Older people health and wellbeing profile

Liverpool City Region

December 2020

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Acknowledgements

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Matthew Ashton, Director of Public Health for Liverpool, leads the Public Health Intelligence Network with support from Sharon McAteer (Halton), and the wider network. Their role in the Intelligence & Evidence Service involves setting the work programme, providing strategic direction and facilitating collaborative links between the Champs Public Health Collaborative, the Public Health Institute, LJMU and the wider public health community. They also contribute to editing and final approval of reports, alongside Lisa Jones, Reader in Public Health, LJMU who manages the Champs Intelligence & Evidence Service.

Thanks to Doris Hain of Public Health England for fingertips support.

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Older people in Liverpool City Region
A comparison to England, 2020

1. Optimise health & reduce risks
- Healthy life expectancy: 9.4 yrs
- Health checks (age 40-74 y): 38.3%
- Flu vaccinations (age 65+ y): 73.2%
- Bowel cancer screening: 57.4%
- Breast cancer screening: 72.0%
- Alcohol hospital admissions (per 100,000, age 65+ y): 1,114

2. Improve wellbeing & wider health determinants
- Social isolation care users who have as much social contact as they would like (age 65+ y): 32.3%
- Social isolation care users who have as much social contact as they would like (age 65+ y): 44.8%
- Living alone (age 65+ y): 13.4%
- Winter fuel payments (age 65+ y): 95.9%
- Older people living in deprivation: 16.6% to 30.0%*

3. Live well with long term conditions
- Coronary heart disease: 3.9%
- Long term conditions: 16.3%
- Severe knee arthritis: 6.5%
- Severe hip arthritis: 3.4%
- Common mental disorder: 11.8%
- Dementia QOF prevalence (age 65+ y): 0.8%

4. Enhance care & support
- End of life care: 0.5%
- Nursing home beds (per 100, age 75+ y): 5.9
- Care home beds (per 100, age 75+ y): 10.5
- Admissions to residential & nursing homes (per 100,000, age 65+ y): 705
- Service users satisfied with care (age 65+ y): 62.5%
- Offered reablement on hospital discharge (age 65+ y): 2.6%
- Falls emergency admissions (per 100,000, age 65+ y): 3,102

Population: Almost 1 in 5 (19%) of the population in LCR are aged 65 and over — more than in the North West and England.
Causes of death, ages 65+:
- Cardiovascular disease: death rates are similar to England.
- Respiratory: high death rates across LCR, except in Sefton.
- Cancer: death rates high across LCR.
- Mental health (dementia): high rates in Knowsley, Liverpool, Sefton and Wirral.

Excess winter deaths, ages 85+
Similar levels to England across LCR.

Key
Statistical significance compared to England:
- Better
- Similar
- Worse
* average not available

This work was commissioned through the Cheshire and Merseyside Public Health Intelligence Network and Champs Public Health Collaborative. Based on the latest published data as of September 2020.
For more information & data sources please contact: J.Ubdio@ljmu.ac.uk

Icons from www.flaticon.com and venngage.com/
Introduction

This Older People’s health and wellbeing profile for Liverpool City Region (LCR) is one of a series of profiles that are being produced on behalf of Champs for the Cheshire and Warrington and Liverpool City Region (LCR) sub-regions. The first in the series was a Children and Young Person’s profile (links: CYP LCR & CYP Cheshire & Warrington). Profiles for Vulnerable Groups in LCR and Cheshire and Warrington are due to be published in early 2021.

The Older People’s Profile begins with an overview of the population and mortality in LCR amongst those aged 65 and over. Comparisons are made with the wider area of Cheshire and Merseyside and with England. The profile then goes on to provide local data organised around the four domains used in the Public Health England (PHE) Productive Healthy Ageing Profiles¹.

1. Optimise Health and Reduce Risks Early
2. Improve Wellbeing & Wider Determinants of Health
3. Reverse or Live Well with a Long-term Condition
4. Enhance Care & Support

PHE based these domains on work by the WHO, as illustrated in Figure 1:

![Public Health Framework for Ageing](source: PHE, 2019¹, Figure 1, p.7)

The aim of this profile is to provide a set of indicators that describe key issues relevant to older people’s health as they age, including risk and protective factors, early interventions, health outcomes, identification of need, and health and social care¹. The profile will support the exploration of inequalities and inform actions to improve health outcomes. The
information provided can be used to support development of joint strategic needs assessments, public health planning, and assessment of the overall impact of public health interventions in relation to older people1.

It should be noted that some health topics, such as falls prevention and social isolation, will span different domains.

**Population**

The Office for National Statistics (ONS) mid-year population estimates for 2019 show that Cheshire and Merseyside has higher proportions of older people, both males and females, than the North West or England (Figure 2). Proportions in LCR are lower than Cheshire and Merseyside, but slightly higher than the North West and England.

In LCR, the differences remain across the age groups, with higher proportions of those aged 65+ compared to the North West and England, except in males aged 85+ (Figure 3).
Figure 4 shows that within Liverpool City Region, there are large differences between local authorities in the proportion of older people aged 65+, ranging from 23.56% in Sefton (the highest in Cheshire and Merseyside and much higher than the national average of 18.39%, Figure 2) to as few as 14.76% in Liverpool (also see Figure 6 on the next page). Appendix 1 gives numbers and percentages for each local authority.

Like the national older population, the LCR 65+ population is predicted to form an ever increasing proportion of the total population, with the largest increases expected in the 75-79 age group (Figure 5) (see Appendix 2 for projections for each local authority). In contrast, the under 18 population is predicted to remain fairly static whilst the ‘working age population’ i.e. those aged 18-64 is predicted to shrink proportionately. However, there will remain many more working age people than older people.
Mortality and excess winter deaths

Better compared to England averages

- Sefton and Wirral have significantly lower rates of death from cardiovascular disease amongst those aged 65 plus, compared to the England average (Figure 6).
- Levels of excess winter deaths are similar to the national average in each local authority in LCR.

Worse compared to England averages

- There are significantly high rates of cardiovascular disease in those aged 65 plus in Halton and Liverpool.
- Rates of death from respiratory disease and cancer amongst those aged 65 plus are significantly high across each local authority in LCR (with the exception of respiratory deaths in Sefton).
- Deaths from dementia amongst those aged 65 plus are significantly high in Knowsley, Liverpool, St. Helens and Wirral, with the rate in St. Helens the second highest in the North West.

Figure 6: Population and mortality data for LCR compared to England.
1. Optimise Health and Reduce Risks Early

This section provides an overview of health and life expectancy, with a focus on promoting capacity-enhancing behaviours amongst older people, preventing chronic conditions and ensuring early detection and control. LCR as a whole compares significantly badly to the national average on each indicator here, except for smoking prevalence and pneumococcal polysaccharide vaccination (PPV). There are however variations between local authorities within LCR.

**Better or similar compared to England averages:**

- **Seton** and **Wirral** have similar levels to the national average of healthy life expectancy at birth and at age 65 plus, and disability free life expectancy at age 65 plus (see top and bottom of Figure 7).
- **Seton** also has similar levels of life expectancy at 65 to the national average.
- Smoking prevalence amongst adults is low across LCR, especially in **Seton** and **Wirral**.
- In **Halton**, **Knowsley** and **Wirral**, significantly more of those aged 40-74 have participated in the NHS health check programme.
- **St. Helens** and **Wirral** have significantly exceeded the national target of 75% for flu vaccination coverage for those aged 65 and over.
- **Knowsley** has significantly high levels pneumococcal polysaccharide vaccination (PPV) for those ages 65 plus.
- In **St. Helens** and **Wirral**, levels of breast cancer screening for...
females aged 53-70 are significantly high.

**Worse compared to England averages:**

- Levels of life expectancy at 65 are significantly lower than the national average across LCR, except in Sefton.
- In Halton, Knowsley, Liverpool and St. Helens, healthy life expectancy at birth and at age 65 plus, and disability free life expectancy at age 65 plus, are all significantly lower than the national average.
- Inequalities in life expectancy at age 65 are high in each local authority, especially amongst both males and females in Halton, Sefton and Wirral.
- Adults in Knowsley, Liverpool and Sefton have significantly low levels of physical activity. Significantly high numbers of adults in all areas except Sefton fail to meet the recommended ‘5 a day’ for a healthy diet.
- Admissions for alcohol-related conditions in people 65 and over are significantly high in Liverpool and Knowsley. In Liverpool, they are the second highest in the North West.
- In Liverpool, Sefton and St. Helens, significantly fewer people aged 40-74 have participated in the NHS health check programme compared to the England average.
- Hypertension levels are significantly high in Sefton, St. Helens and Wirral.
- There are significantly low levels of aortic abdominal aneurysm screening for males aged 65+ in each local authority except Sefton.
- Levels of flu vaccination are significantly low in each authority except St. Helens and Wirral.
- All local authorities have significantly low rates of vaccination against shingles.
- There are significantly low rates of bowel screening in each local authority except Sefton.
- Breast cancer screening rates are low in Knowsley, Liverpool and Sefton.
2. Improve Wellbeing & the Wider Determinants of Health

The indicators in this section will help to plan for improving wellbeing and the wider determinants of health relating to older people, such as unpaid caring and social engagement.

Deprivation

There has been a widening gap in income inequality between pensioners². The 2019 Index of Multiple Deprivation includes a supplementary index that represents income deprivation affecting older people (IDAOPi). The local authorities in LCR have higher levels of income deprivation affecting older people compared to England and the rest of Cheshire and Merseyside (Figure 8), especially in Liverpool and Knowsley, which are in the worst 20% of local authorities in England, with as many as 30% of older people living in deprivation.

Carers

It is estimated that older carers (aged over 60) are providing somewhere between £30 to £50 billion in unpaid family care³. Data from the 2011 Census indicates that nationally, people over the age of 65 accounted for over a third of carers who provide more than 50 hours of care per week. Across LCR, 38,274 people aged 65 plus provide unpaid care. As a proportion of the total population aged 65 plus, there are more people in LCR providing unpaid care (15.5%), compared to the England average of 14.3% and the Cheshire and Merseyside average of 15.2% (Figure 9).

![Figure 8: Income deprived older people. Source: Department for Communities and Local Government (DCLG).](image)

![Figure 9: Percentage and number of residents aged 65 and over providing unpaid care, 2011. Source: Table DC3301EW, 2011 Census via Nomis](image)

<table>
<thead>
<tr>
<th>Number</th>
<th>LCR</th>
<th>Cheshire &amp; Merseyside</th>
<th>England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provides 50 or more hours unpaid care a week</td>
<td>18,359</td>
<td>27146</td>
<td>457,217</td>
</tr>
<tr>
<td>Provides 20 to 49 hours unpaid care a week</td>
<td>5,485</td>
<td>8447</td>
<td>150,731</td>
</tr>
<tr>
<td>Provides 1 to 19 hours unpaid care a week</td>
<td>14,430</td>
<td>26118</td>
<td>582,572</td>
</tr>
<tr>
<td>Provides unpaid care: Total</td>
<td>38,274</td>
<td>61711</td>
<td>1,190,520</td>
</tr>
<tr>
<td>Provides no unpaid care</td>
<td>208,223</td>
<td>343097</td>
<td>7,152,488</td>
</tr>
</tbody>
</table>
Amongst those aged 65 plus in LCR, there are more men providing unpaid care (17.0%) than women (14.4%) (Figure 10). The same is true across the Cheshire and Merseyside region and nationally, but the difference between the sexes is slightly greater in LCR.

Living alone
Data from the Labour Force Survey (2017) shows that, for those aged 65 and over in England, the larger proportion of those living alone were female (66.5%). Approximately 1 in 3 of those aged over 65 are living alone (32.2% in England, calculated using POPPI data⁴).

Numbers living alone are expected to rise sharply in LCR over the next 15 years, by nearly 8,000 amongst those aged 65-74 and by almost 20,000 amongst those aged 75 and over (Figure 11).

Social isolation and loneliness
Loneliness is a subjective, negative feeling associated with lack or loss of companionship. If you feel lonely, you are lonely. ‘Social isolation’ is a sociological category relating to imposed isolation from normal social networks. This can lead to loneliness and can be caused by loss of mobility or deteriorating health. It is possible to be lonely whilst not isolated, for example amongst those caring for a dependent spouse with little help.⁵

Based on national estimates⁶ applied to the Liverpool City Region population aged 65 and over, it can be estimated that 60,056 may be experiencing mild loneliness, with 24,022 experiencing intense loneliness (Figure 12). By 2035, numbers are expected to increase by

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**Table 1: Estimated number of older people aged 65+ in LCR local authorities who may be experiencing loneliness**

<table>
<thead>
<tr>
<th></th>
<th>intense loneliness</th>
<th>loneliness</th>
<th>mild loneliness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halton</td>
<td>1,938</td>
<td>2,423</td>
<td>4,846</td>
</tr>
<tr>
<td>Knowsley</td>
<td>2,108</td>
<td>2,635</td>
<td>5,271</td>
</tr>
<tr>
<td>Liverpool</td>
<td>5,958</td>
<td>7,448</td>
<td>14,896</td>
</tr>
<tr>
<td>Sefton</td>
<td>5,275</td>
<td>6,594</td>
<td>13,189</td>
</tr>
<tr>
<td>St. Helens</td>
<td>3,007</td>
<td>3,759</td>
<td>7,518</td>
</tr>
<tr>
<td>Wirral</td>
<td>5,735</td>
<td>7,168</td>
<td>14,337</td>
</tr>
<tr>
<td>LCR</td>
<td>24,022</td>
<td>30,028</td>
<td>60,056</td>
</tr>
<tr>
<td>Cheshire &amp; Merseyside</td>
<td>40,472</td>
<td>50,589</td>
<td>101,179</td>
</tr>
</tbody>
</table>

**Source:** De Jong Gierveld, ONS via POPPI⁵

---

**Figure 10: Percentage of residents aged 65 and over providing unpaid care, 2011, by gender**

- **England:**
  - Women: 14.4%
  - Men: 17.0%

- **Cheshire & Merseyside:**
  - Women: 14.1%
  - Men: 17.4%

- **Liverpool City Region:**
  - Women: 14.3%
  - Men: 17.2%

**Source:** Table DC3301EW, 2011 Census via Nomis

**Figure 11: Living alone, predictions for ages 65-74 & 75+ LCR, numbers projected to 2035**

- **2020:**
  - Age 65-74: 40,390
  - Age 75+: 46,762

- **2025:**
  - Age 65-74: 41,999
  - Age 75+: 48,228

- **2030:**
  - Age 65-74: 48,228
  - Age 75+: 56,296

- **2035:**
  - Age 65-74: 56,296
  - Age 75+: 76,182

**Source:** Labour Force Survey 2017, via POPPI

**Figure 12: Estimated number of older people aged 65+ in LCR local authorities who may be experiencing loneliness**

- **Halton:**
  - Intense loneliness: 1,938
  - Loneliness: 2,423
  - Mild loneliness: 4,846

- **Knowsley:**
  - Intense loneliness: 2,108
  - Loneliness: 2,635
  - Mild loneliness: 5,271

- **Liverpool:**
  - Intense loneliness: 5,958
  - Loneliness: 7,448
  - Mild loneliness: 14,896

- **Sefton:**
  - Intense loneliness: 5,275
  - Loneliness: 6,594
  - Mild loneliness: 13,189

- **St. Helens:**
  - Intense loneliness: 3,007
  - Loneliness: 3,759
  - Mild loneliness: 7,518

- **Wirral:**
  - Intense loneliness: 5,735
  - Loneliness: 7,168
  - Mild loneliness: 14,337

- **LCR:**
  - Intense loneliness: 24,022
  - Loneliness: 30,028
  - Mild loneliness: 60,056

- **Cheshire & Merseyside:**
  - Intense loneliness: 40,472
  - Loneliness: 50,589
  - Mild loneliness: 101,179

**Source:** De Jong Gierveld, ONS via POPPI⁵

**Figure 13: Projected loneliness in LCR numbers aged 65+, 2020 to 2040**

- **Intense loneliness:**
  - 2020: 60,056
  - 2025: 60,056
  - 2030: 60,056
  - 2035: 76,182

- **Loneliness:**
  - 2020: 60,056
  - 2025: 70,526
  - 2030: 81,006
  - 2035: 101,179

- **Mild loneliness:**
  - 2020: 30,028
  - 2025: 40,390
  - 2030: 56,296
  - 2035: 76,182

**Source:** De Jong Gierveld, ONS via POPPI
more than 16,000 for mild loneliness, and by more than 5,000 for intense loneliness (Figure 13).

Figure 14 summarises the data available from the PHE fingertips dataset relevant to the health and wellbeing of older people, comparing local data to the national average.

**Better or similar compared to England**

- In **St. Helens**, there are significantly more people aged 65 plus receiving winter fuel payments\(^a\).
- Levels of social isolation amongst care users are significantly lower than the national average in LCR as a whole.
- There are significantly lower proportions of older people living alone in **Halton** and **Liverpool**.
- **Wirral** is in the top 20% of local authorities in England for levels of access to a healthy environment (access to healthy assets and hazards), with only 2% having poor access. Levels are also good in **Sefton** and **St. Helens**.

**Worse compared to England**

- There are significantly high levels of deprivation in **Halton**, **Knowsley**, **Liverpool** and **St. Helens**. Similarly, levels of income deprivation amongst older people aged 60 plus (IDAOPSI) are amongst the highest nationally, with **Knowsley** and **Liverpool** in the worst quintile for England (as shown in Figure 8 at the start of this section).

\(^a\) Can be a proxy measure for the proportion living in private households. Also, very low values will highlight areas with high levels of migration/transient populations and/or possible problems with the payment system. Note: the measure will be affected by the proportion of residents in care homes/long-term NHS settings.

Click link: [65+ winter fuel payments](#).
• With the exception of St. Helens, there are significantly fewer people aged 65 plus receiving winter fuel payments across LCR.
• Levels of social isolation amongst carers aged 65 plus in Sefton are significantly higher than the national average.
• Around 1 in 3 people in Liverpool and 1 in 5 in Halton have poor access to a healthy environment.
3. Reverse or Live Well with a Long-term Condition

To achieve a slowing or reversal of declining capacity amongst the older population, it is important to ensure that as far as possible, people can live well with long-term health conditions. The available relevant data is summarised in Figure 15.

Better compared to England

- There are low levels of diabetes in Liverpool compared to England.
- Liverpool and Wirral have significantly low levels of rheumatoid arthritis.
- In Sefton, there are significantly fewer people aged 65 plus registered blind.
- There is a lower diagnosed prevalence of dementia in Knowsley, Liverpool and Halton.
- The estimated dementia diagnosis rate (i.e. the difference between the estimated prevalence and diagnosed prevalence) is similar to the national average across LCR, which allows healthcare staff to plan and work together to improve health and care outcomes.

Worse compared to England

- There is a significantly high prevalence of coronary heart disease in Halton, Knowsley, Sefton, St. Helens and Wirral. Sefton

Note that registration is voluntary and, therefore, this indicator may not be a good proxy for the prevalence of visual impairments. PHE Fingertips Definitions and Supporting Information.
and Wirral also have a high prevalence of stroke.

- **Halton** and **St. Helens** have a high diabetes prevalence.

- **Each local authority in LCR** has a significantly high prevalence of musculoskeletal conditions (MSK) and of people reporting at least two long term conditions, with Halton the worst in the North West for the latter.

- There is a significantly high prevalence of depression or anxiety amongst those with an MSK problem in **Halton**, **Knowsley**, **Liverpool** and **Wirral**.

- There are significant levels of knee and hip arthritis in **Halton**.

- **Halton**, **Knowsley** and **Sefton** have high levels of rheumatoid arthritis.

- There are significantly high levels of preventable sight loss (macular degeneration) in **Knowsley**, **Liverpool** and **St. Helens**. **St. Helens** also has high levels of sight loss due to glaucoma.

- There are high levels of people aged 65 plus registered blind in **Knowsley**, **Liverpool**, **St. Helens** and **Wirral**.

- The prevalence of common mental health disorders in those aged 65 plus is significantly high in **Halton**, **Knowsley** and **Liverpool**, with Liverpool and Knowsley the second and third highest in the North West.

- The prevalence of dementia is significantly high in **St. Helens** (on two separate measures) and in **Sefton** (on one measure).

- The rate of emergency admissions for dementia is significantly high in **each local authority in LCR**, with the exception of **Wirral**.

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**Estimated prevalence of common mental disorders: % of population aged 65 & over (Persons, 65+ yrs)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Halton</th>
<th>Knowsley</th>
<th>Liverpool</th>
<th>St. Helens</th>
<th>Wirral</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>12.1%</td>
<td>13.2%</td>
<td>13.4%</td>
<td>10.7%</td>
<td>11.3%</td>
</tr>
</tbody>
</table>

**Dementia: QOF prevalence (all ages) (Persons, All ages)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Halton</th>
<th>Knowsley</th>
<th>Liverpool</th>
<th>St. Helens</th>
<th>Wirral</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/19</td>
<td>0.8%</td>
<td>6.9%</td>
<td>0.7</td>
<td>0.7</td>
<td>0.6</td>
</tr>
</tbody>
</table>

**Estimated dementia diagnosis rate (aged 65 and over) (Persons, 65+ yrs)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Halton</th>
<th>Knowsley</th>
<th>Liverpool</th>
<th>St. Helens</th>
<th>Wirral</th>
</tr>
</thead>
<tbody>
<tr>
<td>2019</td>
<td>4.34%</td>
<td>4.35%</td>
<td>4.00%</td>
<td>4.10%</td>
<td>4.10%</td>
</tr>
</tbody>
</table>

**Dementia: Direct standardised rate of emergency admissions (aged 65 years and over) (Persons, 65+ yrs)**

<table>
<thead>
<tr>
<th>Year</th>
<th>Halton</th>
<th>Knowsley</th>
<th>Liverpool</th>
<th>St. Helens</th>
<th>Wirral</th>
</tr>
</thead>
<tbody>
<tr>
<td>2018/19</td>
<td>67.4</td>
<td>67.9</td>
<td>67.3</td>
<td>68.0</td>
<td>67.1</td>
</tr>
</tbody>
</table>

contd.
4. Enhance Care & Support

This section gathers data which will help to indicate levels of care and support for older people with a significant loss of capacity across LCR.

Older people living in care homes

Based on the proportion of older people identified as living in a care home during the 2011 Census and population projections, there will be a substantial increase in numbers of people living in care homes by 2035 (Figure 16).

Figure 16: Numbers living in a care home: Projected figures, 2020 to 2035
Total population aged 65 and over living in a care home with or without nursing

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halton</td>
<td>659</td>
<td>778</td>
<td>903</td>
<td>1,081</td>
</tr>
<tr>
<td>Knowsley</td>
<td>788</td>
<td>871</td>
<td>958</td>
<td>1,110</td>
</tr>
<tr>
<td>Liverpool</td>
<td>2,154</td>
<td>2,370</td>
<td>2,583</td>
<td>2,970</td>
</tr>
<tr>
<td>Sefton</td>
<td>2,877</td>
<td>3,199</td>
<td>3,522</td>
<td>4,052</td>
</tr>
<tr>
<td>St. Helens</td>
<td>897</td>
<td>1,057</td>
<td>1,187</td>
<td>1,381</td>
</tr>
<tr>
<td>Wirral</td>
<td>2,459</td>
<td>2,747</td>
<td>3,093</td>
<td>3,594</td>
</tr>
<tr>
<td>LCR</td>
<td>9,834</td>
<td>11,022</td>
<td>12,246</td>
<td>14,188</td>
</tr>
</tbody>
</table>

Source: POPPI based on 2011 census applied to population projections

However, these projections need to be offset against the overall downward trend in the rate of permanent admissions to care homes. The LCR level has been consistently higher than England (Figure 17).

Figure 17: Permanent admissions to residential and nursing care homes per 100,000 aged 65+, England, Cheshire and Warrington and LCR.
Figure 18 summarises the data available from the PHE fingertips dataset relevant to levels of care and support for those older people with reduced capacity, comparing local data to the national average.

Better compared to England

- In St. Helens, levels of osteoporosis in those aged 50 plus are in the lowest quintile in England. Levels are also low in Halton and Sefton.
- People in Liverpool are significantly more likely to be offered reablement services on discharge from hospital.
- In Sefton and St. Helens, people aged 65+ are significantly more likely to still be at home 91 days after hospital discharge.
- There are significantly high numbers of social care users receiving self-directed support and payments in Knowsley and Sefton.
- Across LCR, social isolation is similar to the national average amongst carers (except in Sefton), and amongst care users, where the overall score is significantly better than the national average.
- There are significantly high proportions of...
patients identified as needing palliative care in Halton, Knowsley, north Sefton and Wirral.

Worse compared to England

- There are significantly high levels of admissions for falls amongst those aged 65 plus in each local authority in LCR, with Liverpool, Knowsley and Sefton the highest three in the North West.
- Liverpool and Sefton have a significantly low carer-reported quality of life score (dementia carers).
- There are significantly high levels of residential and nursing home admissions in each local authority except Wirral.
Interpretation guide

The values in each column on Figures 6, 7, 14, 15, and 18 represent local measures for the identified row indicators in the named area. Some might have lower or higher values than others, but not be statistically different to the England comparator. Measures of statistical significance (such as 95% confidence intervals, as used here) give us an idea of precision and confidence that can be used when interpreting estimated local values and the probability that the difference shown is (or is not) a chance finding. The benchmarking method applied here is ‘Confidence intervals overlapping reference value (95.0)’ (PHE, indicator definitions). Where LCR rates have been calculated manually for the infographic, these have been done using the sum of rounded counts at local authority level.

**GREEN** means the value is statistically significantly better than the England value and the difference shown is not likely to be a chance finding.

**YELLOW** means the value is NOT statistically significantly different to the England value and the difference shown is not likely to be a chance finding.

**RED** means the value is statistically significantly worse than the England value and the difference shown is not likely to be a chance finding.

Data sources

All data are from PHE’s Data Visualisation Platform ‘Fingertips’ [https://fingertips.phe.org.uk](https://fingertips.phe.org.uk) in particular [https://fingertips.phe.org.uk/profile/healthy-ageing](https://fingertips.phe.org.uk/profile/healthy-ageing), unless otherwise stated.

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[https://fingertips.phe.org.uk/profile/healthy-ageing/data?lid=91102&age=94&cid=4&par=E06000006&atw=202&pid=6&pat=6&gid=1938133280&options/ovw-do_0_car-do_0]
### Appendices: Population numbers and projections aged 65+ by local authority

#### Appendix 1: Population aged 65+, number and %, by local authority, LCR, 2019

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>Count aged 65+</th>
<th>% of total population</th>
<th>Count aged 65+</th>
<th>% of total population</th>
<th>Count aged 65+</th>
<th>% of total population</th>
</tr>
</thead>
<tbody>
<tr>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td>Male</td>
<td>Female</td>
<td>Total</td>
<td></td>
</tr>
<tr>
<td>Halton</td>
<td>11072</td>
<td>17.55</td>
<td>12740</td>
<td>19.21</td>
<td>23812</td>
<td>18.40</td>
</tr>
<tr>
<td>Knowsley</td>
<td>11580</td>
<td>16.15</td>
<td>14453</td>
<td>18.26</td>
<td>26033</td>
<td>17.26</td>
</tr>
<tr>
<td>Liverpool</td>
<td>33640</td>
<td>13.53</td>
<td>39874</td>
<td>15.99</td>
<td>73514</td>
<td>14.76</td>
</tr>
<tr>
<td>Sefton</td>
<td>28734</td>
<td>21.59</td>
<td>36392</td>
<td>25.39</td>
<td>65126</td>
<td>23.56</td>
</tr>
<tr>
<td>St. Helens</td>
<td>17104</td>
<td>19.22</td>
<td>20099</td>
<td>21.95</td>
<td>37203</td>
<td>20.60</td>
</tr>
<tr>
<td>Wirral</td>
<td>31941</td>
<td>20.35</td>
<td>38922</td>
<td>23.30</td>
<td>70863</td>
<td>21.87</td>
</tr>
<tr>
<td><strong>Liverpool City Region total</strong></td>
<td><strong>134071</strong></td>
<td><strong>17.58</strong></td>
<td><strong>162480</strong></td>
<td><strong>20.39</strong></td>
<td><strong>296551</strong></td>
<td><strong>19.02</strong></td>
</tr>
<tr>
<td><strong>Cheshire &amp; Merseyside total</strong></td>
<td><strong>227317</strong></td>
<td><strong>18.60</strong></td>
<td><strong>271351</strong></td>
<td><strong>21.29</strong></td>
<td><strong>498668</strong></td>
<td><strong>19.97</strong></td>
</tr>
<tr>
<td><strong>England</strong></td>
<td><strong>4736201</strong></td>
<td><strong>17.02</strong></td>
<td><strong>5617515</strong></td>
<td><strong>19.74</strong></td>
<td><strong>10353716</strong></td>
<td><strong>18.39</strong></td>
</tr>
<tr>
<td><strong>North West</strong></td>
<td><strong>632735</strong></td>
<td><strong>17.45</strong></td>
<td><strong>742376</strong></td>
<td><strong>19.98</strong></td>
<td><strong>1375111</strong></td>
<td><strong>18.73</strong></td>
</tr>
</tbody>
</table>

*Source: ONS, 2019*
Appendix 2: Population projections by local authority, age groups 65 plus in LCR, 2020 to 2040.

2a. Percentages & 2b. Numbers. Source: ONS via NOMIS, July 2020

2a: Population aged 65 and over as a % of all ages

<table>
<thead>
<tr>
<th>Local Authority</th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
<th>2040</th>
</tr>
</thead>
<tbody>
<tr>
<td>Halton</td>
<td>1.91</td>
<td>2.06</td>
<td>2.29</td>
<td>3.08</td>
<td>3.41</td>
</tr>
<tr>
<td>Knowsley</td>
<td>2.23</td>
<td>2.25</td>
<td>2.15</td>
<td>2.49</td>
<td>2.84</td>
</tr>
<tr>
<td>Liverpool</td>
<td>1.89</td>
<td>1.94</td>
<td>1.91</td>
<td>2.28</td>
<td>2.50</td>
</tr>
<tr>
<td>Sefton</td>
<td>2.33</td>
<td>2.64</td>
<td>2.96</td>
<td>3.59</td>
<td>3.67</td>
</tr>
<tr>
<td>Wirral</td>
<td>3.01</td>
<td>3.22</td>
<td>3.59</td>
<td>4.39</td>
<td>4.71</td>
</tr>
</tbody>
</table>

Notes:
- Halton
- Knowsley
- Liverpool
- Sefton
- Wirral

Source: ONS via NOMIS, July 2020
## 2b: Projected population numbers, 65 plus

<table>
<thead>
<tr>
<th></th>
<th>2020</th>
<th>2025</th>
<th>2030</th>
<th>2035</th>
<th>2040</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Halton</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>85+</td>
<td>2,474</td>
<td>2,714</td>
<td>3,063</td>
<td>4,153</td>
<td>4,650</td>
</tr>
<tr>
<td>80-84</td>
<td>2,989</td>
<td>3,315</td>
<td>4,740</td>
<td>4,665</td>
<td>5,120</td>
</tr>
<tr>
<td>75-79</td>
<td>4,247</td>
<td>6,033</td>
<td>5,868</td>
<td>6,343</td>
<td>7,048</td>
</tr>
<tr>
<td>70-74</td>
<td>7,077</td>
<td>6,836</td>
<td>7,314</td>
<td>8,059</td>
<td>7,907</td>
</tr>
<tr>
<td>65-69</td>
<td>7,443</td>
<td>7,904</td>
<td>8,649</td>
<td>8,450</td>
<td>8,182</td>
</tr>
<tr>
<td><strong>Total 65+</strong></td>
<td>24,230</td>
<td>26,802</td>
<td>29,634</td>
<td>31,670</td>
<td>32,907</td>
</tr>
</tbody>
</table>

| **Knowsley** |       |       |       |       |       |
| 85+   | 3,369 | 3,481 | 3,398 | 4,013 | 4,662 |
| 80-84 | 3,689 | 3,316 | 4,203 | 4,609 | 5,540 |
| 75-79 | 4,456 | 5,567 | 6,042 | 7,183 | 8,068 |
| 70-74 | 6,695 | 7,230 | 8,546 | 9,520 | 8,746 |
| 65-69 | 8,144 | 9,615 | 10,653 | 9,705 | 8,626 |
| **Total 65+** | 26,353 | 29,209 | 32,842 | 35,030 | 35,642 |

| **Liverpool** |       |       |       |       |       |
| 85+   | 9,493 | 9,996 | 10,165 | 12,363 | 13,806 |
| 80-84 | 10,446 | 10,006 | 12,943 | 13,190 | 15,170 |
| 75-79 | 13,022 | 16,677 | 16,783 | 19,030 | 21,193 |
| 70-74 | 19,664 | 19,621 | 22,039 | 24,314 | 23,151 |
| 65-69 | 21,854 | 24,408 | 26,739 | 25,303 | 22,841 |
| **Total 65+** | 74,479 | 80,708 | 88,669 | 94,200 | 96,161 |

| **Sefton** |       |       |       |       |       |
| 85+   | 9,748 | 10,597 | 11,518 | 13,767 | 14,960 |
| 80-84 | 9,861 | 10,354 | 12,699 | 12,461 | 14,361 |
| 75-79 | 12,513 | 15,204 | 14,773 | 16,867 | 18,910 |
| 70-74 | 16,816 | 16,261 | 18,477 | 20,563 | 19,397 |
| 65-69 | 17,005 | 19,288 | 21,348 | 19,978 | 18,029 |
| **Total 65+** | 65,943 | 71,704 | 78,815 | 83,636 | 85,657 |

| **St. Helens** |       |       |       |       |       |
| 85+   | 4,237 | 4,880 | 5,542 | 6,813 | 7,067 |
| 80-84 | 5,346 | 5,849 | 7,253 | 6,592 | 7,232 |
| 75-79 | 7,492 | 9,206 | 8,240 | 8,894 | 10,303 |
| 70-74 | 10,481 | 9,295 | 9,939 | 11,435 | 11,358 |
| 65-69 | 10,036 | 10,652 | 12,203 | 12,068 | 11,213 |
| **Total 65+** | 37,592 | 39,882 | 43,177 | 45,802 | 47,173 |

| **Wirral** |       |       |       |       |       |
| 85+   | 9,758 | 10,532 | 11,847 | 14,562 | 15,771 |
| 80-84 | 9,914 | 10,998 | 13,765 | 13,251 | 14,671 |
| 75-79 | 13,673 | 16,960 | 16,135 | 17,618 | 20,250 |
| 70-74 | 19,125 | 18,055 | 19,552 | 22,336 | 21,758 |
| 65-69 | 19,214 | 20,683 | 23,532 | 22,806 | 20,800 |
| **Total 65+** | 71,684 | 77,228 | 84,831 | 90,573 | 93,250 |
References


