

**To the Chair and Members of the
Health and Adults Social Care Overview and Scrutiny Panel**

IMPLICATIONS OF AN AGEING POPULATION (NOT JUST DEMENTIA)

Relevant Cabinet Member(s)	Wards Affected	Key Decision
Councillor Pat Knight – Cabinet Member for Public Health and Wellbeing Councillor Glynn Jones – Deputy Mayor and Portfolio holder for Adult Social Care and Equalities	All	No

EXECUTIVE SUMMARY

1. The purpose of this report is to provide the Overview and Scrutiny Panel with a summary of some of the key implications for Doncaster resulting from its ageing population.

EXEMPT REPORT

2. Not exempt.

RECOMMENDATIONS

3. The Panel is asked to note and consider the implications outlined in the report resulting from its ageing population.

WHAT DOES THIS MEAN FOR THE CITIZENS OF DONCASTER?

4. Doncaster’s population is getting older and older people tend to make greater demands on both health and social care services. However an aging population can offer opportunities as well. Older people provide a large amount of informal care and represent a large pool of potential volunteers.

BACKGROUND

5. Doncaster has an ageing population; life expectancy has been improving over the last 25 years but remains below the national level. There is evidence

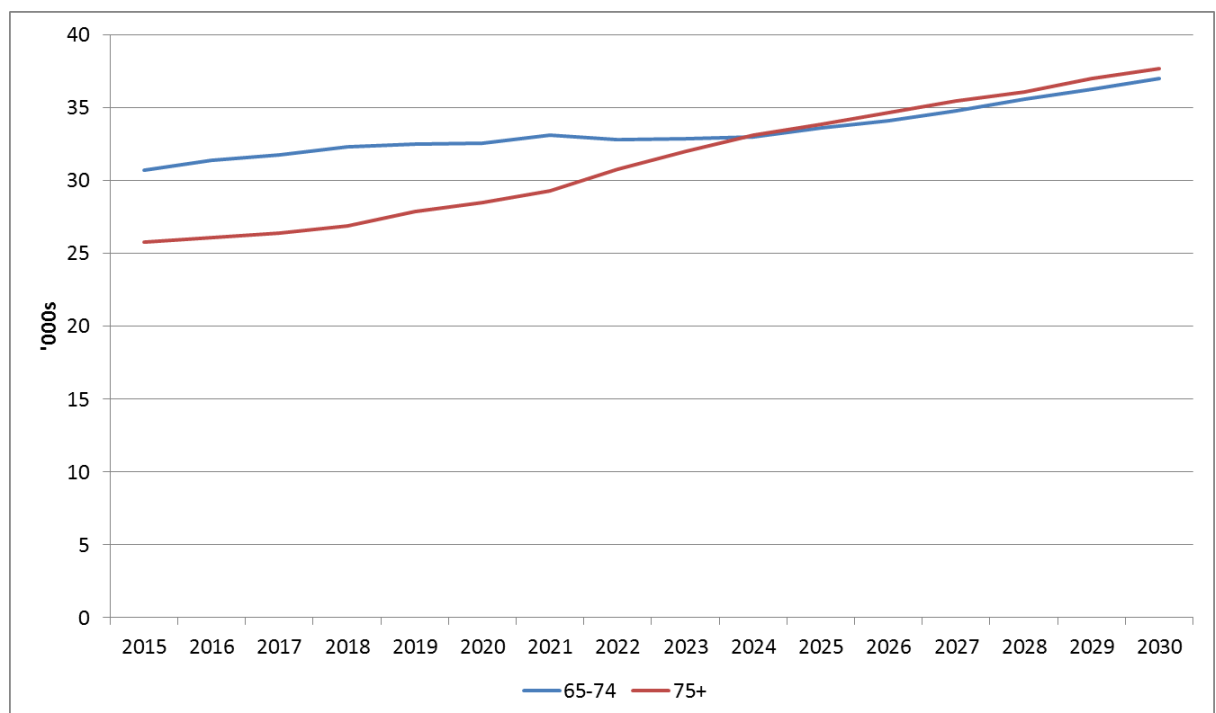
that Doncaster people have poorer health and have a ‘disability free life expectancy’ that is shorter than areas with similar social and economic conditions. An aging population in the borough could lead to increasing demands being made on social care and health services. Older people are at greater risk of becoming lonely but many are also providing informal care to family members, friends and neighbours. An ageing population represents opportunities as well as challenges to the health and social care system in Doncaster.

6. Overview Implications of an ageing population (not just dementia)

- Doncaster has an ageing population
- Life expectancy has been improving over the last 25 years but remains below the national level.
- There is evidence that Doncaster people have poorer health and have a ‘disability free life expectancy’ that is shorter than areas with similar social and economic conditions.
- An aging population in the borough could lead to increasing demands being made on social care and health services.
- Older people are at greater risk of becoming lonely but many are also providing informal care to family members, friends and neighbours.
- An ageing population represents opportunities as well as challenges to the health and social care system in Doncaster.

7. The ageing population

Figure 1: Projected changes to the older population in Doncaster



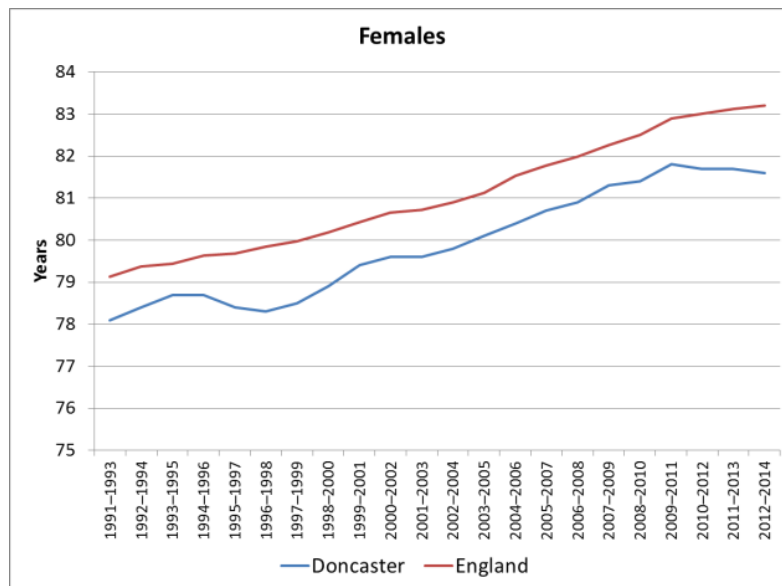
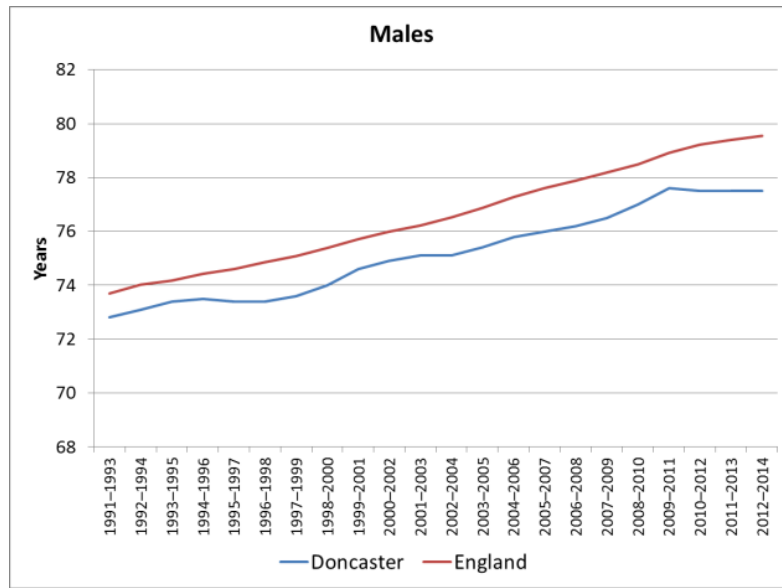
8. Doncaster, in common with most parts of the country, has an ageing population. In 2015 there were around 56,500 people aged 65+ living in Doncaster, this constitutes around 18.6% of the total population

(304,200). By 2020 this figure is expected to have reached 61,100 and by 2030 it could have reached 74,700. So by the year 2030 almost 24% of the population will be 65 years or older. In 2015 there were about 2,500 people in the borough aged 90 or older. By 2030 this could have doubled to 5,100.

9. These changes in the older population mean that in Doncaster for every 100 people aged 65 of over there will be 108 by 2020 and 132 by 2030. Another way of describing these expected changes is that each year Doncaster will add an average of around 1,200 people to the 65+ population.

10. **Life expectancy**

Figures 2 & 3: Life expectancy in men and women in Doncaster and England

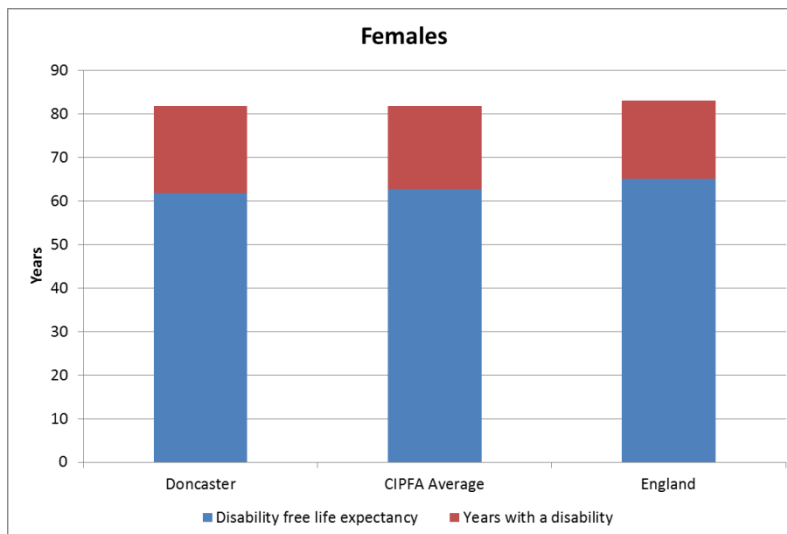
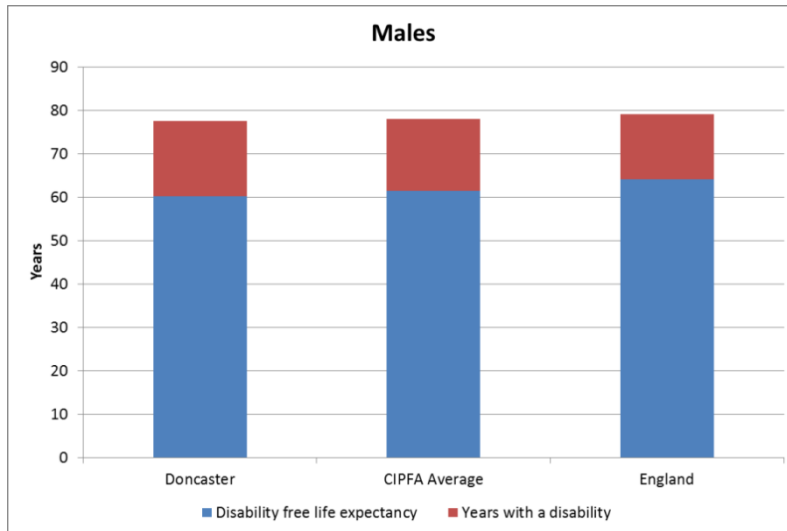


11. Part of the reason that the population is aging is that people are living longer and deaths rates are falling. This is revealed by the steadily improving life expectancy of both men and women in the borough. At the beginning of the 1990's Life expectancy (at birth) was 72.8 years for men and 78.1 years for

women. The latest data show that for the period 2012-14 life expectancy had improved to 77.5 years in men and 81.6 years in women. However it is important to note that life expectancy in Doncaster has continued to lag behind England and in the last few years the gap has appeared to widen.

12. Disability free life expectancy

Figures 4 & 5: Disability free life expectancy in Doncaster, England and comparator local authorities

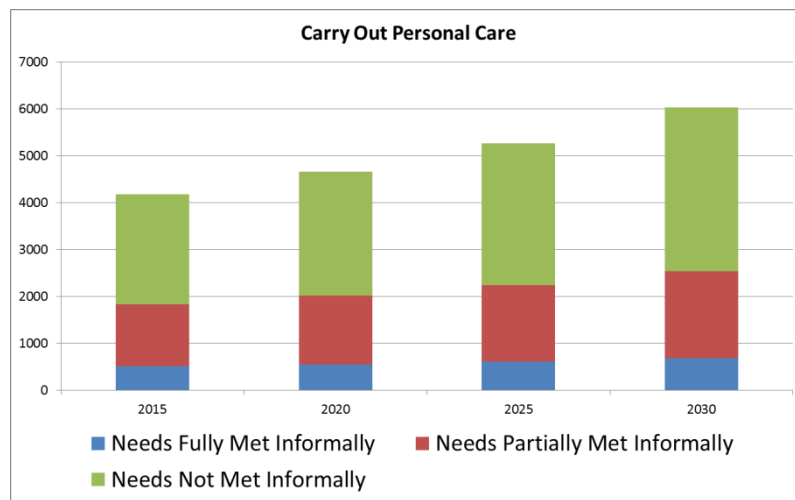


13. There is evidence that, although life expectancy has improved in Doncaster, the proportion of years people live free of disability is lower than in England and lower than in comparable areas. In Doncaster disability free life expectancy is calculated to be 60.1 years in men and 61.8 years in women. A disability is defined as a 'long standing illness or infirmity that is likely to trouble you over a period of time'. This means that men live on average 22.4% and women 23.3% of their lives with a disability. When these figures

are compared to similar local authorities around the country¹, it shows that the average proportion of life lived with a disability, in comparable areas, is 21.2% for men and 23.3% for women. The implications of these data are that Doncaster people may be living longer with long standing illnesses or disabilities than similar areas around the country.

14. Personal care needs

Figure 6: Forecast increases in demand for personal social care in Doncaster



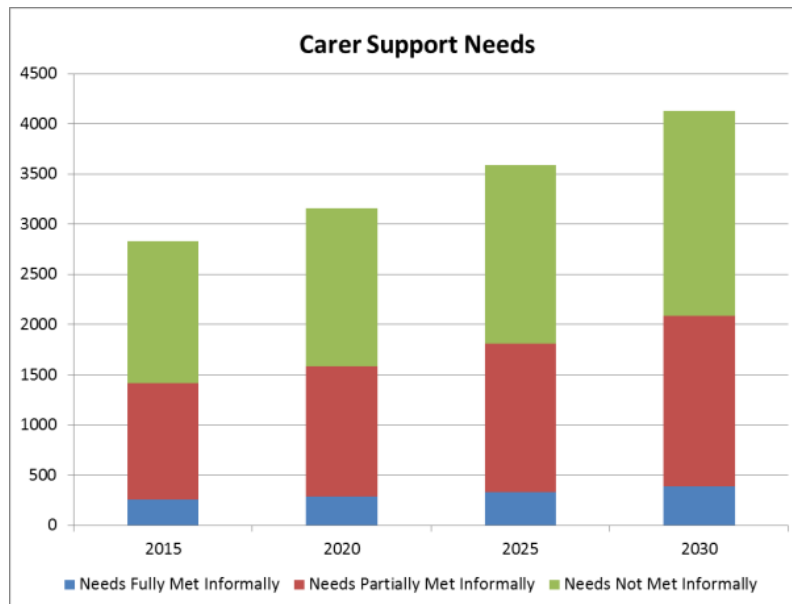
15. With an ageing population there will be greater demand on services. This challenge may be made more acute in Doncaster because of the greater levels of chronic ill health and disability in the population. Some forecasting was undertaken to assess the potential impact of the ageing population on social care. This work found that the numbers of clients with personal care needs could increase from around 4,000 in 2015 to 6,000 by 2030².

Caring

Figure 7: Forecast demand for carer support from social care in Doncaster

¹ The CIPFA local authorities considered most similar to Doncaster are: Stockton-on-Tees, Darlington, Warrington, North Lincolnshire, Telford and Wrekin, Durham, Bury, Wigan, St Helens, Barnsley, Rotherham, Dudley, Calderdale, Kirklees, Wakefield.

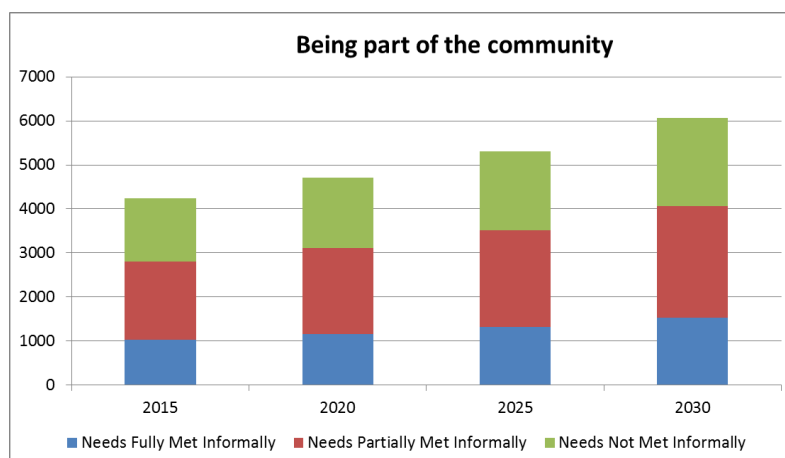
² Personal care needs: needing help dressing, help with toileting, continence care, help with personal hygiene and grooming.



16. The likelihood of a person providing care increases with age. Less than 1% of people aged under 16 years provides 50 or more hours unpaid care a week, but amongst people aged 65+ almost 7% provide this level of unpaid care. This means that about 1 in 14 people in this age group are providing these levels of care. Many of these carers are themselves also living with long term health problems and disabilities. More than 45% of people providing 50+ hours of unpaid care reported that they had long term health problems themselves
17. Forecasting the impacts on the social care system of an aging population has revealed that the numbers of people needing carers support could increase from around 2,800 in 2015 to 4,100 in 2030.

18. **Social isolation**

Figure 8: Forecast demand from social care to help people become part of their community



19. Social isolation and loneliness are related to ageing. National data has found that amongst people aged over 52 years old 25% reported feeling lonely

sometimes and 9% feeling lonely often³. Among people aged 85+ 17% reported feeling lonely often and almost half reported feeling lonely at least some of the time. In Doncaster it is estimated that there are 20,500 people aged 65+ who are living alone⁴.

20. Health Impacts

The following table contains the forecasts for a number of key health conditions⁵.

Table 1: Forecast changes in the prevalence of a number of conditions in people aged 65+ in Doncaster

Health condition	2015	2030
Depression	4,866	6,405
Severe depression	1,542	2,080
Dementia	3,845	5,824
Heart attack	2,749	3,691
Stroke	1,293	1,767
Bronchitis/Emphysema	948	1,268
Falls	14,872	20,386
Visual impairment	4,918	6,751
Hearing impairment (moderate or severe)	609	890
Diabetes	7,019	9,288

21. The advantages of an ageing population

As well as the increasing demands on health and social care services an aging population can offer significant social and economic benefits⁶. The numbers of older people continuing to work both part-time and full-time over 65 continues to grow. Nationally older people contribute to providing social care and provide a volunteering resource.

OPTIONS CONSIDERED

22. There are no specific options to consider within this report as it provides an opportunity for the Panel to note consider some of the key implications for Doncaster resulting from its ageing population.

REASONS FOR RECOMMENDED OPTION

23. This report provides the panel with an opportunity to note and consider some of the key implications for Doncaster resulting from its ageing population.

³ http://www.ons.gov.uk/ons/dcp171766_304939.pdf

⁴ <http://www.poppi.org.uk/>

⁵ <http://www.poppi.org.uk/>

⁶ <http://www.kingsfund.org.uk/time-to-think-differently/trends/demography/ageing-population>

IMPACT ON THE COUNCIL'S KEY OUTCOMES

24.

	Outcomes	Implications
	<p>All people in Doncaster benefit from a thriving and resilient economy.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Be a strong voice for our veterans</i> • <i>Mayoral Priority: Protecting Doncaster's vital services</i> 	
	<p>People live safe, healthy, active and independent lives.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	An aging population could place additional demands on council run services
	<p>People in Doncaster benefit from a high quality built and natural environment.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Creating Jobs and Housing</i> • <i>Mayoral Priority: Safeguarding our Communities</i> • <i>Mayoral Priority: Bringing down the cost of living</i> 	
	<p>All families thrive.</p> <ul style="list-style-type: none"> • <i>Mayoral Priority: Protecting Doncaster's vital service</i> 	An ageing population could lead to increasing demands being placed on health and social care service in the borough.
	<p>Council services are modern and value for money.</p>	
	<p>Working with our partners we will provide strong leadership and governance.</p>	

RISKS AND ASSUMPTIONS

25. None

LEGAL IMPLICATIONS

26. None

FINANCIAL IMPLICATIONS

27. An aging population could have additional financial implications on the council. These are not described in detail here.

HUMAN RESOURCES IMPLICATIONS

28. None

TECHNOLOGY IMPLICATIONS

29. None

EQUALITY IMPLICATIONS

30. Age is one of the protected characteristics and the council needs to consider if there is more that could be done to address the needs of an aging population.

CONSULTATION

31. N/A

BACKGROUND PAPERS

32. None

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