

## **Appendix 3**

# **Report on engagement to inform the development of an Older People's Strategy for Oxfordshire 2019 – 2024**

**Final**

**26 October 2018**



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# **1. Purpose and background**

## **1.1 Purpose**

Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG) are developing a new joint Older People's Strategy for Oxfordshire. The previous strategy ended in 2016, so this new strategy will set out how we will empower and support people to live fulfilling lives as they grow older.

The purpose of this report is to outline the process and findings of the engagement activity to inform the development of the new strategy.

## **1.2 Background**

Over the last few years we have heard from many people and organisations across Oxfordshire about what matters to them in their later years. The main issues voiced included; loneliness and isolation; transport and access to services; communication between health professionals; ways of working between health and social care and waiting times to see health professionals.

Before developing the new strategy and to make sure it meets people's priorities, we wanted to provide another opportunity to find out whether these issues are still relevant and what might have changed.

# **2. Process and methods**

A period of engagement was undertaken between 26 July and 3 September 2018.

There were three main methods of engagement:

- A questionnaire (Appendix 1) was designed and tested with older people. It was available on the CCG's online consultation and engagement tool Talking Health and was signposted from OCC's website.
- Printed copies were offered and distributed on request.
- The survey questions were discussed at stakeholder meetings.

People also had the opportunity to give direct feedback via email, letter or phone. A freepost address was available.

The survey and an offer to meet with any interested groups were promoted to a range of public, voluntary and community organisations (Appendix 2).

### 3. Number and profile of respondents

#### 3.1 Number of responses

- 262 responses were received on the online survey<sup>1</sup>.
- 42 paper copies were received. These were uploaded to the online portal and the findings are incorporated into the online analysis.
- Twelve voluntary and community groups were visited (Appendix 3).
- There were several written responses (Appendix 3).

#### 3.2 Respondent profile

##### 3.2.1 Survey

The survey responses were from across the county and included carers, men, women and people with disabilities. However, comparing the responses to population data, there was an underrepresentation from men, people with disabilities, carers and those from minority ethnic groups. There was an overrepresentation of responses from women and from people over 65<sup>2</sup>.

Appendix 4 provides graphs showing the demographic breakdown of survey responses.

**Geographical spread:** The 304 responses were spread across the county, including areas of deprivation. There were eight out of county responses from neighbouring local authorities and two from further afield. These were included in the analysis as they were likely to be using or have an interest in Oxfordshire services. The out of county responses included several voluntary organisations.

**Respondent type:** 67% of respondents identified themselves as members of the public, 7.5% said they were carers, 10.5% were from voluntary organisations (see Appendix 4).. The other responses included a GP, councillors, OCC and NHS staff. 13.4% did not identify themselves.

**Age:** 60% of respondents were aged 65 and over, and 85% over 55.

**Ethnicity:** 87% of respondents identified themselves as White British and 1.3% respondents identified themselves as belonging to a minority ethnic group. 9.2% respondents did not provide this information.

**Gender:** 61% of respondents were women compared with 33% men and 4.6% who did not provide this information.

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<sup>1</sup> As not everyone answered all the questions, the numbers responding to each question are shown in Appendix 1.

<sup>2</sup> Ref Oxfordshire JSNA data

**Disability status:** 18% of respondents identified themselves as having a disability. 10% did not provide this information.

## 4. Analysis

A qualitative approach to data collection was chosen for this engagement activity so that participants had an opportunity to raise a wide range of issues without the constraint of pre-determined categories. This resulted in a large amount of free text for analysis.

There was significant overlap in the answers people gave to each question, therefore the responses to all the questions were analysed together. We explored both the number of individuals who mentioned a theme and the number of times overall it was mentioned, thereby providing an indication of prevalence and intensity.

The meetings with community groups were written up by the facilitator. This feedback was analysed alongside the survey feedback.

The analysis was undertaken by four members of OCC and OCCG staff in order to ensure cross checking took place and that there was a robustness to the findings. The data was sorted into themes and subthemes which were gradually reduced to four high-level areas.

## 5. Findings

Four key areas emerged:

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

The findings can be seen in the context of:

- There was a good response to the survey with responses from a wide variety of people.
- 86% of the responses were made online. As it is known<sup>3</sup> that older people are less likely to access the internet, it is likely that most of these responses were from the “younger” over 65s.
- The survey demographic data revealed that the responses were not fully representative of Oxfordshire’s population. There was low response from several minority and seldom heard groups.

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<sup>3</sup> Ref Oxfordshire JSNA data

- The group visits broadened the feedback, ensuring harder to reach people were heard, e.g. carers and physical and learning disability groups.
- The themes cannot be seen in isolation from each other and are often overlapping, having consequential impacts on each other.
- Where people provided very specific feedback this has been shared with the colleagues working directly on this strategy.

## 5.1 Loneliness and isolation

Loneliness and isolation were key concerns for people as they become older and resulted in some of the most moving and heartfelt quotes: *“Loneliness is a killer”*

People are dealing with changing relationships when friends or a spouse die. Children living abroad or a long distance away was also mentioned. It was interesting that the use of Skype, phone or email did not feature highly in the responses, suggesting that older people may not be using technology to communicate or that it is the physical connection that is particularly valued.

Taking part in activities and getting out and about alleviated isolation. However, as people become older, less mobile or have long term conditions, support is needed to access activities, thereby ensuring continued social interaction. (e.g. people to take them to places or day centres)

Carers are known to be at risk of loneliness and the feedback reflected this: *“When looking after a person with dementia, the loneliness can become chronic.”*

A strong message emerging out of the group discussions was the importance of linking up with other people going through similar experiences, support and understanding from others being a “lifeline”: The need for accessible, free venues and support for running groups was mentioned.

People valued organisations and resources such as Community Information Network, Community First Oxfordshire and OCVA which provide information about activities in their area. However, concerns were raised about the lack of resources for these organisations and their ability to cope with demand.

Changes to day centres were of concern: *“Outdoor places (many day centres have closed) where they can have a social life and people can see how they are coping by being with them.”*

*“The WI<sup>4</sup> has recently looked in to the matter of loneliness, we found plenty of opportunities for those who will or are able to leave their home to join in. Lonely people usually have the added problem of not being able to get out and about; this may be a mental, physical or transport issue.”*

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<sup>4</sup> Women’s Institute



## 5.2 Staying healthy and active

The importance and value of keeping active and staying healthy were strong themes. Reference to some description of activity was mentioned more times than any other topic in the survey and by over two thirds of respondents.

To stay healthy and active, people said they needed to be able to access appropriate healthcare. People felt primary care should provide better information and signposting. There were concerns about waiting times for a medical appointment with nearly half of respondents raising this issue.

Keeping active linked closely to remaining socially connected and avoiding loneliness. People also said they wanted to keep contributing and having a purpose e.g. through voluntary work. *“To still feel wanted and part of the world is vital to keep people well in old age”*. Mental stimulation was as important as physical activity and people said cross-generational activities were beneficial.

Staying healthy and active was also seen as fundamental to the ability to remain independent. A strong message emerged of people wanting access to a wide variety of affordable, local groups and activities. These included interest groups (e.g. dancing), support groups (e.g. carers or visually impaired groups), day centres etc. People recognised the need for support so they could keep doing every day activities such as shopping or going to the bank and for one-off activities such as every day outings.

*“Make a range of physical activities more available to older people. Even if subsidised, encouragement to dance, walk, swim etc, would prove cost effective in improving mental health outcomes and above all reducing the number of falls older people are prone to.”*

*“Make sure physical activity options are ageless and cater for all physical and mental abilities”.*

Several people recognised the link between not doing any sort of activity and then realising that they had become lonely and isolated. Other people thought that general ill health was a contributing factor to being less active and that it was a struggle to get back to the activity levels one had before a downturn in their health. Support was also needed to manage a long-term condition and to keep mobile.

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

Other people cited a lack of opportunity due to where they live, or being able to afford the gym membership or social club fees as being contributory factors, while other people thought there was an issue with lack of appropriate activities on offer. There needs to be low cost, easily accessible venues for meet-ups and public bodies were encouraged to make venues available free of charge (e.g. for dementia support groups).

There was a recognition that those people who had been active and socially well connected all their lives were more likely to continue in this manner through older age. However, for someone who had never participated in clubs or activities or community groups, to start making this part of their life was more challenging.

People also want information on healthy living and lifestyle choices. A few people mentioned that if they had known the importance of having a healthy diet for a better old age, then they might have been persuaded to do something about their eating habits in their 30s, 40s and 50s. This is also linked to people who want more information about preventing ill health in later years by making good lifestyle choices earlier in their lives.

### **5.3 Access to services**

Access to services and transport emerged as strong themes from the survey and discussions. Some people reiterated one or both issues in responses to more than one question, suggesting how important it is to people.

This emphasis indicates that people think it is vital to physically access services, activities as well as the local and wider community. As mobility decreases, there is increasing need for public transport and the support to access it. Losing the ability to drive emerged as a key worry for many people in rural areas. People want to be able to get out and about and continue to do so for as long as possible.

*“I am old (74) but am also relatively fit and healthy. If I had to stop driving for any reason, then my life would descend into loneliness as transport facilities are good in Oxford but sketchy to other areas”.*

This quote reveals how other key themes link with access to services, particularly “loneliness and isolation” and “staying healthy and active”. Access also closely aligns to the availability (or lack) of local amenities and a supportive community. Access and the need for transport therefore depended to some extent on what was available locally and what support people had to get places. It was noted that awareness of what was available was essential as it is not possible to access things if they do not know about it.

The strongest message within this theme was the importance of access to healthcare. Some individuals said that lack of easy access resulted in medical problems not being addressed until they were urgent, by default causing more demand on services.

People mentioned the need for accessing multiple sources of care need as they got older, from GPs, to different hospital sites, pharmacies, social care, in addition to support groups. Navigating and accessing a complex system often fell on family carers, who may be elderly or infirm themselves. People wanted support so they could fully access what they needed and were entitled to.

Another message was the need for increased bus services or other, affordable transport options, especially in rural areas. However, moving areas for better transport would potentially mean losing touch with a much valued local community which people valued.

*“Sadly, I will have to move if I cannot drive as there is no transport in my village. Hence isolation becomes an issue”.*

People suggested a range of ways in which things could be improved including: reinstating dial-a-ride; free bus passes for those over 60 (although some thought that this should be means tested); improved bus stops to make them more accessible for those with mobility issues and closer to shops; easier bus routes through Oxford reducing the need for two buses to get to hospitals; cheaper parking.

Access to technology was voiced as a key barrier for many of those who attended the groups. People said that there was an assumption that they could access information and services through the internet. However, most people at the carer and disability groups did not use the internet and believed that this resulted in them being excluded.

#### **5.4 Planning / Lifestyle**

Planning for old age, people’s lifestyles and personal responsibility was a strong emerging theme. Like much of the other feedback received, preparing for old age varies considerably, based on people’s life experiences and personal circumstances.

What came through was the impact of significant life transitions that older people experience as their circumstances and health conditions change. Therefore, there is a need for people to regularly tap into new services and to access different support so they are able to adapt well. Another message was also people’s strong desire to take control of their lives where they could.

Given the level of transition and change experienced in older age, people felt there was a need for better coordination to navigate the range of support and opportunities from the health, social care and community sectors. People said that a one-stop shop or care navigators would facilitate access to what they needed, helping them to adapt and continue to live full lives.

*“I wish there had been a guide telling us what to expect.”*

It was evident from the discussions and survey that many people are anxious about being able to manage financially. People wanted good information and advice on a range of aspects of financial matters including; financial planning; pensions; the cost of care; how to manage when money is short; low cost activities.

There was also a message about prevention and personal responsibility. People felt that keeping well and or managing a condition was not solely the responsibility of services but individuals also had a role to play. However, the right support and information to prevent ill health was also needed.

*“An increase in focus on 'prevention' to address lifestyle issues which contribute to cancer, cardiovascular disease and diabetes BEFORE people reach 'old age'”*

People said that they do not feel they have the knowledge and confidence to make informed choices. Some people said they learned from other people too late, as to what information is available that would have helped.

*Preparing for retirement days should be compulsory for all those it applies to. Some companies and organisations already run these but generally focus on financial planning and not on physical and mental wellbeing. Retirement events should include how people can avoid isolation and being lonely by showing volunteer groups / clubs and hobby groups available in their area’*

Overall, a range of factors emerged that contribute to people’s ability to plan for older age and have fulfilling and secure lives. Many of these have been highlighted in the other parts of this report, and include:

- 
- Having secure finances
- Remaining independent
- Appropriate housing, include adaptations or moving, affordable heating
- Living healthily when you are younger
- Prevention – attending health screening and health checks
- Participating in medicine reviews
- Self-care - information on managing long term conditions
- Preparing for end of life, including advance directives

## **5.5 Other key messages**

A range of other issues emerged which interweave through the main themes:

- **Housing and infrastructure** – there was a strong message about people wanting to remain in their own home for as long as possible. This linked closely with the value attached to people’s local community. Staying at home in appropriate accommodation reflected the desire to keep independent. There was a recognition that housing needed to be adapted at an early stage so people could remain in their homes.
- **Local communities** – the importance of local communities was stressed with the word “local” being mentioned by nearly half of individuals who responded to the survey. People valued the support offered by local communities and the opportunities for contributing and participating. Staying independent and socially connected was associated with a supportive local community.
- **Information** – people emphasised the importance of clear information and to know where to get it. They wanted information about services, activities, healthy eating, end of life care, Good Neighbour Schemes, keeping warm, carer’s allowance, and transport. People want reliable information in a range of formats such as face to face advice or a ‘one stop shop’ at appropriate points in their lives. They want accessible formats, plain English, and no jargon.

- **Support** – this was mentioned more than any other topic in the survey. As well as the messages already explored earlier in this report, people talked about the need for a network of support in order to live well for longer. This came in the form of family and friends, community, health services, support groups. There was also the need for help with practical everyday jobs to stay independent such as the garden, changing light bulbs.
- **Communication** – people wanted to know that there was joined up communication between different professionals and organisations. This echoes messages from previous engagement work regarding the need for joined up working and clear, compassionate communication from professionals.

## 6. Next steps

This work to inform the development of the strategy has revealed that many issues that we have heard over the years are still relevant. It also highlighted the range of people's circumstances and the need for a personalised approach to supporting people as they grow older. The discussions with the disability and carer groups showed that some of the issues were particularly significant, e.g. accessible transport, local amenities and support groups.

The volume of responses both from individuals and groups indicates the high level of interest and the strong desire to be involved and to influence this area of work. It is recognised that some minority groups have not been widely involved in the engagement so far, particularly black and minority ethnic communities. To ensure that these and other hard to reach voices are heard, there will be targeted engagement work during the public consultation to enable greater participation.

This report will be presented to Oxfordshire's Health and Wellbeing Board at their meeting on 15 November 2018. It will be discussed and the findings used in developing the new Older People's Strategy for Oxfordshire. Once the strategy is developed it will be disseminated for public consultation.

## Appendix 1 – Questionnaire

**Question 1:** *Over the last few years we have already spoken to many people across Oxfordshire. The main issues they raised include:*

- *Transport and access to services*
- *Communication between health professionals*
- *Improved ways of working between health and social care*
- *Waiting times to see health professionals*
- *Housing growth and population growth*
- *Loneliness and isolation*

*We want to know if these issues are still relevant now. Please tell us what you think?*

300 responses.

**Question 2:** *What support do people need as they get older?*

- 304 responses.

**Question 3:** *What would help you prepare for old age?*

- 292 responses.

**Question 4:** *We would also like to know if there are any other aspects of getting older which are equally or more important to people. Please could you tell us what matters to you?*

- 280 responses.

**Question 5:** *Is there anything else you would like to tell us that will help us develop a plan in Oxfordshire to keep people well as they age?*

- 232 responses.

## Appendix 2 – Promotion of engagement activity

The engagement activity was promoted via the following:

- Local media
- OCCG and OCC public website with links to Talking Health web pages
- OCCG and OCC Facebook
- OCCG and OCC Twitter
- All Oxfordshire District Councillors
- All Oxfordshire Parish Councils
- All County Councillors
- All GP practices in Oxfordshire via the GP Bulletin
- Carers Oxfordshire
- Age UK
- Communityfirstoxon.org
- Healthwatch Oxfordshire
- Oxfordshire County Council - providers: care homes, daytime support services, homecare, extra care housing, independent community and voluntary sector day services
- Voluntary sector organisations were notified of the survey and events via Oxfordshire Community and Voluntary Action (OCVA)
- OCCG staff, and staff and Foundation Trust members at Oxford Universities Hospital's NHS Foundation Trust and Oxford Health NHS Foundation Trust were notified via email and through the staff intranet
- Specific community and/or special interest groups were approached for their feedback, including Patient Participation Groups (PPGs)
- Groups such as 'Save Wantage Hospital', 'Keep the Horton General' and Townlands Steering Group were also notified of the survey and encouraged to publicise in their local communities
- GP practices across Oxfordshire were kept updated on a weekly basis via the GP Bulletin and were asked to share the information with their patients and patient participation groups.

## What will help Oxfordshire people in older age?



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Oxfordshire Clinical Commissioning Group is asking for the public's help in developing a new strategy of care for older people in the county.

0 comment

The Older People's Strategy aims to establish care priorities and to help keep elderly residents as fit and healthy as possible for as long as possible.

The previous strategy ended in 2016 with the new plan running from 2019 to 2023.

Health professionals or elderly people can have their say to help shape care priorities by completing a questionnaire at <https://consult.oxfordshireccg.nhs.uk/consult/ti>

NHS Oxfordshire CCG @OxhCCG

We're developing a new Older People's Strategy for #Oxfordshire We'd like to know what is important to you as you get older? Are the priorities you've told us about before still relevant? Answer our survey [bit.ly/Growing-older](https://bit.ly/Growing-older)

6:53 am - 1 Aug 2018

1 Retweet

## Long Wittenham, Oxfordshire



West Waddy / Lagan Homes Plan Withdrawn

Boathouse Plan for Maddy Moorings

### Older People's Strategy for Oxfordshire Consultation

Posted on July 20, 2018 by Admin

The parish council has been asked to let residents know that the Oxfordshire Clinical Commissioning Group is asking anyone who might be interested in the development of a new Older People's Strategy for Oxfordshire, including professionals and older people, to share their views on what is important to people as they age.

The new Oxfordshire's Older People's Strategy 2019-2023 will outline how all health and care organisations across Oxfordshire will work together to help older people stay as fit and healthy as possible for as long as possible; and, if more help is needed, how it will ensure that needs are supported.

To do this, they have set up a short survey: <https://consult.oxfordshireccg.nhs.uk/consult/ti/OPDeV/consultationHome>



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23	9:30 am Parish Communion @ St Mary's Church
25	7:30 pm Craft Workshop @ Long Wittenham Village Hall

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Oxfordshire Older People's Strategy - needs your input

Developing an Older People's Strategy for Oxfordshire 2019 to 2023

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News 3rd August

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Oxfordshire Clinical Commissioning Group is asking for the public's help in developing a new strategy of care for older people in the county.

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The Older People's Strategy aims to establish care priorities and to help keep elderly residents as fit and healthy as possible for as long as possible.

The previous strategy ended in 2016 with the new plan running from 2019 to 2023.

## HARWELL PARISH COUNCIL

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### Oxfordshire Clinical Commissioning Group consultation

AUGUST 7, 2018 BY WEBMASTER

#### Developing an Older People's Strategy for Oxfordshire 2019 - 2023

You've been invited to participate in Developing an Older People's Strategy for Oxfordshire 2019 - 2023 by Oxfordshire CCG

This is open from 26 Jul 2018 at 10:00 to 3 Sep 2018 at 09:00.

We are asking anyone who might be interested in the development of a new Older People's Strategy for Oxfordshire, including professionals and older people, to share their views on what is important to people as they age. To do this, we have set up a short survey: <https://consult.oxfordshireccg.nhs.uk/consult/ti/OPDeV/consultationHome>

LDOX.ORG

## Consultation on Older People's Strategy for Oxfordshire

News

JCollin Jul 27

Hello everyone, here is the link to a survey by Oxfordshire Clinical Commissioning Group on development of an Older People's Strategy until 2023. People with learning disabilities and autism are living longer but there are still health inequalities. Also, family carers are often caring into their 80s these days and have needs that have to be considered too. You may wish to complete the survey. <https://consult.oxfordshireccg.nhs.uk/consult/ti/OPDeV/consultationHome>



**The Sibfords**

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**Older People's Strategy for Oxfordshire**

The NHS in Oxfordshire is developing a new Older People's Strategy that will outline how all health and care organisations across Oxfordshire will work together to help older people to stay as fit and healthy as possible for as long as possible; and, if they need more help, how to ensure organisations work together to support their needs.

For more information and to take part in a short survey, visit the website.

**Survey on older people's strategy**

Oxfordshire Clinical Commissioning Group is asking anyone who may be interested in the development of a new Older People's Strategy for Oxfordshire, including professionals and older people, to share their views on what is important to people as they age.

If you are part of, or organise any groups with older people over the summer and would like the clinical commissioning group to come and talk to you, please telephone 01865 334638.

Click on the orange button to complete the short survey.

[Complete the survey](#)

**Milton-under-Wychwood**  
Welcome to the village's community website

Home | Parish Council | Village Hall | Village Life | Neighbourhood Plan Survey Results | Village Web Sites | News | Events | Local businesses

Archive

**Developing an Older People's Strategy for Oxfordshire**

Editor | July 30, 2018

The communication is primarily for those businesses and local organisations serving older people in our community so that you may be informed a be able to take part.

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**The Parish of Aston, Cote, Chimney & Shifford**

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**Developing an Older People's Strategy for Oxfordshire 2019 - 2023**  
28/7/2018

The Oxfordshire Clinical Commissioning Group is asking anyone who might be interested in the development of a new Older People's Strategy for Oxfordshire, including professionals and older people, to share their views on what is important to people as they age. To do this, they have set up a short survey: <https://consult.oxfordshireccg.nhs.uk/consult/ti/OPDeV/consultationHome>

The consultation is open until 9.00am on 3rd September 2018.

The new Oxfordshire's Older People's Strategy will outline how all health and care organisations across Oxfordshire will work together to help you stay as fit and healthy as possible for as long as possible; and, if you need more help, how we will ensure we work together to support your needs.

If you are part of, or organise any groups with older people over the summer and would like us to come and talk to you, please contact us on 01865 334638 and we will do our best to come along.

If you have any queries about the survey or this work, please contact us on [ccsu.talkinghealth@nhs.net](mailto:ccsu.talkinghealth@nhs.net) or on 01865 334638.

Thank you.

**the Leader**

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The Older People's Strategy aims to establish care priorities and to help keep elderly residents as fit and healthy as possible for as long as possible.

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Oxfordshire Clinical Commissioning Group is asking for the public's help in developing a new strategy of care for older people in the county.

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The Older People's Strategy aims to establish care priorities and to help keep elderly residents as fit and healthy as possible for as long as possible.

The previous strategy ended in 2016 with the new plan running from 2019 to 2023.

Health professionals or elderly people can have their say to help shape care priorities by completing a questionnaire at <https://consult.oxfordshireccg.nhs.uk/consult/ti>

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The Older People's Strategy aims to establish care priorities and to help keep elderly residents as fit and healthy as possible for as long as possible.

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Most read

## Appendix 3: Visits and written responses

### Visits to voluntary and community groups and organisations

Date of visit	Group
17 July 2018	Visually impaired Group from Oxford
14 August 2018	Locality Forums Chairs
16 August 2018	Goring Carers Group
30 August 2018	Chipping Norton Visually impaired group
30 August 2018	My Life My Choice, Self-Advocacy Group in Banbury
31 August 2018	Oxford Carers Support
5 September 2018	Parkinson Group in North Hinksey, Oxford
7 September	Oxford Dementia Carers Support Isis Lunch Club
12 September 2018	Wantage Independent Advice Centre – meeting with their volunteers
13 September 2018	50+ Network – Oxford
19 September 2018	Age UK Health and Social Care Panel – Oxfordshire wide

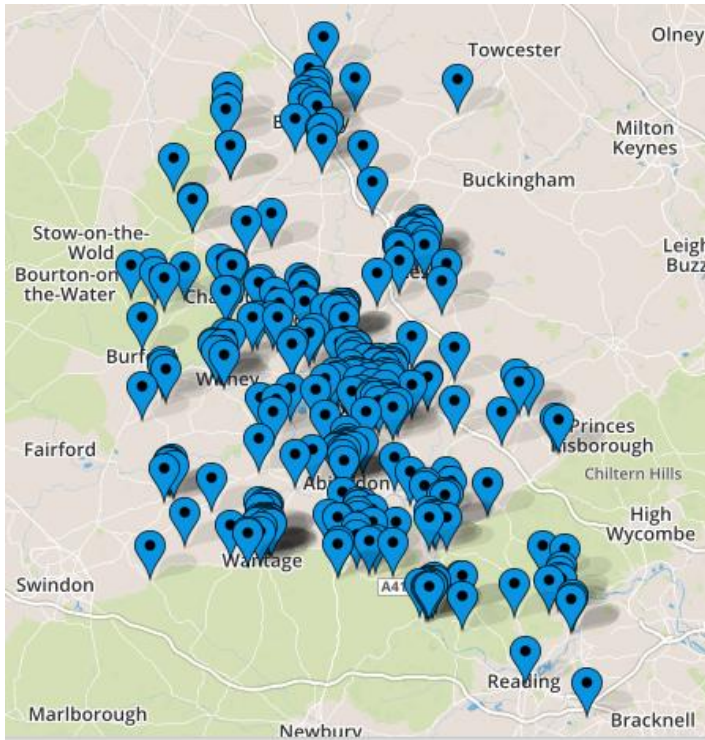
### Written responses

- Retirement flats in Foxhall Court in Banbury
- Letter to the Leader of Oxfordshire County Council from a member of the public
- Two responses via Facebook
- Formal responses from Oxford City Council and West Oxfordshire District Council.

## Appendix 4: Demographic profile of respondents

All the demographic data is from the survey (online and paper).

**Geographical spread:** The map below shows the geographical spread of responses. There are ten responses not shown on the map, as they did not provide their postcodes. There were eight out of county responses from individuals in neighbouring local authorities and two from further afield - Worcester and Southampton.



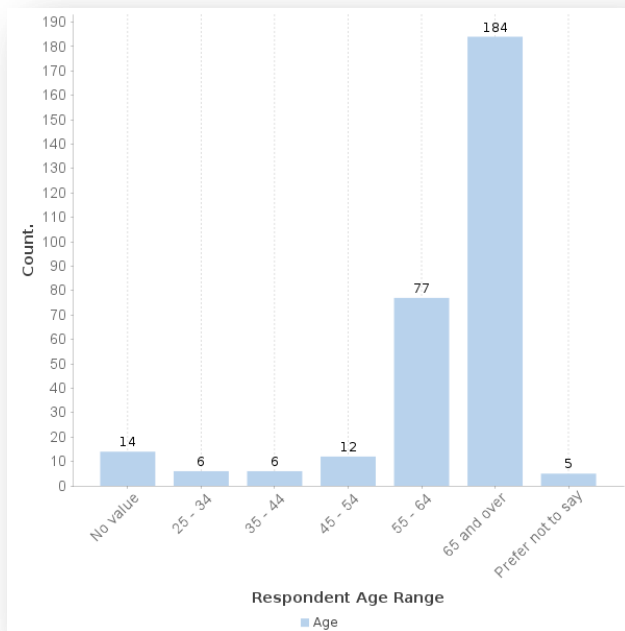
### Respondent type

Please could you tell us about yourself.

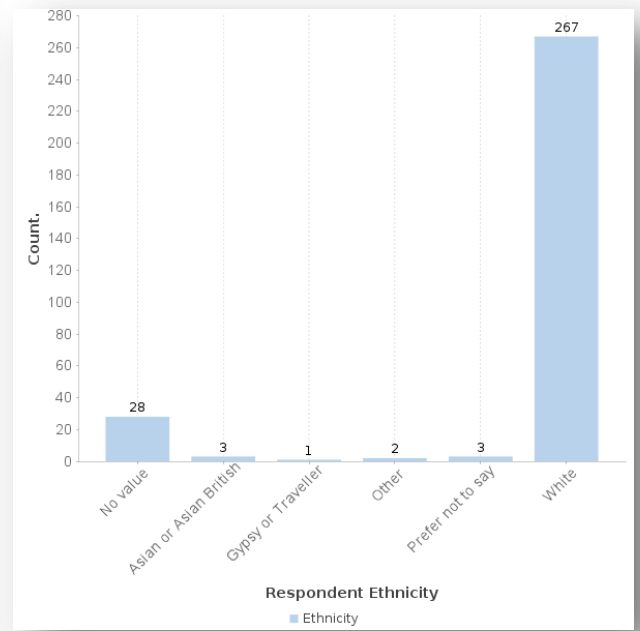
I am responding as (please tick all that apply)

A member of the public	<input type="checkbox"/>	206
Carer	<input type="checkbox"/>	23
A representative of Healthwatch Oxfordshire	<input type="checkbox"/>	1
A GP/clinician	<input type="checkbox"/>	1
An NHS staff member	<input type="checkbox"/>	4
An Oxfordshire County Council staff member	<input type="checkbox"/>	4
Representing a voluntary sector organisation	<input type="checkbox"/>	32
A councillor	<input type="checkbox"/>	5
Other	<input type="checkbox"/>	41

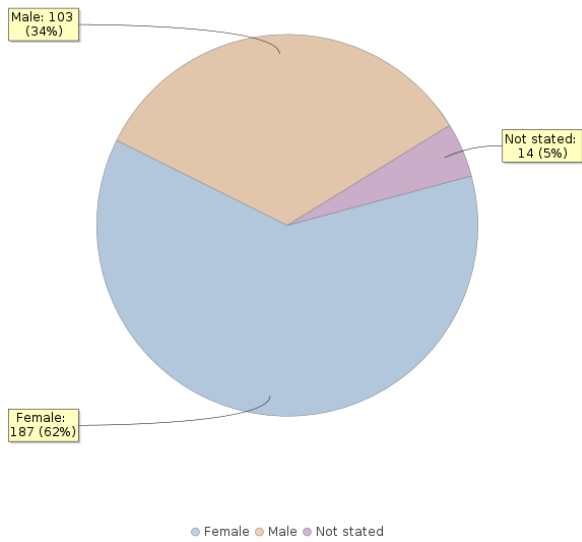
## Age



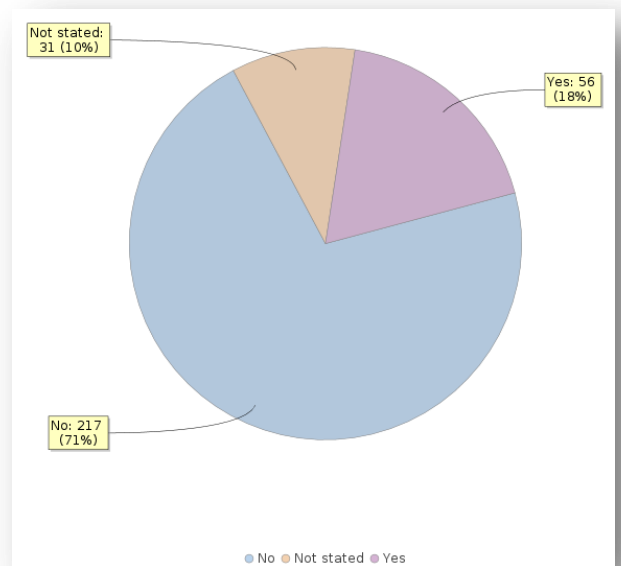
## Ethnicity



## Gender



## Disability



## **Responses from individuals who identified involvement in voluntary sector and community groups**

Deaf Direct  
Age UK Oxfordshire  
Alzheimer's UK  
ARCh Oxfordshire  
Charity for Adults with Learning Disabilities  
Citizens Advice  
Citizens Advice Didcot access group  
Didcot Good Neighbour Scheme  
Didcot Volunteer Centre  
FISH Volunteer Centre, Sonning Common  
Friends of Townlands Hospital  
Generation Games  
Getting Heard - Oxfordshire Advocacy  
Goring and Woodcote PPG  
Henley Good Neighbours scheme  
Minister in the Church of England  
3 x Patient Participation Group  
Royal Voluntary Service  
Seniors exercise class  
Stroke Association  
Thomley Hall Centre  
Volunteer Connect  
Volunteer Service