The impact of demographic change on housing, health and social care in the North of England 2011-2036

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Background

- Northern Way/N8 – Four strands
  - Modelling Demographic Change – Phil Rees
  - Understanding Future Demand for Skills and Labour - Alan Harding
  - Entrepreneurship and Business Growth - Tom Cannon
  - Future Infrastructure Planning: Housing and Health Care – Lisa Buckner
Background and policy context

- **Housing**
  - Home and neighbourhood can have significant impact on health and wellbeing
  - People prefer to stay in own homes as they grow older
  - Policy changes to support people to live independently reducing need for nursing/care home
  - Home owners - housing equity
Background and policy context

- Health
  - Increasing health care costs due to ageing, new/expensive treatments, people surviving longer with serious illness and/or disability
  - Tailored strategies for different groups/conditions e.g. disabled children, dementia, mental health – all promote ‘personalisation’
Background and policy context

- Social Care
  - Majority of social care delivered through unpaid carers
  - Likely to continue given increasing need at a time when LAs rationing access
  - Growing recognition of unpaid carers needs e.g. right to request flexible working, right to a life of their own.
  - Personalisation – emphasises independence & choice
Methodology

- Projections of the population, households, and people with a LLTI or poor health by age-sex-ethnicity produced by Rees et al. (2011) (UPTAP-ER) were used to explore the patterns of change in housing, health and social care in the North of England between 2011 and 2036.

- Prevalence rates from 2001 Census, the General Lifestyle Survey and a number of health surveys were applied to these projections to estimate the changes in the number of people with different conditions and illnesses as well as the number of unpaid carers.
Data issues

- Prevalence rates –
  - Usually by age and/or sex at national level
  - Really need rates by age-sex-ethnicity
  - Sometime local rates but not generally group specific as well
  - Except for the Census – rates by age-sex-ethnicity at local level
Results

- Between 2011 and 2036 the population of the North of England is predicted to:
  - **Increase** with a 7% increase in population (1,123,000 people) and a 10% increase in the number of households (619,000 households).
  - **Become more diverse** with the number of people from Black and minority ethnic groups expected to increase by 55% (650,000 people) with a 70% increase in households headed by a person from a BME group (258,000 households).
  - **Age** with 72% increase in people aged 75 and over (up to 2,465,000) and a 197% increase in people aged 90 and over (up to 434,800).
Source: UPTAP-ER Rees et al. 2011, LA district boundaries, UK Borders
Results

- By 2036:
  - Over 1 million people aged 75+ living alone (up from 618,000)
  - 257,000 people aged 75+ (up from 132,000) and 82,000 people aged 90+ (up from 30,000) living in CEs
  - These groups will include proportionally more men and people from BME groups
## Results – Health conditions

<table>
<thead>
<tr>
<th>Condition</th>
<th>Number by 2036</th>
<th>Change 2011-2036 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor health (75+)</td>
<td>661,000</td>
<td>77</td>
</tr>
<tr>
<td>LLTI (75+)</td>
<td>1,621,000</td>
<td>76</td>
</tr>
<tr>
<td>Dementia (65+)</td>
<td>387,200</td>
<td>83</td>
</tr>
<tr>
<td>Health problems due to heart attack (45+)</td>
<td>272,700</td>
<td>36</td>
</tr>
<tr>
<td>Health problems due to stroke (16+)</td>
<td>126,000</td>
<td>37</td>
</tr>
<tr>
<td>Diabetes (doctor-diagnosed) - ALL</td>
<td>694,000</td>
<td>25</td>
</tr>
<tr>
<td>Diabetes (doctor-diagnosed) - BME</td>
<td>113,000</td>
<td>130</td>
</tr>
<tr>
<td>Common mental disorder - ALL</td>
<td>1,642,000</td>
<td>8</td>
</tr>
<tr>
<td>Common mental disorder - BME</td>
<td>196,000</td>
<td>65</td>
</tr>
</tbody>
</table>
Results – Social care

<table>
<thead>
<tr>
<th>People aged 65+ who may need support – unable to manage:</th>
<th>Number by 2036</th>
<th>Change 2011-2036 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>At least one domestic task</td>
<td>2,039,000</td>
<td>64</td>
</tr>
<tr>
<td>At least one self-care activity</td>
<td>1,664,000</td>
<td>64</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Unpaid carers:</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>All</td>
<td>1,742,000</td>
<td>2</td>
</tr>
<tr>
<td>From BME groups</td>
<td>176,000</td>
<td>76</td>
</tr>
<tr>
<td>Aged 16-64 (working age)</td>
<td>1,231,000</td>
<td>-2</td>
</tr>
<tr>
<td>Aged 16-64 in employment</td>
<td>765,000</td>
<td>-12</td>
</tr>
</tbody>
</table>
Implications – Social Care

- Increasing need for social care due to:
  - Increase in number of older people a high proportion of whom are in poor health
  - Increases in people in poor health, with LLTI and with longstanding health conditions.
  - Many more older people living alone
  - Disabled children surviving into adulthood due to medical advances
  - Retrenchment of social services
Implications – Unpaid carers

- Much of the increased demand will have to be met by unpaid carers due to retrenchment of social services with support.
- Projections show numbers of unpaid carers increase by only 2% (if prevalence rates unchanged) resulting in a care gap which could mean more
  - Multiple carers – people who care for more than one person
  - Co-dependent/mutual carers
Implications – Unpaid carers

- Need to make unpaid caring more attractive though recognition, benefits and support:
  - Currently Carers Allowance is the lowest paid benefit available to only a few carers
  - Evidence suggests unpaid caring has an impact on carer’s own health

- Need to encourage more people to work and care through flexible working and support:
  - Increasing need for care at a time when Government is keen to increase labour market engagement
  - High proportion of people give up work to care
Implications - Housing

- Move towards supporting people in own homes – more houses suitable for adapting
- Currently decreasing numbers of places in care/residential housing. Will need to increase places by 2036:
  - 59,000 more people in Communal Establishments (CEs)
  - 15,480 places for people with dementia
Implications – Labour market

- Labour market issues:
  - Significant rise in number of social care workers - to support people to stay independent in own homes and to work in care/residential homes
  - Growing areas of employment in telecare, telehealth, ICT
Implications – Area-based

- Rural population is growing at a faster rate and becoming increasingly diverse:
  - Transport issues to access services – older people in rural areas less likely to have access to care
  - Higher costs of providing services in rural areas
  - Staff recruitment & retention
  - Maybe telecare/telehealth could help
Implications – Area-based

- Areas with high levels of poverty and deprivation:
  - Less resilient to spending cuts
  - Higher levels of poor health, heart disease, obesity, smoking etc
  - Higher levels of unpaid care

- Target support to needs of local population and local conditions
Reasons for optimism

- **Increased life expectancy** due to advances in healthcare
- **Population Ageing** - Older people more likely to be part of ‘Big Society’. They are more likely to volunteer; provide unpaid care; and be active in their community.
- **Unpaid carers** - Over 4 million people are willing to be carers which many carers find both rewarding and satisfying.
- **Greater choices for older people as to where they grow older** – personalisation agenda
- **Developing labour market opportunities**: 
  - Increase in the number of health and social care workers required
  - Emerging growth areas such as telecare, telehealth and ICT –
  - Some areas of the labour market expected to undergo rapid expansion with opportunities for developing social enterprises and entrepreneurship.
Future research/development

- Change in prevalence rates over time
- Prevalence rates by age, sex, ethnicity
- Local prevalence rates
Acknowledgements

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