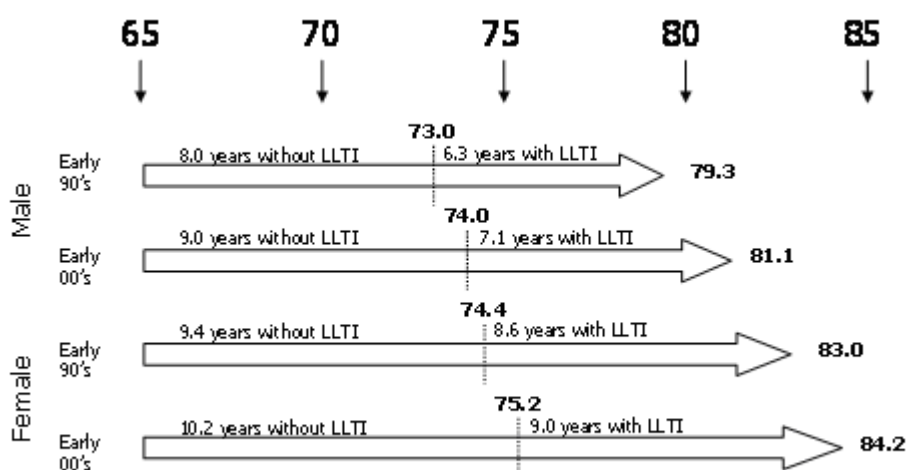


## Strategic needs analysis and an ageing population

Understanding the care needs and aspirations of an ageing population is a challenging and complex business, and yet one that is fundamental to the financial viability of our public services. On the one hand stark forecasts of future numbers of older people can fill ‘planners’ with dread – on latest predictions government statistics for the all England population points to 2023 as the year in which the number of over 85 year olds will be 50% more than today and when the proportion of over 65 year olds will reach 20% compared to today’s 16%. That means half a million more people over the age of 85 whose care needs will need to be met.

On the other hand our policies and strategies emphasise the goal of ‘growing old in good health’. We know that the majority of care needs are focussed on the last few years of life, irrespective of whether these years happen at 65 or 105. As life expectancy continues to increase what would be the impact of living fewer years at the end of life with significant care needs? Unfortunately recent history does not suggest resounding success in this area. The following diagram illustrates progress for males and females over the last decade in extending ‘healthy life expectancy at 65’ – unfortunately it seems a significant proportion of the extra years we are earning are coming with additional care needs.



Traditional capacity planning will translate future demographic trends into likely calls on service, for example by identifying impact on rates of admission to care homes – a key national performance indicator. However, we need to understand an additional set of dynamics if our commissioning is to be truly reflective of potential presenting need, i.e. those of the dominant socio-economic drivers in society. In recent work for a shire County Council we have identified five components that contribute to a possible ‘future needs index’, namely:

- Population changes, because these are the ‘raw numbers’ with which we need to work;
- Life expectancy and the prevalence of LLTI, because this gives an indication of likely need;

- Changes in the number of people living alone, because isolation is a key contributing factor to decisions to enter long term care;
- Availability of family support, because having someone to ‘drop-in’ is critical in maintaining confidence and independence; and
- Housing tenure, because the rate of admissions KPI is for LA funded admissions!

Initial modelling of these aspects has suggested that, in the particular area in which we are working, the profile of changes in the ‘future needs index’ for non-home owners over the next decade is actually flat. Working on a whole population basis and factoring in self-funders who require support from the Local Authority as their assets dwindle modifies the picture further but our work suggests a definite and measurable impact downwards on expected rates of admission to Local Authority funded long term care due to these socio-demographic drivers (although they still rise, but not at the same rate!).

Whilst these observations may ease our initial panic when faced with the ‘raw data’ on population changes they also set key challenges for the future in the way commissioners seek to influence the market, and decisions made by individuals who will continue to exercise increasing choice over where and how their care needs are met. They also set a clear challenge in developing and understanding the individual impact of a range of initiatives already being pursued across the country such as extra care housing, assistive technology and a broader response to developing intermediate services.