted advance care planning in nursing homes and with patients on her caseload. She has also been leading a rapid response initiative and is working on a dementia end-of-life care pathway.

The new post has gone down well, and is popular with patients and carers. One carer said: '**We simply could not manage without her.**' Referral rates justify the role. 'If there are existing specialist services that can support the patient I will happily back out,' says Liz. 'But most of the time I don't because there's something for me to do. A big impact has been on patient choice. If patients want to be at home we try to sustain that and prevent crises, as well as ensuring that patients are discharged from hospital as quickly as possible.'

The post has been so successful it is now permanent. And hopes are high that additional community matrons will be appointed to ensure that all of Oxfordshire is fully covered for its end-of-life care needs. The **challenge** for Oxfordshire is perhaps how to join up all end-of-life care services in hospitals, community care, hospices and voluntary sector to reach even more of the 5,000 people at their lowest ebb.

## **Age UK Oxfordshire says:**

- **we should all try to keep active and healthy, so we need better access: to activities which keep us sane and on our toes; an understanding doctor when we need one; or just to drop in to a centre for reassurance and advice**
- **help with knowing what is available and understanding our own health is vital. Information services need investment**
- **undereating, or not eating properly, needs as much attention as overeating and obesity.**

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## **Expert comment**

In a civilised country healthcare is a civil right, earned by the performance of civil duties – obeying the law, paying taxes and working for the common good. On average, older people need more healthcare and have done more than younger age groups to earn it. But at all ages we have a duty to stay as healthy and independent as we can. We should follow a sensible lifestyle; take an interest in, and for our own and our friends' sakes be informed about, national and local medical and social services. If things are wrong or shoddy, we can find our councillors' and MPs' addresses and complain. They will be grateful for our advice.

### **Professor Sir John Grimley Evans**

Emeritus Professor of Geriatric Medicine  
Green Templeton College, Oxford

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# 5

## Access and communities

- 41 per cent of pensioner households in Oxfordshire in 2001 lacked access to a car.
- 29 per cent of people with a limiting long-term illness in Oxfordshire in 2001 lacked access to a car.
- Recent data from South Oxfordshire indicates that older-person households with a disability or limiting long-term illness are twice as likely to be without a car than non-disabled households.
- In 2001 69 per cent of households without access to a car in rural Oxfordshire were occupied by pensioners.
- Accessibility planning and studies have highlighted the issue of access to hospitals in Oxfordshire.
- Rural Oxfordshire ranked very poorly on geographic accessibility of services with 44 per cent of rural Oxfordshire in the worst 10 per cent nationally.
- Analysis by South Oxfordshire District Council clearly illustrates the historical decline in rural services.
- Oxfordshire Rural Community Council has contact with over 60 community transport schemes across Oxfordshire.
- Older people in Oxfordshire are relatively satisfied with their home and neighbourhood (the county ranks second out of 16 statistical neighbours).
- 29 per cent of people believe that older people are receiving the support they need to live independently.
- Oxfordshire appears to have a relatively high rate of people volunteering.
- There is evidence that recently retired people in Oxfordshire are actively supporting their communities.
- Older people are more likely to be churchgoers and more likely to vote.

Sources: Office for National Statistics (ONS) – Census 2001; Communities and Local Government – IMD2007; South Oxfordshire District Council; Communities and Local Government – Place Survey; evaluation of community-led prevention in Oxfordshire *Adding Life to Years*; ONS Social Trends data

### Lack of access to services a risk factor in social isolation

- Older people who lacked access to various services, transport, financial products or modern communications technologies faced an increased risk of prolonged social detachment. In each case the odds were one-and-a-half to two times higher than for people who had access.

2006 English Longitudinal Study of Ageing, Wave 3, Institute for Fiscal Studies July 2008

## Older people in Oxfordshire's communities

*'Older people are "part of the team" that make villages like Filkins and Broughton Poggs work. Not surprisingly, therefore, in as vibrant a village as F&BP, older people are both active in the life of the community and, in turn, are provided with the facilities they deserve.'*

From Filkins and Broughton Poggs' winning entry for Village of the Year 2006 F&BP is a community of fewer than 500 people near Carterton in West Oxfordshire

## Having a life in later life – the Cherwell way

The priority in the Cherwell community was increased involvement of older people, to improve the advice and support available to them, reduce age discrimination, promote independent living and tackle transport issues.

Between 2006 and 2031, Cherwell's population of people aged 65+ is expected to nearly double, compared with a growth of 24 per cent across all age groups. To understand future demographic trends better, research was commissioned which identified that Cherwell has 16 per cent of Cherwell's residents are ageing rurally isolated residents or wealthy retirees (compared with 5 per cent nationally).

The Cherwell District Council aims to support older people to have independent and healthy lives – through its own services and those provided by others. In order to develop an action plan for this, we consulted seniors' groups, partners agencies working with older people and members of the public. We asked what the problems were and how did they feel we could help, then we drew up an action plan, reviewed every year. At the same time a seniors' forum was piloted, which is now a regular (twice-yearly) event in the district. All the initiatives described below have been developed as a result of this direct engagement with our client group.

Examples of 2008/9 initiatives include:

- setting up t'ai chi sessions, which we plan to hand over to voluntary groups to run independently setting up IT courses for older people providing grant aid to older people's clubs, which has increased by £10,000
- supporting 241 local groups, an increase from 12 in 2004

## 'The hours of the day that need to be filled'

- continuing grant aid to Age Concern Oxfordshire to support the Sole Mates scheme, including training for the volunteers who deliver the basic footcare treatment programme; also funding a mobile foot care clinic
- working with other district councils, the county's Trading Standards team and the Fire & Rescue Service, which funded the annual electric blanket testing scheme
- providing street wardens, who offer home visits to elderly and vulnerable residents, and collect shopping and prescriptions
- promoting the Age Concern Message in a Bottle scheme, which provides a facility to record essential personal details for the emergency services
- establishing the Cherwell Older People's Housing Strategy, which has been informed by the Oxfordshire Strategic Housing Market Assessment
- working with Banburyshire's Community Transport Association to provide a dial-a-ride service across the district.

The numbers of activities and people reached tell their own story.

- Over 10,000 people have used the mobile cinema service, most in rural locations
- 80 Get Active sessions were held in the last six months of 2007 alone, rising to 156 sessions in 2008/9. A local league for short mat bowls has been set up.



- Four old-time musicals and two tea dances attracted 1,400 seniors in 2007. In 2008/9 we launched a dance hall tour which included six old-time musicals, two old-time dances and two jazz evenings, attended by a total of 2,200 people.
- We offer ten regular 'exercise to music' classes.
- We now have 11 t'ai chi sessions a week, with 265 people attending.
- The IT courses have grown to 14 sessions a week, with 112 people attending.
- The Seniors Directory, first produced in 2004 in black and white with a print run of 1,000, became a 34-page full-colour booklet with a print run of 7,200 in 2008/9.
- In 2008/9 70 voluntary groups and organisations were awarded a seniors grant.
- Participation in the Message in a Bottle scheme has increased year on year from 987 in 2004/5 to 1,692 in 2008/9.

The more that is offered to older people to encourage independent and healthy living in later life, the more they respond.

There is a strong argument for building capacity and sustainability by supporting the voluntary sector. When supporting or establishing a group the Council works with each to ensure they are sustainable for the future. This includes funding, programmes, venues, knowledge etc. All groups should have enough volunteers to ensure they will thrive in the future. The Council advises and demonstrates to groups how to recruit new volunteers and sustain them for the future.

In rural locations, limited mobility is a major issue, therefore service delivery must take into account convenient locations, access to local transport and the provision of outreach services.

Accessible and free regular information and advice supported by regular personal contact is important for engagement with older people.

A positive relationship and regular dialogue with older people's group leaders and co-ordinators of services are key to identifying future needs and providing effective service delivery.

Existing older people's groups need to be found. This does not mean putting out an impersonal flyer and asking for them to come forward, but actively seeking them in the community and physically visiting. This creates a better, more personal, one-on-one, first-name relationship for the future.

In April 2010 Age UK Oxfordshire signed a service-level agreement with Cherwell District Council to deliver the seniors' programme on their behalf.

This vibrant and versatile programme for seniors has clearly made later life a time of fun and fulfilment for very many in North Oxfordshire. The entire programme has been delivered for well under £100,000. Doubtless other district councils have their own services to offer. But perhaps there is something special going on in Cherwell. And so the **challenge** is to make that richness of opportunity universal across Oxfordshire.

## Pictures to Share partnership project



***'Who would think that a few books with pictures in would make such a difference?'*** Kerry French, Day Centres Co-ordinator for Leonard Cheshire Disability

The Library Service recently ran an innovative partnership project with two day centres, The Elms in Witney, run by Leonard Cheshire Disability for Oxfordshire County Council, and Oxfordshire County Council's Banbury Day Centre. The 10 beautifully produced picture books published by Pictures to Share were loaned as a set along with guidelines for staff, who then shared the books one-to-one with clients who have dementia as well as with small groups, recording their comments.

Covering subjects as diverse as pets, the seaside, shopping and sports, the books are an attractive mix of photographs, paintings and drawings with phrases, poetry or quotations. As they are specifically designed for adults to stimulate long-term memories, they are not patronising to people

with dementia, who are often well educated people with a professional background, in the way that using children's picture books would be.

Looking at the books in a group helped get people who were otherwise socially isolated singing songs together, smiling and talking about memories from their youth. Staff learned new details about the former lives of clients and of their families, and found that reading together was a calming activity for those who were otherwise agitated and restless, while for others the activity was mentally stimulating.

The feedback suggests that this initiative could be expanded to reach many more, and tells how positive the effect has been:

***'We've all had a good sing-song. Lovely book. I really enjoyed remembering seaside holidays.'***

***'Made me feel nice.'***

***'I enjoyed looking at the book and chatting.'***

***'Mrs Y was left smiling and with a feeling of well-being.'***

Note: the county has now bought two more collections to use for projects. To suggest a care home or day centre that would benefit from using the books, please contact [anne.blake@oxfordshire.gov.uk](mailto:anne.blake@oxfordshire.gov.uk)

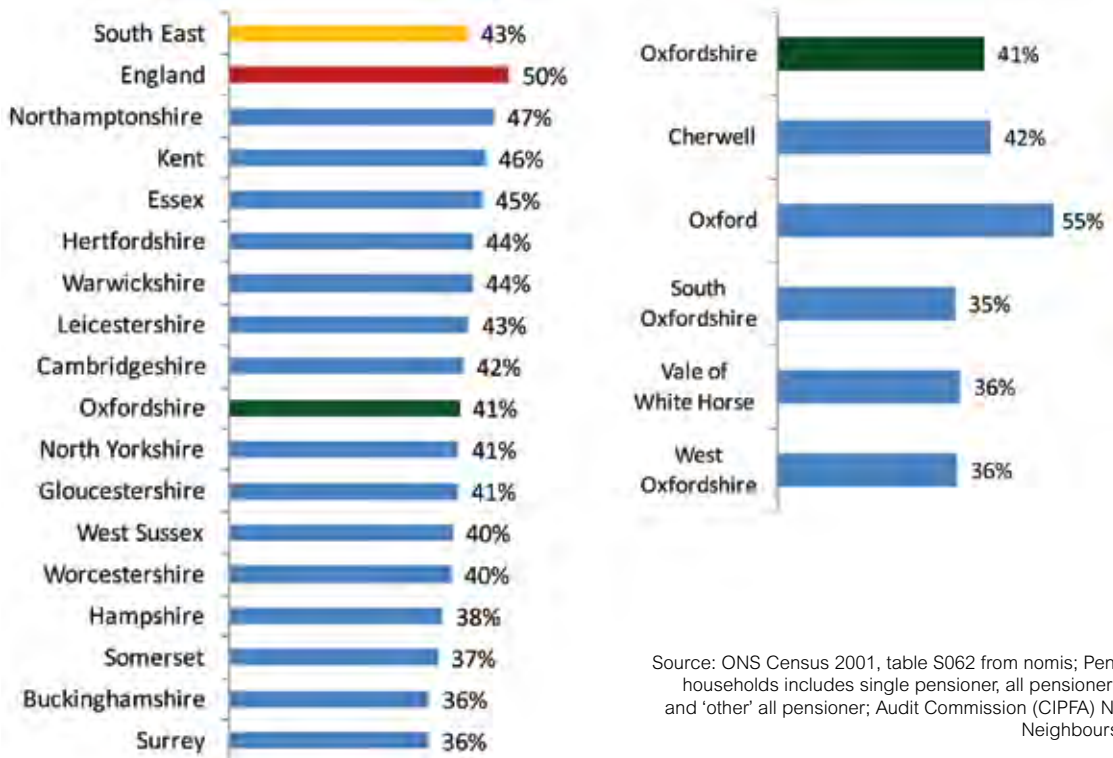


## Car ownership

With the exception of Oxford city, the general rate of households without access to a car (or van) in Oxfordshire is relatively low. According to the Census 2001 survey, 18 per cent of households in the county had no car in 2001 (33 per cent in Oxford).

The rate of pensioner households without a car in Oxfordshire was much higher at 41 per cent (22,100 households) of total pensioner households.

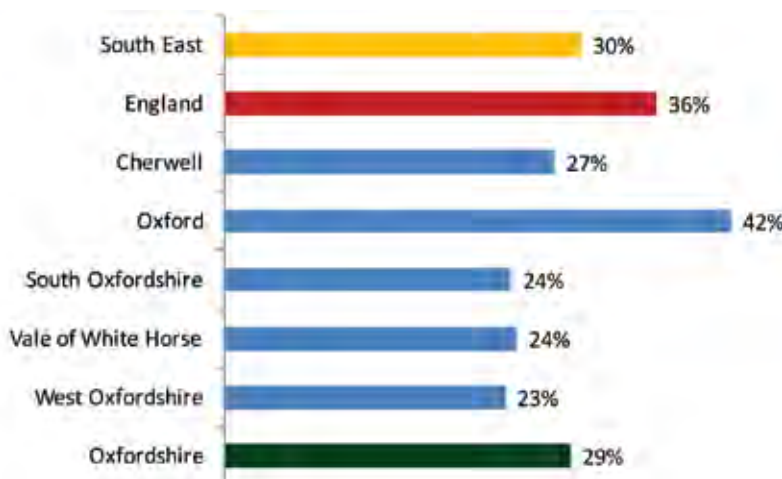
**Figure 49** Pensioner households with no car as percentage of total pensioner households



Source: ONS Census 2001, table S062 from nomis; Pensioner households includes single pensioner, all pensioner family and 'other' all pensioner; Audit Commission (CIPFA) Nearest Neighbours 2009

According to the 2001 Census, 29 per cent of people with a limiting long-term illness (LLTI) in Oxfordshire (all ages) were without access to a car/van. This was below the national and regional rates.

**Figure 50** People with limiting long-term illness and with no access to private transport as percentage of all people with LLTI



Source: ONS Census 2001 table S022 from nomis

Some Oxfordshire wards had much higher rates of people with LLTI without access to a car including wards in Oxford, Bicester and Banbury.

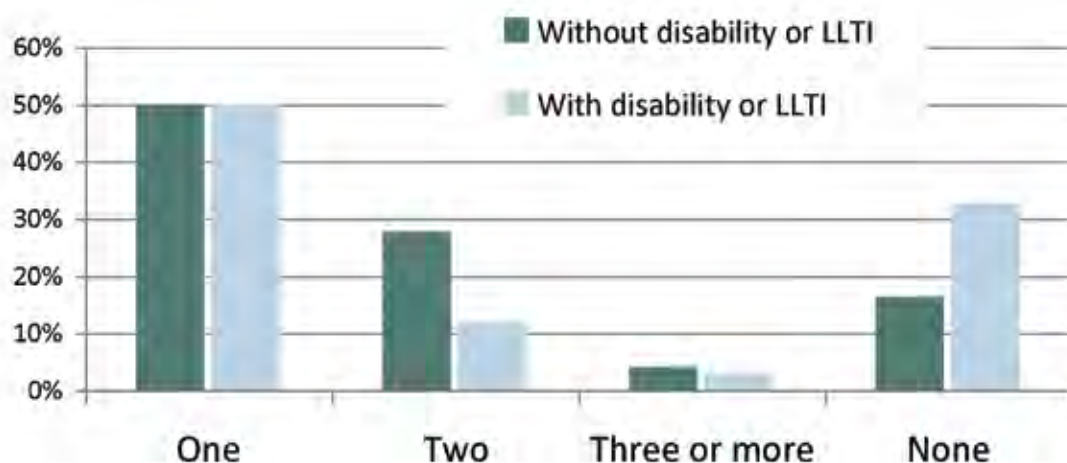
**Table 42** Wards with the highest rates of people with a limiting long-term illness and no access to private transport

		<b>People with a limiting long term illness and no car or van</b>	<b>People with a LLTI and no car or van as a % of all people</b>	<b>People with a LLTI and no car or van as a % of people with a LLTI</b>
Carfax	Oxford	202	8%	60%
Jericho and Osney	Oxford	431	8%	58%
St Mary's	Oxford	226	5%	53%
Hinksey Park	Oxford	400	7%	51%
Bicester Town	Cherwell	435	9%	50%
Cowley Marsh	Oxford	321	7%	48%
Blackbird Leys	Oxford	484	8%	48%
St Clement's	Oxford	288	5%	46%
Banbury Grimsbury & Castle	Cherwell	565	6%	45%
Banbury Neithrop	Cherwell	410	7%	45%

Source: ONS Census 2001 table S022 from nomis

Data from South Oxfordshire District Council's Housing Needs Survey 2008 indicate that older-person households (aged 60+) with a disability or limiting long-term illness are twice as likely to be without a car.

**Figure 51** Car ownership in households aged 60+ with and without disability or limiting long-term illness, South Oxfordshire (2008)



Source: South Oxfordshire District Council HNA Survey August 2008, Older Person sample, q 9 and q 14

The *Rural Access to Services* study<sup>11</sup> found that the majority of households with no car or van in rural Oxfordshire in 2001 were occupied by pensioners.

- There were just under 7,200 pensioner households with no car or van in rural Oxfordshire, equivalent to 69 per cent of all rural households with no car or van.
- Households composed of a single pensioner living alone made up over 85 per cent of pensioner households with no car or van.<sup>12</sup>

Fourteen rural settlements across Oxfordshire contained at least 100 pensioners living alone with no access to a car or van in 2001 (this statistic is likely to be influenced by the location of sheltered housing and retirement homes).

- The 14 settlements with higher numbers of lone pensioner households with no private transport were in:
  - ◆ Cherwell – Wheatley
  - ◆ South Oxfordshire – Benson, Chinnor, Goring/Streatley, Sonning Common, Wallingford, Watlington
  - ◆ Vale of White Horse – Faringdon, Kennington, Shrivenham
  - ◆ West Oxfordshire – Charlbury, Chipping Norton, Eynsham, Woodstock.

## Access to health services

A number of studies in Oxfordshire have highlighted the issue of access to health services in Oxfordshire:

- Accessibility planning work for the Local Transport Plan 2<sup>13</sup> found:
  - ◆ 99 per cent of Oxfordshire's population have access to a hospital within 20 minutes by car
  - ◆ 40–41 per cent of the population

have access within 30 minutes by public transport/walking

- ◆ older people are least likely to have access to hospital by public transport
- ◆ in general, access to hospitals is poorer than for other facilities and this reflects the the poorest access to dental services is in rural areas.
- *The Rural Access to Services* study on behalf of the Oxfordshire Rural Forum<sup>14</sup> found access to hospitals to be a key issue from the data:
  - ◆ 30 per cent of rural households in Oxfordshire are over 1 hour's travel time (by walking, cycling or public transport) to the nearest hospital
  - ◆ there are five settlements where all households have to travel for more than 1 hour to the nearest hospital – Faringdon, Benson, Chinnor, Kingston Bagpuize and Standford in the Vale
  - ◆ the majority of households with no car or van are pensioner households
  - ◆ people with poor health or a disability and no access to private transport tend to be dispersed across rural areas, which means that public transport solutions may not be viable.
- *Access to Health* research in Oxfordshire<sup>15</sup> highlighted dental services and out-of-hours GP services as most in need of improvement.

### Access to services: national ranking

Rural Oxfordshire ranked very poorly on a national measure of geographical accessibility of services. Some 44 per cent of Oxfordshire's rural super output areas (SOAs) are in the worst 10 per cent of areas in England on distance to local services – the sub-domain of the 2007 Index of Multiple Deprivation, while 27 per cent of rural SOAs are in the worst 5 per cent nationally.

<sup>11</sup>*Rural Access to Services* baseline assessment for Oxfordshire February 2008, M Melling and S Noble OCSI on behalf of Oxfordshire Rural Forum.

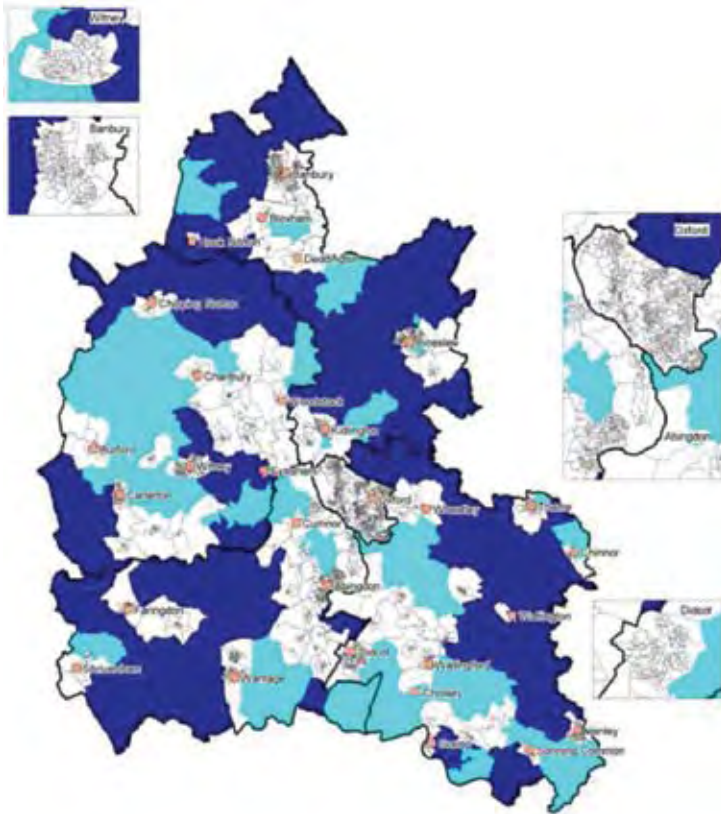
<sup>12</sup>This is likely to be linked to the age and gender profile of lone-pensioner households. Lone-pensioner households are more likely to be older pensioners and female pensioners, groups that typically have lower levels of car or van ownership.

<sup>13</sup>Framework accessibility strategy Oxfordshire County Council July 2005.

<sup>14</sup>*Rural Access to Services* baseline assessment for Oxfordshire February 2008, M Melling and S Noble OCSI.

<sup>15</sup>*Access to Health* research report published July 2007 by Oxford Research Agency on behalf of SW&SE Oxfordshire Patient and Public Involvement Forums.

**Figure 52** Access to services sub-domain of the index of deprivation 2007 (darkest shades = most deprived on a national scale)



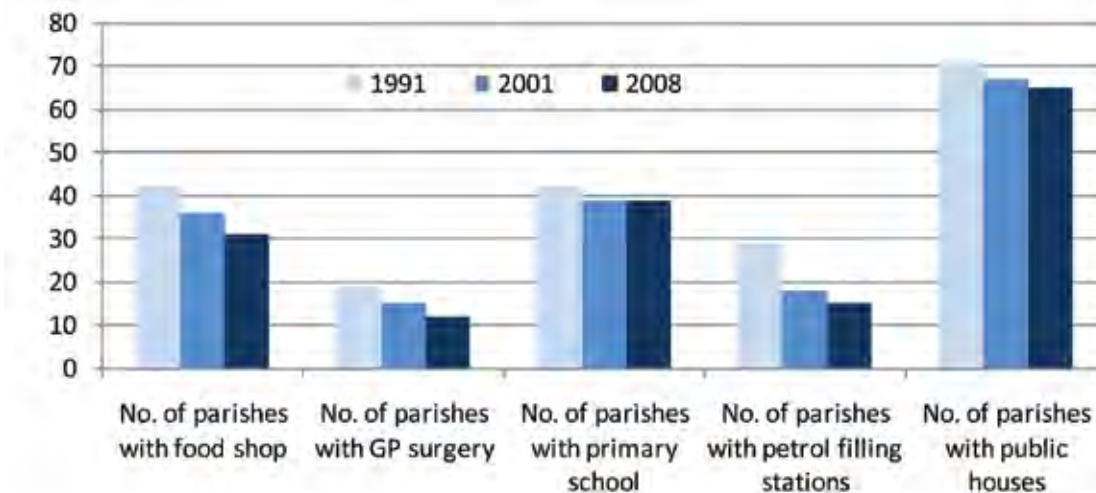
Source: CLG IMD 2007, map from *Rural Access to Services* baseline assessment. The geographical barriers to service sub-domain of the index of deprivation 2007 included road distances to GPs, supermarkets, post offices and primary schools.

### Services in villages

Analysis by South Oxfordshire District Council clearly illustrates the historical decline in the number of services available in villages in the district.

- The number of South Oxfordshire parishes with a local food shop has gone from 42 in 1991 to 31 in 2008, a decline of 26 per cent.
- The number of parishes with a petrol station has almost halved.

**Figure 53** Change in village services in South Oxfordshire district 1991 to 2008



Source: South Oxfordshire District Council, Planning Policy not including urban areas (Didcot, Thame, Henley) or Wallingford

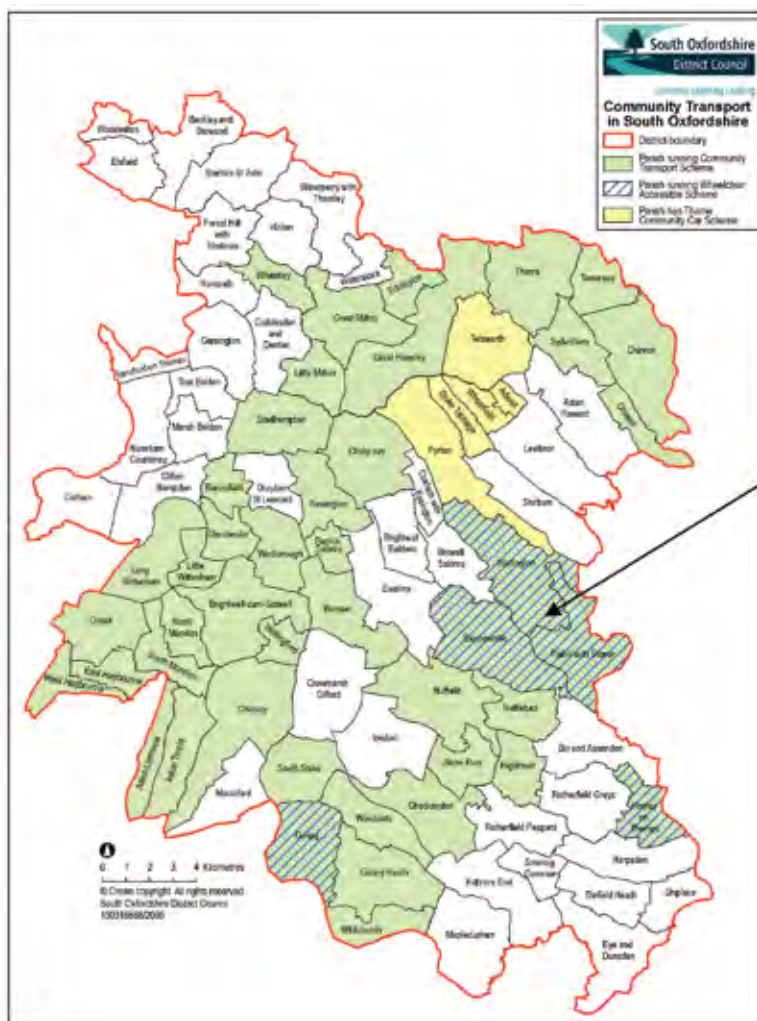
## Community transport

Oxfordshire Rural Community Council has contact with over 60 community transport schemes in Oxfordshire.

Community transport covers a broad range of schemes including car-sharing, shared taxis, taxi buses and community minibuses. The schemes are generally led by local communities although voluntary organisations often play an important role. According to the Oxfordshire Rural Community Council, community transport can be most effective for one-off journeys. Regular (e.g. weekly) requirements may become difficult for volunteers to support.

The following map shows prepared by South Oxfordshire District Council shows where community-run transport schemes are available in South Oxfordshire district.

**Figure 54** Community transport in South Oxfordshire



*Hatched areas show where wheelchair accessible schemes are available*

*Note: not all schemes shown operate every day and limitations may apply to journey purpose. For further information see the Directory of Community Transport issued by Oxfordshire Rural Community Council*

Source: South Oxfordshire rural evidence report. Map produced by South Oxfordshire District Council with data and advice from the Oxfordshire Rural Community Council

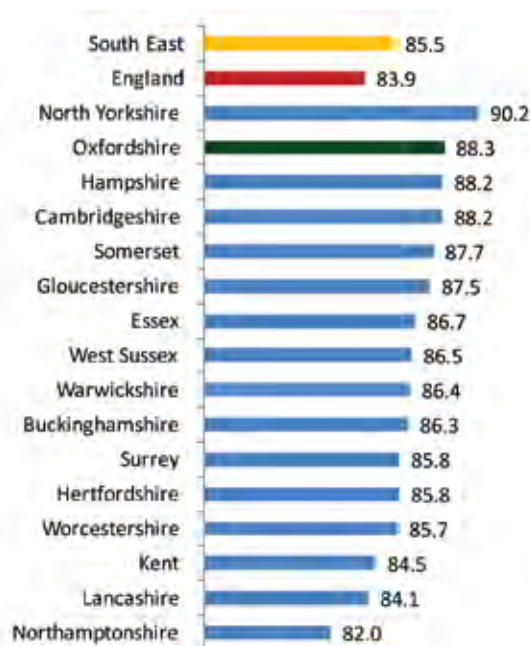
## People and communities

Older people in Oxfordshire are relatively satisfied with their home and neighbourhood.

- The 2008 Place Survey found 88.3 per cent of people aged 65+ fairly or very satisfied with both home and neighbourhood, ranking Oxfordshire second within its group of 16 statistical neighbours and above the regional and national averages.

According to the Place Survey, 29 per cent of people in Oxfordshire believe that older people are receiving the support they need to live independently. This is below the national average (30 per cent) and ranks the county 9th out of 16 statistical neighbours.

**Figure 55** NI 138 Satisfaction of people over 65 with both home and neighbourhood

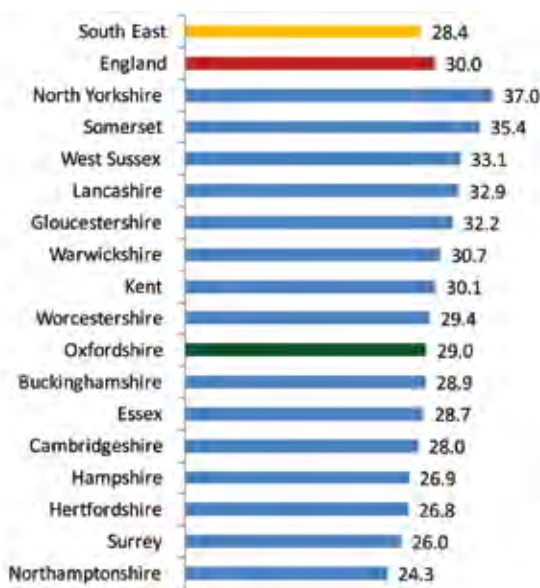


Source: CLG floor targets interactive, data from Place Survey 2008; Audit Commission (CIPFA) Nearest Neighbours 2009. Older people are asked two questions: How satisfied are you with your home? How satisfied are you with this area as a place to live? The indicator is the percentage of people aged 65+ who respond that they are fairly satisfied or very satisfied with both their home and the area. NB 'Area' is not defined; it is a subjective assessment, which varies legitimately depending on what area respondents regard as relevant.

Oxfordshire appears to have a relatively high rate of people (of all ages) participating in regular volunteering.

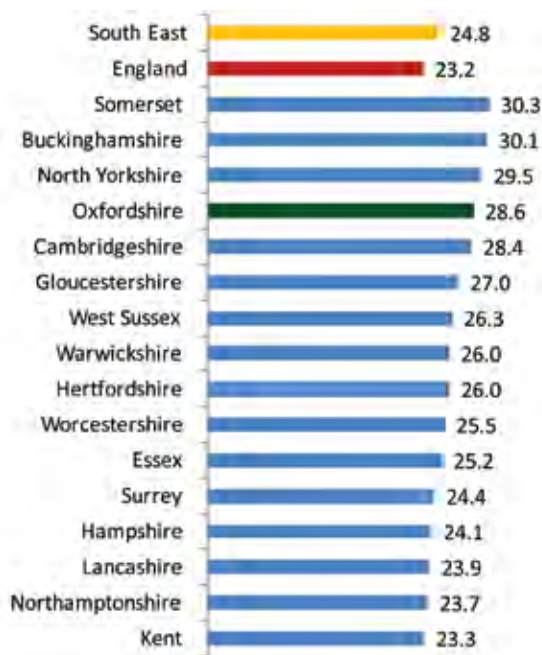
- The Place Survey found 28.6 per cent participating in volunteering in Oxfordshire, which is above the regional and national averages and ranks the county 4th out of 16 statistical neighbours

**Figure 56** NI139 The extent to which older people receive the support they need to live independently at home (2008)



Source: CLG floor targets interactive, data from Place Survey 2008; Audit Commission (CIPFA) Nearest Neighbours 2009. The measure, based on a survey question to be asked of the whole local population in the Place Survey, seeks to assess how far older people in a locality are getting the support and services they need to live independently at home: 'In your area, do you believe older people receive the support they need to live independently at home?'

**Figure 57** NI6 Participation in regular volunteering (2008)



Source: CLG floor targets interactive, data from Place Survey 2008; Audit Commission (CIPFA) Nearest Neighbours 2009. Regular volunteering is defined as taking part in formal volunteering at least once a month in the 12 months before the interview. Formal volunteering is defined as giving unpaid help through groups, clubs or organisations that support social, environmental, cultural or sporting objectives.

There is some evidence that Oxfordshire’s older people – particularly the recently retired – are more likely than others to run local community groups and services.

- Recent research in two Oxfordshire communities of Steeple Aston and Filkins and Broughton Poggs found that the majority of people who are activity volunteering in support of their community were aged 50+.
- This sample also shows that volunteers tend not to be living alone and a much higher proportion are providing unpaid care than the county average for the 50+ age group (see table below)

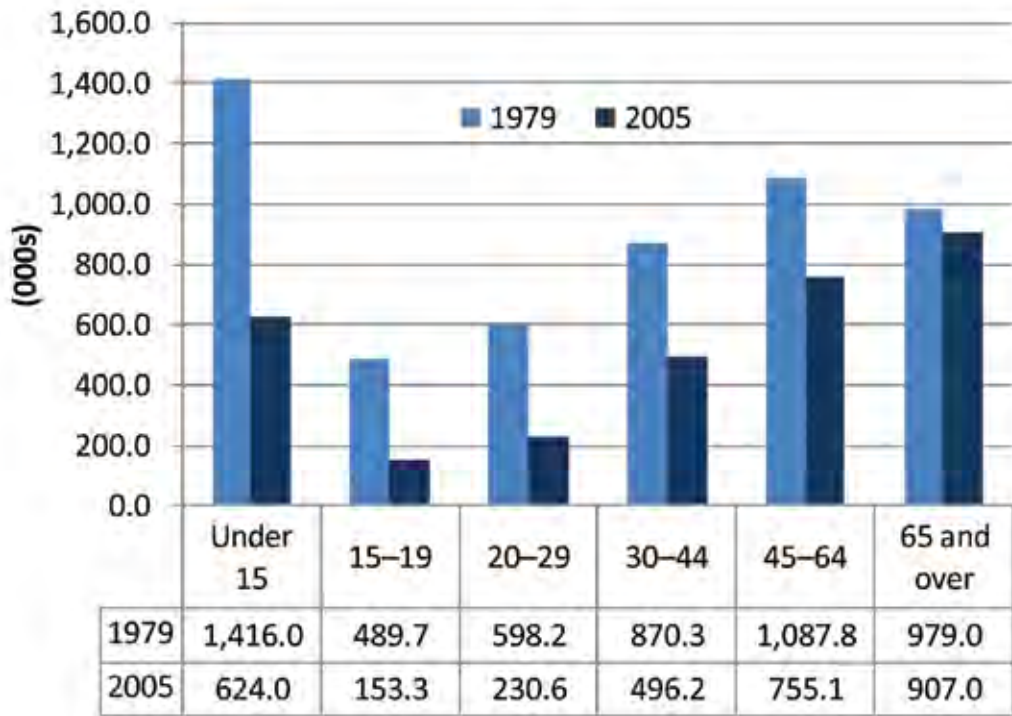
**Table 43** Involvement in community volunteering: profile of volunteers

	<b>Steeple Aston</b>	<b>Filkins &amp; Broughton Poggs</b>	<b>Oxfordshire average of pop aged 50+*</b>
% female	65%	82%	53%
% white British	100%	100%	94%
% with limiting long term illness	24%	27%	30%
% living alone	0%	9%	22%
% providing unpaid care	41%	36%	16%
<b>BY AGE</b>			
% under 50	17%	27%	Not applicable
% in 50s	7%	18%	39%
% in 60s	59%	36%	27%
% in 70s	3%	18%	21%
% in 80s	3%	0%	11%
Sample size	29	11	189,977

Source: evaluation of *Adding Life to Years* community-led prevention project interim report December 2008  
 \*2001 census, percentage of total population aged 50+ (ONS Crown Copyright reserved)

The profile of church attendees is becoming older. Between 1979 and 2005 there was a significant decline in the number of young people attending church in England. The number of older attendees (aged 65+) remains just above 900,000 – about 30 per cent of the total attendance.

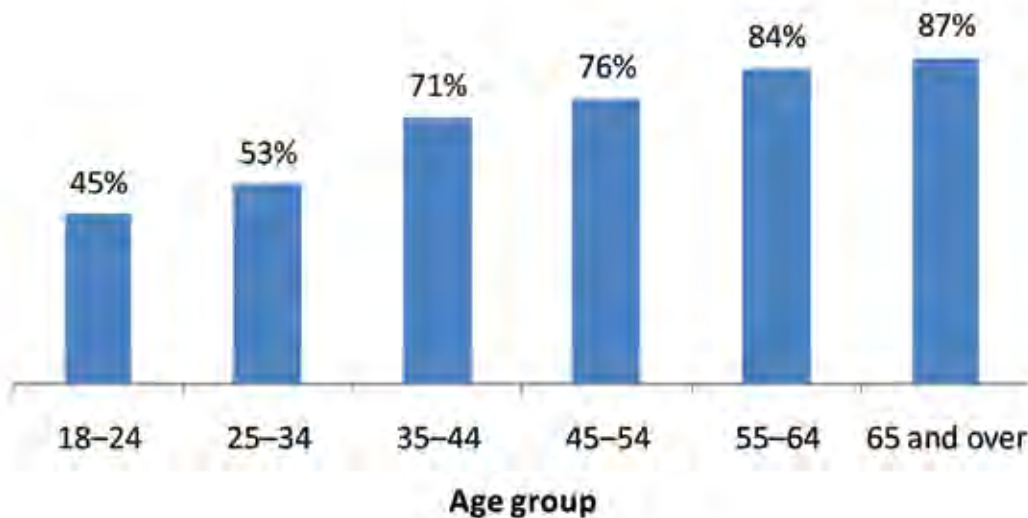
**Figure 58** Number of people attending church services in England by age, 1979–2005



Source: English Church Census, Christian Research from ONS Social Trends 2007 edition

Older people are more likely to vote. In the 2005 General Election, 87 per cent of those aged 65+ voted compared with 45 per cent of those aged 18–24

**Figure 59** Voting turnout in the 2005 General Election by age, Great Britain



Source: British Election study, ONS Social Trends 2007 edition

## Adding life to years, as well as years to life: the Asian Ladies' Group

Certain ethnic minority groups are at higher risk of poverty, poor health and isolation. For example, in one study of urban deprived areas, seven out of ten older Pakistani people were living in poverty. Living on a low income is closely linked to poorer health and risk of isolation. Oxfordshire has significant numbers of black and white ethnic minority elders who may be at risk of disadvantage. Yet because the urban population concentrations are not as great as in some other parts of the country, such as the Midlands, North-West and London, there is a grave danger that the policy and funding radars are not detecting some of our vulnerable senior citizens.

The Banbury Asian Ladies' Group is attended by people who are at risk of isolation, including many with health problems such as difficulty in walking; some are unable to read and write, some unable to speak English. The group is small but representative of older Asian women in the area.

People come to the group for social contact, and get help from each other and from the support worker from Age Concern (now Age UK) who organises the group. They meet once a week for two and a half hours at Woodgreen Leisure Centre. The organiser ensures that communication is effective by ensuring translation is available from Punjabi and Urdu. Plans are in hand to link the group to IT training offered at Age UK Oxfordshire's office in Banbury.

As well as the regular meetings for social contact trips are arranged, such as a recent shopping trip to Birmingham. This is a vitally important aspect of bringing people closer to opportunities because many ethnic minority elders do not access public transport, and the rate of take-up of travel concessions for elders is particularly low in these groups.

Major benefits are reported from the group, in knowledge and in belonging: for example, **'more aware of what is available to me'** and **'more able to take part'**.

As with so many '**champion**' initiatives of this kind the **challenge** is sustainability. Evaluation of this and other 'Adding Life to Years' projects has shed light on the important process for us in the county of:

- identifying specific populations at highest risk of disadvantage
- observing and evaluating specific interventions which are proven to work
- locating resources to apply what works in a sustainable way.

This is the imperative on public services and funding for disadvantage. The Asian Ladies' Group points the way forward.

## Age UK Oxfordshire says:

- **districts and other agencies should consider both quality of neighbourhood as well as housing. We commend approaches such as ‘Towards Common Ground’,<sup>16</sup> which offered an analytical framework to link the factors of transport, amenities and design and help us meet the whole challenge**
- **there is a big challenge and opportunity for more community transport. Designed properly, such schemes can give the providers a sense of doing something worthwhile and the users a sense of connection**
- **people want to enjoy life but the problems of doing that multiply as they grow older. A new agency is needed to link providers of arts and leisure to the parts of society that are not currently being reached, and to tackle underlying problems of access.**

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## Expert comment

Oxfordshire County Council appreciates that people want to carry on living in their own home for as long as possible. To do this they must be able to access services and enjoy living in their local neighbourhood. It is good news that nearly 9 out of 10 people over 65 are satisfied with both their neighbourhood and home – one of the highest levels in the country. We want to build on that in the way that services are developed. This will require genuine partnership working: local communities working with public bodies and other organisations to deliver practical solutions to local problems.

### John Jackson

Director of Social and Community Services  
Oxfordshire County Council

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<sup>16</sup> *Towards Common Ground: the Help the Aged manifesto for lifetime neighbourhoods.* Help the Aged, 2008

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# Feedback from older people's forums

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## Older in Oxfordshire forums, spring 2010: what people said

Throughout March 2010, over 200 people attended one of five participative, workshop-style forums which were set up to ensure that the voices of people in later life drive the production of an influential Age Concern Oxfordshire report, *A Tale of Two Counties: growing older in Oxfordshire*, to be published in June 2010 to mark the launch of Age UK Oxfordshire.

The forums were all given a short presentation of facts and figures on ageing in each of the different districts of Oxfordshire, following which we asked what they thought about the facts and figures. What do they tell us about need? Where are the gaps in the facts and figures and how can we fill them? What do the facts and figures not tell us about ageing in Oxfordshire? Views ranged from healthy

scepticism about the figures, particularly in the city – ‘we are all individuals’ – to interest and in some cases surprise, and a feeling that we need to keep asking questions about what the figures mean.

We then asked people to think about:

- what helps you stay healthy?
- what makes it difficult?
- what needs to happen to help?

What follows is a brief summary of the discussion and responses from all five forums.



Staying well	Barriers to staying well	What needs to happen?
<p><b>Physical health and well-being:</b> people talked both about personal responsibility and self-help and about the support they need from the NHS – particularly primary care</p>		
<p><b>Exercise</b></p> <p>Exercise is the most frequently mentioned way of staying healthy. For some this means walking ‘as much as possible’. <i>‘If you can manage stairs, use them!’ ‘Keep on the move!’</i> Health walks and Nordic walking popular in some areas. For others regular, organised exercise classes are the answer: <i>‘Classes really make you do it.’</i> Also mentioned: cycling, gym, t’ai chi, yoga, dancing (including American square dancing, tea dances and folk dancing) and bowling.</p> <p><b>Diet and nutrition</b></p> <p>Eating well is important for most people and Wiltshire Farm Foods, ‘buying for one’ schemes and delivery of food from supermarkets are all mentioned as being helpful.</p> <p><b>Gardening</b></p> <p>Gardening frequently mentioned, along with fresh air, nature, and generally keeping busy.</p> <p><b>NHS</b></p> <p><i>‘The reassurance of a good health service and community care’</i> is mentioned by many people, though almost always after the self-help measures outlined above. Several people talk about having <i>‘confidence in the NHS’</i> and <i>‘a good rapport with your doctor and seeing the same doctor when requested’</i>. <i>‘Diabetic care is very good.’</i> <i>‘Independent Living Centre in Witney well worth a visit if you need help to use stairs, bathroom etc.’</i></p>	<p><b>Illness</b></p> <p>Illness is seen as the principal barrier to keeping busy and staying well – along with accidents, falls and broken limbs – or the fear of them. <i>‘Poor access to and availability of swimming pool and general fitness classes’</i> is an issue for some – as is the <b>cost</b> of accessing them. Cold weather/bad winter often cited as a barrier and uncleared pavements have been a real issue for some.</p> <p><b>Poor diet and nutrition</b></p> <p>Seen by many as a barrier to staying healthy. Poor appetite contributes, as does energy and motivation: <i>‘not wanting to cook regularly’</i>. Cooking/ shopping for one and eating alone is an issue. Difficulty with shopping cited, particularly in rural areas – <i>‘transport can lead to shopping problems and poor nutrition’</i> – and Banbury is singled out as having no town centre supermarket. The affordability of food is another significant factor for some.</p> <p><b>Access to NHS</b></p> <p>Poor access to NHS dentistry and health services is seen as a barrier. For some this is about <i>‘feeling unable to consult medical help with minor problems and intermittent events.’</i> Access to NHS dentistry is an issue for general health and there is one mention of a <i>‘proven correlation between poor teeth and heart disease’</i>. Discrimination frequently mentioned – <i>‘an over-80s approach by some doctors’</i>; <i>‘lack of interest by doctors,</i></p>	<p><b>NHS</b></p> <p>Although self-help features most highly in the other categories, in terms of what needs to happen people were very clear about wanting good access to <i>‘adequate health and care services and support if necessary – determined by need and not age’</i>. Quite a few mention <i>‘being able to see a doctor when you need to’</i>, and the comments imply that some people experience significant difficulty with appointment systems: <i>‘Not having to wait ten days/ two weeks’</i>; <i>‘If you get past the desk, you’re in’</i>; <i>‘Not having to wait for a phone message to say when you can be seen at the surgery.’</i></p> <p>Many are enthusiastic about drop-in health services, to see a nurse or adviser, <i>‘not necessarily a doctor’</i>, <i>‘to be reassured about small problems’</i>, and also for health checks. Improved access to dentistry also needed. Difficulty in getting GP home visits mentioned in western Oxon but not elsewhere in the county. People want an end to discrimination: <i>‘More understanding by doctors of the problems older people have – not told a lot of people of your age have your problems too!’</i></p> <p>More falls clinics and better access in rural areas were also considered helpful.</p> <p><b>Exercise</b></p> <p>Improved access to exercise classes and swimming, better publicity and <i>‘more emphasis on exercise etc. – although there has been more about</i></p>

	<p>who are apt to say, “What do you expect at your age?” and, for a few, ‘the wrong medication’ or ‘doctors getting it wrong’ is an issue. ‘Not taking opportunities on offer for health screening, flu jabs etc.’ also mentioned.</p>	<p>keeping moving lately’. Day centres help with loneliness, nutrition, outings and passing on of knowledge.</p> <p><b>Diet and nutrition</b></p> <p>More information and help with diet and nutrition – and support for people who are under-eating, for whatever reason.</p>
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**Mental health and well-being:** friends and family, staying involved, having a purpose or meaning to life and keeping up ‘mental exercise’ are all seen as important for the maintenance of mental well-being; knowing what’s available, cost, transport and confidence are all barriers. Loneliness is a very major concern for most people.

<p><b>Friends and family</b></p> <p>Friends and family, being in contact with people and meeting people – ‘to be able to meet people and go out with friends’ – are mentioned by almost everybody, someone to chat with (‘men need to talk more’), share things with and ‘have a laugh’, ‘people to love and be loved by’, ‘a supportive family within a few miles’ and grandchildren</p> <p><b>Opportunities for meeting people and socialising</b></p> <p>‘Joining in and enjoying life’ and belonging to an organisation – clubs and groups, church, conversations and discussion groups and singing are the most frequently mentioned activities: ‘Join any local group – or start one! Don’t sit at home waiting for someone else to do it.’ Intergenerational activities – particularly related to IT – also mentioned: ‘keeping in touch with young people and their interests.’</p> <p>Community development is a valued approach: ‘We need more like Ruth to help us enjoy ourselves in old age.’ U3A, bridge, lunch clubs, and part-time work are important for some.</p>	<p><b>Loneliness</b></p> <p>Social isolation and loneliness leading to depression cited as major barrier to mental well-being. Loss of friends and relatives, ‘no family members nearby’, ‘falling out with family or friends irrevocably’, the cost of getting out and about, disability and illness, lack of energy all contribute to this. ‘Depression and ill-health cause a vicious circle. Feeling unwell makes one lethargic and loath to do anything. Not contacting people when things get bad.’</p> <p><b>Stress, anxiety and confidence</b></p> <p>Many mention stress and anxiety – ‘too many cares, too little support’ – and a variety of causes including financial worries and concern about the house. Life goes too fast for some – and technological changes are difficult to keep up with.</p> <p>Confidence ‘particularly after illness or a fall’ is a significant barrier for some. ‘Not having confidence to ask questions of people one might think superior e.g. doctors, hospital staff.’ Lack of education also affects confidence.</p>	<p><b>Opportunities for meeting people and socialising</b></p> <p>More affordable and accessible educational opportunities, classes, drop-in places and coffee mornings for chat, discussions and activities are needed: ‘opportunities to mix with others through things chosen by the elderly – not what others think they need.’ More community development to help solve problems (‘rooms to meet are difficult’) and provide ‘support for small, local groups which are struggling yet provide vital support to their members.’ ‘Having enthusiastic young organisers like Ruth to get us going.’</p> <p><b>‘Don’t campaign. Set it up yourself!’</b></p> <p>Changing attitudes and countering discrimination Many people talk about a more positive attitude to ageing by both young and old – ‘counter negative stereotypes’. ‘Older people need to raise their profile.’ <b>‘Campaign not to be ashamed of being old – cf. gay pride.’</b></p> <p><b>Also . . .</b></p> <p>‘CRB checks take too long –</p>
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Several people mention the importance of achieving a *'balance between sociableness and being alone'*.

### **Keeping the mind active**

Educational opportunities/ classes/staying interested in learning new things are vitally important for well-being and self-esteem – *'Keep your brain going'*. *'Never stop thinking – continue to use your brain as much as you ever did.'*

Crosswords, quizzes, jigsaws, Scrabble, reading, TV, radio and current affairs – *'keeping up with the news'* and *'having a lively interest in what is going on around you'* all help, as do hobbies *'old and new'*.

Theatre, music, museums and exhibitions, and the local history society, are important for some, as are creative activities – making things, textiles and art.

### **Volunteering**

Many people emphasise the importance of contributing and participating – either through formal volunteering or much more informally: *'a feeling of being needed'*, *'a feel good factor'*, *'giving back'*, *'a purpose to life'*.

Several people specifically talk about committees.

Lack of sleep is an issue for many.

### **Attitudes**

Lack of motivation, inertia, apathy and *'becoming insular'* are mentioned by some – linked to lack of mental stimulation/boredom.

Negative attitudes and age discrimination also play a part. *'Being intimidated by neighbours or gangs of youngsters'* is a problem for some.

*'Over-zealous use of CRB [necessity for Criminal Records Bureau checks, e.g. for volunteers] is a big hindrance'* mentioned several times.

*need to be easier and less scary for people.'*

<p><b>Economic well-being:</b> poverty was a real concern at every forum and people made a strong link between poverty and health.</p>		
<p><b>Paying your way</b></p> <p>The financial ability to pay for activities and opportunities, to get out and about and to take holidays plays a major part in health and well-being.</p>	<p><b>Money worries</b></p> <p>People identified financial deprivation and worries about money as a major barrier to health and well-being: <i>‘Not having money to pay bills in winter; lack of money for essentials.’</i></p> <p><i>‘Economic issues affect nutrition, warmth, transport and social contact.’</i></p> <p>Poverty among women because of lack of NI credits, divorce or widowhood is a particular issue.</p> <p><b>Benefits take-up</b></p> <p>The complexity of the benefits system and the paperwork associated with it is a real deterrent to take-up.</p>	<p><b>Tackling benefits take-up</b></p> <p>A more accessible system is needed, but in the meantime more encouragement to take up benefits and help with filling in forms and claiming benefits are needed.</p> <p>Some work on attitudes to financial help is also needed – <i>‘not a charitable donation’.</i></p>
<p><b>Housing/neighbourhood</b></p> <p>The availability of affordable and appropriate housing, keeping warm in winter, good neighbours and supportive neighbourhoods are all considered critical contributors to health and well-being.</p>	<p><b>Housing worries</b></p> <p>Many talked of concerns about maintaining their home and engaging help: <i>‘worries about the condition of home and unknown expenses’; ‘unable to cope with running home and worry re deterioration of home and not wanting unknown people in home’; ‘could be taken for a ride’.</i></p> <p>Also cited: the difficulty of accessing aids and adaptations to help people manage and to prevent accidents.</p> <p><b>Staying warm</b></p> <p>Cold houses and the high cost of utilities are issues for many: <i>‘[It’s] “eat or heat” for some older people’.</i></p> <p><b>Community</b></p> <p>The closure of local facilities, shops and pubs etc. is an issue for some, particularly in rural areas: <i>‘Lack of local facilities and people to organise them.’</i></p>	<p><b>Housing help</b></p> <p>More affordable and appropriate housing is needed, as is more accessible information about housing options and more help with home adaptations and heating costs.</p> <p>West Oxfordshire has a specific issue relating to a perceived loss of sheltered housing provision.</p> <p><b>Community</b></p> <p>More work to foster neighbourliness, good neighbours and strong communities is needed.</p>

**Getting out and about:** for many simply going out every day is a key to staying healthy.

**Transport**

*'Opportunities to get into the wider world puts one's problems into perspective.'*  
 Good, accessible public transport is essential to health and well-being, as for many is the ability to drive.  
*'Bus passes invaluable!'*  
*'Enjoying good holidays'* also mentioned by many.

**Transport**

If transport is essential for health and well-being it follows that difficulties with transport present a major barrier – one mentioned by most – particularly, but not exclusively, in rural areas. Lack of public transport options prevents people from taking opportunities to participate. Transport to health services is also an issue for some.

The cost of fuel and train fares also presents a barrier for some: *'too high for visiting relatives and friends.'*

**Community**

Poor maintenance of paths and pavements can prevent people from getting around; damaged and obstructed pavements present a hazard. The failure to grit pavements following snowfall was a problem for a great many: *'not able to go out for two weeks during the snow – and I'm talking about Witney.'*

Cycling on pavements deters some from going out.

Lack of seats in public places and of public loos also influences people's ability to get out and about.

**Transport**

Better transport (including later buses) is unsurprisingly an issue for many.

*'Dial-a-Ride could be much more helpful if club organisers took the time to explain it all to customers.'* *'More local transport suitable for older people.'* *'Provide transport to isolated people for petrol cost only.'*

**Costs**

Bus passes are popular: *'keep the bus passes'*.

But for people not on a bus route a choice of travel tokens is welcome: *'Other districts still have a choice, but not the Vale. Why?'*

**Information:** difficulty in accessing information is a **major barrier to staying well** and information provision is perceived to be *'patchy and bitty and a bit ad hoc and hit-and-miss'*. Very strong and very mixed views are held on IT and internet provision of information – for some a panacea, while for others *'this www business – saying it's available on the internet – is like shutting the door in people's faces'*.

<p><b>Information</b></p> <p>Information available in a variety of ways – face-to-face support valued highly, as are locally accessible one-stop shops: <i>'There is no substitute for human contact.'</i></p>	<p><b>Information</b></p> <p>Insufficient knowledge of what is available is a real barrier to staying well. <i>'Knowing how and where to seek help when problems arise.'</i></p> <p><b>Planning</b></p> <p>Planning for the future is difficult because it's hard to find out what resources are available (aids, adaptations and support) and at what cost until you actually need help.</p>	<p><b>Tackling benefits take-up</b></p> <p>Access to information          Improve access to/ease of getting information: <i>'advice needs to be available from accessible sources – GP surgeries, churches, libraries.'</i>  <i>'Effective information about services/benefits tactfully disseminated.'</i>  <i>'Information about local services written in easy-to-understand language and readily available at e.g. GP surgeries, village halls, town halls, churches etc.'</i>          More personal support needed: one-stop shops <i>'for people 50+ to get information on benefits, help for carers etc.'</i> and <i>'a helpline number – not just email help.'</i>          More Age Concern Information Fairs: <i>'valuable on market days when bringing a lot older people together.'</i>          More information about activities, services and support in the media – <i>'we need an age support section in the local paper'</i>.          Improved access to written information and medical leaflets and <i>'mediators'</i> in GP surgeries to provide information – <i>'not a new idea'</i> – would help with health services.  <i>'A county-wide directory of information about services and costs is needed so that people can plan.'</i></p> <p><b>IT</b></p> <p>Much more accessible and affordable support for people to use computers is important – <i>and some of this may need to be at home – 'because it's different when you get home'</i>.</p>
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**Caring:** stress, exhaustion and loneliness were all raised as major issues for older carers.

**Support**

*'Good community support for a family member gives piece of mind [for carer].'*

**Financial**

Loss of income (Carer's Allowance etc.) is a big issue.

**Respite care**

Breaks from caring are very important. *'Little time for oneself (as a carer), which leads to deterioration in relationship.'*

Day care can offer breaks on a regular basis but is over-subscribed in some areas and *'rationing'* to half days is distressing.

**Financial**

Older carers should continue to receive Carer's Allowance after pension age.

**Respite care**

Flexible and dependable respite readily available – both regular and one-off.

# Final words...

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*'Man does not cease to play  
because he grows old....  
He grows old because he  
ceases to play'*

**George Bernard Shaw**

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## Annex 1 Finding out more

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Data and information on Oxfordshire is available on the Oxfordshire Data Observatory website at **[www.oxfordshireobservatory.info](http://www.oxfordshireobservatory.info)**

Other useful local, regional and national sources of statistics include:

Data for Neighbourhood Renewal (signposting site)	<b><a href="http://www.data4nr.net">www.data4nr.net</a></b>
Neighbourhood Statistics	<b><a href="http://www.neighbourhood.statistics.gov.uk">www.neighbourhood.statistics.gov.uk</a></b>
Nomis	<b><a href="http://www.nomisweb.co.uk">www.nomisweb.co.uk</a></b>
The Oxfordshire Economic Observatory	<b><a href="http://oeo.geog.ox.ac.uk/">http://oeo.geog.ox.ac.uk/</a></b>
The South East Public Health Observatory	<b><a href="http://www.sepho.org.uk">www.sepho.org.uk</a></b>
The South East of England Intelligence Network	<b><a href="http://www.see-in.co.uk">www.see-in.co.uk</a></b>
The Office for National Statistics	<b><a href="http://www.statistics.gov.uk">www.statistics.gov.uk</a></b>

## Annex 2 Key indicators for older people in Oxfordshire

	Indicator	Source and Date	Oxfordshire
Population	Total resident population (all ages)	ONS mid-year estimate (2008)	<b>639,800</b>
	Number of people aged 50+	ONS mid-year estimate (2008)	<b>206,500</b>
	Number of people of pension age	ONS mid-year estimate (2008)	<b>114,100</b>
	Number of people aged 80+	ONS mid-year estimate (2008)	<b>28,400</b>
	Ethnic minority population of pension age	ONS experimental estimate (2007)	<b>7,600</b>
	2006 to 2031 change in population aged 50+	ONS 2006-based projections	<b>+69,400</b>
	2006 to 2031 change in population aged 50+	ONS 2006-based projections	<b>+29,900</b>
	1998 to 2008 change in population aged 80+	ONS mid year estimates	<b>+11,000</b>
	2008 to 2028 change in population aged 80+	ONS 2006-based projections	<b>+23,900</b>
	% of people aged 50+ living in rural wards	OCC ward projections (2008)	<b>46%</b>
	% of people aged 80+ living in rural wards	OCC ward projections (2008)	<b>42%</b>
Living arrangements	Single-pensioner households	ONS Census 2001	<b>31,140</b>
	Single-pensioner households of ethnic minority (non-white British) groups	ONS Census 2001	<b>1,632</b>
	Single-pensioner households in social rented housing	ONS Census 2001	<b>8,720</b>
	People aged 50+ in communal establishments	ONS Census 2001	<b>3,689</b>
	Households headed by person aged 65+	CLG 2006-based household projections (2006)	<b>64,000</b>
	Increase in households headed by person aged 65+	CLG 2006-based household projections (2006 to 2031)	<b>41,000</b>
Employment and material well-being	% of people aged 50+ who are economically active	ONS Annual Population Survey (Apr08 to Mar09)	<b>49.5</b>
	Males and females aged 50+ working full time	ONS Annual Population Survey (Apr08 to Mar09)	<b>69,500</b>
	Males and females aged 50+ working part time	ONS Annual Population Survey (Apr08 to Mar09)	<b>38,500</b>
	Number of people aged 50+ claiming Jobseeker's Allowance	DWP (Nov 2009)	<b>1,480</b>

	<b>Indicator</b>	<b>Source and Date</b>	<b>Oxfordshire</b>
	Number of people aged 60+ claiming state pension	DWP (May 2009)	<b>111,750</b>
	Number of people claiming pension credit – TOTAL	DWP (May 2009)	<b>17,310</b>
	Number of people claiming pension credit - guarantee credit only	DWP (May 2009)	<b>5,210</b>
Health	% of people aged 50+ with limiting long term illness	ONS Census 2001	<b>30%</b>
	Male life expectancy – OXFORD city	ONS (2006-08)	<b>78</b>
	Female life expectancy – OXFORD city	ONS (2006-08)	<b>82.8</b>
	People claiming incapacity benefit / severe disablement allowance aged 50+	DWP (May 2009)	<b>5,480</b>
	People claiming Disability Living Allowance aged 50+	DWP (May 2009)	<b>8,700</b>
	People claiming Attendance Allowance aged 65+	DWP (May 2009)	<b>12,830</b>
	Pensioners claiming Carer's Allowance	DWP (May 2009)	<b>180</b>
	Excess winter deaths	ONS (winter 2007-08)	<b>150</b>
	Emergency hospital admissions of people aged 65+ for hip fractures (rate per 100,000)	APHO (2006/07)	<b>510</b>
	Number of telecare clients in Oxfordshire	Oxfordshire County Council (2008)	<b>492</b>
	People aged 65+ receiving Day Care (rate per 1,000 population)	Community Care Statistics (March 2008)	<b>15.9</b>
	People aged 65+ receiving Home Care (rate per 1,000 population)	Community Care Statistics (March 2008)	<b>27.7</b>
	% of people aged 65-74 eating more than 5 fruits per day	Oxfordshire PCT (2005)	<b>38.5</b>
	% of people aged 65-74 who smoke	Oxfordshire PCT (2005)	<b>18.2</b>
Access to services	% of pensioner households without access to a car	ONS Census 2001	<b>41%</b>
	% of people (all ages) with Limiting Long Term Illness without access to a car	ONS Census 2001	<b>29%</b>
	Pensioner households in rural Oxfordshire without access to a car	ONS Census 2001	<b>7,200</b>
	% of people over 65 fairly or very satisfied with home or neighbourhood (NI 138)	CLG (Place survey 2008)	<b>88.3</b>
	% of adults who believe that older people receive the support they need to live independently (NI 139)	CLG (Place survey 2008)	<b>29.0</b>
	% of adults participating in regular volunteering	CLG (Place survey 2008)	<b>28.6</b>





The new name for  
**AGE** Oxfordshire  
*Concern*



CALOUSTE  
GULBENKIAN  
FOUNDATION

Age Concern England (charity number 261794) has merged with Help the Aged (charity number 272786) to form Age UK, a charitable company limited by guarantee and registered in England: registered office address 207-221 Pentonville Road, London N1 9UZ, company number 6825798, registered charity number 1128267. Age Concern and Help the Aged are brands of Age UK. The three national Age Concerns in Scotland, Northern Ireland and Wales have also merged with Help the Aged in these nations to form three registered charities: Age Scotland, Age NI, Age Cymru.