Assisted Living
UK Capabilities and Opportunities Report
UK Assisted Living Strengths and Opportunities

Technology Strategy Board
Driving Innovation

The Technology Strategy Board is the UK’s innovation agency. Its goal is to accelerate economic growth by stimulating and supporting business-led innovation. Sponsored by the Department for Business, Innovation and Skills (BIS), the Technology Strategy Board brings together business, research and the public sector, supporting and accelerating the development of innovative products and services to meet market needs, tackle major societal challenges and help build the future economy.

For more information please visit www.innovateuk.org

The Technology Strategy Board launched the Assisted Living Innovation Platform (ALIP) in November 2007 and it will run to until 2012, with the intention to deliver an impact for many years beyond. ALIP is delivering a wide ranging programme to enable the ageing population and those with long term health conditions to live with greater independence. The innovation platform is hosted on _connect, a powerful networking platform that helps facilitates open innovation, where people can network, share information and knowledge and work together securely.

For more information please visit www.alip-healthktn.org

HealthTech and Medicines KTN

The HealthTech and Medicines Knowledge Transfer Network (HealthKTN) is a single front door through which members can find all the expertise and support they need across the innovation chain, from first idea, to patenting and packaging intellectual property, finding academic and industrial partners for product development and manufacturing scale up, meeting regulatory standards, and getting access to market. The Health KTN is dedicated to accelerating innovation and technology exploitation in the health industries sector. This includes the medical biotechnology, medical technology, diagnostics and pharmaceutical industries. The Health KTN will help you connect with other organisations to catalyse innovation. It does this through running events and workshops for practitioners and innovation leaders in its priority areas and creates awareness of funding vehicles at the public-private sector interface.

The Health KTN has been responsible for leading the Knowledge Transfer Programme for the Technology Strategy Board’s Assisted Living Innovation Platform.

For more information please visit www.healthktn.org
Contents

Summary 4
Introduction 5
Regional Mapping Criteria 6
Regional overview 7
- East of England 10
- East Midlands 12
- London 14
- Northern Ireland 17
- North East 19
- North West 21
- Scotland 23
- South East 25
- South West 27
- Wales 29
- West Midlands 31
- Yorkshire and Humber 33
The Assisted Living Innovation Platform (ALIP)

The Assisted Living Innovation Platform is delivering a wide ranging programme to enable the ageing population and those with long-term health conditions to live with greater independence. People are living longer, and this is a cause for celebration and a testimony to the advances made during the last 50 years in healthcare and technology, but the number who will have long-term conditions, and as they grow old become frail, is set to increase. At the same time, the number of economically active people who can finance health and social care is falling. Today’s care models are unsustainable, and this is a major concern for the social care and health services in the UK. The Technology Strategy Board is working with the Department of Health (DH), primary care trusts, research councils, local authorities, academia, industry and third sector organisations to develop technologies and services that will enable individuals to receive support at home.

ALIP has received additional funding for the platform from DH’s National Institute for Health Research, the Engineering and Physical Science Research Council, and the Economic and Social Research Councils. This joint investment with these organisations and industry will address the challenges associated with an ageing population through the development of the next generation of assisted living products and services.

The Innovation Platform is delivering a wide ranging programme to enable the ageing population and those with long-term health conditions to live with greater independence.

To find out more please visit www.alip-healthktn.org

Benefits of joining the ALIP Group on _connect

By joining this group you will have access and networking opportunities with business and innovation leaders working within this vital sector. You will receive information about the latest funding for related research from within the UK and across Europe and information on interesting events for the sector which will be continually updated by the dedicated KTN team.
Introduction

Assisted Living UK Capabilities and Opportunity Report and Website

The application of technology to facilitate the delivery of health and social care has developed rapidly in the past 15 years driven by ‘technology push’ rather than ‘user pull’. As new developments in sensor technology and particularly in information and communication technology became available, so new terms were coined to describe this application and distinguish it from others. So we have terms such as assistive technology, telecare, telemedicine, telehealth, telehealthcare, e-health and m-health. Each covers a different subject area but there are also considerable overlaps.

The term assisted living is being used more frequently now. This is not merely because it is an umbrella term for the technologies and applications, but to denote a change in thinking and approach. The user need is what should dictate which products and services are available and the user need is for a number of products and services to be delivered to wherever is appropriate and convenient for them. Assisted living is therefore a portfolio of products and services available some of which can be prescribed for a patient by the statutory services or available to be selected by them. The ideal situation would be if a catalogue of such products and services existed but because assisted living is in its infancy it does not. What does exist is a ‘virtual catalogue’ in the minds of practitioners and those active in the field. The virtual catalogue contains all the examples of assistive technology, telecare, telemedicine, telehealth, telehealthcare, e-health and m-health developed to date.

The analysis of the UK data provides an initial guide for those in the public sector who are tasked with introducing assisted living services in their region and for organisations in the voluntary and private sectors who feel there is an opportunity to develop assisted living products and services.

This Capability Map website is a ‘work in progress’ and is regularly reviewed and updated. If you wish to comment on the map or its content please email us at map-support@healthktn.org

Access the regional case studies online: www.healthktn.org/capabilitymap
Regional Mapping Criteria

The development of new assisted living products and services requires the insight of both care providers and technologists. This is the basis of the Technology Strategy Board funding initiative Assisted Living Innovation Platform (ALIP). Once developed these new products and services can be added to the assisted living virtual catalogue. Of course several other groups besides Technology Strategy Board are funding work in assisted living and this all contributes to the virtual catalogue. On the basis of the foregoing discussion assisted living can then be described as:

'Assisted Living includes the use of sensor and information and communication technologies to facilitate the remote delivery of health, care and support to people to allow them to live as independently as possible in the lowest intensity care setting consistent with their needs and wishes.'

The key words in this definition are ‘facilitate’ and ‘remote’

- Facilitate is used because technology does not operate in isolation in a care setting, but in conjunction with a human care provider who can act on the information provided.
- Remote is used to emphasise the key capability of the technology, which is to allow the individual and the care provider to be separated in distance or time, or both, but still to be able to communicate.

This capability mapping report covers those assisted living products and services that exploit the ‘remote’ capability. The most important thing here is for health professionals to support people (not patients) in managing their health/conditions and spot a crisis earlier so that appropriate action can be taken e.g. adjusting medication.

There are a large number of other products and services that form part of a comprehensive assisted living service such as stair lifts, door entry sensors, informatics systems, diagnostic kits and physiological monitors, but the key feature, and the advance in care delivery, is that the technology creates a service which links the individual to their carer(s) and vice versa wherever and whenever it’s required.

In this report it is the care outcome that the service or carer delivers and this would be very specific to the individual.

Throughout this study, the most recent information and data have been sourced and, where possible, are presented at County/Unitary Authority (UA) level. If data is not available at this level of detail, then regional or national data is provided instead.
Regional Overview

**Population over 85’s years**

While the most recent analysis showed that the number of people in the UK aged over 80 to be at 2.6 million, by 2030 the figure is likely to jump to 4.8 million – and one in five will need regular care. Kirkwood’s team, at the world-leading Biomedical Research Centre in Ageing at Newcastle University, estimates that this will lead to an 82% increase in the demand for places in care homes, with an additional 630,000 older people needing accommodation.

[www.guardian.co.uk/society/2012/may/29/tom-kirkwood-research-dispels-myths-ageing](http://www.guardian.co.uk/society/2012/may/29/tom-kirkwood-research-dispels-myths-ageing)

**Population over 65 years**

The ageing UK population in the period 1985 to 2010, the percentage of the population aged 65 and over increased from 15% to 17%, an increase of 1.7 million people (Figure 1). Not only is the population ageing, but there has been an increase in the number and proportion of those aged 85 and over. In 1985, there were around 690,000 people in the UK aged 85 and over (1% of the population). By 2010, the numbers have more than doubled reaching 1.4 million, (2% of the UK population). By 2035 the number of people aged 85 and over is projected to be 2.5 times larger than in 2010, reaching approximately 3.6 million and accounting for 5% of the total population.

Figure 1  UK Regional Population – mid 2010 (Source ONS)

**Recent Age UK Report: Later Life in the United Kingdom (Nov 2012)**

**UK Population**

- Each year, about 650,000 people turn 65
- There are now more people in the UK aged 60 and above than there are under 18
- There are over 12 million people of state pension age (currently 60 for women and 65 for men), almost 1 in 5 of the UK’s total population
- For the first time in history, there are now over 14 million people in the UK aged 60 and above
- Over 1.4 million people are aged 85 or over

**Population projections**

- The number of people aged 60 or over is expected to pass the 20 million mark by 2031
- The number of people aged 65 + is projected to rise by nearly 50% (48.7%) in the next 20 years to over 16 million
- The proportion of people aged 65+ will rise from 17.2% currently to 22.4% in 2032
- By 2083, about one in three people in the UK will be over 60
- The number of people over 85 in the UK is predicted to double in the next 20 years and nearly treble in the next 30
- Nearly one in five people currently in the UK will live to see their 100th birthday (see section on life expectancy below)

(Source: www.ageuk.org.uk/Documents/EN-GB/Factsheets/Later_Life_UK_factsheet.pdf)
Health and Social Care

This section within the full case studies aims to provide an overview of the health of over 65s in the region compared to the provision of services, in particular, the availability of NHS beds, beds in residential care homes, domiciliary care, and care provision by the Third Sector.

England

Currently the NHS is undergoing significant structural changes in England. In April 2013, around 212 Clinical Commissioning Groups and support units will replace strategic health authorities and primary care trusts. These Groups will be more responsive to the needs of local communities in conjunction with local authorities who will have the responsibility for public health. The Department of Health has issued a list of priorities in the form of an NHS Mandate to the NHS Commissioning Board which will ultimately allocate around £60bn per year to the Clinical Commissioning Groups. One of the Mandate priorities is ‘enhancing the quality of life for people with long-term conditions’ (eg diabetes, arthritis, asthma). As well as working towards online health records, e-consultations and appointments, significant progress is expected to be made towards three million people with long-term conditions being able to benefit from telehealth and telecare by 2017; supporting them to manage and monitor their condition at home, and reducing the need for avoidable visits to their GP practice and hospital.

www.dh.gov.uk/health/2012/11/nhs-mandate

Wales

The Welsh Assembly Government is responsible for providing a comprehensive health service in Wales. Services are delivered through 7 Local Health Boards (LHBs) in Wales, which are responsible for planning, and delivering healthcare services [45] in their areas.

www.wales.gov.uk/topics/health

Scotland

The Scottish Government Health and Social Care Directorate aims to help people sustain and improve their health, especially in disadvantaged communities, ensuring better, local and faster access to healthcare.

www.scotland.gov.uk/Topics/Health

Northern Ireland

Health and Social Care in Northern Ireland are provided as an integrated service. There are a number of organisations who work together to plan, deliver and monitor Health and Social Care across Northern Ireland.

www.dhsspsni.gov.uk/index/hss.htm

Current Assisted Living Activity

The breakdown of the private companies selling products and services into the assisted living market is illustrated in Figure 2. The chart includes companies whose primary area of business is manufacturing and / or selling the following products and services:

1. Telecare: Telecare products and services only, includes devices and managed services
2. Telehealth: Telehealth products and services only, includes devices and managed services
3. Telecare and Telehealth: Combined Telecare & Telehealth products and services, includes devices and managed services
4. Environmental Control: Home automation and Environmental Control solutions
5. Communication aids: Including Video Conferencing solutions and products and services for people with Dementia, Learning Disabilities and Sensory loss.
6. Care Technology: Devices and services to support care workers delivering assisted living services in the community

For further information visit the Government Procurement Services, Assistive Technologies procurement framework website:
http://gps.cabinetoffice.gov.uk/contracts/rm784
Statutory Telecare and Telehealth providers are excluded from these figures unless they provide a privately managed service option.

There is little data available for companies operating solely in the assisted living sector, with evidence of 11 companies involved in assisted living solutions.

**Digital Communications**

Ofcom, the independent regulator and competition authority for the UK communications industries, has reported that during the last 10 years, the UK’s communications market has been totally transformed. Digital technology has developed extremely quickly, and has changed the way that communications services work for consumers. It has also had a major impact on businesses and networks. For assisted living to take advantage of these rapid developments, a region must have an adequate digital communications infrastructure. Ofcom is now tasked with reporting on broadband take-up, speeds and availability, using data provided by communications providers.

The connectivity of a region has a direct impact upon the implementation and take-up of assisted living products and services. The UK Government aims to have the best superfast broadband network in Europe by 2015 by providing all homes and businesses in the UK with access to at least 2Mbit/s broadband and that superfast broadband should be available to 90 per cent of people in each local authority area. There will be a particular focus on making sure that people in remote, as well as urban areas, get good online access.
East of England

This summary information provides an overview of the assisted living sector in East of England. The full case study which can be accessed online looks in-depth at the demographics, health profile, provision of care and the industrial and research base within the East of England. The mapping exercise is intended to illustrate areas for potential investment, either in service or product development and highlight opportunities for industry.

East of England Regional Overview

Following the administrative re-organisation in 2011¹, (figure 3), the administrative geography of the East of England comprises 5 counties and 6 unitary authorities (UAs).

East of England Age Profile

The local authorities with the largest populations were Luton UA (190,000) and Colchester in Essex (180,000). The local authorities with the smallest populations were Maldon in Essex (62,000) and Forest Heath in Suffolk (63,000). Seven other local authorities in the region have populations of 150,000 or more².

Figure 4 shows that within the East of England region, there are significant variations in age distribution, with Bedfordshire (incl Luton) with the lowest population of over 65s (75,722) and Essex (incl Southend and Thurrock) with the highest (2,682,59).

¹ONS Regions (former GORs), 1 April 2011, www.ons.gov.uk/ons/guide-method/geography/beginner-s-guide/administrative/england/regions--former-gors--index.html

Figure 3 Map of the East of England including approximate County and Unitary Authority Boundaries (ONS 2011)
In 2007-2009, the East of England had a higher life expectancy than the UK average, with life expectancy at birth for females of 83.0 years and males of 79.3 years. In 2009, people aged 65 and over in the East of England made up 17.1% of the population, compared with 18.9% for the under-16s. The East of England is projected to have a higher population growth than most other regions over the next 20 years with a particularly large increase in the older age group.

The population of older people in 2010 was 1.21 million, projected to rise to 1.94 million in 2033, which is a projected increase of 60.3%.

**East of England Regional Opportunities for Assisted Living**

The East of England was not awarded a Whole System Demonstrator site so there is no local experience of implementing assisted living other than at pilot trial scale. However, there is considerable expertise in the region with three HEICs, one of which is focused on independent living for older people. In addition, Health Enterprise East has been involved in a Small Business Research Initiative (SBRI) in LTCs and is becoming involved in a medicines management SBRI.

The demographics of the region show that the elderly population will grow over the next decade but that many people live in rural communities. With arguably one of the poorest road networks and public transport networks of any region this will make accessing care difficult. The Government has, however, targeted parts of the region for broadband rollout. The conditions in the region are therefore appropriate for the implementation of assisted living to help reduce inequalities to care access.

As a consequence, it can be assumed that in the East of England the markets for assisted living products and services delivered by the statutory sector (prescribed) and for assisted living products and services marketed directly to the individuals (elective) are both going to grow. The market for prescribed services will grow because the statutory services will increasingly come to depend on such services, either provided by themselves or by Any Qualified Provider (AQP), to meet the predicted growth in demand. The market for elective services will grow because it addresses the preventative and self-care agenda, which have long-term benefits for the individual and the statutory sector alike.

The current assisted living activity section of the full report illustrates some of the development work the region has been undertaking in Telecare and Telehealth. Despite the strong evidence produced by these initiatives the move to mainstream Telecare and Telehealth to all who require them has been slow. This is in part due to the need for organisational change to enable these initiatives to embed within services and operate at scale. However the current redesign of health and social care provides an ideal opportunity to put in place the required organisational changes.

---

This summary information provides an overview of the assisted living sector in the East Midlands. The full case study, which can be accessed online looks in depth at the demographics, health profile, provision of care and the industrial and research base within the East Midlands. The mapping exercise is intended to illustrate areas for potential investment, either in service or product development and highlight opportunities for industry.

**East Midlands Regional Overview**

The map illustrated in figure 5 shows the 6 sub regions covering 35 Council areas.

**East Midlands Region Map**

![East Midlands Region Map](image)

**Figure 5 Map of the East Midlands including approximate County and Unitary Authority Boundaries (ONS 2011)**

- **Derbyshire:** Derbyshire Council, Derby Unitary Authority, High Peak, Derbyshire Dales, South Derbyshire, Erewash, Amber Valley, North East Derbyshire, Chesterfield and Bolsover
- **Nottinghamshire:** Nottinghamshire Council, Nottingham Unitary Authority, Broxtowe, Ashfield, Gedling, Newark and Sherwood, Mansfield and Bassetlaw
- **Lincolnshire (Partial):** Lincolnshire, Lincoln, North Kesteven, South Kesteven, South Holland, Boston, East Lindsey and West Lindsey
- **Leicestershire:** Leicestershire Council, Leicester Unitary Authority, Charnwood, Melton, Harborough, Oadby and Wigston, Blaby, Hinckley and Bosworth, and North West Leicestershire
The map shows the rural county of Lincolnshire as having the highest overall 65+ population at 20% of the total county population. At local authority level, East Lindsey in Lincolnshire has the highest over 65 population at 24%.

The urban areas of Leicester and Nottingham have the lowest percentage at just 11%. Figure 6 illustrates a fairly consistent distribution of the over 65 population over the whole region.

**Regional Opportunities for Assisted Living**

The ageing population will be the key driver for the development of the assisted living sector in the East Midlands. The region has an ageing population profile typical of the UK average. It will see its 65+ population grow by 77% by 2030 with the steepest growth in the female population post 2020. The health profile indicates that 29% of the total population currently suffer from one or more long term conditions (LTC’s) with 50% of those registered suffering from hypertension. Hypertension increases the risk of stroke, heart attack, heart failure, aortic aneurysm and is a major cause of chronic kidney disease. Therefore closer management of patients is required to reduce the risk of further health complications.

The prevalence of LTC’s will grow in line with the ageing population and put increasing pressures on services. Northamptonshire in particular will see significant pressure on services as it currently has the lowest level of working age people in comparison with the 65+ population. Northamptonshire does however currently have the highest overall levels of domiciliary, nursing and care home provision indicating that the care sector is growing in the county. Lincolnshire has the lowest level of care provision but the highest percentage of the population aged over 65. This is mirrored by comparatively low levels of NHS bed provision indicating a significant gap in overall provision of services to support the aging population.

The East Midlands like the rest of the UK is in the grip of major reforms within health and social care. These reforms have been put in place to reduce the costs of health and social care in order to meet the demands of the aging population. The changes are creating a climate for private providers to enter the sector and deliver services on behalf of social care and the NHS through Any Willing Provider contracts.

The current assisted living activity section of the full report illustrates some of the development work the region has been undertaking in Telecare and Telehealth. Despite the strong evidence produced by these initiatives, the move to mainstream Telecare and Telehealth to all who require them has been slow. This is in part due to the need for organisational change to enable these initiatives to embed within services and operate at scale. However the current redesign of health and social care provides an ideal opportunity to put in place the required organisational changes.

---

London

This summary information provides an overview of the assisted living sector in London. The full case study which can be accessed online looks in-depth at the demographics, health profile, provision of care and the industrial and research base within the London. The mapping exercise is intended to illustrate areas for potential investment, either in service or product development and highlight opportunities for industry.

London Regional Overview

There are 32 London boroughs and the City of London (see Figure 7). London boroughs are administrative areas and comprise 20 Outer London boroughs and 12 Inner London boroughs and the City of London.

Inner London boroughs
- Camden
- Greenwich
- Hackney
- Hammersmith and Fulham
- Islington
- Royal Borough of Kensington and Chelsea
- Lambeth
- Lewisham
- Southwark
- Tower Hamlets
- Wandsworth
- Westminster

Outer London boroughs
- Barking and Dagenham
- Barnet
- Bexley
- Brent
- Bromley
- Croydon
- Ealing
- Haringey
- Harrow
- Havering
- Hillingdon
- Hounslow
- Kingston upon Thames
- Merton
- Newham
- Redbridge
- Richmond upon Thames
- Sutton
- Waltham Forest
London Regional Age Profile

London has a relatively young population with a large annual turnover of people. In 2009, the region received 154,000 international migrants, equivalent to 2% of its population. London’s age structure also differs from other regions, the population tending to be younger than in the country as a whole. In mid-2010, 19.6% of the population of London was aged under 16 and 43.0% were in the age group 20 to 44. Only 11.5% of the population of London was aged 65 or over.5

Figures 8 and 9 show the population aged 65 years and over across the Inner and Outer London boroughs.

The number of older people in London is expected to grow at a slower rate than the total population. There is an indication that overall there will be an increase in the number of younger people supporting the over 65s, however 7 Outer London boroughs may see a decline in the number of people working age to support those over 65.

---

London Regional Opportunities for Assisted Living

London is the largest conurbation in Europe. For administrative purposes it is divided into boroughs. Those who call London ‘home’ live either in inner London boroughs or in outer London boroughs. The population of London is predicted to grow but the average age of the population is lower than other UK regions. The population of London is increased enormously by people who commute to work in London and by tourists.

With its high population density and regional economic impact, London is the focus for innovative projects such as the roll out of super fast broadband, trials of smart metering and whole system demonstrator. The conditions for the implementation of assisted living are right although the slightly better access to care in Inner London because of the number of hospitals (and teaching hospitals) and the road network might mitigate against its wide scale adoption. It can be assumed that in Outer London the markets for assisted living products and services delivered by the statutory sector (prescribed) and for assisted living products and services marketed directly to the individuals (elective) are both going to grow. The market for prescribed services will grow because the statutory services will increasingly come to depend on such services, either provided by them or by Any Qualified Provider (AQP), to meet the predicted growth in demand. The market for elective services will grow because it addresses the preventative and self-care agenda, which have long-term benefits for the individual and the statutory sector alike.

The large itinerant population made up of workers and tourists represents another, different opportunity for assisted living. People with LTCs who commute into London will want the same assisted living support services as they receive at home. This number will increase as the pension age rises over the next decades. Meeting this need will probably require the greater convergence of assisted living and other means of delivering health and social care such as through the mobile phone (referred to as m-health), though.

The current assisted living activity section of the full report illustrates some of the development work the region has been undertaking in Telecare and Telehealth. Despite the strong evidence produced by these initiatives the move to mainstream Telecare and Telehealth to all who require them has been slow. This is in part due to the need for organisational change to enable these initiatives to embed within services and operate at scale. However the current redesign of health and social care provides an ideal opportunity to put in place the required organisational changes.
Northern Ireland

This summary information provides an overview of the assisted living sector in Northern Ireland. The full case study which can be accessed online looks in-depth at the demographics, health profile, provision of care and the industrial and research base within Northern Ireland. The mapping exercise is intended to illustrate areas for potential investment, either in service or product development.

Northern Ireland Regional Overview

The map, figure 10 illustrates the 5 Northern Ireland districts covering 26 Council areas. Unlike other countries in the UK, councils in Northern Ireland have no responsibility for planning, housing, road building or education.

The country is split into the following 5 regions:

- **North Eastern:**
  - Antrim
  - Ballymena
  - Ballymoney
  - Carrickfergus
  - Coleraine
  - Larne
  - Magherafelt
  - Moyle
  - Newtownabbey

- **Belfast**

- **South Eastern:**
  - Ards
  - Castlereagh
  - Down
  - Lisburn and North Down

- **Southern:**
  - Armagh
  - Banbridge
  - Cookstown

- **Western:**
  - Craigavon
  - Dungannon and South Tyrone
  - Newry and Mourne

- **Western:**
  - Derry
  - Fermanagh
  - Limavady
  - Omagh
  - Strabane

Figure 10 Map of Northern Ireland showing approximate County and Unitary Authority Boundaries (ONS 2011)
Northern Ireland covers approximately 5,345 square miles. The major conurbations include the capital city of Belfast with a population of 267,500, Armagh (14,590), Derry (90,663), Lisburn (71,465) and Newry (27,433). The average life expectancy at birth for females in Northern Ireland is 81.40 for females and 76.96 years for males. The UK average for females is 82.0 years and males 77.7 years.

The South Eastern region has the highest overall life expectancy with females expected to live to 82 and males 78 years. Figures released by the Department of Health, Social Services and Public Safety stated that between 2006 and 2008 male life expectancy reached 76.4 years which represented a 0.8 year increase from 2001-03. Female life expectancy also increased by 0.8 years to reach 81.3 years in 2006-08. These improvements were driven mainly by falling mortality due to circulatory disease amongst those aged 60 years or more.

**Regional Opportunities for Assisted Living**

The ageing population will be the key driver for the development of the assisted living sector in Northern Ireland. Northern Ireland has the youngest population in the UK with 54% of the population under 40 years old. However the countries 65+ population is projected to grow by 69% by 2030. This rapid growth is attributed to the large 40-59 age group who will transition into the 60-79 age brackets over the next 20 years. The steepest growth in the Female 75+ population post 2020.

The health profile indicates that 38% of the total population currently suffer from one or more long term conditions (LTC’s) with 58% of those registered suffering from hypertension. Hypertension increases the risk of stroke, heart attack, heart failure, aortic aneurysm and is a major cause of chronic kidney disease. Therefore closer management of patients is required to reduce the risk of further health complications.

The prevalence of LTC’s will grow in line with the ageing population and put increasing pressures on services. Currently the provision of care and nursing home beds across the country is consistent. Belfast, Northern and South Eastern areas have marginally lower provision in comparison with the 65+ population.

Northern Ireland is experiencing the majority of its population growth in rural areas, with an estimated 80% of the country defined as rural this will put increasing pressure on health and social care services. In response to this the country has been at the forefront of the development of ambitious Telecare and Telehealth programmes.

The current assisted living activity section of the full report illustrates some of the development work the country has undertaken in Telecare and Telehealth. Northern Ireland has quickly moved to mainstream Telecare and Telehealth services largely by commissioning managed services from the private sector.
North East

This summary information provides an overview of the assisted living sector in the North East. The full case study, which can be accessed online looks in depth at the demographics, health profile, provision of care and the industrial and research base within the North East. The mapping exercise is intended to illustrate areas for potential investment, either in service or product development and highlight opportunities for industry.

North East Regional Overview

The map, figure 12 illustrates the 4 sub regions of the North East covering 13 Council areas.

The map, figure 12 shows a higher proportion of older people living in the north of the region. Northumberland has the highest percentage overall at 19%. Berwick-upon-Tweed in Northumbria has the largest 65+ population at 25%. The urban areas of Newcastle upon Tyne and Middlesbrough have the lowest 65+ population at 14%.

These figures suggest an ageing population in Northumbria, which is also the most sparsely populated area of the region. These combined factors will put increasing challenges on health and social care providers to meet the demands of an older, geographically dispersed population.

North East Regional Map

The county is split into the following 5 regions:

- **Northumberland**
- **Tyne and Wear:**
  - Newcastle upon Tyne
  - Gateshead
- **North Yorkshire (Part):**
  - Stockton-on-Tees (South)
  - Redcar and Cleveland
- **Durham:**
  - Darlington

- Hartlepool
  - Stockton-on-Tees (North)
Regional Opportunities for Assisted Living

The ageing population will be the key driver for the development of the assisted living sector in the North East. The region has an aging population profile typical of the UK average. The regions 65+ population is projected to grow by 58% by 2030 with the steepest growth in the female population post 2020. There will also be a significant growth in the male population post 2020 after a significant decline. The health profile indicates that 37% of the total population currently suffer from one or more long term condition (LTC’s) with 47% of those registered suffering from hypertension. Hypertension increases the risk of stroke, heart attack, heart failure, aortic aneurysm and is a major cause of chronic kidney disease. Therefore closer management of patients is required to reduce the risk of further health complications.

The prevalence of LTC’s will grow in line with the ageing population and put increasing pressures on services. The region has fairly good care provision across the regions with the exception of North Yorkshire where the percentage of care home beds drops to 0.4% of the 65+ population. Tyne and Wear also sees a significant drop in nursing home beds to 1%. In terms of NHS provision Northumbria has the greatest gap in provision, this may be due to the rural nature of the county which accounts for 12% of the total population for the region but covers over 55% of the total landmass. This suggests that Northumbria has a significant gap in provision in both care and NHS services. Its rural nature makes it a natural setting for Telecare and Telehealth services.

The North East, like the rest of the UK is in the grip of major reforms within health and social care. These reforms have been put in place to reduce the costs of health and social care in order to meet the demands of the ageing population.

The changes are creating a climate for private providers to enter the sector and deliver services on behalf of social care and the NHS through Any Willing Provider contracts.

The current assisted living activity section of the full report illustrates some of the development work the region has been undertaking in Telecare and Telehealth. Despite the strong evidence produced by these initiatives, the move to mainstream Telecare and Telehealth to all who require them has been slow. This is in part due to the need for organisational change to enable these initiatives to embed within services and operate at scale. However the current redesign of health and social care provides an ideal opportunity to put in place the required organisational changes.

North West

This summary information provides an overview of the assisted living sector in the North West. The full case study, which can be accessed online, looks in-depth at the demographics, health profile, provision of care and the industrial and research base within the North West. The mapping exercise is intended to illustrate areas for potential investment, either in service or product development.

North West Regional Overview

The map, figure 13 illustrates the 5 sub regions of the North West covering 36 Council areas.

The county is split into the following 5 regions:

- **Cheshire:**
  Consists of the Unitary Authorities of Cheshire East, Cheshire West and Chester, Halton and Warrington

- **Cumbria:**
  Barrow-in-Furness, South Lakeland, Copeland, Allerdale, Eden and Carlisle

- **Greater Manchester:**
  Bolton, Bury, Manchester, Oldham, Rochdale, Salford, Stockport, Tameside, Trafford and Wigan

- **Lancashire:**
  Lancashire Council, West Lancashire, Chorley, South Ribble, Fylde, Preston, Wyre, Lancaster, Ribble Valley, Pendle, Burnley, Rossendale, Hyndburn

- **Merseyside:**
  Knowsley, Liverpool, St. Helens, Sefton and Wirral

The North West region covers 5,469 square miles and represents approximately 6% of the landmass of the UK. The region’s largest conurbation is Manchester in the south west with a population of 498,779 followed by Liverpool (445,229). The cities of Blackpool (139,974) and Carlisle (104,539) make up the largest conurbations in the north of the region.

The map, figure 14, shows the rural county of West Lancashire as having the highest overall 65+ population at 23% of the total county population. At local authority level, South Lakeland in Cumbria has the highest over 65 population at 24%. The urban area of Manchester has the lowest 65+ population at just 10%. The figures suggest an ageing population in the rural counties of the region which will place increasing challenges on health and social care providers to meet the demands of an older, geographically dispersed population.

**Regional Opportunities for Assisted Living**

The ageing population will be the key driver for the development of the assisted living sector in the North West. The region has an ageing population profile typical of the UK average. The regions 65+ population is projected to grow by 55% by 2030 with the steepest growth in the female population post 2020. The health profile indicates that 30% of the total population currently suffer from one or more long term conditions (LTC’s) with 47% of those registered suffering from hypertension.

Hypertension increases the risk of stroke, heart attack, heart failure, aortic aneurysm and is a major cause of chronic kidney disease. Therefore closer management of patients is required to reduce the risk of further health complications.

The prevalence of LTC’s will grow in line with the ageing population and put increasing pressures on services. The best overall levels of care provision are in Cheshire and Merseyside. Cumbria has the lowest overall provision of care combined with the highest percentage of people aged over 65. The North West also has a large rural population at 34%, representing 4,603 square miles or 83% of the total landmass of the region. The regions rural nature makes it a natural setting for Telecare and Telehealth services.

The North West, like the rest of the UK is in the grip of major reforms within health and social care. These reforms have been put in place to reduce the costs of health and social care in order to meet the demands of the ageing population.

The changes are creating a climate for private providers to enter the sector and deliver services on behalf of social care and the NHS through Any Willing Provider contracts.

The current assisted living activity section of the full report illustrates some of the development work the region has been undertaking in Telecare and Telehealth. Despite the strong evidence produced by these initiatives the move to mainstream Telecare and Telehealth to all who require them has been slow. This is in part due to the need for organisational change to enable these initiatives to embed within services and operate at scale. However the current redesign of health and social care provides an ideal opportunity to put in place the required organisational changes.
Scotland

This summary information provides an overview of the assisted living sector in Scotland. The full case study which can be accessed online looks in-depth at the demographics, health profile, provision of care and the industrial and research base within Scotland. The mapping exercise is intended to illustrate areas for potential investment, either in service or product development and highlight opportunities for industry.

Scottish Regional Overview

The map, figure 15 illustrates the 6 Scottish regions covering 32 Council areas.

The country is split into the following 5 regions:

- **Highlands**: Argyll and Bute, Eilean Siar (Outer Hebrides), Highland, Moray, Orkney Islands and Shetland Islands
- **Central & Tayside**: Angus, Dundee City, Perth and Kinross and Stirling
- **West**: East Dunbartonshire, East Renfrewshire, Glasgow City, Inverclyde, North Ayrshire, North Lanarkshire, Renfrewshire and West Dunbartonshire
- **South East**: Clackmannanshire, East Lothian, Edinburgh City, Fife, Midlothian, Scottish Borders and West Lothian
- **South West**: Dumfries and Galloway, East Ayrshire, South Ayrshire and South Lanarkshire

Figure 15 Map of the Scotland including approximate County and Unitary Authority Boundaries (ONS 2011)
Scotland comprises one third of the landmass of Great Britain and covers approximately 30,414 square miles. The major conurbations include the capital city of Edinburgh with a population of 492,233, Glasgow (596,000) and Aberdeen (219,539).

The percentage of people over 65 in a number of the Highlands regions exceeds 20%. The areas of Argyll and Bute and Eilean Siar (Outer Hebrides) are at 22% while the Orkney Islands are at 20%. Areas of the South West also exceed 20%, in particular Dumfries & Galloway (22%) and South Ayrshire (21%) and the Scottish Borders in the South East (20%). The lowest percentages of the population over 65 can be found in the urban areas of Edinburgh and Glasgow, both are at 14%. These figures suggest that the rural and island communities of the Highlands have an aging population.

**Regional Opportunities for Assisted Living**

The ageing population will be the key driver for the development of the assisted living sector in Scotland. The country has a rapidly ageing population with areas like the South East, West and South West of Scotland having significantly lower numbers of younger people of working age in comparison with the 65+ population. Scotland’s 65+ population is projected to grow by 58% by 2030 with the steepest growth in the female population post 2020. Unusually the male population is following a similar trend, whereas most other areas of the UK see a significant drop prior to 2020.

The health profile indicates that 38% of the total population currently suffer from one or more long term conditions (LTC’s) with 60% of those registered suffering from hypertension. Hypertension increases the risk of stroke, heart attack, heart failure, aortic aneurysm and is a major cause of chronic kidney disease. Therefore closer management of patients is required to reduce the risk of further health complications.

The prevalence of LTC’s will grow in line with the ageing population and put increasing pressures on services. The lowest levels of private care provision are in Eilean Siar (Outer Hebrides), Orkney and Shetland Islands, in these areas statutory provision is at the highest level. These island communities have some of the highest percentages of people aged 65+. This is further compounded by the fact that just 19% of the population live in rural areas which account for 94% of the total land mass of Scotland. This indicates that to meet demand major investment in Telecare and Telehealth needs to take place in order to bridge the gap in provision.

The current assisted living activity section of the full report illustrates some of the development work the region has been undertaking in Telecare and Telehealth. Despite the strong evidence produced by these initiatives the move to mainstream Telecare and Telehealth to all who require them has been slow. This is in part due to the need for organisational change to enable these initiatives to embed within services and operate at scale.

---

Figure 16, Scottish Age Profile Map

![Figure 16, Scottish Age Profile Map](https://example.com/figure16.png)

---

South East

This summary information provides an overview of the assisted living sector in South East. The full case study which can be accessed online looks in-depth at the demographics, health profile, provision of care and the industrial and research base within the South East. The mapping exercise is intended to illustrate areas for potential investment, either in service or product development and highlight opportunities for industry.

South East Regional Overview

The map illustrates the 7 counties and 12 unitary authorities (UAs) (see Figure 17).

South East Age Profile

In 2009, people aged 65 and over made up 17% of the population, compared with 18.9% for the under-16s. This compares with averages for the UK of 16.4% and 18.7% respectively.\(^2\)

Figure 18 shows that within the South East region, there are significant variations in the distribution of people aged over 65 years, with Kent and Hampshire with the largest numbers of over 65s and Buckinghamshire and Oxfordshire with the least. In the South East region, the percentage of those over 65 is projected to rise from the current level of 16.5% to nearly 25% by 2033. Throughout the South East, the ratio of working-age people to elderly

---

is declining, this suggests that there will be an increasing number of elderly people being supported by fewer people of working age, thus presenting challenges to the care system.

South East Regional Opportunities for Assisted Living

It can be assumed that in the South East the markets for assisted living products and services delivered by the statutory sector (prescribed) and for assisted living products and services marketed directly to the individuals (elective) are both going to grow. The market for prescribed services will grow because the statutory services will increasingly come to depend on such services, either provided by them or by Any Qualified Provider (AQP), to meet the predicted growth in demand. The market for elective services will grow because it addresses the preventative and self-care agenda, which have long-term benefits for the individual and the statutory sector alike.

In particular though, the detailed analysis in the previous sections does reveal that there is a mis-alignment of care facilities (measured as provision of general/acute and residential beds) with the population aged over 65. In some places there is over provision and some under provision. One location where there is under provision is coastal Sussex, which is also known to be a deprived area. This presents an opportunity to use assisted living to support people in their own homes to avoid hospital admission or to facilitate discharge.

It is also clear that care providers in the South East haven’t yet moved from the pilot phase of assisted living to establishing large scale sustainable services, as a smaller proportion of older people are helped to live at home in the South East than in most other areas of England.

The provision of an assisted living service is complex, requiring several organisations to work together to provide all the components of an end-to-end assisted living service: referral, assessment, equipment provision and installation, response and review. In the South East, these organisations exist and assisted living services could be developed in both the statutory sector and the private sector. The infrastructure available in the South East is favourable for the deployment of assisted living and the predicted overcrowding on the region’s roads could further stimulate the uptake of assisted living.

The conditions are also favourable for an assisted living service marketed directly at the individuals with early onset LTCs (referred to as elective services), since the mean household income of pensioners (male 65+, female 60+) in the South East is relatively high at £22,068, compared to £24,772 in London and a national average of £19,730.

The current assisted living activity section of the full report illustrates some of the development work the region has been undertaking in Telecare and Telehealth. Despite the strong evidence produced by these initiatives the move to mainstream Telecare and Telehealth to all who require them has been slow. This is in part due to the need for organisational change to enable these initiatives to embed within services and operate at scale. However the current redesign of health and social care provides an ideal opportunity to put in place the required organisational changes.
South West

This summary information provides an overview of the assisted living sector in South West. The full case study which can be accessed online looks in-depth at the demographics, health profile, provision of care and the industrial and research base within the South West. The mapping exercise is intended to illustrate areas for potential investment, either in service or product development and highlight opportunities for industry.

**South West Regional Overview**

The South West region has a very diverse landscape and contains 2 national parks, Dartmoor and Exmoor, and almost 1000 sites of special scientific interest. Two thirds of the population live in rural areas (Figure 20).

In mid-2008, 33% of the South West’s population (1.7 million) lived in rural settlements; this includes almost 20% who lived in villages, hamlets or isolated dwellings. The five ‘Large Urban’ districts (Bristol, South Gloucestershire, Bournemouth, Poole and Christchurch) contained about 20% of the region’s population; 19% lived within the seven authorities classified as ‘Other Urban’ (Cheltenham, Exeter, Gloucester, Plymouth, Swindon, Torbay, and Weymouth and Portland). The remaining 61% of people in the South West lived in Rural or Significant Rural authorities.

---

The South West has the highest proportion of people of state pension age (almost 1.2 million people in 2008) and the lowest proportion (60%) of working age people. The South West also had the second highest proportion of people aged 50 to retirement age in 2008.

South West Regional Opportunities for Assisted Living

The South West has a higher percentage of over 65s than the national average – an important driver for the healthcare sector, in particular, for assisted living. Like the rest of the UK, the market is being driven by the need for healthcare improvements and efficiency - needs that assisted living can deliver against.

Two other important factors that mitigate for the adoption of assisted living in the South West are the poor transport links and the Government’s commitment to the installation of broadband Internet coverage. Poor transport affects care providers and those requiring care equally and assisted living can provide a service both routinely and in when the circumstances are more serious. The availability of broadband further reduces the barriers to the installation and use of assisted living.

The South West does have an excellent example of the use of assisted living in the Healthy Outlook® service run in conjunction with the Met Office.

It can be assumed that in the South West the markets for assisted living products and services delivered by the statutory sector (prescribed) and for assisted living products and services marketed directly to the individuals (elective) are both going to grow. The market for prescribed services will grow because the statutory services will increasingly come to depend on such services, either provided by themselves or by Any Qualified Provider (AQP), to meet the predicted growth in demand. The market for elective services will grow because it addresses the preventative and self-care agenda that have long-term benefits for the individual and the statutory sector alike.

The provision of an assisted living service is complex, requiring several organisations to work together to provide all the components of an end-to-end assisted living service: referral, assessment, equipment provision and installation, response and review. It is clear that in the South West there is not a well-developed assisted living sector although there is clearly the intellectual capacity to do this. However, the opportunity may lie in the development of assisted living service delivery companies to take advantage of the favourable infrastructure conditions for both the statutory sector and the private sector rather than the further development of devices.

The current assisted living activity section of the full report illustrates some of the development work the region has been undertaking in Telecare and Telehealth.

---

Wales

This summary information provides an overview of the assisted living sector in Wales. The full case study which can be accessed online looks in-depth at the demographics, health profile, provision of care and the industrial and research base within the Wales. The mapping exercise is intended to illustrate areas for potential investment, either in service or product development and highlight opportunities for industry.

Welsh Regional Overview

Wales has a coastline of approximately 750 miles (1,200km). Major towns in the region include the capital, Cardiff with a population of 341,054, Swansea, Newport and Wrexham\(^\text{12}\). Wales is made up of 22 unitary authorities (UAs) are responsible for delivering these services at a local level. Eight of the

---

\(\text{12}\) Data Wales, Wales, 1 March 2012, 1 www.data-wales.co.uk/wstats.htm.

UAs (Bridgend, Cardiff, Merthyr Tydfil, Neath Port Talbot, Newport, Torfaen, Wrexham and Rhondda Cynon Taf) have county borough status (reflecting their existence as large population centres), whilst the other 14 have county status (reflecting at least some aspect of rurality). (see Figure 22).

**Welsh Regional Age Profile**

In mid-2009, Wales had a population of around 3 million. Between 1999 and 2009 the number of people aged under 35 decreased by 2.6% while the number aged 65 and over increased by 9.1%.  

Figure 23 shows that within Wales, there are significant variations in age distribution, with Merthyr Tydfil with the lowest population of over 65s (9,046) and the urban conurbations of Cardiff (44,565), and Swansea (40,792) with the highest.

**Welsh Regional Opportunities for Assisted Living**

The population of Wales is increasing more slowly than the rest of the UK. More importantly a decline in the number of over 35’s and an increase in the number of over 65’s is predicted over the next few years. Large parts of Wales are rural with low population densities though there are conurbations in the South. These conurbations house large numbers of elderly people as well. The Welsh Assembly Government (WAG) has recently published a number of policy documents addressing these issues. It is committed to creating ‘Digital Wales’ and to the development and implementation of assisted living services to improve access and efficiency.

It can be assumed that in the Wales the markets for assisted living products and services delivered by the statutory sector (prescribed) and for assisted living products and services marketed directly to the individuals (elective) are both going to grow. The market for prescribed services will grow because the statutory services will increasingly come to depend on such services, either provided by themselves or by Any Qualified Provider (AQP), to meet the predicted growth in demand. The market for elective services will grow because it addresses the preventative and self-care agenda that have long-term benefits for the individual and the statutory sector alike. The development of the elective market might be slower in Wales because the average household income is lower.

The current assisted living activity section of the full report illustrates some of the development work the region has been undertaking in Telecare and Telehealth. Despite the strong evidence produced by these initiatives the move to mainstream Telecare and Telehealth to all who require them has been slow. This is in part due to the need for organisational change to enable these initiatives to embed within services and operate at scale. However the current redesign of health and social care provides an ideal opportunity to put in place the required organisational changes.

---


West Midlands

This summary information provides an overview of the assisted living sector in the West Midlands. The full case study which can be accessed online looks in-depth at the demographics, health profile, provision of care and the industrial and research base within the West Midlands. The mapping exercise is intended to illustrate areas for potential investment, either in service or product development and highlight opportunities for industry.

West Midlands Regional Overview

The map, figure 24 illustrates the 6 sub regions of the West Midlands covering 30 Council areas.

- **Shropshire**: Shropshire Council and Telford and Wrekin Borough Council
- **Staffordshire**: Cannock Chase District Council East Staffordshire Borough Council Lichfield District Council Newcastle under Lyme Borough Council South Staffordshire Council Stafford Borough Council Staffordshire Moorlands District Council Stoke on Trent City Council and Tamworth Borough Council
- **Warwickshire**: North Warwickshire Borough Council Nuneaton and Bedworth Borough Council Rugby Borough Council Stratford on Avon District Council and Warwick District Council
- **West Midlands**: Birmingham City Council Coventry City Council Dudley Metropolitan Borough Council Sandwell Metropolitan Borough Council Solihull Metropolitan Borough Council Walsall Metropolitan Borough Council and Wolverhampton City Council
- **Worcestershire**: Bromsgrove District Council Malvern Hills District Council Redditch Borough Council Worcester City Council Wychavon District Council and Wyre Forest District Council
- **Herefordshire**: Herefordshire County Council

**Figure 24 Map of the West Midlands including approximate County and Unitary Authority Boundaries (ONS 2011)**
The age profile map shows the rural county of Herefordshire as having the highest over 65 population at 21% of the total county population. At local authority level, South Shropshire has the largest 65+ population at 25%.

The West Midlands metropolitan county has the lowest 65+ population at 15% this incorporates Birmingham with a 65+ population of just 13%. The figures suggest an ageing population in the rural counties of the region which will place increasing challenges on health and social care providers to meet the demands of an older, geographically dispersed population.

Regional Opportunities for Assisted Living

The ageing population will be the key driver for the development of the assisted living sector in the West Midlands. The region has an ageing population profile typical of the UK average. The regions 65+ population is projected to grow by 58% by 2030 with the steepest growth in the Female population post 2020. The health profile indicates that 30% of the total population currently suffer from one or more long term conditions (LTC’s) with 51% of those registered suffering from hypertension. Hypertension increases the risk of stroke, heart attack, heart failure, aortic aneurysm and is a major cause of chronic kidney disease. Therefore closer management of patients is required to reduce the risk of further health complications.

The prevalence of LTC’s will grow in line with the ageing population and put increasing pressure on services. Provision of care and nursing home beds is constant across the region irrespective of the population percentage over 65. The same applies to NHS bed provision. The largest gaps in provision appear to be in Herefordshire and Worcestershire, two of the region’s largest rural areas.

The West Midlands, like the rest of the UK is in the grip of major reforms within health and social care. These reforms have been put in place to reduce the costs of health and social care in order to meet the demands of the aging population.

The changes are creating a climate for private providers to enter the sector and deliver services on behalf of social care and the NHS through Any Willing Provider contracts.

The current assisted living activity section of the full report illustrates some of the development work the region has been undertaking in Telecare and Telehealth. Despite the strong evidence produced by these initiatives the move to mainstream Telecare and Telehealth to all who require them has been slow. This is in part due to the need for organisational change to enable these initiatives to embed within services and operate at scale. However the current redesign of health and social care provides an ideal opportunity to put in place the required organisational changes.

Yorkshire and Humber

This summary information provides an overview of the assisted living sector in Yorkshire and Humber. The full case study which can be accessed online looks in-depth at the demographics, health profile, provision of care and the industrial and research base within Yorkshire and Humber. The mapping exercise is intended to illustrate areas for potential investment, either in service or product development.

Yorkshire and Humber Regional Overview

The map, figure 26 illustrates the 6 sub regions of Yorkshire and Humber covering 20 Council areas.

The Yorkshire and Humber region covers 5,953 square miles and represents approximately 6% of the landmass of the UK. The region

- **North Yorkshire:**
  - Craven District Council
  - Hambleton District Council
  - Harrogate Borough Council
  - North Yorkshire County Council
  - Richmondshire District Council
  - Ryedale District Council
  - Scarborough Borough Council and Selby District Council

- **South Yorkshire**
  - Barnsley Metropolitan Borough Council, Doncaster Metropolitan Borough Council, Rotherham Metropolitan Borough Council and Sheffield City Council

- **West Yorkshire**
  - Calderdale Metropolitan Borough Council
  - City of Bradford Metropolitan District Council
  - City of Wakefield Metropolitan District Council
  - Kirklees Council and Leeds City Council

- **York:**
  - York City Council

- **East Riding:**
  - East Riding of Yorkshire Council and Kingston upon Hull City Council

- **North Lincolnshire**

"Figure 26 Map of the Yorkshire and Humber including approximate County and Unitary Authority Boundaries (ONS 2011)"
contains the major cities of Leeds with a population of 798,769, Sheffield (555,507), Kingston upon Hull (263,890) and York (202,447).

The map, figure 27 shows the rural county of North Yorkshire as having the highest over 65 population at 24% of the total county population. West Yorkshire has the lowest 65+ population at 14%. At local authority level the urban area of Bradford has the lowest 65+ population at 13%. The city of Kingston upon Hull in East Riding also has a 65+ population of just 13%.

Regional Opportunities for Assisted Living

The ageing population will be the key driver for the development of the assisted living sector in Yorkshire and Humber. The region has a slightly younger population than the UK average with a similar profile to that of Northern Ireland with the highest percentage of people in the 20 to 39 age group. However the 65+ population is projected to grow by 63% by 2030 with the steepest growth in the female population post 2020. The health profile indicates that 28% of the total population currently suffer from one or more long term conditions (LTC’s) with 48% of those registered suffering from hypertension. Hypertension increases the risk of stroke, heart attack, heart failure, aortic aneurysm and is a major cause of chronic kidney disease. Therefore closer management of patients is required to reduce the risk of further health complications.

The prevalence of LTC’s will grow in line with the ageing population and put increasing pressures on services. Currently the provision of care and nursing home beds appears static across counties with marginal increases in North Yorkshire and Lincolnshire. North Yorkshire (22%) and Lincolnshire (30%) also have a significant over supply of domiciliary care provision whereby provision in West Yorkshire is significantly lower at 5%. NHS bed provision is highest in South Yorkshire and lowest in North Yorkshire. This suggests that North Yorkshire has a significant gap in provision in both care and NHS services.

Yorkshire and Humber, like the rest of the UK is in the grip of major reforms within health and social care. These reforms have been put in place to reduce the costs of health and social care in order to meet the demands of the aging population.

The changes are creating a climate for private providers to enter the sector and deliver services on behalf of social care and the NHS through Any Willing Provider contracts.

The current assisted living activity section of the full report illustrates some of the development work the region has been undertaking in Telecare and Telehealth. Despite the strong evidence produced by these initiatives the move to mainstream Telecare and Telehealth to all who require them has been slow. This is in part due to the need for organisational change to enable these initiatives to embed within services and operate at scale. However the current redesign of health and social care provides an ideal opportunity to put in place the required organisational changes.

Acknowledgments

SEHTA and Medilink WM conducted in-depth research and analysis of information and data from across the UK to produce regionally focused reports on Assisted Living: Strengths and Opportunities, that highlighted the current activity, best practice, key organisations and opportunities within each region.

South East Health Technologies Alliance (SEHTA) is one of the biggest health technology networking organisations in the country with 1300 members from 20 different countries and a health-related database in excess of 7000 contacts. SEHTA has provided significant support to companies, universities and public and private health providers. SEHTA has built excellent relationships with Academia, Business and Care/ Clinicians and it sees itself in a unique position as the interface between them.

www.sehta.co.uk

Medilink West Midlands work with proactive, entrepreneurial Life Science companies to help them invest, grow and innovate. Industry-driven and industry-led, Medilink WM stimulates collaboration between the private and public sectors, optimises economic growth and commercial sustainability, and champions the interests of the Life Science industry in the UK and globally.

Alvolution, a division of Medilink WM are experts in electronic assistive technology and are passionate about helping people to live independently and confidently in their own home whilst potentially coping with changing healthcare needs or managing a long term condition.

www.medilinkwm.co.uk