

# Appendix 1

## Patterns of need for the care of older people in Kensington & Chelsea

This appendix expands on issues relating to need which have been raised in the *Older People's Strategy for Kensington & Chelsea*:

- 1) Numbers of older people
- 2) Ill health and dependency
- 3) Inequality
- 4) Type of housing
- 5) Ethnicity
- 6) Current service utilisation
- 7) Conclusion – implications for services

### 1) NUMBERS OF OLDER PEOPLE

#### Current numbers and proportions

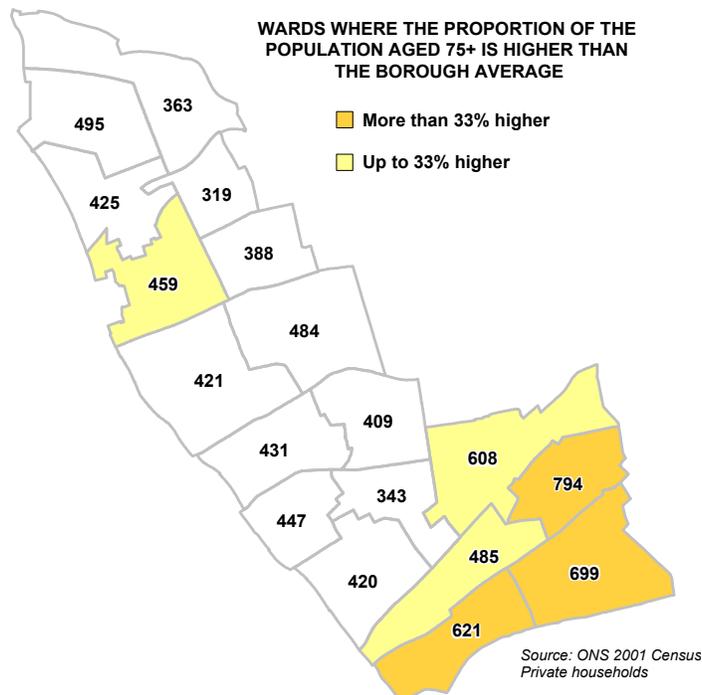
- The borough of Kensington & Chelsea has a smaller proportion of older people than England, this is typical of many London boroughs, particularly in Inner London.<sup>1,2</sup> The proportion of people aged 65+ in K&C is just 11.4% (19,700 people out of a total population of 173,000).<sup>1</sup>

#### Proportion of older people to the total population, 2004

	K&C	London	England
65-74	6.0%	6.2%	8.3%
75+	5.4%	5.7%	7.6%
<b>Total 65+</b>	<b>11.4%</b>	<b>12.0%</b>	<b>16.0%</b>

Source: K&C: GLA 2005 interim projections for 2004. London & England: ONS 2004 mid year estimate

- The concentration of older people varies within the borough: it is particularly high in Chelsea.<sup>3</sup> Only one ward in the borough - Royal Hospital - has a higher proportion of older people than the *national* average (this is partly accounted for by the Royal Hospital, Chelsea).
- Numbers of people aged 75 or more (more likely to use services than 65-74s) have been displayed below by ward:

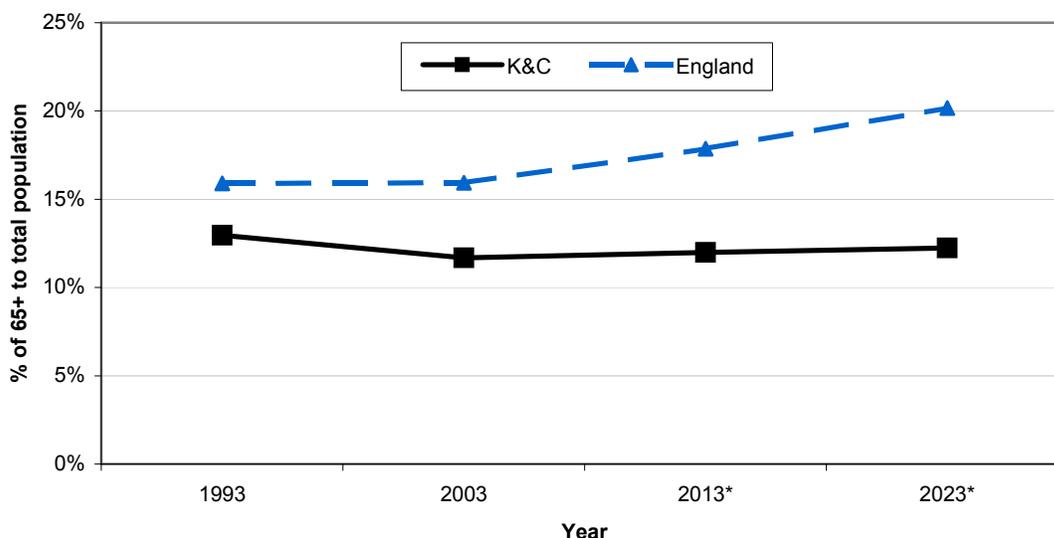


## Population growth

- The older population grew in Kensington & Chelsea over the last decade (1993-2003), but more than twice as slowly as the growth in the overall borough population (7% older people; 18% total population). As a result, older people formed a smaller proportion of the total K&C population in 2003 than they did in 1993.
- Nationally, improvements in life expectancy and declining birth rates are resulting in older people forming an increasing proportion of the total population. The number of people aged 65 or over in England is predicted to grow by more than a third in the next two decades.<sup>4</sup>
- Locally, patterns of migration in and out of Kensington & Chelsea mean that the size of the older population and the proportion it forms are not growing anywhere near to the extent nationally. Indeed, predicted growth locally is seven times less than the predicted growth in England, with older people continuing to form a relatively similar proportion of the overall Kensington & Chelsea population:<sup>5</sup> The anticipated growth in numbers over the next twenty years is broadly similar to the increase experienced in the last ten years.

## Projected proportion of older people (aged 65+) in population

Source: ONS 2003 subnational population projections  
except \* (K&C 2013 & 2023): GLA 2005 interim population projections



### Predicted population growth: next 20 years

Age band	Population numbers 2003	Population numbers 2023	Increase in numbers 2003-2023	Percent increase 2003-2023	Percent increase nationally
65-74	10,189	10,612	423	4%	31%
75+	9,317	9,926	609	7%	46%
<b>All 65+</b>	<b>19,506</b>	<b>20,538</b>	<b>1,032</b>	<b>5%</b>	<b>38%</b>

Source: K&C: GLA 2005 interim projections for 2004. London & England: ONS 2003 sub-national population projections

- It is estimated that the following 20 years will experience a change in population-driven demand akin to the changes in the last 10 years. This estimate is based on the population statistics and the current national probability of living in a residential or care home, as calculated by Age Concern.<sup>6</sup>
- The National Beds Enquiry found that the national increase in the number of residential and nursing home places needed in the future would be 10% less than demographic trends indicated, with a corresponding increase of intensive support at home.<sup>7</sup>

## 2) ILL HEALTH AND DEPENDENCY

- Kensington & Chelsea currently has the highest life expectancy in the whole UK,<sup>8</sup> although differences between healthiest and unhealthiest wards amount to more than ten years.<sup>9</sup>
- People aged 75+ reporting a limiting long-term illness are most numerous in the Chelsea area.<sup>3</sup> This is not because residents in Chelsea are unhealthy for their age, but because

there are higher concentrations of older people in this region. Residents in this area are actually among the healthier in the borough *for their age*.

- People are unhealthiest for their age in North Kensington, in the deprived far north of the borough.<sup>3</sup> Levels of limiting long-term illness across age bands are nearly a third higher than the England average for the four most northerly wards in the borough. However, because older people are generally less numerous than in Chelsea, levels of need in the population are less.
- There are 20% fewer residents aged 75+ reporting a limiting long-term illness in the South Kensington/ High St Kensington area compared to the borough average.<sup>3</sup> The population in this area is more likely to be young *and* healthy than elsewhere in the borough.

**Proportion of the total population comprising people aged 75+ who report a limiting long-term illness (LLTI)**

	Proportion of total population comprising people aged 75+ with a LLTI	Compared to average
North Kensington	2.8%	-3%
South Kensington	2.3%	-20%
Chelsea	3.8%	+33%

Source: ONS 2001 Census

### 3) INEQUALITY

- Socio-economic inequalities are huge in Kensington & Chelsea: one in four older people in the North Kensington area are estimated to be living in poverty, as opposed to one in just one in ten in South Kensington & Chelsea. Poverty will clearly impact on the ability to self-fund care and may affect choices relating to care options.

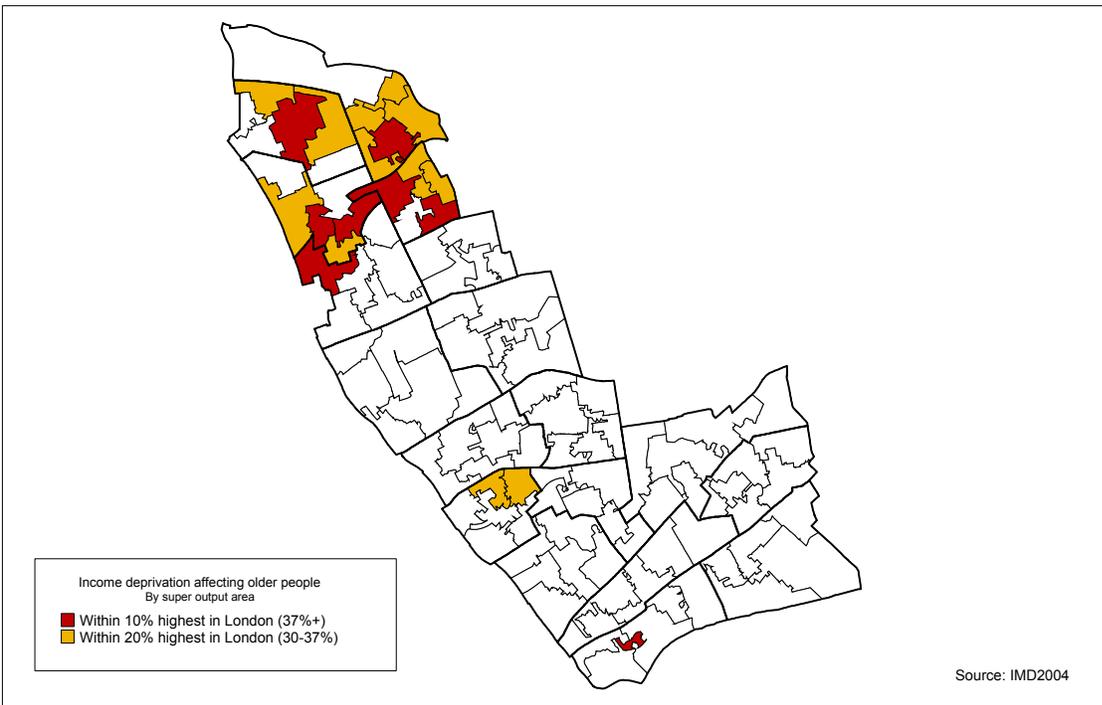
**Proportion of the total population comprising people aged 75+ who are living in poverty**

	Proportion of total population comprising people aged 75+ living in poverty	Compared to average
North Kensington	1.4%	+55%
South Kensington	0.6%	-33%
Chelsea	0.9%	0%

Source: ODPM. IMD 2004 index of older people living in poverty

- Highest levels of poverty are found predominantly in the four most northerly wards, but also among pockets in South Kensington and Chelsea, such as World's End and parts of Earl's Court.

### Income deprivation affecting older people - proportion of older people living in poverty



- Specific estimates of levels of limiting long-term illness among older people in poverty cannot be calculated as the relevant data is not available. It is therefore hard to specifically quantify the effects of poverty on levels of need. This is compounded by a lack of available data on household income.
- However, it seems likely that the higher levels of poverty in North Kensington may “even out” the higher need found in Chelsea relating to the greater volume of older people. In areas of disadvantage, factors such as poor housing, poorer access to resources and fear of crime may be act in synergy to increase the level and complexity of health needs in communities.
- In contrast to North Kensington, levels of poverty in most of Chelsea<sup>10</sup> are some of the lowest in the country and uptake of private care is high: a local survey found nearly a third of visitors to a clinic in the south of the borough<sup>11</sup> had a private GP; 24% of all births in the area are in private hospitals (compared to 7% in North Kensington).

## 4) TYPE OF HOUSING

- Like London, a quarter of households in Kensington & Chelsea have at least one person of pensionable age in them; this compares to a third in England.

- Although pensioners don't form as large a part of the Kensington & Chelsea population as they do nationally, pensioner households in private/ socially rented housing stock are 1½ times more common in the borough than in London and England (private rented property being particularly high).
- Lone pensioner households are also more common (15.1%) than in London & England (12.7%; 14.4%). The rate of lone pensioner households is high for those rented privately and socially; owner occupied lone pensioner households are actually less common than in London and England.
- Older people living in privately rented housing in the borough as a whole have better health than average for London and significantly better health than those in social housing.
- The number of lone pensioner households in the borough grew by 21% between 1991 and 2001, faster than the overall growth in households or the growth in single non-pensioner households (both 16%).

**Wards with high percentage of pensioner households (compared to total population)**

Pensioner Household Type	Electoral ward	Located in...
All tenure types	Royal Hospital (32%), Hans Town (31%), Cremorne (28%)	Chelsea
Socially rented	Golborne (20%), St Charles (20%)	North Kensington
Privately rented	Brompton (9%), Hans Town (8%)	Chelsea
Lone pensioner	Royal Hospital (23%), Hans Town (21%)	Chelsea

Source: ONS 2001 Census

- The proportion of the total population who are aged 75+, have a limiting long-term illness and don't own their own home may give some indication of the need for and the (in)ability to pay for care. All tenure types have been broken down below:

**Proportion of the total population comprising people aged 75+ with a limiting long-term illness by tenure type**

	Owner occupied	Don't own their own home		
		Social rental	Private rental	TOTAL not owning home
North Kensington	0.5% (-42%)	1.9% (+38%)	0.4% (-39%)	2.3% (+11%)
South Kensington	1.0% (+10%)	0.6% (-53%)	0.8% (+10%)	1.4% (-31%)
Chelsea	1.2% (+36%)	1.8% (+33%)	1.0% (+33%)	2.8% (+33%)

Source: ONS 2001 Census

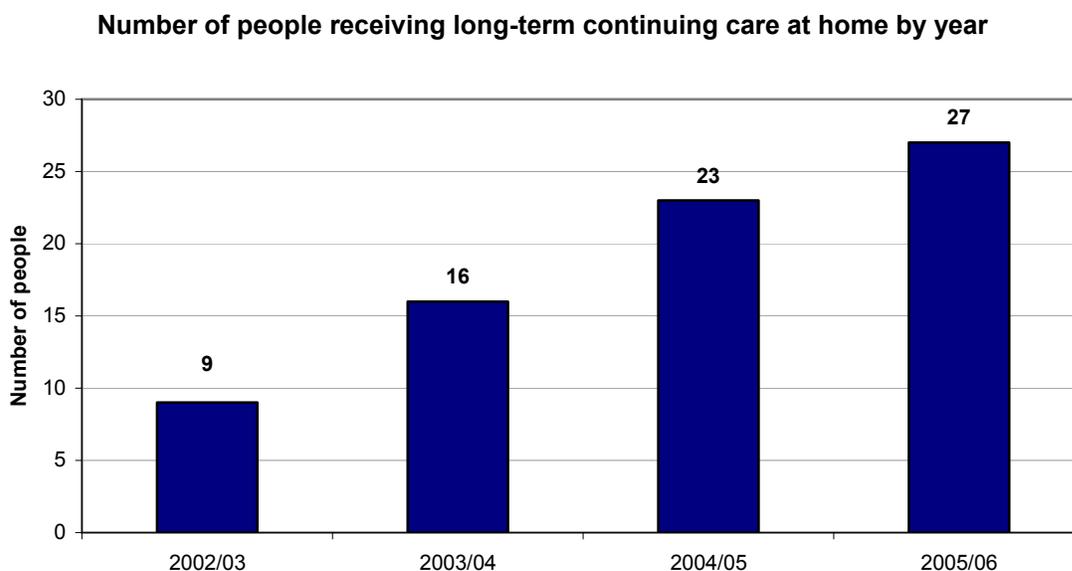
## 5) ETHNICITY

- Levels of poor health among older residents in the borough vary considerably by ethnic group, with those aged 65+ from the black group reporting levels of 'not good' health over one and a half times higher than those in the white group.<sup>3</sup>
- Assuming the local ethnic population 'ages' in the years to come, BME groups are likely to form an increasing proportion of the total burden of ill health in the borough. In the future, services may need to focus more on cultural and religious need than they do currently.
- In 2001, the proportion of the Kensington & Chelsea population from BME groups in the 45-64 age band was 16%; for the over 65s it was 10%. In years to come, the ethnic diversity of over 65 age band may start to resemble the 45-64 age band.
- By applying the ethnic profile of the 45-64 age band to the over 65s, it is possible to estimate the increase in poor health relating specifically to an increased ethnic population. The results of this exercise show a 2% rise across the overall proportion of the older population with 'not good' health.<sup>12</sup> The rise is relatively small as the proportion of people from BME groups relative to the white population is fairly small.
- The pressure on services resulting from an ageing ethnic population appears to be low in the short to mid term, as the proportion that BME groups comprise of the total population is relatively small.

## 6) CURRENT SERVICE UTILISATION

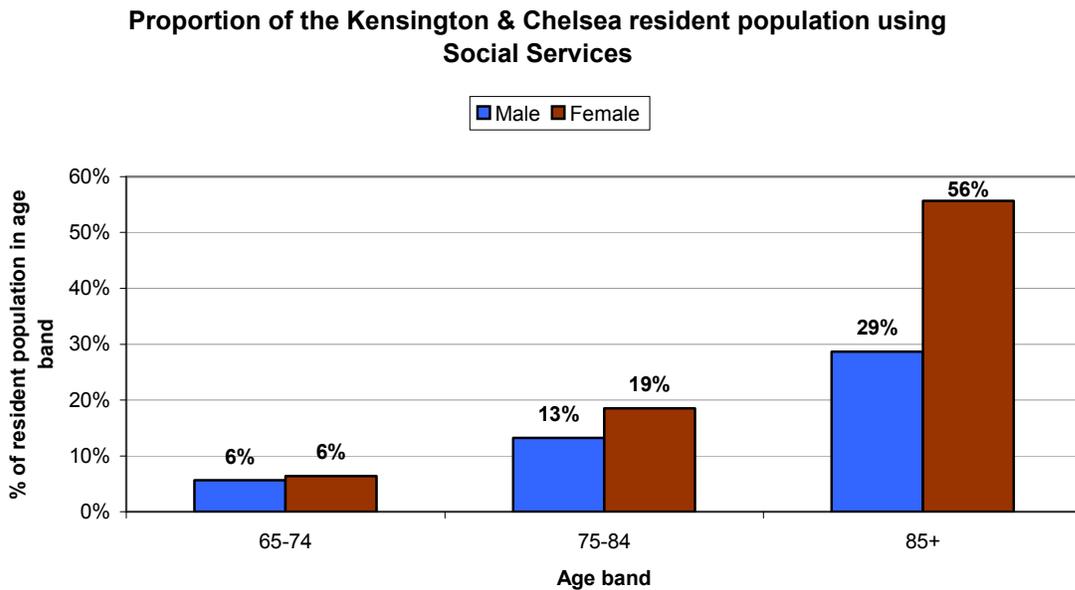
### Care at home

- The number of people receiving NHS-funded continuing care at home has grown by 200% in three years.<sup>13</sup>



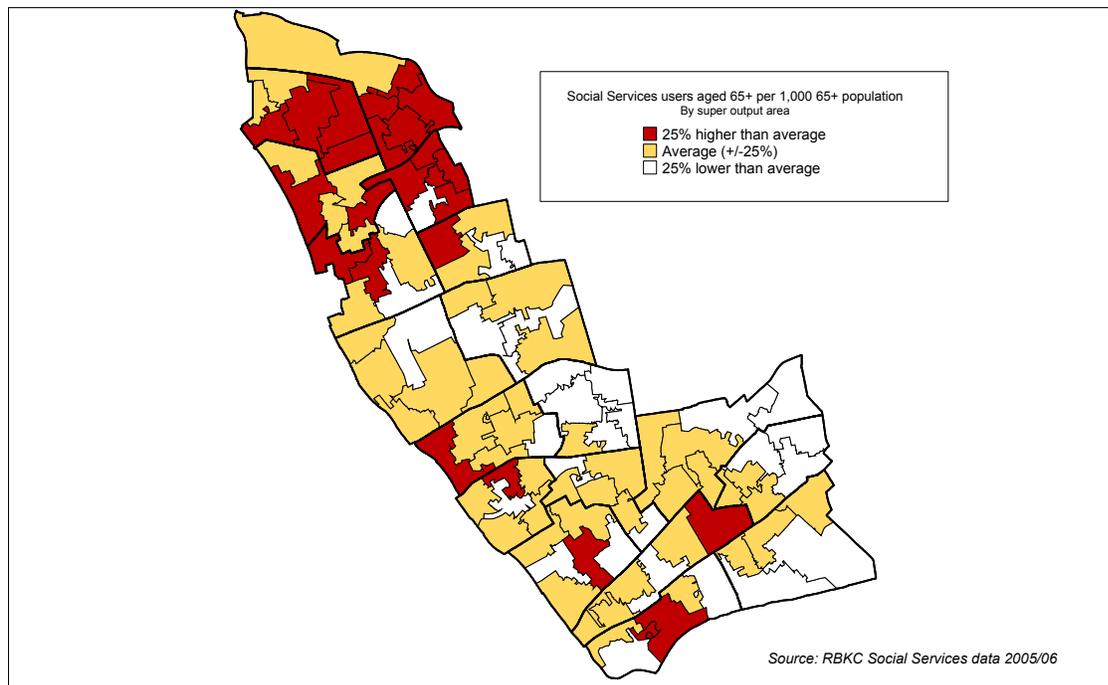
## Social Services Care<sup>14</sup>

- Data from Social Services can be used to identify the location and the proportion of the total population using the service.
- Two thirds of Social Services care to older people in the borough goes to women. This is partly due to more women being present in the older population, but also due to a widening in utilisation between men and women with increasing age: over half of all women aged 85 or over in Kensington & Chelsea use Social Services, as opposed to just over a quarter of all men this age.



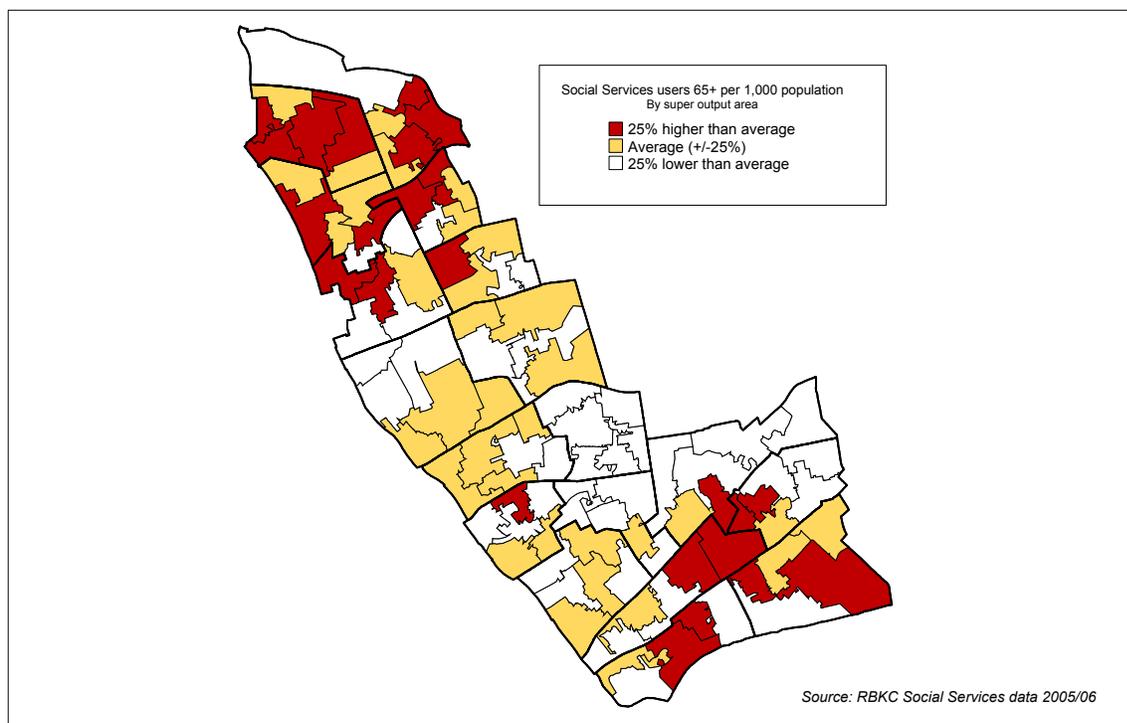
- Expressing Social Services utilisation as a proportion of all residents aged 65+ highlights how likely older people are to be using Social Services in different parts of the borough.
- Social services data for patients aged 65 or more shows higher utilisation rates in areas of deprivation, poverty and high density social housing, pointing towards higher rates of poor health and decreased ability to self-fund care.
- Golborne, St Charles, Notting Barns, Colville and Norland in North Kensington all have rates 25% higher than the Kensington & Chelsea average.

### Social Services users (aged 65+) as a proportion of the population aged 65+



- Expressing Social Services utilisation as a proportion of the *total* resident population gives an indication of geographical spread of older service users within the borough.
- Although North Kensington has high utilisation resulting from a greater health need and/ or less use of the private sector, the larger *quantity* of older (relatively healthy) people in Chelsea means that Social Services users in this part of the borough also form a large proportion of the total population.
- Queen's Gate, Courtfield, Holland and Campden in the South Kensington/ High St Kensington area all have utilisation rates 25% lower than the borough average. This geographical area is, on average, healthier and younger population

## Social Services users (aged 65+) as a proportion of the total population



## 7) CONCLUSION – IMPLICATIONS FOR SERVICES

- Services need to cater for (i) a vulnerable older population in the north of the borough, characterised by deprivation, poverty and associated poor health, as well as (ii) a larger proportion of less vulnerable and more affluent older residents in the south. Need in the central part of the borough is significantly less than in the north and the south.
- It is difficult to quantify whether the levels of need in these two areas are comparable without availability of additional socio-economic data. Available data suggests that levels of need in North Kensington and in Chelsea are broadly comparable, and this is, to a certain extent, illustrated in the current pattern of Social Services utilisation, as shown in this report.
- Based on the currently available population data and the pattern of care home usage, it appears that the changing age structure of the population is unlikely to create strong additional pressure to existing bedded services in the short to medium term.

<sup>1</sup> GLA 2005 interim population projections for 2004

<sup>2</sup> ONS mid year estimate 2004

<sup>3</sup> ONS 2001 Census

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<sup>4</sup> ONS 2003 sub-national population projections

<sup>5</sup> GLA 2005 interim population projections

<sup>6</sup> Figures from Age Concern 2004, applied to ONS mid year estimates for past populations and GLA 2005 interim population projections for future populations. Growth in demand 1993-2003 estimated at 10% and 2003-2023 estimated at 11%

<sup>7</sup> Quoted in draft of: *Information on demography and capacity relating to the continuing care of older people in K&C*, Mary Clay, on behalf of K&C PCT

<sup>8</sup> ONS Life Expectancy 2002-04

<sup>9</sup> London Health Observatory PCT Indicators 2000-04

<sup>10</sup> The exception is Cremorne ward, which has a significant population of older people living in social housing

<sup>11</sup> Violet Melchett Clinic

<sup>12</sup> PCT analysis of 2001 Census data, carried out by Public Health Dept

<sup>13</sup> From data routinely reported to PCT

<sup>14</sup> Social Services activity data 2005/06. Provided by Social Services, RBKC in June 2006