

**Services for People with a  
Physical Disability and/or  
Sensory Impairment (PSI)  
Commissioning Strategy 2014 - 2019**

Safe  
Clean  
Healthy  
Prosperous  
Excellent

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## 1. Executive Summary

This strategy is for adults with a Physical Disability and/or Sensory Impairment (PSI) who are ordinarily resident within Southend and their carers. It is targeted on people in most need who, without the provision of services, would have a critical or substantial risk to their health, safety or independence.

Southend is home to around 160,000 people in 71,000 households. The borough acts as the major economic driver at the centre of the sub-region which serves a population of around 350,000. It has relatively low crime rates, is a major centre for employment and shopping, has high performing schools, good health facilities, and some excellent public transport links. There are more than 80 parks and green spaces and more than 6 million visitors come each year, bringing in £200 million to the local economy.

The strategic direction nationally is set by 'Putting People First'. Important policy guidance is also referenced from the Our Health, Our Care, Our Say (Department of Health 2006) which sets out the government's vision for Adult Social Care and Transforming Social Care (Local Authority Circular LAC (DH) (2008) 1). This acknowledges the need to further modernise social services based on increased choice and control for customers.

It is estimated that a further 10,000 people will be living in Southend by 2021. There is a growing ethnic minority, bringing fresh vibrancy and diversity to the area and new demands on services. As our population ages, the predicted shift in the balance of the population towards a greater proportion of older people is of particular significance for people with a physical disability and/or sensory impairment. Additionally, more children with complex and multiple disabilities are surviving into adulthood and overall, it is estimated that one fifth of Southend's population have a limiting long term illness.

Given these factors there will be a need to plan for an increasing demand from this service group and to ensure that the design of services is responsive to the changing demographic needs of the Borough.

There is also a need to continue improving the information used to estimate the need for future adult services and the associated resource implications. The way in which the changing needs of Southend are assessed and responded to is a matter of key strategic significance for future development of local services.

## 2. Introduction

This commissioning strategy sets out the Council's vision between 2014 - 2019 for services to people with a physical disability and/or sensory impairment. The aim of the strategy is to help establish better lives for this group of people and their carers and, in particular, for people to have:

- their rights as citizens
- inclusion in local communities
- choice in daily life
- real chances to be independent

The strategy has been framed by national and local policy requirements and based on discussion and consultation with service users, carers, statutory and voluntary organisations and other stakeholders to the PSI agenda. Advocacy support has been provided to enable services users' views to be heard.

## 3. Purpose

We understand commissioning to mean the process of specifying, securing and monitoring services to meet individuals' needs in the short and long term. It is a continuous process that allows for constant review and refinement. Our aim is not to secure (commission) services per se but to achieve personalised outcomes that are desired by and beneficial for service users.

## 4. The Council's Vision and Values

Southend Borough Council's vision is to **Create A Better Southend** which is Cleaner, Safer, Healthier, Prosperous and led by an Excellent Council.

The Council's aims were developed as part of consultation with residents and stakeholders and through developing an understanding of the needs of our community. This approach helped to shape a vision for the future which is supported by the key aims and delivered through a corporate plan representing the highest priorities for the Council.

These are in turn delivered as part of service plans, team plans and individual performance management reviews all of which are informed and modified upwards and downwards.

This document outlines our continuing commitment to supporting disabled people to live their lives in the way they wish. Our goal is to assist them to access essential services and resources that non-disabled people take for granted. Commissioning for health and wellbeing means involving the wider community to provide services that help people remain healthy and independent, as well as meeting their needs for care and support. People should be supported to remain

active as citizens within their communities and we believe that appropriate, personalised responses can help them to do so. Traditionally, adult social care commissioning has concentrated upon statutory need, using outputs to measure effectiveness. Good practice, as set out in the FACS (Fair Access to Care Services) guidance, the White Paper 'Our Health, Our Care, Our Say', the DH 'Commissioning Framework for Health and Well-being', 'Independence Matters' urges the development of commissioning frameworks that consider the whole population, not just the minority of people who are eligible for care services funded or part funded by the Local Authority.

This should lead to the commissioning of services that deliver personalised outcomes with flexibility handed to the user and the provider to meet need within allocated resources. Key to the Government's vision for the further modernisation of health and social care is choice and control by service users over services received close to their homes. This will, likewise, be central to this Commissioning Strategy.

## 5. Strategic Direction and Targets.

The strategic analysis identified six overall outcomes for the strategy to address as follows:

- To enable people to live in their own homes as far as possible
- To enable people to engage in socially inclusive activity and participate as citizens in their local communities
- To provide equality of access to social care services, particularly to disabled people from BME communities
- To enable carers to feel informed, included and supported in their role
- To develop strong partnerships to underpin the seamless delivery of care and support
- To empower people to have more choice and control over their lives through the extended use of personal budgets.

Key priorities and targets have been identified for each of the outcome areas and built into the Action Plan for the Commissioning Strategy. The following section contains an outline summary for each of the strategic commissioning priorities.

## 6. Strategic Commissioning Priorities

- **Disabled people are enabled to live in their own homes**

Enable people to maintain tenancies and to continue to live safely in the community, rather than moving to a care home outside the Borough.

We will continue to work with colleagues in Housing Services to improve the supply of fully wheelchair accessible property, both in the RSL (Registered Social Landlord) and Owner Occupier Sectors. We will also work with housing colleagues to continue to provide streamlined access to grants (e.g. Disabled Facilities Grants) to enable disabled people to appropriately adapt their homes.

The formation of a Trading Company by the Councils Equipment Service aims to meet the need for those who are not eligible or do not wish to receive a statutory service. It will offer a wide range of items that will promote independence and support to the customer and their carers

- **Disabled people are supported to engage in socially inclusive activity**

Putting People First highlights the need to achieve more progress in overcoming the social exclusion of people with disabilities. Inclusion means enabling people with physical disabilities to do those ordinary things most of us take for granted, like going to work, visiting our family, visiting the GP, going to the cinema, swimming, making use of mainstream services and being fully included in the local community.

We will continue to support disabled people who need community care services to enable them to access mainstream work, education and recreational opportunities and to gain new skills to enhance their level of independence. We also support the further development of community outreach support.

- **To provide equality of access to social care services, with particular regard to Equality and Diversity considerations**

As a Public Authority committed to promoting equality across all the communities it serves and delivering high-quality services which can be readily accessed by those who require them, Southend Borough Council recognises the important role that Equality and Diversity plays in achieving this and has shown that Equality and Diversity considerations must be integral to the way it conducts its' business.

Southend Borough Council has responsibilities as both an employer and public service provider in challenging and tackling discrimination and promoting equality. These are outlined in the Equality Objectives 2012 – 2016. These objectives are supported by further objectives that come from the service plans.

The Council has consistently demonstrated its commitment to ensuring that within the Borough, human differences and similarities are welcomed, valued and utilised at all levels and that service users and carers are viewed as whole persons with their own unique identities and family situations.

- **To enable carers to feel informed, included and supported in their role**

We plan to continue to develop information and signposting services including: online self-assessments; mediated self assessments (aided by a professional or volunteer); online website information and accessible information sheets.

- **To develop strong partnerships to underpin the seamless delivery of care and support**

As part of the Department for People's commitment to maintaining improved outcomes for disabled people, locality working has been introduced for a range of Social Care and Health Services.

This initiative was prompted by a need to develop further integrated working in Health and Social Care across Southend which is also in-line with the personalisation agenda. The operational model adopted for this purpose has been the restructuring of PSI and Older Peoples services into two locality teams (East and West) providing services jointly to both service groups. This development has also led to the establishment of a Single Point of Referral (SPOR).

Additionally, Southend Borough Council has commenced work with South Essex Primary Care Trust in terms of reviewing intermediate care, including re-ablement.

- **To empower people to have more choice and control over their lives through the extended use of personal budgets.**

We will continue to develop Personal Budgets in a way which will ensure people have real choice about the service(s) they purchase with their individual budget. This will be conditional upon people meeting their own assessed needs adequately and using monies appropriately.

We will expand self assessment to cover assessment of eligibility for services and broaden its scope to facilitate access to the full range of personal support services, including Individualised Budgets.

**Note:** The 'golden thread' running through these priorities is that it relates to people who live with a permanent and substantial impairment. Whilst this strategy is not focused primarily upon older people (there is a separate commissioning plan for older people), it must be emphasised that many disabled people are aged 65 years and over.

## 7. Social Model of Disability

Southend Borough Council upholds the Social Model of Disability. This regards people with impairments as being disabled by the loss or limitation of opportunity placed upon them by a society that is constructed for non-disabled people. Thus, a person is disabled not by their impairment but by environmental and attitudinal barriers and the Social Model is about civil and human rights and responsibilities - removing the barriers to independence and equality faced by disabled people. The Social Model is not at odds with good health care and acknowledges all impairments (whether the result of injury, illness or birth) and the necessity to maintain and improve health.

## 8. Needs Profile

The needs profile set out in this section includes information about the local population and population projections.

Tables 1 and 2 below<sup>1</sup> show the projected number of adults aged between 18-64 years old with a physical disability and/or sensory impairment within Southend disaggregated by age and level of disability i.e. **Moderate** physical disability (Table 1) or **Serious** physical disability (Table 2).

Table 1

<b>Number of People in Southend aged 18-64 predicted to have a moderate physical disability, by age, projected to 2016</b>					
<b>Age Range</b>	<b>2012</b>	<b>2013</b>	<b>2014</b>	<b>2015</b>	<b>2016</b>
18-24	566	562	562	562	553
25-34	974	983	987	983	991
35-44	1,383	1,355	1,338	1,338	1,327
45-54	2,376	2,406	2,444	2,454	2,464
55-64	2,920	2,876	2,905	2,950	3,025
<b>Total (18-64)</b>	<b>8,220</b>	<b>8,181</b>	<b>8,237</b>	<b>8,287</b>	<b>8,360</b>

<sup>1</sup> This table is based on the prevalence data for moderate and serious disability by age and sex included in the Health Survey for England, 2001, edited by Madhavi Bajekal, Paola Primatesta and Gillian Prior. The prevalence rates have been applied to ONS population projections of the 18 to 64 population to give estimated numbers predicted to have a moderate or serious physical disability to 2020.



Age Range	2012	2013	2014	2015	2016
18-24	110	110	110	110	108
25-34	93	94	94	94	94
35-44	420	411	406	406	403
45-54	662	670	680	683	686
55-64	1,137	1,119	1,131	1,148	1,177
<b>Total (18-64)</b>	<b>2,421</b>	<b>2,404</b>	<b>2,421</b>	<b>2,441</b>	<b>2,469</b>

## 9. Needs Analysis

The overall trend indicates a relatively stable picture over the years in terms of the number of people with a PSI aged 18-64 years receiving services. There has been a consistent yet modest increase year on year with the exception of 2011/12 which saw a decrease in numbers i.e. 36 fewer than the previous year (see Table 3). This is largely due to the number of people who were deemed eligible for continuing healthcare funding over this period. The increase in CHC funded people is also attributable for the significant reduction in spend on PSI services between 2010 – 2012 (see Appendix 1).

Primary Client Type	2010/2011	2011/2012	2012/2013
Physical disability and/or temporary illness	642	609	630
Hearing impairment	59	63	63
Visual impairment	19	13	16
Dual sensory loss	3	2	2
<b>Total</b>	<b>723</b>	<b>687</b>	<b>711</b>

As of the end of March 2013, there are 711 service users in receipt of a service aged between 18-64 years. This figure can be broken down in terms of disability and service type (Table 4)

Table 4

<b>Number of People with a Physical Disability and/or Sensory Impairment aged 18 - 64 years receiving services from SBC as of 31<sup>st</sup> March 2013</b>				
<b>Primary Client Type</b>	<b>Total of clients</b>	<b>Community-based services</b>	<b>Residential Care</b>	<b>Nursing care</b>
Physical disability and/or temporary illness	630	624	6	0
Hearing impairment	63	63	0	0
Visual impairment	16	16	0	0
Dual sensory loss	2	2	0	0
<b>TOTAL</b>	<b>711</b>	<b>705</b>	<b>6</b>	<b>0</b>

In addition to anticipating the number of people with a physical disability and / or sensory impairment at the levels shown above, research indicates particular impacts in terms of increased numbers of older people and younger people with complex needs.

### **Older People**

There is a predicted shift in the balance of the population towards a greater proportion of older people who also have a physical disability and/or sensory impairment. In light of this, there is a need to plan for an increase in the demand for services and to ensure that the design of services reflect the needs of an aging population. As can be seen from Table 5 below, the volume of older people who have a physical disability and/or sensory impairment is substantially higher than the number of people within this service group aged between 18-64 years old (Table 3 above). However the number of older people with a PSI in receipt of services has fallen by 0.2% over the last three years.

Table 5

<b>Number of People with a Physical Disability and/or Sensory Impairment aged 65+ years receiving services</b>			
<b>Primary Client Type</b>	<b>2010/2011</b>	<b>2011/2012</b>	<b>2012/2013</b>
Physical disability and/or temporary illness	3880	3917	3872
Hearing impairment	61	86	83
Visual impairment	78	60	56
Dual sensory loss	6	9	7
<b>Total</b>	<b>4025</b>	<b>4072</b>	<b>4018</b>

Table 6 shows the number of people in receipt of a service from Southend Borough Council aged 65+ years, broken down by type of disability and service type as of the end of March 2013.

Table 6

<b>Number of People with a Physical Disability and/or Sensory Impairment aged 65+ years receiving services from SBC as of 31/03/13</b>				
<b>Primary Client Type</b>	<b>Total of clients</b>	<b>Community-based services</b>	<b>Residential Care</b>	<b>Nursing care</b>
Physical disability and/or temporary illness	3872	3021	840	11
Hearing impairment	83	80	3	0
Visual impairment	56	47	9	0
Dual sensory loss	7	7	0	0
<b>TOTAL</b>	<b>4018</b>	<b>3155</b>	<b>852</b>	<b>11</b>

### Younger People

Transition planning is coordinated across children's and adult social care. Since 2007 the information gathered by the group enabled the service to identify the changing resource implications. In 2012/13, there are 86 young people over the age of 14 likely to need the provision of social care services on leaving school.

Approximately 10% of these are felt to have profound or high support needs. Information from recent transition planning activity shows support needed by school leavers as follows:

<b>Year</b>	<b>Number</b>
Year 9	6
Year 10	20
Year 11	24
Year 12	7
Year 13	11
Year 14	5
Over 18 yrs	13
<b>Total</b>	<b>86</b>

As new consumers of adult social care they and their carers may be more receptive to opportunities to create more individualised support arrangements through direct payments or individual budgets. It will be particularly important to ensure that progressive service models, providing good value for money, are developed to meet the needs of these young people.

## **Mental Health Needs**

There is a particular need to give careful consideration as to how people with mental health problems and PSI are provided with services that meet their needs appropriately. This will require developing services that are sensitive to the care needs of people with a PSI with specialist input and support from Mental Health services. This approach will also be applied to people who have a PSI and develop dementia.

### **10. Safeguarding Vulnerable People**

The Southend Safeguarding Vulnerable Adults Board has been established to oversee the operation of adult protection practice within the Borough. Adult Protection in Southend-on-Sea recognises that all vulnerable individuals, no matter how disadvantaged, should have the greatest possible control over their lives. People's human and civil rights should be protected, and they have a right to be able to live their lives without fear of abuse or intimidation, in an environment where individuality, independence, privacy and personal dignity are respected.

A multi-agency approach to delivering Safeguarding Vulnerable Adults has been established. Southend has joined with Thurrock Council and Essex County Council to begin work on the SET (Southend, Essex and Thurrock) Safeguarding Adults Policy and Procedure. This move has the support of CSCI, the various Acute and Health NHS Trusts throughout the area, and Essex Police. The ethos is to provide a streamlined, similar response throughout the geographical area of Essex and to assist partners and stakeholders in having a similar reporting process. All safeguarding principles will be underpinned by the work of the two lead safeguarding partnerships: the Domestic Abuse Forum and the Safeguarding Adults Board.

Training staff remains a high priority. Key aims of the training are to enable people to consistently identify 'vulnerable adults' within the terms of the policy document, to acquire knowledge and understanding of different types of abuse, to be able to recognise possible signs of abuse and to understand the action that needs to be taken. Specific awareness training has been developed and delivered to disabled people to assist them in maintaining safety while exercising independence and choice and control over their own lives.

### **11. Specialist P.S.I. Health Services**

This commissioning strategy recognises the need for specialist health services to work closely with social care and primary health care services to ensure people get specialist help when they need it but are also able to access the same services that everyone else expects as set out in *Our Health, Our Care, Our Say* (2006). The role for specialist PSI services is changing and envisages for the future greater emphasis on:

- Supporting people to access mainstream services.
- Facilitating health action planning for individuals.
- Providing high quality specialist expertise that facilitates the work of others in mainstream services and develops the capacity of mainstream services to support those with complex needs.
- Partnership working with different agencies and professions.
- Service development and design more than direct intervention.
- Health promotion.

Southend Locality Teams East and West provide access to a range of professionals including social workers, occupational therapists, physiotherapists, speech and language therapists, HIV and MS Nurses. These services are delivered as part of a multi-disciplinary approach.

The Health and Wellbeing Board in Southend is comprised of representation from partner organisations at Chief Executive, Director and Head of Service level. The Board seeks to provide new opportunities for key strategic issues for health and social care to be recognised and addressed.

## 12. Continuing Health Care

The National Framework for NHS continuing Health Care and NHS funded nursing care came into effect in October 2007 setting out the principles and processes to be followed in determining eligibility with a view to establishing a clearer and more consistent national approach. Continuing care means care provided over an extended period of time and may involve a need for services from the NHS and a local authority. NHS Continuing Health Care means a package of care arranged and funded solely by the NHS.

A dedicated post was created and appointed to as a means of developing a process which was thorough, fair and consistent with the framework implemented throughout the 11 local authorities and 13 PCTs that at that time comprised the East of England Strategic Health Authority area.

The figures from the 1st quarter of 2009/10, show that South East Essex PCT was funding 3.5 people per 10,000 weighted population (148<sup>th</sup> out of 152 nationally). This has now gone up to 20 people per 10,000 weighted population in the 3<sup>rd</sup> quarter of 2010/11 and are 15<sup>th</sup> nationally. This is the highest level of CHC funding per capita within the East of England.

Specifically in relation to adults aged 18-64 yrs with a physical disability and/or sensory impairment, there were 6 people who were accepted as meeting the CHC eligibility over 2011/12 which amounted to a saving for that year alone of £203,600.

## 13. Resources

As with every other Local Authority in the country, Southend Borough Council currently faces significant budget pressures. Public savings in the Council's overall budget of around 20% are required over the next 3 years.

In terms of spend on services to people with a physical disability and/or sensory impairment, there has been a reduction of £988,724 between 2009–2012. The increased number of PSI service users accepted for continuing healthcare funding over this period has been largely attributable to this significant reduction in spend (for further details on this, see Appendix 1).

Although there are no immediate further savings required within PSI services, they will be expected to contribute to the Council's savings targets over the next three years. Areas where future savings will be sought include greater efficiencies through contract re-negotiations.

## 14. Engagement and Dialogue with Local Disabled People and Other Stakeholders

Within Southend there are a number of established networks where the Department for People engage in dialogue with local disabled people and other stakeholders about the development of service for disabled people. These include: Essex Coalition, DIAL, Terrence Higgins Trust, Southend Blind Welfare and RAD.

During a workshop in November 2011 involving service users, carers and representative organisations, four key themes were explored:

- *Personalisation* – how Personal Budgets can be used more creatively
- *Accommodation* – things around the home/types of home that help with daily living and prevent the need for more intensive services.
- *Holistic services/Staying well* – how support/services help people to stay safe, healthy and independent for longer.
- *Service gaps*: services currently used, service gaps, how to make best use of resources.

The outcomes from this workshop are detailed under Appendix 5 below.

## 15. Monitor and review

Service provision and development at a time of financial restraint invariably increases the challenges ahead in terms of maintaining/improving quality standards at the best possible value for money. The focus of staff, providers, partner agencies and the use of resources will be kept on measurable outcomes, agreed with service users and their carers, and set out in spending programmes, contracts and care plans. These outcomes will be systematically reviewed for their contribution to the action plan outlined under Appendix 2.

Quality assurance systems will be strengthened to ensure high quality services and detect shortfalls in standards at an early point. Detailed service specifications make standards explicit and service providers are selected for their commitment to best practice and value for money.

Performance returns, service monitoring visits and performance monitoring meetings will continue to be supplemented by satisfaction surveys and consultation with service users, carers and providers. This will ensure that this strategy and its implementation is aligned with evolving needs and expectations.

Improved governance arrangements will be developed to complement this strategy and enable appropriate oversight of services commissioned by Southend Borough Council for people with a physical disability and/or sensory impairment and their family/carers.

## Appendix1: PSI Expenditure 2010 – 2013

SBC Expenditure for PSI Services for Years 2010/11, 2011/12 & 2012/13						
Service Type	Spend 2010/11	% of Total Spend 2010/11	Spend 2011/12	% of Total Spend 2011/12	Spend 2012/13	% of Total Spend 2012/13
Residential/Nursing	625,789	17.41%	547,013	16.53%	447,280	13.64%
Day Services	10,880	0.30%	22,046	0.67%	31,179	0.95%
Respite	51,110	1.42%	99,994	3.02%	36,912	1.13%
Home Care	2,798,418	77.86%	2,534,695	76.57%	2,707,976	82.57%
Field Services - HIV and AIDS	107,827	3.00%	106,454	3.22%	56,201	1.71%
<b>Total</b>	<b>3,594,025</b>	<b>100%</b>	<b>3,310,202</b>	<b>100%</b>	<b>3,279,549</b>	<b>100%</b>

Reduction in spend from previous year	283,823		30,653	
% of spend from previous year	92.10%		99.07%	
Reduction in spend between 2010 and 2013	314,476			



## Appendix 2: PSI Commissioning Strategy Action Plan

Strategic Objectives	What	How	Who	When
1. Enable people to live in their own homes as far as possible	Find out what types of housing people with PSI support needs will require in the future.	Undertake a detailed needs analysis.	Strategic Housing	June 2014
	We will continue to support disabled parents.	We will create a disabled parents protocol.	Locality Teams East and West CTPLD	By end September 2014
	Understand the needs of people with profound and multiple PSI and dual diagnosis of PSI and serious mental illness better.	Develop Commissioning plans and guidance on good practice in supporting people with profound and multiple PSI and dual diagnosis of PSI and serious mental illness	Strategy and Planning	By end September 2016

Strategic Objectives	What	How	Who	When
	<p>Waiting lists and timeframes for major adaptations are kept to a minimum.</p>	<p>Monitor and measure key performance - specifically seeking year on year continuous improvements to the Disabled Facilities Grant process by further reducing referral to practical completion average timescales for a major adaptation.</p> <p>Ensuring referral pathways, resources and joint working between Southend Borough Council and the Papworth Trust work effectively.</p> <p>Continued investment in Disabled facilities processes with performance and expenditure overseen by the Major Adaptations Board.</p>	<p>Supporting People</p>	<p>April 2015</p>

Strategic Objectives	What	How	Who	When
	<p>More people with P.S.I. will be supported to live in their own homes.</p> <p>Where adapting the home will not provide a sustainable housing solution a range of other housing options will be explored.</p>	<p>Continue to invest Central and Local Government funding in major adaptations and the Disabled Facilities Grant processes as part of a range of measures in order to enable people to remain living independently in their own homes.</p> <p>By continuing to invest in the Home Improvement Agency Case Worker roles will be funded and case work waiting lists will be kept at a minimum. Case worker involvement will be used to explore alternative housing options, charitable funding and equity release solutions.</p> <p>Recycle discretionary loan expenditure back into the Disabled Facilities Grant programme budget wherever possible.</p>	Supporting People	April 2015

Strategic Objectives	What	How	Who	When
	Scope whether it would be possible to include Disabled Facilities Grant funding as part of a personal budget.	Discuss the possibility with stakeholders,	Supporting People  Strategy and Planning  Locality Teams East and West  CTPLD	December 2016
2. Enable people to Engage in socially Inclusive activity and Participate as citizens in their local communities	Ensure that people with physical and sensory impairments have independent support and advice.	Commission advocacy support.	Procurement  Contract Management	By end September 2014
	Increase the range of leisure activities.	Develop day opportunities through Livability's Lifestyle Choices, using Kenway Court and Dolphin Court.	Locality Teams East and West	By end September 2015

Strategic Objectives	What	How	Who	When
3. Provide equality of access to social care services, particularly to disabled people from BME communities	Commission a local study to explore the specific needs of people from BME <sup>2</sup> and LGBT <sup>3</sup> communities and identify anything stopping them from using social care services.	Write a commissioning plan catering for the needs of BME and LGBT communities.	Strategy and Planning	By end September 2014
	Recognise and respond to carers' practical and emotional support needs.	Increase number of carers receiving carers' budgets.	Locality Teams East and West	By end December 2019
5. Develop strong partnerships to underpin the seamless delivery of care and support	Achieve full integration and co-location of health professionals within the locality community teams	Fully integrated and co-located Community Team with single point of access linked to Council single access project	Locality Teams East and West in conjunction with:	By end September 2019
	Agree joint strategy with the Council's Housing service and local housing providers to meet the future housing needs of people with PSI.	Joint strategy to meet housing needs	Strategy and Planning Manager (Housing)	By end September 2014

<sup>2</sup> Black and minority ethnic..

<sup>3</sup> Lesbian, gay, bisexual and transgender.

Strategic Objectives	What	How	Who	When
	Ensure that services are delivered by appropriate trained, empathetic and compassionate staff.	Review the safeguarding champion network with a view to holding three meetings a year. Continue to run three MCA and DOLS network meetings a year.	Safeguarding Vulnerable Adults Manager	Review the safeguarding champion network by August 2014. Continue to run the MSA and DOLS champion network.
	Ensure that people with physical and sensory impairments feel safe in Southend.	Look at increasing the focus of the Safe Places scheme to include people with physical and sensory impairments.	Safeguarding Vulnerable Adults Manager	August 2015
6. Achieve best value for service users from available resources	Reduce expenditure on residential care and in-house day services	Reduce residential care expenditure to 16% of overall spending on PSI services	Locality Teams East and West	March 2014

Strategic Objectives	What	How	Who	When
	Ensure that service provision is maintained to the required standard.	Contract monitoring meets standards described in the Common Monitoring Workbook.	Contract Monitoring	Ongoing
	Use some of the Sensory Worker's hours for more general work in the locality teams.	Adopt the same practice of the occupational therapy service: don't undertake an annual review for sensory equipment unless the provision is a custom made solution or a more complex problem.	Locality Teams East and West	March 2014
	Consider the dynamic purchasing system and how it can improve quality and drive indirect and direct efficiency savings in purchasing	Review how the dynamic purchasing system has performed and whether it fits the service provision.	Strategy and Planning Procurement	December 2013
7. To empower people to have more choice and	Empower people to design their own service package through a personal budget.	90% of service users have a personal budget.	Locality Teams East and West	By end September 2014

Strategic Objectives	What	How	Who	When
control over their lives through the extended use of personal budgets.		7.5% of service users have a direct payment	Locality Teams East and West	By end September 2014
	Empower Southend citizens to work with the Council to address the issues raised during consultation.	<p>Create a group involving Council employees, voluntary sector representatives and people who used services.</p> <p>Work together to produce and action plan to work on the issues highlighted during consultation for this strategy.</p>	Strategy and Planning Manager for PSI	By December 2015
N/A	Ensure this action plan is kept up to date and develops to reflect progress.	<p>Review the action plan on an annual basis.</p> <p>Modify, add or remove actions as required.</p>	Strategy and Planning Manager	Ongoing



## Appendix 3: Legislative Context

The UK legal framework is affected by the primacy of certain European Union legislation, especially Human Rights law. Amongst the sixteen rights specified by law are:

- the right to life;
- the right to respect for private and family life;
- the right to education; freedom of expression;
- the prohibition of discrimination
- the right to

### Equality Act 2010

The act replaced previous anti-discrimination laws with a single act to make the law simpler and to remove inconsistencies. This makes the law easier for people to understand and comply with. The act also strengthened protection in some situations.

The act covers nine protected characteristics, which cannot be used as a reason to treat people unfairly. Every person has one or more of the protected characteristics, so the act protects everyone against unfair treatment. The protected characteristics are:

- age
- disability
- gender reassignment
- marriage and civil partnership
- pregnancy and maternity
- race
- religion or belief
- sex
- sexual orientation

The Equality Act sets out the different ways in which it is unlawful to treat someone, such as direct and indirect discrimination, harassment, victimisation and failing to make a reasonable adjustment for a disabled person.

The act prohibits unfair treatment in the workplace, when providing goods, facilities and services, when exercising public functions, in the disposal and management of premises, in education and by associations (such as private clubs).

## Appendix 4: National Policy Context

There are increasing numbers of people with a physical disability and/or sensory impairment in the population and more of them have high support needs. More disabled children and young people with high and complex needs are surviving into adulthood. Adults with PSI are now living longer into old age, at which point they need a lot of care and support. To meet this extra demand, local authority spend on this service group has increased year on year. The Association of Directors of Social Services (ADSS) concluded that: *“There is an urgent need to establish better commissioning of more flexible and individualised support. The focus must be on both better outcomes for people and better value for money.”*

The need to provide more flexible and individualised support is a theme which is relevant to the development of community care services across all adult social care needs groups. Following a major consultation exercise, the government published a White Paper which emphasised how NHS and social care services should work together and to identify ways of adapting the delivery of these services to provide individuals with the health and social care services they need closer to their homes.

Our Health, Our Care, Our Say (2006) sets out a vision to provide people with good quality social care and NHS services in the communities where they live. The proposals set a new direction for community services and aim to:

- change the way these services are provided in communities and make them as flexible as possible
- provide a more personal service that is tailored to the specific health or social care needs of individuals
- give patients and service users more control over the treatment they receive
- work with health and social care professionals and services to get the most appropriate treatment or care for their needs.

In December 2007 the Government published ‘Putting People First’ setting out a shared vision and commitment to the transformation of Adult Social Care.

This protocol seeks to set out and support the Government’s commitment to independent living for all adults. It also outlines the shared aims and values which will guide the transformation of adult social care.

Putting People First is unique in establishing a collaborative approach between central and local Government, the sector’s professional leadership, providers and the regulator. It seeks to be the first public service reform programme which is co-produced, co-developed, co-evaluated and recognises that real change will only be achieved through the participation of users and carers at every stage. It recognises that sustainable and meaningful change depends significantly on our capacity to empower people who use services and to win the hearts and minds of all stakeholders’, especially front line staff.

Across Government, the shared ambition is to put people first through a radical reform of public services, enabling people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.

## Appendix 6: PSI Workshop - Outcomes

### Positive Stories

- Access to leisure
- Access to work
- Flexibility in service and choice
- Support from an individual in one agency who links with others (multi-agency approach)

### Wishes

- Follow up to one-off services e.g. hospital discharges, at 1-5 years (not just short term) to allow a reassessment of any changed circumstances
- Access to aisles in shops – restriction of DDA only to altered properties
- Any changes in traffic management should take into account any physical OR sensory impairment (e.g. no bleeps at Vic Circus Crossing)
- More awareness of services through a one stop shop and positive information to all as to what is available
- Care package to move with you from one local authority to another
- One stop shop for information
- Single assessment
- Person centred approaches to services and individuals
- Not being “penalised” for going to work
- More help for carers
- Accessible transport
- Holistic budgets – need to be creative
- Information in one place
- Quality information
- Seamless transition between services.... portability
- Inter – authority protocol on sharing resources
- Joint commissioning of services
- Waiting time reduced for assessments and adaptations

### Themes

- Reducing isolation
- Meeting people with similar problems – self help groups
- Promote independence
- Signposting (lack of)

- Support
- Social Life
- More flexibility in providing services
- Social inclusion
- Difficulty in getting funding
- Having to find your own way
- More information for when people's circumstances change
- Communication
- Speeding up the processes – especially emergencies
- Correct information at the point of referral given by the team
- Standard easy read information booklet – kept up to date (e.g. for when people leave hospital)
  - Making sure professionals know the correct information
  - Professionals joint working, communicating, forward planning
  - Map – using the internet
  - Making it accessible to everyone
- Individuality
- Making your own choices
- Finding out information – where to look
- Listening to people with funds to buy services
- Being local
- Transport – accessible transport and trained staff
- Campaigning
- National approach to flexibility of what I can and can't spend money on
- Safeguarding when directly employing carers/Pas

### **Aspirations for 2014**

- Services run by disabled people to user groups
- More engagement at all levels e.g. meetings, pilot schemes
- Co-ordinated approach to give a holistic outcome
- User involvement from the start of any planning process
- Disabled people empowered to control their life as they wish
- Empowerment of the service users family
- Disabled people willing to trust others and not to be sceptical
- A realistic level of funding to be available.

#### Priorities

- Inclusion in all services from a young age to change attitudes
- Public transport/toilets – more accessible
- Developing friendship networks – pooling budgets
- One stop shop
- Having the right people with experience to help like completing the forms

- Working in partnership
- Being listened to
- Service user involvement
- Good communication
- Best practise

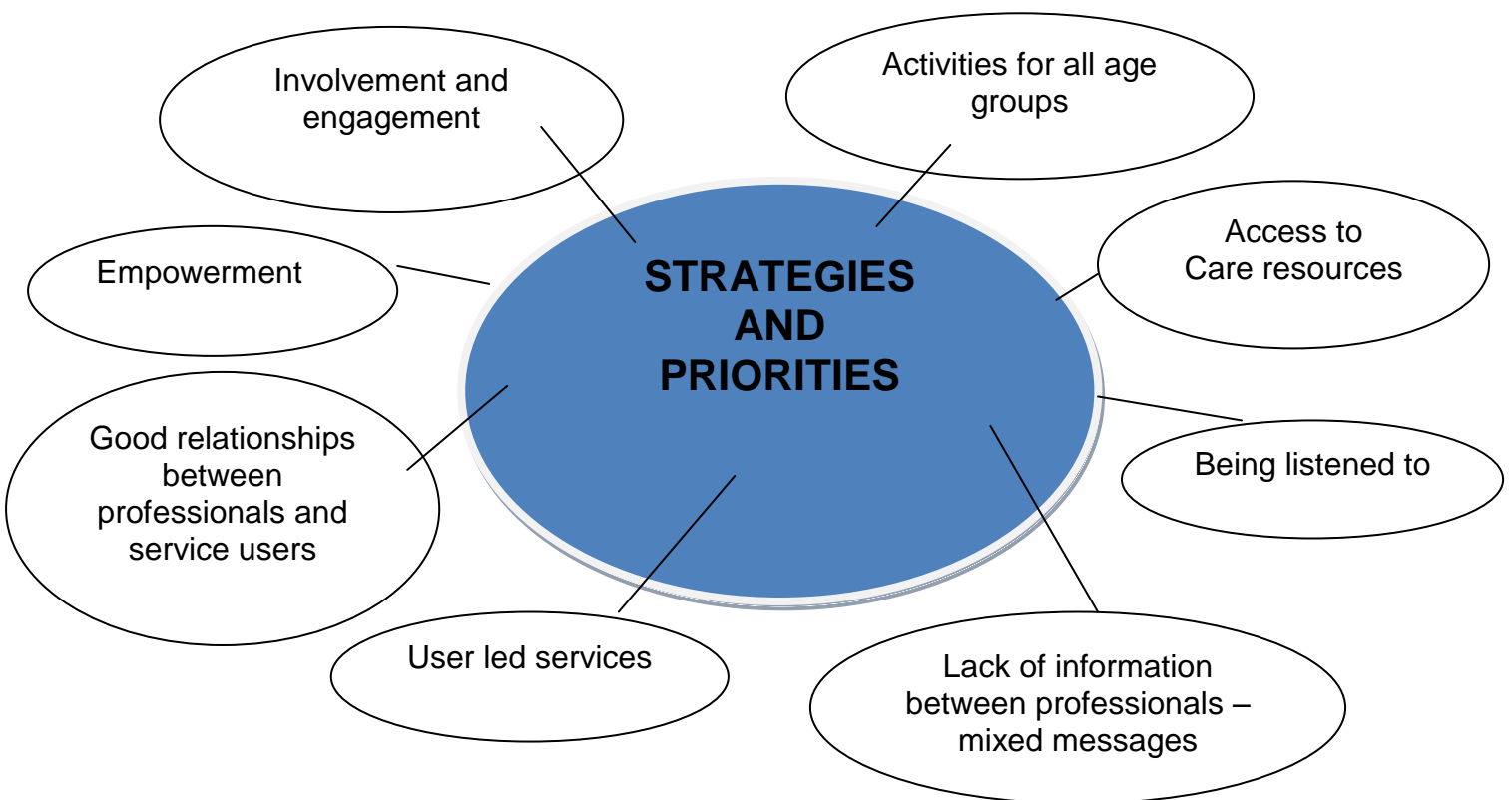
### **Wishes**

- Equality of access
- Involving the right experts professionals
- Clubs for younger/disabled people
- More accessible transport
- Transport co-ordinator
- That everybody's needs are met and that nobody is missed out
- That everybody is treated as an individual
- That a person's wishes are taken into consideration
- To tailor provision to individual needs
- To ensure that individuals have full control and say about what services they receive
- An information booklet given to people when diagnosed that has been developed by people with disabilities. This contains information about:
  - Health services
  - Social services
  - Support services
  - Leisure places
  - Clubs and social gatherings
  - Transport
  - Citizens advice
  - Emergency services
  - Advocacy
  - Legal
  - Libraries
  - Faith organisations

### **Priorities**

- Nominated person to co-ordinate and publicise all information (council or voluntary sector)
- An "accessibility officer" – to enforce (DDA) and hold shops and other public buildings accountable
- To People to have more of an understanding of the difficulties that disabled people have e.g. wheelchairs

- Tailoring the service to an individual's needs is not a new idea but still the possibility than needs will be meet.
- Being able to live independently and being happier
- Need more clubs and day services for young people with disabilities.
- Flexibility in use of personal budgets
- Clarification on what you can/can't spend personal budget on
- One stop assessment/portable services
- National framework for social care e.g. same point system
- Social model disability training for SBC staff



### Common Issues

- Barriers to access the local information
- Attitude of some staff e.g. in the pubs or restaurants
- Difficult to move around Southend high street in a wheelchair
- Funding
- Independence through personal budget
- Flexibility in doing things like personal care and meals
- Importance of Improving well being

