

N8 Research Partnership

**The impacts of demographic change in the
functional economies of the North of England**

Final Report, Strand 4:

**The impact of demographic change on the
infrastructure for housing, health and social care
in the functional economies of the North of England**

Lisa Buckner, Gary Fry and Martyna Jasinska University of Leeds
Karen Croucher The University of York

N8 Research Partnership

**The impacts of demographic change in the
functional economies of the North of England**

Final Report, Strand 4:

**The impact of demographic change on the infrastructure for housing,
health and social care in the functional economies of the North of England**

Lisa Buckner, Gary Fry and Martyna Jasinska
*Centre for International Research on Care, Labour and Equalities,
School of Sociology and Social Policy, University of Leeds*

Karen Croucher
Centre for Housing Policy, The University of York

Contact author:

Lisa Buckner

*Centre for International Research on Care, Labour and Equalities,
School of Sociology and Social Policy, University of Leeds, Leeds LS2 9JT, UK*

Telephone: +44 (0)113 343 7989

Email: l.j.buckner@leeds.ac.uk

About the N8

The N8 is a group of the eight most research intensive universities in the North — Durham, Lancaster, Leeds, Liverpool, Manchester, Newcastle, Sheffield and York. All N8 universities are ranked in the top 200 of the World University Rankings. Combined, the N8 universities have 125 “top 10” subject rankings in the UK (RAE 2008).

The N8 partnership was created in 2007, establishing virtual research centres in Regenerative Medicine and Molecular Engineering. It was a novel way of creating a confluence of research assets and capabilities across the partnership, with sufficient scale and critical mass, to move on broader industrial and commercial opportunities.

The initial collaborations were focused on areas of scientific and technological research. This project marks the first venture for an N8 collaboration into the social sciences. The multi disciplinary research team which delivered this work combines economists, geographers, labour market, healthcare and housing experts from across the N8 Universities.

About the Northern Way

The Northern Way was a unique initiative, bringing together partners across the North of England from public, private and other sectors to work together to improve the economic performance of the North.

Created in 2004, the Northern Way conducted ground-breaking policy research in innovation, private investment and transport, and produced a wide-ranging economic evidence base on other issues facing the North ranging from the impact of long term global challenges on the North, through to strategies to address local deprivation.

As a result of the Government decision to close the Regional Development Agencies by March 2012, funding for The Northern Way ceased on 31st March 2011, at which point the initiative closed.

However, to ensure that the important research and intelligence produced by the Northern Way is not lost, the website remains available at www.thenorthernway.co.uk. The website enables public access to the various research reports and further information regarding the work of the initiative.

Contents

	Page
List of Figures	iv
List of Tables	v
Acknowledgements	vii
1 Introduction	1
1.1 Demographic change	1
1.2 Research questions and aims	3
1.3 Outline of this report	3
2 Review of Existing Literature and Policy Context	4
2.1 Overview of housing policy	4
2.2 Patterns of tenure among older households:	5
2.3 Home-ownership and housing wealth	7
2.4 Benefiting from home owner housing equity	9
2.5 Housing choices of older people	11
2.6 Housing related support services for older people living at home	12
2.7 Specialist housing for older people	13
2.8 Health	16
2.9 Social care	20
2.10 Unpaid carers	20
2.11 Social Services provision of social care	24
2.12 Self-funded care	28
2.13 Policy change in the social care system: the 'personalisation agenda'	29
2.14 Telecare, telehealth and ICT	32
2.15 The Social Care Workforce	35
3 Patterns of Change in Housing, Health and Social Care in the North of England 2011-2036	37
3.1 Methodology	37
3.2 Population and household changes in the FEAs	37
3.3 Changes in health status and people with serious conditions	45
3.4 Changes in social care needs and support	52
3.5 Impact of demographic changes by type of area	54
4 Emerging Issues and Policy Applications Including Examples of Best Practice and Innovation	59
References	67
Glossary and definitions	75

List of Figures

Figure 2.1.	Tenure by age of the household reference person (HRP)	5
Figure 2.2.	Dwelling type: owner occupiers, England (%)	6
Figure 2.3.	Dwelling type: social rented sector, England (%)	6
Figure 2.4.	Dwelling type: private rented sector, England (%)	7
Figure 2.5.	Housing prices and earning indexes, England 1970–2006	7
Figure 2.6.	Distribution of household equity held by older households	8
Figure 2.7.	Older low income home owners with more than £80,000 housing equity	9
Figure 2.8.	Average equity released by moving into a dwelling with one less bedroom	10
Figure 2.9.	Age-sex distribution of carers in England	21
Figure 2.10.	Percentage of people who are carers in England	21
Figure 2.11.	Carers providing 50+ hours of care a week	21
Figure 2.12.	Percentage of people who are carers in England by BME group	22
Figure 2.13.	Economic activity by amount of care and gender in England (men aged 16-64, women aged 16-59)	23
Figure 3.1.	Population change 2011-2036 (%)	40
Figure 3.2.	Population change people aged 75+ 2011-2036 (%)	40
Figure 3.3.	Population change people aged 90+ 2011-2036 (%)	41
Figure 3.4.	BME population change 2011-2036 (%)	41
Figure 3.5.	BME population change people aged 75+ 2011-2036 (%)	42
Figure 3.6.	Number of people aged 65+ with dementia: change 2011-2036 (%)	48
Figure 3.7.	Number of people aged 65+ with a longstanding health condition caused by a heart attack: change 2011-2036 (%)	49
Figure 3.8.	Number of people aged 16+ with a longstanding health condition caused by a stroke: change 2011-2036 (%)	49
Figure 3.9.	Rurality (%)	55
Figure 3.10.	Townsend Poverty Score	55
Figure 3.11.	Resilience	56
Figure 3.12.	Percentage population change 2011-2036 by rurality — LAs	57
Figure 3.13.	Percentage population change for people aged 75+ 2011-2036 by rurality — LAs	57
Figure 3.14.	Percentage BME population change 2011-2036 by rurality — LAs	58
Figure 3.15.	Percentage BME population change for people aged 75+ 2011-2036 by rurality — LAs	58

List of Tables

Box 2.1.	Existing statutory rights for carers	23
Box 2.2.	Support for carers	24
Table 2.1.	People aged 18 and over in receipt of services from CASSRs in England: 2001-2009	25
Table 2.2.	All people aged 18 and over in receipt of services by primary client type from CASSRs in England: 2001-2009 (000's)	26
Table 2.3.	People aged 18 and over in receipt of community-based services by primary client type from CASSRs in England: 2001-2009 (000's)	26
Table 2.4.	People aged 18-64 in receipt of services by components of support from CASSRs in England: 2001-2009 (000's)	27
Table 2.5.	People aged 65+ in receipt of services by components of support from CASSRs in England: 2001-2009 (000's)	28
Table 3.1.	Population changes in the functional economic areas in the North of England: 2011-2036	38
Table 3.2.	BME population changes in the functional economic areas in the North of England: 2011-2036	39
Table 3.3.	Population aged 90+ — changes in the functional economic areas in the North of England: 2011-2036	43
Table 3.4.	Households — changes in the functional economic areas in the North of England: 2011-2036	44
Table 3.5.	Households by type — changes in the functional economic areas in the North of England: 2011-2036	45
Table 3.6.	Population aged 75+ who live alone — changes in the functional economic areas in the North of England: 2011-2036	46
Table 3.7.	Population who live in communal establishments — changes in the functional economic areas in the North of England: 2011-2036	46
Table 3.8.	Population who live in communal establishments: men and people from BME groups — changes in the functional economic areas in the North of England: 2011-2036	47
Table 3.9.	Projected numbers of people who have self-reported health that is 'not good' in the functional economic areas in the North of England: 2011-2036	47
Table 3.10.	Projected numbers of people who have a limiting long-term illness in the functional economic areas in the North of England: 2011-2036	48
Table 3.11.	Changes in the number of people predicted to have dementia, or a long-standing health condition caused by a stroke or heart attack in the functional economic areas in the North of England: 2011-2036	50
Table 3.12.	Changes in the number of people predicted to have doctor-diagnosed diabetes in the functional economic areas in the North of England: 2011-2036	51
Table 3.13.	Changes in the number of people predicted to have a common mental disorder in the functional economic areas in the North of England: 2011-2036	51

Table 3.14.	Changes in the number of people predicted to be unable to manage at least one specific activity — one domestic task or one self-care activity in the functional economic areas in the North of England: 2011-2036	52
Table 3.15.	People providing unpaid care in the functional economic areas in the North of England: 2011-2036	53
Table 3.16.	People combining paid work and unpaid care in the functional economic areas in the North of England: 2011-2036	53
Box 4.1.	Personal Budgets	61
Box 4.2.	Housing	61
Box 4.3.	Telecare in Leeds	62
Box 4.4.	Telecare in North Yorkshire	62
Box 4.5.	Examples of Local Authorities Supporting Working Carers (Buckner et al. 2009a,b,c)	63
Box 4.6.	Examples of Voluntary Sector Organisations Supporting Working Carers (Buckner et al. 2009c)	64
Box 4.7.	Examples of Employers Supporting Working Carers	64
Box 4.8.	Workplace Day Care	64
Appendix A.	Revised Functional Economic Areas based on LEPs and 2009 LAs (Rees et al., 2011)	77
Appendix B.	Population projections by local authority	78
Appendix C.	BME population projections by local authority	79
Appendix D.	People aged 90 and over by local authority	80
Appendix E.	Household projections by local authority: 2011-2036	81
Appendix F.	Households projections by type by local authority: 2011-2036	82
Appendix G.	Households projections by type by local authority: 2011-2036	83
Appendix H.	Population who live in communal establishments by local authority: 2011-2036	84
Appendix I.	Communal establishment residents by type local authority: 2011-2036	85
Appendix J.	Projected numbers of people who have self-reported health that is 'not good' by local authority: 2011-2036	86
Appendix K.	Projected numbers of people with limiting long-term illness (LLTI) by local authority: 2011-2036	87
Appendix L.	Number of people predicted to have dementia, or a long-standing health condition caused by a stroke or heart attack in local authorities: 2011-2036	88
Appendix M.	Changes in the number of people predicted to be unable to manage at least one specific activity – one domestic task or one self-care activity in the functional economic areas in the North of England: 2011-2036	89
Appendix N.	Changes in the number of people providing unpaid care by local authority: 2011-2036	90
Appendix O.	Changes in the number of people combining paid work and unpaid care by local authority: 2011-2036	91

Acknowledgements

The authors would like to thank Phil Rees for his help and support during this research and Chengchao Zuo for his patience at the many additional data requests. The advice, guidance and feedback from the Advisory Board have been invaluable as has the help of colleagues from the other three workstrands. Thanks also go to Hilary Arksey and Sue Yeandle for their input.

The 2001 SAM are provided through the Cathie Marsh Centre for Census and Survey Research (University of Manchester), with the support of the ESRC and JISC. All tables containing Census data, and the results of analysis, are reproduced with the permission of the Controller of Her Majesty's Stationery Office and the Queen's Printer for Scotland.

1 Introduction

1.1 Demographic change

This report presents the results of research exploring the impact of demographic change on housing, health and social care in the North of England. This project was undertaken as part of the Northern Way/N8 programme of research on *the impacts of demographic change in the functional economies of the North of England*. This was one strand of four undertaken as part of the research programme. Strand 1 developed future projections of the population in the North of England, and levels of labour force participation, health status and dependency rates. Using these projections, Strands 2, 3 and 4 looked at: patterns of demand for skills and labour; entrepreneurship and business growth arising from the increase in ageing population; and demand for housing and healthcare respectively.

The population in the UK has been ageing for the last hundred years (Johnson, 1993). However, the current pace of change is unprecedented. This is due to advances in healthcare leading to longer life expectancy for older people, premature babies and disabled children (Franklin, 2009); a reduction in the fertility rate (House of Lords, 2003); and also the effect of the ‘baby boomers’ reaching retirement age (House of Commons, 2010 [pg22]). In 2007, for the first time in the UK, there were more people over state pension age than under 16 (HMG, 2009). In addition to ageing, the UK population is also becoming more diverse (Dunnell, 2009). These demographic changes have a number of housing, health and social care implications and present key challenges for public policy and infrastructure planning (Boden and Rees; 2010) including:

- **Housing** — notably a need for more accommodation designed or adapted to be suitable for a diverse population of (much) older people with disabilities or who are frail to live relatively independently, and for growing numbers of (older and younger) people living alone;
- **Health services** where technological developments suggest that increasingly sophisticated health monitoring systems and more delivery of healthcare at home will be important features in the future, with rising demand for treatments and therapies associated with later life; and
- **Social care**, which (broadly defined, and on current trends) will continue to be delivered primarily by *unpaid carers* of working age (often under great pressure and at risk of leaving the labour market), with the crucial support of a range of social care services, including home care, assisted living, telecare, personal assistants and other community-based services, plus (for the oldest, frailest, and those with some very debilitating conditions) residential care.

These issues are not unique to the North of England; other areas of the country have a higher proportion of older people in their population, notably the South West and South East (Tomassini, 2005). However, the North does have population ageing together with:

Pockets of high levels of deprivation and poverty

- The Index of Deprivation 2007 (CLG, 2007) shows that the region which has the greatest percentage of its sub-ward level areas that fall in England's most deprived 20% is the North East (34.2%), followed by the North West (31.8%). In addition, the North West has the greatest number of these areas that fall in England's most deprived 20% (1,420). Residents in areas of high levels of deprivation have lower life expectancy at birth than people in more affluent areas, and they are more likely to experience long periods in poor health at the end of their lives (Rasulo *et al.* 2007). Deprivation is also associated with a higher prevalence of unpaid care (Young *et al.* 2005), as well as with high levels of illness, poverty, worklessness and social exclusion (Social Exclusion Unit, 2004).

Contrasting urban and rural areas

- Population density data from the 2001 Census (ONS, 2003) show that the fourth most densely populated district in England outside London is in the North (Blackpool), whilst there are four Northern districts in the top 20. At the other end of the scale, eight of the top ten most sparsely populated districts in the country are in the North, including all of the top seven. Population ageing in urban and rural areas brings different issues and challenges. In particular older people in rural areas may face difficulties accessing primary healthcare and specialist health facilities, and the costs of providing support to maintain independence may be higher in rural settings.

Communities disproportionately affected by recession

- Tunstall (2009) showed that the North and West Midlands had been most affected by the recession. In addition, this research showed that:

'Many "high unemployment" neighbourhoods have remained disadvantaged through growth and recession, and over decades.'

Dolphin (2009) found that:

'Outside of the West Midlands and areas like Swindon where there are special factors, most of the areas that have seen the biggest increases in unemployment since March 2008 are found within the northern city-regions.'

Policies to address these issues will require an accurate picture of the future state of the North of England with respect to housing, health and social care which take into account local-level dynamics. These are now considered in the context of the more detailed research questions laid out below.

1.2 Research questions and aims

For the three areas of housing, health, social care, and with reference to the functional economies of the North of England, this paper seeks to address the following questions:

- What trends and developments are in prospect with regard to demand, and how stable and locally diverse will the need for services and support be?
- What is the current balance of service provision, investment and staffing between public, private and not-for-profit agencies, and how will unpaid carers be affected?
- What will be the impact of different scenarios which can be foreseen?

The aims of this research, with reference to the North of England, are to:

1. To draw together existing evidence and data to highlight the *character and scale of key trends, risks and opportunities* arising from population ageing and the impact of migration (including the rising costs of traditional service provision);
2. To assemble evidence of any policies and measures (at the local, regional or national level) capable of *mitigating risks and capturing opportunities*;
3. To set out *policy options* and provide an evidence base for policy making and implementation by public, private and not-for-profit agencies in relevant fields.

1.3 Outline of this report

This report begins by reviewing the literature and policies relating to the overlapping topics of housing, health and social care with an emphasis on delineating latest evidence, identifying emerging or established trends, and noting key policy challenges, options and dilemmas faced by providers, practitioners and policymakers in the public, private and not-for-profit sectors. Chapter 3 describes the methodology used to produce projections of different groups of interest in relation to housing, health and social care and presents the results of these projections. A discussion of the projections and emerging themes are presented in Chapter 4 together with emerging policy issues together with examples of 'best practice' and innovation.

2 Review of Existing Literature and Policy Context

2.1 Overview of housing policy

The previous government gave much consideration to the implications of the demographic shift. *Building a Society for All Ages* (DWP, 2009) set out the challenges and opportunities of an ageing society, and highlighted the need for major shifts to meet the challenges and maximize the opportunities, and build on a number of previous initiatives that had already begun to address key issues for an ageing society¹.

With specific regard to housing, *Lifetime Homes, Lifetime Neighbourhoods: A National Strategy for Housing in an Ageing Society* (CLG, 2008) set out the implications of demographic change for housing, and possible responses to the changes to ensure that housing and neighbourhoods can support older people's health, well being, and independence. It noted the need for the development of homes built to accommodate the changing needs of people as they grow older, and the enhancement of a range of services, for example, better housing advice and information, Care and Repair and Handyperson services, improvement to the working of the Disabled Facilities Grant, that were intended to support older people's housing choices and increase their housing options. Perhaps central to the strategy is the recognition is that the majority of people will live in ordinary housing as they grow older. While specialist housing, for example, sheltered housing and extra care housing have a role, they will serve only a minority of older people. Other strategies, for example, the National End of Life Care Strategy, and the Dementia Strategy also reflect this recognition. There is an increasing expectation that as we grow older, our care needs — including end of life care needs — will be met for the most part in ordinary housing rather than specialist housing or care settings. The majority of older people in the next two decades will also be home owners.

Lifetime Homes, Lifetime Neighbourhoods was well received at the time of publication, and had cross party support. Until *Lifetime Homes, Lifetime Neighbourhoods*, planning for the housing needs of older people had remained a very local concern. Thus far the Coalition Government appears to remain committed to some of the overarching themes and aims of the strategy, notably to enable older people to maintain their independence and continue living in their own homes as opposed to more institutionalised models of care. Nevertheless it is to be noted that the policy framework is changing dramatically, and much is evolving. In particular, the determination of the Coalition Government to pursue the 'localism' agenda, suggests that planning for housing and housing related services for older people will be undertaken at the local level, with little or no direct guidance, or specific ring-fenced investment from central government. It would also seem in the shorter term as local authorities address the shortfall in funding that services will increasingly be directed only to those in substantial and critical need. Many of the low level housing related support services that assist older people to live independently, are likely to be subject to review and change.

¹ www.hmg.gov.uk/media/34572/workacrossgovernment.pdf

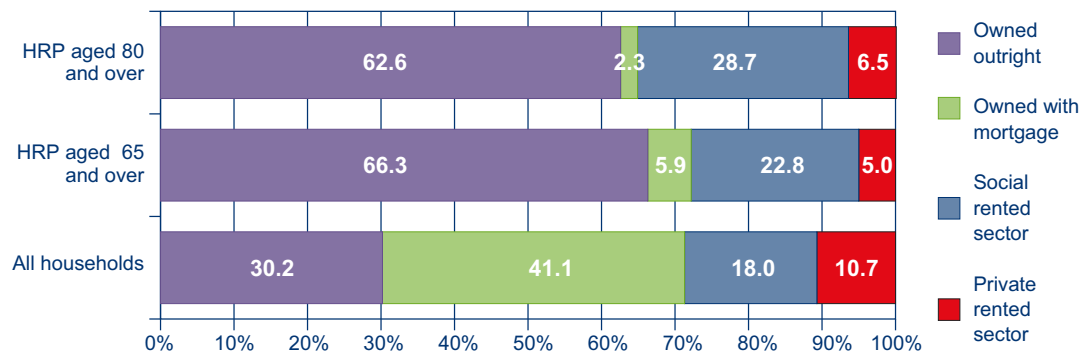
Whatever policy emerges, if housing is to support older people to maintain their independence and well-being, it must be:

- comfortable and warm
- safe and secure
- affordable
- easy to manage and maintain
- able to accommodate or be adapted to changes in life style and health status.

2.2 Patterns of tenure among older households:

The vast majority of older people including the very old live in their own homes rather than in specialist housing schemes or care homes. Owner occupation is the main form of tenure. There has been a significant shift in tenure in the last 30 years from public sector renting to homeownership. Figure 2.1 below shows the current patterns of tenure of older households drawing on data from recent English Housing Condition Surveys.

Figure 2.1. Tenure by age of the household reference person (HRP)



Base: all households

Source English House Condition Survey (EHCS), 2003-04, 2004-5 and 2005-06 surveys.

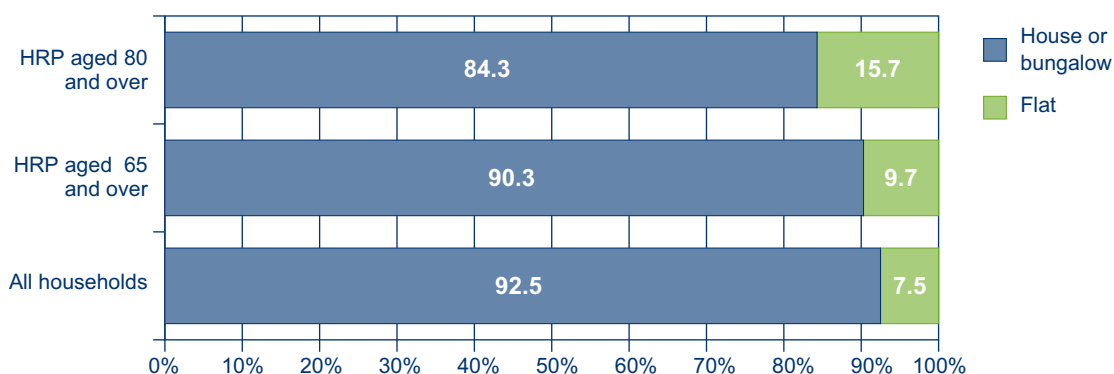
The vast majority of older households own outright their home, 66.3% compared to 30.2% of all households. Furthermore very few older households are mortgagors, 5.9% of them compared to 41.1% of all households. The sustainability of homeownership into later life has previously been questioned (Hancock *et al.*, 1999). Older home owners on low incomes who are living in poor conditions may become dependent on whatever state assistance is available to maintain their properties to a reasonable degree, or seek to release the equity within their properties to carry out necessary repairs. A small body of evidence suggests that a significant proportion of older people moving into the social rented sector were previously homeowners (see Croucher *et al.*, 2007a; Ford and Rhodes 2008), and often concerns about the maintenance and affordability were given as reasons for changing tenure.

Likewise, the proportion of older households in the private rented sector (PRS) is only 5%, about half of the average for all households which is 10.7%. Older PRS tenants are much more likely to have a regulated letting. In general these are lettings that began before January 1989 when the 1977 Rent Act was still in force, and have a considerable degree of security of tenure, and a registered rent. It is estimated that some 33% of older PRS tenants could have a regulated letting while the proportion of all households is only 12.3%. There is an expectation that the private rented sector will grow, and that increasing numbers of older people will find themselves living in the private rented sector (see Rugg and Croucher, 2010).

Twenty two% of older households live in the social rented sector compared to 18% of all households who live in the social rented sector (SRS). However, 'elderly' households (where the HRP is aged over 80) are less likely to be mortgagors or outright owners, and more likely to be renting in either the private or social sector.

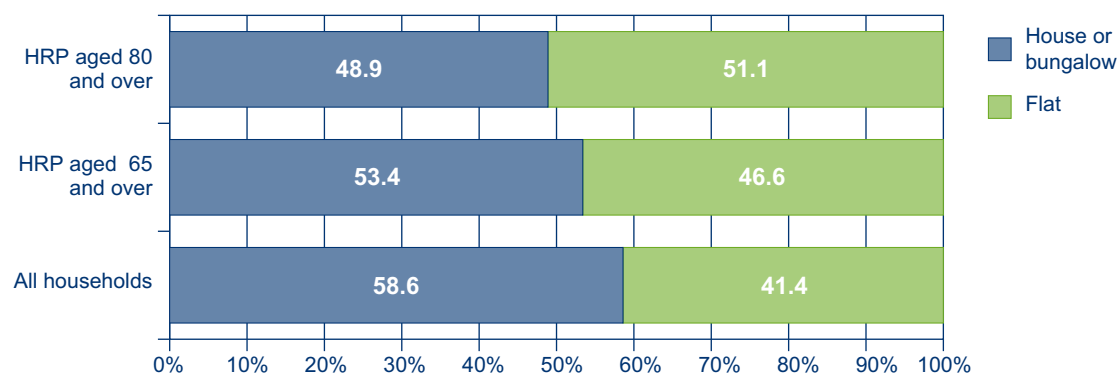
With regard to the type of dwelling, Figures 2.2–2.4 show the type of dwellings occupied by age of HRP and by tenure.

Figure 2.2. Dwelling type: owner occupiers, England (%)



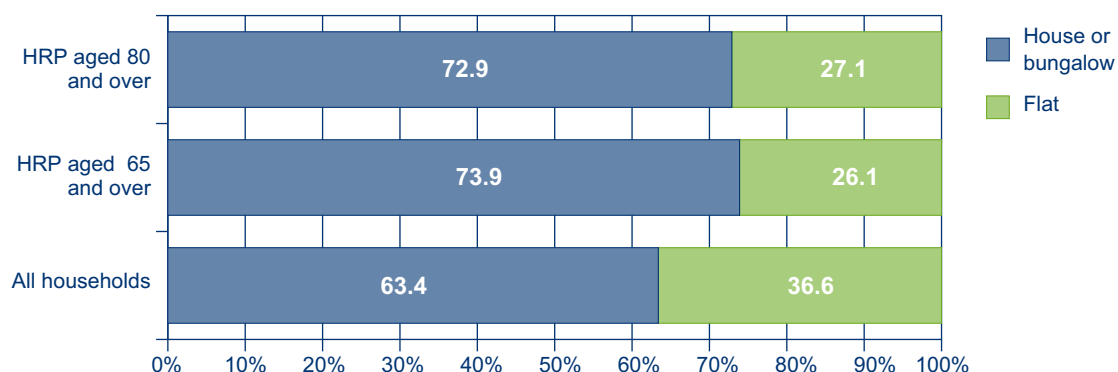
Source English House Condition Survey (EHCS), 2003-04, 2004-5 and 2005-06 surveys.

Figure 2.3. Dwelling type: social rented sector, England (%)



Source English House Condition Survey (EHCS), 2003-04, 2004-5 and 2005-06 surveys.

Figure 2.4. Dwelling type: private rented sector, England (%)



Source English House Condition Survey (EHCS), 2003-04, 2004-5 and 2005-06 surveys.

2.3 Home-ownership and housing wealth

Clearly homeownership will be the tenure of the majority of older people in the next two decades. Figure 2.5 below illustrates the extent of house price increases over the last decade. This shows long run indices of average earnings and house prices over the years since 1970. Over the last decade house prices have increased far more rapidly than earnings. In 1996 the house price index was 7% higher than the earnings index, by 2006 it was 109% higher.

Figure 2.5. Housing prices and earning indexes, England 1970–2006



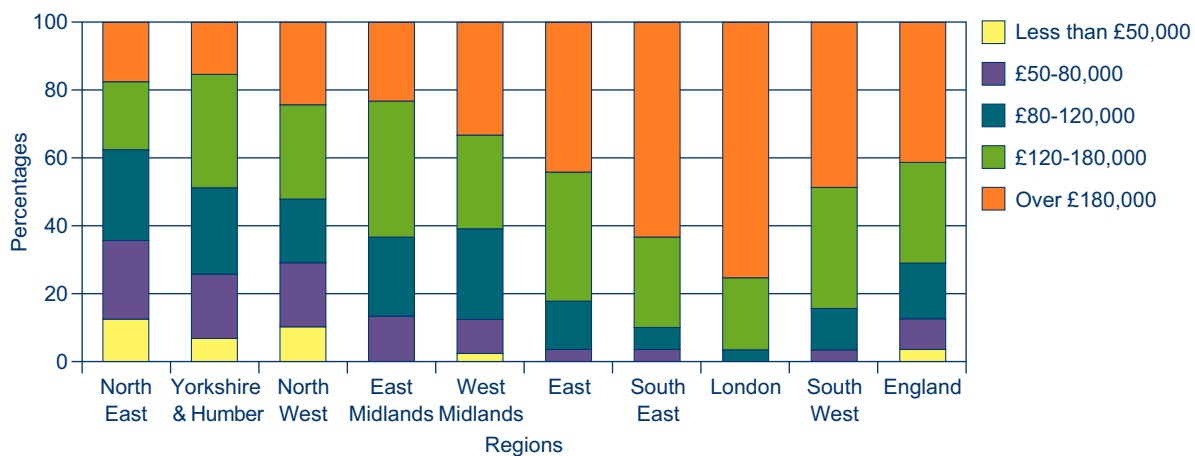
Source: Average F/T Earnings from NES/ASHE. Average house prices from CLG.

As a consequence of the increases in house prices of the last two decades, older home owners have far higher levels of housing equity relative to their predecessors, and housing equity has grown as a proportion of household wealth. However there are regional differences in housing wealth and assets. These variations are significant both in the immediate and longer term future with the current climate of government spending review, and with the growing expectation that individuals will draw on their housing wealth as a means of support in old age (Willets, 2010). There is an increasing interest in asset-based

welfare and in exploring the mechanisms for older homeowners to draw on the wealth locked into their properties. While it might appear, however, that the majority of older people have considerable housing equity at their disposal, on closer inspection the distribution of housing equity varies across different regions, as do the proportions of “asset rich and income poor”.

Nationally the average level of equity held by households with a household representative person aged 60-74 in 2009 was almost £200,000. There are, however, considerable regional variations. Highest average levels of housing equity for those in this age group were in London (£300,000), while in the northern regions of England, average levels of housing equity were a little more than £100,000. The distribution of housing equity within regions is shown in Figure 2.6 below. This shows that while over 90% of older home owners in London and the South East have housing equity of £120,000 or more (as do over 80% of those in the East and South West), more than a half of older home owners in the northern regions have equity of less than £120,000. Over a quarter of the older home owners in the North West and Yorkshire and Humber have housing equity of less than £80,000; as do just over 35% of all older home owners in the North East. However, nationally only 12% have housing equity below that level while over 70% have housing equity in excess of £120,000.

Figure 2.6. Distribution of household equity held by older households



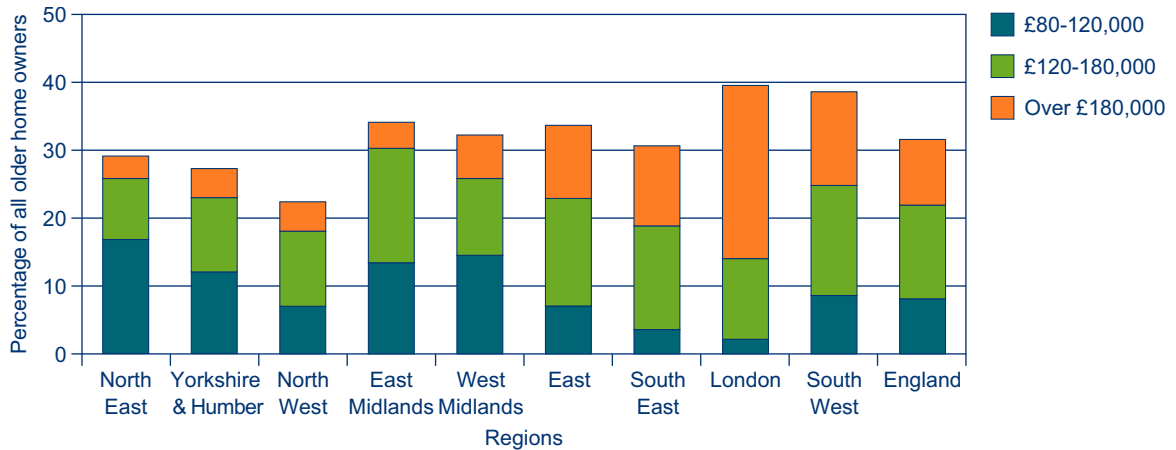
Source: Croucher et al., 2009; Source: English House Condition Survey 2004
All home owner households with a household representative person aged 60(+)

There were also regional variations in the market values of dwellings owned by older households. Nationally some 73% of all home owner dwellings were valued at over £120,000, this applied to 98% of the home owner dwellings in London, but only 39% in the North East. Conversely while there were no dwellings in London valued below £80,000, 35% of all home owner dwellings in the North East had lower values.

Apart from variation by age and region, levels of housing values and housing equity also vary significantly by income. As might be expected, pre retirement income clearly impact on the size of a mortgage a household can afford, and subsequently the value of the home they occupy

in retirement. Figure 2.7 shows the proportions of lower income home owner households with housing equity worth more than £80,000; but with incomes below £12,000 a year.

Figure 2.7. Older low income home owners with more than £80,000 housing equity



Source: English House Condition Survey 2004. All home owner households with a household representative person aged 60(+) and net household incomes below £12,000 a year

Figure 2.7 also shows the marked variations in the proportions of ‘asset rich and income poor’ as between regions. Those variations are driven both by differences in income and equity levels; but it is the variations in housing equity that have the greatest impact.

The above analysis was based on the combined data from the 2003/4 and 2004/5 English House Condition Survey; and overall this provides average values at 2004 levels. By 2009 prices rose by a further 22%, but similar price rises appear unlikely. The emergence of buy to let mortgage finance, and the substantial reduction in interest rates compared to the previous decade, were important ‘one off’ factors underlying the extent of those house price rises.

2.4 Benefiting from home owner housing equity

Older home owners might choose to use their equity gains to improve their housing conditions, pay for care or other support services, or simply to supplement their retirement income and enjoy a higher standard of living (see Overton, 2010). The two main mechanisms for releasing equity are ‘trading down’ in the market, or through equity release or other similar financial mechanisms.

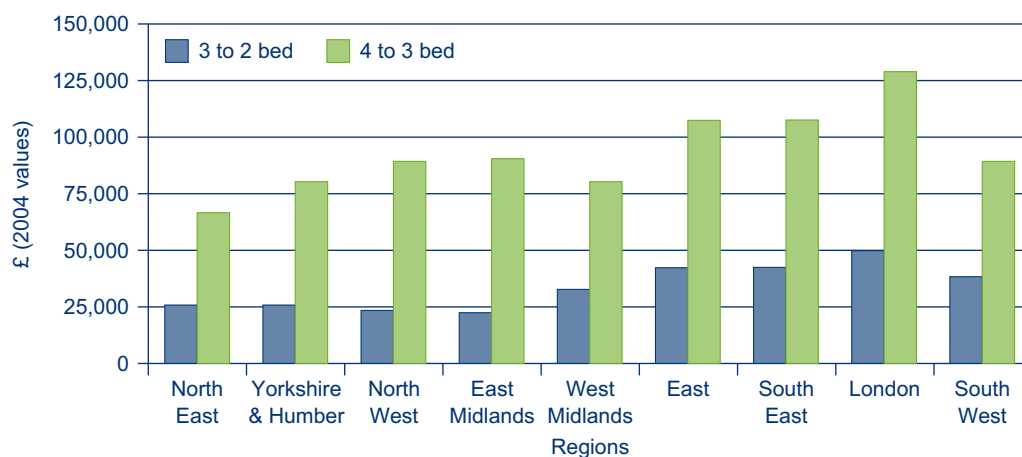
Attitudes to both mechanisms for equity release have been examined (Clery et al., 2007; Smith, 2004). Both these surveys found that a substantial minority of home owners planned to make some use of their housing equity in retirement but it was only rarely seen as a primary source of income in retirement. Moreover, home owners were far more likely to consider ‘trading down’ in the housing market as a means of releasing equity, than they were to consider utilising equity release schemes, or simply borrowing against the value of their property.

'Trading down' in the housing market to move to a smaller property and/or a cheaper location are only realistic options for those households that live in larger dwellings, or in more expensive locations. Available data show that very few older home owner households live in one bedroom accommodation (less than 4%); just under 30% live in two bedroom accommodation, virtually a half live in three bedroom accommodation, and one in six live in dwellings with four or more bedrooms. At the same time well over 90% of all older households are either single or couples without any dependent children. Consequently over 90% of all older home owner households occupy accommodation with at least one more bedroom than is required according to the formal bedroom standard. A third have dwellings with just one additional bedroom, and almost three fifths (59%) have a dwelling with two or more bedrooms additional to the formal standard. At the same time it must be recognised that the formal bedroom standard was set down over fifty years ago, and since then there has been significant changes in households expectations, along with increases in living standards in all aspects of life. One 'spare' bedroom is now the contemporary social norm, and very few older households wish to move to one bedroom accommodation.

In almost all local housing markets there are significant differences between the prices of dwellings with four or more bedrooms, compared to the prices of properties with two and three bedrooms. Financially a move to smaller accommodation by households currently in accommodation with four or more bedrooms should readily release substantial levels of equity, without requiring a move away from the same locality.

The potential for equity release is far less, however, for households moving from three bedroom to two bedroom accommodation, as can be seen from Figure 2.8 below. This is particularly the case in the northern regions of the country, and in the east midlands, where the potential equity released by such a move is on average between £23,000 and £26,000. This is not a huge sum when the costs of moving (legal fees, stamp duty and removal costs, refitting/redecorating a new home) are taken into consideration.

Figure 2.8. Average equity released by moving into a dwelling with one less bedroom



Source: English House Condition Survey

Within each region there are also a substantial number of areas where the price differentials are lower still, and moving locally from three bedroom to two bedroom accommodation is thus unlikely to result in any net release of equity after all the costs associated with moving have been met. The opportunities for low income older home owner households to release equity by moving from three to two bedroom accommodation, without moving to a different area, are thus extremely limited

Equity release schemes

An alternative to trading down would be to release equity. There are two main types of equity release scheme — lifetime mortgages and home reversion plans. Lifetime mortgages typically allow the older homeowner to borrow against their property, and to roll up the interest and capital due until either the individual dies or sells the property. Home reversion plans involve selling all or part of the property to a company for either a capital lump sum or an annual income, with the borrower retaining the right to live rent free in the property until their demise. Lifetime mortgages have by far the largest share of the market (see Safe Home Income Plans at <http://www.ship-ltd.org/default.aspx>). It appears therefore that there is very substantial potential for growth in these schemes to enable older home owners to supplement their incomes however those whose properties are worth less will gain least from equity release. It remains the case, however, that relatively few older home owners are interested in such schemes, and many remain wary of them, although it may be that attitudes will change over time.

2.5 Housing choices of older people

Evidence from a number of studies consistently indicates that many older people intend to 'stay put' as they grow older — rather than move into specialist housing settings, or indeed to smaller properties (Croucher, 2008; Croucher *et al.*, 2009). They intend to adapt their current homes if necessary to accommodation changing needs (for example by installing a downstairs toilet, walk-in shower). Reasons for not moving are linked to neighbourhood, social and family networks, and concern that specialist housing schemes are only really suitable for the very old and infirm. While older people's housing options have been explored, studies have usually focused on older home owners, and those living in the public rented sector, much less is known about the housing intentions of those in the private rented sector, although this sector is likely to grow in strategic importance. Work undertaken recently suggests that the private rented sector provides a useful alternative option to older people, particularly around choice of location, however older tenants have concerns about the long term affordability of remaining in the sector (Rugg and Croucher, 2010).

Some older people do move, and housing decisions in later life are complex, although they are frequently related to health status or impairment (Croucher, 2008). Studies also show that neighbourhood and satisfaction with neighbourhood is an important determinant of housing choice in later life (Croucher, 2008). A recent study of attitudes towards ageing in Scotland (Davidson *et al.*, 2007) demonstrated that younger people tend to give little thought to where

they will live when they are older, and - in line with studies of older people's housing aspirations and choice — older people felt they would only move if and when they had to. Overall the study suggested that the public would welcome greater consideration to the number and types of homes that are being built, and their suitability for older people. These views are echoed by the report of the Housing for an Ageing Population Panel for Innovation (HAPPI) which investigated how the design of new housing could take account of the housing needs of older people, particularly the younger old who are likely to have greater expectations of housing quality (Homes and Communities Agency, 2009).

2.6 Housing related support services for older people living at home

Information and advice

As noted above, studies of older people consistently report their intention to remain at home, but it is questionable as to whether this is an intention based on choice, or one based on lack of information and knowledge about available alternatives. Recent and current work being undertaken with older people in the Centre for Housing Policy indicates that older people are often unclear about their benefit entitlements, how to access support and care services that might be available to them, or where to find information and support to explore their future housing choices. Some groups of older people might face additional barriers, for example, sensory or mobility impairment. Older people from black and minority ethnic groups may also face particular difficulties in accessing information and advice (Croucher *et al.*, 2007a). As stated elsewhere, better information about housing options might enable older people to make better informed, proactive decisions as opposed to reactive decisions at the point of crisis.

Care and Repair Projects

Care and Repair projects are intended to support older homeowners to remain in their own homes by providing assistance with housing repairs, improvements or adaptations. Clearly they have a potentially crucial role in supporting older people, and also assisting with improving housing standards. Demand for services is generally high, and often greater than resources available.

Equipment and adaptations

As the evidence consistently points to the determination of many older people to remain living in their own homes as they grow older, services to allow changes and adaptation to the home will play an important role in allowing those who chose to remain in their own homes to realise that choice, promote their independence, and enhance their sense of safety and security.

Work undertaken in CHP in the last two years that has explored older people's housing choices (Croucher, 2008; Croucher *et al.*, 2009) gives some indication of the type of adaptations that

support for older people, and involved a re-thinking and re-designing of services across a whole local authority. Findings of the evaluation suggest that it was successful in promoting independence and choice for older people and in enabling people to stay in their own homes, primarily through enhancing people's sense of safety and security. The study also found that the initiative successfully supported carers of older people. Mainstreaming the service may also reduce the stigma of using services. Evidence on cost effectiveness showed positive results. While these results are encouraging and highlight the potential of assistive technologies, it is to be noted that West Lothian is the most developed and large scale user of telecare in the UK; thus, taking forward a similar programme in other areas may prove to be a different experience.

McCreadie and Tinker (2005) explored attitudes of older people (aged 70 and above) towards technologies in their homes, suggesting a complex model of acceptability where individuals need to recognise themselves that they need assistance and be confident that devices work properly, reliable and safely. Moreover people need sufficient information, advice and financial resources to access technologies. These findings are supported the Review of Sheltered Housing in Scotland (Croucher *et al.*, 2007b). Older people were not always clear of how community alarms worked and some were fearful that the response would not be sufficiently speedy. The concerns regarding changes to warden services, particularly out-of-hours cover, might be seen to be attributable to a lack of understanding and confidence in community alarm systems.

2.7 Specialist housing for older people

Sheltered Housing

Many commentators question the need or desirability for "special" housing for older people, preferring to emphasise the need for all housing to be inclusive, and to take account of the needs of older people (see for example, Hanson, 2001; Heywood *et al.*, 2002). Work to understand the housing preferences of older people suggests that some older people would be uncomfortable in an age-segregated setting, but that for others moving to an age-segregated setting is a positive choice in later life. The combination of independence and security offered by sheltered housing and housing with care is consistently reported as being attractive feature. In brief, having your own front door and control over your home environment in combination with knowing your neighbours will be people like you, that the physical environment has been designed for older people, and crucially help is at hand when needed. In addition, specialist housing schemes may offer opportunities for reducing social isolation.

The main form of special housing for older people is sheltered housing, a form of housing with basic support aimed at reducing social isolation and feelings of vulnerability and

² See also Heywood 2001, Haywood, 2005

people had made or would make if necessary. Most usually these were walk-in showers, downstairs toilets/shower rooms and chair lifts. Heywood (2004)² reports a recent and major qualitative study of the effectiveness and value of housing adaptations, highlighting the health impacts and demonstrating that when these are well-designed and take into account individual preferences, they can provide long term beneficial and preventative effects on both physical and mental health. Effects include reducing pain, accidents and fear of accidents and depression. However, Haywood also notes that adaptations can sometimes fail, usually as a result in weakness in the original specification, and can in some cases create a sense of intrusion, or loss of control of the home environment, as well as being a waste of resources. Again work in CHP supports these findings. Older people are sometimes resentful of the sometimes ugly and cumbersome equipment that takes up valuable space, and is a visible reminder of their failing capacities, and medicalises the home environment. Heywood also notes that delay in installation was another cause of waste, leading to out-dated assessments, and accidents and hospitalisation during the waiting period.

Other studies (see for example, McClatchey *et al.*, 2001, O’Neile *et al.*, 2003) have explored the role of adaptation for people with different types of impairment. Overall the evidence suggests that adaptations can make an enormous difference to individuals, however they need to be properly resourced, delivered within reasonable time periods, and undertaken with a high degree of sensitivity to individual needs and preferences.

Assistive technologies

Assistive technologies are expected to make an increasingly important contribution to older people’s independence and autonomy, allowing them to remain at home, reduce admissions to care homes or hospital, and improve quality of life for older people and their carers (see for example, Audit Commission, 2004; Bowes and McColgan, 2006). In addition, technologies are increasingly being seen as the response to increasing needs and a diminishing workforce (DH, 2005). Already technologies such as community alarms are commonly used (an estimated 1.3 million have been installed in the UK).

Although expectations of assistive technologies are high, the evidence base remains limited (Poole, 2006). Much of the evidence is derived from development programmes, or from mainly small scale use of such devices (see Bowes, 2006). An important contribution to this evidence base has been made by Bowes and McColgan (2006), who report a three year evaluation of West Lothian’s Opening Doors for Older People (ODOP) Initiative. As part of this initiative, a Home Safety Service was installed in more than 2,000 homes. The basic package consists of: a home console (linking sensors to a control centre), activity monitors, flood detectors, heat extreme sensors, and a smoke detector. Depending on individual need, additional devices can also be installed. As far as possible, the intention of the ODOP Initiative was to “mainstream” the technology and ensure that every older person’s household, regardless of whether this was in general needs housing or sheltered/extra care housing had smart technology installed, which could then act as a platform for additional services should care and support needs increase. The initiative addressed the whole model of care and

insecurity. Commentators have noted the ambiguity of its role, particularly given increasing focus on supporting people in their own homes. The relatively recent Review of Sheltered Housing in Scotland (Croucher *et al.*, 2007b) highlighted the range of provision in Scotland in terms of services provided (for example, on-site scheme manager cover), numbers of units available in different local authority areas, and varying levels of demand. It seems likely that the picture of provision is very similar across the UK. Much of the sheltered housing stock is no longer considered fit for purpose with regards to accessibility and suitability for disabled people. Space standards can also be poor (for example, bed-sitting room accommodation).

Changes to warden or scheme manager services, consequent to the introduction of the European Working Time Directive, have resulted in considerable changes to sheltered housing provision and a re-thinking of its viability. Moreover, evidence has consistently shown low levels of need in some schemes (between one quarter and one third of residents move into sheltered housing with no support needs at all and consequently find a regular visit from a scheme manager unnecessary or intrusive) alongside increasing levels of need in among older people in the community. Resident wardens are increasingly being seen as an irrelevance (see EROSH, Position Statement on Resident Wardens and their Alternatives).

Alternatives to the 24 hour resident warden or scheme manager cover include:

- no on-site cover, with floating support provided to those residents who need it;
- scheme managers being based in schemes during normal working hours, with out of hours emergency cover provided by community alarms;
- floating support where support staff may be based in sheltered housing, but provide services to older people living in the community as well as scheme residents;
- hub and spoke model where sheltered housing schemes provide a resource point for the wider community as well as individual residents.

As yet there has been no evaluation of the effectiveness of these different models, however various studies indicate that changes to sheltered housing have not been well received by many residents in part due to way changes have been implemented without consultation (King *et al.*, 2009).

New models of housing with care

In the last ten years or more, new models of housing with care have begun to emerge that combine independent housing with relatively high levels of care. While there are a range of definitions (extra care, assisted living, very sheltered housing), “extra care housing” is the broad term given to these models of housing that allow independent living in self contained flats or bungalows, but also offer relatively high levels of care and support to older people (see Croucher *et al.*, 2006; Riseborough and Fletcher, 2003). Flexible provision of care allows people to remain in their homes even if their needs increase. In the last decade, however, there has been growing interest, particularly in the potential of such schemes to reduce the need for residential care and facilitate the maintenance of independence, reduce social isolation, and improve the quality of life for residents. Thus there have been an increasing

number of developments that as Oldman (2000, p. viii) states, “conform neither to pure sheltered housing nor pure residential care”. There has also been considerable investment, notably from the Department of Health’s Extra Care Funding Initiative which has committed £147 million towards such developments between 2004 and 2008³.

There is a growing evidence base around the new models of housing with care (see for example, Croucher *et al.*, 2006; Vallely *et al.*, 2006; Croucher *et al.*, 2007a; Evans and Means, 2009; Bernard *et al.*, 2007; Evans and Vallely, 2007a and 2007b; Darton *et al.*, 2008)). Studies show that on the whole older people are satisfied with housing with care and consider it to have been a positive choice. However on some key variables (notably the capacity of schemes to reduce social isolation, provide an alternative to residential care, and provide a home for life) evidence of effectiveness is somewhat muted, although more recent research is beginning to address these crucial issues. There appears to be an inherent tension between promoting independence and meeting the needs of very frail older people and the need for appropriate support (as opposed to care) to sustain the concept of independence. Of particular concern are the issues of how best to meet the needs of older people with dementia or other types of chronic life limiting illnesses in such settings, and provide effective end of life care (see also, Croucher, 2006; Easterbrook and Vallely, 2009; Crosbie *et al.*, 2009). Housing with care is not a panacea for all older people’s housing, care and support needs, and the need for alternative provision should be addressed. Indeed, the future role of extra care housing is already being questioned, given the introduction of personalised budgets, and the relatively high costs of this type of provision, which may no longer be affordable in the future (Hanover Housing Group, 2009; Vallely, 2008; Macadam *et al.*, 2009).

While the focus of this paper has been on housing for older people, it is essential to highlight that ‘housing’ does not exist in isolation, and that neighbourhood and neighbourhood services and facilities are important determinants of older people’s housing choices, and have an influence on health and well being (CLG, 2008).

2.8 Health

Key issues for an ageing population are the prevalence of disease and of disability status. There is an established trend towards increased costs of healthcare because of ageing, the availability of new and more expensive treatments and people surviving longer with serious illness/disability (Polder *et al.* 2002; Gray 2005). In addition, some ethnic groups have rates of illness/disability which differ from other groups, and large health/mortality differences are associated with income inequality and are linked to local pockets of socio-economic deprivation (Alcock, 2003; Mackenbach, *et al.* 1997). Northern England faces key challenges linked to urban deprivation, rural deprivation, income inequality, ageing and migration.

³ Details of the DH programme and the schemes that have been funded can be found at the following link: www.integratedcarenetwork.gov.uk/index.cfm

In addition to the health and disability issues affecting an ageing population, an increasing number of disabled children are surviving infancy due to advances in medicine. This group, disabled children aged 16 and under, are the fastest growing group amongst the population of disabled people in the UK (Prime Minister's Strategy Unit, 2005)

The UK's population is ageing, with a projected five and a half million more elderly people by 2030. At present, average NHS spending for retired households is nearly double that of non-retired households (in 2007/8, this was £5,200 compared with £2,800). These averages conceal variations within older age groups, with the costs of services much higher for the oldest age groups than those for newly retired people. It is predicted that the costs of providing hospital and community care for people over 85 years old is three times higher than for those between 65 and 74 years old (Cracknell, 2010). Clearly the rise in the number of older people in the future will have a major impact on public spending budgets.

Government is acutely aware of health-related challenges engendered by an ageing population. The White Paper *Healthy Lives, Healthy People: Our strategy for public health in England* (Department of Health, 2010) set out a long-term vision for the future of public health in England. The aim was to create a 'wellness' service and to strengthen both national and local leadership by:

- emphasising more personalised, preventive services focused on delivering the best outcomes for citizens;
- local government and local communities will be at the heart of improving health and well-being for their populations and tackling inequalities.

The government hopes to achieve this agenda by sharing responsibility right across society — between individuals, families, communities, local government, business, the NHS, voluntary and community organisations, the wider public sector as well as central government. It is intended that individuals should feel in control of their health, well-being and care. For both public health and social care, the vision involves services and support delivered in a partnership between individuals, communities, the voluntary sector, the NHS and local government, including wider support services such as housing. It is intended that local government will be empowered to tackle local issues, with central government providing a legislative framework to enable them to do so (e.g., equality policies). The NHS will play a crucial role in achieving these goals by preventing ill health, screening for disease, supporting people with long-term conditions, improving access to care for the whole population and tackling health emergencies. GPs⁴, community nurses, allied health professionals, dentists and pharmacists in the community, and hospital-based consultants and nurses will also play a vital part, while charities, voluntary organisations and community groups already engaged in key roles will continue to provide services to individuals and

⁴ By 2013, all Primary Care Trusts in the UK will be abolished, with commissioning strategies originally held by them being switched to GP-led consortia. Each consortium will be allocated budgets by a new NHS Commissioning Board based on the size of their client list and levels of deprivation in their area.

communities, as well as acting as advocates for excluded groups and catalysts for action (Department of Health, 2010).

This government document was in part a response to a report published in 2010 by the Marmot Review Team called *Fair Society, Healthy Lives*. This report demonstrates that there are gaps of up to 7 years in life expectancy between the richest and poorest neighbourhoods in the UK, and up to 17 years' difference in life expectancy between disability and disability-free groups. The report also highlights wide variation within areas of the UK: for instance, in the London ward of Kensington and Chelsea, a man now has a life expectancy of 88 years; this is compared with 71 years in Tottenham Green, one of the capital's poorer wards. Low income and social deprivation are associated with higher levels of obesity, smoking, mental illness and health difficulties arising from drug and alcohol misuse. The report also shows that inequalities based on race, disability, age, religion or belief, gender, sexual orientation and gender identity can interact in complex ways with socio-economic factors in determining people's state of health. Some vulnerable groups (e.g., people with learning disabilities) have considerably lower life expectancies than would be expected on the basis of their socio-economic status alone (Marmot Review, 2010).

Among the key messages and recommendations put forward by the Marmot review are:

- Reducing health inequalities is a matter of fairness and social justice;
- There is a social gradient in health — the lower a person's social position, the worse his or her health. Action should focus on reducing the gradient in health;
- Action on health inequalities requires action across all the social determinants of health;
- Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage;
- Action taken to reduce health inequalities will benefit society in many ways, including economic benefits in reducing losses from illness which currently account for productivity losses, reduced tax revenue, higher welfare payments and increased treatment costs;
- Economic growth is not the most important measure of our country's success. The fair distribution of health, well-being and sustainability are important social goals;
- Reducing health inequalities will require action on six policy objectives:
 - Give every child the best start in life;
 - Enable all children / young people and adults to maximise their capabilities and have control over their lives;
 - Create fair employment and good work for all;
 - Ensure healthy standard of living for all;
 - Create and develop healthy and sustainable places and communities;
 - Strengthen the role and impact of ill health prevention.

- Delivering these policy objectives will require action by central and local government, the NHS, the third and private sectors and community groups;
- Effective local delivery requires effective participatory decision-making at local level. This can only happen by empowering individuals and local communities (Marmot Review, 2010).

Government has already put a number of key policies in place designed to address health problems related to specific conditions. For disabled children, a programme called Aiming High For Disabled Children (Department of Health, 2009a) has been developed, which has three priority areas: 1) *access and empowerment*: making services more accessible and involving young people and their families in delivery of local services; 2) *responsive services and timely support*: engaging all professionals in services for disabled children; 3) *improving quality and capacity*: new funding to provide services such as breaks. Funding for disabled children as part of the government programme Healthy Lives, Brighter Futures: The strategy for children and young people's health will provide additional resources for short breaks, community equipment, wheelchairs and palliative care.

To target dementia, the government has developed a tailored strategy, first published in February 2009 (Department of Health 2009b). *Living Well With Dementia* sets out a vision for transforming dementia services with the aim of promoting better awareness of the condition, earlier diagnoses and a high quality of treatment in all settings. These aims are intended to be achieved through local delivery of quality outcomes and local accountability for achieving them. This new outcomes-focused approach, which involves ensuring better transparency and the timely provision of information, will enable people to have a good understanding of locally available services, how these compare to other services, and the level of quality that they should expect.

It is predicted that demographic change will result in an increase in numbers of older people with learning disabilities and young people who have complex needs and learning difficulties. *Valuing People Now* (Department of Health, 2009c) is a revised White Paper (extending an earlier version called *Valuing People*, published in 2001) aimed at improving the conditions for people suffering from learning difficulties as well as their carers. The document states that all people with learning disabilities should be regarded as people first who have a right to lead their lives like any others, with the same opportunities and responsibilities, and to be treated with dignity and respect. There are three key priorities to focus on: employment, housing and health, and these aims are intended to be achieved by a promotion of personalisation and person-centred planning.

For mental health, the government has developed a strategy called *No Health Without Mental Health: A cross-government mental health outcomes strategy for people of all ages* (2011). This strategy sets out six objectives with a view to improving the mental health and well-being of the nation, placing equal emphasis on physical and mental health, and improving

outcomes for people with mental health problems through improved services. Additionally, the impact of mental health issues on housing, employment, and the criminal justice system are focused upon, with a view to informing increasing awareness of the issue.

2.9 Social care

There is an increasing need for care, at a time when most Local Authorities (LAs) are rationing access to social care budgets ever more tightly, meeting only critical and substantial need; this is severely squeezing moderate need and preventative support, increasing pressures on unpaid carers (CSCI 2009). Northern England is implementing many new policies and initiatives introduced in the 2000s — e.g. personalisation of services, individual budgets, direct payments; *Supporting People*; new policies affecting carers (*National Carers Strategy* 2008 and 2010); *National Dementia Strategy*; new mental health and older people's service frameworks; social care workforce development strategy (etc.). There are strong pressures to improve services, reduce costs, and for health and social care agencies to collaborate, all creating challenges and opportunities at the local and regional level in Northern England.

This section reviews the current literature and policy initiatives in social care with a particular focus on:

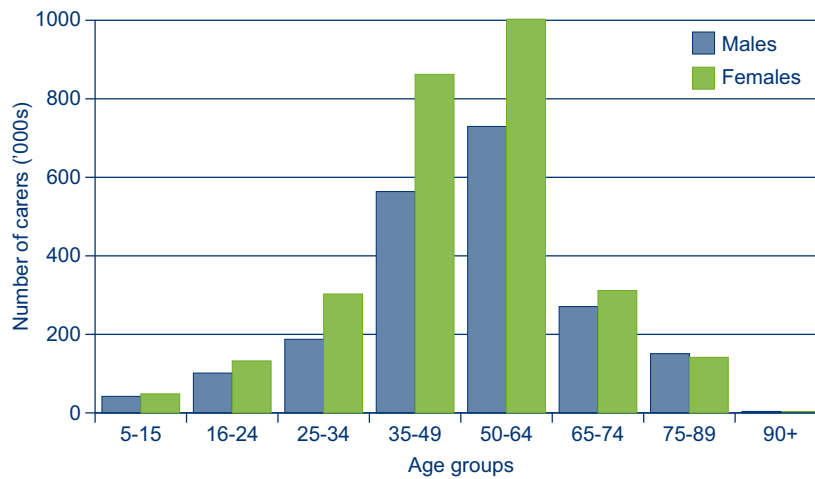
- The different modes through which social care is delivered: unpaid carers; social service provision of social care; and self-funded care.
- New developments in social care: personalisation; telecare; telehealth and ICT
- The social care workforce.

2.10 Unpaid carers

Social care is currently delivered through unpaid carers, social care services and private care arrangements. The majority of care is provided by unpaid carers and this is likely to continue given the increasing need and the retrenchment of social service support both directly and through voluntary organizations. Indeed Carers UK Wales (2010) estimated that unpaid carers in Wales provide 70% of all care and the figure for England is likely to be similar.

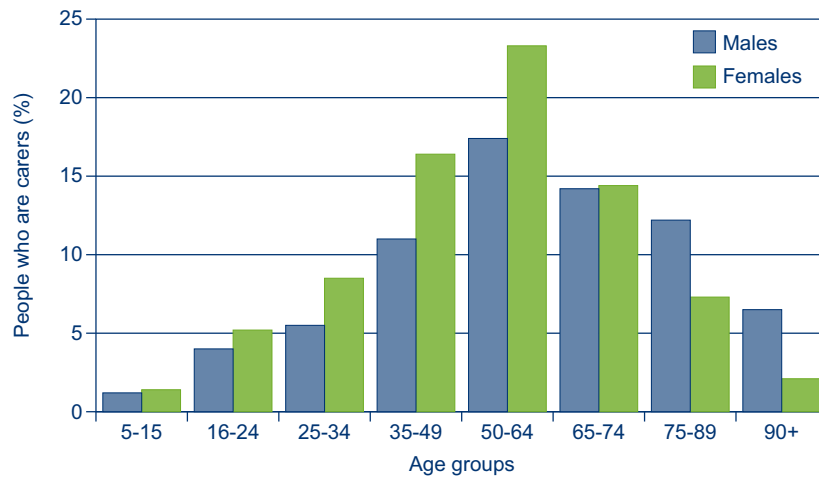
In 2001, the Census counted 4.85 million unpaid carers in England, 10% of the population (ONS, 2003). These data show that 58% of unpaid carers are female, 80% are aged 16 to 64 and 2% are children aged under 16. Figure 2.9 shows the age-sex distribution of carers in England whilst Figure 2.10 presents the percentage of people who are carers. At all ages up to 75 women are more likely to be carers than men. The Census also asked how many hours of care people provide. This showed that over 935,000 carers (20%) in England provide 50 or more hours of care a week, however, this varies considerably by age (Figure 2.11). Caring also varies by ethnic group although this may in part be a reflection of the different age-sex profiles of these populations (Figure 2.12).

Figure 2.9. Age-sex distribution of carers in England



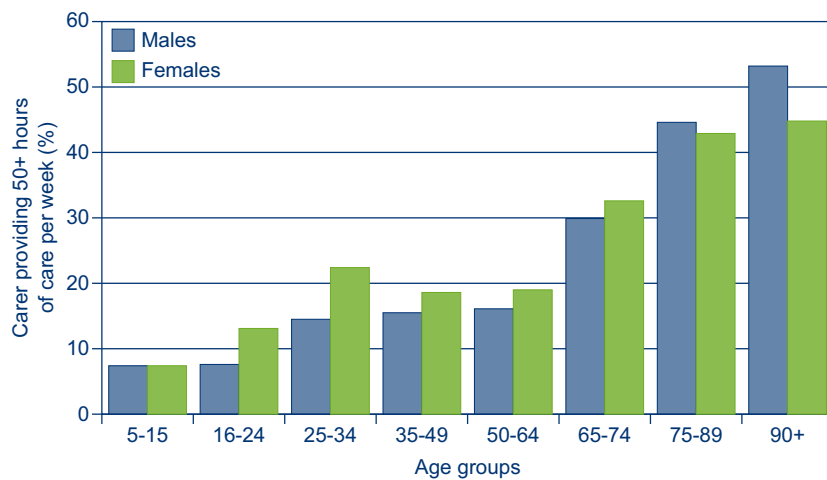
Source: 2001 Census Standard Tables, Crown Copyright 2003

Figure 2.10. Percentage of people who are carers in England



Source: 2001 Census Standard Tables, Crown Copyright 2003

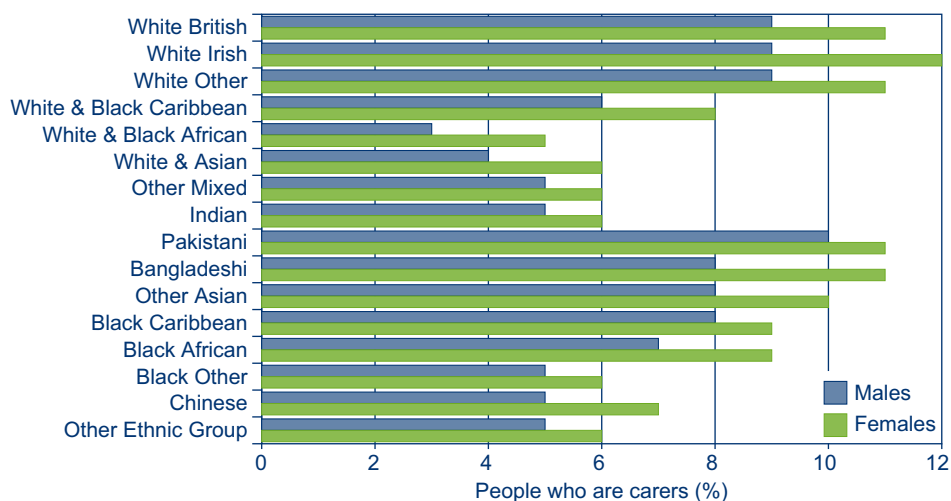
Figure 2.11. Carers providing 50+ hours of care a week



Source: 2001 Census Standard Tables, Crown Copyright 2003

There are also geographic differences in unpaid caring. The prevalence of unpaid caring varies by area with deprivation associated with a higher prevalence of unpaid care (Young *et al.*, 2005). Carers access to support also varies according to their locality. A survey of rural carers in Northern Ireland (Carers UK, 2003) found that although rural carers had the same needs as carers living in urban settings they faced extra barriers of physical and social isolation and lack of services.

Figure 2.12. Percentage of people who are carers in England by BME group



Source: 2001 Census Standard Tables, Crown Copyright 2003

A recent survey of carers in households in England (NHS Information Centre, 2010a) showed that 15% of households contained a carer representing about 3 million households. In addition the survey found that:

- 37% of carers (which equates to around 1.7 million adult carers) were the only support for their main cared for person.
- 27% of carers had been looking after their cared for person for at least ten years, and 8% for 20 years or more.
- 52% of carers said their health had been affected and 42% said their personal relationships, social life or leisure time had been affected because of the care they provided.

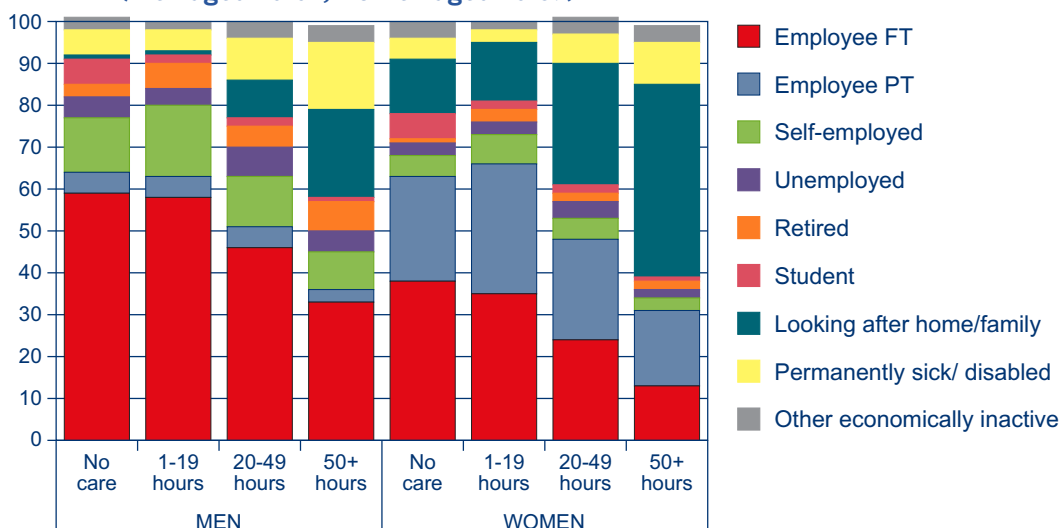
Figure 2.13 shows the relationship between caring and economic activity in England. As the amount of care a person provides increases, they are:

- Less likely to be in paid employment, particularly full-time
- More likely to be early retired, particularly male carers
- More likely to be looking after their home and family full-time
- More likely to be permanently sick or disabled.

Box 2.1 shows the increasing recognition by government of the role of unpaid carers (Buckner *et al.*, 2010a; Yeandle, 2010). In addition, there have been a number of measures put in place by governments to support unpaid carers in their caring role (Box 2.2).

In the future the demand for unpaid care will increase (Wanless, 2006; Pickard 2008). However, the future supply of unpaid care is likely to be affected by a number of factors including: the decrease in family size and the increase in childlessness; the change in relationships; and the increasing complexity of families (Clark, 1995) and also changes to the retirement age and increased labour market engagement of people, and in particular women, over the age of 50. This may give rise to more people becoming part of the 'sandwich generation' — mid-life adults who have dependent children or older children that are partly dependent whilst at the same time as caring for elderly parents. Grundy and Henretta (2006) found that around a third of women aged 55-69 in Great Britain reported providing help to members of both generations, whilst one-fifth provided support to neither.

Figure 2.13. Economic activity by amount of care and gender in England
(men aged 16-64, women aged 16-59)



Source: 2001 Census SAM, Crown Copyright 2003

Box 2.1. Existing statutory rights for carers

Carers (Recognition and Services) Act 1995 introduced the concept of a Carers Assessment
Employment Relations Act 1999 gave employees the right to 'reasonable time off' to deal with emergencies
Carers and Disabled Children Act (2000) gave carers the right to an Assessment (carers of adults and carers of disabled children). Allowed carers to receive services in their own right and introduced Direct Payments to purchase them. Direct Payments also offered to parents of disabled children to manage on their child's behalf.
Employment Act 2002 established the right to request flexible working arrangements for employed parents of disabled children under the age of 18.
Carers (Equal Opportunities) Act 2004 Local authorities have a statutory duty to inform carers of their rights and to consider their wishes re education, training and employment when conducting Carers Assessments.
Work and Families Act 2006 extended the right to request flexible working arrangements to all carers in employment.
Childcare Act 2006 placed a duty on local authorities to provide sufficient childcare for working parents 'which includes provision suitable for disabled children'.
Pensions Act (2007) reduced the number of qualifying years carers need for a full basic state pension; introduced a new Carers Credit for those caring 20+ hours a week for someone who is severely disabled.
2nd National Strategy for Carers (2008) introduced new cross-departmental commitments to carers covering: services; income; employment; and health.
Equality Act (2010) prevents carers from discrimination (including at work) because they care for a disabled person

Box 2.2. Support for carers

1st National Strategy for Carers (1999) — ‘Caring about Carers’ ‘Enabling carers to work’ became a stated priority for government; annual ‘Carers Grant’ funding allocated to local authorities.

Our health, our care, our say (2006) announced a New Deal for carers including a range of measure to support carers including a national helpline, funding for short-term home-base respite, funding for training for carers.

2nd National Strategy for Carers (2008) — ‘Carers at the Heart of 21st-century Families and Communities’ set out a vision for supporting carers including carers will be respected as expert care partners and will have access to the integrated and personalised services they need to support them in their caring role; carers will be able to have a life of their own alongside their caring role; carers will be supported so that they are not forced into financial hardship by their caring role; carers will be supported to stay mentally and physically well and treated with dignity; children and young people will be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve against all the Every Child Matters outcomes: to be healthy, stay safe, enjoy and achieve, make a positive contribution and achieve economic well-being. Funding was made available for short breaks, support for carers to (re)enter the job market and help for young carers. In addition it included pilots to explore annual health checks for carers, the ways in which the NHS can better support carers and ways to provide more innovative breaks for carers; training for GPs; a more integrated and personalised support service for carers; accessible information and targeted training for key professionals.

Carers Strategy (2010) — ‘Recognised, valued and supported: next steps for the Carers Strategy’ included support for those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages; enabling those with caring responsibilities to fulfil their educational and employment potential; personalised support both for carers and those they support, enabling them to have a family and community life; supporting carers to remain mentally and physically well.

In addition, there is evidence of generational differences in attitudes to caring. DRC *et al.* (2007) found that 49% of survey respondents aged 15-34 said that they will provide care in the future compared with 57% for people aged 53-54. Although younger people’s attitudes may change as they age any decline in the willingness of people to provide unpaid care in the future will have a significant impact for people who need support.

2.11 Social Services provision of social care

Social service provision in England is supplied directly by or through the 150 Councils with Social Service Responsibilities (CSSRs) (unitary or county councils). These CSSRs set their own criteria to assess need using a framework of four eligibility levels which correspond to increasing levels of need: low, moderate, substantial, and critical. Data show an increasing number of people age 18 and over are supported by services supplied directly by or through Councils with Adult Social Service Responsibilities (CASSR) in England (Table 2.1). Between 2001 and 2009 the number of clients supported by CASSR increased by 214,000 (14%). This increase is often associated with an ageing population. However, the data show that although the population aged 16-64 increased by 6.5% over this period, the number of people aged 16-64 in receipt of services increased by 28%. In contrast, the population aged 65 and over increased by 7.6% and the number of people in this age group in receipt of services increased by 8.1%. In addition, by 2008-2009 68% of people in receipt of services were aged 65 and over, a decrease from 72% in 2000-2001. This is not wholly unexpected given:

- The improvement in the health of older people, particularly those aged 65-84, who now rely increasingly on health service support to help them live independent, active lives (e.g. through the use of drugs to manage conditions such as heart disease)

- The rationing of social service support to older people to all but those in critical need
- The growing recognition by government of the need to support disabled people, many of whom have multiple and complex needs and require intensive packages of care and support to live independently
- Growing demand for support from younger sick and disabled people (Franklin, 2009).

Table 2.1. People aged 18 and over in receipt of services from CASSRs in England: 2001-2009

Year (1st Apr - 31st Mar)	All clients receiving services ('000s)			Clients receiving community-based services ('000s)		
	All	18-64	65+	All	18-64	65+
2000-2001	1,552	427	1,125	1,315	390	925
2001-2002	1,635	443	1,192	1,375	402	973
2002-2003	1,679	464	1,215	1,403	414	989
2003-2004	1,737	483	1,254	1,462	434	1,028
2004-2005	1,720	492	1,228	1,456	445	1,011
2005-2006	1,749	518	1,231	1,494	472	1,022
2006-2007	1,774	543	1,231	1,522	497	1,025
2007-2008	1,774	553	1,221	1,535	510	1,025
2008-2009	1,782	566	1,216	1,537	521	1,016

Source: NHS Information Centre (downloaded 18th January 2011)

The majority of clients received community-based services⁵ although Tables 2.2 and 2.3 show that this varies considerably by primary client type. In 2008-2009, 86% of all clients received community-based services, however, this varied from 62% of clients aged 18-64 whose primary client type was substance misuse to 96% of clients aged 65 and over with a disability. There have also been changes in provision over time for particular client groups. There has been an increase in the percentage of clients aged 18-64 with a learning disability, and vulnerable people aged 65 and over, receiving community-based services. In contrast, over the same period, there was a decrease in the percentage of people aged 18-64 whose primary client type was substance misuse and clients aged 18-64 classed as vulnerable, receiving community-based services. These client groups are now more likely to be in receipt of residential or nursing care.

⁵ Community-based services include: home care; day care; meals; short-term residential care; direct payments; professional support; and equipment and adaptations.

Table 2.2. All people aged 18 and over in receipt of services by primary client type from CASSRs in England: 2001-2009 (000's)

Year (1st Apr - 31st Mar)	All clients receiving services (‘000s)		Physical disability, frailty and sensory impairment		Learning Disability		Mental Health		Substance Misuse		Vulnerable People	
	18- 64	65+	18- 64	65+	18- 64	65+	18- 64	65+	18- 64	65+	18- 64	65+
2000-2001	427	1,125	177	942	101	8.4	113	89	10	1.4	27	84
2001-2002	443	1,192	186	1,008	101	14	122	94	13	1.1	21	76
2002-2003	464	1,215	189	1,019	113	11	133	101	11	1.3	18	84
2003-2004	483	1,254	201	1,062	116	11	141	107	13	1.2	11	73
2004-2005	492	1,228	199	1,054	117	11	155	111	12	1.2	9.8	51
2005-2006	518	1,231	209	1,060	122	12	167	115	11	1.0	8.3	43
2006-2007	543	1,231	212	1,065	125	13	187	120	12	1.0	7.3	33
2007-2008	553	1,221	221	1,045	126	14	187	130	11	1.1	7.5	30
2008-2009	566	1,216	221	1,039	128	13	197	138	12	1.1	7.5	25

Source: NHS Information Centre (downloaded 18th January 2011)

Table 2.3. People aged 18 and over in receipt of community-based services by primary client type from CASSRs in England: 2001-2009 (000's)

Year (1st Apr - 31st Mar)	All clients receiving community- based services (‘000s)		Physical disability, frailty and sensory impairment		Learning Disability		Mental Health		Substance Misuse		Vulnerable People	
	18- 64	65+	18- 64	65+	18- 64	65+	18- 64	65+	18- 64	65+	18- 64	65+
2000-2001	390	925	169	797	84	6.1	103	58	8.6	1.2	26	62
2001-2002	402	973	177	838	82	10	112	63	12	0.9	20	61
2002-2003	414	989	179	852	87	6.7	122	64	9.8	0.9	16	65
2003-2004	434	1,028	191	893	91	7	129	68	12	1.0	11	59
2004-2005	445	1,011	189	890	92	6.9	145	71	10	0.9	9.2	42
2005-2006	472	1,022	200	904	96	6.9	158	76	9.8	0.7	7.8	35
2006-2007	497	1,025	203	910	99	7.8	177	79	11	0.7	6.8	27
2007-2008	510	1,025	212	902	101	9.3	178	88	11	0.7	7.2	25
2008-2009	521	1,016	213	893	102	8.1	188	93	11	0.8	7.2	21

Source: NHS Information Centre (downloaded 18th January 2011)

For clients in receipt of residential or nursing care there has been a continuing fall in the number of places (CSCI 2007) however, Gheera (2010) estimate that the projected number of people in care homes will rise from 345,000 in 2005 to 825,000 in 2041; therefore, public expenditure on long-term care is projected to rise by more than 300% in real terms over this period.

The data for clients whose primary client type is mental health are disaggregated into dementia and other conditions. These data show a sharp increase in the number of people aged 65 and over with dementia who are receiving services from 38,000 in 2000-2001 to 64,000 in 2008-2009. Of these about 60% receive community-based services with the other 40% in residential or nursing care.

Data in Tables 2.4 and 2.5 show the type of community-based support that clients received. This shows an increasing use of:

- Adaptations and equipment within community-based social services in England from 369,000 recipients in 2000-2001 to 547,000 in 2008-2009, an increase of 48%. In 2000-2001, 28% of clients received adaptations and equipment within community-based social services in England but by 2008-2009 this had increased to 36%.
- Direct Payments from 4,900 clients in 2000-2001 to 86,000 by 2008-2009. In 2000-2001, 0.4% of clients received Direct Payments but by 2008-2009 this was up to 5.6% of clients. This increase was particularly notable amongst younger clients (those aged 18-64) with those in receipt of DP increasing from 4,400 to 49,000 over the period, with 9.4% of clients receiving DP in 2009-2008 compared with just 1.1% in 2000-2001.
- Professional support from 297,000 clients in 2000-2001 to 501,000 by 2008-2009, an increase of 68%. In 2000-2001 23% of clients received professional support but by 2008-2009 this was up to 33% of all clients.

Table 2.4. People aged 18-64 in receipt of services by components of support from CASSRs in England: 2001-2009 (000's)

Year (1st Apr - 31st Mar)	ALL	Home care	Day care	Meals	Short term residential – not respite	Direct payments	Professional support	Equipment and adaptations	Other
2000-2001	390	91	118	15	11	4.4	132	80	42
2001-2002	401	98	121	15	9.7	5.4	145	88	42
2002-2003	414	97	120	13	9.8	7.0	166	92	41
2003-2004	434	97	115	13	11	11	183	107	44
2004-2005	445	100	107	11	13	17	204	102	36
2005-2006	472	105	108	10	12	25	216	112	46
2006-2007	497	106	107	10	13	31	248	109	51
2007-2008	510	106	103	9.4	16	40	255	119	54
2008-2009	521	110	98	8.1	16	49	258	124	54

Source: NHS Information Centre (downloaded 18th January 2011)

Over the same period there was a decrease in the use of:

- Day care from 259,000 recipients in 2000-2001 to 213,000 in 2008-2009, a decrease of 18%. In 2000-2001 20% of clients day care within community-based social services in England but by 2008-2009 this had decreased to 14%.

- Meals from 210,000 clients in 2000-2001 to 120,000 by 2008-2009. In 2000-2001 16% of clients received meals but by 2008-2009 this was down to 7.8% of all clients.

During this period, gross expenditure on adult social services in England rose from 9.6 billion in 2000-2001 to 15.5 billion in 2008-2009 (NHS Information Centre, 2011).

The number of contact hours of home care provided has increased year on year from 151.1 million hours in 2003-2004 to 200.2 million in 2008-2009 (NHS Information Centre, 2010c). The proportion of these hours provided by the independent sector has increased over this period from 67% to 81%.

Table 2.5. People aged 65+ in receipt of services by components of support from CASSRs in England: 2001-2009 (000's)

Year (1st Apr - 31st Mar)	ALL	Home care	Day care	Meals	Short term residential – not respite	Direct payments	Professional support	Equipment and adaptations	Other
2000-2001	925	483	141	195	34	0.5	165	289	65
2001-2002	972	499	151	205	35	0.9	177	275	71
2002-2003	989	479	157	189	35	2.7	218	308	65
2003-2004	1,028	478	151	177	40	6	218	377	70
2004-2005	1,011	484	135	165	50	7	217	377	59
2005-2006	1,022	491	136	155	51	13	228	387	74
2006-2007	1,025	480	131	139	49	17	254	382	75
2007-2008	1,025	471	124	126	61	27	251	400	75
2008-2009	1,016	473	115	112	59	37	243	423	76

Source: NHS Information Centre (downloaded 18th January 2011)

2.12 Self-funded care

To receive publicly-funded social care through social services, people have to show that they have sufficient need and also that they have savings and assets below a threshold. If they do not meet these two criteria they will have to some extent fund their own care or rely on unpaid care from family or friends. People fund their own care for a number of reasons: some choose to rely on family and friends for their support; whilst others do not meet the criteria to receive publicly funded social care.

Research by IPC (2011) estimate that 45% of registered care home places in England are privately funded (170,000 of the 378,053 places), higher than the 30% estimated by PSSRU (2002). In addition, a further 271,536 older people are paying for help to stay in their own home which includes 'help with moving, washing and dressing, eating and preparing meals,

shopping and work around the house, answering the phone and managing money, taking medicines'. They estimate that this self-funded home care market was worth £652 million in 2010 with the care home market an additional £4.9 billion. On top of this they estimate that an additional £1.15 billion is spent by people who 'top up' council funded care home places.

Forder (2007) and IPC (2011) both predict that the number of people who self-funded will increase at a faster rate than those supported through publicly funded care as a result of the tightening of the eligibility criteria; and a reduction in state funding. In addition, occupational pensions and housing equity may result in a large number of older people being ineligible under the current criteria.

2.13 Policy change in the social care system: the 'personalisation agenda'

Within the policy sphere, in the context of the difficulties engendered by matching supply and demand, there has more recently been a strong emphasis on encouraging the development of a new vision for the national social care system, emphasising independence and choice for individuals in need of care and support — an approach commonly referred to as the personalisation agenda. Policy has called for arrangements which accord dignity and respect to disabled people, those using health and social care services and their (unpaid) carers, as well as arguing for a more integrated health and social care system capable of tailoring support and services to the needs of individuals and their families. It is intended that those in need of care and their unpaid carers will have access to personal budgets, with which they can purchase their own services and enable themselves to live independently if desired.

Recent policies emphasise the importance of being able to receive care and support at home as a key priority. There is also a focus on ensuring timely hospital discharge, so that no-one needs to occupy a costly hospital bed or a residential care place when they could be safely supported at home. Additionally, the management of a growing range of health conditions outside hospital and residential settings has been targeted. These policies are widely seen as offering ways of supporting people at home with conditions as varied as dementia (at least in its earlier stages), heart disease, epilepsy, respiratory and circulatory conditions, mental health problems, learning difficulties, and progressive disabling illnesses such as multiple sclerosis. It is through the use of existing traditional services, telecare and telehealth equipment (discussed below), and personal budgets that government intends to achieve these goals.

Personal budgets emerged from direct payments schemes, which have been in place in the UK since 1997 after lobbying by disability movements (Dickinson and Glasby, 2010). Direct payments allow the service user to receive the cash equivalent of a directly provided service which can be used to contract with a private/voluntary sector agency or to become an employer by hiring one's own staff. Direct payments were seen as a positive move towards self-directed support, though many argued that they did not go far enough in allowing

service users complete choice and control in relation to the social care they needed (Dickinson and Glasby, 2010). A key limitation of direct payments is that they have often been attached to existing traditional systems and often involve onerous financial monitoring on the part of the user (Glasby and Littlechild, 2009). Personal budgets (first set up by the Department of Health in 2003) are more flexible than direct payments, in that they offer the user a sum of money which is then used to pay for support services which can be negotiated with local authorities (who have a duty of care), advocates, brokers or other supporting them. Unlike direct payments, financial monitoring of personal budgets can be arranged by local authority, making them less onerous to operate (though some users will choose to control their own budget). Personal budgets can be used to pay for any appropriate services (unlike direct payments, not just those in the private/voluntary sector), and also used to address the wider needs of the user in the context of their whole life and their role and contribution within the wider community.

As already indicated, this overarching shift towards self-directed support has been responded to by government policy. The Department of Health's stated aim is '*to define policy and guidance for delivering a social care system that provides care equally for all, whilst enabling people to retain their independence, control and dignity*'. In December 2007, a framework for cross-sector reform was set out in *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*. This document established the collaboration between central and local government, the sector's professional leadership, care providers and the regulator. It identified shared aims and values to guide the transformation of adult social care, and recognised that the sector will be working across agendas with users and carers to transform people's experience of local support and services. This document also proposed that all social care users should have access to a personal budget, with the intention that they can use it to exercise choice and control in meeting their social care outcomes.

Shaping the Future of Care Together, a government Green Paper on reform of the care and support system, was published in July 2009. This paper highlighted the challenges faced by the current system and emphasises the importance of far-reaching reform. These reforms include the promotion of "joined up" working between various national and local government strands, such as those providing benefits, care, health and housing. Among proposals for consultation outlined in this paper were a National Care Service which is "fair, simple and affordable for everyone" and which contains six key elements for service users:

- development of prevention services
- availability of national assessment
- joined-up services
- provision of information and advice
- personalised care and support
- fair funding.

More recently, the Coalition Government's future plans for adult social care services have been set out in *A Vision for Adult Social Care: Capable Communities and Active Citizens*, which was published in November 2010. In this document, the government stated its intention for services to move towards becoming more personalised, more preventative and more focused on delivering the best outcomes for those who access them. The central role of personal budgets in achieving these goals was emphasised and their rollout was planned to be extended. The government was also keen to encourage support for service users to be delivered in partnerships between individuals, communities, voluntary sector organisations, the NHS and councils, while NHS organisations and councils were expected to work together to commission new services.

Specifically for carers, there has been a similar focus on personalisation, choice, control and dignity. The new National Carers Strategy (2008) and its updated Next Steps Carers Strategy (2010) set out a ten-year vision of service provision for carers which includes the development of flexible support that respects the carer as an expert care partner, and helps them to have a life of their own, to remain healthy, and to avoid financial hardship. In addition to changes outlined above which will impact on carers (e.g., the extended rollout of personal budgets and joined-up service provision between NHS, local authorities and the third sector), government intends to achieve its goals around carers through the provision of advice and information, flexible break services, and better access to employment.

As noted above, strategies addressing health and care needs indicate that many people will be cared for in domestic environments — their own homes, or in the homes of other family members. The condition of the home (warmth, bathing and showering facilities, access, level of hazards and so forth) and the space within the home for aids, adaptations etc — will make it more or less difficult to remain living at home.

As yet the implications of individual or personal social care budgets for housing provision has not been given full consideration. However, it seems likely that some individuals might choose to spend their 'budget' in a variety of ways to support independent living in their own homes, purchase adaptations or improvements to their homes rather than assistance, (for example, the installation of a downstairs toilet, or walk- shower facility that removes the need for assistance (from informal or formal carers) with bathing). With regard to specialist housing, there are already concerns that provision which depends on block contracts covering services for a critical mass of individuals and contributing towards a shared resource, such as 24 hour on site staff (as is the case in many extra care housing schemes) is likely to be undermined if only a minority of residents are prepared to pay for services through their individual budgets (Valleley, 2008; Hanover Housing Group, 2009).

2.14 Telecare, telehealth and ICT

A major component of the government's drive towards offering people personalised social care is the use of technologies designed to support people with particular health and care needs. These technologies fall broadly into three categories: telecare; telehealth; and ICT-based initiatives.

Telecare

Telecare systems support people in their homes and are tailored to meet their needs. Telecare includes detectors, monitors, alarms, pendants, monitoring, call centres, and response services. One overarching definition sums up what telecare offer as "the delivery of health and social care to individuals within the home or wider community, with the support of information or communication technologies". Telecare initiatives, beyond the basic community alarm systems first established well over 30 years ago, have existed in England now for over a decade, and telecare was mentioned in the government's first National Strategy for Carers (1999).

In 2006 there were an estimated 1.4m telecare users in England (the majority using basic pendant alarms). By 2009, this figure had increased to over 1.5 million telecare users. Councils in England reported just over 140,000 new telecare service users in 2006-7 and about 150,000 new service users in 2007-8, with plans to add almost 160,000 more in 2008-9. To date, most telecare users have been older people (usually with needs assessed as 'critical' or 'substantial') who, prior to the implementation of telecare, already have a care plan in place, and who also need personal care. Therefore, these service users are typically people for whom telecare supplements other support (e.g., from a carer or home care worker). However, experts increasingly believe that supporting people who do not need this high level of personal care with telecare installations would also be desirable.

Telecare is now widely viewed as having a major role to play in the future of social care, with implications for carers and care workers as well as for service users. In England the official development of telecare services has been underway only in the past 7 years. In 2004 government announced plans to invest £80 million (over two years, beginning in 2006), with a new *Preventative Technology Grant*. Through this grant the government expected local authorities in England to invest in telecare services to help support people in their communities, with the intention of helping 160,000 older people nationwide. This grant was allocated to all English CASSRs, with £30 million made available in 2006/7, and a further £50 million in 2007/8. The grant was intended to be used to 'pump-prime' telecare projects with a view to making them 'sustainable' in the long-term. In implementing this initiative, local authorities were expected to work with their partners in housing, health, and in the voluntary and independent sectors as well as with service users and carers.

In 2005, the Department of Health published '*Building Telecare in England*' (DH, 2005), a policy document which included the official statement:

“Telecare offers the promise of enabling thousands of older people to live independently, in control and with dignity for longer [...] The grant is designed to help local authorities and their partners address the challenges of a changing and ageing society with increased expectations, such as the right to have choice about services, control over their delivery and the right to be able to live independently at home with dignity for life.”

This agenda maps onto the more recent developments in social care in the UK, namely a move towards personalisation, choice, control, dignity, and the capacity for service users to live independently at home (as discussed earlier in this report).

The *Telecare Learning and Improvement Network* is England’s national network supporting local service development through the adoption of telecare and telehealth systems to aid the delivery of housing, health, social care and support services for older and vulnerable people. Research carried out with this agency suggests that, from 2005 onwards, the *Building Telecare* agenda has given specific attention to the ‘balance between personal care and what telecare can do’ (Yeandle and Fry, 2008). As mentioned above, most telecare services in England support users who have a care plan in place (which in most CASSRs means someone whose needs have been assessed at ‘substantial’ or ‘critical’ level). These users tend to need personal care which has to be delivered in person by a carer or care worker, and although it was always recognised that telecare might replace some kinds of support (e.g. some overnight stays by carers/care workers), it is crucial to recognise that for this type of user, telecare support and directly delivered personal care are likely to continue to be delivered simultaneously.

Therefore telecare should not be regarded as a service which can alone meet the challenge of creating an effective, high quality social care system, capable of supporting much larger numbers of sick, frail and disabled people in the future. Nevertheless, there are now attempts being made to amass evidence that telecare can sustain people with a wide range of conditions in their own homes, and offer support to their carers, enabling resources which would otherwise be spent on hospital, residential or nursing care to be allocated elsewhere in the health and social care system.

In 2007, government announced that the counties of Kent and Cornwall and the London borough of Newham had been selected as the three Whole System Demonstrator (WSD) projects. Designed as large-scale pilots testing new models of care, these projects were established to enable government to ‘*confidently meet the challenges posed by an ageing population and the associated increase in prevalence of long term conditions*’. All three WSD sites recruited GP practices to take part in the programme. The plan was for over 7000 telecare and telehealth installations in individuals’ homes, making the WSD programme the largest trial of this technology in the UK to date. Each site planned to recruit over 1,000 patients/users for both its telecare scheme and its telehealth project. The aim of the WSD

Programme was to understand the benefits of health and social care supported by assistive technology, and a robust evaluation will seek to prove the business case for future investment (the project is due to report findings in 2011).

In a recent review of UK-based telecare initiatives, Williams (2008) noted that, '*importantly, no study (of telecare) has yet demonstrated any negative or adverse effects*' (p2). Among the benefits of telecare observed in studies considered in Williams' review were reduced use of high cost care or hospitalisation, improved quality of life for service users and their carers, and greater patient security and self management. In addition, a recent survey by Department of Health found that 94% of people who have telecare are satisfied (extremely 42%, very 35%, quite 17%) (NHS Information Centre, 2010b).

Alongside all these developments, other initiatives, schemes and innovations have also emerged, both from local authorities (using other public funds), and from independent or charitable agencies. Opportunities for entrepreneurship and business growth have also been identified among small and medium-sized businesses, including the work of UK-based Tunstall, one of the world's leading developers of telecare systems. Fielden (2009) writes that '*there are exciting opportunities for engineers to contribute to the field of assistive technology. The UK telecare market has undergone rapid growth and, given the demographic and social drivers, this trend is set to continue.*'⁶

Telehealth

Telehealth systems can include blood pressure kits, insulin monitors for diabetes, blood-glucose monitors, and cardiac monitors. Telehealth systems are a more recent development than telecare, but are becoming increasingly attractive to organisations seeking to help patients live independently in their own homes on a cost-effective basis. Early indications suggest that in addition to increasing patients' and their carers' independence, the widespread use of telehealth systems could save the NHS an annual sum of £2 billion.

One English county-based pilot study linked to the WSD programme (discussed above) has estimated that over a six-month period (in 2006), the installation of telehealth saved the NHS approximately £1,900 per patient. Operators of this project have since used hospital statistics data to estimate that the rollout of telehealth across the whole county could save up to £7.5 million annually. Additionally, the programme was found to deliver peace of mind to patients and their carers; to support users' independence and empowerment, and the self-management of certain conditions; and to reduce hospital admissions and GP visits (Kent County Council, 2010).

The use of telehealth systems can also improve the work of organisations and their staff by improving work processes. These improvements include freeing up professionals' time to

⁶ www.theengineer.co.uk/in-depth/ageing-population-offers-big-opportunities/309788.article

enable them to tackle other essential tasks; helping them deliver timely interventions; and aiding crisis avoidance on the part of their patients (Kent County Council, 2010). Other research has similarly shown that telehealth can have a benefit to professionals.

Information and communications technology (ICT)

The use of standard Information and communications technology (ICT) equipment — e.g., telephones, home computers, and other gadgets — has also been targeted as a way in which service users in need of care can benefit from technology. Many examples here have emerged from the adoption of personal budgets, with clients often using their allocated funds to purchase devices such as a mobile phone to increase independence on the part of a patient who can use it to keep in touch with their carer; or, in the case of carers, to purchase a Wii Fit games (a device which runs pre-programmed software) console to enable them to exercise on a regular basis without leaving the home (where they may have to look after someone on a permanent basis).

Many studies have found benefits in the use of ICT for people in need of social care. For example, Brownsell *et al.* (2008) found that while an intervention aimed at older people using telecare sensors and an Internet Café did not reduce the fear of falling and other anxieties, it did result in better social functioning. Service users spent more time away from home, and 25% used the Internet Café for at least 20 minutes per week. Akesson *et al.* (2007) also found that ICT-based initiatives led to consumers feeling better informed and more 'empowered' by the improved access to information made possible by these schemes.

Local authorities and other organisations have made extensive use of ICT-based initiatives including the provision of telephone helplines for patients and their carers; websites dedicated to the provision of information and advice on social care; Internet forums on which patients and carers can communicate with others, and seek help and support. Some local authorities are moving towards online booking systems for carers who wish to arrange a convenient break/respite service.

2.15 The Social Care Workforce

In 2009 there were an estimated 1.6 million people working in 1.75 million paid jobs in adult social care in England (Eborall *et al.*, 2010). Over two thirds (69%) of these jobs were in the independent sector with 46% of the total in the private sector and 23% in the voluntary sector. Of the rest 197,000 adult social care jobs were in councils, 73,000 in the NHS and 263,000 were recipients of Direct Payments.

The social care workforce is highly feminised, with 80% of all jobs done by women, however the figure is higher for direct care roles. Yeandle *et al.* (2006) found that approximately 90% of all positions as care assistants and home carers in England held by women. In addition, older women workers are disproportionately concentrated in care work. In England as a whole,

women aged 50-59 hold only about 9% of all jobs in the economy, however, they occupy 22% of all care worker jobs. In addition there is evidence of a workforce that finds the sector later in life with care workers entering the profession with a starting age, on average in their early thirties, the youngest average starting age being 33 in Yorkshire and Humber and the oldest being 35 years old in London (Eborall *et al.*, 2010)

Eborall *et al.*, (2010) found that 85% of all adult social care jobs were being done by white staff with 15% by black and minority ethnic (BME) staff. However, the proportion of BME staff varied from an estimated 25% in independent sector care homes with nursing, to 15% in domiciliary care and just nine% in day care services. In 2008, 19% of workers in social care occupations in England were born overseas, though this varied between regions.

The social care sector is traditionally seen as:

- Low paid — carers workers earned on average up to 50 pence less per hour than cashiers and checkout operators (Eborall *et al.*, 2010).
- Low-skilled (Rainbird *et al.*, 2009) with 10-15% of care homes and 20% of domiciliary care agencies has not met the qualifications-related National Minimum Standards (Eborall *et al.*, 2010).

with a high vacancy rate (over twice the level for all industries [National Employers Skills Survey 2009 quoted in Eborall *et al.*, 2010]).

The numbers of social care workers needed to meet the social care needs of adults and older people in the future have been estimated using the Skills for Care's workforce simulation model (Eborall *et al.*, 2010). These suggest that the number of paid adult social care jobs in England could increase from 1.54 million in 2009 to between 2.1 million and 3.1 million by 2025, with the number of people working in adult social care increasing from 1.6 million to between 1.8 million and 2.6 million over the same period.

3 **Patterns of Change in Housing, Health and Social Care in the North of England 2011-2036**

3.1 **Methodology**

The population projections by age, sex and ethnicity for the North of England produced by Rees, *et al.* (2011) were used to explore patterns of change in housing, health and social care between 2011 and 2036. The UPTAP_ER set of projections for population, households, limiting long-term illness and people whose health is 'not good' were used since these are believed to be the best set of estimates of those described given that the emigration rates model used '*better reflects the potential for return migration of immigrants and migration up the international ladder by all British residents*' (Rees *et al.*, 2011). To produce projections of the number of people in with specific conditions and illnesses, those needing support and the number of unpaid carers, prevalence rates were applied to the UPTAP_ER projections. The sources of these prevalence rates are indicated under each table. Prevalence rates were assumed to be constant for the period of the projection. In addition, to explore changes by different area type:

- The Urban/Rural definition was used to categorise local authorities by the percentage of residents living in a rural area (Office for National Statistics, 2004).
- A Townsend Area Deprivation score was calculated for each local authority based on data from the 2001 Census (Townsend 1987; Office for National Statistics, 2003). This uses four variables (unemployment; car ownership; owner occupation; and overcrowding) combined in a single index as a measure of area deprivation.
- The Experian Index of Resilience was used at local authority level⁷. Resilience is defined by Experian as '*a concept used to describe the ability of an area to withstand and respond to shocks in the external environment.*' This was based on research commissioned by the BBC to look at the resilience of places to external shocks such as cuts in public sector employment. The Index is made up of four themes: business, community, people and place.

Data are presented for the proposed functional economic areas (FEAs) a list of which is included in Appendix A. It should be noted that a number of local authorities are included in more than one FEA (namely Barnsley, York and Selby) and therefore the figures for the FEAs in the tables do not add up to the total for the North. Local authority data are presented in maps with the data for these included in tables in Appendix B-O.

3.2 **Population and household changes in the FEAs**

By 2036 there are projected to be over a million more people aged 75 and over in the North of England, a increase of 72% compared to an overall population increase of just 7% (1.1

⁷ Accessed via <http://publicsector.experian.co.uk/Products/Economic%20Resilience.aspx>

million). For the FEAs the percentage increase in the older population (75+) ranges from 66% in Cumbria (53,000 people to 88,000) to 83% in Leeds City Region (260,000 people to 475,000) (Table 3.1). In Liverpool City Region the overall population is expected to decrease over this time period, however, this area is still predicted to see a substantial increase in its older population, up from 154,000 in 2011 to 257,000 by 2036 (and increase of 67%).

Between 2011 and 2036 the number of people from Black and minority ethnic (BME) groups is expected to increase by 650,000 (55%) in the North of England. This projected increase ranges from 34% in Greater Manchester (283,000 people to 380,000) to 114% in North Yorkshire (35,000 people to 74,000) with the greatest increase in numbers in Leeds City Region with 165,000 (Table 3.2). For the older BME population (people aged 75 and over) the percentage increase ranges from 134% in Liverpool City Region (1,516 people to 3,544) to 603% in North Yorkshire (430 people to 3,022) with the greatest increase in numbers in Leeds City Region (7,430 people to 22,559).

Table 3.1. Population changes in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	Population: Total ('000s)				Population: 75+ ('000s)				% of population 75+	
		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036		2011	2036
				No.s	%			No.s	%		
FEA 01	Greater Manchester	2,585	2,714	129	5	221	387	165	75	8.6	14.2
FEA 02	Liverpool City Region	1,487	1,484	-3	0	154	257	103	67	10.4	17.3
FEA 03	Leeds City Region	2,977	3,320	343	12	260	475	215	83	8.7	14.3
FEA 04	Sheffield City Region	1,798	1,926	128	7	171	290	119	69	9.5	15.1
FEA 05	Cheshire & Warrington	899	950	51	6	86	149	63	73	9.6	15.7
FEA 06	Tees Valley	672	703	31	5	65	114	49	75	9.7	16.3
FEA 07	Cumbria	526	574	48	9	53	88	35	66	10.1	15.3
FEA 08	Hull City Region	930	998	68	7	90	152	62	69	9.7	15.2
FEA 09	North Yorkshire	589	651	62	11	55	93	38	69	9.4	14.3
FEA 10	North East	2,005	2,197	192	10	194	331	137	71	9.7	15.1
FEA 11	Lancashire	1,508	1,636	128	8	133	225	93	70	8.8	13.8
NORTH		15,392	16,514	1,123	7	1,430	2,465	1,035	72	9.3	14.9

Source: UPTAP projections (Rees et al., 2011)

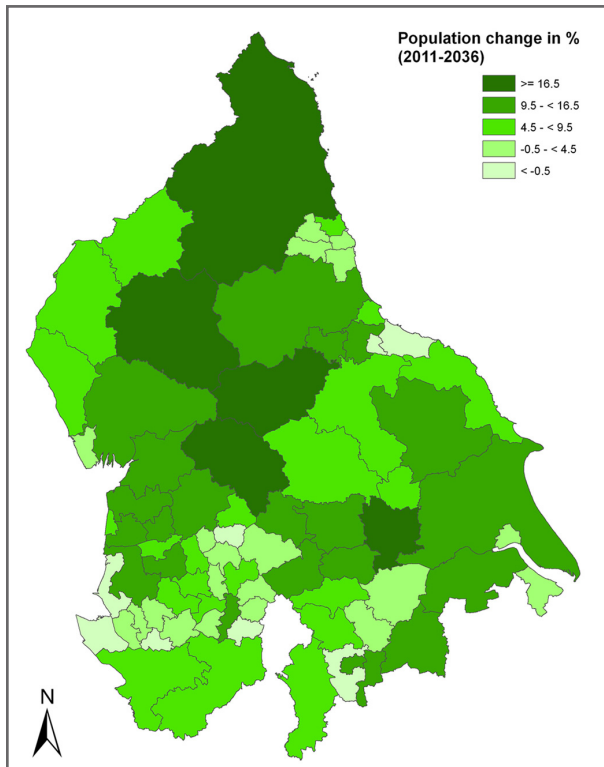
At local authority level, although some areas show a decreasing population between 2011-2036, all areas have a projected increase in the number of older people (aged 75 and over). In addition, all areas show an increase in the number of people from BME groups in total and at the older age group (Appendix B and C). Figures 3.1 and 3.2 show the percentage change between 2011 and 2036 in the overall population and the change for people aged 75 and over. The highest percentage increases in the BME population are predicted to be in local authorities that do not currently have a high proportion of their population from BME groups, these tend to be the more rural LAs. Areas with a high proportion of their population from BME groups are predicted to have lower percentage increases in this population (Figures 3.4 and 3.5).

Table 3.2. BME population changes in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	Population: Total ('000s)				Population: 75+				% of population aged 75+	
		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036		2011	2036
				No.s	%			No.s	%		
FEA 01	Greater Manchester	283	380	97	34	6,100	15,768	9,668	158	2.2	4.1
FEA 02	Liverpool City Region	52	75	22	43	1,516	3,544	2,028	134	2.9	4.7
FEA 03	Leeds City Region	336	501	165	49	7,430	22,559	15,130	204	2.2	4.5
FEA 04	Sheffield City Region	103	156	52	51	2,673	6,996	4,323	162	2.6	4.5
FEA 05	Cheshire & Warrington	32	57	25	80	599	2,588	1,989	332	1.9	4.5
FEA 06	Tees Valley	35	59	24	69	655	2,739	2,083	318	1.9	4.6
FEA 07	Cumbria	29	60	32	110	372	2,373	2,001	538	1.3	3.9
FEA 08	Hull City Region	25	38	13	51	476	1,501	1,025	215	1.9	4.0
FEA 09	North Yorkshire	35	74	39	114	430	3,022	2,592	603	1.2	4.1
FEA 10	North East	124	254	130	105	1,872	10,188	8,316	444	1.5	4.0
FEA 11	Lancashire	144	216	72	50	2,574	9,642	7,067	275	1.8	4.5
NORTH		1,179	1,829	650	55	24,406	79,142	54,736	224	2.1	4.3

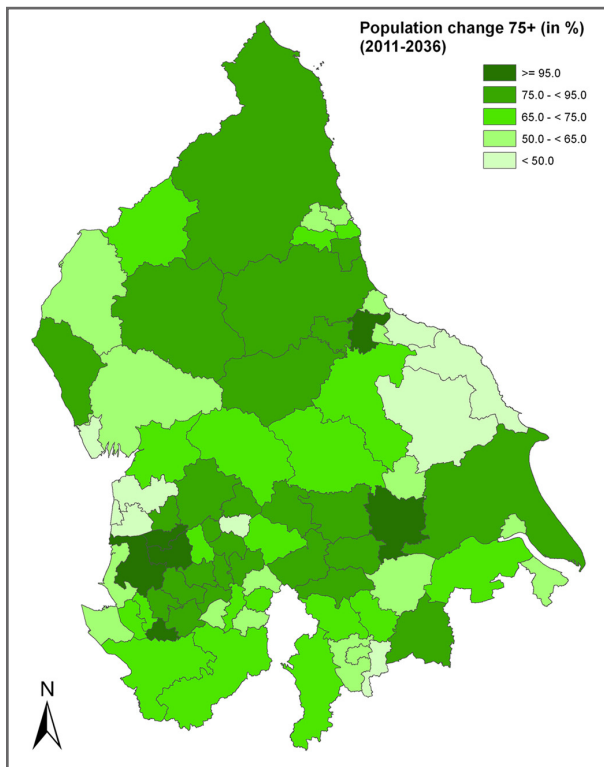
Source: UPTAP projections (Rees et al., 2011)

Figure 3.1. Population change 2011-2036 (%)



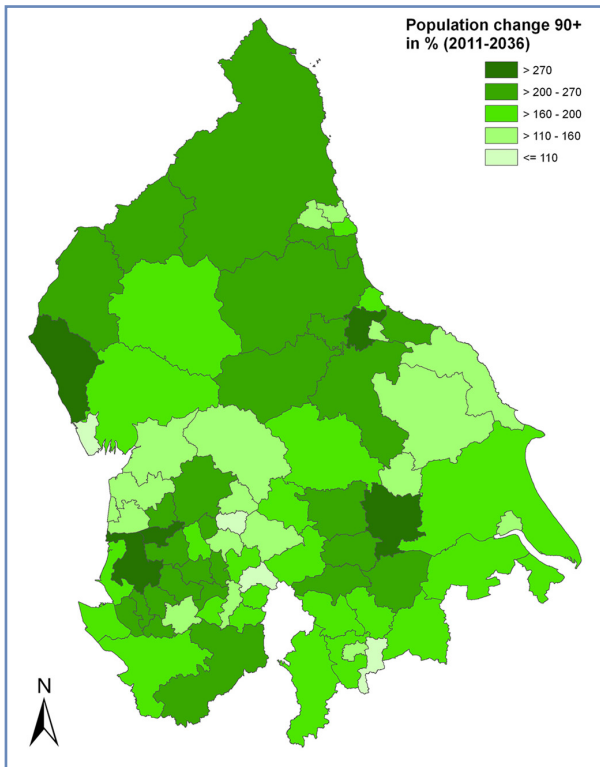
Source: UPTAP projections (Rees et al., 2011)

Figure 3.2. Population change people aged 75+ 2011-2036 (%)



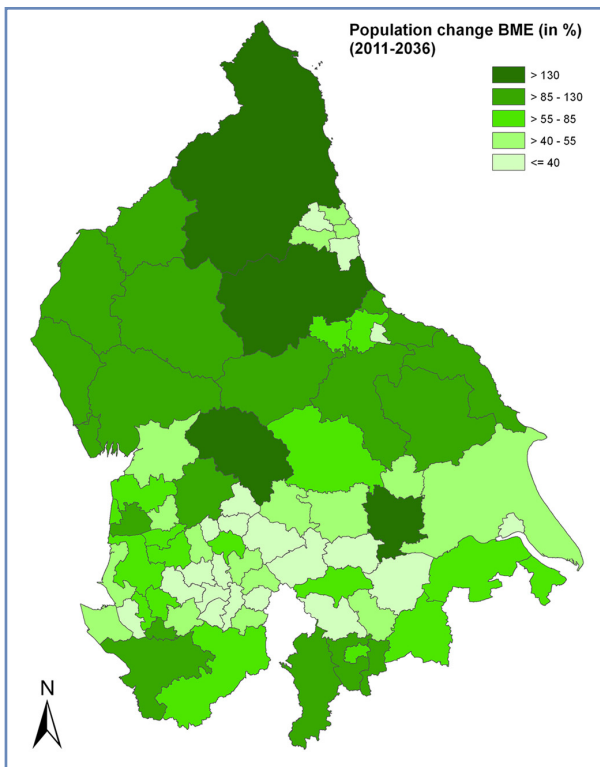
Source: UPTAP projections (Rees et al., 2011)

Figure 3.3. Population change people aged 90+ 2011-2036 (%)



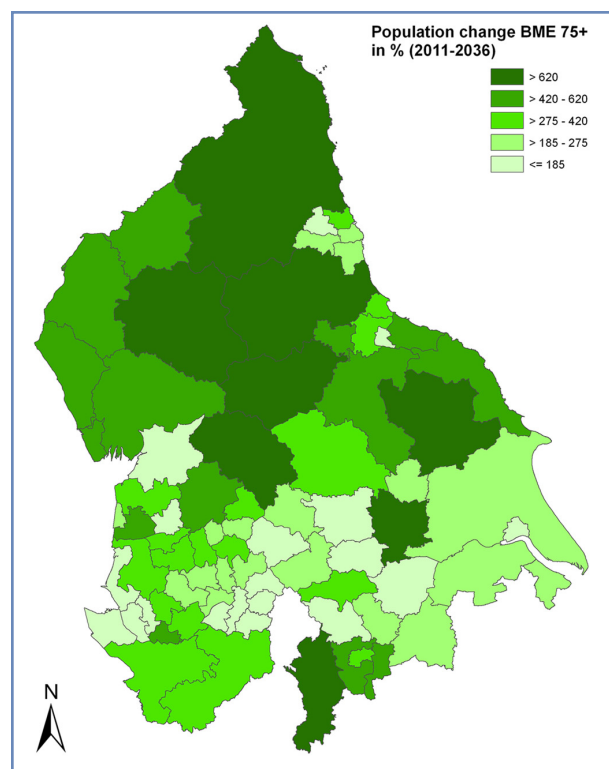
Source: UPTAP projections (Rees et al., 2011)

Figure 3.4. BME population change 2011-2036 (%)



Source: UPTAP projections (Rees et al., 2011)

Figure 3.5. BME population change people aged 75+ 2011-2036 (%)



Source: UPTAP projections (Rees et al., 2011)

The very old population (people aged 90 and over) is predicted to increase in the North of England by over 288,000 between 2011 and 2036 (Table 3.3). The biggest percentage increases for men aged 90 and over are seen in Tees Valley, North East and Lancashire whilst the smallest increase is in North Yorkshire. For women aged 90 and over the pattern is different with the biggest increase seen in Liverpool City Region and the smallest in North Yorkshire. In terms of number of older people the biggest rise is seen in Leeds City Council which is predicted to have 51,800 more people aged 90 and over by 2036.

In addition to these big increases in this very old group, the proportion of this group who are from BME groups is also expected to rise in the North of England from 1.7% to 3%, an increase of over 10,000 people (from 2,406 in 2011 to 13,042 in 2036). The largest increases, in percentage terms, are in areas that do not traditionally have a high proportion of their population from BME groups. In North Yorkshire there will be an increase from just 53 people aged 90 or over from a BME group to 539 whilst in the North East the increase will be from 245 people to 1,883. Leeds City Region is expected to have the largest increase in numbers for this group (2,807 more from 647 in 2011 to 3,454 in 2036).

Table 3.4 shows that the number of households in the North of England is predicted to increase by 10% (up 622,000) which is a higher percentage than the population increase of

7%. However, the number of households headed by someone from a BME group is expected to increase by 70% — again higher than the expected increase in this population of 55%. Table 3.5 helps to explain this difference between the increases in population and households. This shows that the number of single person households is expected to increase by 21% in the North of England. Smaller increases are projected in the number of lone parent households and the number of couple households with no children however, there is predicted to be a slight decrease in the number of couple households with children.

Table 3.3. Population aged 90+ — changes in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	Population: 90+ Men ('000s)				Population: 90+ Women ('000s)				Population: 90+ from BME groups	
		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036		2011 (%)	2036 (%)
				No.s	%			No.s	%		
FEA 01	Greater Manchester	6.4	27.9	21.5	335	15.9	37.3	21.3	134	2.7	3.8
FEA 02	Liverpool City Region	5.0	22.2	17.2	345	9.3	22.6	13.3	142	1.1	1.4
FEA 03	Leeds City Region	9.1	38.8	29.7	326	17.7	39.8	22.1	124	2.4	4.4
FEA 04	Sheffield City Region	5.2	22.9	17.7	339	11.8	26.4	14.5	123	1.3	2.4
FEA 05	Cheshire & Warrington	2.6	11.8	9.1	349	6.4	14.8	8.4	130	0.8	1.7
FEA 06	Tees Valley	3.2	15.4	12.2	382	3.7	8.6	4.9	134	1.1	2.0
FEA 07	Cumbria	1.8	8.5	6.6	368	3.1	6.6	3.5	112	1.1	2.5
FEA 08	Hull City Region	2.5	11.5	8.9	352	6.8	14.6	7.7	113	0.6	1.0
FEA 09	North Yorkshire	1.9	8.1	6.2	322	3.9	7.9	3.9	100	1.1	3.4
FEA 10	North East	6.3	30.5	24.2	382	13.5	30.2	16.7	123	1.2	3.1
FEA 11	Lancashire	4.2	20.4	16.2	382	9.8	19.9	10.2	104	1.8	3.8
NORTH		47.2	211.8	164.6	349	99.4	223.0	123.5	124	1.6	3.0

Source: UPTAP projections (Rees et al., 2011)

For households headed by a person from a BME group there are predicted to be much larger increases in single person households (84%) however, the biggest increases are seen in couple households with no children. Again the greatest percentage increases are seen in FEAs that don't traditionally have a large BME population.

Table 3.4. Households — changes in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	Households ('000s)				BME headed households ('000s)			
		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036	
				No.s	%			No.s	%
FEA 01	Greater Manchester	1,110	1,190	80	7	92	132	39	43
FEA 02	Liverpool City Region	650	673	24	4	19	28	10	52
FEA 03	Leeds City Region	1,252	1,430	177	14	101	164	63	63
FEA 04	Sheffield City Region	767	837	71	9	34	55	22	64
FEA 05	Cheshire & Warrington	386	415	29	8	10	21	10	102
FEA 06	Tees Valley	266	289	23	9	10	20	10	94
FEA 07	Cumbria	231	252	21	9	9	23	13	139
FEA 08	Hull City Region	367	400	33	9	7	12	5	62
FEA 09	North Yorkshire	244	272	28	11	11	26	15	139
FEA 10	North East	860	956	96	11	40	91	51	127
FEA 11	Lancashire	613	678	66	11	40	68	28	70
NORTH		6,533	7,155	622	10	369	628	259	70

Source: UPTAP projections (Rees et al., 2011)

The increase in single person households is particularly acute at the higher age groups. By 2036 there are predicted to be over 1 million people aged 75 and over living alone (Table 3.6) with an increasing proportion of these being male and from BME groups. This may have an impact on the type of support needed in the future when people in this group need social care.

Data show a decrease in residential and nursing homes places (CSCI, 2009) but the projections predict a greater need for this type of accommodation if the current pattern of older people accessing these places continues. Table 3.7 and 3.8 show that over the next 25 years 124,000 additional residential and nursing home places will be required in the North of England to accommodate people aged 75 and over. Within this figure however, the characteristics of people in residential and nursing homes is set to change with a much higher percentage of these places being taken up by the very old (people aged 90 and over); men and people from BME groups. The pattern of these changes at FEA level is mixed with:

- Tees Valley seeing a big increase in the number of places needed for people aged 90 and over
- The North East predicted to have the biggest increase in places for men aged 75 and over
- The largest percentage increase in BME people in residential and nursing homes in North Yorkshire.

Table 3.5. Households by type — changes in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	Households by type: 2036 ('000s)					Households by type: Change 2011-2036 (%)					BME headed households by type: Change 2011-2036 (%)				
		Single person	Lone parent	Couple	Couple with children	Other	Single person	Lone parent	Couple	Couple with children	Other	Single person	Lone parent	Couple	Couple with children	Other
FEA 01	Greater Manchester	408	132	325	296	28	19	1	9	-5	4	51	38	55	37	30
FEA 02	Liverpool City Region	245	76	189	148	15	16	-4	4	-9	0	63	47	63	46	40
FEA 03	Leeds City Region	486	152	392	366	33	26	7	16	3	11	74	58	81	55	45
FEA 04	Sheffield City Region	293	86	235	205	19	21	4	10	-2	7	76	60	85	55	45
FEA 05	Cheshire & Warrington	147	44	117	98	9	20	3	7	-4	6	123	93	128	88	76
FEA 06	Tees Valley	102	29	83	69	6	21	2	10	-5	6	116	93	126	77	65
FEA 07	Cumbria	86	27	70	63	6	18	7	7	2	10	166	126	186	120	100
FEA 08	Hull City Region	138	38	117	98	8	20	4	10	-3	6	76	64	77	52	48
FEA 09	North Yorkshire	91	28	77	70	6	20	8	11	4	12	164	124	186	123	100
FEA 10	North East	332	103	265	236	22	22	6	11	1	11	150	117	165	112	93
FEA 11	Lancashire	230	69	190	174	15	21	6	11	1	9	88	75	93	56	50
NORTH		2,477	758	1,992	1,766	161	21	4	10	-2	7	84	66	91	61	51

Source: UPTAP projections (Rees et al., 2011)

3.3 Changes in health status and people with serious conditions

The projections of residents who describe their health as 'not good' and of residents with a LLTI are shown in Table 3.9 and 3.10 for all people and for those aged 75 and over and 90 and over. These show big increases for older people with poor health (288,000, 77%) and with a LLTI (702,000, 76%) in the North of England with the biggest percentage increases seen in Leeds City Region.

Table 3.6. Population aged 75+ who live alone — changes in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	People aged 75+ who live alone				People aged 75+ who live alone: % men		People aged 75+ who live alone: % BME	
		2011	2036	Change 2011-2036		2011	2036	2011	2036
				No.s	%				
FEA 01	Greater Manchester	97	161	64	66	29	33	1.6	2.3
FEA 02	Liverpool City Region	67	107	40	61	30	34	0.7	1.0
FEA 03	Leeds City Region	112	192	80	72	29	34	1.6	2.5
FEA 04	Sheffield City Region	75	121	46	62	29	33	1.0	1.6
FEA 05	Cheshire & Warrington	38	63	25	66	30	33	0.4	1.2
FEA 06	Tees Valley	27	45	18	65	33	39	0.6	1.6
FEA 07	Cumbria	23	35	12	55	30	37	0.5	2.0
FEA 08	Hull City Region	36	57	21	59	28	33	0.3	0.7
FEA 09	North Yorkshire	22	35	13	59	31	36	0.5	2.0
FEA 10	North East	84	135	51	60	29	35	0.6	1.9
FEA 11	Lancashire	55	89	33	60	31	36	1.0	2.4
NORTH		618	1,009	392	63	29	34	1.0	1.9

Source: UPTAP projections (Rees et al., 2011)

Table 3.7. Population who live in communal establishments — changes in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	All people ('000s)				People aged 75+ ('000s)				People aged 90+ ('000s)			
		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036	
				No.s	%			No.s	%			No.s	%
FEA 01	Greater Manchester	49	68	20	40	19	38	18	95	4	12	7	170
FEA 02	Liverpool City Region	32	44	13	40	14	28	13	92	3	9	6	187
FEA 03	Leeds City Region	58	85	26	45	23	47	24	101	5	14	9	166
FEA 04	Sheffield City Region	35	49	14	41	15	28	13	91	3	9	6	167
FEA 05	Cheshire & Warrington	16	24	8	47	8	15	8	99	2	5	3	181
FEA 06	Tees Valley	18	25	7	38	7	14	7	98	2	5	3	209
FEA 07	Cumbria	11	15	4	39	4	8	4	96	1	3	2	193
FEA 08	Hull City Region	41	48	7	18	9	17	8	89	2	5	3	155
FEA 09	North Yorkshire	13	18	5	41	6	10	5	86	1	3	2	147
FEA 10	North East	40	58	19	47	19	36	18	93	4	12	8	182
FEA 11	Lancashire	40	53	13	32	13	25	12	91	3	8	5	161
NORTH		341	472	131	38	132	257	124	94	30	82	52	173

Source: UPTAP projections (Rees et al., 2011)

Table 3.8. Population who live in communal establishments: men and people from BME groups — changes in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	Men: aged 75+ ('000s)				People from BME groups: aged 75+			
		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036	
				No.s	%			No.s	%
FEA01	Greater Manchester	22	30	8	36	408	1,216	808	198
FEA02	Liverpool City Region	14	19	5	36	113	310	197	174
FEA03	Leeds City Region	27	38	11	43	485	1,792	1,307	270
FEA04	Sheffield City Region	16	22	6	37	167	534	367	220
FEA05	Cheshire & Warrington	8	11	3	44	42	207	165	397
FEA06	Tees Valley	11	14	4	33	54	270	216	397
FEA07	Cumbria	6	9	3	43	26	174	148	565
FEA08	Hull City Region	29	32	3	11	38	137	99	259
FEA09	North Yorkshire	7	9	2	35	38	284	246	653
FEA10	North East	18	27	9	50	146	918	773	531
FEA11	Lancashire	20	27	6	32	171	776	605	35
NORTH		171	230	59	34	1,666	6,481	4,815	289

Source: UPTAP projections (Rees et al., 2011)

Table 3.9. Projected numbers of people who have self-reported health that is 'not good' in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	All people ('000s)				People aged 75+ ('000s)				People aged 90+ ('000s)			
		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036	
				No.s	%			No.s	%			No.s	%
FEA 01	Greater Manchester	263	316	53	20	60	107	47	79	7	20	13	188
FEA 02	Liverpool City Region	169	192	23	13	41	70	29	71	4	14	9	206
FEA 03	Leeds City Region	279	358	80	29	70	129	60	86	8	24	16	187
FEA 04	Sheffield City Region	201	246	45	22	52	91	39	75	6	17	11	193
FEA 05	Cheshire & Warrington	48	59	12	24	14	25	11	77	2	6	4	197
FEA 06	Tees Valley	59	67	9	15	15	25	10	68	2	5	3	183
FEA 07	Cumbria	37	47	10	26	10	18	8	76	2	4	3	164
FEA 08	Hull City Region	28	34	6	22	8	13	5	65	1	3	2	157
FEA 09	North Yorkshire	77	96	18	24	23	39	17	72	3	8	5	168
FEA 10	North East	250	299	48	19	64	113	48	75	7	23	16	214
FEA 11	Lancashire	116	144	28	24	30	53	23	79	4	11	7	205
NORTH		1,480	1,801	321	22	374	661	288	77	44	131	86	193

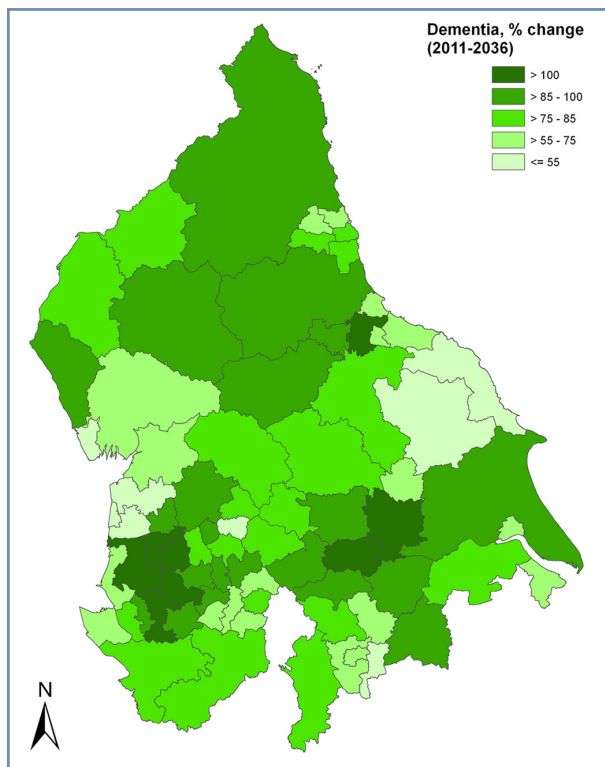
Source: UPTAP projections (Rees et al., 2011)

Table 3.10. Projected numbers of people who have a limiting long-term illness in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	All people ('000s)				People aged 75+ ('000s)				People aged 90+ ('000s)			
		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036	
				No.s	%			No.s	%			No.s	%
FEA 01	Greater Manchester	577	703	126	22	143	255	112	79	17	49	32	187
FEA 02	Liverpool City Region	385	447	62	16	102	174	72	71	11	35	24	209
FEA 03	Leeds City Region	622	808	187	30	169	311	143	85	20	58	38	186
FEA 04	Sheffield City Region	456	562	106	23	121	211	90	75	13	39	26	192
FEA 05	Cheshire & Warrington	120	151	31	26	38	66	29	76	5	15	10	195
FEA 06	Tees Valley	139	162	23	17	38	64	26	68	5	13	8	182
FEA 07	Cumbria	92	117	25	27	27	47	20	75	4	11	7	164
FEA 08	Hull City Region	67	84	16	24	20	33	13	66	3	7	4	163
FEA 09	North Yorkshire	200	253	53	26	63	110	46	73	8	23	14	168
FEA 10	North East	576	696	120	21	155	270	115	75	18	56	38	210
FEA 11	Lancashire	269	338	69	26	75	133	58	78	10	29	19	197
NORTH		3,392	4,184	792	23	919	1,621	702	76	112	327	215	192

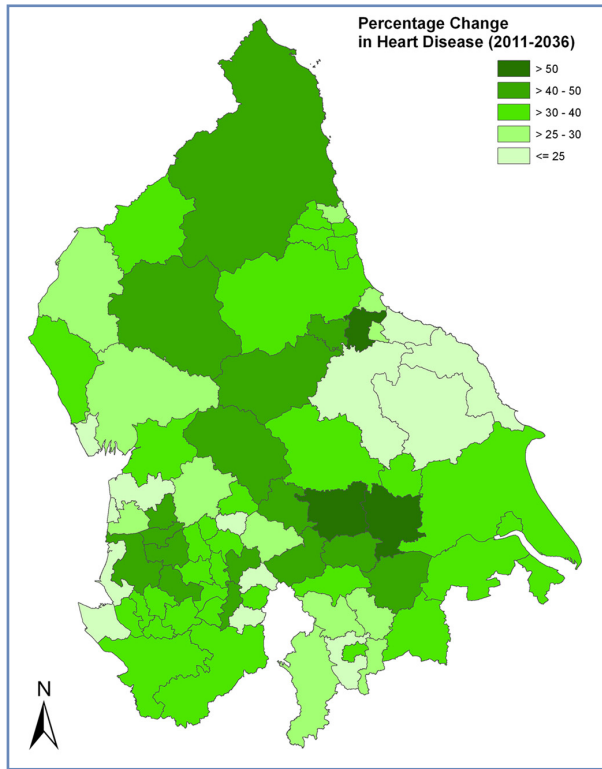
Source: UPTAP projections (Rees et al., 2011)

Figure 3.6. Number of people aged 65+ with dementia: change 2011-2036 (%)



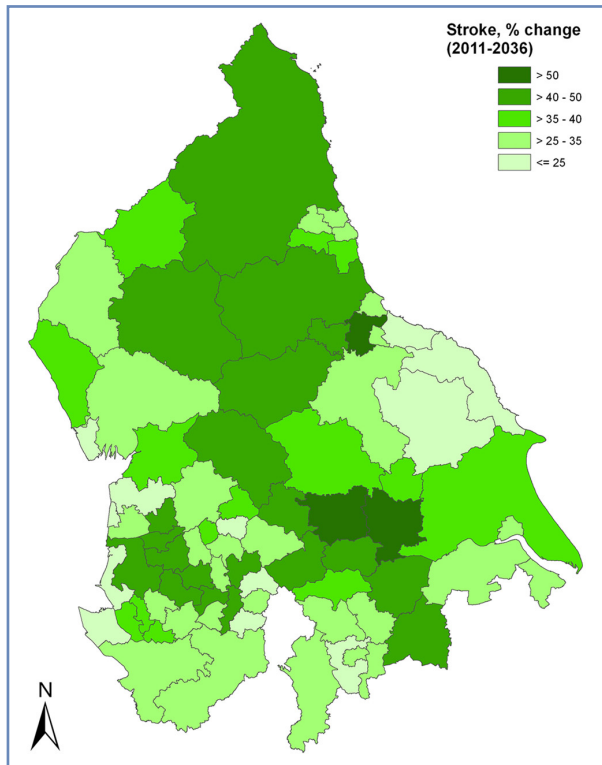
Prevalence rates are taken from a report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, (2007) applied to UPTAP projections (Rees et al., 2011).

Figure 3.7. Number of people aged 65+ with a longstanding health condition caused by a heart attack: change 2011-2036 (%)



Source: Prevalence rates (age-sex) are based on the 2008/2009 General Lifestyle Survey, Office for National Statistics these were then applied to UPTAP projections (Rees et al., 2011)

Figure 3.8. Number of people aged 16+ with a longstanding health condition caused by a stroke: change 2011-2036 (%)



Source: Prevalence rates (age-sex) are based on the 2008/2009 General Lifestyle Survey, Office for National Statistics these were then applied to UPTAP projections (Rees et al., 2011)

By 2036 there are predicted to be over 387,000 people aged 65 and over with dementia in the North of England, an increase of 83%. This ranges from 92% in Leeds City Region to 81% in Liverpool City Region. Comparing national data on the numbers of people with dementia in receipt of services through CASSRs for 2008-2009 (NHS Information Centre, 2010c) with the estimated number of people with dementia in England (calculated by applying the prevalence rates used in Table 3.11 to the mid-year population estimate for 2008 [Office for National Statistics, 2009]), 11% of people with dementia were receiving services. Of these, approximately 60% received community-based services whilst the other 40% were in residential or nursing care. If these figures were applied to the projections above, 15,480 additional residential and nursing care places would be required in the North of England whilst a further 23,220 people with dementia would require community-based services.

Table 3.11. Changes in the number of people predicted to have dementia, or a long-standing health condition caused by a stroke or heart attack in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	Dementia*: 65+ ('000s)				Heart disease**: 45+ ('000s)				Stroke**: 16+ ('000s)			
		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036	
				No.s	%			No.s	%			No.s	%
FEA 01	Greater Manchester	32.8	60.6	27.8	85	31.9	43.3	11.4	36	14.1	19.3	5.2	37
FEA 02	Liverpool City Region	22.2	40.0	17.9	81	20.4	26.5	6.1	30	9.0	11.9	2.8	31
FEA 03	Leeds City Region	38.3	73.4	35.1	92	37.0	53.4	16.4	44	16.4	23.8	7.4	45
FEA 04	Sheffield City Region	25.2	45.2	20.0	79	23.8	31.9	8.0	34	10.5	14.2	3.7	35
FEA 05	Cheshire & Warrington	13.0	23.6	10.6	82	12.2	16.1	3.8	31	5.4	7.2	1.8	33
FEA 06	Tees Valley	9.5	17.9	8.5	89	8.8	12.1	3.3	37	3.9	5.4	1.5	39
FEA 07	Cumbria	7.6	13.5	5.9	78	7.4	9.6	2.3	31	3.3	4.3	1.1	32
FEA 08	Hull City Region	13.3	23.8	10.4	78	12.5	16.7	4.2	34	5.5	7.4	1.9	35
FEA 09	North Yorkshire	8.2	14.4	6.2	76	7.9	10.6	2.7	34	3.5	4.7	1.3	36
FEA 10	North East	28.4	51.6	23.2	82	26.6	36.2	9.7	36	11.8	16.2	4.4	38
FEA 11	Lancashire	19.6	35.1	15.5	79	19.1	25.7	6.6	35	8.5	11.5	3.0	36
NORTH		211.9	387.2	175.3	83	200.9	272.7	71.8	36	91.9	126.0	34.2	37

Source: *Prevalence rates are taken from a report into the prevalence and cost of dementia prepared by the Personal Social Services Research Unit (PSSRU) at the London School of Economics and the Institute of Psychiatry at King's College London, for the Alzheimer's Society, 2007 applied to UPTAP projections (Rees et al., 2011).

**Prevalence rates (age-sex) are based on the 2008/2009 General Lifestyle Survey, Office for National Statistics these were then applied to UPTAP projections (Rees et al., 2011)

Over the same period there will be an increase in the number of people with:

- A long standing health condition caused by a heart attack of 71,800 (36%).
- A long standing health condition caused by a stroke of 126,000 (36%).
- (Doctor-diagnosed) diabetes of 138,000 (25%)
- Common mental disorders of 125,000 (8%)

with Leeds City Region again seeing the highest percentage increases and Liverpool City Region the lowest. Tables 3.12 and 3.13 show that there will again be much more significant increases in the number of people from BME groups with diabetes and common mental disorders with the biggest percentage increases predicted in Cumbria.

Table 3.12. Changes in the number of people predicted to have doctor-diagnosed diabetes in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	All people: 16+ ('000s)				People from BME groups: 16+ ('000s)			
		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036	
				No.s	%			No.s	%
FEA01	Greater Manchester	92	114	22	24	13	23	11	85
FEA02	Liverpool City Region	53	61	7	14	2	3	2	95
FEA03	Leeds City Region	109	148	39	36	16	36	20	121
FEA04	Sheffield City Region	64	78	14	22	4	9	5	125
FEA05	Cheshire & Warrington	32	38	6	18	1	3	2	188
FEA06	Tees Valley	24	29	6	24	1	4	2	168
FEA07	Cumbria	19	23	4	22	1	3	2	308
FEA08	Hull City Region	33	39	6	18	1	2	1	103
FEA09	North Yorkshire	22	27	5	24	1	4	3	209
FEA10	North East	71	91	19	27	4	14	10	254
FEA11	Lancashire	54	69	14	26	6	14	8	124
NORTH		556	694	138	25	49	113	64	130

Source: Prevalence rates (age-sex-ethnic group) taken from Sprotson and Mindell (Ed) (2006) applied to UPTAP projections (Rees et al., 2011)

Table 3.13. Changes in the number of people predicted to have a common mental disorder in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	All people: 16+ ('000s)				People from BME groups: 16+ ('000s)			
		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036	
				No.s	%			No.s	%
FEA01	Greater Manchester	252	267	15	6	28	39	11	40
FEA02	Liverpool City Region	147	149	2	1	6	9	3	47
FEA03	Leeds City Region	290	327	36	12	32	49	18	55
FEA04	Sheffield City Region	177	190	14	8	11	17	6	59
FEA05	Cheshire & Warrington	89	94	5	6	4	7	3	91
FEA06	Tees Valley	66	70	4	6	4	7	3	84
FEA07	Cumbria	52	58	5	10	3	7	4	127
FEA08	Hull City Region	91	98	7	7	3	4	2	58
FEA09	North Yorkshire	59	65	6	10	4	8	4	92
FEA10	North East	198	219	21	11	13	29	15	115
FEA11	Lancashire	147	161	14	10	13	22	9	66
NORTH		1,517	1,642	125	8	119	196	77	65

Source: Prevalence rates (sex-ethnic group) taken from McManus et al. (Ed) (2009) applied to UPTAP projections (Rees et al., 2011)

3.4 Changes in social care needs and support

The population projections were used together with prevalence rates from the Living in Britain Survey (2001) to estimate the change in the number of people in the North of England who are unable to manage one or more domestic tasks or self-care activities. Table 3.14 shows that there are predicted to be over 2 million people in the North of England who are unable to manage at least one domestic task and almost 1.7 million people who are unable to manage one self-care activity. The highest percentage increases in these groups are in Leeds City Region with the lowest being in Cumbria.

Table 3.14. Changes in the number of people predicted to be unable to manage at least one specific activity — one domestic task or one self-care activity in the functional economic areas in the North of England: 2011-2036⁸

FEA No.	FEA Name	Domestic tasks*— 65+ ('000s)				Self-care activity* — 65+ ('000s)			
		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036	
				No.s	%			No.s	%
FEA 01	Greater Manchester	188	311	123	66	154	254	100	65
FEA 02	Liverpool City Region	126	202	76	60	103	164	62	60
FEA 03	Leeds City Region	219	379	161	73	179	310	130	73
FEA 04	Sheffield City Region	144	232	88	61	118	189	72	61
FEA 05	Cheshire & Warrington	73	119	46	62	60	97	37	62
FEA 06	Tees Valley	53	89	36	69	43	72	29	68
FEA 07	Cumbria	44	68	25	57	36	56	20	56
FEA 08	Hull City Region	75	120	45	61	62	99	37	60
FEA 09	North Yorkshire	47	74	28	59	38	61	22	58
FEA 10	North East	160	262	102	64	131	214	83	63
FEA 11	Lancashire	112	181	69	62	92	148	56	61
NORTH		1,240	2,039	799	64	1,016	1,664	649	64

Source: Rates have been taken from POPPI/PANSI, DH Crown Copyright. Prevalence rates taken from the Living in Britain Survey (2001) have been applied to the UPTAP projections (Rees et al., 2011).

Prevalence rates from the 2001 Census were applied to the projections to estimate the change in the number of unpaid carers 2011-2036. Although this assumes that the rates of unpaid caring have not changed since 2001, ONS (2002) reported that there had been little change in prevalence of caring over the last decade. Table 3.15 shows that there will be a slight increase in the number of carers over this period if the prevalence rates remain unchanged. However, in some FEAs there is predicted to be a decrease in the number of unpaid carers, particularly in Liverpool City Region. Across all FEAs there will be a large

⁸ Note domestic tasks include: household shopping, wash and dry dishes, clean windows inside, jobs involving climbing, use a vacuum cleaner to clean floors, wash clothing by hand, open screw tops, deal with personal affairs, do practical activities. Self-care activities include: bathe, shower or wash all over, dress and undress, wash their face and hands, feed, cut their toenails, take medicines.

increase in number of carers from BME groups, although areas with a significant rural population that do not have a high proportion of their population from BME groups are expected to see the biggest increases.

Table 3.15. People providing unpaid care in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	All people ('000s)				All people from BME groups ('000s)			
		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036	
				No.s	%			No.s	%
FEA 01	Greater Manchester	278	278	0	0	24	35	11	45
FEA 02	Liverpool City Region	178	168	-10	-6	5	8	3	56
FEA 03	Leeds City Region	318	343	25	8	28	48	20	70
FEA 04	Sheffield City Region	211	214	3	1	9	16	7	72
FEA 05	Cheshire & Warrington	98	97	-1	-1	2	5	3	111
FEA 06	Tees Valley	75	75	-1	-1	3	6	3	94
FEA 07	Cumbria	56	57	1	3	2	5	3	156
FEA 08	Hull City Region	99	101	2	2	2	3	1	65
FEA 09	North Yorkshire	58	62	4	6	2	6	4	168
FEA 10	North East	225	232	7	3	10	25	15	140
FEA 11	Lancashire	167	174	7	4	12	21	9	71
NORTH		1,707	1,742	35	2	100	176	76	76

Source: Prevalence rates (age-sex-amount of care) taken from the 2001 Census Standard Tables, Crown Copyright 2003, ONS applied to UPTAP projections (Rees et al., 2011).

Table 3.16. People combining paid work and unpaid care in the functional economic areas in the North of England: 2011-2036

FEA No.	FEA Name	All carers 16-64 ('000s)				Carers in paid employment ('000s)			
		2011	2036	Change 2011-2036		2011	2036	Change 2011-2036	
				No.s	%			No.s	%
FEA 01	Greater Manchester	223	198	-25	-11	144	123	-21	-15
FEA 02	Liverpool City Region	140	116	-24	-17	82	66	-16	-19
FEA 03	Leeds City Region	252	243	-9	-4	167	155	-12	-7
FEA 04	Sheffield City Region	167	152	-15	-9	106	94	-12	-12
FEA 05	Cheshire & Warrington	76	66	-9	-12	54	45	-8	-16
FEA 06	Tees Valley	60	53	-7	-12	35	30	-5	-15
FEA 07	Cumbria	43	40	-3	-8	29	26	-3	-10
FEA 08	Hull City Region	77	70	-7	-9	48	42	-6	-12
FEA 09	North Yorkshire	44	42	-2	-5	32	29	-3	-9
FEA 10	North East	180	167	-13	-7	111	102	-9	-8
FEA 11	Lancashire	132	124	-8	-6	87	80	-8	-9
NORTH		1,349	1,231	-118	-9	865	765	-100	-12

Source: Prevalence rates (age-sex-employment status) taken from the 2001 Small Area Microdata, Office for National Statistics (2006) ONS applied to carer projections in Table 3.15.

3.5 Impact of demographic changes by type of area

Urban/rural area differences

Figure 3.9 shows the variation in rurality in the local authorities of the North of England based on the percentage of residents defined as 'rural' (Rural and Urban Statistics in England: Guidance Notes, ONS 2004). This shows that the North of England has areas of both sparsity and high density in population terms. Comparing these maps with those in Figures 3.1 and 3.4 and the charts in Figures 3.12 to 3.15 which show population the relationship between population change and rurality, it can be seen that the population in rural areas is growing at a faster rate and becoming increasingly more diverse. Figures 3.12–3.15 show that the more rural the LA the greater the percentage growth in the population, although this pattern is not seen in the population aged 75 and over. However, for people from black and minority ethnic groups this pattern applies for both the overall BME population and for those aged 75+.

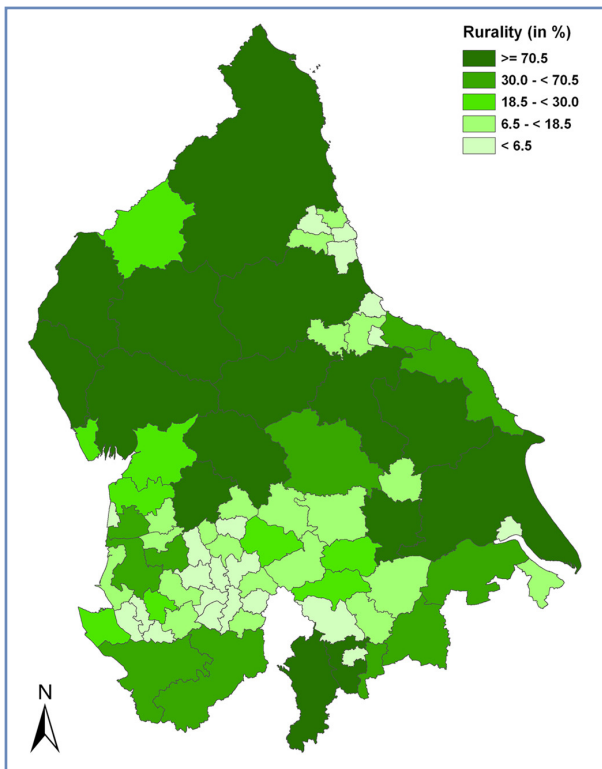
In rural areas there are likely to be fewer choices in terms of different housing options as people grow older, particularly if they wish to remain living in a small settlement, or more remote location. Evidence suggests that some older people prefer to move to bigger settlements such as market towns to facilitate ease of access to services as they grow older. In more urban settlements there are more likely to be a wider choice of housing options for people as they grow older (for example, downsizing to a smaller property, or a specialist housing scheme).

Affluence/poverty area differences

Figure 3.10 maps the Townsend material deprivation score for the local authorities in the North of England. The darker areas show the more deprived areas in the region. Overall population growth, the increase in the total BME population and for people from BME groups aged 75 and over, as well as BME headed households is lower in more deprived areas. There is no difference between affluent and deprived areas in the change in the older population (aged 75 and over), for the very old (aged 90 and over) or households. Comparing the Townsend score with rurality showed a significant correlation between these indicators with urban areas tending to have a high deprivation score.

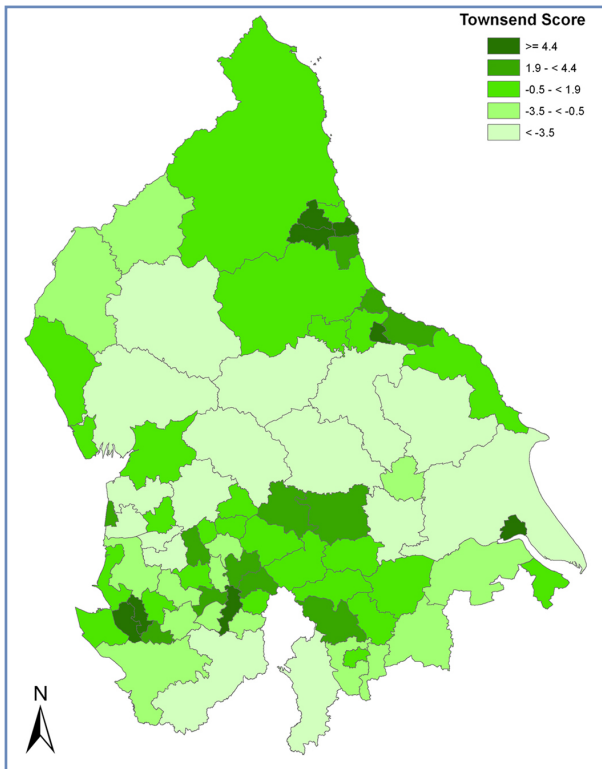
In terms of housing, higher levels of deprivation are more likely to have properties in poor state of repair, with poor heating and thermal efficiency, and overcrowding issues. This is not just an issue for older people. Poor housing has an impact on health over the life course, leading to greater levels of life limiting illnesses and disability.

Figure 3.9. Rurality (%)



Source: Rural and Urban Statistics in England: Guidance Notes, ONS 2004

Figure 3.10. Townsend Poverty Score



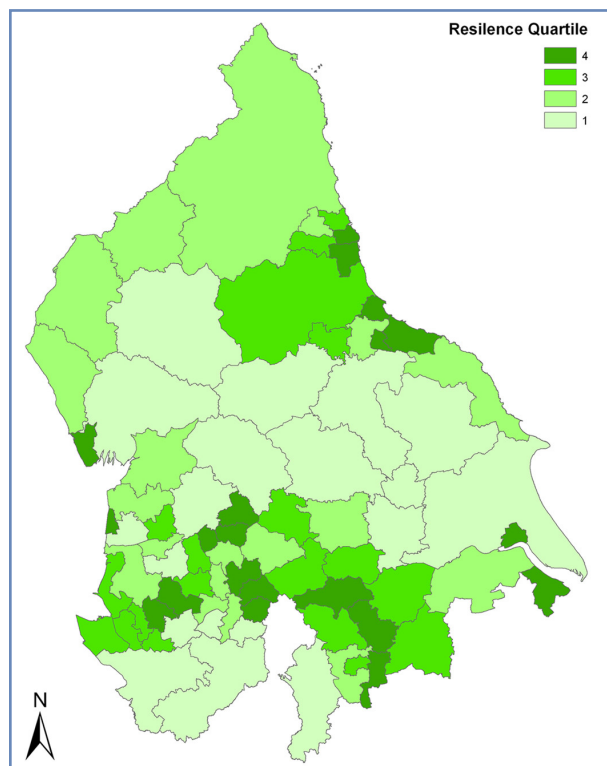
Source: Authors own calculations using ONS (2003).

Thriving/less successful area differences

Figure 3.11 shows the Experian Resilience index for the local authorities in the North of England with the darker areas of the map showing the local authorities that are thought to be the least resilient, or the most vulnerable to cuts in public spending. Comparing the Townsend score with resilience (Figures 3.10 and 3.11) shows a significant correlation between these indicators with areas that are the least resilient tending to have a high deprivation score. Overall population growth, the increase in the total BME population and for people from BME groups aged 75 and over, as well as BME headed households is lower in areas defined as least resilient. There is no difference between less resilient and more resilient areas in the change in the older population (aged 75 and over), for the very old (aged 90 and over) or households.

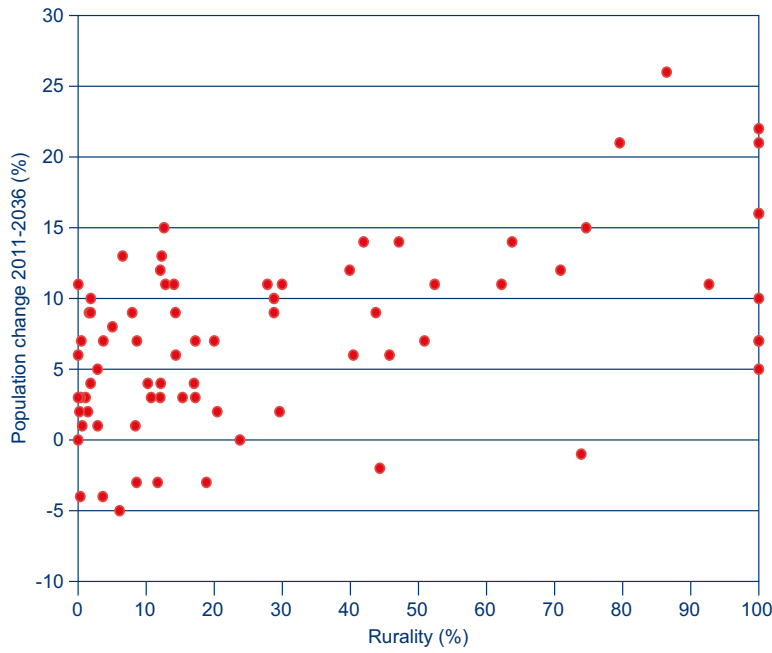
Those authorities which are least resilient to public spending cuts will be less well placed to meet the housing and housing related support needs of their older populations. These authorities will be less likely to be able to invest in housing improvements whether in public or private sector.

Figure 3.11. Resilience



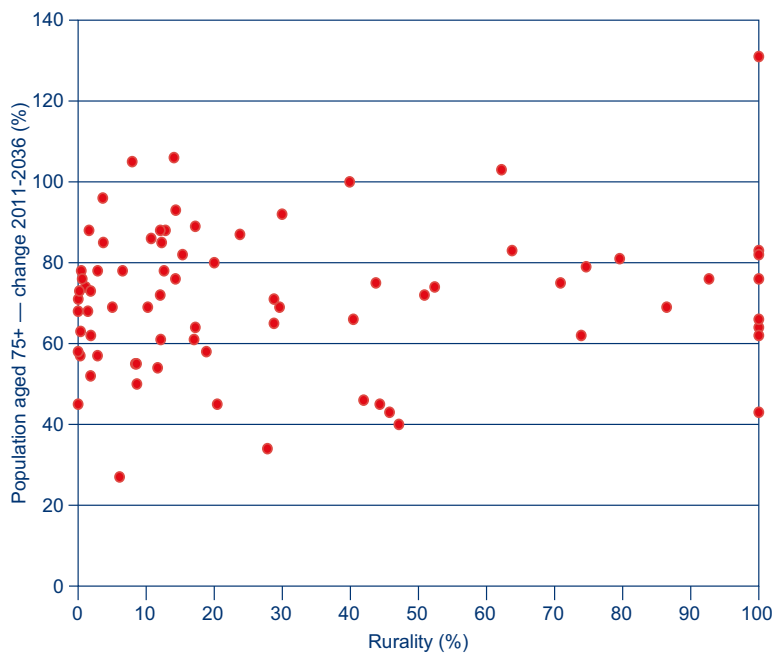
Source: Experian (2010) www.bbc.co.uk/news/business-11233799

Figure 3.12. Percentage population change 2011-2036 by rurality — LAs



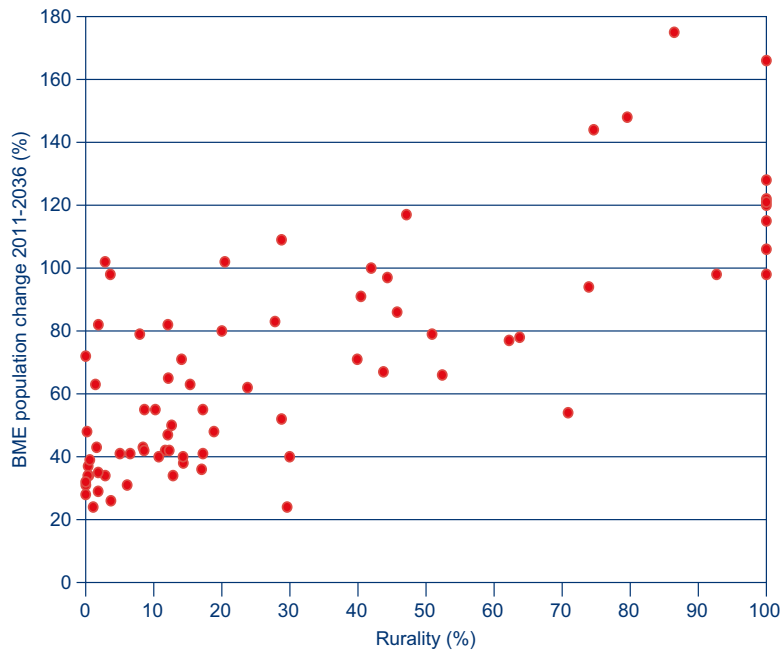
Source: UPTAP projections and Urban/rural statistics, ONS 2004.

Figure 3.13. Percentage population change for people aged 75+ 2011-2036 by rurality — LAs



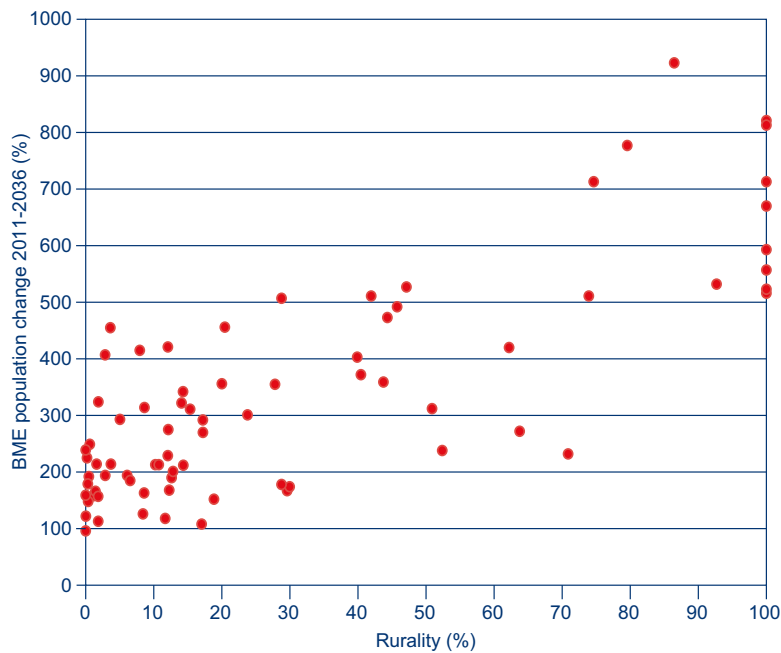
Source: UPTAP projections and Urban/rural statistics, ONS 2004.

Figure 3.14. Percentage BME population change 2011-2036 by rurality — LAs



Source: UPTAP projections and Urban/rural statistics, ONS 2004.

Figure 3.15. Percentage BME population change for people aged 75+ 2011-2036 by rurality — LAs



Source: UPTAP projections and Urban/rural statistics, ONS 2004.

4 Emerging Issues and Policy Applications

Including Examples of Best Practice and Innovation

The data show a population in the North of England that is both ageing and becoming increasingly diverse, raising implications for housing, health and social care and presenting key challenges for public policy and infrastructure planning. However, there are many reasons for optimism:

- **Increased life expectancy** due to advances in healthcare including better drug therapies and surgical procedures; preventative medicine; health monitoring; and improvement in perinatal medicine.
- **Population Ageing** — older people are more likely to be part of 'Big Society'. They are more likely to volunteer; provide unpaid care and support; and be active in their community.
- **Unpaid carers** — over 4 million people are willing to be carers (saving health and social care services £119 billion per year [Buckner and Yeandle; 2011]). Many carers find caring for others both rewarding and satisfying.
- **Greater choices for older people as to where they grow older** — it is increasingly recognised that homes and communities need to make the necessary adjustments to enable everyone regardless of age to enjoy a good quality of life, and to take part in their communities.
- **Developing labour market opportunities** — with the growth in the number of health and social care workers required and also newly emerging growth areas such as telecare, telehealth and ICT some areas of the labour market and expected to undergo rapid expansion with opportunities for developing social enterprises and entrepreneurship.

Although there is predicted to be a 7% increase in population in North of England the number of older people (aged 75 and over) is increasing at a much faster rate (72%). The projections show an increasing need for social care in its broadest sense due to increasing numbers of people living with limiting long-term illness, poor health and dementia or longstanding health conditions such as those caused by a heart attack or stroke, diabetes, and mental ill health. There are also predicted to be many more very old people (aged 90 and over); particularly older men age. Changes in living arrangements are also predicted with many more older people living alone. In addition, increasing numbers of disabled children are surviving into adulthood. Given the retrenchment of social services, with support being given only to those with substantial or critical need, the majority of this increase in social care will have to be provided by unpaid carers particularly for those people with moderate or low levels of impairment.

However, if current unpaid caring rates continue the number of carers available to provide this care will *decrease* due to the changing age profile of the population. In addition, changes in family size and family formation and evidence of generational differences in the willingness

to provide care may reduce this further. Given these changes, in the future government may have to make the role of the unpaid carer 'more attractive' through a combination of recognition, benefits and support. Currently Carers Allowance is the lowest paid benefit and is only available to a small group of carers⁹ A recent survey (NHS Information Centre Social Care Team, 2010) found that just 11% of carers reported receiving Carer's Allowance with 27% receiving Disability Living Allowance or Attendance Allowance. For carers providing 35 or more hours care a week the figures increased to 23% and 50% respectively. In addition, government may need to make it easier for people to combine caring with paid employment if they want to encourage people to work until they are older.

As the demand for unpaid caring begins to outstrip the supply (Pickard, 2008) there may be a rise in 'multiple carers' — carers who provide help and support for more than one person. A recent survey of carers in households in England (NHS Information Centre, 2010a) showed that 17% of carers were caring for more than one person, with 3% caring for 3 or more people. There may also be an increase in co-dependent or mutual caring relationships: for example, an adult with a learning disability providing help and support to an elderly parent, or an elderly couple caring for each other (Grant, 1986; Williams and Robinson, 2001; Blackman, 2007).

Studies show that unpaid caring has a negative impact on carers' health (Yeandle *et al.*, 2007;

NHS Information Centre Social Care Team, 2010). Identifying carers early in their caring role and implementing support to protect health (research shows that carers who have been caring for 6 months or more have poorer health than those caring for less than 6 months) may enable carers to continue caring for longer, producing cost savings in the long-term.

Personalisation

Under the new personalisation agenda there may be slower growth in residential care demand for older people at the younger end of the spectrum as people are helped to stay in their own homes for longer. However, the rapid ageing of the population will lead to an increase in very old people (people aged 90+) a high proportion of who live in residential or nursing care which will in turn lead to an increase in the need for residential and nursing care places for people in this age group. In addition, this very old population are becoming more diverse and will also have a higher proportion of men. This may mean that the types of places and support available may need to change to reflect the priorities for care of this changing group.

⁹ Carers Allowance is paid only to those carers who are: caring for someone in receipt of Disability Living Allowance at the middle or highest rate; caring for 35 hours or more a week and earning less than £100 per week

Alongside the growing need for residential and nursing care will be the need for adaptations to existing properties to assist people to live independently with increasing levels of impairment. It seems that the personalisation agenda will allow older people greater choice as to how their care needs are addressed and in some cases this might mean an adaption to their property — for example, a walk-in shower or downstairs toilet rather than payments for assistance. As noted above, in the North of England there is less housing wealth in comparison with other regions that older homeowners can draw on to fund adaptation to their homes, or indeed their future care.

Box 4.1 gives examples of how personal budgets have been used.

With regard to housing, in the future there will be needs for suitable, affordable housing stock to support people with increasing levels of disability and impairment. New developments such as those outlined in the HAPPI (Housing for an Ageing Population Panel for Innovation) Report (see Box 4.2) show the way forward, and include examples of good practice from the UK and elsewhere in Europe.

Box 4.1. Personal Budgets

Personal budgets are often used creatively by people in need of social care and their carers. Care workers and local authority staff see this approach as an outcome-focused intervention capable of responding quickly to service users' needs. Examples of how personal budget had been used have included: paying for carers to take driving lessons; assistance with decorating service users' homes; funding for white goods (such as tumble dryers) to facilitate social care; buying mobile phones to enable service users to maintain contact with their carers more easily. More unorthodox uses included the funding of carers' hobbies and interests with a view to enabling them to have 'a life outside caring', such as purchasing an angling license for the carer and paying for a drum kit. In interviews with Carers' Lead officers (in a study on local authority expenditure on care services) whose authorities arranged for such payments, it was suggested that personal budgets offered them the capacity to be creative and imaginative, to develop new forms of support, and to highlight the flexibility they provided. As one Carers Lead officer put it, personal budgets represented "a cultural shift in the way services are provided", and several pointed out that many social workers were keen to implement creative solutions (Fry, Price and Yeandle, 2009).

Box 4.2. Housing

Hartrigg Oaks is a Continuing Care Retirement Village operated by the Joseph Rowntree Foundation and located on the edge of York. Residents who move to the scheme purchase the lease on their bungalows, which are built to Lifetime Homes Standards, and pay a monthly fee akin to insurance, which covers any future care costs. Care for those residents who need assistance can be provided by on-site staff in their own bungalows, and there is a care home on site for residents if their care needs cannot be managed in their own homes. The scheme has a range of community facilities including a café, restaurant, arts and crafts room, health spa and library to enable a good quality of life.

See: www.jrft.org.uk/communities/hartrigg-oaks

Telecare and ICT

Telecare and ICT can help to keep people in own homes longer and also support carers as part of the move towards personalisation. Telecare projects in the UK have already demonstrated that telecare can deliver many benefits to service users and their carers as well

as healthcare professionals, at remarkably low cost. Examples to illustrate this are presented in Boxes 4.3 and 4.4.

Leeds City Council's telecare project, pump-primed by the Department of Health's Preventive Technology Grant, is an example of an English CSSR building telecare expertise and capacity. A range of telecare equipment is available to people with social care needs, and early success has led to the telecare service being mainstreamed from 2008 onwards and, from April 2009, fully funded from the council's adult social care budget. Latest available data indicates that around 4000 requests have been made for telecare equipment, with over 3000 packages already put in place. Equipment can be accessed by community and hospital occupational therapists, district nurses, physiotherapists, social workers and other trusted assessors. The council also conducts regular training on telecare to enable key staff to keep abreast of developments in this progressive field (WSDAN, 2009).

Box 4.3. Telecare in Leeds

Leeds City Council's telecare project, pump-primed by the Department of Health's Preventive Technology Grant, is an example of an English CSSR building telecare expertise and capacity. A range of telecare equipment is available to people with social care needs, and early success has led to the telecare service being mainstreamed from 2008 onwards and, from April 2009, fully funded from the council's adult social care budget. Latest available data indicates that around 4000 requests have been made for telecare equipment, with over 3000 packages already put in place. Equipment can be accessed by community and hospital occupational therapists, district nurses, physiotherapists, social workers and other trusted assessors. The council also conducts regular training on telecare to enable key staff to keep abreast of developments in this progressive field (WSDAN, 2009).

Box 4.4. Telecare in North Yorkshire

Telecare has become a central part of North Yorkshire's approach to social care. Evaluation of its pilot schemes have shown (for 42 clients):

- A net saving of approximately £4,300 per person (this is based on the comparison of the cost of a traditional package of care and a package including telecare);
- 21 people diverted from accessing residential care.
- Targets for the Preventative Technology Grant were exceeded across the whole county and by March 2008, 1,349 new users were using telecare. Evidence reported in 2009 showed that for a sample of 138 new Telecare users:
- 46% who would have required residential or nursing care were being supported instead with a package of telecare, homecare and day care;
- 54% who would have required homecare could be supported with telecare and a reduced homecare package;
- Early financial analysis suggested that a 38-45% reduction in care package costs had been achieved.

Additionally, by August 2008, telecare training — a key element of the implementation process — had been provided to over 1,500 health and social care professionals/partner organisations. North Yorkshire intends train all staff in relevant roles to use telecare as an effective tool in the identification and assessment of service users' needs (Tunstall, 2008).

Labour market issues

The emerging demographic trends show an increasing need for unpaid carers at a time when the government is keen to increase labour market engagement and also to encourage people to work until they are older. A high proportion of carers are people aged 55-74 (33% in 2001 [Office for National Statistics; 2003]) and people in this age group are more likely to become part of the so-called 'sandwich generation' caring for both children and older adults.

The Work and Families Act 2006 extended the right to request flexible working arrangements to all carers in employment although it is likely that larger companies will be much better placed to be able to provide this option than smaller companies. However, Yeandle *et al.*

(2007) included carers establishing trust with their employers and often being offered flexible working in a discretionary manner. This ties in with current thinking on 'Big Society'. NHS Information Centre, Social Care Team (2010a) found that amongst carers of working age:

- 27% who were not in paid employment were interested in taking up paid employment.
- The most important thing that would help carers to take up paid employment was flexibility in their working hours (68%); and also the ability to work from home (34%).
- The awareness of the right to request flexible working was very low (19% for all carers), but higher amongst carers who were in work (27% of carers in full-time employment and 24% of those in part-time employment).

Flexible working and raising awareness amongst carers of their right to request this, together with 'carer aware' employers would help to support carers to combine work and care. Some local authorities and voluntary groups in the North of England have already developed projects to help carers who want to combine caring with paid work or who are seeking employment or further education (Box 4.5 and Box 4.6). These projects provide support and advice to enable carers to access training and funding opportunities, to revise job application and interview skills, and to address work-related issues, including advising them about new rights given to carers in recent legislation (Buckner *et al.*, 2009a, b, c).

Box 4.5. Examples of Local Authorities Supporting Working Carers (Buckner *et al.* 2009a,b,c)

York City Council offers a service designed to help carers access employment and education; to date this has helped 176 carers, of whom 23 have entered paid work, with 208 positive learning outcomes.

Rochdale Metropolitan Borough Council has developed a Carers Resource programme designed to provide support to carers by the delivery of one-stop advice and information. A significant part of this scheme is the provision of free training to help carers who are planning to return to the workplace. Among the courses available are first aid at work, beginning computers, literacy and numeracy, confidence building, and personal development.

Bury Metropolitan Borough Council is committed to supporting working carers and has developed a Working Carers Employee Group whose principal aim is to "work towards ensuring that the carer's perspective is proactively incorporated within the council's policy and planning process and procedures; and to assist with developing good practices." Working carers can apply to join and to contribute to the group, which meets quarterly.

Middlesbrough Council has developed a support group specifically designed to help male carers — particularly those who are fathers — deal with a range of care-related issues. An important part of this programme is employment training, support and advice, which is delivered during meetings in which other activities are available such as sporting events.

Stockton-on-Tees Borough Council has, since February 2007, overseen a successful partnership between its Adult Education Service and the Link Carers organisation. The aim of this partnership is to open up learning opportunities to people who are carers of mental health service users. The project provides taster sessions, short courses and access to information and advice. A range of activities including aromatherapy, art, drama and an ICT workshop allow carers to progress onto mainstream Adult Education courses including a 'Skills for Life' literacy class.

Some employers have also recognised that supporting working carers to be able to continue paid employment alongside their caring role makes good business sense (Box 4.7).

Box 4.6. Examples of Voluntary Sector Organisations Supporting Working Carers (Buckner *et al.* 2009c)

Harrogate Carers Resource offers a long-standing service supporting carers to combine work and care. Since its inception in 2001, this service has helped approximately 750 carers into work or education. The service has a particular focus on developing carers' IT skills and works regularly with local employers to raise awareness about carers' employment needs.

Box 4.7. Examples of Employers Supporting Working Carers

(Employers for Carers carers-efc.jamkit.com/BusinessCase)

BT began the move to more flexible working patterns in the late 1970s. It realized that in a highly competitive market it needed to reduce its operating costs and with infrastructure costs high there was a growing realisation that encouraging home working could reduce this significantly.

Of BT's current 102,000 strong workforce, 75,000 work flexibly. In increased productivity this is worth at least £5-6 million on the company bottom line. Annual staff turnover is below 4% (sector average is 17%) and sickness absence among home workers averages below 3 days per person per annum. Flexible working also allows carers to balance their caring and working roles.

In addition, BT's 20 million customers rate quality of service 5% higher than before and these customers are 7% happier too.

In contrast to BT, **Listawood** is a small, family run manufacturing company with around 200 employees. It has always had a flexible culture with employees' hours individually negotiated. 66% of employees work part-time or have variable contracts. Because of the way the work is delivered in small teams and with multi-skilling encouraged when a sudden emergency arises this can be managed easily. Listawood has seen their productivity increase and believe they have saved on recruitment and retention costs, accommodation and systems, with reduced sick leave and lower staff turnover.

There are plans to combine benefits into a 'Universal Credit'. Although it is not known at present how this will affect Carers Allowance it may be that it could be changed to make it possible for carers to better combine paid work and care. In addition, to enable carers to combine their roles there will also need to be an improvement in better alternative care. There has been some discussion about so-called 'granny creches' (Huber and Skidmore, 2003). Box 4.8 shows an example of workplace day care. However, this is not a new idea, the Oxford Radcliffe Hospitals had a dependent relative centre that was set up in 1999 but closed in 2003 due to low take up¹⁰.

Box 4.8. Workplace Day Care

Arthur Wilson House is a workplace day centre owned and operated by BEN (Motor and Allied Trades Benevolent Fund) in Coventry. The centre is open for anyone with a connection to the automotive or related industries can leave an elderly relative to be cared for during the working day. They provide a number of services including:

- day care
- lunch club for people who don't wish to come for the whole day (including transport)
- hairdresser
- manicures and hand massages
- wet room facilities

They also provide support for people who are more independent, but may benefit from socialising and taking part in organised activities and outings.

www.ben.org.uk/arthurwilson/en/arthurwilson/

¹⁰ www.timesonline.co.uk/tol/life_and_style/health/features/article1164632.ece (accessed 28/02/11)

There will be a significant increase in the number of social care workers required to support people to stay in their own homes but also to work in residential and care establishments. Social care workers tend to be older women, with a high proportion from BME groups. Traditionally low-paid and seen as low-skilled there will be increasing competition from different sectors for these workers. Migration policy will also have an impact on this group.

Another growing area of the labour market will be in the development, production, provision and support for telecare, telehealth and ICT which will become increasingly important over the next 25 years. Indeed there are already signs that this is an area for rapid growth (UKCES, 2010). In addition, studies have shown that when older people purchase 'assistive' technologies they tend to seek products that are not medicalised, but make day to day living easier and more comfortable, for example, rising arm chairs, telephones with larger key pads and so forth. Studies have also shown that older people are interested in how new technologies can be used to assist them. Products more generally aimed at the older consumer are likely to be in greater demand.

Similarly many older people, particularly home owners, will be looking for assistance with the maintenance and adaptation of their properties which may generate new areas of opportunity — for example in the provision of skilled trades, handyperson, decorating, and gardening services, and also for provision of housework, cleaning, and laundry services.

Area-based issues and solutions

The rural population is growing at a faster rate and becoming increasingly diverse. A number of issues have been identified with providing services in rural areas (Carers UK, 2003) including: the higher costs of providing and delivering services; difficulties in consulting people in a rural setting; staff recruitment and retention; poor take-up of services due to transport issues (older people in rural areas are less likely to have access to a car than those in urban areas¹¹) and lack of reliable information about the rural population. However, the use of telecare, telehealth and ICT could help in these settings. Remote ICT can monitor and support patients with health needs, reduce GP visits or hospital admissions in nearby towns and cities. In addition, personal budgets, could also allow people to buy suitable services (though this could be limited by a lack of suitable staff in the area); creative solutions are therefore important — personal budgets allow you to recruit family members or friends to provide care, or buy in specialised equipment;

There is a high correlation between deprivation and resilience based on the indicators presented. This shows that areas of high deprivation are less likely to be resilient to public spending cuts than more affluent areas. Low income and social deprivation are associated with higher levels of obesity, smoking, mental illness and health difficulties arising from drug

¹¹ 2001 Census Standard Tables, Crown Copyright 2003.

and alcohol misuse and the prevalence of unpaid caring varies by area with deprivation associated with a higher prevalence of unpaid care. These areas may therefore need more targeted support.

While there are new and emerging models of housing for older people which enable independent living to be combined with flexible levels of care and support, most older people will be living in ordinary housing in the community and the majority will be owner occupiers. As noted above, the need for assistance with adaptations to people's homes (for example to facilitate hospital discharge or enable people to remain living in their own homes for longer periods of time, or simply make life easier for informal carers) will be great. It also seems likely that in areas of high deprivation these needs are likely to be amplified.

Integrated health/social care approach

The Health and Social Care Bill was introduced into Parliament on 15 November 2007 and contained significant measures to modernise and integrate health and social care. However, there is still evidence of cost and/or responsibility shunting between health and social care providers¹². However, evidence suggests that early intervention and partnership working can lead to cost savings. In addition, older people value practical help and support to enable them to continue to live independently, however, the benefits in investing in that 'little bit of help' are only realised over many years. Involving older people in the development of services will be vital to ensure that they meet the needs of this expanding and changing group, indeed this has been shown to lead to improvements in outcome and effectiveness (Clarke, 2011).

¹² www.nhsconfed.org/PressReleases/Archive/2010/Pages/Partnership-not-cost-shunting-is-the-answer-to-funding-pressures.aspx

References

- Akesson, K., Saveman, B. and Nilsson, G. (2007) 'Health care consumers' experiences of information communication technology: a summary of literature', *International Journal of Medical Informatics*, Volume 76, Issue 9, Pages 633-645.
- Alcock, P. (1993) *Understanding Poverty*. MacMillan:London.
- Audit Commission (2004) *Older People – Independence and Well-Being: The Challenge for Public Services*. London: The Audit Commission.
- Baxter, L. and Bennett. J. (2006) *Building Confidence in the Equity Release Market*. Council of Mortgage Lenders.
- Bevan, M., and Croucher, K., and Rhodes, D. (2006) *The Housing and Support Needs of Older People in Rural Areas*. The Countryside Agency/Housing Corporation.
- Bernard, M. et al. (2007) Housing and care for older people: life in an English purpose-built retirement village. *Ageing and Society* 24(7); 533-554.
- Blackman, N. (2007) People with learning disabilities — an aging population. *The Journal of Adult Protection*, 9(3):3-8.
- Boden P. and Rees P. (2010) Demographic change and its impact upon the Northern Way regions. Paper presented and published at the Symposium on Economic Development in the Northern England Session 3, Turning Points, 1330-1415 25-26 March 2010, The Lowry Centre, Salford. Online at: <http://www.thenorthernway.co.uk/page.asp?id=822>. Paper being prepared for submission to *Applied Spatial Analysis and Policy*.
- Bowes, A. (2006) 'Evaluating technology for dementia care'. In Innes, A., and McCabe, L. *Evaluation in Dementia Care*. London: Jessica Kingsley, pp87-105.
- Bowes, A. and McColgan, G. (2006) *Smart Technology and Community Care for Older People: Innovation in West Lothian*. Scotland. Age Concern Scotland.
- Brownsell, S., Aldred, H. and Hawley, M. S. (2007) 'The role of telecare in supporting the needs of elderly people', *Journal of Telemedicine and Telecare*, Volume 13, 293-297.
- Buckner, L., Fry, G. and Yeandle, S. (2010a) *Carers in the region: A profile of the North East*, CIRCLE for Department of Health, University of Leeds.
- Buckner, L., Fry, G. and Yeandle, S. (2010b) *Carers in the region: A profile of the North West*, CIRCLE for Department of Health, University of Leeds.
- Buckner, L., Fry, G. and Yeandle, S. (2010c) *Carers in the region: A profile of Yorkshire and The Humber*, CIRCLE for Department of Health, University of Leeds.
- Buckner, L. and Yeandle, S. (2011) *Valuing Carers 2011 — calculating the value of unpaid care*. London: Carers UK.
- Care and Repair England. (2006) *Small Things Matter: The Key Role of Handyperson Services*. Care and Repair England.
- Carers UK (2003) *Rural carers and poverty*. Carers UK Issues paper. London: Carers UK.
- Carers UK Wales (2010) Call for evidence — Submission from Carers Wales to the Independent Commission on Social Services in Wales. Carers Wales, February 2010 <http://www.carerswales.org/Policyandpractice/Generalconsultations/>

- Clarke, A. (2011) How can local authorities with less money support better outcomes for older people? Report written for the Centre for Ageing Policy and published by JRF, York.
- Clarke L. (1995) 'Family care and changing family structure: bad news for the elderly?', in Allen I and Perkins E (eds) *The Future Of Family Care For Older People*, HMSO: London cited in Pickard, L. (2007) Unpaid care and the family in Focus on Families Smallwood, S. and Wilson, B. (eds), London:ONS.
- Clark, H., Dyer, S., and Horwood, J. (1998) *That Little Bit of Help: The High Value of Low Level Preventative Services for Older People*. Bristol: The Policy Press.
- Clery, E., McKay, S., Phillips, M., and Robinson, C. (2007) *Attitudes to Pensions: The 2006 Survey*. Research Report No 434, Department of Work and Pensions.
- CSCI (2007, 2008, 2009) *The State of Social Care in England*. London:CSCI.
- Communities and Local Government (2007) *The English Indices of Deprivation 2007*, London, Communities and Local Government.
- Communities and Local Government. (2008) *Lifetime Homes, Lifetime Neighbourhoods. A National Strategy for Housing in an Ageing Society*. London: Department for Communities and Local Government, Department of Health, Department for Works and Pensions.
<http://www.communities.gov.uk/publications/housing/lifetimehomesneighbourhoods>
- Cracknell, R. (2010) *The Ageing Population*. Key Issue For New Parliament. House of Commons Library Research.
<http://www.parliament.uk/documents/commons/lib/research/key%20issues/Key%20Issues%20The%20ageing%20population2007.pdf>
- Crosbie, B., Seymour, J., Froggatt, J. (2008) *Exploring End of Life Care: In the Context of Extra Care Housing*. University of Nottingham: The Sue Ryder Care Centre for Palliative and End of Life Studies.
- Croucher, K. (2006) *Delivering End of Life Care in Housing with Care Settings. Housing Learning & Improvement Network Factsheet 18*. Care Services Improvement Partnership/Health and Social Care Change Agent Team.
http://www.endoflifecareforadults.nhs.uk/eolc/files/F2072-HLIN_Delivering_EoLC-Factsheet_18.pdf
- Croucher, K. (2008) *Housing Choices and Aspirations of Older People: Research from the New Horizons Programme*. London: Department of Communities and Local Government.
- Croucher, K., Hicks, L., Jackson, K. (2006) *Housing with Care in Later Life: A Literature Review*. York, Joseph Rowntree Foundation. <http://www.jrf.org.uk/publications/housing-with-care-later-life-literature-review>
- Croucher, K., Hicks, L., Bevan, M., Sanderson, D. (2007a) *Comparative Evaluation of Different Models of Housing with Care for Later Life*. York, Joseph Rowntree Foundation.
<http://www.jrf.org.uk/sites/files/jrf/2134-housing-care-later-life.pdf>
- Croucher, K., Holmans, A., Wilcox, S. (2009) *An Examination of Housing Needs and Supply for an Ageing Society*. London, Royal Institution of Chartered Surveyors.
- Croucher, K., Sanderson, D., Chaplin, S. et al., (2007b) *A Review of Sheltered Housing in Scotland*. Scottish Executive/Communities Scotland.

- Darton, R., Baumaker, T., Callaghan, L, et al. (2008). *Evaluation of the Extra Care Housing Initiative. Initial Report. PSSRU Discussion Paper 2506/2*. University of Kent, Personal Social Services Research Unit.
- Davidson, S., MacLardie, J., Murray, L. (2007). *A Strategy for Scotland with an Ageing Population: Qualitative Research with the General Public*. Scottish Executive Social Research Findings 30/20.
<http://www.scotland.gov.uk/Resource/Doc/169472/0047205.pdf>
- Department of Health (2005) *Building Telecare in England*. London: Department of Health
http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4115303
- Department of Health (2008) *Aiming High For Disabled Children*. London: The Stationery Office.
- Department of Health (2008) *End of Life Care Strategy: Promoting High Quality Care for All Adults at the End of Life*, London: The Stationery Office.
- Department of Health (2009a) *Healthy Lives, Brighter Futures: The strategy for children and young people's health*. London: The Stationery Office.
- Department of Health (2009b) *Living Well with Dementia: A National Dementia Strategy*, London: The Stationery Office.
- Department of Health (2009c) *Valuing People Now*. London: The Stationery Office.
- Department of Health (2010) *Healthy Lives, Healthy People: Our strategy for public health in England* London, The Stationery Office.
- Department of Health (2011) *No Health With Mental Health: A cross-government mental health outcomes strategy for people of all ages*. London: The Stationery Office.
- DWP (2009) *Building A Society for All Ages*.
- Dickinson, H. and Glasby, J. (2010) *The Personalisation Agenda: Implications for the third sector*. Working paper 30. Third Sector Research Centre.
- Dolphin, T. (2009) *The Impact of the Recession on Northern City-Regions* IPPR North, JRF, Northern Way.
- DRC, EOC and Carers UK (2007) *The Future: Who cares? The DRC, EOC and Carers UK present major poll findings on the future of caring responsibilities in Great Britain*. London: DRC, OEC, Carers UK.
- Dunnell, K. (2009) *Diversity and different experiences in the UK: National Statistician's Annual Article on Society*, ONS.
- Easterbrook, L. and Vallely, S. (2008) *"Is it that time already?" Extra Care Housing at the End of Life; A Policy-into-Practice Evaluation*. Housing 21/NHS End of Life Care Programme.
<http://www.housing21.co.uk/downloads/Evaluationsummary.pdf>
- Eborall, C., W. Fenton, and S. Woodrow (2010) *The State of the Adult Social Care Workforce in England, 2010*. Skills for Care, Leeds.
- ERoSH. (2009) *ERoSH Response to Help the Aged Report "Nobody's Listening"*, February 2009. ERoSH.
<http://www.shelteredhousing.org.uk>
- ERoSH. (Undated). *ERoSH Position Statement on Resident Wardens and their Alternatives*. ERoSH. <http://www.shelteredhousing.org.uk>

- Evans, S. and Means, R. (2009). *Balanced Retirement Communities? A Case Study of Westbury Fields*. University of the West of England.
http://www.stmonicastrust.org.uk/pdf/case_study.pdf
- Evans, S. and Vallely, S. (2007a) *Best Practice in Promoting Social Well-Being In Extra Care Housing – A Literature Review*. Joseph Rowntree Foundation.
- Evans, S. and Vallely, S. (2007b) *Promoting Social Well-Being in Extra Care Housing*. Joseph Rowntree Foundation.
- Fielden, S. (2009) *Ageing population offers big opportunities* *The Engineer* (27 January 2009).
- Ford, J. and Rhodes, D. (2008). *Report of a Survey of Recent Entrants to Hanover Housing Association: Reasons for Moving and the Nature of the Move*. Centre for Housing Policy, University of York.
- Forder, J. (2007) Self-funded social care for older people: an analysis of eligibility, variations and future projections, PSSRU Discussion Paper 2505, PSSRU and CSCI.
- Franklin, L. (2009) Disabled children and health. Every Disabled Child Matters.
- Fry, G., Price, C. and Yeandle, S. (2009) *Local authorities use of Carers Grant*. London: Department of Health.
- Gheera, M. (2010) *Funding Social Care*. Key Issue For New Parliament. House of Commons Library Research. <http://www.parliament.uk/documents/commons/lib/research/key%20issues/Key%20Issues%20Funding%20social%20care.pdf>
- Gilroy, R. (2008) Places that support human flourishing; lessons from later life. *Planning, Theory and Practice*, 9 (2) pp 145-163.
- Glasby J. and Littlechild R. (2009) Direct Payments and Personal Budgets: Putting personalisation into practice. Policy Press: Bristol.
- Grant, G. (1986) Older carers, interdependence and the care of mentally handicapped adults. *Ageing and Society* 6:333-351.
- Gray, A. (2005) Population Ageing and Health Care Expenditure, *Ageing Horizons*, Issue No. 2, 15–20.
- Grundy, E. And Henretta, J. C. (2006) Between elderly parents and adult children:a new look at the intergenerational care provided by the 'sandwich generation' *Ageing & Society* 26, 2006, 707–722.
- Hancock, R., Askham, J., Nelson, H., and Tinker, A. (1999). *Home Ownership in Old Age – Financial Benefit or Burden*. Joseph Rowntree Foundation.
<http://www.jrf.org.uk/publications/home-ownership-old-age-financial-benefit-or-burden>
- Hanover Housing Group (2009) *The Future of Extra Care and Retirement Housing*. Hanover Housing Group.
- Hanson, J. (2001). From Special Needs to Lifestyle Choices, in Peace, S., and Holland, C. (Eds) *Inclusive Housing in an Ageing Society: Innovative Approaches*, Bristol: The Policy Press.
- Health and Social Care Information Centre (2010) Personal Social Services Survey of Adults Receiving Community Equipment and Minor Adaptations in England, 2009-10.
- HM Government (2007) *Putting People First: A shared vision and commitment to the transformation of Adult Social Care*.
- HM Government (2008) *Carers at the heart of 21st century families and communities*, www.dh.gov.uk/publications

- HM Government (2009) *Building a society for all ages* Presented to Parliament by the Secretary of State for Work and Pensions by Command of Her Majesty July 2009 Cm 7655.
- HM Government (2009) *Shaping the Future of Care Together* Green Paper Presented to Parliament by the Secretary of State for Health by Command of Her Majesty 14 July 2009 Cm 7673.
- Heywood, F. (2001) *Money Well Spent: the Effectiveness and Value of Housing Adaptations*. Bristol: Policy Press.
- Heywood, F. (2004) The health outcomes of housing adaptations. *Disability and Society* 19 (2): 129-143.
- Heywood, F. (2005) Adaptation: altering the house to restore the home. *Housing Studies* 20 (4):531-547.
- Heywood, F., Oldman, C., and Means, R. (2002). *Housing and Home in Later Life*. Milton Keynes: Open University Press.
- Homes and Communities Agency. (2009). *HAPPI; Housing Our Ageing Population; Panel for Innovation*. Homes and Communities Agency.<http://www.homesandcommunities.co.uk/public/documents/Happi%20Final%20Report%20-%20031209.pdf>
- House of Commons Work and Pensions Committee (2008) *Inquiry on Carers*, 4th report, Session 2007-8, HC 485-I and HC 485-II, TSO.
- House of Commons Health Committee (2010) *Social Care* Third Report of Session 2009–10 Volume 1, HC 22-I, TSO.
- House of Lords (2003) Aspects of the economics of an ageing population, Volume 1. 4th report Select Committee on Economic Affairs. HL paper 179-1.
- Huber, J and Skidmore, P. (2003) *The New Old — Why baby boomers won't be pensioned off*. London; DEMOS.
- Johnson, P. (1993) Old Age And Ageing in Britain, *ReFRESH* 17:5-8.
- Karcharnubarn R., Rees, P. and Gould, M. (2010) 'Population Ageing and Healthy Life Expectancy in Thailand', draft paper, School of Geography, University of Leeds.
- Kent County Council. *Promoting and Sustaining Independence in a Community Setting – Kent telehealth evaluative development pilot: a study into the management of people with long-term conditions*. : https://shareweb.kent.gov.uk/Documents/adult-Social-Services/professionals-and-projects/WSD/Telehealth%20Full%20Report%20FINAL_Layout%201.pdf
- King, N., Pannell, J., and Copeman, I. (2009) *Nobody's Listening: The Impact of Floating Support on Older People Living in Sheltered Housing*. London: Help the Aged.
- IPC (2011) Estimating the number and distribution of self-funders of care in England — a quantitative study in LGA, Local Government Improvement and Development and aadass (2011) *People who pay for care: quantitative and qualitative analysis of self-funders in the social care market*.
- Mackenbach, J.p., Kunst, A. E., Cavelaars, A. E. J. M, Groenhouf, F., Geurts, J. J. M, and EU Working Group on Socioeconomic Inequalities in Health (1997) Socioeconomic inequalities in morbidity and mortality in western Europe, *The Lancet* Volume 349, Issue 9066, Pages 1655-1659.

- McManus, S., Meltzer, H., Brugha, T., Bebbington, P. and Jenkins, R. (Eds) (2009) Adult psychiatric morbidity in England, 2007 – *Results of a household survey*, NHS The Information Centre.
- McCreadie, C. and Tinker, A. (2005) The acceptability of assistive technology to older people. *Ageing and Society* 25: 91-110.
- McClatchey, T., Means, R. and Morbey, H. (2001) *Housing Adaptations and Improvements for People with Dementia*, University of the West of England, Bristol.
- Macadam, A., Gandi, K., Granville, G. et al. (2009) *Personal Budgets, Personalisation and Older People's Housing: IGP Project*. National Development Team for Inclusion and Housing 21.
- Marmot Review (2010) *Fair Society, Healthy Lives*.
<http://www.marmotreview.org/AssetLibrary/pdfs/Reports/FairSocietyHealthyLives.pdf>
- NHS Information Centre, Social Care Team (2010a) *Survey of carers in households 2009/2010*, The Health and Social Care Information Centre.
- NHS Information Centre (2010b) *Personal Social Services Survey of Adults Receiving Community Equipment and Minor Adaptations in England, 2009-10* The Health and Social Care Information Centre.
- NHS Information Centre (2010c) *Community Care Statistics 2008-09: Social Services Activity Report*, England.
- NHS Information Centre (2011) *Personal Social Services Expenditure and Unit Costs England, 2009-10*. www.ic.nhs.uk/webfiles/publications/009_Social_Care/pss0910expfinal/Personal_Social_Services_Expenditure_Report%202009-10_v2.pdf
- O'Neill, L., Cook, G., Hill, S. (2003). *Lighting the Homes of People with Sight Loss*. Thomas.
- Office for National Statistics (2002) *Carers 2000*. London: the Stationery Office.
- Office for National Statistics (2003) 2001 Census Univariate Tables, Crown Copyright 2003. Accessed via www.neighbourhood.statistics.gov.uk
- Office for National Statistics (2004) *Rural and Urban Statistics in England: Guidance Notes*. Accessed via www.ons.gov.uk/about-statistics/geography/products/area-classifications/rural-urban-definition-and-la-classification/rural-urban-local-authority—la—classification/index.html
- Office for National Statistics (2006) 2001 *United Kingdom Small Area Microdata Licensed File* [computer file] distributed by the Cathie Marsh Centre for Census and Survey Research, University of Manchester.
- Oldman, C. (2000), *Blurring the Boundaries: A Fresh Look at Housing and Care Provision for Older People*. Joseph Rowntree Foundation/Pavilion Press.
- Overton, L. (2010). *Housing and Finance in Later Life: A Study of UK Equity Release Customers*. Age UK. http://www.ageuk.org.uk/documents/en-gb/for-professionals/consumer-issues/id9116_housing_and_finance_in_later_life_a_study_of_uk_equity_release_customers_2010_pro.pdf
- PSSRU (2002) *Self-Funded Admissions to Care Homes March 2002 Summary of Findings*.
- Pickard, L. (2008) *Informal Care for Older People Provided by Their Adult Children: Projections of Supply and Demand to 2041 in England* Personal Social Services Research Unit (PSSRU) Discussion Paper 2515.

- Polder, J. J., Bonneux, L., Meering, W., J and Van Der Maas, P. J. (2002) Age-specific increases in health care costs *European Journal of Public Health* 12(1):57-62.
- Poole, T. (2006) *Telecare and Older People*. London: King's Fund.
http://www.kingsfund.org.uk/resources/publications/appendices_to.htm
- Prime Minister's Strategy Unit (2005) *Improving the Life Chances of Disabled People*.
- Rainbird, H., Leeson, E. and Munro, A. (2009) *Skill Development in the Social Care Sector: An Assessment of Institutional and Organisational Capacity Final Report*. Birmingham Business School, April, 2009.
- Rasulo, D., Bajekal, M. and Yar, M. (2007) *Inequalities in health expectancy in England and Wales – small areas analysis from the 2001 Census*. *Health Statistics Quarterly* 34:35-45.
- Rees, P., Zuo, C. Wohland, P., Jagger C., Norman, P. and Boden, P. (2011) *Modelling demographic change in the functional economies of the North of England* N8 Research Partnership, Demographic Change Project, Strand 1 Report.
- Riseborough M and Fletcher P (2003). *Fact sheet 1. Extra Care Housing — What is it?* Department of Health, Housing LIN.
<http://www.icn.csip.org.uk/housing/index.cfm?pid=521&catalogueContentID=1633>
- Rowlingson, K and MacKay, S. (2005) *Attitudes to Inheritance in Britain*. The Policy Press.
- Rugg, J. and Croucher, K. (2010) *Qualitative Study of Older People's Experiences in the Private Rented Sector*. London: Age Concern and Help the Aged.
- Scott, J., MacMillan, K., McGregor, T., Reid, S. (2009) *Review of Care and Repair Projects*. Scottish Government Social Research. <http://www.Scotland.gov.uk/socialresearch>
- Skills for Care, (2010) *nmds-sc briefing, issue 13 — regional comparisons*, SfC.
- Smith, J. (2004) *Exploring Attitudes to Housing Wealth and Retirement*. Housing Finance Autumn 2004, Council of Mortgage Lenders.
- Social Exclusion Unit (2004) *The drivers of social exclusion: A review of the literature for the Social Exclusion Unit in the Breaking the Cycle series – Summary*, London: ODPM.
- Social Exclusion Unit (2005) *Opportunity Age – Opportunity and Security Throughout Life*, London: ODPM.
- Sprotson, K. and Mindell, J (Eds) (2006) *Health Survey for England 2004 Volume 1: The health of ethnic minority groups*, NHS The Information Centre.
- Tomassini, C. (2005) Demographic Profile in *Focus on Older People — 2005 Edition* (Eds A Soule, Penny Babb, Maria Evandrou, Stephen Balchin and Linda Zealey), London: ONS.
- Townsend P. (1987) Deprivation. *Journal of Social Policy* 1987; 16(2): 125-146.
- Tunstall, B. (2009) *Communities in recession: the impact on deprived neighbourhoods*, York: JRF. www.statistics.gov.uk/downloads/theme_compendia/foop05/Olderpeople2005.pdf
- Tunstall Group Ltd (2008) *North Yorkshire County Council Case Study report* (report of 2005-06 pilot).
- UKCES (2010) *Skills for jobs: Today and tomorrow, The National Strategic Skills Audit for England, 2010*. London: UKCES.
- Valleley, S., Evans, S., Fear, T., Means, R. (2006) *Opening the Doors to Independence: A Longitudinal Study Exploring the Contribution of Extra Care Housing to the Care and Support of Older People with Dementia*. Housing 21/Housing Corporation.

- <http://www.housingcare.org/downloads/kbase/2845.pdf>
- Vallely, S. (2008) *Building Choices: Personal Budgets and Older People's Housing – Broadening the Debate*. Housing 21.
- Wanless, D. (2006) *Securing good care for older people — Taking a long-term view*. King's Fund, London.
- Wilcox, S. (2007) *UK Housing Review 2006/07*. Chartered Institute of Housing and Council of Mortgage Lenders.
- Williams, I. (2008) *Telecare: a rapid review of the evidence 2005-2008*, report prepared for the West Midlands Strategic Health Authority (May 2008), Birmingham: NHS West Midlands and University of Birmingham.
- Williams, V. and Robinson, C. (2001) 'He will finish up caring for me': people with learning disabilities and mutual care, *British Journal of Learning Disabilities*, 29:56-62.
- Willets, D. (2010) *The Pinch: How the Baby Boomers Took Their Children's Future and Why They Should Give It Back*. Atlantic Publishing.
- WSDAN (Whole Systems Demonstrators Action Network) (2009) WSDAN Progress in Leeds. http://www.wsdactionnetwork.org.uk/news/wsdan_progress/wsdan_progress.html
- Yeandle, S *et al.* (2007) *Carers, Employment and Services* report series, London: Carers UK.
- Yeandle, S (2009) 'Telecare: a crucial opportunity to help save our health and social care system', University of Leeds and Bow Group, August, www.bowgroup.org
- Yeandle, S. (2010) How employment policies and employers support carers in paid work in the UK, Keynote Lecture III, International Symposium on the Reconciliation of Paid Work and Family Care, December 3-4, 2010, Taipei, Taiwan.
- Yeandle, S. and Fry, G. (2008) *The Potential of ICT in Supporting the Provision of Domiciliary Care with particular attention to the case of immigrant care workers and informal carers in England*. Institute For Prospective Technological Studies: Seville. <http://ipts.jrc.ec.europa.eu/publications/pub.cfm?id=3019>
- Yeandle, S., Shipton, L. and Buckner, L. (2006) *Local Challenges in Meeting Demand for Domiciliary Care*, GELLM Synthesis report, SHU, Sheffield.
- Young, H., Grundy, E. and Kalogirou, S. (2005) Who cares? Geographic variation in unpaid caregiving in England and Wales: evidence from the 2001 Census. *Population Trends* 120:23-34.

Glossary and Definitions

BME groups

Black and minority ethnic groups for the purpose of this paper include all people except White British, White Irish and people from other White groups.

(Unpaid) Carer

There is currently no official definition of a carer. The figures in this report are based on data from the 2001 Census which included, for the first time, a question on unpaid carers. The question asked was:

'Do you look after or give any help or support to family members, friends or neighbours or others because of: long-term physical or mental ill-health or disability or problems related to old?'

CASSR

Council with adult social service responsibility.

Direct Payment

Direct payments are local council payments for people who have been assessed as needing help from social services, and who would like to arrange and pay for their own care and support services instead of receiving them directly from the local council.¹³

Limiting long-term illness (LLTI)

Limiting long-term illness is defined as any long-term illness, health problem or disability which limits someone's daily activities or the work they can do (2001 Census).

Telecare

'Remote or enhanced delivery of health and social services to people in their own homes by means of telecommunications and computerised systems'

This is the Scottish Government's abbreviated definition, used in its telecare development programme (cited in Yeandle, 2009).

¹³ www.direct.gov.uk/en/disabledpeople/financialsupport/dg_10016128

Appendix A. Revised Functional Economic Areas based on LEPs and 2009 LAs (Rees et al., 2011)

#	FEA Name (bold = approved LEP)	LA Members (italics = core city)
1	Greater Manchester	Manchester, Bolton, Bury, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford, Wigan
2	Liverpool City Region	Liverpool, Knowsley, St.Helens, Sefton, Wirral, Halton
3	Leeds City Region	Leeds, Kirklees, Wakefield, Barnsley, Bradford, Calderdale, Craven, Harrogate, York, Selby
4	Sheffield City Region	Sheffield, Rotherham, Barnsley, Doncaster, Bassetlaw, Bolsover, Chesterfield, Derbyshire Dales, North East Derbyshire
5	Cheshire and Warrington	Cheshire West and Chester, Cheshire East, Warrington
6	Tees Valley	Middlesbrough, Redcar and Cleveland, Stockton-on-Tees, Hartlepool, Darlington
7	Cumbria	Carlisle, Allerdale, Barrow-in-Furness, Eden, Copeland
8	Hull City Region	Kingston upon Hull, East Riding of Yorkshire, North Lincolnshire, North East Lincolnshire
9	North Yorkshire	York, Hambleton, Richmondshire, Ryedale, Scarborough, Selby
10	Newcastle City Region	Newcastle upon Tyne, County Durham, Sunderland, Gateshead, South Tyneside, North Tyneside, Northumberland
11	Lancashire	Preston, Chorley, Blackburn with Darwen, Hyndburn, Rossendale, Burnley, Pendle, Wyre, Lancaster, South Lakeland, Ribble Valley, South Ribble, Blackpool, Fylde

Notes: The bold FEA Names indicate Local Enterprise Partnerships approved by Communities and Local Government in the White Paper of 28 October 2010. The FEA names not in bold are suggested groupings of the LAs not included in LEPs.

Appendix B. Population projections by local authority

LEP Code	LA Code	LA Name	Population: All ('000s)				Population: 75+ ('000s)				
			No	Change 2011-2036		2011	Change 2011-2036		2011	Change 2011-2036	
				2011	2036		Nos ('000s)	%		2036	Nos ('000s)
LEP01	00BN	Manchester	1	445.2	493.8	48.7	10.9	29.8	51	21.2	71.3
LEP01	00BL	Bolton	2	274.1	292.4	18.3	6.7	24.2	44.7	20.5	84.9
LEP01	00BM	Bury	3	181.9	183.7	1.7	1	16.1	28.7	12.6	78.1
LEP01	00BP	Oldham	4	217	219	1.9	0.9	13	20.1	7.2	55.4
LEP01	00BQ	Rochdale	5	217.8	236.5	18.7	8.6	19.6	36.8	17.2	87.7
LEP01	00BR	Salford	6	225.2	241.7	16.5	7.3	19.3	34.3	15	78.1
LEP01	00BS	Stockport	7	274.8	265.4	-9.4	-3.4	28.4	44.1	15.7	55.2
LEP01	00BT	Tameside	8	215.9	222.5	6.6	3	16.9	29.4	12.5	74.3
LEP01	00BU	Trafford	9	212.6	219	6.4	3	23.5	38.3	14.8	63.1
LEP01	00BW	Wigan	10	320	339.8	19.8	6.2	30.5	59	28.5	93.4
LEP02	00BY	Liverpool	11	445.7	460.4	14.7	3.3	40.8	68.8	28	68.5
LEP02	00ET	Halton	12	116.8	112.6	-4.2	-3.6	10.5	20.6	10.1	96.5
LEP02	00BX	Knowsley	13	154.8	158	3.2	2	15.6	26.2	10.6	67.8
LEP02	00BZ	St. Helens	14	179.9	179.7	-0.3	-0.1	17.5	32.7	15.2	86.8
LEP02	00CA	Sefton	15	278.4	270.5	-8	-2.9	32.4	50	17.6	54.2
LEP02	00CB	Wirral	16	311	302.8	-8.2	-2.6	37.3	58.9	21.6	57.8
LEP03	00DA	Leeds	17	777	878.3	101.3	13	76.3	141.1	64.8	84.9
LEP03	00CX	Bradford	18	510.1	584.2	74.1	14.5	37.3	66.2	28.9	77.5
LEP03	00CY	Calderdale	19	194	197	3	1.6	16.6	28	11.4	68.6
LEP03	36UB	Craven	20	65.4	82.7	17.3	26.4	8	13.5	5.5	69.1
LEP03	36UD	Harrogate	21	164.5	180	15.5	9.4	16.3	28.4	12.1	74.6
LEP03	00CZ	Kirklees	22	417.6	464.3	46.7	11.2	33.2	62.3	29.1	87.6
LEP03	00DB	Wakefield	23	339.9	376.3	36.4	10.7	29.2	56.1	26.9	92.1
LEP04	00CG	Sheffield	24	541.3	591.4	50.1	9.3	54.6	94.5	39.9	73.2
LEP04/03	00CC	Barnsley	25	229.2	244.3	15	6.6	19.4	35	15.6	80.5
LEP04	37UC	Bassetlaw	26	119.3	135.5	16.2	13.6	10.9	19.9	9	82.6
LEP04	17UC	Bolsover	27	80.5	91.9	11.4	14.1	7.1	10	2.8	39.8
LEP04	17UD	Chesterfield	28	106.1	116.9	10.8	10.2	9.9	16.1	6.1	61.9
LEP04	17UJ	Derbyshire Dales	29	75.3	81.4	6.1	8.1	9.6	16.3	6.8	71.1
LEP04	00CE	Doncaster	30	297.1	308.6	11.5	3.9	30.6	49.3	18.7	60.9
LEP04	17UJ	North East Derbyshire	31	96.7	95.7	-1	-1	9	14.6	5.6	61.8
LEP04	00CF	Rotherham	32	252.1	260.1	8.1	3.2	20.1	34.6	14.5	71.9
LEP05	00EW	Cheshire West & Chester	33	333.3	352.8	19.5	5.9	32.8	54.6	21.8	66.3
LEP05	00EQ	Cheshire East	34	369.3	394.6	25.3	6.9	39	67.2	28.2	72.3
LEP05	00EU	Warrington	35	196.3	202.3	6	3.1	14.3	27.1	12.8	89
LEP06	00EC	Middlesbrough	36	135.5	130.2	-5.3	-3.9	11.1	17.5	6.4	57.3
LEP06	00EH	Darlington	37	105.3	118	12.7	12.1	10.3	19.4	9.1	88.2
LEP06	00EB	Hartlepool	38	92.7	97	4.4	4.7	6.8	10.6	3.8	56.7
LEP06	00EE	Redcar and Cleveland	39	139.6	136.9	-2.7	-1.9	15.6	22.7	7.1	45.3
LEP06	00EF	Stockton-on-Tees	40	199.2	221.2	22	11	21.4	44.2	22.8	106.5
LEP07	16UD	Carlisle	41	109.3	119.5	10.1	9.3	12	20.4	8.5	70.9
LEP07	16UB	Allerdale	42	99.3	106	6.7	6.8	10.8	17.6	6.9	63.7
LEP07	16UC	Barrow-in-Furness	43	73.1	74.9	1.7	2.4	5.8	8.4	2.6	44.8
LEP07	16UE	Copeland	44	73.6	78.9	5.3	7.3	6.9	12.1	5.2	75.6
LEP07	16UF	Eden	45	59.6	72.3	12.8	21.4	5.1	9.4	4.3	83.4
LEP07	16UG	South Lakeland	46	111.5	122.8	11.4	10.2	12.3	20	7.6	61.7
LEP08	00FA	Kingston upon Hull	47	249.4	249.2	-0.2	-0.1	20	31.7	11.7	58.2
LEP08	00FB	East Riding of Yorkshire	48	349.2	391.9	42.7	12.2	36.3	63.6	27.3	75.1
LEP08	00FC	North East Lincolnshire	49	164.3	171.5	7.2	4.4	16.4	26.3	9.9	60.7
LEP08	00FD	North Lincolnshire	50	167.1	185.4	18.3	10.9	17.3	30.1	12.8	74
LEP09/03	00FF	York	51	190.2	203.8	13.6	7.1	16	26.3	10.3	64.2
LEP09	36UE	Richmondshire	52	53.5	62.3	8.8	16.5	4.3	7.9	3.6	82.1
LEP09	36UC	Hambleton	53	87.4	92.2	4.8	5.4	8.6	14.2	5.7	66
LEP09	36UF	Ryedale	54	57.5	66.4	9	15.6	5.6	8	2.4	42.7
LEP09	36UG	Scarborough	55	111.3	117.7	6.4	5.7	12.7	18.2	5.5	43.2
LEP09/03	36UH	Selby	56	89.4	109.1	19.7	22	8.1	18.6	10.5	130.5
LEP10	00CJ	Newcastle upon Tyne	57	266.1	276	9.9	3.7	25.2	38.3	13	51.6
LEP10	00EJ	County Durham	58	543.1	625.4	82.3	15.1	51.2	91.5	40.3	78.7
LEP10	00CH	Gateshead	59	200.3	209	8.7	4.3	24.9	42	17.1	68.7
LEP10	00CK	North Tyneside	60	199.2	212.7	13.4	6.7	20.1	30.1	10	50
LEP10	00EM	Northumberland	61	353.8	426.4	72.6	20.5	34.2	61.9	27.7	80.9
LEP10	00CL	South Tyneside	62	154.2	157.6	3.4	2.2	14.2	24.6	10.4	73.3
LEP10	00CM	Sunderland	63	288.1	289.9	1.7	0.6	24.1	42.3	18.2	75.7
LEP11	30UK	Preston	64	141.1	158.9	17.8	12.6	12.5	22.2	9.8	78.4
LEP11	00EX	Blackburn with Darwen	65	144.3	155.4	11.1	7.7	10.3	17.4	7.1	68.8
LEP11	00EY	Blackpool	66	147.8	156.6	8.7	5.9	14.2	20.6	6.4	45
LEP11	30UD	Burnley	67	85.2	80.6	-4.6	-5.4	6	7.7	1.6	27.2
LEP11	30UE	Chorley	68	111	124	13	11.7	11	22	11	99.7
LEP11	30UF	Fylde	69	82.2	93.4	11.2	13.6	9.4	13.6	4.3	45.7
LEP11	30UG	Hyndburn	70	83.9	86.7	2.8	3.3	6.3	11.7	5.4	86.2
LEP11	30UH	Lancaster	71	143.9	158.7	14.8	10.3	12.6	20.8	8.2	65
LEP11	30UJ	Pendle	72	95.5	104.4	8.8	9.2	6.4	11.2	4.8	75.9
LEP11	30UL	Ribble Valley	73	59.8	66.7	6.8	11.4	4.6	8.1	3.5	76.4
LEP11	30UM	Rossendale	74	67.6	69.7	2.1	3.1	3.9	7.1	3.2	82
LEP11	30UP	West Lancashire	75	118.3	130.8	12.5	10.6	11.3	22.9	11.6	102.6
LEP11	30UN	South Ribble	76	111.2	121.1	9.9	8.9	10.4	21.3	10.9	105.4
LEP11	30UQ	Wyre	77	116.1	128.7	12.6	10.9	13.9	18.6	4.8	34.2
NORTH				15,466.8	16,596.0	1,129.2	7.3	1,439.7	2,481.5	1,041.8	72.4

Appendix C. BME population projections by local authority

LEP Code	LA Code	LA Name	No	Population: All BME ('000s)				Population: BME 75+ ('000s)			
				2011	Change 2011-2036			2011	Change 2011-2036		
				2011	Nos ('000s)	%	2011	2036	Nos ('000s)	%	
LEP01	00BN	Manchester	1	103.6	135.3	31.7	31	2,265	5,023	2,758	122
LEP01	00BL	Bolton	2	35.3	44.4	9.1	26	882	2,770	1,887	214
LEP01	00BM	Bury	3	12.2	16.4	4.1	34	244	718	473	194
LEP01	00BP	Oldham	4	38.7	55.3	16.7	43	450	1,018	568	126
LEP01	00BQ	Rochdale	5	29.9	42.8	13	43	597	1,871	1,274	214
LEP01	00BR	Salford	6	10.9	14.6	3.7	34	214	624	410	192
LEP01	00BS	Stockport	7	13.8	19.6	5.8	42	354	930	576	163
LEP01	00BT	Tameside	8	12.8	16	3.1	24	290	751	460	159
LEP01	00BU	Trafford	9	21	28.8	7.8	37	689	1,705	1,017	148
LEP01	00BW	Wigan	10	5	6.9	1.9	38	115	359	244	212
LEP02	00BY	Liverpool	11	29.3	37.6	8.3	28	893	1,748	855	96
LEP02	00ET	Halton	12	4.2	8.2	4.1	98	58	319	262	455
LEP02	00BX	Knowsley	13	4.3	7	2.7	63	91	243	152	166
LEP02	00BZ	St. Helens	14	3.5	5.6	2.1	62	71	284	213	301
LEP02	00CA	Sefton	15	5.1	7.3	2.2	43	194	422	228	118
LEP02	00CB	Wirral	16	6.1	9	2.9	48	209	527	318	152
LEP03	00DA	Leeds	17	77.8	110.8	33	42	2,263	6,067	3,804	168
LEP03	00CX	Bradford	18	137.9	206.7	68.9	50	2,723	7,888	5,165	190
LEP03	00CY	Calderdale	19	15.4	19	3.6	24	302	807	505	167
LEP03	36UB	Craven	20	6.9	18.9	12.1	175	79	806	727	924
LEP03	36UD	Harrogate	21	4.4	7.4	3	67	78	359	281	359
LEP03	00CZ	Kirklees	22	68	91.1	23.1	34	1,554	4,686	3,132	202
LEP03	00DB	Wakefield	23	9.2	12.9	3.7	40	186	509	323	174
LEP04	00CG	Sheffield	24	58.6	79.2	20.6	35	1,850	3,945	2,095	113
LEP04/03	00CC	Barnsley	25	4.7	8.6	3.8	80	77	353	275	356
LEP04	37UC	Bassetlaw	26	3.4	6.1	2.7	78	66	245	179	272
LEP04	17UC	Bolsover	27	4.8	10.4	5.6	117	39	246	207	527
LEP04	17UD	Chesterfield	28	5.4	9.9	4.5	82	100	424	324	324
LEP04	17UJ	Derbyshire Dales	29	3.7	7.6	3.9	108	47	339	292	621
LEP04	00CE	Doncaster	30	8.7	11.8	3.1	36	264	549	285	108
LEP04	17UJ	North East Derbyshire	31	3.5	6.7	3.3	94	48	295	247	511
LEP04	00CF	Rotherham	32	10.6	15.5	4.9	47	182	600	418	229
LEP05	00EW	Cheshire West & Chester	33	13	24.8	11.8	91	228	1,075	847	372
LEP05	00EQ	Cheshire East	34	13.2	23.6	10.4	79	280	1,155	875	312
LEP05	00EU	Warrington	35	5.6	8.7	3.1	55	91	358	267	292
LEP06	00EC	Middlesbrough	36	11.7	15.6	4	34	227	633	407	179
LEP06	00EH	Darlington	37	4.3	7.9	3.5	82	71	369	298	421
LEP06	00EB	Hartlepool	38	4.7	9.5	4.8	102	63	322	258	407
LEP06	00EE	Redcar and Cleveland	39	6.2	12.2	6	97	114	654	540	473
LEP06	00EF	Stockton-on-Tees	40	8	13.7	5.7	71	180	761	581	322
LEP07	16UD	Carlisle	41	4.3	9	4.7	109	62	375	313	507
LEP07	16UB	Allerdale	42	4.4	9.7	5.3	120	59	365	306	516
LEP07	16UC	Barrow-in-Furness	43	5.4	10.9	5.5	103	70	390	320	456
LEP07	16UE	Copeland	44	4.8	9.9	5.1	106	58	381	323	557
LEP07	16UF	Eden	45	5.4	12	6.6	122	51	418	367	713
LEP07	16UG	South Lakeland	46	4.4	8.8	4.4	98	71	445	373	523
LEP08	00FA	Kingston upon Hull	47	9	11.8	2.8	32	168	434	266	159
LEP08	00FB	East Riding of Yorkshire	48	5	7.7	2.7	54	93	308	215	232
LEP08	00FC	North East Lincolnshire	49	4.4	7.2	2.8	65	80	301	221	275
LEP08	00FD	North Lincolnshire	50	6.6	11	4.4	66	135	458	322	238
LEP09/03	00FF	York	51	5.1	7.2	2.1	41	82	302	221	270
LEP09	36UE	Richmondshire	52	5.8	12.5	6.7	115	60	465	405	670
LEP09	36UC	Hambleton	53	5.2	11.6	6.3	121	62	433	370	593
LEP09	36UF	Ryedale	54	6.5	14.8	8.3	128	64	593	528	821
LEP09	36UG	Scarborough	55	4.9	9.1	4.2	86	75	445	370	492
LEP09/03	36UH	Selby	56	7	18.7	11.7	167	86	784	698	813
LEP10	00CJ	Newcastle upon Tyne	57	23.7	30.4	6.8	29	518	1,328	811	157
LEP10	00EJ	County Durham	58	39.9	97.3	57.5	144	436	3,541	3,106	713
LEP10	00CH	Gateshead	59	4.9	7.5	2.7	55	130	406	276	213
LEP10	00CK	North Tyneside	60	5.3	8.2	2.9	55	101	419	317	314
LEP10	00EM	Northumberland	61	36.5	90.6	54.1	148	402	3,530	3,127	777
LEP10	00CL	South Tyneside	62	6.9	10.3	3.3	48	138	449	311	225
LEP10	00CM	Sunderland	63	7.2	10.1	2.8	39	147	514	367	249
LEP11	30UK	Preston	64	25.6	36.1	10.5	41	751	2,139	1,388	185
LEP11	00EX	Blackburn with Darwen	65	40.4	56.8	16.4	41	620	2,437	1,817	293
LEP11	00EY	Blackpool	66	3.9	6.6	2.8	72	76	257	181	239
LEP11	30UD	Burnley	67	9.3	12.2	2.9	31	117	344	227	194
LEP11	30UE	Chorley	68	3.9	6.7	2.8	71	72	363	291	403
LEP11	30UF	Fylde	69	3.3	6.7	3.3	100	44	268	224	511
LEP11	30UG	Hyndburn	70	9.9	13.9	4	40	179	561	382	214
LEP11	30UH	Lancaster	71	4.4	6.7	2.3	52	81	226	145	178
LEP11	30UJ	Pendle	72	19.2	26.9	7.6	40	236	1,045	808	342
LEP11	30UL	Ribble Valley	73	5.2	10.3	5.1	98	74	466	392	532
LEP11	30UM	Rossendale	74	6.3	10.3	4	63	90	370	280	311
LEP11	30UP	West Lancashire	75	3.6	6.4	2.8	77	66	344	278	420
LEP11	30UN	South Ribble	76	5.2	9.4	4.1	79	98	503	405	415
LEP11	30UQ	Wyre	77	4.1	7.5	3.4	83	70	320	250	355
NORTH				1,182.3	1,836.2	653.9	55	24,450	79,484	55,034	225

Appendix D. People aged 90 and over by local authority

LEP Code	LA Code	LA Name	Population:					Population:					People aged 90+	
			Men aged 90+ ('000s)					Women aged 90+ ('000s)					from BME groups	
			Change 2011-2036											
			No	2011	2036	Nos ('000s)	%	2011	2036	Nos ('000s)	%	2011	2036	
LEP01	00BN	Manchester	1	1.1	4.2	3.1	283	2.2	3.8	1.6	76	6.4	9.3	
LEP01	00BL	Bolton	2	0.8	4.4	3.5	426	1.9	4.7	2.8	144	3.6	5.2	
LEP01	00BM	Bury	3	0.4	1.9	1.5	361	0.8	2.0	1.2	137	1.4	2.5	
LEP01	00BP	Oldham	4	0.3	1.0	0.7	202	0.7	1.2	0.5	68	2.7	4.5	
LEP01	00BQ	Rochdale	5	0.6	2.4	1.8	295	1.7	4.5	2.8	159	2.4	4.5	
LEP01	00BR	Salford	6	0.8	3.9	3.0	380	1.1	2.1	1.0	93	1.4	1.8	
LEP01	00BS	Stockport	7	0.6	2.4	1.8	297	2.0	4.5	2.5	123	1.5	2.4	
LEP01	00BT	Tameside	8	0.5	2.0	1.5	285	0.9	1.9	0.9	102	1.8	2.9	
LEP01	00BU	Trafford	9	0.7	3.1	2.4	343	1.9	4.0	2.1	113	2.7	4.1	
LEP01	00BW	Wigan	10	0.5	2.6	2.1	440	2.6	8.6	6.0	228	0.6	0.6	
LEP02	00BY	Liverpool	11	1.0	4.7	3.7	372	2.3	5.3	3.0	130	2.6	3.1	
LEP02	00ET	Halton	12	0.3	1.8	1.5	548	0.5	1.2	0.7	120	0.9	1.6	
LEP02	00BX	Knowsley	13	0.7	3.4	2.7	417	1.0	2.5	1.5	158	0.8	0.9	
LEP02	00BZ	St. Helens	14	0.3	1.3	1.0	394	1.4	4.5	3.1	218	0.5	0.9	
LEP02	00CA	Sefton	15	0.6	2.4	1.9	316	2.0	4.9	2.9	142	0.6	0.9	
LEP02	00CB	Wirral	16	2.2	8.6	6.4	288	2.1	4.2	2.1	101	0.6	0.9	
LEP03	00DA	Leeds	17	3.5	14.9	11.4	323	5.7	13.7	8.0	141	2.7	4.1	
LEP03	00CX	Bradford	18	1.3	5.4	4.1	304	2.1	3.8	1.7	81	5.3	10.5	
LEP03	00CY	Calderdale	19	0.7	2.0	1.4	201	1.1	2.4	1.3	127	1.3	2.8	
LEP03	36UB	Craven	20	0.3	1.0	0.7	203	0.9	2.0	1.0	112	1.5	5.6	
LEP03	36UD	Harrogate	21	0.8	2.9	2.2	276	1.4	2.9	1.5	111	0.7	1.3	
LEP03	00CZ	Kirklees	22	0.7	3.6	3.0	429	2.2	4.8	2.6	122	4.0	7.3	
LEP03	00DB	Wakefield	23	0.6	2.7	2.1	354	1.8	4.6	2.9	163	0.7	1.0	
LEP04	00CG	Sheffield	24	0.6	2.1	1.5	270	0.9	2.3	1.3	146	1.0	1.8	
LEP04/03	00CC	Barnsley	25	0.3	1.8	1.5	537	1.0	2.2	1.2	116	0.7	1.1	
LEP04	37UC	Bassetlaw	26	0.3	1.3	1.1	415	0.8	1.8	1.0	117	0.8	1.3	
LEP04	17UC	Bolsover	27	0.2	0.5	0.3	196	1.0	1.7	0.7	72	0.8	2.3	
LEP04	17UD	Chesterfield	28	0.2	0.6	0.4	254	0.8	1.8	0.9	116	1.1	2.9	
LEP04	17UJ	Derbyshire Dales	29	0.4	2.1	1.6	359	1.0	2.0	0.9	92	0.6	1.7	
LEP04	00CE	Doncaster	30	2.2	10.5	8.3	373	3.6	7.6	4.0	112	2.4	3.8	
LEP04	17UJ	North East Derbyshire	31	0.1	0.5	0.4	392	0.4	1.0	0.5	132	0.6	2.5	
LEP04	00CF	Rotherham	32	1.0	3.5	2.5	255	2.2	6.1	3.9	175	0.8	1.1	
LEP05	00EW	Cheshire West & Chester	33	1.1	5.0	3.8	343	2.4	5.4	2.9	120	0.8	1.9	
LEP05	00EQ	Cheshire East	34	1.3	6.1	4.8	365	2.6	6.1	3.5	134	0.9	1.6	
LEP05	00EU	Warrington	35	0.2	0.7	0.5	268	1.4	3.3	1.9	141	0.7	1.6	
LEP06	00EC	Middlesbrough	36	0.3	1.1	0.8	287	0.7	1.3	0.6	78	1.6	3.6	
LEP06	00EH	Darlington	37	1.0	3.8	2.8	284	0.5	1.1	0.6	119	0.5	1.5	
LEP06	00EB	Hartlepool	38	0.2	0.6	0.4	273	0.2	0.4	0.2	87	2.0	4.0	
LEP06	00EE	Redcar and Cleveland	39	0.4	1.9	1.5	414	1.0	2.4	1.4	134	1.7	2.8	
LEP06	00EF	Stockton-on-Tees	40	1.4	8.0	6.6	475	1.2	3.4	2.2	184	0.8	1.5	
LEP07	16UD	Carlisle	41	0.3	1.5	1.2	382	0.9	2.2	1.4	156	1.1	1.7	
LEP07	16UB	Allerdale	42	0.4	2.1	1.7	399	0.5	0.9	0.4	92	0.6	1.7	
LEP07	16UC	Barrow-in-Furness	43	0.2	0.5	0.4	204	0.3	0.4	0.1	44	1.8	5.6	
LEP07	16UE	Copeland	44	0.4	2.1	1.7	490	0.4	0.7	0.4	92	1.1	2.6	
LEP07	16UF	Eden	45	0.1	0.5	0.3	309	0.4	0.8	0.5	128	1.7	5.0	
LEP07	16UG	South Lakeland	46	0.4	1.7	1.3	309	0.7	1.5	0.7	97	0.8	2.3	
LEP08	00FA	Kingston upon Hull	47	0.5	1.8	1.3	275	1.2	2.0	0.8	70	1.2	1.6	
LEP08	00FB	East Riding of Yorkshire	48	0.9	3.9	3.0	343	2.7	6.7	4.0	149	0.4	0.6	
LEP08	00FC	North East Lincolnshire	49	0.7	3.4	2.7	389	1.3	2.2	0.9	65	0.6	1.0	
LEP08	00FD	North Lincolnshire	50	0.5	2.4	1.9	396	1.6	3.6	2.0	125	0.6	1.4	
LEP09/03	00FF	York	51	0.3	1.2	0.8	272	1.3	2.4	1.1	91	0.5	1.4	
LEP09	36UE	Richmondshire	52	0.1	0.6	0.5	374	0.3	0.6	0.3	132	2.5	5.9	
LEP09	36UC	Hambleton	53	0.3	1.2	0.9	306	0.4	0.9	0.5	145	1.1	2.9	
LEP09	36UF	Ryedale	54	0.1	0.3	0.2	182	0.7	1.4	0.7	109	1.5	7.5	
LEP09	36UG	Scarborough	55	0.5	1.7	1.2	230	1.0	1.6	0.6	58	0.9	2.3	
LEP09/03	36UH	Selby	56	0.6	3.2	2.6	452	0.4	1.0	0.6	151	1.3	3.7	
LEP10	00CJ	Newcastle upon Tyne	57	0.7	2.8	2.1	279	2.1	3.7	1.6	76	1.9	3.6	
LEP10	00EJ	County Durham	58	1.8	9.2	7.4	407	4.0	9.1	5.1	126	1.1	3.5	
LEP10	00CH	Gateshead	59	0.9	5.0	4.1	434	2.1	4.9	2.8	137	0.6	0.9	
LEP10	00CK	North Tyneside	60	0.3	1.1	0.7	226	1.7	3.9	2.2	129	0.5	1.6	
LEP10	00EM	Northumberland	61	1.7	8.4	6.7	405	1.9	4.9	3.0	154	1.8	5.4	
LEP10	00CL	South Tyneside	62	0.4	2.0	1.6	360	0.7	1.3	0.6	91	1.5	2.1	
LEP10	00CM	Sunderland	63	0.4	2.1	1.7	389	1.0	2.4	1.4	131	0.9	1.6	
LEP11	30UK	Preston	64	0.7	3.2	2.6	374	0.6	1.2	0.6	107	4.2	8.5	
LEP11	00EX	Blackburn with Darwen	65	0.2	0.8	0.6	237	0.8	2.1	1.3	150	5.7	14.1	
LEP11	00EY	Blackpool	66	0.3	1.4	1.1	338	1.0	1.5	0.6	57	0.6	1.3	
LEP11	30UD	Burnley	67	0.0	0.2	0.1	233	0.8	1.1	0.3	34	2.4	5.0	
LEP11	30UE	Chorley	68	0.2	1.0	0.8	493	1.6	4.4	2.8	178	0.9	1.3	
LEP11	30UF	Fylde	69	0.4	1.5	1.1	256	0.7	1.1	0.4	57	0.6	1.8	
LEP11	30UG	Hyndburn	70	0.2	1.0	0.8	473	0.2	0.4	0.2	85	1.9	3.7	
LEP11	30UH	Lancaster	71	0.3	1.4	1.1	343	0.9	1.6	0.7	79	0.6	1.1	
LEP11	30UJ	Pendle	72	0.1	0.5	0.3	220	0.5	0.9	0.5	101	3.6	8.4	
LEP11	30UL	Ribble Valley	73	0.1	0.4	0.3	339	0.2	0.4	0.3	177	2.8	7.0	
LEP11	30UM	Rossendale	74	0.1	0.4	0.3	313	0.2	0.4	0.1	71	3.0	7.1	
LEP11	30UP	West Lancashire	75	0.6	3.5	3.0	532	0.5	1.1	0.7	136	0.9	1.3	
LEP11	30UN	South Ribble	76	0.6	3.7	3.1	521	0.5	1.0	0.5	103	0.8	1.9	
LEP11	30UQ	Wyre	77	0.4	1.5	1.1	278	1.3	2.5	1.2	97	0.6	1.6	
		NORTH		47.2	211.8	164.6	349	99	223	124	124	1.6	3.0	

Appendix E. Household projections by local authority: 2011-2036

		Households: All ('000s)						BME headed households ('000s)			
LEP Code	LA Code	LA Name	No	2011	2036	Change 2011-2036		2011	2036	Change 2011-2036	
						Nos ('000s)	%			Nos ('000s)	%
LEP01	00BN	Manchester	1	195.6	220.9	25.3	13	38.6	53.1	14.6	38
LEP01	00BL	Bolton	2	114.8	125.3	10.5	9	10.9	14.6	3.7	34
LEP01	00BM	Bury	3	77.0	79.2	2.2	3	3.6	5.1	1.6	44
LEP01	00BP	Oldham	4	87.5	86.7	-0.8	-1	10.1	15.6	5.5	55
LEP01	00BQ	Rochdale	5	90.6	100.2	9.6	11	8.5	13.3	4.9	58
LEP01	00BR	Salford	6	99.7	109.7	9.9	10	3.8	5.3	1.6	41
LEP01	00BS	Stockport	7	120.0	118.6	-1.3	-1	4.2	6.5	2.2	53
LEP01	00BT	Tameside	8	91.9	96.8	4.9	5	3.9	5.2	1.3	34
LEP01	00BU	Trafford	9	93.3	97.5	4.3	5	7.3	10.5	3.2	44
LEP01	00BW	Wigan	10	139.6	154.7	15.1	11	1.7	2.4	0.8	47
LEP02	00BY	Liverpool	11	199.7	215.7	16.0	8	11.3	15.5	4.3	38
LEP02	00ET	Halton	12	50.3	50.9	0.6	1	1.3	2.9	1.6	122
LEP02	00BX	Knowsley	13	65.1	69.8	4.7	7	1.3	2.3	1.0	73
LEP02	00BZ	St. Helens	14	79.1	83.0	3.9	5	1.1	1.9	0.8	78
LEP02	00CA	Sefton	15	118.9	119.0	0.1	0	1.6	2.5	0.9	52
LEP02	00CB	Wirral	16	136.6	134.8	-1.7	-1	2.0	3.1	1.1	58
LEP03	00DA	Leeds	17	343.0	404.2	61.1	18	27.1	41.4	14.3	53
LEP03	00CX	Bradford	18	194.0	223.0	29.0	15	37.8	62.0	24.2	64
LEP03	00CY	Calderdale	19	82.3	85.9	3.6	4	4.3	6.1	1.8	42
LEP03	36UB	Craven	20	28.5	35.4	6.9	24	2.2	6.9	4.6	208
LEP03	36UD	Harrogate	21	72.5	80.1	7.6	10	1.4	2.5	1.1	77
LEP03	00CZ	Kirklees	22	173.5	196.7	23.3	13	20.1	29.5	9.4	47
LEP03	00DB	Wakefield	23	145.8	166.5	20.6	14	2.8	4.2	1.4	50
LEP04	00CG	Sheffield	24	237.4	266.7	29.3	12	19.8	28.9	9.1	46
LEP04/03	00CC	Barnsley	25	98.0	106.5	8.5	9	1.5	3.0	1.5	100
LEP04	37UC	Bassetlaw	26	49.8	57.0	7.2	14	1.1	2.1	1.1	98
LEP04	17UC	Bolsover	27	32.9	37.4	4.5	14	1.4	3.5	2.1	146
LEP04	17UD	Chesterfield	28	45.6	51.1	5.5	12	1.8	3.6	1.9	104
LEP04	17UJ	Derbyshire Dales	29	33.3	35.8	2.6	8	1.1	2.8	1.6	142
LEP04	00CE	Doncaster	30	124.3	132.3	8.0	6	2.8	4.0	1.2	42
LEP04	17UJ	North East Derbyshire	31	40.9	40.9	0.0	0	1.1	2.4	1.3	123
LEP04	00CF	Rotherham	32	104.6	109.6	5.1	5	3.1	5.0	1.9	63
LEP05	00EW	Cheshire West & Chester	33	145.4	157.5	12.2	8	4.3	9.2	4.9	115
LEP05	00EQ	Cheshire East	34	163.2	175.9	12.7	8	4.4	8.8	4.4	100
LEP05	00EU	Warrington	35	77.3	81.9	4.6	6	1.6	2.7	1.1	69
LEP06	00EC	Middlesbrough	36	54.4	54.2	-0.2	0	3.5	5.2	1.7	48
LEP06	00EH	Darlington	37	41.3	47.6	6.3	15	1.3	2.8	1.5	111
LEP06	00EB	Hartlepool	38	35.6	38.4	2.8	8	1.5	3.5	2.0	132
LEP06	00EE	Redcar and Cleveland	39	61.9	61.4	-0.5	-1	2.0	4.6	2.6	128
LEP06	00EF	Stockton-on-Tees	40	73.3	87.5	14.3	19	2.0	3.9	2.0	101
LEP07	16UD	Carlisle	41	48.6	53.8	5.3	11	1.5	3.5	2.0	134
LEP07	16UB	Allerdale	42	43.3	46.2	2.9	7	1.4	3.6	2.1	150
LEP07	16UC	Barrow-in-Furness	43	30.3	30.9	0.7	2	1.7	3.9	2.2	129
LEP07	16UE	Copeland	44	33.8	36.5	2.6	8	1.7	4.1	2.4	136
LEP07	16UF	Eden	45	24.0	29.3	5.3	22	1.6	4.2	2.6	163
LEP07	16UG	South Lakeland	46	50.7	55.3	4.6	9	1.5	3.4	1.8	121
LEP08	00FA	Kingston upon Hull	47	89.6	92.7	3.1	3	2.6	3.6	1.0	39
LEP08	00FB	East Riding of Yorkshire	48	141.5	159.0	17.5	12	1.4	2.2	0.8	63
LEP08	00FC	North East Lincolnshire	49	68.3	73.5	5.3	8	1.4	2.5	1.1	80
LEP08	00FD	North Lincolnshire	50	67.2	74.3	7.0	10	1.9	3.5	1.6	81
LEP09/03	00FF	York	51	78.2	86.6	8.4	11	1.6	2.4	0.8	51
LEP09	36UE	Richmondshire	52	20.4	24.1	3.7	18	1.7	4.2	2.5	148
LEP09	36UC	Hambleton	53	38.2	40.2	2.0	5	1.7	4.4	2.6	154
LEP09	36UF	Ryedale	54	24.3	27.3	3.0	12	2.1	5.3	3.2	153
LEP09	36UG	Scarborough	55	46.8	49.1	2.3	5	1.5	3.2	1.7	107
LEP09/03	36UH	Selby	56	36.4	44.9	8.5	23	2.1	6.1	4.0	197
LEP10	00CJ	Newcastle upon Tyne	57	117.4	124.4	7.1	6	7.9	10.8	2.9	36
LEP10	00EJ	County Durham	58	225.7	262.2	36.5	16	12.6	34.7	22.2	177
LEP10	00CH	Gateshead	59	89.6	96.0	6.4	7	1.6	2.7	1.1	68
LEP10	00CK	North Tyneside	60	87.3	94.2	6.9	8	1.8	3.1	1.3	72
LEP10	00EM	Northumberland	61	148.3	176.8	28.5	19	11.4	32.2	20.7	182
LEP10	00CL	South Tyneside	62	67.9	71.9	4.0	6	2.4	3.8	1.5	61
LEP10	00CM	Sunderland	63	124.4	130.8	6.3	5	2.4	3.8	1.3	55
LEP11	30UK	Preston	64	55.0	63.6	8.6	16	7.4	11.1	3.7	51
LEP11	00EX	Blackburn with Darwen	65	48.8	53.1	4.3	9	9.7	14.8	5.1	53
LEP11	00EY	Blackpool	66	61.6	65.0	3.3	5	1.2	2.3	1.1	90
LEP11	30UD	Burnley	67	33.1	31.4	-1.7	-5	2.6	3.9	1.3	52
LEP11	30UE	Chorley	68	46.0	52.9	6.9	15	1.2	2.3	1.1	94
LEP11	30UF	Fylde	69	33.7	38.2	4.5	13	1.0	2.4	1.4	130
LEP11	30UG	Hyndburn	70	34.5	36.9	2.4	7	2.9	4.7	1.8	65
LEP11	30UH	Lancaster	71	64.4	73.2	8.8	14	1.5	2.6	1.0	65
LEP11	30UJ	Pendle	72	34.6	38.5	4.0	11	4.7	7.9	3.2	69
LEP11	30UL	Ribble Valley	73	25.4	28.5	3.2	12	1.7	3.9	2.1	125
LEP11	30UM	Rossendale	74	27.8	29.8	1.9	7	2.0	3.8	1.8	89
LEP11	30UP	West Lancashire	75	50.3	57.0	6.7	13	1.2	2.5	1.2	99
LEP11	30UN	South Ribble	76	46.0	52.3	6.3	14	1.6	3.3	1.7	106
LEP11	30UQ	Wyre	77	51.4	58.0	6.5	13	1.4	3.0	1.5	108
NORTH				6,533.2	7,154.8	621.6	10	368.6	627.9	259.3	70

Appendix F. Households projections by type by local authority: 2011-2036

LEP Code	LA Code	LA Name	Households 2036: All ('000s)					Households change: 2011-2036 (%)					
			No	Single person	Lone parent	Married couple	Married couple	Other	Single person	Lone parent	Married couple	Married couple	Other
LEP01	00BN	Manchester	1	67.8	30.4	55.9	60.8	6.0	22	5	19	4	9
LEP01	00BL	Bolton	2	43.3	13.4	34.1	31.6	2.9	22	2	11	-3	5
LEP01	00BM	Bury	3	27.6	8.0	23.1	18.9	1.7	15	-4	4	-10	0
LEP01	00BP	Oldham	4	27.4	9.5	22.9	24.6	2.2	6	-4	-2	-6	1
LEP01	00BQ	Rochdale	5	35.8	10.7	26.7	24.7	2.3	26	4	10	-3	8
LEP01	00BR	Salford	6	37.3	12.6	31.1	26.2	2.5	22	2	14	-4	5
LEP01	00BS	Stockport	7	43.8	11.9	33.1	27.3	2.5	12	-6	-2	-14	-3
LEP01	00BT	Tameside	8	33.1	10.4	27.5	23.7	2.1	17	-2	9	-8	2
LEP01	00BU	Trafford	9	34.6	10.2	27.0	23.5	2.2	16	-2	6	-8	2
LEP01	00BW	Wigan	10	57.4	15.4	43.6	35.1	3.2	28	3	12	-7	5
LEP02	00BY	Liverpool	11	75.5	26.6	59.1	49.6	4.9	20	-2	11	-5	3
LEP02	00ET	Halton	12	18.6	5.3	14.8	11.0	1.1	18	-7	2	-16	-2
LEP02	00BX	Knowsley	13	25.2	8.4	19.4	15.3	1.5	21	-5	11	-7	2
LEP02	00BZ	St. Helens	14	31.6	8.8	23.2	17.7	1.7	22	-3	4	-12	1
LEP02	00CA	Sefton	15	44.4	12.0	34.4	25.7	2.4	11	-6	0	-12	-2
LEP02	00CB	Wirral	16	49.8	14.7	38.3	29.2	2.8	10	-8	-2	-12	-3
LEP03	00DA	Leeds	17	140.0	44.7	109.9	100.2	9.3	31	8	22	4	12
LEP03	00CX	Bradford	18	70.9	23.6	56.8	65.8	5.8	24	11	14	9	15
LEP03	00CY	Calderdale	19	30.4	9.1	23.3	21.1	1.9	18	-1	3	-7	2
LEP03	36UB	Craven	20	12.3	4.0	9.1	9.2	0.9	30	24	16	24	32
LEP03	36UD	Harrogate	21	27.4	8.8	22.4	19.8	1.8	21	4	12	0	8
LEP03	00CZ	Kirklees	22	65.8	21.0	53.2	52.1	4.7	26	8	15	2	10
LEP03	00DB	Wakefield	23	58.4	16.6	48.0	40.0	3.5	29	7	16	-1	10
LEP04	00CG	Sheffield	24	92.0	28.2	74.2	66.2	6.1	24	6	15	0	8
LEP04/03	00CC	Barnsley	25	36.8	10.8	31.1	25.6	2.3	21	2	10	-4	6
LEP04	37UC	Bassetlaw	26	19.6	5.7	16.7	13.8	1.2	26	9	16	2	12
LEP04	17UC	Bolsover	27	12.0	3.8	10.4	10.4	0.9	18	11	16	7	15
LEP04	17UD	Chesterfield	28	18.1	5.3	13.7	12.9	1.1	23	8	11	2	11
LEP04	17UJ	Derbyshire Dales	29	13.2	3.6	10.1	8.1	0.8	20	8	3	-2	9
LEP04	00CE	Doncaster	30	48.5	13.5	36.5	31.1	2.8	19	1	6	-6	3
LEP04	17UJ	North East Derbyshire	31	14.5	3.7	11.8	10.0	0.9	11	-1	-4	-9	1
LEP04	00CF	Rotherham	32	38.0	11.1	30.7	27.4	2.4	18	0	4	-7	2
LEP05	00EW	Cheshire West & Chester	33	55.7	17.6	43.5	37.2	3.5	20	4	8	-3	7
LEP05	00EQ	Cheshire East	34	62.8	18.8	49.6	40.9	3.8	20	3	6	-3	6
LEP05	00EU	Warrington	35	28.8	7.5	23.6	20.3	1.7	22	1	5	-9	3
LEP06	00EC	Middlesbrough	36	18.2	5.5	15.5	13.8	1.2	10	-7	3	-12	-4
LEP06	00EH	Darlington	37	16.8	4.8	13.4	11.5	1.0	30	9	15	2	13
LEP06	00EB	Hartlepool	38	12.2	3.9	10.8	10.6	0.9	17	4	8	0	8
LEP06	00EE	Redcar and Cleveland	39	21.8	6.4	17.2	14.7	1.3	7	-5	-2	-8	-1
LEP06	00EF	Stockton-on-Tees	40	33.5	8.0	26.4	17.9	1.7	38	10	21	-3	14
LEP07	16UD	Carlisle	41	19.3	6.3	14.3	12.7	1.2	22	6	10	1	10
LEP07	16UB	Allerdale	42	15.9	4.6	13.4	11.3	1.0	15	4	5	-1	8
LEP07	16UC	Barrow-in-Furness	43	10.0	3.5	8.5	8.3	0.7	10	1	0	-3	5
LEP07	16UE	Copeland	44	12.0	4.1	10.3	9.2	0.9	16	5	8	-1	9
LEP07	16UF	Eden	45	9.8	2.9	8.1	7.9	0.7	32	24	17	15	25
LEP07	16UG	South Lakeland	46	19.1	5.7	15.6	13.8	1.2	17	8	6	3	10
LEP08	00FA	Kingston upon Hull	47	30.2	8.8	28.4	23.4	2.0	13	-4	10	-10	-1
LEP08	00FB	East Riding of Yorkshire	48	57.3	14.2	46.2	38.1	3.3	25	10	10	1	11
LEP08	00FC	North East Lincolnshire	49	24.7	7.3	21.8	18.1	1.6	16	0	12	-3	5
LEP08	00FD	North Lincolnshire	50	25.8	7.4	20.9	18.5	1.6	22	7	9	0	9
LEP09/03	00FF	York	51	28.8	8.7	25.5	21.7	1.9	21	3	15	-2	6
LEP09	36UE	Richmondshire	52	7.9	2.4	6.5	6.8	0.6	28	18	16	10	20
LEP09	36UC	Hambleton	53	13.9	4.3	11.2	10.0	0.9	15	5	1	-2	8
LEP09	36UF	Ryedale	54	8.7	3.1	6.9	7.8	0.7	15	15	5	14	19
LEP09	36UG	Scarborough	55	16.5	5.0	13.9	12.5	1.1	10	4	2	2	7
LEP09/03	36UH	Selby	56	15.2	4.5	13.1	11.1	1.0	39	17	22	11	24
LEP10	00CJ	Newcastle upon Tyne	57	42.1	14.5	34.1	30.9	2.9	15	-1	10	-4	3
LEP10	00EJ	County Durham	58	89.7	26.2	72.5	67.7	6.1	27	14	13	8	18
LEP10	00CH	Gateshead	59	36.2	10.2	27.2	20.3	2.0	20	0	9	-9	3
LEP10	00CK	North Tyneside	60	33.5	10.5	24.9	23.1	2.1	18	3	8	-1	6
LEP10	00EM	Northumberland	61	59.6	19.6	46.7	46.6	4.3	28	18	14	15	24
LEP10	00CL	South Tyneside	62	25.0	7.6	20.9	16.8	1.6	17	-2	8	-7	3
LEP10	00CM	Sunderland	63	45.4	13.8	38.6	30.2	2.8	18	-4	9	-9	0
LEP11	30UK	Preston	64	20.6	6.3	17.9	17.2	1.5	26	9	21	4	12
LEP11	00EX	Blackburn with Darwen	65	17.9	5.2	12.9	15.7	1.4	20	9	4	2	8
LEP11	00EY	Blackpool	66	21.3	6.3	19.2	16.8	1.4	12	2	6	-2	5
LEP11	30UD	Burnley	67	10.1	3.3	8.4	8.8	0.7	1	-7	-6	-10	-4
LEP11	30UE	Chorley	68	19.7	5.1	14.7	12.3	1.1	34	10	13	-2	11
LEP11	30UF	Fylde	69	12.8	3.8	11.0	9.7	0.8	19	11	14	7	13
LEP11	30UG	Hyndburn	70	12.2	3.7	10.5	9.6	0.9	18	2	8	-4	5
LEP11	30UH	Lancaster	71	23.9	7.8	20.9	18.9	1.6	22	6	17	4	10
LEP11	30UJ	Pendle	72	12.7	3.7	10.4	10.7	0.9	22	10	8	5	12
LEP11	30UL	Ribble Valley	73	9.5	3.1	7.7	7.5	0.7	23	12	7	7	14
LEP11	30UM	Rossendale	74	9.4	3.3	8.4	8.0	0.7	17	3	7	-2	7
LEP11	30UP	West Lancashire	75	20.1	6.1	16.6	13.1	1.2	27	6	13	0	10
LEP11	30UN	South Ribble	76	18.7	5.3	15.8	11.4	1.1	28	7	16	-3	10
LEP11	30UQ	Wyre	77	20.4	6.5	15.7	14.2	1.3	17	9	12	9	13
NORTH				2,477.2	758.4	1,991.6	1,766.2	161.4	21	4	10	-2	7

Appendix G. Households projections by type by local authority: 2011-2036

LEP Code	LA Code	LA Name	People aged 75+ who live alone ('000s)					People aged 75+ who live alone: % men		People aged 75+ who live alone: BME	
			No	Change 2011-2036				2011	2036	2011	2036
				2011	2036	Nos ('000s)	%				
LEP01	00BN	Manchester	1	12.4	19.7	7.3	59	31	38	5.3	6.9
LEP01	00BL	Bolton	2	10.6	18.1	7.5	71	29	36	1.7	2.8
LEP01	00BM	Bury	3	6.6	11.2	4.5	69	33	38	0.9	1.5
LEP01	00BP	Oldham	4	5.7	8.5	2.7	48	25	31	2.0	3.1
LEP01	00BQ	Rochdale	5	8.5	15.3	6.8	80	24	28	1.6	2.9
LEP01	00BR	Salford	6	8.4	14.3	5.9	70	35	41	0.7	1.2
LEP01	00BS	Stockport	7	13.1	19.7	6.6	51	26	27	0.7	1.3
LEP01	00BT	Tameside	8	7.5	12.4	4.9	66	28	34	0.8	1.4
LEP01	00BU	Trafford	9	10.1	15.5	5.4	53	29	36	2.0	3.1
LEP01	00BW	Wigan	10	14.2	26.7	12.6	89	27	29	0.2	0.4
LEP02	00BY	Liverpool	11	18.5	30.0	11.5	62	30	34	1.5	1.9
LEP02	00ET	Halton	12	4.6	8.5	3.9	85	33	40	0.4	1.2
LEP02	00BX	Knowsley	13	6.7	10.9	4.2	62	34	37	0.5	0.7
LEP02	00BZ	St. Helens	14	8.2	14.7	6.6	80	23	25	0.3	0.5
LEP02	00CA	Sefton	15	13.7	20.2	6.5	48	27	30	0.4	0.6
LEP02	00CB	Wirral	16	15.0	22.7	7.7	51	34	38	0.4	0.6
LEP03	00DA	Leeds	17	33.3	58.2	24.9	75	29	34	1.8	2.5
LEP03	00CX	Bradford	18	14.8	24.3	9.5	64	32	38	3.9	6.7
LEP03	00CY	Calderdale	19	7.6	12.5	4.9	64	26	28	1.0	1.6
LEP03	36UB	Craven	20	3.3	5.2	1.9	58	25	29	0.6	3.5
LEP03	36UD	Harrogate	21	6.6	10.8	4.2	63	27	34	0.3	0.8
LEP03	00CZ	Kirklees	22	14.6	25.5	10.9	75	29	35	2.6	4.1
LEP03	00DB	Wakefield	23	13.0	23.9	10.8	83	27	31	0.4	0.5
LEP04	00CG	Sheffield	24	23.4	38.5	15.1	64	34	40	2.3	2.8
LEP04/03	00CC	Barnsley	25	8.4	14.3	5.9	70	29	35	0.3	0.7
LEP04	37UC	Bassetlaw	26	4.6	7.8	3.2	70	27	35	0.4	0.9
LEP04	17UC	Bolsover	27	3.2	4.1	1.0	30	18	27	0.4	1.8
LEP04	17UD	Chesterfield	28	4.6	7.3	2.7	58	21	22	0.7	1.7
LEP04	17UJ	Derbyshire Dales	29	3.9	6.4	2.5	62	31	37	0.3	1.6
LEP04	00CE	Doncaster	30	13.7	21.5	7.8	57	25	26	0.6	0.7
LEP04	17UJ	North East Derbyshire	31	4.0	6.3	2.2	56	29	31	0.4	1.5
LEP04	00CF	Rotherham	32	8.9	14.9	6.0	68	28	29	0.5	1.1
LEP05	00EW	Cheshire West & Chester	33	14.8	23.8	9.0	61	32	35	0.5	1.5
LEP05	00EQ	Cheshire East	34	17.0	27.9	10.9	64	31	36	0.4	1.2
LEP05	00EU	Warrington	35	6.3	11.6	5.2	83	20	23	0.4	0.9
LEP06	00EC	Middlesbrough	36	4.6	6.8	2.2	47	29	37	1.1	2.1
LEP06	00EH	Darlington	37	4.0	7.2	3.2	81	34	37	0.5	1.5
LEP06	00EB	Hartlepool	38	2.7	4.1	1.4	52	31	33	0.7	2.4
LEP06	00EE	Redcar and Cleveland	39	6.9	9.3	2.4	35	30	35	0.4	1.8
LEP06	00EF	Stockton-on-Tees	40	8.9	17.2	8.4	94	36	44	0.5	1.1
LEP07	16UD	Carlisle	41	5.3	8.4	3.2	60	22	28	0.4	1.4
LEP07	16UB	Allerdale	42	4.6	7.0	2.4	52	36	44	0.4	1.7
LEP07	16UC	Barrow-in-Furness	43	2.4	3.3	0.9	40	38	40	0.8	3.3
LEP07	16UE	Copeland	44	3.1	4.7	1.6	52	30	46	0.6	2.6
LEP07	16UF	Eden	45	2.1	3.7	1.6	74	25	28	0.6	3.3
LEP07	16UG	South Lakeland	46	5.1	7.8	2.7	53	32	36	0.4	1.5
LEP08	00FA	Kingston upon Hull	47	7.0	10.2	3.2	45	25	32	0.6	1.0
LEP08	00FB	East Riding of Yorkshire	48	15.3	25.8	10.4	68	25	28	0.2	0.3
LEP08	00FC	North East Lincolnshire	49	6.8	10.0	3.2	46	32	44	0.4	0.9
LEP08	00FD	North Lincolnshire	50	6.6	11.0	4.4	67	32	37	0.5	1.1
LEP09/03	00FF	York	51	6.9	10.7	3.9	56	26	32	0.3	0.8
LEP09	36UE	Richmondshire	52	1.7	2.9	1.2	71	30	35	0.9	4.2
LEP09	36UC	Hambleton	53	3.6	5.7	2.1	60	35	36	0.5	2.4
LEP09	36UF	Ryedale	54	2.3	3.1	0.7	32	18	21	0.7	4.4
LEP09	36UG	Scarborough	55	4.7	6.4	1.7	36	33	37	0.4	1.7
LEP09/03	36UH	Selby	56	3.0	6.4	3.4	115	43	50	0.6	2.5
LEP10	00CJ	Newcastle upon Tyne	57	11.1	15.9	4.8	43	29	35	1.1	1.9
LEP10	00EJ	County Durham	58	21.7	36.5	14.8	68	30	36	0.7	2.6
LEP10	00CH	Gateshead	59	11.2	17.7	6.4	57	28	35	0.3	0.7
LEP10	00CK	North Tyneside	60	9.6	13.9	4.4	45	18	20	0.3	0.9
LEP10	00EM	Northumberland	61	13.9	23.4	9.5	68	32	37	0.5	2.0
LEP10	00CL	South Tyneside	62	6.4	10.4	3.9	61	33	41	0.6	1.3
LEP10	00CM	Sunderland	63	10.5	17.5	7.0	67	33	38	0.4	0.8
LEP11	30UK	Preston	64	4.9	7.9	3.0	62	36	46	2.9	4.8
LEP11	00EX	Blackburn with Darwen	65	4.3	6.8	2.5	59	25	22	2.6	6.3
LEP11	00EY	Blackpool	66	5.3	7.3	2.0	37	35	40	0.4	1.0
LEP11	30UD	Burnley	67	2.7	3.3	0.6	22	15	22	1.1	2.9
LEP11	30UE	Chorley	68	5.0	9.5	4.6	92	23	25	0.4	1.2
LEP11	30UF	Fylde	69	3.6	4.9	1.3	36	31	38	0.4	1.6
LEP11	30UG	Hyndburn	70	2.7	4.5	1.8	70	31	39	1.5	3.2
LEP11	30UH	Lancaster	71	5.4	8.5	3.1	57	34	40	0.4	0.8
LEP11	30UJ	Pendle	72	3.0	4.8	1.8	62	20	25	1.8	5.2
LEP11	30UL	Ribble Valley	73	1.9	3.3	1.4	72	32	30	0.9	3.8
LEP11	30UM	Rossendale	74	1.6	2.8	1.2	73	37	43	1.4	3.5
LEP11	30UP	West Lancashire	75	4.5	8.6	4.0	89	37	44	0.4	1.2
LEP11	30UN	South Ribble	76	4.4	8.3	4.0	90	40	50	0.7	1.8
LEP11	30UQ	Wyre	77	6.3	8.2	2.0	31	29	31	0.3	1.3
		NORTH		617.6	1,009.2	391.6	63	29	34	1.0	2.0

Appendix H. Population who live in communal establishments by local authority: 2011-2036

LEP Code	LA Code	LA Name	All people ('000s)				People aged 75+ ('000s)				People aged 90+ ('000s)				
			2011		2036		2011		2036		2011		2036		
			No	%	No.s	%	No.s	%	No.s	%	No.s	%	No.s	%	
			Change 2011-2036				Change 2011-2036				Change 2011-2036				
LEP01	00BN	Manchester	1	18.7	22.0	3.3	17	2.8	4.9	2.1	74	0.6	1.3	0.7	121
LEP01	00BL	Bolton	2	3.4	5.6	2.2	64	2.1	4.2	2.1	103	0.5	1.5	1.0	194
LEP01	00BM	Bury	3	3.1	4.8	1.7	57	1.7	3.5	1.8	109	0.3	1.0	0.6	188
LEP01	00BP	Oldham	4	1.6	2.4	0.8	47	1.1	1.9	0.7	64	0.2	0.4	0.2	94
LEP01	00BQ	Rochdale	5	3.3	5.7	2.4	73	2.2	4.5	2.3	107	0.5	1.5	1.0	183
LEP01	00BR	Salford	6	7.5	9.0	1.5	20	1.4	2.9	1.4	98	0.3	0.9	0.5	175
LEP01	00BS	Stockport	7	2.8	4.5	1.7	59	2.1	3.8	1.7	82	0.5	1.2	0.7	148
LEP01	00BT	Tameside	8	2.0	3.5	1.4	70	1.5	2.9	1.4	91	0.3	0.7	0.4	150
LEP01	00BU	Trafford	9	2.5	4.0	1.5	62	1.9	3.4	1.5	81	0.5	1.2	0.7	150
LEP01	00BW	Wigan	10	3.7	6.9	3.2	87	2.5	5.7	3.2	128	0.6	2.0	1.4	245
LEP02	00BY	Liverpool	11	15.9	18.8	2.9	18	3.6	6.9	3.3	92	0.6	1.8	1.2	182
LEP02	00ET	Halton	12	1.1	2.1	1.0	92	0.8	1.8	1.0	131	0.2	0.5	0.3	207
LEP02	00BX	Knowsley	13	1.9	3.3	1.3	68	1.3	2.7	1.3	98	0.3	1.0	0.7	235
LEP02	00BZ	St. Helens	14	2.1	4.0	1.8	86	1.5	3.4	1.9	121	0.3	1.1	0.8	234
LEP02	00CA	Sefton	15	5.7	8.6	2.8	50	3.7	6.7	3.0	81	0.7	2.0	1.2	168
LEP02	00CB	Wirral	16	4.8	7.4	2.6	54	3.4	6.1	2.7	80	0.8	2.1	1.3	166
LEP03	00DA	Leeds	17	14.3	21.2	6.8	47	5.9	12.4	6.5	109	1.5	4.4	2.9	187
LEP03	00CX	Bradford	18	9.8	14.0	4.2	43	3.8	7.2	3.4	89	0.8	1.9	1.1	142
LEP03	00CY	Calderdale	19	1.7	2.8	1.0	60	1.2	2.2	1.0	90	0.3	0.6	0.4	144
LEP03	36UB	Craven	20	4.2	5.8	1.6	39	1.0	1.9	0.9	84	0.3	0.7	0.4	129
LEP03	36UD	Harrogate	21	4.3	6.0	1.7	40	1.9	3.5	1.6	88	0.5	1.2	0.7	148
LEP03	00CZ	Kirklees	22	7.6	10.9	3.4	45	2.8	5.8	3.0	106	0.6	1.6	1.0	164
LEP03	00DB	Wakefield	23	5.5	8.5	3.0	54	2.5	5.3	2.9	117	0.5	1.5	1.0	195
LEP04	00CG	Sheffield	24	11.8	16.4	4.6	39	4.6	9.0	4.4	95	1.0	2.9	1.9	182
LEP04/03	00CC	Barnsley	25	2.5	4.2	1.7	69	1.7	3.4	1.7	101	0.3	0.8	0.5	166
LEP04	37UC	Bassetlaw	26	3.1	4.3	1.2	38	1.0	2.0	1.0	97	0.2	0.6	0.4	160
LEP04	17UC	Bolsover	27	1.1	1.5	0.4	33	0.7	1.0	0.3	43	0.2	0.4	0.2	87
LEP04	17UD	Chesterfield	28	4.3	5.1	0.8	19	0.7	1.3	0.6	80	0.2	0.4	0.2	138
LEP04	17UJ	Derbyshire Dales	29	1.8	2.6	0.8	44	0.9	1.7	0.8	84	0.3	0.7	0.4	142
LEP04	00CE	Doncaster	30	6.2	8.7	2.5	41	2.8	5.4	2.5	90	0.7	1.9	1.2	191
LEP04	17UJ	North East Derbyshire	31	1.7	2.2	0.5	32	0.7	1.2	0.6	90	0.1	0.3	0.2	158
LEP04	00CF	Rotherham	32	2.4	4.0	1.6	66	1.6	3.2	1.6	97	0.3	0.8	0.5	174
LEP05	00EW	Cheshire West & Chester	33	4.4	6.9	2.5	56	2.6	5.1	2.4	93	0.6	1.7	1.1	178
LEP05	00EQ	Cheshire East	34	6.1	9.5	3.4	56	3.4	6.8	3.4	102	0.7	2.2	1.5	203
LEP05	00EU	Warrington	35	5.5	7.3	1.7	31	1.7	3.5	1.8	101	0.4	1.1	0.6	148
LEP06	00EC	Middlesbrough	36	2.2	3.0	0.8	38	1.3	2.2	0.9	67	0.3	0.6	0.3	118
LEP06	00EH	Darlington	37	2.3	3.7	1.3	56	1.1	2.4	1.2	110	0.3	0.9	0.6	202
LEP06	00EB	Hartlepool	38	1.4	1.9	0.5	32	0.6	1.0	0.4	78	0.1	0.2	0.1	139
LEP06	00EE	Redcar and Cleveland	39	2.4	3.8	1.4	59	2.0	3.4	1.4	72	0.4	1.1	0.7	187
LEP06	00EF	Stockton-on-Tees	40	9.8	12.7	2.8	29	2.1	4.9	2.9	140	0.5	1.9	1.4	300
LEP07	16UD	Carlisle	41	3.7	4.8	1.0	28	1.1	2.1	1.0	99	0.2	0.7	0.5	210
LEP07	16UB	Allerdale	42	2.0	2.9	0.8	41	0.8	1.6	0.8	99	0.1	0.5	0.3	229
LEP07	16UC	Barrow-in-Furness	43	0.9	1.1	0.3	31	0.4	0.7	0.3	62	0.1	0.2	0.1	99
LEP07	16UE	Copeland	44	1.3	1.8	0.6	45	0.5	1.1	0.5	108	0.1	0.4	0.3	249
LEP07	16UF	Eden	45	1.6	2.3	0.7	42	0.4	0.8	0.4	110	0.1	0.2	0.1	162
LEP07	16UG	South Lakeland	46	1.6	2.6	0.9	58	1.0	1.9	0.9	94	0.2	0.6	0.4	171
LEP08	00FA	Kingston upon Hull	47	20.6	20.6	0.0	0	2.1	3.5	1.4	68	0.4	0.9	0.5	110
LEP08	00FB	East Riding of Yorkshire	48	11.7	15.9	4.2	36	3.0	6.2	3.2	108	0.7	2.0	1.3	180
LEP08	00FC	North East Lincolnshire	49	5.0	6.3	1.3	27	1.9	3.3	1.4	74	0.5	1.2	0.7	146
LEP08	00FD	North Lincolnshire	50	3.4	5.4	2.0	57	1.9	3.7	1.8	98	0.5	1.4	0.9	165
LEP09/03	00FF	York	51	6.2	7.6	1.3	22	1.7	2.9	1.2	70	0.4	0.8	0.4	111
LEP09	36UE	Richmondshire	52	1.4	2.0	0.6	40	0.4	0.8	0.4	108	0.1	0.2	0.2	174
LEP09	36UC	Hambleton	53	0.9	1.6	0.7	79	0.7	1.4	0.7	103	0.1	0.4	0.3	188
LEP09	36UF	Ryedale	54	1.1	1.6	0.5	46	0.8	1.2	0.5	58	0.2	0.5	0.3	114
LEP09	36UG	Scarborough	55	1.3	1.9	0.6	43	1.0	1.6	0.6	55	0.3	0.5	0.3	96
LEP09/03	36UH	Selby	56	1.9	3.5	1.5	79	0.9	2.3	1.4	155	0.2	0.8	0.6	272
LEP10	00CJ	Newcastle upon Tyne	57	7.0	8.3	1.3	19	2.2	3.5	1.3	59	0.5	1.1	0.6	108
LEP10	00EJ	County Durham	58	8.8	14.2	5.5	62	5.0	10.0	5.0	102	1.3	3.7	2.4	184
LEP10	00CH	Gateshead	59	4.0	6.0	2.0	49	2.2	4.2	2.0	90	0.5	1.6	1.1	197
LEP10	00CK	North Tyneside	60	2.7	4.2	1.6	59	2.1	3.6	1.5	71	0.5	1.2	0.7	139
LEP10	00EM	Northumberland	61	8.4	13.8	5.4	65	3.8	8.2	4.4	114	0.9	2.9	2.0	241
LEP10	00CL	South Tyneside	62	1.9	3.1	1.2	59	1.2	2.4	1.2	93	0.2	0.6	0.4	172
LEP10	00CM	Sunderland	63	6.8	8.7	1.8	27	2.2	4.4	2.2	97	0.3	1.0	0.6	186
LEP11	30UK	Preston	64	1.6	2.6	1.1	70	1.0	2.0	1.0	103	0.2	0.7	0.5	209
LEP11	00EX	Blackburn with Darwen	65	4.3	5.3	1.0	23	0.9	1.9	0.9	100	0.2	0.6	0.4	163
LEP11	00EY	Blackpool	66	6.8	8.1	1.3	19	1.7	2.7	1.0	59	0.4	0.8	0.4	105
LEP11	30UD	Burnley	67	1.8	1.9	0.1	4	0.7	0.9	0.1	19	0.2	0.3	0.1	39
LEP11	30UE	Chorley	68	2.5	4.2	1.7	66	1.2	2.8	1.6	131	0.4	1.2	0.8	194
LEP11	30UF	Fylde	69	3.6	4.5	0.9	24	1.0	1.5	0.5	54	0.3	0.5	0.3	104
LEP11	30UG	Hyndburn	70	0.9	1.6	0.7	72	0.6	1.3	0.7	112	0.1	0.3	0.2	220
LEP11	30UH	Lancaster	71	1.8	2.9	1.1	59	1.2	2.2	1.0	83	0.3	0.7	0.4	127
LEP11	30UJ	Pendle	72	2.4	3.0	0.6	24	0.6	1.0	0.5	85	0.1	0.3	0.2	121
LEP11	30UL	Ribble Valley	73	1.1	1.6	0.5	48	0.4	0.9	0.5	119	0.1	0.2	0.1	231
LEP11	30UM	Rossendale	74	1.0	1.4	0.4	39	0.4	0.8	0.4	87	0.1	0.2	0.1	124
LEP11	30UP	West Lancashire	75	1.6	3.5	1.8	111	1.3	3.1	1.8	142	0.2	1.0	0.8	314
LEP11	30UN	South Ribble	76	9.0	10.1	1.1	13	0.9	2.1	1.2	142	0.2	0.8	0.6	277
LEP11	30UQ	Wyre	77	1.4	2.0	0.6	42	1.2	1.7	0.6	49	0.3	0.6	0.3	113
NORTH			341.1	472.1	131.1	38	132.4	256.8	124.5	94	30.2	82.3	52.1	173	

Appendix I. Communal establishment residents by type local authority: 2011-2036

LEP Code	LA Code	LA Name	No	Men: aged 75+				People from BME groups: aged 75+			
				2011	2036	Change 2011-2036		2011	2036	Change 2011-2036	
				Nos	%	Nos	%	Nos	%		
LEP01	00BN	Manchester	1	984	2,165	1,181	120	165	403	238	145
LEP01	00BL	Bolton	2	495	1,395	900	182	52	195	143	273
LEP01	00BM	Bury	3	516	1,312	796	154	18	66	48	267
LEP01	00BP	Oldham	4	293	585	292	100	29	73	44	153
LEP01	00BQ	Rochdale	5	499	1,200	701	141	45	168	124	277
LEP01	00BR	Salford	6	535	1,306	771	144	14	44	31	224
LEP01	00BS	Stockport	7	449	966	517	115	20	62	43	218
LEP01	00BT	Tameside	8	449	1,085	636	142	20	62	42	204
LEP01	00BU	Trafford	9	433	1,091	659	152	38	116	78	207
LEP01	00BW	Wigan	10	444	1,125	681	153	7	26	18	242
LEP02	00BY	Liverpool	11	1,177	2,640	1,463	124	66	153	87	131
LEP02	00ET	Halton	12	230	734	505	220	4	22	18	518
LEP02	00BX	Knowsley	13	481	1,112	631	131	7	20	13	192
LEP02	00BZ	St. Helens	14	287	701	414	144	5	23	18	380
LEP02	00CA	Sefton	15	952	2,011	1,058	111	17	46	30	177
LEP02	00CB	Wirral	16	1,199	2,544	1,345	112	15	46	31	209
LEP03	00DA	Leeds	17	1,730	4,424	2,694	156	127	420	293	231
LEP03	00CX	Bradford	18	1,308	3,098	1,790	137	202	684	482	239
LEP03	00CY	Calderdale	19	299	593	293	98	14	49	34	238
LEP03	36UB	Craven	20	259	570	311	120	9	89	80	867
LEP03	36UD	Harrogate	21	489	1,176	687	141	8	37	29	388
LEP03	00CZ	Kirklees	22	647	1,806	1,159	179	92	337	245	266
LEP03	00DB	Wakefield	23	629	1,670	1,040	165	11	38	27	237
LEP04	00CG	Sheffield	24	1,613	3,894	2,281	141	113	304	191	169
LEP04/03	00CC	Barnsley	25	433	1,149	716	165	6	27	21	359
LEP04	37UC	Bassetlaw	26	217	642	425	196	5	19	14	314
LEP04	17UC	Bolsover	27	134	284	150	112	3	19	16	518
LEP04	17UD	Chesterfield	28	189	382	193	102	5	27	21	394
LEP04	17UJ	Derbyshire Dales	29	266	634	369	139	4	27	23	634
LEP04	00CE	Doncaster	30	738	1,436	698	95	17	47	30	175
LEP04	17UJ	North East Derbyshire	31	128	298	170	133	3	20	17	653
LEP04	00CF	Rotherham	32	451	911	460	102	11	44	33	288
LEP05	00EW	Cheshire West & Chester	33	964	2,211	1,247	129	14	80	65	463
LEP05	00EQ	Cheshire East	34	1,375	3,335	1,960	143	20	91	71	363
LEP05	00EU	Warrington	35	225	541	316	140	8	36	28	366
LEP06	00EC	Middlesbrough	36	325	767	442	136	17	61	45	271
LEP06	00EH	Darlington	37	465	1,109	644	138	6	36	30	545
LEP06	00EB	Hartlepool	38	207	413	206	100	5	26	21	418
LEP06	00EE	Redcar and Cleveland	39	529	1,215	686	130	14	79	65	475
LEP06	00EF	Stockton-on-Tees	40	722	2,245	1,523	211	14	68	55	403
LEP07	16UD	Carlisle	41	363	881	518	143	5	31	25	474
LEP07	16UB	Allerdale	42	404	998	595	147	4	27	23	622
LEP07	16UC	Barrow-in-Furness	43	197	361	164	83	5	27	23	488
LEP07	16UE	Copeland	44	217	644	426	196	4	27	23	634
LEP07	16UF	Eden	45	117	294	177	151	4	29	26	703
LEP07	16UG	South Lakeland	46	399	943	544	136	5	33	28	542
LEP08	00FA	Kingston upon Hull	47	734	1,569	836	114	15	40	26	176
LEP08	00FB	East Riding of Yorkshire	48	752	1,832	1,080	144	7	24	18	269
LEP08	00FC	North East Lincolnshire	49	589	1,578	989	168	8	31	23	302
LEP08	00FD	North Lincolnshire	50	410	1,103	693	169	9	42	33	345
LEP09/03	00FF	York	51	366	800	435	119	8	28	21	273
LEP09	36UE	Richmondshire	52	106	263	157	148	5	37	32	643
LEP09	36UC	Hambleton	53	233	514	281	121	4	33	28	646
LEP09	36UF	Ryedale	54	115	202	87	75	7	73	65	891
LEP09	36UG	Scarborough	55	310	605	294	95	5	32	26	480
LEP09/03	36UH	Selby	56	353	1,123	771	219	8	82	74	920
LEP10	00CJ	Newcastle upon Tyne	57	583	1,214	631	108	33	101	67	202
LEP10	00EJ	County Durham	58	1,384	3,571	2,188	158	34	288	254	748
LEP10	00CH	Gateshead	59	634	1,595	961	151	9	32	23	250
LEP10	00CK	North Tyneside	60	366	681	315	86	8	40	32	424
LEP10	00EM	Northumberland	61	1,332	3,366	2,034	153	40	374	334	844
LEP10	00CL	South Tyneside	62	442	1,157	714	161	10	38	28	268
LEP10	00CM	Sunderland	63	748	1,813	1,065	142	12	46	34	297
LEP11	30UK	Preston	64	389	1,032	642	165	40	154	114	286
LEP11	00EX	Blackburn with Darwen	65	188	371	183	97	40	198	158	394
LEP11	00EY	Blackpool	66	494	1,090	595	120	7	27	20	295
LEP11	30UD	Burnley	67	47	96	49	103	9	28	19	204
LEP11	30UE	Chorley	68	189	532	343	182	6	32	26	402
LEP11	30UF	Fylde	69	281	589	308	109	4	22	19	513
LEP11	30UG	Hyndburn	70	239	689	450	189	13	48	34	254
LEP11	30UH	Lancaster	71	368	898	530	144	6	19	13	234
LEP11	30UJ	Pendle	72	101	249	148	147	15	70	55	380
LEP11	30UL	Ribble Valley	73	141	329	189	134	6	41	35	617
LEP11	30UM	Rossendale	74	152	370	217	143	8	39	30	373
LEP11	30UP	West Lancashire	75	591	1,759	1,168	198	7	38	30	422
LEP11	30UN	South Ribble	76	349	1,183	833	239	6	37	32	560
LEP11	30UQ	Wyre	77	210	341	132	63	4	23	18	407
NORTH				38,656	93,410	54,754	142	1,666	6,481	4,815	289

Appendix J. Projected numbers of people who have self-reported health that is 'not good' by local authority: 2011-2036

LEP Code	LA Code	LA Name	All people ('000s)				People aged 75+ ('000s)				People aged 90+ ('000s)				
			Change 2011-2036				Change 2011-2036				Change 2011-2036				
			No	2011	2036	No.s	%	2011	2036	Nos	%	2011	2036	Nos	%
LEP01	00BN	Manchester	1	52.8	65.8	13.0	25	8.6	14.8	6.2	72	1.1	2.6	1.5	143
LEP01	00BL	Bolton	2	27.1	33.4	6.3	23	6.8	12.8	6.0	88	0.9	2.8	1.9	213
LEP01	00BM	Bury	3	16.6	19.3	2.7	16	4.1	7.5	3.4	84	0.4	1.2	0.8	209
LEP01	00BP	Oldham	4	21.5	23.5	2.1	10	3.6	5.6	2.1	58	0.3	0.7	0.3	106
LEP01	00BQ	Rochdale	5	23.1	29.3	6.2	27	5.4	10.5	5.1	93	0.7	2.1	1.4	195
LEP01	00BR	Salford	6	24.3	29.3	4.9	20	5.3	9.7	4.3	81	0.6	1.9	1.3	212
LEP01	00BS	Stockport	7	22.7	25.1	2.4	11	6.7	10.7	4.0	60	0.8	2.0	1.2	159
LEP01	00BT	Tameside	8	21.8	24.8	3.0	14	4.6	8.0	3.5	76	0.5	1.1	0.7	153
LEP01	00BU	Trafford	9	17.9	21.3	3.4	19	5.5	9.2	3.8	68	0.8	2.2	1.4	175
LEP01	00BW	Wigan	10	35.3	44.1	8.9	25	9.3	18.5	9.2	99	1.1	3.8	2.8	257
LEP02	00BY	Liverpool	11	55.1	63.4	8.3	15	11.3	19.3	8.0	71	1.0	3.0	2.0	191
LEP02	00ET	Halton	12	15.0	18.8	3.9	26	3.6	6.9	3.3	91	0.4	1.3	0.9	227
LEP02	00BX	Knowsley	13	19.3	22.2	2.9	15	4.4	7.6	3.2	72	0.5	1.9	1.4	262
LEP02	00BZ	St. Helens	14	21.1	24.6	3.4	16	5.2	10.0	4.8	92	0.6	2.1	1.5	239
LEP02	00CA	Sefton	15	27.5	29.7	2.2	8	7.4	11.8	4.4	59	0.7	2.0	1.3	174
LEP02	00CB	Wirral	16	31.3	33.3	2.1	7	8.8	14.1	5.4	61	1.2	3.4	2.2	190
LEP03	00DA	Leeds	17	70.7	96.1	25.4	36	20.2	38.5	18.3	91	3.0	9.2	6.2	211
LEP03	00CX	Bradford	18	48.5	65.3	16.8	35	9.7	18.0	8.3	85	1.0	2.8	1.7	167
LEP03	00CY	Calderdale	19	16.9	19.7	2.7	16	4.2	7.3	3.1	74	0.5	1.4	0.8	160
LEP03	36UB	Craven	20	11.9	14.5	2.6	22	3.0	5.7	2.8	92	0.4	1.1	0.7	153
LEP03	36UD	Harrogate	21	8.9	10.2	1.4	16	2.7	3.9	1.2	46	0.3	0.7	0.3	104
LEP03	00CZ	Kirklees	22	36.9	48.0	11.1	30	8.8	17.0	8.2	93	0.9	2.6	1.7	187
LEP03	00DB	Wakefield	23	37.1	46.8	9.8	26	8.7	17.0	8.3	96	0.8	2.5	1.7	206
LEP04	00CG	Sheffield	24	55.5	71.2	15.7	28	16.1	28.5	12.4	77	2.0	6.0	4.0	203
LEP04/03	00CC	Barnsley	25	28.1	33.0	4.9	17	6.1	11.1	5.0	83	0.4	1.3	0.9	199
LEP04	37UC	Bassetlaw	26	17.2	20.7	3.5	20	4.1	6.7	2.6	64	0.5	1.1	0.6	117
LEP04	17UC	Bolsover	27	9.5	11.4	1.9	20	1.9	3.7	1.8	91	0.1	0.5	0.3	234
LEP04	17UD	Chesterfield	28	14.3	17.7	3.5	24	3.6	6.2	2.5	70	0.4	1.2	0.7	163
LEP04	17UJ	Derbyshire Dales	29	5.9	7.6	1.6	28	1.4	2.5	1.1	84	0.2	0.4	0.2	125
LEP04	00CE	Doncaster	30	32.0	37.2	5.2	16	9.1	14.9	5.8	64	1.1	3.2	2.1	197
LEP04	17UJ	North East Derbyshire	31	12.4	16.9	4.5	36	3.6	6.8	3.2	87	0.5	1.7	1.2	258
LEP04	00CF	Rotherham	32	26.4	30.6	4.1	16	6.0	10.5	4.5	75	0.5	1.4	0.9	189
LEP05	00EW	Cheshire West & Chester	33	21.6	27.0	5.4	25	6.5	11.3	4.8	74	0.9	2.8	1.9	204
LEP05	00EQ	Cheshire East	34	17.2	21.7	4.5	26	4.8	8.9	4.0	83	0.7	1.9	1.2	171
LEP05	00EU	Warrington	35	8.9	10.6	1.7	19	2.7	4.6	1.9	73	0.3	1.0	0.7	235
LEP06	00EC	Middlesbrough	36	10.5	12.5	2.0	19	2.1	4.1	2.0	96	0.2	0.6	0.4	228
LEP06	00EH	Darlington	37	13.8	14.6	0.8	6	4.2	6.4	2.3	54	0.5	1.4	0.9	161
LEP06	00EB	Hartlepool	38	13.7	15.3	1.6	12	3.6	5.8	2.3	64	0.5	1.3	0.8	170
LEP06	00EE	Redcar and Cleveland	39	13.4	17.5	4.2	31	3.6	6.8	3.3	91	0.4	1.3	0.9	251
LEP06	00EF	Stockton-on-Tees	40	7.1	7.4	0.3	4	1.7	2.1	0.4	24	0.2	0.3	0.1	86
LEP07	16UD	Carlisle	41	5.4	7.0	1.6	29	1.4	2.9	1.5	103	0.2	0.7	0.5	277
LEP07	16UB	Allerdale	42	8.1	10.3	2.2	27	2.3	4.1	1.9	83	0.3	0.9	0.5	163
LEP07	16UC	Barrow-in-Furness	43	3.5	5.6	2.1	61	0.7	1.3	0.6	81	0.1	0.2	0.1	268
LEP07	16UE	Copeland	44	7.3	7.3	0.0	0	1.6	2.0	0.4	27	0.3	0.4	0.1	44
LEP07	16UF	Eden	45	7.4	10.0	2.6	35	2.3	4.8	2.5	107	0.5	1.5	1.0	201
LEP07	16UG	South Lakeland	46	5.6	6.8	1.2	22	1.9	2.7	0.9	46	0.3	0.6	0.3	117
LEP08	00FA	Kingston upon Hull	47	7.7	9.1	1.4	18	1.9	3.4	1.4	75	0.2	0.8	0.6	245
LEP08	00FB	East Riding of Yorkshire	48	4.2	5.7	1.5	37	1.1	2.1	1.0	90	0.1	0.4	0.2	167
LEP08	00FC	North East Lincolnshire	49	9.9	11.8	1.9	19	2.9	4.7	1.8	64	0.3	0.8	0.5	162
LEP08	00FD	North Lincolnshire	50	6.4	7.8	1.4	22	1.8	2.5	0.7	40	0.3	0.7	0.3	91
LEP09/03	00FF	York	51	7.3	9.1	1.8	25	2.2	3.6	1.4	65	0.3	0.7	0.4	139
LEP09	36UE	Richmondshire	52	14.3	16.7	2.4	17	3.9	6.2	2.3	58	0.4	0.8	0.4	112
LEP09	36UC	Hambleton	53	8.3	10.9	2.6	31	2.1	3.9	1.7	82	0.3	0.8	0.5	171
LEP09	36UF	Ryedale	54	22.2	28.3	6.0	27	7.0	12.7	5.7	81	0.9	2.5	1.7	194
LEP09	36UG	Scarborough	55	13.0	15.2	2.2	17	3.5	5.8	2.3	65	0.5	1.5	0.9	171
LEP09/03	36UH	Selby	56	12.4	15.6	3.2	26	4.0	7.2	3.1	77	0.6	1.6	1.0	179
LEP10	00CJ	Newcastle upon Tyne	57	28.6	33.0	4.4	15	7.1	10.9	3.8	54	0.9	2.1	1.2	125
LEP10	00EJ	County Durham	58	63.0	77.9	15.0	24	15.3	27.5	12.2	80	1.8	5.9	4.1	234
LEP10	00CH	Gateshead	59	24.0	28.5	4.5	19	7.4	12.7	5.3	71	1.0	3.2	2.2	224
LEP10	00CK	North Tyneside	60	19.2	22.1	2.9	15	5.3	8.2	2.8	53	0.6	1.5	0.9	142
LEP10	00EM	Northumberland	61	65.2	79.4	14.1	22	18.2	33.9	15.6	86	2.2	8.0	5.8	260
LEP10	00CL	South Tyneside	62	16.9	19.3	2.4	14	3.9	6.9	3.0	76	0.3	1.0	0.6	179
LEP10	00CM	Sunderland	63	33.5	38.5	5.0	15	7.1	12.7	5.6	79	0.5	1.6	1.1	201
LEP11	30UK	Preston	64	16.2	19.4	3.2	19	3.9	6.9	2.9	75	0.5	1.4	0.9	165
LEP11	00EX	Blackburn with Darwen	65	7.7	8.3	0.6	8	1.5	2.3	0.7	47	0.1	0.3	0.1	110
LEP11	00EY	Blackpool	66	12.5	15.0	2.5	20	3.1	5.5	2.3	75	0.4	1.2	0.8	210
LEP11	30UD	Burnley	67	9.7	12.2	2.5	26	2.5	4.9	2.4	95	0.3	1.1	0.8	297
LEP11	30UE	Chorley	68	4.8	5.7	0.9	19	1.4	2.2	0.9	63	0.1	0.4	0.3	211
LEP11	30UF	Fylde	69	5.2	7.3	2.1	41	1.2	2.4	1.3	109	0.2	0.6	0.4	239
LEP11	30UG	Hyndburn	70	7.8	10.4	2.6	33	2.0	3.9	1.9	95	0.2	1.0	0.8	391
LEP11	30UH	Lancaster	71	6.0	8.2	2.2	37	1.8	3.2	1.3	73	0.3	0.7	0.4	135
LEP11	30UJ	Pendle	72	9.4	10.8	1.4	15	2.3	4.0	1.7	74	0.2	0.7	0.5	209
LEP11	30UL	Ribble Valley	73	3.3	4.5	1.2	37	0.9	1.7	0.8	88	0.1	0.3	0.2	198
LEP11	30UM	Rossendale	74	5.6	6.8	1.2	21	1.4	2.1	0.7	46	0.2	0.4	0.2	119
LEP11	30UP	West Lancashire	75	7.8	11.4	3.6	46	2.0	4.8	2.9	144	0.3	1.3	1.0	340
LEP11	30UN	South Ribble	76	9.7	10.8	1.1	12	3.0	4.4	1.3	44	0.4	0.8	0.4	111
LEP11	30UQ	Wyre	77	10.2	12.8	2.6	26	2.6	4.8	2.2	86	0.3	0.9	0.6	185
NORTH				1,479.8	1,801.0	321.2	22	373.6	661.2	287.6	77	44.5	130.6	86.1	193

Appendix K. Projected numbers of people with limiting long-term illness (LLTI) by local authority: 2011-2036

LEP Code	LA Code	LA Name	All people ('000s)					People aged 75+ ('000s)				People aged 90+ ('000s)			
			Change 2011-2036					Change 2011-2036				Change 2011-2036			
			No	2011	2036	Nos	%	2011	2036	Nos	%	2011	2036	No.s	%
LEP01	00BN	Manchester	1	104.9	132.2	27.3	26	19.8	34.0	14.2	72	2.5	5.9	3.4	139
LEP01	00BL	Bolton	2	60.6	75.8	15.2	25	16.0	30.1	14.1	88	2.1	6.9	4.7	221
LEP01	00BM	Bury	3	38.0	45.0	7.0	18	10.0	18.2	8.2	82	0.9	2.8	1.9	203
LEP01	00BP	Oldham	4	45.6	49.9	4.3	9	8.2	13.0	4.8	58	0.8	1.6	0.8	104
LEP01	00BQ	Rochdale	5	50.4	64.9	14.4	29	12.8	24.8	12.0	93	1.8	5.3	3.5	193
LEP01	00BR	Salford	6	53.2	65.4	12.2	23	12.7	23.1	10.3	81	1.4	4.5	3.0	209
LEP01	00BS	Stockport	7	54.0	61.5	7.5	14	17.2	27.6	10.3	60	2.0	5.3	3.3	161
LEP01	00BT	Tameside	8	47.7	55.8	8.1	17	10.8	19.1	8.3	77	1.1	3.0	1.9	163
LEP01	00BU	Trafford	9	42.6	51.7	9.0	21	14.2	23.7	9.5	67	2.0	5.3	3.3	169
LEP01	00BW	Wigan	10	80.3	100.8	20.5	26	20.8	41.3	20.4	98	2.5	8.8	6.3	256
LEP02	00BY	Liverpool	11	118.9	139.7	20.9	18	27.0	46.2	19.3	71	2.6	7.6	5.0	196
LEP02	00ET	Halton	12	33.9	43.9	10.0	29	8.9	17.4	8.5	95	1.1	3.9	2.8	242
LEP02	00BX	Knowsley	13	42.3	49.9	7.6	18	10.7	18.3	7.6	72	1.2	4.5	3.2	257
LEP02	00BZ	St. Helens	14	47.7	56.3	8.6	18	12.0	23.2	11.2	93	1.4	4.9	3.5	242
LEP02	00CA	Sefton	15	66.3	73.4	7.1	11	19.4	30.7	11.3	58	1.9	5.3	3.4	178
LEP02	00CB	Wirral	16	76.0	83.9	7.9	10	23.6	38.2	14.6	62	3.2	9.3	6.1	193
LEP03	00DA	Leeds	17	155.3	214.9	59.6	38	48.5	92.0	43.6	90	7.0	21.8	14.7	209
LEP03	00CX	Bradford	18	101.0	134.9	33.9	34	23.1	42.2	19.1	83	2.5	6.6	4.1	167
LEP03	00CY	Calderdale	19	38.1	45.1	7.1	19	10.3	17.8	7.5	72	1.3	3.3	2.0	155
LEP03	36UB	Craven	20	30.0	37.7	7.7	26	8.1	15.5	7.4	91	1.1	2.8	1.7	152
LEP03	36UD	Harrogate	21	23.5	27.7	4.2	18	7.8	11.6	3.7	48	0.9	2.1	1.1	119
LEP03	00CZ	Kirklees	22	80.8	106.6	25.9	32	21.0	40.5	19.5	93	2.3	6.6	4.3	190
LEP03	00DB	Wakefield	23	82.1	105.1	23.0	28	19.9	38.8	18.9	95	1.9	5.7	3.8	207
LEP04	00CG	Sheffield	24	121.0	156.1	35.1	29	36.3	64.2	27.9	77	4.5	13.8	9.3	205
LEP04/03	00CC	Barnsley	25	61.2	72.6	11.4	19	13.4	24.5	11.1	83	1.0	3.1	2.1	203
LEP04	37UC	Bassetlaw	26	42.4	51.7	9.3	22	10.5	17.4	6.9	66	1.3	2.9	1.6	126
LEP04	17UC	Bolsover	27	21.4	25.7	4.3	20	4.5	8.5	4.0	89	0.3	1.1	0.8	233
LEP04	17UD	Chesterfield	28	32.9	41.1	8.2	25	8.6	14.4	5.8	68	1.0	2.5	1.5	150
LEP04	17UJ	Derbyshire Dales	29	15.2	19.5	4.3	28	3.8	7.0	3.1	81	0.5	1.1	0.6	127
LEP04	00CE	Doncaster	30	73.7	86.6	12.9	17	21.1	34.7	13.6	65	2.6	7.7	5.1	198
LEP04	17UJ	North East Derbyshire	31	28.8	39.1	10.3	36	8.5	15.6	7.1	84	1.0	3.6	2.6	250
LEP04	00CF	Rotherham	32	59.4	69.5	10.2	17	14.0	24.4	10.4	75	1.2	3.4	2.2	189
LEP05	00EW	Cheshire West & Chester	33	54.4	69.2	14.8	27	17.8	30.9	13.1	74	2.5	7.7	5.2	206
LEP05	00EQ	Cheshire East	34	43.7	56.0	12.3	28	13.3	24.1	10.9	82	1.9	5.2	3.3	170
LEP05	00EU	Warrington	35	21.5	25.5	4.1	19	6.6	11.2	4.5	68	0.7	2.2	1.5	224
LEP06	00EC	Middlesbrough	36	24.2	29.0	4.7	20	5.1	9.9	4.8	94	0.5	1.5	1.1	228
LEP06	00EH	Darlington	37	34.0	36.8	2.8	8	11.0	16.9	5.9	54	1.5	3.9	2.4	164
LEP06	00EB	Hartlepool	38	32.9	37.2	4.4	13	9.0	14.7	5.7	63	1.1	3.0	1.9	169
LEP06	00EE	Redcar and Cleveland	39	31.4	41.9	10.5	34	8.8	17.0	8.2	93	1.0	3.5	2.5	249
LEP06	00EF	Stockton-on-Tees	40	16.5	17.2	0.8	5	4.1	5.1	1.0	25	0.5	0.9	0.4	85
LEP07	16UD	Carlisle	41	13.4	17.5	4.2	31	3.9	7.8	3.9	102	0.5	1.8	1.4	280
LEP07	16UB	Allerdale	42	19.7	25.2	5.5	28	5.7	10.4	4.7	82	0.8	2.0	1.3	165
LEP07	16UC	Barrow-in-Furness	43	7.8	12.2	4.3	55	1.7	3.0	1.3	78	0.1	0.5	0.4	265
LEP07	16UE	Copeland	44	17.1	17.3	0.1	1	4.0	5.0	1.0	26	0.7	1.0	0.3	44
LEP07	16UF	Eden	45	19.1	26.2	7.1	37	6.1	12.7	6.6	107	1.3	3.8	2.5	202
LEP07	16UG	South Lakeland	46	14.9	18.5	3.6	24	5.4	8.1	2.6	48	0.8	1.9	1.0	124
LEP08	00FA	Kingston upon Hull	47	17.0	20.5	3.5	21	4.5	8.0	3.5	78	0.6	2.0	1.5	263
LEP08	00FB	East Riding of Yorkshire	48	10.5	14.4	3.9	38	3.0	5.6	2.7	89	0.4	1.0	0.6	169
LEP08	00FC	North East Lincolnshire	49	24.5	29.6	5.1	21	7.5	12.5	4.9	66	0.9	2.3	1.5	172
LEP08	00FD	North Lincolnshire	50	15.4	19.0	3.6	23	4.7	6.6	1.9	40	0.9	1.7	0.8	89
LEP09/03	00FF	York	51	18.5	23.5	5.0	27	5.9	9.8	3.9	65	0.8	1.8	1.1	138
LEP09	36UE	Richmondshire	52	39.1	47.2	8.0	21	11.4	18.3	7.0	61	1.3	2.9	1.6	123
LEP09	36UC	Hambleton	53	20.6	27.2	6.6	32	5.9	10.6	4.7	79	0.8	2.2	1.4	174
LEP09	36UF	Ryedale	54	58.1	76.0	17.9	31	19.8	36.2	16.4	83	2.6	7.6	5.0	193
LEP09	36UG	Scarborough	55	32.5	39.1	6.5	20	9.8	16.0	6.3	64	1.5	3.9	2.5	165
LEP09/03	36UH	Selby	56	31.2	39.9	8.7	28	10.6	18.7	8.2	77	1.5	4.2	2.7	179
LEP10	00CJ	Newcastle upon Tyne	57	62.2	72.8	10.6	17	16.6	25.6	8.9	54	2.2	4.9	2.8	125
LEP10	00EJ	County Durham	58	141.6	175.8	34.1	24	35.3	63.0	27.8	79	4.2	13.7	9.5	226
LEP10	00CH	Gateshead	59	53.4	64.5	11.0	21	17.0	29.2	12.2	72	2.4	7.7	5.3	224
LEP10	00CK	North Tyneside	60	44.7	52.6	7.9	18	13.1	20.0	6.9	53	1.6	3.8	2.2	143
LEP10	00EM	Northumberland	61	160.4	198.5	38.1	24	47.2	87.0	39.8	84	5.8	20.4	14.5	250
LEP10	00CL	South Tyneside	62	38.1	44.1	6.0	16	9.2	16.2	7.0	76	0.9	2.4	1.6	187
LEP10	00CM	Sunderland	63	75.4	87.7	12.3	16	16.5	29.4	12.8	78	1.2	3.5	2.4	199
LEP11	30UK	Preston	64	36.7	45.4	8.7	24	10.2	18.0	7.8	77	1.6	4.2	2.6	164
LEP11	00EX	Blackburn with Darwen	65	16.8	18.3	1.5	9	3.6	5.3	1.7	47	0.3	0.6	0.3	105
LEP11	00EY	Blackpool	66	28.0	34.1	6.2	22	7.6	13.3	5.7	75	0.9	2.8	1.9	212
LEP11	30UD	Burnley	67	21.6	27.2	5.6	26	5.7	11.1	5.4	94	0.6	2.5	1.9	295
LEP11	30UE	Chorley	68	11.4	13.5	2.2	19	3.5	5.6	2.1	61	0.3	1.1	0.7	210
LEP11	30UF	Fylde	69	12.7	17.9	5.2	41	3.2	6.6	3.4	108	0.5	1.6	1.2	237
LEP11	30UG	Hyndburn	70	17.2	23.2	6.0	35	4.7	9.1	4.4	95	0.5	2.5	2.0	387
LEP11	30UH	Lancaster	71	14.7	20.2	5.5	37	5.0	8.6	3.6	73	0.9	2.2	1.3	135
LEP11	30UJ	Pendle	72	21.1	24.3	3.2	15	5.4	9.2	3.8	70	0.5	1.6	1.0	208
LEP11	30UL	Ribble Valley	73	8.6	11.9	3.3	38	2.6	4.8	2.3	87	0.3	0.9	0.6	208
LEP11	30UM	Rossendale	74	13.1	15.8	2.7	21	3.6	5.3	1.7	46	0.6	1.3	0.7	118
LEP11	30UP	West Lancashire	75	18.8	27.7	8.9	47	5.1	12.0	7.0	137	0.7	3.0	2.3	322
LEP11	30UN	South Ribble	76	23.8	27.0	3.2	14	7.9	11.6	3.6	46	1.1	2.3	1.2	113
LEP11	30UQ	Wyre	77	24.8	31.9	7.0	28	6.8	12.6	5.8	85	0.9	2.4	1.5	180
		NORTH		3,392.0	4,184.3	792.3	23	918.9	1,620.8	701.9	76	112.1	327.1	215.1	192

Appendix L. Number of people predicted to have dementia, or a long-standing health condition caused by a stroke or heart attack in local authorities: 2011-2036

LEP Code	LA Code	LA Name	Dementia*: 65+ ('000s)				Heart disease: 65+ ('000s)				Stroke: 16+ ('000's)				
			Change 2011-2036				Change 2011-2036				Change 2011-2036				
			No	2011	2036	Nos	%	2011	2036	No.s	%	2011	2036	Nos	%
LEP01	00BN	Manchester	1	4.4	7.7	3.3	75	4.5	6.7	2.1	47	2,035	2,984	949	47
LEP01	00BL	Bolton	2	3.7	7.2	3.5	93	3.4	4.8	1.4	40	1,512	2,144	632	42
LEP01	00BM	Bury	3	2.3	4.3	2.0	90	2.4	3.2	0.8	31	1,062	1,411	349	33
LEP01	00BP	Oldham	4	1.9	3.0	1.1	57	2.3	2.8	0.4	18	1,030	1,229	199	19
LEP01	00BQ	Rochdale	5	3.0	6.0	2.9	96	2.7	3.9	1.2	44	1,180	1,714	533	45
LEP01	00BR	Salford	6	2.7	5.2	2.5	90	2.8	3.9	1.1	40	1,234	1,743	509	41
LEP01	00BS	Stockport	7	4.1	6.9	2.8	67	3.8	4.6	0.8	21	1,688	2,062	374	22
LEP01	00BT	Tameside	8	2.4	4.4	2.0	81	2.6	3.5	0.9	33	1,160	1,559	399	34
LEP01	00BU	Trafford	9	3.5	6.1	2.6	73	3.0	3.9	0.9	32	1,319	1,756	437	33
LEP01	00BW	Wigan	10	4.6	9.7	5.1	111	4.3	6.1	1.8	42	1,887	2,696	809	43
LEP02	00BY	Liverpool	11	5.7	10.4	4.7	82	5.5	7.6	2.0	37	2,463	3,380	917	37
LEP02	00ET	Halton	12	1.5	3.1	1.6	110	1.5	2.1	0.6	36	683	945	262	38
LEP02	00BX	Knowsley	13	2.3	4.2	2.0	86	2.0	2.7	0.7	38	877	1,213	336	38
LEP02	00BZ	St. Helens	14	2.6	5.3	2.7	102	2.5	3.3	0.8	34	1,088	1,473	385	35
LEP02	00CA	Sefton	15	4.6	7.6	3.1	67	4.2	5.1	0.9	22	1,854	2,286	431	23
LEP02	00CB	Wirral	16	5.5	9.3	3.8	70	4.6	5.7	1.0	22	2,062	2,558	496	24
LEP03	00DA	Leeds	17	11.5	22.6	11.1	97	9.9	15.0	5.1	52	4,398	6,707	2,310	53
LEP03	00CX	Bradford	18	5.3	9.8	4.5	83	5.5	8.0	2.5	45	2,474	3,598	1,124	45
LEP03	00CY	Calderdale	19	2.5	4.4	1.9	78	2.4	3.1	0.7	29	1,065	1,381	315	30
LEP03	36UB	Craven	20	1.3	2.2	1.0	76	1.0	1.4	0.4	42	425	611	186	44
LEP03	36UD	Harrogate	21	2.5	4.6	2.1	81	2.2	3.1	0.8	37	983	1,368	385	39
LEP03	00CZ	Kirklees	22	4.8	9.4	4.6	96	5.0	7.1	2.2	44	2,195	3,190	996	45
LEP03	00DB	Wakefield	23	4.2	8.4	4.3	102	4.4	6.4	2.0	45	1,938	2,827	890	46
LEP04	00CG	Sheffield	24	2.8	5.1	2.3	81	3.1	4.0	0.9	28	1,386	1,789	403	29
LEP04/03	00CC	Barnsley	25	2.7	5.1	2.4	90	3.0	4.1	1.1	35	1,331	1,820	490	37
LEP04	37UC	Bassetlaw	26	1.7	3.1	1.4	87	1.6	2.2	0.6	40	701	998	297	42
LEP04	17UC	Bolsover	27	1.2	1.7	0.5	39	1.0	1.3	0.3	30	431	563	132	31
LEP04	17UD	Chesterfield	28	1.5	2.5	1.0	68	1.4	1.8	0.4	33	602	803	201	33
LEP04	17UJ	Derbyshire Dales	29	1.5	2.7	1.2	78	1.2	1.6	0.3	29	533	704	171	32
LEP04	00CE	Doncaster	30	8.0	14.8	6.8	86	7.1	10.1	2.9	41	3,185	4,536	1,350	42
LEP04	17UJ	North East Derbyshire	31	1.2	2.1	0.9	70	1.4	1.7	0.3	18	619	740	120	19
LEP04	00CF	Rotherham	32	4.6	8.0	3.4	75	4.0	5.1	1.1	29	1,751	2,270	519	30
LEP05	00EW	Cheshire West & Chester	33	4.9	8.7	3.8	77	4.5	5.9	1.4	31	1,983	2,623	641	32
LEP05	00EQ	Cheshire East	34	5.8	10.6	4.8	83	5.3	7.0	1.6	31	2,345	3,122	777	33
LEP05	00EU	Warrington	35	2.3	4.3	2.0	89	2.4	3.2	0.8	33	1,059	1,419	360	34
LEP06	00EC	Middlesbrough	36	1.6	2.6	1.0	62	1.6	2.1	0.5	28	720	928	208	29
LEP06	00EH	Darlington	37	1.6	3.1	1.5	98	1.4	2.0	0.6	46	619	910	292	47
LEP06	00EB	Hartlepool	38	0.9	1.5	0.6	68	1.1	1.4	0.3	28	480	618	139	29
LEP06	00EE	Redcar and Cleveland	39	2.3	3.6	1.3	59	2.0	2.3	0.4	18	879	1,049	170	19
LEP06	00EF	Stockton-on-Tees	40	3.2	7.1	4.0	126	2.7	4.2	1.5	55	1,215	1,919	704	58
LEP07	16UD	Carlisle	41	1.8	3.2	1.5	83	1.5	2.1	0.6	36	676	931	255	38
LEP07	16UB	Allerdale	42	1.5	2.7	1.2	78	1.5	1.9	0.4	27	652	844	192	29
LEP07	16UC	Barrow-in-Furness	43	0.8	1.2	0.4	52	0.9	1.1	0.2	18	401	479	78	19
LEP07	16UE	Copeland	44	1.0	1.9	0.9	88	1.0	1.3	0.3	34	435	598	163	38
LEP07	16UF	Eden	45	0.7	1.4	0.7	91	0.8	1.1	0.3	43	343	496	153	45
LEP07	16UG	South Lakeland	46	1.8	3.0	1.3	71	1.7	2.2	0.5	27	753	970	217	29
LEP08	00FA	Kingston upon Hull	47	2.8	4.6	1.8	63	3.0	3.9	1.0	33	1,317	1,756	439	33
LEP08	00FB	East Riding of Yorkshire	48	5.3	10.1	4.7	88	5.0	6.7	1.7	35	2,203	2,999	795	36
LEP08	00FC	North East Lincolnshire	49	2.5	4.2	1.7	68	2.2	2.9	0.7	32	973	1,308	335	34
LEP08	00FD	North Lincolnshire	50	2.7	4.9	2.2	84	2.3	3.1	0.8	33	1,021	1,382	361	35
LEP09/03	00FF	York	51	2.4	4.0	1.6	68	2.4	3.3	0.9	36	1,064	1,454	390	37
LEP09	36UE	Richmondshire	52	0.6	1.2	0.6	93	0.6	0.9	0.3	45	284	415	131	46
LEP09	36UC	Hambleton	53	1.2	2.1	0.9	80	1.2	1.6	0.3	25	553	699	146	26
LEP09	36UF	Ryedale	54	0.9	1.3	0.5	51	0.8	0.9	0.2	24	331	412	82	25
LEP09	36UG	Scarborough	55	1.9	2.8	0.9	49	1.7	2.0	0.3	19	737	887	150	20
LEP09/03	36UH	Selby	56	1.2	2.9	1.7	144	1.2	2.0	0.8	63	531	883	352	66
LEP10	00CJ	Newcastle upon Tyne	57	3.7	5.9	2.2	58	3.3	4.3	1.0	31	1,474	1,941	467	32
LEP10	00EJ	County Durham	58	7.7	14.5	6.8	89	7.2	10.1	2.9	40	3,183	4,520	1,336	42
LEP10	00CH	Gateshead	59	3.8	6.9	3.1	82	3.0	4.0	1.1	36	1,321	1,821	500	38
LEP10	00CK	North Tyneside	60	3.0	4.8	1.9	62	2.6	3.3	0.7	28	1,130	1,446	316	28
LEP10	00EM	Northumberland	61	5.0	9.8	4.8	97	4.7	6.7	2.0	43	2,074	2,994	921	44
LEP10	00CL	South Tyneside	62	2.0	3.6	1.6	80	2.1	2.8	0.7	33	922	1,240	318	35
LEP10	00CM	Sunderland	63	3.3	6.1	2.8	85	3.7	5.0	1.3	34	1,649	2,235	586	36
LEP11	30UK	Preston	64	1.8	3.4	1.6	94	1.7	2.5	0.8	49	758	1,137	379	50
LEP11	00EX	Blackburn with Darwen	65	1.5	2.8	1.3	83	1.5	2.0	0.5	35	656	882	226	34
LEP11	00EY	Blackpool	66	2.1	3.1	1.0	51	2.0	2.5	0.4	22	896	1,105	209	23
LEP11	30UD	Burnley	67	1.0	1.3	0.2	22	1.0	1.0	0.1	9	414	454	39	9
LEP11	30UE	Chorley	68	1.7	3.7	2.0	115	1.5	2.2	0.7	47	656	971	315	48
LEP11	30UF	Fylde	69	1.4	2.1	0.7	51	1.2	1.5	0.4	30	527	689	163	31
LEP11	30UG	Hyndburn	70	0.9	1.7	0.8	93	1.0	1.4	0.4	37	451	625	174	38
LEP11	30UH	Lancaster	71	1.8	3.1	1.3	72	1.8	2.5	0.7	37	813	1,121	308	38
LEP11	30UJ	Pendle	72	1.0	1.7	0.7	78	1.1	1.5	0.4	35	472	642	171	36
LEP11	30UL	Ribble Valley	73	0.6	1.2	0.6	91	0.8	1.0	0.2	30	337	443	105	31
LEP11	30UM	Rosendale	74	0.6	1.0	0.5	79	0.8	1.0	0.2	32	332	442	110	33
LEP11	30UP	West Lancashire	75	1.6	3.5	1.9	119	1.6	2.4	0.7	44	729	1,070	341	47
LEP11	30UN	South Ribble	76	1.5	3.3	1.8	118	1.5	2.3	0.7	47	680	1,019	339	50
LEP11	30UQ	Wyre	77	2.1	3.1	1.0	45	1.7	2.0	0.4	23	735	905	169	23
NORTH				210.4	384.5	174.1	83	199.7	271.1	71.4	36	88,402	121,160	32,758	37

Appendix M. Changes in the number of people predicted to be unable to manage at least one specific activity – one domestic task or one self-care activity in the functional economic areas in the North of England: 2011-2036

LEP Code	LA Code	LA Name	No	Domestic tasks – 65+ ('000s)				Self-care activity – 65+ ('000s)			
				Change 2011-2036				Change 2011-2036			
				2011	2036	Nos ('000s)	%	2011	2036	Nos ('000s)	%
LEP01	00BN	Manchester	1	24.7	41.5	16.8	68	20.4	34.0	13.6	67
LEP01	00BL	Bolton	2	20.5	35.3	14.7	72	16.9	28.9	12.0	71
LEP01	00BM	Bury	3	13.7	22.6	8.9	65	11.2	18.4	7.2	64
LEP01	00BP	Oldham	4	12.4	17.6	5.2	42	10.1	14.3	4.2	42
LEP01	00BQ	Rochdale	5	16.6	29.8	13.2	80	13.6	24.5	10.9	80
LEP01	00BR	Salford	6	16.1	27.3	11.2	70	13.1	22.0	9.0	68
LEP01	00BS	Stockport	7	23.7	35.6	11.9	50	19.4	29.2	9.8	50
LEP01	00BT	Tameside	8	14.8	24.1	9.3	63	12.1	19.6	7.5	62
LEP01	00BU	Trafford	9	18.8	29.5	10.7	57	15.5	24.2	8.7	56
LEP01	00BW	Wigan	10	26.3	47.5	21.1	80	21.7	39.3	17.6	81
LEP02	00BY	Liverpool	11	33.0	54.4	21.4	65	27.0	44.4	17.4	65
LEP02	00ET	Halton	12	8.7	15.7	7.0	81	7.1	12.7	5.6	79
LEP02	00BX	Knowsley	13	12.2	20.8	8.6	70	9.9	16.9	6.9	70
LEP02	00BZ	St. Helens	14	15.4	26.5	11.2	73	12.7	22.0	9.3	73
LEP02	00CA	Sefton	15	26.6	39.2	12.6	47	21.7	32.1	10.4	48
LEP02	00CB	Wirral	16	30.0	45.2	15.2	51	24.3	36.4	12.1	50
LEP03	00DA	Leeds	17	62.2	111.6	49.4	79	50.9	91.0	40.2	79
LEP03	00CX	Bradford	18	31.3	53.3	22.0	70	25.5	43.2	17.7	69
LEP03	00CY	Calderdale	19	14.3	23.0	8.8	62	11.6	18.8	7.2	62
LEP03	36UB	Craven	20	6.5	10.6	4.0	62	5.4	8.7	3.3	62
LEP03	36UD	Harrogate	21	13.7	22.5	8.8	64	11.3	18.4	7.1	63
LEP03	00CZ	Kirklees	22	28.2	49.6	21.4	76	23.1	40.5	17.4	75
LEP03	00DB	Wakefield	23	25.1	44.9	19.8	79	20.6	36.8	16.2	79
LEP04	00CG	Sheffield	24	17.8	28.6	10.9	61	14.4	23.2	8.8	61
LEP04/03	00CC	Barnsley	25	16.9	28.0	11.1	66	13.8	22.8	9.0	65
LEP04	37UC	Bassetlaw	26	9.3	15.8	6.5	69	7.7	13.0	5.2	68
LEP04	17UC	Bolsover	27	6.1	8.6	2.4	39	5.2	7.2	2.0	39
LEP04	17UD	Chesterfield	28	8.5	13.4	4.9	58	7.0	11.0	4.0	58
LEP04	17UJ	Derbyshire Dales	29	7.9	12.6	4.7	59	6.5	10.3	3.7	57
LEP04	00CE	Doncaster	30	44.0	73.5	29.6	67	35.9	59.7	23.8	66
LEP04	17UJ	North East Derbyshire	31	7.9	11.6	3.7	47	6.4	9.5	3.0	47
LEP04	00CF	Rotherham	32	25.2	39.8	14.5	57	20.6	32.6	12.0	58
LEP05	00EW	Cheshire West & Chester	33	27.1	43.3	16.2	60	22.2	35.4	13.2	59
LEP05	00EQ	Cheshire East	34	32.3	52.2	19.8	61	26.5	42.5	16.0	60
LEP05	00EU	Warrington	35	13.8	23.4	9.6	69	11.5	19.4	8.0	69
LEP06	00EC	Middlesbrough	36	9.1	13.9	4.8	53	7.4	11.4	3.9	53
LEP06	00EH	Darlington	37	8.5	15.3	6.8	80	6.9	12.3	5.4	79
LEP06	00EB	Hartlepool	38	5.7	8.8	3.1	54	4.6	7.1	2.5	54
LEP06	00EE	Redcar and Cleveland	39	12.6	17.7	5.1	41	10.3	14.5	4.2	40
LEP06	00EF	Stockton-on-Tees	40	17.0	33.7	16.7	98	13.8	27.2	13.3	96
LEP07	16UD	Carlisle	41	9.8	16.0	6.2	63	8.0	13.1	5.0	63
LEP07	16UB	Allerdale	42	8.7	13.3	4.6	53	7.1	10.7	3.7	52
LEP07	16UC	Barrow-in-Furness	43	4.9	6.8	2.0	40	4.0	5.5	1.6	39
LEP07	16UE	Copeland	44	5.6	9.2	3.6	64	4.6	7.4	2.8	61
LEP07	16UF	Eden	45	4.5	7.6	3.2	71	3.7	6.3	2.6	71
LEP07	16UG	South Lakeland	46	10.3	15.5	5.2	51	8.4	12.6	4.2	50
LEP08	00FA	Kingston upon Hull	47	16.5	25.5	8.9	54	13.6	20.8	7.3	54
LEP08	00FB	East Riding of Yorkshire	48	30.6	50.6	19.9	65	25.2	41.5	16.4	65
LEP08	00FC	North East Lincolnshire	49	13.2	20.4	7.2	55	10.9	16.7	5.8	53
LEP08	00FD	North Lincolnshire	50	14.6	23.9	9.3	63	12.1	19.6	7.5	63
LEP09/03	00FF	York	51	13.9	21.9	8.0	58	11.5	18.0	6.6	57
LEP09	36UE	Richmondshire	52	3.7	6.4	2.7	73	3.0	5.2	2.2	73
LEP09	36UC	Hambleton	53	7.2	11.1	4.0	55	5.8	9.0	3.2	55
LEP09	36UF	Ryedale	54	4.8	6.7	1.9	39	4.0	5.6	1.6	39
LEP09	36UG	Scarborough	55	10.5	14.2	3.7	35	8.6	11.6	3.0	35
LEP09/03	36UH	Selby	56	6.7	14.2	7.4	110	5.5	11.4	5.9	108
LEP10	00CJ	Newcastle upon Tyne	57	20.2	30.3	10.1	50	16.7	24.8	8.2	49
LEP10	00EJ	County Durham	58	43.3	73.1	29.8	69	35.5	59.7	24.2	68
LEP10	00CH	Gateshead	59	19.8	32.4	12.6	64	16.2	26.4	10.2	63
LEP10	00CK	North Tyneside	60	16.6	24.9	8.3	50	13.6	20.6	7.0	51
LEP10	00EM	Northumberland	61	28.2	48.6	20.4	73	22.9	39.4	16.5	72
LEP10	00CL	South Tyneside	62	11.8	19.0	7.2	61	9.7	15.4	5.8	60
LEP10	00CM	Sunderland	63	20.4	33.7	13.4	66	16.7	27.5	10.8	65
LEP11	30UK	Preston	64	9.7	17.1	7.3	75	7.9	13.8	5.9	74
LEP11	00EX	Blackburn with Darwen	65	8.9	14.9	6.0	67	7.3	12.2	4.9	67
LEP11	00EY	Blackpool	66	11.8	16.5	4.7	40	9.7	13.5	3.8	39
LEP11	30UD	Burnley	67	5.6	7.0	1.3	24	4.7	5.8	1.1	23
LEP11	30UE	Chorley	68	9.3	17.5	8.2	88	7.7	14.6	6.9	89
LEP11	30UF	Fylde	69	7.5	10.8	3.3	44	6.2	8.8	2.6	42
LEP11	30UG	Hyndburn	70	5.5	9.2	3.7	67	4.5	7.5	3.0	66
LEP11	30UH	Lancaster	71	10.5	16.6	6.1	58	8.7	13.6	4.9	57
LEP11	30UJ	Pendle	72	5.8	9.5	3.7	63	4.8	7.8	3.0	63
LEP11	30UL	Ribble Valley	73	4.1	6.8	2.7	64	3.4	5.5	2.1	63
LEP11	30UM	Rossendale	74	3.6	6.1	2.5	68	3.0	4.9	2.0	66
LEP11	30UP	West Lancashire	75	9.5	17.5	8.0	85	7.7	14.1	6.3	82
LEP11	30UN	South Ribble	76	8.7	16.3	7.6	88	7.1	13.1	6.0	85
LEP11	30UQ	Wyre	77	11.4	15.4	4.0	36	9.3	12.6	3.3	36
NORTH				1,194.7	1,962.1	767.5	64	978.4	1,601.7	623.3	64

Appendix N. Changes in the number of people providing unpaid care by local authority: 2011-2036

LEP Code	LA Code	LA Name	No	All people ('000s)				All people from BME groups			
				Change 2011-2036				Change 2011-2036			
				2011	2036	Nos ('000s)	%	2011	2036	Nos	%
LEP01	00BN	Manchester	1	42.8	47.4	4.6	11	8,762	12,325	3,563	41
LEP01	00BL	Bolton	2	30.5	31.2	0.7	2	3,288	4,502	1,214	37
LEP01	00BM	Bury	3	20.2	19.2	-1.0	-5	1,019	1,469	450	44
LEP01	00BP	Oldham	4	24.0	22.7	-1.3	-5	3,131	4,944	1,814	58
LEP01	00BQ	Rochdale	5	23.9	24.3	0.4	2	2,623	4,161	1,538	59
LEP01	00BR	Salford	6	24.5	25.4	0.9	4	960	1,366	406	42
LEP01	00BS	Stockport	7	30.5	27.6	-3.0	-10	1,165	1,754	590	51
LEP01	00BT	Tameside	8	23.3	22.6	-0.7	-3	1,106	1,409	303	27
LEP01	00BU	Trafford	9	22.4	21.7	-0.7	-3	1,783	2,611	828	46
LEP01	00BW	Wigan	10	36.5	36.1	-0.4	-1	450	651	201	45
LEP02	00BY	Liverpool	11	51.5	51.9	0.4	1	2,973	4,288	1,314	44
LEP02	00ET	Halton	12	14.1	12.8	-1.3	-9	351	809	459	131
LEP02	00BX	Knowsley	13	18.4	17.8	-0.7	-4	389	681	292	75
LEP02	00BZ	St. Helens	14	22.5	20.8	-1.7	-7	323	570	247	77
LEP02	00CA	Sefton	15	33.7	30.9	-2.9	-9	489	713	224	46
LEP02	00CB	Wirral	16	38.1	34.2	-3.9	-10	566	892	326	58
LEP03	00DA	Leeds	17	80.9	90.7	9.8	12	6,479	10,539	4,060	63
LEP03	00CX	Bradford	18	54.1	60.6	6.5	12	11,845	20,207	8,363	71
LEP03	00CY	Calderdale	19	20.6	19.6	-1.0	-5	1,196	1,717	521	44
LEP03	36UB	Craven	20	6.7	8.0	1.3	20	476	1,746	1,270	267
LEP03	36UD	Harrogate	21	16.2	17.1	0.9	5	300	579	279	93
LEP03	00CZ	Kirklees	22	44.3	47.6	3.4	8	5,651	8,564	2,913	52
LEP03	00DB	Wakefield	23	39.0	40.7	1.8	5	798	1,219	421	53
LEP04	00CG	Sheffield	24	62.0	66.1	4.1	7	5,242	8,059	2,817	54
LEP04/03	00CC	Barnsley	25	28.1	27.9	-0.2	-1	431	880	449	104
LEP04	37UC	Bassetlaw	26	13.8	14.7	0.9	7	302	618	316	105
LEP04	17UC	Bolsover	27	9.9	10.9	0.9	10	439	1,139	700	159
LEP04	17UD	Chesterfield	28	13.2	13.8	0.6	4	502	1,070	568	113
LEP04	17UJ	Derbyshire Dales	29	8.7	8.5	-0.1	-2	280	738	458	164
LEP04	00CE	Doncaster	30	33.6	32.6	-1.0	-3	780	1,129	349	45
LEP04	17UJ	North East Derbyshire	31	10.5	9.6	-0.8	-8	265	611	347	131
LEP04	00CF	Rotherham	32	31.6	30.3	-1.3	-4	998	1,663	665	67
LEP05	00EW	Cheshire West & Chester	33	36.8	36.6	-0.2	-1	1,030	2,373	1,343	130
LEP05	00EQ	Cheshire East	34	39.2	39.0	-0.2	0	987	2,085	1,099	111
LEP05	00EU	Warrington	35	21.6	20.9	-0.6	-3	467	794	326	70
LEP06	00EC	Middlesbrough	36	15.5	14.3	-1.2	-8	1,111	1,676	565	51
LEP06	00EH	Darlington	37	11.1	11.7	0.6	5	345	745	399	116
LEP06	00EB	Hartlepool	38	10.5	10.6	0.1	1	416	992	576	138
LEP06	00EE	Redcar and Cleveland	39	16.3	15.1	-1.2	-7	550	1,288	738	134
LEP06	00EF	Stockton-on-Tees	40	21.9	23.1	1.2	5	685	1,339	653	95
LEP07	16UD	Carlisle	41	10.9	11.4	0.4	4	301	767	466	155
LEP07	16UB	Allerdale	42	10.6	10.5	-0.1	-1	328	880	552	168
LEP07	16UC	Barrow-in-Furness	43	8.9	8.7	-0.2	-3	482	1,156	674	140
LEP07	16UE	Copeland	44	7.6	7.7	0.1	1	363	901	538	148
LEP07	16UF	Eden	45	5.6	6.5	0.9	16	350	988	637	182
LEP07	16UG	South Lakeland	46	12.0	12.4	0.4	3	319	787	468	147
LEP08	00FA	Kingston upon Hull	47	25.1	24.8	-0.3	-1	742	1,046	304	41
LEP08	00FB	East Riding of Yorkshire	48	36.3	37.8	1.5	4	357	589	232	65
LEP08	00FC	North East Lincolnshire	49	20.2	20.2	0.0	0	403	744	341	85
LEP08	00FD	North Lincolnshire	50	17.4	18.0	0.6	3	501	916	415	83
LEP09/03	00FF	York	51	18.9	20.1	1.2	6	373	586	213	57
LEP09	36UE	Richmondshire	52	4.7	5.4	0.7	14	352	983	631	179
LEP09	36UC	Hambleton	53	8.7	8.5	-0.3	-3	325	951	626	193
LEP09	36UF	Ryedale	54	5.4	5.8	0.5	9	420	1,222	803	191
LEP09	36UG	Scarborough	55	11.6	11.7	0.0	0	350	772	422	120
LEP09/03	36UH	Selby	56	9.0	10.5	1.5	17	474	1,624	1,149	242
LEP10	00CJ	Newcastle upon Tyne	57	28.8	29.1	0.3	1	2,126	2,990	865	41
LEP10	00EJ	County Durham	58	62.8	67.9	5.0	8	3,442	10,149	6,707	195
LEP10	00CH	Gateshead	59	22.5	21.9	-0.6	-3	420	700	281	67
LEP10	00CK	North Tyneside	60	21.9	21.9	0.0	0	463	787	324	70
LEP10	00EM	Northumberland	61	37.5	41.9	4.4	12	2,756	8,535	5,779	210
LEP10	00CL	South Tyneside	62	16.5	15.9	-0.6	-4	574	925	351	61
LEP10	00CM	Sunderland	63	34.5	33.3	-1.3	-4	706	1,090	384	54
LEP11	30UK	Preston	64	14.9	16.5	1.6	11	2,245	3,520	1,275	57
LEP11	00EX	Blackburn with Darwen	65	15.1	15.8	0.7	4	3,529	5,541	2,012	57
LEP11	00EY	Blackpool	66	16.3	16.6	0.3	2	318	615	297	93
LEP11	30UD	Burnley	67	9.5	8.5	-1.0	-10	813	1,204	391	48
LEP11	30UE	Chorley	68	12.3	12.8	0.5	4	319	634	315	99
LEP11	30UF	Fylde	69	9.0	9.7	0.8	8	249	609	360	145
LEP11	30UG	Hyndburn	70	9.6	9.5	-0.1	-1	854	1,405	550	64
LEP11	30UH	Lancaster	71	15.3	16.8	1.5	10	355	604	249	70
LEP11	30UJ	Pendle	72	10.8	11.3	0.6	5	1,732	2,813	1,081	62
LEP11	30UL	Ribble Valley	73	6.6	7.0	0.4	6	396	987	591	149
LEP11	30UM	Rossendale	74	7.7	7.6	0.0	-1	532	1,042	510	96
LEP11	30UP	West Lancashire	75	13.8	14.4	0.6	4	321	642	321	100
LEP11	30UN	South Ribble	76	12.6	12.9	0.3	2	439	896	457	104
LEP11	30UQ	Wyre	77	13.4	14.4	1.0	7	355	764	409	115
NORTH				1,707	1,742	34.8	2	100,339	176,280	75,941	76

Appendix O. Changes in the number of people combining paid work and unpaid care by local authority: 2011-2036

LEP Code	LA Code	LA Name	No	All carers 16-64 ('000s)				Carers in paid employment ('000s)			
				2011	2036	Nos ('000s)	%	2011	2036	Nos ('000s)	%
LEP01	00BN	Manchester	1	35.5	35.9	0.3	1	18.5	18.2	-0.2	-1
LEP01	00BL	Bolton	2	24.5	22.3	-2.2	-9	16.4	14.3	-2.1	-13
LEP01	00BM	Bury	3	15.7	12.9	-2.8	-18	10.7	8.6	-2.1	-20
LEP01	00BP	Oldham	4	19.6	17.1	-2.4	-12	12.9	10.8	-2.1	-17
LEP01	00BQ	Rochdale	5	19.5	17.5	-2.0	-10	12.8	11.1	-1.7	-13
LEP01	00BR	Salford	6	19.6	18.2	-1.5	-7	12.7	11.2	-1.5	-12
LEP01	00BS	Stockport	7	23.3	18.2	-5.1	-22	16.6	12.4	-4.2	-26
LEP01	00BT	Tameside	8	18.8	16.2	-2.6	-14	12.7	10.6	-2.1	-16
LEP01	00BU	Trafford	9	17.1	14.4	-2.7	-16	11.6	9.4	-2.3	-19
LEP01	00BW	Wigan	10	29.1	25.5	-3.6	-12	18.8	16.0	-2.7	-15
LEP02	00BY	Liverpool	11	41.8	38.0	-3.8	-9	22.7	20.1	-2.6	-12
LEP02	00ET	Halton	12	11.1	8.3	-2.7	-25	6.6	4.9	-1.8	-27
LEP02	00BX	Knowsley	13	15.0	12.8	-2.2	-15	7.8	6.5	-1.3	-16
LEP02	00BZ	St. Helens	14	17.8	14.5	-3.3	-19	10.9	8.7	-2.2	-20
LEP02	00CA	Sefton	15	25.5	20.3	-5.2	-20	16.1	12.4	-3.7	-23
LEP02	00CB	Wirral	16	28.8	22.5	-6.3	-22	17.5	13.2	-4.2	-24
LEP03	00DA	Leeds	17	63.5	63.4	-0.2	0	43.8	41.8	-2.1	-5
LEP03	00CX	Bradford	18	44.2	45.3	1.1	2	26.6	26.5	-0.1	-1
LEP03	00CY	Calderdale	19	16.6	14.0	-2.6	-16	11.5	9.3	-2.2	-19
LEP03	36UB	Craven	20	5.0	5.5	0.6	11	3.8	4.2	0.4	10
LEP03	36UD	Harrogate	21	12.3	11.4	-0.9	-7	9.1	8.0	-1.1	-12
LEP03	00CZ	Kirklees	22	35.3	34.0	-1.4	-4	23.9	22.3	-1.6	-7
LEP03	00DB	Wakefield	23	31.2	28.9	-2.3	-7	19.5	17.4	-2.1	-11
LEP04	00CG	Sheffield	24	48.3	46.2	-2.1	-4	31.7	28.9	-2.8	-9
LEP04/03	00CC	Barnsley	25	22.4	20.0	-2.5	-11	13.6	11.8	-1.8	-13
LEP04	37UC	Bassetlaw	26	10.9	10.4	-0.5	-4	6.7	6.2	-0.4	-7
LEP04	17UC	Bolsover	27	8.2	8.4	0.2	2	5.0	5.0	0.0	-1
LEP04	17UD	Chesterfield	28	10.5	9.9	-0.6	-6	6.6	6.1	-0.5	-8
LEP04	17UJ	Derbyshire Dales	29	6.5	5.6	-0.8	-13	4.9	4.1	-0.8	-16
LEP04	00CE	Doncaster	30	26.6	23.2	-3.4	-13	16.5	13.9	-2.5	-15
LEP04	17UJ	North East Derbyshire	31	7.9	6.5	-1.5	-19	5.4	4.3	-1.1	-21
LEP04	00CF	Rotherham	32	25.5	22.1	-3.5	-14	16.1	13.6	-2.5	-16
LEP05	00EW	Cheshire West & Chester	33	28.8	25.6	-3.2	-11	19.9	17.1	-2.8	-14
LEP05	00EQ	Cheshire East	34	29.6	26.0	-3.6	-12	21.3	18.1	-3.2	-15
LEP05	00EU	Warrington	35	17.1	14.5	-2.6	-15	12.6	10.2	-2.4	-19
LEP06	00EC	Middlesbrough	36	12.9	10.6	-2.4	-18	7.1	5.6	-1.5	-21
LEP06	00EH	Darlington	37	8.7	8.1	-0.6	-7	5.8	5.1	-0.6	-11
LEP06	00EB	Hartlepool	38	8.6	7.9	-0.7	-8	4.6	4.2	-0.5	-10
LEP06	00EE	Redcar and Cleveland	39	12.7	10.7	-2.0	-16	7.2	5.9	-1.3	-18
LEP06	00EF	Stockton-on-Tees	40	17.3	15.5	-1.8	-10	10.3	9.0	-1.3	-13
LEP07	16UD	Carlisle	41	8.5	7.8	-0.7	-8	5.5	4.9	-0.5	-10
LEP07	16UB	Allerdale	42	8.1	7.2	-0.9	-11	5.5	4.7	-0.7	-13
LEP07	16UC	Barrow-in-Furness	43	7.0	6.2	-0.8	-11	4.4	3.7	-0.7	-15
LEP07	16UE	Copeland	44	6.2	5.6	-0.6	-9	4.4	3.8	-0.6	-13
LEP07	16UF	Eden	45	4.3	4.6	0.3	7	3.0	3.1	0.1	3
LEP07	16UG	South Lakeland	46	8.7	8.1	-0.6	-7	6.1	5.6	-0.5	-9
LEP08	00FA	Kingston upon Hull	47	20.2	17.6	-2.6	-13	11.4	9.5	-2.0	-17
LEP08	00FB	East Riding of Yorkshire	48	27.6	25.7	-1.9	-7	18.1	16.4	-1.7	-9
LEP08	00FC	North East Lincolnshire	49	16.1	14.3	-1.8	-11	9.6	8.2	-1.4	-15
LEP08	00FD	North Lincolnshire	50	13.4	12.4	-1.0	-7	8.6	7.8	-0.8	-9
LEP09/03	00FF	York	51	14.7	13.8	-0.9	-6	10.4	9.2	-1.2	-11
LEP09	36UE	Richmondshire	52	3.6	3.7	0.1	2	2.7	2.7	0.0	0
LEP09	36UC	Hambleton	53	6.5	5.6	-0.9	-14	4.9	4.1	-0.8	-17
LEP09	36UF	Ryedale	54	4.2	4.3	0.2	4	3.2	3.1	-0.1	-2
LEP09	36UG	Scarborough	55	8.5	7.8	-0.7	-8	5.7	4.9	-0.7	-13
LEP09/03	36UH	Selby	56	6.9	6.8	-0.1	-2	5.0	4.8	-0.2	-4
LEP10	00CJ	Newcastle upon Tyne	57	23.2	21.0	-2.1	-9	13.9	12.2	-1.7	-12
LEP10	00EJ	County Durham	58	50.2	49.3	-0.8	-2	30.3	29.9	-0.4	-1
LEP10	00CH	Gateshead	59	17.5	14.8	-2.7	-16	10.7	8.6	-2.0	-19
LEP10	00CK	North Tyneside	60	17.7	16.0	-1.6	-9	11.9	10.4	-1.5	-12
LEP10	00EM	Northumberland	61	29.9	30.9	1.0	3	19.8	20.6	0.8	4
LEP10	00CL	South Tyneside	62	13.2	11.2	-2.1	-16	7.2	5.9	-1.3	-18
LEP10	00CM	Sunderland	63	28.0	23.8	-4.2	-15	17.3	14.1	-3.2	-18
LEP11	30UK	Preston	64	11.9	11.9	0.0	0	7.9	7.5	-0.4	-5
LEP11	00EX	Blackburn with Darwen	65	12.6	12.2	-0.3	-3	7.4	6.9	-0.5	-7
LEP11	00EY	Blackpool	66	12.5	11.7	-0.8	-6	8.3	7.7	-0.6	-8
LEP11	30UD	Burnley	67	7.9	6.5	-1.4	-18	4.9	3.9	-0.9	-20
LEP11	30UE	Chorley	68	9.7	8.8	-0.9	-9	6.9	6.1	-0.7	-11
LEP11	30UF	Fylde	69	6.8	6.7	-0.1	-1	4.5	4.2	-0.3	-6
LEP11	30UG	Hyndburn	70	7.6	6.8	-0.9	-11	5.3	4.5	-0.8	-15
LEP11	30UH	Lancaster	71	11.9	11.9	0.0	0	7.8	7.5	-0.3	-4
LEP11	30UJ	Pendle	72	8.8	8.5	-0.3	-4	5.2	5.0	-0.3	-5
LEP11	30UL	Ribble Valley	73	5.0	4.8	-0.2	-4	3.7	3.5	-0.3	-7
LEP11	30UM	Rossendale	74	6.3	5.6	-0.7	-12	4.2	3.6	-0.6	-14
LEP11	30UP	West Lancashire	75	10.6	9.6	-0.9	-9	6.7	6.0	-0.7	-11
LEP11	30UN	South Ribble	76	9.8	8.6	-1.2	-12	7.2	6.2	-0.9	-13
LEP11	30UQ	Wyre	77	10.2	10.4	0.2	2	7.0	6.9	-0.1	-1
NORTH				1,349.3	1,231.1	-118.2	-9	865.2	764.9	-100.3	-12



N8 is a partnership of the eight most research-intensive universities in the North of England: Durham, Lancaster, Leeds, Liverpool, Manchester, Newcastle, Sheffield and York.

