Section 5 Planning for an ageing population in your district

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• Using the information and promoting a research approach

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This section of the strategy focuses on each of the districts and cities in Lancashire. It provides detailed information about where people really live and how they live.

These profiles are a real working tool for you. They provide basic details about your district, based on the present population and what it is likely to be by 2020. They include numbers and percentages of people by age groups and ethnic origins and whether they think they have a long-term illness or health problem. The data can be used as a basis for discussion about the nature of the ageing population in your district and how it will affect particular services and businesses, both as employers and as potential providers of services to older people.

There are several ways to use the information. For example, you can cross-reference between Pendle and Wyre using the 'Limiting long-term illness' table. Of the 12 districts in Lancashire, Pendle has the eighth-highest rate of limiting long-term illness in people aged 50 or over (12,800 people). In Wyre, this figure stands at 18,800 people. At first glance it could be thought that an East Lancashire town with higher levels of deprivation would demonstrate much higher figures than a more prosperous area like Wyre. So the data raises questions.

- Are the health services in Pendle better?
- Are employment rates lower?
- Is the environment contributing?
- Are people accessing welfare benefits in a way that will improve their lives?
- Is there a high level of pensioner poverty?

The profiles also provide population forecasts. Again, using Pendle and Wyre as examples, the population growth in those aged over 50 has a different pattern. In Pendle, the increase up to 2020 is 6,100 people, with the largest rise in those aged between 65 and 79 (3,700). Contrasting this with Wyre, the increase in people aged 50 or over is significantly more (16,400 people). And the number of people aged between 65 and 79 will increase by 6, 900.

This offers another set of questions. Clearly, people in Wyre live longer. But this contrasts sharply with the higher rates of limiting long-term illnesses. Does this mean that the health service in Wyre is performing well?

Population forecasts and the percentages of people with a limiting long-term illness are quite significant. What do they tell us about those aged between 65 and 79? How do we plan for these changes, not just in health services, but in transport, the shape and layout of our towns, people feeling safe at night, and the range of leisure services required? This may be particularly important if, as people live longer, they stay healthier. How will they manage if they do not have sufficient income? Or they are cash poor (with a low income) but asset rich (owning their own property)?

These last few paragraphs give you an indication of how to use the data to shape services for the future. It is vital for us to take into account the views of older people, but we must also use analytical data to give us a broader view of our population and its current and potential needs.

To find more of the research information used to develop our strategy, follow this web link.