Knowsley Joint Strategic Needs Assessment

Physical Disabilities

This report

This report has been prepared jointly by Knowsley Council, the Clinical Commissioning Group (CCG) and partners of the Knowsley Health and Wellbeing Board (HWB).

Its purpose is to provide an analysis of physical disabilities in order to determine the following:

- How much impact does this issue have on local people?
- Can this impact be reduced through local action?
- Can local action reduce health inequalities?
- Will local action on this help address other issues too?

Understanding these things helps the HWB determine the level of priority that this issue should be given in the Borough's Health and Wellbeing Strategy.

This is one of a series of reports that comprise Knowsley's Joint Strategic Needs Assessment (JSNA).

This report is based on the most recently published formal statistics. Where later data is available but still classed as 'provisional' it will only be referenced if it signals significant change. New data releases will be monitored to ensure that the report can be updated as necessary.

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Further information

For a PDF copy of this report, and other research intelligence products, visit ***Knowsley Knowledge*** – the website of Knowsley's JSNA

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1. INTRODUCTION

This report covers Physical and Sensory Impairment (PSI) in adults aged 18 and above.

1.1 Background

The term **'Physical Impairment'** refers to people who have one or more physical impairments. These impairments may be congenital or acquired at any age, be temporary, long-term, or fluctuating. People with physical impairments may often have unique & multi-dimensional requirements. They therefore require tailored services to address them all in a person-centered holistic fashion.

The term **'Sensory Impairment'** encompasses visual impairment (including blind and partially sighted), hearing impairment (including those who are profoundly deaf, deafened and hard of hearing) and dual sensory impairment (deafblindness). Sensory impairments may, like physical impairments, be congenital or acquired at any age. They are more prevalent with age as are additional sensory or other impairments. Most sensory impairments develop gradually and are often secondary to other disabilities.

Defining disability is complex and contentious. The "social model" and the "medical model" define two distinct models. Most analysis tends to use **Limiting Longstanding Illness** as the core definition (Bakajal *et al.*, 2004). This definition is the most relevant to government because it attempts to reflect people covered by the **Disability Discrimination Act** which defines disability as an impairment, which has a substantial long-term adverse effect, on a person's ability to carry out normal day-today activities.

To "qualify" as disabled, under the Disability Discrimination Act, an individual must satisfy four conditions:

- Physical impairment
- The impairment's adverse effect is substantial
- The impairment's effect is long-term
- The impairment adversely affects the person's ability to carry out normal day-to-day activities.

The **social model of disability** makes the important distinction between '**impairment'** and '**disability'**. Barriers or elements of 'social organisation,' that takes little or no account of people who have impairments, cause disability.

It is difficult to accurately predict the number of individuals at risk of developing a Physical or Sensory Impairment. The reason for this is mainly due to differences in definitions used and levels of self reporting. However, there are a number of sources of national and some limited local intelligence that helps to provide an overall picture of the scale of individuals living with a physical and/or sensory impairment.

1.2 Methodology and Scope of this Needs Assessment

A Needs Assessment is a:

"Systematic method for reviewing the health and wellbeing needs of a given population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce inequalities

The defined population for this Needs Assessment are People with Physical Disabilities.

This Needs Assessment was coordinated by the Adult Social Care Team and Policy and Partnership Team in partnership with a wide range of stakeholders that work with Residents with a physical disability in Knowsley. This Needs Assessment assesses the needs of residents with a physical disability using existing reports, surveys, demographic and service data. Key informants provided additional information especially where existing data provide limited or no information.

The aim of this Physical Disability Needs Assessment is to:

- Describe the number of residents with a Physical disability in Knowsley and their needs.
- Predict trends in the number of residents with a physical disability in the future and their changing needs to inform service development.
- Review the evidence-base around support for Physical disability.
- Review current Physical disability provision in order to identify gaps that can be addressed through the commissioning process.
- Highlight the key challenges for commissioners and providers of physical disability support.

The Needs Assessment is written for commissioners in the Local Authority and Healthcare as well as stakeholders who provide services for people with a physical disability including Primary Care, Secondary Care, Community Health and Social Care and Voluntary Groups.

1.3 Why Supporting People with Physical Disabilites is Important

Physical disabilities can have a substantial effect on a person's ability to carry out normal day-to-day activities. Relatively high levels of unemployment amongst disabled people, for example, are associated with deprivation and social exclusion. Barriers that people with impairments and disability face include discrimination, inaccessible buildings, public transport or information as well as lack of support to access opportunities to improve their quality of life.

The social model of disability highlights the social, environmental and attitudinal barriers faced by people with disabilities, which can restrict their activity and participation in society.

People with physical disabilities are more likely to live in poverty and experience problems with housing, transport, hate crime and harassment. Policies and actions to increase independence and enablement are important in supporting good outcomes.

Disability can affect anyone and the impact of disability on the individual can be wide ranging and complex. Research has indicated that:

- Disabled people are significantly more likely to experience unfair treatment at work than non-disabled people. In 2008, 19 per cent of disabled people experienced unfair treatment at work compared to 13 per cent of non-disabled people. (Fair Treatment at Work Survey 2008).
- Around a third of disabled people experience difficulties related to their impairment in accessing public, commercial and leisure goods and services. (ONS Opinions Survey 2009).
- Around three in four people believe there is some level of prejudice in Britain towards disabled people. (Office for Disability Issues).
- Around a fifth of disabled people report having difficulties related to their impairment or disability in accessing transport.

The 2010 Equality Act defines disability as “a physical or mental impairment that has a ‘substantial’ (completing a task takes much longer than it usually would) and ‘long-term’ (12 months or more) negative effect on ability to do normal daily activities”.

The 2011 Census data identifies that just under five million people in England and Wales said that they have a long-term health problem or disability which affects their day-to-day activities, by limiting them a lot. Locally this figure was 7% of the population (20,445 people).

1.4 Physical Impairments

As stated above, physical impairments can arise as a consequence of congenital issues or acquired during a lifetime. In a number of cases, this can be the result of another condition. This report considers the requirements for all residents who have a physical disability and has made particular note of people affected by Strokes, Diabetes and Acquired Brain Injuries (ABI). National and local data is compared in section 2.

A physical impairment is a dysfunction of neurological and musculoskeletal systems which affects the ability to move or coordinate and control movement when performing tasks. A physical impairment may also affect the ability to use or feel certain parts of the body.

The body systems that may be involved:

- Musculoskeletal – involving the joints, limbs and associated muscles
- Neurological – involving the central or peripheral nervous systems (brain, spinal cord or nerves).

There are a wide range of conditions that may result in a physical impairment including cerebral palsy, spina bifida, muscular dystrophy, arthritis, congenital malformations of the limbs, some acquired brain injury, and some orthopaedic conditions.

A physical impairment may result from neurological damage, congenital malformation, genetic disorders, orthopaedic impairment, accidents resulting in brain injury, loss of limbs, severe burns.

1.5 Sight Loss Impairments

There are 1.86 million people in the UK living with sight loss. By 2020 this number is predicted to increase by 22 per cent and will double to almost four million people by the year 2050. The increase can be attributed chiefly to an ageing population; over 80 per cent of sight loss occurs in people aged over 60 years.

The associated costs and demands on NHS outpatient services are high with ophthalmology having the third highest attendances in 2011-2012.

In 2008 the direct and indirect costs of sight loss was £6.5 billion and by 2013 these costs will rise to £7.9 billion.

Types of sight loss conditions includes the following;

- Age-related macular degeneration (AMD)
- Glaucoma
- Cataracts
- Diabetic retinopathy
- Low vision

1.5.1 What Increases the Risk of Sight Impairments and can it be prevented?

The prevention of sight loss is crucial as over 50 per cent of sight loss can be avoided. The impact of sight loss, both from uncorrected refractive error and eye conditions, coupled with other health determinants can dramatically increase risk and demand on health and social care services. The links between sight loss and other health determinants include:

- Smoking
- Obesity
- Stroke prevention
- Blood pressure/hypertension
- Dementia

- Falls
- Depression

1.6 Hearing Impairments

About 3.7 million people of working age (16 – 65 years) have hearing loss, and around 135,000 of them are severely or profoundly deaf. Severely and profoundly deaf people are four times more likely to be unemployed than the general population, even when there are low levels of unemployment.

From people with hearing loss in employment, more than half (55%) say they feel socially isolated at work and around one in four have been harassed in the workplace (26%) (Action on Hearing Loss, Opportunity Blocked). Less than half (45%) of people who lost their hearing at work told their colleagues about it, and fewer still (37%) told their employer.

1.6.1 What Increases the Risk of Hearing Impairments and can it be prevented?

Age related damage to the cochlea is the single largest cause of hearing loss and occurs naturally as part of the ageing process. Other causes include:

- Regular prolonged exposure to loud noise
- Ototoxic drugs which harm the cochlea or hearing nerves
- Infectious diseases e.g. rubella
- Complication at birth
- Head injury
- Benign tumours on auditory nerve
- Genetic predisposition (half of all childhood deafness is inherited, with 80 deafness related genes)

Co-morbidity with arthritis and mobility problems in the older population is common. Tinnitus and balance problems are risk factors for falls and accidents. Older people with hearing loss are significantly more likely to develop depression than those without. There is some evidence that hearing loss correlates with the development of dementia, mediated by social isolation, loneliness and the burden of hearing loss when coping with declining mental functions.

1.7 National Policy

1.7.1 The Care Act 2014

The Care Act has established a new legal framework for Adult Social Care, and seeks to place the wellbeing of individuals at the heart of care and support service. The Government believes that the Act has marked the biggest transformation to care and support law in over 60 years. The Act has replaced over a dozen separate pieces of legislation relating to Adult Social Care with a single modern law. New requirements, duties and responsibilities have been implemented from April 2015.

Specific areas of note are:

- ***Prevention, Information and Market shaping*** - the Council has new duties to ensure that services are provided to prevent and delay people deteriorating and to provide information to residents about care and support in their area.
- ***Changes to eligibility*** - There is a new national eligibility criteria for client and carers access to services.
- ***Personalised care and support*** - this aims to put people in control of their lives and the care and support they receive.
- ***Carer's Support*** - there is a new obligation for the Council to ensure that the needs of carers are met. This includes carers of people who are not already known to the Council.
- ***Transition*** - this affects young people from 14-15 years old and concentrates on ensuring continuity of care from Childrens to Adults **services.**
- ***Safeguarding Framework*** - a new safeguarding framework has been established to ensure that all statutory bodies and partners know their responsibilities around safeguarding vulnerable adults.
- ***Oversight of market failure*** - the Council has an obligation to monitor the market effectively.

1.8 Local Policy

1.8.1 Strategy for Knowsley

The Strategy for Knowsley: the Borough of Choice is the overarching strategy for the Borough. Its primary objective is to outline the Knowsley Partnership's long term vision to make Knowsley a place where people want to live and work. The strategy addresses physical disabilities by focusing on the overall health and wellbeing of people in Knowsley.

All council and partnership strategies, plans, policies and programmes should ultimately support the achievement of this vision. Ten strategic outcomes have been agreed to help the partnership to achieve its vision for Knowsley.

1.8.2 Adult Social Care Local Account 2012-13

The Local Account provides information on how people in Knowsley are supported and where the council and its partners are doing well and where they need to improve. This Local Account is part of a process of jointly improving care and support in Knowsley between the council, partners and the public.

This Local Account has been driven by the views of Knowsley residents. It has been influenced by the people who use adult social care services, their families and carers and includes information about how they view our services. With regard to people with a physical disability in Knowsley it identifies what has gone well within the last year, what's changed and what needs to improve.

1.8.3 Knowsley Joint Health and Wellbeing Strategy (JHWBS) 2013-2016

The JHWBS aims to improve the health and wellbeing of everybody who lives, works or is registered with a GP in Knowsley.

1.8.4 Knowsley Clinical Commissioning Group (CCG) Commissioning Plan 2015-16

The CCG has ambitious plans to transform health services for local people which looks to bring services closer to home, providing early intervention that is coordinated across agencies.

2. ASSESSING LOCAL NEEDS

The number and characteristics of people affected by this issue; the key trends in recent years, and expected future direction of travel.

2.1 Knowsley Population

2.1.1 Current (total resident) Population and Trend

The ONS has estimated Knowsley's mid-2014 population at 146,407. This is an increase of 321 (0.22%) on the Mid-2013 population, and continues the marginal growth in population since the 2011 Census. Prior to 2011, the population had been steadily decreasing, - with a sharper reduction between 1982 and 1988.

2.1.2 Population by Gender and Trend

According to the ONS 2014 mid-2014 population estimates, there are more females than males living in the Borough, with females comprising 52.5% of the population. This compares with 50.7% nationally, where the gender proportions are more evenly split. However, the gap between the number of males and females living in the Borough has stabilised since 2012 (prior to which it had been increasing). This is illustrated in Figure 1.

Figure 1. Knowsley Population Trend – by Gender

2.1.3 Population by Age (Current Position)

Knowsley has similar proportions of children (aged 0 -15) and working-age residents (aged 16 - 64) to that of England, although the proportion of residents aged 65 plus is 1% less. This is illustrated in table 1

Table 1

Age Band	Knowsley (%)	England (%)
0-15	19.4	19.0
16-64	64.0	63.5
65+	16.6	17.6

2.1.4 Older People (65+)

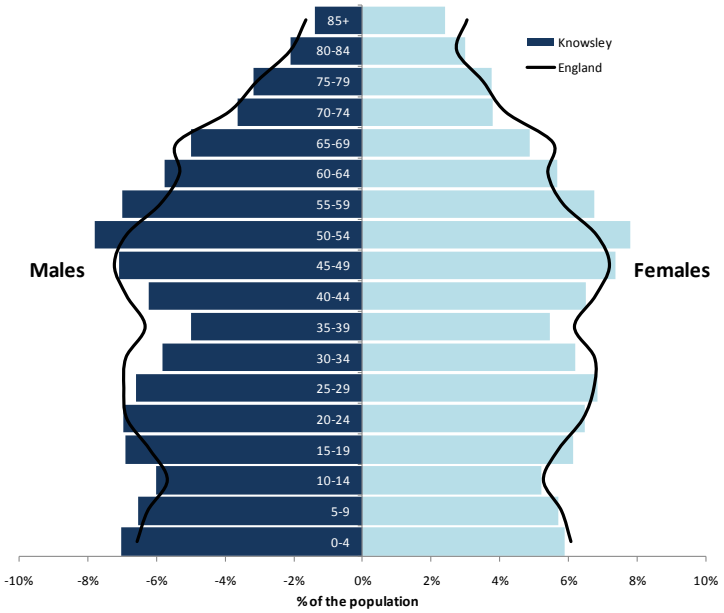
Although the percentage proportion of older people in Knowsley is 1% point less that that nationally, the subset of older people aged 75-84 is marginally higher (0.4% points) than that nationally, although the proportion of people aged 85+ is 0.4% points lower.

Figure 2 illustrates the age profile of Knowsley by gender and five-year age band - as compared with England.

The most notable difference is apparent within the 25 to 44 age band (males) and 30 to 39 (females), where Knowsley has lower respective percentage proportions of residents than that of England. This could be attributable to either 'traditionally mobile' residents vacating the Borough to gain employment elsewhere or families with children of secondary school age and above leaving the Borough (a trend highlighted in previous census and population briefings).

Conversely there are greater proportions of residents (both sexes), aged between 50 and 64 and 75 and 84 - the latter being attributable to the propensity of new housing in the Borough to accommodate the overspill population from Liverpool after World War II.

Figure 2 – Knowsley Population Pyramid 2014



2.1.5 Population by Age (Trend)

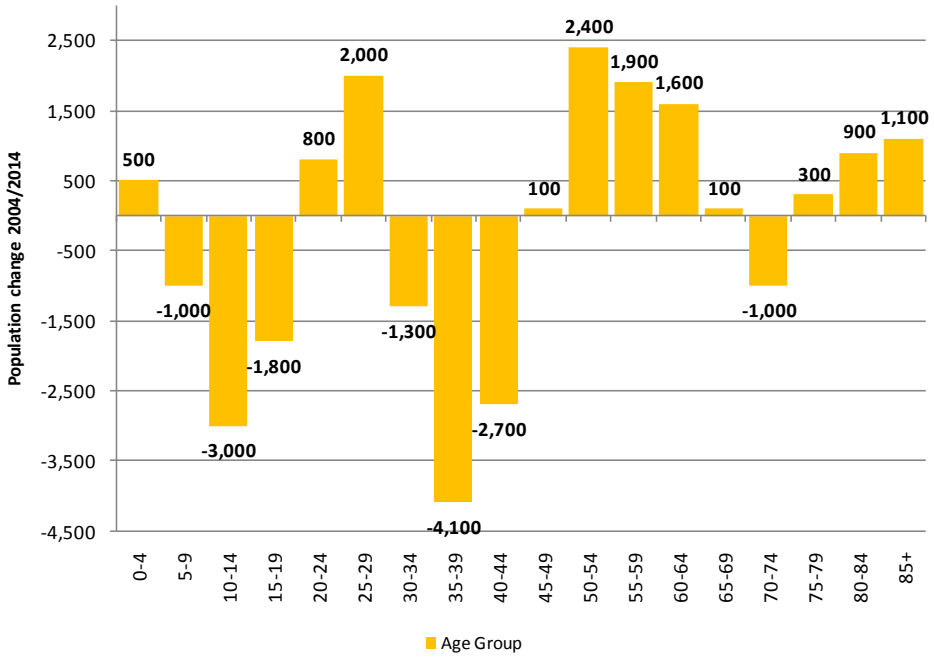
Between 2004 and 2014, the proportion of children in the Borough decreased by approx. 12%, whilst the working age population decreased by a marginal 0.6%. Conversely, the proportion of older people increased by approx. 7%.

Further analysis of sub-groups within the Working Age and Older people categories is illustrated in Table 2 and Figure 5 as follows:

Table 2: Knowsley population change by broad age band - 2004 to 2014
Source: Registrar General's Mid-Year Population Estimates, ONS

Broad Age Band	Mid-2004	Mid-2014	% proportion of total population	Change 2004/14	% change 2004/14
0-15	32,192	28,375	19.4	-3,817	-11.9
16-24	17,960	17,498	12.0	-462	-2.6
25-49	52,274	46,307	31.6	-5,967	-11.4
50-64	24,005	29,862	20.4	5,857	24.4
65+	22,785	24,365	16.6	1,580	6.9
All ages	**149,216**	**146,407**	**100.0**	**-2,809**	**-1.9**

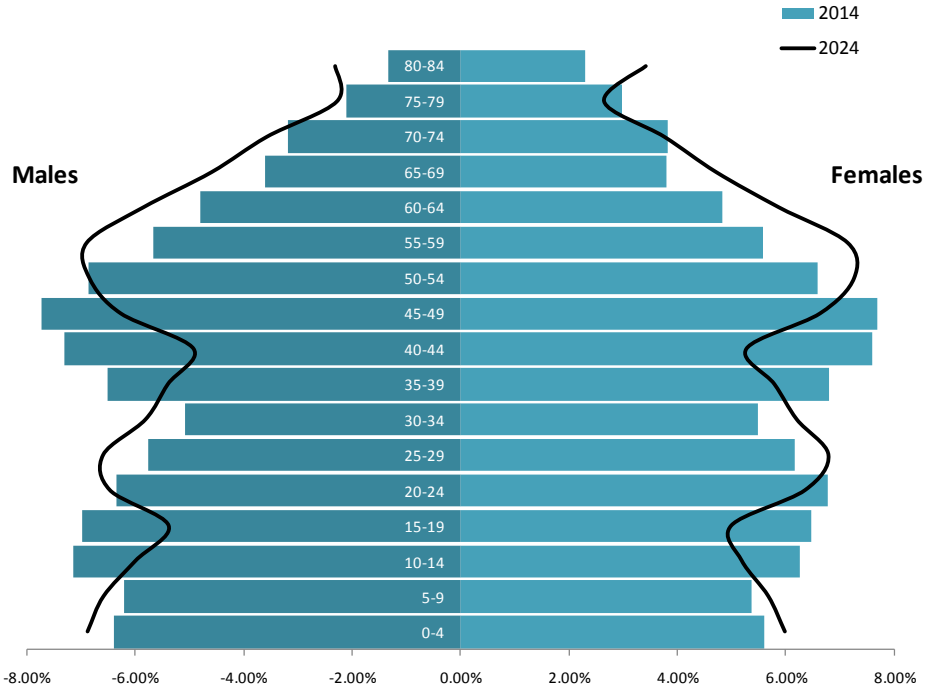
Figure 5: Knowsley population change by five year age band 2004 to 2014
Source: Registrar General's Mid-Year Population Estimates, ONS



2.1.6 Population Projections

The population of Knowsley is expected to increase by 0.5% between 2014 and 2024 and 0.8% by 2034. However although this increase appears relatively small, it is anticipated that there will be major impacts for various age groups within Knowsley – particularly the older age groups.

Figure 3. Population Pyramid showing projected population change in Knowsley, 2014 - 2024
Source: 2012-based Sub-National Population Projections, ONS



The above population pyramid illustrates the distribution of quinary age groups comparing the Knowsley mid-2014 population, with the projected mid-2024 population figure. The notable variations relate to the 10-19 and 35-49 age groups, where the respective % proportions are projected to decrease in 2024 – particularly within the 35-49 age groups. Conversely, the proportion of residents within the 0-9, 25-34, and 55+ age groups is projected to increase in 2024.

The general projected increase in both the elderly population and young children, (0-9), indicates greater pressure on services for the most dependent and potentially vulnerable in the Borough. However, this is countered by an increase in a subset of the working age population (25-34 group).

The following data has been downloaded from PANSI and POPPI databases and outlines the estimated levels of need in Knowsley for physical disability.

The table below shows figures for the baseline estimates for residents with a moderate physical disability.

Table 3

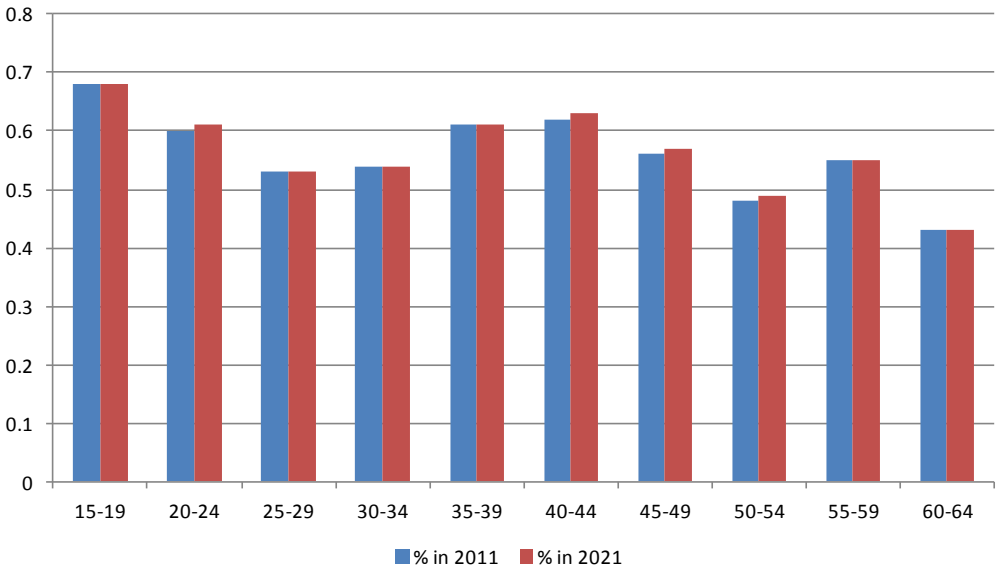
	2014	2015	2016	2017	2018
People aged 18-24 predicted to have a moderate physical disability	558	549	533	521	504
People aged 25-34 predicted to have a moderate physical disability	781	794	802	819	823
People aged 35-44 predicted to have a moderate physical disability	952	930	907	890	896
People aged 45-54 predicted to have a moderate physical disability	2,134	2,105	2,076	2,037	1,969
People aged 55-64 predicted to have a moderate physical disability	2,742	2,801	2,861	2,965	3,010
Total population aged 16-64 predicted to have a moderate physical disability	**7,166**	**7,179**	**7,179**	**7,232**	**7,202**

By 2018, it is predicted that the number of residents with a moderate physical disability aged between 18 and 64 will have risen slightly from 7,166

in 2014 to 7,202. This would result in around 0.5% of the overall population of the borough having some form of physical disability.

The chart below shows the predicted population percentage by age between 2011 and 2021 with just over half of the age brackets showing increases in those with a physical disability.

Figure 4



The table below shows the projection data for those classed as having a Severe physical disability.

Table 4

	2014	2015	2016	2017	2018
People aged 18-24 predicted to have a serious physical disability	109	107	104	102	98
People aged 25-34 predicted to have a serious physical disability	74	76	76	78	78
People aged 35-44 predicted to have a serious physical disability	289	282	275	270	272
People aged 45-54 predicted to have a serious physical disability	594	586	578	567	548
People aged 55-64 predicted to have a serious physical disability	1,067	1,090	1,114	1,154	1,172
Total population aged 18-64 predicted to have a serious physical disability	**2,133**	**2,141**	**2,147**	**2,171**	**2,169**

As with the baseline figures, if projections are correct, Knowsley will see a small increase in numbers for residents with a serious physical disability.

2.1.7 Personal Care

Personal Care includes: assistance with dressing, feeding, washing and toileting, as well as advice, encouragement and emotional and psychological support. It can also be described as assistance with 'bodily functions', which can include dressing, washing, bathing or shaving, toileting, getting in or out of bed, eating, drinking, taking medication, communicating.

The table below shows the projections for those residents identified as having a moderate personal care disability, with a very slight increase projected by 2018.

Table 5

	2014	2015	2016	2017	2018
People aged 18-24 predicted to have a moderate personal care disability	82	80	78	76	74
People aged 25-34 predicted to have a moderate personal care disability	260	265	267	273	274
People aged 35-44 predicted to have a moderate personal care disability	493	481	470	461	464
People aged 45-54 predicted to have a moderate personal care disability	1,078	1,063	1,049	1,029	995
People aged 55-64 predicted to have a moderate personal care disability	1,619	1,654	1,690	1,751	1,778
Total population aged 18-64 predicted to have a moderate personal care disability	**3,532**	**3,543**	**3,554**	**3,590**	**3,585**

The second table shows those residents indentified as having a serious personal care disability with again a very small increase projected up to 2018.

Table 6

	2014	2015	2016	2017	2018
People aged 18-24 predicted to have a serious personal care disability	54	54	52	51	49
People aged 25-34 predicted to have a serious personal care disability	74	76	76	78	78
People aged 35-44 predicted to have a serious personal care disability	102	100	97	95	96
People aged 45-54 predicted to have a serious personal care disability	242	239	235	231	223
People aged 55-64 predicted to have a serious personal care disability	313	320	326	338	343
Total population aged 18-64 predicted to have a serious personal care disability	**785**	**789**	**786**	**793**	**789**

2.1.8 Sight Impairments

In Knowsley, there are 470 people registered as blind, with a further 575 registered as partly sighted (total 1,045). The rate of certifications of visual impairment per 100,000 populations in 2010/11 was 51.6, compared to England level of 43.1.

The estimated number of people living with sight loss in 2011, is much greater at around 4,000 the equivalent of 2.74% of the population, this is similar to England levels (2.95%). It is predicted by 2020, that this will increase around 4,920 equating to about 3.23%. People aged 70 and over and adults with diabetes are at highest risk.

It is estimated that large numbers of people have sight threatening eye conditions such as age-related macular degeneration, cataracts, glaucoma, ocular hypertension and diabetic retinopathy.

Table 7

SIGHT THREATENING EYE CONDITIONS								
	Estimated number of people living with age-related macular degeneration	Living with wet age-related macular degeneration	Living with dry age-related macular degeneration	Estimated number of people living with cataract	Estimated number of people living with glaucoma	Estimated number of people living with ocular hypertension	Estimated number of people living with background diabetic retinopathy	Estimated number of people living with non proliferative and proliferative diabetic retinopathy
Knowsley	**1,300**	**890**	**420**	**1,370**	**1,260**	**2,870**	**2,460**	**280**
NW	67,690	46,140	21,560	66,220	61,630	140,880	121,590	13,900
England	512,300	349,200	163,200	488,700	462,800	1,057,700	905,200	103,500

2.1.9 Projected Service Use and Outcomes

Given that the number of people with a disability is going to rise significantly between the years 2012 – 2030, then service provision will need to keep pace with this expected rise in levels of need.

2.1.10 Visual Impairment

Given the diverse nature of disability, it is very difficult to establish exactly how many people are currently accessing services, however the table below shows the numbers of residents with a serious visual impairment from 2014 through to how many predicted residents will suffer from a visual impairment in 2018.

Table 8

	2014	2015	2016	2017	2018
People aged 18-24 predicted to have a serious visual impairment	9	9	8	8	8
People aged 25-34 predicted to have a serious visual impairment	12	12	12	13	13
People aged 35-44 predicted to have a serious visual impairment	11	11	11	10	10
People aged 45-54 predicted to have a serious visual impairment	14	14	14	14	13
People aged 55-64 predicted to have a serious visual impairment	12	12	12	13	13
Total population aged 18-64 predicted to have a serious visual impairment	**58**	**58**	**58**	**58**	**57**

Although it predicts a slight reduction it must be taken into account that there may be more residents accessing services.

2.1.11 Hearing

There are more than 10 million people in the UK with some form of hearing loss, or one in six of the population. This equates to a total of approx 8,800 residents when applied to the Knowsley population. The majority of people who are hard of hearing are aged over 60. From the total figure, around 6.4 million are of retirement age (65+) – about half of the population age group and about 3.7 million are of working age (16 – 64). From the total number of ten million, more than 800,000 people are severely or profoundly deaf.

Due to the ageing population of the UK, there will be an estimated 14.5 million people with hearing loss by 2031. The World Health Organisation predicts that by 2030 adult onset hearing loss will be in the top ten disease burdens in the UK, above diabetes and cataracts.

The following table shows the estimated figures for the amount of people with hearing loss in the UK as a whole.

Table 9. UK: estimated number of people with hearing loss

	Working Age	Retirement Age	Total
All hearing loss	3,721,000	6,390,500	10,111,500
Severe/ profound	135,500	685,000	820,500

Source: Action for hearing loss (Facts and Figures – 2014)

The following table shows the numbers of residents with a moderate or severe hearing impairment and similar to sight impairment, the numbers of residents are predicted to stay relatively stable up to 2018.

Table 10

	2014	2015	2016	2017	2018
People aged 18-24 predicted to have a moderate or severe hearing impairment	21	20	20	20	19
People aged 25-34 predicted to have a moderate or severe hearing impairment	95	96	97	98	99
People aged 35-44 predicted to have a moderate or severe hearing impairment	253	248	242	237	237
People aged 45-54 predicted to have a moderate or severe hearing impairment	1,220	1,208	1,190	1,156	1,129
People aged 55-64 predicted to have a moderate or severe hearing impairment	2,080	2,141	2,172	2,240	2,271
Total population aged 18-64 predicted to have a moderate or severe hearing impairment	**3,668**	**3,713**	**3,720**	**3,750**	**3,756**

Those residents with a profound hearing impairment are shown in the table below and again this only reveals a predicted slight increase in those suffering from profound hearing problems.

Table 11

	2014	2015	2016	2017	2018
People aged 18-24 predicted to have a profound hearing impairment	0	0	0	0	0
People aged 25-34 predicted to have a profound hearing impairment	0	0	0	0	0
People aged 35-44 predicted to have a profound hearing impairment	0	0	0	0	0
People aged 45-54 predicted to have a profound hearing impairment	11	10	10	10	10
People aged 55-64 predicted to have a profound hearing impairment	23	24	24	25	25
Total population aged 18-64 predicted to have a profound hearing impairment	**34**	**34**	**34**	**35**	**35**

2.1.12 Strokes

Stroke, also known as cerebrovascular accident (CVA), cerebrovascular insult (CVI), or brain attack, is when poor blood flow to the brain results in cell death. There are two main types of stroke: ischemic, due to lack of blood flow, and hemorrhagic, due to bleeding. They result in part of the brain not functioning properly. Signs and symptoms of a stroke may include an inability to move or feel on one side of the body, problems understanding or speaking, feeling like the world is spinning, or loss of vision to one side among others.

Some facts for strokes across the UK include:

- Stroke occurs approximately 152,000 times a year in the UK.
- That is one stroke every 3 minutes and 27 seconds in the UK.
- Incidence rates in the UK vary depending on the country or region being researched. It can range from 115 per 100,000 population to 150 per 100,000 population depending on the study.
- Stroke incidence rates fell 19% from 1990 to 2010 in the UK.
- Men are at a 25% higher risk of having a stroke and at a younger age compared to women.
- However, as women live longer there are more total incidences of stroke in women.
- The greatest risk of recurrent stroke is in the first 30 days.
- Every two seconds someone in the world will have a stroke for the first time.
- There were almost 17 million incidences of first-time stroke worldwide in 2010.

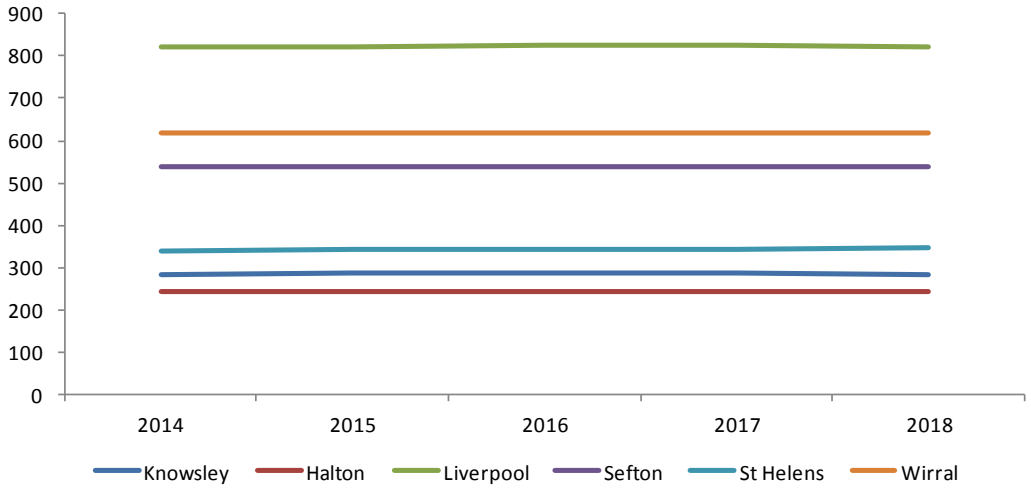
The data below shows the data in Knowsley for people who have suffered a longstanding health condition caused by a stroke and predicted numbers up to 2018:

Table 12

	2014	2015	2016	2017	2018
People aged 18-44 predicted to have a longstanding health condition caused by a stroke	26	26	26	25	25
People aged 45-64 predicted to have a longstanding health condition caused by a stroke	259	261	261	261	260
Total population aged 18-64 predicted to have a longstanding health condition caused by a stroke	**285**	**287**	**287**	**286**	**285**

The data shows that numbers are predicted to remain steady at around 0.8% of the male population and 0.5% of the female population that will suffer some kind of health condition due to a stroke. The chart below shows the trends for the LCR:

Figure 5



2.1.13 Diabetes

Diabetes cases are said to have soared by 60 per cent in the last decade, and it now affects over 3 million people in the UK. According to studies undertaken by Diabetes UK, this number will rise to 5 million by 2025. Worryingly, it is thought that there are 900,000 people in the UK who don't yet know they already have diabetes.

Diabetes is a disease where the level of glucose in the body is too high, either because the hormone Insulin, that allows the body to use the glucose as an energy source, is not produced, or the insulin is not working properly. There are two main types of diabetes Type 1 and Type 2. Eighty five per cent of people with diabetes have Type 2 diabetes and 15 per cent have Type 1.

Type 1: This tends to occur in children and young adults. In this case the body stops making insulin. The body cells can no longer access the glucose and the blood glucose level become very high. The body has to quickly find an alternative source of energy, and it starts breaking down fats and protein to try and use these for energy. This is not as good a source of energy as glucose. The lack of energy and the breaking down of these essential fats

and proteins quickly makes people with Type 1 diabetes very unwell, unless they are given artificial insulin.

Type 2: This diabetes develops in a much slower fashion. Here the pancreas either makes too little insulin or the body can't make use of the insulin that is produced. Type 2 diabetes was previously a disease common in older, overweight and inactive people. However, there are an increasing number of young people being diagnosed with Type 2 diabetes.

Type 1 diabetes is caused by a mixture of genes, making you at risk of diabetes and autoantibodies. Autoantibodies are proteins produced by the immune system that start to attack normal parts of the body instead of fighting illness, in this case destroying the parts of the pancreas where insulin is made.

The cause of the body's immune system going wrong is not known, however it is possible certain viruses cause the immune system to malfunction. These autoantibodies are commonly found in those at risk, and in people as young as six months of age, however they are not present in every case of Type 1 diabetes.

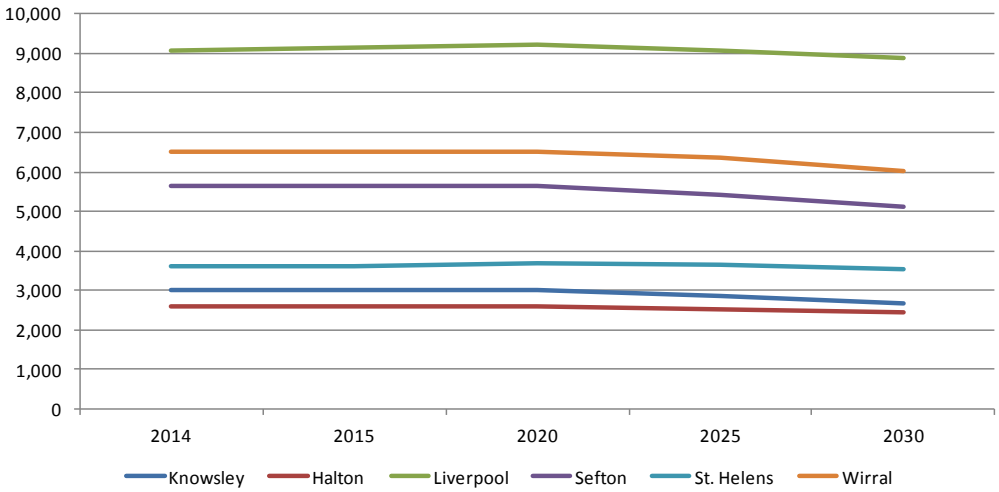
It is not exactly known why Type 2 diabetes occurs however people with the following characteristics are more at risk of developing it:

- Genetics. The risk of developing Type 2 diabetes is higher if you have a relative with Type 2 diabetes. The closer the relative the greater the risk. If one parent has Type 2 diabetes their children have a 30% chance of developing it.
- Ethnicity. Certain ethnic groups are at greater risk of developing Type 2 diabetes. This includes people of Middle-Eastern, African, African-Caribbean, South Asian, Polynesian and American-Indian ancestry.
- Being Overweight. Those with a body mass index (BMI) of 30 or more, especially those women with a waist measuring more than 31.5 inches (80cm) or a man who has a waist measuring more than 37 inches (94cm) are at greater risk of developing Type 2 diabetes.
- Age. Though it is increasing in younger people, Type 2 diabetes does not normally occur under the age of 40 and as you get older the risk increases, for example from 1 in 20 people over 65 to 1 in 5 people over the age of 80.

The chart below shows the projections for those predicted to have either type 1 or type 2 diabetes between 2014 and 2030:

As the chart shows it is predicted that the numbers of residents with diabetes will reduce gradually in line with the other areas of the LCR.

Figure 6



2.1.14 Acquired Brain Injuries

The World Health Organization defines Acquired Brain Injury as "an injury to the brain which is not hereditary, congenital or degenerative". So rather than a single clinical condition, Acquired Brain Injury is more a collection of conditions with a common presentation resulting from a number of different causes. These are typically: Trauma, of which road accidents and falls would be the largest source; Vascular Disorders including Stroke or Haemorrhage; Anoxic and Hypoxic Injury and Infection.

Worldwide, the statistics about brain injury are bald. According to the WHO, Traumatic brain injury is the leading cause of death and disability in children and young adults around the world and is involved in nearly half of all trauma deaths. In Europe, brain injuries from trauma are responsible for more years of disability than any other cause.

- **Traumatic Brain Injury**
  - Each year an estimated 1 million people attend hospital A&E in the UK following head injury although many more head injuries go unreported.
  - Of these, around 135,000 people are admitted to hospital each year.
  - Across the UK there are an estimated 500,000 people (aged 16 - 74) living with long term disabilities as a result of traumatic brain injury.
  - Approximately 85% of traumatic brain injuries are classified as minor, 10% as moderate and 5% as severe.
  - Men are two to three times more likely to have a traumatic brain injury than women. This increases to five times more likely in the 15-29 age range.

- Life expectancy for brain injury survivors is normal, so over time, what may seem like a low volume problem becomes a high volume one.

- **Other Forms of Acquired Brain Injury**
  - Over 130,000 people have a stroke each year in England and Wales.
  - There are estimated to be over 450,000 people in England living with severe disability as the result of a stroke.
  - An estimated 13,000 people are diagnosed with a brain tumour each year in the UK.
  - There are 500,000 people living in the UK today who have had either viral or bacterial meningitis at some time in their lives.

2.2 The Scale of Health and Other Inequalities - What Population Groups are most affected by Physical and Sensory Impairments?

2.2.1 Age Considerations

The prevalence of sight loss and/or hearing loss increases with age and so the prevalence will increase with an ageing population.

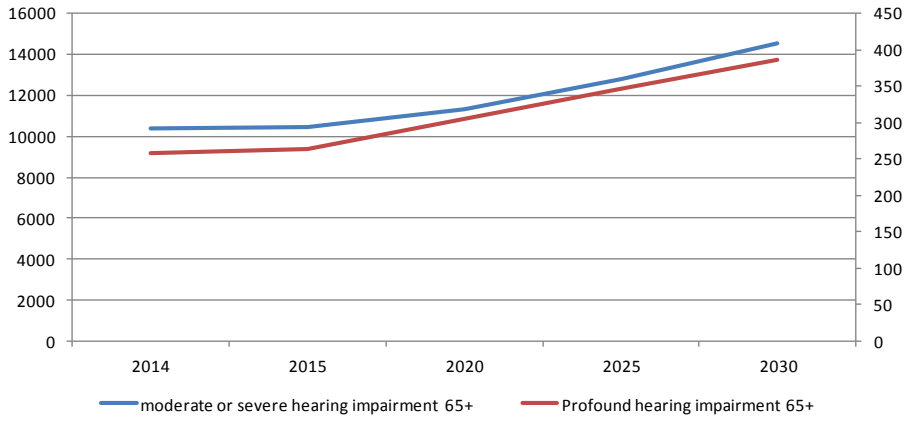
One in five people aged 75 and over and one in two people aged 90 and over are living with sight loss in the UK.

Age-related damage to the cochlea is the single biggest cause of hearing loss: 71.1% of over 70 year-olds and 41.7% of over 50 year-olds have some form of hearing loss.

There are 36,000 people aged 16-49 who are severely or profoundly deaf, and total of around 1.15 million with any hearing loss in the same age group. Around the age of 50 the proportion of people with hearing loss begins to increase sharply.

The chart below shows the predicted increase in those aged 65+ that are likely to have hearing impairments up to the year 2030. As the chart shows, as Knowsley population is aging, the pressures on services by those with hearing impairments will increase greatly.

Figure 7



The table below shows the age breakdown by percentage of those suffering hearing problems by the percentage of residents in 2014:

Table 13

Age range	% males - moderate or severe	% females - moderate or severe	% males - profound	% females - profound
65-74	22.69	15.79	0.43	0.78
75-84	60.63	63.43	0.41	0.8
85+	85.05	84.8	3.45	4.73

2.2.2 Gender

- **Hearing loss** - From the age of 40 onwards, a higher proportion of men than women develop hearing loss. This is probably because more men have been exposed to high levels of industrial noise. Among people over the age of 80, more women than men have hearing loss, which is due to women living longer than men on average, not because women are more likely to become deaf.

- **Socio-economic considerations** - Evidence shows that there is a link between people on low incomes and living in deprivation and people living with sight loss; three out of four blind or partially sighted people are living in poverty or on its margins.

2.2.3 Ethnicity

- **Sight Loss** - The risk of developing glaucoma is higher in African and African-Caribbean populations. People from South-East Asia and China are at higher risk of angle-closure glaucoma. People from the Asian population are at a higher risk of developing cataracts. African, African-Caribbean and Asian populations are at a higher risk of developing diabetic eye disease. Evidence indicates that targeting preventative sight loss amongst people from black and ethnic minority (BME) communities can form part of a cost effective prevention programme.

- **Hearing Loss** - There are no accurate figures available for levels of hearing loss in black and minority ethnic groups. However, there is evidence to suggest that some minority ethnic groups may experience higher levels of hearing loss. This is especially true of recent immigrants from regions with greater levels of poverty, poor healthcare and low levels of immunisation against diseases such as rubella.

3. STAKEHOLDER INSIGHT

A consultation event was held on 11 November 2015 to seek the views of people with a learning disability and those who support people with a Physical Disability in Knowsley. The event was hosted by Healthwatch and was attended by Council officers. It was a joint consultation event for the Learning Disability and Physical Disability JSNAs. There were mixed groups of people at the tables. People were asked about key needs that the Council

were seeking view on as well as any additional needs that the people considered important. These included:

- **Health**: People fed back that they would like to be in more control of their support around their health and physical needs.- that they were experts by experience and that this should be valued.

  Experiences of accessing health professional were mixed. People were very happy with the service and relationships that they had with their GPs, but one service user had been accused of being a "drug addict" by reception staff when applying for a repeat prescription too early.

  People with physical disabilities fed back that they would like to take advantage of digital solutions when accessing health care. At the moment you can only phone up for repeat prescriptions or go into the surgery. This is difficult if you are a nonverbal wheelchair user.

- **Employment**: The participants all understood that there was an issue with employment opportunities for everyone in the borough regardless of whether they had a disability.

  People felt that in order to have employment they needed to create it themselves. A participant felt especially supported by the Council to start her own business as a way into employment.

  The participants' feedback was that they would like to see a joining up of support services around employment including Knowsley Works

  People felt that the council needed to start employing more people with a disability or sensory impairment. If the council wanted other organisations to be more representative, that the council should lead the way as an example.

- **Accommodation**: In the event, a resident advised that the family had waited for 5 years for an accessible home, but were provided with a 4 bedroom home, cannot access the upstairs (only downstairs has been adapted) and has to pay bedroom tax on 3 bedrooms.

  People felt that the only housing opportunities were for people who were homeless or in crisis and that there was not much ability to plan. People felt that dealing with accommodation/housing issues well could effectively address many of the difficulties of having a disability.

- **Daytime Opportunities**: People fed back that they would like to access daytime opportunities that were available to everyone rather than attending activities that only catered to people with a disability. People felt that there was not enough physical activity in day centres, that there was "too much sitting still" work.

- **Independent Living Fund**: Started in 1988, the Independent Living Fund (ILF) has provided financial support to people with disabilities across the

UK. It was a, Government funded, discretionary scheme which helped people who had both day and night care needs and who were getting the high rate care component of Disability Living Allowance. Those helped under the scheme were able to receive a joint ILF/local authority funded care support package to help them live independently in the community rather than in residential care.

From 1 July 2015, local authorities became responsible for care provision rather than the ILF. Each authority has received a monetary transfer of the Independent Living Funds.

There is no data available as yet for ILF recipients managed by the council since July 2015, however data published in March 2015 shows the numbers of residents that were receiving ILF at that time before the transfer.

Table 14

	Group 1	Group 2	per 10,000 residents	ILF %
Knowsley	20	52	4.9	3.1

In March there were a total of 72 ILF recipients living in the borough which accounted for around 0.2% of residents and around 5 from every 10,000 residents.

The impacts of the changes to the way the ILF is distributed is yet to be seen, however users have voiced concerns over how the money will be spent and it is clear that each local authority has already seen the money available reduced.

4. EVIDENCE OF WHAT WORKS

There is a significant amount of guidance provided by National organisations. These include:

4.1 National Institute of Clinical Excellence (NICE) guidance

The NICE quality standards provide information for all agencies who support people who have conditions that may cause a physical disability. The quality standard is expected to contribute to improvements in the following outcomes:

- Quality of life
- Experience of care
- Patient safety
- Safeguarding
- Control over daily life
- Premature mortality
- Physical and mental health and wellbeing
- Personal dignity.

There is specific NICE guidance to help manage and stabilize COPD including day to day management and medicines management.

There is specific NICE Stroke guidance for diagnosis and initial management.

There is a large selection of medical and person specific NICE guidance available for people with Diabetes including pregnancy, types 1 and 2 as well as diabetes related conditions.

4.2 Care Quality Commission Guidance

There is currently a review taking place by CQC regarding Diabetes care in community settings, looking for best practice and people's experiences.

There is CQC investigation and feedback surrounding what they have called "Invisible conditions" and this has included physical disabilities such as arthritis, COPD,and heart failure.

In 2011 the CQC provided a Review of "Supporting Life After a Stroke" that details best practice around services working together to support survivors.

For young people entering Adult Social Care, CQC provide Guidance for transition people with complex health needs that sets out key priorities for services supporting young people.

The CQC have also provided examples of independent living, that champions managed risk as part of helping people live independently.

4.3 Equality and Human Rights Commission- Barriers to Work

The Equality and Human Rights Commission has produced evidence on barriers to work for people with a disability and discusses the barriers and opportunities for people with a physical disability to gain employment.

4.4 The National Brain Injuries Rehabilitation Trust

The National Brain Injuries Rehabilitation Trust (BIRT) has a selection of resources available for professionals to access, including up to date research.

4.5 The Disabilities Trust

The Disabilities Trust supports people living with a disability. There is information and advice for people with a disability and the professionals who support them.

5. CURRENT SERVICE PROVISION

5.1 Independent Living Services

There is a selection of independent living services available to people who are assessed as having a social care need as a result of a disability. This includes:

- The Centre for independent living (CIL). The CIL is located in Huyton and is accessible to all residents. The Centre provides:
  - Occupational Therapy assessments
  - The provision of small community equipment (e.g. bath boards, stair rails)
  - Blue badge assessments and allocations
  - Level access showers and home adaptations
  - The Trips and Falls Team
  - Care and repair team
  - Knowsley Wheelchair Service
- Integrated community equipment stores (including wheel chair and continence services).
- Reablement Services- this is an internal Domiciliary care service that provides short term interventions to allow people to return to their own homes following a time in hospital or a change in circumstance.
- Telecare and assistive technology- this is a range of monitored products that allow people to live independently and will raise the alarm to either a monitored centre or family carers once a trigger has been reached or a careline has been pulled by the person.

5.2 Care and Support

Following an asset based assessment, a range of care and **support services** are available to ensure that people are safe and supported wherever they live. This can include support workers, care staff, or adaptations to their home as appropriate and agreed with their social worker.

There are activities and centres available for people with a physical disability across the borough, including **day services** provided by the Council. These are located in leisure centres and activity centres around the borough. The day services provide a social and supportive element to a person's care as well as developing life skills where appropriate.

There is a **respite service** that is provided by the council to eligible people. This is identified in their assessment and care plan. There are a number of respite facilities in the borough, providing choice to the person receiving the care. This supports individual people to take some respite and supports any carers in maintaining their carer role. There is also the provision for people to have short respite sitting services in their own home.

There is a clear emphasis on supporting people to be as independent as possible and to make as many choices for themselves as possible. Therefore the Council supports the individual to create personal budgets and

Direct Payments. This allows the person and their family to control the agreed budget to support the cared for person. This may include the employment of a personal assistant rather than using an agency member of staff through the Council or purchasing alternative daytime activities.

There is a third party support and management facility to support the person and their family through the Direct Payment Process. This is commissioned by the Council to provide independent advice and, for a fee, account management. The third party are also able to provide **information and advice** around finance and the direct payment process.

Advocacy services are available to people where there is concern that the person may not understand the assessment and care planning process. There is a new Care Requirement to promote the use of advocacy services during the assessment process and the Council's current advocacy resource is currently being trained to be Care Act compliant.

5.3 Accommodation

There are a range of accommodation and services available to enable people in Knowsley to live independently.

These include:

- **Extra Care Housing** provides independent living and is provided at a number of locations throughout the borough generally for residents aged 55+. Residents with a mix of abilities are assessed with regards to their care needs and where appropriate nominated for a place at their chosen scheme. Extra care housing provides residents with choice and control plus the added benefits of on-site care, security, assistive technology and social and leisure activities.

5.4 Sensory Impairment

The Council works closely with Bradbury Fields to support people in Knowsley who have a **visual impairment**. Bradbury Fields have a team based in the Centre for Independent living and are able to offer a range of services and products as well as a supportive social community. The services are also able to provide information and advocacy services.

5.5 Health

There is a 5 Borough Partnership Trust Community Health Development Team who provide on line support as well as Lifestyle advisors who are able to signpost to person specific services for all Knowsley residents.

There is a Healthy Homes initiative to improve the living conditions and health of people in Knowsley. People with a disability have been noted as a key group requiring support.

The Council has a number of Public Health Initiatives that would support a healthy lifestyle including strategies around smoking cessation and reducing obesity.

Knowsley Clinical Commissioning Group (CCG) have a successful Community Cardiovascular Service and are in the process of developing new hospital avoidance and safe, supported discharge initiatives as part of the Better Care Fund (BCF) in partnership with Knowsley Council. These programmes will directly affect people living with a physical disability in Knowsley.

6. CHALLENGES AND GAPS

There are a number of challenges and gaps that have been identified throughout the report:

- *Accessibility to Health* - people with a physical disability are struggling to get through the front door or past reception without experiencing difficulties or attitudes that are not supportive of their disability.
- *Centre for Independent Living (CIL),* - There is low confidence in the services available in the CIL and participants have provided feedback that the service is slow and does not allow them to be independent.
- *Transition* - The feedback from the Local Account has shown that there is a marked change in support between children and adult services and that young people need better support through this process. Whilst there are Learning Disability specific reform as the Special Education Need Disability as part of the Children & Families Act 2014, there needs to be development for young people with a physical disability. Additionally, there is a requirement to have a Memorandum of Understanding between the two local authority services. This work has commenced.
- *Accommodation* - the feedback has shown that the right home environment is a key aspect of improving the quality of life for people who have a physical disability.
- *The Care Act 2014* - The Care Act places a series of new duties and responsibilities on local authorities in relation to care and support for adults. This includes an obligation to review all service users with an open care package to ensure that the right eligibility criteria is being met.
- *Change to asset based approach to care provision* - Knowsley Council has changed its approach to the assessment and provision of care for all people who receive help from Adult Social Care. This approach has shifted the emphasis from council provision to what people can do for themselves and what is available in their community to support them. A consequence of this is that the council may reduce the amount of care and support that it provides. This may prove a challenge for people who have had long standing package of support from the Council.

7. SOURCES OF EVIDENCE AND INTELLIGENCE

Office for National Statistics – 2015
Public Health England – 2015
Projecting Adult Needs and Service Information (PANSI) – 2015
Institute of Public Care – 2015
Oxford Brookes University – 2015