

HEREFORDSHIRE
COUNCIL

**OLDER PEOPLE
NEEDS ASSESSMENT REPORT**

***Principal factors that will determine the need for
social care services***

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FINAL

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SUMMARY

Population trends

- Herefordshire population has an older age profile than the West Midlands Region and England and Wales; 20% is 65 years and over compared with 16% regionally and nationally. This pattern is reflected in each of the 3 age groups within this: 65-74 year olds, 75-84 and 85 years and over.
- The population in older age groups is forecast to increase more rapidly in Herefordshire than nationally, with an increase of 19% forecast for the 65 and over age group by 2011 and an increase of 50% projected from 2004 to 2020. This is particularly evident in the 85 and over age group.
- Population projections indicate that the population of 65 years and over may be 53,000 people by 2020, comprising 28% of the total population in Herefordshire. Again, this is particularly evident in the 85 and over group.

See summary table of population below:

Older people	2004	Forecast pop. 2011	%change 2004-11	Projected pop.2020	%change 2004-20
65-74 years	18,400	22,200	20.7%	27,600	50.0%
75-84 years	12,900	13,800	7.0%	17,900	38.8%
85 years & over	4,200	6,000	42.9%	7,500	78.6%
65 years & over	35,400	42,000	18.6%	53,000	50.1%

Effective demand for social care

Several factors drive demand for social care services by older people as distilled in the Wanless Review Report: health and disability-related impairment (physical and cognitive), housing, income/wealth and family and (informal) carer circumstances. These are included in the main body of this report. However the most significant factor in determining higher or effective levels of need is disability so that help is required to carry out one or more of the core Activities for Daily Living (ADLs). These include being able to wash, dress, feed, toilet, get in and out of bed or a chair.

National research shows that increases in healthy life expectancy have not kept up with improvements in total life expectancy over the last 25 years. Using the optimistic scenario forecasts of improved population health from the Wanless Review, estimates of the rates of older people with substantial needs were applied to Herefordshire's current, forecast and projected population. These are people in need of help to do one or more ADL. These figures show that there may be 5,100 older people in need of care in 2011 and 6,500 in 2020, an increase of 55% from 2004 estimates (see table).

The number of older people in need of some help, from those who just need help with shopping or cleaning right up to those who need help with all core daily activities is estimated to be 12,800 by 2011 and 16,200 by 2020 in Herefordshire.

HEREFORDSHIRE	2004	2011	%change 2004-11	2020	%change 2004-20
Number of older people with HIGH demand for social care	4,200	5,100	21%	6,500	55%
Number of older people with SOME dependency	10,500	12,800	22%	16,200	54%

The Wanless Review estimates that nationally the number of older people with substantial needs in England will rise by 55% by 2025. This rate of increase will be higher in Herefordshire due to the older age profile and projected higher rate of increase in the older people population, potentially a 74% increase from 2004 to 2025.

Ability to pay for social care

It is difficult to assess the effect that higher home ownership rates and high house prices in Herefordshire have on the self-funding for social care. The Wanless Review report stated that there is no reliable data for the total private expenditure on care home fees and self-funded domiciliary care. Estimates are that between one-quarter and one-third of care home places are wholly privately funded.

Informal or unpaid social care

Demand for informal care is estimated to increase by about 45% from 2003 to 2026 according to the Wanless Review report. However availability of informal care may be reduced by a projected decrease in co-residence between adults and elderly parents, an increase in single person households and potentially people may not be so willing in future to provide informal care. The Wanless Report states that great carer support is needed (currently only received by a minority of carers) to *“relieve some of the pressure of care, as the costs of increasing formal care to meet a significant reduction in informal care would be prohibitively high.”*

This report does NOT attempt to assess the impact that preventative measures would have on the potential numbers requiring intensive social care. Information on this was not available at the time of writing.

INTRODUCTION

This report is an assessment of the principal factors that will determine the need for social care for people 65 years and over, a consideration of the particular needs of different age groups and of people with mental health problems. Looking forward to 2020, these will include demographic change, taking into account the expected levels and characteristics of in-migration; the implications of changing patterns of health, treatment, and the development of health care services in response to them; the proportions of people who might be able to pay all or part of the costs of their social care; and the nature and condition of housing. The 2006 Wanless Review Report defines the need for care:

“as measured against the outcomes that individuals and society more broadly wish to achieve. In a general sense a need will exist where a person is restricted – as a result of disability, social exclusion and so on – from being able to undertake activities or to achieve outcomes that they value...such as being clean, fed, independent, safe (to a reasonable degree), socially included, fulfilled, etc. Need is therefore synonymous with a shortfall in outcomes, particularly where support and care could help people to improve outcomes.”

POPULATION OF OLDER PEOPLE

Current

- Herefordshire’s current population is 177,800 (2004 mid-year estimate) of which 20% are 65 years and over (35,400 people). The county has an older age profile than both the West Midlands Region and England and Wales, with a noticeably higher proportion of its population in the older age groups as shown in Table 1.

Table 1: Percentage of the population in older age-groups, 2004

Area	65-74	75-84	85+	65 & over
<i>Herefordshire (number)</i>	18,400	12,900	4,200	35,400
Herefordshire	10.3%	7.3%	2.4%	20.0%
West Midlands Region	8.6%	5.8%	1.8%	16.2%
England & Wales	8.4%	5.8%	1.9%	16.1%

Source: ONS 2004 mid-year estimates. Note: Figures may not sum due to rounding

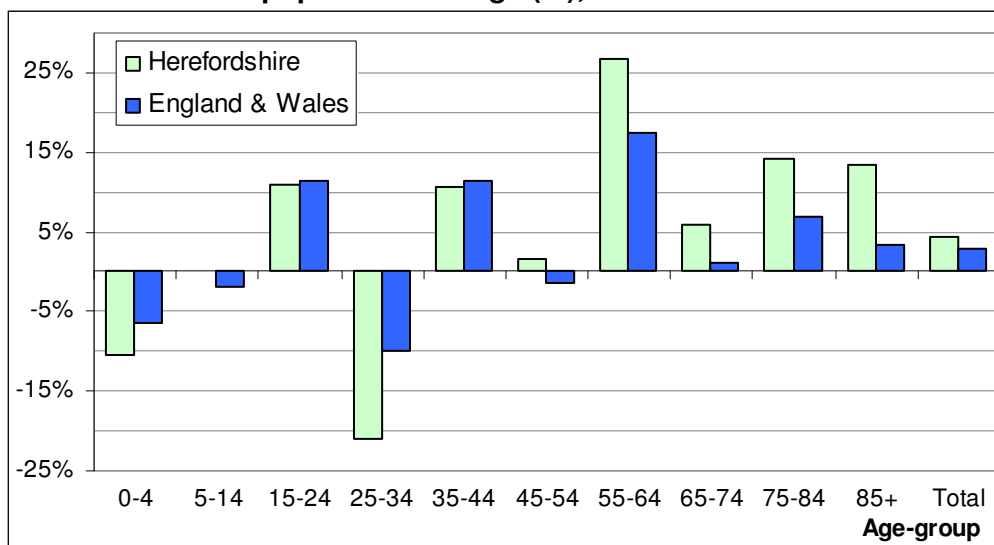
- Females outnumber males in every age group of 65 and over, reflecting the higher mortality rates for males at younger ages. The gender imbalance widens as age increases; women form just over half the 65-74 age group; by age 85 and over women outnumber men by more than 2:1.
- The 2001 Census provided data on ethnicity for Herefordshire’s population aged 65 and over: 99.8% White, 0.2% Mixed, Black, Asian, Chinese or Other Ethnic Group. Experimental statistics from the Office for National Statistics shows that the percentage of ethnic groups other than ‘White British’ has increased from 2.6% in 2001 to 3.3% in 2003 in Herefordshire. This is a growth of 2.8% since 2001 compared to just a 1.1% for the total

county population. The figures for England show that the non-‘White British’ population has grown at an even higher rate. Anecdotally over the last few years Herefordshire has experienced a large influx of migrant workers from Poland, Lithuania and other nationals of new European Union member states.

Recent trends

- Although Herefordshire’s total growth has been broadly similar to the national rate, the numbers of people in older age groups have increased much more rapidly in Herefordshire than in England and Wales as a whole, as shown in Chart 1.

Chart 1: Observed population change (%), 1998 to 2004

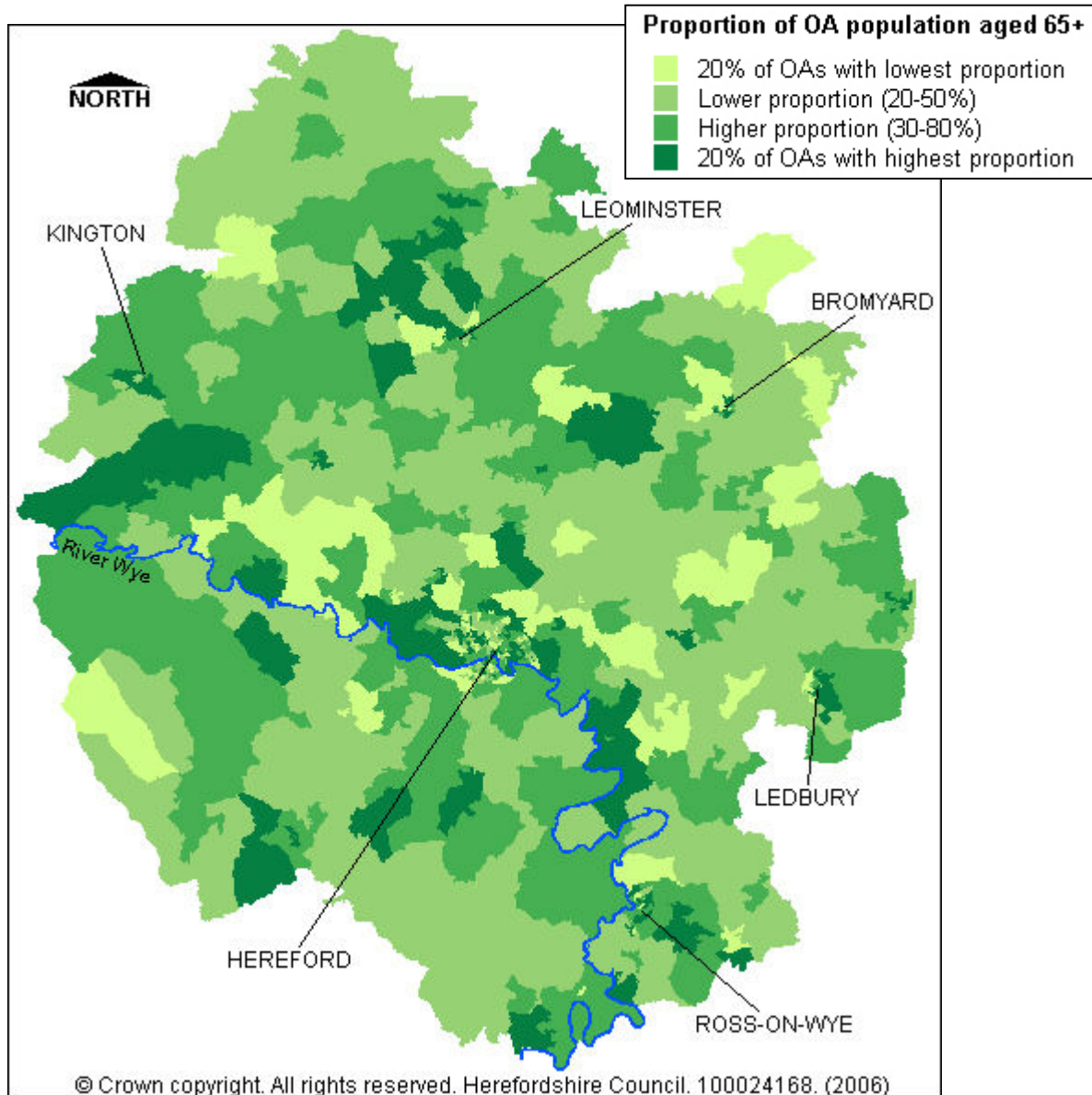


Source: ONS mid-year estimates

Spatial distribution within the county

- Despite perceptions that rural areas have higher proportions of older people, Map 1 shows that there is no clear pattern. Census Output Areas (small geographies) with high proportions of their populations aged 65 and over are scattered all over the county, from some of the most rural areas to Hereford City.
- Considering only those Herefordshire residents aged 65 and over, and grouping Output Areas according to the official urban/rural classification, 56% live in rural areas, which is only slightly higher than the proportion of Herefordshire’s total population that live in rural areas (54%).
- About 29% of the 65 and over age group live in Hereford and a further 10% in rural areas within 8 miles of the City centre. The market towns of Leominster, Ross-on-Wye, Ledbury, Bromyard and Kington are home to a further 26%, whilst the remaining 35% live in villages and rural parts of the County.

**Map 1: Proportion of Herefordshire population aged 65 and over
(2001 Census Output Areas)**



Migration

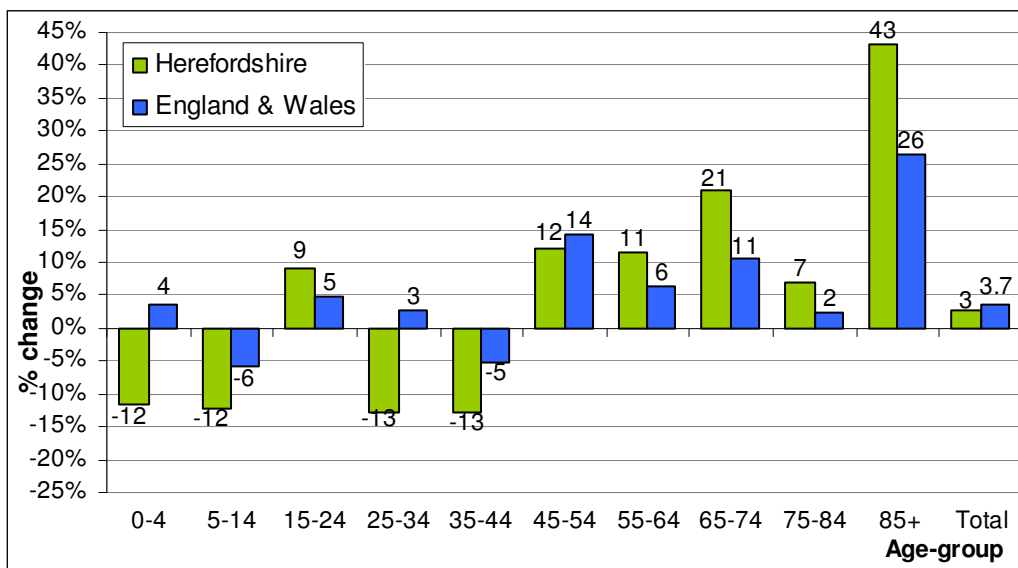
- Migration estimates indicate that, between mid-1998 and mid-2004, Herefordshire had a net increase of nearly 7,000 people due to 'within UK' migration. So, whilst the annual natural change due to births and deaths has been negative, the county has gained just over 1,100 people on average each year from other parts of the country.
- Detailed information on the ages of migrants between Herefordshire and the rest of the UK is only available from mid-2000. The smallest flows (both in and out) are in the 65-69 and 70-74 year-old age groups, with averages of around 200 or fewer people moving in each direction per year. (The largest flows are within the 20-24 year age group).
- 2001 Census data indicates that a significantly lower percentage of Herefordshire's migrants (both in and out of the county) were either retired or aged 75 and over than the percentage in the population as a whole (economic activity was only classified for those people aged 16-74).

- The only available information regarding permanent international migration into Herefordshire from outside the UK is from the Census. This represented just 0.3% of the county population at the time but 54% were aged under 30 – a much higher rate than migrants from within the UK and of the population as a whole.

Forecast population to 2011

- Population forecasts for Herefordshire are based on recent and nationally projected trends in births, deaths and migration, and also take into account future housing provision expected under the UDP. The 2002-based forecasts show that the ageing of Herefordshire's population structure is expected to continue¹.
- Whilst the total population is expected to grow at a slightly lower rate (2.6%) than that of the whole of England and Wales (as projected by the Government Actuary's Department), the population in the 55-64 and older age groups is expected to increase much more rapidly in Herefordshire than nationally. See Chart 2.
- The 65 and over age group in Herefordshire is forecast to grow by 18.4% by 2011 to 42,000 people.

Chart 2: Expected population change (%), 2004 to 2011



Source: GAD 2004-based population projections for England and Wales; Herefordshire Council Research Team 2002-based forecasts for Herefordshire using ONS mid-year estimates.

¹ Please note that the 2011 forecasts for Herefordshire are currently being updated using 2004 figures but are not yet available.

Projected population in 2020

- The Government Actuary's Department produces population projections, based on recent and nationally projected trends in births, deaths and migration. They do not take account of future housing provision expected under the UDP as the population forecasts do (for Herefordshire).
- The population of people 65 years and over in Herefordshire is projected to increase by 50% between 2004 and 2020, compared with a projected 8% increase in the total population.
- The 2020 population of people 65 years and over is projected to be 53,000 people comprising 28% of the population in Herefordshire
- The population of people aged 85 years and over is projected to increase by 79% between 2004 and 2020 to 7,500 people.
- A summary of the current, forecast and projected population of older people is shown in Table 2.

Table 2: Summary table of current, forecast & projected population of older people in Herefordshire

Older people	2004	Forecast pop. 2011	%change 2004-11	Projected pop.2020	%change 2004-20
65-74 years	18,400	22,200	20.7%	27,600	50.0%
75-84 years	12,900	13,800	7.0%	17,900	38.8%
85 years & over	4,200	6,000	42.9%	7,500	78.6%
65 years & over	35,400	42,000	18.6%	53,000	50.1%

Source: ONS 2004 mid-year estimates, Herefordshire Council Research Team 2002-based forecasts, GAD 2004-based population projections for England and Wales.
 Note: Figures may not sum due to rounding

HEALTH & DISABILITY

Detailed information on the health and disability rates at a local authority level is lacking so several datasets are shown in this section. (The Wanless report also acknowledges that estimates of the numbers of people with disability are uncertain). The 2001 Census provided two direct measures for Herefordshire: a self-defined rating of health and self-reported long-term illness or disability which limited daily activities. More detailed information on type of disability and effective demand for social care are given by applying modelled rates from national research and applied to Herefordshire's population.

Overall health

- At the 2001 Census, residents were asked to rate their overall health over the previous 12 months (good, fair or not good). Overall 69% of Herefordshire's population said they were in good health and 8% 'not good', which was similar to regional and national figures.
- The proportion stating their health was 'not good' increased with age from 15% of 65 to 74 year olds to 32% of people 85 years and over (20% overall for people 65 years and over).
- Herefordshire's population are expected to live longer on average than the population of England in general with increases over the last 10 years broadly in line with national trends. Based on 2002-04 data, life expectancy for males at birth is 77.5 years whilst for females it is 82.5 years (compared to 76.6 and 80.9 respectively for England).

Limiting long-term illness

- Nearly half (47%) of the residents aged 65 or above self-reported having a limiting long-term illness (LLI) at the time of the 2001 Census i.e. a long-term illness, health problem or disability, which limits daily activity or work. This is a lower rate than that of older people in the West Midlands (53%) and England and Wales (52%).
- The proportion steadily increases from 36% of 65 - 74 year olds to 75% of the 85 and over age group. See Table 3.

Table 3: Herefordshire's 65 years and over population with a limiting long term illness at the 2001 Census

Age Group	Number with a limiting long term illness	% of population
65 - 74	6,334	36%
75 - 84	6,320	53%
85 and over	2,983	75%
65 and over	15,637	47%

Source: 2001 Census – Crown Copyright, T05.

Note: Includes people in communal establishments.

- Assuming that the Census rates will continue to apply, there may be another 3,200 people with a limiting long term illness or disability in 2011 and a further 5,100 by 2020 compared with 2004.
- Table 4 shows simple estimates of numbers of older people with a limiting long term illness in 2004, 2011 and 2020, done by applying the Census rates to the current, forecast and projected population of these age groups.

Table 4: Estimates of Herefordshire's 65 years and over population with a limiting long term illness in 2004, 2011 and 2020

Herefordshire	2004	2011	2020
65 to 74	6,600	8,000	9,900
75 to 84	6,800	7,300	9,400
85 and over	3,200	4,500	5,700
65 & over	16,500	19,600	24,700

Source: Herefordshire Council Research Team

An analysis of the population with a limiting long term illness by urban/rural areas shows that there is a higher proportion living in urban areas (47%) in Herefordshire compared with rural areas (22% live in 'rural village' areas, 20% in 'rural dispersed' and 11% in 'rural town' areas).

Disability

- Research at a national level (Bajekal & Prescott) suggests that the prevalence of LLI is higher than that of disability for all ages, except those aged 85 and over when disability rates become higher. Older people may under-report LLI because they consider activity limitation to be a normal consequence of ageing.
- Assuming this estimated overall rate of serious disability continues and applying this to the forecast and projected population in Herefordshire, Table 5 shows estimated numbers of older people with a serious disability in 2004, 2011 and 2020.
- However these rates differ slightly from those of more recent estimated national rates from the PSSRU model² of 30% of older people with some disability and 7 to 8% with a severe disability. However a further breakdown by age was not given. The Wanless Review Report provided 'base case' modelled estimates of population by level of dependency, which gave rates of 30 to 31% of older people with some dependency from help with shopping to 2 or more ADLs (help with personal care).

Table 5: Estimated numbers of people 65 years and over with a serious disability in Herefordshire

HEREFORDSHIRE	% with a serious disability	2004	Forecast 2011	Projected 2020
65-74	9%	1,656	1,998	2,484
75-84	17%	2,187	2,340	3,035
85+	39%	1,640	2,342	2,928
65 & over	15%	5,256	6,236	7,870

Source: Herefordshire Council Research Team

² Personal Social Services Research Unit (PSSRU) model of future demand for long-term care, Wittenberg *et al*, 2006.

Mental Health

This section summarises information from the Banerjee report for the West Midlands Strategic Health Authority. National prevalence rates of dementia in older people were applied to local areas, using the Medical Research Council's Cognitive Function and Ageing Study (MRC CFAS), 1998. This provided information on the distribution of dementia in terms of severity (minimal, mild, moderate or severe dementia) and type of residence (institutional or community). However there was a caveat in the Banerjee report that *"results presented should be used to give a general 'ball park' idea of the expected increased pressure on services in the coming years rather than be used as a robust planning tool"*.

- The overall prevalence of dementia for those aged 65 and over was given as 7.3% of which most (57%) are estimated to have moderate or severe dementia with a greater need for ongoing social and medical support.
- The prevalence rate increases with age from less than 2% in those aged 65 to 69 to affect around a quarter of people aged 85 or over. There is a gender effect with more women than men with dementia in those aged 75 and over.
- The estimated number of dementia cases in Herefordshire in 2005 is 2,660 people or 14.9 per 1,000 population, which is the highest in the West Midlands South SHA area, which is also projected to increase at a greater rate, as shown in Table 6.
- The number of people with dementia in need of regular ongoing support (those with moderate to severe dementia needing community support and mild to severe dementia needing institutional care) is estimated to be 1,051 people in 2005, projected to grow to 2,070 by 2015. Incidence rates of dementia rise exponentially with age so due to the numbers entering this group, the rates of increase are very high as shown in Table 6.

Table 6: Estimates of numbers of people aged 65 and over with dementia in Herefordshire 2005 – 2015

HEREFORDSHIRE	Estimated Number			% change in number	
	2005	2010	2015	2005-2010	2005-2015
<i>Older people with dementia</i>	2,660	3,029	3,450	14%	30%
Older people with dementia in need of regular ongoing support	1,051	1,775	2,070	69%	97%

Note: Based on MRC CFAS results and ONS 2003 based sub national population projections

- Prevalence rates from the Health Survey for England (2000) used in the 2006 Wanless Review Report show just over 3% of the older population have severe cognitive impairment based on its cognitive function scoring. This is similar to the proportion of older people with dementia in need of regular ongoing support (Banerjee estimates) of all older people in Herefordshire.
- The Wanless Report also stated that rates of severe cognitive impairment are much higher for people aged 85 and over: 14% for 85-94 year olds and 40% for 95 and over. Almost 40% of older people who need help with 1 or more ADLs have a severe cognitive impairment.

HOUSING

Type of housing

Housing tenure is included here as a proxy for socio-economic status³. Another reason is that the current means test for local or health authority funded support in residential or nursing home care generally takes account of the value of the person's home (unless it is occupied by their spouse or an older or disabled relative). This means that older home-owners who live alone generally need to fund their residential or nursing home care privately, while older tenants and older home-owners living with their spouse are often eligible for public funding. If assets (savings, investments and value of home if left empty) are more than £20,500 then older people must pay for the full cost of residential or nursing home care.

- 73% of people aged 65 and over are owner occupiers (73%), very slightly higher than the population as a whole. However this is predominantly in the 65-74 age group where 78% are owner occupiers, which decreases to 56% for people aged 85 and over. See Chart 3.
- People aged 85 and over are more likely to live in communal establishments such as care homes, than other age groups.
- The 65-74 age group is slightly less likely to live in rented social housing (i.e. housing association) than the 75 and over groups.
- Older people with a limiting long term illness or disability are more likely to live in social housing and communal establishments.
- Home Point is a choice-based letting agency for social housing in Herefordshire. As of the end of 2005, 17% of the applicants on the register were over 60 years (740 applicants) compared with 26% of Herefordshire's population being over 60. Since its inception in 2002 sheltered housing properties have had a much lower average number of bids per property (5.6) than general purpose properties (19.1).
- In 2005 CSCI⁴ commissioned a national MORI survey of preferences for care and support when older if needed. People overwhelmingly preferred to stay in their own home with care and support from friends and family (62%) or from trained care workers (56%) compared to sheltered housing with a warden (27%) or 'move in with a son or daughter' (14%).
- It is difficult to assess the effect that higher home ownership rates and high house prices⁵ in Herefordshire have on the self-funding for social care. The Wanless Review report stated that there is no reliable data for the total private expenditure on care home fees and self-funded domiciliary care, however estimates are that between one-quarter and one-third of care home places are wholly privately funded. Some research done

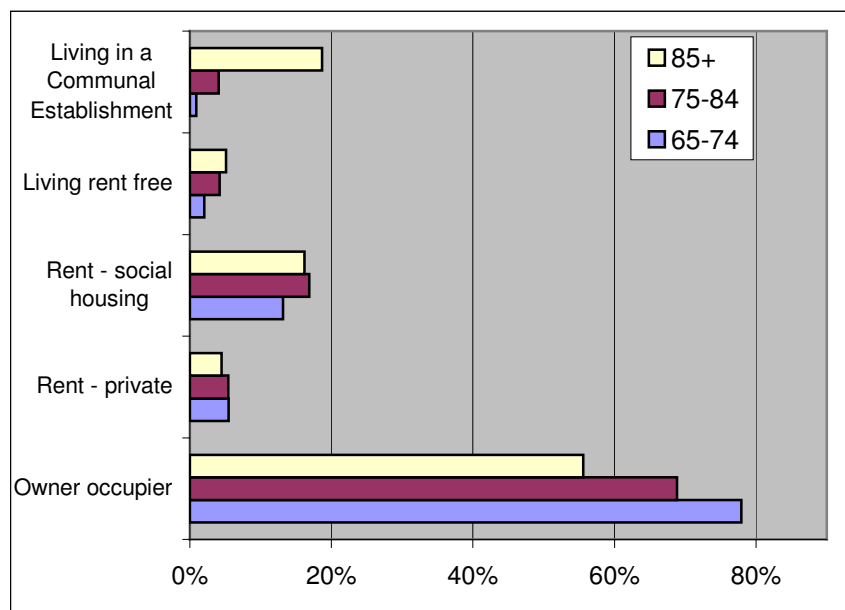
³ As used in the PSSRU model, Wittenberg et al, 2003

⁴ CSCI = Commission for Social Care Inspection, figures from background paper to Wanless Social Care Review Report.

⁵ Average price of property in Herefordshire was £204,180 compared to £191,327 in England and Wales and £160,341 in the West Midlands (HM Land Registry, 4th quarter 2005)

locally (Herefordshire Council Adult Social care) suggests a third of care homes are probably privately funded in Herefordshire.

Chart 3: Housing tenure of people aged 65 years and over



Source: 2001 Census – Crown copyright

Condition of housing

A House Condition Survey was undertaken in 2005 (including owner occupied and rented properties) and the findings from the draft report are shown below.

- 44% of heads of households surveyed were over 60 compared with just 34% found in the national survey, reflecting the age structure in Herefordshire.
- The survey found that housing with the highest rate of 'non-decency' or unfitness⁶ (41%) were for households where the head of household is over 85 years of age. Those headed by people from the 75- 84 age group had the second highest rate of unfit housing at 39%.
- These results indicate an association between condition of housing and older age groups, potentially issues of affordability or inability to attend to maintenance issues. Affordability of necessary repair work is likely to be an issue for 'equity rich cash poor' older households.
- Lowest incomes were strongly associated with the oldest and the youngest (under 25 year olds) heads of households.
- The survey found a strong association between residents with disabilities and income, with 58% of dwellings where a resident with a disability lives having a household income below £10,000 per annum, compared to 30% of households where no persons with a disability live. This represents approximately 9,100 such dwellings in Herefordshire.
- One of the reasons given by social workers for admissions to care homes in the Wanless Report was having physically unsuitable housing. Health-

⁶ Dwelling decency categories: meets the minimum fitness standard for housing, in a reasonable state of repair, has reasonably modern facilities and provides a reasonable degree of thermal comfort (House Condition Survey, Herefordshire Council, Nov 2005)

related causes are the primary reasons but *“poor housing is an issue that goes beyond social care”*. The findings of the housing condition survey therefore have implications for the potential of improvements in housing condition for older people as one way of reducing the need to go into residential care.

Living arrangements

Burholt & Windle’s report (2006) highlights that older people living alone, and in particular women living alone are more likely to live in poverty than people living with others. In addition the potential for informal care is higher for those people living with others than those living alone (Wittenberg et al, 2006).

- At the 2001 Census, 65% of people 65 and over in Herefordshire lived in a household with other people, 31% lived alone and about 4% lived in communal establishments such as care homes,.
- The proportion living alone rises from 22% for the 65-74 age group to 47% of the 85 and over age group.
- Similarly, people aged 85 and over are more likely to live in residential homes and other communal establishments (19%) than younger age groups.
- Assuming that the current trends in living arrangements prevail, there are likely to be about 13,000 older people living alone in Herefordshire by 2011 and 16,400 in 2020. Of those aged 85 and over the numbers living alone will rise from 2,000 people to 3,000 in 2011 and 3,500 in 2020. These may be conservative estimates; the trend towards single person households amongst younger age groups will eventually be manifested in the older cohorts and there will be an increasing prevalence of single person households amongst older people. There was a slight increase in the proportion of older people living alone between the 1991 and 2001 Census in Herefordshire and ODPM household projections show that in England average household size fell over this time period and is expected to fall from 2.37 in 2001 to 2.14 by 2021.

Marital status

Burholt & Windle’s report (2006) stated that marital status had a bearing on material resources – older people who are widowed, divorced or separated are more likely to experience low levels of material resources (no rates given).

- Overall for people aged 65 and over 32% were widowed at the 2001 Census, much higher rates than the population as a whole in Herefordshire (9%). There were slightly lower rates of divorce for people aged 65 and over (5%) compared to the overall population (9%).
- The proportion of those who are widowed increases with age from 18% of 65-74 year olds widowed to 68% of people 85 years and over; with the divorce rate remaining similar over these age groups.
- Assuming the proportion of those who are widowed stays constant, there are likely to be about 13,400 older people widowed in Herefordshire by 2011 and 17,000 in 2020.

ABILITY TO PAY

Social care for older people is funded in a number of different ways. One estimate in the Wanless Report suggests that 38% was funded by local authority social services, 27% by the NHS and 35% by individual service users or their families. Charge rates for care home places are determined nationally with state funding unavailable to older people with assets above £20,500 but charges for domiciliary care are decided by local authorities under national guidelines so vary considerably across the country. The report also asserts that *“those who more most likely to need long-term care are also least likely to be able to pay for it”*, from survey data for people aged 50 and over showing that disability is correlated with lower income and assets.

A Joseph Rowntree Foundation report (Burholt & Windle, 2006) found that older people with low levels of material resources were over-represented by women, those living alone, people who are widowed, divorced or separated, in poor health, with lower education and living in deprived neighbourhoods. Aspects of the population in these sectors are shown in the following sections.

Income deprivation affecting older people

- 11% of older people in Herefordshire live in income deprived households i.e. aged 60 and over who are claiming income support⁷, a possible underestimate due to lower take-up rates of benefits. No further breakdown of age is given in this dataset.
- This varies by area from 4% to 28% with 5 areas in Herefordshire falling within the 25% most deprived nationally for this aspect of deprivation. These areas with higher proportions of older people living in income deprivation are in Hereford, Bromyard and Leominster.
- If this rate is applied to the current, forecast and projected population of older people in Herefordshire; in 2004 about 3,900 older people lived in income deprived households and potentially about 5,800 would in 2020.

Benefits

Pension Credit

- Pension Credit was introduced in October 2003 as a replacement for the aspect of Income Support Benefits that ensured a Minimum Income Guarantee (MIG) for people aged 60 years and over. Latest figures show that there were 7,470 people aged 60 years and over receiving pension credit in Herefordshire in 2004.
- The claim rate calculated by DWP is the proportion of this age group that are claiming this benefit, where Herefordshire has a lower claim rate than England & Wales.
- However it is important to note that benefits need to be claimed for and the proportion of older people claiming benefits consistently falls short of the

⁷ Income Deprivation affecting Older People Index (ODPM, 2004), measured in 2001 and 2002. Comprises the percentage of a super output area's population aged 60 and over, claiming Income Support/Jobseeker's Allowance-Income Support and their partners (if also aged 60 or over).

proportion eligible for support. It has been estimated that the level of income provided by the state is lower than that required to cover the costs of living and that in 2002/03 about a fifth of pensioners in the UK lived in households with low income (below 60 per cent of median income)³.

Attendance Allowance

- Attendance Allowance (AA) is a benefit for people over the age of 65 who are disabled (physically or mentally) and need a great deal of help with personal care or supervision. This help is provided during the day or night but a higher rate of attendance allowance is given if they need both. It is one of the main universal state benefit of older people with dependency.
- There were 5,645 claimants of Attendance Allowance in Herefordshire in August 2004. 68% of these claimants were aged 80 years or over, 68% of claimants were female and 54% of claimants were claiming the higher rate of Attendance Allowance.
- National figures (English Longitudinal Study of Ageing) show that only 27% of Attendance Allowance claimants used either state or privately funded formal social care, 29% received neither informal or formal care and 44% received informal care. Another data source showed that 70 – 80% of community-based service users claim Attendance Allowance (Wanless Report).

Earnings

- Earnings in for people who work in Herefordshire are lower than those for the West Midlands region and England. Figures for 2005 show that the average annualised earnings for Herefordshire were £18,313 compared with £20,988 for the West Midlands and £22,750 for England⁸.

⁸ Annual Survey of Hours and Earnings, Office for National Statistics, 2005.

PROVISION OF UNPAID CARE

The supply of informal care affects the demand for social care provided by the local authority or organisations.

- In 2001, 10% of Herefordshire's population provided unpaid care⁹ at some level (17,600 residents), which is the same as England as a whole but slightly lower than the West Midlands Region (11%). Across all areas the majority of carers provide between 1 and 19 hours a week.
- There are higher proportions of people in rural dispersed and village locations who provide unpaid care (11%) compared with 9% in urban areas in Herefordshire. This trend is reflected across the whole West Midlands Region although with slightly higher proportions: 12% and 11% respectively. The Wanless Review Report stated that very rural areas have a higher proportion of adults providing care and also in the previously industrialised areas such as the West Midlands Region.
- 21% of the carers in Herefordshire were aged 65 or over, 14% were 65-74, 7% were 75-84 year olds and 1% were 85 and over. (50% of carers were aged between 45 and 64). Of all people aged 65 and over living in households, 7% provided 1-19 hours unpaid care per week; 1% gave somewhere between 20 and 49 hours care per week whilst 4% provided in excess of 50 hours per week each on average.
- The general health of older carers must be a cause for concern; in the event of a breakdown, the burden of care could well fall on statutory agencies. 16% of all older carers, suffered from poor health, of whom 45% supplied on average more than 50 hours per week of unpaid care.
- Demand for informal care is estimated to increase by about 45% from 2003 to 2026 according to the PSSRU model. However availability of informal care may be reduced by a projected decrease in co-residence between adults and elderly parents, an increase in single person households and potentially people may not be so willing in future to provide informal care. The Wanless Report states that great carer support is needed (currently only received by a minority of carers) to *"relieve some of the pressure of care, as the costs of increasing formal care to meet a significant reduction in informal care would be prohibitively high."*

⁹ The 2001 Census asked whether respondents provided unpaid care, i.e. did they look after or help any family member, friend or neighbour who needed support because of long-term physical or mental ill-health or disability or problems related to old age.

EFFECTIVE DEMAND FOR SOCIAL CARE

Several factors drive demand for social care services by older people as distilled in the Wanless Review Report: health and disability-related impairment (physical and cognitive), housing, income/wealth and family and (informal) carer circumstances as discussed above.

However the most significant factor in determining effective or higher levels of need is disability which results in an inability to carry out one or more of the main Activities for Daily Living (ADL). These include being able to wash, dress, feed, toilet, get in and out of bed or a chair. This would cover the basic daily living needs and safety needs of older people but not necessarily address the whole agenda of the Government White Papers “Independence, well-being and choice” and “Your health, your care, your choice”.

- National research using ONS figures shows that increases in healthy life expectancy have not kept up with improvements in total life expectancy over the last 25 years. In other words disability-free life expectancy as a proportion of total life expectancy has decreased.
- The Wanless Review report gave estimates of the numbers of older people with a disability (using age-specific prevalence of diseases) and in need of help with 1 or more ADL, under 3 different future scenarios:
 1. **No change:** age-specific prevalence of diseases remain the same with prevention strategies and effective treatments offsetting potential increases in obesity and other trends.
 2. **Poor health** (projected increased rates of obesity and arthritis): obesity trends continue with subsequent effect on prevalence of arthritis, stroke, coronary heart disease and vascular dementia. Some prevention strategies in place but fail to offset increased prevalence. Treatment focus on reduction in mortality rather than disability.
 3. **Improved population health:** Individuals ‘take their health seriously and there is a decline in risk factors, particularly obesity and smoking’. The health service is responsive with effective disease prevention and treatments.
- All 3 scenarios show significant projected rises in the numbers of disabled older people in England by 2025, to varying degrees: 67% increase in scenario 1, 69% in scenario 2 and 57% in scenario 3.
- Wanless also incorporated another model (PSSRU, 2004) used to calculate rates of dependency measured by ability to do ADLs, which included rates of severe cognitive impairment in older people. These rates were applied to population projections (GAD, 2004). The numbers from this ‘base case’ closely approximated the improved population health scenario figures for England.
- Therefore, the improved health scenario rates of dependency given for England were applied to Herefordshire’s current, forecast and projected population, to provide estimates of the numbers of people in need of social care in the future. Those in need of help to do 1 or more core Activities of Daily Living (ADL) are in high demand of social care, as shown in Table 7.
- The Wanless Review estimates that nationally the number of older people with substantial needs will rise by 43% by 2022 and 55% by 2025 (from

2002). This rate of increase will be much higher in Herefordshire due to the older age profile and projected higher rate of increase in the older people population, potentially an increase of 55% between 2004 to 2020 and 71% between 2004 and 2025.

Table 7: Estimates of the number people aged 65 and over with a higher demand for social care in Herefordshire from 2004 to 2020

HEREFORDSHIRE	2004	2011	%change 2004-11	2020	%change 2004-20
Number of older people with HIGH demand for social care*	4,200	5,100	21%	6,500	55%
Number of older people with SOME dependency**	10,500	12,800	22%	16,200	54%
* Groups 3 & 4 dependency classification: dependent for help with 1 or more core Activity for Daily Living (ADL) such as getting out of bed or getting dressed. ** Groups 1 to 4 dependency classification: includes those with no core ADL difficulties but only IADL difficulties e.g. shopping or cleaning, those with difficulty in doing core ADLs (Group 2) and upwards (Groups 3 & 4).					

Source: Wanless Report, 2006; applied to Herefordshire population figures.

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