

Living Longer, Living Better

**An
Older People's Strategy
For Oxfordshire
2019 – 2024**

Final Draft

**Foreword by the Chair and Vice Chair of
Oxfordshire's Health and Wellbeing Board**

***“Ageing is not lost youth but a new stage of opportunity and strength.” Betty
Friedan***

We are pleased to launch the new 2019–2024 Oxfordshire Older People’s Strategy which follows on from the Oxfordshire 2013–2016 Older People’s Joint Commissioning Strategy.

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

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

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

Priority 1: Being Physically and Emotionally Healthy

Priority 2: Being part of a Strong and Dynamic Community

Priority 3: Housing, Homes and the Environment

Priority 4: Access to Information and Care

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

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



Councillor Ian Hudspeth
Chair of Oxfordshire’s Health and
Wellbeing Board



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

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Executive Summary

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

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

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

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

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

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

Introduction

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

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

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

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

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

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

Key success factors included:

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

- Increasing numbers of people supported with home care – 27% more people than in 2012 and 46% more hours.

Challenges that remain include:

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

The Vision

The shared Health and Wellbeing vision for Oxfordshire is:

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

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

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

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

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

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

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

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

The Context for this Strategy

National Context

A new national NHS 10-year plan and Social Care Green Paper on social care for older people are due to be published in December 2018. These will set the national policy context for the delivery of this strategy.

Indications are that national and local planning for the period of Oxfordshire's new strategy will be set within a 5-year NHS budget allocation, with planning at scale through Sustainability and Transformation Partnerships (STP) and more locally through Integrated Care Systems (ICS). National planning guidance is expected to be published in December 2018.

The impact of the Brexit negotiations at both national and local levels will also affect how this strategy is delivered.

Local Context

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

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

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

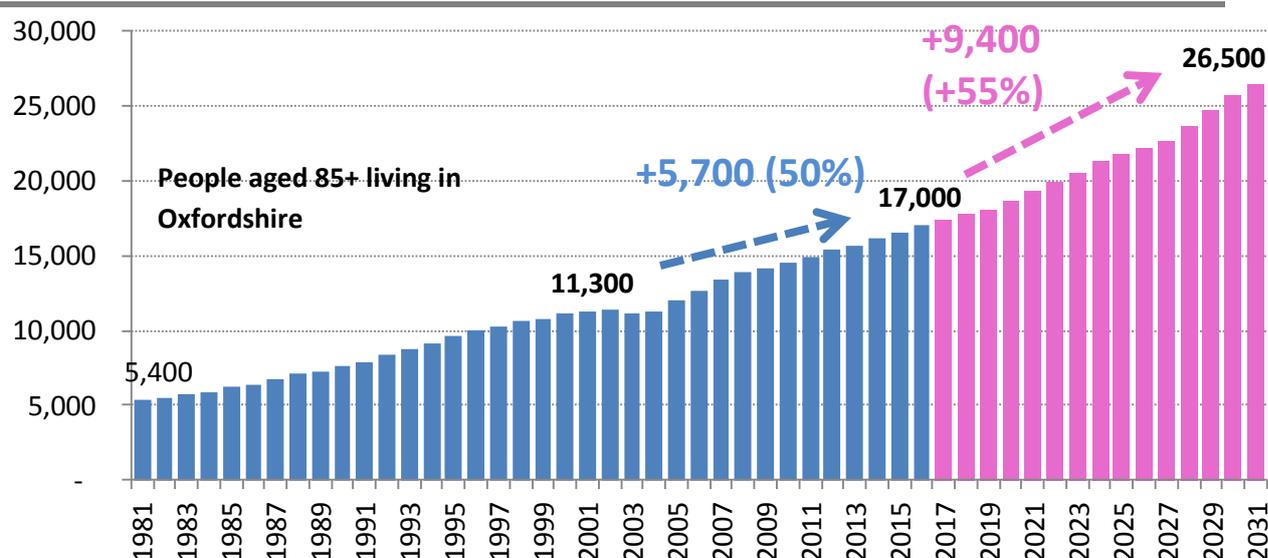
The Key findings are:

Population Growth

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

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

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



Sources: ONS mid-year population estimates; Oxfordshire County Council population forecasts (revised Apr 18)

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

Positive Ageing

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

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

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

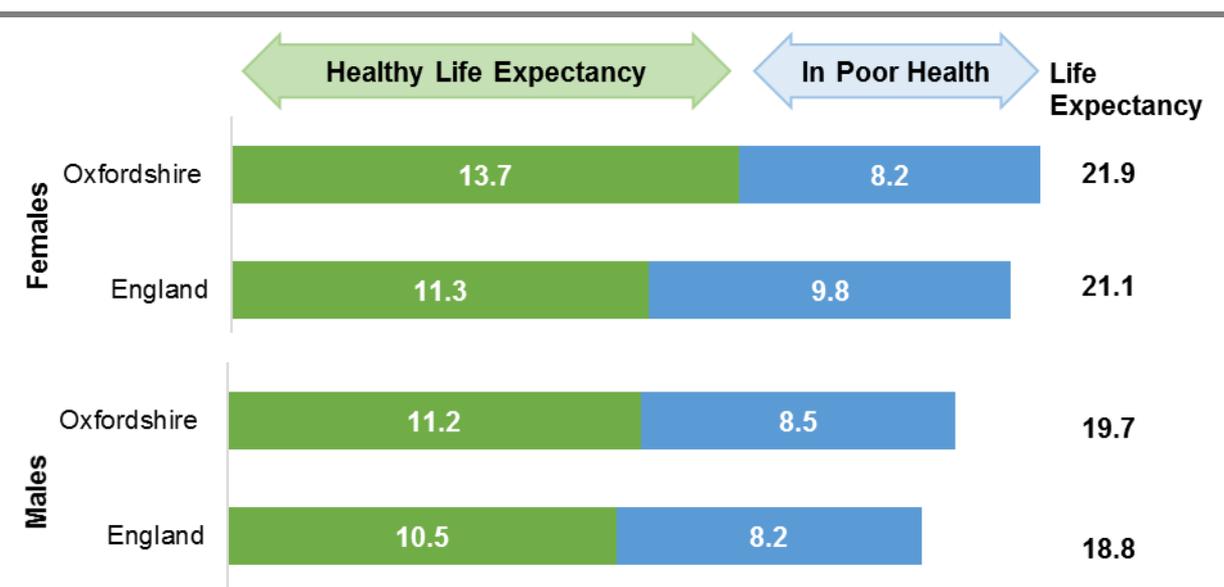
Compared with England, Oxfordshire had a higher proportion of older workers in "financial real estate, professional and administration" industries (30% compared with 26%). More recent data shows a higher proportion of older people (aged 50+) engaged in the workforce in Oxfordshire than average.

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

Life Expectancy

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

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



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

Health

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

National data shows older people significantly more likely to be overweight or obese.

National data shows that inactivity levels generally increase with age (Oxfordshire obesity data by age is not available). The sharpest increase in inactivity comes between ages 75 and 84 (48%) and age 85+ (71%).

Oxfordshire Inactivity Data – Sport England Active Lives Survey

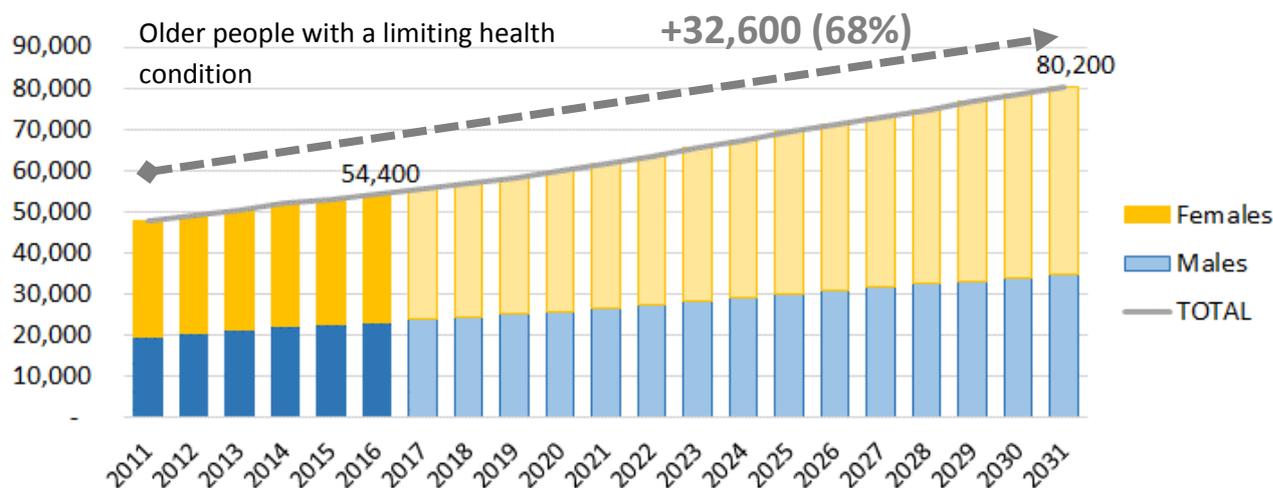
INACTIVITY <30MINS PER WEEK	November 2015 – November 2016		May 2016 – May 2017		November 2016 – November 2017					
	Total		Total		Total		Male		Female	
	%age	Number	%age	Number	%age	Number	%age	Number	%age	Number
All ages	21.0%	115,700	22.3%	124,000	21.4%	119,200	20.7%	56,800	22.2%	62,400
55 - 64	23.2%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

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

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

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

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



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

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

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

Use of health and social care

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

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

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

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

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

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

Rurality

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

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

Financial security

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

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

In addition, there are an estimated 6,500–7,500 older people who are not claiming benefits to which they are entitled.

Going Local and Integrating Care

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

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

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

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

Developing and strengthening local infrastructure as well as providing services locally are thought to be positive ways to promote that sense of being connected, and enable older people to plan their activities across the day or the week and interact more easily with those around them.

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

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

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

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

A Population Health Management approach is being taken in developing services. This is an evidence-based approach to determining the health and care needs of a population using data to develop specific interventions, in specific places with specific populations to improve physical and mental health outcomes for groups of people. This means we can tailor services to the needs of local populations and 'at risk cohorts' rather than take a blanket approach.

We will be focusing on interventions that can reduce the occurrence of ill health and reduce health inequalities. In addition we will aim to address a full range of factors that impact upon people's health, ensuring they are delivered in partnership with communities and partner agencies such as housing and quality. There will be an emphasis on locally developed solutions, balancing opportunities for addressing challenges locally with those that impact on a wider geography or population which it would be more sensible to address on a greater scale or for a bigger population.

How the Strategy Was Developed

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

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

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

Engagement

A 3-month period of engagement was undertaken to check that the messages from the previous consultations were still relevant and ask people to tell us what is important to them as they grow older.

An online survey received over 300 responses. Meetings were held with voluntary groups, the local CCG Clinical Locality Groups and a number of acute and community clinicians. An engagement report that brings together the feedback is attached as *Appendix 3*.

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

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

Co-production

We worked also with Oxfordshire's Co-production Champions to plan and run a co-production event on 16 October 2018, at which we collaboratively agreed the strategy's vision, strategic priorities and structure. Over 40 people participated including members of the public, black and ethnic minority representatives, members of voluntary organisations, city and district councillors and managers, health and

care managers and clinicians. This output work has helped to shape the design and key themes within this strategy.

Our thanks go to the City and District Councils, Health Towns Bicester, Age Concern, Parkinsons UK and Active Oxfordshire who have shared key documents with us, provided material that has informed the strategy or have personally helped with the editing of this document.

Strategic Priorities for 2019 – 2024

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

Priority 1: Being Physically and Emotionally Healthy

Priority 2: Being part of a Strong and Dynamic Community

Priority 3: Housing, Homes and the Environment

Priority 4: Access to Information and Care

Priority 1: Being Physically and Emotionally Healthy

Physical Activity

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

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

Oxfordshire is an active county and has the lowest rates of inactivity (doing less than 30 minutes of activity at the right intensity a week) in England. There is however still a significant number of people who are inactive - around 1 in 5 of the adult population. The older you get the more physically inactive you are likely to be, with an almost doubling of the rate if you are older than 75. To help this group of older people might mean increasing the intensity, or increasing the duration, that they are active.

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

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

Wellbeing

People's wellbeing is closely linked to how well they are doing in all aspects of their lives including financial, health, social, personal and the local environment. Age UK's Index of Wellbeing in Later Life, February 2017, noted that engagement in creative and cultural activities contributed highest to people's overall wellbeing. Opportunities for flexible employment and participating in different forms of volunteering are recognised as being beneficial for people as they grow older.

Planning

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

Prevention

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

Prevention services such as Yoga, Pilates and 'Strength and Balance' classes should be tailored to help avoid common problems such as falls. People want a range of organised activities in order to improve the length and quality of their lives, as well as delaying or avoiding the need for health and social care services. This quote from the feedback sums this up well:

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

What will success look like?

- We will make 'every contact count' to offer advice on prevention and activities to improve people's health
- Greater numbers of people accessing both primary and secondary preventative services including: stop smoking, increased activity, healthy eating (on a budget)
- Developing a range of different solutions for different age bands to achieve a year on year reduction in inactivity in the 65-85+ age range

- More targeted interventions for ‘at risk’ populations to meet their specific needs especially in places in Oxfordshire which have the highest levels of inactivity
- Evidence of people planning for and enjoying their later lives

Priority 2: Being part of a Strong and Dynamic Community

Making a contribution

The transition from a working life can be a difficult adjustment. People want to find new roles and continue to make a valued contribution to their family, social and local community. Age UK; A Summary of UK’s Index of Wellbeing in Later Life; February 2017 states that ‘there is a close link between how satisfied older people feel about their lives and how they are doing in “important areas of life”’.

Connection

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

Loneliness

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

Carers

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

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

“When looking after a person with dementia the loneliness can become chronic”

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

Access

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

People also want local services of all kinds as it is seen as a way of enabling people to ‘pace themselves balancing those things that can be done locally with those things that require planning and travel’.

Use of technology

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

Intergenerational Relationships

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

What will success look like?

- We will be able to evidence initiatives that look to reduce isolation and contribute to safe communities
- Through social prescription more older people matched and signposted to activities which support their own community with a demonstrable impact on their isolation and wellbeing
- Reduced levels of people reporting that they experience loneliness 'often or always'
- Greater levels of integrated care provided at a local level closer to home where appropriate

Priority 3: Housing, Homes and the Environment

Housing Growth

Oxfordshire is experiencing significant housing growth and development providing both opportunities and challenges. Some new housing and associated environment is being planned to provide houses that adapt to changing lifestyles and needs. They offer inbuilt technology, energy efficiency, communal open spaces and paths and cycle-ways connecting them to local shops and facilities. These are often in areas linked to Oxfordshire's two successful Healthy Town developments in Barton and Bicester. In other areas of growth facilities can often lag behind the new builds, putting pressure on already stretched resources such as GP's and other health services that older people say they rely on. The development of 'Healthy Places' enables systematic and proactive prevention of ill health by building in factors that support good health.

Age-Friendly Communities

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

Remaining independent

All of those we engaged with told us that 'older people want to remain in their own homes as long as possible'. Home however could be their family home, extra-care housing, a residential or a nursing home. But in most cases people want it to be a

place that is affordable, safe and in the community they have been living in with support to live independently in their own space. The Bicester Healthy Towns project found that older people were worried about the affordability of housing, particularly those on low incomes; this was also reflected in our wider engagement report.

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

Feeling Safe

Feeling safe in the community is linked to older people's confidence about being outdoors. Things like good lighting, well maintained paths and roads for walking, cycling or using mobility scooters are important. Fear of low level crime or intimidation also impacts on people's ability to be mobile and/or get involved in their community. Feeling unsafe can in some circumstances lead to people looking for alternative accommodation, risking breaking their links with their support and social network at a time when it is needed most.

What will success look like?

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

Priority 4: Access to Information and Care

Good Information

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

Whilst there is a wealth of information available both on the internet and in hard copy people's ability to navigate the system and identify the information they need when they need it, often at a time when they are coming to terms with a difficult future, can

be daunting. A single point of contact providing information at a time when the individual and their families can cope with it would be helpful. People want access to 'reliable' information in a range of formats including face to face advice or 'one stop shop' at appropriate times in their lives, provided in plain English and other languages, without jargon and in a range of accessible formats including large print, pictures and symbols.

Access to Care

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

Integrated Services

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

Being in control

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

What will success look like?

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

Putting Words into actions

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

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

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

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

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

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

Appendices

Appendix 1- Oxfordshire Health and Wellbeing Board Governance Structure



Appendix 2 – Needs Analysis for Older People in Oxfordshire 2018 (published separately)

Appendix 3 – Report on engagement to inform the development of an Older People’s Strategy for Oxfordshire 2019 -2024 (published separately)