Physical disability in adults aged 16-64 years

Summary

- A physically disabled person is somebody who has a physical impairment which has a substantial and long-term adverse effect upon their ability to perform normal day-to-day activities. Historically, there have been two ways of conceptualising physical disability the 'medical model' and the 'social model'.
- There are an estimated 30,000 people aged 15-64 years who would describe themselves as disabled in Greenwich (around 20% of the population). Of these there are an estimated 14,700 people with a "limiting physical disability" of whom 8400 receive the Disability Living Allowance (DLA). This amounts to 5.7% of the population of Greenwich which is a substantially greater percentage than either the England or the London average.
- The prevalence of physical disabilities rises with age and is more prevalent in areas that are more deprived. The ward with the highest proportion of people receiving the DLA is Abbey Wood at 7.2% and the lowest is Eltham North at 2.6%
- In Greenwich, the majority of people (78%) who receive Disability Living Allowance receive both care support and mobility support.
- According to the Projecting Adults Needs and Service Information. (PANSI[1]) data, there are nearly 3,000 people aged 18-64 with serious disabilities in Greenwich who need social care and support in 2012, rising to around 3,300 by 2020. This estimate represents around 20% of the total number of people with a limiting physical disability
- Over half of the physical disability in Greenwich aged 16-64 years is caused by illness such as arthritis; the remainder are caused by accidents or have been present from birth due to congenital abnormalities
- Physically disabled people tend to report their general health status as being far poorer than the Greenwich average. In a number of different ways, they are also more likely to be exposed to risk factors that could further harm their health.
- Employment is known to be an important determinant of health and well-being. Over 70% of non-disabled adults aged 18-64 years are in employment. The proportion of moderately and severely disabled adults who are in employment is far lower – 28% and 15% respectively.
- Research strongly indicates a high prevalence of mental health problems amongst those with physical disability. Research across England has shown that depression amongst physically disabled people is not simply accounted for by the underlying health condition that causes their disability; it is the resulting disability (including society's response to it) that has a major impact on mental health.

[1] Oxford Brookes University's Projecting Adults Needs and Service Information

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

- Further, PANSI data suggests that 1,164 adults aged 18-64 years have a serious personal care disability such that they require help with certain tasks such as getting in and out of bed, washing and using the toilet. The number of adults with a disability accessing social care services is significantly lower than this figure of 1,164 at around 56%. However, many adults with a disability in receipt of care services will have other needs, such as a learning disability or a mental health problem, which is recorded as their primary need.
- 52% of clients have packages with a physical disability that cost less than £200 per week and a further 25% have packages between £200 and £499. Only 9% of clients have a care package that exceeds £1,000 per week.
- Research shows that people who remain physically active despite their disability are three times more likely to feel generally more well than those who are less physically active. For example an exercise programme for people with arthritis was shown to both improve physical function and reduce arthritis-associated pain.
- For people aged 16-64, Disability Living Allowance will be replaced by a Personal Independence Payment from 2013. This is a result of the Welfare Act 2012. All individuals currently receiving Disability Living Allowance will be reassessed to determine their eligibility for a Personal Independence Payment.
- The Royal Borough of Greenwich and the Greenwich Clinical Commissioning Group have established a Joint Commissioning Group for People with Physical Disabilities. This group will build on the information presented above, to systematically assess the health and social care needs of physically disabled people and ensure that the two organisations are commissioning services accordingly.

Source: Greenwich JSNA 2013/14 “Closing the Gap.” Public Health & Well-Being, Royal Borough of Greenwich.

What do we know about physical disability?

Introduction

Understanding the needs of physically disabled people is not straightforward. First, because there are a number of different definitions of physical disability, deciding what we mean by 'physical disability' is complicated. Second, because physical disability includes a wide range of different people with a wide range of different needs.

The most prevalent causes of physical disability are medical in nature, the most common of these being arthritis. Other causes include disabilities that were present from birth (congenital) or those resulting from accidents.

The Disability Discrimination Act 1995 legally defines a disabled person as "somebody who has a physical or mental impairment which has a substantial and long-term adverse effect upon their ability to perform normal day-to-day activities". This definition remains current, having been re-stated by the Equality Act 2010, with the following detail:

- 'long-term' means that the effect of the impairment has lasted or is likely to last for at least twelve months
- 'normal day-to-day activities' include everyday things like eating, washing, walking and going shopping

The legal definition of disability is notably broad in terms of the disability's causation and impact. The onset of physical disability can occur at any age – from birth (such as a congenital abnormality or cerebral palsy), or later in life due to accident or illness.

Historically, there have been two ways of conceptualising physical disability. These are often viewed as being in opposition to one another, which has been the source of some contention. The two are the 'medical model' and the 'social model'. The 'medical model' says that disability is caused by a physical impairment. If a person has severe arthritis, for example, it is the disease of arthritis that disables them, impairing their ability to perform normal day-to-day activities. Many people disagree with this model, or at least see it as incomplete. The 'social model' says that disability is not so much a result of the physical impairment itself, but of society's response to that impairment. An individual who has had a leg amputated is not so much disabled by the absence of a leg, as by the society that views the person differently from others, and is organised in such a way that impairs their ability to play an equal part in it.

In the United Kingdom, the Government Office for Disability Issues strongly encourages the use of the social model in assessing the needs of disabled people. It summarises the social model as saying that "disability is created by barriers in society" and categorises the barriers into three categories:

- **The environment** — including inaccessible buildings and services
- **People's attitudes** — stereotyping, discrimination and prejudice
- **Organisations** — inflexible policies, practices and procedures.

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

Emphasising the range of barriers that disabled people face is important. Access to services and facilities is too easily narrowly thought of in terms of the physical barriers that wheelchair users encounter. But, nationally, only 4% of disabled people use a wheelchair. The social model is certainly the model preferred by disabled people, having been adopted by most national and international representation organisations.

National strategies

The Government Office for Disability Issues published "Fulfilling Potential" in December 2011, a discussion document intended to generate a conversation on how best to meet the aspirations of people with disabilities. In September 2012 two subsequent documents were published; one summarising the "Discussions So Far" and the other setting out the "Next Steps". Although no specific actions have yet been identified (these will be published during 2013) the discussions have looked at various aspects of people's lives including:

- Opportunities for training and work experience
- Gaining employment and staying employed
- Successful transitions at key life stages
- Making your voice heard
- Better support for independent living
- Greater financial control
- Advice, support and advocacy when you need it
- Better access to services and information
- Better health outcomes
- Accessible housing
- Knowing your rights
- Promoting participation and involvement

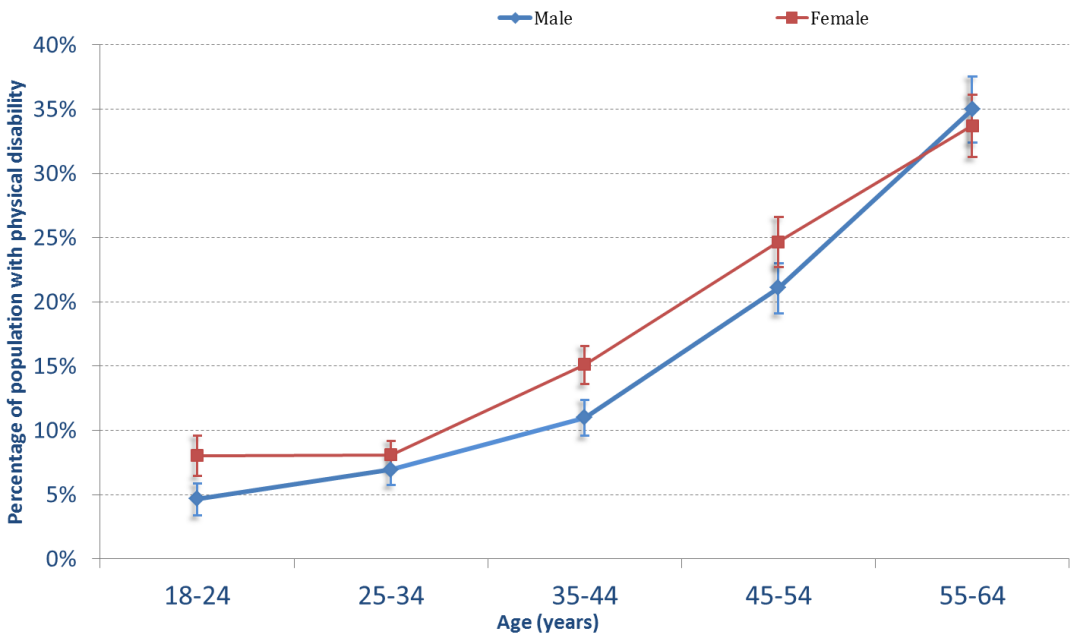
Facts and Figures

In Greenwich, there are an estimated 29,700 working-age adults (aged 18 to 64 years) who report themselves as being disabled[2]. As would be expected, the prevalence of physical disability rises with age (see figure 1). Notably, among the 18-54 age group, the prevalence of physical disability is higher among females at 9% compared to 5% among males. Conversely, in the 55-64 age group, prevalence is slightly higher among males (35%) compared to females (33%).

[2] Estimates based on Health Survey for England 2001 data

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

Figure 1: Prevalence of physical disability by age and sex in Greenwich, adults aged 18 to 64 years

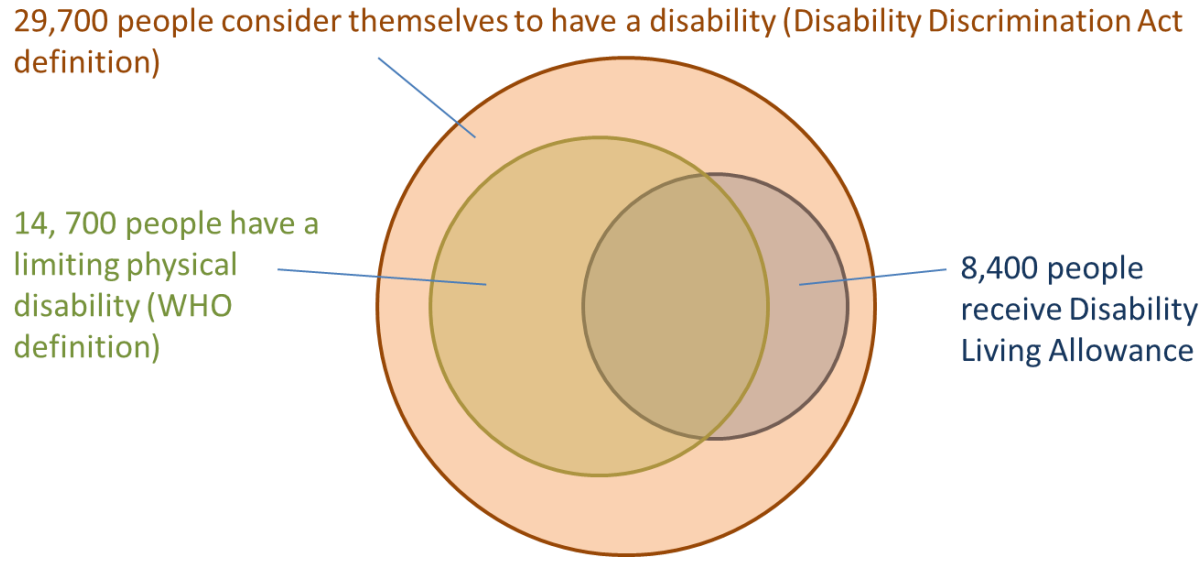


Source: Annual Population Survey 2011 estimates based on London data, estimated for mid-2009 Greenwich population. Confidence intervals of 95% are shown.

Of the 29,700 estimated people with physical disability in Greenwich, 14,700 have what the World Health Organization definition would call a 'limiting physical disability'[3]. Of these around 8,400 people receive Disability Living Allowance[4]. These figures represent 20%, 10% and 5.7% of the population of Greenwich aged 18-64 years, respectively (see figure 2).

[3] Annual Population Survey 2011
[4] Disability Living Allowance data. Department for Work and Pensions. 2012.
Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

Figure 2: The prevalence of disability in Greenwich by different measures, adults aged 18 to 64 years

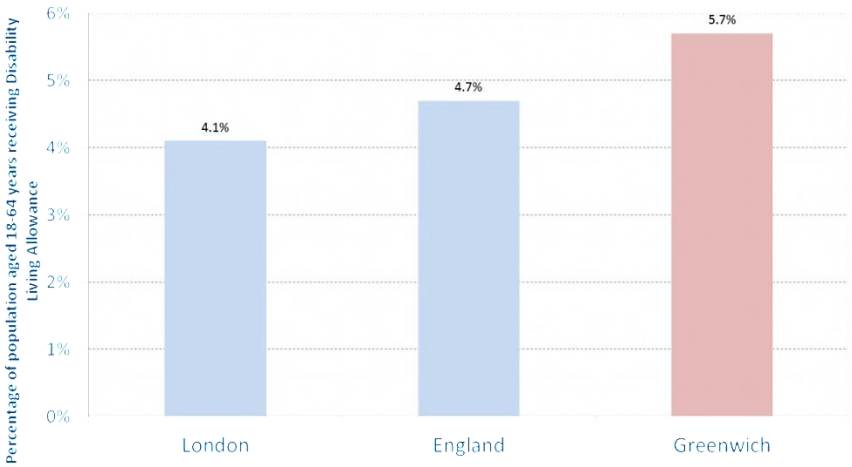


Source: Health Survey for England 2001, Annual Population Survey 2011, Department for Work & Pensions 2012

As shown in figure 2, only a sub-group of disabled people receive Disability Living Allowance, but Disability Living Allowance data are useful in understanding this group. They show that 5.7% of the working-age population in Greenwich receive Disability Living Allowance and that this is a substantially greater percentage than either the England or the London average (see figure 3).

Source: Greenwich JSNA 2013/14 “Closing the Gap.” Public Health & Well-Being, Royal Borough of Greenwich.

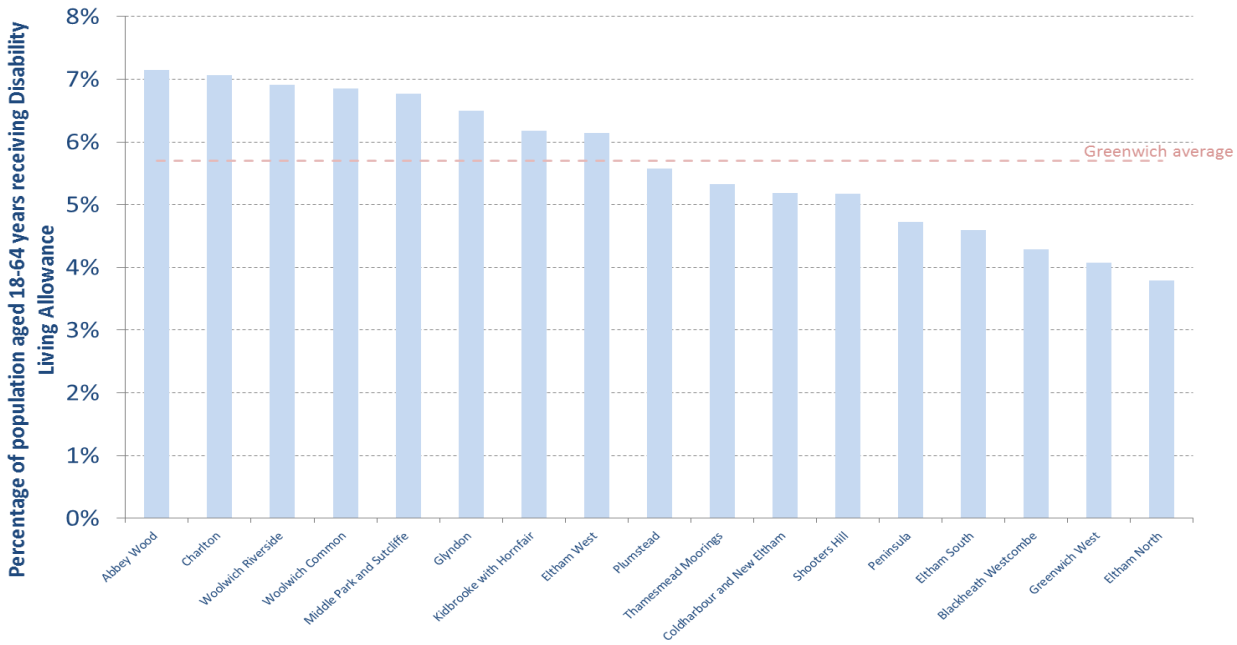
Figure 3: Percentage of population aged 18-64 years receiving Disability Living Allowance



Source: Department for Work & Pensions 2012.

The prevalence of disability also varies considerably within Greenwich (see figure 4). It is lowest in Eltham North, at 3.8%, and highest in Abbey Wood, at 7.2%.

Figure 4: Percentage of population aged 18 to 64 years receiving Disability Living Allowance by Greenwich ward



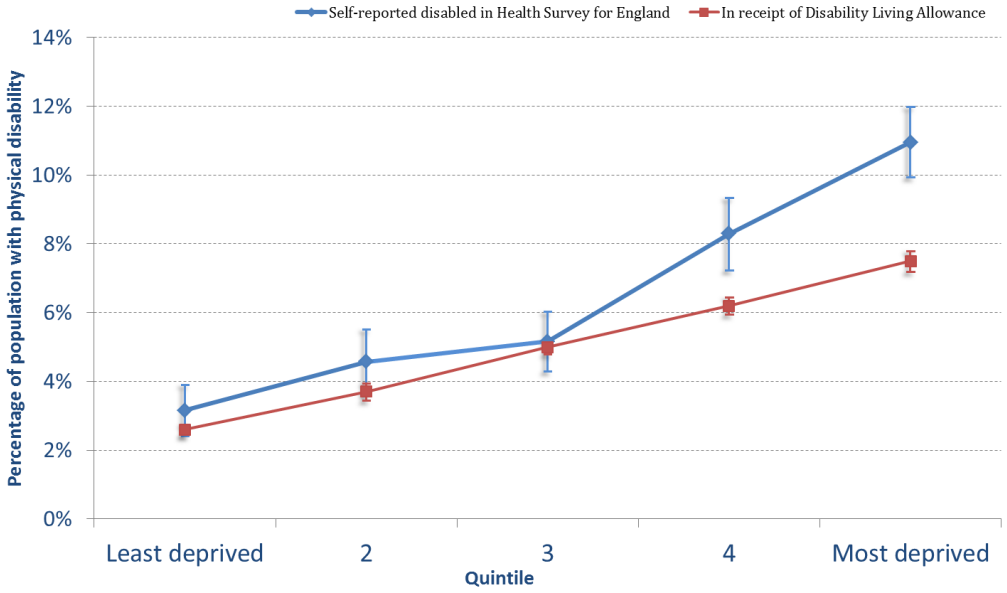
Source: Department for Work & Pensions 2012; mid-2009 population estimates for Greenwich

Dividing Greenwich into areas smaller than wards, we also see that the prevalence of disability is much greater in areas that are more deprived than it is in less deprived areas (see

Source: Greenwich JSNA 2013/14 “Closing the Gap.” Public Health & Well-Being, Royal Borough of Greenwich.

figure 5). Indeed, whilst only 2.6% of the population living in the least deprived 20% of the borough receive Disability Living Allowance, more than double that proportion of the population in the most deprived 20% of the borough receive it (6.2%)."

Figure 5: Prevalence of physical disability by deprivation quintile in Greenwich, adults aged 18 to 64 years

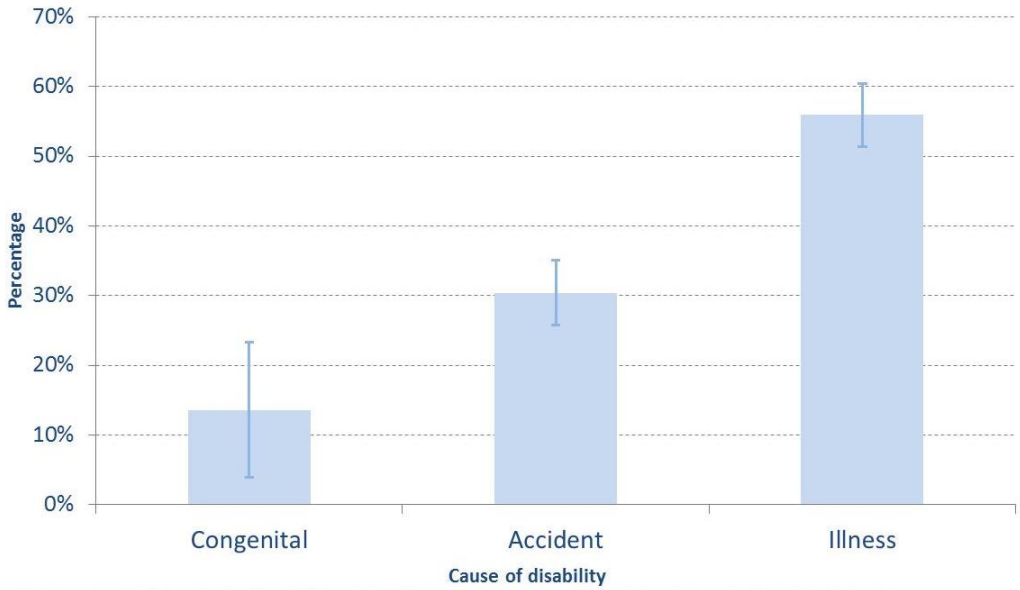


Sources: Disability Living Allowance data for Greenwich (Department for Work & Pensions 2012). Health Survey for England estimates based on 2001 national data. (Age and sex-standardised to mid-2009 Greenwich population. Quintiles defined by Index of Multiple Deprivation. 95% confidence intervals shown.)

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

More than half of all physical disability in Greenwich is caused by illness (see figure 6). The remainder is present from birth (congenital) or caused by an accident.

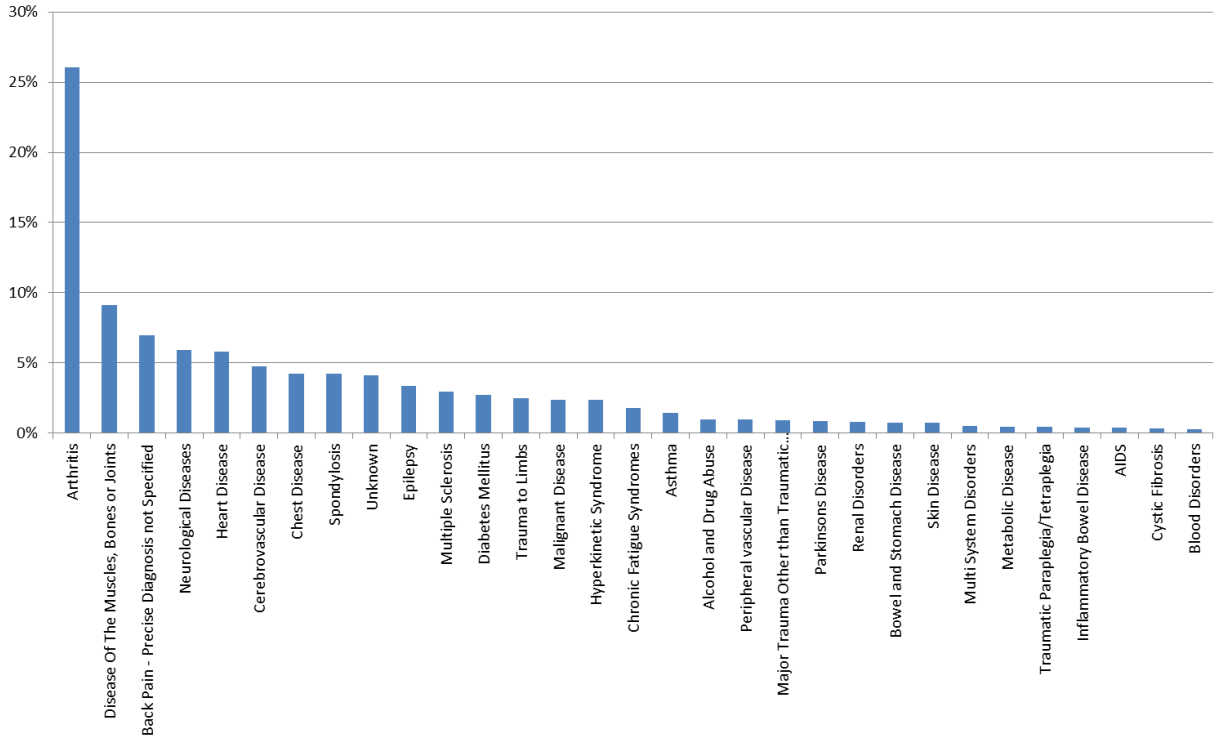
Figure 6: Cause of physical disability in Greenwich, adults aged 18 to 64 years



Source: Health Survey for England estimates based on 2001 national data, age-, sex- and IMD-quintile-standardised to mid-2009 Greenwich population. 'Congenital' estimated as the absence of an accident or illness report.

The most common medical cause of physical disability amongst Disability Living Allowance (DLA) recipients in Greenwich is arthritis (see figure 7). The DLA data suggest that an even higher proportion of people in Greenwich with a disability have it as a result of illness.

Figure 7: Medical cause of physical disability in Greenwich, Disability Living Allowance recipients aged 18 to 64 years



Source: Department for Work & Pensions 2012. Conditions affecting fewer than five people are not shown.

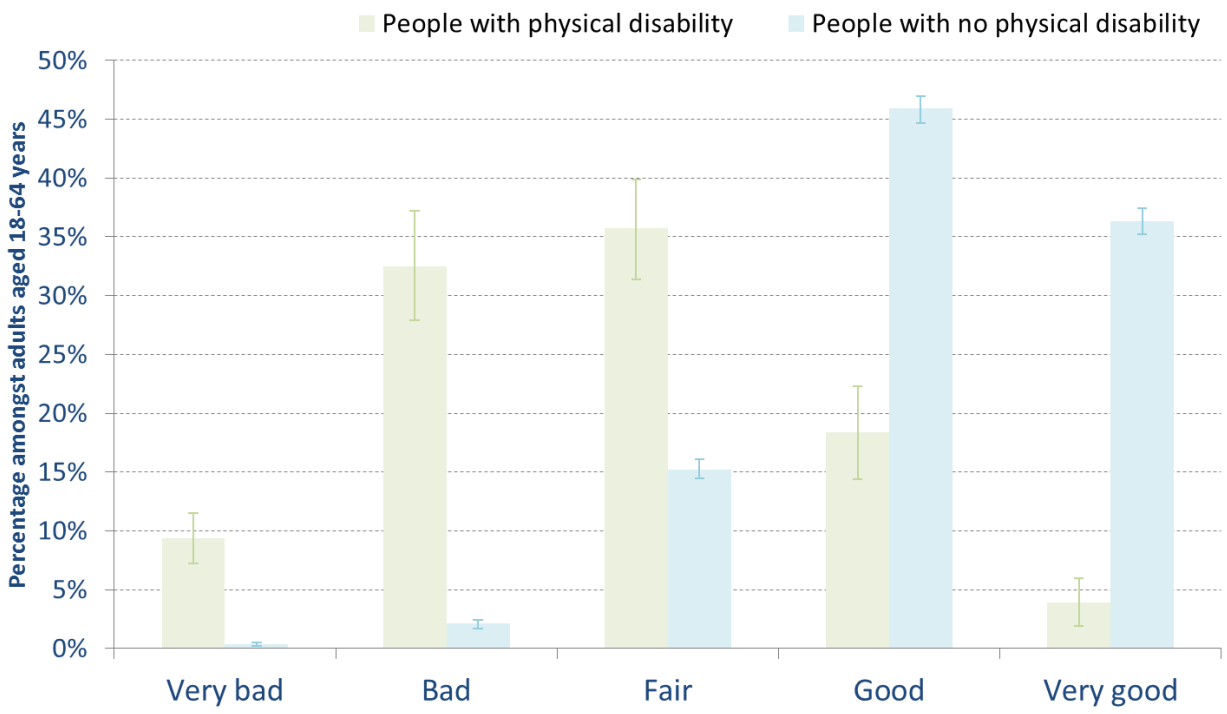
Health inequalities

There is little Greenwich-specific data to tell us about the specific health and social care needs of people with physical disability. We do have some information about England as a whole, and are able to make estimates about Greenwich by adjusting this data to reflect the age, sex and deprivation structure of our local population. We can also draw on published research and other work that provides useful evidence.

It is clear that the health and well-being of physically disabled people is poorer than that of people with no physical disability, and that this is not simply due to the medical cause of their physical disability. Physically disabled people tend to report their general health status as being far poorer than the Greenwich average (see figure 8). More than one-third of the non-disabled population reports their general health as being ‘very good’ - this figure is just 4% for disabled people. Employment is known to be an important determinant of health and well-being; whilst more than 70% of non-disabled adults aged 18-64 years are in employment, the proportion of moderately and severely disabled adults who are in employment is far lower at 28% and 15% respectively .

Source: Greenwich JSNA 2013/14 “Closing the Gap.” Public Health & Well-Being, Royal Borough of Greenwich.

Figure 8: Self-reported general health status, adults aged 18 to 64 years in Greenwich



Source: Health Survey for England estimates based on 2001 national data, age-, sex- and IMD-quintile-standardised to mid-2009 Greenwich population.

In a number of different ways, physically disabled people are more likely to be exposed to risk factors that could further harm their health (see figure 9). National data suggest that they are more likely than the non-disabled to smoke. They are less likely to eat five portions of fruit and vegetables a day, which may be a marker of overall quality of diet. If they drink alcohol, they are more likely to score highly on the CAGE[5], which assesses the risk of alcohol dependence.

Figure 9 also shows that physically disabled people are nearly three times more likely than the non-disabled to score highly on the GHQ-12 questionnaire, which assesses the risk of adverse mental health (such as anxiety or depression). This, and other research, strongly illustrates the high prevalence of mental health problems amongst those with physical

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[5] CAGE is an internationally used assessment instrument for identifying problems with alcohol; 'CAGE' is an acronym formed from selected italicised letters in the questionnaire..
Have you ever felt you should C ut down on your drinking?

Have people A nnoyed you by criticizing your drinking?

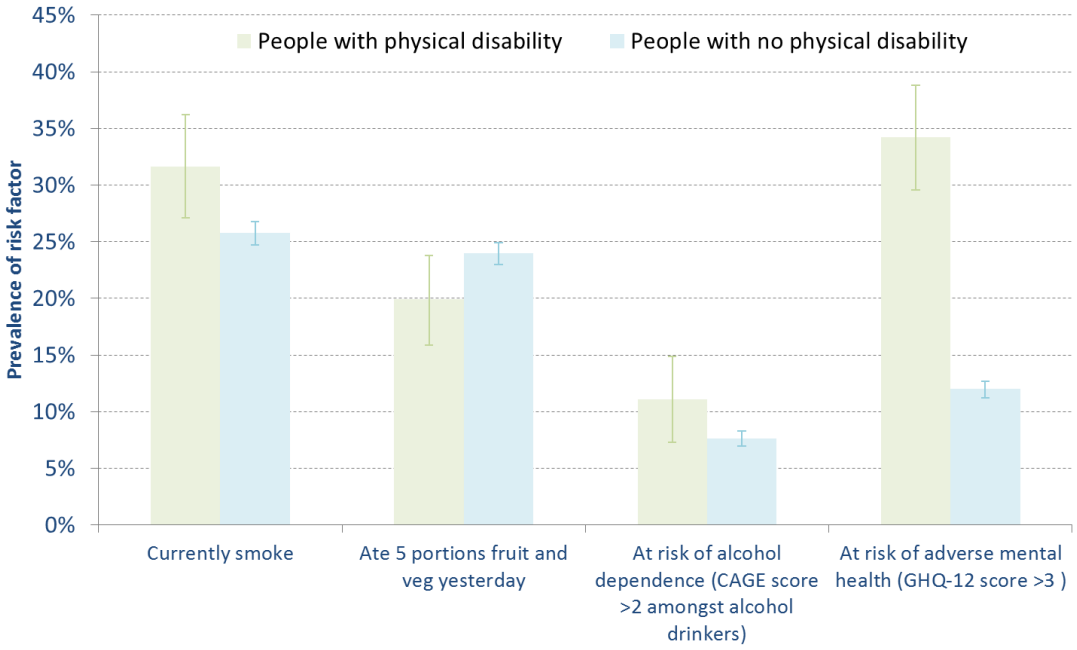
Have you ever felt bad or G uilty about your drinking?

Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (E ye opener)?

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

disability. Research across England has shown that depression amongst physically disabled people is not simply accounted for by the underlying health condition that causes their disability; it is the resulting disability (including society's response to it) that has a major impact on mental health. The less people are able to undertake the usual activities of daily living, the more likely they are to be depressed[6].(Meltzer H, Bebbington P, Brugha T, McManus S, Rai D, Dennis M, et al Journal 2012)

Figure 9: Prevalence of specific health risks amongst people aged 18-64 years in Greenwich



Source: Health Survey for England estimates based on 2001 national data, age-, sex- and IMD-quintile-standardised to mid-2009 Greenwich population.

Prevalence of People Requiring a Social Care Service

PANSI[7] data projects that there are 2,975 people aged 18 - 64 with a serious disability in Greenwich in 2012, rising to 3,088 in 2015 and 3,337 by 2020. This number represents a small subset (about 20%) who need social care and support out of the total number of people with a limiting physical disability in Greenwich (14,700).

Further, PANSI data suggests that 1,164 adults age 15-64 years have a serious personal care disability such that they require help with certain tasks such as getting in and out of bed,

[6] Meltzer H, Bebbington P, Brugha T, McManus S, Rai D, Dennis M, et al. Physical ill health, disability, dependence and depression: Results from the 2007 national survey of psychiatric morbidity among adults in England. Disability and Health Journal 2012; 5: 102-110

[7] Oxford Brookes University's Projecting Adults Needs and Service Information

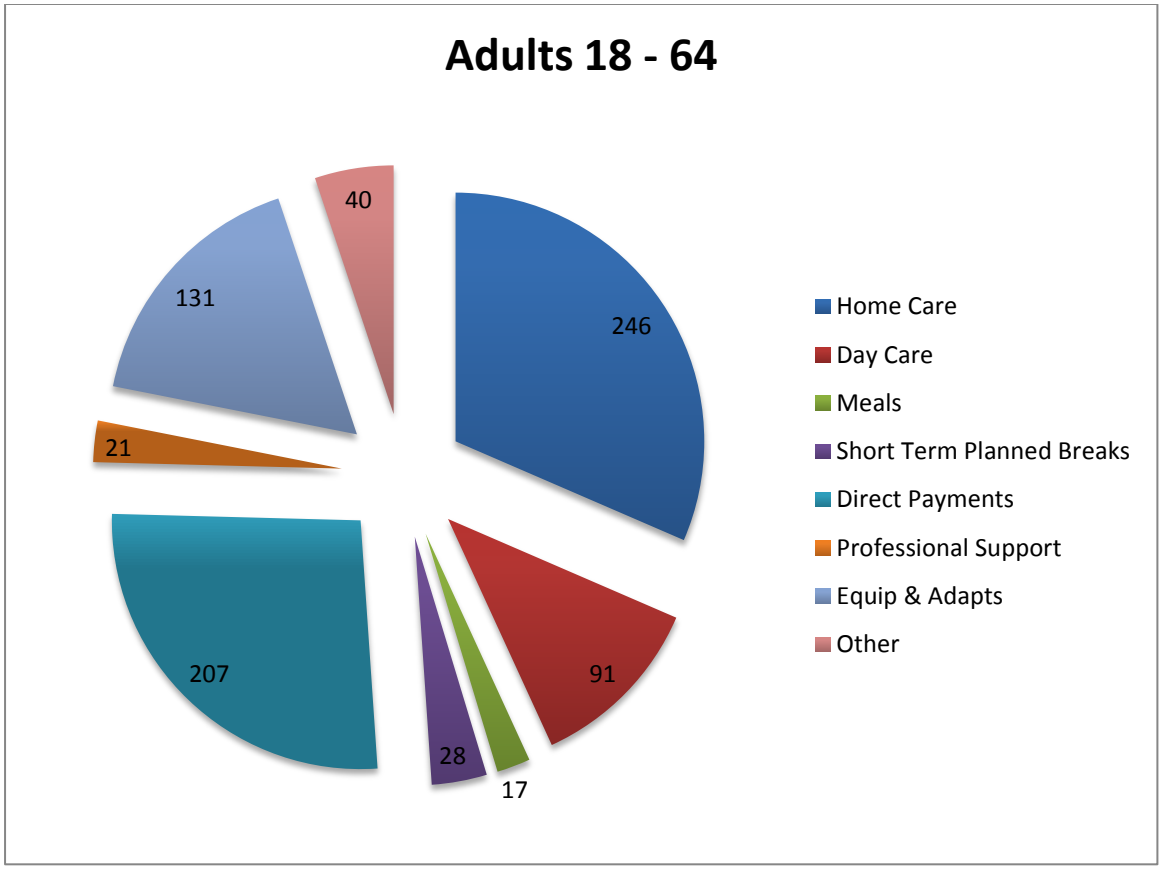
Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

washing and using the toilet. The actual number of adults with a disability accessing social care services (655) is significantly lower at only 56% of the projected figure of 1,146. However, many adults with a disability in receipt of care services will have other needs (i.e. a learning disability or a mental health problem) that are recorded as their primary need.

The number of people in receipt of a service at any one time will vary. Some people will require only time limited or one-off interventions whilst others will need long-term or indefinite support. A snapshot of live social care cases at August 2012 recorded 422 people in receipt of a service at that time. However, in 2011/12, a total of 655 adults aged 18 – 64 accessed services. Figure 10 summarises the data reported by Royal Greenwich on the number of people that engaged with services in 2011/12.

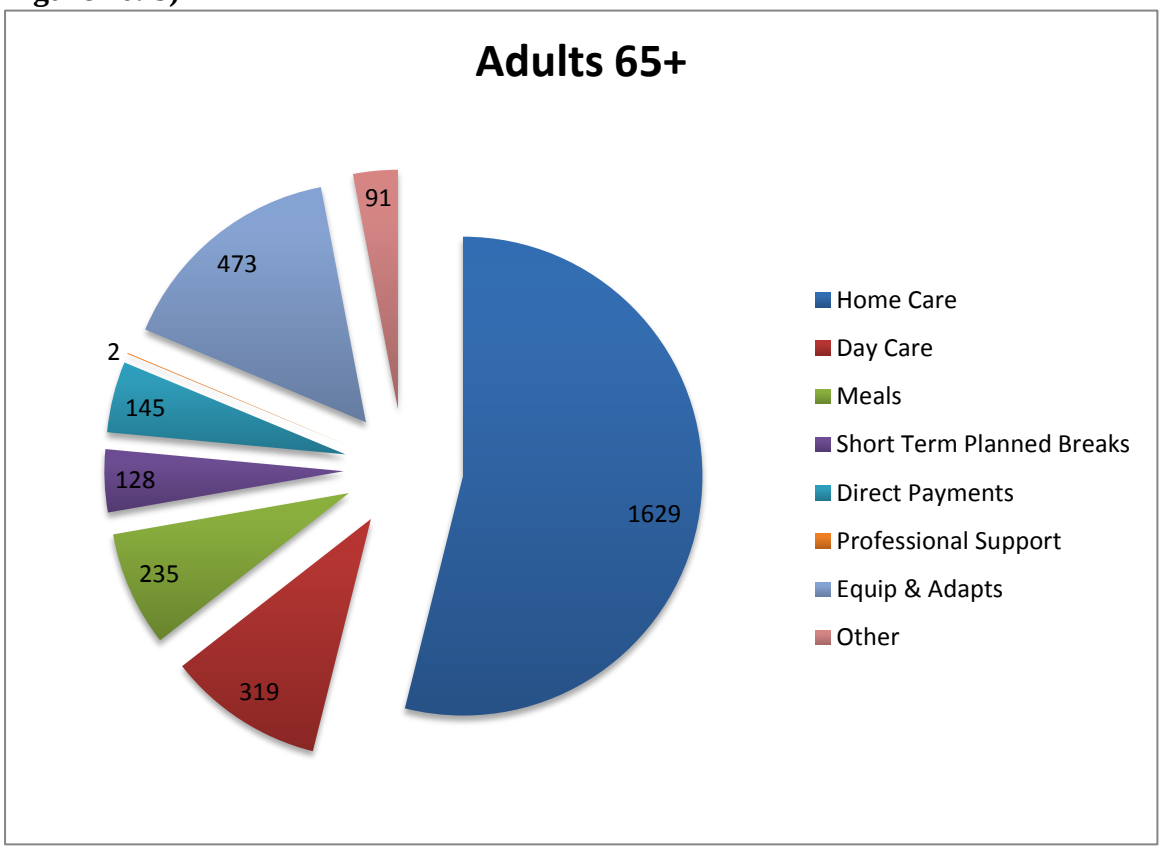
Figure 10 a) and b) : Number of clients in Greenwich receiving Community Based Services provided or commissioned by the CASSR (Council with Adult Social Services Responsibility) in 2011/12; a) aged 18-64 years; b) 65+ by components of service

a)



Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

Figure 10. b)



Source: Royal Borough of Greenwich Directorate of Adult and Older People's Services 2011/12

Greenwich Council is a direct provider of services – specifically Occupational Therapy, Intermediate Care at Home and Telecare. These services do not work exclusively with people with a disability but each has a role to play in supporting people to manage their needs and maximise their independence.

What do we know about services?

Royal Greenwich does not block contract any accommodation-based services for physically disabled people or those with sensory impairments. Rather, registered care or supported living placements are commissioned on an operational basis by Social Workers for each individual. A snapshot taken at the end of September 2012 records 83 adults (aged 18 – 64) with a disability placed in an accommodation-based service (22 in nursing care, 29 in registered care, 21 in extra care and 11 in supported living.)

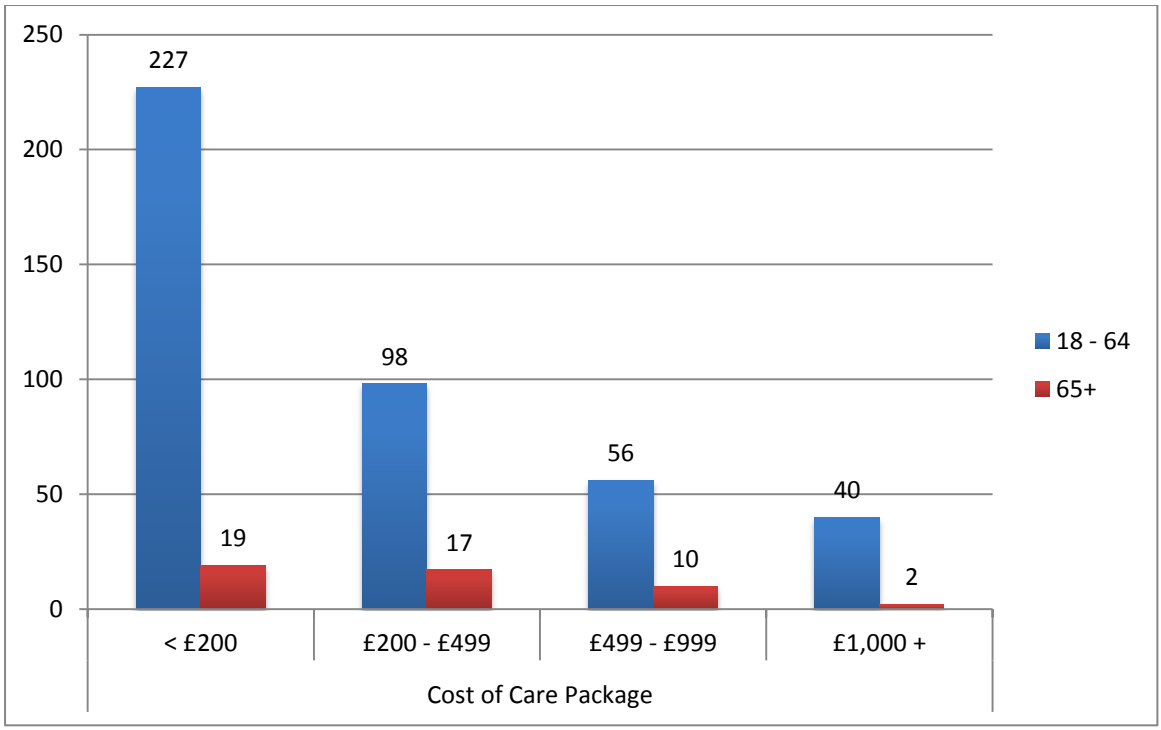
Royal Greenwich and Greenwich CCG jointly commission an Integrated Community Equipment Service (ICES) for the provision of specialist equipment. The contract covers the provision of "simple" equipment by prescription from a number of approved suppliers and large specialist equipment such as hospital-style beds and riser/recliner chairs, which are provided on a loan basis. As recorded in Figure 10 a) above, 131 adults aged 18 – 64

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

received specialist equipment/adaptations in 2011/12. For the same period 1,427 people received prescriptions for equipment. (This data cannot be reliably broken down by age at present.)

The following chart shows a breakdown of care package costs as recorded at August 2012.

Figure 11. Care Package costs of people with a physical disability in Greenwich 2012



Source: RBG Directorate of Adult and Older People Services

These figures demonstrate that 52% of clients have packages that cost less than £200 per week and a further 25% have packages between £200 and £499. Only 9% of clients have a care package that exceeds £1,000 per week.

Personal Social Services Expenditure data (PSSEX1) for 2011/12 shows that the average unit cost for a placement in a registered care home for this client group was £959; a slight rise compared to 2010/11 (£953) but a decrease from 2009/10 (£979).

Disability Living Allowance data show an important element of the financial support that is being provided to physically disabled people. This is not locally determined, but is important to local people. The majority of those who receive Disability Living Allowance (75%) have been receiving it for more than five years. Disability Living Allowance is available to people aged 16-64 years, with a physical or mental disability (or both), and whose disability is severe enough that they need help caring for themselves, have walking difficulties, or both. Disability Living Allowance is a weekly benefit of up to £131.50. It has a 'care component' for people who:

- Need help with things such as washing, dressing, eating, getting to and using the toilet, or communicating needs
- Need supervision to avoid putting themselves or others in substantial danger
- Need someone with them when they are on dialysis
- Are unable to prepare a cooked main meal for themselves

It also has a 'mobility component' for people who:

- Are unable or virtually unable to walk without severe discomfort, or at risk of endangering their life or causing health deterioration by making the effort to walk
- Have no feet or legs
- Are in need of guidance or supervision most of the time from another person when walking outdoors in unfamiliar places

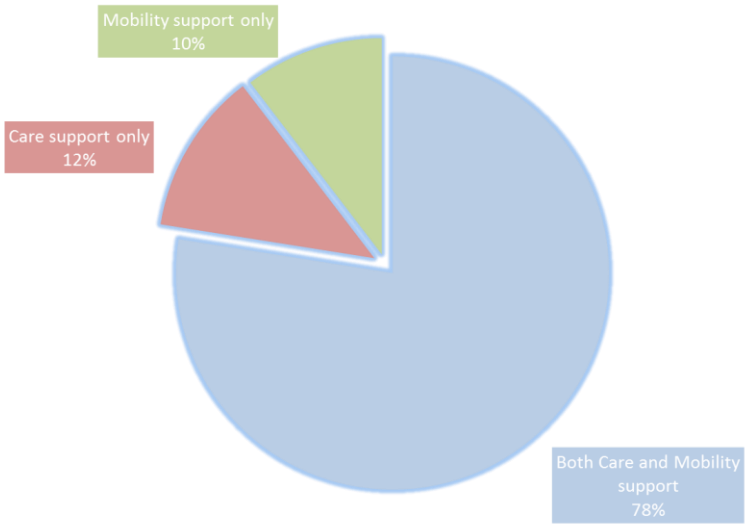
Each component can be paid at a number of different rates, depending on the severity of the needs. Disability Living Allowance is paid based on the disability, not on the impairment that caused it. Recipients may use the allowance as they see fit. There is no actual requirement that they use it to purchase care, even if the payment is made because they are deemed to need care. In Greenwich, the majority of people (78%) who receive Disability Living Allowance receive both care support and mobility support (see figure 12).

As a result of the Welfare Act 2012, Disability Living Allowance is being replaced by a Personal Independence Payment during 2013 for people aged 16-64. All individuals currently receiving Disability Living Allowance will be reassessed to determine their eligibility for a Personal Independence Payment.

Work is underway to better map the services available to physically disabled people in Greenwich and, as explained below, to understand how these compare to evidence of what services best meet the needs of physically disabled people.

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

Figure 12: Type of Disability Living Allowance received, Greenwich adults aged 18 to 64 years



Source: Department for Work & Pensions 2012

What works?

Research shows that disabled people who remain physically are likely to feel generally more well than those who are less physically active. A large study in the United States[8] showed that those who did not exercise to the extent recommended for the general population were more than three times as likely to report poor health as those who did. Internationally, there are a number of examples of programmes intended to boost physical activity amongst physically disabled people. A fitness and exercise programme for people with arthritis in Brazil was shown to both improve physical function and reduce arthritis-associated pain[9]. A study from the United States showed that health professionals play a vital part in encouraging people with disabilities to take part in sport, and introducing them to ways in which they can do so. The study showed that those who do participate benefit from greater functional capacity, increased optimism, and improvement of their general health[10].

Opportunities to effectively encourage physical activity in this group should be further explored in Greenwich. It is worth noting that this is a provisional analysis only, and that

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[8] Bodde A, Seo DC, Frey G. Correlation between physical activity and self-rated health status of non-elderly
adults with disabilities. Preventive Medicine 2009; 49: 511-514

[9] Levy S, Macera C, Hootman J, Coleman K, Lopez R, Nichols J, Marshall S. Evaluation of a multi-component group exercise program for adults with arthritis: Fitness and Exercise for People with Arthritis (FEPA). Disability and Health Journal 2012; 5: 305-311

[10] Wilhite B, Shank J. In praise of sport: Promoting sport participation as a mechanism of health among persons with a disability. Disability and Health Journal 2009; 2: 116-127

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

establishing the wishes of people with physical disabilities in Greenwich is just as important as reviewing the evidence about what has been effective elsewhere. Physical activity participation is just one example of the interventions that will be considered by on-going work to better understand the needs of the physically disabled population in Greenwich.

With such a high proportion of physical disabilities caused by illness it is important to target and optimise management of these specific conditions. This is explored in more detail in the musculoskeletal chapter.

An approach that tackles the social responses to disability rather than simply focussing on the disability provides opportunities for people with a physical disability to maximise their quality of life. A more in-depth analysis of the extent to which evidence based approaches to supporting people with a physical disability achieve their potential is required.

What do we know about local services

Some information about care packages is provided above and a mapping of service provision for people with physical disability will be undertaken as part of a larger needs assessment for this group.

The Royal Borough of Greenwich and the Greenwich Clinical Commissioning Group are in the process of forming a Joint Commissioning Group for People with Physical Disabilities. This group will build on the information presented above, to systematically assess the health and social care needs of physically disabled people and ensure that the two organisations are jointly commissioning services accordingly. There may be a need to improve the collection and recording of data about physically disabled people and their use of services, to provide better insight into this population group and how well its needs are being met.

Evidence based developments

Although there is work to be done on developing specific service development proposals, Royal Greenwich and Greenwich Clinical Commissioning Group will develop services in line with the broad themes that have been identified in Fulfilling Potential. In particular we will explore opportunities to:

- Maximise take up of personal budgets and self-directed support packages
- Improve people's housing options
- Improve people's employment opportunities
- Benefit from the Olympic and Paralympics legacy.

The Physical Disability Joint Commissioning Group will also explore how to ensure that people with physical disability gain access to services that promote physical activity and mental well-being.

Source: Greenwich JSNA 2013/14 "Closing the Gap." Public Health & Well-Being, Royal Borough of Greenwich.

References

1. Annual Population Survey 2011
2. Bodde A, Seo DC, Frey G. Correlation between physical activity and self-rated health status of non-elderly adults with disabilities. Preventive Medicine 2009; 49: 511-514
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