OXFORDSHIRE COUNTY COUNCIL

NHS Oxfordshire Clinical Commissioning Group

Oxfordshire County Council and Oxfordshire Clinical Commissioning Group

Report on the Draft Older People's Strategy Consultation

February 2019

Consultation Report

Contents

Oxfordshire County Council (OCC) and Oxfordshire Clinical Commissioning Group (OCCG)

Report on the Older People's draft Strategy Consultation

1. Purpose

This Consultation Report outlines the process and findings of the public consultation on the OCC and OCCG's draft Older People's Strategy (referred to in this document as the "draft Strategy"). The consultation was open between 7th December 2018 and 1st February 2019. Feedback was gathered using a questionnaire[1] which explored views on the draft Strategy's Vision, four Priorities and Outcomes for success. It was available online and in hard copy[2].

The draft Strategy is considered in the light of the feedback and, where appropriate, recommendations are made for refinements to the Strategy.

2. Background

The draft Strategy was developed following a period of engagement between July and September 2018 which resulted in extensive feedback from key stakeholders and the public. Over 300 survey responses were received, and meetings were held with 11 stakeholder groups (see Report on engagement to inform the development of an Older People's Strategy for Oxfordshire 2019-2024[3]).

The Vision and Priorities within the draft Strategy were co-produced at an event attended by members of the public, professionals and voluntary and community groups. Minority groups were represented including older people, carers and black and minority ethnic groups (BAME).

The aim of the subsequent consultation was to provide a further opportunity for the Strategy to be informed by the views of a wide range of people and communities. It was recognised that BAME groups were underrepresented during the Strategy development phase, and therefore visits were made to these communities in order to ensure the BAME voice is heard (see Section 3.4).

3. Responses

This section provides an outline of the number and profile of survey respondent and BAME community visits.

3.1 Number of responses

A total of 236 individuals participated in the consultation. There were 179 responses to the online consultation, with a further eight incomplete responses which were

[1] Questionnaire on the draft Older People's Strategy
[2] Community visits used a hard copy of the questionnaire
[3] https://consult.oxfordshireccg.nhs.uk/gf2.ti/-/985986/43823749.1/PDF/-/Final_Engagement_report_26.10.18_for_HWB.pdf

excluded from the analysis. In addition, 56 individuals from BAME communities[4] gave feedback, and a response was received from Oxford City Council.

Although a good level of feedback, it is less than to the engagement on the development of the draft Strategy. This could be explained by people feeling they had already had an opportunity to provide their views (this point was made by a survey respondent).

3.2 Category of respondent

The survey asked people to identify themselves according to pre-determined categories. The numbers below include those attending the focus groups. As some people identified in more than one category, the total (239) of the categories below is higher than number of individual responses (236).

Members of the public	196
Carers	12
Representing the voluntary sector (including Healthwatch)	20
GP/clinician/NHS staff member	7
Councillor	3
City/District Council	1

3.3 Demographics

Below outlines the demographic profile of those who responded to the online survey. Because full demographic information was not collected from the community groups, the available information is reported separately in 3.4.

Age: The older age group is the largest respondent with 65% from the "65 and over" group and 22% from the "55-64" group.

Only 4% of responses are from people aged between 25-44.

Gender: 61% of respondents are women, 37% men.

Ethnicity: 95% identify as White British.

Disability: 16% say they have a disability, 83% say they do not.

Geography: All areas of Oxfordshire are represented.

3.4 BAME community visits

Visits were made to three community groups:

- Happy Place, Chinese Lunch Club: 35 Chinese men and women, all members of the public, aged over 55, with one person aged 95

[4] The community groups reached a consensus on each question and gave one response per group. However, each individual who participated has been counted separately.

- Asian Older Women's Group, Banbury: 10 Asian/Asian British women, all members of the public, aged over 55, all without disabilities.
- BKLUWO, women's African community group: 8 Black African or African British women, all members of the public, aged over 65 and including at least one with a disability.
- Three Asian/Asian British men and women (who were not part of a group) were interviewed, including a carer, an NHS employee and a member of the public. Age categories were 45-54, 55-64 and 65+, including at least one with a disability.

4. Findings

This section outlines the extent of agreement with the draft Strategy's Vision, Priorities and Outcomes for success. The findings include the feedback from both the online survey and the focus groups. Comments have been explored and summarised into themes. The number of comments cited in each section relates only to the survey although the focus group feedback was analysed together with these comments.

4.1 Summary

Overall, there was strong agreement with the Vision, Priorities and Outcomes. Agreement with the Vision was lower (66%) than with Priorities (88.5% average over the four Priorities) and outcomes (82% average over all the Outcomes). See Appendix 2 for responses to questions on the Vision and Priorities.

There was an opportunity for comments on the Vision and each Priority and the key themes are explored below. In general, comments related to perceived gaps and suggestions for changes. This provides valuable information for the next stage which will be the formulation of an Implementation Plan.

Two general messages came through in the responses.

- **Implementation:** Respondents wanted a clearer sense of how the Strategy would be implemented and what funding implications there would be.
- **Outcomes:** Some respondents thought that the outcomes were more like aims or outputs and would be difficult to measure. People said they would like more clarity around what the baseline data would be and how improvements will be measured.

Recommendations:

- The outcomes are refined and are measurable.
- The Implementation Plan clearly maps against measurable outcomes and contains detail on what data will be collected and how.
- The Implementation Plan is publicly available and disseminated via partner organisations so those who participated are reassured that there is a clear plan behind the Strategy.

4.2 The Vision

198[5] people responded to the question "To what extent do you agree with this Vision?".

Agreement: 66% "strongly agreed" or "agreed".

Disagreement: 13% "disagreed" or "strongly disagreed".

Key themes:

80 comments were made on the Vision. Key themes were:

- **Access:** Respondents agreed that the ability to access facilities is key for staying healthy and active. They felt all types of transport facilitated this and that it was difficult when, for example, driving was no longer possible. Some people thought the cost of activities could be a barrier to participating regularly. Interweaved with "access" was a message around individuality and that people (particularly those who may feel marginalised due to health or other factors) need different levels of support to access facilities. People agreed that accessing facilities and activities alleviated isolation and loneliness.
- **Community:** Respondents expressed concern about the perceived decline of local community facilities and raised closures of libraries, shops and well-being centres as examples. This was viewed as particularly affecting those who were not able to get out and about due to, for example, to lack of mobility or support.
- **Joined up care and services:** Respondents thought that good, prompt care helped them stay healthy. They wanted to be able to access services locally. Respondents wanted good communication between services and wanted to know there were enough well qualified staff. There was support for voluntary organisations being well funded as these are as valuable support to older people and statutory services.

4.2. Priority 1: Being Physically and Emotionally Healthy

223 people responded to the question "To what extent do you agree Priority 1?"

Agreement: 89% "strongly agreed" or "agreed".

Disagreement: 3% "disagreed" or "strongly disagreed"

The Priority 1 outcomes for success had an average agreement of 85%.

Key themes:

168 comments were made on Priority 1, 66 comments on the Priority and 72 comments on the four Outcomes. Key themes were:

- **Access:** Respondents wanted to access local facilities and take control of their own wellbeing as far as was possible. As well as the need for transport to access services (as outlined above), other barriers identified were the cost

[5] The number of responses to this question is lower than to other questions because one community group did not give a quantitative response to this question.

of activities and the need for more widespread advertising and promotion of activities.

- **Targeted support:** It was noted that those who may be more vulnerable due to lack of confidence, disability, rural isolation, lack of transport or other factors will find it harder to engage with activities, even if local. These individuals may need sustained support in order to take up opportunities.
- **Range of activities:** In order to engage a wide spectrum of people there needs to be a range of inclusive activities. People felt that the outcomes needed a greater emphasis on emotional health and the BAME groups wanted more culturally appropriate activities. Some people were against the idea of activities based upon age group and would prefer activities based on interest or ability rather than age.

Recommendations - Priority 1 and outcomes:

- Outcome 1 'health' is changed to 'physical and emotional health and well-being' so that all aspects of health are explicitly included.
- Age bands to be taken out of Outcome 2 as the feedback indicated a range of activities were needed based on interests and abilities.
- The targeted support outlined in Outcome 3 might be too specific and focusses only on physical health. The feedback suggests there are a range of reasons why a person's emotional or physical health are 'at risk' (not just "inactivity"). This outcome could recognise this complexity.
- Two responses thought that 'planning' and 'enjoying' should not be placed in the same outcomes and wanted reassurance that this outcome was measurable.

4.3. Priority 2: Being part of a Strong and Dynamic Community

234 people responded to the question "To what extent do you agree Priority 2?"

Agreement: 90% "strongly agreed" or "agreed".

Disagreement: 1.5% "disagreed" or "strongly disagreed".

The Priority 2 outcomes for success had an average agreement of 77%.

Key themes:

128 comments were made on Priority 2, with 60 comments on the Priority and 68 four Outcomes. Key themes were:

- **Voluntary roles:** Voluntary roles and being able to contribute to community are valued. People would like increased opportunities to use skills and experiences in a voluntary capacity. It was recognised that people working for longer (and receiving pensions later) may lessen the opportunity for voluntary work, and that increasing age and ill health can curtail voluntary work or mean more support is needed to continue. People would value increased support to transition from work to retirement and help in finding appropriate voluntary opportunities.
- **Loneliness:** People feel that loneliness is hard to define and to measure. Participating in activities does not mean someone is not lonely (for example

after a bereavement or those whose family live far away). It was also noted that for those who lack confidence or have higher needs, support as well as signposting is needed. For some people, (e.g. those on the autistic spectrum) support is needed to join activities that involve other people.

- **Access:** The need was highlighted for the strategy to ensure that those who do not live close to facilities or local activities are able to travel to a supportive community easily.

Recommendations – Priority 2:

- There was some wariness about measuring loneliness and isolation by the number of activities people engage in. Outcome 1 could take "reducing isolation" and focus on safe communities only. Loneliness is picked up later in Outcome 3.
- People thought there is a need for support and education as well as signposting in order that people can make a smooth transition from work to retirement. People sometimes need support in order to find and access meaningful and interesting voluntary work. Outcome 2 could be changed to reflect this.

4.4. Priority 3: Housing, Homes and the Environment

232 people responded to the question "To what extent do you agree Priority 3?"

Agreement: 90% "strongly agreed" or "agreed".

Disagreement: 3% "disagreed" or "strongly disagreed".

The Priority 3 outcomes for success had an average agreement of 80%.

Key themes:

139 comments were made on Priority 3, with 70 comments on the Priority and 69 comments on four Outcomes.

Key themes were:

- **Smaller houses for downsizing:** Respondents said they would like to be able to downsize but did not want to move to a small flat. They would like smaller houses (preferably bungalows) to enjoy their later years. Houses with 2-3 bedrooms, with a garden/shed and space for visitors to stay.
- **New builds are not near facilities:** Respondents thought that new housing should not be on the outskirts of villages and towns as it may result in access difficulties to facilities for non-car owners. There was concern about isolation for people moving to these areas which may not be close to transport options.
- **Range of housing options:** Respondents would like a range of housing options. Adaptations to existing homes can be beneficial as it allows people to remain in their existing communities. New builds should be well built and affordable. Sometimes people need support to move from their community in order to be closer to family or for another reason.

Recommendation – Priority 3:

- The issue of "easy access to local facilities" is included in Outcome 3.

4.5. Priority 4: Access to Information and Care

233 people responded to the question "To what extent do you agree Priority 4?"

Agreement: 85% "strongly agreed" or "agreed".

Disagreement: 3% "disagreed" or "strongly disagreed".

The Priority 4 outcomes for success had an average agreement of 85%.

Key themes:

134 comments were made on Priority 4, with 67 on the Priority and 67 on the Outcomes. The key themes were:

- **Signposting:** People felt that GPs were too busy to take on responsibility for signposting and that this function should sit elsewhere. Voluntary organisations were valued for their signposting role and respondents would like there to be funding to increase capacity.
- **Face to face support is valuable:** It was felt that signposting is not always adequate especially for those with higher needs or lower confidence.
- **Information format/medium:** Concern that signposting will mean leaflets and posters or that the internet will be relied upon too heavily when most older people do not have access to it or cannot use it. There should be increased investment in teaching older people how to use computers. However, there was also caution about the quality of some internet information
- **Multi-agency working:** Recognition that this is already happening, the value of joined up working and desire for it to further embed.

Recommendation – Priority 4:

- The reference to GPs is removed from Outcome 2.

5. Conclusion

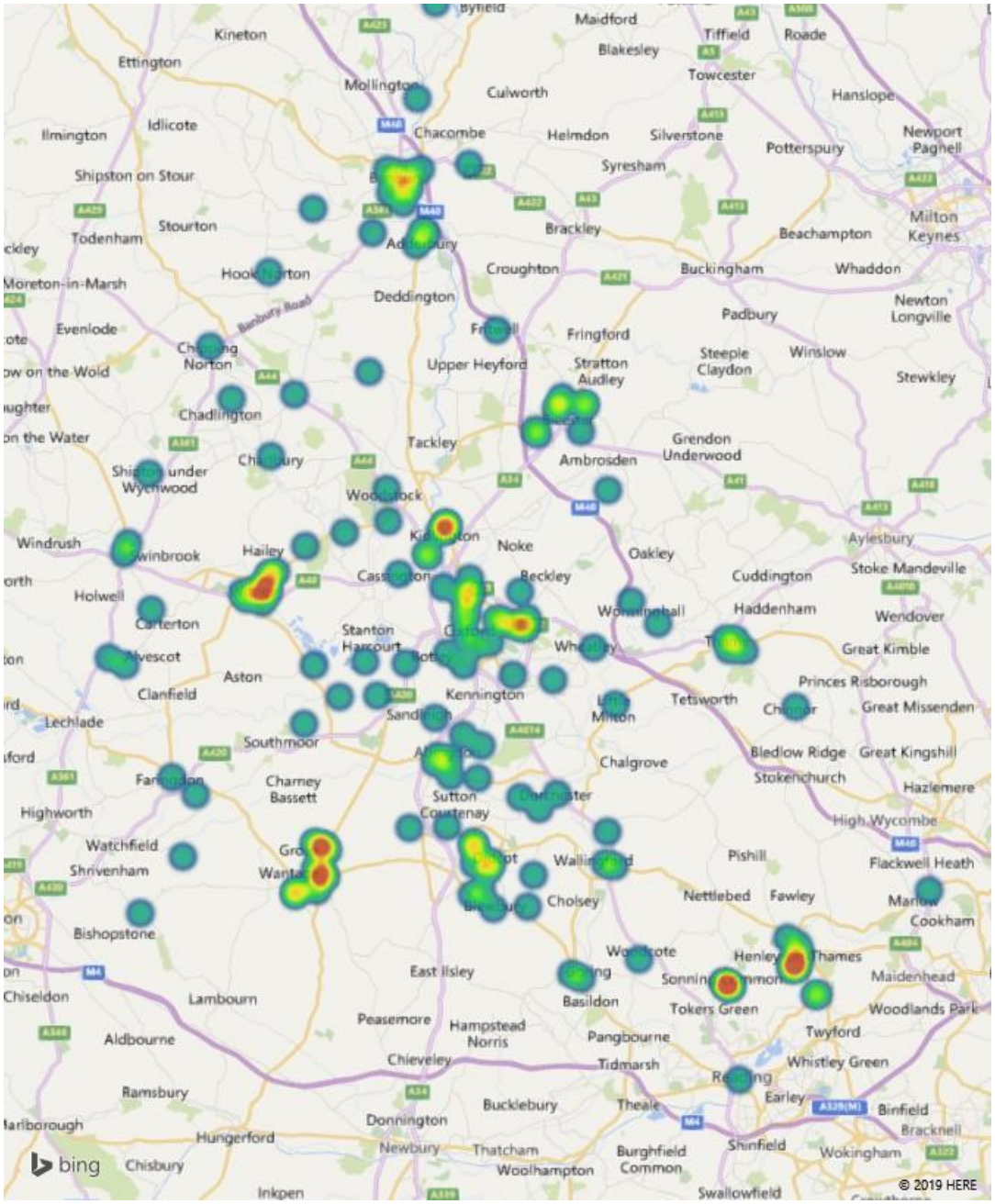
Agreement with the Vision, Priorities and Outcomes was high amongst the consultation respondents. The comments and queries reflect those of the pre-consultation phase. Some refinements to the Strategy are recommended in order to reflect the gaps raised by respondents to this consultation. The implementation plan will provide an opportunity to ensure the outcomes are measurable and that improvements can be evidenced.

Rachel Taylor on behalf of Oxfordshire County Council's Engagement Team, 18 February 2019

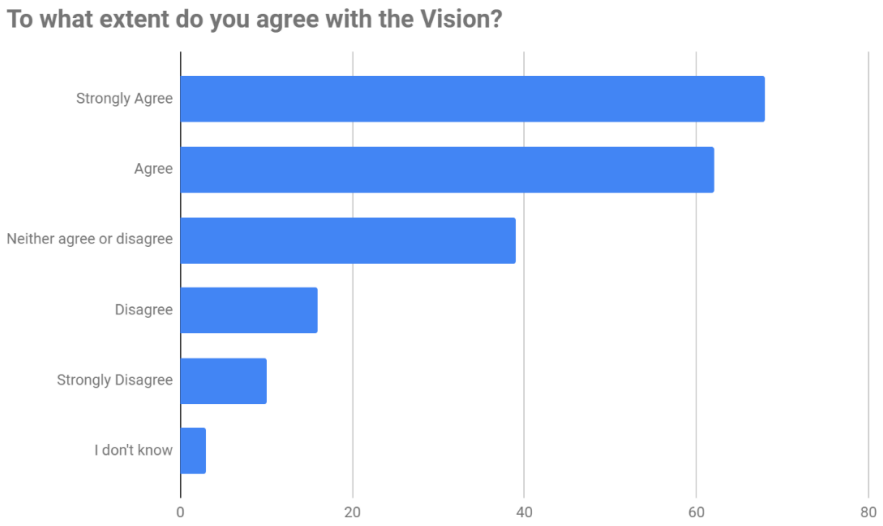
Appendix 1

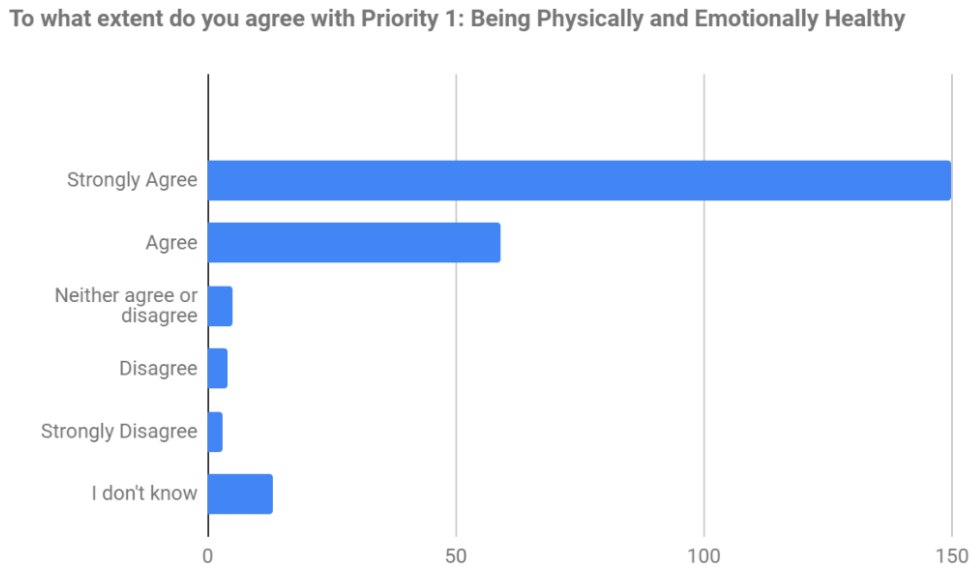
Map showing geographical spread of responses to the online survey and focus group participants

('Heat map', warmer colours indicate higher number of responses.)

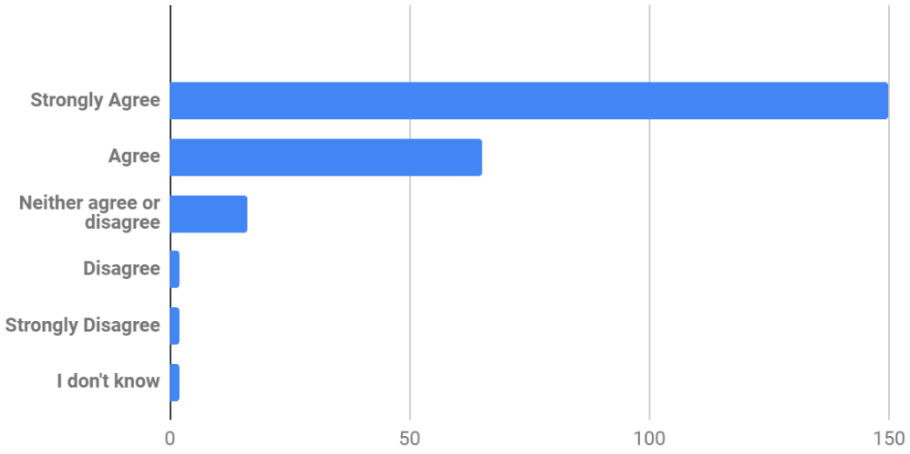


Appendix 2 Survey responses

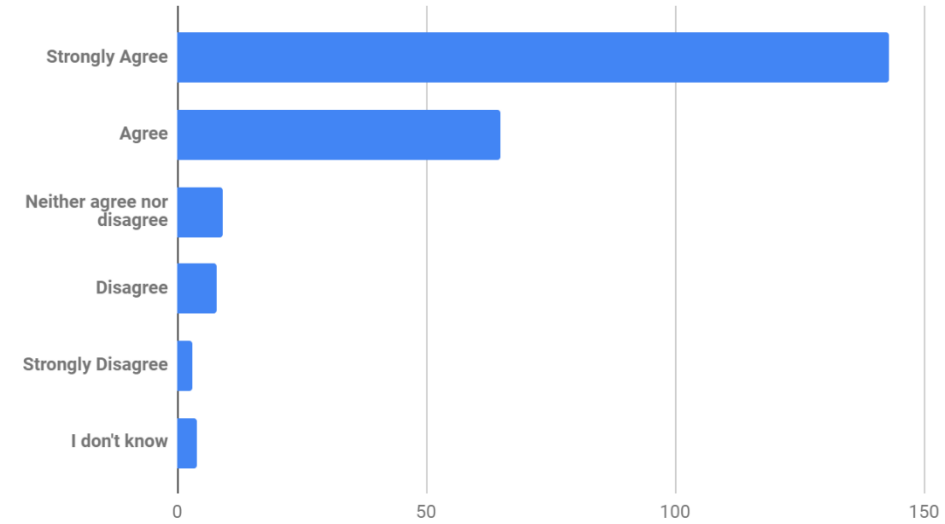




To what extent do you agree with Priority 2: Being part of a Strong and Dynamic Community?



To what extent do you agree with Priority 3: Housing, Homes and the Environment



To what extent do you agree with Priority 4: Access to Information and Care?