Planning4care summary report for Kirklees

Strategic needs assessment of long-term social care for older people

January 2011

Planning4care data version 2.1

planning4care Care Equation and Oxford Consultants for Social Inclusion (OCSI)

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About Planning4care Release 2.1

This report is based on Release 2.1 of the Planning4care data, released in December 2010. See Appendices A to F for details of the model.

- *Release 2.1, December 2010:* Updated NASCIS 2009/10 services and costs data, updated national population projections and estimates.
- *Release 2.0, March 2010*: This release includes a representation of current service provision (including division between needs groups) based on the 2008/9 NASCIS data and an enhanced range of future planning scenarios.
- *Release 1.4, August 2009*: Updated KIGS data.
- *Release 1.3, November 2008*: Revised national population projections (based on the most recent sub-national population projections); incorporation of other projections including GLA London projections; new KIGS data (from the 2006/7 returns); and revised dementia estimates (from Dementia UK 2007).
- *Release 1.2, May 2008*: Included revised data from KIGS to update the publicly-funded costs and take-up rates used in the Planning4care model.
- *Release 1.1, March 2008:* Included a revision to how LA-funded clients are distributed between the "high" and "moderate" needs groups, to more closely reflect the national shift towards focusing publicly funded care on the higher needs groups.
- *Release 1.0, October 2007*.

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1 Table of contents

2 Introduction

Background

This report provides our analysis of the likely social care needs and service requirements for older people across Kirklees over the next 20 years. The report summarises the current demographic profile and projected changes across the area, current and projected levels of social care needs for older people, and likely future service requirements for supporting older people with social care needs.

About the Planning4care tool

Planning4care provides information and analysis on future needs and service requirements to support effective commissioning and service development. The tool is based on a predictive needs model, linked to projected demographic trends and risk factors, to estimate projected levels of care need at local level, and service requirements and service costs under a range of different planning scenarios.

The Planning4care model incorporates local socio-economic risk factors, so goes beyond simply applying national prevalence data to local populations. As a result, the Planning4care data provides more robust local estimates of the numbers of older people with particular levels of social care need; it is also linked to predicted levels of service requirements and likely costs.

Planning4care provides key data input to the development of the Joint Strategic Needs Assessment (JSNA). The purpose of the JSNA is to enable local services to plan ahead for the next 10 to 15 years and to support the development of the wider health and social care market – including those who have the ability to pay for social care themselves. Guidance on core data sets for JSNA was published in 2009; some of this data is now available on the National Adult Social Care Intelligence Service (NASCIS).

Piloting of Planning4care was supported by funding from the DH Care Services Improvement Partnership (CSIP), and Planning4care is now used by 20 upper-tier Local Authorities to support older people commissioning teams.

For further information on the Planning4care tool, see Appendices A to E.

Future scenarios

Predicting the future is an inherently risky business, and should not be based on a single view of what is likely to happen. In this project, we have assessed a number of different scenarios and their impact on likely future need for social care[1] across Kirklees (see Appendix C for further details):

- Population projection scenarios
- Increases in Healthy Life Expectancy
- Impact of low-level preventative care
- Trends in patterns of service provision.

What this report contains

- Demographic profile and projections in Kirklees (Section 4)
- Current and projected levels of social care need for older people in Kirklees (Section 5)
- Likely future service requirements for supporting older people with social care needs (Section 6)
- Social care need and costs by Kirklees locality (Section 7)
- Local population estimates and validation against the Current Living in Kirklees (CLiK) survey (Section 8)
- Planning4care methodology, needs groups, future scenarios and data sources; How to use Planning4care to improve commissioning; Description of the tables and figures in this report (Appendices A-F).

Acknowledgements

We would like to thank the Kirklees project team: Julie Orlinski, Phil Longworth, Saf Bhuta and Helen Bewsher.

[1] Residential care refers throughout to personal or nursing care in a registered care home.

3 Overview of Kirklees's social care needs, service costs and requirements

Introduction

This section presents a brief overview of Kirklees's social care needs, service costs and requirements. We have pulled out the key messages from the information presented in this report (Sections 4 to 6).

Demographic profile and projections for older people in Kirklees (Section 4)

Current position

The most recent estimates show the 2010 65+ population of Kirklees as 63,250, with 8,000 aged 85+. Compared with England, the profile of the 65+ population in Kirklees is younger, with 54.3% of older people aged under 75, compared with 52.2% across England as a whole.

Demographic projections

The size of the 65+ population is projected to grow significantly in Kirklees over the next 20 years - a 15% increase in the 65+ age group to 2015 and a 52% increase in 65+ to 2030. This projected increase is likely to drive increased demand for social care in the Local Authority. This is particularly the case as the fastest increases are seen in the oldest age-groups, those most likely to need social care

Compared with other Local Authorities across the Yorkshire and the Humber region, Kirklees shows average levels of projected increase in the older population.

Impact of varying migration and life expectancy levels on the projected numbers of older people in Kirklees

The population projection scenario used for the ONS sub-national population projections is based on a set of assumptions on how levels of in- and out-migration, life expectancy, and fertility will vary in future. Varying these assumptions through additional scenarios gives a range in projected increases of the older population in Kirklees, of 47% to 57% by 2030 for the numbers of people aged 65+, and from 79% to 109% by 2030 for the numbers aged 85+.

Current and projected levels of social care need for older people in Kirklees (Section 5)

Social care needs classification

The social care needs classification set out in the Wanless Social Care review[2] takes a five point scale from 'no care needs' to 'very high care needs'.

We have used this classification and Planning4care calculations of social care need, based on local populations (by age, gender and receipt of attendance allowance) and additional 'risk' factors (including measures of local income and deprivation levels) to estimate the level of social care need in Kirklees and to project how levels of social care need may change in the future based on alternative scenarios.

Current numbers of older people with social care needs in Kirklees

Of the total population aged 65+ in Kirklees (2010), 22,800 (36%) are estimated to have some level of social care needs; of these 15,700 are estimated to have 'moderate' to 'very high' needs, and 5,700 (9%) to have 'very high' needs. The proportion of older people across Kirklees estimated to have some level of social care need (36%) is the same as the regional average (36%).

19,200 are potentially in need of formal care, whilst 3,700 are estimated to be well supported by informal care. 3,260 of those with 'moderate' to 'very high'

[2] Wanless D (2006), *Securing Good Care for Older people – Taking a Long-Term View*, Kings Fund.

needs receive care funded by the Local Authority (1,650 of these are estimated to have 'very high' needs).

10,400 of those with 'moderate' to 'very high' needs are estimated to be either unsupported or funding their own care (including 3,520 with 'very high' needs).

Of the total 'very high' needs group, 1,850 are estimated to have severe functional disability resulting from a high level of cognitive impairment (primarily dementia).

Projections of social care need

Based on Planning4care estimates and ONS published data on projected increases in the numbers of people aged 65+, the number aged 65+ with some level of social care need in Kirklees is projected to rise by 57% over the next 20 years (above the regional rise of 54% and above the national rise of 54%). The number of people in Kirklees with 'very high' social care needs is expected to rise by 56% over the same period.

The impact of changes to healthy life expectancy and preventative initiatives on future social care needs in Kirklees

The potential impact of improvements in Healthy Life Expectancy and effective preventative care interventions on projected numbers with social care need is significant:

- The optimistic '2-in-10' scenario results in 1,300 fewer people having any form of social care need by 2015 (330 fewer with 'very high' social care needs) compared to the 'base' projection, and 5,900 fewer people by 2030 (1,450 fewer with 'very high' social care needs)
- The 'Preventative care 10%' scenario results in no change to numbers with any level of social care need, but a decrease of 640 people with 'very high' needs by 2015 compared to the base projection, and 880 by 2030.

Likely future service requirements and costs for supporting older people with social care needs in Kirklees (Section 6)

Projected service requirements

Section 6 gives estimates of likely service requirements and costs – both for publicly funded services provided or commissioned by the council, and for whole population requirements. These are based on the estimates in the previous section of the projected numbers of people in Kirklees with different levels of social care needs, together with information on current patterns of service delivery.

It is estimated that Kirklees is currently commissioning 29% of the estimated total 65+ population requirements for home care, 31% of day care provision, and supporting 35% of the estimated total requirement for residential placements. Assuming continuation of current patterns of care, the number of LA-commissioned home care hours would expect to increase from 17,500 to 27,200 per week between 2010 and 2030, day care placements from 700 to 1,100, and supported residential placements from 1,200 to 1,800.

The total population requirement for home care would increase from 60,400 to 94,100 hours per week, day care placements from 2,280 to 3,550 and residential placements from 3,390 to 5,270.

In line with the demographic projections, all of these represent a projected increase of 56%, compared to 53% at regional level and 54% nationally.

Projected costs

Costs (derived from the application of local unit costs) would similarly mirror a projected zero-inflation increase of 56% between 2010 and 2030.

Impact of alternative population projections, changes to healthy life expectancy, preventative initiatives and alternative service patterns

The application of alternative scenarios can have a significant effect on these projections. The optimistic '2-in-10' Healthy Life Expectancy scenario reduces the projected increase to 30%, while the 'higher population' projection increases it to 61%.The 'preventative care 10%' scenario predicts an

estimated 9% reduction in overall costs compared with the base scenario by 2030. A shift from residential to community-based care indicates some reduction in cost but relatively little, given the likely high intensity of community care required for people in this group.

4 Demographic profile and projections for older people in Kirklees

Introduction

In this section we describe the demographic profile of older people in Kirklees, and look at how the population of older people is likely to change, based on government population projections. We also explore how the numbers of older people in Kirklees would vary under alternative scenarios of migration levels, changes in life expectancy, and varying levels of fertility.

Demographic profile and projections for older people in Kirklees

Older people in Kirklees

The most recent estimates show the 65+ population of Kirklees as 63,250 with 8,030 aged 85+[3]. Table 1 highlights how this group breaks down by age and gender.

Recent trends have seen the 65+ population in Kirklees increase from 57,000 to 63,250 (11%) over the period 2001 - 2010, compared with an increase of 9% across the region and 9.5% across England[4].

Table 1 Demographic profile for older people in Kirklees

Group	Number in Kirklees (2010)	% of total 65+ population (2010)		
		Kirklees	Yorkshire and the Humber	England
All people 65+	63,250	100	100	100
Women 65+	35,200	55.6	55.9	55.8
Men 65+	28,100	44.4	44.1	44.2
People aged 65-74	34,300	54.3	52.8	52.2
People aged 75-84	20,900	33.1	33.9	34.0
People aged 85+	8,000	12.7	13.3	13.8

See Appendix F for description of all tables and charts in this report

Comparison with regional and national projections

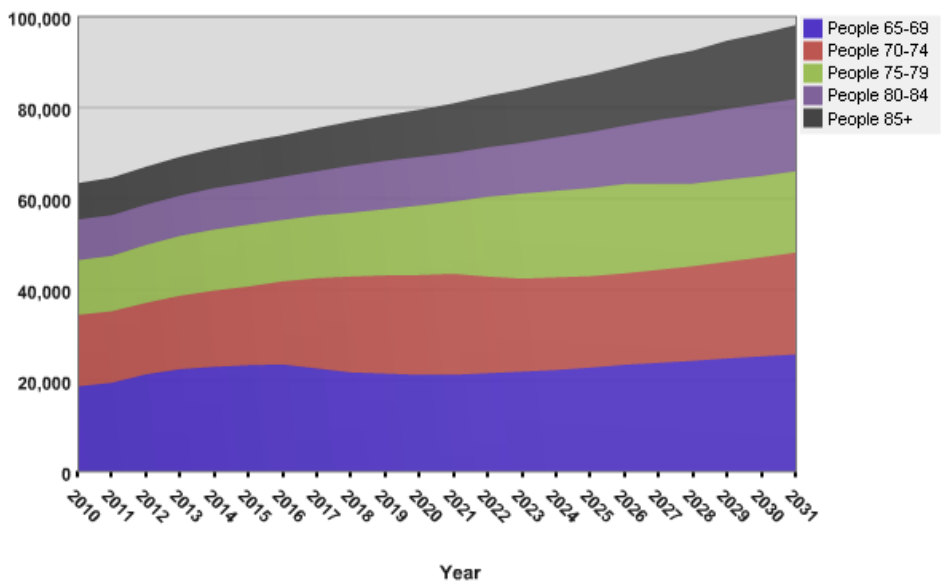
The size of the 65+ population in England is projected to grow significantly over the next 20 years, driven mainly by increases in life expectancy. This projected increase is likely to drive increased demand for social care in the Local Authority. This is particularly the case as the fastest increases are likely to be seen in the oldest age-groups, those most likely to need social care.

Figure 1a (over-page) highlights the projected increases in the 65+ population across Kirklees. This shows a 15% increase in the number of people aged 65+, and a 13% increase in the number aged 85+, to 2015. The increases to 2030 are projected to be 52% and 94% respectively.

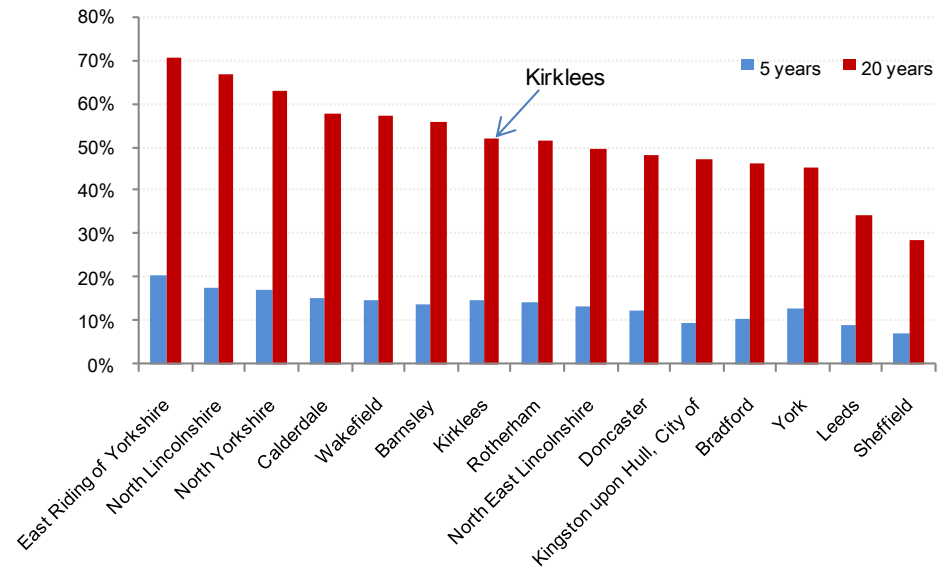
[3] Kirklees (2010) Local population estimates by age. The ONS (2010) Sub-national 2008-based population projections for 2010 to 2031 have been used to project the local population estimates to 2030.

[4] ONS (2010) Mid-Year Estimates 2001 to 2009 and ONS (2010) Sub-national population projections for 2009 to 2031.

Figure 1. Projected increase in 65+ population (a) increase for Kirklees; (b) 5 and 20-year increases for Kirklees and comparator areas



Source: ONS Sub-national population projections, 2010-2031



Source: ONS Sub-national population projections, 2010-2031

Compared with other Local Authorities across the Yorkshire and the Humber region, Kirklees shows the 7th highest projected increase in the older population over the next 20 years (see Figure 1b), similar to regional and national averages.

Table 2 identifies the projected increases by age group, showing the faster increases over the 20-year period for the 75-84 and 85+ groups.

Table 2 Demographic profile for older people in Kirklees, based on ONS sub-national population projections

Group	2010	2015		2030	
	N	N	% increase from 2010	N	% increase from 2010
All people 65+	63,250	72,400	15%	96,200	52%
Women 65+	35,200	39,400	12%	51,400	46%
Men 65+	28,100	33,100	18%	44,800	59%
People aged 65-74	34,300	40,600	18%	46,900	37%
People aged 75-84	20,900	22,800	9%	33,700	61%
People aged 85+	8,000	9,100	13%	15,600	94%

The 20-year projected increase in Kirklees for the 65+ group (52%) compares to increases of 50% for the region and 50% for England.

Table 3 shows the projected increases for Kirklees and comparator areas.

Table 3 Population projections for older people in Kirklees and comparator areas, based on ONS sub-national population projections

	2010	2015		2030	
	N	N	% increase from 2010	N	% increase from 2010
Kirklees	63,250	72,400	15%	96,200	52%
Yorkshire and the Humber	870,900	986,300	13%	1,309,600	50%
England	8,584,300	9,714,500	13%	12,879,600	50%

Impact of varying migration and life expectancy levels on the projected numbers of older people in Kirklees

The population projection scenario used for the ONS sub-national population projections is based on a set of assumptions on how levels of in- and out-migration, life expectancy, and fertility will vary in future [5].

As outlined in Appendix C, the Planning4care 'population projections' scenarios assess the impact of additional Government Actuary Department scenarios on the projected numbers of older people in Kirklees as follows:

- The standard 'Principal' scenario projects a 52% increase in the 65+ population by 2030 (94% for the 85+ group);
- The 'Higher' scenario (based on high levels of inward migration, large increases in life expectancy and high levels of fertility) projects a 57% increase in the 65+ population by 2030 (109% for the 85+ group);
- The 'Lower' scenario (based on low levels of inward migration, small increases in life expectancy and low levels of fertility) projects a 47% increase in the 65+ population by 2030 (79% for the 85+ group).

[5] Government Actuary's Department (2008), *2006-based Population projections*. From www.gad.gov.uk/Demography%20Data/

Key messages from this section

Current position

The most recent estimates show the 2010 65+ population of Kirklees as 63,250 with 8,000 aged 85+. Compared with England, the profile of the 65+ population in Kirklees is younger, with 54.3% of older people aged under 75, compared with 52.2% across England as a whole.

Demographic projections

The size of the 65+ population is projected to grow significantly in Kirklees over the next 20 years - a 15% increase in the 65+ age group to 2015 and a 52% increase in 65+ to 2030. This projected increase is likely to drive increased demand for social care in the county. This is particularly the case as the fastest increases are seen in the oldest age-groups, those most likely to need social care.

Compared with other Local Authorities across the Yorkshire and the Humber region, Kirklees shows average levels of projected increases in the older population.

Impact of varying migration and life expectancy levels on the projected numbers of older people in Kirklees

The population projection scenario used for the ONS sub-national population projections is based on a set of assumptions on how levels of in- and out-migration, life expectancy, and fertility will vary in future. Varying these assumptions through additional scenarios gives a range in projected increases of the older population in Kirklees, of 47% to 57% by 2030 for the numbers of people aged 65+, and from 79% to 109% by 2030 for the numbers aged 85+.

5 Current and projected levels of social care need for older people in Kirklees

Introduction

In this section we identify the current and projected levels of social care need for older people in Kirklees, based on the Planning4care analysis and government population projections. We also explore how future levels of social care need in Kirklees would vary under the alternative scenarios of: changes to life expectancy and migration, changes to Healthy Life Expectancy, and the impact of effective preventative care initiatives.

Classification of social care needs

The Wanless Social Care review[6] set out a classification for older people's levels of social care need, along with estimates of the size of these groups at national level:

- *No care needs:* People able to perform personal care and domestic care tasks without difficulty or need for help;
- *Low need:* People able to manage personal care tasks, but who have difficulty in performing domestic care tasks and/or have difficulty with bathing;
- *Moderate need: P*eople who have difficulty with one or more other personal care tasks;
- *High need*: People who are unable to perform one personal care task without help;
- *Very high need:* People who are unable to perform two or more personal care tasks without help.
    - *Very high need, Physical*: people for whom need for support is due primarily to physical impairment
    - *Very high need, Cognitive*: People for whom need for support is due primarily (or equally) to cognitive impairment.

See Appendix B for details of the personal care and domestic care tasks used in the needs classification.

At local level, Planning4care[7] uses this same needs classification, and provides locally sensitive estimates of social care need at small area level, based on local populations (by age, gender and receipt of attendance allowance) and additional 'risk' factors (including measures of local income and deprivation levels).

We have used this data to estimate the level of social care need in Kirklees and to project how levels of social care need may change in the future based on the different projections of how older groups are increasing over time. In the following sections we link this level of need to typical social care packages to estimate likely service requirements (both total and publicly funded) and cost implications.

Older people with social care needs in Kirklees – current estimates

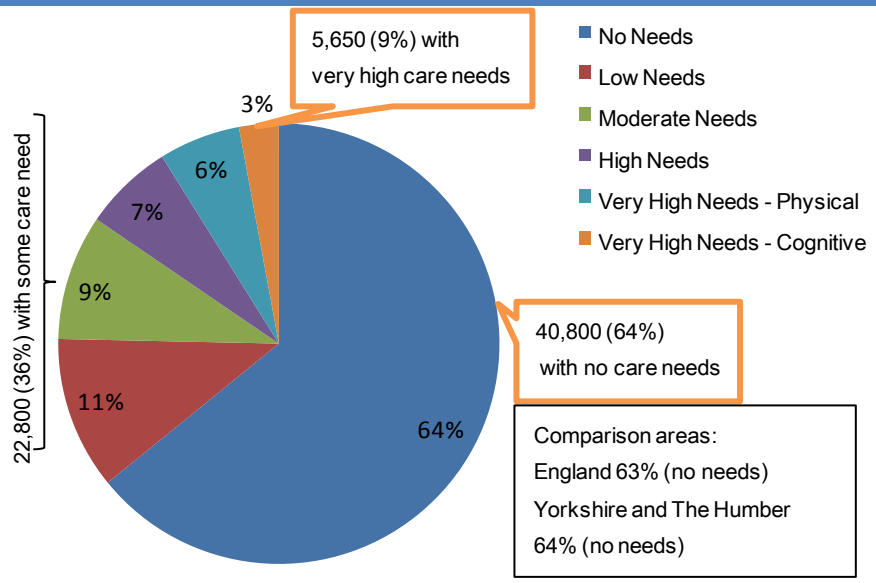
Estimates of numbers aged 65+ with different levels of social care need

Of the total number of people in Kirklees aged 65+, 22,800 (36%) are estimated to have some level of social care need, with 15,700 having 'moderate' to 'very high' needs, and 5,700 (9%) having 'very high' needs , as shown in Figure 2.

[6] Wanless D (2006), *Securing Good Care for Older people – Taking a Long-Term View*, Kings Fund.

[7] For more details see Appendices A, B

Figure 2. % of people in Kirklees with social care need, Planning4care estimates



Source: Planning4care 2010

Of the total 'very high' needs group, 1,850 are estimated to have severe functional disability resulting from a high level of cognitive impairment (primarily dementia).

Social care need by age

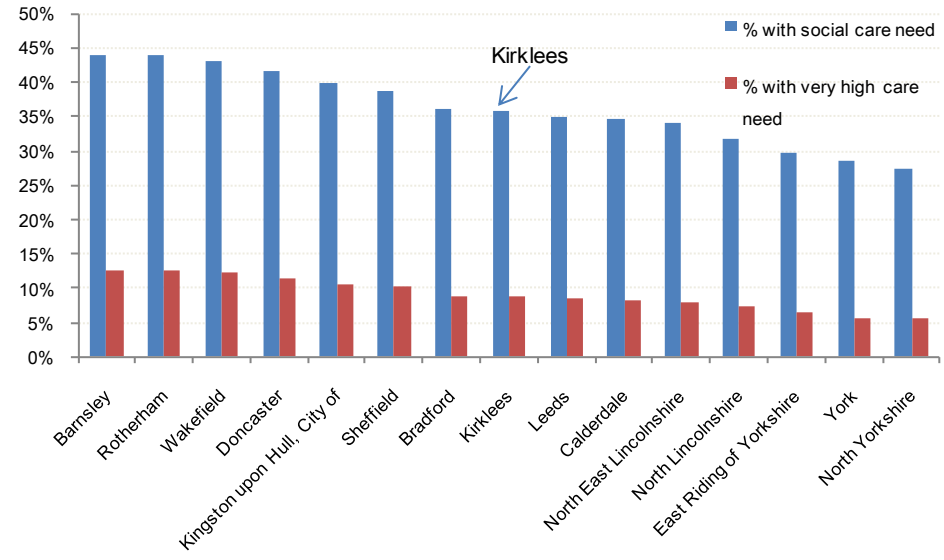
Social care need increases significantly with age. Table 4 shows that of those aged 65+ across the Local Authority, only 13% are aged 85+ but this age-group accounts for 20% of all people with 'moderate' levels and above of social care needs in Kirklees (with nearly 40% of the 85+ group estimated to have moderate or higher social care need).

Figure 3 above shows the level of social care need in Kirklees, compared to other LAs across the region. Kirklees has a fairly average proportion of people aged 65+ with social care needs compared to other local authorities in the region (and the overall proportion of people in Kirklees with social care needs, 36%, is the same as the region overall).

Table 4 Estimated levels of social care need by age

Group	All people aged 65+ in Kirklees (2010)		People aged 65+ with 'moderate' or above levels of social care need		
	N	% of all people aged 65+	N	% of all those with needs at 'moderate' level and above	% in each age group with social care need
All people 65+	63,200	100	15,700	100	24.8
People aged 65-74	34,300	54.3	7,080	45.1	20.6
People aged 75-84	20,900	33.1	5,510	35.1	26.4
People aged 85+	8,030	12.7	3,110	19.8	38.7

Figure 3. Percentage of people 65+ with social care needs, Kirklees compared to other LAs in the region



Source: Planning4care 2010

Distribution across Kirklees and comparator areas

Table 5 shows the estimated levels of social care need across Kirklees and comparator areas.

Table 5 Estimated levels of social care need across Kirklees and comparator areas

Group	People aged 65+ with social care need (2010)		People aged 65+ with 'moderate' or above levels of social care need (2010)	
	N	% of total population aged 65+	N	% of total population aged 65+
Kirklees	22,800	36%	15,700	25%
Yorkshire and the Humber	312,200	36%	216,300	25%
England	2,882,000	33%	1,946,000	23%

Estimated numbers in Kirklees with different forms of support

Table 6 Summary of different forms of support in Kirklees

Group	Total number	Number supported by informal care	Number requiring formal care – supported by council	Number requiring formal care – potential self funders
Low needs	7,140	1,630	0	5,510
Moderate needs	5,860	900	440	4,520
High needs	4,190	690	1,170	2,340
Very high needs	5,650	480	1,650	3,520
Total	22,800	3,700	3,260	15,900

Of all those with social care needs in Kirklees, Planning4care estimates suggest that:

- 19,200 are potentially in need of formal care, whilst 3,700 are estimated to be well supported by informal care;[8;]
- Of those in need of formal care, 13,700 are estimated to have needs at 'moderate' level and above;
- 3,260 of those with 'moderate' to 'very high' needs receive care funded by the Local Authority[9]. 1,650 of these are estimated to have 'very high' needs[10];
- 10,400 of all those with 'moderate' to 'very high' needs are either unsupported or funding their own care; this includes 3,520 with 'very high' needs.

Projections for how social care need in Kirklees is likely to change over time

Based on ONS published data on projected increases in the numbers of people aged 65+, the number aged 65+ with any level of social care needs in Kirklees is projected to rise by 57% over the next 20 years (above the regional rise of 54% and above the national rise of 54%).The number of people in

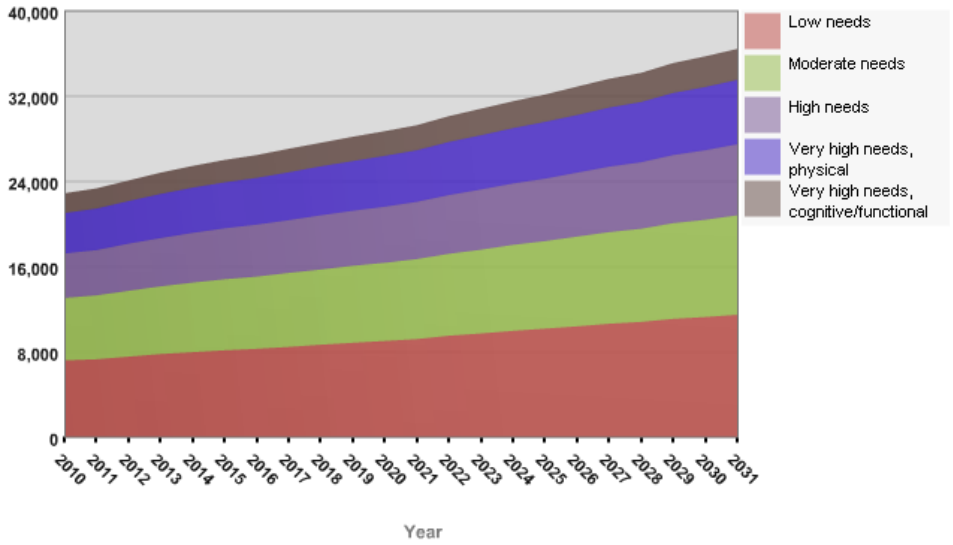
[8] People are considered in need of formal care if they are not well supported by informal care. An individual is regarded as not well supported by informal care if they have no effective informal social support for main functional disablement problem, or receive support from a carer who does not live in the same household. The estimates of informal care levels are calculated using the 2001 General Household Survey (GHS). These are applied to the population who are *not* living alone, which is estimated from a combination of GHS and census indicators.

[9] Publicly-funded levels based on NASCIS 2009/10 data. Calculated as the sum of those supported in residential and nursing home care, plus those receiving home care.

[10] We have assumed that people with 'low' level needs are unlikely to receive publicly funded care; the Planning4care methodology assumes that all people supported in residential and nursing home care are in the 'very high' needs category; the distribution of home care between the needs groups assumes that those receiving less than 2 hours a week are in the 'moderate' needs group, those receiving between 2 and 10 hours are in the high needs group, and those receiving 10 hours and above are in the 'very high' needs group. It is further assumed that older people in receipt of day care are a subset of those receiving publicly funded home care.

Kirklees with 'very high' social care needs is also expected to rise by 56% over the same period.

Figure 4. Projected needs in Kirklees



Source: Planning4care 2010

The total number of people with dementia is projected to rise over the 20-year period by 69% (74% for those with the 'very high' needs level of 'severe cognitive impairment and functional disability'). This is above the regional (67%), and above England (67%) comparative increases for total numbers with dementia.

The table below identifies the Planning4care 5-year and 20-year projections for the number of older people with social care needs in Kirklees and comparator areas.

Table 7 Planning4care 5-year and 20-year projections for the number of older people with social care needs in Kirklees and comparator areas

Group	2010	2015		2030	
	N	N	% increase from 2010	N	% increase from 2010
Kirklees	22,800	26,000	14%	35,700	57%
Yorkshire and the Humber	312,200	351,000	12%	479,700	54%
England	2,882,000	3,230,000	12%	4,445,000	54%

Alternative scenarios: The impact of changes to healthy life expectancy and preventative initiatives on future social care needs in Kirklees

Planning4care includes a set of alternative scenarios to explore the impact on future numbers with social care needs of a range of 'different futures', including variations in population projections, Healthy Life Expectancy, and the impact of early prevention strategies[11].

Tables 8 and 9 below show the Planning4care projected levels of social care need in Kirklees (Table 8 is all people with social care need; Table 9 is those with very high need) under a selection of alternative scenarios. The tables show the impact of the '1-in-10' and '2-in-10' Healthy Life Expectancy scenarios, the 'Higher' and 'Lower' population projection scenarios, and the 'Preventative care 10%' scenario.

[11] See Appendix C for details of the Planning4care scenarios.

Table 8 Planning4care projections for older people in Kirklees with *any* level of social care need under a range of alternative scenarios

Scenario	2015		2030	
	N	% increase from 2010	N	% increase from 2010
Planning4care 'Base'	26,000	14%	35,700	56%
'1-in-10' increases in HLE	25,300	11%	32,700	44%
'2-in-10' increases in HLE	24,700	9%	29,800	31%
'Higher' population projection	26,200	14%	37,100	62%
'Lower' population projection	25,700	13%	34,300	51%
'Preventative care 10%'	26,000	14%	35,700	56%

(Note that the preventative care scenario is based on successfully stopping a proportion of people with 'moderate' needs progressing to 'high' needs, and people with 'high' needs progressing to 'very high' needs. The overall number of people with social care need in Table 8 is therefore the same for both the base case and 'Preventative care 10%' scenario).

Table 9 Planning4care projections for older people in Kirklees with *very high* social care need under a range of alternative scenarios

Scenario	2015		2030	
	N	% increase from 2010	N	% increase from 2010
Planning4care 'Base'	6,430	14%	8,790	56%
'1-in-10' increases in HLE	6,270	11%	8,050	43%
'2-in-10' increases in HLE	6,100	9%	7,340	31%
'Higher' population projection	6,490	14%	9,140	61%
'Lower' population projection	6,370	13%	8,440	50%
'Preventative care 10%'	5,790	14%	7,910	56%

The Planning4care estimates for levels of need in 2010 are for 22,800 people aged 65+ to have some level of social care need, increasing to 26,000 by 2015. The impact of improvements in Healthy Life Expectancy and effective preventative care interventions is significant:

The optimistic '2-in-10' scenario results in 1,300 fewer people having any form of social care need by 2015 (330 fewer with 'very high' social care needs) compared to the 'base' projection, and 5,900 fewer people by 2030 (1,450 fewer with 'very high' social care needs)

The 'Preventative care 10%' scenario results in no change to numbers with any level of social care need, but a significant decrease of 640 people with 'very high' needs by 2015, and 880 by 2030.

Key messages from this section

Social care needs classification

The social care needs classification set out in the Wanless Social Care review[12] takes a five point scale from 'no care needs' to 'very high care needs'.

We have used this classification and Planning4care calculations of social care need, based on local populations (by age, gender and receipt of attendance allowance) and additional 'risk' factors (including measures of local income and deprivation levels) to estimate the level of social care need in Kirklees and to project how levels of social care need may change in the future based on alternative scenarios.

Current numbers of older people with social care needs in Kirklees

Of the total population aged 65+ in Kirklees (2010), 22,800 (36%) are estimated to have some level of social care needs; of these 15,700 are estimated to have 'moderate' to 'very high' needs, and 5,700 (9%) to have 'very high' needs.

Of the total 'very high' needs group, 1,850 are estimated to have severe functional disability resulting from a high level of cognitive impairment (primarily dementia).

19,200 are potentially in need of formal care, whilst 3,700 are estimated to be well supported by informal care.

[12] Wanless D (2006), *Securing Good Care for Older people – Taking a Long-Term View*, Kings Fund.

3,260 of those with 'moderate' to 'very high' needs receive care funded by the Local Authority (1,650 of these are estimated to have ‘very high’ needs).

10,400 of those with 'moderate' to 'very high' needs are estimated to be either unsupported or funding their own care (including 3,520 with ‘very high’ needs).

The proportion of older people across Kirklees estimated to have some level of social care need (36%) is the same as the regional average (36%).

Projections of social care need

Based on Planning4care estimates and ONS published data on projected increases in the numbers of people aged 65+, the number aged 65+ with some level of social care need in Kirklees is projected to rise by 57% over the next 20 years (above the regional rise of 54% and above the national rise of 54%). The number of people in Kirklees with 'very high' social care needs is also expected to rise by 56% over the same period.

The impact of changes to healthy life expectancy and preventative initiatives on future social care needs in Kirklees

The potential impact of improvements in Healthy Life Expectancy and effective preventative care interventions on projected numbers with social care need is significant:

- The optimistic ‘2-in-10’ scenario results in 1,300 fewer people having any form of social care need by 2015 (330 fewer with 'very high' social care needs) compared to the ‘base’ projection, and 5,900 fewer people by 2030 (1,450 fewer with 'very high' social care needs);
- The ‘Preventative care 10%’ scenario results in no change to numbers with any level of social care need, but a decrease of 640 people with 'very high' needs by 2015 compared to the base projection, and 880 by 2030.

6 Likely future service requirements and costs for supporting older people with social care needs in Kirklees

Introduction

In this section, we identify Planning4care estimates of the likely requirements for services to support older people with social care needs[13]. The analysis is based on the levels of social care needs identified in the previous sections, and the continuation of current patterns of service delivery. Our analysis is framed around the following questions:

- What are the service requirements for supporting older people with social care needs, *based on current patterns of care?*
- What are the projected increases in service requirements, *based on demographic projections and future scenarios*?
- What are the implications for LA funded/ commissioned care[14]?
- What are the implications for whole population requirements?

What are the service requirements for supporting older people with social care needs, *based on current patterns of care?*

Current patterns of publicly funded service delivery across Kirklees are taken from the National Adult Social Care Intelligence System (NASCIS) data for 2009/10[15]. These patterns are applied to the Planning4care local estimates of the numbers of people with different levels of social care needs.

The total number in residential care is based on the relative size of the 'very high' needs group, and national data on the total residential care population. The estimated proportion of this group with 'very high' needs resulting from severe cognitive impairment is taken from PSSRU research[16]. The local rate of LA-supported residential care is taken from Kirklees 2009/10 NASCIS data. For those supported in the community, "representative" home care hours by needs group are calculated using the NASCIS data[17].

The proportion of older people receiving home care who also receive day care (assumed 'high' and 'very high' needs groups only) is also calculated from the NASCIS data. These local representative care packages are shown in Table 10.

Table 10 Typical community-based care packages for Kirklees and England, estimated from NASCIS 2009/10 data

Group	Home care (hours per week)	Home care (hours per week)
	Kirklees	England
Moderate needs	1.0	1.0
High needs	5.6	5.7
Very high needs (physical and cognitive)	23.6	20.0
% of those with 'high' and 'very high' needs receiving home care who also receive day care	43%	33%

[13] For more details on Planning4care, see Appendices A-C and www.planning4care.org.uk.

[14] Note: LA commissioned care in this document includes both care directly provided and externally commissioned by the authority

[15] See http://nascis.ic.nhs.uk/

[16] Comas-Herrera et al, 2003, *Cognitive impairment in older people: its implications for future demand for services and costs,* PSSRU Discussion Paper 1728

[17] Local representative values for 'typical' sizes of home care packages against needs level are calculated on the assumption that people receiving less than 2 hours of home care a week have 'moderate' levels of need, those receiving between 2 and 10 hours have high levels of need, and those receiving 10 hours and above have 'very high' needs.

What is the projected requirement for residential care, home care and day care commissioned by the local authority?

Based on current patterns of services in Kirklees, and assuming that the same proportions of people with different levels of need continue to be supported in the future in residential and community-based services respectively, Table 11 shows the change in requirement for local authority commissioned home care hours, day care placements and residential care placements over the next 5 and 20 years. This represents an increase of 55% in LA commissioned home care hours, day care placements and residential care placements between 2010 and 2030, compared to regional increases of 53% and national increases of 54% over the same period.

Table 11 Projected LA-commissioned service requirements based on current patterns of provision in Kirklees

	2010	2015	2030
Home care (hours per week)	17,500	19,900	27,200
Day care (placements)	700	790	1,100
Residential care (supported placements)	1,200	1,300	1,800

What is the total population projected requirement for residential care, home care and day care?

Table 12 shows the total requirement for the provision of residential care, home care and day care (assuming current service patterns) for all people in Kirklees with social care needs at 'moderate' level and above who are in need of formal care (based on the typical levels of care for different needs groups currently provided by the local authority). This represents an increase of 56% in the whole population requirement for home care hours, day care placements and residential care placements between 2010 and 2030, compared to regional increases of 53% and national increases of 54%.

Kirklees is currently commissioning 29% of the estimated total 65+ population requirements for home care, 31% of day care provision, and supporting 35% of the estimated total requirement for residential placements.

Table 12: Projected total population service requirements based on current patterns of provision in Kirklees

	2010	2015	2030
Home care (hours per week)	60,400	68,800	94,100
Day care (placements)	2,300	2,600	3,500
Residential care (placements)	3,400	3,900	5,300

What is the projected cost of local authority commissioned care in Kirklees?

Table 13 shows the projected costs of providing LA-commissioned residential care, home care and day care services, using local unit costs and following current patterns of service provision.

Table 13: Projected weekly costs of providing LA-commissioned residential care, home care and day care services following current LA patterns of provision in Kirklees

Costs per week (£)	2010	2015	2030	% increase 2010 to 2030
Moderate need	7,140	8,120	11,100	55%
High need	138,000	157,000	215,000	56%
Very high need	775,000	882,000	1,210,000	56%
Total costs per week (£)	921,000	1,050,000	1,430,000	55%

What is the projected total care cost in Kirklees?

Table 14 shows the total projected costs of providing residential care, home care and day care services for all people with social care needs at levels 'moderate' and above, using local unit costs and following current patterns of service provision.

Table 14: Projected whole population weekly costs of providing residential care, home care and day care services following current patterns of LA provision in Kirklees

Costs per week (£)	2010	2015	2030	% increase 2010 to 2030
Moderate need	86,800	98,700	135,000	56%
High need	422,000	480,000	657,000	56%
Very high need, physical	1,470,000	1,670,000	2,290,000	56%
Very high need, cognitive	871,000	991,000	1,350,000	55%
Total costs per week (£)	2,849,000	3,241,000	4,433,000	56%

What are the projected costs for supporting older people with care needs, based on alternative future scenarios?

The Planning4care 'base' projection model indicates expected increases of 56% in the levels of services required and cost implications, both for publicly funded/ LA commissioned services and for total service requirements – in response to the projected demographic change and assuming continuation of current patterns of service provision. Tables 15 and 16 show the variation in service and cost increases predicted under the range of alternative scenarios.

The application of alternative scenarios can have a significant effect on these projections. The optimistic '2-in-10' Healthy Life Expectancy scenario reduces the projected increase to 30%, while the 'higher population' projection increases it to 61%.

The 'preventative care 10%' scenario in which an effective prevention strategy results in 10% of people with 'very high' needs shifting to 'high' needs, and 10% with 'high' needs shifting to 'moderate' needs, results in an overall 9% reduction in estimated costs by 2030.

A shift from residential to community-based care indicates a slight *increase* in costs. This is due to the likely high intensity of community care required for people in this group[18] .

Table 15: Projected costs of providing LA-commissioned residential care, home care and day care services under a range of alternative future scenarios

Costs per week (£)	2010	2015	2030	% increase 2010 to 2030
Planning4care 'Base' (£)	921,000	1,050,000	1,430,000	55%
'1-in-10' increases in HLE (£)	921,000	1,020,000	1,310,000	42%
'2-in-10' increases in HLE (£)	921,000	995,000	1,200,000	30%
'Higher' population projection (£)	921,000	1,050,000	1,490,000	62%
'Lower' population projection (£)	921,000	1,040,000	1,380,000	50%
'Informal care reduction' 2% (£)	921,000	1,060,000	1,480,000	61%
'Residential shift 10%' (£)	921,000	1,070,000	1,460,000	59%
'Preventative care 10%' (£)	921,000	965,000	1,320,000	43%

Table 16: Projected costs of providing whole population residential care, home care and day care services under a range of alternative future scenarios

Costs per week (£)	2010	2015	2030	% increase 2010 to 2030
Planning4care 'Base' (£)	2,850,000	3,240,000	4,430,000	55%
'1-in-10' increases in HLE (£)	2,850,000	3,160,000	4,060,000	42%
'2-in-10' increases in HLE (£)	2,850,000	3,080,000	3,700,000	30%
'Higher' population projection (£)	2,850,000	3,270,000	4,610,000	62%
'Lower' population projection (£)	2,850,000	3,210,000	4,260,000	49%
'Informal care reduction' 2% (£)	2,850,000	3,280,000	4,580,000	61%
'Residential shift 10%' (£)	2,850,000	3,420,000	4,680,000	64%
'Preventative care 10%' (£)	2,850,000	3,000,000	4,100,000	44%

[18] The model assumes that people supported in the community who would otherwise have been in residential care are likely to be at the higher end of the 'very high needs' spectrum, and therefore increases the typical 'very high' needs care package by 50% for this group.

Key messages from this section

Projected service requirements

This section gives estimates of likely service requirements and costs – both for publicly funded services provided or commissioned by the council, and for whole population requirements. These are based on the estimates in the previous section of the projected numbers of people in Kirklees with different levels of social care needs, together with information on current patterns of LA service delivery.

It is estimated that Kirklees is currently commissioning 29% of the estimated total 65+ population requirements for home care, 31% of day care provision, and supporting 35% of the estimated total requirement for residential placements. Assuming continuation of current patterns of care, the number of LA-commissioned home care hours would expect to increase from 17,500 to 27,200 per week between 2010 and 2030, day care placements from 700 to 1,100, and supported residential placements from 1,200 to 1,800.

The total population requirement for home care would increase from 60,400 to 94,100 hours per week, day care placements from 2,280 to 3,550 and residential placements from 3,390 to 5,270.

In line with the demographic projections, all of these represent a projected increase of 56%, compared to 53% at regional level and 54% nationally.

Projected costs

Costs (derived from the application of local unit costs) would similarly mirror a projected zero-inflation increase of 56% between 2010 and 2030.

Impact of alternative population projections, changes to healthy life expectancy, preventative initiatives and alternative service patterns

The application of alternative scenarios can have a significant effect on these projections. The optimistic '2-in-10' Healthy Life Expectancy scenario reduces the projected increase to 30%, while the 'higher population' projection increases it to 61%.The 'preventative care 10%' scenario predicts an estimated 9% reduction in overall costs compared with the base scenario by 2030. In contrast, a shift from residential to community-based care indicates relatively little reduction in costs, given the likely high intensity of community care required for people in this group.

7 Social care need and costs for older people services by Kirklees locality

Introduction

Based on definitions of the seven Kirklees localities provided by the Kirklees project team, we have estimated social care needs, service requirements and cost for older people in each of the localities.

Population projection data is only available for Kirklees as a whole, so the population projections for each of the localities simply apply the overall Kirklees percentage increase over time to each of the locality values.

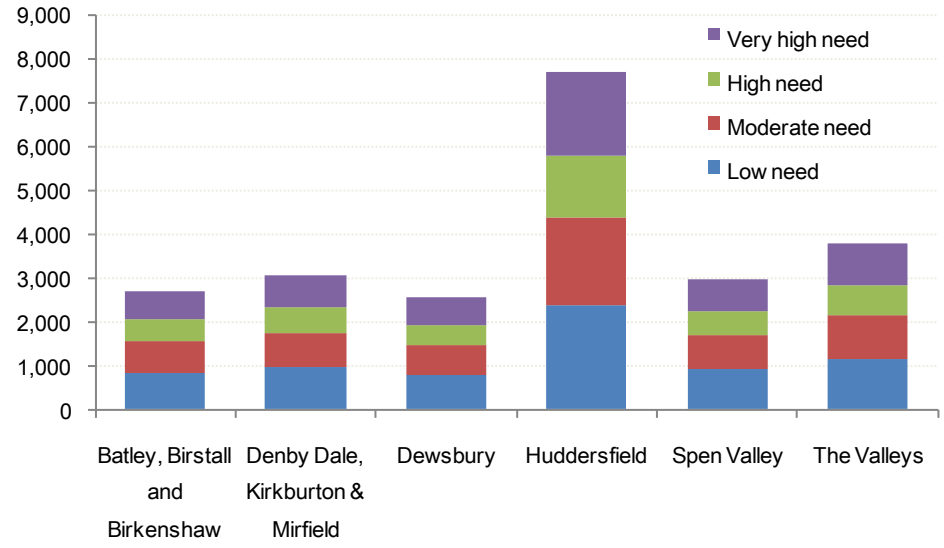
Social care need for older people by Kirklees locality

Table 17 and Figure 5 show the estimated number of people with social care need by classification for localities in Kirklees. Huddersfield has the highest number of people with social care needs, with 7,700 people with social care needs (approximately one-third of all people with social care needs in Kirklees).

Table 17: Estimated levels of social care need for Kirklees localities: 2010

People with social care needs	Low need	Moderate need	High need	Very high need	All with social care needs
Batley, Birstall and Birkenshaw	850	700	500	670	2,720
Denby Dale, Kirkburton & Mirfield	960	790	570	760	3,080
Dewsbury	800	660	470	630	2,560
Huddersfield	2,410	1,980	1,420	1,910	7,720
Spen Valley	930	760	550	740	2,980
The Valleys	1,180	970	700	940	3,790
Kirklees total	7,140	5,860	4,190	5,650	22,800

Figure 5. Planning4care estimates of the number of people in Kirklees localities by level of social care need



Source: Planning4care 2010 and Kirklees locality definitions

Likely future service requirements for supporting older people with social care needs by Kirklees locality

Based on current patterns of services across Kirklees, Table 18 shows the current requirement for local authority commissioned home care hours, day care placements and residential care placements in Kirklees localities. Table 19 shows the total requirement for the provision of residential care, home care and day care for all people in Kirklees localities with social care needs at moderate level and above.

Huddersfield has the highest levels of Home Care, Day Care and Residential Care provision of Kirklees localities. This reflects the higher numbers of people with social care need in Huddersfield relative to other localities.

Table 18: Projected LA-commissioned service requirements for localities in Kirklees based on current patterns of provision

LA-funded service requirements (per week), by locality	Home care (hours per week)	Day care (placements)	Residential care (placements)
Batley, Birstall and Birkenshaw	2,100	80	140
Denby Dale, Kirkburton & Mirfield	2,400	90	160
Dewsbury	2,000	80	130
Huddersfield	5,900	240	400
Spen Valley	2,300	90	150
The Valleys	2,900	120	200
Kirklees total	17,500	700	1,200

Table 19: Projected whole population service requirements for localities in Kirklees based on current patterns of provision

Whole population service requirements (per week), by locality	Home care (hours per week)	Day care (placements)	Residential care (placements)
Batley, Birstall and Birkenshaw	7,200	270	410
Denby Dale, Kirkburton & Mirfield	8,200	300	460
Dewsbury	6,800	270	380
Huddersfield	20,300	780	1,140
Spen Valley	7,900	300	440
The Valleys	10,000	390	570
Kirklees total	60,400	2,300	3,400

Likely future service requirements for supporting older people with social care needs by Kirklees locality

Table 20 shows the costs of providing LA-commission residential care, home care and day care services, using local unit costs and following current patterns of service provision by level of need. Table 21 shows the cost of providing the same services for the whole population with social care need requiring formal care. Weekly costs of providing LA-commissioned care in each of the localities exceeds 100,000, with the highest costs in Huddersfield – approximately £320,000 per week.

Table 20: Projected weekly costs of providing LA-commissioned residential care, home care and day care services following current LA patterns of provision, by locality

Costs per week (£) by locality	Moderate need	High need	Very high need	Total costs per week (£)
Batley, Birstall and Birkenshaw	860	16,400	92,200	109,500
Denby Dale, Kirkburton & Mirfield	950	18,600	104,600	124,300
Dewsbury	770	15,400	86,800	103,200
Huddersfield	2,410	46,600	261,700	311,000
Spen Valley	950	18,000	101,200	120,200
The Valleys	1,200	22,900	128,500	152,700
Kirklees total	7,140	138,000	775,000	921,000

Table 21: Projected whole population weekly costs of providing residential care, home care and day care services following current patterns of LA provision, by locality

Costs per week (£) by locality	Moderate need	High need	Very high need, physical	Very high need, cognitive	Total costs per week (£)
Batley, Birstall and Birkenshaw	10,300	50,200	174,900	103,700	339,000
Denby Dale, Kirkburton & Mirfield	11,700	57,000	198,400	117,500	384,500
Dewsbury	9,800	47,300	164,700	97,600	319,100
Huddersfield	29,300	142,500	496,400	294,100	962,100
Spen Valley	11,300	55,100	191,900	113,700	371,900
The Valleys	14,400	70,000	243,800	144,400	472,500
Kirklees total	86,800	422,000	1,470,000	871,000	2,849,000

8 Local population estimates and validation against the Current Living in Kirklees (CLiK) survey

Local population estimates

The analysis in this report is based on Planning4care methodology, and local population estimates by age provided by the Kirklees team. The population data is therefore consistent with local needs assessments such as the Joint Strategic Needs Assessment (JSNA).

We have used national population projections (ONS 2008, Sub-national population projections for 2010 to 2031) to project the local population estimates to 2030.

Validation against the Current Living in Kirklees (CLiK) survey

70,000 self-completion Current Living in Kirklees (CLiK) questionnaires were sent out to a randomly selected sample of households in Kirklees. One reminder was also despatched to those who had not completed the survey already. Fieldwork took place between 25 March and 30 May 2008.

Results are based on 21,535 respondents – a 31% response rate. Of these, 35% were aged 65+, a sample of 7,000. Data tables have been weighted by gender, age and ethnicity to make sure that the data matches the actual demographic profile of the population within each area.

Key questions relevant to Planning4care and social care need include those asking respondents whether they need help/support with particular daily tasks (question 18), including bathing/toilet, dressing, cleaning/housework, feeding, shopping, mobility inside and outside home. These are very close to the General Household Survey questions used in the Planning4care needs categories (see Appendix B for details) so enable us to make comparisons against the Planning4care estimates.

The Kirklees project team provided summary data tables from the CLiK survey to Planning4care for validation analysis. We have validated the headline results against Planning4care estimates for Kirklees as a whole, and for each of the localities in Kirklees.

Validation of estimates for Kirklees as a whole

There is a good match between the overall CLiK results on activities of daily living – CLiK identifies 36% of all people over 65 needing help/ support with daily tasks, with Planning4care also identifying 36% of all people over 65 as having some care need (any difficulty with daily tasks). For the 75+ age group, there is also a close match between CLiK (49% aged 75+) and Planning4care (46%) as having some level of need.

Weighted results	65+	75+
CLiK results for "Need help/ support with any daily tasks" (%)	36% (1,480 people)	49% (938 people)
Planning4care results for social care need (groups 1 to 4)	36% with "some care need" (see Figure 2)	46% with "some care need"

CLiK results are weighted by gender-age-ethnicity

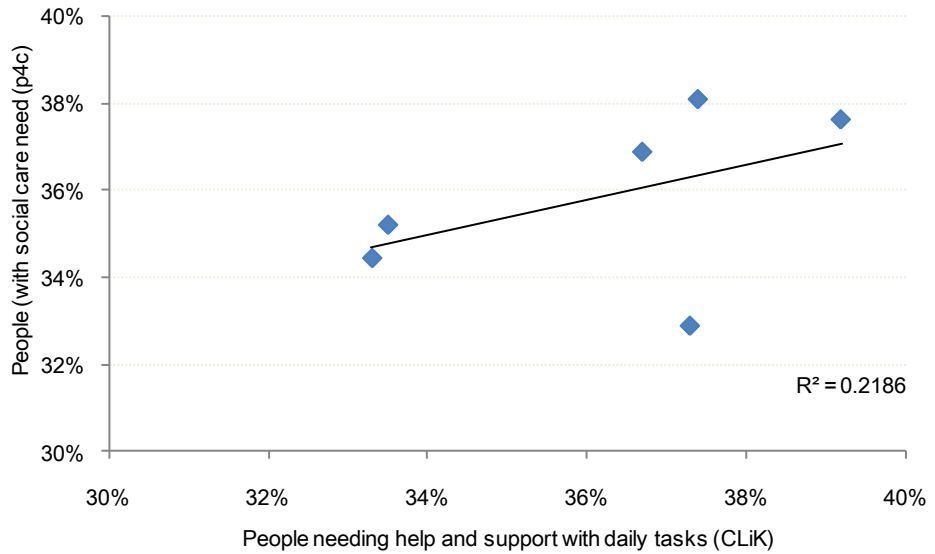
Validation of estimates for the six Kirklees localities

The table and chart below compare the proportion of people aged 65+ with social care needs in the planning4care model and the proportion of people aged 65+ needing help/ support with daily tasks in the CLiK survey for each of the localities in Kirklees.

There is a reasonable correlation between the Planning4care and Current Living in Kirklees estimates of social care need for each of the localities. Those localities with lower-than-Kirklees-average levels of social care need as identified by the CLiK survey (Spen Valley and The Valleys) are similarly identified by Planning4care. The above-average areas (Dewsbury, Huddersfield and Batley, Birstall and Birkenshaw) are also identified by both CLiK and Planning4care.

The main outlier is the 'Denby Dale, Kirkburton & Mirfield' locality, which has higher levels of social care need identified by the CliK survey compared with the planning4care methodology. We are exploring possible reasons for this difference.

Figure 6. Planning4care estimates of the number of people in Kirklees localities by level of social care need against CLiK survey estimates of level of need



Source: CLiK (2008) and Planning4care 2010, Kirklees locality definitions

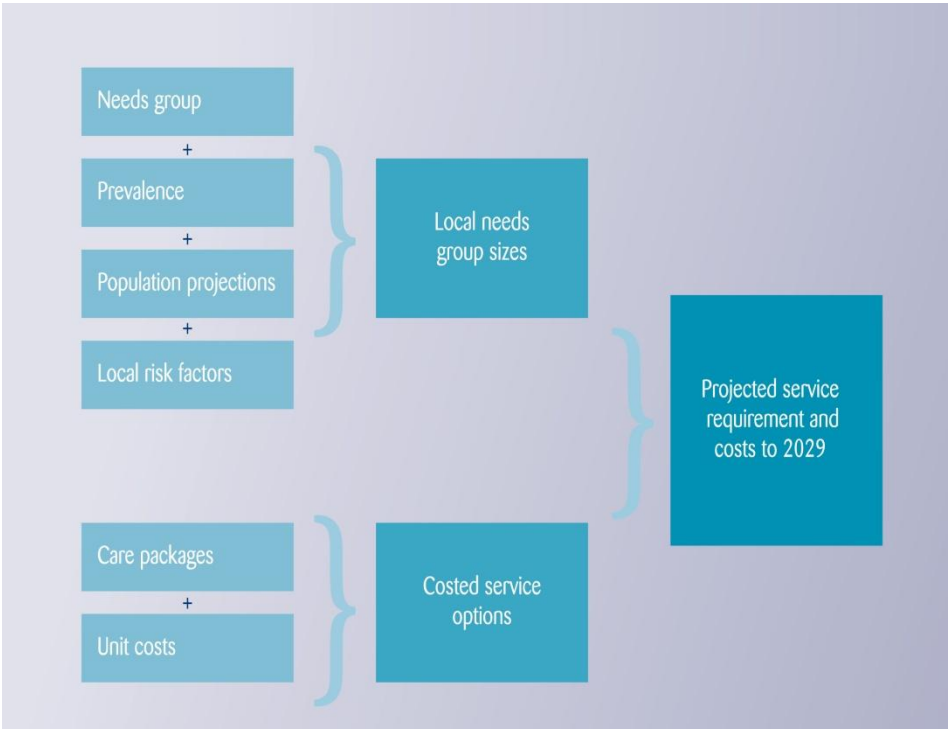
Table 22: Planning4care estimates of the number of people in Kirklees localities by level of social care need against CLiK survey estimates of level of need

Locality	Proportion of people needing help/ support with daily tasks (CLiK), people aged 65+	Proportion of people aged 65+ with some social care need (Planning4care)
Dewsbury	39.2%	37.6%
Huddersfield	37.4%	38.1%
Denby Dale, Kirkburton & Mirfield	37.3%	32.9%
Batley, Birstall and Birkenshaw	36.7%	36.9%
Spen Valley	33.5%	35.2%
The Valleys	33.3%	34.4%
Kirklees local authority area average	*36%*	*36%*

Appendix A: Key definitions and assumptions

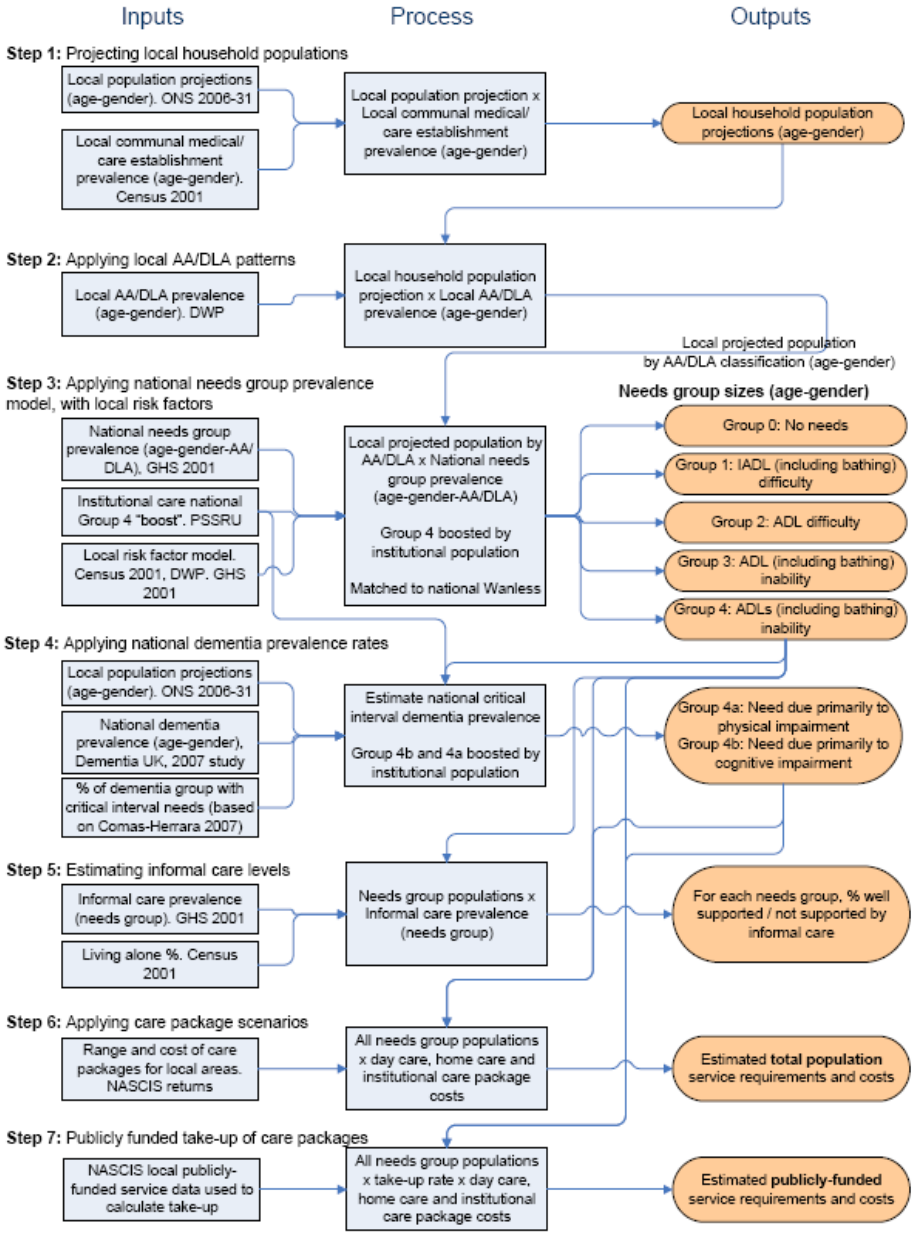
How does Planning4care work?

Figure 7. Planning4care overview



Source: Planning4care 2010

The Planning4care model follows the PSSRU/Wanless national projection methodology, in adopting a set of clearly identified levels of need for social care support, and then estimating the current and projected proportions of the total over-65 population expected to fall into each of these groups. See Appendix B for the needs group definitions.



Care needs and dementia prevalence

Prevalence rates by age-groups (65-74, 75-84, 85+) and gender for each of the needs classification groups are derived from analysis of the General Household Survey 2001. The GHS survey was based on a large national random population sample and asked detailed questions about self-care ability of people aged 65+.

Prevalence rates for dementia by age-group (5-year bands up to 84, 85+) are taken from the Dementia UK report[19], with estimates of those with severe combined cognitive impairment and functional disability taken from Comas-Herrera et al 2007[20].

Prevalence of informal care support is derived from the General Household Survey 2001 and the 2001 Census.

Population projections

Data for comparator areas is based on sub-national population projections by age and gender taken from Office for National Statistics (ONS) sub-national projections. Source: GAD 2006 for 2006 – 2031. The model is updated with the most recent ONS projections as these come on line. Locally produced population projections can be put into the model on request.

Local risk factors

The model incorporates local socio-economic indicators, or risk factors, that were identified as having an impact on prevalence of the needs classification groups (using ordinal logistic regression analysis of the GHS). These factors were used to refine prevalence rates at local level. These include, at individual level, take-up of Attendance Allowance/ Disability Living Allowance [AA/DLA] and, at area level, data on the proportion of households with no car, the proportion of rented housing, the proportion of people aged 65 or over, and the proportion of employed people with routine or manual occupations.

[19] *Dementia UK: The full report*. Available from http://www.alzheimers.org.uk/downloads/Dementia_UK_Full_Report.pdf

[20] *Comas-Herrera et al 2007, International Journal of Geriatric Psychiatry, **22**, 1037*

Local needs group sizes

The analysis provides a whole population estimate of people aged 65+ by needs group. It also separates out people who are well supported by informal care, people receiving publicly funded social care services and people who are either unsupported or funding their own care.

Care packages

Having calculated the numbers of older people projected to be in each needs group, the tool then calculates "typical" local-based levels and types of care for each needs group, in order to calculate projections of total (and publicly funded) resource requirements and costs.

The methodology follows the Wanless review in focusing on the three principal current components of long-term care – residential and nursing home care, home care, and day care. Given that the nature of services is expected to change - especially the replacement of residential care with extra care housing, and the replacement of day care with other forms of community-based support - the above three components are regarded as representative of broader categories of service, referred to in the Wanless review as "care with housing", "community based services" and "other community services" respectively.

Unit costs

Local unit costs are applied to the different components of care packages to produce costed service options.

Key assumptions

- The number of people by age and gender (65+) changes in line with the latest Government Actuary Department (GAD) population projections;
- Prevalence of disability by age and gender remain unchanged, as reported in the 2001-02 General Household Survey (GHS). (Scenarios can be set up which vary this assumption);
- Local risk factors affecting prevalence of needs groups remain constant over time;

- The proportion of people receiving informal care remains constant over time for each subgroup by age, disability and other needs related characteristics. (Scenarios can be set up which vary this assumption);
- The total local population 65+ in residential and nursing home care has been modelled to reflect the national rate of institutional care per population 65+ with high needs, in order to take account of cross boundary flows. The publicly funded residential population is based on actual take-up in each council;
- People in residential and nursing homes are assumed to be in the 'very high' needs group;
- Publicly funded care packages are assumed to be not available for people in the 'low' needs group; they are also not included in the whole population care requirement calculations. (However, volumes and cost of services targeted specifically at this group could be modelled, based on local strategies);
- In the standard scenario, the proportions of older people receiving formal community and residential or nursing home services remain constant over time for each subgroup by age, disability and other needs related characteristics.

Details of the variations adopted for the different scenarios are given at Appendix C.

Further details on the methodology are included in the methodology section on the web page, see www.planning4care.org.uk.

Appendix B: Needs groups used in Planning4care

Needs group definitions

Planning4care uses the classification for older people's levels of social care need set out in the Wanless Social Care review[21], based on Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL), see table below.

Table17 Definitions of the needs groups, Wanless Social Care review	
No care needs	People able to perform ADL (personal care) tasks and IADL (domestic care) tasks without difficulty or need for help
Low need	People who have difficulty in performing IADL tasks and/or have difficulty with bathing, showering or washing all over but not with other ADL tasks
Moderate need	People who have difficulty with one or more other ADL tasks
High need	People who are unable to perform one ADL task without help
Very high need	People who are unable to perform two or more ADL tasks without help. A: people for whom need for support is due primarily to physical impairment B: people for whom need for support is due primarily (or equally to cognitive impairment

Activities of Daily Living and Instrumental Activities of Daily Living

The *Activities of Daily Living* used in the needs classification are:

- Transfer: get in and out of bed (or chair)
- Use toilet
- Get dressed and undressed
- Feed self
- Bath, shower or wash all over. Note: 'Bath, shower or wash all over' is treated as a special case in that difficulty with this task is grouped with IADL tasks (group 1), while inability is treated as any other ADL.

The Instrumental Activities of Daily Living (IADL) used in the needs classification are:

- Shopping
- Laundry
- Vacuuming
- Cooking a main meal
- Managing personal affairs.

The "*Very high needs (B), Severe cognitive impairment and functional disability*" group includes people who show symptoms consistent with diagnosis of dementia. ICD-10 Diagnostic Guidelines for Dementia states that each of the following symptoms should be present for a diagnosis of dementia:

- A decline in memory to an extent that interferes with everyday activities, or makes independent living either difficult or impossible;
- A decline in thinking, planning and organising day-to-day things, again to the above extent;
- Initially, preserved awareness of the environment, including orientation in space and time;
- A decline in emotional control or motivation, or a change in social behaviour, as shown in one or more of the following: emotional lability, irritability, apathy or coarsening of social behaviour, as in eating, dressing and interacting with others.[22]

[21] Wanless D (2006), *Securing Good Care for Older people – Taking a Long-Term View*, Kings Fund

[22] Henderson AS and Jorm AF (2000) Definition and Epidemiology of Dementia: A Review. In Maj M and Sartorious N (eds.), *Dementia*. WPA Series: Evidence and Experience in Psychiatry, Wiley, Chichester.

Appendix C: Planning4care future scenarios

Predicting the future is an inherently risky business, and should not be based on a single view of what is likely to happen. Planning4care v2.0 explores the impact on future social care needs through a range of alternative future scenarios:

- *Population projections*: the impact of varying migration and life expectancy levels on the projected numbers of older people.
- *Increases in Healthy Life Expectancy*: the impact of people getting healthier on projected levels of social care need.
- *Impact of low-level preventative care*: Based on evidence of the impact of low-level preventative work (eg from the POPPs projects), and impact of re-ablement on subsequent use of services, Planning4care now estimates plausible changes in demand for residential care and other services resulting from the impact of successful preventative care at local level.
- *Trends in publicly funded service provision*: the impact of shifts away from residential care.
- *Changes to informal care levels*: Planning4care estimates the impact of informal care levels on the need for services at local level. Additional scenarios enable users to explore likely impact on service requirements and costs from changes to informal care levels over time.

Population projections: the impact of varying migration and life expectancy levels on the projected numbers of older people

The 'Principal' population projection scenario used for the sub-national population projections is based on a set of assumptions on how levels of in- and out-migration, life expectancy, and fertility will vary in future [23]. In addition to this 'Principal' scenario, the Government Actuary Department publishes population projection data at national level based on a series of additional scenarios, exploring varying levels of in- and out-migration, increases in life expectancy, and changes in fertility[24].

The Planning4care 'population projections' scenarios assess the impact of two alternative Government Actuary Department scenarios on the projected numbers of older people[25]:

- 'Higher' scenario: Based on high levels of inward migration, large increases in life expectancy, and high levels of fertility;
- 'Lower' scenario: Based on low levels of inward migration, small increases in life expectancy, and low levels of fertility.

Healthy Life Expectancy: the impact of people getting healthier on projected levels of social care need

Healthy Life Expectancy (HLE) is an indicator of how many years a person can expect to live without disability. The Planning4care Base scenario pessimistically assumes that Healthy Life Expectancy will not change over time. For example, an 80 year-old in 2029 is assumed equally likely to need social care as an 80 year-old today. This is unlikely to be the case, for example over the period 2000-2002 to 2004-2006 HLE at birth has increased from 67.1 to 68.5 for males and 70.1 to 70.7 for females, and HLE aged 65 has increased from 12.0 to 12.9 for males and 14.2 to 14.7.

Based on alternative scenarios set out in research carried out for the national Ageing Strategy[26], we have assessed additional scenarios to explore the

[23] Government Actuary's Department (2008), *2006-based Population projections*. From www.gad.gov.uk/Demography%20Data/

[24] Government Actuary's Department (2008), *2006-based Variant projections*. From www.gad.gov.uk/Demography%20Data/Population/index.aspx?y=2006&v=Variant

[25] Based on the differences in projected population sizes (by 5-year age band and gender) between the 'Principal', 'Higher' and 'Lower' population projection scenarios at national level, we have adjusted the sub-national population projection numbers to create 'Higher' and 'Lower' scenarios at Local Authority level.

impact of HLE increases on the projected numbers of older people with social care need:

- '1-in-10' scenario: Healthy Life Expectancy increases by *one* year every ten years;
- '2-in-10' scenario: Healthy Life Expectancy increases by *two* years every ten years;
- Planning4care 'Base' scenario: Healthy Life Expectancy does not increase over time.

Impact of low-level preventative care

There is growing evidence that prevention and early intervention services have a positive impact, particularly with respect to the care of older people. For example:

- Impacts of prevention services within the POPP projects include reduction in hospital admissions and service users reporting improvements in quality of life. Both are factors that may delay or prevent entry to residential care.
- There is clear evidence that people at higher levels of need can and do benefit significantly from home care re-ablement services.
- Qualitative evaluations of telecare schemes have described benefits as improved quality of life by increasing choice and control, increased safety and independence, supporting carers and giving 'peace of mind' to both service users and carers. Again these are factors that may delay or prevent entry to residential care.

Based on evidence of the potential impact of preventative care initiatives, we have developed scenarios to identify changes to social care need, and residential care need, resulting from the impact of successful preventative care strategies:

- 'Preventative care 1%' scenario: Effective early care programmes result in successfully stopping a proportion of people with moderate needs progressing to high needs, and people with high needs progressing to very high needs. The net result is a shift of 1% of the high needs group to the moderate needs group, and a shift of 1% of the very high needs group to the high needs group.
- Preventative care 5%, 10%, 15% and 20%: Taking the same methodology as the 1% shift, these four scenarios result in 5%, 10%, 15% and 20% respectively shifting from high to moderate, and very high to high, needs. For illustration, we have shown data for the 'Preventative care 10%' scenario.

Trends in publicly funded service provision: the impact of shifts away from residential care

Local areas are seeing changes in the take-up of services, resulting from both policy initiatives, and individual user choice. For example in many areas, there is an ongoing shift towards community care, and away from residential care. Planning4care now incorporates future scenarios incorporating likely shifts, including a relative reduction in use of residential care, and the impact on likely future demand for residential care at local level.

Nationally, KIGS and NASCIS data identifies a consistent fall in take-up of LA-supported residential care places, from 25.1 places per 1,000 65+ population in 2001/2 to 21.07 in 2007/8. Planning4care now incorporates additional scenarios exploring the shift from residential to community care:

- Residential care shift 5% scenario: Likely future trends in service provision will see a decrease in the numbers of people with high need taking-up residential care provision. The Planning4care Residential care shift 5% scenario reduces the numbers of people estimated to need residential care by 5%, with a corresponding increase in those taking up community care packages.
- People shifting from residential care to community care packages are likely to be at the upper end of the 'very high needs' care packages spectrum. The scenario therefore incorporates an increased level of community care for this group, with a 50% increased level of home-care hours, and 50% more likely to use daycare, for this group compared with the typical local 'very high needs' care package.

[26] Mayhew, L. (2009) Increasing longevity and the economic value of healthy ageing and working longer. *Cass Business School, City University*, part of the 'Building a Society for All Ages' strategy's evidence base.

- Residential care shift 10%, 15% and 20%: Taking the same methodology as the 5% shift, these three scenarios result in 10%, 15% and 20% respectively shifting from residential care to community care services

Changes to informal care levels

Planning4care estimates the impact of informal care levels on the need for services at local level. Additional scenarios enable users to explore likely impact on service requirements and costs from changes to informal care levels over time:

- Informal care -1% (or -2%) scenarios: The proportion of people well-supported by informal care *falls* by 1% (or 2%) per year, resulting in an *increase* in the need for care services (this might happen as a result of continuing trends where older people are more likely to live alone in future).
- Informal care +1% (or +2%) scenarios: The proportion of people well-supported by informal care *increases* by 1% (or 2%) per year, resulting in a *decrease* in the need for care services (this might happen as a result of increased support for those providing informal care).

Appendix D: Data Sources

Inputs used in the Planning4care tool include the following sources on "need":

- Projections of age-gender populations (Office for National Statistics / Government Actuary Department). Data included is the 2006-based long term Subnational Population Projections for England (SNPP), published on 12 June 2008
- Medical and care establishment populations (Census 2001 Standard Table 126)
- Provision of care by levels of need (Personal Social Services Research Unit / Wanless Social Care Review)
- Attendance Allowance / Disability Living Allowance claimant levels by age-gender (Department for Work and Pensions)
- Needs group prevalence analysis (General Household Survey, 2001)
- Dementia UK: The full report. (Dementia UK report, commissioned from Personal Social Services Research Unit, LSE)
- Estimates of those with severe cognitive impairment and functional disability. Comas-Herrera et al (2007), International Journal of Geriatric Psychiatry, 22, 1037.
- Informal care levels (General Household Survey; Census 2001, Census Access Table 02)
- Local risk factors (General Household Survey; Census 2001; Department for Work and Pensions)
- Planning4care (2011). Older people summary report template v2.1.1

The following data on "resources" are also used as inputs to the tool:

- Local take-up rates for publicly funded care (National Adult Social Care Intelligence Service, NASCIS). As of December 2010, the data included is from the latest published 2009/10 returns.
- Local unit costs (National Adult Social Care Intelligence Service, NASCIS). As of December 2010, the data included is from the latest published 2009/10 returns.

Local data sources provided by the Kirklees project team:

- Local Kirklees population estimates.
- Current Living in Kirklees (CLiK) survey data tables.

Appendix E: How to use Planning4care to improve commissioning

Introduction

Planning4care provides critical analysis for commissioners and providers to improve service planning and delivery. This section gives some practical advice on how to make best use of this analysis.

Why Strategic Needs Assessment?

"Assessing and understanding the needs of individuals, as well as of the population as a whole, is integral to helping them achieve good outcomes. This allows local partners to identify common priorities (for particular groups, services and areas) and to decide how best to work together to meet those needs" *DH 2007, Commissioning framework for health and well-being*[27]

The scale of demographic changes coupled with changing aspirations and a focus on outcomes means that local authorities and primary care trusts must now embrace the longer term in planning and market development. The importance of predicting demand and developing strategic (i.e. long-term) commissioning plans has been heavily emphasised in recent policy initiatives in social care:

Renewed focus on commissioning

The White Paper *Our health, our care, our say*[28] sets out the outcomes for future health and social care services, and sees commissioning as the key activity to deliver these outcomes. This theme is further developed in the *Commissioning framework for health and well-being*[29], which provides the guidance for implementing the White Paper vision, and in *World class commissioning: the vision*[30] which aims to raise ambitions for a new form of commissioning to be implemented across the NHS.

A wide range of guidance materials have been produced since 2007 much of which is available at the DH care networks website www.dhcarenetworks.org.uk, and the linked Care Services Efficiency Delivery (CSED) website www.dhcarenetworks.org.uk/csed. These include, for example, guidance on commissioning for personalisation[31]http://op.planning4care.org.uk/using/ - _ftn4, outcome based commissioning[32], commissioning tools[33], and commissioning strategies[34].

Joint strategic needs assessment

Central to the development of commissioning is the requirement for *Joint Strategic Needs Assessment (JSNA)*[35]. Since April 2008 there has been a statutory duty on all upper tier local authorities and PCTs to produce a JSNA. The idea behind JSNA is that all key decision makers in a local area work together to produce a wide-ranging needs assessment that deals with the whole population and identifies the health and well-being needs and inequalities that exist within that population.

The purpose is to enable local services to plan ahead for the next 10 to 15 years and to support the development of the wider health and social care market - including services for those who have the ability to pay for social care

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[27] Department of Health (2007), *Commissioning framework for health and well-being*

[28] Department of Health (2006), *Our health, our care, our say: a new direction for community services*

[29] Department of Health (2007), *Commissioning framework for health and well-being*

[30] Department of Health (2008), *World class commissioning: the Vision*

[31] Department of Health (2008), *Commissioning for personalisation a framework for local authority commissioners*

[32] Department of Health, CSED (2007), *Configuring Future Services; Developing a Structured Approach to Delivering Better outcomes for Older People*

[33] CSED (2008), *Putting People First Commissioning toolkit*

[34] Care Services Improvement Partnership (2008), *Key activities in commissioning social care: Lessons from Care Services Improvement Partnership Commissioning Exemplar Project*

[35] Department of Health (2008), *Guidance on joint strategic needs assessment*

themselves. Guidance on core data sets for JSNA was published in 2009[36]; some of this data is now available on the National Adult Social Care Intelligence Service (NASCIS).

A review by the IDeA in 2009[37] found that developing the data set has proved to be demanding with two kind of difficulties emerging ; firstly, for some sub-domains there is too much data and too little translation of it into usable information, and secondly, for other sub-domains the data is incomplete. However there is some evidence that the process has brought partners more closely together and that there has been a sense of rigour about the use of evidence and information that was often missing from previous joint planning.

Shifting the balance towards prevention

Evidence that prevention and re-ablement works is providing incentives for commissioners to invest in early intervention. The final evaluation report of the Partnerships for Older People Projects (POPPS), across 29 English council areas has proved that investment in preventative services more than pays for itself in savings[38]. Further CSED Interim reports on the effects of homecare re-ablement reveal significant overall short term improvements in social care outcomes and in perceived health and quality of life benefits for service users. Assessing need and costs of preventative services and modelling impact is a key part of strategic needs consideration.

How can I use Planning4care?

We have designed Planning4care specifically to support the development of longer-term commissioning strategies. The strength of Planning4care lies in its needs-based perspective and in its analytic capacity to bring together, synthesise and make sense of a wide range of quantitative local area data. This provides the backdrop against which existing and possible future patterns of need, services and costs can emerge more clearly. Planning4care version 2 now incorporates a range of scenarios that enables the exploration of possible futures.

The Planning4care analysis is of course only part of a more detailed canvas of needs assessment and strategic options which should aim to include local knowledge of service user aspirations, what is effective in achieving outcomes, political imperatives and financial constraints, and data on supply of services and market trends. It is also important to recognise that not all questions that commissioners may ask can be answered, and that commissioning strategies need to acknowledge what is not known as well as what is known. There will always be an element of planning for uncertainty.

The Care Services Improvement Partnership publication *Key activities in commissioning social care*[39] provided guidance on commissioning for social care based on the lessons learnt from the experience of authorities involved in the Commissioning Exemplar Project. The guidance emphasised the development and implementation of comprehensive longer-term (ideally ten year) *commissioning strategies* as the vital component of effective commissioning.

These strategies should in turn drive contracting arrangements, with systems to ensure strategies are implemented, and with the effective use of monitoring to assess and evaluate progress. Longer term strategies help commissioners move from a focus on minor re-configurations of current service provision towards long-term goals and aspirations, and a genuine attempt to understand need and supply and the relationship between the two. Starting from this guidance, we outline below how commissioners can use Planning4care to progress some of the essential steps required to set in place robust strategies. We have also briefly indicated what other information gathering and analysis this would need to link in with.

[36] Department of Health / APHO (2008), *The JSNA core dataset*

[37] IDeA (2009), *JSNA so far*

[38] PSSRU / DH (2010), *National Evaluation of Partnerships for Older People Projects: final report*

[39] Care Services Improvement Partnership (2008), *Key activities in commissioning social care: Lessons from Care Services Improvement Partnership Commissioning Exemplar Project*

Understanding the present

Understanding present need

Examples of what you need to consider	• How many people have social care needs and at what level? • How many people are likely to need very high levels of care? • Who might be the target groups for preventative services? • Where are the areas of highest concentration of people with social care need?
How you can use Planning4care	• Planning4care helps you understand needs of *whole* local populations, not just needs of those currently receiving LA-funded services. • Using prevalence rates adjusted for local risk factors, Planning4care calculates robust local estimates of numbers in each needs group as a baseline for forward planning. This helps you quantify potential target populations for different levels and types of social care and enables a more proactive approach to service planning. • Planning4 care shows how social care needs are affected by socio-economic factors and can map local geographic pattern. Maps showing how people with social care needs are distributed geographically will help you assess whether services are located to optimise access, or where particular programmes may be targeted • The Planning4care social care needs classification provides a framework for segmenting the total 65+ population into groups of people with different levels of social care need, from those requiring high levels of support to people who may benefit from early intervention programmes.
What else do you need to do?	• Monitor and analyse trends in demand • Collate and analyse local evidence of unmet need

Understanding present support and costs

Examples of what you need to consider	• How many people with social care needs are well supported by informal care? • How many are likely to need formal care? • What is the take-up rate/ strike rate for LA funded care? • Who are the current target groups for publicly funded care? • How many people are estimated to be funding their own care? • What is the average cost of care for people with different levels of need
How you can use Planning4care	• Planning4care provides analysis on how care needs are met locally. By comparing the picture of whole population need with the numbers of people supported in different ways, you can begin to quantify potential gaps in support as a baseline for forward planning. For example, how does support provision for carers compare with numbers of carers potentially in need of support? What are the gaps and potential gaps in publicly funded services for different levels of client need? What might be the impact on costs of changing eligibility criteria?
What else do you need to do?	• Collate and analyse information on market provision - to assess gaps in service provision against need (whole population) • Use social services activity information to get a full picture of the profile of current clients, trends in demand for services, and service response (see below)

Service user profiling

Examples of what you need to consider	• Trends in service take-up • Trends in demand for publicly funded services and how this breaks down into eligible, not eligible need • Profile of service users by level of need • Service user feedback
How you can use Planning4care	• Planning4care uses local authorities' published statistical returns on service provision to calculate the current 'strike-rate', i.e. the proportion of people at different levels of need who are currently receiving local authority services, and the level and type of care they receive. Understanding these patterns is the starting point for considering options for a different balance of provision in the future. • Planning4care can show you geographical spread of service users by mapping current service user populations to the base map of all people with social care needs if post-code information on current clients is made available
What else do you need to do?	• Most authorities have a wealth of data about service users, yet often this is in a format where extracting and analysing that data in order to help plan future commissioning is very difficult. We suggest that, to optimise the use of Planning4care population analysis, you should consider how you may map the current client population to the social care needs classification. For example, our pilot work and recent work by the PSSRU has shown a strong overall correlation between the ADL based needs groups used in planning4care and FAC levels. • Another priority area would be systematic monitoring of demand by needs level, including people falling outside eligibility criteria (as an indication of unmet need).

Effectiveness of services in achieving outcomes

What you need to consider	• The extent to which services currently provided for clients actually meet desired outcomes, including potential for recovery and rehabilitation.
How you can use Planning4care	• Not currently part of Planning4care
What do you need to do?	• Assessing whether the services currently offered are effective in meeting desired outcomes is a complex task, but with important implications for service reconfiguration. The overall perspective of the *Commissioning Exemplar Project* is that re-thinking future provision needs to become much more focused and better researched, including for example ongoing review of service provision and outcomes, and cost benefit analysis. Appendix 4 of the guidance offers a worked example[40].

[40] Care Services Improvement Partnership (2008), *Key activities in commissioning social care: Lessons from Care Services Improvement Partnership Commissioning Exemplar Project*

Anticipating and planning for the future

Projecting forward current need and the implications for future social care (examples)

Examples of what you need to consider	• How the number of people with social care needs is likely to change (as a result of changing demographics)? • What does this mean for likely future service requirements and costs (based on current baseline patterns)?
How you can use Planning4care	• Planning4care calculates the numbers of people falling into each needs group for each year over the next 20 years and the effect this may be expected to have on requirements for services and on overall costs. This is your essential starting point for financial planning and for considering strategic options for the future.
What else do you need to do?	• Share this picture with all your stakeholders to promote a common starting point in early consultations about the commissioning strategy. • Sharing the financial overview with elected members will be a crucial part of negotiations for a strategic budget framework

Anticipating changes in needs and aspirations, and implications for services and costs

Examples of what you need to consider	• What are potential future service requirements and costs (based on alternative service patterns) ?
	• How would this change under different scenarios relating to
	  ○ Population growth
	  ○ Healthy life expectancy
	  ○ Change in informal care
	  ○ Impact of more effective prevention
	• How may future expectations on services change amongst relevant groups

How you can use Planning4care	• Planning4care version 2 provides you with the facility to look at impact of population trends and a range of future scenarios
	  ○ Changes in 'typical' care packages
	  ○ Impact of shifts in residential care
	  ○ 'What-if' analyses based on impact of potential changes in patterns of informal care, health status, investment in prevention, unit costs
	• You can use these scenarios to explore what changes might happen, or be planned, and with what impact, either short term (3+ years) e.g. for LAAs, longer term for strategic planning

What else do you need to do?	• There is also a need to develop a more qualitative picture of what services people may aspire to in the future, for example using the methodology developed by CSED, *Anticipating Future Needs Toolkit*[41], or a methodology was constructed and tested as part of the *Commissioning Exemplar Project*[42] - see 'Back to the future - Planning into old age'

[41] Department of Health / CSED (2007), *Anticipating Future Needs Toolkit*

[42] Care Services Improvement Partnership (2007), *Key activities in commissioning social care: Lessons from Care Services Improvement Partnership Commissioning Exemplar Project, Second edition*, Appendix 2: 'Back to the future - Planning into old age

Planning for service re-configuration

Cost-benefit analysis

Examples of what you need to consider	• Forming a judgement of relative costs against relative gains or outcomes of changes in provision of care.
How you can use Planning4care	• Planning4care can provide some high level analyses based on 'what-if' scenarios, which may be used to 'justify' alternative investment, though it should be remembered that these can only be broad brush calculations. For example, • You could use the informal care scenarios to predict the potential costs of reduced levels of informal care, or explore what level of increase in the rate of informal care (e.g. through reduction in carer breakdown) would be required to offset a given level of expenditure on increased support to carers. • You could explore potential savings from investments in preventative services by calculating the reduction in costs of a reduced number of people requiring very high levels of care over, say, a ten year period. • You could explore potential impact on costs by reduced levels of residential care substituted by community packages. • With the introduction of personal budgets and resource allocation formula (RAS), there is potential to map the RAS to Planning4care needs groups and model potential overall costs on this basis.
What else do you need to do?	• Measure and monitor impact of investment in preventative services against the hoped-for benefits.

Understanding best practice

What you need to consider	• Developing best practice models from research and other published material.
How you can use Planning4care	• Not currently part of Planning4care
What do you need to do?	• Review a range of research and best practice material which may inform design of different services. The key is to remain open to identifying new trends, technologies or treatments that are likely to impact on patterns of need, demand and costs.

Tackle 'knotty questions'

What you need to consider	• Develop a better understanding of known or suspected features of practice that may contribute to increased demand for care
How you can use Planning4care	• Not currently part of Planning4care
What do you need to do?	• Undertake local reviews / research projects to better understand 'wicked' issues that impact on the demand for care, for example, factors that contribute to (or prevent) care admissions or hospital admissions.

Appendix F: Description of the data tables and figures in this report

Details of the tables in this report

Table 1: Demographic profile for older people in Kirklees

Figures are based on Kirklees (2010) "Local population estimates by age". The ONS (2010) "Sub-national 2008-based population projections for 2010 to 2031" have been used to project the local population estimates to 2030.

The Office for National Statistics (ONS) sub-national population projections are available by sex and 5-year age groups. The latest sub-national population projections available for England (and down to district council level) are the 2008-based mid year population estimates. Long term population projections are an indication of the future trends in population by age and gender. The projections are derived from assumptions about births, deaths and migration based on trends over the last five years. The projections do not take into account any future policy changes.

Table 2: Demographic profile for older people in Kirklees, based on ONS sub-national population projections

See Table 1 for details of the data shown.

Table 3: Population projections for older people in Kirklees and comparator areas, based on ONS sub-national population projections

See Table 1 for details of the data shown.

Table 4: Estimated levels of social care need by age

See Appendix B for details of the needs classification groups.

Prevalence rates by age-groups (65-74, 75-84, 85+) and gender for each of the needs classification groups are derived from analysis of the General Household Survey 2001. The GHS survey was based on a large national random population sample and asked detailed questions about self-care ability of people aged 65+. The GHS survey data was analysed to identify socio-economic predictor factors for the purpose of generating locally sensitive prevalence rates for Planning4care. The outputs were matched at national level in the first instance to the needs estimates produced by the Wanless Review of Social Care. Nationally, the Wanless estimates for groups in moderate to very high need are lower than the numbers of people taking up AA/DLA, which suggests that the Wanless estimates may understate number of people with care needs. To adjust for this the Planning4care estimates have been up-weighted to reflect level of AA/DLA take-up.

Prevalence rates for dementia by age-groups (5-year bands up to 84, 85+) [2] and gender are from the Dementia UK report, as being the currently most widely-used source of dementia prevalence. This provides the basis for estimates of the total numbers of people with dementia (all levels).

Estimates of the numbers of people within this group likely to have care needs at the "very high" level are based on the prevalence (by age group and gender) of people with combined cognitive and functional needs, taken from PSSRU research. This group is expected to comprise primarily people whose level of cognitive impairment is sufficiently severe as to affect their day-to-day capacity to function - i.e. people for whom their functional disability is a direct result of their cognitive impairment. It will, however, also include some people who have both physical and cognitive impairment and for whom the requirement for day-to-day support is due primarily to their physical disability (i.e. whose level of cognitive impairment alone would not have put them in the very high needs group).

Table 5: Estimated levels of social care need across Kirklees and comparator areas

See Table 4 for details of the data shown.

Table 6: Summary of different forms of support in Kirklees

See Table 4 for details of how the levels of social care need by age are estimated.

People are considered in need of formal care if they are not well supported by informal care. An individual is regarded as not well supported by informal care if they have no effective informal social support for main functional disablement problem, or receive support from a carer who does not live in the same household. The estimates of informal care levels are calculated using the 2001 General Household Survey (GHS). These are applied to the population who are *not* living alone, which is estimated from a combination of GHS and census indicators.

Numbers of people receiving publicly funded care are derived from local authority statistical returns, including the latest available NASCIS data on people aged 65+ receiving home care (return P2s), together with long-stay residents supported in residential and nursing home care (return S2).

We have assumed that people with 'low' level needs are unlikely to receive publicly funded care; the Planning4care methodology assumes that all people supported in residential and nursing home care are in the 'very high' needs category; the distribution of home care between the needs groups assumes that those receiving less than 2 hours a week are in the 'moderate' needs group, those receiving between 2 and 10 hours are in the high needs group, and those receiving 10 hours and above are in the 'very high' needs group (available from the H1 return). It is further assumed that older people in receipt of day care are a subset of those receiving publicly funded home care.

Estimated numbers of people with social care needs who are self-funders or have a care shortfall (ie, that are neither well supported by informal care, nor in receipt of LA funded services) are calculated by subtracting the number of people with publicly funded care from the total number of people needing formal care. This group includes self-funders, as well as those who are not receiving the care that they need (and for clarity, does not include those who are well supported by informal care).

Table 7: Planning4care 5-year and 20-year projections for the number of older people with social care needs in Kirklees and comparator areas

The 5-year and 20-year projections are based on applying the population projections (see Table 1 details above) to the estimated levels of social care need by age (Table 4 details above).

Table 8: Planning4care projections for older people in Kirklees with any level of social care need under a range of alternative scenarios

The data shown in tables 1 to 7 is based on the "Planning4care Base scenario". Planning4care also includes a set of alternative scenarios to explore the impact on future numbers with social care needs of a range of 'different futures', including variations in population projections, Healthy Life Expectancy, and the impact of early prevention strategies (see Appendix C for details of the Planning4care scenarios).

Table 8 shows the impact of Planning4care scenarios on the projected levels of social care need in Kirklees. Scenarios shown are: '1-in-10' and '2-in-10' Healthy Life Expectancy scenarios, the 'Higher' and 'Lower' population projection scenarios, and the 'Preventative care 10%' scenario.

(Note that the preventative care scenario is based on successfully stopping a proportion of people with 'moderate' needs progressing to 'high' needs, and people with 'high' needs progressing to 'very high' needs. The overall number of people with social care need in Table 8 is therefore the same for both the base case and 'Preventative care 10%' scenario).

Table 9: Planning4care projections for older people in Kirklees with very high social care need under a range of alternative scenarios

Table 9 shows the impact of Planning4care scenarios on the projected levels of 'very high' social care need in Kirklees (Table 8 shows all people with social care need). See Table 8 above for details of the scenarios shown, and Appendix C for details of these scenarios.

Table 10: Typical community-based care packages for Kirklees and England, estimated from NASCIS 2009/10 data

The distribution of home care between the needs groups assumes that those receiving less than 2 hours a week are in the 'moderate' needs group, those receiving between 2 and 10 hours are in the high needs group, and those receiving 10 hours and above are in the 'very high' needs group (numbers of older people receiving home care by number of hours is available from the H1 return).

The average number of hours for users in each of these groups is set to the mid-point. So those receiving less than 2 hours a week are assumed to receive 1 hour on average, those receiving from 2 to 5 hours are assumed to receive 3.6 hours on average, and those receiving from 5 to 10 hours are assumed to receive 7.5 hours on average. The average for the group receiving more than 10 hours is calculated so that the H1 grid data matches the total number of LA commissioned home care hours.

It is further assumed that older people in receipt of day care are a subset of those receiving publicly funded home care (assumed 'high' and 'very high' needs groups only).

Table 11: Projected LA-commissioned service requirements based on current patterns of provision in Kirklees

Numbers of people receiving publicly funded care are derived from local authority statistical returns, including the latest available NASCIS data on people aged 65+ receiving home care (return H1 and P2s), together with long-stay residents supported in residential and nursing home care (return S2).

We have assumed that people with 'low' level needs are unlikely to receive publicly funded care; the Planning4care methodology assumes that all people supported in residential and nursing home care are in the 'very high' needs category; the distribution of home care between the needs groups assumes that those receiving less than 2 hours a week are in the 'moderate' needs group, those receiving between 2 and 10 hours are in the high needs group, and those receiving 10 hours and above are in the 'very high' needs group. It is further assumed that older people in receipt of day care are a subset of those receiving publicly funded home care.

Home care take-up rates for needs groups are applied to the numbers of people with moderate, high and very high needs. Typical home care hours for different levels of need are estimated locally based on the H1 return and matched to the total number of LA commissioned home care hours for older people. Current patterns of percentage take-up are assumed for future projections of the base case scenario.

Current numbers of local authority commissioned day care placements are taken from P2S returns. The tool assumes that, on current service patterns, the provision of Day Care is an additional component of a locally variable proportion of publicly funded community care packages for people at the 'high' and 'very high' care needs levels.

Residential care refers to people who receive care with housing in residential or nursing homes. The number of people currently receiving residential and nursing care are derived from local authority statistical returns (NASCIS S2 return).

Table 12: Projected total population service requirements based on current patterns of provision in Kirklees

See Table 11 for details of the LA- commissioned service requirements, and method of calculation of 'typical' home care packages.

The whole population analysis shown in Table 12 applies local patterns of care to all people with moderate, high and very high care needs in private households who require formal care.

The proportion of people locally with high or very high needs receiving home care, who also receive day care (roughly 34% across England), is applied to all people with high and very high care needs in private households who require formal care.

Residential care refers to people who receive care with housing in residential or nursing care homes. The whole population analysis assumes that all people in the very high needs group who require formal care, and who do not live in private households, receive care with housing in residential or nursing care homes. An additional ratio is used to apportion the residential care population by whether residents have primarily cognitive or physical needs. This calculation is based on evidence from the PSSRU study of the implications of cognitive impairment in older people on future demand for services (Comas-Herrera et al, 2003, *Cognitive impairment in older people: its implications for future demand for services and costs*, PSSRU Discussion Paper 1728).

Table 13: Projected weekly costs of providing LA-commissioned residential care, home care and day care services following current LA patterns of provision in Kirklees

Service costs for LA-commissioned home care, day care and residential care are based on the calculated service requirements (see Table 11 details) and the local unit costs for each service (from NASCIS PSSEX Unit Cost Summary).

Allocation of the costs from the different services to the care needs groups (moderate need, high need and very high need) is carried out based on the following assumptions:

- All people supported in residential and nursing home care are assumed to be in the 'very high' needs category, so all costs for residential and nursing home care are allocated to the very high needs group
- The distribution of home care between the needs groups assumes that those receiving less than 2 hours a week are in the 'moderate' needs group, those receiving between 2 and 10 hours are in the high needs group, and those receiving 10 hours and above are in the 'very high' needs group. Typical home care hours for different levels of need are estimated locally based on the H1 return and matched to the total number of LA commissioned home care hours (older people). These are then turned into costs using the local unit costs for home care.
- Older people in receipt of day care are assumed to be a subset of those receiving publicly funded home care for people at the 'high' and 'very high' care needs levels, and matched to the NASCIS P2S (day care placement) return.

Table 14: Projected whole population weekly costs of providing residential care, home care and day care services following current patterns of LA provision in Kirklees

See Table 13 for details of the LA-commissioned service requirements.

The whole population analysis shown in Table 14 applies local patterns of care and service requirements/ costs, to all people with moderate, high and very high care needs in private households who require formal care.

Table 15: Projected costs of providing LA-commissioned residential care, home care and day care services under a range of alternative future scenarios

The data shown in Table 13 is based on the "Planning4care Base scenario". Planning4care also includes a set of alternative scenarios to explore the impact on future numbers with social care needs of a range of 'different futures', including variations in population projections, Healthy Life Expectancy, and the impact of early prevention strategies.

Table 15 shows the impact of Planning4care scenarios on the projected costs of providing LA-commissioned services in Kirklees. Scenarios shown are: '1-in-10' and '2-in-10' Healthy Life Expectancy scenarios, the 'Higher' and 'Lower' population projection scenarios, and the 'Preventative care 10%' scenario.

See Appendix C for details of the Planning4care scenarios, and see Table 13 for details of how the LA-commissioned service requirements are estimated.

Table 16: Projected costs of providing whole population residential care, home care and day care services under a range of alternative future scenarios

The data shown in Table 14 is based on the "Planning4care Base scenario". Planning4care also includes a set of alternative scenarios to explore the impact on future numbers with social care needs of a range of 'different futures', including variations in population projections, Healthy Life Expectancy, and the impact of early prevention strategies.

Table 15 shows the impact of Planning4care scenarios on the projected costs of providing whole population services in Kirklees. Scenarios shown are: '1-in-10' and '2-in-10' Healthy Life Expectancy scenarios, the 'Higher' and 'Lower' population projection scenarios, and the 'Preventative care 10%' scenario.

See Appendix C for details of the Planning4care scenarios, and see Table 14 for details of how the whole population service requirements are estimated.

Table 17: Estimated levels of social care need for Kirklees localities: 2010

Definitions of the seven Kirklees localities were provided by the Kirklees project team. From these definitions, we have estimated social care needs, service requirements and costs for older people in each of the localities. These calculations are based on identifying the proportion of Kirklees's older people who live in each locality, and applying this proportion to the estimated social care needs, service requirements and costs across Kirklees.

See Table 4 for details of the methodology for identifying levels of social care need. The overall Kirklees data is then apportioned to the localities as described above.

Table 18: Projected LA-commissioned service requirements for localities in Kirklees based on current patterns of provision

See Table 17 for details of how the data for the seven Kirklees localities is estimated. See Table 13 for details of the LA-commissioned service requirements methodology.

Population projection data is only available for Kirklees as a whole, so the population projections for each of the localities simply apply the overall Kirklees percentage increase over time to each of the locality values.

Table 19: Projected whole population service requirements for localities in Kirklees based on current patterns of provision

See Table 17 for details of how the data for the seven Kirklees localities is estimated, and Table 18 for the projection methodology. See Table 14 for details of the whole population service requirements methodology.

Table 20: Projected weekly costs of providing LA-commissioned residential care, home care and day care services following current LA patterns of provision, by locality

See Table 17 for details of how the data for the seven Kirklees localities is estimated, and Table 18 for the projection methodology. See Table 15 for details of the LA-commissioned services costs by need group methodology.

Table 21: Projected whole population weekly costs of providing residential care, home care and day care services following current patterns of LA provision, by locality

See Table 17 for details of how the data for the seven Kirklees localities is estimated, and Table 18 for the projection methodology. See Table 16 for details of the whole population services costs by need group methodology.

Table 22: Planning4care estimates of the number of people in Kirklees localities by level of social care need against CLiK survey estimates of level of need

The Current Living in Kirklees (CLiK) survey is a self-completed survey sent to a randomly selected sample of 70,000 households in Kirklees in spring 2008. One-third of the 21,500 responses were from those aged 65+, a sample of 7,000. Data on these responses were provided by the Kirklees project team to Planning4care.

Table 22 shows the proportion of people aged 65+ needing help/ support with daily tasks (data from CLiK) against the proportion of people aged 65+ with some social care need (data from Planning4care) for Kirklees and each of the seven localities.

Details of the figures in this report

Figure 1: Projected increase in 65+ population (a) increase for Kirklees; (b) 5 and 20-year increases for Kirklees and comparator areas

See Table 1 for details of the data shown.

Figure 2: % of people in Kirklees with social care need, Planning4care estimates

See Table 4 for details of the data shown.

Figure 3: Percentage of people 65+ with social care needs, Kirklees compared to other LAs in the region

See Table 4 for details of the data shown.

Figure 4: Projected needs in Kirklees

See Table 7 for details of the data shown.

Figure 5: Planning4care estimates of the number of people in Kirklees localities by level of social care need

See Table 17 for details of the data shown.

Figure 6: Planning4care estimates of the number of people in Kirklees localities by level of social care need against CLiK survey estimates of level of need

See Table 22 for details of the data shown.