

AGEING SOCIETY AND ITS IMPACT ON LOCAL HEALTHCARE

Anna Guzenkova, BA (Hons) Philosophy, Politics, Economics

Introduction

I undertook a position of an intern at the Manchester City Council Research and Intelligence Department. The department is responsible for evaluating the efficiency of internal operations of the Council as well as its ongoing projects in the city. One of the major projects I contributed to was the "Profile of Residents aged 65 and over" (2019). Working alongside the Senior Intel-

ligence Officer and Senior Researcher I was tasked with providing explanatory analysis of the city's ageing population, including its needs and impact on local public services. The report will be published by the end of the year and will be available online to be used by any services concerned with needs and characteristics of the population of 65 years old and over in Manchester.

Objectives

The purpose of this research was to explore the relationship between the population over 65 years old and the National Health Service (NHS). This includes but is not limited to the cost of an ageing population for the NHS and the efficiency of the public services in dealing with this population group. The end goal was to provide a coherent descriptive analysis on this issue and identify strengths and weaknesses of the current healthcare provision.

Method

In order to understand the population and its characteristics in terms of age I have used Office of National Statistics (ONS) mid-year estimates, Subnational Population Projections, Mosaic and Census data from 2001 to 2018. In order to understand NHS and its relationship with older people age group the following resources have been used: Public Health England (PHE) fingertips, Global Burden of Disease, NHS digital, PHE profiles, Alzheimer's society articles, Hospital Episode Statistics, English Longitudinal Study of Ageing (ELSA) and Lancet.

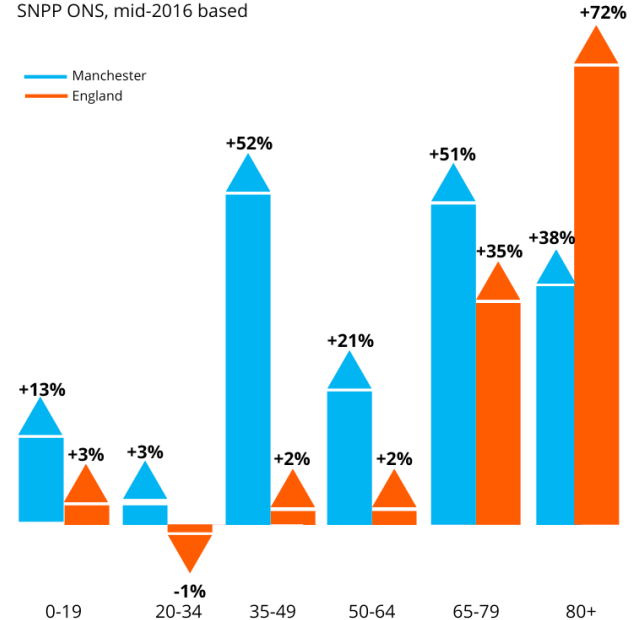
Then I cleared and sorted the data using Excel, performed statistical analysis using linear regressions for the population forecasting, exploratory analysis using Excel and Tableau. Moreover, QGIS was used to create graphical maps of the distribution of deprivation in the Greater Manchester. I have also done qualitative analysis of Scrutiny Committee's meeting to understand the political environment of the city and the required areas of research. *Unfortunately, I am not allowed to share most of my research before the report is public.*

Results and Conclusions

The research has shown that the proportion of older age groups is projected to be growing in the next 16 years in Manchester. Furthermore, the population growth rate is higher for older than for younger age groups. 15% of people that are using GP services are 60 years old and older. Nevertheless, the health-related quality of life (HRQL) for people over 65 years old in Manchester is less than the England's average. These findings clearly show that NHS is not ready for the upcoming increase in the use of its services by the older population. This means that the city has to make some considerable additions to its policy. I am sure that the upcoming research will provide some necessary overview of the areas that require changes. Hopefully, this report will be used by the organisations that are concerned with the wellbeing of older population. Especially, this research is vital for the Council's Neighborhoods team and its new 'Our Manchester Strategy'.

HEALTH RELATED QUALITY OF LIFE FOR PEOPLE OVER 65 YEARS OLD
8% less than England's average

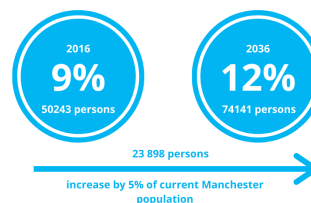
Projected population change (2016-36) in Manchester Vs England
SNPP ONS, mid-2016 based



Key Skills learnt

- Data cleaning within database
- New Softwares and Programmes: QGIS, Tableau
- JavaScript
- Advanced Excel
- Building narratives from quantitative data. Was inspired to write a quantitative dissertation in economic

Number and Proportion of residents aged 65 and over in Manchester, SNPP ONS, mid-2016 based



Patients registered in GP practice in Manchester, NHS Digital (October 2019)

