



**STOCKPORT**  
METROPOLITAN BOROUGH COUNCIL



**Stockport**   
Primary Care Trust

# Stockport JSNA

joint strategic needs assessment

## JSNA Digest – Older People

December 2007



## JSNA – Impacts of Demographic Drift – Older People (aged 65+ Years)

### Current Older Population

2006 MID-YEAR ESTIMATE OF POPULATION						
		65 - 74	75 - 84	85 +	All ages	65 +
Stockport	Number	25,131	17,101	5,955	280,619	48,187
	Percentage	9.0%	6.1%	2.1%	-	17.2%
England and Wales	Percentage	8.3%	5.7%	2.1%	-	16.0%

Source: Office for National Statistics

Stockport as a whole has an older age profile than the national average. Currently there are **48,200 people aged 65+** and **5,950 people aged 85+** in the borough. Areas of affluence, including Bramhall, Cheadle and Marple tend to have the highest population of people aged 65+. Concentrations of those aged 85+ can be found across the borough clustering around nursing and residential homes.

### Past Trends in the Older Population for Stockport

STOCKPORT MID-YEAR ESTIMATE OF POPULATION						
		65 - 74	75 - 84	85 +	All ages	65 +
2006	Number	25,131	17,101	5,955	280,619	48,187
	Percentage	9.0%	6.1%	2.1%	-	17.2%
2001	Number	25,134	16,317	5,667	284,557	47,118
	Percentage	8.8%	5.7%	2.0%	-	16.6%
Change 2001-2006	Number	-3	784	288	-3,938	1,069
	Percentage	100.0%	104.8%	105.1%	98.6%	102.3%

Source: Office for National Statistics

This represents an increase of more than **1,000 in the five years since 2001**; three-quarters of this increase has been in the 75-84 age group and the remaining quarter in the over 85+ age group. The number of people aged 65-74 has remained stable.

### Future Trends in the Older Population for Stockport

The population will continue to age with an additional **1,350 older people in the next three years and a further 1,350 in the following two years (i.e. 2,700 more people aged 65+ in five years time)**. There are likely to be 700 more 85+ year olds. The biggest increase is expected to be in the 65-74 age group as the post-war baby boomers move into retirement.

Evidence suggests that the older population is likely to become increasingly ethnically diverse as the larger BME populations aged 55 – 64 at the 2001 Census age. In this cohort 2.3% (**740 people**) of the population were from a non-White ancestry compared to 1.3% of those aged 65+ at the 2001 Census. In 2001 more almost a half of those aged 55-64 years from a non-White ancestry lived in **Cheadle, Heald Green or the Heatons**.

STOCKPORT POPULATION PROJECTIONS						
		65 - 74	75 - 84	85 +	All ages	65 +
2006	Number	25,131	17,101	5,955	280,619	48,187
	Percentage	9.0%	6.1%	2.1%	-	17.2%
<b>3 YEAR TREND</b>						
2009	Number	25,938	17,157	6,434	281,236	49,529
	Percentage	9.2%	6.1%	2.3%	-	17.6%
Change 2006-2009	Number	807	56	479	617	1,342
	Percentage	103.2%	100.3%	108.0%	100.2%	102.8%
<b>5 YEAR TREND</b>						
2011	Number	26,766	17,427	6,677	281,232	50,870
	Percentage	9.4%	6.1%	2.3%	-	17.9%
Change 2006-2011	Number	1,635	326	722	613	2,683
	Percentage	106.5%	101.9%	112.1%	100.2%	105.6%

Source: Office for National Statistics

### Current and Future needs and health and social care use

The following section presents some initial estimates of the potential future needs and demands in the next three and five years if current patterns persist and the population changes as projected.

Currently 6,600 older people aged 65+ and 950 older people aged 85+ live in areas of **poverty**; as the population ages we can expect this level to rise to 6,780 and 1,050 in the three years time and 6,950 and 1,100 in five years time, in other words an **extra 350 older people are likely to be living in areas of deprivation by 2011**.

The 2001 Census showed that the majority of people aged 65+ lived with a partner, however by the age of 85 the majority lived alone and a growing proportion lived in nursing or residential homes. Currently 17,000 people aged 65+ and 3,100 people aged 85+ **live alone**; by 2009 this could rise to **17,900 and 3,600** and by 2011 levels could be **18,300 and 3,700**; in other words in five years time an additional **1,300 people aged 65+ may be living on their own**.

There are currently around 70 **nursing and residential homes** in the borough providing care and accommodation for older people, with an average of 30 beds per establishment. If the population changes as expected these accommodations could be expected to house an additional 180 people aged 85+ by 2011.

In 2006/07 the local authority supported 1,016 people over the age of 65 to live in care homes:

2006/07 Local Authority Supported Placements			
Age	Residential	Nursing	Total
65-74	62	44	106
75-84	231	89	320
85+	446	144	590
Total	739	277	1,016

The total number of older people supported in care homes has increased by 3.5% over the last two years. This is despite a 10% reduction in the number of new permanent admissions to residential care supported by the local authority over the same period, from approximately 560 in 2004/05, to 430 in 2006/07. The number of permanent admissions to care is projected to stabilise at around 400 per year for the next few years.

40% of older people admitted permanently to care homes have come directly from hospital, for 50% of people this is their first admission to a care home. Just over a quarter of permanent admissions are for people who were already in the home on a temporary basis. The age profile of care home residents is shifting towards the very old: 60% of older people living in care homes supported by the LA are aged over 85, compared to 12% of the background population. In 2005/06 the median age of new permanently admitted clients was 84, compared to 87 in 2007/08 (projected).

Concurrent with the shift away from permanently admitting older people to care homes is an increase in the amount of home help provided by the LA. At any one time 1,250 people aged 65+ receive home care or home help services that enable them to live at home. Of these, 314 receive intensive home care support i.e. more than 10 hours of care or 6 visits a week. The number of older people receiving intensive home care has increased by 8% since 2004/05, to 314 in 06/07. By 2011 social services could be providing intensive support to an **additional 20 people**.

Intermediate Care is a range of short-term treatment or rehabilitation services, designed to promote physical and emotional independence. It is provided in a variety of settings, including people's own homes with the aim of preventing admission or re-admission to hospital and reducing length of hospital stays. Last year 820 people (including some aged 18-64 years) accessed Intermediate Care services that prevented a hospital admission. 570 people (including some aged 18-64 years) accessed Intermediate Care services that facilitated a discharge from hospital.

Information on the housing quality for homes lived in by older people is difficult to access, however the 2001 Census showed that 4,550 people age 65+ lived in accommodation **without central heating**, a key risk factor for fuel poverty; by 2011 this figure could rise by 400.

The 2001 Census also demonstrated that 23,600 people age 65+ and 4,300 people age 85+ lived with a **limiting long-term illness**, 50% and 76% of the respective populations. By 2009 these numbers could rise to 24,900 and 4,900 and by 2011 levels could be 25,500 and 5,100; an additional 1,900 people. Similarly levels of **poor general health** are high in older people and by 2011 we can expect an additional **900 people aged 65+ to be reporting poor health**.

5,650 people aged 65+ reported in the 2001 Census that they provide **unpaid care** to a partner, relative or friend on a weekly basis; by 2011 this could be expected to rise by 450 people. Of these people 1,950 provide more than 50 hours of care a week and by **2011 this could increase to 2,150 carers providing intensive care**.

In 2006/07 people age 65+ made 24,900 **admissions** to hospital, 11,600 of which were emergency admissions; by 2011 if the population ages as projected services could be dealing with an additional **1,400 admissions a year, 650 of which would be emergency admissions**. 4,200 of the current admissions are made by people aged 85+ and more than a third of the increase (500) would be in this age group.

During 2006/07 people age 65+ made 13,100 **attendances at A&E** at Stepping Hill Hospital, 3,050 of which were for those aged 85+. In three years this volume of attendance could rise by 350 and by 2011 the department could be treating an **additional 700 people, over a half of whom would be people aged 85+.**

The **community health** care services made an estimated 60,800 district nursing contacts with people aged 65+ and an estimated 21,000 contacts with people aged 85+ in 2006/07, by **2011 this level could have increase by 3,400 contacts; three-quarters of which would be for the over 85's.**

In terms of **social care** provision in the last year 9,000 people aged 65+ were referred to social services for assessment. 4,400 received some level of support including 850 people aged 65+ provided with meals. Of the 275 people in receipt of direct payments last year, 85 were aged over 65. By 2011 social services could be dealing with an additional **500 referrals and providing care for an additional 250 people.**

In 2006/07 1,700 admissions to hospital and 1,970 attendances at Stepping Hill's A&E department were made by Stockport residents aged 65+ as a result of an **accidental fall**. If populations continue to age we could expect an additional 95 admissions and 110 A&E attendances due to falls a year by 2011.

Stockport's GP practices have identified a total 1,450 people on their disease registers for **dementia** a level which could be expected to increase by 70 over the next five years. National estimates (POPPI) however suggest that there is significant under diagnosis of this condition in primary care, and that in fact there are an estimated **3,550 people aged 65+ with dementia in the area; only 40% of whom are known to primary care services.** By 2011, following population changes, an estimated **3,730 people aged 65+ in the area may have dementia.**

Current national evidence suggest that between 10% and 15% of the 65+ population have **depression**, in Stockport equating to between 4,800 and 7,200 people, and that between 3% and 5% people aged 65+ have **severe depression**, again in Stockport equating to between 1,450 and 2,400 people. **By 2011 these estimated ranges increase to between 5,100 and 7,600 people with depression and between 1,530 and 2,550 people with severe depression.**

It's difficult to measure the prevalence of **incontinence** accurately because of definitional differences and underreporting due to embarrassment, national evidence however suggests that in Stockport between **4,200 and 7,600 people aged 65+** are predicted to have an incontinence problem of some kind. By 2011 this estimate is likely to increase by between **150 and 250 people. Continence services in Stockport currently provide 260 contacts a year for people aged 65+;** suggesting that there may be significant levels of unmet demand in the population.

According to the NHS Information Centre there are currently 1,200 people aged 65+ who are registered as **blind or partially sighted**; however information from the RNIB suggests that 20% of the population aged 75+ will be registered as blind or partially sighted, around 4,600 people in Stockport. Work needs to be undertaken to reconcile these two different sources of information.

Current estimates, based on the adult lifestyle survey suggest that 11.4% (5,500) of Stockport's population age 65+ are **obese**, if this trend were to continue there could be an additional **300 people with a BMI greater than 30 aged 65+ in five years time.**

National data however, suggests that the levels of reporting in Stockport may be underestimating the burden of obesity in the older population, if national trends were followed there would currently be 11,800 obese older people in the area and numbers would be expected to increase by 600 in the next five years.

National studies have estimated the levels of problems older people have with **day-to-day tasks**. In Stockport it is currently estimated that **7,550 people aged 65+** will not be able to manage 'mobility activities' on their own (e.g. walking out-of-doors, using the stairs or getting in or out of bed), 15,670 people age 65+ will be unable to manage 'self-care activities' on their own (e.g. bathing, feeding or cutting their toenails) and 17,100 will be unable to manage 'domestic tasks' on their own (e.g. shopping, vacuuming or dealing with personal affairs). By 2011 an additional **380 people aged 65+ will have mobility problems, 820 extra people aged 65+ will have self-care problems and 900 more people aged 65+ will have problems with domestic tasks.**

It is important to note as a caveat to the above analysis that emerging national evidence suggests that although people are living longer, the number of years for which they are living in poor health at the end of life is also increasing; these figures may therefore represent an underestimation of the increases in need and demand services can anticipated in the short term future.

## Summary

- Stockport has experienced an aging population trend in recent years and this is expected to continue.
- Figures suggest Stockport will have an additional 1,350 older people in the next three years and a further 1,350 in the following two years (i.e. 2,700 more people aged 65+ in five years time). There are likely to be 700 more 85+ year olds; however the biggest increase is expected to be in the 65-74 age group as the post-war baby boomers move into retirement.
- Older peoples services should be planning for the associated increases in needs and demands and should be assessing how fit for purpose they are to meet the challenges the increase in volume brings.
- Work is needed to assess the characteristics of this new group of older people as compared to their predecessors to try and anticipate the different expectations for the type and quality of care in later life.

CURRENT NEEDS AND CARE USE				
	65+		85+	
	Numbers	%	Numbers	%
Living in areas of poverty (IMD for OP – 20% most deprived nationally)	6,600	13.7%	965	16.2%
Living alone (2001 Census)	16,951	36.1%	3,131	55.4%
Living in a couple (2001 Census)	24,635	52.4%	873	15.5%
Living in a medical or care establishment (2001 Census)	1,708	3.6%	993	17.6%
Living without Central Heating (2001 Census)	4,566	9.7%	783	13.9%
Poor general health (2001 Census)	10,998	23.4%	2,082	36.9%
Limiting-long-term illness (2001 Census)	23,592	50.2%	4,283	75.8%
Providing unpaid care (2001 Census)	5,639	12.0%	216	3.8%
Admissions to hospital (2006/07) Crude rate per 1,000	24,883	516.4	4,185	702.8
Emergency admissions to hospital (2006/07) Crude rate per 1,000	11,586	240.4	2,981	500.6
Holiday relief care admissions to hospital (2006/07) Crude rate per 1,000	247	5.1	20	3.4
Admissions to hospital due to falls (2006/07) Crude rate per 1,000	1,682	34.9	689	115.7
A&E attendances (2006/07) Crude rate per 1,000	13,096	271.8	3,043	511.0
A&E attendances due to falls (2006/07) Crude rate per 1,000	1,968	40.8	737	123.8
Receiving intensive home care help (31/03/07) Crude rate per 1,000	314	6.5	142	23.8
Receiving any social service (31/03/07) Crude rate per 1,000	4,412	91.6	2132	-
Referred to social services (31/03/07) Crude rate per 1,000	8,972	186.2	-	-
Estimated contacts with district nursing (2006/07) Crude rate per 1,000	60,800	1261.8	21,000	3526.4
Estimated contacts with continence service (2006/07) Crude rate per 1,000	260	5.4	80	13.4
Dementia – ALL AGES Crude rate per 1,000	1,442	29.9	-	-
Blind or partially sighted Crude rate per 1,000	1,200	24.9	-	-
Obesity - Sample percentage – lifestyle survey	-	11.4%	-	-
Total Deaths (2005) Crude rate per 1,000	2,374	49.3	868	145.8
Deaths at hospital	1,615	33.5	580	97.4
Deaths at nursing / residential home	315	6.5	200	33.6
Deaths at own private home	336	7.0	67	11.3
Excess Winter Deaths (average last 5 yrs)	140	-	-	-
Deaths from fuel poverty (average last 5 yrs)	80	-	-	-
Deaths from accidental falls	65	-	33	-

ESTIMATED FUTURE NEEDS AND CARE USE				
	2009		2011	
	65+	85+	65+	85+
Living in areas of poverty (IMD for OP - 20% most deprived nationally)	6,784	1,043	6,967	1,082
Living alone (2001 Census)	17,859	3,567	18,342	3,701
Living in a couple (2001 Census)	25,954	994	26,657	1,032
Living in a medical or care establishment (2001 Census)	1,799	1,131	1,848	1,174
Living without Central Heating (2001 Census)	4,811	892	4,941	926
Poor general health (2001 Census)	11,587	2,372	11,901	2,461
Limiting-long-term illness (2001 Census)	24,856	4,879	25,529	5,063
Providing unpaid care (2001 Census)	5,941	246	6,102	255
Admissions to hospital (2006/07) Crude rate per 1,000	25,576	4,522	26,268	4,692
Emergency admissions to hospital (2006/07) Crude rate per 1,000	11,909	3,221	12,231	3,342
Holiday relief care admissions to hospital (2006/07) Crude rate per 1,000	254	22	261	22
Admissions to hospital due to falls (2006/07) Crude rate per 1,000	1,729	744	1,776	773
A&E attendances (2006/07)Crude rate per 1,000	13,461	3,288	13,825	3,412
A&E attendances due to falls (2006/07)Crude rate per 1,000	2,023	796	2,078	826
Receiving intensive home care help (31/03/07) Crude rate per 1,000	323	153	331	159
Receiving any social service (31/03/07) Crude rate per 1,000	4,535	-	4,658	-
Referred to social services (31/03/07) Crude rate per 1,000	9,222	-	9,472	-
Estimated contacts with district nursing (2006/07) Crude rate per 1,000	62,493	22,689	64,185	23,546
Estimated contacts with continence service (2006/07) Crude rate per 1,000	267	86	274	90
Dementia – ALL AGES Crude rate per 1,000	1,482	-	1,522	-
Blind or partially sighted Crude rate per 1,000	1,233	-	1,267	-
Obesity - Sample percentage – lifestyle survey	5,642	-	5,795	-
Total Deaths (2005) Crude rate per 1,000	2,440	938	2,506	973
Deaths at hospital	1,660	627	1,705	650
Deaths at nursing / residential home	324	216	333	224
Deaths at own private home	345	72	355	75



