

# Physical & Sensory Disability

## Introduction

Disability is defined under the Equality Act of 2010 if you "... have a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on your ability to do normal daily activities".

Some people may have disabilities and rights under the Equality Act if they if they have a long standing illness which isn't currently affecting their daily activities.

The Family Resources Survey for 2017/18 reports that 21% (13.3m) of people in the UK reported a disability in 2017/18. The highest proportion of respondents were of state pension age with the lowest proportion being children.

While some disabilities result in people seeking more health care, others do not so the picture is extremely diverse. It is important to ensure that people with disabilities do not experience unmet health needs and recognize that there are health inequalities associated with living with a condition that leads to disability.

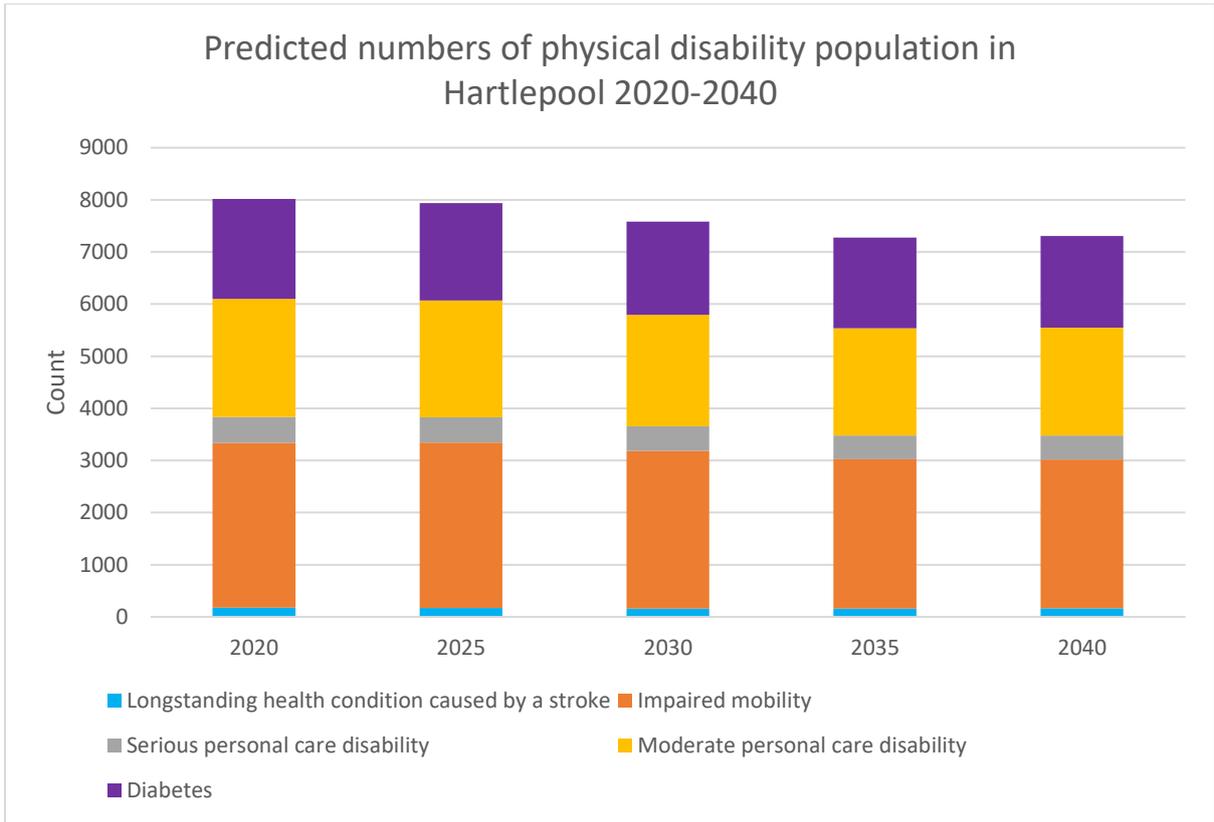
Department for Work and Pensions (2019) *Family Resources Survey 2017/18* [online] [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/791271/family-resources-survey-2017-18.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/791271/family-resources-survey-2017-18.pdf)

World Health Organisation

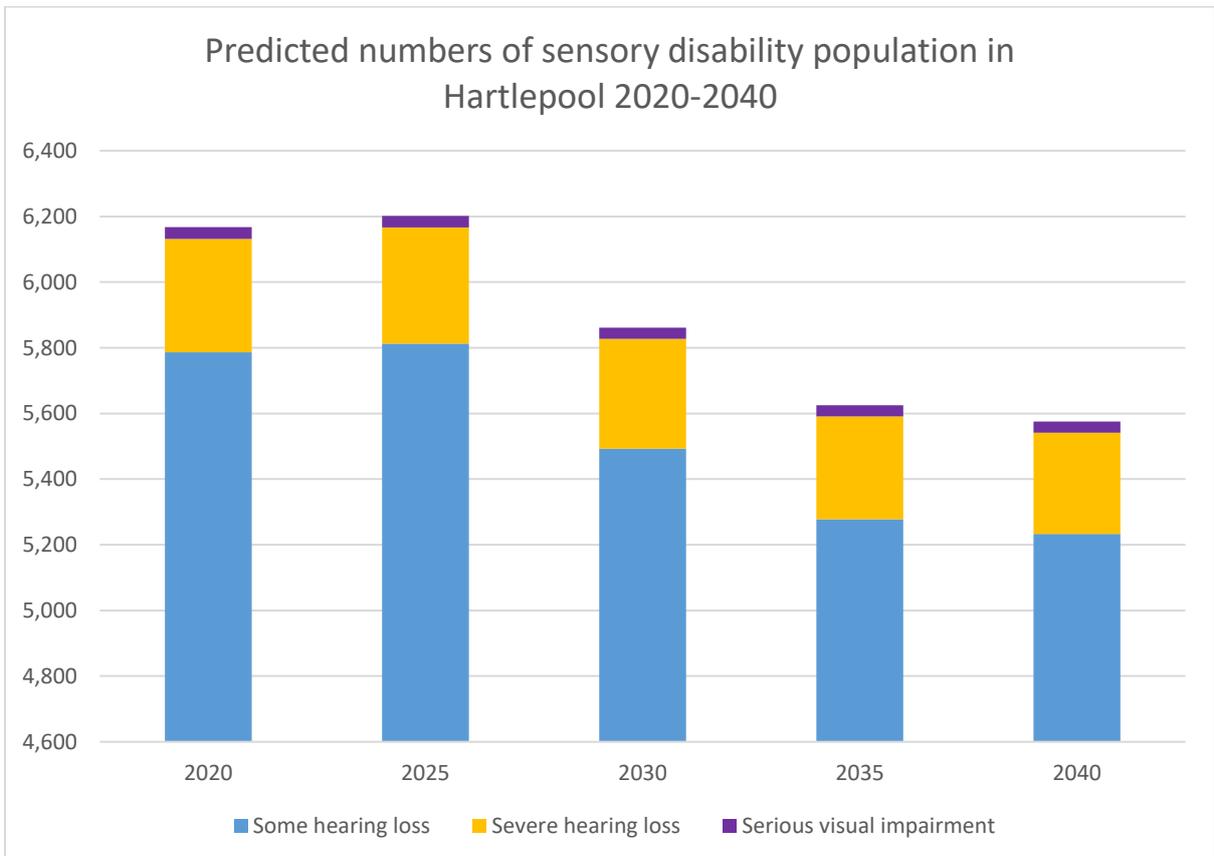
factsheet: <http://www.who.int/mediacentre/factsheets/fs352/en/>

## Main Issues

Prevalence estimates for the Hartlepool adult population with a physical disability show a predicted fall from 8,020 in 2020 to 7,304 in 2040. This is a decline of 9% over 20 years. For sensory disability, the predicted prevalence falls from 6,168 in 2020 to 5,575 in 2040, a decline of 10% over the 20 years.



Source: Projecting Adult Needs and Service Information, 2023



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The breakdown of the physically disabled population in Hartlepool remains very static, with no one condition moving more than 1% of the total across the entire period.

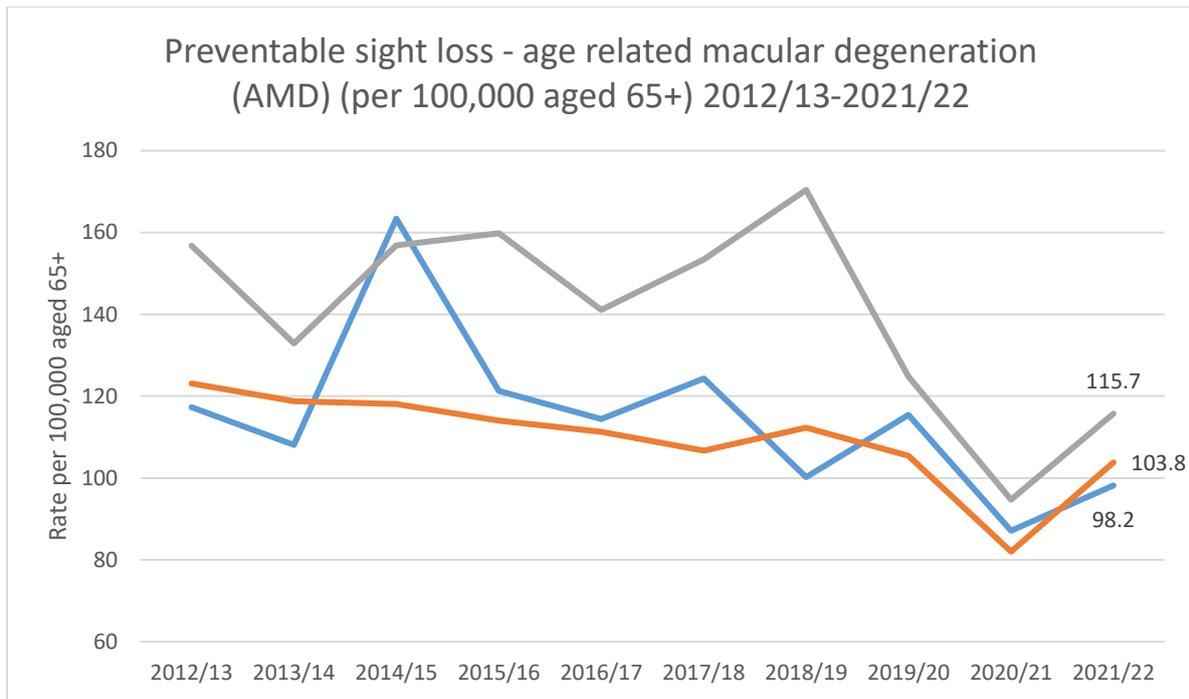
% of Total Predicted Physically Disabled Population	2020	2025	2030	2035	2040
Longstanding health condition caused by a stroke	2.2	2.1	2.1	2.2	2.2
Impaired mobility	39.4	40	39.9	39.3	39.1
Personal care disability	34.5	34.4	34.4	34.6	34.6
Diabetes	23.9	23.5	23.6	23.9	24

Source: Projecting Adult Needs and Service Information, 2023

Impaired mobility is the largest contributor to the estimated physically disabled population in Hartlepool throughout the period, though this is predicted to peak in 2025, before a slight decline. Across all of the physical disability categories, only those aged 45-54 are predicted to see an increase in numbers, with every other age group declining their numbers in each of the categories.

For sensory disabilities, visual impairments are expected to fall by 5.6% from 36 to 34 people, and hearing impairments to fall by 10% from 6,132 to 5,541 people. People aged 35-4 with some hearing loss is the only age group expected to see an increase in numbers within sensory disabilities, increasing by 5%.

Rates of preventable sight loss through age related macular degeneration have fallen from their 2012/13 rate of 117.3 per 100,000 population to 98.2 per 100,000 in 2017/18. This is a fall of 16.3% in 10 years.



Source: OHID, 2023

The 2021/22 rate is a slight increase on the previous year, which follows a similar pattern for both the England average and the north east as a region. Hartlepool's increase from 2020/21 to 2021/22 is 12.7%, which is lower than England's 26.6% and the north east's 22.2%. Hartlepool's 2021/22 rate is the 3<sup>rd</sup> lowest in the north east and is statistically similar to the England average.

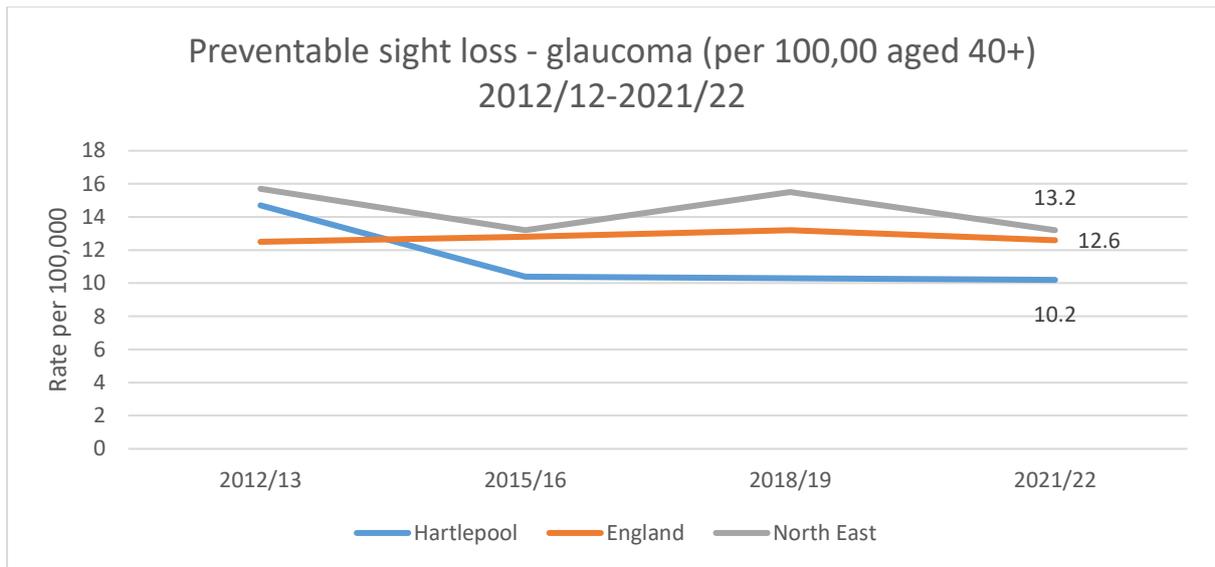
Preventable sight loss: age related macular degeneration (AMD)

Crude rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	10,865	103.8	101.8	105.8
North East region	-	630	115.7*	106.9	125.1
Gateshead	-	60	150.1	114.5	193.2
Middlesbrough	-	34	139.5	96.6	195.0
North Tyneside	-	59	136.5	103.9	176.1
Northumberland	-	107	130.0	106.6	157.1
Newcastle upon Tyne	-	58	129.3	98.2	167.1
County Durham	-	123	109.8	91.3	131.0
South Tyneside	-	34	109.5	75.8	153.0
Redcar and Cleveland	-	34	106.5	73.7	148.8
Sunderland	-	58	102.4	77.8	132.4
Hartlepool	-	18	98.2	58.2	155.2
Stockton-on-Tees	-	32	85.3	58.3	120.4
Darlington	-	13	58.4	31.1	99.8

Source: Calculated by the Office for Health Improvement and Disparities from data provided by Moorfields Eye Hospital and Office for National Statistics

For preventable sight loss due to glaucoma, Hartlepool's rate has remained largely stable, moving no more than 0.1 per 100,000 in any reporting interval.



Source: OHID, 2023

Hartlepool's rate in 2021/22 is statistically similar to the England average and the 4<sup>th</sup> lowest in the north east region.

Preventable sight loss: glaucoma

Crude rate - per 100,000

Area	Recent Trend	Count	Value	95% Lower CI	95% Upper CI
England	-	3,614	12.6	12.2	13.0
North East region	-	186	13.2*	11.4	15.3
Redcar and Cleveland	-	17	22.0	12.8	35.2
Gateshead	-	20	19.1	11.7	29.6
North Tyneside	-	21	18.4	11.4	28.2
Middlesbrough	-	12	17.9	9.2	31.3
Newcastle upon Tyne	-	22	17.3	10.8	26.1
Darlington	-	9	15.4	7.0	29.2
Sunderland	-	22	14.9	9.4	22.6
Stockton-on-Tees	-	15	14.6	8.2	24.2
Hartlepool	-	5	10.2	3.3	23.9
South Tyneside	-	7	8.7	3.5	18.0
Northumberland	-	15	7.8	4.3	12.8
County Durham	-	21	7.4	4.6	11.3

Source: Calculated by the Office for Health Improvement and Disparities from data provided by Moorfields Eye Hospital and Office for National Statistics

## Current Services

Strategy as attached coming to an end for Hearing Loss (See Hartlepool Now) could only find the draft but final document on Hartlepool Now is the same

Primarily individuals with a sensory loss access care and support via a Direct payment, and receive Information, advice and guidance form Hartlepool Blind Welfare or Hartlepool Deaf Services.

Both services are now operating from premises at Cafe 177

We have commissioned Hi -VIs UK (Local provider) to consult on a new sensory loss (Deaf deafblind Blind) strategy

Hi VIs UK are consulting with local providers, Hartlepool carers, Blind Welfare, North Tees & Hartlepool FT, Hartlepool Deaf Centre and NRASS (Northern Regional Association for Sensory Support) who presently provide interpretation and translation services also operating from Cafe 177

We hold a sensory loss register and have about 54 people registered with a Dual Sensory loss

### **Shared Lives**

Shared Lives schemes support adults with learning disabilities, mental health, physical disabilities and other needs that make it harder for people to live on their own. The schemes match someone who needs care with an approved carer. The carer shares their family and community life, and gives care and support to the person with care needs.

Everyone who lives or visits a Shared Lives carer, as well as the carer are part of a local Shared Lives scheme. There are around 150 Shared Lives schemes across the UK. Schemes match people who need support with a Shared Lives carer - giving each person time to get to know each other, and choose to share their family and community lives together - whether for day support, respite, or to move in with their Shared Lives carer's family.

Schemes support each match between people and they assess how suitable and safe the Shared Lives carer's home is.

### **Future Intentions**

#### **Sensory Disability**

Hi VIS UK - are consulting as we speak and will be producing a first draft of the strategy in October.

Working closely also with Hi VIs UK on their Making Waves service (Lottery funded), looking at e-learning and workforce development.

Stroke Navigation service (Check with Jacqui Goddard if we are still commissioning the service) Provides care and support, information advice and guidance to people following a stroke.

## Our Commissioning Intentions:

If the Council does nothing to reduce demand for care and support and the population changes as expected, then demand for state funded care would look as follows by 2030:

	2014	2030
Domiciliary care (hours per week)	7,646	10,322
Day care (placements)	123	166
Residential care (placements) – older people	473	639
Residential care (placements) – 18-64	95	91

- The Council wishes to continue fostering strong relationships with providers which work well for all who need care in the local area. We also wish to ensure that there is a level playing field across all providers, whether private or voluntary, large or small, whilst at the same time developing a diverse market that has real choice for service consumers at its heart.

- These are difficult financial times and the local authority will be funding fewer services. However, it wishes to use its funding to stimulate new forms of care and support activity that are community focussed and co-produced with individuals who use services.
- All funding needs to focus on the outcomes that can be achieved for the expenditure made and driving down long term demand. Therefore, we will work with the sector to explore how we best measure outcomes, pay by virtue of those achieved and where a service is subject to a Local Authority tender, ensure our procurement processes are outcome focused.
- We will look to commission more care jointly with our Clinical Commissioning Group (Hartlepool & Stockton on Tees CCG) so that joined up health and care services can be made widely available.
- As more people will be care purchasers through direct payments and directly as self-funders, we recognise the need to ensure there is better information about local care and support services. We also need to better signpost people to local and national sources of information on quality (see page 13 for some examples). This will predominantly be driven through our on line resource 'Hartlepool Now' but we will continue to ensure information is provided in our community facilities such as libraries, community centres and GP surgeries.
- We also wish to monitor how funding is spent and how we can demonstrate cost effectiveness.
- We will work with providers to ensure there is more comparative data available about care and support both for consumers and for providers.

- **Integration** – Establish integrated health and social care pathways / services that facilitate people living in their own homes, avoid unnecessary admissions to hospital and enable timely and safe hospital discharges, through implementation of the Better Care Fund (BCF) plan and other initiatives for working age adults. We will do this by strengthening preventative services, reablement and assistive technology. Ensuring that there are appropriate step up services that wrap around vulnerable individuals enabling them to be cared for in a non hospital setting.
- **Choice** – Increase choice for people in terms of the services available to them regardless of how those services are funded. This is not simply a choice of provider offering the same or similar services, but a genuine, well-informed choice in terms of what is on offer, when it is available and choice over the person who delivers the service.
- **Drive down demand** – Recognise that at times of financial constraint, services purchased using public funds need to drive down demand and be cost effective. This applies just as much in broad based community services as in high intensity provision. Therefore, we will try to make sure nobody leaves hospital and goes straight to a care home without the offer of reablement and/or intermediate care, and we will at the same time assess with the local voluntary sector the nature of their offer to the local community and ensure we are not funding services which may increase the demand for care rather than reducing it.
- **Support for Self-Funders** – Look to provide more support to self-funders and particularly ensure that people are aware of the range of provision that is available to help people remain within the community.

- **Residential Care** – We will continue to actively monitor the quality of residential care in our area. We will ensure that the new methodology employed by the Care Quality Commission (CQC) is incorporated into our plans, to ensure that residents and their families are not confused by different methods and language. We will support the Clinical Commissioning Group (CCG) to develop the market in the area of residential nursing provision and ensure that the relevant support is provided to keep and attract providers in this area of provision.
- **Dementia** – We will continue to work with Tees Esk & Wear Valleys NHS Foundation Trust and wider partners to deliver more training to both care staff and nursing staff in hospitals and care homes in managing dementia and carry out mapping exercises with the CCG to review current services with the aim to improve pathways and services to meet the needs of individuals with dementia and their families / carers.
- **Home Care** – We will continue to work with providers to ensure outcome focussed practise within our contracts and support providers as they work towards meeting the standards set out in the Ethical Care Charter.
- **Disability/Long Term Conditions** - We will develop an independent living centre that improves outcomes for adults with a disability and / or long term condition.
- **Transforming Care** - Developed to improve the lives of children, young people and adults with a learning disability and/or autism there is a Teeswide Local Authority and CCG collaborative framework to meet the challenges. There are less than 10 people identified from Hartlepool on the programme. There will be personalised plans developed for each individual with accommodation being identified on an individual basis reflecting new models of care.
- **Autism** – We will continue to work collaboratively across the Tees Valley for specialist autism provision. We have a framework contract with eleven providers which lasts until September 2017 with an option to extend for a further 12 months.
- **Mental Health** – We will implement the actions identified by the Mental Health Implementation Plan to improve mental health services for the people of Hartlepool.