

Article

# Demand for adult social care across counties and unitary authorities in England

Explore how demand for adult social care varies across England using our interactive maps.

Contact: Rachel Rushton GSS.Health@ons.gov.uk +44 (0)1633 582629 Release date: 18 December 2018 Next release: To be announced

### **Table of contents**

- 1. Introduction
- 2. Countryside and rural areas have the highest proportions of State Pension age people
- 3. Women are expected to live longer with a disability than men
- 4. What do we know about the supply and quality of adult social care?
- 5. Other sources of related adult social care statistics

### 1. Introduction

There is interest in both society and Parliament regarding the future of adult social care, with a focus on the ageing population. There is extensive information available on this topic, looking at the reasons why people require care and ways in which this care is provided.

Current estimates show that <u>18.0% of people in England are aged 65 years and over</u> and this is expected to rise to 26.1% in 50 years' time according to the <u>2016-based national population projections</u>. These estimates have led to a growing interest in the need for adult social care and the provisions in place to meet this need.

Adult social care includes support for adults with a physical disability, learning disability, or physical or mental illness, as well as support for their carers. This article looks at the demand for adult social care across the whole adult population, rather than focusing solely on older people. It aims to capture the need for care services throughout adulthood, as well as recognising that an ageing population is likely to impact on the demand for these services. This report presents a brief selection of indicators that are available at county and unitary authority level, along with links to further sources of data.

# 2. Countryside and rural areas have the highest proportions of State Pension age people

One indicator of the demand for adult social care is the old age dependency ratio (OADR), a measure of the number of people of State Pension age (SPA) per 1,000 people of working age. If the OADR increases this means there are more people of pensionable age likely to be dependent on those of working age.

Although access to adult social care is not defined by age, it is recognised that as people age they are more likely to have <u>multiple health conditions</u> and therefore more likely to require assistance with day-to-day tasks. The number of people requiring help with at least one activity of daily living (ADL) increases for those aged 65 years and over. <u>In 2016</u>, at ages 65 to 69 years, 19% of people needed help, whereas at ages 80 years and over 43% of people needed help (XLS, 119KB). In the same year the OADR in England was 302.8 per 1,000 working age people and this figure is projected to rise to 348.7 by 2046.

In 2016, there was generally a greater old age dependency ratio within the English Countryside and Remoter Coastal Living areas, than all other area classifications (Figure 1). In contrast, there was a lower dependency in the London Cosmopolitan and Ethnically Diverse Metropolitan Living area classifications. In line with this, the Department for Environment, Food and Rural Affairs identified that between 2001 to 2015, there was a 37% increase in the number of people aged 65 years and over living in predominantly rural areas, compared with a 17% increase in predominantly urban areas.

#### Figure 1: Old age dependency ratio by counties and unitary authorities in England, 2016

# 3. Women are expected to live longer with a disability than men

The estimated number of years spent with a disability is a measure that indicates the number of years a person could expect to live with a long-lasting physical or mental health condition, that limits daily activities. This is calculated as the difference between life expectancy and disability-free life expectancy (DFLE).

Data on how long people are expected to live with a disability can indicate how long adult social care services may be required by people aged 65 years and over. By looking at where these people live, we can begin to understand the demand for services geographically. The maps in Figure 2 show the number of years males and females can expect to live with a disability at age 65 years, based on 2015 to 2017 data. Figures for other age groups are available in the <a href="Health state-life-expectancies-bulletin">Health state-life-expectancies-bulletin</a>.

In 2015 to 2017 across England, at aged 65 years, females were expected to live longer with a disability than males. The overall England figure for years spent with a disability was 8.9 for males and 11.3 for females. This is partly explained by the fact that females are expected to live longer than males (life expectancy is 18.8 and 21.1 years for males and females respectively at age 65 years). However, the gap between male and female life expectancy has been reducing over recent years.

It is useful to look at the number of years spent with a disability because a high proportion of people aged over State Pension age in an area does not necessarily show a greater need for care. Requiring help with daily tasks is one way of measuring care need and the proportion of older people requiring help varies across England. The 2016 Health Survey for England found that in the least deprived areas, 22% of people aged over 65 years needed help with Activities of Daily Living. But in the most deprived areas, 43% of people did.

Figure 2: Number of years spent with disability, at age 65 years by sex across counties and unitary authorities in England, 2015 to 2017

## 4. What do we know about the supply and quality of adult social care?

These indicators have been selected to provide an overview of the supply of adult social care using the most recent data available (Figure 3). The areas outlined are:

- number of care home beds
- number of hours of home care provided
- average number of day care clients
- · number of people providing unpaid care
- · number of adult social care jobs
- satisfaction with care

Further data and information are available in the links in the Other sources of related adult social care statistics section.

The number of hours of care provided highlights the amount of community care being supplied within counties and unitary authorities across England. This indicator includes the hours provided by the council and by the independent sector. It covers a wide range of care duties including domiciliary care assistance and rehabilitation, enablement and intermediate care. It is useful to look at the number of hours provided as this indicates the amount of the care provided in an area rather than just the number of people who receive home care. However, more recent data for the number of clients accessing long-term support during the year are available via the Adult Social Care Activity and Finance Report, England, 2017 to 2018.

The number of day care or day services clients per week includes those people who attend a service for personal, social, therapeutic, training or leisure purposes. The average number of clients attending day care services each week per 100,000 of the adult population in England is 275.5.

In 2013 to 2014, there were 357,555 adults who received equipment and adaptations to their home. Research published in 2015 by Foundations explored the benefits of disabled facilities grants (DFG), which fund home adaptations for people with disabilities. The research found that people who received a DFG moved into a residential or nursing home at an average age of 80 years, compared with an average age of 76 years for those who did not receive a DFG. This suggests that adaptations to a person's home can help them live independently for longer.

Across England there were around 1,051 care home beds, including those in residential and nursing homes, per 100,000 population aged 18 years and over. The 10 areas with the lowest rates of care home beds were all London Cosmopolitan areas. There is a similar pattern for the number of beds per 100,000 of the population aged 65 years and over. Therefore, the low proportion of older people in London compared with other parts of England does not explain why there are fewer beds in many London boroughs than other areas.

Another way to assess the supply of formal care is by measuring the number of jobs in adult social care. Roles in this field range from direct care to managerial posts and the numbers provided include part-time and zero-hour contract jobs, as well as vacancies. In 2017, there were an estimated 1.6 million adult social care jobs (PDF, 3.2 MB). Though this has increased by 21% since 2009, there are other factors that also affect the supply of care, such as the amount of vacancies, number of sickness days and staff turnover. Data on these topics are available from Skills for Care.

An important part of the adult social care system is <u>unpaid</u>, <u>or informal</u>, <u>care</u>. A person is a provider of unpaid care if they look after or give help or support to family members, friends or neighbours. This can be because of long-term physical or mental ill-health or disability, or problems related to old age. This indicator includes the number of people providing unpaid care to anyone regardless of their age, therefore this number will include care provided to people geople aged under 18 years. In the 2011 Census, 10.9% of people in England reported that they provided unpaid care.

Unpaid care varies across England geographically, however, there are other aspects of this type of care that are important, such as the number of hours of care being provided. These data are available by the <u>number of hours spent providing care</u>. In addition, Office for National Statistics released an article that looks at the <u>number of years a person is expected to provide care</u> at age 50 years old and 65 years old. It outlines that women are likely to spend more of their remaining life providing unpaid care at 50 (5.9 years) than their male counterparts (4.9 years).

In addition to the amount of services provided, the quality of these services is also important. The majority (64.5%) of people receiving adult social care in 2017 to 2018 in England, reported that they were satisfied with their care. From the same survey, 92.3% of respondents also felt that care and support services help them have a better quality of life. Other data on quality is published by the Care Quality Commission, noted in the Other sources of related adult social care statistics section.

Figure 3: Supply of adult social care, aged 18 years and over, by counties and local authorities in England

### 5. Other sources of related adult social care statistics

All the data used in this article can be downloaded in Excel format. The old age dependency ratio (OADR) figures are available to download for every year up to 2030 at county and unitary authority level. Figures for the supply of care indicators are also available per 100,000 of the population aged 65 years and over. These can be found in the dataset.

As well as the statistics discussed, there are other indicators for the demand and supply of adult social care available from other sources.

NHS Digital provides an overview of adult social care at the <u>Adult Social Care Hub</u> and the National Audit Office has published <u>adult social care at a glance</u>.

The Care Quality Commission releases data on the <u>State of Care</u> and <u>there is a map that details information for specific care providers</u>.

Skills for Care provides data relating to the adult social care workforce and the data can be explored in the dashboards <u>Estimated number of jobs</u> and <u>Local authority area information and reports</u>.

Public Health England gathers together many measures of health-related indicators from various sources including <u>Adult Social Care Profile</u>, <u>End of Life Care Profiles</u>, <u>Older People's Health and Well-being Profile</u>.

Office for National Statistics has also written about ageing specifically: <u>Living longer – how our population is changing and why it matters</u> and <u>An ageing global population – How ONS is improving the evidence base</u>.