Social Care

Projecting Future Demand and Planning Transitions in Social Care

Event Briefing

Local Government Benchmarking Framework

This event explored how councils are using data to forecast demand and identify unmet need and the strategies being developed to plan services for individuals with complex needs as they transition to adulthood. The event also explored how demographic modelling and predictive analytics can inform commissioning and service design.

Key Messages from LGBF

LGBF data shows sustained pressure across social care, with demand continuing to rise and needs becoming more complex. Growth is no longer driven mainly by volume, but by the intensity of support required.

Although funding has increased, this has not translated into expanded capacity. Additional investment has largely been absorbed by inflation, pay and provider costs, leaving services under strain.

Figure 1 Change in Expenditure by Service Area since 2010/11

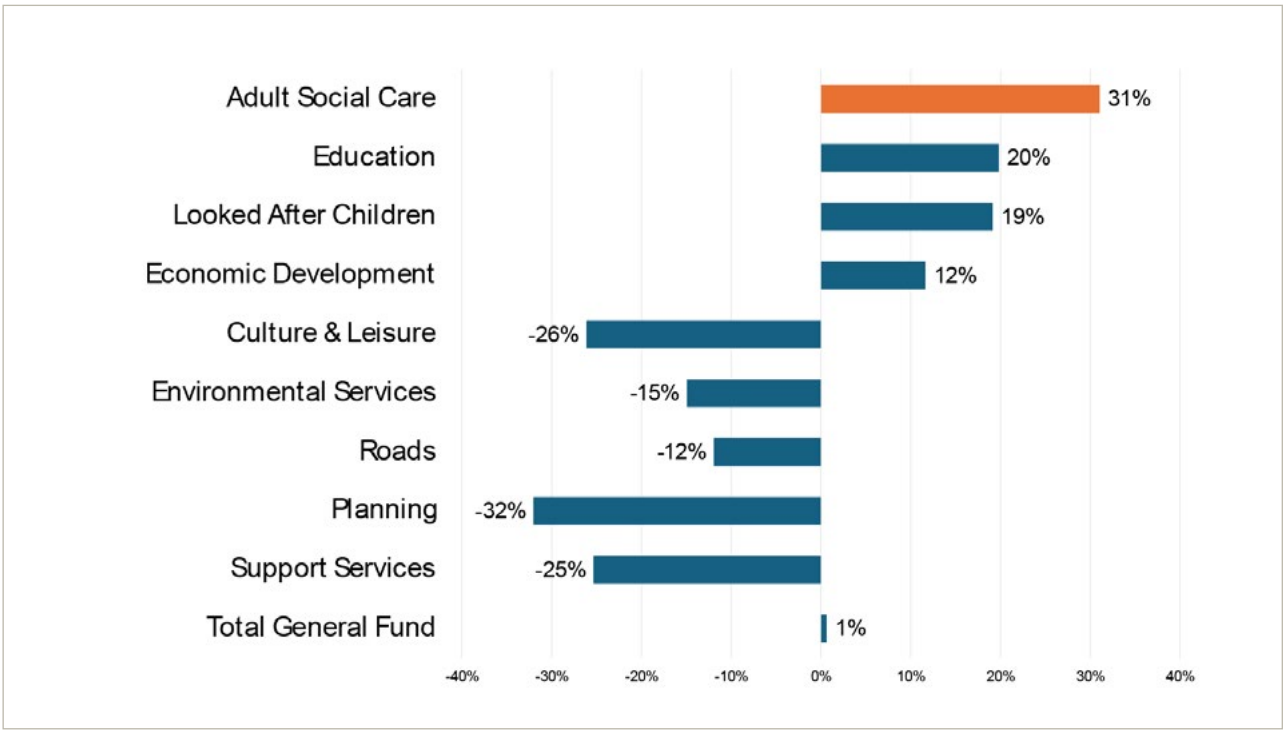
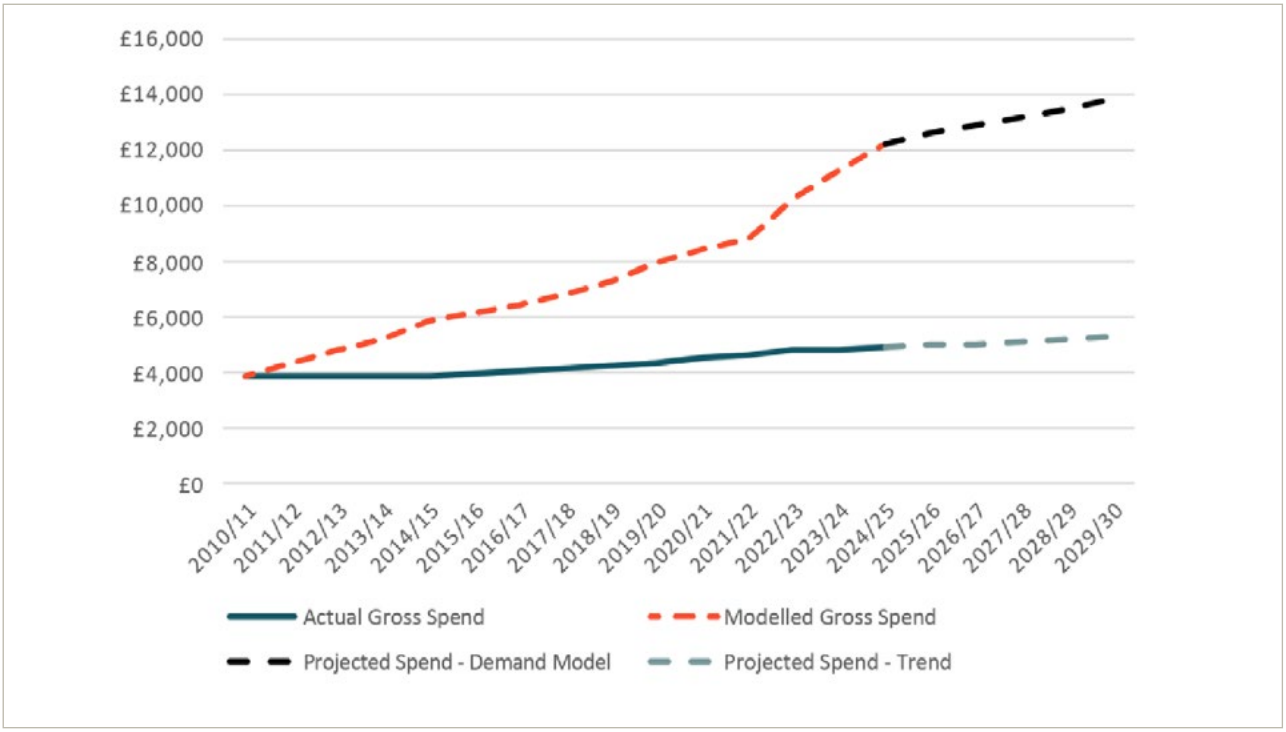


Figure 2 Actual and required gross spend on social care (based on modelled demographic demand) (£m)



As a result, support is increasingly focused on those with the highest levels of need, with less capacity at the margins.

Service activity data further illustrates this shift. While the number of people receiving support has remained relatively stable, the volume of care delivered—particularly through home care—has increased significantly, indicating more intensive packages of care. Long-stay care home provision has reduced over time relative to population growth, suggesting a contraction in capacity, likely reflecting wider system pressures including workforce and provider challenges.

These pressures are visible across the wider system, including delayed discharge and rising hospital readmissions, highlighting ongoing constraints in community-based care. Taken together, this highlights the scale and persistence of pressure across the system. Together, these trends highlight structural rather than short-term issues, with system performance increasingly dependent on the capacity and sustainability of community and social care provision. Further detail and analysis in relation to social care is available in the LGBF National Overview report.

National Scene Setting: Exploring Recent and Future Developments in Policy and Innovation – Alison White, Chair of the Chief Officer Group – Health and Social Care Scotland

Data and Decision-Making

- Better use of existing data can strengthen understanding of what is happening across communities, services and local populations, helping to improve both immediate decisions and longer-term planning.
- The issue is often not the absence of information, but the need to connect different data sources, interpret them consistently and use them more effectively to guide action.
- Information from adult services, children's services, education and wider local government can support a more joined-up picture of current pressures and future need.

Pressures Across Health and Social Care

- Health and social care services are operating within a context of significant and overlapping pressures, including delayed discharge, increasing complexity of need, workforce challenges and financial constraint.
- A narrow focus on a small number of visible pressures can reduce attention to wider community factors that also shape outcomes and demand.
- Investment patterns can create imbalance, particularly where increased spending in one area happens alongside reduced support for community assets such as sport, leisure, libraries and cultural activity.

Prevention and Community Wellbeing

- Reduced access to community-based supports can contribute to loneliness, isolation and poorer mental wellbeing, especially where opportunities for connection and early support are lost.
- Sustained attention to prevention and early intervention remains essential, even when services are under pressure to respond to the most immediate and complex needs.
- Stronger evidence about the value of preventative activity can support more balanced choices about investment and service redesign.

Outcomes and Improvement

- Financial pressures do not always point only to deterioration; in some areas they also reflect positive progress, including improved life expectancy and better support for people with complex needs to live well in their communities.
- Clear data, grounded in lived impact, can strengthen the case for change and support improvement across health, wellbeing and independence.

Sharing Local Practice

Looking Forward: Making Use of Population Projections to Understand Future Need in Edinburgh – Edinburgh HSCP and Public Health Scotland

Edinburgh Health and Social Care Partnership, working with Public Health Scotland, has been developing and applying the use of population projections to better understand future need and support service planning. This work builds on Edinburgh HSCP's wider joint strategic needs assessment approach, which brings together data on population change and need across a range of topic areas.

A key part of the initiative has been the development of a simple interactive workbook that applies National Records of Scotland population projections to current service activity by age and sex, allowing services to consider how demand may change over time. The approach also allows for additional local assumptions, such as changes in service capacity or delivery. Alongside this, Edinburgh HSCP has used similar methods in topic-specific work, including dementia, and plans to apply them in future work on learning disabilities. Overall, the initiative provides a practical and evidence-informed basis for forward planning across services.

Read the full case study.

Public Health Scotland

Edinburgh Health and Social Care Partnership

A Remote and Rural Perspective on Joint Strategic Needs Assessment – Highland HSCP and NHS Highland

Highland HSCP has developed its first joint strategic needs assessment for adult social care to strengthen the evidence base for future planning and commissioning. Using published data and evidence, the work brings together analysis of population change, inequalities, housing, unpaid care, health and wellbeing, and patterns of service use across Highland. A strong population health approach has been taken, with particular attention to the wider building blocks of health and the implications of Highland's remote and rural geography.

The assessment highlights key demographic trends, including an ageing population, a declining working-age population and growing future demand associated with increasing complexity of need. It also places a clear emphasis on prevention, health inequalities and the importance of aligning housing and community support with health and social care planning. The work is already helping to inform strategic priorities within Highland HSCP and NHS Highland and provides a strong foundation for more joined-up, evidence-informed planning.

Read the full case study.

From Insight to Foresight: Data-Driven Decisions Across Health and Social Care – NHS Lothian and West Lothian HSCP

West Lothian HSCP has developed a structured, data-led approach to support the transition of young people from children's services into adult services. This work is underpinned by close collaboration across teams, shared use of information and a strong focus on planning ahead. Digital tools are used to improve oversight, strengthen decision-making and help services understand future demand more clearly. Together, these elements support a more coordinated and timely approach to transition planning.

A key strength of this work is the way information is used to support both operational management and longer-term improvement. Clearer oversight of referrals, assessments and support arrangements helps services respond in a more timely and consistent way, while also supporting continuity for young people and their families. The overall approach reflects a positive commitment to shared working, continuous learning and the ongoing development of systems and processes that strengthen transition planning and support.

Read the full case study.

Sharing Local Practice: Cross Cutting Themes

In wider group discussions, colleagues described a clear shift towards more structured, forward-looking planning for social care demand, with a particular focus on transitions, learning disability services, care capacity and the better use of data. Across the rooms, areas were at different stages of maturity, but the common direction of travel was towards earlier planning, more joined-up working across children's and adult services, and stronger use of analytical tools to support local decision-making—while also recognising the practical constraints created by fragmented systems, variable data quality, geography and short-term budget pressures.

1: Strategic Forecasting and Scenario Modelling

Colleagues described a move from retrospective reporting towards modelling future demand over medium- and longer-term timeframes. This work is being used to inform commissioning, financial planning and decisions about the future shape of care provision.

Aberdeenshire Council and Aberdeenshire HSCP: Aberdeenshire described a Microsoft Fabric-based Data Hub that brings together service agreement data and population projections to model future social care demand at service level. The approach also allows scenario testing—for example, modelling the financial impact of changes between care at home and residential care—and is intended to support senior management and IJB planning.

Fife HSCP: Fife HSCP is developing longer-term projection work for care homes, with modelling currently looking around 15 years ahead to help assess future need. This is being used to inform where future care home capacity may need to be located and how infrastructure decisions can be better aligned to likely demand.

Renfrewshire HSCP: Renfrewshire is embedding projections and visual analytics into its wider joint strategic needs assessment and 10-year strategic planning work. The emphasis is on using dashboards and population analysis not only to describe current performance but to support improvement and future planning at service and locality level.

2: Earlier and More Joined-Up Transitions Planning

Across partnerships and authorities, colleagues shared the need to identify future transitions earlier and to reduce the sharp transition families can experience when young people move into adult services. Initiatives focused on creating clearer joint processes, strengthening multi-agency working and using better intelligence to anticipate future demand.

Aberdeen City HSCP: Aberdeen City has developed a new multi-agency transition panel that meets twice a year and brings together adult social work, children's social work, health and education to agree the most appropriate adult pathway for each young person. The approach is intended to improve family experience, streamline referrals into a single team, and support earlier contact with schools and families up to four years before leaving education.

West Dunbartonshire HSCP: West Dunbartonshire is piloting a joint standard operating procedure between children's and adult social work, including earlier adult service involvement through the child's plan. Alongside this, finance and service teams are looking at current spend for children aged 14+ to improve the projection of adult demand.

NHS Highland: Highland described analytical work that gives a reasonably strong short-term picture of young people likely to transition into adult learning disability services, including likely future costs over the next two to three years.

3: Learning Disability and Life-Course Planning

Learning disability services featured prominently across discussions with colleagues emphasising that demand modelling must reflect the specific characteristics of this population rather than rely on broad age-based assumptions. Discussion covered increasing complexity, changing life expectancy, premature mortality, dementia risk and the implications of adults living with ageing unpaid carers.

North Ayrshire HSCP: North Ayrshire are working with the LIST team using GP register information to better understand the local learning disability population. The analysis highlighted the younger age profile of this population and the need for caution when interpreting very small-area data, where low numbers can create volatility and limit what can be shared more widely.

Edinburgh HSCP: Edinburgh reflected on how longer life expectancy for people with learning disabilities is prompting useful consideration of whether traditional age-based service boundaries remain the best fit for people's needs. This is helping to inform discussions about how pathways can evolve so that support remains responsive and better aligned to individuals over time.

West Lothian HSCP: West Lothian are working to identify adults with learning disabilities who are living with older unpaid carers, including those living with parents aged 50+. This is being used to support more forward planning around future housing options and alternative support models, including core-and-cluster or satellite-style approaches.

4. Housing, Care Homes and Community-Based Capacity

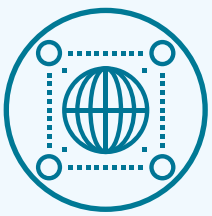
Several areas described using demand analysis not simply to estimate future numbers, but to inform difficult choices about the type of provision that should be developed in future. This included balancing care home capacity with a stronger ambition to support people in communities and to align social care planning with housing decisions.

Highland Council: In Lochaber, Highland described work to decide what type of physical provision should be built on an available site, with recognition that a traditional care home solution may not reflect the future direction of social care. The intention is to combine infrastructure planning with a more preventative model that shifts support towards community resilience and earlier intervention.

Fife HSCP: Fife's projection work is being used to understand where future care home demand may emerge and how this should shape decisions on location. The discussion also recognised that these decisions need to take account of very different local circumstances across urban and rural parts of Fife.

West Lothian HSCP: West Lothian noted that care home use has reduced over recent years as more people are supported to remain in their communities. This has increased the importance of linking social care intelligence with housing colleagues so that future accommodation and support options are planned in a more joined-up way.

5. Data, Digital Capacity & Broadening the Planning Skill Mix



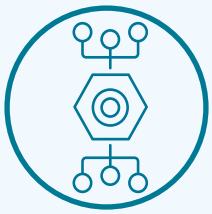
Across the discussions, colleagues shared that many areas are making steady progress in improving the quality, consistency and usefulness of their social care data. Several colleagues described a clear shift away from fragmented manual processes towards more robust, system-based reporting, with growing recognition that good quality data is essential for better planning, service improvement and informed decision-making.

West Lothian HSCP: West Lothian described significant progress in moving from manual spreadsheets to drawing data directly from Mosaic into Power BI through structured database views. This has helped strengthen confidence in the data, improve visibility for managers and support a culture where teams are increasingly engaged in maintaining accurate system records.

Aberdeenshire Council and Aberdeenshire HSCP: Aberdeenshire highlighted how automation and improved reporting are helping to bring data quality more clearly into focus across the organisation. There was a positive emphasis on using data quality reports and system-based information more consistently, creating a stronger foundation for planning, reporting and future modelling.

NHS Highland: Highland emphasised a strong focus on improving how different datasets are aligned and interpreted so that analysis is more meaningful and useful at both local and strategic level. There was also a clear appreciation of the need to pair accessible reporting tools with analytical support, helping ensure that data is used confidently and constructively in decision-making.

6: Integrated Reporting, Locality Intelligence and Operational Capacity



Colleagues highlighted a growing effort to make intelligence more usable for operational and strategic decision-making by integrating datasets, improving locality insight and connecting service demand with workforce or organisational capacity.

Renfrewshire HSCP: Renfrewshire described work to pull health and council information into shared dashboards, including community mental health and workforce absence, so that managers can see a clearer picture across the partnership. The development of a unified absence measure across NHS and council staff was presented as a practical example of making operational management more joined-up.

West Lothian HSCP: West Lothian described how Power BI has improved the ability to layer different datasets, pinpoint support geographically and publish management information more accessibly. This is supporting a gradual shift from static reporting towards a model where managers can use shared intelligence to understand need, capacity and performance more routinely.

NHS Highland: Highland described efforts to bring together demand, activity, recruitment and workforce information so that local managers and senior leaders can make better tactical and strategic decisions. This work is especially important in a large and rural area, where the localities each operate differently and need intelligence that reflects local context rather than a single central picture.

Fife HSCP: Fife highlighted how varied local geography affects practical service planning, with travel and locality differences shaping what teams can realistically cover and how services need to be planned.

Sharing Local practice - Summary of Initiatives

Aberdeen City HSCP

Joined-up Transition Planning: Aberdeen City has developed a new multi-agency transition panel that meets twice a year and brings together adult social work, children's social work, health and education to agree the most appropriate adult pathway for each young person. The approach is intended to improve family experience, streamline referrals into a single team, and support earlier contact with schools and families up to four years before leaving education.

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Strategic Forecasting and Scenario Testing: Aberdeenshire described a Microsoft Fabric-based Data Hub that brings together service agreement data and population projections to model future social care demand at service level. The approach also allows scenario testing—for example, modelling the financial impact of changes between care at home and residential care—and is intended to support senior management and IJB planning.

Automated Reporting: Aberdeenshire highlighted how automation and improved reporting are helping to bring data quality more clearly into focus across the organisation. There was a positive emphasis on using data quality reports and system-based information more consistently, creating a stronger foundation for planning, reporting and future modelling.

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Geographical Considerations: Fife highlighted how varied local geography affects practical service planning, with travel and locality differences shaping what teams can realistically cover and how services need to be planned.

NHS Highland

Transition Planning: Highland described analytical work that gives a reasonably strong short-term picture of young people likely to transition into adult learning disability services, including likely future costs over the next two to three years.

Aligning Data: Highland emphasised a strong focus on improving how different datasets are aligned and interpreted so that analysis is more meaningful and useful at both local and strategic level. There was also a clear appreciation of the need to pair accessible reporting tools with analytical support, helping ensure that data is used confidently and constructively in decision-making.

Future Planning: Highland described efforts to bring together demand, activity, recruitment and workforce information so that local managers and senior leaders can make better tactical and strategic decisions. This work is especially important in a large and rural area, where the localities each operate differently and need intelligence that reflects local context rather than a single central picture.

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