

Projected need for long-term residential care services for older people in Cumbria

Final report

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planning4care

Care Equation and Oxford Consultants for Social Inclusion



About the data and information presented in this report

This report is based on Release 1.4 of the Planning4care data, based on the 2007/8 KIGS returns. Previous releases of the data include:

- *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.

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2 Executive summary

2.1 Overview

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

The analysis is based on 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.

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

Position and trends

- The most recent estimates show the 2009 65+ population of Cumbria as 100,100 with 12,900 aged 85+. Compared with England, the 65+ population in Cumbria is a little younger, with a lower proportion of older people aged 85+ (just under 13,000 people in the County), and a correspondingly higher proportion of older people aged 65-74, than England as a whole
- Recent trends have seen the 65+ population in Cumbria increase from 90,500 to 100,100 (10%) over the period 2001 to 2009, a significantly faster increase than across the region and England.

Demographic projections

- The size of the 65+ population is projected to grow significantly in Cumbria over the next 20 years- a 16% increase in all 65+ groups to

2014 (16% for 85+) and a 58% increase in 65+ to 2029 (109% for 85+). 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

- Additionally the projected increases are generally well above the projections for regional and England increases. Compared with other Local Authorities across the North West region, Cumbria shows the third highest projected increase in the older population. The lowest increases are seen in the largest urban areas (Liverpool, Salford and Manchester).

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

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. We have assessed the impact of additional scenarios on the projected numbers of older people in Cumbria:

- The standard 'Principal' scenario projects a 58% increase in the 65+ population by 2029 (109% for the 85+ group)
- The 'Higher' scenario projects a 63% increase in the 65+ population by 2031 (124% for the 85+ group);
- The 'Lower' scenario projects a 53% increase in the 65+ population by 2031 (93% for the 85+ group).

2.3 What are the current and projected levels of social care need for older people in Cumbria? (Section 5)

Social care needs classification

- The social care needs classification set out in the Wanless Social Care review¹ 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 Cumbria 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 Cumbria

- Of the total population aged 65+ in Cumbria (2009), 36,700 (36%) are estimated to have some level of social care needs; of these 26,400 are estimated to have 'moderate' to 'very high' needs, and 9,600 (9%) to have 'very high' needs. 30,600 are potentially in need of formal care, whilst 6,100 are estimated to be well supported by informal care (mainly at the low, moderate and high level of need);
- 5,500 of those with moderate to very high need receive care funded by the Local Authority² (3,300 of these are estimated to have 'very high' needs);

¹ Wanless D (2006), *Securing Good Care for Older people – Taking a Long-Term View*, Kings Fund.

² Publicly-funded levels based on KIGS 2007/8 data. Calculated as the sum of those supported in residential and nursing home care, plus those receiving home care. This will be updated to use NASCIS 2008/9 data in P4c version 2.0 (available December 2009). Cumbria 2009 NASCIS data gives the total number aged 65+ receiving either residential/nursing or home care as 4,840.

- 17,300 of those with moderate to very high need are estimated to be either unsupported or funding their own care (including 5,400 with 'very high' needs);
- Of the 'very high needs group' 3,000 are estimated to have severe functional disability resulting from a high level of cognitive impairment (primarily dementia).
- The proportion of older people across Cumbria with social care need (36%) is below the regional average (40%). Regionally, Planning4care identifies the highest levels of social care need as being in the most deprived LAs across the region, eg Knowsley, Liverpool and Salford.

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 Cumbria. Uptake of Attendance Allowance has been increasing across the county (numbers increased from 16,400 in 2002 to 19,650 in 2008) at a faster rate than the rise in the 65+ population.
- 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 Cumbria is projected to rise by 62% over the next 20 years (above both the regional rise of 48% and the national rise of 53%).

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

- *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 Strategy³, we have assessed additional scenarios to explore the impact

³ 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.

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, that would result from the impact of successful preventative care across Cumbria
- From above, the Planning4care estimates for levels of need in 2009 are for 36,700 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 1,700 fewer people having any form of social care need by 2014 (450 fewer with very high social care need), and 9,100 fewer people by 2029 (2,300 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 1,100 people with very high needs by 2014, and 1,600 by 2029.

2.4 What are the likely future service requirements for supporting older people with social care needs? (Section 6)

Our analysis 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 Cumbria. Or, alternative types of provision will need to be developed across the county 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 under one place per 1,000 people 65+). If service provision patterns continue, we project that the need for LA-supported residential care places will fall from 2,390 (in 2009) to 2,130 in 2014 (260 fewer places) and 1,650 in 2019 (740 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 570 people by 2014, and 1,370 by 2019.

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

3 Introduction

Introduction

This report provides our analysis of the likely social care needs and service requirements for older people across Cumbria 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 care⁴ across Cumbria (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

This report contains the following sections:

- Demographic profile and projections for older people in Cumbria (Section 4)
- Current and projected levels of social care need for older people in Cumbria (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).

⁴ Residential care refers throughout to personal or nursing care in a registered care home.

4 Demographic profile and projections for older people in Cumbria

4.1 Introduction

In this section we describe the demographic profile of older people in Cumbria, 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 Cumbria would vary under alternative scenarios of migration levels, changes in life expectancy, and varying levels of fertility.

4.2 Demographic profile and projections for older people in Cumbria

Older people in Cumbria

The most recent estimates show the 65+ population of Cumbria as 100,100 with 12,900 aged 85+⁵. Table 1 highlights how this group breaks down.

Compared with England, the 65+ population in Cumbria is a little younger, with a lower proportion of older people aged 85+ (just under 13,000 people in the County), and a correspondingly higher proportion of older people aged 65-74, than England as a whole.

There are approximately 360 people aged 65+ from non-White ethnic groups, or 0.4% of the 65+ population – well below the regional (1.9%) and national (3.3%) averages. The older population of Cumbria is less diverse than the total population: 0.4% of those aged 65+ are from non-White ethnic groups, compared with 2.1% of the population as a whole.

Recent trends have seen the 65+ population in Cumbria increase slightly from 89,700 to 97,800 (9%) over the period 2001 - 2008, a faster increase than across the region (4.1%) and England (5.7%)⁶.

⁵ ONS sub-national population projections for 2009.

⁶ ONS Mid-Year Estimates 2001 to 2008.

Table 1. Demographic profile for older people in Cumbria

Group	Number in Cumbria (2008)	% of total 65+ population (2008)		
		Cumbria	North West	England
All people 65+	100,100	100.0	100.0	100.0
Women 65+	55,700	55.6	56.4	56.0
Men 65+	44,400	44.4	43.6	44.0
People aged 65-74	53,400	53.3	53.3	52.0
People aged 75-84	33,800	33.7	34.0	34.3
People aged 85+	12,900	12.9	12.7	13.7
People 65+ from non-White ethnic groups ⁷	360	0.4	1.9	3.3

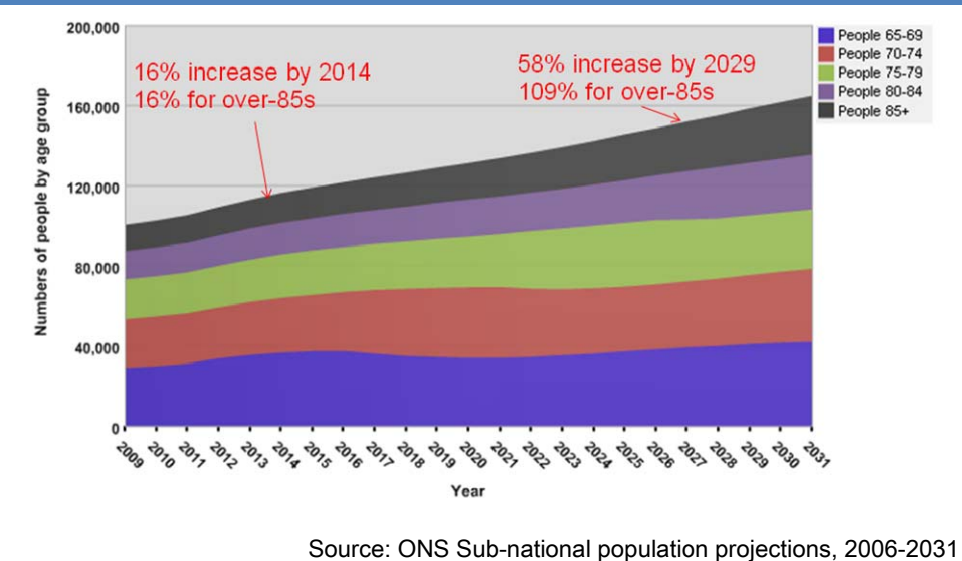
Cumbria's 65+ population is projected to increase faster than comparator areas

The size of the 65+ population is projected to grow significantly in Cumbria 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 county. 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 Cumbria to 2029, showing a 16% increase in all 65+ groups to 2014 (same proportion for 85+) and a 58% increase in 65+ to 2029 (109% for 85+).

⁷ ONS Mid Year Estimates by Broad Ethnic Group 2007. Data is published for people of pensionable age, and adjusted to measure population aged 65+ using the 2001 census.

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

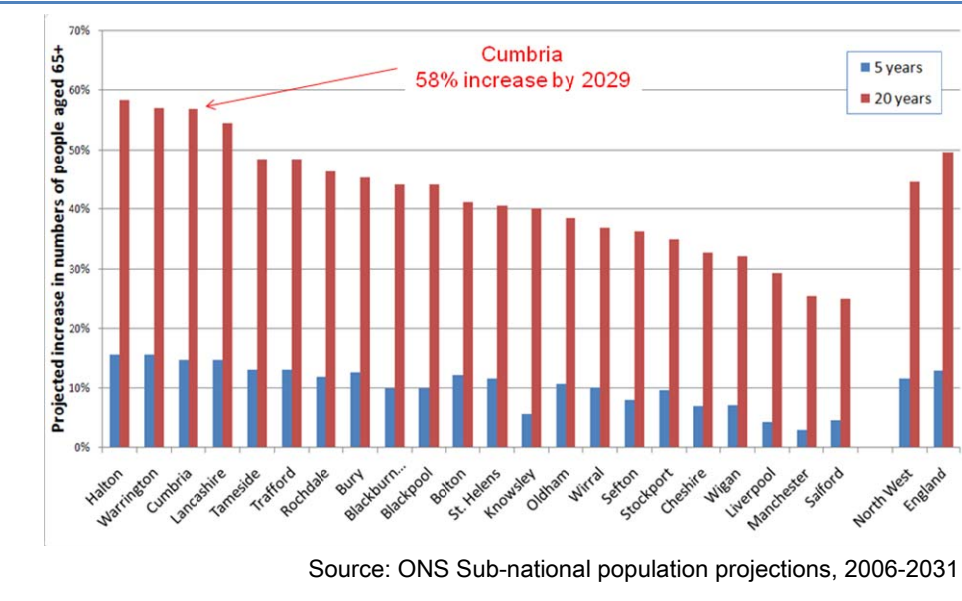


Compared with other Local Authorities across the North West region, Cumbria shows the third highest projected increase in the older population (see Figure 1b). The lowest increases are seen in the largest urban areas (Liverpool, Salford and Manchester).

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 Cumbria and the Districts.

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

	2009		2014		2029	
	N	N	% increase from 2009	N	% increase from 2009	
All people 65+	100,100	116,100	16%	158,300	58%	
Women 65+	55,700	62,700	13%	83,600	50%	
Men 65+	44,400	53,400	20%	74,700	68%	
People aged 65-74	53,400	63,700	19%	75,100	41%	
People aged 75-84	33,800	37,400	11%	56,300	67%	
People aged 85+	12,900	15,000	16%	26,900	109%	



The projected increases are generally well above those for the region and England. The 20-year projected increase in Cumbria for the 65+ group (58%) compares to increases of 45% for the region and 50% for England. Following a similar pattern, the 20-year projected increase for the 85+ group (109%) is again well above the regional (90%) and England (92%) projected increases.

At District level, Eden shows the highest projected increases in the older population, with the population aged 65+ projected to increase by 70% between 2009 and 2029. By contrast, the population aged 65+ in Barrow-in-Furness is projected to increase much more slowly, by 39% over the same period to 2029.

Table 3. Population projections for older people in Cumbria Districts, based on ONS sub-national population projections

	2009		2014		2029	
	N	N	% increase from 2009	N	% increase from 2009	
All people 65+						
Cumbria	100,100	116,100	16%	158,300	58%	
Allerdale	19,200	22,200	16%	29,800	55%	
Barrow-in-Furness	13,400	14,700	10%	18,600	39%	
Carlisle	19,500	22,000	13%	30,500	56%	
Copeland	12,900	15,000	16%	21,100	64%	
Eden	11,100	13,200	19%	18,900	70%	
South Lakeland	24,800	28,700	16%	39,300	58%	

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

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 future⁸. 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 fertility⁹.

We have assessed the impact of additional Government Actuary Department scenarios on the projected numbers of older people in Cumbria¹⁰:

⁸ Government Actuary’s Department (2008), *2006-based Population projections*. From www.gad.gov.uk/Demography%20Data/

⁹ Government Actuary’s Department (2008), *2006-based Variant projections*. From www.gad.gov.uk/Demography%20Data/Population/index.aspx?y=2006&v=Variant

¹⁰ 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.

- “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.

Figure 2. Projected increase in 65+ population for ‘Principal’, ‘Higher’ and ‘Lower’ population projection scenarios

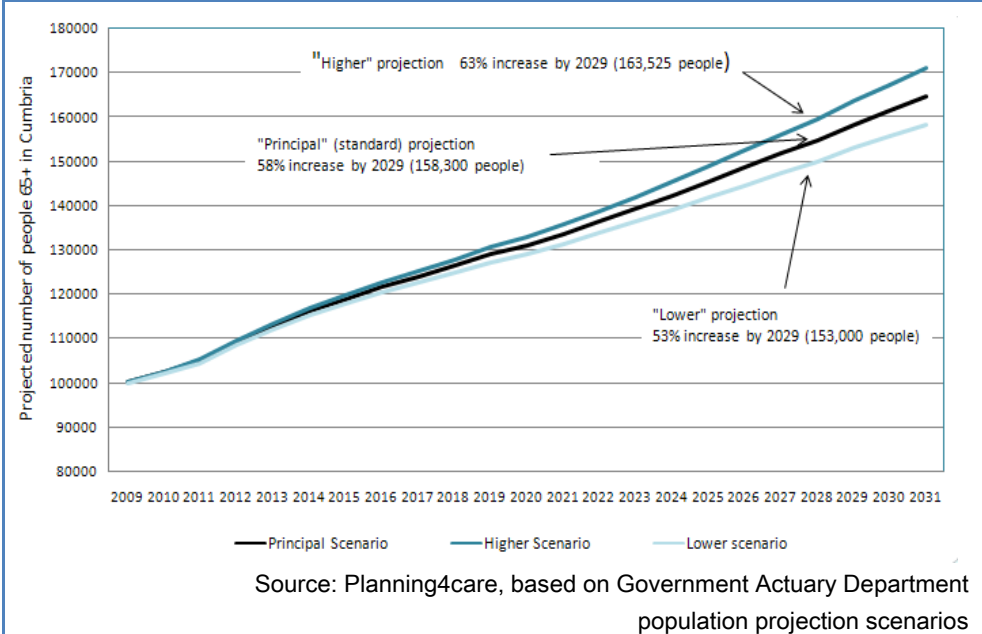


Figure 2 shows the projected increase in numbers of people aged 65+ across Cumbria for the ‘Principal’, ‘Higher’ and ‘Lower’ population projection scenarios:

- The standard ‘Principal’ scenario projects a 58% increase in the 65+ population by 2029 (109% for the 85+ group)
- The ‘Higher’ scenario projects a 63% increase in the 65+ population by 2029 (124% for the 85+ group);
- The ‘Lower’ scenario projects a 53% increase in the 65+ population by 2029 (93% 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 beds, across Cumbria.

4.4 Key messages from this section

Position and trends

- The most recent estimates show the 2009 65+ population of Cumbria as 100,100 with 12,900 aged 85+. Compared with England, the 65+ population in Cumbria is a little younger, with a lower proportion of older people aged 85+ (just under 13,000 people in the County), and a correspondingly higher proportion of older people aged 65-74, than England as a whole
- Recent trends have seen the 65+ population in Cumbria increase from 90,500 to 100,100 (10%) over the period 2001 to 2009, a significantly faster increase than across the region and England.

Demographic projections

- The size of the 65+ population is projected to grow significantly in Cumbria over the next 20 years- a 16% increase in all 65+ groups to 2014 (16% for 85+) and a 58% increase in 65+ to 2029 (109% for 85+). 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
- Additionally the projected increases are generally well above the projections for regional and England increases. Compared with other

Local Authorities across the North West region, Cumbria shows the third highest projected increase in the older population. The lowest increases are seen in the largest urban areas (Liverpool, Salford and Manchester).

- There are approximately 360 people aged 65+ from non-White ethnic groups, or 0.4% of the 65+ population – well below the regional (1.9%) and national (3.3%) averages.

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

- 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. We have assessed the impact of additional scenarios on the projected numbers of older people in Cumbria:
 - The standard 'Principal' scenario projects a 58% increase in the 65+ population by 2029 (109% for the 85+ group)
 - The 'Higher' scenario projects a 63% increase in the 65+ population by 2031 (124% for the 85+ group);
 - The 'Lower' scenario projects a 53% increase in the 65+ population by 2031 (93% 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 Cumbria, based on the demographic projections and scenarios outlined in this section.

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

5.1 Introduction

In this section we identify the current and projected levels of social care need for older people in Cumbria, based on the Planning4care analysis and government population projections. We also explore how future levels of social care need in Cumbria 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 Cumbria

Social care needs classification

The Wanless Social Care review¹¹ 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.

¹¹ Wanless D (2006), *Securing Good Care for Older people – Taking a Long-Term View*, Kings Fund.

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

At local level, Planning4care¹² 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 Cumbria 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.

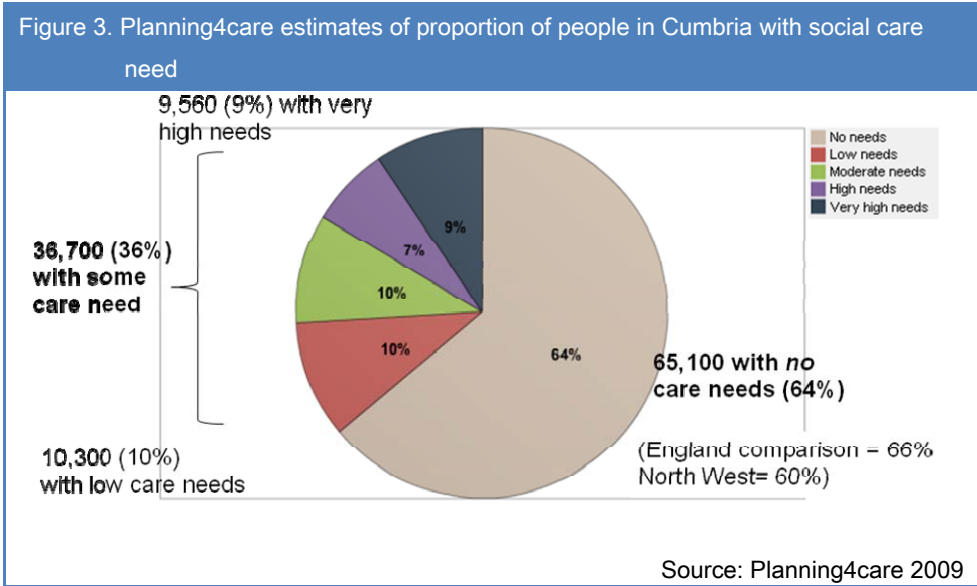
Planning4care identifies roughly 36% of all people 65+ in Cumbria with some level of social care needs, with 13% having 'very high' needs

Of the 65+ group (2009), 36,700 in Cumbria had some level of social care needs (36%), 26,400 having 'moderate' to 'very high' needs, and 9,600 having 'very high' needs (9%)¹³, as shown in Figure 3. See accompanying report for

¹² For more details on Planning4care, see Appendices A-C and www.planning4care.org.uk.

¹³ The population denominator for the social care needs groups is not identical to ONS Mid Year Estimates, due to the way we have counted those in residential care. Not all those in residential care will be originally from the local area, and people may be in residential care located outside the LA which is paying for that care.

details of the Planning4care projections of the numbers of older people with social care needs¹⁴.



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

- 30,600 are potentially in need of formal care, whilst 6,100 are estimated to be well supported by informal care (mainly at the low, moderate and high level of need);¹⁵
- 5,500 of those with moderate to very high need receive care funded by the Local Authority¹⁶ (3,300 of these are estimated to have 'very high' needs)¹⁷;

¹⁴ Planning4care (2009). *Strategic Needs Assessment of Long-Term Social Care for Older People: Planning4care summary report for Cumbria*.

¹⁵ 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.

- 17,300 of those with moderate to very high need are estimated to be either unsupported or funding their own care (including 5,400 with 'very high' needs)¹⁸;
- Of the 'very high needs group' 3,000 are estimated to have severe functional disability resulting from a high level of cognitive impairment (primarily dementia).

Table 4. Estimated levels of social care need across Districts in Cumbria

District Name	People aged 65+ with social care need (2009)		People aged 65+ with moderate or above levels of social care need (2009)	
	N	%	N	%
Cumbria	36,700	36%	26,400	26%
Allerdale	7,310	37%	5,390	28%
Barrow-in-Furness	7,030	50%	5,820	41%
Carlisle	6,930	35%	4,810	25%
Copeland	5,100	39%	3,800	29%
Eden	3,190	29%	2,000	18%
South Lakeland	7,110	29%	4,570	19%

¹⁶ Publicly-funded levels based on KIGS 2007/8 data. Calculated as the sum of those supported in residential and nursing home care, plus those receiving home care. Cumbria 2009 NASCIS data gives the total number aged 65+ receiving either residential/nursing or home care as 4,840. Version 2.0 of the Planning4care tool (December 2009) will be fully updated with the 2008/9 NASCIS data.

¹⁷ 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.

¹⁸ 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 shows the estimated levels of social care need across Cumbria and the Districts. At District level, Barrow-in-Furness has the highest proportion of people aged 65+ with social care need: roughly half of all older people have some level of social care need, and two-in-five have moderate or above levels of social care need. By contrast, in Eden only 29% of people have some level of social care needs (with 18% having moderate or above levels).

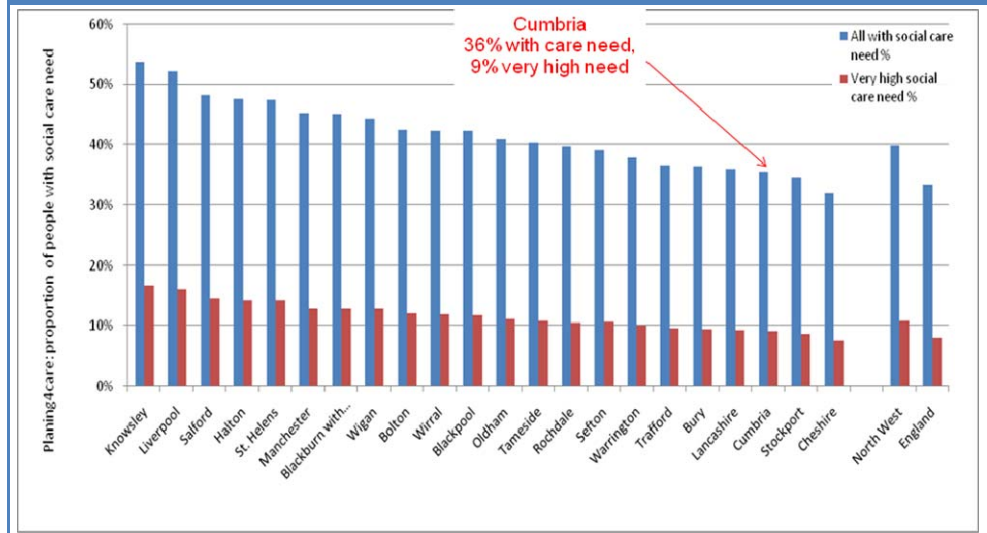
Social care need by age

Table 5. Estimated levels of social care need by age

Age-group	All people aged 65+ in Cumbria (2009)		People aged 65+ with moderate or above levels of social care need	
	N	%	N	%
People aged 65+	100,100		26,400	26%
People aged 65-74	53,400	53%	9,900	19%
People aged 75-84	33,800	34%	10,200	30%
People aged 85+	12,900	13%	6,300	49%

Social care need increases significantly with age. Table 5 shows that of those aged 65+ across the County, only 13% are aged 85+ but this age-group accounts for nearly one-quarter of all people with social care needs in Cumbria.

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



Source: Planning4care 2009

Figure 4 above shows the level of social care need in Cumbria, compared to other LAs across the region. The proportion of older people across the county with any level of social care need (36%) is below the regional average (40%). Regionally, Planning4care identifies the highest levels of social care need as being in the most deprived LAs across the region, eg Knowsley, Liverpool and Salford. The lowest levels are seen in the more affluent areas of Stockport and Cheshire.

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 (see table below) highlight recent increases in the overall level of disability across Cumbria. Uptake of Attendance Allowance has been increasing across the county (numbers increased from 16,400 in 2002 to 19,650 in 2008) at a faster rate

than the rise in the 65+ population (see Table 6). Attendance Allowance claimants as a proportion of all people aged 65+ in Cumbria increased from 15.7% in 2002, to 17.0% in 2008).

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

People receiving Attendance Allowance	Number in Cumbria	% of total 65+ population		
		Cumbria	North West	England
2002	16,420	15.7	16.1	13.7
2003	17,320	16.3	16.4	13.9
2004	17,980	16.7	16.6	14.2
2005	18,600	17.0	16.8	14.4
2006	19,070	17.2	17.1	14.6
2007	19,650	17.4	17.2	14.6
2008	19,650	17.0	19.1	15.4

Planning4care estimates identify that the future number of people with social care needs in Cumbria 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 aged 65+ with any level of social care needs in Cumbria is projected to rise by 62% over the next 20 years (above the regional rise of 48% and the national rise of 53%). The number of people with very high social care needs is also projected to rise at the same faster rate (62% between 2009 and 2029) compared to the region (48%) and England (53%) over the next 20 years.

The total number of people with dementia is projected to rise over the 20-year period by 81% (84% for those with the ‘very high needs’ level of ‘severe cognitive impairment and functional disability’), above the regional (63%) and England (68%) comparative increases for total numbers with dementia.

The table below identifies the Planning4care five-year and twenty-year projections for the number of older people with social care needs in Cumbria 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					
	2009		2014		2029	
	N	%	N	%	N	%
Allerdale	7,310	37%	8,350	37%	11,870	39%
Barrow	7,030	50%	7,660	49%	10,060	51%
Carlisle	6,930	35%	7,740	35%	11,130	37%
Copeland	5,100	39%	5,950	39%	8,690	40%
Eden	3,190	29%	3,760	29%	5,780	31%
South Lakeland	7,110	29%	8,060	29%	11,830	31%
Cumbria	36,700	36%	41,500	36%	59,400	37%
North-West	466,000	40%	515,300	40%	688,400	41%
England	2,835,600	33%	3,164,050	33%	4,352,000	35%

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

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 Strategy¹⁹, we have assessed additional scenarios to explore the

¹⁹ 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.

impact of HLE increases on the projected numbers of older people with social care need²⁰:

- ‘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.²¹

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 Cumbria:

- ‘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.

5.5 Planning4care projected levels of social care need in Cumbria

Tables 8 and 9 below show the Planning4care projected levels of social care need in Cumbria (Table 8 is all people with social care need, with Table 9 those with very high need) . 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 Cumbria with *any* level of social care need

Scenarios	Older people in Cumbria with some level of social care need			
	2014		2029	
	N	% of those aged 65+	N	% of those aged 65+
Planning4care ‘Base’	41,500	35.5	59,300	37.3
‘1-in-10’ increases in HLE	40,700	34.7	54,700	34.4
‘2-in-10’ increases in HLE	39,800	34.0	50,200	31.6
‘Higher’ population projection	41,900	35.5	61,700	37.6
‘Lower’ population projection	41,200	35.5	57,000	37.1
‘Preventative care 10%’	41,500	35.5	59,300	37.3

(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).

²⁰ 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.

²¹ See Appendix C for information on the scenarios we have explored.

Table 9. Planning4care projections for older people in Cumbria with *very high* social care need

Scenarios	Older people in Cumbria with very high social care need			
	2014		2029	
	N	% of those aged 65+	N	% of those aged 65+
Planning4care 'Base'	10,800	9.2	15,500	9.7
'1-in-10' increases in HLE	10,600	9.1	14,300	8.9
'2-in-10' increases in HLE	10,350	8.8	13,200	8.2
'Higher' population projection	10,900	9.3	16,100	9.8
'Lower' population projection	10,700	9.2	14,900	9.6
'Preventative care 10%'	9,700	8.3	13,900	8.7

From above, the Planning4care estimates for levels of need in 2009 are for 36,700 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 1,700 fewer people having any form of social care need by 2014 (450 fewer with very high social care need), and 9,100 fewer people by 2029 (2,300 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 1,100 people with very high needs by 2014, and 1,600 by 2029.

5.6 Key messages from this section

Social care needs classification

- The social care needs classification set out in the Wanless Social Care review²² 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 Cumbria 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 Cumbria

- Of the total population aged 65+ in Cumbria (2009), 36,700 (36%) are estimated to have some level of social care needs ; of these 26,400 are estimated to have 'moderate' to 'very high' needs, and 9,600 (9%) to have 'very high' needs. 30,600 are potentially in need of formal care, whilst 6,100 are estimated to be well supported by informal care (mainly at the low, moderate and high level of need);
- 5,500 of those with moderate to very high need receive care funded by the Local Authority²³ (3,300 of these are estimated to have 'very high' needs);
- 17,300 of those with moderate to very high need are estimated to be either unsupported or funding their own care (including 5,400 with 'very high' needs);

²² Wanless D (2006), *Securing Good Care for Older people – Taking a Long-Term View*, Kings Fund.

²³ Publicly-funded levels based on KIGS 2007/8 data. Calculated as the sum of those supported in residential and nursing home care, plus those receiving home care. This will be updated to use NASCIS 2008/9 data in P4c version 2.0 (available December 2009). Cumbria 2009 NASCIS data gives the total number aged 65+ receiving either residential/nursing or home care as 4,840.

- Of the 'very high needs group' 3,000 are estimated to have severe functional disability resulting from a high level of cognitive impairment (primarily dementia).
- The proportion of older people across Cumbria with social care need (36%) is below the regional average (40%). Regionally, Planning4care identifies the highest levels of social care need as being in the most deprived LAs across the region, eg Knowsley, Liverpool and Salford.

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 Cumbria. Uptake of Attendance Allowance has been increasing across the county (numbers increased from 16,400 in 2002 to 19,650 in 2008) at a faster rate than the rise in the 65+ population.
- 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 Cumbria is projected to rise by 62% over the next 20 years (above both the regional rise of 48% and the national rise of 53%).

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

- 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 Strategy²⁴, 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, that would result from the impact of successful preventative care across Cumbria

- From above, the Planning4care estimates for levels of need in 2009 are for 36,700 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 1,700 fewer people having any form of social care need by 2014 (450 fewer with very high social care need), and 9,100 fewer people by 2029 (2,300 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 1,100 people with very high needs by 2014, and 1,600 by 2029.

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

²⁴ 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 needs²⁵. The analysis is based on the levels of social care needs identified in the previous sections, and the continuation of current patterns and trends in 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 Cumbria?

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 Cumbria are taken from the Key Indicators Graphical System (KIGS) data for 2007/8²⁶. 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 size of the very high needs group, and national level data on the size of the residential care population. The proportion of this group with very high needs resulting from severe cognitive impairment is taken from PSSRU research²⁷. The local rate of LA-supported residential care is taken from Cumbria 2008-2009 KIGS data;
- For those supported in the community, “representative” home care hours by needs group are taken from Wanless (2006)²⁸;
- 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 Cumbria 2007/8 KIGS data.

Publicly funded places in residential care (or care with housing) in Cumbria comprise under half 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 Cumbria and the Districts, based on current service patterns.

²⁵ For more details on Planning4care, see Appendices A-C and www.planning4care.org.uk.

²⁶ See <http://www.drfoosterintelligence.co.uk/registration/kigstool/default.aspx>. This will be updated with 2008/9 NASCIS data in Planning4care version 2.0 (December 2009).

²⁷ Comas-Herrera et al, 2003, *Cognitive impairment in older people: its implications for future demand for services and costs*, PSSRU Discussion Paper 1728

²⁸ Wanless D (2006), *Securing Good Care for Older people – Taking a Long-Term View*, Kings Fund.

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	Cumbria “whole population” need	Cumbria LA-supported need	LA-supported as % of whole population need
65+ with any level of social care need	36,700	5,500 ²⁹	15%
65+ with <i>very high</i> social care need	9,600	3,300 ³⁰	34%
Residential care places	5,700	2,400	42%
Day care sessions	26,600	4,300	16%
Home care hours	169,800	37,100	22%

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

People with residential and nursing care requirements	“Whole population” need	LA-supported need	LA-supported as % of whole population need
Cumbria	5,700	2,400	42%
Allerdale	1,170	490	42%
Barrow	1,290	540	42%
Carlisle	1,040	430	41%
Copeland	830	350	42%
Eden	430	180	42%
South Lakeland	980	410	42%

²⁹ Based on KIGS 2007/8 data. Calculated as the sum of those supported in residential (and nursing home) care, plus those receiving home care

³⁰ See footnote 17 for division of LA-supported care between needs groups

Cumbria currently supports around 2,400 people in residential care³¹. However, Planning4care estimates that the total numbers of residential or extra care housing places per week required to meet social care needs of people aged 65+ needing formal care (including those who are either unsupported or funding their own care) is 3,100 for those with support needs arising from purely physical impairment plus just under 2,600 for those with primarily cognitive impairment. In other words the publicly funded places in residential care in Cumbria include under half of the *whole population* places in residential care (or full extra care housing) needs.

Cumbria provides an estimated 37,100 home care hours a week (including 15,400 to people with very high care needs)³². It is estimated that just under 170,000 home care hours per week would be required to meet the social care needs of all people aged 65+ in Cumbria, 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 Cumbria comprise roughly one-quarter 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 Cumbria costs for LA funding of older people’s social care need across the county, 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 62% to 2029 (13% by 2014).

³¹ From KIGS 2007/8. NASCIS 2008/9 value is 1,990

³² From KIGS 2007/8. This will be updated with analysis of NASCIS 2008/9 data in Planning4care version 2.0 (December 2009)

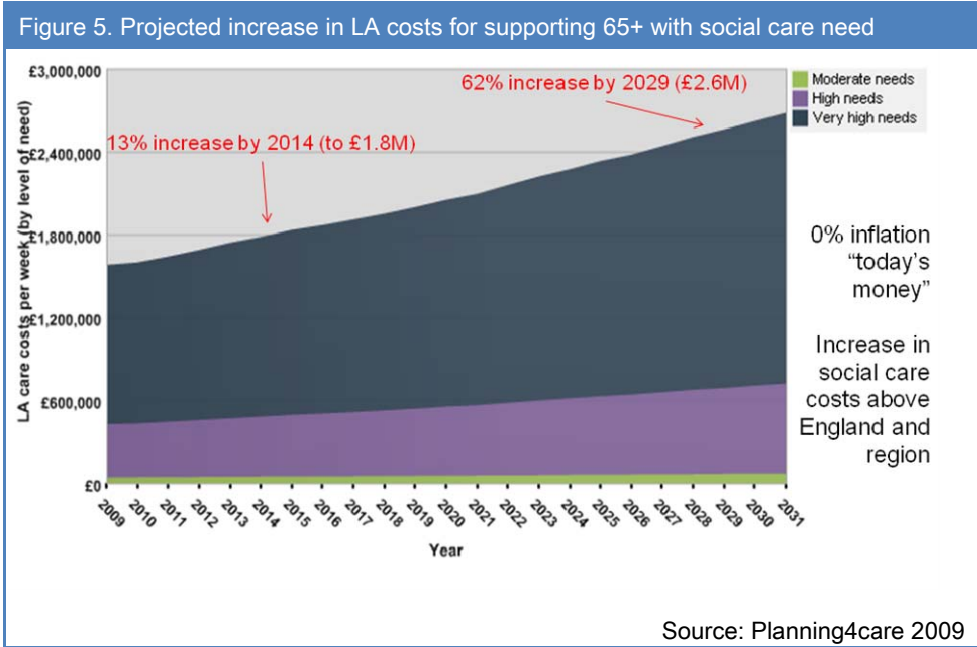


Table 12 shows the Planning4care projections for the growth that would be required in the provision of residential care – both LA commissioned and self-funded - in response purely to the projected demographic growth in numbers of people 65+, and assuming patterns of provision as at present.

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

	2009	2019	2029
Current LA commissioned placements, and projections	2,400		
Estimated <i>total</i> (whole population) current and projected requirement for 'care with housing' placements	5,700	+27%	+62%

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 Cumbria ('Preventative care 10%' scenario)³³.

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 <i>whole population</i>			
	2009	2014	2019	2029
Planning4care 'Base'	5,730	6,470	7,250	9,300
'1-in-10' increases in HLE	5,730	6,340	6,960	8,570
'2-in-10' increases in HLE	5,730	6,210	6,670	7,870
'Higher' population projection	5,730	6,530	7,370	9,670
'Lower' population projection	5,730	6,420	7,130	8,920
'Preventative care 10%'	5,160	5,830	6,350	7,430

³³ 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 <i>LA-supported population</i> , assuming same service take-up as KIGS 2007/8			
	2009	2014	2019	2029
Planning4care 'Base'	2,390	2,700	3,020	3,880
'1-in-10' increases in HLE	2,390	2,640	2,900	3,570
'2-in-10' increases in HLE	2,390	2,590	2,780	3,280
'Higher' population projection	2,390	2,720	3,070	4,030
'Lower' population projection	2,390	2,670	2,970	3,720
'Preventative care 10%'	2,150	2,430	2,720	3,490

The tables show that:

- Under the 'base' scenario, there would need to be an extra 310 LA-funded places by 2014, 630 places by 2019 and nearly 1,500 by 2029.
- 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 significant 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 Cumbria. Or, alternative types of provision would need to be developed across

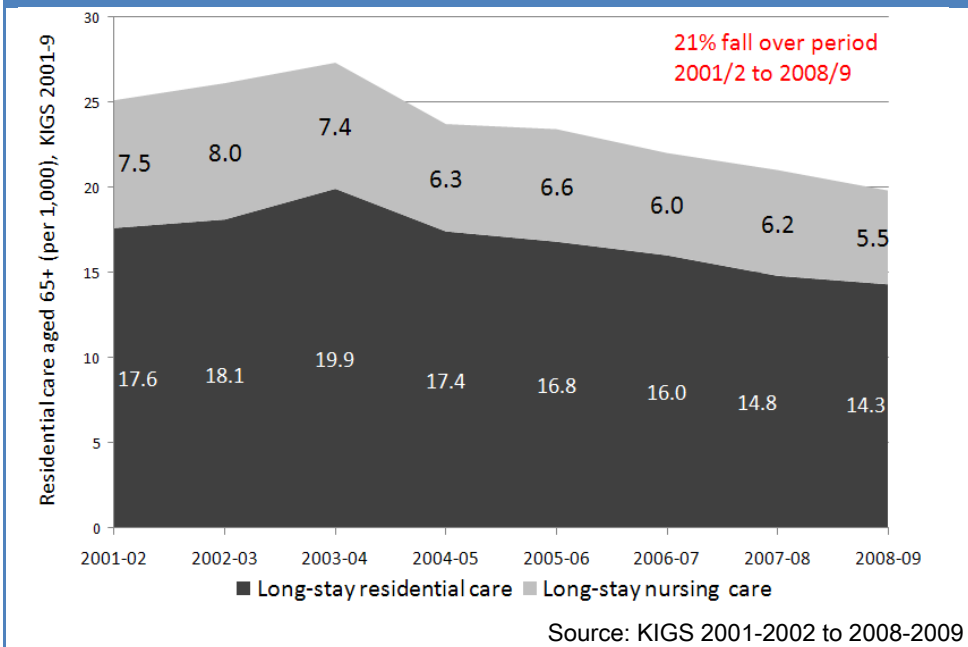
the county to meet the increasing social care need that is currently met mainly by long-term residential care.

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 Cumbria.

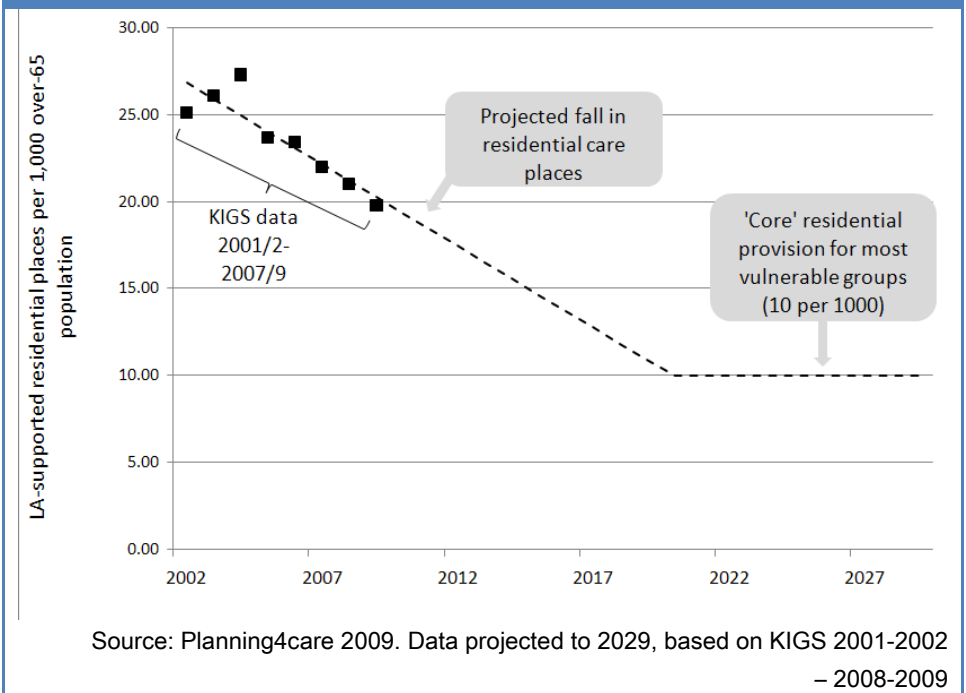
KIGS data for 2001-2002 to 2008-2009 identifies a consistent fall in take-up of LA-supported residential care places, from 25.1 places per 1,000 65+ population in 2001-2002 to 19.8 in 2008-2009 (see Figure 6). The year-on-year figures show a very *consistent per-year drop since 2003-04 in take-up of LA-supported residential care of just below one place per 1,000 people 65+*.

Figure 6. Provision of Cumbria-supported residential care services, 2001-2002 to 2007-8



Based on projecting the recent trend to 2029 (an annual fall of just below one place 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 just over 25 in 2001-2002, and 21 in 2007/8. 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 7 shows the projected provision of Cumbria-supported residential care places to 2029 (showing the lower threshold of 10 per 1000).

Figure 7. Projected provision of Cumbria-supported long-stay residential care places, to 2029. This does not include increases in extra care housing or other provision, see Figure 8 below



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 Cumbria. Or, alternative types of provision would need to be developed across the county 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 data shows a very consistent per-year drop in take-up of LA-supported residential care (of just below one place per 1,000 people 65+).

Tables 15 and 16 below set out our best estimates for the scale of shortfall in support currently met by LA-funded residential care, for the County (Table 15) and Districts (Table 16). Note that these tables highlight the expected level of need in the County and Districts, and are not a recommendation for where residential care beds should be physically located.

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

	2009	2014	2019	2029
Cumbria				
Total need for support currently met by LA-funded residential care (based on 'base case' and demographic projections)	2,390	2,700	3,020	3,880
Future take-up of LA-funded long-term residential care places (based on service trends)	2,390	2,130	1,650	1,860
Need for increase in alternative provision (other than long-term residential care)	-	570	1,370	2,020

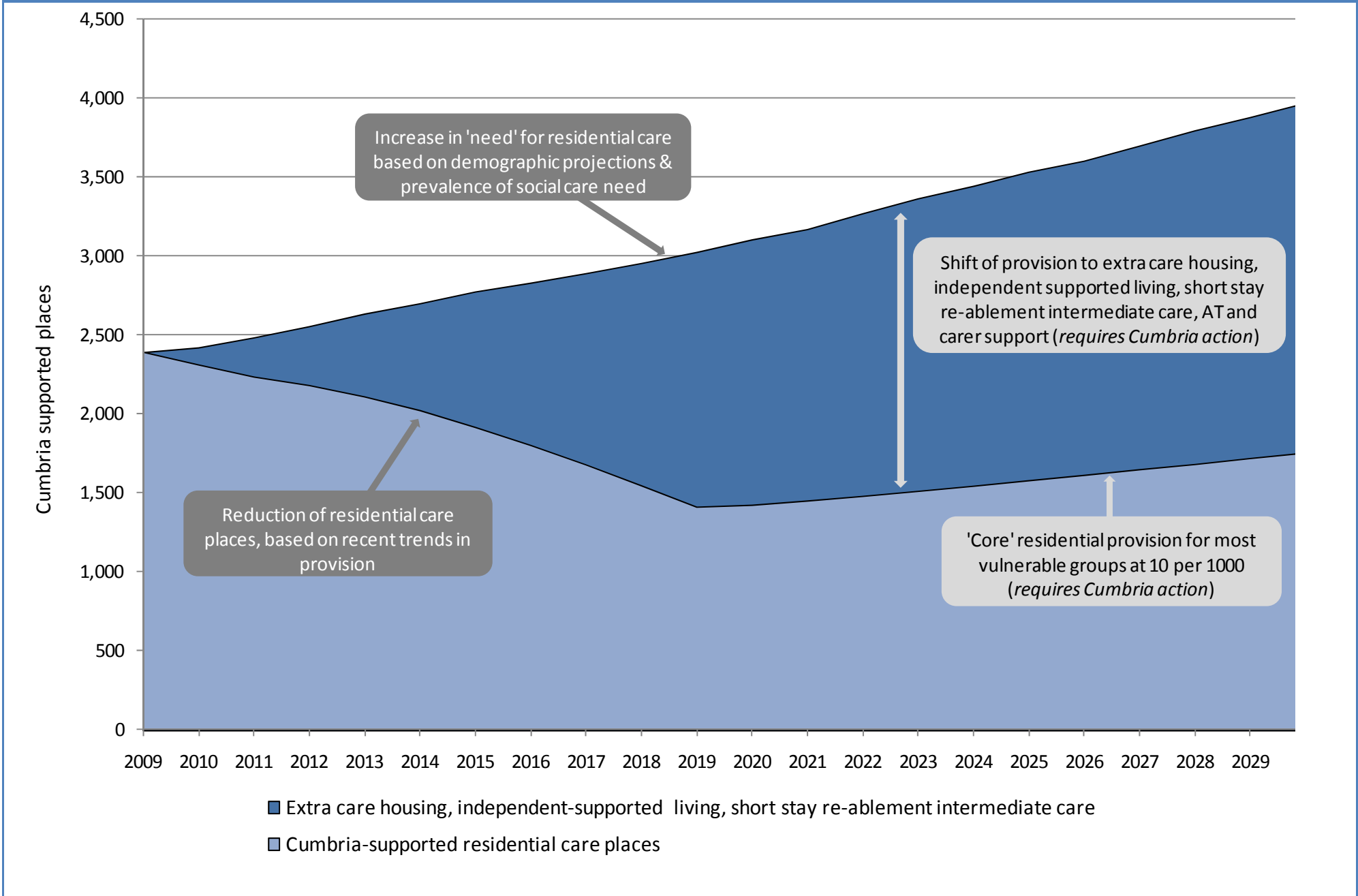
Figure 8 below illustrates our findings for the LA-funded case, showing (1) significantly increased need for care support in the future, (2) consistent fall in take-up of LA-supported residential care places, and (3) the need for alternative provision to balance the shortfall in long-term residential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

Table 16. Take-up of long-term residential care places for the LA-supported population, assuming projected falls in take-up of residential care

	2009	2014	2019	2029
Allerdale				
Total need for support currently met by LA-funded residential care	490	560	620	800
Future take-up of LA-funded long-term residential care places (based on service trends)	490	440	340	380
Need for increase in alternative provision (other than long-term residential care)	-	120	280	420

Barrow				
Total need for support currently met by LA-funded residential care	540	580	640	770
Future take-up of LA-funded long-term residential care places (based on service trends)	540	458	350	370
Need for increase in alternative provision (other than long-term residential care)	-	122	290	400
Carlisle				
Total need for support currently met by LA-funded residential care	430	490	550	700
Future take-up of LA-funded long-term residential care places (based on service trends)	430	390	300	340
Need for increase in alternative provision (other than long-term residential care)	-	100	250	360
Copeland				
Total need for support currently met by LA-funded residential care	350	410	450	590
Future take-up of LA-funded long-term residential care places (based on service trends)	350	320	250	280
Need for increase in alternative provision (other than long-term residential care)	-	90	200	310
Eden				
Total need for support currently met by LA-funded residential care	180	210	240	330
Future take-up of LA-funded long-term residential care places (based on service trends)	180	170	130	160
Need for increase in alternative provision (other than long-term residential care)	-	40	110	170
South Lakeland				
Total need for support currently met by LA-funded residential care	410	460	520	690
Future take-up of LA-funded long-term residential care places (based on service trends)	410	360	280	330
Need for increase in alternative provision (other than long-term residential care)	-	100	240	360

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



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

In Section 6.4 we looked specifically at the need for publicly funded residential care. Tables 17 and 18 below show our best estimates for the *total population* need for residential care (including self-funded) across the County (Table 17) and Districts (Table 18)– a) if current rates of take-up continue, and b) if similar trends seen in Cumbria 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.

As with the estimates for LA-supported residential care, these tables highlight the expected level of need in the County and Districts, and are not a recommendation for where residential care beds should be physically located.

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

	2009	2014	2019	2029
Total need for support currently met by residential care (based on 'base case' and demographic projections)	5,730	6,470	7,250	9,300
Future take-up of long-term residential care places (based on LA-funded service trends)	5,730	5,110	3,960	4,475
Need for increase in alternative provision (other than long-term residential care)	-	1,360	3,290	4,830

Table 18. Take-up of long-term residential care places for the whole population, assuming projected falls in take-up of residential care are the same as for LA-funded provision

	2009	2014	2019	2029
Allerdale				
Total need for support currently met by residential care	1,170	1,340	1,500	1,920
Future take-up of long-term residential care places (based on LA-funded service trends)	1,170	1,060	820	920
Need for increase in alternative provision (other than long-term residential care)	-	280	680	1,000
Barrow				
Total need for support currently met by residential care	1,290	1,400	1,540	1,840
Future take-up of long-term residential care places (based on LA-funded service trends)	1,290	1,100	840	880
Need for increase in alternative provision (other than long-term residential care)	-	300	700	960
Carlisle				
Total need for support currently met by residential care	1,040	1,160	1,310	1,680
Future take-up of long-term residential care places (based on LA-funded service trends)	1,040	920	720	810
Need for increase in alternative provision (other than long-term residential care)	-	240	590	870
Copeland				
Total need for support currently met by residential care	830	970	1,080	1,430
Future take-up of long-term residential care places (based on LA-funded service trends)	830	770	590	690
Need for increase in alternative provision (other than long-term residential care)	-	200	490	740
Eden				

Total need for support currently met by residential care	430	500	580	790
Future take-up of long-term residential care places (based on LA-funded service trends)	430	390	320	380
Need for increase in alternative provision (other than long-term residential care)	-	110	260	410
South Lakeland				
Total need for support currently met by residential care	980	1,100	1,250	1,650
Future take-up of long-term residential care places (based on LA-funded service trends)	980	870	680	790
Need for increase in alternative provision (other than long-term residential care)	-	230	570	860

6.6 The level of need for alternative provision

Specialised accommodation of all kinds

The government publication *More Choice, Greater Voice*³⁴ 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+³⁵.

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

³⁴ CLG, DH/CSIP (2008), *More Choice, Greater Voice: a toolkit for producing a strategy for accommodation with care for older people*.

³⁵ 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 Cumbria 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.

estimated to be 4,046,000³⁶ people aged 75+, and 2,836,000 people aged 65+ with any level of need for social care support³⁷. 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 support³⁸.

The table below shows estimates for the total predicted numbers with care needs in 2009 and 2019 for Cumbria and Districts and projected requirements for specialised accommodation calculated as above.

Table 19. Projected overall requirement for specialised accommodation in Cumbria, 2009 and 2029

	Estimated total number with social care need (2009)	Estimated total specialised accommodation required (2009)	Estimated total number with social care need (2019)	Estimated total specialised accommodation required (2019)
Cumbria	36,700	9,540	46,500	12,090
Allerdale	7,300	1,900	9,300	2,418
Barrow	7,000	1,830	7,700	2,002
Carlisle	6,900	1,800	8,700	2,262
Copeland	5,100	1,330	6,600	1,716
Eden	3,200	830	4,300	1,118
South Lakeland	7,100	1,850	9,100	2,366

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

³⁶ 2009 value based on most recent ONS sub-national population projections.

³⁷ 2009 estimates from Planning4care.

³⁸ 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.

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 care needs or above in 2009 and 2019, 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 1,465 places in 2009 and 1,850 places in 2019), would go some way towards meeting the need for alternative provision to long-term residential care, identified above.

Table 20. Projected overall requirement for extra care housing in Cumbria

	Estimated total aged 65+ with moderate or above social care need (2009)	Estimated total ECH required (2009)	Estimated total aged 65+ with moderate or above social care need (2019)	Estimated total ECH required (2019)
Cumbria	26,400	1,465	33,400	1,850
Allerdale	5,400	300	6,900	380
Barrow	5,820	320	7,000	390
Carlisle	4,810	265	6,100	340
Copeland	3,800	210	4,950	275
Eden	2,000	110	2,700	150
South Lakeland	4,570	255	5,800	320

The figures in Table 20 can be seen as a conservative estimate of extra care housing requirements; a less conservative estimate would include housing groups identified in the DH More Choice Greater Voice toolkit, namely housing for those with dementia (10 places per 1,000 aged over 75), and “enhanced sheltered housing” (30 places per 1,000 aged over 75). Extra care housing will *not* be appropriate for all these groups, but a conservative ballpark figure might be that:

- Half of housing for those with dementia could be extra care provision, or 5 places per 1,000 aged 75+ ³⁹
- One-third of enhanced sheltered housing could be extra care provision, or 10 places per 1,000 aged 75+⁴⁰

The table below identifies the additional possible requirements for these two additional housing groups, applying the national average places per 1,000 people aged 75+⁴¹.

Table 21. Projected overall requirement for extra care housing in Cumbria

	Conservative estimated total ECH required (2009)	Conservative estimated total ECH required (2019)	Additional places for those with dementia (5 per 1,000 75+) or enhanced sheltered housing needs (10 per 1,000 75+), 2009	Additional places for those with dementia (5 per 1,000 75+) or enhanced sheltered housing needs (10 per 1,000 75+), 2019
Cumbria	1,465	1,850	700	900
Allerdale	300	380	135	170
Barrow	320	390	90	115
Carlisle	265	340	145	175
Copeland	210	275	85	110
Eden	110	150	80	100
South Lakeland	255	320	180	230

³⁹ The DH (2009) ‘Living well with dementia: A National Dementia Strategy’ identifies that “people with dementia can benefit from the support offered in sheltered and extra care housing. They are not always offered this opportunity”.

⁴⁰ See discussion of enhanced sheltered provision, eg, JRF (2000). *Is enhanced sheltered housing an effective replacement for residential care for older people?* <http://www.jrf.org.uk/sites/files/jrf/d40.pdf>

⁴¹ Note that we have not adjusted these group rates to reflect different levels of social care need across Cumbria and Districts.

What is the split between sale and rented provision likely to be?

The *More Choice, Greater Voice* toolkit identifies an equal 50:50 ratio of sale and rented provision. Based on this, the projected overall requirement for extra care housing in Cumbria in 2009 would be 735 units for sale, and 735 rented units (rising to 925 units of each in 2019). Table 22 sets out this breakdown for Cumbria and the Districts, based on the conservative estimates of overall requirement for extra care housing in Cumbria.

Table 22. Projected overall requirement for extra care housing in Cumbria, split between sale and rented provision

	Conservative estimated ECH rented provision required (2009)	Conservative estimated ECH for sale required (2009)	Conservative estimated ECH rented provision required (2019)	Conservative estimated ECH for sale required (2019)
Cumbria	735	735	925	925
Allerdale	150	150	190	190
Barrow	160	160	195	195
Carlisle	135	135	170	170
Copeland	105	105	140	140
Eden	55	55	75	75
South Lakeland	130	130	160	160

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 Cumbria. Or, alternative types of provision will need to be developed across the county 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 under one place per 1,000 people 65+). If service provision patterns continue, we project that the need for LA-supported residential care places will fall from 2,390 (in 2009) to 2,130 in 2014 (260 fewer places) and 1,650 in 2019 (740 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 570 people by 2014, and 1,370 by 2019.

However, this need for alternative provision could be significantly affected by future Cumbria 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

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 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 county 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 county, based on the needs classification developed in the Wanless national review of social care⁴². 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 Cumbria (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*

⁴² Wanless D (2006), *Securing Good Care for Older people – Taking a Long-Term View*, Kings Fund

demand (ie, including self-funded) for residential care places are based on applying national patterns of care to estimates of people in Cumbria 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 fertility⁴³. 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 Cumbria⁴⁴.

- *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 strategy⁴⁵, 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 Cumbria.
- *Trends in publicly funded service provision, eg reduction in residential care*: Cumbria 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 Cumbria.

For more information on the Planning4care model and methodology, see www.planning4care.org.uk.

⁴³ See

www.gad.gov.uk/Demography%20Data/Population/2006/methodology/varlist.html

⁴⁴ 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.

⁴⁵ 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 review⁴⁶, 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"> • 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.”⁴⁷

⁴⁶ Wanless D (2006), *Securing Good Care for Older people – Taking a Long-Term View*, Kings Fund

⁴⁷ 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 Cumbria:

- *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 work⁴⁸
- *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 Cumbria
- *Trends in care packages, eg reduction in residential care*: Cumbria 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 Cumbria.

The following sections provide more detail on these alternative scenarios.

⁴⁸ 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.

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 future⁴⁹. 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 fertility⁵⁰.

We have assessed the impact of two Government Actuary Department scenarios on the projected numbers of older people in Cumbria⁵¹:

- '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 Cumbria for the 'Principal', 'Higher' and 'Lower' population projection scenarios shows:

- The standard 'Principal' scenario projects a 33% increase in the 65+ population by 2031 (70% for the 85+ group)

⁴⁹ Government Actuary's Department (2008), *2006-based Population projections*. From www.gad.gov.uk/Demography%20Data/

⁵⁰ Government Actuary's Department (2008), *2006-based Variant projections*. From www.gad.gov.uk/Demography%20Data/Population/index.aspx?y=2006&v=Variant

⁵¹ 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 'Higher' scenario projects a 38% increase in the 65+ population by 2031 (82% for the 85+ group);
- The 'Lower' scenario projects a 29% increase in the 65+ population by 2031 (57% 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 Strategy⁵², we have assessed additional scenarios to explore the impact of HLE increases on the projected numbers of older people with social care need⁵³:

- '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.

⁵² 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.

⁵³ 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.

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 across Cumbria:

- '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

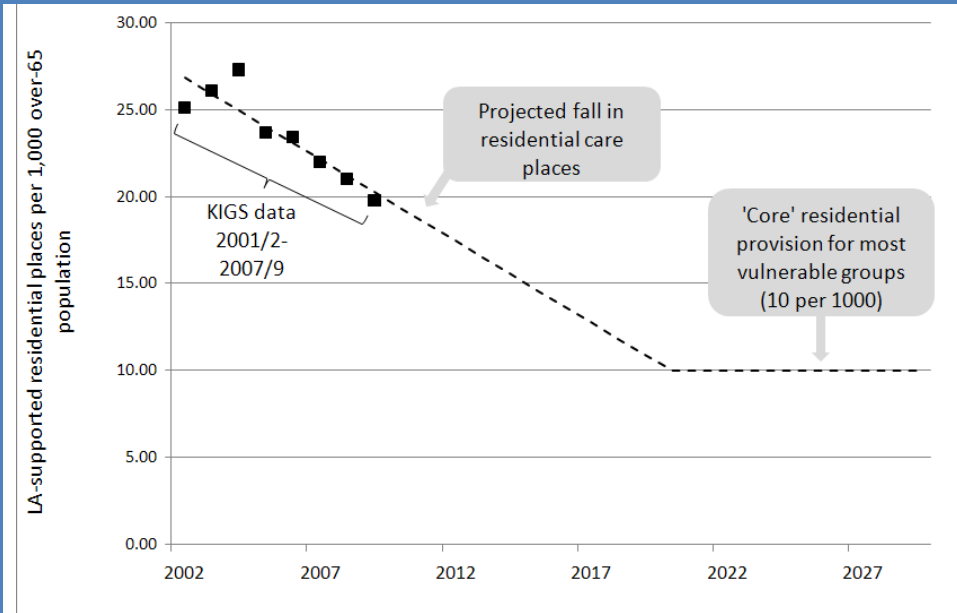
Cumbria is seeing changes in the take-up of services, resulting from both policy initiatives, and individual user choice. For example there is an ongoing shift towards community care, and away from residential care. We have developed and analysed a future scenario incorporating a relative reduction in use of residential care, and identified the impact this would have on likely future demand for residential care across Cumbria.

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 25.1 places per 1,000 population in 2001-2002 to 21.0 in 2007/8. Regression analysis identifies that, based on projecting the recent trend to 2029, residential care take-up will be around one place per 1,000 people 65+, compared with just over 25 in 2001-2002, and 21 in 2007/8 (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 Cumbria-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 Cumbria-supported residential care places, to 2029.

This does not include increases in extra care housing or other provision, see Figure 16 below



Source: Planning4care 2009. Data projected to 2029, based on KIGS 2001-2002 – 2007/8

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