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Please read this chapter in conjunction with -

**JSNA Chapters:**

[Warrington Joint Strategic Needs Assessment Index](#)

[Warrington JSNA Older People - Service Uptake Chapter](#)

[Warrington JSNA Adults with a Sensory Impairment - Service Uptake Chapter](#)

[Warrington JSNA Children and Young People with Disabilities Chapter](#)

[Warrington JSNA General Demographic Chapter](#)

[Warrington JSNA Mental Health Chapter](#)

[Warrington JSNA Carers Chapter](#)

[Warrington JSNA Alcohol Chapter](#)





















physical disability and aged 18-64.<sup>1</sup>

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).<sup>2</sup>

**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**

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

<sup>2</sup> 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.<sup>1</sup>

**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*

<sup>1</sup> [www.PANST.org.uk](http://www.PANST.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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## References

DoH (2003) Health Survey for England 2001, Edited by Madhavi Bajekal, Paola Primatesta and Gillian Prior, The Stationary Office 2003.

DoH (2011) Personal Social Services Adult Social Care Survey

Ledwidge (2006) Extracare housing is not just for older people – supporting people with physical disabilities in Bradford. Housing Learning and Improvement Network, Viewpoint no 5, 2006.

SCIE (2010) Fair Access to Care: your questions answered, Social Care Institute for excellence 2010.

TLAP (2009) Think Local Act Personal, definition of measure –‘Good Performance’ [Available at: [http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/Personalisation\\_ad-01-26\\_NI\\_130\\_revised\\_definition\\_no\\_age\\_stand.doc](http://www.thinklocalactpersonal.org.uk/library/Resources/Personalisation/Personalisation_ad-01-26_NI_130_revised_definition_no_age_stand.doc)]

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