

Panel Session One: Context and Demographics

Briefing note

Context

Population

Projections indicate that by 2031 the population will have grown by 17% to 71.1 million and that 22% of the population will be over 65. Patterns of demographic change will differ substantially across the country and will require different local responses. For example, the most rural parts of England are forecast to have the majority of their population aged over 50 by 2030, while in major urban centres only a third will be in this age group. Internal and international migration will be a major and relatively unpredictable influence on local demography.

Ageing Population

The UK's population profile is ageing as the post Second World War baby boomers near retirement and their families grow progressively older. Additionally people are living longer but are less likely to have the support of a local extended family. Over the next fifty years the number of people aged 65+ will increase from approximately 9 million to more than 16 million, representing over a quarter of the total population, and whilst we are less likely to have extended family support there are still more than 6 million carers looking after family, partners and friends.

In the immediate future the number of people aged 85+ is forecast to rise by over 2 percent each financial year between 2008 / 9 and 2010 / 11.

The number of people suffering from dementia, two thirds of whom are aged 80 and over is set to increase by 38% over the next 15 years and by 154% over the next 45 years. Dementia is a hugely expensive illness not only with regard to health and social care budgets but also the cost of lost earnings of carers and consequent lost tax revenue to the Exchequer. The changing demographics are already exerting pressure on adult social care budgets and, consequently already less money is being invested in the social care of people with low to moderate needs.

Over 2 million people of all ages, including children, and from every community, used social care services arranged by local councils during 2006–07. Councils spent £14.2

billion on social care for all adults. It is estimated that £5.9 billion was spent by private individuals on personal social care for older people alone.

Just over a million adults were supported at home with community services as at March 2006. A further 240,000 adults provided with services by councils were permanent residents in care homes.

The Wanless review predicts a rise in care costs of £14bn by 2026 if services continue to be provided along current lines, lending further support for a strategic shift in the way care for older people is planned and delivered.

Recent projections indicate a rise of 53% in the number of older people with some care needs over the next 20 years and a rise of 54% in older people with a high level of need. Extra years may not necessarily be lived in good health: between 1981 and 2001 male life expectancy increased by 4.8 years (3.6 years for females) but the number of years a person can expect to live in poor health rose from 6.5 years to 8.7 years for men and from 10.1 to 11.6 years for women.

Learning Disability

Because of improved medical interventions and health and social care, people with learning disabilities are living longer. Numbers of young adults with disabilities are therefore increasing much more rapidly than the population at large.

Recent trends demonstrate forcibly how the proportion of people with profound and complex needs is also rising, and that new people coming into the system are costing far more than the average cost of those already supported.

Between 2001 and 2004 there was a 15 per cent increase in the number of people with learning disabilities using social services. In this period the number of people with learning disabilities aged over 65 and using services rose by 31 per cent.

Mental Health

Similarly for Mental Health, demand for services is increasing at a higher rate than that of the general population. It is currently estimated that 1 in 100 people suffer from a severe mental illness, but this is rising.

Physical Disability

The number of people with a physical disability accessing Social Services has increased by some 12% over the last 5 years. Gross expenditure by councils in 2005-06 on social care for adults amounted to £14.2 billion; a rise of 4.5% in real terms from 2004-05. Of this expenditure, 61% was on services for older people and 21% on adults aged 18 to 64 with learning disabilities. There was an increase in expenditure of nearly 14% in real terms between 2003-04 and 2005-06 on adults with learning disabilities and physical and sensory impairments.

Caring

Every day, another six thousand people take on a caring responsibility. Over 3 in 5 people in the UK will become carers at some time in their lives. 1.5 million combine full-time paid employment with unpaid care and those who provide 20 or more hours of unpaid care a week are clustered in low level, low paid jobs.

Poor Health

Over the last 25 years, the number of people classed as either overweight or obese in England has tripled. The year on year rise in obesity is not confined to adults. In England in 1995, 10% of boys under 16 were classed as obese. Now the proportion exceeds 16% and is forecast to reach 24% by 2025.

As weight increases, so does the likelihood of a range of chronic, life limiting conditions including diabetes, cardiovascular disease, cancer and arthritis, leading the Chief Medical Officer to describe obesity as a 'health time bomb'. In 1998 the National Audit Office estimated that obesity cost the NHS £480 million. By 2002, the Health Select Committee considered the costs to the NHS to be between £990 – 1,125 million. Indirect costs to the economy are thought to be £2 billion a year, rising to £3.6 billion by 2010.

Smoking remains one the biggest public health challenges in the United Kingdom, causing 87,000 premature deaths each year in England alone. Smoking is the UK's single biggest preventable killer and causes around 1 in 5 of all deaths. Smoking also accounts for half the difference in life expectancy between the highest and lowest social groups

Conclusions

The projections in this paper are crude, but sufficient to show the magnitude of pressure on Adult Social Services over the next decade. Clearly, we are in the midst of a major transformation in the way support is provided. Our emphasis is on prevention, public health and helping people to take responsibility for managing their own support.