

Introduction:

This JSNA briefing focuses on physical disability as this relates to East Sussex, with some discussion about disability in general. There are related JSNA documents which discuss hearing and vision loss. This report complements the [East Sussex in Figures summary report about disability](#) which is based on the 2021 Census.

Summary:

- People with disability still face many challenges with their everyday lives. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers.
- The proportion of the population with a disability is expected to increase in East Sussex. More people will be living longer with one or more long-term conditions which have disabling consequences.
- People with disabilities in general may experience a narrower margin of good health because of relative poverty and social exclusion. There is an inequality in the prevalence of disability: more socio-economically disadvantaged people are disabled.
- People with disabilities have the same basic needs to prevent ill health as non-disabled people, for example access to immunisation and cancer screening. It is important to address well-documented inequalities in the uptake of these prevention programmes by disabled people.

Why is disability important?

Over 1 in 5 people in the UK are disabled. The number continues to rise as people live longer, while treatments and technology in healthcare improve. Disability matters to all of us.

Every day, many disabled people:

- wake up in a home that is not adapted to their needs
- rely on an unpredictable transport network to get out and about
- navigate inaccessible and inflexible workplaces or education settings
- face limited choice and additional expense when shopping around for goods and services

- use unresponsive and fragmented public services that do not meet their needs
- feel excluded from leisure opportunities and socialising
- some find themselves barred from exercising rights such as voting and serving on a jury

Notably, people with physical disabilities are more likely to live in poverty and experience problems with hate crime and harassment.

For particular age groups, the following continue to be relevant issues:

Children and Young People

Disabled children and young people face multiple barriers compared to their peers:

- A higher proportion of disabled children nationally live in poverty
- The educational attainment of disabled children is lower than that of non-disabled children
- Disabled young adults aged 16-24 are less satisfied with their lives than their peers
- Support from services tends to fall away at the transition between children's and adult services
- Families with disabled children report high levels of unmet needs, isolation and stress

Working age adults

Several care needs of younger adults may not necessarily be met:

- Lack of disability awareness in some sectors of the health service
- Lack of involvement in own treatment
- Social isolation
- Long waits for home adaptations
- Long waits for appropriate social housing and living in unsuitable homes
- Difficulties with using buses and poor street environment for wheelchair and scooter users
- Lack of accessible /suitable toilets
- Difficulties with employment and volunteering
- Fear of crime and feeling unsafe
- Complex benefit forms and a lack of information about entitlements

Older people

In addition to all the above issues, physical disability, with additional vision and hearing impairments, particularly affects older people's ability to live independently in the community.

Defining disability

Disability is a broad term, covering impairments, activity limitations, and participation restrictions: [\[endnote 1\]](#)

- An impairment is a problem in body function or structure.
- An activity limitation is a difficulty encountered by an individual in executing a task or action.
- A participation restriction is a problem experienced by an individual in involvement in life situations.

Statutory definitions

A number of statutory definitions of disability are used by central government, and no common definition is in use across health, local authority or other relevant groups. Definitions include:

Disability Discrimination Act (DDA) 2005, [\[endnote 2\]](#)

“A physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.”

The Equality and Human Rights Commission (EHRC) 2007, [\[endnote 3\]](#)

“A condition affecting the body, perhaps through sight or hearing loss, a mobility difficulty or a health condition.”

The Equality Act (EA) 2010, [\[endnote 4\]](#)

Disability is a protected characteristic in UK law under the Equality Act (2010), meaning that disabled individuals have a right not to be treated less favourably, or subjected to an unfair disadvantage, by reason of that characteristic. This right includes protection from discrimination at work, in education, as a consumer, and when accessing public services.

A person is disabled, if he or she has a physical or mental impairment that has a ‘substantial’ and ‘long-term’ negative effect on his or her ability to do normal daily activities:

- ‘substantial’ is more than minor or trivial
- ‘long-term’ means 12 months or more

The social sciences view of disability highlights the social, environmental and attitudinal barriers faced by people with disabilities, which can restrict their activity and participation in society. [\[endnote 5\]](#) Examples include: the lack of appropriate toilet facilities in public places and buildings; pavements and transport which are wheelchair inaccessible. These make it difficult for people with physical disabilities to leave their home.

Key outcomes

The [National Disability Strategy](#) [2021] [Part 1](#), [\[endnote 6\]](#) includes practical steps which aim to improve disabled people's everyday lives. These include:

- Removing barriers to participating fully in public and civic life and wider society
- Housing: creating more accessible, adapted and safer homes
- Transport: improving the accessibility and experience of everyday journeys
- Jobs: making the world of work more inclusive and accessible
- Education: ensuring children and young people can fulfil their potential
- Shopping: more consumer choice and convenience
- Leisure: widening access to arts, culture, sport and the great outdoors
- Public services: making access as smooth and easy as possible
- Improving access to disability benefits

What is the local picture in East Sussex?

Disability is self-reported on the 2021 Census. People are considered disabled if they reported being limited “a little” or “a lot” in their day-to-day activities by a long-term health condition. This aligns with the **Equality Act (2010)** definition.

The proportions of persons in East Sussex describing themselves as disabled under the terms of the Equality Act at the Census were:

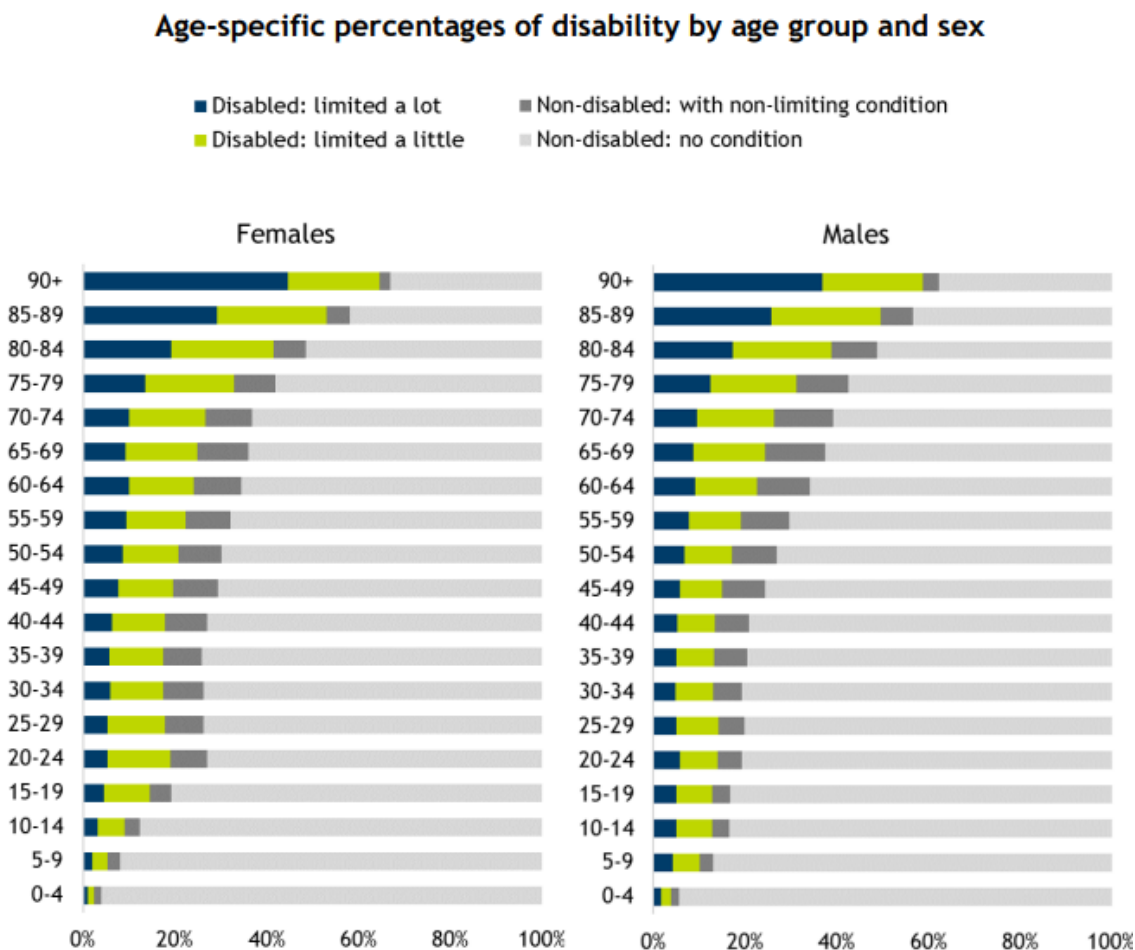
Limited a lot, 8.3% in East Sussex [males 7.5%, females 9.0%]. In England and Wales (7.5%) of people reported being “limited a lot” by a long-term health condition [7.1% males, 7.8% females].

Limited a **little**, 12.0% in East Sussex [males 11.1%, females 12.8%] In England and Wales 10.2% reported being “limited a little” in their daily activities [9.4% males. 10.8% females.]

The age bands of the 110,000 people [of all ages] describing themselves as disabled in East Sussex at the 2021 Census are shown in Figure 1. This analysis also includes a category ‘not disabled but with a non-limiting condition’.

The percentage of disabled persons increases greatly with age and there are more females than males reporting being disabled in all age groups, except for the group aged 14 and under.

Figure 1: Number of disabled persons under the Equality Act in East Sussex at the Census 2021



Source: ONS Census 2021; ESiF

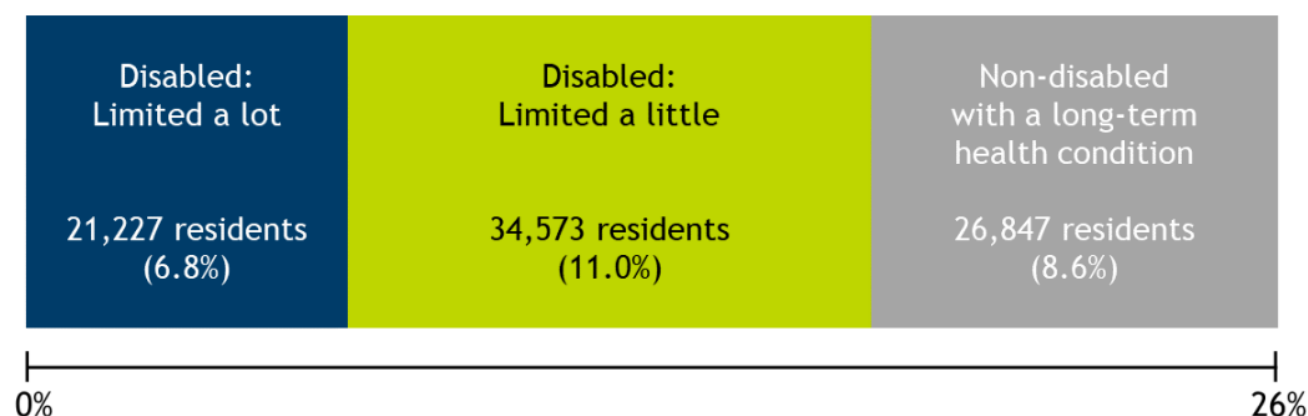
Children and Young People

In East Sussex residents in 2023, there were 98 children and young people with a physical disability recorded as the primary need in their Educational, Health and Care Plans [EHCP]. [\[endnote 7\]](#) Only a small proportion of young people will have a level of need formally identified in an EHCP because of a physical disability.

Working age people [aged 16-64]

In East Sussex, at the Census in 2021, there were an estimated: 34,600 disabled persons in the age group 16-64 whose activities were limited **a little** [11.0%], and 21,200 limited **a lot** [6.8%]. In England in 2021, the proportion of the population **aged 16-64** whose activities were limited **a little** was [9.4%] and **a lot** was [5.9%].

Proportion of working-age population who are either disabled or have a long-term health condition



Source: ONS Census 2021; ESiF

Older people [aged 65 and over]

The likelihood of having a disability increases with age. Women are more likely to have a disability than men in all older age groups, with the gap increasing with age.

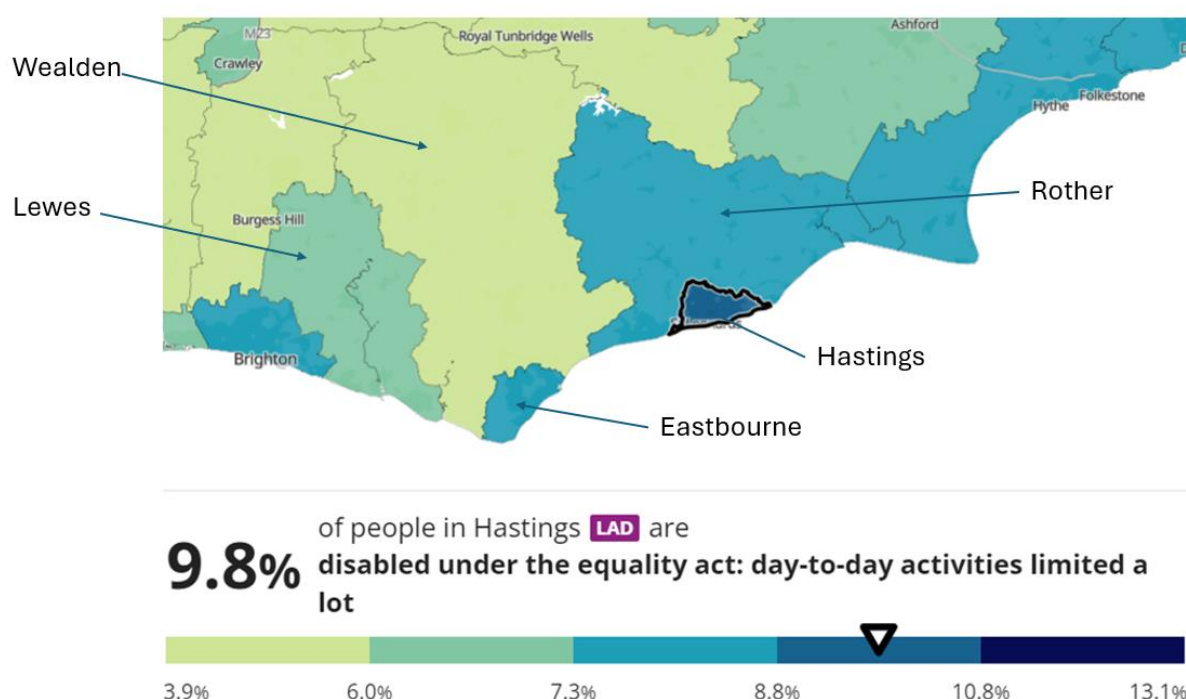
In East Sussex, in 2021, there were an estimated: 26,400 disabled persons aged 65 and over whose activities were limited **a little** [18.6%], a similar proportion to England, and 21,100 limited **a lot** [14.9%], which is lower than the proportion in England. In England, the proportion of the population **aged 65 and over** whose activities were limited **a little** was [18.2%] and **a lot** was [17.0%].

Geographical distribution of disability by local authority

Figure 2 shows the percentage of persons of all ages, whose day-to-day activities are limited **a lot** in local authorities in East Sussex, at the 2021 Census.

The percentage of people whose activities are limited **a lot** is lower in Wealden District [5.8%], than the average for England [7.5%], and much higher in Hastings Borough [9.8%].

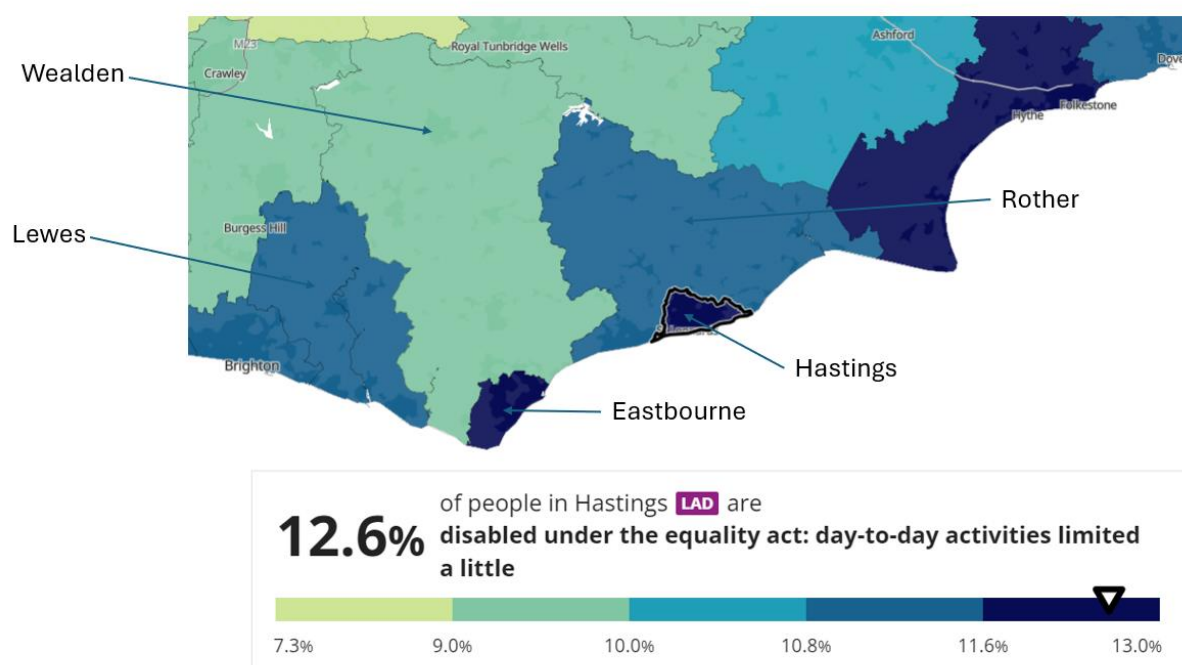
Figure 2 Percentage of persons of all ages by local authority in East Sussex [whose activities are limited a lot]



Source: 2021 Census

Figure 3 shows the percentage of persons of all ages, whose day-to-day activities are limited **a little** in local authorities in East Sussex, at the 2021 Census. A higher proportion [12.6%] of the population of Hastings Borough and [11.9%] of the population of Eastbourne Borough are limited **a little** compared to 9.9% in Wealden District.

Figure 3 the percentage of persons of all ages, whose day-to-day activities are limited a little in local authorities in East Sussex



Source: 2021 Census

People with physical disabilities supported by Adult Social Care

There were 3,380 clients aged 18 and over with a Primary Support Reason of Physical Support receiving long term support, as at 15th May 2023. Of these, 871 (25.8%) are being supported in a residential or nursing setting, with the remaining 2,509 (74.2%) being supported in a community setting. [\[endnote 8,9\]](#)

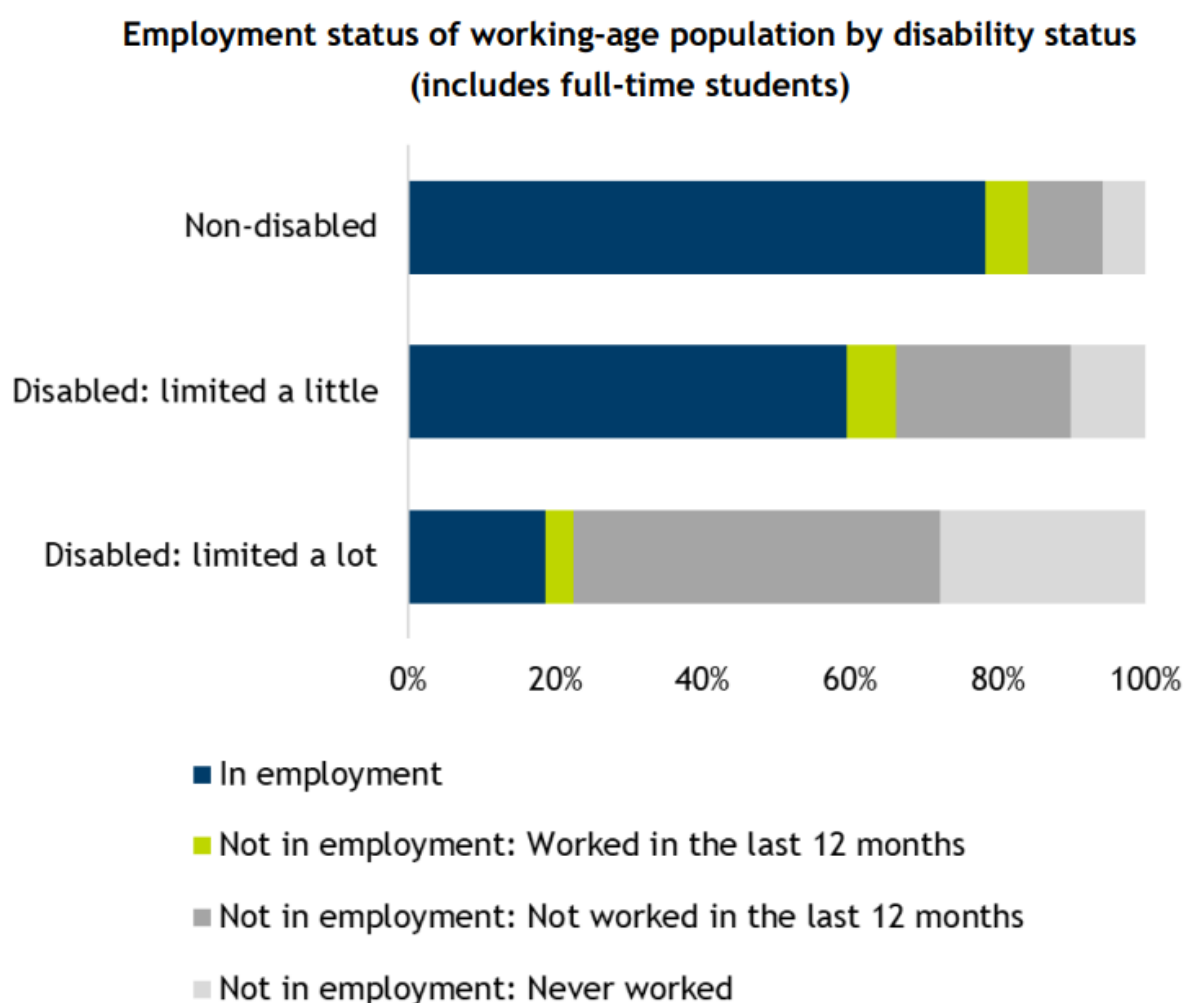
The number receiving support is much lower than the number estimated in the population from the 2021 Census, as highlighted in sections above.

Employment of people with a long-term condition

In 2021/22, in East Sussex, the gap in employment between those with a physical or mental long-term condition [aged 16-64] and the overall employment rate was 11.3% [England 9.9%]. [\[endnote 10\]](#) The trend in this difference has not changed over the last 10 years and the proportion is not significantly different from England.

The employment status of the working age population by disability status is shown in Figure 4.

Figure 4 *Employment status of the working age population by disability status*



Source: ESiF

National and Local Policy and Strategy:

The [National Disability Strategy](#) [2021], Ref [\[endnote 11\]](#), [Part 1](#) includes practical steps which aim to improve disabled people's everyday lives.

[Core20PLUS5](#) is a national NHS England approach to inform action to reduce healthcare inequalities at both national and system level. The approach defines a target population -

the 'Core20PLUS' - and identifies '5' focus clinical areas requiring accelerated improvement.

Core20: The most deprived 20% of the national population as identified by the national [Index of Multiple Deprivation \(IMD\)](#). The IMD has seven domains with indicators accounting for a wide range of social determinants of health. There are more people with physical disability living in deprived areas.

PLUS population groups are defined at a local level. In East Sussex these additional groups are:

- Adults: carers and the LGBTQ+ population
- Children and Young People [CYP]: young carers; living in temporary accommodation; looked after children and care leavers; those with a learning disability and/or autism; with a life limiting illness; children in asylum seeking or migrant families; CYP who are LGBTQ+.

Local policy and strategy

The East Sussex [Health and Wellbeing Strategy](#) highlights plans for health and care services in the county. The strategy emphasises that health and wellbeing for all is not just about services and is about wider determinants of health. These include: access to good jobs; transport; housing and green space; opportunities for lifelong learning; exercise; good nutrition; supportive networks and relationships between people and within communities.

An integrated approach across local government, the NHS, and wider voluntary and independent sector services plays a key role in supporting people to manage their own health and wellbeing effectively. At the local level that integration is managed through the East Sussex Health and Care Partnership.

The Improving Lives Together strategy sets out the ambition across health and care in Sussex over the next five years. Its aim is to improve the lives of local people by supporting them to live healthier for longer and making sure they have access to the best possible services when they need them.

The Shared Delivery Plan summarises actions in four key delivery areas:

- in the long-term
- immediate improvement priorities
- continuous improvement areas
- health and wellbeing strategies and place-based partnerships

[Improving-Lives-Together-Shared-Delivery-Plan.pdf \(ics.nhs.uk\)](#)

The Adult Social Care and Health (ASCH) Equality and inclusion strategy 2021 - 2024 has five priorities:

- Priority 1: Knowing our communities.
- Priority 2: Inclusivity at the heart of service development and strengthening engagement with communities.
- Priority 3: Creating a safe, fair and inclusive work environment.
- Priority 4: Robust data collection from clients and use of data for equality analysis.
- Priority 5: Strengthening ASCH staff practice and knowledge on all aspects of equality and human rights as they connect with ASCH work.

The Special Educational Needs SEND strategy:

- identifies the high-level priorities needed to support children and young people with SEND, and their families
- establishes what priorities are needed to support children and young people with SEND to achieve the best possible outcomes in life
- identifies the partners who are responsible for working together to deliver the priorities outlined in the Strategy

National and local context - known health inequalities

Who is most risk of physical disability? What are the main causes?

Physical disability early in life can be genetic in origin (for example developmental dysplasia of the hip), acquired as a result of damage to the foetus, during the process of birth, or following a period of neonatal intensive care.

Disability in later life may be acquired, for example: after occupational injury; as a complication of some infectious diseases; or because of long-term medical conditions.

Long Term Conditions [medical problems] associated with physically disabling consequences include:

- vascular [blood vessel] disease, coronary heart disease [CHD], strokes [cerebrovascular disease]
- diabetes mellitus
- Chronic Obstructive Pulmonary Disease [COPD] and other respiratory disorders
- bone and joint problems [arthritis]
- nervous system disorders- after a spinal cord injury and multiple sclerosis

Table 1 shows the prevalence rates of some long-term conditions in the East Sussex population in 2022/23. Apart from diabetes mellitus these crude prevalence rates are notably higher than England.

Table 1 Prevalence rates of long-term conditions associated with physical disability in East Sussex and England in 2022/23.

Illness	East Sussex %	England %
Coronary Heart Disease	3.6	3.0
Stroke	2.5	1.8
Diabetes mellitus	7.5	7.5
COPD	2.3	1.8
Chronic Kidney Disease	6.2	4.2

[Source: National General Practice Profiles](#)

Some disabled people may be vulnerable to preventable and recurrent secondary conditions, such as pressure sores or urinary tract infections [for example people who have had a spinal cord injury or who have MS]. These can have serious consequences and require a specific focus.

Children and Young People

The number of severely disabled children in the population is increasing. This is partly due to the longer survival of babies who would otherwise have died shortly after birth or in the first year of life. More babies are surviving after being born prematurely and with associated long-term consequences. These disabilities will result in health inequalities in later life [for example relating to vision, mobility, and respiratory function].

Working age adults

Most long-term health conditions are acquired in adulthood, and in an ageing population this is an issue that is likely to worsen. One in five people aged 16 to 64 in the UK are classed as disabled. [\[endnote 12\]](#)

In East Sussex, apart from retirement, poor health is the main reason why people aged 50-64 are economically inactive. Please see the earlier section about disability in the working age population in East Sussex.

According to the ONS, in 2021, there was a 28 percent gap in the employment rate of working age people who are disabled [a lower proportion are in employment] compared with working age non-disabled people. [\[endnote 13\]](#) In Q1 2023, the disability employment gap was 29 per cent. [\[endnote 14\]](#)

Older people

The proportion of people who have difficulties with Activities of Daily Living increases with age. Activities of Daily Living are those tasks that are essential for daily life (getting dressed, using the toilet, eating and washing). The percentage of people with at least one difficulty with the Activities of Daily Living increases from 16 per cent at age 65 to more than a third of those aged over 80. By their late 80s more than one in three people have difficulties undertaking five or more Activities of Daily Living unaided.

The other group of activities, Instrumental Activities of Daily Living [IADL], include tasks such as reading a map, managing medication, paying bills, preparing meals or cleaning. For Instrumental Activities of Daily Living, the proportion with difficulty in one or more activities increases from 18% of females and 15% of males at age 65 to over half of females and 40% of males over 80.

Equalities groups:

Age: Please see above

Race & Ethnicity:

In England and Wales, the crude [not age-sex standardised] proportion of disabled persons at the Census 2021 were: Asian [10.2%]; Black [11.1%]; Mixed [12.8%]; other [11.9%]; white 19.0%

East Sussex has a lower proportion of people from minority ethnic groups than the average for England. At the 2021 Census, 93.9% of the population of East Sussex are white, 2.3% are of mixed ethnicity, 2.1% Asian, 0.8% Black and 0.9% described themselves as “other”.

Some ethnic minority groups are predisposed to long-term conditions associated with disability e.g. diabetes mellitus in people of south-east Asian origin.

Gender:

There are more disabled females than males in all age groups in East Sussex, except for the group aged 14 and under. Please see Figure 1 above.

Sexual orientation:

A discussion of findings relating to self-reported disability from the East Sussex LGBTQ+ community survey found that LGB+ people had almost double the rate of permanent sickness or disability compared to heterosexual people. [\[endnote 15\]](#)

Over two thirds of LGB+ respondents to the GP Patient survey had a long-standing health condition or disability compared to 58% of heterosexual people. LGBTQ+ people also appeared to have greater mobility issues than cis, heterosexual people.

Psychosocial factors may impair the cardiovascular health of LGBTQ+ people. [\[endnote 16\]](#)

Transgender:

There is little evidence about disability prevalence in transgender people. The LGBTQ+ community survey found a much higher rate of being unable to work due to sickness or disability in trans binary people, bi and pansexual people.

There may be some conditions which are more prevalent in this group for example: transgender women taking sex hormones have a higher incidence of heart attacks [myocardial infarction], venous thrombo-embolism [blood clots in veins which can go to the lungs], ischaemic stroke, and cardiovascular mortality, but findings for transgender men vary. [\[endnote 17\]](#)

Religion / belief:

Little evidence exists about how disability varies by religion or belief, although perceptions about disability within religions differ. [\[endnote 18\]](#) Supportive networks may exist for people with a disability within their respective faith community.

Beliefs can influence a person's recovery from, and adaptation to, their disability. [\[endnote 19\]](#)

Carers:

Carers continue to be an important priority group for their contribution to looking after people with a disability. The 2021 Census estimates that 9.9% of the population in East Sussex provide any form of unpaid care, compared to the national average of 8.8%. Sixty per cent of all unpaid carers in East Sussex, are women, with the majority in the 50 to 64 age group.

In those who reported providing unpaid care at the Census, the proportions who were disabled were 25% [those providing 19 hours or less per week]; increasing to 31% [20 to 49 hours per week; and 37% [50 or more hours per week].

The number of older people who are informal carers is growing, particularly in those aged 85 and over. This group may not recognise themselves as carers, and may be at increased risk of isolation, loneliness and mental health issues. [\[endnote 20\]](#)

Pregnancy, maternity, breastfeeding:

Reproductive health, sexual health, and sexuality in people with disabilities are important components of wellness for all women.

Women with disabilities experience persistent disparities in health care access and outcomes compared with non-disabled women. [\[endnote 21\]](#) Pregnancy rates among women with disabilities have increased in recent years and are similar to the pregnancy rates of women without disabilities in the same age and income groups [USA data]. Women with disabilities remain at a heightened risk for pregnancy-related health complications. [\[endnote 22\]](#)

Marriage / civil partnership:

Disabled women are significantly more likely to experience domestic abuse than disabled men and experience more frequent and more severe domestic abuse than disabled men. **Disabled men** experience a similar rate of domestic abuse as **non-disabled women**. [\[endnote 23\]](#)

Armed Forces:

Physical disability arises from amputations and other serious injuries [blindness and hearing loss] following major trauma while serving in the Armed Forces. There is a detailed [JSNA veterans briefing](#).

At the 2021 Census:

- Of the 974 men and women who have previously served in both the regular and reserved Armed forces in East Sussex, over a third [35%] reported being disabled
- Of the 16,052 men and women who have previously served in the regular Armed Forces in East Sussex, over a third [37%] reported being disabled
- Of the 4,145 men and women who have previously served in the reserve Armed Forces in East Sussex, over a quarter [28.6%] report being disabled

The Veterans Physical Health and Wellbeing Service provides specialist care and treatment to veterans who have physical health problems as a result of their service in the Armed Forces. [\[endnote 24\]](#) There is a specialist service at University Hospitals Sussex to assist former members of the Armed Forces.

People with more than one protected characteristic [intersectionality]

When people have more than one protected characteristic [also known as intersectionality], each associated with its own disadvantages, the combined result is even more disadvantages than would be expected given each minority status alone. [\[endnote 25\]](#)

Wider determinants:

Physical disability and socio-economic inequalities

Many long-term conditions causing disabilities are more common among people with lower socio-economic status. They may, in part, be acquired due to having a less healthy lifestyle [either in the past or present] or have acquired disabilities from hazards at work, or in the home.

Inequalities in disability emerge steadily across all ages of the life course. [\[endnote 26\]](#)

Rates of disability are highest among those without any qualifications and lowest among those with degrees. [\[endnote 27\]](#) Inequalities in the prevalence of disability widen steadily from age 30 onwards. Low levels of education and old age are strongly linked to higher prevalence of physical disability.

Children from semi-skilled and unskilled manual families have a higher prevalence of both mild and severe disability than children from professional family backgrounds. [\[endnote 28\]](#)

Surveys of older people have shown a marked socio-economic gradient with less well-off people having more limitations in their daily lives, their Activities of Daily Living [ADL]. [\[endnote 29\]](#)

According to the Joseph Rowntree Foundation, 31% of disabled people were in poverty in 2021/22. This was even higher (38%) for people with a long-term, limiting mental health condition. Higher poverty rates for disabled people are partly due to the additional costs

associated with disability and ill health and partly due to the barriers to work they face.
[\[endnote 30\]](#)

Disability benefits

For children, the main disability benefit available is Disability Living Allowance [DLA]. For working-age adults the main disability payment is Personal Independence Payment [PIP] and for pensioners, the Attendance Allowance [AA].

Eligibility for these disability benefits is unrelated to whether the individual is working or able to work, and unrelated to their income or assets, or those of their family (in other words the benefits are non-means tested). Eligibility is based on having a disability which increases living costs (for example, needing help with Activities of Daily Living, or for increased care costs in the case of children's disability benefits).

Incapacity benefits [IB]

The main incapacity benefits are Employment and Support Allowance [ESA], and the 'limited capability for work-related activity' element of Universal Credit [UC].

Eligibility for these benefits is dependent upon the claimant being unable to work. The benefits are also mostly restricted to those who have low family incomes and assets (they are means-tested).

Review of Benefits

Governments are regularly reviewing [carers and disability benefits](#).

The Department for Work and Pensions (DWP), has proposed substantial changes to the structure of welfare support for people with disabilities: '[Transforming Support: The Health and Disability White Paper](#)'.

East Sussex local benefits uptake

New sick or disabled claimants now mostly make a claim for Universal Credit.

The [Benefit Claimants briefing for East Sussex](#) | (eastsussexjsna.org.uk) describes uptake of benefits in detail.

Claimant rates for Universal Credit have been steadily increasing. Claimant rates for the period 2020 -2023 are highest in Hastings and Eastbourne Boroughs and are higher than East Sussex and England. A greater proportion of people now have no requirement to work to receive benefit.

Service provision and use:

What support is provided for people with physical disabilities in East Sussex?

There are several support services available for people with physical disabilities in East Sussex. Some examples of these are listed here.

1. [East Sussex School Health and Children's Integrated Therapy Services](#) website is a comprehensive source of information for children and young people, and their families and partners about health and social care and the wider community.



The website contains details about services plus information about health topics. This includes: emotional and physical health and wellbeing; speech and language therapy; equipment for physical disabilities; and training and support for East Sussex healthy schools. There are dedicated areas for children and young people, parents and carers, schools and professionals, and details on how to contact the One Point front doors for the services.

There is information on the types of issues the services can help with, how to refer, and how children, young people and families can get support.

2. Healthwatch provides a list of support groups for people with disabilities and their carers. These include: ESCC Adult Social Care; Association of Carers; Care for the Carers; Carers and Disability Benefits. [Support groups for people with disabilities and their carers](#)
3. **Integrated health and social care locality teams [ILT]** deliver community services in Seaford, Eastbourne, Hailsham & Polegate, Bexhill & St Leonards, Hastings, and Rural Rother localities. The teams are made up of these existing services:
 - Joint Community Rehabilitation Service (JCR) is an integrated service between Adult Social Care and East Sussex Healthcare Trust (ESHT) providing rehabilitation and reablement to help prevent hospital admission and facilitate timely discharge.

- Occupational Therapy staff (OTs) are responsible for carrying out social care assessments of new clients. They also support the reviews of existing clients seeking services from Adult Social Care. OT assessments and interventions aim to prevent, reduce or delay the need for ongoing support.
- A functional assessment by an Occupational Therapist [OT] identifies the potential for independence and works with the client, their carers and families. Recommended interventions may include the prescription of equipment, minor and major adaptations to the home, skills practice and development.

The OT teams identify potential ways to remove barriers to a client's safety, activity, health, and wellbeing:

- Barriers that are internal to the client are: physical; sensory; activity tolerance; psychological; cognitive; behavioural; perceptual; spiritual beliefs.
- Barriers that are external to the client are: the physical environment (access, design, space); the social environment (social networks, support); the cultural, political, and economic environment (attitudes to disability and ageing, resources, finances).
- Neighbourhood Support Teams (NSTs)
- Community Nursing Teams

4. ESCC Carers Support

Please see [Support for carers | East Sussex County Council](#)

There are links to:

- [carer's checklist](#);
- [care for the carers website](#);
- [carer's assessment](#);
- [carers personal budget](#);
- [carer's allowance](#);
- a [carer's card](#) which allows a carer to set up an [emergency respite plan](#).

Rehabilitation: is specific, active therapy aiming to restore health, mobility and optimise function. ^[endnote 31] Community rehabilitation aims to increase capacity and access to high-quality, therapy-led, rehabilitation assessments and interventions that are timely, safe, and person-centred, for people discharged on intermediate care pathways from acute settings and virtual wards.

Reablement: is support with personal and domestic activities of daily living while unwell.

5. [The Falls Management Service](#):

is a multi-disciplinary service offering specialist assessments and interventions for

individuals who have experienced one or more falls and who may also be experiencing a fear of falling and/or demonstrating abnormalities of gait and balance. The service aims to reduce their likelihood of falling again. The NHS has useful advice about falls and their prevention.

6. **The community stroke rehabilitation team:**
provides a specialised stroke inter-disciplinary service.
7. [Technology enabled care \[TEC\] services:](#)
provide a range of 24/7 monitored sensors and detectors which can help manage risks and support people to live more independently at home for longer.
8. **Helping people claim the financial support they are entitled to:**
There is a single point of access for people to get [advice about benefits](#).
9. Signposting people to sources of support within the community
10. ESCC public health initiatives raise awareness of sources of support in local communities. Local pharmacies help in signposting to sources of local support.

Support from District and Borough Councils

District and Borough councils in East Sussex all have policies addressing:

- Adapting existing housing-[Disabled Facilities Grants](#)
- New housing building standards
- Lifetime homes building standard
- Wheelchair accessibility standard

Districts and Boroughs have a duty of care to homeless households where a person has a priority need.

Predicting Future Need:

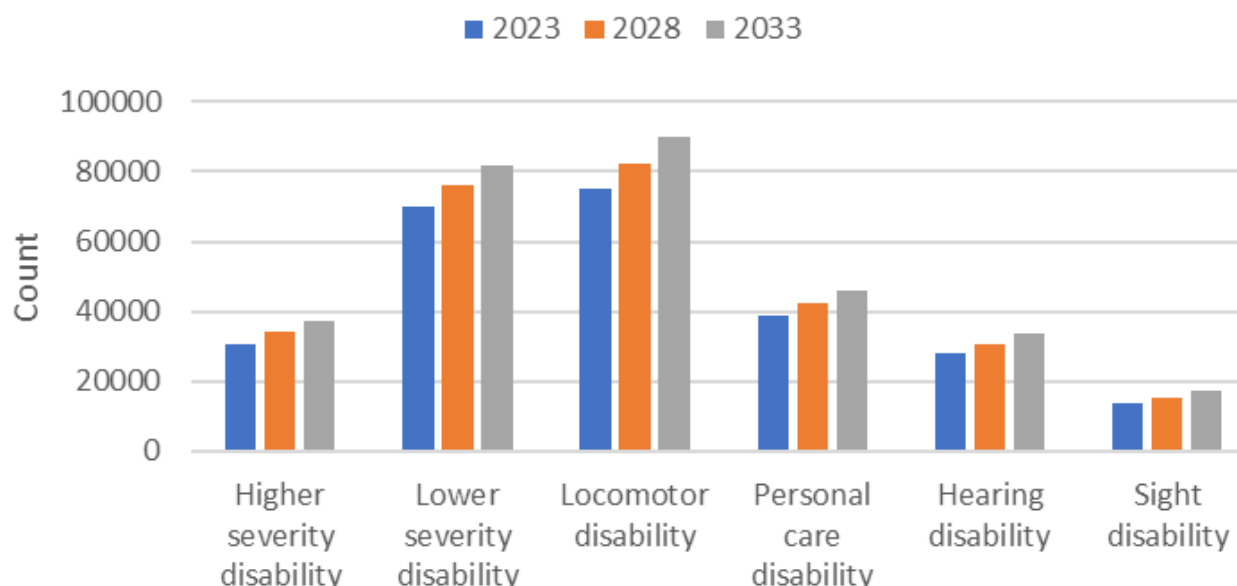
Figure 5 shows the increase over the next five to ten years in East Sussex in the expected numbers of people with different degrees of severity and types of disability for persons of all ages.

The categories of higher and lower severity are non-overlapping, so their sum equals the population with an overall disability.

A person can have more than one type of disability, the sum of population estimates across the individual disability types generally exceeds the population with an overall disability.

Figure 5 Estimated trends in number of persons with disability in East Sussex 2023 to 2033

East Sussex disability projections all persons 2023-33



Source: ESiF

Views of children, parents and carers and professionals:

East Sussex County Council has several forums and groups for people with a disability to express their views on issues related to disabilities:

<https://www.eastsussex.gov.uk/your-council/consultation/forums>

Evidence of Effectiveness / best practice:

[The National Disability Strategy](#) sets out the actions the government will take to improve the everyday lives of all disabled people.

[Part 1](#): immediate commitments to improving disabled people's lives

[Part 2](#): including disabled people in policy making and service delivery

[Part 3](#): summary of actions each government department will take

[Disability Confident](#) - The Disability Confident scheme supports employers to make the most of the talents disabled people can bring to the workplace. It provides employers with

the knowledge, skills, and confidence they need to attract, recruit, retain and develop disabled people in the workplace.

[Access to Work](#) - can help an individual get or stay in work if they have a physical or mental health condition or disability. Access to Work provides support for disabled people at work that is not covered by employers' responsibility to make reasonable adjustments. This could include special equipment, support worker services, or help getting to and from work.

[Adjustment Passport](#) - The Health Adjustment Passport is a document which can:

- support a person to identify what support and changes (known as reasonable adjustments) they may need when they are in work or moving into work
- help people to apply for support from Access to Work, which could include:
- funding for specialist equipment to support them to do their job, and
- support getting to and from work or support when they are in work, such as job coaching
- help a person talk to employers about adjustments and in-work support that they may need

[Intensive Personalised Employment Support](#) is one-to-one support and training to help a person into work if they have a disability. This consists of help from a dedicated support worker for 15 months and an additional 6 months of on-the-job support if they find employment.

[NICE Quality standard \[QS147\] Healthy workplaces: improving employee mental and physical health and wellbeing](#) and guideline [\[NG212\] Mental Wellbeing at Work](#).

NICE guideline: [Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education](#)

What are our plans now and in the future?

[Our plan for our population - Sussex Health and Care \(ics.nhs.uk\)](#)

The Sussex Integrated Care System aims to make tangible improvements to people's health, and health and care services that are available to them. The key improvements expected are summarised below:

- More people being better supported to manage their own health and wellbeing so they can stay healthier for longer and will be better supported to live a more fulfilled life and retain independence when they do become ill.

- More people and carers experiencing support and care that better meets their individual needs and is better suited to the community they live.
- More people having better access to services and experience more seamless care that is more focused on preventing them becoming ill.
- More people experiencing shorter waits for treatment.
- More people being cared for closer to home and those who do need inpatient hospital care will be able to return home quicker.
- Those who live in the most deprived areas and those with protected characteristics having more equitable access to services and improved experience of using services.
- More people who either have, or are at risk of, serious illness being diagnosed, supported and cared for at an earlier stage.
- More people being able to access services digitally more easily and feel supported to use technology in the best way to suit them and their needs.

ESCC aims to prioritise employment through the work of the Health and Wellbeing Board, with links to the Employment and Skills Board.

Conclusion

Disability is a complex phenomenon, reflecting the interaction between features of a person's body and features of the society in which they live.

People with disabilities face multiple barriers in accessing the health and rehabilitation services they need in many settings. Overcoming the difficulties faced by people with disabilities requires interventions to remove environmental and social barriers. [\[endnote 32\]](#)

People with disabilities may experience a narrower margin of good health, because of relative poverty and social exclusion.

People with disabilities have the same basic needs to prevent ill health as non-disabled people, for example access to immunisation and cancer screening. It is important to address well documented inequalities in the uptake of these prevention programmes by disabled people.

Further information:

- For access to ESCC services: [Heath and Social Care Connect \(HSCC\)](#)
- [Support to stay at home | East Sussex County Council](#)
- Voluntary sector [Advice for disabled people - Possability People](#)

Key national policy and information sources relating to disability include:

- [National Disability Strategy](#) [2021]

- [The lived experience of disabled people during the COVID-19 pandemic](#)
- [Transforming Support: The Health and Disability White Paper - GOV.UK \(www.gov.uk\)](#)
- [The Equality Act \(EA\) 2010](#)

Under the Equality Act 2010, we are required to meet the general equality duty (also known as the public sector equality duty):

- to eliminate discrimination, harassment, victimisation and other prohibited conduct, and
- to advance equality of opportunity and foster good relations between people who share a protected characteristic and those who do not.

Under the Equality Act 2010 (Specific Duties) Regulations 2011, we also aim to:

- set specific measurable equality objectives every four years, and
- publish sufficient information, in a form that is easily accessible to the general public, to demonstrate ‘due regard’ to the public sector equality duty.
- [The Care Act \(2014\)](#) [endnote 33]
- [The Disability Discrimination Act \(2005\)](#) [endnote 34]
- Improving the life-chances of disabled people (Cabinet Office, 2005) [endnote 35]
- [Independent Living](#) a cross-Government strategy about independent living for disabled people (Office for Disability Issues, 2008)

The following disability statistics are routinely collected nationally:

- [People with mental illness or disability in settled accommodation](#)
- [Employment for those with a long-term health condition including those with a learning difficulty/disability or mental illness](#)
- [Enhancing quality of life for people with long term conditions](#)
- [Enhancing the quality of life for people with care and support needs](#)
- [Ensuring that people have a positive experience of care](#)

References:

- ¹ <https://www.who.int/topics/disabilities/en/>
- ² The Disability Discrimination Act 2005. www.legislation.gov.uk/ukpga/2005/13/contents
- ³ <https://www.equalityhumanrights.com/en>
- ⁴ Great Britain. Equality Act 2010. Chapter 15. London: Stationary Office.
- ⁵ Union of the Physically Impaired Against Segregation, 1975
- ⁶ [National Disability Strategy - GOV.UK \(www.gov.uk\)](#)
- ⁷ Source: Annual School Census 2023.
- ⁸ ESCC Market Statement. Data for Short and Long Term (SALT) return, Table LTS001b
- ⁹ The PSR describes why the individual requires social care support; the primary disability/impairment impacting on the individual's quality of life and creating a need for support and assistive care.
- ¹⁰ [Public health profiles - OHID \(phe.org.uk\)](#)
- ¹¹ [National Disability Strategy - GOV.UK \(www.gov.uk\)](#)
- ¹² [Work, health and growth: A guide for local councils | Local Government Association](#)
- ¹³ [National Disability Strategy - GOV.UK \(www.gov.uk\)](#)
- ¹⁴ [Work, health and growth: A guide for local councils | Local Government Association](#)
- ¹⁵ ESCC LGBT JSNA needs assessment 2021.
- ¹⁶ Assessing and Addressing Cardiovascular Health in LGBTQ Adults: A Scientific Statement from the American Heart Association. Caceres, Billy A, et al. 19, 2020, Circulation, Vol. 142, pp. e321- e332.
- ¹⁷ Assessing and Addressing Cardiovascular Health in LGBTQ Adults: A Scientific Statement from the American Heart Association. Caceres, Billy A, et al. 19, 2020, Circulation, Vol. 142, pp. e321- e332.
- ¹⁸ [Disability and religion - Wikipedia](#)
- ¹⁹ [Halligan P.W. \(ed.\), Aylward M. \(ed.\) The Power of Belief: Psychosocial influence on illness, disability and medicine | Oxford Academic \(oup.com\)](#)
- ²⁰ [Policy positions | Age UK](#)
- ²¹ The Intersection of Disability and Pregnancy: Risks for Maternal Morbidity and Mortality
- ²² The Intersection of Disability and Pregnancy: Risks for Maternal Morbidity and Mortality
- ²³ [Public Health England Disability and domestic abuse Risk, impacts and response.](#)
- ²⁴ [Veterans, service leavers, and non-mobilised reservists - NHS \(www.nhs.uk\)](#)
- ²⁵ Alvidrez J., Greenwood G. L., Johnson T. L., Parker K. L. (2021). Intersectionality in public health research: A view from the national institutes of health. *Am J Public Health*, 111, 95-97.
- ²⁶ Institute for Fiscal Studies (IFS); 2023. <https://ifs.org.uk/inequality/inequalities-in-disability/>
- ²⁷ Ibid.
- ²⁸ Office of National Statistics (2004) The Health of Children and Young People: Chapter 10 - disability <http://www.statistics.gov.uk/children/downloads/disability.pdf>
- ²⁹ <https://www.elsa-project.ac.uk/wave-reports>

³⁰ [UK Poverty 2024: The essential guide to understanding poverty in the UK | Joseph Rowntree Foundation \(jrf.org.uk\)](https://jrf.org.uk/uk-poverty-2024)

³¹ [A new community rehabilitation and reablement model \(england.nhs.uk\)](https://www.england.nhs.uk/rehabilitation/)

³² https://www.who.int/disabilities/facts/Infographic_en_pdf.pdf?ua=1

³³ The Care Act 2014. <http://www.legislation.gov.uk/ukpga/2014/23/contents>

³⁴ [Disability Discrimination Act 2005](#)

³⁵ [Cabinet Office, Improving the life chances of disabled people.](#)