



Health and Social Care

Bristol
Demographic
Information Pack

V 1.0

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Overview and Introduction

Across the country, the provision of health and social care for adults (people aged 18 years and over) is going through major change. This is because of a number of pressures that affect us all in one way or another:-

- there will be a rise in the number of older people and fewer younger people in the workforce to support the cost of public services
- people expect more of modern social care services and rightly demand higher quality
- the Government is demanding change and across the country, councils are working hard to provide good, high quality services within a reducing budget

These things mean that the way we currently do things is neither sustainable nor desirable for the future.

Like other councils, Bristol is looking at the way social care support is provided for adults who need it. In order to do this well, we want to talk to people who live in Bristol to ask what they think we should do. We all have an interest because we use services or may use them in future and we all contribute towards the cost of services.

Some of the improvements we want to make include:-

- better access to information, advice and advocacy
- promoting people's health, well-being and independence
- giving people more control over their care and support including more control over the funding for services
- closer working across Health, Social Care, voluntary organisations and others providing care and support
- making sure that people have opportunities to be part of a community and experience the friendships, care and support that can come from families, friends and neighbours.

This pack contains information which has been developed to give a better idea of the needs of people in the city, the way those people can be supported and how we spend public money on social care. There is a lot of detail but we hope it will be useful in supporting you to think about the services you feel we should develop in the future.

When consulted nationally or locally, people say they want more control over the support they receive. We have included a section in this pack which describes the sort of care traditionally available alongside some newer, more flexible types of support. We would be pleased to hear your thoughts about these different types of support.

How will the changes make a real difference to people's lives?

The stories set out below, show some of the ways we hope to make a real difference to the quality of experience for people who use our services (these are not real people):-

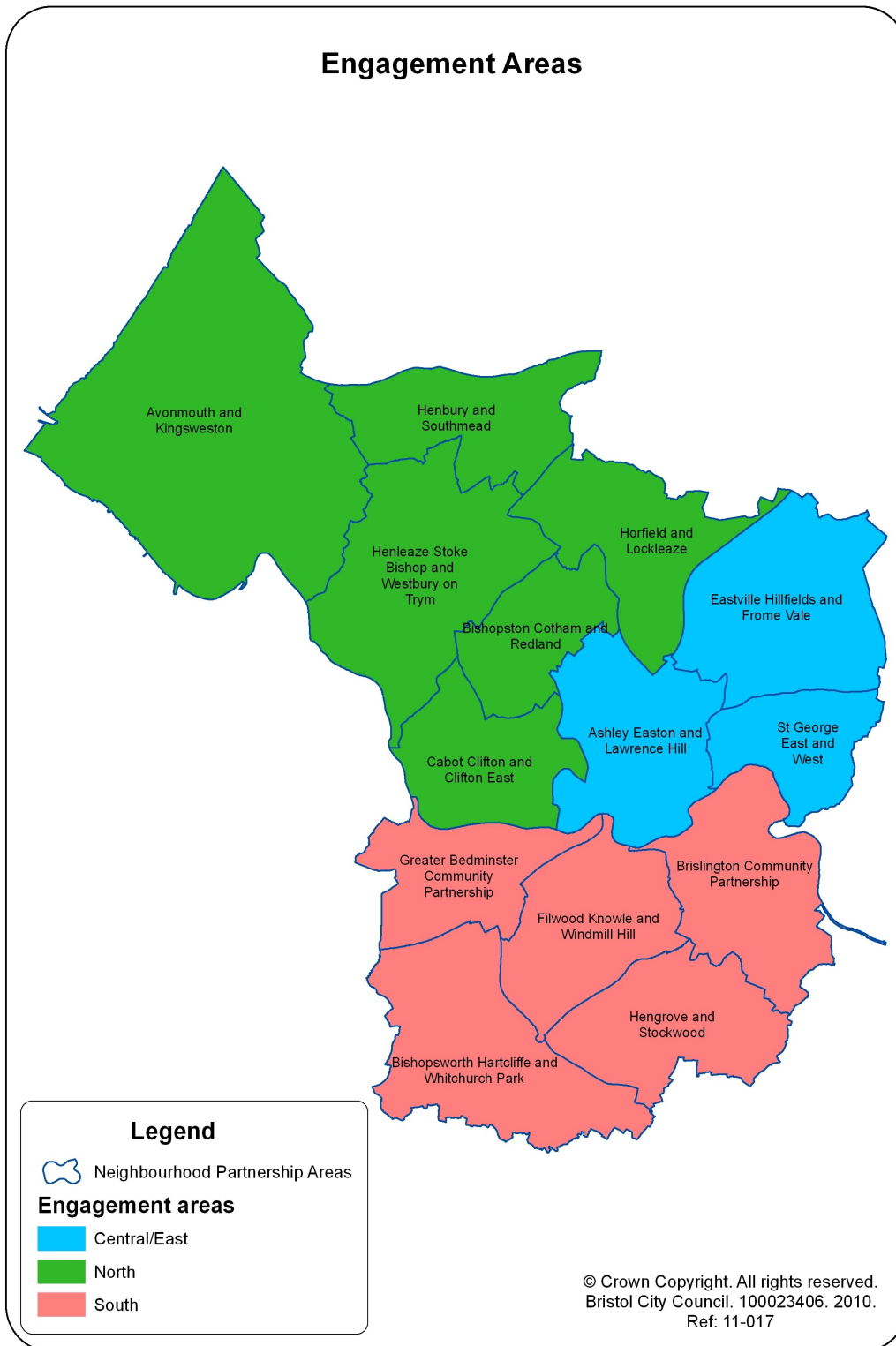
Mrs Smith, aged 86, has had a recent fall. She did not need to go to hospital but had severely lost her confidence. Her son contacted Health and Social Care via **Care Direct** and after an assessment over the telephone, it was agreed that she would benefit from our **reablement service** to regain her confidence and independence. Staff worked with Mrs Smith on an intensive six week period of reablement and a number of simple pieces of equipment were installed in her house to help her mobility. The care workers set goals with Mrs Smith, such as managing her weekly shopping. At the end of the reablement period, Mrs Smith and Health & Social Care agreed that no longer term support was needed. Mrs Smith was put in touch with the **falls clinic** to make sure that further help could be given to reduce the risk of future falls.

Mr Jones, aged 76, has advanced dementia. His wife and family care for him, but are struggling to cope, particularly at night. Mr Jones also tends to wander from his house. Following an assessment by Health & Social Care, Mr Jones was given a **personal budget**. His family were keen to manage the budget on his behalf. The social worker also suggested how **assistive technology** might be able to help. The family decided to work with our specialist dementia service to develop the support plan. They felt that assistive technology such as bed sensors and GPS pendants would help to keep Mr Jones safe. The support planner was also able to signpost Mr Jones and his family to community based support such as the **specialist dementia cafes**. The remainder of the personal budget was spent on a weekly painting class for Mr Jones and a small amount of traditional personal care to provide respite for the family.

Mrs Jackson, aged 72, has just lost her husband of 45 years. Following a recent visit to the doctor, her GP made a referral to HSC via **Care Direct** because she was lonely. Care Direct spoke to Mrs Jackson - they felt that she needed support and put her in touch with her local **LinkAge** who arranged for someone to visit her weekly for a chat. This has now started to develop into a friendship. LinkAge have also put Mrs Jackson in touch with a weekly club. Care Direct was also able to arrange for a **bereavement counselling** service to meet with Mrs Jackson.

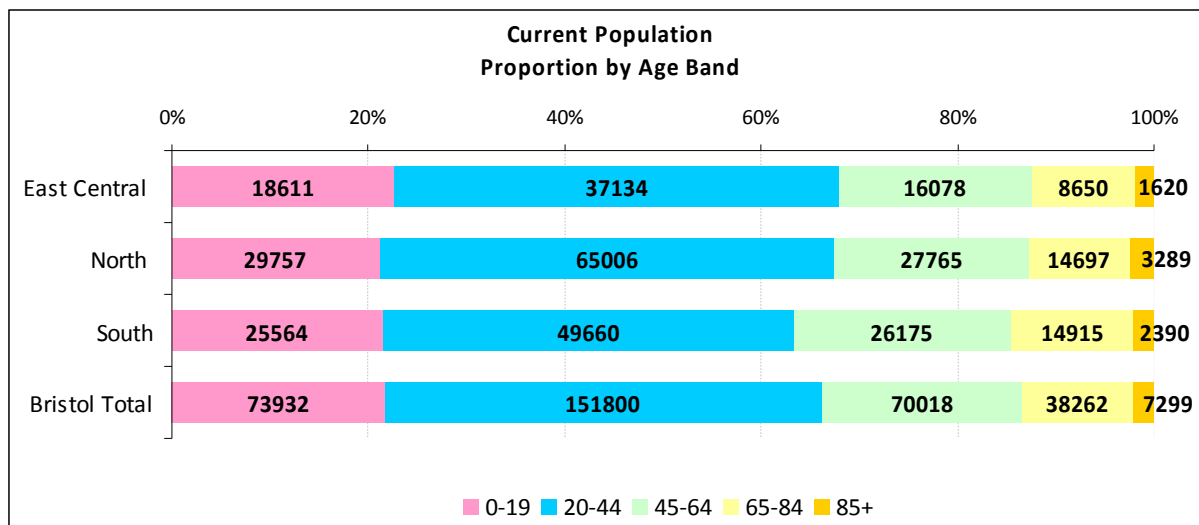
Health & Social Care Locality Map

This map below shows the Neighbourhood Partnership Areas in Bristol and the three main localities across which Health & Social Care works . These are: North Bristol, South Bristol and Central /East Bristol.



The people who live in Bristol

There are around 442,500 people living in Bristol today. About 70% of people are of working age and 15% are of pensionable age. This is how the age profile looks across the locality areas:



It is predicted by the Office for National Statistics that Bristol's population will increase to 512,800 in the next 10 years. The working age population will increase by 16% (47,600) people. The older population is forecast to increase by 11% (6,900 people).

Equalities

Promoting equality of opportunity, eliminating unlawful discrimination and promoting good relations are key elements of our work. We use equalities data and information when we are thinking about changes and developments in the way services are provided and delivered. In this way we strive to meet people's needs by taking into account age, disability, gender, gender reassignment (otherwise known as transgender), pregnancy and maternity, race, religion and belief, and sexual orientation (lesbian, gay and bisexual people).

Where we have robust, relevant equalities data, it has been included in this information pack. To enable Health and Social Care to monitor how well it is meeting the needs of people from equalities groups, we produce annually what is known as the Equalities Data Pack. From this data we know that:

- About 50% of people who use social care services are aged 75 or over
- About 60% are female
- Overall 8.4% of service users are from Black and Minority Ethnic communities

The Equalities data pack can be found on our website, <http://www.bristol.gov.uk/>.

Population by gender

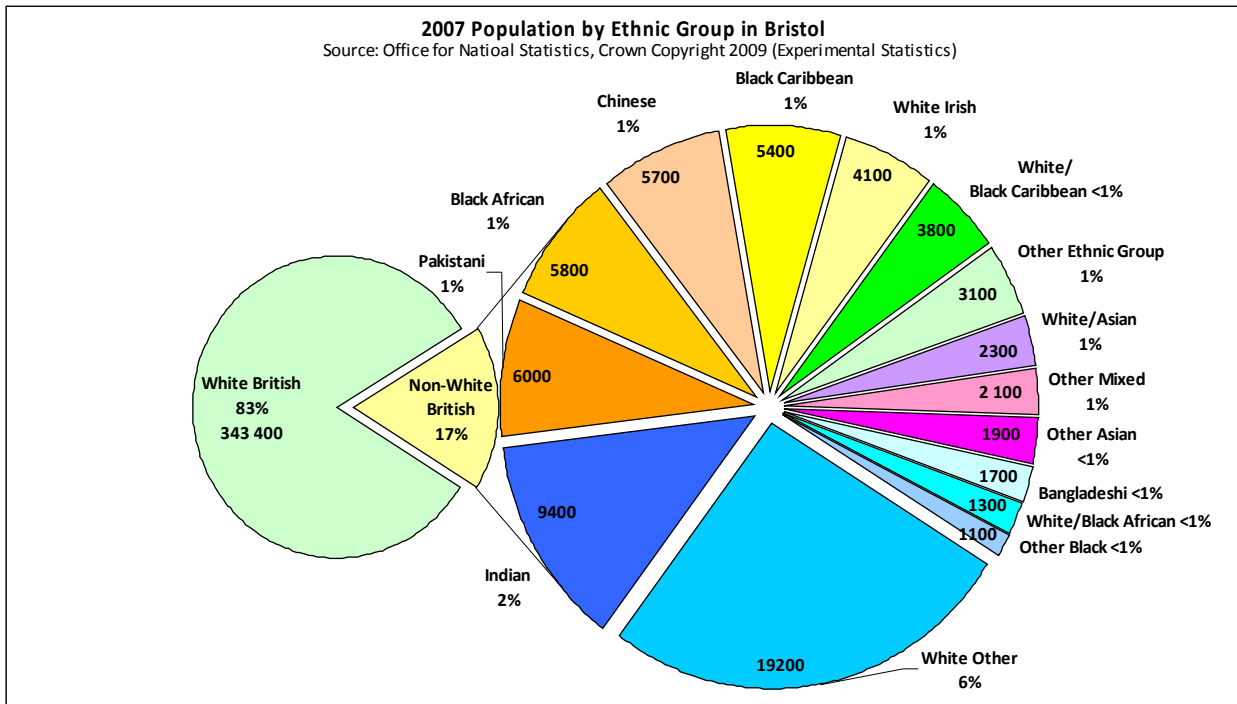
50 % of Bristol’s population is male and 50% female. There are more males than females amongst the 20 – 44 year olds, and more females than males in the 65 and over age group.

Population by faith

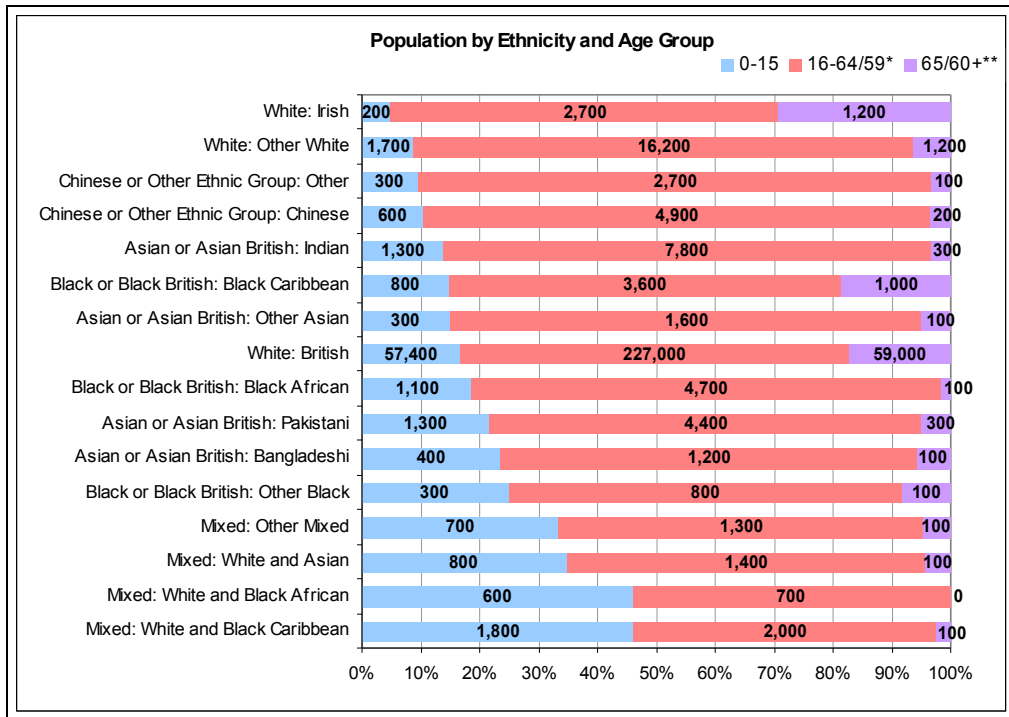
The Census is the latest reliable source of faith information for the whole population but we know that the profile is likely to have changed significantly in recent years. The Census suggests that around 62% of Bristol’s population is Christian, with the highest percentage of Christians in the south of the city. East/Central Bristol has the most diverse population in terms of faith with a comparatively high percentage of Muslims and Sikhs.

Population by ethnicity

Bristol is a multi-cultural city. The percentage of non-white British population is growing. It currently accounts for 17% of the Bristol population. The figures below are based on estimates from the Office of National Statistics. Of the non-white British population, White Other (including Eastern European) accounts for 6%, Indian 2%, Black African 1% Chinese 1% and Black Caribbean 1%.



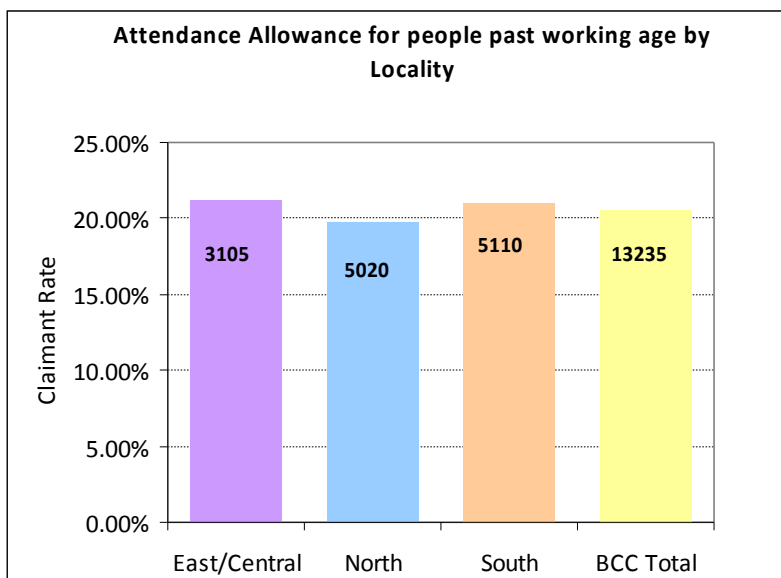
The chart below shows that the diversity of the population is increasing and that this is most noticeable amongst the younger population.



Information about benefits and allowances

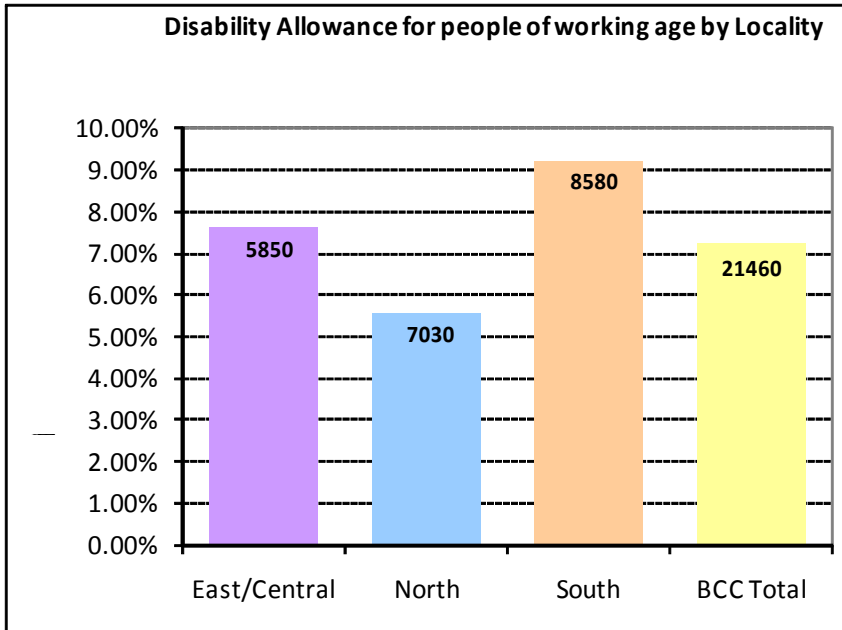
Attendance Allowance

Attendance Allowance is a tax-free benefit for people aged 65 or over who need help with personal care because they are disabled. Around 20% of people aged 65+ in Bristol claim attendance allowance. The rate is slightly lower in the north of the city.



Disability Living Allowance

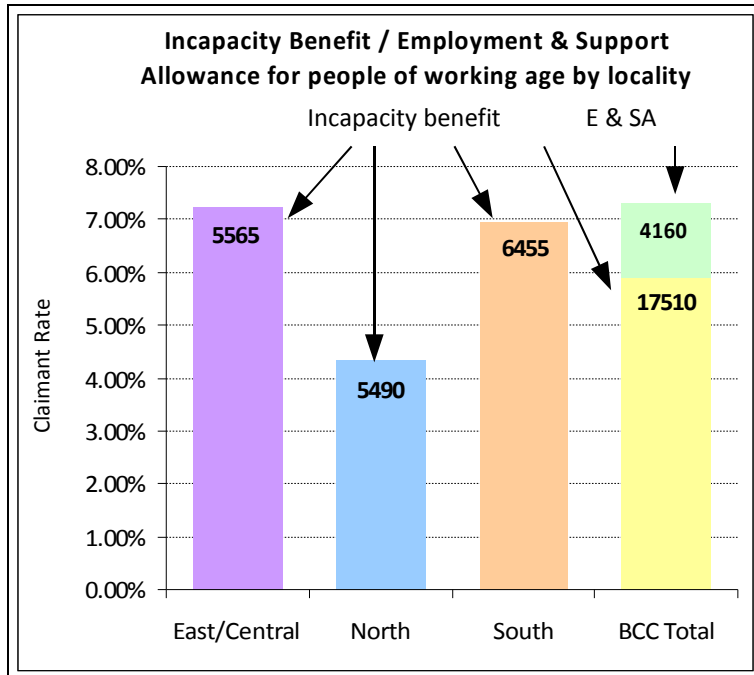
Disability Living Allowance is a tax-free benefit for disabled children and adults to help with extra costs they have because they are disabled. It is not based on a disability but the needs arising from it. The claimant rate for Bristol is around 8% of the working age population,



although this varies between the localities with a higher proportion of claimants in south Bristol (9%) than north Bristol (6%).

Incapacity Benefit / Employment and Support Allowance

Employment and Support Allowance (ESA) replaces Incapacity Benefit and Income Support (which is paid because of an illness or disability) for new claimants from 2008.



Currently, the number of working age individuals claiming ESA (shown in green on the chart) are not available by locality.

Just over 7% of Bristol's working age population are claiming Incapacity Benefit or ESA.

The highest claimant rate is likely to be in East/Central Locality, although without the locality level ESA data we cannot say for certain.

Joint Strategic Needs Assessment (JSNA): Key Findings

The JSNA is put together by the Council and NHS Bristol. It is a continuing process to understand the health and well-being needs of people living in Bristol. We use it to help make decisions about how we deliver services, and to plan services for the future.

The JSNA is available online at www.bristol.gov.uk/JSNA.

Key findings

1) Bristol has a rising population and changing needs:

- Bristol's population continues to rise faster than the national rate of increase with up to 37% increase by 2033
- 28% of reception year children are from a BME community
- More people are living longer, but unfortunately they are not always living healthier. This means we will have more people with long-term health conditions or support needs, which will put increasing pressure on our services.

2) Inequalities gap

- Depending where you live in Bristol, there could be up to a 9 year difference in life expectancy. There is a close link between deprivation and poorer health and well-being.

3) Obesity:

- Levels of child obesity remain at around 10.5% of reception year children and 18.4% of year 6 children. Adult obesity is increasing, and obesity rates tend to rise with age. We are at risk of an 'obesity epidemic'.

4) Children and long-term support:

- Many disadvantaged families are reluctant or unable to access services. It is the children within these families who have the worst start in life, missing out on vital early emotional, social, cognitive and communication development
- Up to 7.5% of children have a disabling condition or chronic illness and may need support from multiple services to achieve a good quality of life.

5) Mental Health:

- Evidence suggests over 75% of psychiatric disorders develop below the age of 25, with disorders in childhood leading to ongoing problems in adulthood
- There have been increases in the numbers of prescriptions for antidepressant drugs.

6) Dementia:

- The number of people aged over 65 living with dementia is forecast to rise by 39% by 2033.

7) Cardio-vascular disease:

- The number of people with cardio-vascular disease, diabetes and some cancers is projected to increase as obesity rates rise and the population ages, despite new treatments and better survival rates. This emphasises the importance of preventing people from becoming ill or unhealthy.

8) Preventable hospital admissions:

- The number of people going into hospital are high and rising, especially in the younger and older age groups

9) Carers:

- Around 40,000 people across the city provide unpaid care for another person (adult or child) with health and well-being related needs
- With many carers becoming older and experiencing their own health problems, it will be harder for them to continue to provide this care and they will need more social care support.

10) Lifestyle:

- There are clear links between risk factors such as poor diet, alcohol or substance misuse, smoking, risky sexual behaviours and poor educational attainment, poor emotional health, and deprivation/poverty.

11) Housing:

- There are close links between poor housing and poor health. Housing requirements are changing, partly due to people living longer with long term conditions, but also because more people are living at home and are alone.

12) Cultural issues:

- Bristol is a multi-cultural city and some minority groups experience a higher prevalence of specific illnesses but are less likely to access services and services may not always meet their specific needs.

13) Sustainability:

- Global oil production is expected to reach a peak before 2030, which affect energy sources. People and organisations need to reduce their 'ecological footprint' - and planning for health and well-being will require the council to consider things like changing energy use in buildings, travel and transport, food production, how we buy services and the type of care we buy for people or that they buy for themselves. Many of the changes that reduce our ecological footprint also make life better, communities more engaged, and improve health outcomes for people.

Key Health Indicators

Health Profiles for Local Authority areas are produced every year by the Association of Public Health Observatories. They are useful but we need to bear in mind when comparing Bristol with other areas that cities generally have more significant areas of deprivation. The summary below compares Bristol to both the England average and the average of a group of Local Authority areas that are comparable to Bristol to try and give a better comparison.

Bristol at a glance

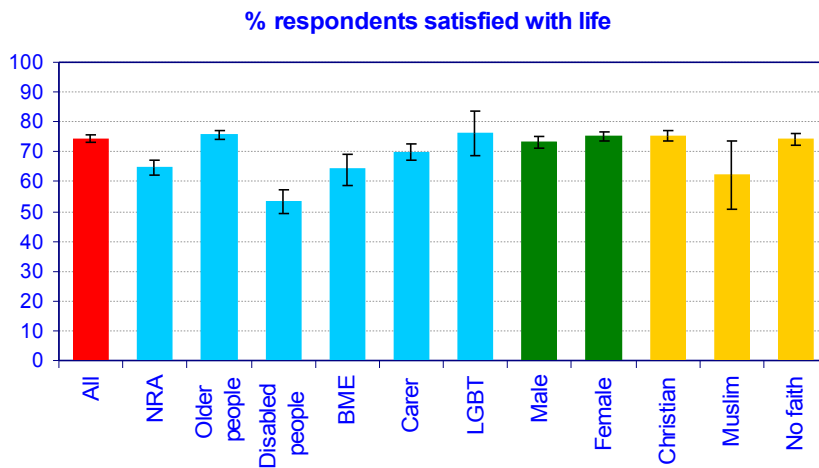
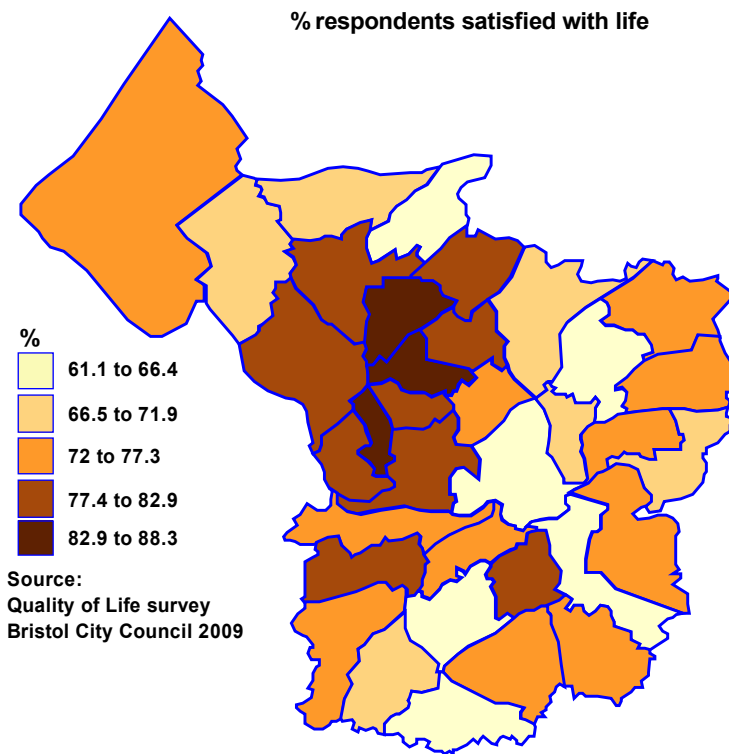
- ❖ Levels of deprivation are higher than the England average but are lower than the majority of local authorities like Bristol
- ❖ There are health inequalities within Bristol. Life expectancy for men living in the most deprived areas is 7 years less than for men in the least deprived areas. The difference for women is over 4 years. Overall life expectancy is similar to comparable local authorities for both men and women.
- ❖ Early death rates from cancer and from heart disease and stroke are worse than the England average, but are similar to the average in similar local authorities. Rates of early deaths from these causes have fallen in Bristol over the last 10 years.
- ❖ The estimated rates of adults who smoke are worse than the England average but are similar to the average of comparable local authorities.
- ❖ The rate of hip fractures in the over-65s (significantly linked to falls) is higher than both the England and average of similar local authorities.
- ❖ The estimated rates of healthy eating and physically active adults are similar to the England average and higher than the average for similar local authorities.
- ❖ For further information please refer to the Joint Needs Assessment of health and wellbeing in Bristol available at www.bristolpct.nhs.uk

Quality of Life Survey

Information is collected using the annual Quality of Life in your Neighbourhood survey. It records opinions from several thousand Bristol residents each year. Key questions are asked each year in the same way, so trends over time can be measured. Some of the results from the 2009 survey are shown on the following pages overleaf. See www.bristol.gov.uk/qualityoflife for more detail.

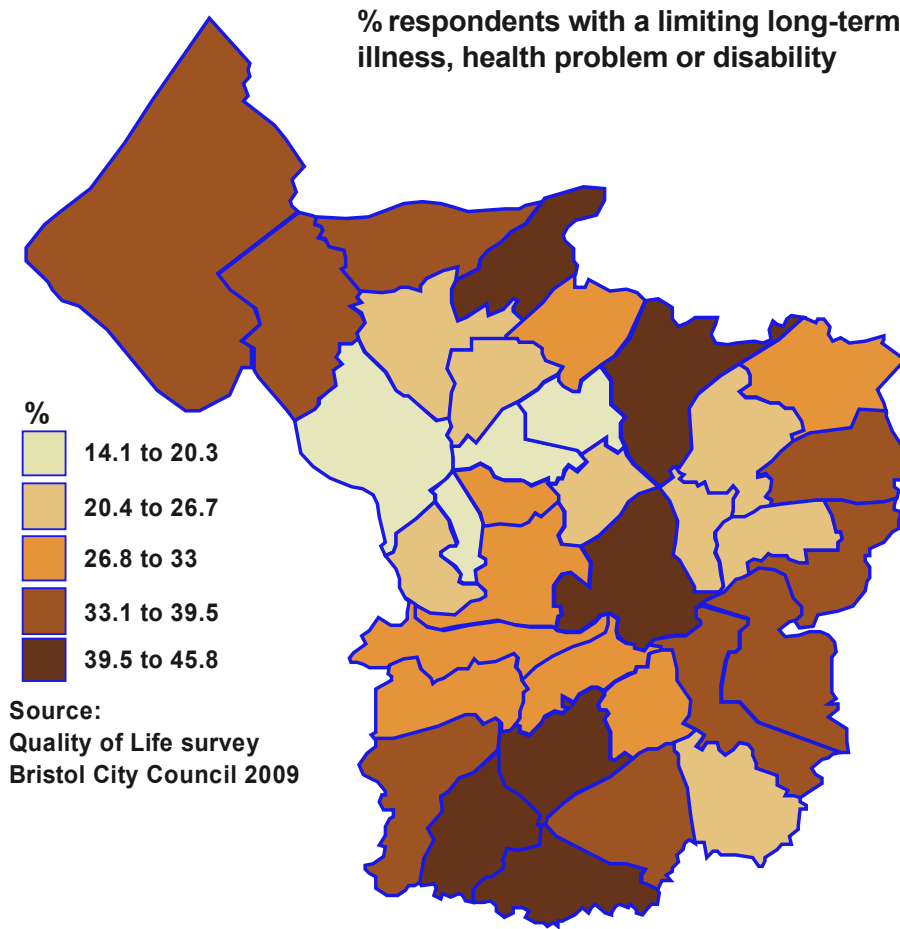
Percentage of respondents satisfied with life

74% of people who responded indicated they were satisfied with life at the time of the 2009 survey. The map below shows that people in East/Central Bristol are least likely to be satisfied with life than those in some areas of North Bristol, particularly Clifton and Henleaze. Overall there is a lower proportion of disabled respondents who are satisfied with life.

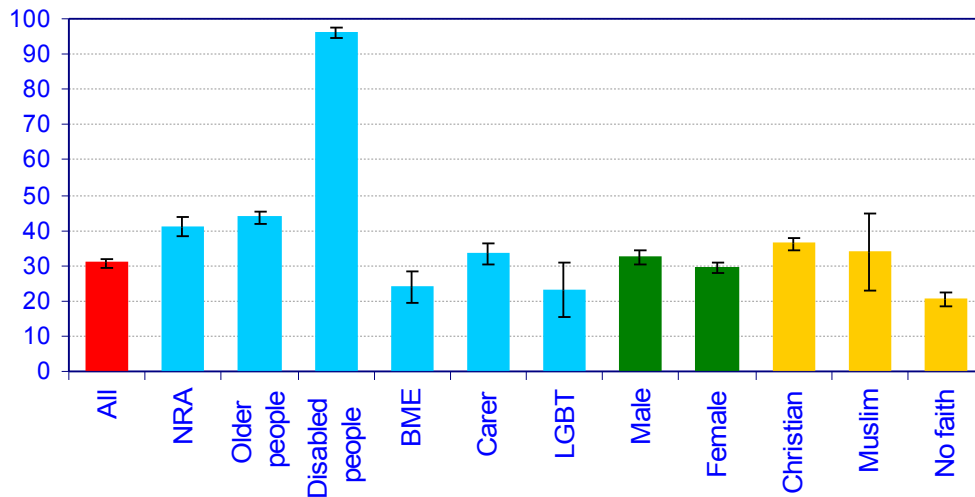


Percentage of respondents with a limiting long-term illness, health problem or disability

31% of 2009 survey respondents indicated they had a limiting long-term illness, health problem or disability. Generally speaking, they tended to be in the more deprived areas of Bristol.

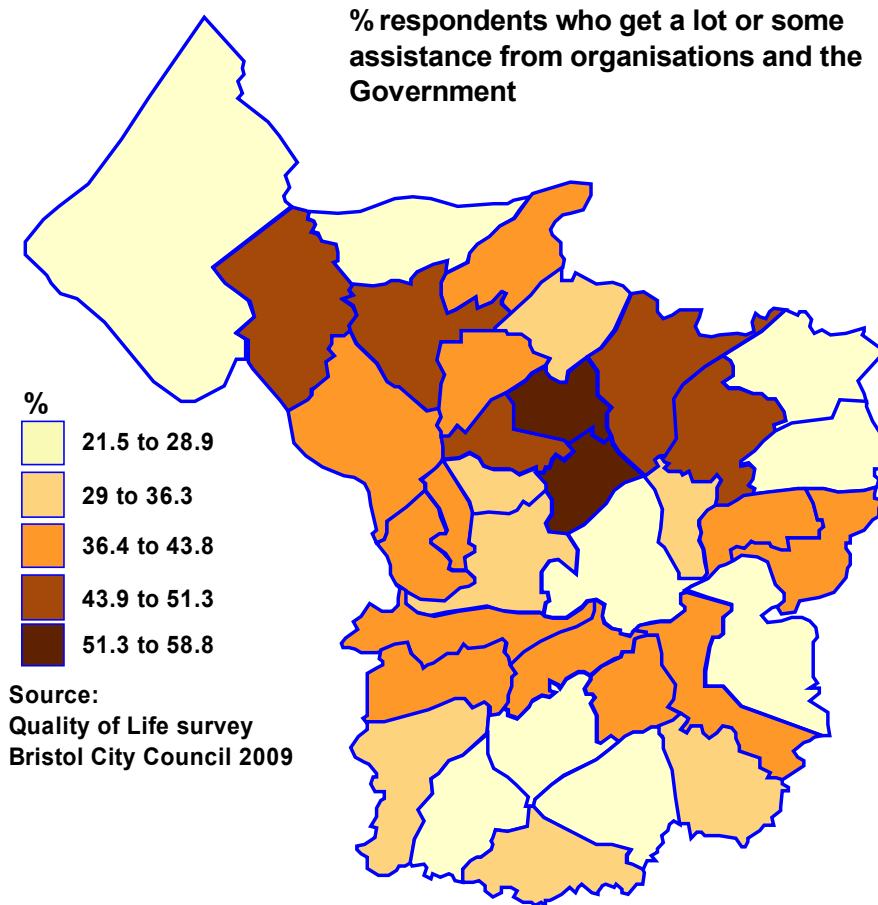


% respondents with a limiting long-term illness, health problem or disability

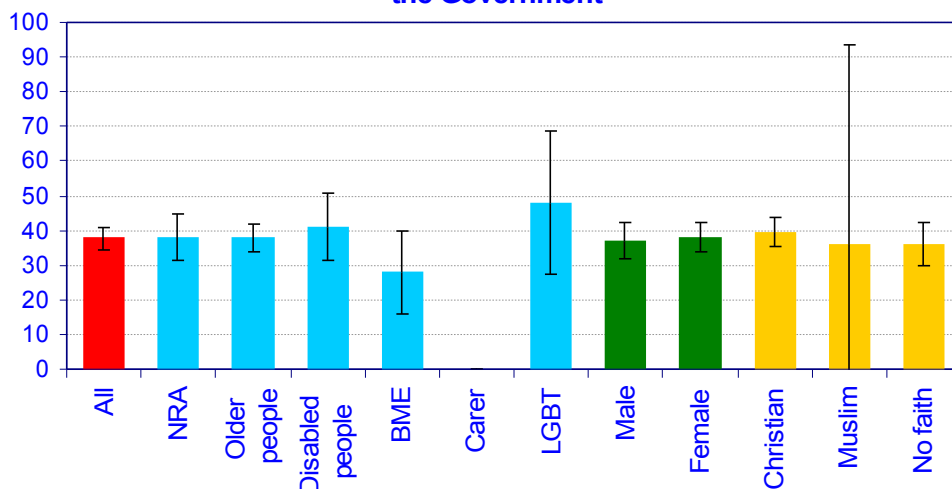


Percentage of respondents who said they provide unpaid care and who said they who get a lot or some assistance from organisations and the government

38% of 2009 survey respondents who said they provide unpaid care indicated they get a lot or some assistance from organisations and the government. Generally speaking, a higher percentage of those who did indicate this, lived in the north of the city.

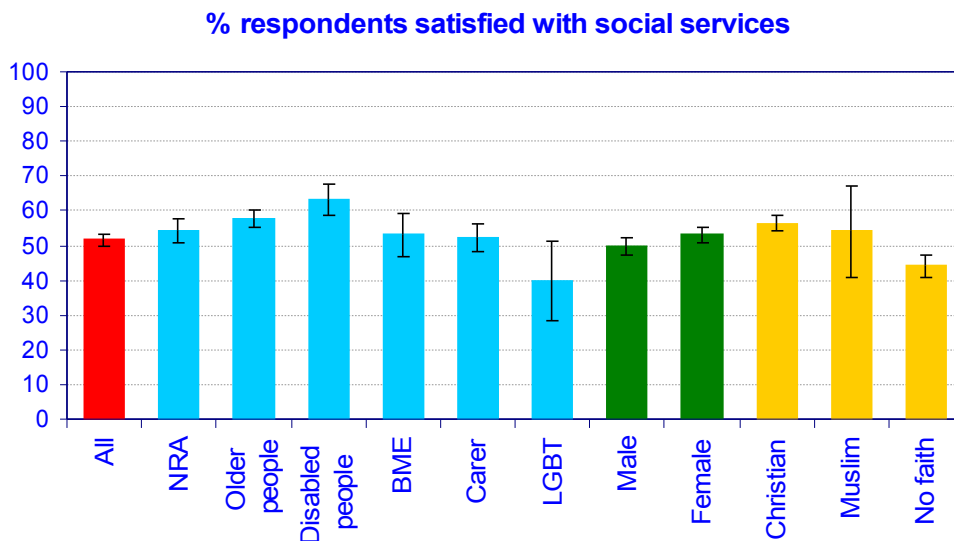
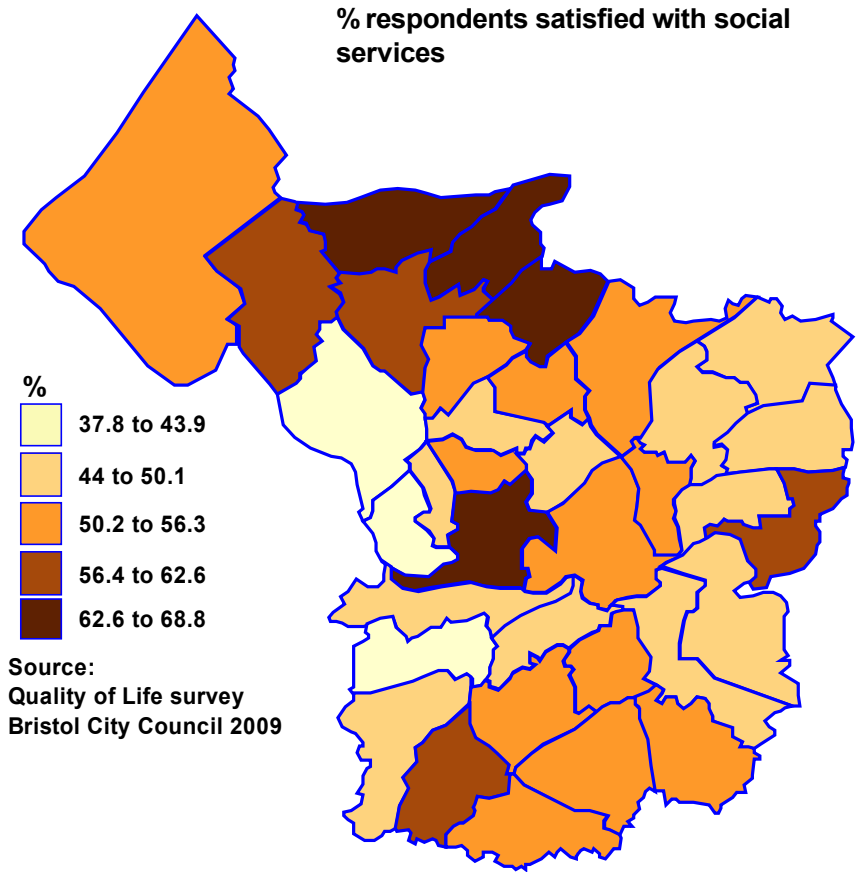


% respondents who get a lot or some assistance from organisations and the Government



Percentage of respondents satisfied with social services

52% of survey respondents indicated in 2009 they were satisfied with social services. Satisfaction had increased since 2008. A higher proportion indicated they were satisfied with social services in the Southmead area than other areas of the city. The equalities breakdown below suggests that respondents who indicated they are disabled are more satisfied with social services than the population as a whole.



Quality of Life for the Older Population of Bristol

In 2009, almost 2,500 residents who responded to the annual Quality of Life survey in Bristol described themselves as 'over 50 years of age'. The results have been analysed and split by two age groups: 50-74 years and 75 years and over. Some of the key findings are:

- ❖ A third of older people aged 50-74 years said they had a limiting long-term illness increasing to two thirds for people aged 75 years (city average = 31%)
- ❖ A third of respondents aged 75 years and over had accidentally fallen in the 12 months to 2009 compared to only 20% of people aged 50-74 years
- ❖ Most people felt safe in their homes at night (90%), but this dropped to 86% for people aged 75 years and older
- ❖ When asked 'what prevents you from leaving your home as often as you wish?' lack of confidence, poor health and disability were significant issues for people aged 75 years and over, but results for respondents aged 50-74 years did not differ from the population as a whole
- ❖ Isolation was a key issue for older people - 5% of people aged 50-74 years said they never talk to family and friends, increasing to 15% for people aged 75 years and over
- ❖ Significantly more older people (aged 75 years and over) thought people in their neighbourhood get on well together, are trustworthy, respect ethnic differences and felt they belong to their neighbourhood. The response from people aged under 75 years was less positive and did not differ from the younger population
- ❖ Respondents said age discrimination was the most common form of any discrimination. The age group most affected was 50-74 years when compared to younger and older age groups.

Needs Groups

Dementia

Dementia is used to describe a collection of symptoms, including a decline in memory, reasoning and communication skills, and a gradual loss of the skills needed to carry out daily activities. In the UK one in five people over 85 has dementia and one in 14 over 65 has a form of dementia. The number of people with dementia is forecast to increase nationally by 38% in 15 years and 154% in 45 years. For Bristol it is estimated there were 4,100 people with dementia in 2008 and there will be 4,650 by 2025.

Learning difficulties

The predictions below are based on widely accepted national prevalence rates applied to the Bristol population aged 18 and over. In addition to children born with a Learning Difficulty, there is also some migration into Bristol by people with Learning Difficulties and their

families/carers. These prevalence rates estimate that there are currently 1,830 people with a moderate to severe Learning Difficulty increasing to 2,160 by 2020.

Disabled Adults

The predictions below are based on national prevalence rates from the Health Survey for England, 2001, for moderate to severe disability and applied to the Bristol population aged 18-64. It is currently estimated that there are 26,080 adults aged 18-64 living with a physical disability in Bristol, predicted to increase to 29,960 by 2020.

Sensory impairment

The predictions below are based on national prevalence rates for moderate to severe visual impairment, profound hearing impairment or people who are Deafblind, the term used for both hearing and visual impairment. The prevalence rates have been applied to the Bristol population aged 18 and over. The number of people living with a visual impairment is predicted to increase by 43 in the next 5 years, for hearing impairment by 224 and for the deafblind population by 179.

Adults with Mental Health Problems

The predictions below are based on national prevalence rates from the Adult psychiatric morbidity in England, 2007 for common mental disorder, and personality disorders.

Common mental disorders are mental conditions that cause marked emotional distress and interfere with daily function, but do not usually affect insight or cognition. They comprise different types of depression and anxiety, and include obsessive-compulsive disorder. In Bristol it is estimated there are currently 49,100 people with a common mental disorder, which is predicted to increase by 7,540 by 2020.

Personality disorders are longstanding, ingrained distortions of personality that interfere with the ability to make and sustain relationships. Antisocial personality disorder and borderline personality disorder are two types with particular public and mental health policy relevance. Psychoses are disorders that produce disturbances in thinking and perception severe enough to distort perception of reality. The main types are schizophrenia and affective psychosis, such as bi-polar disorder.

Carers

It is difficult to fully establish the number of informal / unpaid carers in Bristol. However, carers provide the vital support to individuals and groups, often when statutory organisations are not involved. The Census 2001 results applied to the 2010 Bristol population indicates that 26,670 people aged 18 and over indicated they provide between 1 and 19 hours informal/unpaid care per week, 4,350 between 20-49 and 8,780 over 50 hours per week. The overall number of unpaid carers, based on the 2001 estimates will increase from 39,800 in 2010 to 45,940 in 2020.

Falls in people over 65 years

This is a significant issue nationally and in Bristol. Falls can often be prevented and have serious implications for the individuals' health and health and social care finances.

The rate of falls per 10,000 population aged 65+ has increased from 76 in the period April - June 2007 to 89 in the period July – September 2010. Similar increases are happening in other areas. There is an increase in falls due to icy conditions because of the cold winters we have had over the last two years, but falls on stairs and steps have also increased significantly. They account for more than double the 'ice related' number.

Social Care Services (provided or bought by Health & Social Care)

Bristol City Council's Health & Social Care Directorate supports almost 10,700 people at any time by either providing services or buying them from the independent sector.

Residential and Nursing Care

Residential care in a care home is for people who cannot live in their own home, even with support from home care services.

Nursing care in a care home is for people who need the care of a registered nurse and who require access to medical care 24 hours a day.

Market capacity

Every care home must register with the Care Quality Commission to ensure they meet essential minimum standards. The next table shows the total capacity of residential and nursing homes to provide care in Bristol broken down by the type of need that the homes meet. Some homes are registered for more than one type of need. Therefore the capacity in the table on the following page does not reflect the number of homes.

Many Bristol people live within a few streets of South Gloucestershire, North Somerset or Bath & North East Somerset. Therefore, these areas have been included in the table below as people may choose a care home just across the Bristol boundary:

Council	Service Type	Information	Learning Disability	Dementia	Adult Mental Health	Older People	Physical / Sensory Impairment
Bristol	Nursing home	Number of Homes	9	11	4	25	8
		Sum of Capacity	98	754	135	1496	378
	Residential home	Number of Homes	50	11	20	28	4
		Sum of Capacity	436	273	202	715	63
Bath and North East Somerset	Nursing home	Number of Homes	0	5	2	17	4
		Sum of Capacity	0	312	89	801	191
	Residential home	Number of Homes	19	8	3	19	12
		Sum of Capacity	135	223	36	497	83
North Somerset	Nursing home	Number of Homes	3	14	5	33	11
		Sum of Capacity	79	758	124	1447	374
	Residential home	Number of Homes	41	11	13	40	2
		Sum of Capacity	360	360	103	1023	21

South Gloucestershire	Nursing home	Number of Homes	6	5	1	13	5
		Sum of Capacity	59	313	15	656	95
	Residential home	Number of Homes	40	12	7	30	7
		Sum of Capacity	358	289	36	742	119

Residential and nursing placements

At 28th January 2011, there were 1922 people in Residential and Nursing care homes on a permanent basis supported by Bristol City Council. Please note that this does not include those people funded by the NHS. There were 290 service users in Local Authority owned residential care homes, 969 in independent sector residential care homes and 663 in nursing care homes.

Client Group	Care Type	Home owner	Central /			S Glos, N		Grand Total
			East Bristol	North Bristol	South Bristol	Somerset, BaNES	Out of Area	
Older People	Nursing Home	Independent	65	161	127	66	17	436
	Residential	Independent	46	106	56	100	24	332
		Local Authority	24	70	125			219
	Residential Total	70	176	181	100	24	551	
Older People Total			135	337	308	166	41	987
Older People Mental Health	Nursing Home	Independent	16	26	32	27	4	105
	Residential	Independent	25	25	24	23	2	99
		Local Authority	9	24	31			64
	Residential Total		34	49	55	23	2	163
Older People Mental Health Total			50	75	87	50	6	268
Learning Disability	Nursing Home	Independent	7	21	20	11	1	60
	Residential	Independent	69	83	44	120	93	409
		Local Authority		2	1			3
	Residential Total		69	85	45	120	93	412
Learning Disability Total			76	106	65	131	94	472
Mental Health aged 18-64	Nursing Home	Independent	6	1	17	5	3	32
	Residential	Independent	11	17	19	20	12	79
	Residential Total		11	17	19	20	12	79
Mental Health aged 18-64 Total			17	18	36	25	15	111
Physical / Sensory Impairment aged 18-64	Nursing Home	Independent	4	4	2	5	13	28
	Residential	Independent	3	3	2	10	15	33
		Local Authority			2			2
	Residential Total		3	3	4	10	15	35
Physical / Sensory Impairment aged 18-64 Total			7	7	6	15	28	63
Vulnerable Others	Nursing Home	Independent			1		1	2
	Residential	Independent	2	3	5	5	2	17
		Local Authority			2			2
	Residential Total		2	3	7	5	2	19
Vulnerable Others Total			2	3	8	5	3	21
Grand Total			287	546	510	392	187	1922

Rate of permanent admissions to Care Homes

Bristol has a high rate of permanent admissions for older people into residential and nursing care homes when compared to similar cities, to England and to the South West. The current rate of 85 admissions per 10,000 people aged 65+ per year is less than the previous financial year. However, it is still higher than many other councils.

Care in the community

In response to local and national consultation, we have like other councils tried to prevent the need for someone to go into residential and nursing care homes for as long as possible and instead to provide care in people's own homes. People tell us that they want care that meets their needs, as close to home as possible.

The table below shows services that are provided in people's own home or in a community setting as at 31st January 2011. This information shows what we call 'packages' of care as people who are supported to live in their community will often have a number of different services at the same time. The table does not show the number of people who receive a service. The table shows 11,380 'packages' of services provided or bought for 8,740 people.

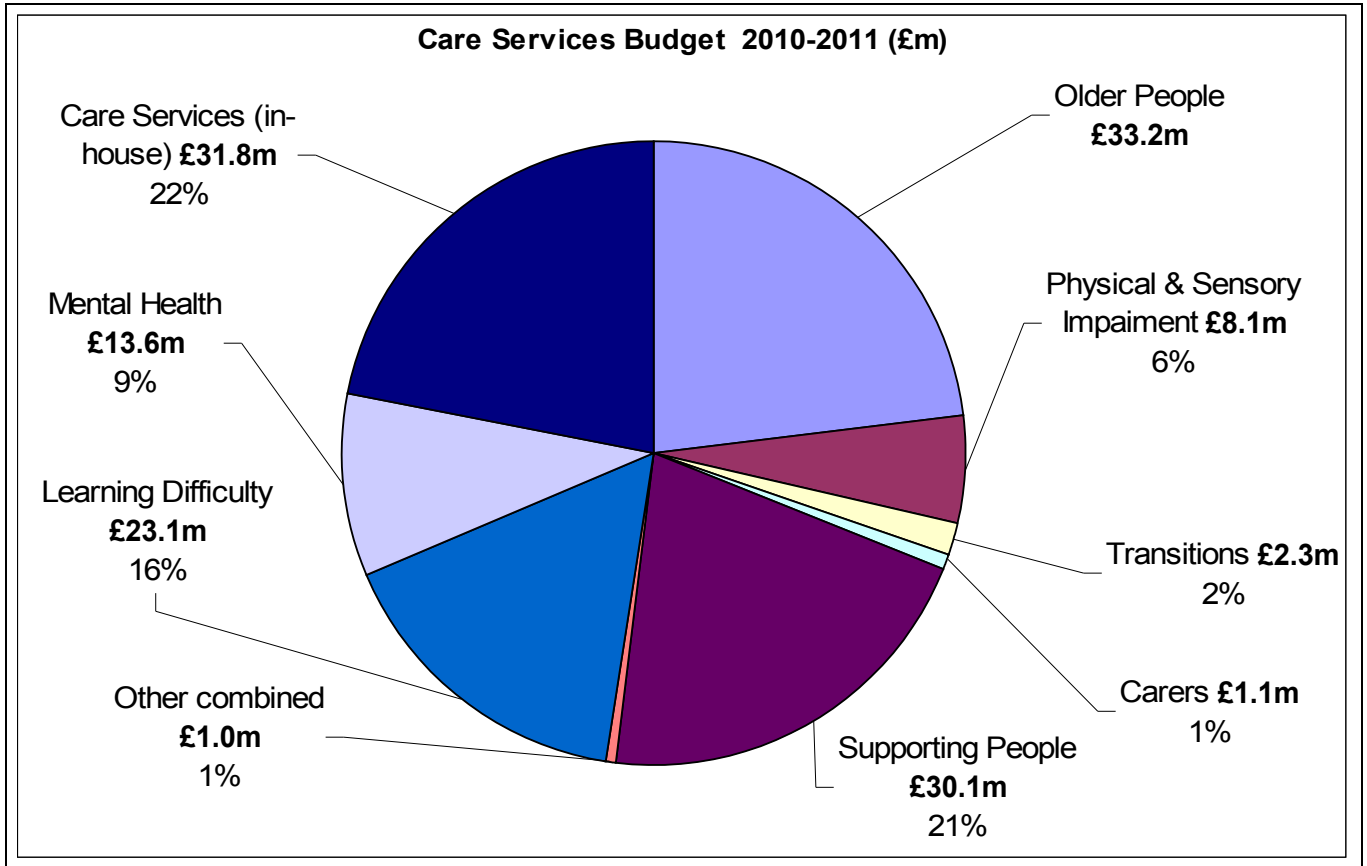
Care Type	Care Sub-Type	Service User Group	Central / East Bristol	North Bristol	South Bristol	Unknown	Grand Total	
Day Care	Local Authority Day Care	Learning Disability	35	66	22	6	129	
		Physical / Sensory Impairment aged 18-64	10	12	11		33	
		Older People	51	77	45	8	181	
		Older People Mental Health	16	22	23		61	
	Local Authority Day Care Total			112	177	101	14	404
	Independent Sector Day Care	Learning Disability	53	60	49	13	175	
		Mental Health aged 18-64	64	214	79	46	403	
		Physical / Sensory Impairment aged 18-64	29	31	12	2	74	
		Older People	45	33	27	1	106	
		Older People Mental Health	18	28	21	11	78	
Vulnerable Others			1	3	1		5	
Independent Sector Day Care Total			210	369	189	73	841	
Day Care Total			322	546	290	87	1245	
Home Care	Independent Sector - Long Term	Learning Disability	17	53	17	6	93	
		Mental Health aged 18-64	16	9	6	1	32	
		Physical / Sensory Impairment aged 18-64	76	82	68	3	229	
		Older People	341	500	429	9	1279	
		Older People Mental Health	26	46	46	3	121	
		Vulnerable Others	9	4	6	1	20	
	Independent Sector - Long Term Total			485	694	572	23	1774
	Local Authority Long-term	Learning Disability	2	2	4		8	
		Mental Health aged 18-64			1		1	
		Physical / Sensory Impairment aged 18-64	12	16	13	2	43	
		Older People	54	85	119	1	259	
		Older People Mental Health	5	3	7		15	
	Vulnerable Others				2	1		3
Local Authority Long-term Total			73	108	145	3	329	
Local Authority Short-Term	Learning Disability			1		1		
	Mental Health aged 18-64			1	1	2		
	Physical / Sensory Impairment aged 18-64	4	8	3		15		
	Older People	31	33	38	2	104		
	Older People Mental Health	1	1			2		
Local Authority Short-Term Total			36	44	42	2	124	

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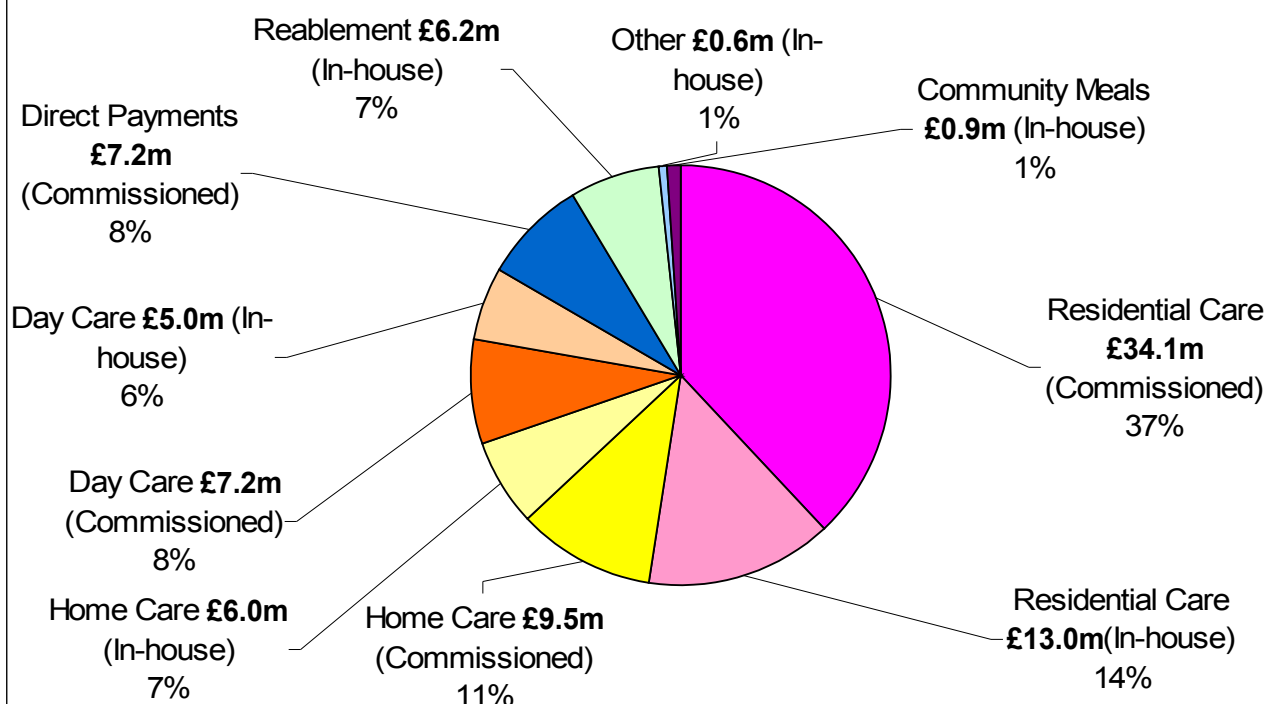
Care Type	Care Sub-Type	Client Group	Central /				Grand Total	
			East Bristol	North Bristol	South Bristol	Unknown		
Home Care	Local Authority Intermediate Care	Learning Disability		1			1	
		Physical / Sensory Impairment aged 18-64		1	3		4	
		Older People		3	6		9	
	Local Authority Intermediate Care Total			5	9		14	
	Supported Living	Learning Disability		66	69	43	23	201
		Mental Health aged 18-64		12	34	4	36	86
		Physical / Sensory Impairment aged 18-64		6	4	5	9	24
		Older People		3	11	5		19
		Older People Mental Health			1	1		2
		Vulnerable Others		1	4		1	6
	Supported Living Total			88	123	58	69	338
	Very Sheltered Housing	Learning Disability		4		1		5
Mental Health aged 18-64			1		1		2	
Physical / Sensory Impairment aged 18-64			8	2	3	1	14	
Older People			73	68	67	25	233	
Older People Mental Health			1	2	7		10	
	Vulnerable Others		2				2	
Very Sheltered Housing Total			89	72	79	26	266	
Home Care Total			771	1046	905	123	2845	
DP/SDS	Direct Payments / Self-Directed Support	Learning Disability	24	24	36	2	86	
		Mental Health aged 18-64	11	6	4		21	
		Physical / Sensory Impairment aged 18-64	91	138	108	2	339	
		Older People	77	115	170	4	366	
		Older People Mental Health	5	14	19		38	
	Vulnerable Others	4	3	4		11		
Direct Payments / Self-Directed Support Total			212	300	341	8	861	
Direct Payments / Self-Directed Support Total			212	300	341	8	861	
Meals	Meals	Learning Disability		3	2		5	
		Mental Health aged 18-64	5		1		6	
		Physical / Sensory Impairment aged 18-64	11	10	6		27	
		Older People	157	212	152	4	525	
		Older People Mental Health	11	23	22	2	58	
	Vulnerable Others	1	4	1		6		
Meals Total			185	252	184	6	627	
Meals Total			185	252	184	6	627	
Residential	In-House Intermediate Care	Learning Disability	4	1	1		6	
		Physical / Sensory Impairment aged 18-64		4			4	
		Older People	12	17	21		50	
		Older People Mental Health		1	4		5	
		Vulnerable Others		1			1	
In-House Intermediate Care Total			16	24	26		66	
Residential Total			16	24	26		66	
Other Community	Other Community (includes equipment and professional support)	Learning Disability	42	58	92	16	208	
		Mental Health aged 18-64	609	783	587	25	2004	
		Physical / Sensory Impairment aged 18-64	281	348	344	20	993	
		Older People	645	947	865	44	2501	
		Older People Mental Health	100	152	143	4	399	
	Vulnerable Others	30	27	24	1	82		
Other Community Total			1707	2315	2055	110	6187	
Other Community Total			1707	2315	2055	110	6187	
Grand Total			3213	4483	3801	334	11831	

Health and Social Care (HSC) budget

We spend over £200million each year, on Health and Social Care, of which £47.3million is funding from income (government grants, fees and service user contributions). The balance of £153.6 million is funded entirely by Bristol City Council. This is how the money is spent:



Care Service Budget for commissioned services and in-house services 2010-2011 (£m)



Costs of care, per person, per week

The table below looks at the three most costly budget areas for HSC – Residential Care, Nursing Care and Home Care. Can Rob provide alternative to this?

The final column in the table highlights the cost difference per week, per person between Bristol and other similar authorities in terms of size and demography. It highlights that in some areas, we are spending more per person per week than other similar authorities, e.g. for:

- disabled people in residential, and particularly nursing care homes.
- Older people in independent sector care homes
- Learning disabilities service users in independent sector nursing care.

Care Type	Provider	Client Group	Bristol	CIPFA Avg	Difference pw pp
Residential	In-House	Older People	831	1021	-190
	Independent Sector	Older People	520	444	76
		Learning Disability	1,191	1322	-131
		Mental Health	645	622	23
		Physical / Sensory Impairment	915	848	67
Nursing	Independent Sector	Older People	525	466	59
		Learning Disability	1,243	1056	187
		Mental Health	644	813	-169
		Physical / Sensory Impairment	1,011	698	313
Home Care	In-House		36	33	3
	Independent		16	14	2