

Date Published: 06/02/2013

Next Refresh Date: 31/01/2015

Please read this chapter in conjunction with -

JSNA Chapters:

[Warrington Joint Strategic Needs Assessment Index](#)

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Warrington Joint Strategic Needs Assessment (JSNA) 2011 - Adults with Physical Disabilities - Service Uptake Chapter



The Joint Strategic Needs Assessment (JSNA) considers a wide range of factors that affect the health and wellbeing of the people of Warrington. The objective of the JSNA is to involve partner organisations, such as the local NHS, local authorities, Police, Fire and third sector organisations in order to provide a top level, holistic view of current and future need within the borough. The JSNA is used to agree key priorities to improve the health and wellbeing of all our communities at the same time as reducing health inequalities.

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Executive Summary

Introduction

Warrington Borough Council has a statutory duty under the NHS Community Care Act to assess social care needs. For the purposes of this chapter we will consider the health and care needs of adults aged 18-64 with a physical disability. Adults aged 18-64 with other types of disability are discussed in other JSNA chapters. For information on people aged 65 or over please see the JSNA chapter 'Older People Service Uptake.'

The type of service offered depends on the level of need of the potential service user. In order to assess the level of need, a typical pathway would be:

- Referral (by self/friend/neighbour/health professional) to the Access Social Care (ASC) team.
- ASC would provide an initial assessment.
- They may then provide information and advice, signpost to other, more appropriate services, such as those offered by the third sector, or pass the referral to a social work team for further assessment.
- A social work assessment would be more detailed than the initial assessment completed by the ASC team and could result in the commissioning of a range of services, including reablement, community based services (such as home care and day care), or residential based services (such as residential or nursing care).

Those service users who receive an on-going package of care are known as 'open' or 'on team caseload'. People who are open will receive a review of their needs at least once a year to determine if the services are still appropriate.

Based on prevalence data, there are an estimated 2,959 adults aged 18-64 with a serious physical disability living in Warrington¹.

In the course of a year, Warrington Borough Council will provide services to just over 1,000 adults with a physical disability².

Warrington Borough Council commissions a significant portion of its services (excluding equipment) for adults with a physical disability through the Independent Living Services Care Management (ILM) Team.

The ILM team is primarily an assessment and care management team for physically disabled people between the ages of 18-64 that meet the organisation's statutory duties³. However, to minimise the risk of age related inconsistency, the team continue to work with adults with complex care needs after their 65th birthday and work with all people who have motor neurone disease. The figures below reflect this.

Table 1. Age breakdown of ILM caseload during the year 2010/11

Age Range	Number	Percentage
16-24	12	3
25-34	39	10
35-44	59	16
45-54	101	27
55-64	122	32
65-74	39	10
75-84	-	-
85+	-	-
Not Known	-	-
Total	379	100

Source: Warrington Borough Council.

Note: Numbers less than 5 but not 0 are shown as '-'

The 379 adults recorded in Table 1 are those with the most complex, challenging and on-going needs. Other adults with physical disabilities who require one-off services, such as a piece of equipment or a minor adaptation, are recorded separately. During 2010/11 there were over

850 adults aged 18-64 who received a piece of equipment or minor adaptation⁴. Some of this is recycled through the equipment loan store. This is typically the larger, more expensive items, or those items where recycling is straightforward, for example the fitting of new ferrules to a walking aid. Other items are not routinely recycled due to reasons such as cost or hygiene.

In addition to physically disabled adults, there are a number of people who, on referral, can be classed as 'other'. This includes, but is not limited to, those with alcohol problems; people with an as yet undiagnosed condition; victims of violence and asylum seekers. Responsibility for accepting referrals is shared between ILM, Mental Health and Learning Disability Services, although only ILM accepted referrals are recorded in this chapter.

The team's caseload on the 1st April over the past five years is as follows:

Table 2. ILM Caseload at the end of the financial year 2010/11

As at 1st April	Number
2007	288
2008	318
2009	324
2010	363
2011	326

Source: Warrington Borough Council

Note: Table 1 shows caseloads during the year 2010/11 and Table 2 shows caseloads at the end of the financial year 2010/11 so the totals do not match

The ILM team also assessed and care managed service users who had an Acquired Brain Injury (ABI) until late 2010 when the services moved to the responsibility of the Learning Disability Services. This accounts for the decrease in cases of about 40 people between the financial year end 2010 and 2011, as reported in Table 2.

Key Issues and Gaps

While ILM caseload numbers have remained consistent, the complexity of individual cases has increased. This is due largely to practice issues, such as the implementation of the Mental Capacity Act⁵, and formal and robust safeguarding processes. It is also due to people surviving longer with both deteriorating neurological conditions and severe trauma, and to the greater adherence to the Continuing Care legislation⁶, with more complex cases remaining the responsibility of Social Care.

Many of the commissioning challenges relate to the relatively small number of clients in a wide range of groups. For example, due to a small number of people requiring residential or respite care, it is difficult to achieve economies of scale. The private sector market place for providing this type of care is also very small and so there is very limited choice for service users.

Warrington has a very low Black and Minority Ethnic (BME) population (approximately 4.5% of people aged 18-64)⁷ and this population is from a variety of backgrounds, with no one group having significant numbers (please see the General Demographic chapter of the JSNA). Therefore, there are low numbers of people with physical disabilities from each BME group. This makes it difficult to consult these groups comprehensively. In turn, it can be difficult to commission timely and appropriate services, although a flexible interpretation and use of the 'Individual Budget' has addressed this to some degree. (*An Individual budget is a cash amount provided to the service user (following an assessment of needs) to allow that individual a greater choice of how those assessed needs are met.*)

There are very low numbers of members of other minority groups recorded – particularly relating to sexuality. Our recorded caseload of people who stated their sexual orientation as gay, lesbian or bisexual (approximately 0.5%⁸) is below the expected incidence for people who chose to state (1.5%).⁹ Some of this may be due to staff being reluctant to ask questions regarding sexual orientation at a time of crisis. The lack of information may affect this service user group having the opportunity to inform policy and may ultimately not receive the required service.

There has been a substantial increase in safeguarding referrals and a new (2011), local, comprehensive safeguarding process to adhere to.

There have been considerable developments in Mental Health legislation, in particular the Mental Capacity Act. This has resulted, in tandem with the safeguarding process of more 'legal' type work, either within a litigation process or hearings to the Court of Protection.

One of the services provided to physically disabled adults is a supported tenancy. This is a service where the service user has their own tenancy in a property, often shared, and where additional support is provided on site to assist in daily living. There are 7 bungalows in Warrington with 24 hour care offering supported tenancy. In addition, the council has nomination right on 4 other bungalows.

Recommendations for Commissioning

- Enhancing the dialogue with minority groups. This is being addressed through the 2011 ILM Equality Impact Assessment.
- More widely, multi-organisational consultation may be required to increase the choice for the small number of disabled adults requiring residential care.
- Consideration of the development of further Independent Living Scheme/Supported Housing for young disabled adults.
- Development of the market generally to provide community based alternatives to traditional services e.g. day care, which people with disabilities might choose to access through a Direct Payment.

Footnotes

¹ Projecting Adult Needs and Service Information (Health Survey for England, 2001)

Available from: www.PANSI.org.uk [Accessed 22 November 2011]

The prevalence rates have been applied to ONS population projections of the 18 to 64 population to give estimated numbers predicted to have a moderate or serious physical disability to 2030.

² Referrals Assessments & Packages of Care statutory data return 2010/11 P1 column A row 1 (data produced by Warrington Borough Council).

Summary data available at: <http://www.ic.nhs.uk/>

³ National Health Service and Community Care Act 1990 [online]

Available from: <http://www.legislation.gov.uk> [Accessed: 22 November 2011]

⁴ Referrals, Assessments & Packages of care 2010/11 P2F column H row 11 (data produced by Warrington Borough Council).

Summary data available at: <http://www.ic.nhs.uk/>

⁵ Mental Capacity Act 2005 [online]

Available from: <http://www.legislation.gov.uk> [Accessed: 22 November 2011]

⁶ The National Framework for NHS Continuing Healthcare and NHS funded Nursing Care in England 2007 [online]

[Accessed: 22 November 2011] Available from: <http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk>

⁷ Projecting Adult Needs and Service Information (2011) [online]

Available from: www.pansi.org.uk [Accessed: 22 November 2011]

Figures are taken from Office for National Statistics (ONS) Table PEEGC309: LAD 2009 Single Year of Age by Ethnic Group, mid-2009. This table is a commissioned table from the Population Estimates by Ethnic Group (Release 8.0), ONS. The Estimates, released in May 2011, are experimental statistics. This means that they have not yet been shown to meet the quality criteria for National Statistics, but are being published to involve users in the development of the methodology and to help build quality at an early stage.

⁸ Warrington Borough Council, selected equality monitoring figures ILM team - August 2011 (Data produced by Warrington Borough Council).

⁹ Office for National Statistics Integrated Household Survey April 2010 to March 2011 : Experimental Statistics [online]

Available from: <http://www.esds.ac.uk>

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1) Who's At Risk and Why

Physically disabled adults aged 18 to 64 who are assessed as requiring residential or nursing care will have limited choice as to where the care will be provided due to the small number of people requiring this care and the small number of providers able to provide this service. It is noted, however, that there has been a 38% reduction in permanent residential placements in Warrington in the past 4 years. This is due to significant work being done by care managers to ensure that suitable services are made available, so that the person can continue to live as **independently as possible, for example through reablement or individual budget services.**

Minority groups may be at risk of not having their needs met due to the lack of data available for Warrington service users to ensure that any specific needs that they may have in relation to their culture, ethnicity, race, sexuality are being addressed.

Warrington currently provides services for people whose needs have been assessed as Critical, **Substantial or Moderate.** Warrington was one of only two authorities in the North-West to still offer services to people assessed as 'Moderate' under **Fair Access to Care Services (FACS).** A decision was taken in August 2012 that the Council would no longer fund services to meet Moderate needs.

Fair Access to Care Services is a process that determines the level of care that people with social care needs can expect to help them cope and keep them fit and well (SCIE, 2010). FACS bandings have four levels: Critical, Substantial, Moderate and Low. A brief description of these bandings is below. For a more detailed description please see the Social Care Institute for Excellence publication '*Fair Access to Care: your questions answered*' (SCIE, 2010).

Critical – Where life is, or will be, threatened or significant health problems have, or will, develop.

Substantial – There is an inability to carry out the majority of personal care or domestic routines, or abuse or neglect has, or will, occur.

Moderate – There is an inability to carry out several personal care or domestic routines, or several support systems and relationships cannot, or will not, be sustained.

Low – There is, or will be, an inability to carry out one or two personal care or domestic routines, or one or two family and other social roles and responsibilities cannot or will not be undertaken.

Warrington at present continues to meet 'Moderate' needs when providing equipment which aids **independence or intermediate care services.**

Those with lower assessed needs will cease to be eligible for council funded services.

All people receiving community care services will undergo a reassessment of their care needs from October 2012. The Council will target services at those most vulnerable, continuing to meet critical and substantial need in the most cost effective way.

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2) The Level of Need in the Population

The level of need for older people (aged 65+) can be found in the older people's services JSNA chapter. The level of need for adults aged 18-64 with mental health problems or learning disabilities can be found in the respective JSNA chapters. The level of need for carers aged over 18 can be found in the carers JSNA chapter.

Table 3 shows the estimated number of adults aged 18-64 living in Warrington in 2010 with a 'moderate' disability. These figures are based on the findings in the Health Survey for England HSE 2001 (DoH, 2003). People were regarded as having a moderate physical disability if the level of severity of disability of at least one of five physical disability domains was 'moderate'. The five domains were:

- Locomotor (walking and using stairs)
- Seeing
- Hearing
- Communication
- Personal care (activities of daily living, including getting in and out of bed or a chair, dressing, washing, feeding and toileting)

Questions on incontinence were also asked in the survey but were not included in the disability scoring. This was mainly because the broad definition of 'bladder problems' used in the survey did not easily lend itself to distinguishing between those with an incontinence disability and those without (DoH, 2003).

A 'moderate' disability should not be seen as equating to a 'moderate' need in relation to FACS.

The figures in Table 3 are based on the national rates being replicated in Warrington.

Table 3. Moderate Physical Disability in Warrington

People estimated to have a moderate physical disability ¹	2010
Aged 18-24	656
Aged 25-34	983
Aged 35-44	1,697
Aged 45-54	2,881
Aged 55-64	3,636
Total aged 18-64	9,852

Note: Figures may not sum due to rounding

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Table 4 shows the number of people in Warrington estimated to have a serious physical disability based on the national findings in the HSE 2001 survey (DoH, 2003).

Table 4. Serious Physical Disability in Warrington

People estimated to have a serious physical disability ¹	2010
Aged 18-24	128
Aged 25-34	94
Aged 35-44	515
Aged 45-54	802
Aged 55-64	1,415
Total aged 18-64	2,954

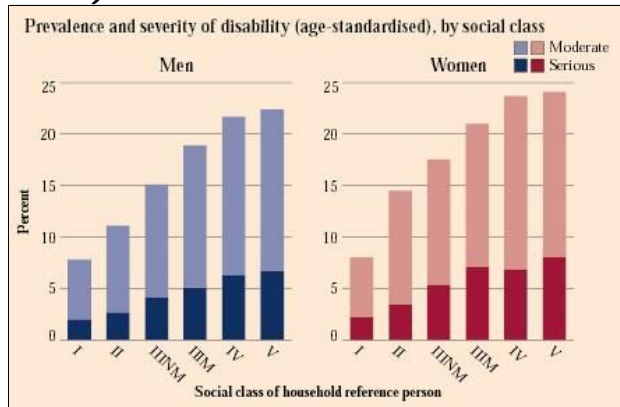
Note: Figures may not sum due to rounding

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The most commonly reported type of disability in Warrington was locomotor disability. 12% of men and 14% of women reported having locomotor disability. A quarter of men with a locomotor disability reported it as being serious, with the corresponding proportion for women being a third (DOH, 2003).

Nationally, it has been shown in the Health and Safety Executive (HSE) 2001 (DoH, 2003) that the rates of physical disability in both men and women increase as their social class decreases.

Chart 1. Prevalence and Severity of Disability, by Social Class (HSE 2001 survey; DoH, 2003)²



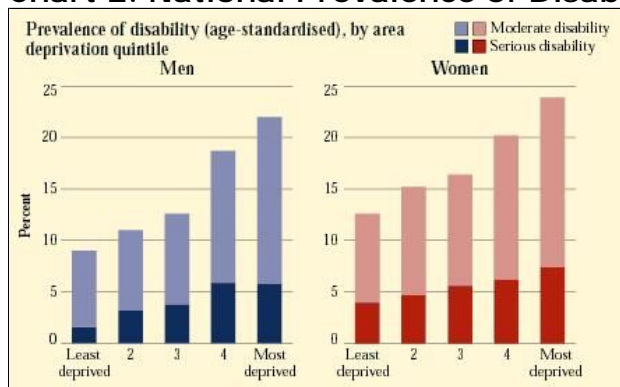
Social Class Classifications: I professional, II intermediate, IIIN skilled non-manual, IIIM skilled manual, IV semi-skilled manual, V unskilled manual

Approximately 7.5% of professional respondents (male and female) were recorded as having a moderate or serious physical disability. This steadily increases as social class decreases. For people in the social class of 'unskilled manual', approximately 22% of men and 24% of women were recorded as having either a moderate or serious physical disability.

The prevalence of physical disability also increases with levels of deprivation in a geographical area. On average, 9% of men and 12% of women in the 20% least deprived areas have a moderate physical disability. For the 20% most deprived areas, this increases to 22% of men and 24% of women (DoH, 2003).

Chart 2 shows the relationship between physical disability prevalence and areas of deprivation.

Chart 2. National Prevalence of Disability, by Area Deprivation Quintile²



Footnotes

¹ Projecting Adult Needs and Service Information [online]

Available from: www.pansi.org.uk

This table is based on the prevalence data for moderate and serious disability by age and sex included in the Health Survey for England, 2001, edited by Madhavi Bajekal, Paola Primatesta and Gillian Prior.

² Department of Health Health Survey for England 2001 [online]

Available from: <http://www.archive2.official-documents.co.uk/document/deps/doh/survey01/skf/skf04.htm#a5>

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3) Current Services in Relation to Need

This chapter discusses the services in place to meet the needs of adults aged 18-64 with physical disabilities in Warrington. Older people in receipt of services can be found in the older people's service uptake JSNA chapter and services for adults aged 18-64 with mental health problems or learning disabilities can be found in the respective JSNA chapters.

Table 5 shows the services being provided by Warrington Borough Council Adult Social Care over recent years. For a full description of each of these service types please see Appendix A.

Table 5. Number of adults aged 18-64 with physical disabilities helped to live at home¹

		2006/07	2007/08	2008/09	2009/10*	2010/11
Physical Disability Residential Care	LA residential care	0	0	Data not required		
	Independent residential care	15	15	20	15	15
	Nursing care	25	25	50	15	15
Physical Disability Community Care	Home Care	225	240	220	185	215
	Day Care	90	80	70	65	55
	Meals	15	15	15	5	-
	Overnight Respite	60	0	0	0	0
	Short-Term Residential	0	55	50	35	35
	Direct Payments	85	95	100	195	155
	Professional Support	335	315	310	260	250
	Equip & Adapt	785	755	760	800	740
	Other	50	60	50	40	35
	TOTAL	1040	1000	995	1045	1010
Total of Above		1055	1015	1010	1055	1020

Figures rounded to the nearest 5.

Numbers less than five, but not zero are represented by '-'

*If a person was in receipt of Self Directed Support they were included in Direct Payments, regardless of the actual service received

Please note that in the table above a person may appear in more than one category during the course of the year, so the totals may not seem to add up.

Chart 3. Total Number of Adults aged 18-64 in Warrington with Physical Disabilities in Receipt of Services from Adult Social Care

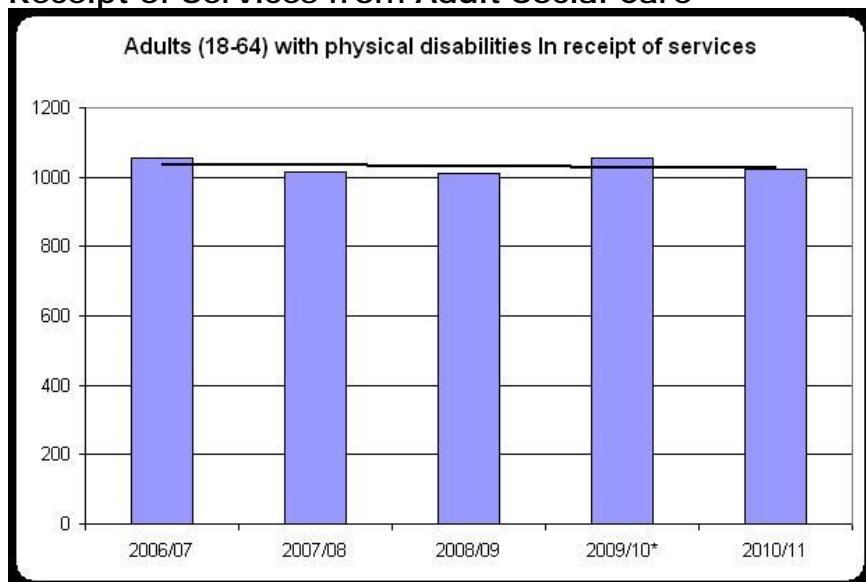


Chart 3 and Table 5 show that there has been little variation over the last 5 years of the number of adults in receipt of services, although there has been a decline in the number of people in receipt of residential/nursing care (from 41 to 29).

There has also been a significant reduction in the number of people in receipt of day care (down from 90 to 55) due to the closure of Dallam day care centre.

A positive point is that, of the 1020 people in receipt of a service during 2010/11, 1010 of them had a community care service at some point in the year. This is still less than half of the 2,954 estimated to have a serious physical disability in Warrington. This indicates that either the

remainder are coping with their disabilities without the need for social care intervention or there are people who need assistance, but are either unwilling or unable to ask for assistance.

Self Directed Support

The number of people in receipt of self directed support has risen dramatically over the last few years. This has been especially marked for physically disabled adults. Self directed support can either be through a direct payment, where cash is paid to the service user (or their representative), or through a virtual/managed budget where the person is aware of their budget and has agreed with a support plan for how the budget is spent, but the money is managed by the council.

Direct Payments

In regard to direct payments, the number of adults receiving a direct payment as part or all of their service package has increase from 87 in 2006/07 to 156 in 2010/11, which is a 79% increase in provision over 4 years. Nationally, the number of adults receiving a direct payment as part or all of their service package has increased from 48,000 in 2006/07 to 124,780 in 2010/11, which is a 160% increase¹.

In terms of current service provision, as at 31st March 2011, 35% of adults with a physical disability received some or all of their service through a direct payment (136 out of 388).

Managed Budgets

In addition to the 156 people in receipt of a direct payment, there were an additional 172 people whose budgets were managed by the council. This is a total of 328 people in the year out of a total of 1009 (33%). This is above the national benchmark figure set for 2010/11 of 30% (TLAP, 2009).

Equipment Use

In addition to the people in Table 5 who have a primary need of a physical disability, there are other adults that will be in receipt of services that will meet the needs of a physical disability, but the person's main reason for a receipt of a service will be a learning disability or a mental health problem and their physical disability may be a secondary one.

Table 6 shows all adults aged 18-64 in receipt of an equipment or adaptation service, with a column highlighting those people who, although receiving a physical disability service, their physical disability is not their primary need.

Table 6. Adults aged 18-64 who have Received at Least One Item of Equipment¹

Year	Adults with a primary need of physical disability	Adults with a primary need of mental health or learning disability	All adults
2006/07	785	100	885
2007/08	755	105	860
2008/09	760	110	870
2009/10	800	130	930
2010/11	740	115	855

Third Sector Provision

In addition to services commissioned or provided directly by Warrington Adult Social Care, there are a substantial number of people who also receive services provided through the voluntary sector.

Although there are many third sector providers in Warrington, only those to which Warrington Borough Council has provided a grant during 2010 are discussed here. During 2010/11 Warrington Borough Council provided funding to 28 schemes run by the third sector which provided mainly social care type services. See Table 7 for examples of services provided by third sector organisations. Of these 28 schemes, 13 were mainly or wholly for people with a

physical disability and aged 18-64.¹

During a sample week in November 2010, approximately 700 adults with a physical disability received a service through one of these schemes, of which 500 could be attributed to Warrington Borough Council funding. Of the 500, it was estimated that 300 were not receiving any other services from social services (GFS 1, 2010).²

Table 7. Most common services offered by Warrington Adult Social Care Grant Funded Organisations, November 2010

Type of service	No people aged 65+ supported in a sample week (8th-14th November 2010)
Information & Advice	324
Sports Access	83
Mobility	46
IT Training	40
Equipment	14
Gardening	12

Footnotes

¹ Referrals, Assessments & Packages of care 2010/11 (data produced by Warrington Borough Council). Summary data available at: <http://www.ic.nhs.uk/>

² Grant Funded Services (GFS1) data return 2010 Part B 'people receiving person-centred services via schemes in voluntary organisations. (data produced by Warrington Borough Council) Summary data available at: <http://www.ic.nhs.uk/>

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4) Projected Service Use and Outcomes in 3-5 Years and 5-10 Years

Projected Level of Demand

Table 8 was created using the figures reported in the Health Survey for England 2001 (DoH, 2003) to generate a baseline prevalence figure and project forward to 2030 using ONS population projections.¹

Table 8. People aged 18-64 predicted to have a serious physical disability in Warrington

	2010	2015	2020	2025	2030
Aged 18-24	128	119	110	109	118
Aged 25-34	94	105	108	102	96
Aged 35-44	515	447	451	508	524
Aged 45-54	802	867	810	710	721
Aged 55-64	1,415	1,415	1,612	1,752	1,641
Total aged 18-64	2,954	2,953	3,092	3,181	3,100

Note: Figures may not sum due to rounding

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Table 8 shows that over the next 20 years there is predicted to be a rise of 5% in the number of people in Warrington with a serious physical disability. However, over the next 5 years there is predicted to be no overall increase.

Currently 1,020 people aged 18-64 with a physical disability are in receipt of a service provided by Warrington Borough Council Adult Social Services. Assuming no other underlying changes, there is expected to be a 5% increase in service users from 1,020 in 10/11 to 1,070 in 2030.

Table 9. Projected Number of Service Users with a Moderate or Serious Physical Disability aged 18-64

Year	Projected number of service users
2010/11	1,020
2014/15	1,020
2019/20	1,068
2024/25	1,099
2029/30	1,070

These projections should be treated with caution as other factors (not just changes in population) will have an effect on the number of adults with a physical disability.

Footnotes

¹ www.PANSI.org.uk - This table is based on the prevalence data for moderate and serious disability by age and sex included in the Health Survey for England, 2001, edited by Madhavi Bajekal, Paola Primatesta and Gillian Prior.

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5) Evidence of What Works

Most academic research on the efficiency of supported housing is around older people's services. However, in 2006 the Housing Learning & Improvement Network published research (Ledwidge, 2006) showing that supported housing also works for younger physically disabled adults. The following quotes are taken from this research.

"The right environment and support reduces levels of dependency and reduces the need for intensive packages of care".

"Extra care housing can work for younger physically disabled adults and is a genuine alternative to long-term residential (or even nursing) home provision".

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6) (Target) Population/Service User Views

In 2010, Warrington Borough Council was required to carry out the Annual Adult Social Care statutory survey (DoH, 2011) on a random sample of its service users. This postal survey was sent out in January 2010 for people who were in receipt of a service the previous September. In total, Warrington sent out 1,000 surveys and received 478 responses, of which 55 were from people aged 18-64 with physical disabilities. This is just over 15% of those in receipt of a service.

Table 10. Adults aged 18-64 with a physical disability response, Annual Statutory Adult Social Care Survey 2011

Survey responses - Annual Statutory Survey - 2011		Adults 18-64 with physical disability	
Question	Response	%	Total Respondents
Q1 - Overall, how satisfied are you with the care and support services you receive?	Quite satisfied or better	86.80%	53
Q2 - Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?	Alright or better	80.00%	55
Q3 - Which of the following statements best describes how much control you have over your daily life?	Adequate or better	70.90%	55
Q4 - Thinking about your personal care, by which we mean being clean and presentable in appearance, which of the following statements best describes your situation?	Adequate or better	98.20%	55
Q5 - Thinking about the food and drink you get, which of the following statements best describes your situation?	Adequate or better	92.70%	55
Q6 - Which of the following statements best describes how clean and comfortable your home is?	Adequate or better	94.50%	55
Q7 - Which of the following statements best describes how safe you feel?	Adequate or better	87.30%	55
Q8 - Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?	Adequate or better	78.20%	55
Q13 - In the past year, have you found it easy or difficult to find information and advice about support, services or benefits?	Fairly easy or better	70.40%	54
Q19 - How well do you think your home is designed to meet your needs?	Meets most or all needs	81.80%	55

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7) Unmet Needs and Service Gaps

At the end of 2011 we have a 5 person waiting list for 24 hour supported accommodation. Without such provision there is a danger of young adults being inappropriately admitted into residential care.

There is no 'Wet-House' for people with chronic alcohol problems. For further information on alcohol services please refer to the JSNA chapters on Mental Health and Alcohol. The JSNA chapter on Mental Health also provides useful information on the co-morbidity between physical disability and mental health.

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8) Recommendations for Commissioning

- Enhancing the dialogue with minority groups. This is being addressed through the 2011 ILM Equality Impact Assessment.
- More widely, multi-organisational consultation may be required to increase the choice for **the small number of disabled adults requiring residential care.**
- Consideration of the development of further Independent Living Scheme/Supported Housing for young disabled adults.
- Development of the market generally to provide community based alternatives to traditional services e.g. day care, which people with disabilities might choose to access through a Direct Payment.

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9) Recommendations for Needs Assessment Work

1. Market development to promote alternatives to traditional services e.g. day care.
2. Multi-authority exploration of the needs for residential and residential nursing care for physically disabled adults.
3. Consideration for the development for further Independent Living Scheme/Supported Housing for young disabled adults.
4. Investigation of the viability of further investment in Direct Payment support services to both identify early any mismanagement and assistance for the Service Users to manage more effectively.
5. Increased consultation with BME and other minority groups.

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Key Contacts

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Appendix A

Services provided by Adult Social Care (as shown on the Referrals, Assessments & Packages of care (RAP) statutory return:

LA Residential Care – 24 hour permanent placement in a Local Authority residential home with no nursing provision.

Independent Residential Care – 24 hour permanent placement in a residential home provided through the independent sector with no nursing provision.

Nursing Care – As for independent residential care, but with a nursing care element.

Home Care – Practical services which assist the service user to function as independently as possible and/or continue to live in their own homes. This includes traditional home help services, such as helping a person prepare a meal, get dressed, ready for bed etc, as well as overnight, live in and 24 hours services, and help with routine household tasks which may not necessarily happen in a person's house, such as shopping.

Day Care – Pre-planned attendance, following a community care assessment, at a day care centre for day care and/or meals. This includes attendance at training centres and luncheon clubs, but drop in day centres where anyone can attend are not included here.

Meals – Historically, this has included services such as meals on wheels, frozen meals through a third party and meals in day centres. However, in Warrington there is now no 'meals on wheels service' funded by adult social care and people using the frozen meals service now deal directly with the supplier. The only meals now included are those provided in day centres or those provided through family based care.

Overnight Respite – Both this term and 'short-term residential' have been used to refer to the provision of short term residential care for any purpose other than respite care of a carer – this would be reported separately as a carer's service. Currently these clients are recorded against 'short-term residential'.

Short-Term Residential – Both this term and 'overnight respite' have been used to refer to the provision of short term residential care for any purpose other than respite care of a carer – this would be reported separately as a carer's service. Currently these clients are recorded against 'short-term residential'.

Direct Payments – Cash payments made to a service user in lieu of directly provided or commissioned services (following an assessment of their needs). The direct payment can be for all or part of a person's assessed services. The service user can then use the direct payment to purchase services to meet their needs.

Professional Support – *'Proactive support, specified clearly within the support plan in which the care manager is providing support beyond the usual assessment, commissioning, monitoring and review process' to meet an identified need.'*

This definition refers to support which could potentially be commissioned externally, such as **Cognitive Behaviour Therapy, job coaching or counselling**. It could also typically include the support provided by occupational therapists within intermediate care around reablement activities, the rehabilitation officers with visually impaired people (ROVIs) who support people with mobility and independent living skills training and the deafness support worker.

If social workers are providing regular, planned support in relation to these kinds of activities or to complete specific tasks, such as supporting contact meetings, accessing money or other practical or therapeutic interventions this is classed as 'professional support'.

Equip & Adapt – Provision of a piece of equipment or an adaptation to a person's home, following an assessment that will enable them to live as independently as possible. This will

include the provision of small items, such as chair raisers to assist a person getting on and off a chair, to significant adaptations to a persons home, such as a ground floor bathroom.

Other – Other community based services not covered above. In Warrington this only refers to transport services.

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