Using Demographics to Plan for Personalized Services

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The new care and support system formalises the drive to support individuals with services that value their unique needs, wants and aspirations. There is now a recognition that different people will react differently to the same care package, even when they have the same underlying issues. An individual's personality and preferences should never be ignored if we are to improve self-esteem and design a care system focused on improving the quality of life.

Adopting a personal approach to improve satisfaction is not new. In the commercial sector, the customer is king. Tesco plan the contents and layout of each and every store according to the known preferences of those individuals most likely to frequent the premises. Starbucks introduced the concept of providing you with coffee the way you like it and developed a global brand. While there are differences between the public and private sectors, personalisation is clearly beneficial.

There is also recognition that individuals access both services and information through a wide range of channels. People may be helped to live at home through formal care, family assistance or community support. They may learn about their options through their GP, on the internet or through the intervention of care workers. They may have a carer (formal or informal) who assists them in their search for and access to support. If we are to ensure those individuals with the greatest need will be informed of their options, we must understand how to target them with appropriate communications.

A personal approach to delivery requires appropriate planning. Imagining that all people are the same provides no insight into the variations within and across communities. So, how do we plan in an environment where everyone has a unique service package?

It is impractical to plan for each and every person separately when there may be a need for capital expenditure and long lead times. We do not know when an individual will need support and we do not know what support he or she may choose.

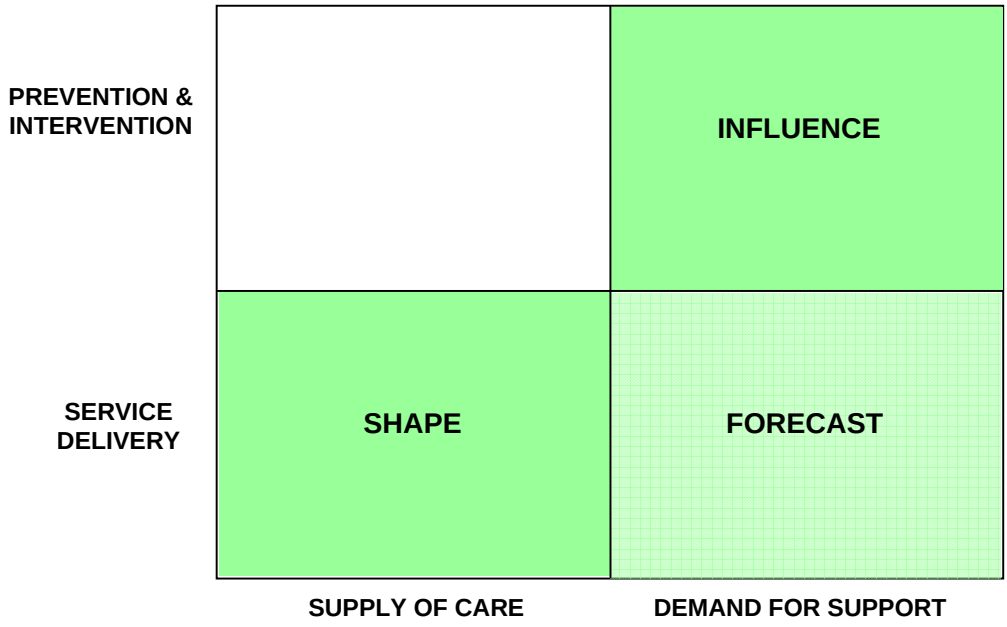
However, we can provide reasonable estimates of future need when we cluster together individuals with similar characteristics, needs and environments. A good understanding of demographics can provide a good proxy to plan and manage service models and capacity, while responding to people as individuals.

Demographics describes a human population or society in terms of its traits, and groups together those individuals with similar traits. Descriptors such as Generation-X, Baby Boomer and Yuppie have entered popular culture. Critics will argue that demographic groupings are abstractions that don't describe any actual people. However, when the groupings are created with a specific purpose in mind and using rigorous statistical methods, they can provide a great deal of insight that can usefully inform planning. Demographics is considered indispensible in, for example, the US Presidential race.

Dr Foster employs demographics to help understand likely demand and identify unmet need. Once you have an understanding of the population you can:

1) Shape the supply of services, and
2) Influence future demand through suitably targeted prevention and intervention.

Figure 1: Uses of Demographics



Shaping the Supply of Services

Whether you are delivering support directly, procuring services from providers or market-making to shape the supply of services, an understanding of likely need will inform decisions. For example, while the population of the UK is aging and the number of individuals over 85 is rising, and while older people generally require more support, it would be wrong to assume that this is a uniform phenomenon. Certain regions of the UK have a declining population, other areas are growing but through an influx of young people.

Richer descriptors of communities and groups provide more informed forecasts of need. These forecasts can then underpin planning for capacity and diversity of support. Returning to our Starbucks example, providing an individual service still requires planning. Appropriate options must be on offer and each store must have sufficient resources to deliver a bespoke drink to each customer. While this is just an analogy, the principles hold true for planning the delivery of other personalised services.

Dr Foster have productised these approaches into tools such as Population Care Manager and Population Health Manager to help commissioners and planners and to help promote joined up planning based on common assumptions both within an authority and with partners.

Influencing Demand for Services

Dr Foster have a strong track record in modifying demand through understanding communities and designing appropriate prevention and intervention strategies.

For example, Lambeth had excellent smoking cessation services available but they were not being used. By mapping health needs, we identified which smokers were most likely to respond to anti-smoking messages. Two groups were identified and targeted. This included recruiting newsagents located in appropriate residential areas to place promotional sleeves over packets of

certain popular brands. These sleeves carried details of Lambeth's Stop Smoking Service. There was a 500% increase in the volume of calls to the cessation helpline. This contributed to a 75% increase in people setting a date to quit smoking, and a 110% increase in the number of people who had not resumed smoking after 4 weeks.

Other examples of Dr Foster's application of demographics include the design of successful programmes to reduce binge drinking, improve sexual health awareness among teenagers, improve the numbers of women attending breast cancer screening, improve early detection of diabetes and reduce inappropriate usage of A&E.

What Information Do We Need?

While demographics has proved to be an important component of planning for a new care and support system, the inferences one can draw depend on the availability and reliability of the underlying data that is used to characterise individuals.

We will be discussing the information gaps and how we might fill these at our workshop on 20th November 2008 at the conference entitled "Social Care Pre-Green Paper: Towards a New Care and Support System". Results from the audience participation will follow.