

# Projected need for long-term residential care & care with housing for older people in Kirklees

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Planning4care data version 2.1

planning4care Care Equation and Oxford Consultants for Social Inclusion



### *About the data and information presented in this report*

This report is based on Release 2.1 of the Planning4care data, released in December 2010. Previous releases of the data include:

- *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 most recent NASCIS data and an enhanced range of future planning scenarios.
- *Release 1.4, August 2009:* Updated KIGS data.
- *Release 1.3, May 2008:* Revised national population projections (based on the 2006 sub-national population projections); incorporation of other projections including GLA London projections; and revised dementia estimates (from Dementia UK 2007).
- *Release 1.2, May 2008:* Revised KIGS data (2006/7 returns).
- *Release 1.1, March 2008:* 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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## 2 Introduction

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### *Introduction*

This report provides our analysis of the likely social care needs and service requirements for older people across Kirklees over the next 20 years. Our analysis has focused on factors linked to likely requirements for long-term care beds for older people.

### *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.

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 Appendix B.

### *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 residential care<sup>1</sup> across Kirklees (see Appendix C for further details):

- Population projection scenarios
- Increases in Healthy Life Expectancy
- Impact of low-level preventative care
- Impact of shifts away from residential care.

### *What this report contains*

This report contains the following sections:

- Demographic profile and projections for older people 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)
- About Planning4care and the scenarios we have analysed (Appendices A-C)
- Bibliography (Appendix D).

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<sup>1</sup> Residential care refers throughout to personal or nursing care in a registered care

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home.

## 3 Executive summary

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### 3.1 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).

### 3.2 Demographic profile and projections for older people in Kirklees

#### *Position and trends*

- The most recent estimates show the 2010 65+ population of Kirklees as 63,249 with 8,028 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 52.1% across England as a whole.
- Recent trends have seen the 65+ population in Kirklees increase from 57,000 to 63,249 (11%) over the period 2001 - 2010, compared with an increase of 8% across the region and 9.5% across England.

#### *Demographic projections*

- The size of the 65+ population is projected to grow significantly in Kirklees over the next 20 years - a 15% increase in all 65+ groups 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 in the long term are likely to be 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 projected increases in the size of the older population.

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

- The ONS sub-national population projections are based on a set of assumptions on how levels of in- and out-migration, life expectancy, and fertility will vary in future. We have assessed the impact of additional scenarios on the projected numbers of older people in Kirklees:
  - The standard 'Principal' scenario projects a 52% increase in the 65+ population by 2030 (94% for the 85+ group)
  - The 'Higher' scenario projects a 57% increase in the 65+ population by 2030 (109% for the 85+ group);
  - The 'Lower' scenario projects a 47% increase in the 65+ population by 2030 (79% for the 85+ group);

### 3.3 What are the current and projected levels of social care need for older people in Kirklees?

#### *Social care needs classification*

- The social care needs classification set out in the Wanless Social Care review<sup>2</sup> takes a five point scale from 'no care needs' to 'very high care needs'.
- We have used Planning4care estimates 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.

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

### 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 15,800 are estimated to have 'moderate' to 'very high' needs, and 5,700 (9%) to have 'very high' needs. 19,000 are potentially in need of formal care, whilst 3,700 are estimated to be well supported by informal care (mainly at the 'low', 'moderate' and 'high' level of need);
- 3,200 of those with 'moderate' to 'very high' need receive care funded by the Local Authority (1,600 of these are estimated to have 'very high' needs).
- 10,000 of those with 'moderate' to 'very high' need are estimated to be either unsupported or funding their own care (including 3,500 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).
- 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%). Regionally, Planning4care identifies the highest levels of social care need as being in the most deprived LAs across the region, eg Barnsley, Rotherham, Wakefield, while the lowest levels are seen in more affluent areas.

### Recent trends and projections of social care need

- Trends in the numbers of Attendance Allowance claimants highlight recent increases in the overall level of disability across Kirklees. Uptake of Attendance Allowance has been increasing across the Local Authority (numbers increased from 8,800 in 2002 to 10,000 in 2008).
- Based on Planning4care estimates and ONS published data on projected increases to the numbers of people 65+, the number of people aged 65+ with some level of social care need in Kirklees is projected to rise by 56% over the next 20 years (above the regional rise of 53% and the national rise of 54%).

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

- Healthy Life Expectancy (HLE): HLE is an indicator of how many years a person can expect to live without disability. Based on alternative scenarios set out in research carried out for the National Ageing Strategy<sup>3</sup>, we have assessed additional scenarios to explore the impact of HLE increases on the projected numbers of older people with social care need.
- Effective preventative care interventions: There is growing evidence that prevention and early intervention services have a positive impact, particularly with respect to the care of older people. Based on evidence of the potential impact of preventative care initiatives, we have developed scenarios to identify potential changes to social care need, and residential care need, resulting from the impact of successful preventative care across Kirklees
- From above, the Planning4care estimates for levels of need in 2010 are for 22,800 people aged 65+ (36%) to have some level of social care need. 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 (300 fewer with 'very high' social care need) compared to the 'base' projection, and 5,900 fewer people by 2030 (1,500 fewer with 'very high' social care need)
  - 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 900 by 2030.

<sup>3</sup> 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.

### 3.4 What are the likely future service requirements for supporting older people with social care needs?

- *Significantly increased need for care support in the future:* Based on demographic trends and current service patterns, the provision of long-term residential care places will need to increase significantly in order to meet the need for such publicly-funded support across Kirklees. Or, alternative types of provision will need to be developed across the Local Authority to meet the increasing social care need that is currently met mainly by long-term residential care.
- *Consistent fall in take-up of LA-supported residential care places:* The year-on-year figures show a very consistent per-year drop in take-up of LA-supported residential care (of just over two places per 1,000 people 65+). If service provision patterns continue, we project that LA-supported residential care places will fall from 1,200 (in 2010) to 770 in 2015 (430 fewer places) and 1,020 in 2030 (180 fewer places).

Taken together, these findings identify a likely shortfall in support currently met by LA-funded residential care, if trends continue as expected. There are three

possible options to meet this shortfall:

- Significant increase in funding for residential care to meet the increasing demand for services; and/ or
- Tightened assessment criteria in order to reduce the number of people eligible for LA-funded services; and/ or
- Significant investment into alternative types of provision other than long-term residential care, for example re-ablement intermediate care, extra care housing and other services to support independent living.

Our best estimates, if recent service trends continue into the future, are that the alternative provision required to balance the fall in LA-funded long-term supported residential care places, will need to support 530 people by 2015, and 780 by 2030.

However, this need for alternative provision could be significantly affected by future Kirklees actions. For example if changes to the balance of provision are implemented, such as increased investment into extra care housing.



## 4 Demographic profile and projections for older people in Kirklees

### 4.1 Introduction

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

### 4.2 Demographic profile and projections for older people in Kirklees

#### *Older people in Kirklees*

The most recent estimates show the 65+ population of Kirklees as 63,200 with 8,000 aged 85+.<sup>4</sup> Table 1 highlights how this group breaks down.

Compared with England, the profile of the 65+ population in Kirklees is younger, with 54.3% of older people aged under 75, compared with 52.1% across England as a whole.

Recent trends have seen the 65+ population in Kirklees increase from 57,000 to 63,200 (11%) over the period 2001 - 2010, compared with an increase of 8% across the region and 9.5% across England<sup>5</sup>.

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+	63,200	100	100	100
Women 65+	35,200	55.6	56.0	55.9
Men 65+	28,100	44.4	44.0	44.1
People aged 65-74	34,300	54.3	52.7	52.1
People aged 75-84	20,900	33.1	33.9	34.0
People aged 85+	8,000	12.7	13.3	13.9

#### *Comparison with regional and national projections*

The size of the 65+ population is projected to grow significantly in Kirklees 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 in the longer term are likely to be seen in the oldest age-groups, those most likely to need social care.

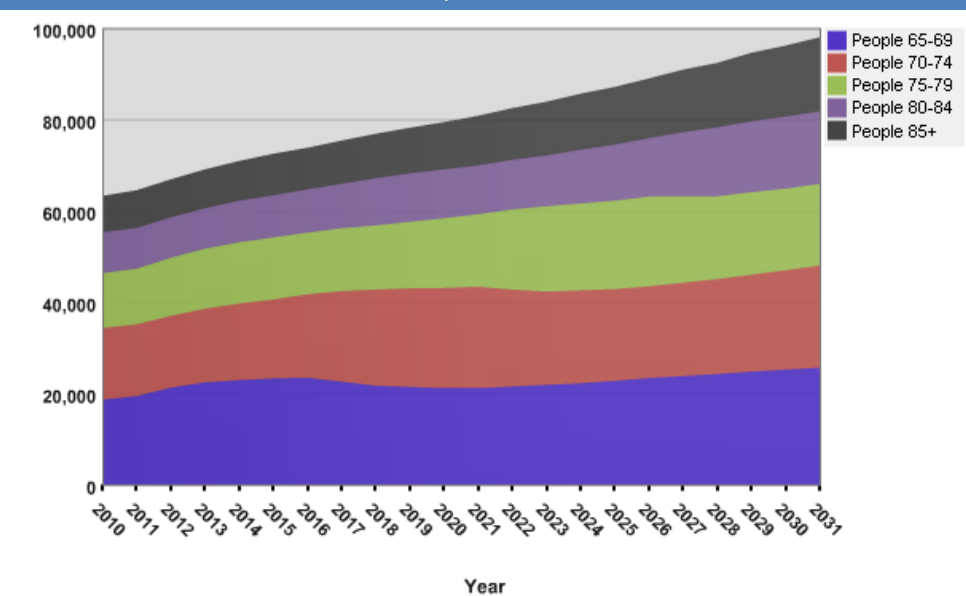
Figure 1a (over-page) highlights the projected increases in the 65+ population across Kirklees to 2030, showing a 15% increase in the number of people aged 65+, and a 13% increase in the number aged 85+, to 2015. The increases to 2030 are projected to be 52% and 94% respectively.

<sup>4</sup> Kirklees (2010) Local population estimates by age. The ONS (2008) Sub-national population projections for 2010 to 2031 have been used to project the local population estimates to 2030.

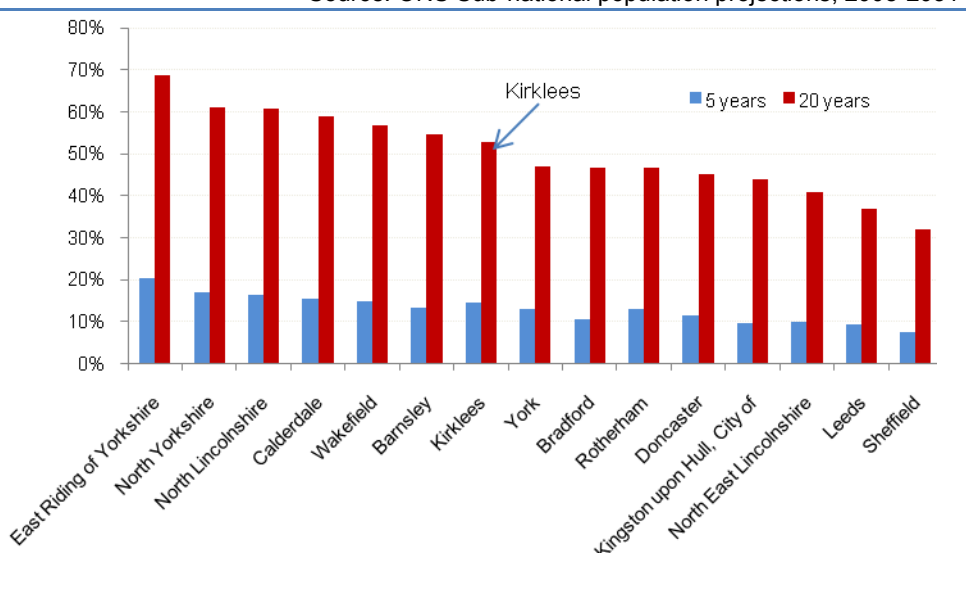
<sup>5</sup> ONS Mid-Year Estimates 2001 to 2010.



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, 2008-2031



Source: ONS Sub-national population projections, 2008-2031

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), slightly above the 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 3 shows the projected increases for Kirklees and national and regional comparators.

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+	63,200	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 51% for England. The 20-year projected increase for the 85+ group is 94%, compared with 99% across the region and 101% across England.

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

	2010		2015		2030	
	N	N	% increase from 2010	N	% increase from 2010	
All people 65+						
Kirklees	63,200	72,400	15%	96,200	52%	
Yorkshire and the Humber	867,000	979,700	13%	1,298,200	50%	
England	8,585,000	9,722,700	13%	12,938,400	51%	

### 4.3 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<sup>6</sup>. In addition to this ‘Principal’ scenario, the Government Actuary Department publishes population projection data at national level based on a series of alternative scenarios, exploring varying levels of in- and out-migration, increases in life expectancy, and changes in fertility<sup>7</sup>.

We have assessed the impact of additional Government Actuary Department scenarios on the projected numbers of older people in Kirklees<sup>8</sup>:

- “Higher scenario”: Based on high levels of inward migration, large increases in life expectancy, and high levels of fertility;

<sup>6</sup> Government Actuary’s Department (2008), *2006-based Population projections*. From [www.gad.gov.uk/Demography%20Data/](http://www.gad.gov.uk/Demography%20Data/)

<sup>7</sup> Government Actuary’s Department (2008), *2006-based Variant projections*. From [www.gad.gov.uk/Demography%20Data/Population/index.aspx?y=2006&v=Variant](http://www.gad.gov.uk/Demography%20Data/Population/index.aspx?y=2006&v=Variant)

<sup>8</sup> See Appendix C for information on the scenarios we have explored. 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.

- “Lower scenario”: Based on low levels of inward migration, small increases in life expectancy, and low levels of fertility.

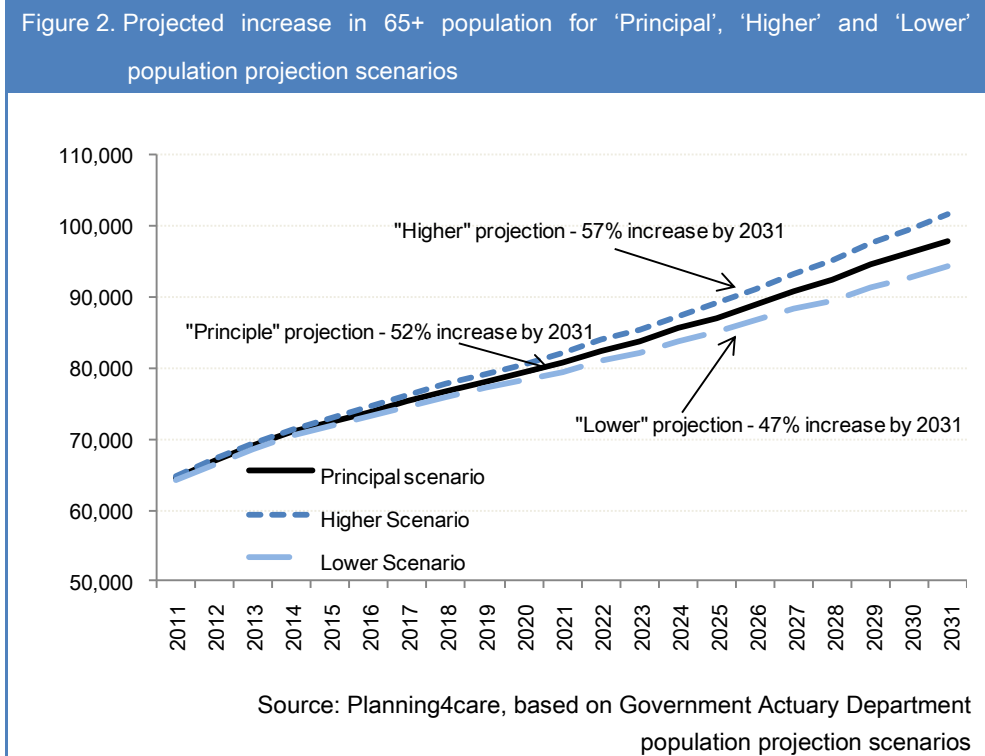


Figure 2 shows the projected increase in numbers of people aged 65+ across Kirklees for the ‘Principal’, ‘Higher’ and ‘Lower’ population projection scenarios:

- The standard ‘Principal’ scenario projects a 52% increase in the 65+ population by 2030 (94% for the 85+ group)
- The ‘Higher’ scenario projects a 57% increase in the 65+ population by 2030 (109% for the 85+ group);
- The ‘Lower’ scenario projects a 47% increase in the 65+ population by 2030 (79% for the 85+ group);

In the following sections, we highlight the impact of these different population projection scenarios on the likely social care needs and requirements for

services, including residential care<sup>9</sup>, across Kirklees.

## 4.4 Key messages from this section

### *Position and trends*

- The most recent estimates show the 2010 65+ population of Kirklees as 63,249 with 8,028 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 52.1% across England as a whole.
- Recent trends have seen the 65+ population in Kirklees increase from 57,000 to 63,200 (11%) over the period 2001 - 2010, compared with an increase of 8% across the region and 9.5% across England.

### *Demographic projections*

- The size of the 65+ population is projected to grow significantly in Kirklees over the next 20 years - a 15% increase in all 65+ groups 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 in the long term are likely to be 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 projected increases in the size of the older population.

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

- The ONS sub-national population projections are based on a set of assumptions on how levels of in- and out-migration, life expectancy, and fertility will vary in future. We have assessed the impact of additional

scenarios on the projected numbers of older people in Kirklees:

- The standard 'Principal' scenario projects a 52% increase in the 65+ population by 2030 (94% for the 85+ group)
- The 'Higher' scenario projects a 57% increase in the 65+ population by 2030 (109% for the 85+ group);
- The 'Lower' scenario projects a 47% increase in the 65+ population by 2030 (79% for the 85+ group);

In the next section, we go on to identify the current and projected levels of social care need for older people in Kirklees, based on the demographic projections and scenarios outlined in this section.

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<sup>9</sup> The term 'residential care' in this report refers to both residential care homes and nursing homes

## 5 What are the current and projected levels of social care need for older people in Kirklees?

### 5.1 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.

### 5.2 Older people with social care needs in Kirklees

#### *Social care needs classification*

The Wanless Social Care review<sup>10</sup> 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*: People 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<sup>11</sup> 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.

*Planning4care identifies roughly 36% of all people 65+ in Kirklees with some level of social care needs, with 9% having 'very high' needs*

Of the total number of people in Kirklees aged 65+, 22,800 (36%) are estimated to have some level of social care need, with 15,800 having 'moderate' to 'very high' needs, and 5,700 (9%) having 'very high' needs, as shown in Figure 3. See accompanying report for details of the Planning4care projections of the numbers of older people with social care needs<sup>12</sup>.

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

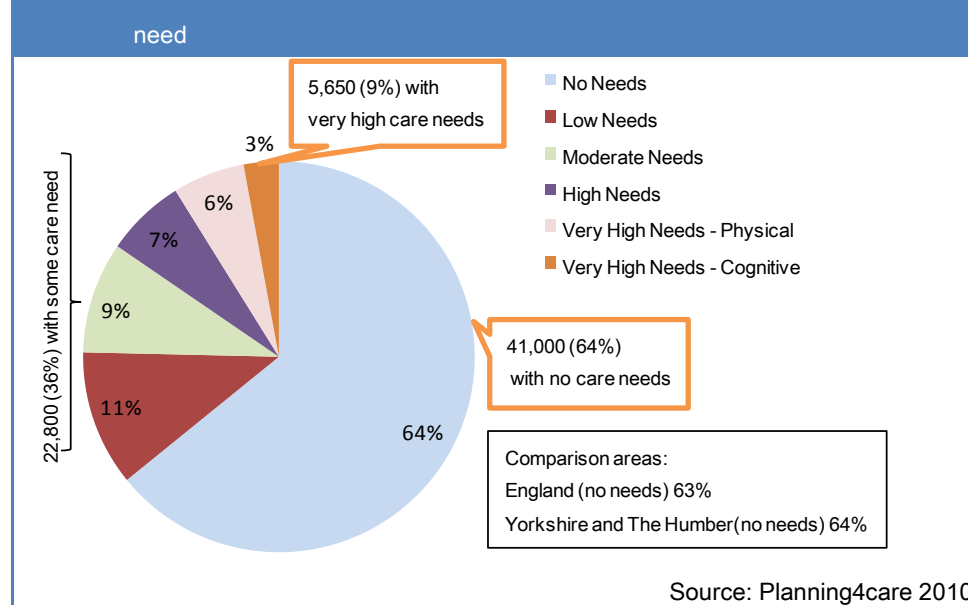
<sup>11</sup> For more details on Planning4care, see Appendices A-C and [www.planning4care.org.uk](http://www.planning4care.org.uk).

<sup>12</sup> Planning4care (2010). *Strategic Needs Assessment of Long-Term Social Care for Older People: Planning4care summary report for Kirklees*.

<sup>10</sup> Wanless D (2006), *Securing Good Care for Older people – Taking a Long-Term View*, Kings Fund.

- 19,000 are potentially in need of formal care, whilst 3,700 are estimated to be well supported by informal care (mainly at the 'low', 'moderate' and 'high' level of need);<sup>13</sup>
- 3,200 of those with 'moderate' to 'very high' need receive care funded by the Local Authority<sup>14</sup> 1,600 of these are estimated to have 'very high' needs<sup>15</sup>;
- 10,000 of all those with 'moderate' to 'very high' need are estimated to be either unsupported or funding their own care; (including 3,500 with 'very high' needs)<sup>16</sup>;
- 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).

Figure 3. Planning4care estimates of proportion of people in Kirklees with social care need



<sup>13</sup> 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.

<sup>14</sup> 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.

<sup>15</sup> 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; based on client data for the pilot council, it further assumes that 80% of all those receiving intensive home care are in the 'very high' needs group, with the remaining 20% in the 'high' needs group, and that 80% of those receiving lower levels of home care are in the 'high' needs group, with the remaining 20% in the 'moderate' group.

<sup>16</sup> As with the LA-funded estimate, the estimate of those potentially funding their own care includes only those at 'moderate' level and above.

Table 4. Estimated levels of social care need across Kirklees and comparator areas

District Name	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	23,000	36%	16,000	25%
Yorkshire and the Humber	310,000	36%	215,000	25%
England	2,880,000	34%	1,950,000	23%

Table 4 shows the estimated levels of social care need across Kirklees and national and regional comparators.

### Social care need by age

Table 5. 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 people aged 65+	N	% of those with needs at 'moderate' level and above	% 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

Social care need increases significantly with age. Table 5 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.

Figure 4. Percentage of people 65+ with social care needs, Kirklees compared to other LAs in the region

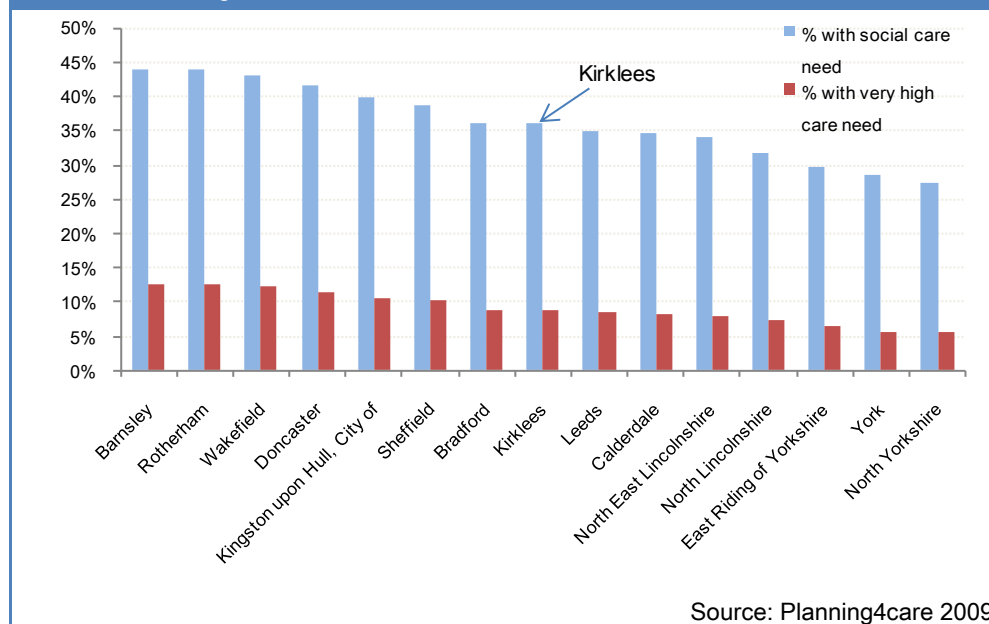


Figure 4 above shows the level of social care need in Kirklees, compared to other LAs across the region. The proportion of older people across the Local Authority with any level of social care need (36%) is similar to the regional average (36%). Regionally, Planning4care identifies the highest levels of social care need as being in the most deprived LAs across the region, eg Barnsley, Rotherham, Wakefield, while the lowest levels are seen in more affluent areas.

### 5.3 Recent trends and projections for how social care need is likely to change over time

#### How have levels of social care need been changing over time?

Trends in the numbers of Attendance Allowance claimants (Table 6) highlight recent increases in the overall level of disability across Kirklees. Attendance Allowance claimants as a proportion of all people aged 65+ in Kirklees increased from 13.3% in 2002, to 14.1% in 2009).



Table 6. People receiving Attendance Allowance in Kirklees and comparator areas

People receiving Attendance Allowance	Number in Kirklees	% of total 65+ population		
		Kirklees	Yorkshire and the Humber	England
2002	8,800	13.3	13.9	13.7
2003	8,800	13.1	13.8	13.9
2004	8,800	13.0	13.7	14.2
2005	8,900	13.1	13.7	14.4
2006	8,900	13.1	13.7	14.6
2007	9,200	13.2	13.7	14.6
2008	9,200	12.9	13.5	14.4
2009	10,000	14.1	14.1	15.1

*Planning4care estimates identify that the future number of people with social care needs in Kirklees is likely to rise more quickly than across the region and England*

Based on ONS published data on projected increases to the numbers of people aged 65+, the number of people aged 65+ with any level of social care needs in Kirklees is projected to rise by 56% over the next 20 years (above the regional rise of 53% and above the national rise of 54%). The number of people with 'very high' social care needs is also projected to rise, increasing by 56%, compared with an increase of 53% across the region and 55% across England over the next 20 years.

The total number of people with dementia is projected to rise over the 20-year period by 71% (74% for those with the 'very high' needs level of 'severe cognitive impairment and functional disability'), compared with 70% across the region, and 72% across England as a whole.

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

Table 7. Planning4care five-year and twenty-year projections for the number of older people with social care needs

Areas	People aged 65+ with some level of social care need					
	2010		2015		2030	
	N	%	N	%	N	%
Kirklees	22,800	36%	26,000	36%	35,700	37%
Yorkshire and the Humber	310,000	36%	348,000	35%	477,000	37%
England	2,880,000	34%	3,230,000	33%	4,470,000	35%

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

### *The impact of changes to Healthy Life Expectancy*

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 increased from 67.1 to 68.5 for males and 70.1 to 70.7 for females, and HLE aged 65 increased from 12.0 to 12.9 for males and 14.2 to 14.7 for females.

Based on alternative scenarios set out in research carried out for the National Ageing Strategy<sup>17</sup>, we have assessed additional scenarios to explore the impact of HLE increases on the projected numbers of older people with social care need<sup>18</sup>:

<sup>17</sup> 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.

<sup>18</sup> See Appendix C for information on the scenarios we have explored, including changes to: population projections, Healthy Life Expectancy, and take-up of residential



- ‘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.

*The impact of effective preventative care interventions*

There is growing evidence that prevention and early intervention services have a positive impact, particularly with respect to the care of older people. Evaluations of POPP projects have shown an impact on reductions in hospital admissions and service users reporting improvements in quality of life. Both are factors that may delay or prevent entry to residential care. Evaluations of re-ablement programmes show that people at higher levels of need can and do benefit significantly from home care re-ablement services and that this can reduce the level of services needed once re-ablement has been completed.

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

- ‘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.

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care services.

*Planning4care projected levels of social care need in Kirklees under alternative scenarios*

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 different scenarios - 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.

Table 8. Planning4care projections for older people in Kirklees with *any* level of social care need

Scenarios	Older people in Kirklees with some level of social care need			
	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 as 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

Scenario	Older people in Kirklees with 'very high' social care need			
	2015		2030	
	N	% increase from 2010	N	% increase from 2010
Planning4care 'Base'	6,400	14%	8,800	56%
'1-in-10' increases in HLE	6,300	11%	8,000	43%
'2-in-10' increases in HLE	6,100	9%	7,300	31%
'Higher' population projection	6,500	14%	9,100	61%
'Lower' population projection	6,400	13%	8,400	50%
'Preventative care 10%'	5,800	2%	7,900	40%

From above, the Planning4care estimates for levels of need in 2010 are for 22,800 people aged 65+ (36%) to have some level of social care need. 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 (300 fewer with 'very high' social care need), and 5,900 fewer people by 2030 (1,500 fewer with 'very high' social care need).
- 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 900 by 2030.

## 5.5 Key messages from this section

### *Social care needs classification*

- The social care needs classification set out in the Wanless Social Care review<sup>19</sup> takes a five point scale from 'no care needs' to 'very high care

needs'.

- We have used Planning4care estimates 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.

### *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 15,800 are estimated to have 'moderate' to 'very high' needs, and 5,700 (9%) to have 'very high' needs. 19,000 are potentially in need of formal care, whilst 3,700 are estimated to be well supported by informal care (mainly at the 'low', 'moderate' and 'high' level of need);
- 3,200 of those with 'moderate' to 'very high' need receive care funded by the Local Authority (1,600 of these are estimated to have 'very high' needs).
- 10,000 of those with 'moderate' to 'very high' need are estimated to be either unsupported or funding their own care (including 3,500 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).
- 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%). Regionally, Planning4care identifies the highest levels of social care need as being in the most deprived LAs across the region, eg Barnsley, Rotherham, Wakefield, while the lowest levels are seen in more affluent areas.

<sup>19</sup> Wanless D (2006), *Securing Good Care for Older people – Taking a Long-Term*

*View*, Kings Fund.

### *Recent trends and projections of social care need*

- Trends in the numbers of Attendance Allowance claimants highlight recent increases in the overall level of disability across Kirklees. Uptake of Attendance Allowance has been increasing across the Local Authority (numbers increased from 8,800 in 2002 to 10,000 in 2008).
- Based on Planning4care estimates and ONS published data on projected increases to the numbers of people 65+, the number of people aged 65+ with some level of social care need in Kirklees is projected to rise by 56% over the next 20 years (above the regional rise of 53% and above the national rise of 54%).

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

- Healthy Life Expectancy (HLE): HLE is an indicator of how many years a person can expect to live without disability. Based on alternative scenarios set out in research carried out for the National Ageing Strategy<sup>20</sup>, we have assessed additional scenarios to explore the impact of HLE increases on the projected numbers of older people with social care need.
- Effective preventative care interventions: There is growing evidence that prevention and early intervention services have a positive impact, particularly with respect to the care of older people. Based on evidence of the potential impact of preventative care initiatives, we have developed scenarios to identify potential changes to social care need, and residential care need, resulting from the impact of successful preventative care across Kirklees
- From above, the Planning4care estimates for levels of need in 2010 are for 22,800 people aged 65+ (36%) to have some level of social care need. 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 (300 fewer with 'very high' social care need) compared to the 'base' projection, and 5,900 fewer people by 2030 (1,500 fewer with 'very high' social care need)
- 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 900 by 2030.

In the next section, we go on to explore take-up and trends in service levels across Kirklees.

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<sup>20</sup> 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.

## 6 What are the likely future service requirements for supporting older people with social care needs?

### 6.1 Introduction

In this section, we identify Planning4care estimates of the likely requirements for services to support older people with social care needs<sup>21</sup>. 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 four 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 costs and service requirements, *based on demographic projections and future scenarios?*
- What is the impact of shifts in service patterns, *based on continuing recent trends in publicly-funded provision?*
- What are our best estimates for the total projected need for long-term residential care and other forms of support in Kirklees?

### 6.2 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 Service (NASCIS) for 2009/10<sup>22</sup>. These patterns are applied to the Planning4care local level 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<sup>23</sup>. 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<sup>24</sup>.
- Average day care sessions for those receiving day care as part of a community care package is calculated from national level returns; local LA-supported take-up rates for the ‘high’ and ‘very high’ needs groups are calculated from Kirklees 2009/10 NASCIS data.

*Publicly funded places in residential care (or care with housing) in Kirklees comprise 35% of the whole population needs*

Table 10 identifies the current estimated service requirements for all people with need, and people supported by the Local Authority. Table 11 shows Planning4care estimates for residential care requirements for Kirklees and national and regional comparators, based on current patterns of publicly funded provision.

<sup>21</sup> For more details on Planning4care, see Appendices A-E and [www.planning4care.org.uk](http://www.planning4care.org.uk).

<sup>22</sup> See <http://nascis.ic.nhs.uk/Portal/Tools.aspx>

<sup>23</sup> Comas-Herrera et al, 2003, *Cognitive impairment in older people: its implications for future demand for services and costs*, PSSRU Discussion Paper 1728

<sup>24</sup> 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.

Table 10. Planning4care estimates for service requirements for all people (the “whole population” need), and people supported by the Local Authority (based on current service patterns)

People with social care need and service requirements	Kirklees “whole population” estimated need	Kirklees LA-supported need	LA-supported as % of whole population need
65+ with any level of social care need	22,800	3,200	14.0%
65+ with 'very high' social care need	5,600	1,600	28.6%
Residential care places	3,400	1,200	35.3%
Day care sessions	2,300	700	30.4%
Home care hours	60,400	17,500	29.0%

Table 11. Planning4care estimates for residential care requirements, for all people (the “whole population” need), and people supported by the Local Authority, Kirklees and comparator areas (based on current service patterns)

People with residential and nursing care requirements	“Whole population” estimated need	LA-supported need	LA-supported as % of whole population need
Kirklees	3,400	1,200	35.3%
Yorkshire and the Humber	46,500	18,600	40.0%
England	419,000	166,000	39.6%

Kirklees currently supports around 1,200 people in residential care<sup>25</sup>. However, Planning4care estimates that the total numbers of residential or extra care housing places per week required to meet needs of people aged 65+ needing formal care (including those who are either unsupported or funding their own

care) is 3,400. In other words, the publicly funded places in residential care in Kirklees provide 35% of the whole population need for places in residential care (or full extra care housing).

Kirklees provides an estimated 17,500 home care hours a week<sup>26</sup>. It is estimated that approximately 60,400 home care hours per week would be required to meet the social care needs of all people aged 65+ in Kirklees, with needs at ‘moderate’ level and above, requiring formal care (including those who are either unsupported or funding their own care). In other words the publicly funded home care sessions in Kirklees comprise 29% of the estimated whole population home care needs.

### 6.3 What are the projected increases in costs and service requirements, based on demographic projections and future scenarios?

Figure 5 shows the projected increase in Kirklees costs for LA funding of older people’s social care need across the Local Authority, based on: continuation of current patterns of care (ie, assuming the same proportions of people with particular levels of care need receive publicly funded support as at present), the ‘Principal’ population projection scenario, and the pessimistic assumption that Healthy Life Expectancy will not increase over time. Costs are projected to increase by 56% to 2030 (14% by 2015).

<sup>25</sup> NASCIS 2008/9

<sup>26</sup> NASCIS 2008/9

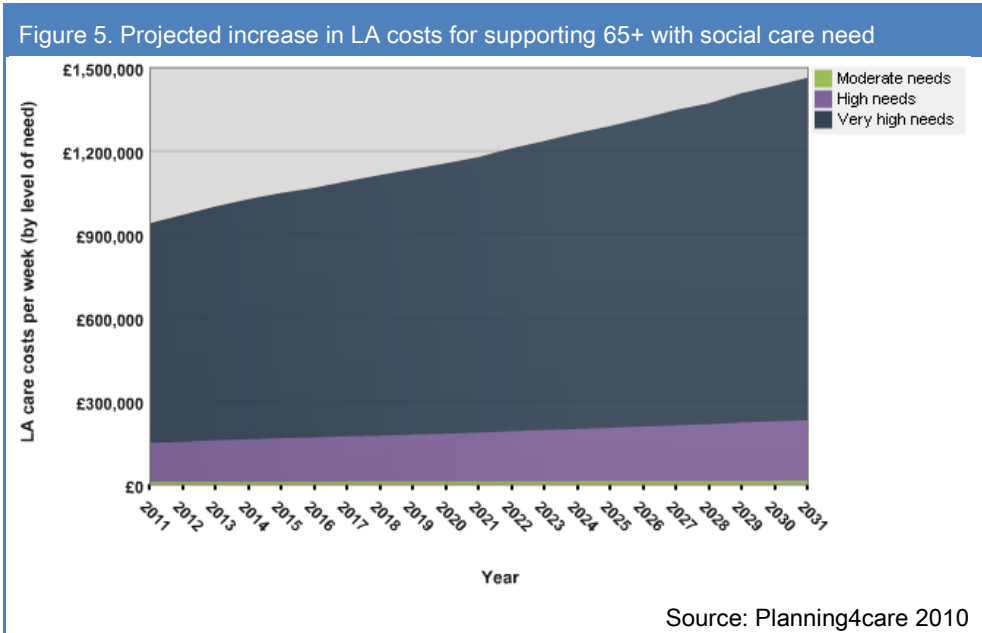


Table 12 shows the Planning4care projections for the growth that would be required in the provision of residential care – both LA commissioned and self-funded - in response purely to the projected demographic growth in numbers of people 65+, and assuming patterns of provision as at present.

Table 12. Planning4care projected growth in requirement for residential placements based on current patterns of provision

	2010	2015	2030
Current LA commissioned placements, and projections	1,200		
Estimated <i>total</i> (whole population) current and projected requirement for 'care with housing' placements	3,400	15%	55%

*Impact of changes to Healthy Life Expectancy, population projections and effective preventative care*

Tables 13 and 14 identify the projected changes to residential care

requirements, based on current patterns of care and varying assumptions on changes to Healthy Life Expectancy (the '1-in-10' and '2-in-10' scenarios); life expectancy, fertility and migration levels ('Higher' and 'Lower' scenarios"); and the impact of successful preventative care initiatives in Kirklees ('Preventative care 10%' scenario)<sup>27</sup>.

Table 13. Planning4care projections for estimated number of residential care places required for the *whole population*, based on demographic trends and current service patterns

Scenarios	Estimated number of residential care places required for the whole population		
	2010	2015	2030
	N	N	N
Planning4care 'Base'	3,400	3,900	5,300
'1-in-10' increases in HLE	=	3,800	4,800
'2-in-10' increases in HLE	=	3,700	4,400
'Higher' population projection	=	3,900	5,500
'Lower' population projection	=	3,800	5,100
'Preventative care 10%'	=	3,500	4,700

<sup>27</sup> See Appendix C for details of the scenarios developed and analysed in this report.



Table 14. Planning4care projections for estimated number of residential care places required for the LA-supported population, based on demographic trends and current service patterns

Scenarios	Residential care places for the LA-supported population, assuming same service take-up as NASCIS 2008/09		
	2010	2015	2030
	N	N	N
Planning4care 'Base'	1,200	1,300	1,800
'1-in-10' increases in HLE	=	1,300	1,700
'2-in-10' increases in HLE	=	1,300	1,500
'Higher' population projection	=	1,300	1,900
'Lower' population projection	=	1,300	1,800
'Preventative care 10%'	=	1,200	1,600

The tables show that:

- Under the 'base' scenario, there would need to be an extra 100 LA-funded places by 2015, and 600 by 2030.
- The impact of increasing levels of good health (the increase in Healthy Life Expectancy scenarios) would reduce the extra places needed, but still require significant additions to LA-funded places in the future.
- Alternative scenarios for how the population will increase in size into the future (higher and lower population projections scenarios) could affect the longer-term need for extra places by plus or minus 10% over the base scenario.
- The impact of preventative care could be significant; however an optimistic 10% shift in older groups from higher to lower levels of need would not match the increase in projected levels of social care need into the future, and would still require increases in LA-funded places.

In other words, based on demographic trends and current service patterns, the provision of long-term residential care places would need to increase significantly in order to meet the need for such publicly-funded support across

Kirklees. Or, alternative types of provision would need to be developed across the Local Authority to meet the increasing social care need that is currently met mainly by long-term residential care.

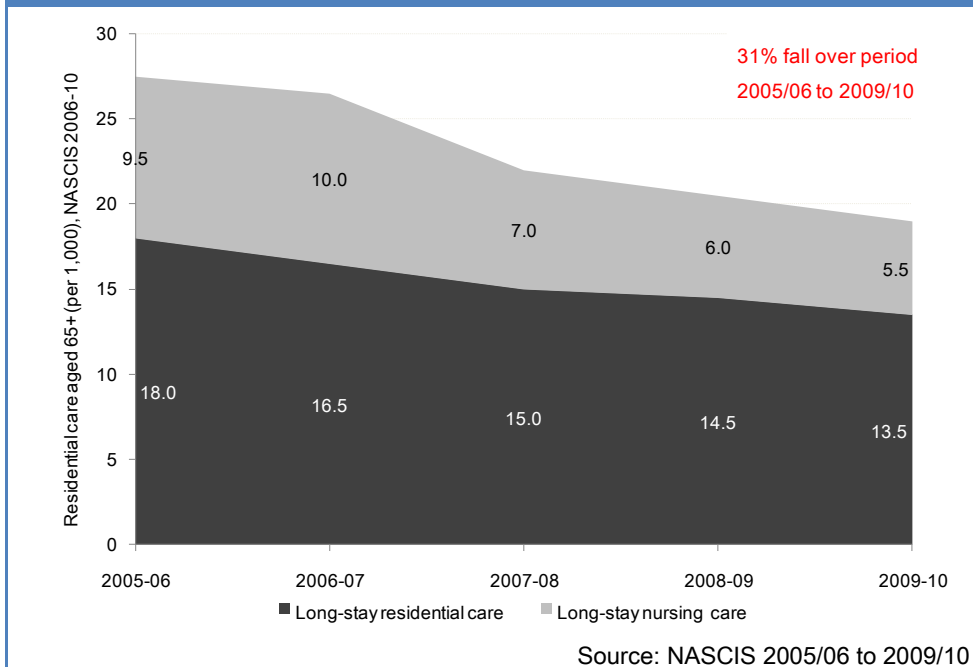
#### 6.4 What is the impact of shifts in publicly funded service patterns, based on continuing recent trends in take-up of publicly funded residential care?

The analysis above was based on current patterns of care continuing as is into the future. This is not likely to be the case: in this section we explore the impact of changes to residential care take-up on the projected need for residential care in Kirklees.

NASCIS data for 2005-2006 to 2009-2010 identifies a consistent fall in take-up of LA-supported residential care places, from 27.5 places per 1,000 65+ population in 2005-2006 to 19 in 2009-2010 (see Figure 6), a fall of 31% over the four year period.

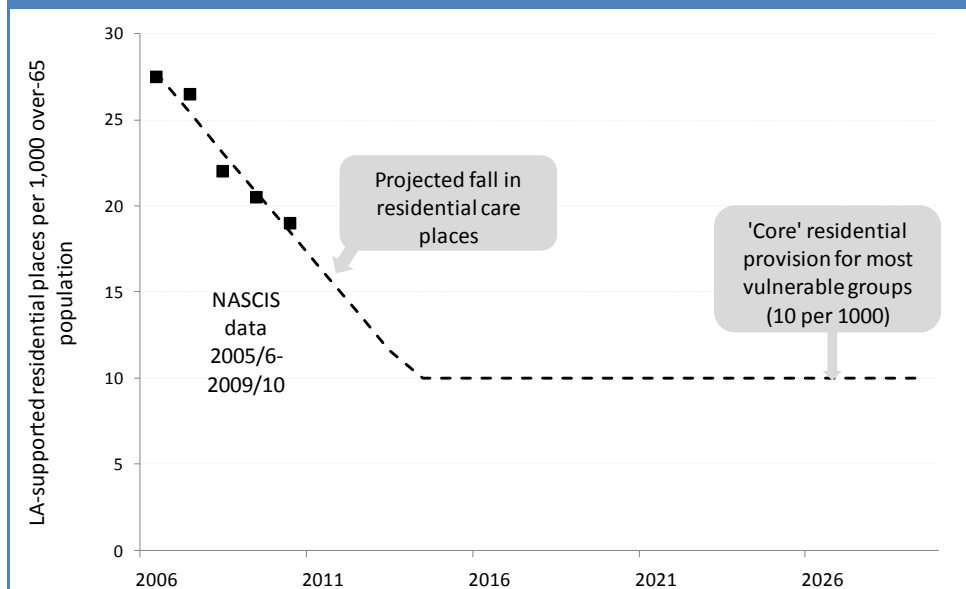


Figure 6. Provision of Kirklees supported residential care services, 2005/06 to 2009/10



Based on projecting the recent trend to 2029 (an annual fall of just over two places per 1,000 of publicly-funded residential care places), take-up of LA-supported residential care would be around one place per 1,000 people 65+, compared with 27.5 in 2005-2006, and 19 in 2009/10. However, we have provided a lower threshold of 10 places per 1,000 people aged 65+, as residential provision is likely to be appropriate for a core group of the most vulnerable older people. Figure 8 shows the projected provision of Kirklees-supported residential care places to 2029 (showing the lower threshold of 10 per 1000).

Figure 7. Projected provision of Kirklees-supported long-stay residential care places, to 2029. This does not include increases in extra care housing or other provision, see Figure 16 below



Source: Planning4care 2011. Data projected to 2029, based on NASCIS 2005/06 to 2009/10

It is important to emphasise that this analysis includes only take-up of LA-supported long-stay residential provision. The decreasing role played by this form of support needs to be balanced by increases in other support such as extra care housing and other services to support independent living.

In summary, we have identified two clear findings:

- *Significantly increased need for care support in the future:* Based on demographic trends and current service patterns, the provision of long-term residential care places would need to increase significantly in order to meet the need for such publicly-funded support across Kirklees. Or, alternative types of provision would need to be developed across the Local Authority to meet the increasing social care need that is currently met mainly by long-term residential care.

- *Consistent fall in take-up of LA-supported residential care places:* The year-on-year figures show a very consistent per-year drop in take-up of LA-supported residential care (of just over two places per 1,000 people 65+).

Table 15 below sets out our best estimates for the scale of shortfall in support currently met by LA-funded residential care.

Table 15. Take-up of long-term residential care places for the LA-supported population, assuming projected falls in take-up of residential care

	2010	2015	2030
Total need for support currently met by LA-funded residential care (based on 'base case' and demographic projections)	1,200	1,300	1,800
Future take-up of LA-funded long-term residential care places (based on service trends)	1,200	770	1,020
Need for alternative provision (other than long-term residential care)	0	530	780

Figure 8 below illustrates our findings for the LA-funded case, showing (1) significantly increased need for care support in the future, (2) consistent fall in take-up of LA-supported residential care places, and (3) the need for alternative provision to balance the shortfall in long-term residential care.

#### *Impact of using a higher 'core' residential provision of 15 per 1,000*

The analysis above (data shown in Table 15) is based on setting a lower threshold of residential provision for a core group of the most vulnerable older people, of 10 per 1,000 residents aged 65+.

Table 16 shows the impact of setting a higher 'core' residential provision of 15 per 1,000. This shows a significantly higher level of take-up of LA-funded long-term residential care places than in Table 15 (which is based on the core provision of 10 places per 1,000), and a correspondingly lower need for alternative provision.

However, the recent trend shows residential provision in Kirklees has fallen from 27.5 in 2005-2006, to 19 in 2009/10. This trend would need to be affected quickly in order to meet this threshold of 15 per 1,000.

Table 16. Take-up of long-term residential care places for the LA-supported population, assuming projected falls in take-up of residential care, and a 'core' residential provision of 15 per 1,000 population aged 65+

	2010	2015	2030
Total need for support currently met by LA-funded residential care (based on 'base case' and demographic projections)	1,200	1,300	1,800
Future take-up of LA-funded long-term residential care places (based on service trends)	1,200	1,150	1,530
Need for alternative provision (other than long-term residential care)	0	150	270

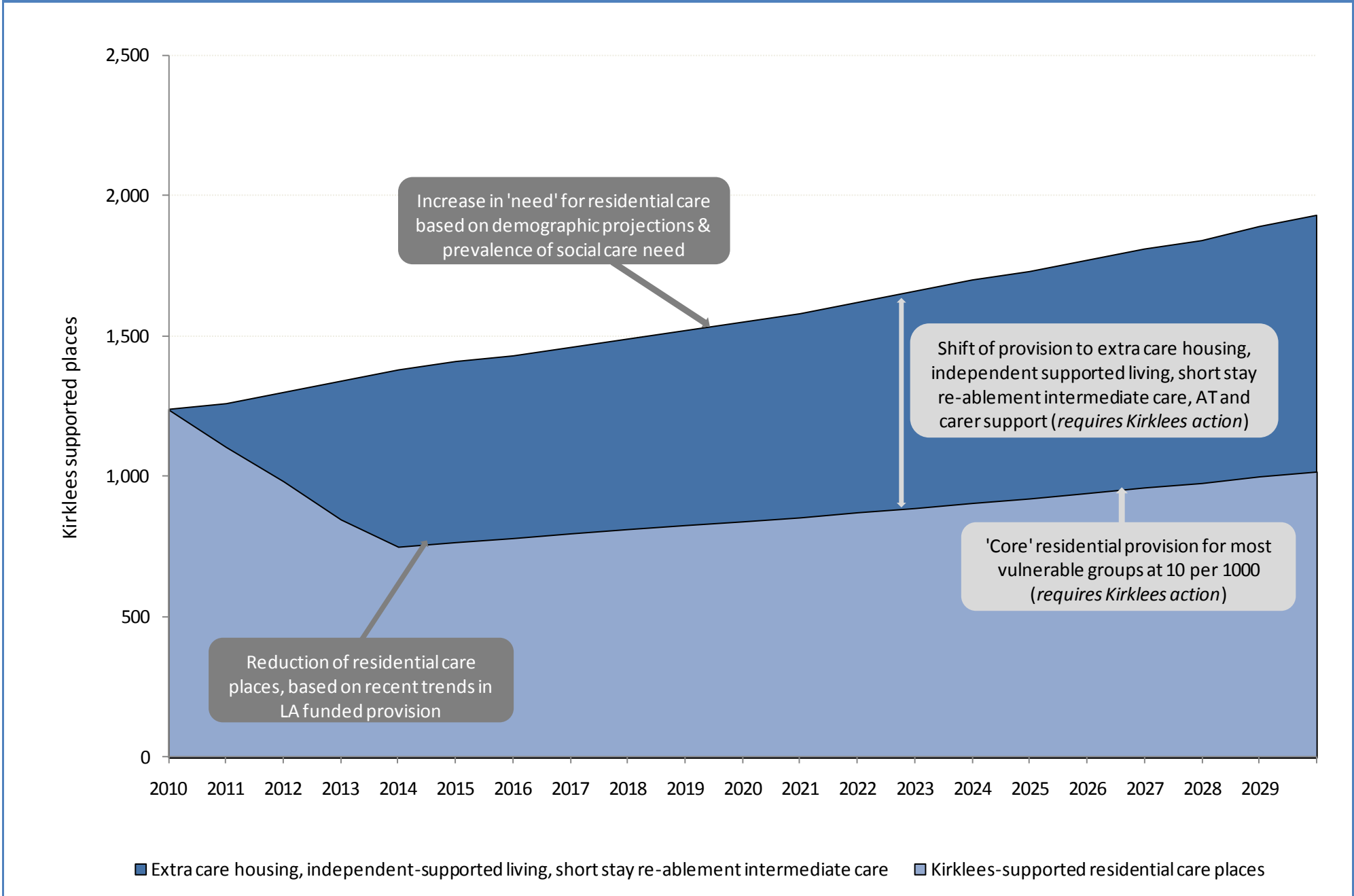
### 6.5 What are our best estimates for the total projected need for long-term residential care and other forms of support in Kirklees?

In the previous section we looked specifically at the need for publicly funded residential care. Table 17 below shows our best estimates for the *total population* need for residential care (including self-funded) – a) if current rates of take-up continue, and b) if similar trends seen in Kirklees for LA-funded care should apply to the market as a whole. The latter scenario must be treated with caution as we have no firm evidence that the same rate of decline is happening with self-funded placements. This is unlikely to happen unless there were significant developments in alternative forms of provision.

Table 17. Take-up of long-term residential care for the whole population, assuming projected take-up of residential care is the same as for LA-funded provision

	2010	2015	2030
Estimated <i>total</i> (whole population) current and projected requirement for 'care with housing' placements (based on 'base case' and demographic projections)	3,400	3,900	5,300
Future take-up of long-term residential care places (based on service trends)	3,400	2,150	2,850
Need for alternative provision (other than long-term residential care)	0	1,750	2,450

Figure 8. Shift of publicly-funded service take-up to extra care housing, independent supported living and short stay re-ablement intermediate care



## 6.6 The level of need for alternative provision

### *Specialised accommodation of all kinds*

The government publication *More Choice, Greater Voice*<sup>28</sup> proposed the adoption for planning purposes of a “norm” of 180 units of specialised accommodation of all kinds (excluding registered care homes) per 1,000 population aged 75+<sup>29</sup>.

In practice this requirement will clearly be greater in areas where a higher proportion of the older population are expected to have some level of need for support with activities of daily living. At national level there are currently estimated to be 4,046,000<sup>30</sup> people aged 75+, and 2,836,000 people aged 65+ with any level of need for social care support<sup>31</sup>. The above norm can therefore be re-defined as 260 units of specialised accommodation per 1,000 people aged 65+ with any level of need for social care support<sup>32</sup>.

The table below shows estimates for the total predicted numbers with care needs in 2010, 2015 and 2030 for Kirklees and comparator areas, compared with current supply of specialised accommodation, and projected requirements for specialised accommodation calculated as above.

<sup>28</sup> CLG, DH/CSIP (2008), *More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people*.

<sup>29</sup> The *More Choice, Greater Voice* toolkit bases estimates for future requirements on population levels at 2001; this is based on the premise that the growing shortfall in high level care due to the increase in size of the older population would be made up by an increase in high level care to people in their existing homes. From service trends since 2001, this has clearly not been the case either in Kirklees or at national level. We have therefore allowed the requirement for extra care housing to grow in line with the projected growth in numbers of the older population.

<sup>30</sup> 2009 value based on most recent ONS sub-national population projections.

<sup>31</sup> 2009 estimated from Planning4care

<sup>32</sup> This has been based on all levels of need rather than just the higher levels, as older people may well choose increasingly to move into specialised accommodation while their needs levels are still relatively low.

Table 18. Projected overall requirement for specialised accommodation in Kirklees

Areas	Estimated total number with social care need (2010)	Estimated total specialised accommodation required (2010)	Estimated total number with social care need (2030)	Estimated total specialised accommodation required (2030)
Kirklees	22,800	5,900	35,700	9,300
Yorkshire and the Humber	310,000	80,600	477,000	124,000
England	2,880,000	749,000	4,470,000	1,160,000

### *Extra care housing*

Extra care housing is a form of independent accommodation which gives a level of support equivalent to that of a care home. The recommended norm is 25 places per 1,000 people over 75 (with an equal 50:50 ratio of sale and rented provision). At national level this would equate to around 55 per 1,000 people aged 65+ with ‘moderate’ or above social care needs.

The table below shows the estimates for the total predicted numbers aged 65+ with ‘moderate’ and above care needs in 2010, 2015 and 2030, together with the projected future requirement for extra care housing, calculated as above.

The development of extra care housing to the recommended norm levels (eg 860 places in 2010, 980 places in 2015 and 1,300 places in 2030), would go some way towards meeting the need for alternative provision to long-term residential care, identified above.

Table 19. Projected overall requirement for extra care housing in Kirklees

Areas	Estimated total aged 65+ with 'moderate' or above social care need (2010)	Estimated total ECH required (2010)	Estimated total aged 65+ with 'moderate' or above social care need (2015)	Estimated total ECH required (2015)	Estimated total aged 65+ with 'moderate' or above social care need (2030)	Estimated total ECH required (2030)
Kirklees	15,700	860	17,900	980	24,500	1,300
Yorkshire and the Humber	215,000	11,800	241,000	13,300	330,000	18,200
England	1,950,000	107,000	2,180,000	120,000	3,020,000	166,000

## 6.7 Key messages from this section

This section has identified:

- *Significantly increased need for care support in the future:* Based on demographic trends and current service patterns, the provision of long-term residential care places will need to increase significantly in order to meet the need for such publicly-funded support across Kirklees. Or, alternative types of provision will need to be developed across the Local Authority to meet the increasing social care need that is currently met mainly by long-term residential care.

- *Consistent fall in take-up of LA-supported residential care places:* The year-on-year figures show a very consistent per-year drop in take-up of LA-supported residential care (of just over two places per 1,000 people 65+). If service provision patterns continue, we project that LA-supported residential care places will fall from 1,200 (in 2010) to 770 in 2015 (430 fewer places) and 1,020 in 2030 (180 fewer places).

Taken together, these findings identify a likely shortfall in support currently met by LA-funded residential care, if trends continue as expected. There are three possible options to meet this shortfall:

- Significant increase in funding for residential care to meet the increasing demand for services; and/ or
- Tightened assessment criteria in order to reduce the number of people eligible for LA-funded services; and/ or
- Significant investment into alternative types of provision other than long-term residential care, for example re-ablement intermediate care, extra care housing and other services to support independent living.

Our best estimates, if recent service trends continue into the future, are that the alternative provision required to balance the fall in LA-funded long-term supported residential care places, will need to support 530 people by 2015, and 780 by 2030.

However, this need for alternative provision could be significantly affected by future Kirklees actions. For example if changes to the balance of provision are implemented, such as increased investment into extra care housing.

## Appendix A How Planning4care provides local estimates of need for social care

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### *How Planning4care provides local estimates of need for social care*

Planning4care provides information and analysis on future needs and service requirements to support effective commissioning. 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, 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 estimates of the numbers of older people with particular levels of social care need; it is also linked to predicted levels of service requirement and likely costs.

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

### *The Planning4care outputs*

The Planning4care strategic commissioning tool helps understand the current and projected care needs of older people (aged 65+). The tool:

- builds on the best national models for long term care projection
- produces locally sensitive baselines and projections of need for social care
- produces analysis for the total 65+ population, with breakdowns of how care is currently provided, ie publicly funded, (potentially) self funded and informal support
- models cost and service implications based on locally adjustable scenarios
- is designed for easy access and use
- is practically robust and requires minimal data input by the user
- has outputs that translate into quantifiable service requirements
- produces a credible evidence base for planning and commissioning for

social care.

See [www.planning4care.org.uk](http://www.planning4care.org.uk) for further details.

### *Core outputs from Planning4care used in this project*

We have assessed a number of the core Planning4care outputs for this project:

- Local and comparative (eg, regional and national) *population trends and projections*, by age and gender, projected over a 20-year period (ONS sub-national projection). These identify, for example, that the numbers of those aged 65+ in the Local Authority are likely to increase by just over 30% over a 20-year period, but the 85+ group will grow significantly faster – by 70% over the next 20-years. (However, these are well below regional and national growth levels).
- Estimates of *current and future older people's social care need*, by age and gender group, across the Local Authority, based on the needs classification developed in the Wanless national review of social care<sup>33</sup>. Planning4care estimates of social care need are based on the whole population, and take into account risk factors at local level, including DWP health benefit levels and other socio-economic factors.
- Estimates of *current and future demand for social care services (and associated costs)*, including long-term residential care. Future projected demand for publicly funded services is based in the first instance on applying current take-up of services to projected numbers of older people with social care need across Kirklees (by age and gender). In addition, we have assessed different scenarios (see below) to explore the impact of varying publicly-funded service take-up. Estimates of *total demand* (ie, including self-funded) for residential care places are based

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<sup>33</sup> Wanless D (2006), *Securing Good Care for Older people – Taking a Long-Term View*, Kings Fund

on applying national patterns of care to estimates of people in Kirklees with 'very high' levels of social care need.

- Estimates of *levels of informal support and self-funding* for older people with specific levels of social care need.
- Estimates of current and projected *levels of dementia by age and gender*.
- Impact on demand for both total and publicly funded residential care places, from *alternative future scenarios*.

### Extending the Planning4care analysis

In addition to the direct outputs from Planning4care, we have extended the Planning4care analysis to assess the impact on demand for services including residential care, arising from a set of alternative future scenarios, including variations in the projections in the *numbers* of older people with different levels of social care needs:

- *Population projection scenarios*: The 'Principal' 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. In addition to this 'Principal' scenario, the Government Actuary Department publishes population projection data at national level based on a series of alternative scenarios, exploring varying levels of in- and out-migration, increases in life expectancy, and changes in fertility<sup>34</sup>. For this analysis, we have assessed the 'Higher' (based on high levels of fertility, increases in life expectancy and inward migration) and 'Lower' scenarios (based on low levels of fertility, increases in life expectancy and inward migration) across Kirklees<sup>35</sup>.
- *Increases in Healthy Life Expectancy*: Healthy Life Expectancy (HLE) is

an indicator of how many years a person can expect to live without disability. Based on alternative scenarios set out in research carried out for the national ageing strategy<sup>36</sup>, we have assessed additional scenarios to explore the impact of HLE increases on the projected numbers of older people with 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, we have identified plausible changes in demand for residential care resulting from the impact of successful preventative care across Kirklees.
- *Trends in publicly funded service provision, eg reduction in residential care*: Kirklees is seeing changes in the take-up of services, resulting from both policy initiatives, and individual user choice. For example there is an ongoing shift in publicly funded services towards community care, and away from residential care. We have developed and analysed future scenarios incorporating likely shifts, including a relative reduction in the use of residential care, and the impact on likely future demand for residential care across Kirklees.

For more information on the Planning4care model and methodology, see [www.planning4care.org.uk](http://www.planning4care.org.uk).

<sup>34</sup>

See

[www.gad.gov.uk/Demography%20Data/Population/2006/methodology/varlist.html](http://www.gad.gov.uk/Demography%20Data/Population/2006/methodology/varlist.html)

<sup>35</sup> Only the Principal scenario is published at LA level. To apply the other scenarios to LA level, we have calculated the % change at national level for each scenario from the Principal scenario for each age-gender group. This % change has been applied to the age-gender groups for the Principal scenario at LA level.

<sup>36</sup> 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.



## 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<sup>37</sup>, based on Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL), see table below.

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	<p>People who are unable to perform two or more ADL tasks without help.</p> <ul style="list-style-type: none"> <li>• A: people for whom need for support is due primarily to physical impairment</li> <li>• B: people for whom need for support is due primarily (or equally) to cognitive impairment</li> </ul>

### 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*

<sup>37</sup> Wanless D (2006), *Securing Good Care for Older people – Taking a Long-Term View*, Kings Fund

*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.”<sup>38</sup>*

<sup>38</sup> Henderson AS and Jorm AF (2000) Definition and Epidemiology of Dementia: A Review. In Maj M and Sartorius 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. In this project, we have assessed a number of different scenarios and their impact on likely future need for residential care across Kirklees:

- *Population projections*: the impact of varying migration and life expectancy levels on the projected numbers of older people
- *Increases in Healthy Life Expectancy*: The core Planning4care model incorporates the impact of increased life expectancy (based on the government population projection data), but not changes to HLE. We have carried out additional analysis based on scenarios explored for the government's National Ageing Strategy work<sup>39</sup>
- *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, we have identified plausible changes in demand for residential care resulting from the impact of successful preventative care across Kirklees
- *Trends in care packages, eg reduction in residential care*: Kirklees is seeing changes in the take-up of services, resulting from both policy initiatives, and individual user choice. For example there is an ongoing shift towards community care, and away from residential care. We have developed and analysed future scenarios incorporating likely shifts, including a relative reduction in use of residential care, and the impact on likely future demand for residential care across Kirklees.

The following sections provide more detail on these alternative scenarios.

### Population projections: the impact of varying migration and life

<sup>39</sup> 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.

### 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<sup>40</sup>. 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<sup>41</sup>.

We have assessed the impact of two Government Actuary Department scenarios on the projected numbers of older people in Kirklees<sup>42</sup>:

- '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.

Analysis of the projected increase in numbers of people 65+ across Kirklees for the 'Principal', 'Higher' and 'Lower' population projection scenarios shows:

- The standard 'Principal' scenario projects a 52% increase in the 65+ population by 2030 (94% for the 85+ group)
- The 'Higher' scenario projects a 57% increase in the 65+ population by 2030 (109% for the 85+ group);

<sup>40</sup> Government Actuary's Department (2008), *2006-based Population projections*. From [www.gad.gov.uk/Demography%20Data/](http://www.gad.gov.uk/Demography%20Data/)

<sup>41</sup> Government Actuary's Department (2008), *2006-based Variant projections*. From [www.gad.gov.uk/Demography%20Data/Population/index.aspx?y=2006&v=Variant](http://www.gad.gov.uk/Demography%20Data/Population/index.aspx?y=2006&v=Variant)

<sup>42</sup> See Appendix C for information on the scenarios we have explored. 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.

- The 'Lower' scenario projects a 47% increase in the 65+ population by 2030 (79% for the 85+ group).

## 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<sup>43</sup>, we have assessed additional scenarios to explore the impact of HLE increases on the projected numbers of older people with social care need<sup>44</sup>:

- '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

<sup>43</sup> 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.

<sup>44</sup> See Appendix C for information on the scenarios we have explored, including changes to: population projections; Healthy Life Expectancy; and take-up of residential care services.

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 across Kirklees:

- '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 care packages, eg reduction in residential care

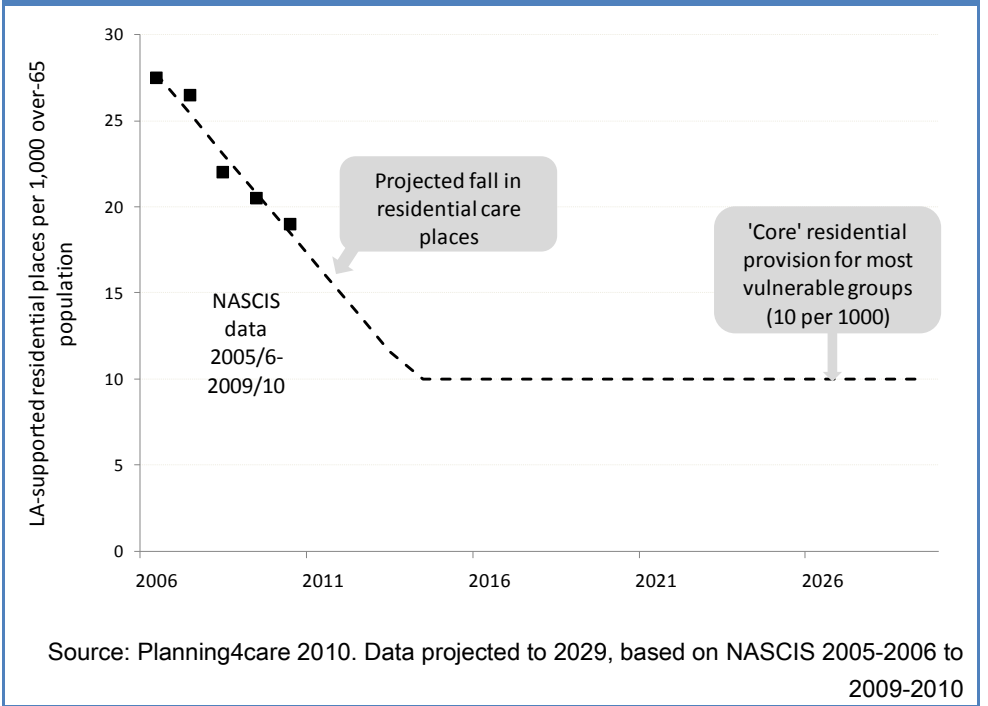
Kirklees is seeing changes in the take-up of services, resulting from both policy initiatives, and individual user choice. For example there is an ongoing shift towards community care, and away from residential care. We have developed

and analysed a future scenario incorporating a relative reduction in use of residential care, and identified the impact this would have on likely future demand for residential care across Kirklees.

Our scenario for changes to residential is based on recent trends in service levels which show a consistent fall in take-up of residential care places, from 27.5 places per 1,000 65+ population in 2005-2006 to 19 in 2009-2010. Regression analysis identifies that, based on projecting the recent trend to 2029, residential care take-up will be less than one place per 1,000 people 65+, compared with just over 27.5 in 2005-2006, and 19 in 2009-2010 (see figure below). However, we have provided a lower threshold of 10 places per 1,000 people aged 65+, as residential provision is likely to be appropriate for a core group of the most vulnerable older people.

Figure 9 shows the projected provision of Kirklees-supported residential care places to 2029 (showing the lower threshold of 10 per 1000). Note that this does *not* include increases in extra care housing or other provision.

Figure 9. Projected provision of Kirklees-supported residential care places, to 2029. This does not include increases in extra care housing or other provision



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