Needs Analysis for Older People in Oxfordshire

Introduction
This in-depth piece of analysis focuses on the older population of Oxfordshire, and the factors affecting older people's health, wellbeing, and social care needs.

The report is the third in a series of analyses that complement Oxfordshire’s Joint Strategic Needs Assessment. Previous analyses covered the needs of:


It is particularly timely to examine the needs of the older population, which is expected to grow twice as fast as the overall county population (and is already growing faster than at national and regional levels). Although in some respects older people may be considered better off than their younger counterparts, they are more likely to be living with limiting health conditions and may be especially vulnerable to problems such as isolation and loneliness.

The analysis is organised by theme, covering:

- The Older Population
- Income, Wealth, and Deprivation
- Quality of Life
- Housing
- Transport and Connectedness
- Work, Volunteering, and Care Provision
- Disability and Long Term Health Conditions
- Accidents and Injuries
- Lifestyles
- Health Service Use
- Social Care
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1. Executive Summary

1.1. Key Statistics

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

* 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 Findings

**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.

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

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2 Confidence intervals reflect the range within which statistics are true to reality, usually to a confidence level of 95%.
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.
2. The Older Population
This chapter provides data on current and projected numbers of older people, life expectancy at age 65, and a breakdown by key characteristics.

2.1. Number of Older People

2.1.1. Number of Older People

In 2014 there were estimated to be 115,600 people aged 65 and over in Oxfordshire. Oxfordshire’s older population has grown quicker than the regional and national averages.

According to the latest population estimates produced by the Office for National Statistics, there were 115,600 Oxfordshire residents aged 65 and over in mid-2014, making up 17.2% of the population. A breakdown by district is shown in the table below.

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of people aged 65+</th>
<th>% of area's population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherwell</td>
<td>24,500</td>
<td>17%</td>
</tr>
<tr>
<td>Oxford</td>
<td>17,800</td>
<td>11.3%</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>27,300</td>
<td>19.9%</td>
</tr>
<tr>
<td>Vale of White Horse</td>
<td>24,400</td>
<td>19.5%</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>21,600</td>
<td>19.9%</td>
</tr>
<tr>
<td>Oxfordshire Total</td>
<td>115,600</td>
<td>17.2%</td>
</tr>
</tbody>
</table>

Source: ONS mid-year population estimates, 2014

Across Oxfordshire’s wards, the proportion of the population made up by older people ranged from 1% (in Holywell in Oxford) to nearly a third (32.5% in Burford in West Oxfordshire).

<table>
<thead>
<tr>
<th>Ward and District</th>
<th>Number aged 65+</th>
<th>% of ward’s population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burford, West Oxfordshire</td>
<td>630</td>
<td>32.5%</td>
</tr>
<tr>
<td>Goring, South Oxfordshire</td>
<td>1654</td>
<td>28.7%</td>
</tr>
<tr>
<td>Henley North, South Oxfordshire</td>
<td>1560</td>
<td>27.8%</td>
</tr>
<tr>
<td>Greendown, Vale of White Horse</td>
<td>654</td>
<td>27.3%</td>
</tr>
<tr>
<td>Sonning Common, South Oxfordshire</td>
<td>1478</td>
<td>27.1%</td>
</tr>
<tr>
<td>Ascott and Shipton, West Oxfordshire</td>
<td>544</td>
<td>26.9%</td>
</tr>
<tr>
<td>Cropredy, Cherwell</td>
<td>715</td>
<td>26.1%</td>
</tr>
<tr>
<td>Deddington, Cherwell</td>
<td>692</td>
<td>25.9%</td>
</tr>
<tr>
<td>Woodstock and Bladon, West Oxfordshire</td>
<td>1080</td>
<td>25.7%</td>
</tr>
<tr>
<td>Blewbury and Upton, Vale of White Horse</td>
<td>542</td>
<td>25.7%</td>
</tr>
<tr>
<td>Adderbury, Cherwell</td>
<td>745</td>
<td>25.2%</td>
</tr>
<tr>
<td>Milton-under-Wychwood, West Oxfordshire</td>
<td>525</td>
<td>25.2%</td>
</tr>
<tr>
<td>Kennington and South Hinksey, Vale of White Horse</td>
<td>1141</td>
<td>25.0%</td>
</tr>
</tbody>
</table>

Source: ONS mid-year population estimates, 2014

3 Data in this section are from the Office for National Statistics’ mid-year population estimates, 2014: [http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates](http://www.ons.gov.uk/ons/taxonomy/index.html?nscl=Population+Estimates) and data from the 2001 and 2011 Censuses, downloaded from Nomis: [https://www.nomisweb.co.uk/](https://www.nomisweb.co.uk/). Absolute numbers have been rounded to the nearest 100; percentages are based on precise figures.
The map below shows medium sized areas in Oxfordshire (technically known as middle-layer super output areas) by proportion of the population made up of older people.

**Figure 4: Older population in Oxfordshire’s 86 middle-layer super output areas**

Source: ONS mid-year population estimates, 2014

The number of older people in the county is estimated to have increased by 11,800 (up 11.4%) since the 2011 Census. This follows an increase between the 2001 and 2011 Censuses of 15,800 (up 18%). Oxfordshire’s older population has grown quicker than the regional and national averages. In line with national trends, this has been driven particularly by the most rural parts of the county.

Older people are now estimated to make up just over a sixth (17.2%) of the county’s population. At the time of the 2011 Census that proportion stood at 15.9%; in 2001 it was 14.5%. It is expected to continue growing in the future.
Figure 5: % change in the number of older people in Oxfordshire and its districts (2001-2011)

Source: ONS, 2001 and 2011 Censuses

2.1.2. Projected Numbers of Older People

The number of older people in Oxfordshire is expected to grow at twice the rate of the population as a whole.

Oxfordshire’s older population is expected to continue growing at a faster rate than the rest of the population.

Oxfordshire County Council produces two tools for estimating future population change:

- The population forecasts\(^4\) are based on information about housing numbers, taken from district local plans. More details of the methodology used can be found in the population forecasts report.
- The long range population projections\(^5\) take into account ambitions for 93,560-106,560 new homes between 2011 and 2031, as set out in Oxfordshire’s Strategic Housing Market Assessment.\(^6\) The projections cover the period up to 2052, based on five growth scenarios. They represent the range of variation considered feasible for changes in life expectancy, fertility, migration, and housing growth. Unlike the population forecasts, these are independent of district local plans. More details of the methodology used can be found in the population projections report.

Oxfordshire County Council’s latest population forecast shows the county’s population of people aged 65 and over increasing by around 32,600 (28%) from 2014 to 2026. This is


more than double the rate of increase of the population as a whole (13%). The principal projection shows a slightly larger increase, of 32,900 (29%). However, the true figure could be considerably higher or lower, depending on factors such as life expectancy, fertility, migration, and housing growth.

Figure 6: Change in Oxfordshire’s older population (age 65+)

Source: ONS population estimates/ Oxfordshire County Council Research & Intelligence population forecast (May 2015) and long-range projections (autumn 2014)

Meanwhile, the population forecast shows the population of people aged 85 and over – the ‘oldest old’ – in the county increasing by around 7,600 (47%) from 2014 to 2026. This is more than three times the rate of increase of the population as a whole (13%). The principal projection shows a slightly larger increase, of around 7,800 (48%). Again, the true figure could be considerably higher or lower, depending on factors such as life expectancy, fertility, migration, and housing growth.
2.2. Life Expectancy

Nationally, life expectancies at older ages have tended to increase over time, despite some dips between 2011 and 2012. However, there is considerable variation across different regions and local areas.\(^7\) Life expectancy is generally anticipated to continue increasing.\(^8\)

2.2.1. Life Expectancy at Age 65

The latest life expectancy figure for men aged 65 in Oxfordshire is 19-20 years; for women it is 21-22 years. The gap between male and female life expectancy has been narrowing in recent years.

Life expectancy at age 65 predicts the average number of years a person at that age could expect to live if they were to experience that area’s age-specific mortality rates. In practice, death rates of the area may change in the future and people may live in other areas for at least some part of their lives.


For the period 2012-2014 life expectancy at age 65 for men in Oxfordshire was estimated to be 19.5 years, if 2012-14 mortality rates persist throughout their lifetime (as mentioned above, this is unlikely in practice). For women aged 65 it was estimated to be 21.7 years. Male life expectancy has risen faster than female life expectancy in recent years, resulting in a narrowing of the gap between men and women’s life expectancy, from 3.2 years in 2000-02 to 2.2 years in 2012-14.

Figure 8: Male and female life expectancy at age 65 in Oxfordshire, 3-year rolling data for 2000-02 to 2012-14

![Graph showing male and female life expectancy at age 65 in Oxfordshire.]

Source: ONS. *NB the vertical axis starts at 5 years, not 0 years.

For the period 2012-14, life expectancy for both sexes at age 65 was higher in Oxfordshire than the national average, and similar to the regional average.

All of Oxfordshire’s districts ranked among the top 50% of unitary and lower tier local authorities in England, for male life expectancy at age 65. Two districts were ranked in the top quartile: South Oxfordshire (ranked 56th out of 346 authorities) and Vale of White Horse (ranked 73rd).

For female life expectancy at age 65, all districts except Cherwell were ranked in the top 50% of unitary and lower tier local authorities in England (Cherwell was ranked 197th out of 346 authorities). Vale of White Horse was ranked in the top quartile (ranked 76th).

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Life expectancy is known to be correlated with socio-economic factors and deprivation. See the JSNA annual report for more information: http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment

2.2.2. Disability-Free Life Expectancy at Age 65

The latest disability-free life expectancy figure for men aged 65 in Oxfordshire is 11.6 years; for women it is 11.7 years. Since disability-free life expectancy has been rising more slowly than life expectancy overall, more people are likely to be living into older age with disabilities.

Disability-free life expectancy at age 65 predicts the average number of years a person of that age, living in that area, could expect to live without a disability.

For the period 2012-14 disability-free life expectancy at age 65 for men in Oxfordshire was estimated to be 11.6 years.\(^\text{10}\) This was significantly higher than the national average, and Oxfordshire was ranked within the top quartile of upper tier local authorities (26\(^\text{th}\) out of 150). For women aged 65, disability-free life expectancy was estimated to be 11.7 years. This was not significantly different from the national average, although Oxfordshire was ranked within the top third of upper tier local authorities (41\(^\text{st}\) out of 150).

Nationally, disability-free life expectancy has been increasing over time. However, it has been increasing at a slower rate than overall life expectancy, which means that there are more people living into older age with disabilities.

### 2.2.3. Healthy Life Expectancy at Age 65

The latest healthy life expectancy figure for men aged 65 in Oxfordshire is 12.0 years; for women it is 12.6 years. Since healthy life expectancy has been rising more slowly than life expectancy overall, more people are likely to be living into older age with poor health.

Healthy life expectancy at age 65 predicts the average number of years a person of that age, living in that area, could expect to live in good health.

For the period 2012-14 healthy life expectancy at age 65 for men in Oxfordshire was estimated to be 12.0 years. This was significantly higher than the national average, and Oxfordshire was ranked within the top quartile of upper tier local authorities (25th out of 150). For women aged 65, healthy life expectancy was estimated to be 12.6 years. This was not significantly different from the national average, although Oxfordshire was ranked within the top quartile of upper tier local authorities (28th out of 150).

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Similarly to disability-free life expectancy, at a national level healthy life expectancy has been increasing over time. However, it has been increasing at a slower rate than overall life expectancy, which means that there are more people living into older age with poor health.

2.3. Profile of Older People

2.3.1. Age bands

In 2014 there were estimated to be 62,000 people aged 65-74, 37,300 people aged 75-84, and 16,200 people aged 85 and over living in Oxfordshire. The population in the oldest age group is growing at the fastest rate.

The following subsections consider in turn each age band within the older population: 65-74 years; 75-84 years; and 85 years and over.

65-74 Year Old Population

There were an estimated 62,000 Oxfordshire residents aged 65-74 in mid-2014, representing an increase of 14% in this age group (7,600 people) since the 2011 Census. This follows an increase of 19.1% (8,700 people aged 65-74) between the 2001 and 2011 Censuses.

Those aged 65-74 are now estimated to make up 9.2% of the county’s total population.

---

Table 1: Number of people aged 65-74 in Oxfordshire and its districts

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of people aged 65-74</th>
<th>% of Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherwell</td>
<td>13,400</td>
<td>9.2%</td>
</tr>
<tr>
<td>Oxford</td>
<td>9,300</td>
<td>5.8%</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>14,700</td>
<td>10.7%</td>
</tr>
<tr>
<td>Vale of White Horse</td>
<td>13,100</td>
<td>10.5%</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>11,670</td>
<td>10.8%</td>
</tr>
<tr>
<td>Oxfordshire Total</td>
<td>62,000</td>
<td>9.2%</td>
</tr>
</tbody>
</table>

Source: ONS mid-year population estimates, 2014

Population change has not been uniform across districts, however. In Oxford the number of 65-74 year olds actually declined between 2001 and 2011, whilst in South and West Oxfordshire the number increased by over 27%.

Figure 13: % change in the number of people aged 65-74 in Oxfordshire and its districts (2001-2011)

Source: ONS, 2001 and 2011 Censuses

Across Oxfordshire’s wards, the proportion of the population made up by people aged 65-74 ranged from less than 1% (in Holywell in Oxford) to around 17% (in Burford in West Oxfordshire).

The map below shows medium sized areas in Oxfordshire (technically known as middle-layer super output areas) by proportion of the population made up of people aged 65-74.
75-84 Year Old Population

There were an estimated 37,300 Oxfordshire residents aged 75-84 in mid-2014, representing an increase of 7.8% in this age group (3,700 people) since the 2011 Census. This follows an increase of 12% (3,700 people aged 75-84) between the 2001 and 2011 Censuses.

Those aged 75-84 are now estimated to make up 5.6% of the county’s total population.

Figure 15: Number of people aged 75-84 in Oxfordshire and its districts

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of people aged 75-84</th>
<th>% of Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherwell</td>
<td>8,000</td>
<td>5.5%</td>
</tr>
<tr>
<td>Oxford</td>
<td>5,800</td>
<td>3.6%</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>8,800</td>
<td>6.4%</td>
</tr>
<tr>
<td>Vale of White Horse</td>
<td>8,000</td>
<td>6.4%</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>6,800</td>
<td>6.3%</td>
</tr>
<tr>
<td>Oxfordshire Total</td>
<td>37,300</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

Source: ONS mid-year population estimates, 2014

Again, Oxford saw a substantial decline in the number of 75-84 year olds whilst other districts saw increases of between 17% and 20%.

Across Oxfordshire’s wards, the proportion of the population made up by people aged 75-84 ranged from less than half of one percent (in Holywell in Oxford) to over 10% (in Greendown in the Vale of White Horse and in Burford in West Oxfordshire).

The map below shows medium sized areas in Oxfordshire (technically known as middle-layer super output areas) by proportion of the population made up of people aged 75-84.
**85 and Over Population (“Oldest Old”)**

There were an estimated **16,200 Oxfordshire residents aged 85 and over** in mid-2014.

The ‘oldest old’ is the fastest growing group, with their number estimated to have increased by 10.3% (1,500 people) since the 2011 Census. This follows an increase of 30.2% (3,400 people aged 85 and over) between the 2001 and 2011 Censuses.

Those aged 85 and over are now estimated to make up 2.4% of the county’s total population.

**Figure 18: Number of people aged 85 and over in Oxfordshire and its districts**

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of people aged 85+</th>
<th>% of Total Population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherwell</td>
<td>3,200</td>
<td>2.2%</td>
</tr>
<tr>
<td>Oxford</td>
<td>2,800</td>
<td>1.8%</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>3,800</td>
<td>2.7%</td>
</tr>
<tr>
<td>Vale of White Horse</td>
<td>3,300</td>
<td>2.7%</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>3,100</td>
<td>2.9%</td>
</tr>
<tr>
<td><strong>Oxfordshire Total</strong></td>
<td><strong>16,200</strong></td>
<td><strong>2.4%</strong></td>
</tr>
</tbody>
</table>

Source: ONS mid-year population estimates, 2014

The number of residents aged 85 and over grew across all districts, although the growth was much smaller in Oxford than elsewhere.

**Figure 19: % change in the number of people aged 85 and over in Oxfordshire and its districts (2001-2011)**

Source: ONS, 2001 and 2011 Censuses

Across Oxfordshire’s wards, the proportion of the population made up by people aged 85 and over ranged from 0.1% (in Holywell in Oxford) to over 5% (in Greendown in the Vale of White Horse).

The map below shows medium sized areas in Oxfordshire (technically known as middle-layer super output areas) by proportion of the population made up of people aged 85 and over.
2.3.2. Sex

Women made up over half of the older population in 2014.

According to the latest population estimates from the Office for National Statistics, 55.3% of people aged 65 and over in Oxfordshire were women in mid-2014 (compared with 44.7% who were men). Older women outnumber older men due to their longer life expectancy (see section 2.2 Life Expectancy).

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2.3.3. Ethnicity

At the time of the 2011 Census, 97.8% of older people in Oxfordshire were White (93.9% were White British). The remaining 2.2% were of Black, Asian, and Minority Ethnic origin.

White Population

At the time of the 2011 Census, 97.8% of people aged 65 and over in Oxfordshire were White, numbering around 101,500. This compares with 90.9% in the county’s overall (all-ages) population.

93.9% of older people were White British, numbering around 97,400. This compares with 83.6% in the county’s overall (all-ages) population. 1.7% were White Irish, numbering around 1,800. Meanwhile, 2.2% were from other White backgrounds, numbering around 2,200. This compares with 6.3% in the county’s overall (all-ages) population.

19 Data in this section are from the 2001 and 2011 Censuses, downloaded from Nomis: https://www.nomisweb.co.uk/
**Black, Asian, and Minority Ethnic (BAME) Population**

2.2% of people aged 65 and over in Oxfordshire were of Black, Asian and Minority Ethnic (BAME) origin, numbering around 2,300. This compares to 9.2% in the county’s overall (all-ages) population.

Oxfordshire’s older population was less ethnically diverse than the national and regional averages: the proportion of BAME older people in England overall was 4.7%; in the South East the figure was 2.5%. However, the proportion of Oxfordshire’s older population made up by people of BAME origin has increased since 2001, when it stood at just 1.3%. The growing ethnic diversity of the county’s older population is in line with national trends.\(^\text{20}\)

In Oxfordshire, 1.2% of older people were Asian/ Asian British. 0.6% of older people were Black/ African/ Caribbean/ Black British; 0.3% were of Mixed/ Multiple ethnic groups; and 0.1% were from another ethnic group.

**Ethnic Diversity by Age Band**

The oldest age groups tended to be less ethnically diverse: 2.5% of those aged 65-79 were BAME, compared with just 1.3% of those aged 80 and over.

**Ethnic Diversity by District**

Oxford had the most ethnically diverse cohort of older people, 7.3% of whom were of BAME origin. The largest BAME groups were Asian/ Asian British (3.7% of Oxford’s older people) and Black/ African/ Caribbean/ Black British (2.7% of Oxford’s older people).

In the other districts, those from White backgrounds made up over 98% of the older population aged 65 and over (98.2% in Cherwell, 98.7% in Vale of White Horse, and 99.1% in each of South and West Oxfordshire).

Oxford also had proportionately more older people from White, non-British backgrounds, in comparison with other districts.

It is important to remember, though, that in absolute terms there are fewer older people in Oxford than in the other districts.

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**Ethnic Diversity by Ward**

The ten wards with the highest proportion of BAME older people are shown in the table below.

<table>
<thead>
<tr>
<th>Ward name</th>
<th>% older people of BAME origin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cowley Marsh</td>
<td>22.1%</td>
</tr>
<tr>
<td>Iffley Fields</td>
<td>16.9%</td>
</tr>
<tr>
<td>St Clement's</td>
<td>13.8%</td>
</tr>
<tr>
<td>Blackbird Leys</td>
<td>12.2%</td>
</tr>
<tr>
<td>Northfield Brook</td>
<td>10.9%</td>
</tr>
<tr>
<td>Holywell, St Mary's</td>
<td>10.1%</td>
</tr>
<tr>
<td>Lye Valley</td>
<td>9.7%</td>
</tr>
<tr>
<td>Cowley</td>
<td>8.9%</td>
</tr>
<tr>
<td>Hinksey Park</td>
<td>7.8%</td>
</tr>
<tr>
<td>Barton and Sandhills</td>
<td>7.2%</td>
</tr>
</tbody>
</table>

Source: ONS 2011 Census

The ten wards with the highest proportion of older people from any ethnic origin other than White British are shown in the next table (this takes into account those from other White backgrounds, as well as those of BAME origin).
### Religion and Belief

At the time of the 2011 Census, four fifths of older people in Oxfordshire were Christians, whilst one in ten had no religion. About 1% belonged to a minority religion.

At the time of the 2011 Census, 80.3% of people aged 65 and over in Oxfordshire were Christian, numbering around 83,300. Meanwhile, 0.5% of the older people population was Muslim (numbering around 500 people) and 0.3% was Jewish (numbering around 300 people). Hindus, Buddhists and Sikhs each made up 0.1% of older people in the county, numbering around 300 people altogether.

0.2% of older people (numbering around 200 people) said they belonged to another religion. Meanwhile 10.7% had no religion, numbering around 11,100 people; a further 7.7% did not state their religion, numbering around 7,900 people.

Oxfordshire residents in the older age group are less likely to be Christians now than previously: in 2001, 86.1% were Christian, whilst just 5.3% reported having no religion.

In 2011 religious beliefs among older people in Oxfordshire broadly followed national and regional patterns, although there were proportionately fewer people who belonged to minority religions than in England overall.

**Religion by Age Band**

At the time of the 2011 Census, those aged 75 and over were more likely to be Christian than those aged 65-74 (82.9% compared with 78%). Those aged 65-74 were more likely to have no religion than those aged 75 and over (13.1% compared with 8.1%).

**Religion by District**

Oxford’s older people were less likely to be Christian than those living in other districts. Conversely, they were more likely to report having no religion. It is important to remember, though, that in absolute terms there are fewer older people in Oxford than in the other districts.

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21 Data in this section are from the 2001 and 2011 Censuses, downloaded from Nomis: https://www.nomisweb.co.uk/
2.3.5. Language

At the time of the 2011 Census, nearly all older people in Oxfordshire spoke English as their main language. Of those who spoke a different main language, a few hundred lacked proficiency in English.

At the time of the 2011 Census, English was the main language of 98.2% of people aged 65 and over in Oxfordshire. Those speaking other main languages numbered around 1,800. Most of these were proficient in English: fewer than 600 could not speak English (or could not speak it well).

Older people were more likely to speak English as their main language than the overall county population (93.1% of whom did). However, older people who spoke a different main language were less likely than younger people to be proficient in English.

The proportion of people speaking English as their main language was slightly higher than the national and regional averages (96.7% and 98%, respectively).

There were few language differences in older people by age band.

Language by District

Older people in Oxford were slightly more likely than those in other districts to have a main language other than English: they made up 5.1% of Oxford’s older population, compared with less than 2% elsewhere. Their main language was most often a European language (spoken by 2.2% of Oxford’s older people), a South Asian language (spoken by 1.8%), or an East Asian language (spoken by 0.7%).

Meanwhile, of those older people in Oxfordshire who did not speak English well or at all, over half were living in Oxford.

2.3.6. Rurality

Although the majority of older people in Oxfordshire were living in urban areas in 2011, they were more likely than younger people to live in rural areas. There is a great deal of variation between districts on this measure.
At the time of the 2011 Census, 58.5% of people aged 65 and over lived in urban areas, numbering around 60,700. The remaining 41.5% lived in rural areas and numbered around 43,100.

Older people in Oxfordshire were more likely to live in rural areas than the overall (all-ages) county population, just 33.4% of whom were living in rural areas.

Older people in Oxfordshire were also much more likely to live in rural areas, relative to the national and regional averages. At the time of the 2011 Census, just 22.7% of England’s older people, and 24.3% of the South East’s older people, were living in rural areas.

National research has shown that older people in rural areas tend to be healthier overall than their counterparts in urban areas, but they face some specific challenges, particularly in their readiness and ability to access to services (see section 6. Transport and Connectedness).

**Rurality by Age Band**

At the time of the 2011 Census, those at the upper end of the older age group were slightly more likely to live in urban areas than those towards the lower end. This may be linked to moving closer to amenities later in life. 56.9% of those aged 65-74 lived in urban areas, compared with 60.2% of those aged 75 and over (and 61.2% of those aged 85 and over).

**Rurality by District**

Oxfordshire’s districts have very different urban-rural profiles. Oxford is by far the most urban: at the time of the 2011 Census, 98.3% of Oxford’s older people lived in urban areas. This compares with 63.9% in Cherwell and 59.5% in Vale of White Horse. In the other two districts, the majority of older people lived in rural areas – 67.5% in West Oxfordshire and 53.8% in South Oxfordshire. Nationally, rural areas are ageing faster than urban areas.

Figure 27: Older people living in urban and rural areas, broken down by district

![Chart showing rurality by district](chart.png)

Source: ONS 2011 Census

### 2.3.7. Marriage and Civil Partnership

At the time of the 2011 Census, three fifths of older people were married whilst a quarter had lost their spouse or civil partner. As older people age, this pattern nearly reverses.

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22 Data in this section are from the 2001 and 2011 Censuses, downloaded from Nomis: [https://www.nomisweb.co.uk/](https://www.nomisweb.co.uk/). This analysis uses the ONS 2011 Rural-Urban Classification (England and Wales) which is based on output areas.


At the time of the 2011 Census, 59.1% of those aged 65 and over in Oxfordshire were married, numbering around 61,300. The proportion has increased since 2001, when it stood at 55.1%. This is in line with national trends and is likely because increases in life expectancy have reduced the proportion being widowed.

At the same time, national trends show increasing rates of divorce among those aged 60 and over, which are likely to be due to: people marrying later (since the threat of divorce is greater in the early years of marriage); women’s greater financial independence; and reduced stigma around divorce. However, the increasing divorce rate brings with it risks for finances, physical and mental health, and emotional wellbeing.

At the time of the 2011 Census, 26.4% of those aged 65 and over in Oxfordshire had been widowed or had survived a partner from a same-sex civil partnership. They numbered around 27,400. For the remainder:

- 8.3% were divorced or formerly in a same sex civil partnership which had been legally dissolved
- 5.2% were single (never married or in a same sex civil partnership)
- 0.9% were separated
- 0.1% were in a same-sex civil partnership

Older people were more likely to be married than adults in the overall county population, 48.8% of whom were married in 2011. As would be expected, they were much more likely to have lost a spouse or civil partner and much less likely to be single.

Older people in Oxfordshire were slightly more likely to be married than the national and regional averages (55.8% and 57.2%, respectively). They were slightly less likely to have been widowed or to have survived a partner from a same-sex civil partnership.

As would be expected, the proportion of married older people declined among the oldest groups, whilst the proportion who had lost a spouse or civil partner increased – to more than half of those aged 80 and over.

Data on older people cohabiting is provided in section 5.3 Living Arrangements.

**Marital Status by District**

Older people in Oxford were less likely to be married than those living in other districts (48.6% compared with at least 60% elsewhere). They were more likely to be in each of the other categories; most notably, 10% were single.

25 Data from the 2001 and 2011 Censuses, downloaded from Nomis: [https://www.nomisweb.co.uk/](https://www.nomisweb.co.uk/).

26 Because same-sex marriage became possible in March 2014, marriage figures from the 2011 Census will only include married couples of the opposite sex.


28 Data from the 2001 and 2011 Censuses, downloaded from Nomis: [https://www.nomisweb.co.uk/](https://www.nomisweb.co.uk/).
2.3.8. Highest Level of Qualification

At the time of the 2011 Census, a quarter of older people were highly qualified but more than two fifths had no qualifications. On average, older men were better qualified than older women.

At the time of the 2011 Census, 43.1% of people aged 65 and over in Oxfordshire had no qualifications. Meanwhile, 26.4% had level 4 (degree-level) or higher qualifications; the remainder held other kinds of qualification. The current cohort of older people is better qualified than previous cohorts: in 2001, 54.1% had no qualification whilst just 18.9% were qualified to degree-level or above.

Older people in Oxfordshire were also more likely to have qualifications than the national and regional averages: 52.9% of those in England had no qualifications, and 46.4% of those in the South East.

At the same time, the older population was less well qualified than the overall (all-ages) county population, 35.7% of whom were qualified to degree level or above in 2011, and only 16.7% had no qualification. This is likely to be because of improving access to further and higher education in recent decades.

Qualifications by Sex

Older men in Oxfordshire were more likely to be qualified than older women: only 36.5% of older men had no qualification, compared with 48.5% of older women. Older men were also more likely to be highly qualified, i.e. to degree level (30.8% of older men, compared with 22.8% of older women); and to have completed an apprenticeship (10.2% of older men, compared with 1.1% of older women). These differences are likely to be because women were less likely to pursue further and higher education in the past, and tend to live longer (meaning that there are more women than men in the oldest age bands).

Qualifications by District

There was variation across districts in highest level of qualification: in particular, older people in Cherwell were less well qualified than those living in other districts.

Data in this section are from the 2001 and 2011 Censuses, downloaded from Nomis: https://www.nomisweb.co.uk/

The categories of qualification are as follows:

- **Level 1**: 1-4 O Levels/CSE/GCSEs (any grades), Entry Level, Foundation Diploma, NVQ Level 1, Foundation GNVQ, Basic/Essential Skills
- **Level 2**: 5+ O Level (Passes)/CSEs (Grade 1)/GCSEs (Grades A*-C), School Certificate, 1 A Level/2-3 AS Levels/VCEs, Intermediate/Higher Diploma, Welsh Baccalaureate Intermediate Diploma, NVQ level 2, Intermediate GNVQ, City and Guilds Craft, BTEC First/General Diploma, RSA Diploma
- **Apprenticeship**
- **Level 3**: 2+ A Levels/VCEs, 4+ AS Levels, Higher School Certificate, Progression/Advanced Diploma, Welsh Baccalaureate Advanced Diploma, NVQ Level 3; Advanced GNVQ, City and Guilds Advanced Craft, ONC, OND, BTEC National, RSA Advanced Diploma
- **Level 4 and above**: Degree (for example BA, BSc), Higher Degree (for example MA, PhD, PGCE), NVQ Level 4-5, HNC, HND, RSA Higher Diploma, BTEC Higher level, Foundation degree (NI), Professional qualifications (for example teaching, nursing, accountancy)
- **Other qualifications**: Vocational/Work-related Qualifications, Foreign Qualifications (not stated/level unknown)
Figure 28: Older people’s highest level of qualification, by district

Source: ONS 2011 Census
3. Income, Wealth, and Deprivation
This chapter provides information about the income, savings, wealth, and living standards of older people; and presents a picture of relative levels of deprivation across the county.

3.1. Income Sources (National Data)

In 2013/14 most UK pensioners received over half of their income from State Pension and other state benefits but private sources are becoming more important.

Overall, the main sources of income for UK pensioners are the State Pension and other state benefits. In 2013/14 around 60% of UK ‘pensioner units’ (defined as single pensioners or couples including one or two pensioners) received more than half their income from these sources. The other 40% received over half of their income from private sources, such as occupational pensions, earnings, investment income, and private pensions. Over the past two decades, private sources have become increasingly important as a source of pensioner income.

Under the previous State Pension arrangements the maximum amount an individual could receive in 2015/16 was £115.95 per week. From 6 April 2016 the full new State Pension will be £155.65, although the amount can be higher or lower depending on an individual’s National Insurance record.

3.2. Minimum Income Standard (National Data)

In 2015 UK pensioners needed, on average, incomes of £183 per week (if single) or £264 (if a couple) for an acceptable standard of living.

The Minimum Income Standard (MIS) is a measure of the income that people living in the UK need, in order to reach a standard of living considered acceptable. It is updated annually, based on research with members of the public. It is calculated by specifying baskets of goods and services that people say are required by different types of household, including pensioners. The most recent update of the MIS was published in June 2015.

According to this research, in 2015 a single pensioner would need around £183 per week, excluding rent and childcare. Meanwhile, a pension age couple would need around £264 (falling to £244 once Council Tax is excluded).

3.3. Deprivation

Overall deprivation in Oxfordshire is relatively low but there is considerable variation across the county.

Overall, Oxfordshire has relatively low levels of deprivation and is the 11th least deprived upper tier local authority in England. However, a minority of the small areas that make up the county are more deprived than the national average. Further analysis of overall levels of deprivation in Oxfordshire is available from the JSNA summary report, available at

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32 Information accessed from GOV.UK in March 2016: https://www.gov.uk/state-pension
33 Information accessed from GOV.UK in March 2016: https://www.gov.uk/yourstatepension?gclid=CL_Wvf6wwssCFTUo0wodynkLkg
The overall map of multiple deprivation is reproduced below.

Figure 29: Overall map of multiple deprivation in Oxfordshire

Source: DCLG English Indices of Deprivation 2015

To explore the deprivation data for Oxfordshire in more detail, view the interactive tool produced by Oxfordshire County Council’s Research and Intelligence Team.

Deprivation in other domains and sub-domains of the indices of multiple deprivation are included in sections 3.4, 4.3, 5.5, and 6.1.

3.4. Income Deprivation Affecting Older People

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.

An index measuring income deprivation affecting people aged 60 and over was published as part of the English Indices of Deprivation 2015. The index is based on receipt of income-related benefits. Oxfordshire is the 9th least deprived upper tier local authority in terms of income deprivation affecting older people.

Most of Oxfordshire’s 407 small areas (technically known as lower-layer super output areas, or LSOAs) are less deprived on this measure than the national average. 102 are in the 10%

least deprived of 32,844 small areas in England. A further 91 are in the 10-20% least deprived.

However, one of Oxfordshire’s small areas (in part of Banbury Grimsbury and Castle ward) is in the 10% most deprived nationally. A further 12 small areas are in the 10-20% most deprived nationally. These are concentrated in Banbury (in parts of Ruscote and Neithrop wards) and Oxford City (in parts of Northfield Brook, Rose Hill and Iffley, Barton and Sandhills, Churchhill, Carfax, St Mary’s, and St Clement’s wards).

Figure 30: Map of income deprivation affecting older people

Figure: Map of income deprivation affecting older people

Source: DCLG English Indices of Deprivation 2015

Because the index includes rates of income deprivation for each small area, it is possible to estimate that around 13,900 people aged 60 and over in Oxfordshire are affected by income deprivation, in total.37

Four LSOAs are estimated to contain over 100 people aged 60 and over who are affected by income deprivation. These are located in Banbury (in parts of Ruscote ward and Grimsbury and Castle ward) and in part of Bicester Town.

3.5. Relative Low Income (National/Regional Data)

National and regional data show that older people are less likely to be in relative low income now than two decades ago, although this has been levelling off recently.

37 The calculation is based on ONS population estimates for 2012, as these are the figures used in the construction of the English Indices of Deprivation 2015.
The Department for Work and Pensions produces national statistics on households below average income (HBAI). These give an insight into the living standards of the household population in the UK, focusing on the lower part of income distribution.

Measures of relative low income focus on households that have less than 60% of contemporary (i.e. current) median household income. In 2013/14 the median household income after housing costs was £386 per week; 60% of this comes to £232 per week.

At a national level, the first decade of this century saw a marked fall in the proportion of people over state pension age on low incomes. Although there has been a levelling-off in recent years, pensioners remain the age group with the lowest proportion in relative low income after housing costs are taken into account (14% in 2013/14 compared with an all-ages average of 21%).

The latest estimate of the proportion of pensioners in the South East region who are in relative income poverty is 14%, having fallen from 26% before the turn of the century.

Figure 31: Proportion of pensioners in the South East in relative low income after housing costs (3-year rolling averages, 1994/5-2013/14)

Source: DWP, Households Below Average Income statistics

Directly extrapolating the 14% figure to Oxfordshire would give an estimate of 17,700 people over state pension age in relative low income. However, the actual figure is likely to be lower, given that Oxfordshire is a relatively prosperous county, on average, even by the standards of the South East.

Nationally, the following groups of pensioners are at greater risk of relative low income:

39 Because of the different patterns of home ownership between pensioners and other age groups (pensioners are much more likely to own their own homes), low income after housing costs is considered to be a more meaningful measure for making comparisons than low income before housing costs.
40 The calculation is based on the number of men aged 65 and over, and the number of women aged 62 and over, according to the ONS population estimates for Oxfordshire in mid-2014.
• **Pensioners not receiving occupational or personal pensions.** In 2013/14, 31% had relative low income after housing costs, compared with 8% of those receiving some such pensions.

• **Pensioners in the oldest age bands.** In 2013/14, 18% of pensioners aged 85 and over had relative low income after housing costs, compared with 12% of those aged 65-69.  

• **Pensioners living in households headed by someone from an ethnic minority.** Specifically, estimates produced in 2013/14 show that 27% of pensioners living in a household headed by someone of Asian/Asian British ethnicity were in relative low income, compared with 13% living with a White head of household.

Those at less risk include couples where both pensioners were receiving occupational or personal pensions. This group was the least likely to be in income poverty in 2013/14 – only 3% had relative low income after housing costs.

Nationally, pensioners are less likely than the population as a whole to be in the top 20% of the income distribution after housing costs. This is attributed to more of their income coming from benefits. However, they are also less likely to be in the bottom 20%, and less likely to have negative income (i.e. be spending more on housing than they are receiving in income).

### 3.6. Material Deprivation (Regional Data)

*In 2013/14 it was estimated that 7% of pensioners in the South East region were in material deprivation.*

Since 2009/10 the Department for Work and Pensions has produced statistics on material deprivation, as one way of measuring living standards. Estimates are based on the self-reported inability of individuals or households to afford particular goods, services and experiences that are typical in society at a given point in time.  

In 2013/14 an estimated 7% of pensioners in the South East were in material deprivation. Directly extrapolating the 7% figure to Oxfordshire would give an estimate of **8,800** people over state pension age in material deprivation. However, this does not take account of any local differences in prevalence.

Nationally, material deprivation is not strongly linked to low income (only 2% of pensioners are both in relative low income and material deprivation). Instead, it can relate more closely to health and disability: for example, around 40% of pensioners said they did not take a holiday away from home and this was most commonly because they were prevented by poor health or a disability. Other risk factors for material deprivation are similar to those for relative low income (see section 3.5) except that there is little difference across age bands.

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43 The calculation is based on the number of men aged 65 and over, and the number of women aged 62 and over, according to the ONS population estimates for Oxfordshire in mid-2014.
3.7. Attitudes towards Income and Finances (National Data)

In 2012/13 older people in the UK continued to be more likely than other age groups to report being financially comfortable.

Nationally, older people are more likely than those in other age groups to report being satisfied with their household’s income. Meanwhile, they are less likely to say they are finding it difficult to get by financially.

Figure 32: Proportion of people in the UK who are somewhat, mostly or completely satisfied with the income of their household, by age band (2011/12 and 2012/13)

Source: Office for National Statistics National Well-being Measures/ Understanding Society Survey

Figure 33: Proportion of people in the UK who report finding it quite or very difficult to get by financially, by age band (2011/12 and 2012/13)

Source: Office for National Statistics National Well-being Measures/ Understanding Society Survey

Financial difficulty is thought to be correlated with poorer mental wellbeing: a different national study by the International Longevity Centre found that people aged 50 and over, who are finding it difficult to get by financially, were nearly eight times more likely to report 44

ONS Measuring National Wellbeing, Domains and Measures:
reduced levels of mental wellbeing, compared to those who are living comfortably.\textsuperscript{45} However, these individuals were more likely to be in the younger age bands (50-64) than older (65 and over). Related information on wellbeing and mental health can be found in sections 4.1. Wellbeing, 8.16. Mental Health Conditions, and 11.2.4. Mental Health Service Use.

Separate research found that 12\% of people aged 50 and over in England thought that the most important factor in having a good later life was having enough money to meet their needs.\textsuperscript{46} Not having enough money was also commonly cited (by 31\% of respondents) as amongst the two or three things they are most worried about as they age.

\section*{3.8. Savings, Wealth and Debt (National Data)}

\textit{Data for the 2010-12 period show that British pensioners tend to be wealthier than residents in other age groups.}

Nationally, for the period 2010-12, it was estimated that over half of older people in Great Britain had a total wealth in excess of £300,000.\textsuperscript{47} Older people tend to be wealthier than the all-ages average – this is to be expected, given that they have had longer to accumulate wealth. In 2010-12 older people were more likely than the average British resident to have a total wealth of £150,000 or more. They were less likely to have a total wealth below £150,000.

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure34.png}
\caption{Total wealth of older people and people of all ages in Great Britain 2010-12}
\end{figure}

\begin{figure}[h]
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\includegraphics[width=\textwidth]{figure34.png}
\caption{Total wealth of older people and people of all ages in Great Britain 2010-12}
\end{figure}

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{figure34.png}
\caption{Total wealth of older people and people of all ages in Great Britain 2010-12}
\end{figure}

Source: ONS Wealth and Assets Survey


Between 2006-08 and 2010-12, the proportion of older people with high (nominal) levels of wealth appears to have grown, whilst the proportion with low wealth fell.

Figure 35: Total wealth of older people in Great Britain (2006-08 to 2010-12)

Older people in Great Britain have also tended to have smaller (financial and property) debts than other age groups. However, analysis produced for Oxford City Council in 2013 suggested that debt was becoming an increasing problem for the older population.

Separate research suggests that, at least for low-income pensioners, lack of housing wealth is associated with different experiences in aspects of retirement, including their health and mental wellbeing. This was found to be in contrast with different levels of (low) income, which had no observed effect.

3.9. Impacts of Pension Reforms

3.9.1. State Pension Reforms

State Pension reforms over the past few decades have tended to benefit low earners.

Reforms to the state pension system over the past few decades have increased the state pension income available to low earners and decreased entitlements for higher earners. There has also been a shift towards recognising unpaid work. Moreover, the rate of the new single-tier pensions is to be increased in line with average earnings, rather than with prices. The combination of these factors means that State Pensions are likely to help provide a safety net for pensioners to avoid income poverty.

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3.9.2. Defined Contribution Pension Freedoms

The impacts of new freedoms around defined contribution pensions remain to be seen.

In April 2015 new pensions freedoms came into effect. These new freedoms allow individuals to take all of the money out of their defined contribution pension pot as a cash lump sum, with much lower tax penalties for doing so than was previously the case. Research produced by the International Longevity Centre has examined the potential impacts of this change.\(^{52}\)

Under the new arrangements, individuals are no longer incentivised to purchase an annuity or income drawdown plan, which would cap the amount of withdrawals that can be taken from the pension fund.

Prior to April 2015, an estimated 75% of people with direct contribution pensions in the UK were choosing to annuitise. In contrast, countries with more freedoms, such as the USA and Australia, had much lower annuitisation rates, of 2%-10%. Failing to annuitise can increase the risk of pensioners running out of money before they die, partly because of a tendency to underestimate life expectancy.\(^{53}\) It is thought that low rates of annuitisation can be due in part to behavioural biases, as well as confusion about the different financial products available.

In 2010 around a third of people aged 55-74 in England had a direct contribution pension pot and that number is expected to rise in the future, due to automatic enrolment in occupational pension schemes. Modelling by the International Longevity Centre suggests that even if all these individuals were to annuitise their direct contribution pension pots, over half would not be able to secure an adequate income in retirement unless they accessed other assets or benefits on top of the State Pension. This proportion rises if people spend their direct contribution pension pots on one-off big ticket items that do not generate an income stream.

Those who stand to lose the most (i.e. those who have a high concentration of their wealth held in a direct contribution pension pot) also tend to have lower financial capability, making them more susceptible to poor decision making. Separate research by the Joseph Rowntree Foundation found that financial capability also tends to be lower among retirees with low overall incomes.\(^{54}\)

Another study has found that those with secure incomes in the form of guaranteed, annuitised income streams, including state and private pension income, benefit income, and income from savings and investments, are more likely to feel satisfied and in control of their lives, and to participate in leisure and civic activities.\(^{55}\)

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In contrast, separate research has found that the option to take pension savings as cash is helpful for very low-income older households, giving them 'buffer' savings rather than a small increase in income.\textsuperscript{56}

3.10. State Benefits

Most older people in Oxfordshire were claiming state pension in 2015; and over 10% were claiming pension credit.

Data published by the Department for Work and Pensions shows that nearly all Oxfordshire residents claim some kind of benefit, totalling around 113,300 claimants in May 2015.\textsuperscript{57} Most commonly they were claiming state pension (claimed by about 112,400 residents in May 2015).

Older people who are severely disabled may be eligible for attendance allowance, which contributes towards disability-related extra costs. As of May 2015, around 13,300 older people in Oxfordshire were claiming attendance allowance.\textsuperscript{58} They were more likely to be in the oldest age groups. Further information about disability prevalence is available in section 8.

Another benefit claimed by a substantial minority of the older population is pension credit. As of February 2015, around 12,300 Oxfordshire residents aged 65 and over were claiming pension credit (benefitting around 14,400 individuals in total, since pension credit is only claimed by one member of a couple). Around two fifths of these claimants (numbering around 5,000) were claiming pension credit guarantee only, which tops up pensioner income to a minimum level. The remainder were claiming savings credit, which rewards pensioners for any second pensions or savings income above the level of the savings credit threshold. Oxford had a higher rate of recipients of pension credit guarantee than the other districts.

Changes to pension credit eligibility in 2013 meant that women could claim only from the age of 65, and individuals who were part of a couple could only claim once both partners had reached pensionable age. Analysis produced for Oxford City Council shows that the number of claimants in the 60-69 age bracket fell in 2013.\textsuperscript{59} Specific risks were also identified to Oxford’s older people on low incomes, as a result of changes to disability and housing benefits.

In 2014/15 nearly all older people in Oxfordshire received winter fuel payment, numbering 111,100.\textsuperscript{60}


\textsuperscript{58} This figure includes those who have had their payment suspended, for example if they are in hospital. There were also around 1,500 claimants of Employment and Support Allowance aged 60 and over in Oxfordshire.


National research shows that pensioner couples reliant on ‘safety net benefits’, such as winter fuel allowance and pension credit, receive around £235 per week, just under £10 short of the income they would need, on average, to cover their expenses, excluding rent, Council Tax and childcare.\(^61\)

So far, pensioners have been less affected by welfare reforms than people in younger age groups. However, since pensioners tend to be more reliant than average on state benefits (see section 3.1. Income Sources), future reforms to those benefits could potentially have a significant effect on them.\(^62\)

### 3.11. Future Living Standards in Retirement (National Data)

_Living standards for pensioners are expected to continue increasing in the near future but there are potential risks for the longer term._

National modelling suggests that pensioner incomes and living standards are likely to increase over the next few years, driven by:

- More people in the age group continuing paid work
- Higher earnings among those in work
- Higher private pension incomes\(^63\)

However, these improvements are expected to benefit those towards the top end of the income distribution more than those towards the bottom.

Looking further ahead, the modelling suggests that those born after 1960 appear to be less well-placed financially than earlier cohorts, due to:

- Weak income growth over the past decade
- Higher lifetime spending
- Lower levels of home ownership
- Lower membership of defined benefit pension schemes (which tend to be more generous than defined contribution schemes)

However, this cohort is expected to receive larger inheritances, which may offset some of the negative factors described above – but, again, this is expected to benefit those towards the upper end of the income and wealth distribution more than those towards the lower end.

A separate national study by the International Longevity Centre identifies key risks which could lead to lower standards of living in retirement, including:

- Reductions to social care budgets leading to rising levels of unmet need and greater deprivation amongst the oldest old
- Nearly one in three baby boomers have no pension wealth and some being very reliant on housing wealth
- Uncertainty about whether those in their 40s now will be able to depend on state support in the future, given the growing fiscal pressures\(^64\)

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4. Quality of Life
This chapter covers topics relating to the well-being, general health, and quality of life of older people.

4.1. Wellbeing (National Data)

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.

Three year data for the period 2012 to 2015 show that people aged 65 to 79 in the UK tended to report the highest average levels of personal wellbeing, including feeling satisfied with their lives, feeling that the things they do are worthwhile, and feeling happy. This tended to drop off slightly among those in the oldest age band (aged 80 and over). Across all post-65 age bands, older people are among the least likely to report feeling anxious.

Figure 36: Average personal wellbeing ratings in the UK, by age (pooled data for 2012-2015)

Source: Office for National Statistics

This data echoes separate national research suggesting that mental wellbeing is better among people aged 65 and over. The study found that at least 85% of older people scored positively on wellbeing measures, compared with less than 80% of those in the 50-64 age band.

Factors which were related to reduced mental wellbeing among those aged 50 and over were, in rough order of significance:

- Finding it difficult to get by, financially

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• Being long-term sick or disabled
• Being unemployed or retired
• Being divorced or separated
• Living in a property with a mortgage
• Living in an urban area

Some of these findings are reinforced by separate research studies, which have found subjective wellbeing among older people to correlate positively with having higher levels of income and wealth, participating in work or volunteering, and being married. 67

4.2. General Health

At the time of the 2011 Census, most older people in Oxfordshire were in good health but around one in ten were in bad health; and health generally worsens with age.

At the time of the 2011 Census, 59.2% of household residents aged 65 and older in Oxfordshire reported being in very good or good health. 68 This was above the national and regional averages (50.7% and 56.8%, respectively).

A further 30.5% of Oxfordshire’s older household residents said they were in fair health. The remaining 10.3% said they were in bad or very bad health, and numbered around 10,300 individuals. This compares to 17.7% of older people in 2001 who said they were not in good health. The improvement could reflect increases in healthy life expectancy.

As would be expected, older people in Oxfordshire tended to be in worse health than the overall (all ages) population, 3.4% of whom reported being in bad or very bad health.

A recent survey conducted by Ipsos MORI for the Centre for Ageing Better found that over half (53%) of people aged 50 and over in England felt that being in good health was the most important factor in having a good later life. 69 Physical health was also found to be the most common source of worry associated with ageing: 50% of respondents said it was amongst the two or three things they are most worried about as they age. (Mental health was also frequently cited, by 22% of respondents.)

**General Health by Sex**
Older women were more likely than older men to be in bad or very bad health (10.7% of all older women, compared with 9.9% of all older men).

**General Health by Age Band**
As would be expected, the Census data show that general health tends to deteriorate with age: whilst only 7% of 65-74 year olds in Oxfordshire were in bad or very bad health in 2011, the figure for 75-84 year olds was 12%, rising to 20.1% among those aged 85 and older.

**General Health by District**
Older people in Oxford and Cherwell were proportionately more likely to be in bad or very bad health (12.8% and 11.3%, respectively, compared with less than 10% in other districts).

68 Data in this section are from the 2001 and 2011 Censuses, downloaded from Nomis: https://www.nomisweb.co.uk/
It is worth noting that the overall size of the older population is relatively small in Oxford (although not in Cherwell).

**Figure 37: General health of older people, broken down by district**

Source: ONS 2011 Census

**General Health by Ward**

The ten wards with the highest proportions of older people in bad or very bad health are shown in the table below.

**Figure 38: Wards with the highest proportions of older people in bad or very bad health**

<table>
<thead>
<tr>
<th>Ward name</th>
<th>% older people in bad or very bad health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Northfield Brook</td>
<td>19.9%</td>
</tr>
<tr>
<td>Iffley Fields</td>
<td>18.1%</td>
</tr>
<tr>
<td>Blackbird Leys</td>
<td>17.7%</td>
</tr>
<tr>
<td>Cowley Marsh</td>
<td>17.4%</td>
</tr>
<tr>
<td>Banbury Grimsbury and Castle</td>
<td>17.4%</td>
</tr>
<tr>
<td>Banbury Ruscote</td>
<td>17.3%</td>
</tr>
<tr>
<td>Holywell, St Mary’s</td>
<td>17.1%</td>
</tr>
<tr>
<td>St Clement’s</td>
<td>17.1%</td>
</tr>
<tr>
<td>Churchill</td>
<td>16.9%</td>
</tr>
<tr>
<td>Banbury Neithrop</td>
<td>16.8%</td>
</tr>
</tbody>
</table>

Source: ONS 2011 Census

4.3. **Health Deprivation**

Oxfordshire has relatively low levels of health deprivation but in 2015 there were 14 small areas in the county that ranked among the most deprived 20% nationally.

An index of health deprivation and disability (across all age groups) was published as part of the English Indices of Deprivation 2015. This combines indicators around premature death, illness, disability, and hospital use. Oxfordshire is the 16th least deprived upper tier local authority in terms of health and disability.

Most of Oxfordshire’s 407 small areas (technically known as lower-layer super output areas, or LSOAs) are less deprived in terms of health than the national average. 137 are in the 10% least deprived of 32,844 small areas in England. A further 88 are in the 10-20% least deprived.

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However, two of Oxfordshire’s small areas (in parts of Northfield Brook and Carfax wards in Oxford City) are in the 10% most deprived nationally. A further 12 small areas are in the 10-20% most deprived nationally. These are concentrated in parts of Banbury and Oxford City.

The map below shows the pattern of health deprivation in Oxfordshire, across all age groups.

Figure 39: Map of health deprivation and disability in Oxfordshire

Source: DCLG English Indices of Deprivation 2015

Disability and long term conditions are discussed in more detail in section 8.

4.4. Health Related Quality of Life

*Older people in Oxfordshire continued to rate their health status relatively positively in 2012/13 but satisfaction with health is likely to decline amongst the oldest age groups.*

The latest data available (for the 2011/12 and 2012/13 periods) show that older people rate their health status more positively in Oxfordshire than the national average.\(^{71}\) This rating is based on the following five dimensions, captured through the GP Survey:

- Mobility
- Self-care
- Usual activities
- Pain/discomfort
- Anxiety/depression

Separate national data show that older people and middle-aged adults have broadly similar levels of satisfaction with their health, as shown in the figure below.\(^{72}\)

National research has also shown, however, that among those aged 85 and over, around a third reported being at least partly dissatisfied with their health and over three quarters felt that their health limited even moderate activities.\(^7^3\) Meanwhile, around half said that pain had interfered with their activities over the past few weeks. This suggests that their satisfaction with health drops off sharply among the ‘oldest old’.

4.5. Social Contact (National Research)

Social contact has important links to wellbeing and may be a particular issue for older people.

National research has found that, among people aged 50 and over, those who were more socially isolated – both in terms of having a fewer close relationships and less frequent contact – had lower levels of subjective wellbeing.\(^7^4\)

4.5.1. Social Contact and Older Men (National Data)

Research covering England has shown that older men are at growing risk of social isolation, due to the growing number who live alone (estimated at 8,800 in Oxfordshire – see section 5.3. Living Arrangements) and their tendency to have less contact with family and friends.\(^7^5\) This can lead to loneliness, and can have negative effects on physical health and mental health, particularly when combined with low income, caring responsibilities, or pre-existing health conditions.


\(^7^3\) Understanding the oldest old (International Longevity Centre – UK and the Personal Finance Research Centre, July 2013): http://www.ilcuk.org.uk/index.php/publications/publication_details/understanding_the_oldest_old


4.6. Loneliness (National Data)

An estimated 6-13% of older people often or always feel lonely and many more may be at risk of loneliness.

Loneliness has been found to increase with age and with the deterioration of an individual’s health, and has also been linked to low socio-economic status and lack of contact with family.76

At a national level, it has been estimated that 6-13% of older people feel lonely often or always.77 A simple extrapolation from this figure would mean there could be around 7,000-15,000 older people in Oxfordshire experiencing frequent loneliness. However, this does not take account of any local differences in prevalence that may exist.

Nationally, among people aged 80 and over, an estimated 30% report being lonely – they are twice as likely as younger adults to say this.76 A simple extrapolation from this figure would mean there could be around 10,700 lonely people aged 80 and over in Oxfordshire. Again, this does not take account of any local differences in prevalence that may exist.

In fact, many more than this are likely to be at risk of loneliness, for example because they live alone, or are unable to leave home often, or have little contact with family, friends and neighbours.79

There are thought to be several ‘pathways’ into loneliness in older age.80 Some of these are intrinsic (membership of social groups, personality, and psychological responses to heightened risk of loneliness); others are extrinsic (environmental factors, personal circumstances, and life events, traumas and transitions).

Older people most at risk of loneliness are likely to include those who are:

- at the upper end of the age group

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Recent analysis by Age UK (in collaboration with the Office for National Statistics) used national data from the English Longitudinal Study of Ageing to identify factors which were significantly correlated with self-reported loneliness by respondents aged 65 and over. Among the most important were poor or fair self-reported health; small household size; and having been widowed. Levels of risk were then mapped at small area level, using demographic data from the 2011 Census.

**Figure 41: Risk of Loneliness in Lower-Layer Super Output Areas in Oxfordshire’s Districts**

Source: Age UK

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As well as being a negative psychological experience in its own right, and linked to reduced social wellbeing, loneliness has been found to correlate with increased risk of a range of other physical and mental health conditions. This is thought to have knock-on effects for health and social care services.

4.7. Older People’s Perception of Community Safety (National Data)

Data for 2014/15 show that older people in England continue to feel very safe in their local area by day, but less so by night.

Nationally, in 2014/15 nearly all older people in England (97.6%) reported feeling safe in their local area during the day. Around two thirds (67.6%) reported feeling safe in their local area after dark. Meanwhile, 94.3% reported feeling safe in their own home at night. These proportions appear to have remained broadly similar over the last five years, although comparisons for statistical significance are not possible.

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85 Public Health Outcomes Framework, indicator 1.19i: [http://www.phoutcomes.info/]
86 Public Health Outcomes Framework, indicator 1.19ii: [http://www.phoutcomes.info/]
87 Public Health Outcomes Framework, indicator 1.19iii: [http://www.phoutcomes.info/]

50
5. Housing
This chapter focuses on the housing situations of older people, including the type, tenure, and condition of accommodation.

5.1. Residence Type

At the time of the 2011 Census the overwhelming majority of older people in Oxfordshire lived in households rather than communal establishments.

At the time of the 2011 Census, 96.4% of people aged 65 and over in Oxfordshire were living in a household. The remaining 3.6%, numbering around 3,700 people, were living in a communal establishment (this could include sheltered housing or a care home, for example). These proportions were the same as in 2001 and were broadly similar to national and regional averages.

Older people in West Oxfordshire and Oxford were more likely than those in other districts to be living in communal establishments (4.4% and 3.9% of the older people populations, respectively).

The next sections focus on household residents; more information about care homes is provided towards the end of this chapter. Hospital use from care homes is discussed separately in the section 11.2.5.

5.2. Tenure

At the time of the 2011 Census, four fifths of older people in Oxfordshire owned their home, and most owned it outright. They were much more likely to do so than other age groups.

At the time of the 2011 Census, over 80% of household residents aged 65 and over owned their own home: 72% owned outright and 8.7% owned with a mortgage or loan, or under shared ownership. Meanwhile, 13.8% were in social rented accommodation. The remaining 5.4% were renting privately or living rent free.

This highlights a considerable difference between older people and the overall household population of Oxfordshire, which was much less likely to own outright (26.5% did so in 2011), much more likely to own with a mortgage, loan or under shared ownership (40.6%) and much more likely to rent privately or live rent free (19.2%). The proportion in social rented accommodation was similar, however.

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88 Data in this section are from the 2001 and 2011 Censuses, downloaded from Nomis: https://www.nomisweb.co.uk/
89 Data in this section are from the 2001 and 2011 Censuses, downloaded from Nomis: https://www.nomisweb.co.uk/
Older people actually became more likely to own their own home between 2001 and 2011, when 74.2% did so. Over the same period, people aged 65 and over became less likely to rent socially (19.3% did so in 2001) or privately (6.5% were renting privately or living rent free in 2001). It is worth noting that the numbers as well as the proportions of older people living in rented accommodation have fallen, which bucks the national trend.

The pattern of tenure in Oxfordshire in 2011 was broadly similar to that seen across the South East region. Compared with the national picture, older people in Oxfordshire were a little more likely to own their home, and a little less likely to be renting, than in England overall.

Older women were more likely than older men to live in socially rented accommodation: 14.7% of older women, compared with 12.8% of older men.

**Tenure by District**

Older people in Oxford were less likely than those in other districts to own their home, and in particular to own it outright (63.8% owned outright in Oxford compared with over 70% elsewhere). Conversely, they were more likely to rent, and in particular to be in social rented accommodation (22.7% in Oxford, compared with less than 14% elsewhere).

It is important to remember, though, that in absolute terms there are fewer older people in Oxford than in the other districts.
5.3. Living Arrangements – Living in a Couple and Living Alone

At the time of the 2011 Census, three fifths of older people living in households lived with a partner. Most of the rest lived alone; they were more likely to be women than men.

At the time of the 2011 Census 62.2% of those aged 65 and over living in households in Oxfordshire were living in a couple.\(^90\) They numbered around 62,200 persons. The vast majority of these were married or in a registered same-sex civil partnership. However, around 3,200 were cohabiting.

The proportion of older household residents living in a couple has increased since 2001, when it stood at 57.1%. This is in line with national trends and is likely to be mainly because people are living longer and are less likely to have experienced the death of their partner.\(^91\) However, it also appears to be driven in part by an increase in cohabiting, rising from 1.4% of older household residents in 2001 to 3.2% in 2011.

Older people in Oxfordshire were slightly more likely to be living in a couple than the national and regional averages (58.6% and 60.5% of the older population, respectively). Nonetheless, around 37,800 older household residents in the county were not living in a couple.

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\(^{90}\) Data in this section are from the 2001 and 2011 Censuses, downloaded from Nomis:
https://www.nomisweb.co.uk/

Around 29,900 older household residents in Oxfordshire were living alone (the remaining 7,900 older household residents not living as a couple will have been living with others, most commonly family members).

In 2011, those aged 65 and over who lived alone made up 11.5% of all households in Oxfordshire. This proportion was below the national and regional averages (12.4% and 12.7%, respectively).

Older people living alone were more likely to be women: there were 21,100 older women living on their own, making up 70.3% of the total, compared with 8,800 older men.

Over half of the older people living alone in Oxfordshire reported having a long term health problem or disability, numbering around 16,200 individuals. They may be particularly at risk of lack of social contact and loneliness (see sections 4.5. Social Contact and 4.6. Loneliness).

**Living arrangements by District**
Older people in Oxford were less likely to live in a couple than those in other districts (50.8% of Oxford’s total older household resident population, compared with over 63% elsewhere). Correspondingly, they were more likely to be living alone. However, in terms of absolute numbers, South Oxfordshire had the most older people living alone, as shown in the figure below.

**Figure 44: Number of older people living alone in Oxfordshire, by district and sex**

Source: ONS 2011 Census

**Older People Living Alone by Ward**
In 2011, several wards in the county contained as many as 500 older people who were living alone (Henley North, Banbury Grimsbury and Castle, Wantage Charlton, Witney South, Chipping Norton and Bicester Town). The table below shows the ten wards with the highest proportion of households being made up by older people living alone.
Figure 45: Oxfordshire wards with the most older people living alone, as a proportion of all households

<table>
<thead>
<tr>
<th>Ward name</th>
<th>% all households in the ward which are older people living alone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Burford</td>
<td>21.2%</td>
</tr>
<tr>
<td>Henley North</td>
<td>20.5%</td>
</tr>
<tr>
<td>Bicester Town</td>
<td>19.2%</td>
</tr>
<tr>
<td>Witney South</td>
<td>18.3%</td>
</tr>
<tr>
<td>Woodstock and Bladon</td>
<td>17.8%</td>
</tr>
<tr>
<td>North Hinksey and Wytham</td>
<td>16.8%</td>
</tr>
<tr>
<td>Charibury and Finstock</td>
<td>16.5%</td>
</tr>
<tr>
<td>Chipping Norton</td>
<td>16.2%</td>
</tr>
<tr>
<td>Goring</td>
<td>16.1%</td>
</tr>
<tr>
<td>Didcot Park</td>
<td>16.1%</td>
</tr>
</tbody>
</table>

Source: ONS 2011 Census

5.4. Housing Condition

Oxfordshire has relatively low levels of deprivation in relation to indoor environments but in 2015 there were 40 small areas in the county that were among the most deprived 20% nationally. Older people, perhaps particularly those in rural areas, may be at greater risk of living in non-decent homes.

An index of deprivation in relation to indoor living environments (across all age groups) was published as a sub-domain of the English Indices of Deprivation 2015. This index includes indicators on central heating and housing in poor condition.

In terms of the indoor living environment, the majority of Oxfordshire’s 407 small areas (technically known as lower-layer super output areas, or LSOAs) are less deprived than the national average. 106 are in the 20% least deprived of 32,844 small areas in England.

However, 12 of Oxfordshire’s small areas are among the 10% most deprived nationally. These are located towards the northern, north-western, western, and south-eastern edges of the county, as well as in parts of Oxford City. A further 28 small areas are in the 10-20% most deprived nationally and are similarly spread around different parts of the county.

The map below shows the pattern of living environment deprivation in Oxfordshire.

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Recent analysis by Care and Repair England, based mainly on data from the English Housing Survey, found that in 2012 over one in five (21% of) older households in England lived in a home that failed to meet the Decent Homes standard. Most (79%) were owner occupiers, although the majority of the worst housing was in the private sector. Some of the householders were in receipt of particular welfare benefits that indicate their relative vulnerability.

The main reason for homes failing the Decent Homes standard was found to be the presence of ‘Category 1 hazards’, which present a significant risk to the health of the occupant. The most common was falls risk (on stairs; on/ between levels; or bathing), followed by excess cold.

Separate national research has estimated that a million people aged over 75 in the UK live in non-decent homes, and those with low income are most likely to do so. The study found that older households are less likely to contain features that can protect from electrical hazards, such as PVC wiring and modern earthing. This is linked to their being more likely to own their own home and have lived there for a long period of time (see section 5.2. Tenure).

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93 Off the Radar: Housing disrepair and health impact in later life (Care & Repair England/ BRE, March 2016): http://careandrepair-england.org.uk/reports/. The Decent Homes standard is defined nationally and includes indicators such as need for urgent repairs, age of kitchen and bathroom facilities, thermal comfort, and presence of a ‘Category 1 hazard’, i.e. that presents a significant risk to the health of the occupant.

Older people living in rural areas were found to be particularly vulnerable to electrical harm because of homes tending to be older, and safety standards being introduced more slowly. Risks can also be particularly high for people with dementia.

Nationally, the barriers facing older people whose homes require electrical repairs and maintenance, include difficulties in finding tradespeople, fear of letting strangers into the house and being overcharged, reduction in local authority support, and social isolation leading to hazards not being identified.\textsuperscript{95}

Excess Winter Deaths, which can sometimes be linked to cold homes and fuel poverty, are covered in the JSNA summary report available at: \url{http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment}.

5.5. Barriers to Housing

\textit{Oxfordshire has relatively low levels of deprivation in terms of wider barriers to housing but in 2015 there were 39 small areas in the county that ranked among the most deprived 20\% nationally. Affordability is a particular concern.}

An index of barriers to housing and services (across all age groups) was published as part of the English Indices of Deprivation 2015.\textsuperscript{96} This index is composed of two subdomains: geographical barriers (covered in section 6.1) and wider barriers to housing, including indicators of overcrowding, homelessness, and affordability.

In terms of wider barriers to housing, most of Oxfordshire’s 407 small areas (technically known as lower-layer super output areas, or LSOAs) are less deprived than the national average. 93 are in the 20\% least deprived of 32,844 small areas in England.

However, three of Oxfordshire’s small areas (in parts of Northfield Brook and Blackbird Leys wards in Oxford) are in the 10\% most deprived nationally. A further 36 small areas are in the 10-20\% most deprived nationally. These are also concentrated in parts of Oxford City.

Housing affordability, in particular, is likely to be a concern in Oxfordshire. Further analysis on this topic can be found in the JSNA summary report, available at: \url{http://insight.oxfordshire.gov.uk/cms/joint-strategic-needs-assessment}

The map below shows where barriers to housing are more or less of a problem in Oxfordshire.

\textsuperscript{95} \textit{A Shock to the System: Electrical Safety in an Ageing Society} (The International Longevity Centre – UK, January 2015): \url{http://www.ilcuk.org.uk/index.php/publications/publication_details/a_shock_to_the_system_electrical_safety_in_an_ageing_society}

5.6. Adapted Housing

Nationally, housing is not always adapted for older people’s needs, and this may be more of a problem in rural areas.

National research has found that older residents typically prefer to stay living in their homes for as long as possible, or at least nearby, in their local communities. However, the existing housing stock is not always well adapted for ageing residents, and residents do not always plan for their future housing needs. It has been found that rural homes are less likely than urban homes to have been modified to help with current or future mobility needs.

Recent analysis by Care and Repair England, based mainly on data from the English Housing Survey in 2010/11 and 2011/12, found that 95% of all homes in England did not include the most basic characteristics that make homes accessible, such as level access and a ground floor WC. Those which did were mainly in the social rented sector. Hence most housing within the owner occupied sector would need to be adapted in order to be made accessible.

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5.6.1. Wheelchair Users

*It is important to treat the following estimates with caution, as they are based on fairly crude extrapolations from national, regional, and relatively old, data.*

Wheelchair users are likely to face particular design and accessibility barriers in the home, some of which are likely also to affect frail older people and those with short or long term illnesses. Below are estimates of how many households in Oxfordshire include wheelchair users; full details of the calculations are available in Appendix A.

Using fairly crude extrapolations from a piece of national research produced by Habinteg in 2008, along with the latest local authority household estimates, it is possible that the number of older households in Oxfordshire that include a wheelchair user could be around 4,500, around 200 of whom may have unmet needs.

Based on separate data from the 2013/14 English Housing Survey, and social housing data for Oxfordshire from the 2011 Census, another fairly crude extrapolation would give an range of around 1,300-1,800 older households living in social housing that include a wheelchair user.

Nationally, only around a quarter (27%) of social housing that accommodated someone with a wheelchair had all four features of ‘visitability’, making the home accessible to wheelchair users. In 8% of cases, no visitability features were present (on average, local authority housing performed worse than housing association housing). A direct extrapolation from these national statistics to Oxfordshire would give a figure of over 100 older households in social housing experiencing unmet need.

5.7. Specialist Housing for Older People

*In 2014 there were thought to be around 6,700 specialist housing units for retired people in Oxfordshire, and need is expected to increase as the older population grows.*

‘Specialist’ housing includes sheltered housing, retirement housing, and extra care housing. It can be either in blocks of flats or dispersed houses and bungalows. It can be public or private provision, with various tenures for rent or sale.

Sheltered and retirement housing is self-contained and enables older people to live largely independently in smaller, easier-to-manage homes.

Extra care housing includes care support for older people, and it falls somewhere between traditional sheltered housing and residential care. Extra care housing is also known as ‘very sheltered housing’, ‘assisted living’ or ‘close care’, and the government describes it as

103 ONS 2011 Census data, downloaded from Nomis: https://www.nomisweb.co.uk/
104 See Appendix A for details of the calculation.
“purpose-built housing in which 24 hour personal care and support can be offered and where various other services are shared”.

In 2014, there were estimated to be **6,677 specialist housing units** for retired people in Oxfordshire. This represented a rate of 125 specialist homes per 1,000 residents aged 75 and over. Nearly two thirds of older people living in specialist homes in Oxfordshire were renting (64%) rather than leasing (36%). This split is in stark contrast with other older residents, who are mostly owner occupiers. The difference in tenure patterns is likely to be due to residents of specialist housing being more likely to have come from socially rented housing.

Numbers and rates of provision are presented in the table below. These show considerable variation among districts, with relatively high rates of specialist housing in Cherwell and Oxford and relatively low rates in Vale of White Horse and South Oxfordshire.

**Figure 48: Supply of specialist housing in Oxfordshire and its districts (2014)**

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of homes</th>
<th>Rate of homes per 1,000 people aged 75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherwell</td>
<td>2,072</td>
<td>185</td>
</tr>
<tr>
<td>Oxford</td>
<td>1,560</td>
<td>181</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>1,481</td>
<td>118</td>
</tr>
<tr>
<td>Vale of White Horse</td>
<td>949</td>
<td>84</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>615</td>
<td>62</td>
</tr>
<tr>
<td><strong>Oxfordshire Total</strong></td>
<td><strong>6,677</strong></td>
<td><strong>125</strong></td>
</tr>
</tbody>
</table>

Source: Elderly Accommodation Counsel national housing database 2014/ ONS population estimates

To maintain the current ratio of specialist housing to people aged 75 and over, Oxfordshire may need a total of 9,100-9,900 specialist housing units by 2025, and 11,000-13,000 by 2035. The rise in demand is expected to be concentrated in the four districts other than Oxford City.

It is important to note that if the current ratio of specialist housing to people were felt to be too low to meet existing need (when compared to national supply ratios), the figures for future need would be higher. Conversely, the ratio might be expected to fall in the future, for example if dedicated specialist housing becomes less attractive to future cohorts of more active and independent older people, and if more one- and two-bedroom houses are built to ‘lifetime’ or ‘accessible’ housing standards, as standard for all ages. In this scenario, the figures for future need could be lower than the above projections.

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106 For more information, see the Oxfordshire County Council Market Position Statement on Extra Care Housing (March 2014): [https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/socialandhealthcare/olderpeople/ExtraCareHousing.pdf](https://www.oxfordshire.gov.uk/cms/sites/default/files/folders/documents/socialandhealthcare/olderpeople/ExtraCareHousing.pdf)

107 Elderly Accommodation Counsel national housing database 2014, data downloaded from SHOP@ in December 2015: [http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/](http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/) Data are supplied by providers of specialist housing to the Elderly Accommodation Counsel but do not usually include various ‘age specific’ housing designated for older people which do not include specified services. It should also be noted that the classification of ‘specialist housing’ is not straightforward and recent changes in the way that support services are delivered to sheltered housing have further complicated its definition.

108 Calculation based on ONS population estimates for mid-2014.

109 Calculation based on Oxfordshire County Council population forecast (May 2015) and long-range population projections (Autumn 2014).

110 More information about the design criteria for ‘lifetime’ and ‘accessible’ housing is available from Habinteg:
5.7.1. Sheltered Housing
90% of the 6,677 specialist housing units in Oxfordshire in 2014 were sheltered housing. This represented a rate of 113 sheltered homes per 1,000 people aged 75 and over. Numbers and rates of provision in the county and its districts are presented in the table below.

Figure 49: Supply of sheltered housing in Oxfordshire and its districts (2014)

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of homes</th>
<th>Rate of homes per 1,000 people aged 75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherwell</td>
<td>1,777</td>
<td>159</td>
</tr>
<tr>
<td>Oxford</td>
<td>1,408</td>
<td>164</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>1,406</td>
<td>112</td>
</tr>
<tr>
<td>Vale of White Horse</td>
<td>842</td>
<td>75</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>595</td>
<td>60</td>
</tr>
<tr>
<td><strong>Oxfordshire Total</strong></td>
<td><strong>6,028</strong></td>
<td><strong>113</strong></td>
</tr>
</tbody>
</table>

Source: Elderly Accommodation Counsel national housing database 2014/ ONS population estimates

5.7.2. Enhanced Sheltered Housing
Around 3% of the 6,677 specialist housing units in Oxfordshire in 2014 were enhanced sheltered housing (where service provision is higher than for sheltered housing but below extra care level). This represented a rate of 4 enhanced sheltered homes per 1,000 people aged 75 and over. Numbers and rates of provision in the county and its districts are presented in the table below.

Figure 50: Supply of enhanced sheltered housing in Oxfordshire and its districts (2014)

<table>
<thead>
<tr>
<th>Area</th>
<th>Number of homes</th>
<th>Rate of homes per 1,000 people aged 75+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cherwell</td>
<td>61</td>
<td>6</td>
</tr>
<tr>
<td>Oxford</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>South Oxfordshire</td>
<td>35</td>
<td>3</td>
</tr>
<tr>
<td>Vale of White Horse</td>
<td>107</td>
<td>10</td>
</tr>
<tr>
<td>West Oxfordshire</td>
<td>20</td>
<td>2</td>
</tr>
<tr>
<td><strong>Oxfordshire Total</strong></td>
<td><strong>223</strong></td>
<td><strong>4</strong></td>
</tr>
</tbody>
</table>

Source: Elderly Accommodation Counsel national housing database 2014/ ONS population estimates

5.7.3. Extra-Care Housing
Around 6% of the 6,677 specialist housing units in Oxfordshire in 2014 were extra-care housing, numbering 426. This represented a rate of 8 extra-care homes per 1,000 people aged 75 and over. However, recent developments mean that, as of autumn 2015, there are now 769 extra care flats in the county, representing a rate of around 14 per 1,000 people. It is expected that by the end of 2017 the number of extra care flats will have increased to over 1,000.

http://www.housinglin.org.uk/Topics/browse/Design_building/AccessibleDesign/LifetimeHomes/?&msg=0&parent=8576&child=9888

111 Elderly Accommodation Counsel national housing database 2014, data downloaded from SHOP@ in December 2015:
http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/

112 Elderly Accommodation Counsel national housing database 2014, data downloaded from SHOP@ in December 2015:
http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/

113 Elderly Accommodation Counsel national housing database 2014, data downloaded from SHOP@ in December 2015:
http://www.housinglin.org.uk/Topics/browse/HousingExtraCare/ExtraCareStrategy/SHOP/SHOPAT/

114 Oxfordshire County Council data
Oxfordshire County Council has set a target of 55 extra care housing flats per 1,000 people aged 75 and over.\textsuperscript{115} Projecting this forward, Oxfordshire could need a total of 4,000-4,400 extra-care homes by 2025, and 4,600-5,700 by 2035.

More information about the need for extra care housing in Oxfordshire, including by local area, is available from Oxfordshire County Council’s Market Position Statement for Extra Care Housing (March 2014).

5.8. Care Homes

As of December 2015, there were about 4,900 care home beds for older people in Oxfordshire.

Care homes comprise of residential homes and nursing homes (which include care from registered nurses, for those with more complex health needs).

As of December 2015, there were around 4,900 care home beds for older people in Oxfordshire, representing a rate of about 43 beds per 1,000 older people.\textsuperscript{116} This compares to a rate of about 48 in England overall. A breakdown of numbers and rates of care home beds by district is shown in the figure below. This shows that rates are higher in West Oxfordshire (48) and Cherwell (47) and lower in Oxford (41) South Oxfordshire (40) and Vale of White Horse (38).

Figure 51: Numbers and rates of care home beds in Oxfordshire, by district (December 2015)

\begin{figure}[h]
\centering
\includegraphics[width=\textwidth]{care_homes_graph.png}
\caption{Numbers and rates of care home beds in Oxfordshire, by district (December 2015)}
\end{figure}

Source: Care Quality Commission


\textsuperscript{116} Care Quality Commission data. Rates are based on Office for National Statistics population estimates for mid-2014. Since the older population will have been increasing, local and national rates could be slightly lower than those shown here.
As of the end of August 2015, around 1,700 older people were supported in care homes, funded by the council or the Clinical Commissioning Group’s Continuing Healthcare Fund (CHC). Over 90% were in permanent placements, with the remainder in temporary placements.

Subtracting the number of care home places funded by the council or CHC from the total number of beds, it is possible that over 3,000 older people have self-funded placements in care homes in the county.

In 2014/15, the rate of council-supported admissions to care homes was about 515 older people per 100,000 in the population. This was below the rates for England overall (669) and the South East region (588). Older people are increasingly likely to be admitted from hospital than from their own home (meanwhile, a growing number of older people are being supported at home). The rate of people in Oxfordshire going into care homes after being in an acute hospital is about twice as high as the national average.

Council-supported care home residents are most likely to be in older age groups. As of the end of August 2015, the average age of these care home residents was 85.9 years. The majority (61%) were aged 85 and over, whilst 27% were aged 75-84 and the remaining 12% were younger than 75 years old.

People live in care homes in Oxfordshire for longer than in other parts of the country: on average, they stay for five months longer. For council funded residents, then average length of stay is around 33 months.

More information about the need for care homes in Oxfordshire, is available from Oxfordshire County Council’s Market Position Statement for Care Homes (September 2014).

In January 2016 a national report was published on Social care: the state of the care home market (England).

Hospital use from care homes is discussed separately in section 11.2.5.

5.9. Homelessness (National Data)

It is possible that a small number of older people in Oxfordshire are homeless.

Nationally, in 2-3% of homelessness acceptance cases in 2014/15 the applicants were aged 65 and over. On the basis that there were 323 homelessness acceptances in Oxfordshire...

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117 Finance, Performance and Activity Report for the period April to August 2015/15, presented to Oxfordshire’s Older People Joint Management Group:

118 Oxfordshire County Council Market Position Statement for Care Homes (September 2014):

119 Oxfordshire County Council data

120 Oxfordshire County Council Market Position Statement for Care Homes (September 2014):

121 Finance, Performance and Activity Report for the period April to August 2015/15, presented to Oxfordshire’s Older People Joint Management Group:
in 2014/15, a direct extrapolation would give a figure of around 6-10 older people in the county who may have been statutorily homeless in 2014/15. However, this does not take account of any differences that may exist between local and national age profiles of homeless people.

6. Transport and Connectedness
This chapter provides information on older people’s access to transport and the internet.

6.1. Geographical Barriers

Oxfordshire has relatively high levels of deprivation in relation to geographical barriers and in 2015 there were 145 small areas in the county that ranked among the most deprived 20% nationally.

An index of geographical barriers (applying across all age groups) was published as a sub-domain of the English Indices of Deprivation 2015. This index is based on road distances to post offices, primary schools, GP surgeries, and general stores or supermarkets.

In terms of geographical barriers, the majority of Oxfordshire’s 407 small areas (technically known as lower-layer super output areas, or LSOAs) are more deprived than the national average. 85 are among the 10% most deprived nationally and are concentrated outside the main urban centres. A further 60 small areas are in the 10-20% most deprived nationally. The map below shows the pattern of geographical barriers in Oxfordshire.

![Figure 52: Map of Geographical Barriers in Oxfordshire](source: DCLG English Indices of Deprivation 2015)

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6.2. Private Transport

At the time of the 2011 Census, over a fifth of older people living in households in Oxfordshire had no cars or vans in the household. More than half of these were limited in their day-to-day activities and may therefore find it more difficult to get out and about.

Older people’s ability to access transport is thought to support their activity levels and their wellbeing, helping them to avoid isolation and loneliness.\(^{124}\) Transport is likely to be particularly important for older rural residents.\(^{125}\)

At the time of the 2011 Census, 22.2% of people aged 65 and over living in households in Oxfordshire had no cars or vans in the household.\(^{126}\) This equated to around 22,200 people, (15,700 women and 6,500 men).

Older people were more likely to live in households with no cars or vans compared with the overall (all ages) county population, 17.5% of whom were in this situation.

On the other hand, the proportion of older people in Oxfordshire without private transport was a little lower than the equivalent national and regional figures (29.2% and 23.7%, respectively).

**Private transport by District**

Older people in Oxford were less likely to have a car or van in the household than those in other districts. 37% of Oxford’s older household residents did not, compared with less than 23% elsewhere (22.7% in Cherwell, 19.4% in Vale of White Horse, 18% in West Oxfordshire, and 17.4% in South Oxfordshire).

**Private transport by Ward**

The ten wards with the highest proportion of older people with no car or van in the household are shown in the next table.

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**Figure 53:** Wards with the highest proportion of older people with no car or van in the household

<table>
<thead>
<tr>
<th>Ward name</th>
<th>% older people with no car or van in the household</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carfax</td>
<td>54%</td>
</tr>
<tr>
<td>Holywell, St Mary’s</td>
<td>51.8%</td>
</tr>
<tr>
<td>Jericho and Osney</td>
<td>49.9%</td>
</tr>
<tr>
<td>Northfield Brook</td>
<td>47.7%</td>
</tr>
<tr>
<td>Cowley Marsh</td>
<td>47.7%</td>
</tr>
<tr>
<td>Banbury Grimsbury and Castle</td>
<td>47.2%</td>
</tr>
<tr>
<td>Churchill</td>
<td>47.2%</td>
</tr>
<tr>
<td>St Clement’s</td>
<td>46.4%</td>
</tr>
<tr>
<td>Iffley Fields</td>
<td>45.5%</td>
</tr>
<tr>
<td>Banbury Neithrop</td>
<td>45.2%</td>
</tr>
</tbody>
</table>

Source: ONS 2011 Census


\(^{126}\) Data in this section are from the 2001 and 2011 Censuses, downloaded from Nomis: [https://www.nomisweb.co.uk/](https://www.nomisweb.co.uk/)
**Private transport and Limitations to Daily Activities**

Of the 22,200 older people with no cars or vans in the household, over half were limited in their day-to-day activities, numbering around 14,700 individuals. 8,100 of these were limited a lot, whilst 6,600 were limited a little. They were made up of around 10,500 women and 4,300 men.

### 6.2.1. Private Transport – National Trends

Nationally, driving a car remains the most common mode of transport for older people.\(^{127}\) The proportion of older women with a driving licence increased by over 20% between 1995 and 2010. However, the same study found that older drivers could face barriers to driving in the form of high insurance premiums that were out of kilter with their level of risk.

### 6.3. Public Transport (National Data)

Nationally, less than half of older people use public transport regularly and those in rural areas are less likely to do so than those in urban areas.

National research has found that almost a third of those aged 65 and over never use public transport (32%) and a further 27% use it once a month or less.\(^ {128}\) Frequent (weekly) public transport use among older people is highest in the 70-79 age band. It falls sharply among those aged 85 and over. Women aged 65 and over were found to be more likely than older men to be frequent users of public transport.

The same study highlighted particular barriers for older people in rural areas to accessing public transport: just 20% of 70-74 year olds in rural areas use public transport weekly, compared with 38% in urban areas. They also gave different reasons for not using public transport, which suggest that this is less to do with personal choice and more to do with the availability (or otherwise) of suitable services.

*Figure 54: Reasons cited for not using public transport among the over 65s (England)*

The study also found that older people with longstanding illnesses were the least likely to use public transport. Meanwhile, the same underlying dataset shows that those aged 50 and

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over in lower wealth groups were more likely to report using public transport at least once a week than those in higher wealth groups. On the other hand, they were also more likely to say they never used public transport.\textsuperscript{129}

6.3.1. Public Transport Concessions

Some people with a disability hold a disabled person’s bus pass and/or a Blue Badge, which allows them park closer to their destination when travelling as either a driver or a passenger.

As of March 2016, there were 1,044 Oxfordshire residents aged 65 and over who were in possession of a disabled person’s bus pass.\textsuperscript{130} This represents slightly less than 1% of the county’s older population. The majority (59.6%) were aged between 65 and 74, whilst 22.7% were aged between 75 and 84 and the remaining 17.7% were aged 85 and over. The chart below presents rates for each age group.

Figure 55: Percentage of Oxfordshire’s older population who hold a disabled person’s bus pass, by age band (March 2016)

The proportions of people aged 65 and over in possession of a disabled person’s bus pass were fairly similar across each district of Oxfordshire, ranging from 0.5% in West Oxfordshire to 1.1% in South Oxfordshire.


\textsuperscript{130} Data provided by Oxfordshire County Council Customer Service Centre in March 2016.
As of February 2016, 15,874 Oxfordshire residents aged 65 and over held a **Blue Badge**. They made up nearly three quarters (73.5%) of all Blue Badge holders in the county, and represent around 14% of the total older population. Of the older Blue Badge holders, 9,539 (60.1%) were women and 6,335 (39.9%) were men. For both men and women the proportion of the population holding a Blue Badge increases with age, as shown below.

Among Oxfordshire’s older residents the most commonly recorded eligibility criterion of Blue Badge holders was Walking Disability, followed by individuals on Disability Living Allowance (higher rate mobility). These two categories made up 97% of all Blue Badge holders. Numbers of older Blue Badge holders in each of the five main categories are set out in the table below.

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131 Data provided by Oxfordshire County Council Customer Service Centre in February 2016. A Blue Badge holder is any individual who has been issued with a Blue Badge by Oxfordshire County Council between February 2013 and February 2016.

132 Population figures are taken from the Office for National Statistics Mid-Year Population estimates 2014.
Figure 58: Number of older Blue Badge holders in each of the five main disability categories (February 2016)

<table>
<thead>
<tr>
<th>Disability Criterion</th>
<th>Women</th>
<th>Men</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking Disability</td>
<td>7,925</td>
<td>5,086</td>
<td>13,011</td>
</tr>
<tr>
<td>Disability Living Allowance (higher rate mobility)</td>
<td>1,347</td>
<td>1,043</td>
<td>2,390</td>
</tr>
<tr>
<td>Personal Independence Payment</td>
<td>246</td>
<td>154</td>
<td>400</td>
</tr>
<tr>
<td>Disability in Both Arms</td>
<td>5</td>
<td>31</td>
<td>36</td>
</tr>
<tr>
<td>Armed Forces Compensation Scheme</td>
<td>14</td>
<td>17</td>
<td>31</td>
</tr>
</tbody>
</table>

Source: Oxfordshire County Council

Within Oxfordshire the percentage of older Blue Badge holders is generally higher in urban areas and lower in rural areas, as shown on the map below. Of the wards that differ substantially from this pattern most have small older populations so it is difficult to draw robust conclusions from this.

Figure 59: Mapped proportions of Oxfordshire’s older population who hold Blue Badges, by ward (February 2016)

Source: Oxfordshire County Council

6.4. Transport to Services (National Data)

Nationally, a minority of older people find it difficult to get to hospitals or the GP

According to national research, 16% of older people in the UK said that it was difficult for them to go to a hospital, or that they couldn’t attend at all. 7% reported the same to be true for getting to the GP.

Direct extrapolations to Oxfordshire would give figures of around **18,500** finding it difficult or impossible to get to a hospital, and **8,100** to the GP. However, this does not take account of local differences that may exist: as a relatively rural county, these figures may underestimate the number of older people experiencing difficulties in Oxfordshire.

The same study found that that older people who struggle the most to travel to health and other services tend to be those in the oldest age bands (aged 80 and over), those with the worst health and those with the lowest incomes.

### 6.5. Internet Access

*By 2014 growing numbers of older people were using the internet but they were still less likely to do so than other age groups*

Nationally, older people (particularly those in the oldest age bands) are less likely than younger people to use the internet, and are likely to use it less widely and less frequently. However, their internet use has grown significantly in recent years, and by comparatively more than younger people. Older people accessing the internet in 2014 tended to use it for emails or finding information but rarely for social networking, in contrast with younger users.

![Figure 60: Daily computer use in Great Britain, by age group (2006 and 2014)](image)

Source: Office for National Statistics

Analysis produced by Age UK in 2013 found that 50% of people in Oxfordshire aged 65 and over were online (using the internet) and 50% were offline (not using the internet). This

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134 Calculations are based on ONS population estimates for mid-2014.
made Oxfordshire the area with the fifth highest internet use among older people, nationally. However, it still means that around 58,000 older residents may not be accessing the internet.138

The same study showed that those with lower economic wealth, those living alone, and those in worse health were less likely to be online. Women aged 75 and over who live alone were found to be the most likely group in society never to have been online.

Government research suggests that the barriers to using the internet include lack of:139

- Access – the ability to go online and connect to the internet
- Skills – being able to use the internet
- Motivation – understanding the benefits of using the internet
- Trust – concerns about online crime, or difficulty assessing credibility online

Lack of skills may be a particular barrier for older people; in 2013 it was estimated that over half of the 11 million people in the UK lacking basic online skills were aged 65 and over.140

National research by Fujitsu in 2011 found that that only 15% of older people had used a local council website to find information, whilst over 70% would still prefer to visit or phone their local council to receive services than use the internet.141 This may be in part to do with the social opportunities afforded by these interactions. The study also presents evidence that lack of will is not the main barrier to using the internet but rather lack of skills, motivation, awareness, confidence, and trust.

In October 2015, 126 people provided feedback about Oxfordshire County Council’s website through pop-up satisfaction surveys, around 21% of whom were aged 65 and over.142 If this were representative of overall use of the website, there could have been around 44,000 unique visitors to the site during the month of October, who were in the older age group. However, this figure does not take into account how likely different age groups are to respond to the surveys: for example, if older people tend to do so more than other age groups, the 44,000 figure is likely to overstate the number of older visitors to the website.

There is evidence to suggest that being online can have positive impacts for older people, including helping reduce loneliness.143

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138 Figure based on 50% of the estimated number of people aged 65 and over, according to the Office for National Statistics’ population estimates for mid-2014.
139 Media Literacy: Understanding Digital Capabilities follow-up (Ipsos Media CT, September 2013): http://www.bbc.co.uk/learning/overview/assets/bbcmedialliteracy_20130930.pdf
139 Online Government Services and the offline older generation (Fujitsu, 2011): http://www.fujitsu.com/uk/research/online-government/
140 Data provided by Oxfordshire County Council’s Customer Services (November 2015).
141 See, for example, North-South divide for older people’s internet usage (Age UK, 2013): http://www.ageuk.org.uk/latest-press/archive/internet-use-amongst-older-people-subject-to-northsouth-divide/
7. Work, Volunteering, and Care Provision
This chapter looks at how many older people are in paid or unpaid employment, including those who provide informal care.

7.1. Overview (National Data)

Nationally, older people are becoming more likely to stay in the labour market.

National research has shown that, although people aged 56-75 are the least likely adult age group to be economically active and in employment, they are now working for longer than previous generations did.\textsuperscript{144}

Whether older people choose or need to remain economically active can depend on their financial, personal and health circumstances, as well as job satisfaction. Overall, those who actively choose early retirement tend to be financially stable with a good pension, are well educated, and have no dependants. In contrast, those who leave the labour market reluctantly tend to have lower education levels, work in lower status jobs, and often have health problems. Others continue working because they want to or because they need the income.

Remaining economically active is also increasingly linked with having qualifications. This may be due to declining labour market opportunities for unskilled older workers. In the future, it is expected that growing proportions of older workers will need to stay in the labour market, and most roles are expected to be for skilled workers.

Although some employers may choose to target older workers, for example because of their skills, experience and perceived attitudes to work, age discrimination can still be a major barrier to employment.

7.2. Employment

In the year to September 2015, more than one in five older people in Oxfordshire was in work.

In the year to September 2015 an estimated 21,200 people aged 65 and over in Oxfordshire were in employment, representing around 22.0% of the older population.\textsuperscript{145} There has been a statistically significant increase in employment rates among Oxfordshire’s older population over the last decade. Rates are also significantly higher than the average for England (10.7%) and the South East (13.0%). Due to wide, or unknown, confidence intervals, it is difficult to compare employment rates among Oxfordshire’s districts.

At all geographical levels older men were more likely than older women to be in work. This is likely to reflect (at least in part) historic differences in the state pension age for men and women.

Nationally, older people remaining in employment have become less likely to work in low status occupations than previously.\textsuperscript{146} Highly qualified older people tend to be retained by

\textsuperscript{144} Data in this section comes from the report, \textit{Understanding age and the labour market} (Joseph Rowntree Foundation, June 2015): \url{https://www.jrf.org.uk/report/understanding-age-and-labour-market}

\textsuperscript{145} Annual Population Survey, data downloaded from Nomis (January 2016): \url{https://www.nomisweb.co.uk/default.asp}

\textsuperscript{146} \textit{Understanding age and the labour market} (Joseph Rowntree Foundation, June 2015): \url{https://www.jrf.org.uk/report/understanding-age-and-labour-market}
long-term employers, rather than new employees being recruited in older age. At the same time, self-employment has become more common in this age group.

Workplace training and career progression tends to be more limited for older people. 147

7.2.1. Full/ Part Time Employment (for those aged 50+)

The majority of people aged 50 and over in Oxfordshire, who were in employment, were working full-time (an estimated 64.6%). 148 This proportion was not significantly different from the national and regional averages. It has fluctuated somewhat over the past ten years. National research has shown that older workers have become less likely to work part time than previously. 149 However, there is no clear trend observable at local level.

The ability to work flexibly (including on a part time basis) can be particularly important for many older workers, who may be moving towards retirement, or have caring responsibilities or health problems. 150

7.2.2. Unemployment

Nationally, re-entering work after a period of unemployment seems to be more difficult for older people, with more jobseekers aged 50 and over still being unemployed after a year, compared with younger jobseekers. 151

7.3. Volunteering

In 2014/15 significant proportions of older people were volunteering, particularly those aged 65-74

In 2014/15, over half of 65 to 74 year olds in England said they had volunteered informally at least once in the last year (56%). 152 The figure for those aged 75 and over was 44%.

Formal volunteering at least once in the last year stood at 39% of those aged 65 to 74 and 30% of those aged 75 and over. These rates of volunteering tended to be similar to, or lower than those of other age groups.

Over a third of 65-74 year olds volunteered informally at least once a month (37%). For those aged 75 and over the figure was 29%.

Meanwhile, 33% of those aged 65-74 volunteered formally at least once a month, as did 20% of those aged 75 and over.

Monthly rates of volunteering among those aged 65-74 tend to be amongst the highest across all age groups. This suggests that there may be a key cadre of regular volunteers in the 65-74 age group, compared with relatively fewer older people volunteering on an ad hoc basis.


These proportions have remained broadly similar over the past few years. It is not known whether they are reflective of volunteering activity among older people in Oxfordshire, as local data are not available.

Separate survey results for the 2012/13 period give smaller estimates of the proportion of older people in the UK who volunteered more than once in the preceding 12 months: 23.8% of those aged 65-74 and 14.8% of those aged 75 and over.\textsuperscript{153} 65-74 year olds continue to be the age group most likely to volunteer. Those aged 75 and over are less likely to do so than the all-ages average.

Figure 61: Proportions of people in the UK who volunteered at least once in the last 12 months, by age band (2011/12 and 2012/13)

7.4. Unpaid Carers

At the time of the 2011 Census, about one in seven older people provided unpaid care. Two fifths of them cared for 20 or more hours per week and some reported being in poor health themselves.

7.4.1. Number of Unpaid Carers

At the time of the 2011 Census, 14.3% of Oxfordshire’s household residents aged 65 and over were providing some form of unpaid care, numbering around 14,300 older people.\textsuperscript{154} This compares with 9.7% of household residents of all ages in the county.

The proportion of older household residents providing unpaid care has gone up by about two percentage points since 2001, when it stood at 12.2%. This represents a steeper increase than in the overall proportion of carers in the population, which rose from 8.8% to 9.4%.

The 2011 figure for older carers in Oxfordshire was broadly similar to the national and regional averages (14.3% and 13.9%, respectively).


\textsuperscript{154} Data in this section are from the 2001 and 2011 Censuses, downloaded from Nomis: https://www.nomisweb.co.uk/
Over half of older carers were providing up to 19 hours of care per week (59.3%). However, 10.6% were providing 20-49 hours of care per week, and numbered around 1,500 people. The remaining 30.1% were providing 50 or more hours of care, and numbered around 4,300 people.

Older carers in Oxfordshire were more likely to be caring for more hours per week than the overall (all ages) carer population. On the other hand, comparing Oxfordshire with the national and regional picture shows that older people tend to care for fewer hours here than in either England or the South East, overall.

**Unpaid care by District**

The proportion of older people who were carers was broadly similar across districts (within one percentage point). However, the data show that older people providing 20 or more hours of care were most likely to be in Cherwell: nearly a third of these more intensive carers lived in the district.

**Unpaid care by Sex**

In absolute terms, there were more female than male older carers in Oxfordshire (around 7,600 women compared with around 6,700 men). However, older men were marginally more likely to be providing unpaid care (14.7% of all older men, compared with 14% of all older women). This reflects the fact that women outnumber men in the older age group.

**Unpaid care by Health**

61.9% of older carers in Oxfordshire reported being in very good or good health. This was above the national and regional averages (51.7% and 58.6%, respectively). A further 30.6% were in fair health. However, 7.5% said they were in bad or very bad health, and numbered around 1,100 individuals. This group was made up of roughly equal numbers of men and women and were fairly evenly spread across the five districts of the county.

7.4.2. Impacts of Providing Unpaid Care

National research has found links between older people providing long term care and having a lower quality of life, lower life satisfaction, and heightened risk of depression. In contrast, entering into caregiving didn’t have significant effects, suggesting that negative impacts are cumulative, with stress, loneliness and social isolation building up over time. Giving up caregiving was also associated with increased depression. In many cases, this is likely to be related to the person being looked after moving into a home or passing away.

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Care provision at any age can be associated with health impairments, lack of social contact, and feelings of isolation and loneliness.\textsuperscript{156}

**Survey of Adult Carers**
The survey of adult carers covers informal, unpaid carers aged 18 or over, caring for a person aged 18 or over, where the carer has been assessed or reviewed, either separately or jointly with the cared-for person, by social services during the 12 months prior to the sample being identified. (This sample is clearly more specific than for the Census, which may explain differences in, for example, reported numbers of hours spent caring.)

Older people made up nearly two thirds of all Oxfordshire carers who responded to the 2014/15 survey of adult carers.\textsuperscript{157} Below is a summary of the results for this group:\textsuperscript{158}

Around two thirds of older respondents were women and around a third were men. Over 90% were retired. Slightly under 90% were caring for someone aged 65 and over. Most (more than three quarters) lived with the person they were caring for. Four in five had been providing care for at least three years. A similar proportion said they provided in 35 or more hours of care per week.

The chart below shows the conditions affecting the person cared for, most commonly a physical disability and problems connected to ageing.

![Chart showing conditions affecting the person cared for by older carers in Oxfordshire (2014/15)](image)

Source: Oxfordshire County Council

The chart below shows the conditions affecting the carer. This suggests that around two thirds of the carers surveyed had a health condition themselves.


\textsuperscript{158} Oxfordshire County Council data. NB the data are unweighted and the base size is 451 older carers.
Only around a fifth said they were able to spend their time as they want, doing things they value or enjoy. Over three fifths said they do some of the things they value or enjoy but not enough. 13% said they don’t do anything they value or enjoy.

Slightly over a quarter of older carers who responded to the survey said they had as much control over their daily life as they want. Slightly over half said they had some but not enough. 15% said they had no control at all.

The majority felt they were able to look after themselves but one in ten felt they were neglecting themselves.

Meanwhile, two fifths reported having as much social contact as they wanted but most felt they didn’t have enough. Some of those said they have little social contact and feel socially isolated; they made up about 13% of all older carers who responded.

A majority of respondents were satisfied with support or services received. Most of these (around two fifths of the total) were very or extremely satisfied.
8. Disability and Long Term Health Conditions
This chapter provides estimates of the number of older people with disabilities and other long-term, physical and mental health conditions.

8.1. Overview
Under the Equality Act 2010 a disability is defined as a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on someone’s ability to do normal daily activities. Meanwhile, a long term condition is defined as a condition that cannot, at present, be cured but is controlled by medication and/or other treatment/therapies.

Analysis of national data by Age UK has shown that the proportion of people with at least one difficulty with activities of daily living increases from 21.2% at age 65 to more than half of those aged over 85. The number of activities people find difficult also increases with age.

The likelihood of having one or more long term conditions also increases with age (this is true for nearly all conditions, although asthma rates, for example, are fairly consistent across different ages). Prevalence is also higher among people with lower socioeconomic status and those who have a less healthy lifestyle.

Figure 65: Number of health conditions by age group in England, 2014

Source: Age UK and University of Exeter Medical School (2015)

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Figure 66: Number of co-existing major diseases* by age group, in English GP records, 2014

Source: Age UK and University of Exeter Medical School (2015)

*Diseases included are: coronary heart disease, heart failure, hypertension, stroke, diabetes, chronic obstructive pulmonary disease, asthma, chronic kidney disease (stages 3-5), hypothyroidism, epilepsy, depression, dementia, cancer (last 5 years), severe mental health disorders

Having a long term condition can reduce quality of life and wellbeing (see section 4. Quality of Life). People with limiting long term conditions also tend to be intensive users of health services (see section 11. Health Service Use).

Recent analysis has forecast the proportion of people aged 50 and over in the UK who may be living with a serious illness in the future. Projecting forward current prevalence rates (scenario one) would give an increase in the proportion of those aged 50 and over with long term conditions, from about 13.9% in 2012 to about 14.8% by 2025. This is because prevalence is higher among the older age bands, which are likely to grow the most as the population ages. Alternatively, assuming that the trend of people being fitter for longer continues (scenario two), prevalence of long term conditions could decline and stabilise at around 12.5% of those aged 50 and over by 2021.

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164 *Serious Illness in the over 50s* (International Centre for Longevity – UK/ Engage Mutual Assurance, January 2015): [http://www.ilcuk.org.uk/images/uploads/publication-pdfs/Serious_illness_in_the_over_50s.pdf](http://www.ilcuk.org.uk/images/uploads/publication-pdfs/Serious_illness_in_the_over_50s.pdf). The analysis is based on data from the English Longitudinal Study of Ageing and covers the following diagnosed conditions: Alzheimer’s disease and other dementia; Parkinson’s disease; cancer; heart attack; and stroke.
On either scenario, however, the absolute number of older people living with a serious illness is expected to rise over the next 10 years, as shown in the figure below. This is because of the growing number of older people in the population.

Separate national research points to changing trends in the types of conditions that are prevalent among older people, with a fall in the prevalence of circulatory disease (due to medical advances and declining smoking levels) but an increase in cancer and dementia. The table below summarises current prevalence estimates for disabilities and long term conditions discussed in the remainder of this section.

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165 Tomorrow’s World: The future of ageing in the UK (ILC-UK, February 2016):
http://www.ilcuk.org.uk/index.php/publications/publication_details/tomorrows_world_the_future_of_ageing_in_the_uk
It is important to treat all the estimates with caution, as they are generally based on crude extrapolations from national or regional, and sometimes old, data.

Figure 69: Disability and long term conditions: Summary table of prevalence estimates for Oxfordshire*

<table>
<thead>
<tr>
<th>Disability/ Long Term Condition</th>
<th>Age Band</th>
<th>Estimated Prevalence</th>
<th>Number</th>
<th>Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Limitations to daily activities</td>
<td>65+</td>
<td>44,500</td>
<td>44,500</td>
<td>44.5%</td>
</tr>
<tr>
<td>Disability (all types)</td>
<td>State Pension Age</td>
<td>53,000</td>
<td>42%</td>
<td></td>
</tr>
<tr>
<td>Learning disability</td>
<td>60+</td>
<td>2,600</td>
<td>2,600</td>
<td>1.7%</td>
</tr>
<tr>
<td>Hearing loss</td>
<td>65+</td>
<td>70,500</td>
<td>8,100</td>
<td>61%</td>
</tr>
<tr>
<td>Severe or profound</td>
<td></td>
<td></td>
<td></td>
<td>7%</td>
</tr>
<tr>
<td>Sight loss</td>
<td>65+</td>
<td>14,500</td>
<td>1,300</td>
<td></td>
</tr>
<tr>
<td>Registered blind</td>
<td></td>
<td></td>
<td>1,100</td>
<td></td>
</tr>
<tr>
<td>Registered partially sighted</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Deafblindness</td>
<td>60+</td>
<td>1,000-5,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hypertension</td>
<td>65+</td>
<td>64,000-72,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coronary heart disease</td>
<td>65+</td>
<td>21,000-26,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Stroke and transient ischaemic attack</td>
<td>65+</td>
<td>11,000-25,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Heart failure</td>
<td>65+</td>
<td>Over 7,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Atrial fibrillation</td>
<td>65+</td>
<td>12,000-13,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Respiratory illness</td>
<td>65+</td>
<td>24,000-25,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma</td>
<td></td>
<td>14,000-15,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic obstructive pulmonary disease</td>
<td>65+</td>
<td>10,000-11,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Arthritis</td>
<td>65+</td>
<td>Over 36,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>65+</td>
<td>9,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chronic kidney disease (stages 3-5)</td>
<td>65+</td>
<td>19,000-20,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diabetes</td>
<td>65+</td>
<td>16,000-19,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Frailty</td>
<td>60+</td>
<td>21,100</td>
<td></td>
<td>14%</td>
</tr>
<tr>
<td>Cancer</td>
<td>65+</td>
<td>16,300</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Dementia</td>
<td>65+</td>
<td>7,700</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression, anxiety and other common mental health disorders</td>
<td>65+</td>
<td>10,000-23,000</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Severe mental health conditions</td>
<td>65+</td>
<td>Over 2,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Various sources – see relevant subsections and Appendix A. * Some of these categories will overlap.

8.2. Census Data on Limitations to Daily Activities

At the time of the 2011 Census, slightly under half of older household residents in Oxfordshire experienced limitations to their day to day activities and around one in five were limited ‘a lot’. They were most likely to be in older age bands.

At the time of the 2011 Census, 44.5% of household residents in Oxfordshire aged 65 and over said they were limited in their day-to-day activities, numbering around 44,500 people.166 Those living in communal establishments are much more likely to be experiencing such limitations.

Older people were more likely to experience limitations than the overall (all ages) household population, 13.6% of whom said this. However, the proportion of older residents in Oxfordshire who experienced limitations was below national and regional averages (51.5% and 46%, respectively).

Of those older people who were experiencing limitations, over half said they were limited ‘a little’, numbering around 24,900 individuals. The remainder said they were limited ‘a lot’ and

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166 Data in this section are from the 2001 and 2011 Censuses, downloaded from Nomis: [https://www.nomisweb.co.uk/](https://www.nomisweb.co.uk/)
numbered around 19,600 individuals. Older people in Oxfordshire were less likely to be limited ‘a lot’ than the national and regional averages.

The proportion of older people limited in their day-to-day activities in 2011 was broadly similar to the proportion saying they had a limiting long term illness in 2001 (43.2%). (The different wording of the Census questions in 2001 and 2011 means that the categories are not exactly comparable.)

**Limitations by Sex**
Older women were more likely than older men to be limited in their day to day activities (47% of all older women, compared with 41.6% of older men. They were also more likely to be limited ‘a lot’.

**Limitations by Age Band**
As would be expected, people in the oldest categories were most likely to experience limitations: whilst 29.9% of 65-74 year olds reported being limited, the figure rose to 54.6% among 75-84 year olds, and 81.1% of those aged 85 and over.

Among older people experiencing limitations, the likelihood of being limited ‘a lot’ (rather than ‘a little’) also increased considerably with age.

These findings are supported by separate national research, which shows that the proportion of people experiencing difficulties with one or more activities of daily living increases with age, from around 15.2% of men, and 17% of women, aged 65-69, to 33.6% of men, and 39.1% of women, aged 80 and over.167

**Limitations by District**
The proportion of older household residents experiencing limitations to their daily activities ranged from 41.9% in South Oxfordshire to 48.3% in Oxford.168 Among those who were limited, older people in Oxford and Cherwell were more likely to be limited ‘a lot’ than in other districts.

**Figure 70:** Limitations to daily activities, broken down by district

Source: ONS 2011 Census

**Limitations by Ward**
The ten wards with the highest proportions of older people experiencing limitations to their daily activities are shown in the table below.

168 Data in the remainder of this section are from the 2001 and 2011 Censuses, downloaded from Nomis: [https://www.nomisweb.co.uk/](https://www.nomisweb.co.uk/)
Figure 71: Oxfordshire wards with the highest proportions of older people limited in their day-to-day activities

<table>
<thead>
<tr>
<th>Ward name</th>
<th>% older people limited in their day-to-day activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banbury Grimsbury and Castle</td>
<td>59.1%</td>
</tr>
<tr>
<td>Banbury Neithrop</td>
<td>56.7%</td>
</tr>
<tr>
<td>Northfield Brook</td>
<td>56.4%</td>
</tr>
<tr>
<td>Didcot Northbourne</td>
<td>55.8%</td>
</tr>
<tr>
<td>Iffley Fields</td>
<td>55.4%</td>
</tr>
<tr>
<td>Blackbird Leys</td>
<td>55.1%</td>
</tr>
<tr>
<td>Churchill</td>
<td>55%</td>
</tr>
<tr>
<td>Banbury Ruscote</td>
<td>54.9%</td>
</tr>
<tr>
<td>Cowley</td>
<td>53.9%</td>
</tr>
<tr>
<td>Didcot Park</td>
<td>53.7%</td>
</tr>
</tbody>
</table>

Source: ONS 2011 Census

**Limitations by Deprivation Level**

Nationally, the difference in disability prevalence between the most and least deprived deciles of the population is widest among those aged 65-69. The rate of disability among the most deprived in this age group is around twice that of the least deprived.

**8.3. Survey Data on Disability Prevalence (National Data)**

*In 2013/14 it was estimated that over two fifths of UK pensioners had a disability. They were most likely to be female and in older age bands.*

In 2013/14 an estimated 42% of State Pension age adults in the UK were disabled. A direct extrapolation of this figure to Oxfordshire would provide an estimate of around 53,000 disabled pensioners in the county. However, this does not take account of any differences that may exist in local prevalence rates.

A breakdown by gender and impairment type is shown in the figure below. In general, disabled pensioners were more likely than younger age groups to have impairments relating to vision, hearing, mobility, dexterity and stamina/breathing/fatigue. They were less likely to have impairments relating to mental health, learning and social/behavioural issues.

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170 Family Resources Survey, financial year 2013/14: [https://www.gov.uk/government/collections/family-resources-survey--2](https://www.gov.uk/government/collections/family-resources-survey--2) The definition of disability used in the survey is having a long-standing illness, disability or impairment which causes substantial difficulty with day-to-day activities.

171 The calculation is based on the number of men aged 65 and over, and the number of women aged 62 and over, according to the ONS population estimates for Oxfordshire in mid-2014.
Disability by Age Band
As would be expected, the proportion of older people in the UK who had a disability increased through each age band. This is shown in the figure below.

Disability by Employment Status
Nine in ten disabled pensioners in the UK were retired (90% of men and 89% of women). Around 5% were economically inactive for another reason, usually because they were permanently sick/disabled. The remainder were in employment, often working part time.

8.4. Learning Disability Prevalence (National Data)
Nationally, in 2011 less than 2% of adults aged 60 and over were estimated to have a learning disability.
In 2011 an estimated 205,000 adults in England aged 60 and over had learning disabilities, representing around 1.7% of that age group.\(^{172}\) Men made up slightly over half. A direct extrapolation of this prevalence figure to Oxfordshire would give an estimate of 2,600 people aged 60 and over with learning disabilities.\(^{173}\) However, this does not take into account any local differences in prevalence that may exist, nor changes in prevalence since 2011. The figure should therefore be treated with caution.

### 8.5. Sensory Impairments

#### 8.5.1. Hearing Loss (National Data)

_Nationally, it was estimated in 2011 that the majority of older people in England have some form of hearing loss. It could affect around 70,500 of Oxfordshire’s older residents._

Since age-related damage to the cochlea is the biggest cause of hearing loss, it is more prevalent among older than younger people. Nationally, older people make up over three in five of all those living with hearing loss.\(^{174}\)

In 2011 it was estimated that around 5.3 million people in England aged 65 and over had some form of hearing loss.\(^{175}\) (This would have been around 61% of all older people in England at that time.) An estimated 575,500 of these had severe or profound hearing loss (just over one in ten, or around 7% of the total older population). Around half of all those with some hearing loss also had other disabilities or long term health conditions.

A direct extrapolation of these figures to Oxfordshire would give an estimate of 70,500 older people with some form of hearing loss, of whom around 8,100 may have severe or profound hearing loss, and 36,000 could have additional disabilities.\(^{176}\) However, these estimates do not take account of any local differences in prevalence that may exist, nor any change in prevalence since 2011. They should therefore be treated with caution.

#### 8.5.2. Sight Loss

_In 2015 sight loss of some kind was estimated to affect around 14,500 older people in Oxfordshire_

The risk of sight loss increases with age. There are around 1,300 people aged 65 and over in Oxfordshire who are registered blind.\(^{177}\) Approximately a further 1,100 are registered partially sighted. However, the RNIB estimates that in total in Oxfordshire there are around 14,500 people aged 65 and over living with some form of sight loss (3,500 aged 65 to 74, 5,000 aged 75 to 84, and 6,000 aged 85 and over).

National research has found that older people in the poorest fifth of the population in England were at nearly 80% higher risk of developing a severe visual impairment than those

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\(^{173}\) Calculation based on ONS population estimates for mid-2014


\(^{176}\) Calculations based on ONS population estimates for mid-2014

in the wealthiest fifth.\textsuperscript{178} Deterioration in vision over a two year period was also shown to be correlated with decreases in income, quality of life, social activity and mental wellbeing.

8.5.3. Deafblindness (National Data)

*Deafblindness involves a combination of sight and hearing impairments and affects a small minority of older people.*

Deafblind people have sight and hearing impairments that together cause difficulties with communication, access to information and mobility. Similarly to hearing and sight loss, individually, the risk of being deafblind increases with age. Research produced for Sense in 2010 provides estimates of deafblindness prevalence, as follows.\textsuperscript{179}

<table>
<thead>
<tr>
<th>Age Band</th>
<th>Men Upper Estimate</th>
<th>Women Upper Estimate</th>
<th>Men Lower Estimate</th>
<th>Women Lower Estimate</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-69</td>
<td>1.3%</td>
<td>0.5%</td>
<td>0.5%</td>
<td>0.1%</td>
</tr>
<tr>
<td>70-79</td>
<td>1.1%</td>
<td>1.4%</td>
<td>0.4%</td>
<td>0.6%</td>
</tr>
<tr>
<td>80-89</td>
<td>4.0%</td>
<td>4.4%</td>
<td>1.8%</td>
<td>1.3%</td>
</tr>
<tr>
<td>90+</td>
<td>12.8%</td>
<td>13.4%</td>
<td>12.6%</td>
<td>5.6%</td>
</tr>
</tbody>
</table>

Source: Sense/ Centre for Disability Research (2010)

A direct extrapolation of these estimates to Oxfordshire would give a range of around 1,000-5,000 people aged 60 and over in Oxfordshire who are deafblind.\textsuperscript{180} However, this estimate does not take account of any local differences in prevalence that may exist, nor any changes to prevalence rates since 2010. It should therefore be treated with caution.

8.6. Hypertension (High Blood Pressure) Prevalence (National Data)

*Hypertension (high blood pressure) may affect around 64,000-72,000 older people in Oxfordshire.*

Based on national prevalence rates, it is estimated that there could be around 64,000-72,000 people aged 65 and over in Oxfordshire who have high blood pressure. Detailed calculations are shown in Appendix A.

8.7. Cardiovascular Conditions (National Data)

*Cardiovascular conditions are likely to affect around 21,000-26,000 older people in Oxfordshire, and tend to be more common among men than women.*

8.7.1. Coronary Heart Disease (National Data)

Coronary heart disease (CHD) involves the narrowing of the arteries providing blood to the heart, due to a gradual build-up of fatty material.


\textsuperscript{179} Estimating the Number of People with Co-Occurring Vision and Hearing Impairments in the UK (Sense/ Centre for Disability Research, 2010): [https://www.sense.org.uk/publications/estimatingpeoplevisionhearingloss](https://www.sense.org.uk/publications/estimatingpeoplevisionhearingloss)

\textsuperscript{180} Calculation based on ONS population estimates for mid-2014.
Based on national prevalence rates, it is estimated that there could be around 21,000-26,000 people aged 65 and over in Oxfordshire who have CHD. Detailed calculations are shown in Appendix A. CHD is more common among older men than older women.

8.7.2. Stroke and Transient Ischaemic Attack (National Data)
Stroke and Transient Ischaemic Attack (TIA) occur when blood flow to an area of the brain is cut off, depriving brain cells of oxygen.

Based on national prevalence rates, it is estimated that stroke and TIA could affect around 11,000-25,000 people aged 65 and over in Oxfordshire. Detailed calculations are shown in Appendix A. Stroke and TIA are more common among older men than older women.

8.7.3. Heart Failure (National Data)
Heart failure occurs when the heart does not pump enough blood around the body at the right pressure, causing breathlessness, tiredness and ankle swelling.

Based on national prevalence rates, it is estimated that heart failure could affect over 7,000 people aged 65 and over in Oxfordshire. Detailed calculations are shown in Appendix A. Heart failure is more common among older men than older women.

8.7.4. Atrial Fibrillation (National Data)
Atrial fibrillation is heart condition involving an irregular heartbeat, with symptoms that can include dizziness, tiredness, shortness of breath and palpitations.

Based on national prevalence rates, it is estimated that atrial fibrillation could affect around 12,000-13,000 people aged 65 and over in Oxfordshire. Detailed calculations are shown in Appendix A. Atrial fibrillation is more common among older men than older women.

8.8. Respiratory Illness (National Data)
Respiratory illness could affect around 24,000-25,000 older people in Oxfordshire.

Based on national prevalence rates, it is estimated that there could be around 24,000-25,000 people aged 65 and over in Oxfordshire with a respiratory illness. Detailed calculations are shown in Appendix A.

8.8.1. Asthma (National Data)
Asthma is a common long-term condition that can cause coughing, wheezing, chest tightness, and breathlessness.

Extrapolations from national prevalence rates indicate that there could be around 14,000-15,000 people aged 65 and over in Oxfordshire with asthma. Detailed calculations are shown in Appendix A.

8.8.2. Chronic Obstructive Pulmonary Disease (National Data)
Chronic Obstructive Pulmonary Disease (COPD) refers to a collection of lung diseases that lead to difficulties with breathing.

Extrapolations from national prevalence rates indicate that there could be around 10,000-11,000 people aged 65 and over in Oxfordshire with COPD. Detailed calculations are shown in Appendix A.
8.9. Bone and Joint Conditions (National Data)

8.9.1. Arthritis (National Data)

*Arthritis could affect over 36,000 older people in Oxfordshire.*

Arthritis is a common condition that causes pain and inflammation in a joint. Osteoarthritis is the most common form of arthritis.

Extrapolations from national prevalence rates indicate that there could be over 36,000 people aged 65 and over in Oxfordshire with diagnosed arthritis, the vast majority of whom will have osteoarthritis. Detailed calculations are shown in Appendix A.

8.9.2. Osteoporosis (National Data)

Osteoporosis is a condition closely linked with age, which affects bone density and leads to heightened risk of fracture.

Extrapolations from national prevalence rates indicate that there could be around 9,000 people aged 65 and over in Oxfordshire with osteoporosis. Detailed calculations are shown in Appendix A. Osteoporosis is more common among older women than older men.

8.10. Chronic Kidney Disease (National Data)

*Chronic kidney disease could affect around 19,000-20,000 older people in Oxfordshire.*

Based on national prevalence rates, it is estimated that there could be around 19,000-20,000 people aged 65 and over in Oxfordshire with chronic kidney disease at stages 3-5 (this involves more severe deterioration in the kidney’s ability to filter waste products from the bloodstream). Detailed calculations are shown in Appendix A.

8.11. Diabetes (National Data)

*Diabetes is likely to affect around 16,000-19,000 older people in Oxfordshire.*

Diabetes mellitus is a lifelong condition that causes a person’s blood sugar level to become too high.

Based on national prevalence rates, it is estimated that there could be around 16,000-19,000 people aged 65 and over in Oxfordshire with diabetes. Detailed calculations are shown in Appendix A.

8.12. Frailty (National Data)

*In 2015 it was estimated that 14% of people aged over 60 in the UK were frail. They were more likely to be in older age bands.*

It has been estimated that 14% of people aged 60 and over in the UK are frail, experiencing unintentional weight loss, exhaustion, muscle weakness, slowness walking, and low activity levels.\(^{181}\) The same study found that prevalence of frailty increased with age, from 6.5% of 60-69 year olds to 65% of those aged 90 and over. It was more common in women, affecting 16%, compared to 12% of men. Frailty was also linked to difficulties with mobility or

performing daily activities. 71% of frail older people experiencing difficulties with mobility or other daily activities reported receiving help, and 63% used a walking stick.

A direct extrapolation to Oxfordshire would suggest that around 21,100 people aged 60 and over could be frail, with 6,100 not receiving help. However, the actual figures could be lower, given that Oxfordshire’s population tends to be healthier than the national average.

8.13. Cancer (National Data)

There could be around 16,300 older people in Oxfordshire with a cancer diagnosis.

A direct extrapolation of national rates to Oxfordshire would suggest that there could be around 16,300 people aged 65 and over with a cancer diagnosis. Detailed calculations are shown in Appendix A. On the basis that Oxfordshire tends to have higher than average rates of cancer diagnosis, the number could be higher.

Cancer is more common among older women than older men. Whereas most long term conditions are more prevalent among lower wealth groups, cancer diagnoses show the opposite trend, particularly among women.

8.14. Dementia

Dementia is likely to affect several thousand older people in Oxfordshire.

Dementia results from damage to the brain from disease or strokes, and can lead to symptoms such as memory loss and difficulties with thinking, problem-solving, and language.

In 2014 the Alzheimer’s Society estimated that there were over 7,700 older people with dementia in Oxfordshire. A breakdown by constituency is shown in the figure below.

Figure 75: Alzheimer’s Society dementia prevalence estimates, by age band and constituency

<table>
<thead>
<tr>
<th>Constituency</th>
<th>65-69</th>
<th>70-74</th>
<th>75-79</th>
<th>80-84</th>
<th>85-89</th>
<th>90-94</th>
<th>95+</th>
<th>65+ total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Banbury</td>
<td>96</td>
<td>129</td>
<td>198</td>
<td>274</td>
<td>263</td>
<td>208</td>
<td>76</td>
<td>1,148</td>
</tr>
<tr>
<td>Henley</td>
<td>107</td>
<td>142</td>
<td>226</td>
<td>304</td>
<td>319</td>
<td>241</td>
<td>86</td>
<td>1,425</td>
</tr>
<tr>
<td>Oxford East</td>
<td>61</td>
<td>87</td>
<td>143</td>
<td>218</td>
<td>231</td>
<td>179</td>
<td>64</td>
<td>983</td>
</tr>
<tr>
<td>Oxford West &amp; Abingdon</td>
<td>90</td>
<td>121</td>
<td>211</td>
<td>301</td>
<td>328</td>
<td>249</td>
<td>89</td>
<td>1,389</td>
</tr>
<tr>
<td>Wantage</td>
<td>95</td>
<td>132</td>
<td>212</td>
<td>296</td>
<td>292</td>
<td>223</td>
<td>80</td>
<td>1,330</td>
</tr>
<tr>
<td>Witney</td>
<td>103</td>
<td>139</td>
<td>220</td>
<td>321</td>
<td>333</td>
<td>255</td>
<td>91</td>
<td>1,462</td>
</tr>
</tbody>
</table>

| Oxfordshire Total       | 456   | 750   | 1,210 | 1,714 | 1,766 | 1,355 | 486 | 7,737    |

Source: Alzheimer’s Society (2014)

Global research conducted by Alzheimer’s Disease International shows that dementia disproportionately affects women. This is firstly because women are more likely than men to suffer from dementia – prevalence is higher among women, women are more at risk of developing the condition, and the symptoms they live with tend to be more severe.

182 Calculations based on ONS population estimates for mid-2014


185 Women and Dementia: A global research review (Alzheimer’s Disease International, June 2015): http://www.alz.co.uk/women-and-dementia
Secondly, women are more likely to be carers for people with dementia, whether as part of the professional workforce or on an informal, unpaid basis (see section 7.4. Unpaid Carers. A recent qualitative study explores the experiences of people who are caring for family members with dementia in the UK, highlighting the heavy toll the condition can take on family carers\textsuperscript{186}).

8.15. Cognitive Function (National Data)

\textit{In general, cognitive function declines with age.}

National research has suggested that loss of cognitive function (thought and reasoning abilities) tends to occur earlier in men (after the age of 64) than in women (after the age of 70). Cognitive function was found to be positively correlated with wealth.\textsuperscript{187}

8.16. Mental Health Conditions (National Data)

8.16.1. Depression, Anxiety and Other Common Mental Disorders (National Data)

\textit{Older people seem less likely than other age groups to suffer from common mental disorders but thousands are still likely to be affected.}

Based on national prevalence rates, there could be \textbf{over 10,000} people aged 65 and over in Oxfordshire who have depression; and this could be as high as about 23,000. Detailed calculations are shown in Appendix A. Women are more likely than men to suffer from depression.

Separate national survey data shows that older people are less likely than those in other age groups to exhibit signs of depression or anxiety: 11.9\% of those aged 65-74 and 14.8\% of those aged 75 and over.\textsuperscript{188} This was below the all-ages average of 18.3\% and represents a reduction since 2011/12. A direct extrapolation to Oxfordshire would suggest that there could be around \textbf{15,300} older people with signs of depression or anxiety.\textsuperscript{189} However, this does not take account of local differences in diagnosis rates that may exist.

\textsuperscript{186} Dementia in the Family: The impact on carers (Alzheimers UK, December 2015): http://www.alzheimersresearchuk.org/about-us/policies-reports/carers-report/
\textsuperscript{189} Calculations based on ONS population estimates for mid-2014
Another national study from 2007 found evidence of common mental disorders (CMDs) in 10.6% of 65-74 year olds in England and 9.9% of those aged 75 and over. These proportions were lower than the all-ages average of 16.2%, suggesting that older people are less likely to display symptoms of common mental disorders.

Direct extrapolations to Oxfordshire would give figures of 6,600 people aged 65-74 and 5,100 aged 75 and over with CMDs (totalling 11,800). However, this does not take account of local differences in prevalence that may exist, nor changes in prevalence since 2007.

CMDs were found to be more common among older women than older men, and commonly involved anxiety.

Calculations are based on ONS population estimates for Oxfordshire for mid-2014.
8.16.2. Suicidal Thoughts, Suicide Attempts and Self-harm (National Data)

Older people seem less likely than other age groups to suffer from suicidal thoughts and self-harm but thousands may still be affected.

National research in 2007 found that around 9-10% of 65-74 year olds in England, and 3-5% of those aged 75 and over, reported ever having suicidal thoughts.\(^{192}\) This was lower than the all-ages average, suggesting that older people were less likely to report ever having suicidal thoughts.

Direct extrapolations to Oxfordshire would give a range of around 7,000-9,000 older people having ever had suicidal thoughts.\(^{193}\) However, this does not take account of local differences in prevalence that may exist, nor changes in prevalence since 2007.

The same study found that around 2-3% of 65-74 year olds and 1-2% of those aged 75 and over reported ever having attempted suicide. Again this was well below the all-ages average.

Direct extrapolations to Oxfordshire would give a range of around 1,000-3,000 older people having ever attempted suicide.\(^{194}\) However, this does not take account of local differences in prevalence that may exist, nor changes in prevalence since 2007.

Meanwhile, less than 1% of older people reported having ever self-harmed, which was lower than the all-ages average. Extrapolating this figure to Oxfordshire would suggest that less than 1,000 older people had ever self-harmed.

Nationally, older women were more likely than older men to report having ever had suicidal thoughts, suicide attempts, and self-harm.

8.16.3. Severe Mental Health Conditions (National Data)

Severe mental health conditions are likely to affect a small proportion of older people.

Based on national prevalence rates, there could be over 2,000 people aged 65 and over in Oxfordshire with a severe mental health condition, such as psychosis, schizophrenia and bipolar disease. Detailed calculations are shown in Appendix A.

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\(^{193}\) Calculations are based on ONS population estimates for Oxfordshire for mid-2014.

\(^{194}\) Calculations are based on ONS population estimates for Oxfordshire for mid-2014.
9. Accidents and Injuries
This chapter provides data on the number of falls, fractures, and road traffic accidents among older people.

9.1. Injuries due to Falls

In 2014/15 there were over 2,800 emergency admissions for injuries due to falls among older people in Oxfordshire.

Nationally, falls are the most common cause of death from injury among older people. Non-fatal falls can result in fractures, and affect older people’s ability to get around independently.

Extrapolations from separate national data suggest that there could be slightly under 16,000 older people in Oxfordshire who sustained a fall in the last five years, and reported this to their GP (due to likely under-reporting, the actual number of falls could be higher). Just over half of these could have sustained fractures. Detailed calculations are shown in Appendix A. Falls and fractures are more common among older women than older men.

In 2014/15 there were 2,821 emergency admissions for injuries due to falls among people aged 65 and over in Oxfordshire. This represents a directly standardised rate of 2,281 per 100,000 older people in the population. The past five years have seen the rate fluctuate a little but with no clear trends. In 2014/15 it was higher than the averages for the South East (2,086) and England (2,125).

Oxfordshire’s higher rate of emergency admissions for injuries due to falls among older people appears to be driven by falls among:

- Older women: the female rate in 2014/15 was 2,701 admissions per 100,000 older women. This was higher than national and regional averages, and the male rate of 1,862 per 100,000 older men.
- Those in the oldest age groups: there were 6,005 admissions per 100,000 people aged 80 and over in 2014/15. This was higher than national and regional averages, and the rate of 997 among those aged 65-79.
- Residents of Oxford and Vale of White Horse: in 2014/15 rates in these areas were 2,597 and 2,419 respectively, per 100,000 older people. These rates were higher than national and regional averages, and they compared with rates of 2,277 in Cherwell; 2,085 in South Oxfordshire; and 2,083 in West Oxfordshire.

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Figure 78: Rate of emergency admissions for injuries due to falls among people aged 65 and over in Oxfordshire, by gender (2010/11 to 2014/15)

Source: Public Health England

Figure 79: Rate of emergency admissions for injuries due to falls among people aged 65 and over in Oxfordshire, by age band

Source: Public Health England

Figure 80: Rate of emergency admissions for injuries due to falls among people aged 65 and over in Oxfordshire, by district

Source: Public Health England. NB The vertical axis starts at 1,500.
9.2. Hip Fractures

In 2014/15 there were over 700 emergency admissions for hip fractures among older people in Oxfordshire.

Hip fracture is the most common injury related to falls in older people. It is also a major cause of disability and the leading cause of mortality due to injury in people aged over 75 years. Hospital admission for fractured neck of femur is used as a proxy measure of the incidence of hip fracture in older people.

In 2014/15 there were 710 emergency admissions for fractured neck of femur among people aged 65 and over in Oxfordshire. This represented a directly standardised rate of 568 per 100,000 older people in the population. There has been no significant change in the rate of hip fractures in Oxfordshire over the past six years. Oxfordshire’s rate was also not significantly different from the averages for England and the South East.

In line with national trends, the rate of hip fractures among older women in Oxfordshire (697 per 100,000 women aged 65 and over) was higher than that for older men (438 per 100,000 men aged 65 and over). Rates of hip fractures are also higher among those in the oldest age group (1,609 per 100,000 people aged 80 and over in Oxfordshire, compared with 208 per 100,000 people aged 65-79).

There were no significant differences between districts within Oxfordshire in rates of hip fractures among older people in 2014/15. However, pooled data for the period 2008/09 to 2012/13 show that there were several wards across Oxfordshire with higher rates of hospital admission for hip fracture among older people than the national average. Two of these were also significantly above the county average (Churchill in Oxford and Chipping Norton in West Oxfordshire). This is shown in the chart below, where the county average is shown by the thick red line and the England average ratio is standardised to a value of 100.

Figure 81: Oxfordshire wards with the highest rates of hip fractures among older people (indirectly age-standardised ratios)

Source: Public Health England

197 Data taken from the Public Health Outcomes Framework, indicators 4.14i-4.14iii: http://www.phoutcomes.info/
9.3. Road Traffic Accidents

In 2015 there were 229 road casualties among older people in Oxfordshire.

During the last five years (2011 to 2015) there were 1,016 casualties on Oxfordshire’s roads among people aged 65 and over.198 29 of these were fatal, making up just under 3% of the total.199 The other 987 were injuries, of which 213 (21.6% of all injuries) were classed as ‘serious’ and 774 (78.4%) as ‘slight’.200 Injuries that are relatively minor are not always reported to the police, so these figures may somewhat understate the true number.

The chart below shows the trend in the number of casualties and the approximate rate per 1,000 older people in the population.201

Figure 82: Road casualties in Oxfordshire among people aged 65 and over (2011-2015)

Source: Oxfordshire County Council

In 2014 road casualties among older people made up around 11% of the all-age total. Given that older people make up slightly over 17% of the population, this suggests they are less likely than younger age groups to be killed or injured on the roads.

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198 Data provided by Oxfordshire County Council’s Road Safety Engineering Team.
199 ‘Fatal’ casualties are defined as those where death occurs at or within 30 days of the accident.
200 ‘Serious’ casualties include those requiring in-patient treatment and injuries such as bone fractures, severe internal injuries and severe cuts (i.e. requiring stitches) and injuries resulting in death more than 30 days following the initial accident. ‘Slight’ injuries include sprains, neck whiplash injury (not necessarily requiring medical treatment), bruises and slight shock requiring roadside attention.
201 Rates have been calculated using mid-year population estimates produced by the Office for National Statistics (for the years from 2011 to 2014, inclusive) and the Oxfordshire County Council population forecast for 2015 (where ONS data were not yet available).
10. **Lifestyles**
This chapter considers lifestyle factors affecting the health and wellbeing of older people, including alcohol consumption, smoking, weight, physical activity, and nutrition.

10.1. **Alcohol Consumption (National Data)**

*There is some evidence to suggest that older people in their sixties and early seventies may be drinking more than other adults, whilst people in the oldest age groups drink less.*

Research into people aged 50 and over in England found that daily alcohol consumption was higher among older men than older women, and tended to fall after the age of 70.\(^{202}\)

**Figure 83: Daily alcohol consumption among people aged 50 and over in England (%) by age and sex (2012-13)**

<table>
<thead>
<tr>
<th>Age band</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75-79</th>
<th>80+</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>39.9</td>
<td>40.6</td>
<td>44.7</td>
<td>46.4</td>
<td>45.0</td>
<td>41.1</td>
<td>30.9</td>
<td>41.7</td>
</tr>
<tr>
<td>Women</td>
<td>25.8</td>
<td>28.7</td>
<td>27.0</td>
<td>29.7</td>
<td>26.5</td>
<td>19.3</td>
<td>19.5</td>
<td>25.7</td>
</tr>
</tbody>
</table>

Source: English Longitudinal Study of Ageing, Wave 6

A direct extrapolation of these rates to Oxfordshire would suggest that there could be around **36,800** people aged 65 and over who **drink alcohol every day**.\(^{203}\) However, this does not take account of local differences in diagnosis rates that may exist.

The same study found that rates of daily drinking *increased* with higher wealth.

Extrapolations from a separate national survey conducted in 2014 indicate that there could be around **4,600** older people in Oxfordshire who are drinking at levels classified as **‘higher risk’**.\(^{204}\) A further **17,600** could be drinking at lower levels which are, however, still above the recommended limits. Again, these figures do not take account of local differences in drinking rates that may exist.

Another study in 2007 found that 14.1% of 65-74 year olds and 10.5% of those aged 75 and over in England engaged in **hazardous or harmful drinking**.\(^{205}\) These proportions were below the all-ages average of 24.2%, suggesting that older people are less likely to drink at dangerous levels.

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A direct extrapolation to Oxfordshire would give figures of 8,700 65-74 year olds and 5,600 people aged 75 and over engaged in hazardous or harmful drinking (totalling 14,300). However, this does not take account of local differences in prevalence that may exist, nor changes in prevalence since 2007.

Alcohol misuse was found to be more prevalent among older men than older women.

The same research found that 1.7% of 65-74 year olds and 0.2% of those aged 75 and over were dependent on alcohol. Again, these proportions were below the all-ages average of 5.9%. A direct extrapolation to Oxfordshire would give figures of 1,100 65-74 year olds and 100 people aged 75 and over dependent on alcohol (totalling 1,200). Again, however, this does not take account of local differences in prevalence that may exist, nor changes in prevalence since 2007.

A more recent study of older people in the London Borough of Lambeth found that one in five who drank alcohol were consuming it at unsafe levels (over 21 units per week for men and 14 units for women). The research showed that unsafe drinkers were more likely to be older men than older women. They were also more likely to be in 'younger old age', higher socioeconomic groups, and to be of White British or Irish ethnicity. However, it is not clear how far this study is applicable to patterns of alcohol consumption in Oxfordshire.

10.2. Smoking (National Data)

Nationally, smoking is less common among people in older age groups

Extrapolating from national prevalence rates, it is estimated that there could be around 10,600-10,700 current smokers aged 65 and over in Oxfordshire. Detailed calculations are shown in Appendix A.

Rates of smoking among older people are linked with lower levels of wealth.

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206 Calculations are based on ONS population estimates for mid-2014.
207 Calculations are based on ONS population estimates for mid-2014.
208 Kings College London news article: [http://www.kcl.ac.uk/newsevents/news/newsrecords/2015/August/Oneinfiveover65sdrinkatunsafelevels.aspx](http://www.kcl.ac.uk/newsevents/news/newsrecords/2015/August/Oneinfiveover65sdrinkatunsafelevels.aspx)
10.3. Physical Activity (National Data)

Physical activity is likely to decline with older age

Research into people aged 50 and over in England found that physical inactivity increases with age, particularly for women. Extrapolating from national research, it is estimated that there could be over 49,000 people aged 65 and over in Oxfordshire who are physically inactive. However, since physical inactivity rates tend to be lower than average in Oxfordshire (i.e. people are more likely to be active) the number could well be lower. Detailed calculations are shown in Appendix A.

Rates of inactivity are linked with lower levels of wealth. They can also be affected by factors such as the quality of the local environment, access to services and amenities, and perceptions of crime and safety.

Separate national research has found that 8% of men aged over 65, and 3% of women aged over 65 ever cycle. These proportions are low compared to rates in other European countries.

10.4. Nutrition and Malnutrition (National Data)

In 2013 it was estimated that one in ten older people living at home in the UK were suffering from malnutrition.

Nationally, it has been estimated that one in ten people aged 65 and over living at home are suffering from malnutrition. A direct extrapolation to Oxfordshire would give a figure of 11,600 older people who may be malnourished. However, this does not take account of any local differences in prevalence that may exist.

It is thought that malnutrition can be linked to a range of factors, including:
- Underlying ill health or disease
- Depression or anxiety
- Social exclusion
- Problems with teeth
- Transport or mobility difficulties
- Poverty
- The influence of medication on appetite or the body’s ability to absorb nutrients
- Access to food shops and other services


Active Ageing and the Built Environment (Housing LIN, February 2016): http://www.housinglin.org.uk/Topics/browse/HealthandHousing/PublicHealth/HealthGain/?parent=869&child=9995


Malnutrition is also linked to more hospital admissions, higher risk or infection and greater antibiotic use, longer recovery times from surgery, and heightened risk of mortality.

Extrapolating from national research, it is estimated that there could be somewhere between 49,000-82,000 people aged 65 and over in Oxfordshire who are eating fewer than five portions of fruit and vegetables per day. Detailed calculations are shown in Appendix A. Eating fewer fruit and vegetable portions is linked with lower levels of wealth.215

10.5. Oral Health

The risk of dental problems increases with age.

Good oral health among older people is associated with social participation, communication and dietary diversity.216

Although older people in England and Wales increasingly retain some of their own teeth, there are known inequalities relating to deprivation levels. Also, care home residents are more likely than older household residents to have lost their teeth.

Nationally, older people are more likely than the general adult population to have untreated tooth decay, especially those living in care homes.

10.6. Flu Vaccine Coverage

In 2014/15 three quarters of older people in Oxfordshire received the flu vaccine.

In 2014/15, the number of people aged 65 and over in Oxfordshire who received the flu vaccine was 89,974, representing 75.6% of older people.217 For the fourth consecutive year, this exceeded the national target to vaccinate at least 75% of older people. Oxfordshire’s vaccination rate was above national and regional averages (72.7% and 72.1%, respectively).

Figure 85: Percentage of population aged 65+ who have received seasonal flu vaccine (2006/07-2014/15)

Source: Public Health England

217 Public Health Outcomes Framework, indicator 3.03xiv: http://www.phoutcomes.info/
11. **Health Service Use**

This chapter summarises older people’s use of health care services, including primary and secondary health care, planned and emergency services, and end of life care.

11.1. **Primary Care (National Data)**

*National data suggests that the number of GP consultations with older people is increasing faster than average.*

National analysis by Age UK suggests that, whilst the average number of GP consultations per person per year has increased across all age groups, this trend has been particularly marked among older people.\(^{218}\)

11.2. **Secondary Care**

*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.*

Nationally, analysis of national data by Age UK shows that hospital activity for older people has been increasing across the board in recent years.\(^{219}\) This is reflected in the local data presented below. The same report provides evidence of rising numbers of hospital admissions for conditions for which effective treatment and management in the community should limit the need for hospital treatment.

11.2.1. **A&E Attendance**

In the 12 months to the end of September 2015, A&E was attended 30,238 times by patients of GP practices in the Oxfordshire Clinical Commissioning Group area (OCCG patients) who were aged 65 and over.\(^{220}\) This represents an increase of 5.1% on the previous 12 months when attendances totalled 28,763. The increase in older people’s A&E attendances was greater than that for patients of all ages (1.4%).

A&E attendances among older OCCG patients happened at nearly 200 providers and hospitals across the country. However, the majority (94%) were treated by Oxford University Hospitals NHS Foundation Trust (22,216 attendances, 73% of the total), Oxford Health NHS Foundation Trust (4,277 attendances, 14% of the total), and Royal Berkshire Foundation NHS Trust (1,965 attendances, 6% of the total).

Referral sources were recorded in over 99.9% of A&E attendances among older OCCG patients, and are shown in the figure below. Although some referral sources including GPs and Health Care Providers saw a reduction, the two sources of greatest volume, Emergency Services and Self-Referrals, saw growth of 3.8% and 15.3%, respectively.


\(^{220}\) Data provided by Oxfordshire Clinical Commissioning Group
Figure 86: Distribution of A&E attendances among OCCG patients aged 65 and over, by referral source (top five sources only)

Source: Oxfordshire Clinical Commissioning Group

Focusing specifically on the Oxford University NHS Foundation Trust's emergency departments at the John Radcliffe and Horton General hospitals, in the 9 months from 1 April 2015 to 31 December 2015 there were around 20,400 emergency department attendances among people aged 65 and over. They accounted for around 21% of all the emergency department attendances. Over half (55%) of attendances of older people were of women, and around 96% were of people from White ethnic backgrounds, broadly in line with the make-up of the older population. Around 160 (i.e. less than 1%) of the emergency department attendances among older people were recorded as being alcohol-related.

11.2.2. Emergency Hospital Admissions

Emergency admissions are unplanned admissions to hospital.

In the 12 months to the end of September 2015 there were 24,655 emergency inpatient admissions, including those of less than 24 hours, for patients of GP practices in the Oxfordshire Clinical Commissioning Group (OCCG patients) aged 65 and over. This is an increase of 2.8% on the previous 12 months which saw 23,983 encounters. The increase in emergency admissions was slightly greater than that for patients of all ages (2.2%). It is likely that some patients experienced multiple admissions, so the admission figures are not representative of the patient count.

11.2.3. Elective Hospital Admissions

Elective admissions are planned admissions to hospital, for stays of one or more nights.

In the 12 months to the end of September 2015 there were 7,184 elective admissions of patients of GP practices in the Oxfordshire Clinical Commissioning Group (OCCG patients) aged 65 and over. This is an increase of 2.0% on the previous 12 months which saw 7,044 encounters. The increase in older people's elective admissions was bigger than that for patients of all ages (1.0%). It is likely that some patients experienced multiple admissions, so the admission figures are not representative of the patient count.

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221 Data provided by Emergency Department Community Safety Practitioner. This figure will include both OCCG patients and patients who are not registered with GP practices in the OCCG area.
222 Data provided by Oxfordshire Clinical Commissioning Group
223 Data provided by Oxfordshire Clinical Commissioning Group
11.2.4. Mental Health Service Use

In 2014/15 there were around 3,000 referrals to Oxford Health mental health services among people aged 65 and over. These referrals related to around 2,400 unique patients (since some were referred more than once) over three fifths of whom were women. Over the past four years, older people have made up 20-25% of services users. Most (around 85%) were referred to Oxfordshire’s Older Adult Mental Health service.

11.2.5. Hospital Use from Care Homes (National Data)

Nationally, emergency hospital admissions appear to be more common among older care home residents than among older household residents. Elective admissions appear to be less common.

There is some evidence that care home residents are more likely to visit hospital on an emergency basis than those living in the community. National research, based on data from 2011/12, has found that rates of emergency hospital admissions and A&E attendances among those aged 75 and over were 40-50% higher in areas that had more care home residents. This tended to be because of the same patients being admitted three or more times in the space of a year, rather than there being more patients admitted.

These findings are perhaps unsurprising, since care home residents are likely to have more complex needs, be particularly frail, and be closer to the end of their life. Indeed the study suggests that over two fifths of emergency admissions from care homes may be during the last six months of life (almost double the rate for those living in the community). It also finds some evidence that care homes help prevent emergency admissions in the last two months of life.

There were also differences in the types of health problem recorded on admission to hospital, with patients from care homes over three times more likely to be admitted with pneumonia, pneumonitis, Alzheimer’s disease, dementia, and epilepsy. They were less likely than those living in the community to be admitted for heart disease and circulatory system problems.

The same study showed that there were significantly fewer elective admissions in areas with more care home residents, which is a more surprising finding. This could be down to patient or family preferences, or because needs are met instead by services available in the care home.

11.3. End of Life Care

In 2013 slightly under half of the deaths among older people in Oxfordshire occurred in the person’s usual place of residence.

In 2013 there were 4,509 deaths were registered among people aged 65 and over in Oxfordshire (excluding deaths from external causes). 2,160 (47.9%) of these took place in the person’s usual place of residence, i.e. home, care home, or religious establishment. This compares with 45.9% in England overall, and 48.0% in the South East.

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224 Data provided by Oxford Health. This covers anyone who was referred and seen at least once.
226 Data in this section are from Public Health England’s End of Life Care Profiles: http://fingertips.phe.org.uk/profile/end-of-life
227 It is not possible to say whether these differences are statistically significant, as confidence intervals are not available. However, for deaths at all ages, Oxfordshire has a significantly higher
The figures below show trends in the proportions of deaths among Oxfordshire’s older residents in each age band, which happened in different settings. In general, trends over the period from 2004 to 2013 show proportionately more deaths taking place at the usual place of residence, and proportionately fewer in hospital. This is in line with national and regional trends. It is also coming into line with older people's preferences: nationally, around 75% of people say they would prefer to die at their usual place of residence (although the quality and place of care may be of most importance).

Oxfordshire tends to have smaller proportions dying in hospital, relative to the national average, and larger proportions dying in hospices (on other measures there are very few significant differences). There were few significant differences across Oxfordshire’s districts (confidence intervals are relatively wide at local levels).

It is also clear that people dying at age 85 or over in Oxfordshire are significantly more likely to be in their place of usual residence than those in the 65-74 and 75-84 age groups. However, this is more likely to be in a care home and less likely to be at home.

Figure 87: Deaths in usual place of residence among older people in Oxfordshire, by age band (2004-2013)

Source: Public Health England. *NB vertical axis starts at 20

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proportion taking place at home than the national average, and a similar proportion to the regional average.

228 *End of Life Care: Helping people to be cared for and die at home* (Housing LIN/ Public Health England, February 2016):
http://www.housinglin.org.uk/Topics/browse/HealthandHousing/PublicHealth/HealthGain/?parent=8691&child=9993
End of life data for people with dementia show different patterns: although more die in their place of usual residence, this is much more likely to be a care home than a home in the community. In 2013 around three in five deaths among older people with dementia in Oxfordshire took place in care homes (60.9%), whilst 28.7% were in hospital and 8.7% were at home.
12. **Social Care**
This chapter looks at older people’s needs for social care. Data on adapted and specialist housing, and care homes, is included in section 5. Housing.

12.1. **Meeting Care Needs (National Data)**

*National research in 2014 suggested that over a quarter of older people received some form of care but significant minorities may still not be having their needs met.*

It has been estimated that more than four fifths of people aged 65 will need some care and support in their later years.\(^{229}\)

A national survey conducted in 2014 found that 24% of men and 33% of women aged 65 and over needed help with at least one activity of daily living, relating to personal care and mobility about the home.\(^{230}\) Needs increased with age, from 13% of men and 21% of women aged 65-69, to 46% of men and 59% of women aged 85 and over. Higher levels of need were also linked to lower incomes and poorer health.

It has been estimated that over a quarter of people aged 65 and over in England who lived at home in 2012/13 received some form of care (27.6%).\(^{231}\) This could be paid care (including self-funded and local authority-funded care), unpaid ('informal') care, or both.

Of those receiving care, around nine in ten received unpaid care, comprising 24% of the total older population. Over a third received some form of paid care or help, making up 10% of the total older population. However, 6.9% reported only sometimes or hardly ever having their needs met by the care and support they received. The same study estimates that 70,000 older people in England who have difficulty with three or more activities of daily living were not receiving any care at all.

Direct extrapolation to Oxfordshire’s older population yield the following care estimates:
- 31,900 people aged 65+ receiving some form of care
- 27,700 people aged 65+ receiving unpaid care
- 11,600 people aged 65+ receiving paid care
- 8,000 people aged 65+ only sometimes/ hardly ever having needs met by care and support received

These figures should be treated with caution, given that Oxfordshire is unlikely to reflect exactly the national picture of needs.

Separate national research has found that 30% of women and 22% of men aged over 65 who needed help to complete one or more activities of daily living failed to receive help with any.\(^{232}\) This rose to 44% of women aged over 85 and 43% of men aged over 85. The activities for which needs were most commonly not being met were getting up and down stairs, having a bath or shower and getting around indoors.

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An earlier analysis of several sets of survey data showed that estimates of unmet need are difficult to establish and vary considerably by data source. However, in all cases, there was a significant amount of unmet need.\textsuperscript{233}

More recent analysis by Age UK shows that there are now more people failing to have their needs met than five years ago.\textsuperscript{234} They are most likely to be women, to be in older age groups, and to be single or divorced (rather than widowed, married, or partnered).

### 12.2. Council-funded Social Care

As of October 2015, Oxfordshire County Council funded home care for 1,751 older people and supported 624 through direct payments.

Nationally, the number and proportion of older people receiving support with social care has fallen over the past decade.\textsuperscript{235} This trend is likely to be related to increases in informal care provision (see section 7.4. Unpaid Carers) and may also have had a financial impact on many older people.

As of the end of October 2015, Oxfordshire County Council was funding home care for 1,751 older people and supporting 624 older people through direct payments.\textsuperscript{236} The profile of older social care clients is shown below.


\textsuperscript{236} Oxfordshire County Council data
Figure 89: Profile of older people receiving long term social care funded by Oxfordshire County Council (October 2015 snapshot)

The number of older people supported by Oxfordshire County Council through long term care at home shows an overall increasing trend, at an average rate of around 5% per year in the 3.5 years to July 2015. This is faster than the growth in the size of the older population (slightly under 4% per year). The average size of home care packages and direct payments has also increased. In combination, these factors mean that overall commissioned care has increased by 14% per year. At the same time, the number of people waiting for home care has been growing since early 2014.

For numbers of older people supported in care homes, see section 5.8.

12.3. Health Conditions affecting Older Social Care Users in Oxfordshire

Data for the period 2011-2013 suggest that dementia may affect around a quarter of older people entering the social care system in Oxfordshire.

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237 Oxfordshire County Council data
Analysis of assessment data offers further texture to the types of needs people have when entering the social care system. A sample of assessment forms for 1500 Self Directed Support service users over the period of October 2011 to July 2013 suggests that the condition most affecting the activities of daily living for older people presenting to social services is dementia, which affected 26% of the sample (a further 6% recorded dementia as their secondary condition). Other common conditions included Arthritis (13%), Physical impairment (10%), Stroke (9%), Cardiac conditions (7%), Neurological conditions (6%), and Cancers (6%).

Figure 90: Percentage of self-directed support service users over 65 by primary disabling condition at time of first assessment

![Dementia (including Alzheimers) 26% Arthritis 13% Physical impairment 10% Stroke 9% Cardiac condition 7% Neurological condition 6% Cancer 6% Other physical illness 5% COPD 4% Diabetes 4% Physical injury 2% Respiratory condition 2% Depression/anxiety 1% Severe sensory impairment 1% Other 5%]

Source: FACE Needs Profile Database, Oxfordshire County Council

The same data suggest that the likelihood of a client presenting with dementia increases with age, with 7% of people aged 65 to 69 presenting with dementia as a primary disabling condition, compared to 32% for people aged 85 to 89, as shown in the figure below.

Figure 91: SDS Service users with dementia at time of first assessment, by age band (October 2011-June 2013)

![Proportion of sample population 35% 30% 25% 20% 15% 10% 5% 0% 65-69 70-74 75-79 80-84 85-89 90-94 95+]

Source: FACE Needs Profile Database, Oxfordshire County Council
For those over the age of 95, the most common condition affecting activities of daily living was arthritis, which affected 26% of this age group.

Feedback from older people in Oxfordshire cited three key things as contributors to quality of life: health, control over daily living, and social contact.

Service users have highlighted the fact that good, up-to-date, accessible information and advice underpins people’s ability to be more independent, have more control and make better choices. It needs to be jargon free, accessible in a variety of formats and channels, up-to-date and simple.

12.4. Safeguarding

In 2014/15 slightly under 600 safeguarding referrals were opened for adults aged 65 and over in Oxfordshire

A safeguarding referral involves a concern being raised about a risk of abuse, and this instigates an investigation under the safeguarding process. A referral can include multiple allegations if more than one location of risk, type of abuse or perpetrator is involved.

Experimental data available through the Health and Social Care Information Centre indicates that in 2014/15 slightly under 600 safeguarding referrals were opened for adults aged 65 and over in Oxfordshire.238

Nearly two thirds of all adult safeguarding referrals in Oxfordshire were for older people in 2014/15. Over 90% of the referrals among the older age group were for adults already known to the local authority.

12.5. Other Attitudes and Needs of Care Service Users

Responses to the 2014/15 Adult Social Care User Survey give an indication of the issues affecting older care users.

There were 260 social care users aged 65 and over who responded to the 2014/15 Adult Social Care User Survey in Oxfordshire.239 The profile of respondents was as follows:

- Two thirds (66%) were female
- 47% were aged 85 or over, 32% were aged 75-84, and 21% were aged 65-74
- Nearly all were of White ethnicities
- Around 6% had a learning disability. Of the remainder, 62% were living at home whilst 34% were in residential care; for most, the primary reason for support was physical
- Whilst 40% of those who rated their general health said it was good, 45% described it as ‘fair’ and 15% said it was bad. A majority had some pain or discomfort, whilst just under half reported some anxiety or depression
- Two in five (40%) pay for additional care and support

Nearly two thirds of respondents who rated their quality of life said it was good (64%), although 9% said it was bad (and the rest were somewhere in between). Nearly four in five

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239 Oxfordshire County Council data/ Health and Social Care Information Centre: [http://www.hscic.gov.uk/searchcatalogue?productid=18966&topics=0%2fSocial+care&sort=Relevan e&size=10&page=1#top](http://www.hscic.gov.uk/searchcatalogue?productid=18966&topics=0%2fSocial+care&sort=Relevan e&size=10&page=1#top)
(79%) felt they had enough control over their daily life, although 6% said they had none at all. Two thirds of respondents (67%) said they could do enough things they value or enjoy but 11% said they could not do any at all. Four in five (81%) reported having enough social contact but 15% said they did not have enough and a further 4% felt socially isolated. Whilst over two thirds said they felt as safe as they want, 28% said they did not feel as safe as they would like, and a further 4% said they did not feel safe.

Nearly all respondents reported being able to be clean and presentable (96%), getting enough food and drink at reasonable times (95%), and living in a clean and comfortable home (97%). However, two in five said their home didn’t meet all of their needs. The chart below shows in more detail the kinds of activities respondents found easy or difficult.

Figure 92: Older social care users’ ease or difficulty with activities of daily living (2014/15)

Source: Oxfordshire County Council

Most respondents felt that care and support services helped them with the aspects of life described above. The majority (60%) of older social care users who gave an opinion about the care and support services they received said they were very satisfied with them. A further 32% said they were quite satisfied. Less than 4% reported being dissatisfied.
Appendix A: Detailed Calculations of Prevalence Estimates

Adapted Housing Calculations
National research produced by Habinteg in 2008 estimated that 2.8% of English households included a wheelchair user.\(^{240}\) Over half of these were owner-occupiers (55%), with 39% in social housing and 6% being private tenants. A direct extrapolation to Oxfordshire would give a figure of around 7,500 households that include a wheelchair user.\(^{241}\)

The same study estimated that, in the South East, around 5% of households with wheelchair users had unmet housing need. A direct extrapolation to Oxfordshire would give a figure of around 400 households with unmet need.

On the basis that around 60% of wheelchair users are aged 65 and over, a crude estimate would put the number of older households in Oxfordshire that include a wheelchair user at around 4,500, around 200 of whom may have unmet need.

Meanwhile, the 2013/14 English Housing Survey found that around 6% of households living in social housing included someone who used a wheelchair, either inside or outside the home.\(^{242}\) There were around 36,800 households in the social housing sector in Oxfordshire at the time of the 2011 Census.\(^{243}\) On this basis, a direct extrapolation to Oxfordshire would give a figure of around 2,200 households that included a wheelchair user, living in social housing.

Given that around 60% of wheelchair users are aged 65 and over, a fairly crude estimate of the number of older households that contain wheelchair users, who live in social housing, would be around 1,300.

However, if 39% of households including wheelchair users are social housing tenants, we might expect the figure to be a little higher, at around 1,800, according to the previous estimate of 4,500 older households that include a wheelchair user. This would give a range of 1,300-1,800.

It is important to note that these estimates do not take account of any local differences in prevalence rates that may exist, nor changes since the time of conducting the research on which they are based. Therefore, they should be treated with caution.

Prevalence of Long Term Conditions Calculations

Hypertension (High Blood Pressure)
The table below shows estimated prevalence rates for hypertension (high blood pressure) among men and women aged 60 and over in England.\(^{244}\) This shows that hypertension is more common among older men than older women.

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\(^{243}\) ONS 2011 Census data, downloaded from Nomis: [https://www.nomisweb.co.uk/](https://www.nomisweb.co.uk/)

Figure 93: Hypertension among people aged 50 and over in England (%) by age and sex, with confidence intervals

<table>
<thead>
<tr>
<th>Age</th>
<th>Male CL- (95%)</th>
<th>Male CL+ (95%)</th>
<th>Female CL- (95%)</th>
<th>Female CL+ (95%)</th>
<th>Total CL- (95%)</th>
<th>Total CL+ (95%)</th>
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<td>60-64</td>
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<td>34.8</td>
<td>36.3</td>
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<td>65-69</td>
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<td>45.7</td>
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<td>70.2</td>
<td>69.1</td>
<td>71.3</td>
<td>74.5</td>
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<td>72</td>
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<td>90-94</td>
<td>70.5</td>
<td>69.1</td>
<td>71.7</td>
<td>75.0</td>
<td>74.2</td>
<td>73.3</td>
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<td>95+</td>
<td>66.1</td>
<td>63.4</td>
<td>69.8</td>
<td>74.1</td>
<td>72.2</td>
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<td>51.1</td>
<td>50.4</td>
<td>51.7</td>
<td>50.4</td>
<td>50.7</td>
<td>50</td>
</tr>
</tbody>
</table>

Source: Age UK/ University of Exeter Medical School/ NHS National Institute for Health Research

Direct extrapolations from these estimates to Oxfordshire give a total figure of around 64,300. However, this does not take account of local differences in prevalence rates that may exist.

The table below shows separate estimated prevalence rates for high blood pressure among men and women aged 65 and over in England.

Figure 94: Hypertension among people aged 65 and over in England (%) by age and sex (2014)

<table>
<thead>
<tr>
<th>Age</th>
<th>Male Percent</th>
<th>Female Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74</td>
<td>60.9%</td>
<td>55.8%</td>
</tr>
<tr>
<td>75+</td>
<td>62.4%</td>
<td>69.9%</td>
</tr>
</tbody>
</table>

Source: Health Survey for England

Direct extrapolations from these estimates to Oxfordshire give a total figure of around 71,900. However, this does not take account of local differences in prevalence rates that may exist.

**Coronary Heart Disease**

The table below shows rates of diagnosed coronary heart disease among men and women aged 50 and over in England in 2012/13; these are based on the English Longitudinal Study of Ageing. This shows that CHD is more common among older men than older women.

---

245 Calculations based on ONS population estimates for mid-2014. Because the oldest age category given in the population estimates is aged 90 and over, an average of the prevalence rates for the oldest three age categories in the table has been used for all those aged 90 and over.

246 Health Survey for England, 2014: Trend Tables:
http://www.hscic.gov.uk/searchcatalogue?productid=19587&q=health+survey+for+england&sort=Relevance&size=10&page=1#top

247 Calculations based on ONS population estimates for mid-2014.

Figure 95: Diagnosed CHD among people aged 50 and over in England (%) by age and sex (2012-13)

<table>
<thead>
<tr>
<th>Age band</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75-79</th>
<th>80+</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>2.2</td>
<td>8.2</td>
<td>11.9</td>
<td>18.1</td>
<td>24.3</td>
<td>25.9</td>
<td>38.5</td>
<td>15.7</td>
</tr>
<tr>
<td>Women</td>
<td>1.3</td>
<td>3.4</td>
<td>5.8</td>
<td>9.1</td>
<td>13.7</td>
<td>21.1</td>
<td>29.6</td>
<td>10.8</td>
</tr>
</tbody>
</table>

Source: English Longitudinal Study of Ageing, Wave 6

A direct extrapolation of these rates to Oxfordshire would suggest that there could be around 25,400 people aged 65 and over with a CHD diagnosis. However, this does not take account of local differences in diagnosis rates that may exist.

Separate estimates of the prevalence of CHD among men and women aged 60 and over in England are shown in the table below. Again, these show that CHD is more common among older men than older women.

Figure 96: Prevalence of CHD among people aged 60 and over in England (%) by age and sex, with confidence intervals

Stroke and Transient Ischaemic Attack (TIA)
The table below shows estimated prevalence rates for stroke and TIA among men and women aged 60 and over in England. This shows that stroke and TIA are more common among older men than older women.

Calculations based on ONS population estimates for mid-2014.

Calculations based on ONS population estimates for mid-2014. Because the oldest age category given in the population estimates is aged 90 and over, an average of the prevalence rates for the oldest three age categories in the table has been used for all those aged 90 and over.


Figure 97: Prevalence of stroke and TIA among people aged 60 and over in England (%) by age and sex, with confidence intervals

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>CL (95%)</th>
<th>Female</th>
<th>CL (95%)</th>
<th>Total</th>
<th>CL (95%)</th>
<th>CL+ (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>3.4</td>
<td>3.2</td>
<td>3.6</td>
<td>2.2</td>
<td>2.8</td>
<td>2.6</td>
<td>2.9</td>
</tr>
<tr>
<td>65-69</td>
<td>5.1</td>
<td>4.9</td>
<td>5.3</td>
<td>3.4</td>
<td>4.2</td>
<td>4.1</td>
<td>4.4</td>
</tr>
<tr>
<td>70-74</td>
<td>7.9</td>
<td>7.7</td>
<td>8.2</td>
<td>5.3</td>
<td>6.6</td>
<td>6.4</td>
<td>6.8</td>
</tr>
<tr>
<td>75-79</td>
<td>11.7</td>
<td>11.3</td>
<td>12.0</td>
<td>8.4</td>
<td>9.9</td>
<td>9.6</td>
<td>10.1</td>
</tr>
<tr>
<td>80-84</td>
<td>16.0</td>
<td>15.5</td>
<td>16.5</td>
<td>12.6</td>
<td>14.0</td>
<td>13.7</td>
<td>14.4</td>
</tr>
<tr>
<td>85-89</td>
<td>19.5</td>
<td>18.9</td>
<td>20.2</td>
<td>16.6</td>
<td>17.8</td>
<td>17.4</td>
<td>18.2</td>
</tr>
<tr>
<td>90-94</td>
<td>22.3</td>
<td>21.3</td>
<td>23.3</td>
<td>19.8</td>
<td>20.6</td>
<td>20.1</td>
<td>21.2</td>
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<tr>
<td>95-99</td>
<td>20.1</td>
<td>18.1</td>
<td>22.3</td>
<td>22.1</td>
<td>21.5</td>
<td>20.4</td>
<td>22.7</td>
</tr>
<tr>
<td>100+</td>
<td>24.0</td>
<td>17.6</td>
<td>31.8</td>
<td>23.0</td>
<td>23.0</td>
<td>20.3</td>
<td>25.9</td>
</tr>
<tr>
<td>Total</td>
<td>8.3</td>
<td>8.1</td>
<td>8.6</td>
<td>7.1</td>
<td>7.9</td>
<td>7.8</td>
<td>8.1</td>
</tr>
</tbody>
</table>

Source: Age UK/ University of Exeter Medical School/ NHS National Institute for Health Research

Direct extrapolations from these estimates to Oxfordshire give a total figure of around 11,400. However, this does not take account of local differences in prevalence rates that may exist.

However, the table below shows separate, much higher estimates of the proportions of men and women aged 65 and over in England who have ever had a stroke or TIA.

Figure 98: Stroke and TIA among people aged 65 and over in England (%) by age and sex (2011)

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74</td>
<td>21.1%</td>
<td>10.9%</td>
</tr>
<tr>
<td>75+</td>
<td>33.2%</td>
<td>23.5%</td>
</tr>
</tbody>
</table>

Source: Health Survey for England

Direct extrapolations from these estimates to Oxfordshire give a total figure of around 24,600. Again, this figure does not take account of local differences in prevalence rates that may exist.

Heart Failure

The table below shows estimated prevalence rates for heart failure among men and women aged 60 and over in England. This shows that heart failure is more common among older men than older women.

---

253 Calculations based on ONS population estimates for mid-2014. Because the oldest age category given in the population estimates is aged 90 and over, an average of the prevalence rates for the oldest three age categories in the table has been used for all those aged 90 and over.


255 Calculations based on ONS population estimates for mid-2014.

Figure 99: Prevalence of heart failure among people aged 60 and over in England (%) by age and sex, with confidence intervals

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Female</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Total</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>1.9</td>
<td>1.8</td>
<td>2.1</td>
<td>0.9</td>
<td>0.6</td>
<td>1.0</td>
<td>1.4</td>
<td>1.3</td>
<td>1.5</td>
</tr>
<tr>
<td>65-69</td>
<td>3.2</td>
<td>3.0</td>
<td>3.4</td>
<td>1.4</td>
<td>1.3</td>
<td>1.5</td>
<td>2.3</td>
<td>2.1</td>
<td>2.4</td>
</tr>
<tr>
<td>70-74</td>
<td>4.9</td>
<td>4.7</td>
<td>5.2</td>
<td>2.7</td>
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<td>2.8</td>
<td>3.8</td>
<td>3.6</td>
<td>3.9</td>
</tr>
<tr>
<td>75-79</td>
<td>7.8</td>
<td>7.4</td>
<td>8.1</td>
<td>4.9</td>
<td>4.5</td>
<td>5.2</td>
<td>6.2</td>
<td>5.9</td>
<td>6.5</td>
</tr>
<tr>
<td>80-84</td>
<td>11.6</td>
<td>11.1</td>
<td>12.1</td>
<td>8.1</td>
<td>7.8</td>
<td>8.5</td>
<td>9.6</td>
<td>9.3</td>
<td>10</td>
</tr>
<tr>
<td>85-89</td>
<td>16.6</td>
<td>15.9</td>
<td>17.2</td>
<td>12.4</td>
<td>11.9</td>
<td>12.8</td>
<td>14</td>
<td>13.5</td>
<td>14.4</td>
</tr>
<tr>
<td>90-94</td>
<td>19.6</td>
<td>18.7</td>
<td>20.6</td>
<td>16.5</td>
<td>16.0</td>
<td>17.2</td>
<td>17.5</td>
<td>17</td>
<td>18</td>
</tr>
<tr>
<td>95-99</td>
<td>20.8</td>
<td>18.6</td>
<td>23.3</td>
<td>20.7</td>
<td>19.3</td>
<td>22.1</td>
<td>20.7</td>
<td>19.5</td>
<td>22</td>
</tr>
<tr>
<td>100+</td>
<td>25.3</td>
<td>19.5</td>
<td>32.2</td>
<td>21.8</td>
<td>19.0</td>
<td>24.9</td>
<td>21.8</td>
<td>19.3</td>
<td>24.7</td>
</tr>
</tbody>
</table>

Source: Age UK/ University of Exeter Medical School/ NHS National Institute for Health Research

Direct extrapolations from these estimates to Oxfordshire give a total figure of around 7,100. However, this does not take account of local differences in prevalence rates that may exist.

Atrial Fibrillation

The table below shows estimated prevalence rates for atrial fibrillation among men and women aged 60 and over in England. This shows that the condition is more common among older men than older women.

Figure 100: Prevalence of atrial fibrillation among people aged 60 and over in England (%) by age and sex, with confidence intervals

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Female</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Total</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>3.5</td>
<td>3.3</td>
<td>3.6</td>
<td>1.5</td>
<td>1.4</td>
<td>1.6</td>
<td>2.5</td>
<td>2.4</td>
<td>2.6</td>
</tr>
<tr>
<td>65-69</td>
<td>6.1</td>
<td>6.0</td>
<td>6.3</td>
<td>2.9</td>
<td>2.8</td>
<td>3.1</td>
<td>4.5</td>
<td>4.4</td>
<td>4.6</td>
</tr>
<tr>
<td>70-74</td>
<td>9.9</td>
<td>9.7</td>
<td>10.2</td>
<td>5.3</td>
<td>5.2</td>
<td>5.5</td>
<td>7.5</td>
<td>7.4</td>
<td>7.7</td>
</tr>
<tr>
<td>75-79</td>
<td>14.7</td>
<td>14.3</td>
<td>15.2</td>
<td>9.4</td>
<td>9.2</td>
<td>9.8</td>
<td>11.9</td>
<td>11.5</td>
<td>12.1</td>
</tr>
<tr>
<td>80-84</td>
<td>21.3</td>
<td>20.8</td>
<td>21.9</td>
<td>14.9</td>
<td>14.6</td>
<td>15.3</td>
<td>17.7</td>
<td>17.4</td>
<td>18</td>
</tr>
<tr>
<td>85-99</td>
<td>26.6</td>
<td>26.1</td>
<td>27.5</td>
<td>20.6</td>
<td>20.1</td>
<td>21.1</td>
<td>22.9</td>
<td>22.5</td>
<td>23.4</td>
</tr>
<tr>
<td>90-94</td>
<td>30.6</td>
<td>29.4</td>
<td>31.7</td>
<td>24.9</td>
<td>24.2</td>
<td>25.6</td>
<td>26.7</td>
<td>26.1</td>
<td>27.3</td>
</tr>
<tr>
<td>95-99</td>
<td>30.6</td>
<td>26.4</td>
<td>33.3</td>
<td>25.4</td>
<td>23.9</td>
<td>26.6</td>
<td>26.7</td>
<td>25.4</td>
<td>27.9</td>
</tr>
<tr>
<td>100+</td>
<td>24.7</td>
<td>16.6</td>
<td>31.9</td>
<td>26.1</td>
<td>22.0</td>
<td>28.5</td>
<td>25</td>
<td>22.1</td>
<td>26.2</td>
</tr>
</tbody>
</table>

Total: 10.9 | 10.7 | 11.1 | 8.1 | 8.0 | 8.3 | 9.4 | 9.3 | 9.6

Source: Age UK/ University of Exeter Medical School/ NHS National Institute for Health Research

---

257 Calculations based on ONS population estimates for mid-2014. Because the oldest age category given in the population estimates is aged 90 and over, an average of the prevalence rates for the oldest three age categories in the table has been used for all those aged 90 and over.

Direct extrapolations from these estimates to Oxfordshire give a total figure of around **12,600**. However, this does not take account of local differences in prevalence rates that may exist.

**Respiratory Illness**

The table below shows rates of diagnosed respiratory illness among men and women aged 50 and over in England in 2012/13.

![Figure 101: Diagnosed respiratory illness among people aged 50 and over in England (%) by age and sex (2012-13)](source)

<table>
<thead>
<tr>
<th>Age band</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75-79</th>
<th>80+</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>10.2</td>
<td>13.6</td>
<td>13.6</td>
<td>20.6</td>
<td>21.8</td>
<td>21.4</td>
<td>17.5</td>
<td>16.1</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td>10.7</td>
<td>18.5</td>
<td>19.9</td>
<td>21.4</td>
<td>23.7</td>
<td>24.3</td>
<td>21.6</td>
<td>19.4</td>
</tr>
</tbody>
</table>

Source: English Longitudinal Study of Ageing, Wave 6

A direct extrapolation of these rates to Oxfordshire would suggest that there could be around **24,800** people aged 65 and over with a diagnosed respiratory illness. However, this does not take account of local differences in diagnosis rates that may exist.

**Chronic Obstructive Pulmonary Disease (COPD)**

The table below shows estimated prevalence rates for COPD among men and women aged 60 and over in England. This shows that COPD is more common among older men than older women.

![Figure 102: Prevalence of COPD among people aged 60 and over in England (%) by age and sex, with confidence intervals](source)

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Female</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Total</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>5.0</td>
<td>4.7</td>
<td>5.3</td>
<td>4.6</td>
<td>4.3</td>
<td>4.9</td>
<td>4.8</td>
<td>4.5</td>
<td>5.1</td>
</tr>
<tr>
<td>65-69</td>
<td>7.4</td>
<td>7.0</td>
<td>7.8</td>
<td>6.0</td>
<td>5.6</td>
<td>6.4</td>
<td>6.7</td>
<td>6.3</td>
<td>7.0</td>
</tr>
<tr>
<td>70-74</td>
<td>10.3</td>
<td>9.9</td>
<td>10.8</td>
<td>8.1</td>
<td>7.7</td>
<td>8.5</td>
<td>9.2</td>
<td>8.7</td>
<td>9.6</td>
</tr>
<tr>
<td>75-79</td>
<td>12.6</td>
<td>12.1</td>
<td>13.1</td>
<td>9.5</td>
<td>9.0</td>
<td>10.1</td>
<td>10.9</td>
<td>10.5</td>
<td>11.4</td>
</tr>
<tr>
<td>80-84</td>
<td>13.8</td>
<td>13.2</td>
<td>14.5</td>
<td>10.5</td>
<td>9.9</td>
<td>11.0</td>
<td>11.9</td>
<td>11.4</td>
<td>12.5</td>
</tr>
<tr>
<td>85-89</td>
<td>15.2</td>
<td>14.5</td>
<td>16.0</td>
<td>10.3</td>
<td>9.7</td>
<td>10.8</td>
<td>12.1</td>
<td>11.6</td>
<td>12.7</td>
</tr>
<tr>
<td>90-94</td>
<td>14.9</td>
<td>13.9</td>
<td>16.0</td>
<td>9.1</td>
<td>8.6</td>
<td>9.7</td>
<td>10.9</td>
<td>10.3</td>
<td>11.5</td>
</tr>
<tr>
<td>95-99</td>
<td>12.6</td>
<td>10.8</td>
<td>14.7</td>
<td>7.7</td>
<td>6.8</td>
<td>8.6</td>
<td>8.9</td>
<td>8.1</td>
<td>9.7</td>
</tr>
<tr>
<td>100+</td>
<td>12.0</td>
<td>7.8</td>
<td>18.5</td>
<td>6.0</td>
<td>4.6</td>
<td>7.9</td>
<td>6.6</td>
<td>5.1</td>
<td>8.5</td>
</tr>
<tr>
<td>Total</td>
<td>9.2</td>
<td>8.9</td>
<td>9.6</td>
<td>7.5</td>
<td>7.2</td>
<td>7.9</td>
<td>8.4</td>
<td>8.1</td>
<td>8.8</td>
</tr>
</tbody>
</table>

Source: Age UK/ University of Exeter Medical School/ NHS National Institute for Health Research

---

259 Calculations based on ONS population estimates for mid-2014. Because the oldest age category given in the population estimates is aged 90 and over, an average of the prevalence rates for the oldest three age categories in the table has been used for all those aged 90 and over.


261 Calculations based on ONS population estimates for mid-2014

Direct extrapolations from these estimates to Oxfordshire give a total figure of around 10,900. However, this does not take account of local differences in prevalence rates that may exist.

**Asthma**

The table below shows estimated prevalence rates for asthma among men and women aged 60 and over in England.

Figure 103: Prevalence of asthma among people aged 60 and over in England (%) by age and sex, with confidence intervals

<table>
<thead>
<tr>
<th>Age band</th>
<th>Male (95%)</th>
<th>Female (95%)</th>
<th>Total (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>10.0</td>
<td>13.2</td>
<td>11.7</td>
</tr>
<tr>
<td>65-69</td>
<td>10.8</td>
<td>13.2</td>
<td>11.7</td>
</tr>
<tr>
<td>70-74</td>
<td>10.6</td>
<td>13.2</td>
<td>11.7</td>
</tr>
<tr>
<td>75-79</td>
<td>11.6</td>
<td>14.6</td>
<td>12.2</td>
</tr>
<tr>
<td>80-84</td>
<td>11.4</td>
<td>14.4</td>
<td>13.1</td>
</tr>
<tr>
<td>85-89</td>
<td>11.6</td>
<td>13.2</td>
<td>12.8</td>
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<tr>
<td>90-94</td>
<td>10.9</td>
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<td>11.6</td>
</tr>
<tr>
<td>95-99</td>
<td>9.8</td>
<td>10.4</td>
<td>10.3</td>
</tr>
<tr>
<td>100+</td>
<td>9.3</td>
<td>8.5</td>
<td>8.7</td>
</tr>
<tr>
<td>Total</td>
<td>10.6</td>
<td>13.6</td>
<td>12.2</td>
</tr>
</tbody>
</table>

Source: Age UK/ University of Exeter Medical School/ NHS National Institute for Health Research

**Arthritis**

The table below shows rates of arthritis diagnosis among men and women aged 50 and over in England in 2012/13. This shows that arthritis is more common among older women than older men.

Figure 104: Diagnosed arthritis among people aged 50 and over in England (%) by age and sex (2012-13)

<table>
<thead>
<tr>
<th>Age band</th>
<th>Men (95%)</th>
<th>Women (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>50-54</td>
<td>10.1</td>
<td>19.7</td>
</tr>
<tr>
<td>55-59</td>
<td>23.3</td>
<td>34.4</td>
</tr>
<tr>
<td>60-64</td>
<td>29.9</td>
<td>44.5</td>
</tr>
<tr>
<td>65-69</td>
<td>37.2</td>
<td>53.7</td>
</tr>
<tr>
<td>70-74</td>
<td>42.5</td>
<td>54.5</td>
</tr>
<tr>
<td>75-79</td>
<td>45.2</td>
<td>61.7</td>
</tr>
<tr>
<td>80+</td>
<td>49.9</td>
<td>67.2</td>
</tr>
<tr>
<td>All</td>
<td>30.9</td>
<td>45.9</td>
</tr>
</tbody>
</table>

Source: English Longitudinal Study of Ageing, Wave 6

A direct extrapolation of these rates to Oxfordshire would suggest that there could be around 36,800 people aged 65 and over with diagnosed arthritis. However, this does not take account of local differences in diagnosis rates that may exist.

---

263 Calculations based on ONS population estimates for mid-2014. Because the oldest age category given in the population estimates is aged 90 and over, an average of the prevalence rates for the oldest three age categories in the table has been used for all those aged 90 and over.


266 Calculations based on ONS population estimates for mid-2014
Direct extrapolations from these estimates to Oxfordshire give a total figure of around **14,400**. However, this does not take account of local differences in prevalence rates that may exist.

**Osteoarthritis**

The table below shows estimated prevalence rates for osteoarthritis among men and women aged 60 and over in England. This shows that osteoarthritis is more common among older women than older men.

Figure 105: Prevalence of osteoarthritis among people aged 60 and over in England (%) by age and sex, with confidence intervals

<table>
<thead>
<tr>
<th>Age</th>
<th>Male CL- (95%)</th>
<th>Male CL+ (95%)</th>
<th>Female CL- (95%)</th>
<th>Female CL+ (95%)</th>
<th>Total CL- (95%)</th>
<th>Total CL+ (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>13.3</td>
<td>12.5</td>
<td>14.0</td>
<td>20.8</td>
<td>19.9</td>
<td>21.5</td>
</tr>
<tr>
<td>65-69</td>
<td>16.2</td>
<td>17.4</td>
<td>19.0</td>
<td>26.6</td>
<td>25.7</td>
<td>27.5</td>
</tr>
<tr>
<td>70-74</td>
<td>23.3</td>
<td>22.4</td>
<td>24.3</td>
<td>32.0</td>
<td>30.9</td>
<td>33.0</td>
</tr>
<tr>
<td>75-79</td>
<td>27.9</td>
<td>26.8</td>
<td>29.0</td>
<td>37.6</td>
<td>36.3</td>
<td>38.8</td>
</tr>
<tr>
<td>80-84</td>
<td>31.1</td>
<td>29.9</td>
<td>32.3</td>
<td>40.7</td>
<td>39.5</td>
<td>41.9</td>
</tr>
<tr>
<td>85-89</td>
<td>32.1</td>
<td>30.8</td>
<td>33.5</td>
<td>41.1</td>
<td>39.7</td>
<td>42.5</td>
</tr>
<tr>
<td>90-94</td>
<td>33.1</td>
<td>31.4</td>
<td>34.9</td>
<td>40.2</td>
<td>36.8</td>
<td>41.6</td>
</tr>
<tr>
<td>95-99</td>
<td>31.9</td>
<td>29.0</td>
<td>34.9</td>
<td>36.1</td>
<td>34.2</td>
<td>38.1</td>
</tr>
<tr>
<td>100+</td>
<td>29.3</td>
<td>22.9</td>
<td>36.0</td>
<td>33.6</td>
<td>30.3</td>
<td>37.1</td>
</tr>
<tr>
<td>Total</td>
<td>21.5</td>
<td>20.7</td>
<td>22.4</td>
<td>31.1</td>
<td>30.1</td>
<td>32.1</td>
</tr>
</tbody>
</table>

Source: Age UK/ University of Exeter Medical School/ NHS National Institute for Health Research

Direct extrapolations from these estimates to Oxfordshire give a total figure of around **34,600**. However, this does not take account of local differences in prevalence rates that may exist.

**Osteoporosis**

The table below shows estimated prevalence rates for osteoporosis among men and women aged 60 and over in England. This shows that osteoporosis is more common among older women than older men.

---

267 Calculations based on ONS population estimates for mid-2014


269 Calculations based on ONS population estimates for mid-2014. Because the oldest age category given in the population estimates is aged 90 and over, an average of the prevalence rates for the oldest three age categories in the table has been used for all those aged 90 and over.

Figure 106: Prevalence of osteoperosis among people aged 60 and over in England (%) by age and sex, with confidence intervals

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Female</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Total</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>0.7</td>
<td>0.8</td>
<td>0.8</td>
<td>4.5</td>
<td>4.3</td>
<td>4.8</td>
<td>2.6</td>
<td>2.5</td>
<td>2.8</td>
</tr>
<tr>
<td>65-69</td>
<td>1.0</td>
<td>0.9</td>
<td>1.1</td>
<td>7.0</td>
<td>6.7</td>
<td>7.4</td>
<td>4.1</td>
<td>3.9</td>
<td>4.3</td>
</tr>
<tr>
<td>70-74</td>
<td>1.5</td>
<td>1.4</td>
<td>1.7</td>
<td>9.7</td>
<td>9.2</td>
<td>10.1</td>
<td>5.8</td>
<td>5.5</td>
<td>6.0</td>
</tr>
<tr>
<td>75-79</td>
<td>2.2</td>
<td>2.0</td>
<td>2.4</td>
<td>13.8</td>
<td>13.3</td>
<td>14.3</td>
<td>8.4</td>
<td>8.1</td>
<td>8.8</td>
</tr>
<tr>
<td>80-84</td>
<td>2.9</td>
<td>2.7</td>
<td>3.2</td>
<td>16.8</td>
<td>16.1</td>
<td>17.6</td>
<td>10.8</td>
<td>10.3</td>
<td>11.3</td>
</tr>
<tr>
<td>85-89</td>
<td>4.3</td>
<td>3.9</td>
<td>4.9</td>
<td>20.3</td>
<td>19.4</td>
<td>21.2</td>
<td>14.2</td>
<td>13.5</td>
<td>14.9</td>
</tr>
<tr>
<td>90-94</td>
<td>4.8</td>
<td>4.1</td>
<td>5.6</td>
<td>19.4</td>
<td>18.5</td>
<td>20.4</td>
<td>14.8</td>
<td>14.3</td>
<td>15.7</td>
</tr>
<tr>
<td>95-99</td>
<td>5.2</td>
<td>4.0</td>
<td>6.7</td>
<td>17.6</td>
<td>16.3</td>
<td>18.9</td>
<td>14.7</td>
<td>13.7</td>
<td>15.9</td>
</tr>
<tr>
<td>100+</td>
<td>4.7</td>
<td>2.2</td>
<td>9.4</td>
<td>14.8</td>
<td>12.6</td>
<td>17.4</td>
<td>13.2</td>
<td>11.2</td>
<td>15.4</td>
</tr>
</tbody>
</table>

Source: Age UK/ University of Exeter Medical School/ NHS National Institute for Health Research

Direct extrapolations from these estimates to Oxfordshire give a total figure of around 9,000. However, this does not take account of local differences in prevalence rates that may exist.

**Chronic Kidney Disease**

The table below shows estimated prevalence rates for chronic kidney disease (stages 3-5) among men and women aged 60 and over in England.

Figure 107: Prevalence of chronic kidney disease among people aged 60 and over in England (%) by age and sex, with confidence intervals

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Female</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Total</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>3.1</td>
<td>2.6</td>
<td>3.3</td>
<td>4.3</td>
<td>3.9</td>
<td>4.7</td>
<td>3.7</td>
<td>3.4</td>
<td>4.0</td>
</tr>
<tr>
<td>65-69</td>
<td>5.8</td>
<td>5.5</td>
<td>6.2</td>
<td>7.3</td>
<td>6.7</td>
<td>8.0</td>
<td>6.6</td>
<td>6.1</td>
<td>7.1</td>
</tr>
<tr>
<td>70-74</td>
<td>11.0</td>
<td>10.3</td>
<td>11.6</td>
<td>13.0</td>
<td>12.1</td>
<td>13.9</td>
<td>12</td>
<td>11.3</td>
<td>12.8</td>
</tr>
<tr>
<td>75-79</td>
<td>17.9</td>
<td>16.9</td>
<td>16.9</td>
<td>20.7</td>
<td>19.5</td>
<td>21.9</td>
<td>19.4</td>
<td>18.3</td>
<td>20.4</td>
</tr>
<tr>
<td>80-84</td>
<td>26.9</td>
<td>25.7</td>
<td>26.2</td>
<td>29.5</td>
<td>28.0</td>
<td>31.1</td>
<td>28.4</td>
<td>27.1</td>
<td>25.8</td>
</tr>
<tr>
<td>85-89</td>
<td>34.0</td>
<td>32.6</td>
<td>35.6</td>
<td>36.3</td>
<td>34.5</td>
<td>39.1</td>
<td>35.5</td>
<td>33.9</td>
<td>37.1</td>
</tr>
<tr>
<td>90-94</td>
<td>39.4</td>
<td>37.5</td>
<td>41.4</td>
<td>40.3</td>
<td>38.4</td>
<td>42.2</td>
<td>40</td>
<td>38.3</td>
<td>41.9</td>
</tr>
<tr>
<td>95-99</td>
<td>38.9</td>
<td>36.0</td>
<td>41.9</td>
<td>39.9</td>
<td>37.5</td>
<td>42.3</td>
<td>39.7</td>
<td>37.5</td>
<td>41.9</td>
</tr>
<tr>
<td>100+</td>
<td>36.0</td>
<td>28.4</td>
<td>44.4</td>
<td>37.6</td>
<td>34.0</td>
<td>41.4</td>
<td>37.3</td>
<td>34.0</td>
<td>40.7</td>
</tr>
</tbody>
</table>

Source: Age UK/ University of Exeter Medical School/ NHS National Institute for Health Research

---

271 Calculations based on ONS population estimates for mid-2014. Because the oldest age category given in the population estimates is aged 90 and over, an average of the prevalence rates for the oldest three age categories in the table has been used for all those aged 90 and over.

Direct extrapolations from these estimates to Oxfordshire give a total figure of around **19,800**. However, this does not take account of local differences in prevalence rates that may exist.

**Diabetes**
The table below shows rates of diabetes diagnosis among men and women aged 50 and over in England in 2012/13. This shows that diabetes is more common among older men than older women.

Figure 108: Diagnosed diabetes among people aged 50 and over in England (%) by age and sex (2012-13)

<table>
<thead>
<tr>
<th>Age band</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75-79</th>
<th>80+</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>4.0</td>
<td>10.8</td>
<td>13.3</td>
<td>15.1</td>
<td>18.9</td>
<td>19.3</td>
<td>16.3</td>
<td>12.8</td>
</tr>
<tr>
<td>Women</td>
<td>6.8</td>
<td>8.2</td>
<td>7.9</td>
<td>12.0</td>
<td>11.9</td>
<td>14.7</td>
<td>17.7</td>
<td>10.9</td>
</tr>
</tbody>
</table>

Source: English Longitudinal Study of Ageing, Wave 6

A direct extrapolation of these rates to Oxfordshire would suggest that there could be around **17,900** people aged 65 and over with a diabetes diagnosis. However, this does not take account of local differences in diagnosis rates that may exist.

Separate estimates of the prevalence of diabetes among men and women aged 60 and over in England are shown in the table below. Again, these show that diabetes is more common among older men than older women.

Figure 109: Prevalence of diabetes among people aged 60 and over in England (%) by age and sex, with confidence intervals

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Female</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Total</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>13.0</td>
<td>12.5</td>
<td>13.5</td>
<td>8.3</td>
<td>7.8</td>
<td>8.7</td>
<td>10.6</td>
<td>10.2</td>
<td>11.1</td>
</tr>
<tr>
<td>65-69</td>
<td>15.5</td>
<td>15.0</td>
<td>16.0</td>
<td>10.3</td>
<td>9.8</td>
<td>10.7</td>
<td>12.9</td>
<td>12.4</td>
<td>13.3</td>
</tr>
<tr>
<td>70-74</td>
<td>19.6</td>
<td>18.0</td>
<td>19.2</td>
<td>12.6</td>
<td>12.3</td>
<td>13.4</td>
<td>15.6</td>
<td>15.1</td>
<td>16.1</td>
</tr>
<tr>
<td>75-79</td>
<td>21.8</td>
<td>21.2</td>
<td>22.5</td>
<td>16.3</td>
<td>15.7</td>
<td>16.9</td>
<td>16.9</td>
<td>16.4</td>
<td>19.5</td>
</tr>
<tr>
<td>80-84</td>
<td>22.1</td>
<td>21.4</td>
<td>22.7</td>
<td>17.1</td>
<td>16.5</td>
<td>17.7</td>
<td>19.3</td>
<td>18.7</td>
<td>19.8</td>
</tr>
<tr>
<td>85-89</td>
<td>20.7</td>
<td>19.9</td>
<td>21.5</td>
<td>16.1</td>
<td>15.5</td>
<td>16.8</td>
<td>17.9</td>
<td>17.4</td>
<td>18.5</td>
</tr>
<tr>
<td>90-94</td>
<td>17.5</td>
<td>16.6</td>
<td>18.4</td>
<td>13.7</td>
<td>13.9</td>
<td>14.3</td>
<td>14.9</td>
<td>14.3</td>
<td>15.5</td>
</tr>
<tr>
<td>95-99</td>
<td>14.5</td>
<td>12.6</td>
<td>16.5</td>
<td>11.2</td>
<td>10.1</td>
<td>12.4</td>
<td>12</td>
<td>11.1</td>
<td>13</td>
</tr>
<tr>
<td>100+</td>
<td>10.0</td>
<td>6.0</td>
<td>16.3</td>
<td>9.9</td>
<td>7.9</td>
<td>12.2</td>
<td>9.9</td>
<td>8.2</td>
<td>11.9</td>
</tr>
</tbody>
</table>

**Figures and Sources:**

- Calculations based on ONS population estimates for mid-2014. Because the oldest age category given in the population estimates is aged 90 and over, an average of the prevalence rates for the oldest three age categories in the table has been used for all those aged 90 and over.
Direct extrapolations from these estimates to Oxfordshire give a total figure of around **18,500**. However, this does not take account of local differences in prevalence rates that may exist.

The table below shows another set of estimated prevalence rates for diabetes among men and women aged 65 and over in England.

**Figure 110: Diabetes among people aged 65 and over in England (%) by age and sex (2014)**

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74</td>
<td>15.1%</td>
<td>11.1%</td>
</tr>
<tr>
<td>75+</td>
<td>17.2%</td>
<td>13.8%</td>
</tr>
</tbody>
</table>

Source: Health Survey for England

Direct extrapolations from these estimates to Oxfordshire give a total figure of around **16,200**. However, this does not take account of local differences in prevalence rates that may exist.

**Cancer**

The table below shows rates of cancer diagnosis among men and women aged 50 and over in England in 2012/13. This shows that cancer is more common among older women than older men.

**Figure 111: Diagnosed cancer among people aged 50 and over in England (%) by age and sex (2012-13)**

<table>
<thead>
<tr>
<th>Age band</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75-79</th>
<th>80+</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>3.1</td>
<td>4.3</td>
<td>4.9</td>
<td>10.2</td>
<td>12.8</td>
<td>18.3</td>
<td>18.4</td>
<td>8.7</td>
</tr>
<tr>
<td>Women</td>
<td>5.0</td>
<td>9.4</td>
<td>9.3</td>
<td>13.2</td>
<td>14.3</td>
<td>13.4</td>
<td>14.7</td>
<td>10.9</td>
</tr>
</tbody>
</table>

Source: English Longitudinal Study of Ageing, Wave 6

A direct extrapolation of national rates to Oxfordshire would suggest that there could be around **16,300** people aged 65 and over with a cancer diagnosis. However, this does not take account of local differences in diagnosis rates that may exist. Given that Oxfordshire tends to have higher than average rates of cancer diagnosis, the number could in fact be higher.

**Depression**

A national study of men and women aged 50 and over in England found the following rates of diagnosed depression, which are higher among older women than older men.

Calculations based on ONS population estimates for mid-2014. Because the oldest age category given in the population estimates is aged 90 and over, an average of the prevalence rates for the oldest three age categories in the table has been used for all those aged 90 and over.


Calculations based on ONS population estimates for mid-2014.

Calculations based on ONS population estimates for 2014.


Calculations based on ONS population estimates for mid-2014

A direct extrapolation of these rates to Oxfordshire would suggest that there could be around 10,600 people aged 65 and over with a diagnosis of depression. However, this does not take account of local differences in diagnosis rates that may exist.

Separate estimates of the prevalence of depression among men and women aged 60 and over in England are shown in the table below. Again, these show that depression is more common among older women than older men.

### Table: Prevalence of depression among people aged 60 and over in England (%) by age and sex, with confidence intervals

<table>
<thead>
<tr>
<th>Age band</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75-79</th>
<th>80+</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>9.1</td>
<td>10.1</td>
<td>12.7</td>
<td>10.2</td>
<td>8.8</td>
<td>5.8</td>
<td>3.6</td>
<td>9.2</td>
</tr>
<tr>
<td>Women</td>
<td>10.7</td>
<td>15.6</td>
<td>15.4</td>
<td>16.4</td>
<td>12.5</td>
<td>7.6</td>
<td>5.7</td>
<td>12.4</td>
</tr>
</tbody>
</table>

Source: English Longitudinal Study of Ageing, Wave 6

Direct extrapolations from these estimates to Oxfordshire give a total figure of around 22,700. However, this does not take account of local differences in prevalence rates that may exist.

### Severe Mental Health Conditions

The table below shows estimated prevalence rates for severe mental health conditions among men and women aged 60 and over in England.

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>16.9</td>
<td>27.6</td>
<td>22.3</td>
</tr>
<tr>
<td>65-69</td>
<td>15.0</td>
<td>25.5</td>
<td>20.9</td>
</tr>
<tr>
<td>70-74</td>
<td>14.5</td>
<td>23.5</td>
<td>19.2</td>
</tr>
<tr>
<td>75-79</td>
<td>13.6</td>
<td>22.2</td>
<td>18.3</td>
</tr>
<tr>
<td>80-84</td>
<td>12.7</td>
<td>21.6</td>
<td>17.8</td>
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<td>90-94</td>
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<tr>
<td>95-99</td>
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<tr>
<td>100+</td>
<td>12.7</td>
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<tr>
<td>Total</td>
<td>15.1</td>
<td>23.5</td>
<td>20.9</td>
</tr>
</tbody>
</table>

Source: Age UK/ University of Exeter Medical School/ NHS National Institute for Health Research

283 Calculations based on ONS population estimates for mid-2014


285 Calculations based on ONS population estimates for mid-2014. Because the oldest age category given in the population estimates is aged 90 and over, an average of the prevalence rates for the oldest three age categories in the table has been used for all those aged 90 and over.

Figure 114: Prevalence of severe mental health conditions among people aged 60 and over in England (%) by age and sex, with confidence intervals

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Female</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Total</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
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<tbody>
<tr>
<td>60-64</td>
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<td>1.5</td>
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<td>65-69</td>
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<td>2.3</td>
<td>1.8</td>
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<td>1.9</td>
<td>1.7</td>
<td>2.2</td>
<td>1.7</td>
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<tr>
<td>80-84</td>
<td>1.2</td>
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<tr>
<td>90-94</td>
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<td>1.5</td>
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<td>2.6</td>
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<td>0.0</td>
<td>0.0</td>
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<td>1.3</td>
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<td>2.3</td>
<td>1.8</td>
<td>1.7</td>
<td>2.1</td>
</tr>
</tbody>
</table>

Source: Age UK/ University of Exeter Medical School/ NHS National Institute for Health Research

Direct extrapolations from these estimates to Oxfordshire give a total figure of around 2,100. However, this does not take account of local differences in prevalence rates that may exist.

**Falls and Fractures**

**Falls**

The table below shows estimated rates of falls over the previous five years, among men and women aged 60 and over in England. This shows that falls are more common among older women than older men.

Figure 115: Falls over the previous five years among people aged 60 and over in England (%) by age and sex, with confidence intervals

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Female</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Total</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
<td>3.7</td>
<td>3.4</td>
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<td>65-69</td>
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<td>11.2</td>
<td>8.6</td>
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<td>9.1</td>
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<tr>
<td>75-79</td>
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<td>10.1</td>
<td>11.6</td>
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<td>14.6</td>
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<tr>
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<td>90-94</td>
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<td>9.0</td>
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<td>14.9</td>
<td>12.2</td>
<td>11.7</td>
<td>12.7</td>
</tr>
</tbody>
</table>

Source: Age UK/ University of Exeter Medical School/ NHS National Institute for Health Research

---

287 Calculations based on ONS population estimates for mid-2014. Because the oldest age category given in the population estimates is aged 90 and over, an average of the prevalence rates for the oldest three age categories in the table has been used for all those aged 90 and over.

Direct extrapolations from these estimates to Oxfordshire give a total figure of around **15,900**. However, this does not take account of local differences in prevalence rates that may exist.

**Fractures**

The table below shows estimated rates of fractures over the previous five years, among men and women aged 60 and over in England. This shows that fractures are more common among older women than older men.

<table>
<thead>
<tr>
<th>Age band</th>
<th>Male</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Female</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
<th>Total</th>
<th>CL- (95%)</th>
<th>CL+ (95%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>60-64</td>
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<td>5.6</td>
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<td>3.8</td>
<td>3.9</td>
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<td>65-69</td>
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<td>5.9</td>
<td>6.4</td>
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<td>4.1</td>
<td>4.4</td>
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<tr>
<td>70-74</td>
<td>2.7</td>
<td>2.5</td>
<td>2.9</td>
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<td>7.1</td>
<td>7.7</td>
<td>5.1</td>
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<tr>
<td>75-79</td>
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<td>3.4</td>
<td>9.6</td>
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<td>10.0</td>
<td>6.6</td>
<td>6.4</td>
<td>6.9</td>
</tr>
<tr>
<td>80-84</td>
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<td>9.2</td>
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<tr>
<td>85-89</td>
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<td>5.0</td>
<td>6.6</td>
<td>17.3</td>
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<td>13.1</td>
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<tr>
<td>95-99</td>
<td>11.9</td>
<td>10.1</td>
<td>14.0</td>
<td>23.0</td>
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<td>24.5</td>
<td>20.3</td>
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<td>21.6</td>
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<tr>
<td>100+</td>
<td>8.7</td>
<td>5.1</td>
<td>14.4</td>
<td>23.1</td>
<td>20.3</td>
<td>28.2</td>
<td>20.9</td>
<td>18.4</td>
<td>23.7</td>
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<tr>
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<td>3.1</td>
<td>2.9</td>
<td>3.2</td>
<td>9.0</td>
<td>8.8</td>
<td>9.3</td>
<td>6.4</td>
<td>6.3</td>
<td>6.6</td>
</tr>
</tbody>
</table>

Source: Age UK/ University of Exeter Medical School/ NHS National Institute for Health Research

Direct extrapolations from these estimates to Oxfordshire give a total figure of around **8,100**. However, this does not take account of local differences in prevalence rates that may exist.

**Lifestyles**

**Smoking**

Research into people aged 50 and over in England found that the proportion of current smokers declined with age.

<table>
<thead>
<tr>
<th>Age band</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75-79</th>
<th>80+</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>21.5</td>
<td>19.0</td>
<td>15.1</td>
<td>12.9</td>
<td>11.1</td>
<td>8.7</td>
<td>3.2</td>
<td>14.4</td>
</tr>
<tr>
<td>Women</td>
<td>19.6</td>
<td>18.5</td>
<td>16.6</td>
<td>11.6</td>
<td>10.4</td>
<td>8.9</td>
<td>6.3</td>
<td>13.8</td>
</tr>
</tbody>
</table>

Source: English Longitudinal Study of Ageing, Wave 6

---

289 Calculations based on ONS population estimates for mid-2014. Because the oldest age category given in the population estimates is aged 90 and over, an average of the prevalence rates for the oldest three age categories in the table has been used for all those aged 90 and over.


291 Calculations based on ONS population estimates for mid-2014. Because the oldest age category given in the population estimates is aged 90 and over, an average of the prevalence rates for the oldest three age categories in the table has been used for all those aged 90 and over.

A direct extrapolation of these rates to Oxfordshire would suggest that there could be around 10,700 people aged 65 and over who smoke. However, this does not take account of local differences in diagnosis rates that may exist.

The table below presents data from a separate national study.

Figure 118: Current smokers aged 65 and over in England (%) by age and sex (2014)

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74</td>
<td>13%</td>
<td>12%</td>
</tr>
<tr>
<td>75+</td>
<td>5%</td>
<td>5%</td>
</tr>
</tbody>
</table>

Source: Health Survey for England

A direct extrapolation of these rates to Oxfordshire would suggest that there could be around 10,600 people aged 65 and over who smoke. Again, this does not take account of local differences in diagnosis rates that may exist.

Physical Activity

National research on the proportion of people aged 50 and over who are physically inactive shows the following:

Figure 119: Physically inactive people aged 50 and over in England (%) by age and sex (2012-13)

<table>
<thead>
<tr>
<th>Age band</th>
<th>50-54</th>
<th>55-59</th>
<th>60-64</th>
<th>65-69</th>
<th>70-74</th>
<th>75-79</th>
<th>80+</th>
<th>All</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men</td>
<td>16.5</td>
<td>22.9</td>
<td>22.6</td>
<td>27.7</td>
<td>31.2</td>
<td>33.0</td>
<td>55.3</td>
<td>27.5</td>
</tr>
<tr>
<td>Women</td>
<td>25.0</td>
<td>29.9</td>
<td>29.1</td>
<td>30.3</td>
<td>37.2</td>
<td>48.7</td>
<td>71.3</td>
<td>37.5</td>
</tr>
</tbody>
</table>

Source: English Longitudinal Study of Ageing, Wave 6

A direct extrapolation of these rates to Oxfordshire would suggest that there could be around 49,100 people aged 65 and over who are physically inactive. However, this does not take account of local differences in diagnosis rates that may exist.

Estimates from a separate study are set out in the table below.

Figure 120: Proportions of people aged 65 and over in England with low activity levels (%) by age and sex (2012)

<table>
<thead>
<tr>
<th>Age</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>65-74</td>
<td>39%</td>
<td>40%</td>
</tr>
<tr>
<td>75+</td>
<td>60%</td>
<td>79%</td>
</tr>
</tbody>
</table>

Source: Health Survey for England

A direct extrapolation of these rates to Oxfordshire would suggest that there could be around 62,500 people aged 65 and over who have low levels of activity. Again, this does not take account of local differences in diagnosis rates that may exist.

Nutrition

National research on the proportion of people aged 50 and over eating fewer than five portions of fruit and vegetable per day shows the following:

293 Calculations based on ONS population estimates for mid-2014
294 Calculations based on ONS population estimates for mid-2014
296 Calculations based on ONS population estimates for mid-2014
297 Calculations based on ONS population estimates for mid-2014.
A direct extrapolation of these rates to Oxfordshire would suggest that there could be around 49,200 people aged 65 and over who eat less than the recommended daily portions of fruit and vegetables.

However, this does not take account of local differences in diagnosis rates that may exist.

Separate, higher estimates, from another national survey are shown in the table below.

A direct extrapolation of these rates to Oxfordshire would suggest that there could be around 81,600 people aged 65 and over who eat fewer than five portions of fruit and vegetables per day.

Again, this does not take account of local differences in diagnosis rates that may exist.

---

299 Calculations based on ONS population estimates for mid-2014
300 Calculations based on ONS population estimates for mid-2014.
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