

Appendix 3

THE DEMOGRAPHIC CHALLENGE IN OXFORDSHIRE

Report by the Oxfordshire Joint Health Overview and Scrutiny Committee and the Social and Community Services Scrutiny Committee

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1.0

INTRODUCTION

- 1.1** Oxfordshire is in the midst of a profound demographic change: the population of the County is growing, and it is also growing older. In twenty years time, projections suggest that there will be more people in the County, that the proportion of those people who are aged over sixty-five will be considerably larger than it is now, and that there will be a particularly large increase in those aged over eighty-five.
- 1.2** This is good news: people are living longer, and many can now look forward to a considerable number of years of active life beyond the current age of retirement. Moreover, as friends, neighbours, carers, active citizens, and simply as individuals in their own right, older people make a tremendous contribution to society; an increase in their number is to be welcomed.



- 1.3** But this change presents us with challenges too: a higher proportion of older people in the population, particularly people who can be numbered amongst the 'oldest old,' will put a strain on those services that are most frequently used by older people – most notably those statutory health and care services provided by Oxfordshire County Council, Oxfordshire Primary Care Trust, and the Oxfordshire and Buckinghamshire Mental Health Partnership NHS Trust, among others. It also means that the ratio between those of retirement age, and those of working-age, will be different to what it is now.

- 1.4** It is appropriate, then, to think about the impact of demographic change on the various services provided in the county – including the impact on community and volunteering initiatives – and to start to plan, collectively, for this change. The challenge is by no means insurmountable, but it does demand that we start to engage in a serious dialogue about demographic change, that we take a look at how well prepared we are for it, that we think about what we can do to anticipate it, and that we start planning, now, for what we need to do to effectively meet it.
- 1.5** Thus, this review was commissioned by Oxfordshire County Council's Health Overview and Scrutiny Committee, and Social and Community Services Scrutiny Committee, in December 2006. The scoping document setting out its original aims, and its indicators of success, is at Annex 1. Councillors Sue Haffenden, Zoe Patrick, Larry Sanders, Peter Skolar and Lawrie Stratford were appointed to undertake the review.
- 1.6** The review was carried out through primary and secondary research, and through a series of interviews with key witnesses. The panel who undertook the review would like to sincerely thank all those who gave of their time to provide evidence. The panel would also particularly like to thank Julie Dean and Michael Chard for their work on the review.
- 1.7** After this introduction, Section 2 provides a summary of the review, and Section 3 outlines a series of 'red flags' which detail the areas and issues that the panel feel warrant most attention. Section 4 contains the background to the review, while Sections 5,6,7 and 8 are the substantive chapters. These last four discuss: Managing Future Care (Section 5) , Promoting Good Health and Good Mental Health (Section 6), Criteria New Criteria for Housing, Planning and Transport (Section 7), and Other Issues (including learning disability, physical disability, information and advocacy, and black and minority ethnic issues) (section 8).

2.0

SUMMARY

2.1 Background

2.1.1 The population of Oxfordshire is growing; on current trends, the population of the county could increase by 20% by 2031, from 632,000 to 758,000 people.

2.1.2 The population of the county is also ageing. On present trends, there will be 154,200 people aged over 65 in 2031 (66% more than in 2006); numbers of the very elderly (85 years plus) are projected to increase by almost 40% by 2016, and by 143% by 2031. This means that there will be a greater proportion of older people in the population by 2016, from just under 15% in 2006 to just over 20% in 2031, while a decrease is projected in the proportion of the population of working age, from 54% in 2006 to 48% in 2031.

“There will be 154,200 people aged over 65 in 2031 (66% more than in 2006).”

2.1.3 Demographic change will have a significant impact on services for older people and on service provision in general: in 2005/06, for example, just less than 50% of Oxfordshire's total personal social services expenditure was spent on older people, which amounted to just under £1,000 per head of population aged 65 and over.

2.2 Emerging Themes

2.2.1 In general, the panel found that there was, throughout the various relevant agencies and their partners, a significant degree of awareness of the issues around demographic change, and they note that much work is already being done to account and plan for it.

2.2.2 The single biggest theme to emerge from the review process was the importance of partnership-working *in*, and joining-up *of*, services for older people; where it

existed, the benefits of partnership working were consistently lauded by review participants, although there were suggestions that partnership could be emphasised more at a grassroots level. The review also sees a need to join up strategies in a way that is not always intuitive – for example, harnessing the Local Transport Plan (LTP) and Local Development Frameworks to the Oxfordshire Primary Care Trust (PCT) Strategy. The long-term issues identified in these plans need then to be integrated into the shorter time horizons of commissioning strategies.

“The single biggest theme to emerge from the review process was the importance of partnership-working.”

- 2.2.3** The need to promote and support independence and choice among older people by, for example, moving to deliver various services in, or close to, the home was the second theme to consistently emerge. The ethic of home-delivery cuts across services provided by health and social care, but should also be borne in mind as an element of housing and planning strategy.
- 2.2.4** This need to support independence is matched by the need to provide positive options for older people facing transitions in their lives forced by the loss of physical or mental faculties. At present the transition to a more manageable living environment is too often seen as loss and the model of high quality extra care housing could mitigate some of the depression triggered by such a move
- 2.2.5** The importance of prevention was the third recurring theme. As the number of older people grows, costs to various services can be reduced by taking steps to decrease morbidity – for instance, by taking simple preventative measures in health, and also by trying to attend to moderate, as well as critical, need in care service provision.
- 2.2.6** The fourth theme to emerge consistently was inclusion; older people are not a homogenous group, and there are different sectors of older people who will either have different or greater needs, who will be harder to reach for service-providers, or who do not always avail themselves of the services available to

them – be they older people living in rural areas, older members of black and minority ethnic communities, or older people living with a physical or learning disability.

2.2.7 Overarching all of the other themes is the issue of the financial viability of future services from three perspectives – that of the individual older person and their families; of the service providers/commissioners (including the County Council) and from the perspective of society as a whole. The combination of technical advances such as telecare; social change such as the greater aspirations of the baby boomer generation and increased dependency rates caused by changing demographics not to mention the recession, all mean that a new financial model needs to be developed that will work for all.

2.3 Caveats

2.3.1 With all of this said, it should be noted that the situation is subject to re-appraisal; future-proofing is an inexact science, and future ageing will not occur without other changes, such as significant technological or medical developments, or a change in cultural or social practices. Therefore, this review should be conceived of as a ‘living process,’ or one incident in an ongoing process that would need reviewing on a regular basis.

2.3.2 Furthermore, the panel strove to retain focus on the bigger picture of demographic change insofar as this was possible, and thereby to create a review that was self-consciously strategic in outlook. In producing this report therefore the Panel was striving to use the wealth of data obtained to *identify* and deepen awareness of areas and issues that require detailed examination, and not to seek to fully engage in that examination itself.

2.3.3 Hence, what follows should be seen as a series of ‘red flags’ that are intended to raise awareness of the major issues identified by the review; these should be taken to be suggestion rather than prescription and exemplary rather than exhaustive.

3.0

‘RED FLAGS’

- 3.1** As pointed out above, the following are intended to raise awareness of major issues of importance recognised by the panel that will need attention if the response to the demographic challenge is to continue to be positive and effective. A more specific list of flags can also be found at the beginning of each section.

3.2 The Contribution of Older People

- 3.2.1** Efforts should be made to ensure that all communities are aware of the services that are available to older people and the importance of understanding the needs of older people and, perhaps more importantly, the contribution that they can make to society.

3.3 The Contribution of Informal Carers

- 3.3.1** Informal carers make a tremendous contribution to the wellbeing of their families, friends, neighbourhoods and communities and in fact this is the main level of care for most people. There are a variety of forms of informal care and it will be important to encourage, support and develop all of them– whether it be family caring, simple neighbourliness, or a more structured idea of volunteering. Support from the statutory authorities working together is vital to maintaining this level of informal support.
(see section 5.5).

3.4 Maintaining Independent Living

- 3.4.1** In order to help people to continue to live for as long as possible in their own homes both social care and the local NHS have already started undertaking a number of activities. That is very encouraging and the review group recommends that such activities should continue with particular attention being given to:
- Continuing to develop the preventative agenda by promoting positive lifestyle change and reviewing the barriers to older people’s activity
(see sections 6.3.3, 6.3.4.2).

- Attending to critical needs in social care, but also attending to those needs that are less obviously acute
(see section 5.2.3.2).
- Continuing, and spreading more widely, investment in specific preventative services – including, but not limited to, the falls prevention service
(see section 6.3.5).
- Developing, and increasing, the use of assistive technology
(see sections 5.2.2, 6.2.6).

3.4.2 Independence, choice and dignity of older people should be promoted and maintained by taking steps to increase the take-up of direct payments and personal budgets, with the appropriate professional support and advice. This should not of course increase the burden on carers or be seen as a means of replacing existing services.
(see sections 5.3, 6.2.3).

3.4.3 The move towards lifetime homes and neighbourhoods will have a significant part to play in enabling people to continue living at home and careful thought should be given towards how this could best be developed in Oxfordshire
(see section 7.3).

3.4.4 Extra care housing is part of the support which is available to more frail older people to enable them to continue living independently for as long as possible and, as such, the development and implementation of the extra care housing strategy should be pursued
(see section 7.4).

3.4.5 Deteriorating mental health is often a barrier to people managing to live independently, particularly in old age. A significant increase in dementia and depression should be anticipated, although this could be ameliorated by the promotion of good mental health and by working against social isolation
(see section 6.4).

3.4.6 A model of choice and independent living for older people with learning and physical disabilities needs to be promoted and sustained
(see sections 8.2.6.4, 8.3.5).

3.5 Partnership Working

- 3.5.1** Partnership working between health and social care, and between other agencies (statutory and voluntary), has developed well and is ahead of many other parts of the country. However it will be important to ensure that effective partnership working takes place between all agencies, both statutory and voluntary, at the level of frontline services as well as at the institutional level (see sections 5.4, 6.5).
- 3.5.2** Joined-up planning will be vital to the development of strategies for responding to the demographic challenge. This is particularly relevant to housing and to transport; for example, housing plans could and should be linked with relevant plans from other agencies – such as the PCT Health Strategy, the Local Transport Plan, District Council Community Plans and others (see sections 7.3.5, 7.4.12, 7.7.8).
- 3.5.3** Consideration should also be given to broader modes of partnership and linking-in; for example, the County Council could conceivably forge links with organisations such as the SPARC (Strategic Promotion of Ageing Research Capacity) initiative, a showcase for, and a funder of, 'the latest research findings from design, engineering and biology to all stakeholders in older people's issues.'

3.6 Access to Services

- 3.6.1** Access to services is obviously limited if people do not know about them; unmet need could be addressed to a major degree by ensuring that older people are made aware of, and have access to, all of the services and benefits that are available to them (see section 8.4.1).
- 3.6.2** Specialist advice and advocacy services for older people would be of great benefit in helping older people to access services, and to claim those benefits to which they are entitled. Imaginative provision of such services, for example by using GP surgeries as sites or signposts, could bring them to the attention of a wider group of people (see section 8.4.10).

- 3.6.3** With regard to access, particular note must be made of older people living in rural areas, and older members of Black and Minority Ethnic (BME) communities (see sections 5.6.1, 7.7.2, 8.5).

3.6 Financial Issues

- 3.6.1** A new financial model needs to be developed that will work for the individual older person and their families; service providers/commissioners (including the County Council) and for society as a whole.

3.7 Continuing the Work; Planning a Conference

- 3.7.1** To carry the spirit of this document forward, it is proposed that a conference take place, on this topic, in Oxfordshire, in the new year. The conference would take the major themes of this paper as its point of departure, and would be an opportunity for all relevant agencies and bodies – both statutory and voluntary – to come together to discuss the issues in greater detail, and to begin the serious work of planning for the future.

9.0

CONCLUSION

9.1 Demographic change is a phenomenon of a growing and an ageing population; it presents Oxfordshire with great opportunities, but also with considerable challenges. The aim of this document has been to point to those areas, particularly within care, health, planning and some others, where analysing now should make a significant difference in the future.

9.3 This review has tried to flag those areas where the challenges and opportunities are most striking and where further work should be conducted; that work is beyond the remit of the current document, but it is hoped that such work, insofar as it is necessary, will take this review as a jumping-off point.



9.4 That suggests that this document should not be taken as the end-point of this process; in fact, it should be located in the middle – looking at the work already done, and pointing to those areas where there is, perhaps, some more to do.

9.5 Finally, to keep the conversation going, it is hoped that this document will provide the basis for a conference on the topic of demographic change, to be planned for early 2009. The conference will address all of the issues discussed here, and perhaps some other too – and it will include all of the relevant partners and stakeholders, from both the statutory and voluntary sectors.

9.6 By continuing the process in this way, Oxfordshire should find itself well-placed to meet the demographic challenge well into the future.