

APPENDIX 1

Likely contributors towards future Adult Social Care Need

It is expected that, without the implementation of effective preventative measures, demand for adult social care services in the future is likely to increase. Modelling work undertaken by the Personal Social Services Research Unit (PSSRU)¹ in 2015 predicted there to be significant increases in the numbers of older people accessing social care services. Their base-case scenario is shown below:

Table 1: Projected % growth in numbers of older people accessing social care services in England, 2015-2035

	% growth 2015-2035
Direct payment users	63%
Home care users	
Publicly-funded users	86%
Privately-funded users	49%
Care home residents	
Publicly-funded residents	49%
Privately-funded residents*	110%

Source: PSSRU, 2015

* The higher proportional increase in privately-funded care home residents is likely to be attributed to the growing number of older people who own their own homes, and therefore would not be eligible for local authority-funded support

The above assumptions make no allowance for changes in the prevalence of underlying health/disability, or the patterns of service use – they are mainly linked to population growth. However it is not as simple as aligning expected increased demand for adult social care with population growth. A report by Bolton (2016)² which considered likely factors for predicting future demand for adult social care listed a range of variables which could significantly influence this. The data below describes Thurrock’s position relating to the *demographic* and *health status factors*; however the author felt that the way care is delivered (e.g. how assistive technology is used, or support for self-care embedded in assessment approaches), effective partnership working and availability of provision (e.g. extra care housing) were also important factors in estimating future need.

a) The ageing population

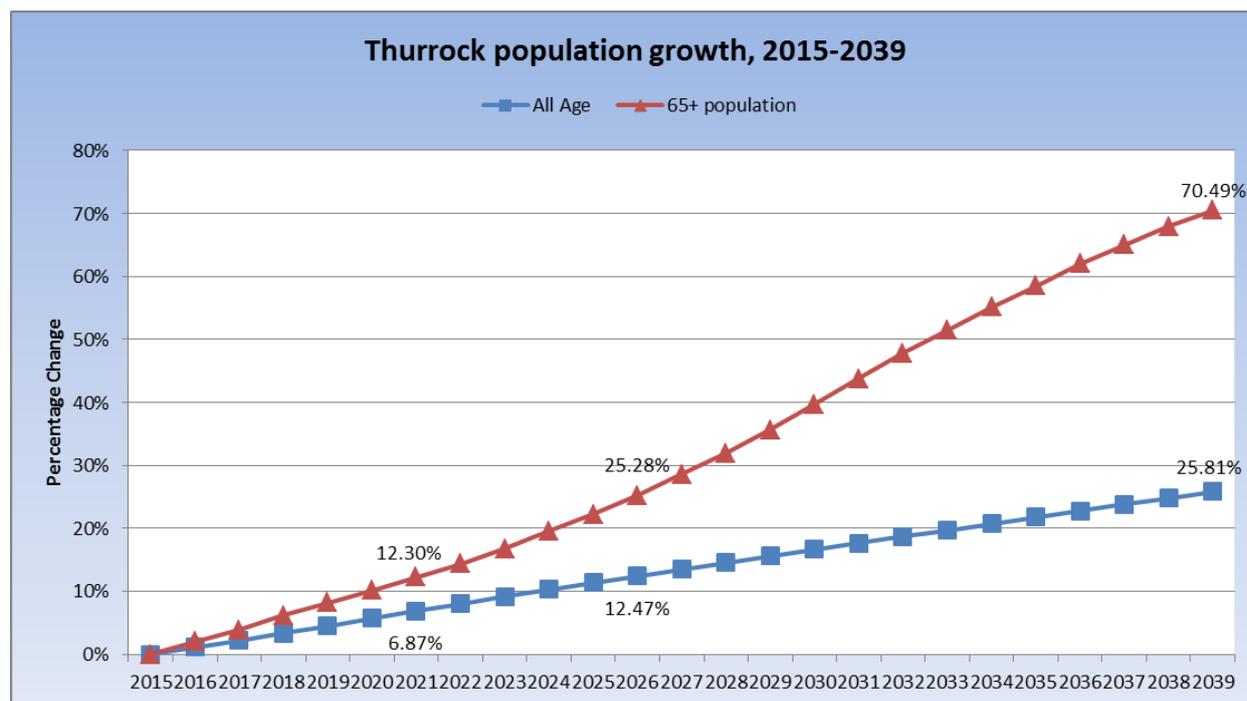
It is known that nationally the population is living longer, albeit not necessarily healthier, lives. Whilst it is expected that in Thurrock, the population might grow by 6.87% by 2021, this is almost doubled in those aged 65+ (12.3%), and this age group is expected to increase at a much higher rate for all years after this date. Quantifying this, there are an estimated 22,839 people aged 65+ in

¹ Wittenberg, R. and Hu, B. (2015) *Projections of Demand for and Costs of Social Care for Older People and Younger Adults in England, 2015 to 2035*. Personal Social Services Research Unit, Discussion Paper 2900. Available from: <http://www.pssru.ac.uk/pdf/DP2900.pdf> [Accessed on 8th August 2017]

² Bolton, J. (2016) *Predicting and managing demand in social care*. Available from: https://ipc.brookes.ac.uk/docs/John_Bolton_Predicting_and_managing_demand_in_social_care-IPC_discussion_paper_April_2016.pdf [Accessed 8th August 2017]

Thurrock in 2015; this is expected to increase to 25,649 by 2021 and 28,612 by 2026. [Note that these estimates do not incorporate planned housing and regeneration development within the borough as accurate numbers and timelines are not yet known. The true rate of growth could be even higher once these are accounted for]. Those aged 65+ are the highest users of Adult Social Care services and are also more likely to develop multiple long term conditions, which results in increased demand for health and social care services with fewer working age people that can be taxed to pay for this increased demand.

Figure 1: Thurrock projected population increase, 2015-2039



Source: ONS Sub-National Population Projections, 2014

b) Wealth of the older population

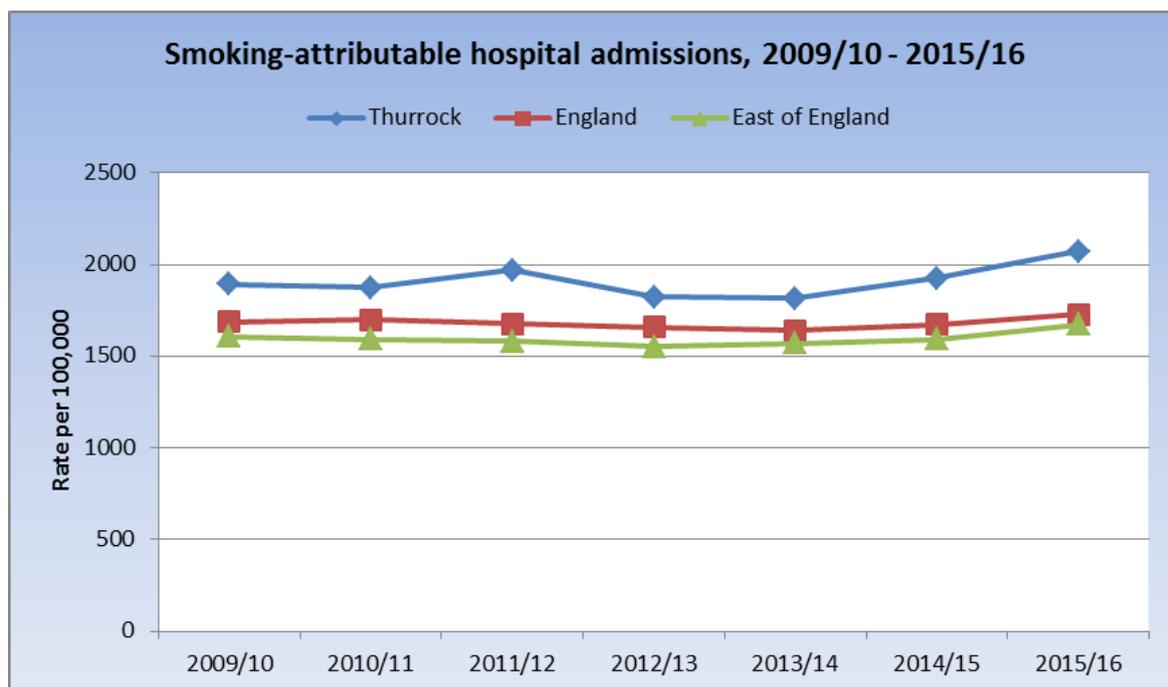
The income of the older population should be considered when looking at future demand for social care. Wealthier older people are likely to live longer with better overall health, but they are also less likely to approach the Council for help unless they run out of money to self-fund. There is generally more demand for social care services from areas of high deprivation. Looking at the 2015 data from the Income Deprivation Affecting Older People’s Index (IDAOP), Thurrock has 17.4% of its population aged 60+ years in pension credit (guarantee) households, which is above the national average of 16.2%. This however ranges within the borough, with some GP practice populations having only 9.5% of their older population in deprivation, and others having up to 29.6% of their GP practice population in deprivation.

c) Lifestyle behaviours

The health of the adult population in Thurrock is varied. Two lifestyle elements where Thurrock has particularly high numbers of people undertaking risky behaviours relate to smoking and obesity. The latest data indicates that 20.8% of adults in Thurrock are current smokers, and that 70.3% are

overweight or obese. If adults are not supported to stop smoking or lose weight, there will be added demand to both health and social care services. This can already be seen with relation to hospital admissions attributable to smoking, which have been significantly higher than the national and regional averages since 2009/10. If these smokers continued to smoke and subsequently developed a long term condition such as COPD or lung cancer, this could then have further impacts on requirements for social care packages.

Figure 2: Smoking-attributable hospital admissions



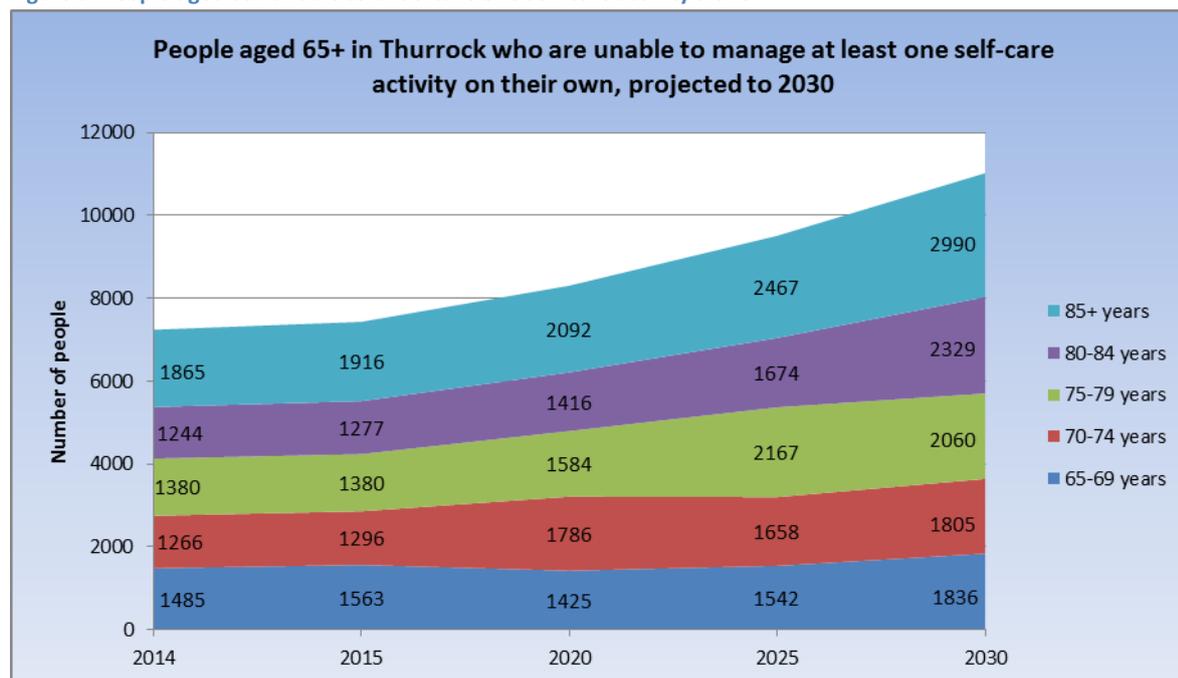
Source: Hospital Episode Statistics and Public Health England

Overweight and obesity is known to be a contributor towards development of further long term conditions such as Diabetes and also increases risk of having a Stroke. This again would also lead to increased demand on both hospital and social care resources. [Further information on this can be found in the [2016 Annual Public Health Report](#) on System Sustainability.]

d) The impact of long term conditions on patients' ability to self-care

It is known that approximately 70% of health and social care budgets are spent on treating those with long term conditions, and that older people are more likely to develop them. These conditions can have a debilitating effect on people's ability to care for themselves, resulting in reliance on Adult Social Care support. The figure below shows the estimated increase in people over 65 years who cannot undertake even one self-care activity alone and therefore will be requiring support from Adult Social Care. Whilst the total number in 2015 was 7,432, this is projected to increase to 11,020 by 2030, which is an increase of 48.3%. The largest increase is seen in the 80-84 year age group, which sees an increase of 82.4% between 2015 and 2030. Residents in their 80s are already the largest users of residential care, so this is likely to increase demand from that age group.

Figure 3: People aged 65+ unable to undertake one self-care activity alone

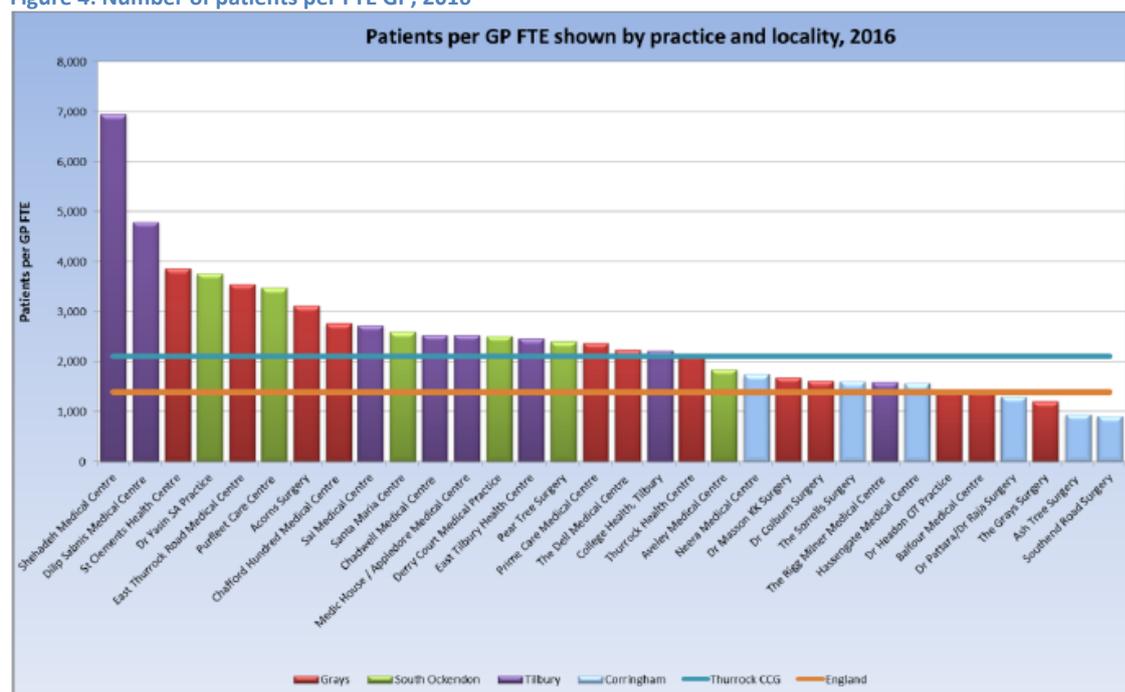


Source: Projecting Older People’s Population Information (POPPI) system

e) Access and quality of healthcare being received

Thurrock is the fourth-most under-doctored CCG in the country, and all bar five practices have patient: GP ratios that are higher than the England mean. Access to good quality primary care services is paramount in keeping patients well, detecting healthcare needs early and preventing further deterioration where possible.

Figure 4: Number of patients per FTE GP, 2016



Source: NHS Digital

A similar picture can be seen when it comes to practice nursing staff – Thurrock has a chronic shortage of nurses across the borough.

In addition, there is wide variation in the quality of clinical management of long term conditions at GP practice level, with many patients not receiving good quality care. This could include processes such as standard reviews not being undertaken, ineffective blood pressure control, flu vaccinations in vulnerable patients not being undertaken, and lack of onward referrals when identified to be at risk of further deterioration. This in turn can lead to further demand on hospital and social care services.

Undiagnosed long term conditions

Modelling work by Public Health England indicates that there are a large number of patients who have long term health conditions who are not yet diagnosed and therefore not receiving any form of treatment. Diagnosis and ongoing treatment of the additional estimated undiagnosed patients would add additional pressures to the existing primary care workforce issues – for example, modelling work by the Public Health team in 2016 estimated that one in 20 untreated hypertension patients was likely to have a stroke within three years – leading to cost pressures in social care and health care services.

Table 2: Observed and estimated patients with long term conditions, 2016

Condition	Observed Prevalence	Estimated Prevalence	Additional Number of Undiagnosed Patients based on the estimated prevalence
Stroke (2016)	1.51%	3.70%	3,540*
Hypertension (2016)	14.08%	20.95%	10,983
CHD (2016)	2.78%	7.58%	7,521*
COPD (2016)	1.8%	2.22%	642*
Diabetes (2016)	6.3% (17+)	7.9% (16+)	2,109**

Source: Public Health England and QOF

Emergency hospital admissions

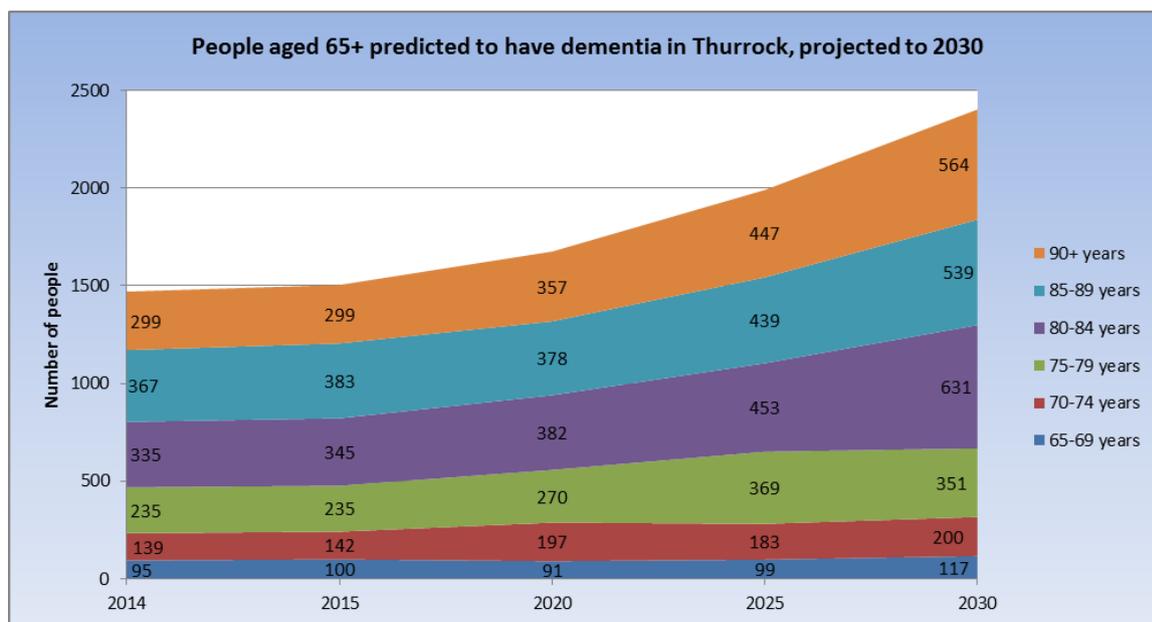
Data in the 2016 Annual Public Health Report shows there were 3,869 hospital admissions from Thurrock residents that were classified as ‘ambulatory care sensitive’ – i.e. conditions for which it is possible to prevent acute exacerbations and reduce the need for hospital admission through active management, such as vaccination; better self-management, disease management or case management; or lifestyle interventions. Examples would include COPD, Diabetes and Heart Failure. These are an adverse outcome of the currently fragmented health and social care system in Thurrock, and are generally more prevalent in those aged 65+. These patients could then go on to require social care support.

f) Dementia

Dementia prevalence is known to increase with age. The graph below shows the estimated number of people aged 65+ with dementia could increase from 1,503 in 2015 to 2,401 in 2030 – an increase

of 59.7%. The largest proportional increases are seen in the 80-84 year olds (82.9%) and 90+ year (88.6%) age groups, which as mentioned previously, are age groups who are already high users of adult social care services. It is worth bearing in mind that the figures below will include some people with dementia who have not received a formal diagnosis, and therefore not receiving care. As with the other estimates of patients with undiagnosed long term conditions, this could mean their condition could worsen further if not diagnosed early.

Figure 5: People aged 65+ estimated to have dementia

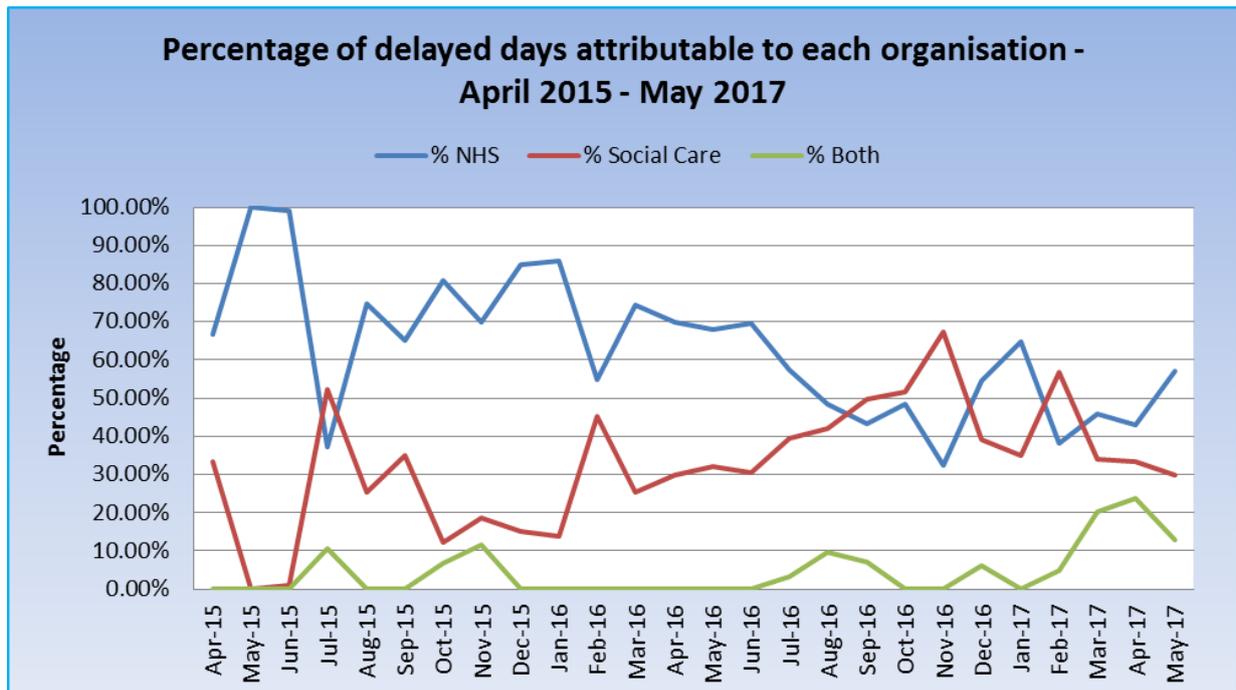


Source: Projecting Older People’s Population Information (POPPI) system

g) Delayed Transfers of Care

Delayed Transfers of Care can occur for many reasons, and could be attributed to the NHS, Social Care or both organisations. Whilst the percentage of delayed days attributable to the NHS has mainly reduced each month in 2016/17 those attributable to Social Care have steadily increased. The average % for 2015/16 for Social Care was 23.14% but for 2016/17 this rose to 42.31%, which is almost double. This indicates that current provision is not adequately coping with the current level of demand.

Figure 6: Percentage of delayed days attributable to each organisation



Source: NHS England

What does this mean for the future population?

- As described above, the future population is likely to have a higher proportion of older people than the current population.
- There are pockets within Thurrock of income inequality, meaning some areas have larger numbers of older people in deprivation who are more likely to be eligible for, and access, adult social care services. Wider government changes could mean this inequality persists into the future.
- There are many adults in Thurrock who are not exhibiting healthy lifestyles. Large numbers of smokers and obese adults could lead to development of further long term conditions, thereby increasing need and demand for care in the future.
- Primary care quality and capacity in Thurrock is varied, and is having an impact on future health and social care use.
- There are potentially large numbers of patients with as-yet undiagnosed long term health conditions who, if not diagnosed and treated, could increase demand on future health and social care services.
- The varied quality of healthcare currently being offered could continue to impact on the numbers of patients seen in Basildon Hospital for conditions for which an admission should have been preventable.
- The expected increase in those unable to self-care and those with dementia are also likely to increase demand on future health and social care services.
- The increase in proportion of delayed transfers of care days that are attributable to Adult Social Care is reflecting a system that has not been able to contend with the demand, and the health issues outlined above are unlikely to reduce this.
- Taken together, the projected increase in older people and the identified health care issues are likely to contribute towards an increase in complexity of future social care packages.

A recent publication by Kingston *et al* (2017³) generated some estimates of future demand for care home provision in the over 65 population in England. Applying elements of their methodology to the Thurrock population, it can be seen that, accounting for changes in the health status and life expectancy of the future population as well as population growth, the need for care home places is expected to increase – with an estimated 410 additional places required by 2035.

Table 3: Care Home places required in Thurrock, 2017 and 2035

Care Places Needed in Thurrock	2017	2035	Additional Number Needed	% increase
Medium need	107	208	101	94.81%
High need	344	652	309	89.81%
TOTAL	451	860	410	90.99%

Source: Kingston *et al*, ONS and Thurrock Council

There are a number of programmes underway to address some of the expected increase in demand, including:

- Long term condition case management programmes (e.g. hypertension detection)

³ Kingston, A. *et al* (2017) Is late-life dependency increasing or not? A comparison of the Cognitive Function and Ageing Studies (CFAS). Available from: [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(17\)31575-1/fulltext](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(17)31575-1/fulltext) [Accessed 26th September 2017]

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- Implementation of a revised primary care workforce model to increase capacity and streamline working processes
- Construction of four Integrated Medical Centres
- Procurement of an Integrated Data Solution across different systems within primary, community, secondary, mental health and social care
- A Falls Prevention Pilot programme
- Living Well at Home
- Social prescribing
- Local Area Coordination
- Well Homes
- Rapid response assessment service

It should be noted that the impact of the above work programmes may take time to become apparent, and that it will be a combination of initiatives that result in wider system change.