Contents

3 Physical disability

3.1 Introduction

Over 11million adults in the UK have a disability (defined in accordance with the Equality Act 2010 – see below). The prevalence of disability rises with age and, as the population ages, the burden of disability will inevitably grow. [1] In 2014/15, the most common impairments reported by people with disabilities related to mobility (57%), cardiovascular and muscular endurance (38%), and dexterity (28%). [1]

People with physical disabilities face significant inequalities in comparison to people without disabilities. They are more likely to experience major health conditions, such as obesity and poor mental health, and have shorter life expectancy on average. People with disabilities across Britain have much lower attainment rates at school and are less likely to be in employment than people without a disability. They are also more likely to be living in poverty. People with disabilities face difficulties in finding adequate housing, which is a major barrier to independent living. They also encounter barriers in accessing transport, leisure and other services that inhibit participation in society. [2] People with physical disabilities are more at risk of social isolation: 30% of people with mobility limitations said they always or often feel lonely. [3] It is, therefore, very important that the right support is in place to enable people with physical disabilities to maintain their independence and improve their quality of life.

Physical disability is not a simple concept to describe and there are a number of different definitions in use. The Equality Act 2010 defines disability as a physical or mental impairment that has a 'substantial' and 'long-term' negative effect on someone's ability to do normal daily activities. [4]

Disability is often framed in terms of the 'medical model' versus the 'social model'. The 'social model' frames disability as socially constructed – disability is not the inevitable consequence of having an impairment, but is caused by the physical, organisational and attitudinal barriers present within society. The social model emphasises the difference between impairment (physical, sensory or cognitive difference) and disability (the social consequences of having an impairment); people with impairments are disabled by society, therefore disability is a social construct that can be changed and removed. [5] In contrast the 'medical model' views a person with a disability as someone who has a specific condition that needs to be treated or cared for. This definition, when used in isolation, ignores the wider needs of the individual, increasing the likelihood of an impairment leading to disability.

Various different classifications have been used to describe disability, including the World Health Organization's International Classification of Functioning, Disability and Health. [6] The definitions of disability used in this section of the Joint Strategic Needs Assessment (JSNA) are driven by the available data – see Box 1 for details.

Box 1: Definitions used in this section

Access and mobility support needs[a] – refers to services provided to allow clients to live as independently as possible and to perform day-to-day tasks. Examples of these could include getting in and out of chairs and beds, and getting up and down stairs, as well as a 24-hour response service.

Housebound[b] – primary care recorded number of residents registered as housebound.

Mobility issues[d] – based on the *Living in Britain Survey (LBS) 2001*, this definition includes people who report being unable to manage at least one of the following mobility activities on their own: going out of doors and walking down the road; getting up and down stairs; getting around the house on the level; getting to the toilet; getting in and out of bed.

Moderate or serious personal care disability[c] – based on the *Health Survey for England (HSE) 2001*, this definition of disability includes tasks like getting in and out of bed, getting in and out of a chair, dressing, washing, feeding, and use of the toilet. A moderate personal care disability means the task can be performed with some difficulty; a serious personal care disability means that the task requires someone else to help.

Moderate or serious physical disability[c] – based on the *HSE 2001*, this definition of disability covers limitations in functional activities such as seeing, hearing, communication, walking and using stairs, and in activities of daily living (ADLs) such as getting in and out of bed or a chair, dressing, washing, eating and toileting.

Personal care support needs[a] – personal care support may include support with access and mobility. Personal care is defined as physical assistance given to a person in connection with eating or drinking, toileting, washing or bathing, dressing, oral care, skin care, and care of hair and nails.

Source: [a]NHS Digital EQ-CL 2017/18 framework [7]; [b]City and Hackney Clinical Effectiveness Group (CEG); [c]Projecting Adult Needs and Service Information (PANSI) [8]; [d]Projecting Older People Population Information (POPPI) [9]

3.2 Causes and risk factors

The causes of physical impairment are broad and often multifactorial. Physical impairments can arise as a consequence of congenital causes or can be acquired later in life. [10] A brief outline of common causes of physical disability is provided below (Box 2).

Box 2: Causes of physical disability

1. Congenital causes
    - Antenatal – includes genetic causes, maternal infections and trauma, and maternal lifestyle during pregnancy
    - Around/during childbirth – includes brain injury during birth, and infection

For more detailed information on the congenital causes and risk factors for disability 'Disabled children's needs assessment for the London Borough of Hackney and the London'. [11]

2. Acquired causes [12] [13] [14]
    - Trauma/injury
    - Infection
    - Spinal cord and neurological diseases (such as multiple sclerosis or epilepsy)
    - Rheumatological (such as osteoarthritis and rheumatoid arthritis)
    - Long-term conditions (such as diabetes, chronic obstructive pulmonary disease and cardiovascular disease*)
    - Visual problems
    - Hearing problems
    - Cancer

*Cardiovascular disease includes stroke, which can cause significant and longstanding problems – including impaired ability to speak, see and move, which in turn can result in a need for personal care and support from health professionals. For more information, please see the 'Adult stroke needs assessment' for Hackney and the City of London. [15]

Age is a risk factor for physical disability as the risk of various acquired causes of physical disability increases with age. For more information on the relationship between age and physical disability, see Section 3.4.1.

More detailed information on the causes and risk factors of specific conditions that may cause physical impairment can be found in the 'Adult health' JSNA chapter (specifically, musculoskeletal disease, cardiovascular disease, diabetes, cancer, respiratory disease, and sensory impairment), as well as the 'Infectious diseases' chapter.

3.3 Local data and unmet need

3.3.1 Number affected – known to services

The data presented here come from two sources – primary care records and adult social care (ASC) services – neither of which are likely to capture the full extent of need in relation to physical disability in Hackney and the City. For example, primary care data are based on the number of patients who are coded as 'housebound' by their GP. Data from ASC are based on the number of service users with different types/levels of need; this excludes ASC clients with sensory impairment (which is dealt with separately in the JSNA).

Housebound patients are defined as individuals who are unable to leave their home environment due to a physical or psychological illness. Being housebound increases the risk of loneliness and social isolation, which in turn increases the risk of, and contributes to, poor health. [16] Table 1 shows the number and percentage of adults in Hackney and the City of London who are recorded as being housebound by their GP.

Table 1: Number and percentage of Hackney and the City residents recorded as housebound by their GP (age 18+, 2018)

Borough	Number	%
City of London	50	0.7%
Hackney	1,738	0.6%

Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Table 2 shows the number of adults with a primary need of physical support separately for those with 'access and mobility' needs only, and those with 'personal care' needs (for definitions, please see Box 1 in the introduction). A higher rate of 'access and mobility' support need was observed in the City compared to Hackney, while in Hackney the rate of 'personal care' support need was higher.

Table 2: Number of adult social care clients by primary physical support reason in Hackney and the City (age 18+, 2016/17)

Borough	Access and mobility		Personal care	
	Number	Rate per 100,000	Number	Rate per 100,000
City of London	27	328	6	73
Hackney	220	105	255	120

Source: NHS Digital Adult Social Care Analytical Hub [17]; data for the City were provided by the City of London Corporation.

3.3.2 Numbers affected – estimates

The estimates reported here have been derived using the Projecting Adult Needs and Service Information service (PANSI) and Projecting Older People Population Information system (POPPI). Both of these sources produce local, regional and national estimates and predictions of the number of people with disabilities. The

estimated numbers of adults with a physical disability Hackney and the City, in each of the four PANSI/POPPI categories, are presented in Table 3 (please see Box 1 in Section 3.1 for indicator definitions).

Table 3: Estimated number of people with disabilities in Hackney and the City, by disability type (2017)

Indicator	City of London	Hackney
Moderate physical disability (age 16-64)	475	12,680
Serious physical disability (age 16-64)	135	3,288
Moderate or serious personal care disability (age 16-64)	282	7,186
Mobility issues (age 65+)	244	3,513

Source: Projecting Adult Needs and Service Information service (PANSI) [8]; Projecting Older People Population Information system (POPPI). [9]

It is important to bear in mind some key limitations in using these data locally. Firstly, all of the estimates are based on national survey data from at least a decade ago, and so are quite dated. Secondly, applying national prevalence estimates to local population figures might not accurately reflect the extent of local need due to the different socio-demographic profile of the national versus Hackney and the City populations.

It is predicted that the number of people with disabilities is going to increase in line with projected population growth. Table 4 presents the predicted number of Hackney and the City residents with a disability in 2035, by disability type. Overall, the number of people with a disability is predicted to increase by 22% in the City and 36% in Hackney. Please note, these predictions are also subject to limitations outlined in the previous paragraph.

Table 4: Predicted number of people with disabilities in Hackney and the City by disability type (2035)

Indicator	City of London	Hackney
Moderate physical disability (age 16-64)	551	16,190
Serious physical disability (age 16-64)	161	4,447
Moderate or serious personal care disability (age 16-64)	333	9,443
Mobility issues (age 65+)	335	6,107

Source: Projecting Adult Needs and Service Information service (PANSI) [8]; Projecting Older People Population Information system (POPPI). [9]

3.3.3 Unmet need

National evidence suggests that people with physical disabilities experience significantly higher unmet need in accessing healthcare and rehabilitation services. [18] [19] Among adult patients with a physical disability who are registered with a GP in England, 43% were estimated to have difficulty getting to the surgery, and 5% found it difficult entering the building in which the GP practice was located. Levels of

unmet need in this respect were found to increase with increasing levels of severity of disability, and also with age. [18]

Applying these national estimates to the estimated numbers of people with moderate or severe disability locally, Table 5 shows that around 7,000 disabled adults in Hackney, and nearly 300 in the City, may not be accessing the healthcare services that they need.

Table 5: Estimated level of unmet healthcare need among Hackney and the City residents with physical disability (age 18-64)

Borough	Estimated number with moderate or serious disability	Estimated number with difficulty in accessing GP	Estimated number with difficulty entering GP practice building
City of London	610	263	30
Hackney	15,968	6,882	782

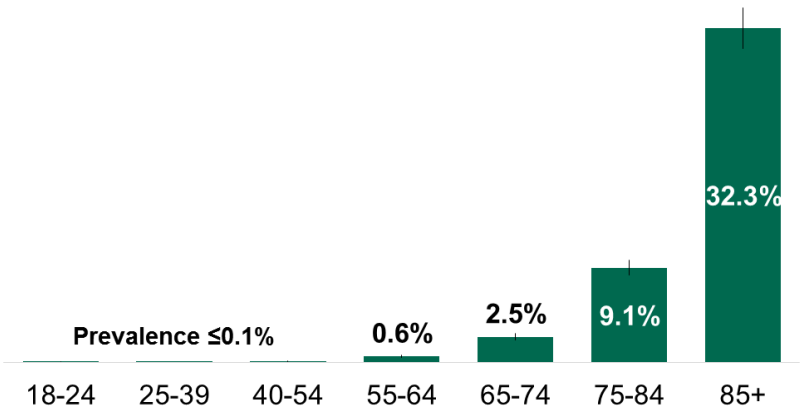
Source: Projecting Adult Needs and Service Information (PANSI) database; Popplewell et al. [18]

3.4 Health inequalities

3.4.1 Age

As described in Section 3.2, physical impairment is strongly associated with advancing age. This is confirmed in local data, which reveal a significant proportion of adults age 85+ recorded as housebound, but virtually zero in the under-65 age group (Figure 1).

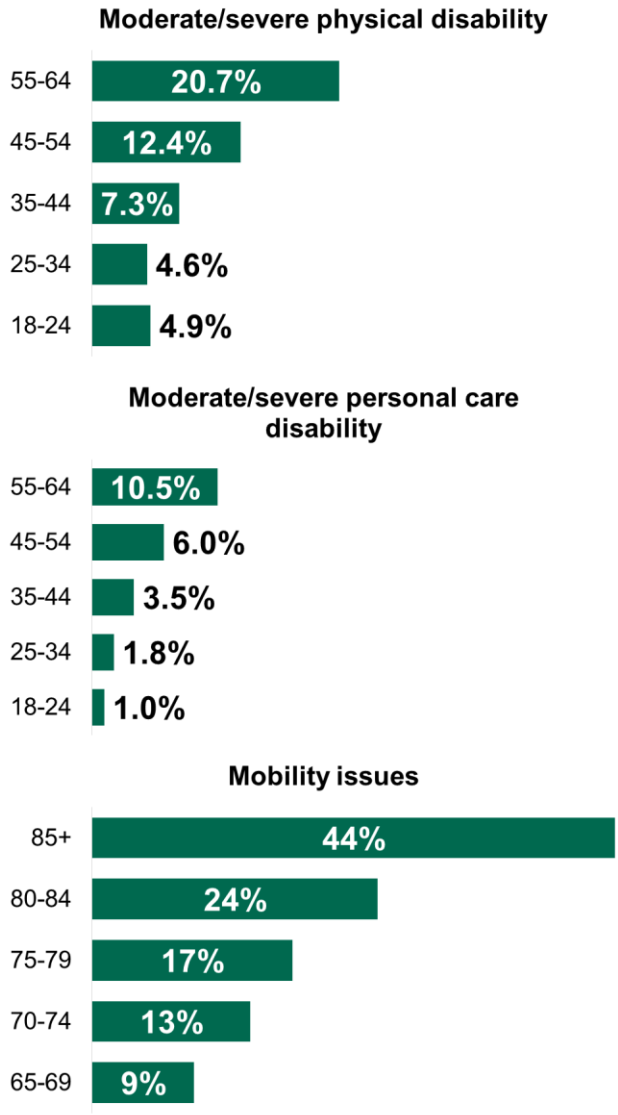
Figure 1: Percentage of Hackney residents diagnosed as housebound, by age (age 18+, 2017)



Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.
Note: Due to a small number of City residents diagnosed as housebound, there was a high uncertainty in estimates of prevalence by age; therefore these data were excluded from the chart.

Similar patterns are seen in national data, using different definitions of disability for different age groups, as summarised in Figure 2.

Figure 2: Prevalence of disability in England, by type and age group (2001)



Source: Calculated using data from Projecting Adult Needs and Service Information service (PANSI) [8]; Projecting Older People Population Information system (POPPI). [9]
Note: Confidence intervals were not available.

Table 6 shows the number and rates of Hackney adults with a primary need of physical support split by 'access and mobility' needs and 'personal care' needs and age (for definitions ,please see Box 1 in the introduction). More people locally are affected by 'personal care' needs than 'access and mobility' needs – this is likely due to the fact that personal care needs are a broader category and may include access and mobility issues.

Table 6: Number and rate of adult social care clients by primary physical support reason in Hackney, by age group (age 18+, 2016/17)

Age group	Access and mobility		Personal care	
	Number	Rate per 100,000	Number	Rate per 100,000
18-64	80	40	280	145
65+	210	1,045	755	3,800

Source: NHS Digital Adult Social Care Analytical Hub [17].
Note: City of London data were excluded due to small numbers.

3.4.2 Gender

Local data on disability by gender are only available for GP-recorded housebound patients. Table 7 shows that in both Hackney and the City, women are around twice as likely as men to be recorded as housebound by their GP.

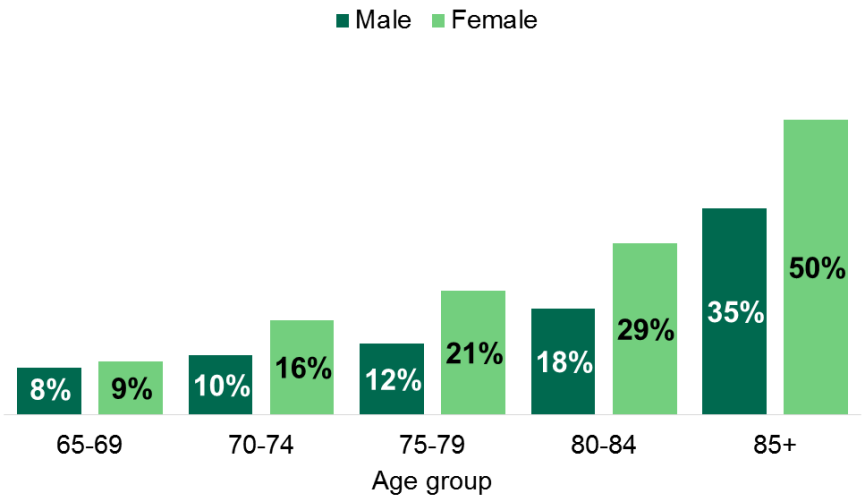
Table 7: Number and percentage Hackney and the City residents recorded as housebound by their GP, by gender (age 18+, 2017)

Gender	City of London		Hackney	
	Number	%	Number	%
Female	34	1.0%	1,166	0.8%
Male	16	0.4%	572	0.4%
Total	50	0.7%	1,738	0.6%

Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.

Mobility issues are more prevalent among women (Figure 3), which is in line with existing national evidence showing that frailty – and in turn, mobility issues – is more prevalent among women. [20] Gender-specific data on physical support needs are not available, either locally or nationally.

Figure 3: Prevalence of mobility issues in England, by age and gender

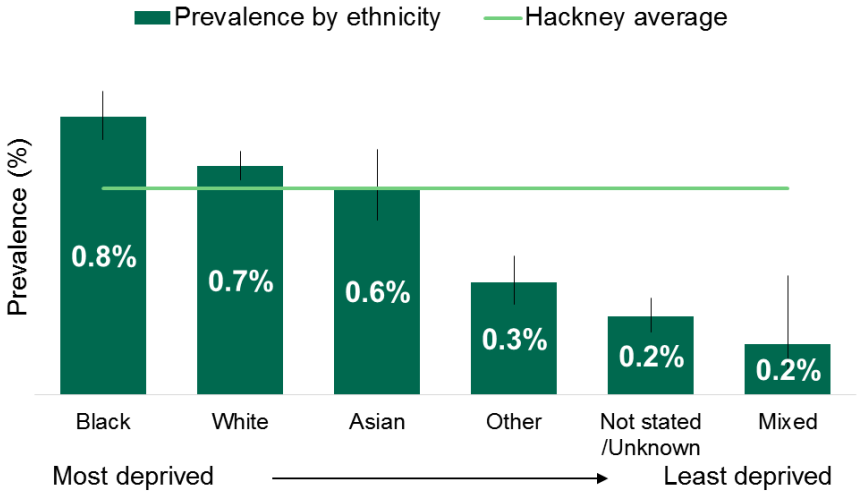


Source: Projecting Older People Population Information system (POPPI). [9]

3.4.3 Ethnicity

Figure 4 shows that adults of Black ethnicity are more likely than other adults to be recorded as housebound by their GP. The data reported in Figure 4 have not been adjusted by age, so it is likely that at least some of the differences are linked to the age profile of different ethnic groups within Hackney.

Figure 4: Percentage of Hackney residents recorded as housebound by their GP, by ethnicity (age 18+, 2017)



Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.
Note: Due to a small number of City residents diagnosed as housebound, there was a high uncertainty in estimates of prevalence by ethnicity; therefore these data were excluded.

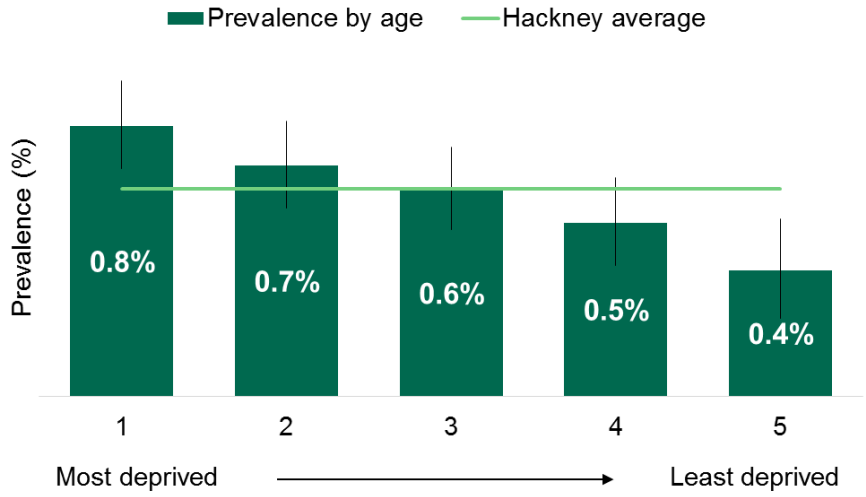
3.4.4 Socio-economic disadvantage

Evidence shows that there is a strong correlation between disability and deprivation, as alluded to in Section 3.1. A 2016 report by the Equality and Human Rights Commission found that 30% of households with at least one person with a disability were living in relative poverty,[1] compared to 18% in households with no disabled members. [2]

In line with national evidence on the social patterning of disability, the percentage of Hackney adults who are housebound is highest among those living in the most deprived neighbourhoods and lowest among those living in the least deprived (Figure 5).

[1] Relative poverty is defined as income below 60% of contemporary median income after housing costs.

Figure 5: Percentage of Hackney residents recorded as housebound by their GP, by deprivation (2018)



Source: Extracted from the local GP register by CEG, Blizard Institute, April 2017. Data cover residents of Hackney and the City registered with a GP in Hackney, the City of London, Tower Hamlets and Newham.
Note: Deprivation is defined using the Index of Multiple Deprivation 2015 (IMD). IMD is a measure of relative deprivation for small areas that combines 37 separate indicators, each reflecting a different aspect of deprivation experienced by individuals living in an area. Deprivation groupings are reported from 1 (most deprived) to 5 (least deprived).

3.5 Comparisons with other areas

Figure 6 and Figure 7 present data on adults with a primary access and mobility support need for Hackney compared with similar local authorities. Comparable data are not available for the City. The higher rates of support need in the age 65+ age group, compared with age 18-64, confirm that physical impairment is associated with older age.

The highest rates of access and mobility support needs are recorded in Hammersmith and Fulham, with Hackney rates in the middle of the range of its statistical peers.

Figure 6: Physical care support clients age 18 to 64 accessing long-term support: access and mobility primary need (rate per 100,000 population, 2016/17)

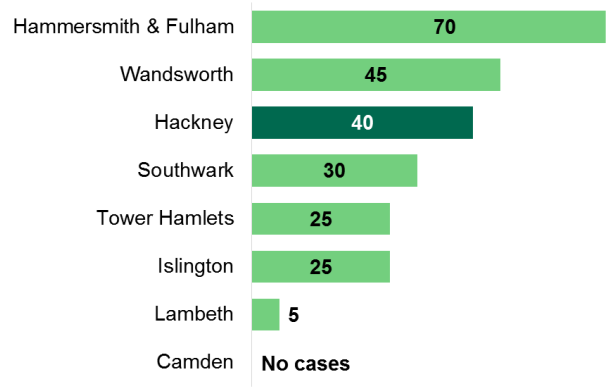
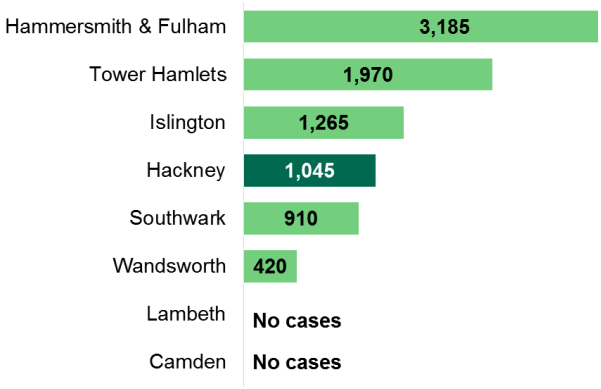


Figure 7: Physical care support clients age 65 and over accessing long-term support: access and mobility primary need (rate per 100,000 population, 2016/17)



Source: NHS Digital Adult Social Care Analytical Hub [17].
Note: Confidence intervals were not available.

As with access and mobility support, Figure 8 and Figure 9 confirm that personal care needs are higher in older age groups. These data show that, in 2016/17, personal care support needs in Hackney were the lowest of all similar London boroughs. Again, no comparable data are available for the City.

These patterns may partly be explained by higher recorded rates of other primary support needs in Hackney that are not captured in the physical care support data presented above – in particular, 'memory and cognition' and 'mental health'.

Figure 8: Physical care support clients age 18 to 64 accessing long-term support: personal care primary need (rate per 100,000 population, 2016/17)

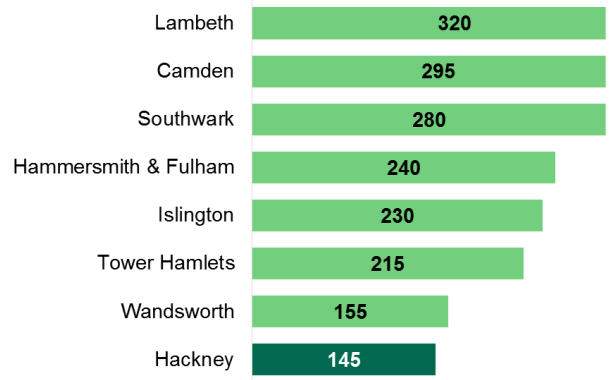
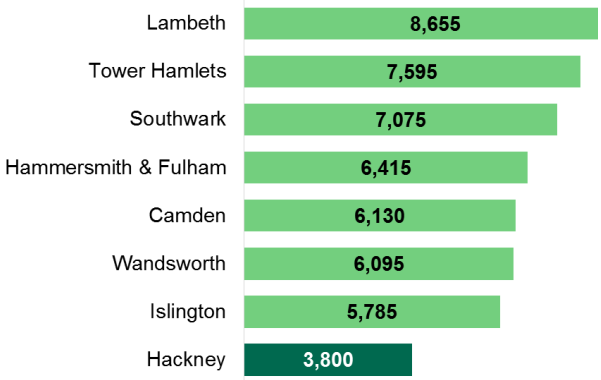


Figure 9: Physical care support clients age 65 and over accessing long-term support: personal care primary need (rate per 100,000 population, 2016/17)



Source: NHS Digital Adult Social Care Analytical Hub [17].
Note: Confidence intervals were not available.

3.6 Evidence and good practice

There have been a number of key policy drivers that aim to improve the lives of people with disabilities. [21] [22] [23] This section includes relevant best practice guidance addressing the key health and wellbeing needs of people with physical disabilities. It covers:

- health and care
- housing-related support
- employment support
- access and inclusion.

3.6.1 Health and care

As described earlier in this section, people with disabilities are more likely than average to experience health inequalities and less likely to report positive experiences in accessing healthcare services. [2]

The following key themes are identified as key to meeting the needs of people with disabilities within the health and care system: [21] [22] [23]

- better prevention and early intervention
- supporting people to live independently
- more services outside of the hospital and in the community
- putting people in control of their own health through supported self-management
- choice and a person-centred approach.

The Care Act 2014 established a new legal framework for adult social care. The Act aims to give greater influence and control to those in need of support, including people with disabilities. The key themes are summarised in Box 3.

Box 3: The Care Act 2014 – key themes [23]

- A new set of criteria that makes it clearer when local authorities across the country must provide support to people, and aims to ensure a fairer national system that reaches those most in need.
- A change to the way in which local authorities complete assessments with those in need of support.
- New rights for carers that put them on the same footing as the people they care for.
- A greater emphasis on protecting the most vulnerable people in our society from abuse and neglect.
- A greater emphasis on prevention – encouraging and assisting people to lead healthy lives that will reduce the chances of them needing more support in the future.
- A greater emphasis on local authorities providing clear information and advice that will help the public to make informed choices on their support arrangements, and enable them to stay in control of their lives.
- A greater emphasis on existing personal budgets that give people the power to spend allocated money on tailored care that suits their individual needs as part of their support plan.

- A greater emphasis on those most in need being given access to someone to speak up on their behalf when they are dealing with social care professionals.
- Greater regulation for those who provide professional care and support.
- Changes to when and how people will be asked to contribute towards the cost of support that has been arranged in conjunction with their local authority.

A recently published National Institute for Health and Care Excellence (NICE) guideline covers the care and support of adults receiving social care in their own homes, residential care and community settings. It aims to help people maintain their independence and support them to make decisions about their care. The overarching principles underpinning the recommendations set out by NICE are summarised in Box 4.

Box 4: Key principles for improving people's experience of adult social care services (NICE guidance NG86) [24]

- Co-production and enabling people to make decisions
- Access to services based on individuals' needs
- Involving carers, families and friends
- Provision of information about care and support services
- Provision of advocacy to enable people to participate in care and support needs assessment and care planning
- Provision of care and support that promotes continuity and consistency, and positive relationships between people who use services
- Involving people in service design and improvement

NICE has also produced guidance on treating depression in adults with chronic physical health problems, recognising the fact that people with a chronic physical health problem are approximately two to three times more likely to report depression than people who have good physical health. [25]

3.6.2 Housing-related support

There are currently around 1.8m people with an accessible housing need in the UK, including around 300,000 adults with disabilities who have an unmet accessible housing need. [26] The Neighbourhood Planning Act 2017, as well as measures in the housing White Paper 'Fixing our broken housing market', require local authorities to address housing needs that result from old age or disability. [27]

Planning for accessible housing

Habinteg Housing Association is a housing provider that promotes inclusive communities, and offers people with disabilities places to live that meet their needs and provide the highest levels of independence, choice and control over their daily lives. Habinteg have produced a toolkit for planning policy, developed in partnership with the Town and Country Planning Association, which includes information on making local planning decisions more inclusive. [28] The aim of the toolkit is to help planners, those involved in planning policy and local authorities to understand the

implications of the new housing standards, support accessibility within planning, and ensure an increased supply of accessible homes.

Habinteg have also developed a local authority scrutiny toolkit, which provides practical advice and support for councils as they plan to meet accessible housing demand in their local area. [29] The toolkit is designed to help local authority scrutiny committees review their current policies and practice with regard to building accessible homes, providing background information, evidence of need and a checklist for successful implementation.

Housing adaptations

Between April 2011 and March 2012 in England, 1.9 million households contained at least one person who felt that their personal condition meant that they required some adaptations to their home. The most common adaptations needed were: [1]

- grab rails inside the home
- a bath/shower seat or other aid to use the bath/shower
- a shower to replace the bath
- a special toilet seat.

Further guidance for local authorities is available from the Home Adaptations Consortium on the legal position concerning home adaptations (specifically the Disabled Facilities Grant) in order to meet the needs and statutory entitlements of people with disabilities. [30]

Supported housing

Supported housing refers to schemes where housing, support and sometimes care services are provided to help people, including those with physical disabilities, to live as independently as possible in the community. It is commonly divided into two types of provision: accommodation-based projects, where people live in a designated property in order to receive support; and non-accommodation based services, where people receive support irrespective of where they are living. [31]

The national Think Local Act Personal health and care transformation partnership has produced a guide that outlines how supported housing providers and commissioners can improve their approach to personalised services within the provision of supported housing. [31]

3.6.3 Employment support

Evidence suggests that personalised, tailored support is effective in helping people with disabilities or long-term conditions into work. [32] Under equality law, an employer must make reasonable adjustments for employees with disabilities.

The Department for Work and Pensions has published practical advice for employers on employing disabled people and people with health conditions. [33] This covers a range of issues, including recruitment, reasonable adjustments and advice on specific conditions, as well as links to specialist organisations offering further advice and support.

Work Choice is a national voluntary scheme that enables working-age people to find, keep and get on in a job if they have a recognised disability. The scheme offers three levels of support, extending from work-entry support to longer term in-work support.

NICE has also published guidance on long-term sickness absence and incapacity to work, with a particular focus on supporting employees with musculoskeletal disorders or mental health problems. [34] The recommendations focus on effective and cost-effective interventions within a managed return-to-work pathway that aims to:

- prevent or reduce the number of employees moving from short-term to long-term sickness absence
- help employees on long-term sickness absence return to work
- reduce the number of employees who take long-term sickness absence on a recurring basis
- help people receiving sickness-related benefits return to (paid and unpaid) employment.

The London Healthy Workplace Charter provides an evidence-based framework for action to support employer investment in staff wellbeing. The charter works by recognising good practice at three levels of assessment across eight broad standards, as outlined in Box 5. The London Healthy Workplace Charter includes a number of standards relevant to supporting people with health problems to stay in work. [35]

For more detailed evidence and best practice on disability and employment, see the 'Work and worklessness' section of the 'Society and environment' JSNA chapter. [36]

Box 5: London Healthy Workplace Charter [35]

The London Healthy Workplace Charter consists of three levels of assessment: commitment, achievement and excellence. At each level, evidence is required for the following standards:

- corporate support
- health and safety
- attendance management
- physical activity
- healthy eating
- smoking cessation
- substance misuse
- mental health and wellbeing.

Each of the standards is assessed primarily around leadership, culture and communication. Practical tools and guidance are provided for employers to support implementation.

3.6.4 Access and inclusion

Transport

As described in Section 3.3.3, physical disability can be associated with unmet healthcare need. [18] Poor access to transport can also affect the community and social life of people with disabilities, creating a barrier to independence. [2]

Transport for London (TfL) has produced a 'streets toolkit' to aid those involved in the design of streets to create high-quality spaces. [37] The introduction of low-floor buses fitted with ramps for wheelchair access in London has led to a requirement for appropriate kerbside access at bus stops. The toolkit includes design guidance for all those involved in the construction of bus stops on making them accessible to all, particularly people with disabilities.

TfL has also produced 'Your accessible transport network', which sets out its plans for making travel more accessible for people with disabilities. [38]

Physical activity

At national level, people with disabilities are half as likely as people without disabilities to be physically active. Findings from the 2015 *Hackney resident health and wellbeing survey* confirm that, locally, residents with disabilities are much less physically active than those without disabilities – almost three-quarters (72%) of those with a physical disability say they do no vigorous exercise in an average week, compared with 33% of those without any disabilities. [39]

The environment, in particular the design and layout of towns and cities, can influence people's ability to be active. A recent NICE guideline calls for local authorities to make it easier for people with limited mobility to access public transport and move around open spaces in their area. [40]

Interventions to encourage people with disabilities to take up physical activity include: inclusive community facilities (such as playgrounds); appropriate physical education and physical activity experiences in school; accessible information about available activities; plus appropriately skilled staff to deliver inclusive programmes. [41] For more information on physical activity and disability see the 'Physical activity and inactivity' section of the 'Lifestyle and behaviour' JSNA chapter. [42]

Social isolation

Social isolation and loneliness adversely affect health and wellbeing and increase an individual's use of health and social care services. [43] People with physical disabilities are more at risk of social isolation; 30% of people with mobility limitations say they always or often feel lonely. [3] A key barrier to participating in social activities among people with mobility and health issues is ease of physical access. Other factors include lack of awareness of services and support, and poor signposting. [3]

'Community navigator' interventions have been shown to be effective in identifying those individuals who are socially isolated and reducing loneliness. Befriending services can be effective in reducing depression and are also cost-effective. [43] Box 6 describes eight principles of best practice for services such as these, which help people reconnect with their communities.

Box 6: Principles of best practice for services that help people reconnect with their communities [3]

Services should:

- give a sense of purpose
- be peer-led or co-designed with people in similar circumstances
- be local and easy to access
- be free or affordable
- instil a positive sense of identity
- provide clear goals and pathways to reconnection
- provide benefits to others (such as through volunteering)
- bring people together around shared interests.

3.7 Services and support available locally

This subsection is structured according to the themes used for the evidence and good practice subsection above (Section 3.6). It covers:

- health and care
- housing-related support
- employment support
- access and inclusion.

3.7.1 Health and care

In Hackney and the City of London, most adult social care clients with physical disabilities receive services in the community, with a small proportion living in residential care or nursing homes. [44]

Hackney Council provides the following support to people in the community (and similar services are available in the City):

- equipment and adaptations
- short-term respite
- professional support such as counselling or therapy
- housing-related support
- day centres and day opportunities programme
- homecare.

In Hackney, the Integrated Community Equipment Service (ICES) provides people with equipment including grab rails, chair raisers, bath seats and hoists. An assessment carried out by an occupational therapist is required to access this service. A similar service providing equipment, aids and minor adaptations operates in the City of London.

Hackney and the City of London provide a number of services that can be broadly described as 'telecare services'. These consist of sensors and alarms that, when triggered, call for help and assistance from the telecare call centre. The range of sensors available provides protection by monitoring for a number of risks, such as fires, flooding, carbon monoxide, natural gas, high or low temperatures and also wandering, falling or inactivity.

Homecare describes a range of care and support that aims to help people live in their own homes and maintain their independence. Home care is provided to people across all client groups in Hackney and the City of London, although the majority of users of these services are older people (who are at increased risk of physical disability – see Section 3.4.1).

Reablement aims to support people to maintain their independence, or help those who have lost skills and/or confidence to regain their independence following a period of illness, hospital stay or crisis in the community. The Integrated Independence Team (IIT) commissioned by Hackney Council and City and Hackney Clinical Commissioning Group, and provided by Homerton Hospital, offers a reablement and rehabilitation service. In the City of London, an in-house reablement service provides short-term support, supplemented by commissioned services. The City of London also provides a 'reablement-plus' service to ensure a rapid response to residents in their own home to prevent hospital admission or to support hospital discharge.

Box 7: Personal budgets and direct payments

Some people with a physical disability are entitled to a personal budget to meet their health and care needs. These enable individuals to have more choice and control over purchasing and arranging the assistance or services they want. Personal budgets can be managed by the local authority on behalf of the client or the client may choose to take a direct payment and arrange their own care, or choose someone else to manage it for them.

3.7.2 Housing-related support

Accommodation-based services

Accommodation that has housing support (for example, advice on finances, bills and benefits; help to register with a GP and signposting to community services), and in other cases housing support with social care support (for example, personal care tasks, medication, food preparation) is available for older residents in and Hackney and the City. These schemes are known as 'supported housing' and 'housing with care' respectively. Residents are supported to maintain their tenancy as they age and their care needs increase. There are also a number of housing associations that provide sheltered accommodation for older people in the borough.

In Hackney, there are four services providing residential care with nursing in the borough. As with residential services in general, a significant number of residential care with nursing places are purchased 'out of borough'.

Housing maintenance and adaptations

The City of London's Housing Strategy 2014-19 includes a priority to support vulnerable groups, and one of the areas that the strategy focuses on is supporting people with disabilities. [45]

Hackney Council's home improvement agency (HIA), Hackney Accessible Homes Service, has six elements that can help support people who have a physical disability (although this service is for all Hackney residents). These are as follows.[2]

1. Information and signposting on home improvement issues – advice on maintenance and upkeep relating to properties.
2. Property-based repairs and improvements – including assistance and support with applications for repair grants.
3. Major adaptations in private sector/owner-occupied and housing association properties – delivers major housing adaptations for eligible residents, via Disability Facilities Grant (DFG) and self-funding adaptations.
4. Minor adaptations in private sector/owner occupied and housing association properties – provides minor adaptations for eligible residents.
5. Home from hospital services – organise home improvement interventions to facilitate a safe discharge from hospital.
6. General handyperson service – provides a range of services to support vulnerable people and people with disabilities to maintain a safe and habitable home environment.

As described above, Hackney's private sector housing team provides larger adaptations to the homes of residents with disabilities who are owner-occupiers or private tenants through the Disabled Facilities Grant programme. The City of London also provides a similar service. This may include works such as:

- internal stairlifts, external steps lifts and through-floor lifts
- specialised toilets, baths and showers
- door widening to allow wheelchair access
- installation of hoists or other lifting equipment
- ramps, inside and outside.

3.7.3 Employment support

Employment support for the vulnerable local people is a key priority in 'Hackney's sustainable community strategy 2008–2018' and corporate plan ('Hackney: A place for everyone'). [46] [47]

There are three Jobcentre Plus locations in Hackney (Dalston, Hackney Central and Hoxton) that provide support to help adults into paid work. Jobcentre Plus disability employment advisors provide assistance and advice on finding a job to people with a health condition or disability that affects their ability to work. A range of other providers also offer similar employment support, including Remploy, which delivers the national Work Choice programme.[3]

[2] Information on how to apply is available at https://www.hackney.gov.uk/renovation-grants.
[3] For more information, visit https://www.remploy.co.uk/about-us/current-programmes/work-choice.

Employment rates for people with health and social care needs (including people with disabilities) in Hackney and the City of London are relatively low. [48] The Hackney Works service is run by the council and aims to generate employment opportunities within the borough. This includes a supported employment service that targets residents who experience the greatest barriers to work, including those with physical disabilities. For more information on this service, see Box 8.

Box 8: Case study – Hackney Works Supported Employment[4]

The aim of this service is to provide targeted support to improve the employment opportunities and outcomes for residents with health and social care needs. It offers pre-employment support, job matching and in-work support.

Intended service outcomes

- More people with health and social care needs are supported to gain and sustain paid or self-employment.
- Promote and enable employment for more than 16 hours per week.
- All working-age people with health and social care needs consider work as a viable option and this is demonstrated in their person-centred plans, support plans, reviews and transition plans.
- Improve the quality of life for people as a result of being employed.
- Ensure that people are supported into employment that matches their skills and abilities.
- Employers are supported to understand, and are enabled to accommodate, the needs of people with health and social care needs as well as carers.

The City of London Corporation provides employability support, including to those with physical disabilities, in the following ways.

- The City's apprenticeship service delivers an expanded corporate apprenticeship programme that provides employability, training and skills opportunities to 100 apprentices.
- The City and Hackney Wellbeing Network and City Advice offer employment advice.
- Adult social care has an employment support programme for its clients, including those with a physical disability.

Local people also have access to Fit for Work, a national service that provides support for GPs, employers and employees to help those who are in work with health conditions or off sick. [49] The service offers free and impartial work-related health advice and is designed to work alongside existing occupational health services and employer sickness absence policies.

Both the London Borough of Hackney and the City of London Corporation have achieved London Healthy Workplace Charter status, recognising the work both local authorities are already doing to support their own staff's health and wellbeing.

[4] For more information, visit https://hackneyworks.hackney.gov.uk/support.

Charter status also provides a platform for the two organisations to work with local businesses to create healthier workplaces for their employees.

As well as achieving charter status, the City has a well-developed programme of support for businesses through the local Business Healthy programme, which was set up in 2014 (Box 9).

Box 9: Business Healthy in the City of London

Business Healthy is an initiative run by the City of London Corporation whereby businesses of all sizes operating in the City can sign up for free to access resources, expert guidance and support relating to the promotion of employee wellbeing in their workplaces. The network runs a series of events throughout the year that focus on a range of issues – for example, stress in the workplace, mental and physical wellbeing, and alcohol misuse.

Membership of Business Healthy also provides access to a network of other businesses located and operating within the Square Mile that are committed to maintaining and improving the health and wellbeing of their staff. Business Healthy's objective fits within the wider City of London Corporation vision to support, promote and enhance the City of London as the world leader in international finance and business services, and to foster an excellent working environment.

Business Healthy has almost 500 members and organises a number of stand-alone events each year for its members, in addition to joint events with external partners and member organisations, such as Nomura and Squire Patton Boggs.

For more information on local employment services for people with disabilities, see the 'Work and worklessness' section of the 'Society and environment' JSNA chapter. [36]

3.7.4 Access and inclusion

Transport

Hackney's transport strategy outlines a number of transport accessibility issues for those with disabilities. These include: [50]

- a lack of adequate crossing times at key junctions
- impediments to movement caused by footway parking
- advertising boards and other street clutter
- site-specific problems, including a lack of public seating and other amenities.

The strategy aims to enhance accessibility and mobility options for vulnerable groups, allowing them to live independently. [50] The council therefore has to consider accessibility issues for older people and people with disabilities when adapting streets and the 'public realm' (commonly defined as any space that is free and open to anyone), also ensuring that new developments include such considerations in their designs. To ensure this is prioritised, Hackney's development management local plan contains specific policies on development and transport (DM45) and on walking and cycling (DM46) to ensure accessibility and active forms of transport are promoted. [50]

The City of London is currently producing a transport policy, which will be published in spring 2019.

Physical activity

Physical activity provision for people with disabilities in Hackney includes:

- Pedal Power – a cycling club for children and adults with learning disabilities, which provides specialised bikes for a whole range of disabilities.
- New Age Games[5] – a sport and physical activity programme for Hackney residents aged 50 and over, including those with physical disabilities.
- Disability swimming sessions for young people and adults. Hackney residents who are disabled or a carer can swim for free, all year round, at Britannia Leisure Centre, Clissold Leisure Centre and King's Hall Leisure Centre.
- Disability Sports Club – accessible club providing Paralympic and multi-sports for people with disabilities aged 11 and over at Queensbridge Sports and Community Centre.

Also in Hackney, the evidence-based Fit 4 Health scheme provides a platform for individuals who have suffered a stroke or transient ischaemic attack and are willing to improve their quality of life by increasing physical activity levels and promoting wellbeing.

Social isolation

Hackney Council funds Targeted Preventative Services (TPS), a service that supports vulnerable adults (including people with physical disabilities) to prevent or delay the need for intensive health or social care support. TPS is made up of three elements: floating support to help residents with specific housing-related needs; health and wellbeing activities; and a volunteering and befriending service.

The London Borough of Hackney directly manages or supports a number of day centres that provide a range of activities and facilities for people living in Hackney. Places at a day centre are usually only available following an assessment of need. The council is currently developing its day centre service offer, including a new day centre for people with the highest and most complex needs. For those people with a physical disability who have less complex needs, a tailored approach to accessing mainstream services can be developed as part of the day opportunities programme.

In Hackney, the Community Library Service provides free book delivery and facilitates a telephone reading group for people who are at risk of social isolation – including carers, people with mobility problems, and residents of sheltered housing, nursing homes and homeless hostels.

The local voluntary and community sector provides a range of services that aim to prevent social isolation among people with disabilities as well as provide a range of volunteering opportunities. These include advice and information services, lunch clubs and carer support services.

[5] For more information, visit https://hackney.gov.uk/new-age-games.

The City of London's social wellbeing strategy outlines its approach to preventing and tackling social isolation and loneliness. [51] The City of London Corporation provides a number of services to tackle social isolation. These include:

- the Reach Out Network of groups for older people, carers and those with a diagnosis of dementia
- a befriending service commissioned from Age Concern
- a range of classes, groups and events delivered through the libraries, Golden Lane Sport & Fitness Centre, the Adult Skills and Education Service, Spice Time Credits and the Neighbourhood Development Team.

3.8 Service gaps and opportunities

A new neighbourhood model for Hackney and the City is in development. This involves a significant system transformation programme based around a configuration of eight neighbourhood areas. Within each neighbourhood, there will be integrated health and social care teams focused on providing appropriate interventions based on levels of need. The aim and focus is on collaboration and partnership working between providers to develop the best possible model of care for local people – including people with physical disabilities.

It is intended that the neighbourhood model will contribute significantly to the delivery of the Better Care Fund metrics, including:

- reduction of non-elective admissions
- admissions to residential and care homes
- effectiveness of reablement
- delayed transfers of care.

3.9 References

[1] D. Smith, “Disability in the United Kingdon 2016 Facts and figures,” Papworth Trust, 2016.

[2] “Being disabled in Britain 2016: A journey less equal,” Equality and Human Rights Commission, 2017.

[3] The British Red Cross, “Trapped in a bubble. An investiagtion for triggers into lonliness in the UK,” The British Red Cross, 2016.

[4] “Equality Act 2010. Guidance on matters to be taken into account in determining questions relating to the definition of disability,” Office for Disability Issues, May 2011.

[5] Inclusion London , “The Social Model of Disability Factsheet,” 2015. [Online]. Available: https://www.inclusionlondon.org.uk/disability-in-london/social-model/the-social-model-of-disability-and-the-cultural-model-of-deafness/. [Accessed 25 January 2018].

[6] WHO, “Towards a Common Language for Functioning, Disability Health ICF,” World Health Organisation, Geneva, 2002.

[7] NHS Digital, “Equalities and Classifications Framework (EQ-CL),” April 2017. [Online]. Available: https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-collections/social-care-collection-materials-2018. [Accessed March 2018].

[8] Projecting Adult Needs and Service Information (PANSI), “Moderate or serious physical disability,” 2016. [Online]. Available: http://www.pansi.org.uk/index.php?lo=1. [Accessed 21 December 2017].

[9] Projecting Older People Population Information System (POPPI), “Mobility,” 2016. [Online]. Available: http://www.poppi.org.uk/. [Accessed 2 January 2018].

[10] Handicaps Welfare Association, “General information on physical disability,” [Online]. Available: http://hwa.org.sg/news/general-information-on-physical-disabilities/. [Accessed 28 January 2017].

[11] London Borough of Hackney and the City of London Public Health Team, “Disabled Children’s Needs Assessment for the London Borough of Hackney and the City of London,” 2017. [Online]. Available: https://hackney.gov.uk/media/9593/Disabled-children-s-needs-assessment/pdf/disabled-childrens-needs-assessment. [Accessed January 2018].

[12] R. M. Gargiulo and E. C. Bouck, Special Education in Contemporary Society: An Introduction to Exceptionality, Los Angeles: SAGE Publications, 2017.

[13] National Rheumatoid Arthritis Society, “What is RA?,” [Online]. Available: https://www.nras.org.uk/what-is-ra-article#symptoms. [Accessed 09 April 2018].

[14] L. Bianchi, G. Zuliani G and S. Volpato, “Physical disability in the elderly with diabetes: epidemiology and mechanisms,” *Current Diabetes Reports,* vol. 13, no. 6, pp. 824-830, 2013.

[15] London Borough of Hackney and the City of London Public Health Team, “Stroke Needs Assessment,” 2016-17. [Online]. Available: https://hackneyjsna.org.uk/wp-content/uploads/2018/02/Adult-Stroke-Needs-Assessment.pdf. [Accessed June 2018].

[16] H. Griffiths, “Social isolation and lonliness in the UK, with a focus on the use of technology to tackle these issues,” iotuk, 2017.

[17] NHS Digital, “Adult Social Care Analytical Hub,” [Online]. Available: https://app.powerbi.com/view?r=eyJrIjoiNTZlMDRmYTYtM2JhNi00OGJlLWE3YjgtYWQ2MDQwNDUzZWUwIiwidCI6IjUwZjYwNzFmLWJiZmUtNDAxYS04ODAzLTY3Mzc0OGU2MjllMiIsImMiOjh9.

[18] N. T. A. Popplewell, B. P. D. Rechel and G. A. Abel, “How do adults with physical disability experience primary care? A nationwide cross-sectional survey of access among patients in England,” vol. 4, no. 8, 2014.

[19] P. Kersten, S. George, L. McLellan, J. Smith and M. Mullee, “Met and unmet needs reported by severely disabled people in Southern England,” *Disability and Rehabilitation,* vol. 22, no. 16, pp. 737-744, 2000.

[20] C. Gale, C. Cooper and A. Sayer, “Prevalence of frailty and disability: findings from the English Longitudinal Study of Ageing,” *Age and Ageing,* vol. 44, pp. 162-165, 2015.

[21] “Our health, our care, our say: a new direction for community services,” Department of Health and Social Care , 2006.

[22] Department for Work and Pensions , “Fullfilling Potential: making it happen,” Department for Work and Pensions , 2013.

[23] People First, “The Care Act - an overview,” 2014. [Online]. Available: http://www.peoplefirstinfo.org.uk/money-and-legal/care-act-2014/the-care-act-an-overview.aspx. [Accessed 28 January 2018].

[24] National Insitiute for Health and Care Excellence, *NG86: People's experience in adult social care services: improving the experience of care and support for*

people using adult social care services, National Insitiute for Health and Care Excelllence , 2018.

[25] NICE , *Depression in adults with a chronic physical health problem: recognition and management (CG91),* 2009.

[26] Habinteg and the Papworth Trust, “The hidden housing market: a new perspective on the market case for accessible homes”.

[27] *Fixing our broken housing market,* Ministry of Housing, Communities & Local Government , 2017.

[28] Habinteg, “Towards accessible housing, a toolkit for planning policy,” [Online]. Available: https://www.habinteg.org.uk/tah-toolkit. [Accessed 25 April 2018].

[29] Habinteg, “Planning accessible homes: online scrutiny toolkit,” [Online]. Available: https://www.habinteg.org.uk/scrutinytoolkit. [Accessed 24 April 2018].

[30] The Home Adaptations Consortium, “Home Adaptations for Disabled People – A detailed guide to related legislation, guidance and good practice,” 2013.

[31] Think Local, Act Personal and Sitra, “Making it real for supported housing: A guide for commissioners and providers,” [Online]. Available: https://www.thinklocalactpersonal.org.uk/_assets/MakingItReal/MIRHousing.pdf. [Accessed 26 March 2018].

[32] “Increasing employment opportunities and improving workplace health-evidence reviews,” Institute of Health Equity , 2014.

[33] Department for Work and Pensions, “Employing disabled people and people with health conditions,” Department for Work and Pensions, 2016.

[34] NICE, *Workplace health:long-term sickness absence and incapacity to work (PH19),* Manchester: NICE, 2009.

[35] Greater London Authority, “London Healthy Workplace Charter,” 2015. [Online]. Available: https://www.london.gov.uk/what-we-do/health/healthy-workplace-charter. [Accessed 24 April 2018].

[36] London Borough of Hackney and the City of London Public Health Team, “Society and Environment Joint Strategic Needs Assessment: Work and Worklessness,” December 2016. [Online]. Available: https://hackneyjsna.org.uk/wp-content/uploads/2018/04/Work_and_worklessness.pdf. [Accessed June 2018].

[37] Transport for London , “Streets toolkit,” 2017. [Online]. Available: https://tfl.gov.uk/corporate/publications-and-reports/streets-toolkit. [Accessed 24 April 2018].

[38] Transport for London, “Your accessible tranport network,” [Online]. Available: http://content.tfl.gov.uk/your-accessible-transport-network.pdf. [Accessed 24 April 2018].

[39] Ipsos MORI, *Health and Wellbeing in Hackney: survey report for Hackney Council,* 2015.

[40] National Institute for Health and Care Excellence , *Physical activity and the environment (NG90),* National Institute for Health and Care Excellence , 2018.

[41] National disability authority, “Promoting the participation of people with disabilities in physical Activity in sport in Ireland,” 2005.

[42] London Borough of Hackney and the City of London Public Health Team, “Lifestyle and Behaviour Joint Strategic Needs Assessment: Physical Activity and Inactivity,” December 2016. [Online]. Available: https://hackneyjsna.org.uk/wp-content/uploads/2017/07/JSNA-Lifestyle-and-behaviour-Physical-activity-and-inactivity.pdf. [Accessed June 2018].

[43] K. Windle, J. Francis and C. Coomber, “SCIE Research briefing 39: Preventing loneliness and social isolation: interventions and outcomes,” Social Care Insitiute for Excellence, 2011.

[44] London Borough of Hackney, “Hackney Local Account of Adult Social Care Services 2015-16,” London, 2016.

[45] City of London, *City of London’s Housing Strategy 2014–19,* 2014.

[46] London Borough of Hackney, “Hackney's sustainable community strategy 2008-2018,” [Online]. Available: https://www.hackney.gov.uk/media/2707/Sustainable-community-strategy-2008-2018/pdf/scs.

[47] London Borough of Hackney, “Hackney: a place for everyone,” 2017. [Online]. Available: https://www.hackney.gov.uk/media/8344/Hackney-A-Place-for-Everyone-A-resident-s-view-of-Hackney-in-2015-16/pdf/HAPFE-residents-views.

[48] Public Health England, “Public Health Outcomes Framework,” 2016/17. [Online]. Available: https://fingertips.phe.org.uk/profile/public-health-outcomes-framework/data#page/0/gid/1000041/pat/6/ati/102. [Accessed 24 May 2018].

[49] Department for Work and Pensions , “Fit for Work guidance,” 2017. [Online]. Available: https://www.gov.uk/government/collections/fit-for-work-guidance . [Accessed 24 April 2018].

[50] London Borough of Hackney, *Hackney Transport Strategy 2015-2025,* 2016.

[51] City of London Corporation, “Social Wellbeing Strategy 2017,” [Online]. Available: https://www.cityoflondon.gov.uk/services/Documents/social-wellbeing-strategy-2017.pdf. [Accessed July 2018].