

EXECUTIVE SUMMARY (NEEDS ANALYSIS FOR OLDER PEOPLE)

1. Executive Summary

1.1. Key Statistics

Measure	Number	% of all people aged 65+ *	Source
People in Oxfordshire aged 65+	115,600	100.0%	ONS Population Estimates (Mid-2014)
• People in Oxfordshire aged 65-74	62,000	53.7%	ONS Population Estimates (Mid-2014)
• People in Oxfordshire aged 75-84	37,300	32.3%	ONS Population Estimates (Mid-2014)
• People in Oxfordshire aged 85+	16,200	14.0%	ONS Population Estimates (Mid-2014)
Women aged 65+	62,900	55.3%	ONS Population Estimates (Mid-2014)
Men aged 65+	52,600	44.7%	ONS Population Estimates (Mid-2014)
People in Oxfordshire aged 65+ who are:			
• White	101,500	97.8%	ONS 2011 Census
▪ <i>White British</i>	94,400	93.9%	ONS 2011 Census
▪ <i>Other White</i>	14,100	3.9%	ONS 2011 Census
• Black, Asian and Minority Ethnic	2,300	2.20%	ONS 2011 Census
People in Oxfordshire aged 65+ who are:			
• In good health	59,200	59.2%	ONS 2011 Census
• In fair health	30,500	30.5%	ONS 2011 Census
• In bad health	10,300	10.3%	ONS 2011 Census
People in Oxfordshire aged 65+ who are:			
• Limited in day-to-day activities	44,500	44.50%	ONS 2011 Census
▪ <i>A lot</i>	19,600	19.60%	ONS 2011 Census
▪ <i>A little</i>	24,900	24.90%	ONS 2011 Census
• Not limited in day-to-day activities	55,500	55.50%	ONS 2011 Census

* In most cases the denominator for percentages is the resident population. However, for housing tenure, living alone, general health, and disability, the denominator is *household residents*, i.e. excluding older people in communal establishments.

1.2. Key Findings¹

The Older Population

- Oxfordshire's older population has grown quicker than the regional and national averages. It is expected to grow at twice the rate of the county's population as a whole.
- In recent years, life expectancy for men has risen faster than for women, narrowing the gap between the two.
- Disability-free life expectancy and healthy life expectancy have been rising more slowly than overall life expectancy, meaning that more people are likely to be living into older age with long term conditions.

Income, Wealth, and Deprivation

- National and regional data suggest that older people are better off now than previously; and in comparison with other age groups. Living standards for pensioners are expected to continue rising in the near future but there are potential risks for the longer term.
- Oxfordshire has relatively low levels of income deprivation affecting older people but in 2015 there were 13 small areas in the county that ranked among the most deprived 20% nationally.

¹ Sources are provided in footnotes throughout the relevant sections of the main body of the report.

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Quality of Life

- Data for the 2012-2015 period show that older people in the UK tend to report higher levels of wellbeing across a range of subjective measures.
- However, nationally, an estimated 6-13% of older people often or always feel lonely and many more may be at risk of loneliness.

Housing

- At the time of the 2011 Census the overwhelming majority of older people in Oxfordshire lived in households rather than communal establishments. Four fifths owned their home; they were much more likely to do so than other age groups.
- At the time of the 2011 Census 29,900 older people were living alone.
- Housing issues affecting Oxfordshire's older residents are likely to centre around affordability and suitability for older people's needs.

Transport and Connectedness

- As a rural county, Oxfordshire has relatively high levels of deprivation in relation to geographical barriers. In 2015 there were 145 small areas in the county that ranked among the most deprived 20% nationally.
- At the time of the 2011 Census, over a fifth of Oxfordshire's older household had no cars or vans in the household. More than half of them were limited in their daily activities.
- Older people also tend to access the internet less than other age groups.

Work, Volunteering, and Care Provision

- Nationally, older people are becoming more likely to work for longer. In the year to September 2015, more than one in five older people in Oxfordshire was in work.
- A significant proportion of older people volunteer, particularly those aged 65-74.
- At the time of the 2011 Census about one in seven older people in Oxfordshire provided unpaid care.

Disability and Long Term Health Conditions

- Disabilities and long term conditions become more prevalent with older age, and are likely to affect more than 44,500 older people in Oxfordshire.
- Common conditions likely to affect more than a fifth of older people include hearing loss, high blood pressure, arthritis, and respiratory illness.

Accidents and Injuries

- In 2014/15 there were over 2,800 emergency admissions for injuries due to falls among older people in Oxfordshire. Over 700 involved hip fractures.
- In 2015 there were 229 road casualties among older people in Oxfordshire.

Lifestyles

- Nationally, older people are less likely than younger people to smoke.
- Lifestyle issues of concern for this age group include reduced levels of physical activity, alcohol consumption, and malnutrition.

Health Service Use

- National data suggests that the number of GP consultations with older people is increasing faster than the average across all ages.
- Use of secondary care services by older people in Oxfordshire increased in the 12 months to the end of September 2015, including both emergency and planned visits to hospital. The increases were greater than among the overall (all ages) population
- In 2013 slightly under half of the deaths among older people in Oxfordshire occurred in the person's usual place of residence.

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Social Care

- National research suggests that over a quarter of older people receive some form of care but significant minorities may still not be having their needs met
- As of October 2015, Oxfordshire County Council funded home care for 1,751 older people and supported 624 through direct payments.
- Dementia may affect around a quarter of older people entering the social care system in Oxfordshire

1.3. Limitations of the Data

Although attempts have been made to use the latest data available, up-to-date information is not always available on the topics covered in the report. Therefore, some of the analysis uses older data, proxy measures, extrapolations, or regional and national data. These are likely to yield less accurate figures.

Projections should also be treated with caution and not as a 'crystal ball', since future needs will be affected by various factors that are unpredictable at this point in time.

In general, there will always be a certain amount of error in the data and this often affects local data to a greater extent, where confidence intervals are wider.² This can limit the ability to make comparisons or evaluate trends in the data.

Throughout the report figures are often rounded to the nearest 100 (and percentages to one decimal place) to avoid giving a false sense of accuracy. Discussion focuses on differences that are statistically significant (the term 'significant' is used in this technical sense throughout the report).

It is not always possible to provide subgroup breakdowns, for example by district, sex or ethnicity. This is sometimes because no data are available at this level of detail, or because the numbers become too small to analyse robustly. However, subgroup analysis is provided where possible.

Some topics, such as mortality, delayed transfers of care, and housing affordability are not included in this report because they are already covered in the annual summary report of the Joint Strategic Needs Assessment. This is available on the Oxfordshire Insight website: <http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment>.

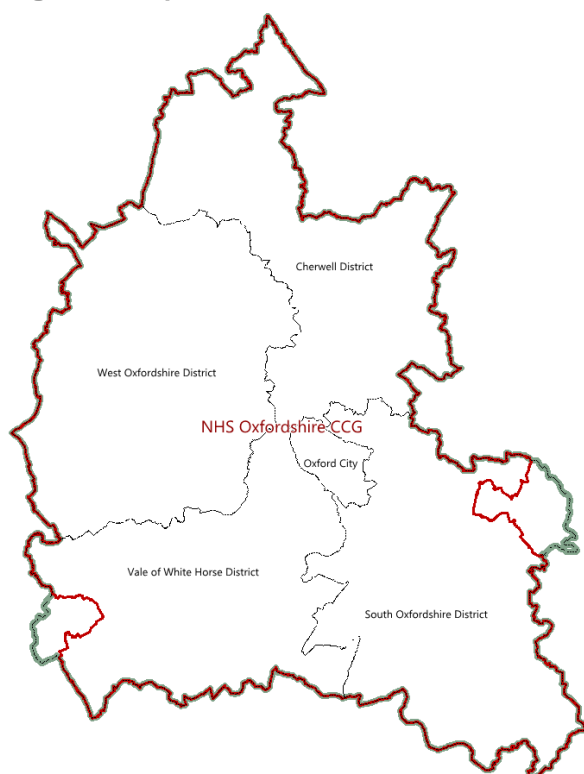
1.4. Geographical Boundaries

The administrative boundaries of Oxfordshire and its five districts are only partly coterminous with those of Oxfordshire Clinical Commissioning Group (OCCG) and its localities. The figure below maps the OCCG boundary (in red) with the Oxfordshire boundary (in green) and District boundaries (in black).

² Confidence intervals reflect the range within which statistics are true to reality, usually to a confidence level of 95%.

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Figure 1: Map of Oxfordshire, Districts, and Oxfordshire Clinical Commissioning Group



Source: NHS South, Central and West Commissioning Support Unit (January 2016)

When interpreting the data in this report, it is important to remember that the county population and the OCCG population are different (although they are likely to overlap to a large extent).

Firstly, as is clear from the map above, there are small areas in the South East and South West which do not fall within the OCCG area.

Secondly, crucially, the OCCG boundaries are based on the location of GP practices rather than where people live. This means that some people living outside Oxfordshire will be registered with GP practices in the OCCG area. Conversely, some Oxfordshire residents will be registered with GPs located outside the county – and some may not be registered with a GP at all.

Although there is likely to be a very large overlap between the CCG population and the county population, caution should be taken in extrapolating the data from one to another as it is unclear exactly to what extent each population includes the same individuals.

Unless otherwise stated, data presented in the report are for the county of Oxfordshire rather than patients registered with GPs in the CCG area.

To view geographies used in the 2011 Census, including counties, districts, and wards, please visit the [interactive map](#) on Oxfordshire Insight.