



Future Trends in Disability in Old Age

Raphael Wittenberg, Andrew Kingston, Bo Hu,
Louise Robinson, Carol Jagger

Executive Summary

August 2020

Future Trends in Disability in Old Age

Raphael Wittenberg, Andrew Kingston, Bo Hu, Louise
Robinson, Carol Jagger

Executive Summary

August 2020

This report presents independent research funded by the National Institute for Health and Care Research (NIHR) Policy Research Unit in Older People and Frailty. The views expressed are those of the author(s) and not necessarily those of the NIHR or the Department of Health and Social Care.

Policy Research Unit Programme Reference Number PR-PRU-1217-21502

This report presents updated projections to 2038 of trends in disability, dependency and years independent at older ages, and associated social care expenditure. The projections are based on a set of assumptions. We use the Office for National Statistics principal population projections and their low and high life expectancy (LE) variant projections. We examine the impact of using alternative assumptions about the rates at which people transition between different levels of dependence¹, for example between independence (no care need) and low dependency (needs help less than daily) and between low and medium dependency (needs help at regular times daily).

We find that the UK government's Ageing Society Grand Challenge of increasing healthy, independent life years by five years by 2035² will be achieved for men under all the variants but for women only under optimistic variants about transition rates from independence to dependence.

In England, between 2018 and 2038, the projections suggest:

- The number of older people with limitations in ability to perform Activities of Daily Living (ADLs), such as dressing and feeding, will increase by 19.3% (from 1.7 to 2.0 million), users of community-based care by 44.9% (from 346,000 to 501,000), and older people living in care homes by 47.8% (from 318,000 to 470,000).
- Local authority public expenditure on social services will increase by 84.2% (from £8.4 to £15.4 billion), private expenditure on social care by 108.4% (from £7.8 to £16.3 billion), and total public and private expenditure by 94.1% (from £18.3 billion or 0.87% of GDP, to £35.5 billion or 1.25% of GDP), all at constant 2018 prices.
- Assuming low or high LE variant population projections changes the percentage increase in total expenditure on social care to 84.2% (to 1.18% of GDP in 2038) under the low LE variant and to 96.7% (to 1.26% of GDP in 2038) under the high LE variant.
- Our most optimistic scenario (Scenario C¹), which has the lowest projected increase in the number of people with ADL limitations, the lowest number of care recipients, and the lowest total expenditure (£33.8 billion in 2038, 1.19% of GDP) would lead to increases in years independent over the 20 year period of 17.7% (men) and 11.2% (women).

¹ Scenario A: reductions in transitions from independent to mild dependency; Scenario B: reductions in transitions from mild to moderate dependency, and increases in mild dependency to independence; Scenario C: reductions in all worsening transitions (independent to mild, mild to moderate, moderate to high) and increases in recovering transitions (mild to independent, moderate to mild); Scenario D: the opposite of scenario C with increases in all worsening and reductions in all recovery transitions (no recovery from high dependency); Scenario E: Scenario D with low LE variant. For scenarios A and B changes of 10% and 20% are assumed; for scenarios C, D and E changes of 10% only. Reductions/increases begin in 2020 and in ≥ 65 years.

² An increase of five independent life years at birth is an increase of 8% (see full report for details).

- Our most pessimistic scenario (Scenario E¹) has the highest number of care recipients in 2038 and highest total expenditure (£37.0 billion in 2038, 1.30% of GDP), leading to an 8.5% increase in years independent over the period for men, but a decrease of 0.3% for women.

Slowing down onset of disability at all severity levels as well as improving recovery could significantly reduce projected future numbers of older people with ADL limitations, care recipients and expenditure, and would increase years independent sufficiently to reach the UK government's Ageing Society Grand Challenge of increasing healthy, independent life years by five years by 2035². However, while for men the challenge would be met under all our scenarios, for women it would require reductions in rates of transition from independence to dependency. This reflects the greater levels of disability that women experience compared to men, and that, for future cohorts, a lower proportion of women than men will be independent when they enter the older population.

This document is available in large print.

Please contact the NIHR Older People and Frailty PRU for assistance.

Email: pru-manager@manchester.ac.uk

Telephone: 0161 306 7797