

Leicestershire Joint Strategic Needs Assessment 2015

Chapter 7: **Physical and sensory disability**



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CHAPTER 7 - PHYSICAL AND SENSORY DISABILITY

The Equality Act 2010 defines a person as disabled if they have “a physical or mental impairment resulting in substantial and long-term adverse effects on their ability to carry out normal activities of daily life”. Since 5th April 2011, all public authorities have a statutory duty in respect of equality. This means that they must have due regard to the need to eliminate unlawful discrimination, harassment and victimisation relating to all equality issues, including disability. Disabled people are more likely to live in income poverty, to be without work and to be dependent on the welfare state.¹ Disabled people identify a lack of choice and control over their lives as a key driver of these disadvantages.

A physical disability is any impairment which limits the physical function of one or more limbs or motor ability, including sensory impairments and impairments which limit other areas of daily living, such as cardiovascular or respiratory disorders.

A sensory disability affects one or more senses; sight, hearing, smell, touch, taste or spatial awareness. Sight and hearing loss are common sensory disabilities.

1. Physical Disability

1.1. Evidence of Need

- In 2014, 4.9% of primary school children with statements of Special Educational Needs or at School Action Plus had a physical disability. This equates to 148 children in state-funded primary schools in Leicestershire.²
- In 2014, 3.9% of secondary school children with statements of Special Educational Needs or at School Action Plus had a physical disability. This equates to 104 children in state-funded secondary schools in Leicestershire.²
- In 2012, 11.6% of 16-64 year olds (as an estimate of the population) had a moderate to severe physical disability.³
- The level of moderate and severe physical disabilities in 18-64 year olds is predicated to stay constant until 2030. The level of moderate physical disability rising from 32,188 in 2014 to 32,725 in 2030 and for severe physical disability from 9,658 in 2014 to 10,033 in 2030.⁴
- In 2013/14, 545 per 100,000 18-64 year olds adults with physical disabilities were supported by Adult Social Care through the year, this equates to a year on year increase of 16%, which is line with England's average.⁵
- The proportion of people receiving self-directed support in Leicestershire has increased every year from 10% in 2009/10 to 51% in 2012/13.⁵

- The number of permanent admissions to residential and nursing care homes per 100,000 aged 18-64 population was 11% in Leicestershire in 2012, similar to the England average of 15%.⁵
- In 2013/14 11,390 blue badges were issued by Environment and Transport Department⁶
- The table below demonstrates the number of claimants (November 2014) for ESA/incapacity and Disability benefits

Table 1: Number of ESA/ incapacity and Disability Benefits Claimants, November 2014⁷

	Leicester and Leicestershire (numbers)	Leicester and Leicestershire (%)	East Midlands (%)	Great Britain (%)
ESA & incapacity benefits	32,670	5.1	5.8	6.3
Disabled	6,480	1.0	1.2	1.1

Table 2: Long-term Support for adults in Leicestershire with Physical Disability including Hearing & Visual Impairment, 2013/14⁸

Age Group	Nursing & Residential Services	Community Services	Total people receiving support
18-64	185	1998	2,161
65+	2,013	9,052	10,514

- This demonstrates that overall 51% younger adults and 90% of Older Adults having a Physical Disability are receiving social care support.
- The number of people accessing social care services categorised as having “Physical Disability” totals 1,998 (18-64 years), of which 92% receive community based services.

It should be noted, that these numbers are for commissioned support only and therefore there will be a number of people who are either accessing preventative services or may be self-funders.

- In 2013, 1,160 major adaptations and 8,226 minor adaptations were carried out

1.2. Service Review

- In 2014/15, 219 new clients aged 18-64 with Physical Disability received a reablement service. Of which 51 clients went onto Long-term Support, 3 clients requiring ongoing low level support (aids, adaptations, equipment or assistive technology) and 109 clients went onto other Short Term Support.
- In 2014/15 3, 256 new clients aged 65+ with Physical Disability received a reablement service. Of which 745 clients went onto Long-term Support, 41 clients requiring ongoing low level support (aids, adaptations, equipment or assistive technology) and 1,672 went onto other Short Term Support.

1.3. Gap Analysis

Unfortunately, there are many gaps within the data available. For instance it is difficult to ascertain the number of clients with Physical Disabilities receiving support on a year on year basis as the latest SALT data has a number of clients whereby the primary category of need has not been recorded.

1.4. Recommendations

- To continue promoting aids and adaptations as this enables people to remain as independent as possible.
- The newly formed Lightbulb programme will enable people to become socially included in their community and will provide practical housing support, which again will promote independence and reduce social isolation please refer to chapter 5 (Ageing) for more information.
- Further exploration of the effectiveness and provision of assistive technology, equipment and adaptations would be advantageous. In particular, on the potential benefits for clients and carers as well the impact they may have on commissioning of services (for instance, reducing cost of care packages).

2. Sensory disability

Hearing loss affects over 10 million adults and 45,000 children in the UK.⁹ It has a significant impact on the population as a whole as well as on a personal level.¹⁰

As the population ages, the number of people affected and therefore, the social and economic impact is likely to increase. NHS England's 2015 "Action Plan for Hearing Loss" stated hearing impairment needs to be recognised as a "major public health issue" and "more needs to be done on prevention, early diagnosis and support for those who have permanent hearing loss".⁹ Their 5 objectives are stated below:

1. Early diagnosis and intervention to improve hearing health through support of screening programmes and access strategies.
2. Reduce inequalities through prevention of hearing loss and effective communication support.
3. Integration of services to “focus upon the individual needs of the person with hearing loss”.
4. To support people with hearing impairment in the community to reduce the incident of co-morbidities and isolation.
5. Actively support people of all ages with hearing impairment to partake fully in society.⁹

Hearing impairment is associated with a number of risks factors, including poorer physical and mental health.^{11 12} This includes almost twice the risk of developing dementia in people with mild hearing loss compared to people with normal hearing¹² although part of this could be due to access to health care.

Unemployment is higher in people with hearing loss compared to the overall England average.¹³ It has been estimated that the UK loses £25 billion a year in unemployment and productivity as a results of hearing impairment.¹⁴

There are 1.86 million people in the UK living with visual impairment. By 2020 this number is predicted to increase by 22%.¹⁵

National research shows that the prevalence of sight loss increases with age⁴ and people with visual impairment have an increased risk of loneliness, mental health disorders and poorer socio-economic status.^{16 17 18} People on low incomes and living in areas of high deprivation are less likely to access eye health checks and may therefore be at a higher risk of undiagnosed eye conditions.⁴ It has been shown that there is a higher incident of adults with learning disabilities who have sight loss than the general population (by a factor of 10).¹⁹ Those people with a learning disability are also likely to need support to get used to aids, such as glasses.^{1 19}

Correlations have also been made between the prevalence of visual impairments and certain ethnic groups. For example, people from African and African Caribbean populations are four times more likely to develop glaucoma than people from other ethnic groups; they are also at a higher risk of developing age related macular degeneration under the age of 60. People from the Asian population are at a higher risk of developing cataracts.¹⁹

The NHS spent £2.3bn on eye health services in 2012/13 in England.¹⁶ As the population ages, slight loss and eye disease are likely to become more common.

Research has proposed that if eye diseases were diagnosed and treated earlier, 50% of blindness and serious sight loss cases could be prevented.²⁰

Prevention of avoidable sight loss is recognised as a key priority for the WHO's global initiative for the elimination of avoidable blindness by 2020 – Vision 2020 – The Right to Sight – to which the UK is a signatory and which is also a key priority for Vision 2020UK and the UK Vision Strategy. The 2013-18 UK Vision Strategy has the following aims:

- To improve the general public's awareness of eye health;
- Everyone with an eye condition should receive “timely treatment” with appropriate support available
- Support people with sight loss to integrate better into society and increase their independence.²¹

2.1. Evidence of Need

- In 2014, 2.9% of primary school children in Leicestershire with special educational needs had a hearing impairment, compared to 2.3% in England.²
- In 2014, hearing impairment accounted for 3.7% of Leicestershire secondary school children in Leicestershire who had special educational needs, compared to 3.0% in England.²
- In 2009/10, Leicestershire has significantly higher rates than the England average of adults aged 18 and over registered deaf or hard of hearing adults.⁵
- In 2009/10, there were 217 per 100,000 people aged 18-64 registered deaf or hard of hearing, significantly higher the England average of 173 per 100,000 population.⁵
- In the 65-74 age group, there were 827 per 100,000, significantly higher than England's average of 620 per 100,000 population.⁵
- In 2009/10, Leicestershire's rate of 7,171 per 100,000 population is twice as high as the England rate (3,089 per 100,000 population) for people aged 75 and above and registered deaf or hard of hearing. This highlights the gap between the Leicestershire and the England rate is more pronounced as our population ages.⁵
- The predicated numbers of older adults (aged 65 and over) in Leicestershire with moderate or severe hearing impairment is likely to increase by 67% from 68,456 in 2014 to 114,084 in 2030.²²

- Profound hearing loss in Leicestershire is also predicted to increase. The number of people with hearing loss is estimated to rise from 2,157 in 2014 to 3,729 in 2030 in adults aged 65 and over, a 73% increase.²²
- 2.1% of primary school children in Leicestershire with special educational needs had visual impairment in 2014. England's average is 1.3%.²
- In 2014, 59 secondary school children with statements of special educational needs were visually impaired. This accounted for 2.2% of children with special educational needs in Leicestershire's secondary schools, compared to the England average of 1.7%.²
- In 2014, 0.6% of pupils with statements of SEN or a School Action Plus attending special schools in Leicestershire were visually impaired. In England, 0.8% of these pupils had a visual impairment.²
- In Leicestershire in 2015, 3,834 people aged 65 and over have a moderate or severe visual impairment or a registerable eye condition. The highest proportion (915) are living in Charnwood. Over the next 15 years, this is predicted to rise to 6,362. For 18-64 year olds, the predicted figure is around 260.
- In 2012/13, 108 per 100,000 population aged 12 years and over had preventable sight loss as a result of age related macular degeneration. This was similar to the England average (104 per 100,000 population) and is a decrease from the previous year of 143 per 100,000 population in Leicestershire.²³
- In 2012/13, 9.1 per 100,000 population of 12 years and over in Leicestershire lost their sight due to glaucoma, which was deemed as preventable sight loss. This was similar to the England average of 13 per 100,000 population.²³
- In 2012/13, preventable sight loss as a result of diabetic eye disease in Leicestershire was 2.5 people per 100,000 population in those aged 12 and over, similar to the England average of 3.5 per 100,000 population.²³

2.2. Service Review

- In 2013/14, according to RAP data there were 17 adults with Vision Impairment as a primary need accessing long-term support.
- In 2014/15, there were 3,462 adults on the statutory Sight Register, compared to 3,489 adults in 2012/13 and 3,534 adults in 2013/14. Annually this increases by around 400.

The Adults and Communities department, in line with Care Act requirements, commissions specialist services for individuals with visual impairment or dual sensory loss, with a particular focus on specialist rehabilitation, targeted at those most at risk of needing social care support in the future. In order to prevent individuals experiencing a crisis and/or requiring ongoing social care and support services, the service promotes the benefits of registering visual impairment to potential service users, the available Rehabilitation Services and practical solutions to living and working with visual impairment. This includes working closely and liaising with, hospital services/staff to raise awareness of support available in the County.

The service is also required to identify and support appropriate deafblind individuals to access Social Care Service assessments and to develop support plans, enabling individuals to maximise independence.

2.3. Gap Analysis

In 2013/14, there were a total of 34 adults with a hearing impairment accessing social care support. This number is very low compared to the predicted number of people in Leicestershire (68,456). Therefore, it is assumed that there will be a number of adults that have a Physical Disability as a primary category of need rather than a hearing impairment. In addition, it is viewed that those people with hearing impairment may not necessarily need access to social care support.

2.4. Recommendations

During the review of prevention services in 2013/14 public consultation demonstrated that 25% of respondents felt that the Council should continue to fund specialist services which includes supporting people with vision impairment.

In autumn 2014 the Prevention Review recommended retaining specialist provision for individuals living in Leicestershire who are visually impaired or experience dual sensory loss. Provision has been secured from a voluntary sector organisation to provide rehabilitation/reablement services, support for the local authority in assessing deafblind individuals and maintenance of the statutory Sight Register in the County for the next three years.

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