

# Physical Disability, Sensory Impairment and HIV Services Strategy 2008 - 2013

Choice and control for  
Disabled People,  
People living with HIV  
and People with a  
Sensory Impairment

With Dignity, Value, Respect

Community Care Services





Together with:

Kingston Primary Care Trust  
South West London & St Georges

South West London and St. George's   
Mental Health NHS Trust

Kingston   
Primary Care Trust

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## EXECUTIVE SUMMARY

This strategy builds on 'Towards Full Inclusion' (2004 – 2009). It further develops our approach to commissioning services for people who are: Physically disabled; live with a long term medical condition; have a sensory impairment and/or live with HIV. We outline our Strategic Commissioning priorities below.

### **Disabled People are able to make informed decisions and, where appropriate and desired, "Help themselves to services"**

**Information and "signposting"** 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; Succinct, printable information sheets; and Information Prescriptions

**Assistive Equipment** In line with the Retail Market Model of community equipment provision, we plan to develop an Independent Living Centre in RBK. This will offer access to basic assessment, in relation to simple equipment, for people who do not meet our eligibility criteria or those who wish to buy their own equipment. It will offer equipment demonstration, trial and sale, in addition to impartial advice and access to the online self-assessment service (SmartAssist). It will also promote and supply Telecare products.

**Disabled People are able to live in their own homes in the community** We aim to develop support services in RBK for people with complex needs, particularly people with acquired brain injuries, to enable them maintain tenancies and to continue to live safely in the community, rather than moving to a care home outside the Borough.

**Accessible Housing** 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. We will scope options for increasing flexibility, choice and control, including that of making DFG funding available to users as part of an Individualised Budget.

### **Disabled People are able to choose from a range of options and to control their own lives - personalisation of services**

**Direct Payments and Individualised Budgets** We will continue to develop Individual Budgets (IBs). It will be possible to use them in the form of cash (a Direct Payment) and/or "virtual budgets" administered on the service user's behalf by the Council. People will have unhindered choice about the service that they purchase with IBs, provided that they meet their own assessed needs adequately and do not use monies inappropriately.

We will develop a new procedure to monitor the use of Individual Budgets, which recognises this whilst also making explicit what they should not be used to purchase.

### **Disabled people able to define their own needs and "help themselves"**

**Self assessment** We will expand self assessment, to cover assessment of eligibility for services and broaden its scope so that it can facilitate access to the full range of personal support services, including Individualised Budgets. At present, we intend to maintain the existing online self assessment, SmartAssist, but to scope the possibilities for expanding the services that it provides.

### **Ability to fulfil parenting roles**

**Support for disabled parents** We will continue to place a high priority on providing support to disabled parents. The first task must be to revise our Disabled Parents Protocol in the light of changes in our eligibility criteria.

### **Disabled People are able to sustain and increase their level of independence - Outreach Support**

We will continue the work already started to provide disabled people who need community care services with individually tailored support to enable them to access mainstream work, education and recreational opportunities and to gain new skills to enhance their level of independence. We support the further development of community outreach support though acknowledge that personalisation will require some disinvestments in existing day services.

## 1. INTRODUCTION

This strategy builds on 'Towards Full Inclusion' (2004 – 2009), our five year plan for developing services for and with disabled people. It further develops our approach to commissioning services for people who are:

- Physically disabled
- Live with a long term medical condition
- Have a sensory impairment and/or
- Live with HIV

The 'golden thread' running through the strategy is that it relates to people who live with a permanent and substantial impairment. Whilst the document is not focused primarily upon older people (there being a separate commissioning plan for older people), it must be emphasised that many disabled people are also older people.

## 2. SCOPE

The Strategy addresses all aspects of people's lives including:

- Work
- Housing
- Education
- Childcare
- Transport and
- Leisure

The strategy focuses on outcomes rather than delivery mechanisms but covers areas that include those currently served by:

- The Occupational Therapy (OT) Service
- The Integrated Community Equipment Service (ICES)
- The Sensory Impairment Team
- The Health and Disability Team
- Crescent Resource Centre

The 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.

### **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. VISION, PRINCIPLES AND DRIVERS FOR CHANGES**

This document outlines our continuing commitment to supporting disabled people to live their lives the way they want to. 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' and elsewhere, 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 not outputs, 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 – as set out in the White Paper 'Our health, our care, our say' – is choice and control by service users over services received close to their homes. This will, likewise, be central to this Commissioning Strategy.

## 5. KEY COMMISSIONING OUTCOMES

The purpose of this strategy is not to plan services per se but to instigate activities that will achieve key desirable outcomes for local disabled people. These include:

- **Ability to make informed decisions** - accessible information, to ensure that disabled people know what they are entitled to and what services are available to them
- **Ability to live in their own homes in the community** – access to appropriate housing and support service to prevent the need for people to be placed in care homes
- **Ability to choose from a range of options and to control their own lives** – access to Direct Payments and Individualised Budgets
- **Ability to define their own needs and to “help themselves” to services, where appropriate** - access to self assessment
- **Ability to fulfil parenting roles** - support for disabled parents
- **Ability to sustain and increase their level of independence and to access local work, education and recreational opportunities** - access to flexible daytime support
- **Equal Access to Services** - ensuring that service users from Black and Ethnic Minority (BME) communities can access resources that appropriately meet their needs

In commissioning services, we will work to a clear set of principles (set out below), which match the core values of the Council:

- Service needs will be defined in consultation with the citizens of and other key stakeholders
- Service users and carers will be involved in the planning, design, monitoring and evaluation of services
- Services will be person-centred and personalised, designed to promote independence, well-being and choice
- Wherever possible, services will be provided locally
- Service providers will be supported and encouraged to meet the required standards of quality services characterised by flexibility and innovation

- We will work in partnership with service providers to ensure we have a social care workforce that is sufficient, well trained and fit for purpose
- Services will be monitored and evaluated and their usage maximised to achieve best value for local people
- We will ensure there is a mixed economy of care that provides diverse, flexible services that are fit for purpose
- Services will be modernised to meet current and future aspirations and demands and able to meet future social care policy imperatives
- We will work jointly with other relevant local and regional commissioners to achieve best value where this is possible
- We will support and work in partnership with the voluntary/third sector in providing/scoping future provision
- Information will be succinct, easy to use and in an understandable format

## 6. NEEDS ANALYSIS AND DEMAND FORECAST

The Royal Borough of Kingston (RBK) is the smallest of the 32 London Boroughs, with a population of 155,900, 125,000 of whom are over the age of 18.

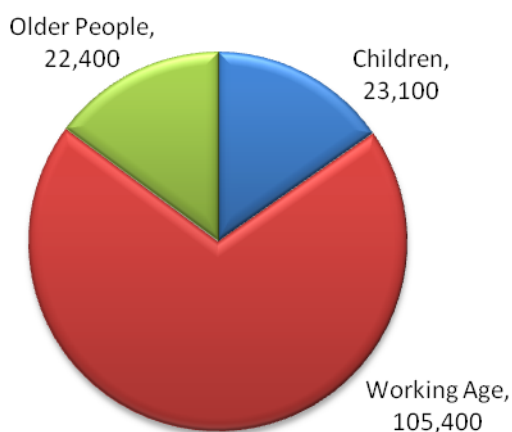
The development and growth of Kingston University and Kingston College means that there is a population of over 20,000 students in the Borough. Kingston is a diverse community, with around 15% of the population from black and minority ethnic groups and this proportion is increasing rapidly.

It is not totally clear how the age profile of the local population will change over the next few years. Information collected by RBK in 2007 from the Office of National Statistics (ONS) mid year figures for 2005, predicts that the number of people in the 65-84 age bracket would decrease, suggesting that between 2005 and 2011 the population in this age group will fall by 2.5% (slightly less than the decrease in London as a whole which is 2.7%). The same figures, however, predicted an increase in numbers of those 85+ of 2% identified in this period. The information available from Projecting Older People Population Information System (POPPI) suggests that there will be a steady increase in the number of older people in all age categories between now and 2025. This information is based on the 2004 sub national populations for England. The projections are derived from assumptions about births, deaths and migration based on trends over the last five years (Source: POPPI). On balance, it seems reasonable to conclude that the numbers of older people will increase, definitely amongst the group of people who are over 85 and, therefore, most likely to require community care services.

Anecdotal evidence suggests there are an increasing number of families with children moving into RBK to access good schools. This is potentially changing the age profile of the area (Source: Discussions with local estate agents) and would increase the numbers of disabled children passing through transition for children to adult services. It must be stressed, though, that the numbers of children who are physically disabled or have a sensory impairment who pass through transition to adult service each year is very small and that the incidence of impairment rises with age, with a steeper rise after the age of 50.

RBK is a relatively affluent borough, with many wards amongst the most prosperous in the UK. 69% of Kingston residents fall into the top two socio-economic groups, as used by the Marketing Industry. This far exceeds both figures for London and the rest of England, where only 59% and 52% of people fall into the same categories respectively. (Source: Office of National Statistics). Only 1 in 6 of the White British population in RBK is in a routine and manual occupation, compared to over 1 in 4 of the White British population in England as a whole. (Source: Community Health Profiles.org). By contrast, RBK has some wards with significant levels of deprivation and, as shown below, due to their likelihood of having to rely on state benefits, local disabled people are likely to be amongst the most deprived.

## Kingston's Resident Population



Total Population 155,900

Source: Office of National Statistics 2006 mid-year estimates

It is notoriously difficult to estimate the total number of disabled people living in any area because this data is not systematically collected by any public body, and RBK is no exception in this respect. It is, however, possible to estimate. According to Office of Population and Statistics (OPCS), in mid-2006 the UK population was 60.6 million. In the same year, the Department for Work and Pensions estimated that there were over 10 million disabled people in Britain, including people with limiting longstanding illnesses; of whom, 4.6 million are over State Pension Age and 700,000 are children. These estimates indicate that some 16.6 percent of the UK population are disabled (1 in 6). Others have estimated that the percentage is as low as 10 per cent. Either way, we can conclude that between 12,000 and 16,000 of local adult residents are disabled.

In October 2000, the Joseph Rowntree Foundation reported on research undertaken by Tania Burchardt, using nationally representative surveys to examine the past and present position of disabled people of working age. The study found that:

- Disabled people make up and growing proportion of the working-age population: between 12 and 16 per cent, depending on the definition
- Employment rates among disabled people are low, at around 40 per cent, and have remained stable
- In 1999, disabled people made up half of all those who were not employed but said they would like to work, and one-third of those who were available to start in a fortnight
- Of those who become disabled while in work, one in six lose their employment during the first year after becoming disabled. By implication, improving retention could make a substantial difference to overall rates of employment among disabled people
- Half of all disabled people have incomes below half the general population mean (often taken as an indicator of poverty), after making an adjustment for extra costs. Even without adjustment, two in five are found to be in poverty - an increase of one-sixth since 1985

Property prices are high in RBK and it is, therefore, a difficult place for first time home buyers, disabled people in particular. As in many parts of the country, supply of fully wheelchair accessible properties is scarce, though work is being undertaken to require a quota of wheelchair units in all new build developments. The Council owns a small housing stock and due to pressures, including failed attempts to transfer stocks to Registered Social Landlords (RSLs), “Decent Homes Standards” works and the need to house homeless families, the Housing Revenue Account is under immense pressure. This can lead to long waiting times for disabled Council tenants who require their homes to be adapted.

Data collected by the RBK Community Care Services Database (SWIFT) during 2006-2007 shows that 402 people aged between 18-64 who are physically disabled or have sensory impairments received a community care service during the year.

In January 2008, there were: 612 people who were registered as being Severely Sight Impaired (“blind”) or Sight Impaired (“partially sighted”); 669 were registered as being Deaf or Hard of Hearing and 58 were registered as having a dual sensory impairment.

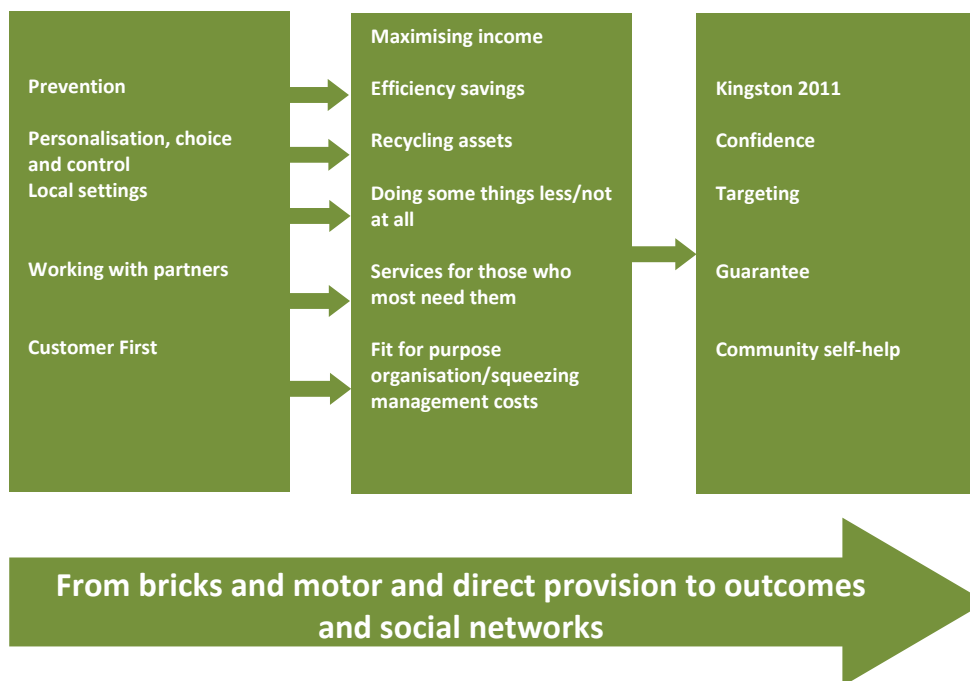
## Conclusions

- Over the next few years, the population of RBK will become more diverse, with rapid increase in Black and Minority Ethnic (BME) groups
- Only a small proportion of the local disabled population use community care services and there is, consequently, a large group who may benefit from objective information and advice to assist them in their self funding choices and to prevent the need for more intrusive services
- The population includes a high proportion of affluent residents and there is, therefore, the potential for large numbers to self fund
- Set against that, however, disabled people of working age have a high likelihood of being unemployed and many younger disabled people in RBK are, therefore, dependent upon welfare benefits
- Numbers of older people are likely to increase to some degree, but this is not likely to be dramatic and any impact on demand for Community Care Services will, likewise, be mild
- Numbers of disabled people passing through transition may increase slightly, but this is unlikely to have a major impact

## 7. RESOURCES

The Council currently faces significant budget pressures and, as the service area with the largest share of the overall budget, much of this falls upon Community Care Services (CCS). RBK's target saving for the next 3 years is £13m, with £4.6m targeted at 2008- 2009. The Council recently published Destination Kingston 2011. This sets out the borough's medium term plan to address the issue of increasing pressure on decreasing resources. The Borough has established 5 key Shaping principles and six Supporting Principles:

## Service prioritisation and reshaping



## 8. ENGAGEMENT AND DIALOGUE WITH LOCAL DISABLED PEOPLE AND OTHER STAKEHOLDERS

In RBK there are a number of established networks where Community Care Services engages in dialogue with local disabled people and other stakeholders about the development of service for disabled people. These include the Partnership Board for Disabled People; the Kingston and Richmond Low Vision Services Committee, the Deaf Users Group and the Day Service Modernisation Group. In addition, disabled people and other stakeholders are routinely, directly involved in service developments. Recent examples include the Self Assessment Pilot Project, the development of specialist day services for people with an acquired brain injury and the New Users of Hearing Aids Volunteer Support Project. Service users tell us that they want:

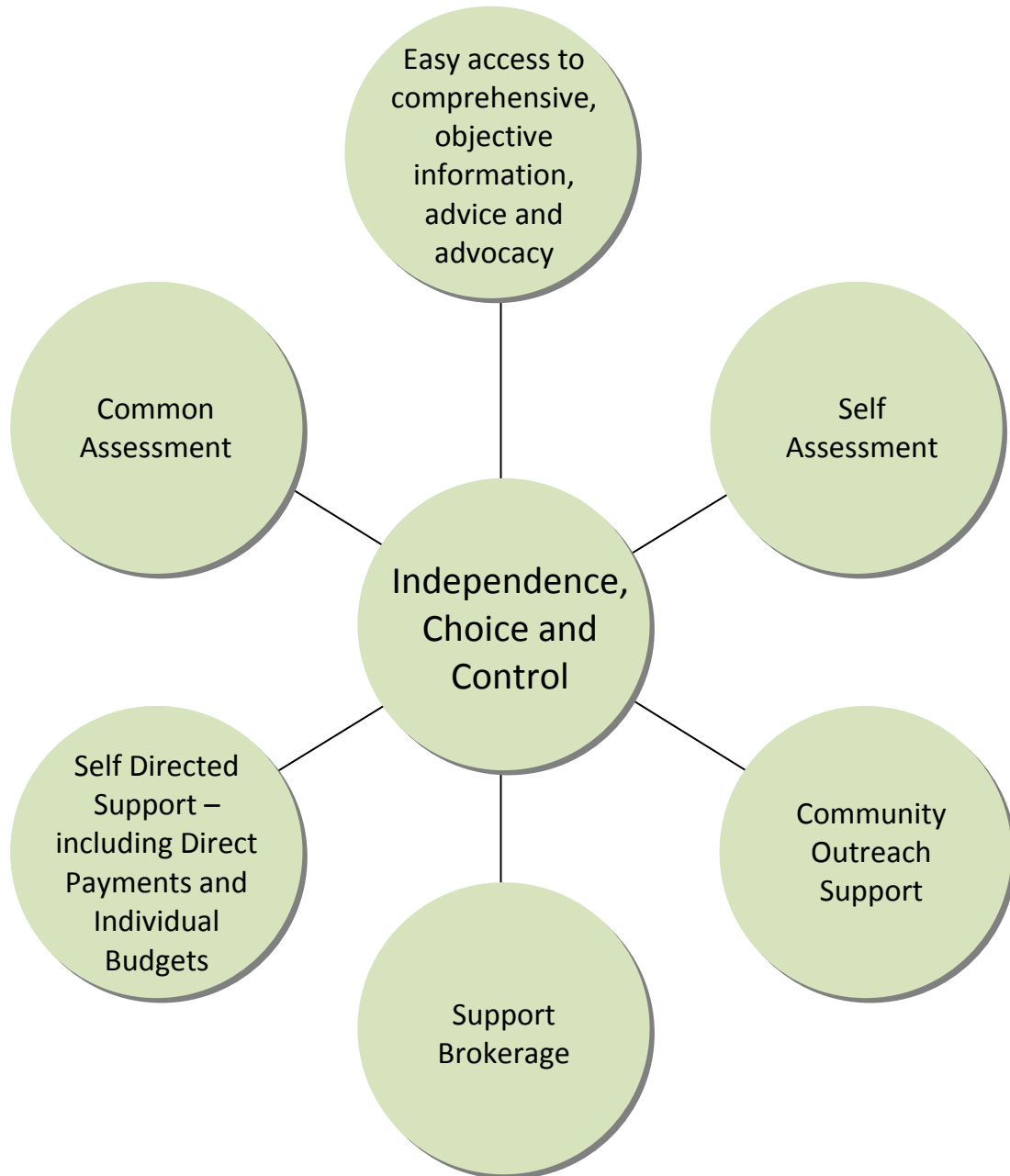
- Control over the way they live their lives
- Systems (e.g. in relation to Direct Payments (DP), Individual Budgets (IB) and Self Assessment) that are easy to understand and simple to use

In addition to good, flexible personal assistance, some of their other priorities include accessible housing and health services.

We believe that it is important to continue to engage with "Communities of Place" and "Communities of Interest", as we believe that this will help us to tailor service to local priorities and to build trust and capacity.

## CURRENT PROVISION AND SERVICE GAPS

### 9. PERSONALISATION



The Department of Health's social care Green Paper, 'Independence, Wellbeing and Choice' (2005), reinforced in the White Paper, 'Our health, our care, our say: a new direction for community services' (2006), sets out the Government's priorities for the development of health and social care. Central to this is a continued emphasis upon services that are individually tailored to the needs of service users, received by them in or near to their own homes. In RBK we have done much to pursue this agenda.

It was local disabled residents who were amongst the pioneers to lobby Government for Direct Payments and, as a result, we have a very well established Direct Payments (DP) Scheme which the council commission Kingston Centre for Independent Living (KCIL) to operate on their behalf. More recently, we have developed online Self Assessment and Individualised Budgets (IBs). In January 2008, 238 RBK residents were receiving a Direct Payment (DP) - including 82 Carers- of whom 76 were people between the ages of 18 and 64 who were physically disabled or had a sensory impairment. At the same time, 12 people are receiving IBs.

Work has been undertaken to develop Individual Budgets (IBs) and a number of service users have taken up this option – 12 to date. In-house support brokerage is being developed for people with a learning disability and externally contracted support brokerage is being piloted for physically disabled people, in partnership with Age Concern Kingston. Though the local Direct Payments guidance has been updated to be more in line with the ethos of IBs, there is clearly a need to bring IBs and DPs together into one unified Self Directed Support Strategy. Further work, in particular, is required in relation to:

- Developing a Resource Allocation System (RAS) for older and disabled people
- Support Brokerage
- Virtual Budget systems across all user groups and
- "Stimulating the provider side"

## **10. SUPPORT TO DISABLED PEOPLE IN THEIR OWN HOMES**

Assessment and Care Management for people who are physically disabled is provided by the Health and Disability Team. The Team comprises: a Team Manager, Care Managers and a District Nurse Care Manager. The team provides a case assessment, care management /social work, occupational therapy services and advice and guidance.

RBK supports substantial numbers of disabled people to live independently in their own homes and, over recent years, there has been a corresponding decrease in numbers of disabled people moving into care homes.

There are, however, still occasions when we are not able to meet the needs of disabled people within the local community, which generally means their moving to a care home outside of the Borough. Given sufficient resources and appropriate services most if not all disabled people could be supported to live in the community, if necessary, with 24 hour per day support packages. Though there will inevitably always be a minority of people whose needs will be best met in a care home, we believe that with the development of better support services, more people could be supported to live in their own homes. A

particular example is that of people with acquired brain injuries. Service users from this group often have a multitude of problems, frequently associated with substance misuse, mental health problems and challenging behaviour. In many cases, they have chaotic lifestyles and need a substantial level of daily (and sometimes night time) support to enable them to structure their lives, maintain their tenancies, remain safe and look after their health.

## **11. ACCESS TO ASSISTIVE EQUIPMENT AND ACCESSIBLE HOUSING**

In RBK all new referrals to the Occupational Therapy (OT) Service and initial assessments for assistive equipment and adaptations are dealt with by the OT Initial Response Team (IRT). The Team comprises a Team Manager, OT Assistants, a Senior OT and a Moving and Handling Advisor. For those who are able to leave home for an assessment, appointments are offered at the Assessment Centre. Complex, ongoing cases, largely associated with major adaptations to the homes of older and disabled people and/or complex manual handling, are dealt with by a Team of qualified OTs. Historically, RBK had a persistent, lengthy waiting list for OT assessment. By adopting a system of Telephone Assessment, optimising the use of the Assessment Centre, addressing workload management and keeping a dedicated budget to spot purchase additional assessments, this was cleared about three years ago. This hybrid approach to the delivery of OT assessment has been effective in RBK. In the future, however we will need to consider new models to meet the needs of a modernised service.

In RBK there is an Integrated Community Equipment Service (ICES), commissioned by RBK on behalf of the Council and the Primary Care Trust. In 2006 a tendering exercise was undertaken and the contract to provide the service was awarded to a new private contractor. The ICES supplies pieces of equipment specified by Occupational Therapists (OTs), District Nurses and other professional staff but cannot be accessed directly by service users.

Since October 2006, RBK has also offered online access to self assessment, an equipment catalogue and information about local serviced, via SmartAssist . This can be accessed either directly by the user (or a relative or friend), or mediated by a member of staff at Age Concern Kingston. The site has been well used though, interestingly, has had little if any impact for RBK OT services. National research has shown that only a minority of assistive equipment is supplied by the public sector, with two thirds being bought privately. This is supported by the above needs assessment, which indicates that the number of disabled residents vastly outnumber those accessing statutory community care services. It is, therefore, believed that those who have accessed the online self assessment so far have been drawn largely from the segment of the population that would have otherwise have chosen to use the Council OT service. This can be seen as positive, in terms of providing objective information to the wider community to enable them to make informed decisions and to source services for themselves.

There is more to be done to enable people to have access to a range of options, with regard to access to equipment and adaptations, in line with the Government's Retail Market Model for the supply of community equipment services. Take up of DPs for equipment has been low and, though we do offer a range of equipment for sale, for those who do not meet the FACS (Fair Access to Care Services) eligibility criteria or who do not wish to access Council OT services, the range is limited and the opening times restricted.

The Integrated Community Equipment Service (ICES) arrangement would seem to be fit for purpose in terms of delivering equipment specified by professionals on time, to an adequate standard and at a reasonable cost. More, however, can be done to extend the provision of objective advice and expand the opportunities for trialling and privately purchasing equipment, to the majority of the local disabled population who do not currently access Community Care Services. To do this will facilitate informed decision making and allow people to assist themselves. It is also potentially very cost effective and evidence suggests that early access to assistive equipment can delay the needs for other services and prevent accidents such as falls.

As mentioned above, there is a shortage of accessible housing for disabled people in RBK and this must be a priority for commissioning activity, though it must be stressed the Adult Social Services does not have control over the relevant resources and any progress would need to be made with partners.

## **12. SERVICES FOR PEOPLE WITH VISUAL IMPAIRMENT**

The Council has a specialist Sensory Impairment Team, based within Community Care Services. Within this Team, there are two qualified Rehabilitation Workers who, along with the Team Manager, undertake assessment, advice, counselling and rehabilitation work with local visually impaired people. Despite being a small staff group with small economy of scale, the Team copes with current workloads and does not have a significant waiting list.

Over the past few years we have been working to improve local low vision services, delivered by a number of stakeholders. The Kingston and Richmond Low Services Committee was established in 2004 to act as a stakeholder strategic planning forum. This now incorporates representatives of Richmond and Kingston Councils, the Royal Eye Unit (REU), service users and local 3rd Sector organisations and is chaired by RBK. This has led on significant service improvements, including: a weekly joint service (Council Rehab Workers and Optometry), at the REU; events to promote best practice; an eccentric viewing course (to help people with central vision loss to make best use of their peripheral vision) and monthly Multi-professional meetings. Though much progress has been made to improve and coordinate services, we will need to consider further integration, consistent with the National Eye Care Strategy, possibly including the appointment of an Eye Care Information and Liaison Officer, at the Royal Eye Unit.

RBK has continued to work in close partnership with Kingston Association for the Blind (KAB) to develop local support services provided by the 3rd Sector. KAB now has 3 paid staff and offers advice services, in addition to co-ordinating the Eye Buddy (volunteer support) and Tandem Buddy Schemes. These services augment those provided directly by the two Rehabilitation Workers employed directly by RBK, in addition to offering a source of ongoing support and advice to people who are not at "Critical" or "Substantial" risk of losing their independence, following the implementation of the higher FACS (Fair Access to Care Services) eligibility criteria - N.B information and advice is offered by the Sensory Impairment Team to any visually impaired person, including those with low and moderate needs.

### **13. SERVICES FOR PEOPLE WHO ARE DEAF AND HARD OF HEARING**

In RBK we have one Rehabilitation Worker who works with people who are Deaf or hard of hearing – assessing for and providing equipment and minor adaptations.

Specialist Care Management for people who are hearing impaired is offered by the Team Manager of the Sensory Impairment Team. Referrals are lower than might be expected for the size of the local population and, in order to engage with local Deaf people about their needs and their views about local services; a user group was established in 2006. This group continues to meet and, although a number of concerns have been raised (and are being addressed), most notably in relation to information about services and the availability of British Sign Language (BSL) interpreters, there is no indication of significant unmet need for community care services.

Over the past two years, we have been working in partnership with Royal National Institute for the Deaf (RNID) and the Audiology Department at Kingston Hospital to develop a volunteer support service for new users of hearing aids. During 2007, external funding was raised from external sources and a Coordinator is now in post.

### **14. PEOPLE WITH A DUAL SENSORY IMPAIRMENT**

RBK keeps a register of people who have a dual sensory impairment and employs staff within the Sensory Impairment Team with the skills to appropriately assess their needs. In line with "Section 7 guidance" we are required to offer communicator guides to support people with a dual sensory impairment. We are aware that the numbers for whom we have provided this service is very low compared with other authorities and this is therefore a commissioning priority.

## 15. DAYTIME SUPPORT

RBK offers a range of day services for people with physical and sensory impairments from the Crescent Resource Centre in New Malden. Over the past few years we have been working to modernise these services and, during 2006, the Centre staffing structure was reorganised to make it more fit for purpose. The Centre now has a dedicated Community Support Outreach Team, in addition to a Respite and Reablement Team and the focus of work is on enabling service users to become more independent and to access mainstream training and recreational opportunities, or work towards doing so. Increasing numbers of people use the centre to support them in accessing the local community and increasing number of people do so using Direct Payments.

Over the past year, the Crescent Resource Centre (CRC) has looked to developing a social enterprise, building on previous success with making and selling dolls houses to produce and sell a range of Christmas cards, and showcasing art work produced by service users. CRC are currently scoping the possibility of extending the range of enterprises to include wooden garden furniture but there is still much left to be done and the potential for social enterprise has certainly not been fully exploited.

As indicated in the needs analysis, above, only a minority of the local population access Community Care Services, this being particularly true of day services. The Government's vision for the increased individualisation of community care services poses significant budgetary challenges, given that there is not likely to be substantial additional funding to facilitate this. One of the challenges is that of freeing up fixed costs tied up in block contracts and in-house provider services, such as the Crescent Resource Centre (CRC). CRC costs the Council approximately £635K per annum (net cost for 2007-08) and serves a total of some 80 users, with a maximum capacity of 40 per day. This can be seen as a relatively large amount of resource dedicated to a relatively small number of people and, to take the most extreme option, the complete closure of the Centre would free up enough money to pay each existing service user a Direct Payment in lieu of day services of £7,937.50 per year. This average does not take account of the fact that some existing service users have moderate and low needs and, thus, masks the potential for targeting freed up resources at the most needy.

We currently favour the retention and further development of Community Outreach Support but will also need to consider appropriate disinvestment in fixed resources, to facilitate the personalisation agenda.

## 16. SERVICES FOR PEOPLE LIVING WITH HIV

Assessment and Care Management for people living with HIV is provided by 1.5 Full Time Equivalent (FTE) staff based within the Health and Disability Team. The profile of the HIV population has changed over recent years with the majority of referrals for community care services now being African women. Many of these service users have No Recourse to Public Funds and the workers who specialise in HIV are, therefore, routinely required to undertake assessments of eligibility for support (accommodation and subsistence) under the Human Rights Act. RBK continues to be part of the South London HIV Partnership. This is a commissioning consortium that secures services from the voluntary sector, including counselling, advice and peer support. We currently contribute £18K per annum and Kingston Primary Care Trust contributes the same amount. During 2007 the contract, which is hosted by Croydon Primary Care Trust, was re-tendered. The new contract incorporates systems for capturing user outcomes (in terms of actual use of services and user satisfaction). There has, however, been concern from boroughs in south west London that the contract may not fully meet our residents needs (e.g. because services have tended to be clustered in central and south east London). Our ongoing commitment to the Partnership will, therefore, need to be reviewed and decisions made about the best ways to commission services to meet the needs of the local HIV population.

## 17. STRATEGIC COMMISSIONING PRIORITIES

Disabled People Able to Make Informed Decisions and, where appropriate and desired, "Help themselves to Services"

### Information and "signposting"

In order to optimise the ability of disabled people (those who use Community Care Services and the majority who do not) to make informed decisions about what services they access and in what ways, we plan to continue to develop information and signposting services including:

- Online equipment self assessment
- Mediated self assessment (aided by a professional or volunteer)
- Online website information relevant to People with Physical Disabilities and long term conditions
- Succinct, printable information sheets
- Information Prescriptions

## **Assistive Equipment**

We recognise that easy access to appropriate assistive equipment can greatly enhance the independence of disabled people, whilst also often preventing them from needing more costly and intrusive services or from having accidents, such as falls. In line with the Retail Market Model of community equipment provision we plan to: develop and Independent Living Centre in RBK. This will offer access to basic assessment, in relation to simple equipment, for people who do not meet the Fair Access to Services (FACS) eligibility criteria or those who do not wish to access Council OT services. It will offer equipment demonstration, trial and sale, in addition to impartial advice and access to the online self assessment (SmartAssist). It will also promote and supply Telecare products.

## **Disabled People Able to Live in their Own Homes in the Community**

### **Support for people in their own homes**

One of our major commissioning priorities is to put in place arrangements that will enable people with complex needs to live safely in their own homes, rather than their needing to move into a care home. As outlined above, therefore, we aim to develop support services in RBK for people with complex needs, particularly people with acquired brain injuries, to enable them maintain tenancies and to continue to live safely in the community

### **Accessible Housing**

We will continue to work with colleagues in Housing Services to improve the supply of fully wheelchair accessible property, both in the Registered Social Landlord (RSL) 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. We will scope options for increasing flexibility, choice and control, including that of making the Disabled Facilities Grants funding available to users as part of an Individualised Budget.

## **Disabled People are Able to choose from a Range of Options and to Control their Own Livers - Personalisation of Services**

### **Direct Payments and Individualised Budgets**

One of the major objectives of our commissioning strategy is to enable disabled people who have been assessed as requiring Community Care Services to choose how they are delivered and then direct them, themselves. We will continue to develop Individual Budgets (IBs). It will be possible to use them in the form of cash (a Direct Payment) and/or “virtual budgets” administered on the service user’s behalf by the Council. People will have unhindered choice about the service that they purchase with IBs, provided that they meet their own assessed needs adequately and do not use monies inappropriately. We will develop a new procedure to monitor the use of Individual Budgets, which recognises this whilst also making explicit what they should not be used to purchase.

## Disabled People Able to Define their Own Needs and "help themselves"

### **Self assessment**

We will expand self-assessment, to cover assessment of eligibility for services and broaden its scope so that it can facilitate access to the full range personal support services, including Individualised Budgets. At present, we intend to maintain the existing online self assessment, SmartAssist, but to scope the possibilities for expanding the services that it provides. An Individualised Budget Resource Allocation System will be developed across all user groups, in order that users are fully aware of what is available to them. Information and "signposting" services will be improved so that service users can make informed decision and to "help themselves"

## Ability to Fulfil Parenting Roles

### **Support for Disabled Parents**

We will continue to place a high priority on providing support to disabled parents. The first task must be to revise our Disabled Parents Protocol in the light of changes in the Fair Access to Services (FACS) criteria.

## Disabled People Able to Sustain and Increase their Level of Independence

### **Outreach Support**

We will continue the work already started to provide disabled people who need Community Care Services with individually tailored support to enable them to access mainstream work, education and recreational opportunities and to gain new skill to enhance their level of independence. We support the further development of community outreach support though acknowledge that personalisation will require some disinvestments in existing day services.

### **Social Enterprise**

We recognise that there is much untapped potential with regard to the development of Social Enterprise and regard this as a commissioning priority.

### **Work**

As shown above, the level of unemployment amongst disabled people is very high with associate consequences in terms of poverty and social exclusion. We, therefore, place high priority on commissioning activities that will assist people to gain and maintain work – e.g. Community Outreach Support and Workstart.

## Disabled People from BME Communities can Access Services that appropriately meet their Needs

We will continue to analyse the take up of services in relation to the ethnic makeup of the Borough, as a whole, and particular localities. We will also continue to engage with local community groups about their needs and priorities.

Current plans for targeted work with local BME Groups include:

- A project in partnership with Action for Blind People to engage with visually impaired people from BME Groups and improve access and relevance of services
- Dedicated mediated Self Assessment sessions for local community groups to aid access to basic assistive equipment and general information and advice about services
- Proactive equipment advice and demonstration sessions for local community groups to raise awareness of the benefits of assistive equipment
- The provision of meeting space and other resources to enable local community groups to provide day services for older and disabled people from BME groups

## 18. COMMISSIONING ACTION PLAN FOR DISABLED PEOPLE AND PEOPLE WITH A SENSORY IMPAIRMENT

Commissioning Intentions	Tasks	Target Date	Responsibility
<p>Information and “signposting”</p> <p>Provide self assessment for all service users and an online information database available to service users, third Sector organisations, professionals and other stakeholders</p>	1. Work jointly with the provider commissioned to develop the self assessment and information website.	There will be a review of information and advice systems this financial year.	Head of Community Care & Head of Strategy & Performance
	2. Ensure that information regarding the services offered to individuals with a Physical/Health related Disability are part of this info site	Within this financial year 08/09	Principal Manager Health & Disability (H&D) Services
	3. Re visit the existing-equipment self assessment site to make it more accessible and user friendly.	December 2009	Principal Manager H&D Services, Service Teams and Partnership Board.
	4. Have at least 2 accessible	June 2009. It is	Principal Manager H&D

Commissioning Intentions	Tasks	Target Date	Responsibility
	computers available to the general public for equipment self assessment	envisaged these will be placed within a new Equipment Independent Living Centre	Services and other lead professionals.
<p data-bbox="286 502 582 534"><b>Assistive Equipment</b></p> <p data-bbox="286 590 638 957">We will establish an Independent Living Centre where service users and other stakeholders can receive a basic assessment, trial and purchase items and access online self assessment</p>	<ol data-bbox="705 590 1086 1212" style="list-style-type: none"> <li>1. Re-design the vacant Day Centre at Hobkirk House and make fit for purpose</li> <li>2. Source other providers for equipment</li> <li>3. Recruit volunteers and staffing</li> <li>4. Scope setting up equipment shop as a social firm</li> </ol>	<p data-bbox="1220 590 1344 622">April 09</p> <p data-bbox="1220 845 1344 877">June 09</p> <p data-bbox="1220 973 1344 1005">April 09</p> <p data-bbox="1220 1101 1377 1133">By April 10</p>	<p data-bbox="1691 590 2049 917">Principal Manager H&amp;D Services and other lead professional within OT, Sensory Impairment, Telecare and Prevention Services within the Voluntary and Private Sector</p>
<p data-bbox="286 1356 593 1388"><b>Support for people to</b></p>			

Commissioning Intentions	Tasks	Target Date	Responsibility
<b>live in their own homes</b>			
Develop Specialist Housing and support options for people with complex needs (with a focus on individuals who have an acquired brain injury)	1. Increase engagement with the private/voluntary sector and housing associations. To provide accessible housing and specialist support	March 2012	Principal Manager H&D Services and Team Managers
Continue to develop daytime outreach support particularly for those with head injuries and other complex needs.	2. Scope building on current work with individuals with an acquired brain injury within the Crescent Day and Outreach Support Service to specialise in re-enablement and brokerage for individuals with an Acquired Brain Injury and complex needs.	March 2010	Principal Manager H&D Services and Crescent Team Manager
We will continue to	3. As community based	March 2010	Principal Manager H&D

<b>Commissioning Intentions</b>	<b>Tasks</b>	<b>Target Date</b>	<b>Responsibility</b>
promote personalised services, disinvesting in fixed service provision, appropriately	opportunities increase and block purchased day provision changes. We need to consider individuals who have been able to re-enable and gain skills. In line with 'Our Health Our Care Our Say' We will scope the development of a mentoring scheme		Services and Crescent Team Manager
<b>Direct Payments &amp; Individualised Budgets</b>			
Increase number of individuals with a physical disability taking up individual budgets	1. Offer all new service users an Individual Budget/Direct Payment	Sept 09	Total transformation Manager and Principal Manager H&D Services
	2. Develop Resource Allocation System	March 11	
	3. All users will know their indicative Individual Budget	March 11	
<b>Self Assessment</b>	1. Expand equipment self	March 11	Total transformation

Commissioning Intentions	Tasks	Target Date	Responsibility
	assessment site to encompass assessment for eligibility for services.		Manager and Principal Manager H&D Services
	2. Expand system to create signposting and information.	March 11	
	3. Consider amending existing Smart Assist site to come in line with the equipment being sold in the new Independent Living Shop	Dec 09	
<p><b>Outreach Support &amp; Current Day Service provision:</b></p> <p>Continued to develop individualised support to individuals who need support to access work, education, development/re-enablement skills</p> <p>Further Community</p>	<p>1. Ensure all individuals are offered a Direct Payments/Individual Budget who are assessed as requiring outreach support.</p> <p>2. Consider re assessing</p>	<p>On going</p> <p>December 09</p>	<p>Principal Manager H&amp;D, Placements Panel, Care Mangers and Crescent Outreach Managers</p> <p>Principal Manager H&amp;D,</p>

Commissioning Intentions	Tasks	Target Date	Responsibility
<p>outreach along with the personalisation agenda will mean we need to consider ways of disinvesting in existing day services, whilst acknowledging the current work which needs to continue as well as supporting existing service users.</p>	<p>current users of existing day services. Current users whilst being reassessed will not lose provision. This assessment process will enable a more individualised approach to the provision they receive and require.</p> <p>3. Working with the day service modernisation group, a scoping exercise will take place to consider re-shaping the current day service provision into a re-enablement/outreach provision. There will be a focus on providing a social provision/support group within the area with an emphasis on &gt;</p>		<p>Care Mangers and Crescent Outreach Managers</p> <p>Principal Manager H&amp;D, Crescent Outreach Managers and Day Service modernisation Group Partnership Board</p>

Commissioning Intentions	Tasks	Target Date	Responsibility
<p><b>Social Enterprise</b></p> <p>We will support and encourage 2 Social Enterprises to be developed. These will support up to 6 people with a disability into paid employment</p> <p>Two areas to be considered are:</p> <ul style="list-style-type: none"> <li>• transport</li> <li>• Independent Equipment and information Centre being developed at Hobkirk House.</li> </ul>	<p>Identify possible areas for 2 social enterprises.</p> <p>Develop 2 Business Plans</p> <p>Identify funding streams and make bids</p>	<p>December 08</p> <p>April 09</p> <p>On going</p>	<p>Principal Manager H&amp;D, Crescent Outreach Managers and Day Service modernisation Group Partnership Board</p>
<p><b>Work</b></p> <p>Kingston Workstart will continue to work with disabled people to gain meaningful employment.</p>	<p>Continue to seek funding to support individuals into employment and to expand/ maintain existing provision.</p>	<p>On going</p>	<p>Principal Manager H&amp; D Services and Kingston Workstart Team Manager.</p>

Commissioning Intentions	Tasks	Target Date	Responsibility
They will be a key lead on the LAA targets on employment for the borough	Work strategically to achieve LAA targets: <ul style="list-style-type: none"> <li>● NI 173 - Flows on to incapacity benefits from employment</li> <li>● NI 146 - Adults with Learning Disabilities in employment</li> <li>● NI152 - Working age people on out of work benefits</li> </ul>	The Local Area Agreement sets out the nature and timescales of these targets	Principal Manager H& D Services and Kingston Workstart Team Manager