DERBY CITY COUNCIL

Adults, Health and Housing Commissioning Strategy for Physical & Sensory Disability

2011-2014

CONTENTS OF MAIN DOCUMENT

1. INTRODUCTION AND DEFINITIONS

This Commissioning Strategy sets out how Derby City Council will meet the needs of adults in Derby with physical and/or sensory disability and their carers over the next three years. People with physical disabilities and/ or sensory disabilities have a range of needs from high level support, needing adaptations, to complete independence with no support needs and the aim is to ensure all can live independently.

"Independent living is not a "service". It is a way of life. It means disabled people take responsibility for their lives and live them how they choose, irrespective of the type or complexity of their impairment or condition." Independent Living and Service Changes – A Briefing, Collins, S., Scope (2005).

This document provides information about the needs and aspiration of adults with physical and sensory disability (PSD) as well as the services required to meet these. It will serve as guide for all adults in Derby, with PSD including carers, families, partners or service providers. This strategy is for social care provision for:

- Adults with physical disabilities aged 18-64
- Adults with visual impairment (blind/ partially sighted) aged 18 and above
- Adults with hearing impairment (deaf or hard of hearing) aged 18 and above
- Adults with dual sensory impairment (both deaf and blind) aged 18 and above

This Commissioning Strategy will link to Derby's other Commissioning Strategies for Older People, Learning Disabilities & Mental Health.

The chapters set out

- The vision for service delivery – the purpose, principles and model behind commissioning.
- The national and local drivers – the legislation, guidance, accountabilities and partnerships that influence the aims of social commissioning and how they might be achieved.
- The evidence about local need – information about population patterns and other demographic information in the city and the views of Derby's adults with PSD about how their needs should be met,
- Feedback from local consultation
- Current service patterns – how well they meet need, whether they offer value for money, how they are affected by market conditions

- Commissioning priorities for the next three years- taking account of the likely financial climate

The strategy reflects the preferred joint approach in meeting needs. It is informed by the work of partnerships through which many social care and support services are delivered. Some of the information comes from key partnership work such as the Joint Strategic Needs Assessment. The strategy reflects present and planned approaches to services.

Key Definitions

Disabled - There is not one single definition for disabled and this document will utilise the definition from the Equalities Act 2010 'A person has a disability if— a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on the ability to carry out normal day-to-day activities'.

Sensory Disability –includes any person who is deaf, blind, visually impaired, hearing impaired or have a significant combination of hearing and sight loss.

Deafblind –persons are regarded as deafblind 'if their combined sight and hearing impairment causes difficulties with consultation, access to information and mobility. This includes people with a progressive sight and hearing loss.' (Think Dual Sensory, DoH, 1995)
Congenital & acquired deafblindness: four basic groups have been identified:

1 those with hearing & sight impaired from birth or early childhood;
2 those blind from birth or early childhood who subsequently acquire a hearing loss that has a significant functional impact;
3 those who are deaf from birth or early childhood who subsequently acquire a significant visual loss;
4 those who acquire a hearing and sight impairment later in life, that has a significant functional impact.

Commissioning:
Commissioning has been defined as "the process of specifying, securing and monitoring services to meet assessed needs" *Social Care Core Information Requirements: Glossary of Terms* (Department of Health, January 2002). This process involves a range of tasks.

Effective commissioning will make the best use of resources to achieve the following goals (DOH commissioning cycle 2006):

- improve health and well-being,
- reduce health inequalities and social exclusion
- secure access to a comprehensive range of services
- improve the quality, effectiveness and efficiency of services
- increase choice and ensure a better experience of care through greater responsiveness to people's needs

2. A VISION FOR SERVICE DELIVERY

Improving Life Chances for Disabled People (DOH 2005) sets down the vision for this strategy with four key targets:

- Helping disabled people to achieve Independent Living
- Improving support for families and disabled parents
- Facilitating a smooth transition to adulthood
- Improving support and incentives for getting and staying in employment

1,483 adults aged 18-64 in Derby were receiving community based support (JSNA 2009) physical disability, frailty and sensory impairment. There were also 5,148 adults aged 65+ with physical disability, frailty and sensory impairment.

Physical Disability – It is difficult to estimate the number of people in Derby with physical disabilities. The recognised way is to look at national prevalence rates based on age bands for the city, these rates are for moderate and serious disability by age and sex, quoted on the PANSI website. The prevalence rates given in the survey for moderate physical disability are 4.1% for 18-24 year olds, 4.2% for 25-34 year olds, 5.6% for 35-44 year olds, 9.7% for 45-54 year olds and 14.9% for 55-64 year olds. The prevalence rates given in the survey for serious physical disability are 0.8% for 18-24 year olds, 0.4% for 25-34 year olds, 1.7% for 35-44 year olds, 2.7% for 45-54 year olds and 5.8% for 55-64 year olds. In 2010 it is estimated there are 11,344 with a moderate physical disability and 3,243 with a serious physical disability in Derby. Shown below is the predicted increase for 2010 to 2030 in Derby.

People predicted to have a moderate physical disability	**2010**	**2015**	**2020**	**2025**	**2030**
People aged 18-24	1,148	1,136	1,054	1,062	1,173
People aged 25-34	1,533	1,747	1,810	1,756	1,680
People aged 35-44	1,966	1,809	1,926	2,190	2,268
People aged 45-54	2,988	3,279	3,211	2,958	3,133
People aged 55-64	3,710	3,755	4,246	4,664	4,574
	11,344	11,725	12,247	12,629	12,828

People predicted to have a serious physical disability	**2010**	**2015**	**2020**	**2025**	**2030**
People aged 18-24	224	222	206	207	229

People aged 25-34	146	166	172	167	160
People aged 35-44	597	549	585	665	689
People aged 45-54	832	913	894	824	872
People aged 55-64	1444	1462	1653	1815	1781
	3,243	3,311	3,510	3,678	3,730

Derby adult services support 965 people aged between 18-64 through commissioning external organisations and providing care management assessment equipment and alternative day services.

National prevalence rates of major disabling conditions estimate the incidences in Derby:

	Type Prevalence per 10,000 population	**Estimated incidence in Derby**
Stroke	**55**	**1,316**
Severe Head Injuries	**15**	**359**
Spinal Injuries	**4**	**96**
Multiple Sclerosis	**8**	**191**
Motor Neurone Disease	**1**	**24**
Muscular Dystrophy	**1**	**24**

Badley et al 1978: 'The Prevalence and Severity of Major Disabling Conditions', as taken from Bournemouth Borough Council Commissioning Strategy for Services for people with Physical Disabilities 2005-2008. (Based on Derby population 239,200 MYE ONS 2008)

Disability Living Allowance is a benefit for people who become disabled before the age of 65. As at May 2010 14,090 adults were claiming disability living allowance, of these 7,475 were aged 16-59 and 5,180 were aged over 60. This is non-contributory; non-means tested and tax free contribution towards the disability–related extra costs of severely disabled people who claim help with those costs. Of these 7,245 receive higher rate of mobility component and 4,685 receive the lower rate of mobility.

1,150 adults receive Severe Disablement Allowance in Derby, this is a benefit for people aged 16-64, (who were assessed as being 80 per cent disabled and were incapable of work because of illness or disability for at least 28 weeks in a row). New claimants have not been allowed since 2001, and only continuing claimants are counted.

Deaf – 1,570 were registered deaf in Derby at 31st March 2010 and additionally 1,570 were registered as hard of hearing. According to RNID, a total of 41.7% of over 50 year-olds in the UK have some kind of hearing loss: 21.6% have mild hearing loss,

16.8% have moderate hearing loss, 2.7% have severe hearing loss and 0.6% have profound hearing loss. In Derby this would mean that nearly 30,000 aged 50+ have a hearing loss and with an ageing population this will increase in the future. RNID estimates 6.5 million people nationwide age 60+ have age related hearing loss.

Blind -One in 12 people over the age of 60 is registered as blind or partially sighted in the UK. 90% of all people who are blind or partially sighted are over 60 years old. There are currently over two million people in the UK have an uncorrectable sight problem, this is estimated to rise to 2.5 million within the next 30 years. (RNIB Blind survey 2003)

In Derby there were 1,005 registered blind at March 2006, 550 of them are aged 18 to 64. 545 people in Derby are registered as partially sighted, 290 are aged 18 to 64. As at December 2010, 30 blind people aged 18-64 and 64 blind people aged 65+, were receiving a service by Adult Social Care. (SWIFT)

Dual Sensory loss - 138 adults were registered on the SWIFT database with dual sensory loss (Jan 2010). 21 people were receiving services through the Unit for Deaf People and have acquired sight loss.

Adult Social Services commissions and provides services to those with the highest needs but will provide advice and support to ensure that all disabled people can live independently. As well as high level support for vulnerable adults, a prevention approach is taken to avoid the escalation of a problem.

Prevention links well with other essential ingredients of good quality commissioning:

- **Prevention and safeguarding**: Preventative services are focused on understanding what contributes best
- **Prevention, choice and control**: The implementation of the national programme "Putting People First" develops a more personalised approach to meeting social care needs which will enhance prevention in several ways. Personal Budgets will provide more flexibility to tailor services to individual requirements and increase the likelihood of positive outcomes. Clearer information and a wider range of services will help adults make better informed choices at the right time about services that might help them.

The vision of prevention underpinning all services and partnerships is central to this commissioning strategy, leading to the best possible outcomes for adults with PSD and the most effective use of public resources in Derby.

3. THE NATIONAL AND LOCAL DRIVERS

National and Local Drivers are the relevant legislation, guidance, policy and performance management that the Local Authority and its partners must be mindful of when delivering services to adults with physical disability &/or sensory impairment. Publications include:

- Our Health, Our Care, Our Say, Department of Health, 2006
- Improving the Life Chances of Disabled People, Prime Minister's Strategy Unit, 2005
- Independent Living Strategy, Office for Disability Issues, 2008
- Putting People First: a shared vision and commitment to the transformation of adult social care, Department of Health, 2007
- Independence, Well-being & Choice adult social care, 2005
- Independence Matters: an overview of the performance of social care services for physically and sensory disabled people, 2003
- World Class Commissioning, Department of Health, 2007
- Joint Strategic Needs Assessment, Department of Health, 2009
- Commissioning Framework for Health & Well-Being, Department of Health, 2007
- National Service Framework for Long Term (Neurological) Conditions, DH 2005
- Standards for services for People who are deaf-blind or have a dual sensory impairment, Sense DoH
- Progress in Sight: national standards of social care for visually impaired adults,2002
- UK Vision Strategy
- Equalities Act 2010
- Human Rights – Rights of Person with Disability
- Carers (Equal Opportunities) Act 2004
- Transforming Social Care LAC (DH) 2008
- Transforming Community Equipment Services, Department of Health, 2006, and
- Supporting People with Long Term Conditions, Department of Health, 2005

The Common themes apply to all Adult Social Services clients and direct examples for PSD are detailed in the policy drivers.

COMMON THEMES	POLICY DRIVERS	COMMISSIONING IMPLICATIONS

COMMON THEMES	POLICY DRIVERS	COMMISSIONING IMPLICATIONS
1. SAFEGUARDING VULNERABLE ADULTS	*No Secrets: Guidance on developing and implementing multi-agency policies and procedures to protect vulnerable adults from abuse* as reflected locally by the Derby Safeguarding Adults Board Procedures and Guidance (Jan 2010)	- Quality services need to be commissioned with clear safeguarding responsibilities - Ensure rigorous quality monitoring and improvement planning - Service development and quality monitoring need to be sensitive to the requirements of users who may lack capacity
2. SUPPORTING CARERS	*Carers at the heart of 21st century families and communities* (DH, 2008): ten year national strategy building on key Acts (2004, 2000, 1995) *Derby Carers Strategy 2009-12* and its identification of local priorities: 1. Access to comprehensive and culturally sensitive information and advice. 2. Emergency support particularly in situations when the carer is ill. 3. Specifically targeted and culturally appropriate support for carers from black and minority ethnic communities. 4. Improved access to carer breaks. 5. More flexible 'day' respite provision. 6. Provision for service users that takes account of specialist needs.	- The need to commission services that support carers of adults with PSD recognising their key role in the health and social care economy - The need to commission local services that address gaps that carers have identified

COMMON THEMES	POLICY DRIVERS	COMMISSIONING IMPLICATIONS
	7. Regular contact with carers.	
3. DELIVERING OUTCOMES IN PARTNERSHIP	*Our Health Our Care Our Say* (DH 2006) provides a direction for commissioning services that should deliver against seven key outcomes: 1. Improved health 2. Improved quality of life 3. Making a positive contribution 4. Exercise of choice and control 5. Freedom form discrimination or harassment 6. Economic well-being 7. Personal dignity *Derby's Sustainable Community Strategy 2009-11*: produced by the Derby City Partnership and under-pinning the Council's Corporate Plan. Emphasises the need to promote personalised services and the strategic commitment to enable people to live in their own homes wherever possible. *Derby's Joint Strategic Needs Assessment*, refreshed annually to provide key demographic information about the local population The *National Stroke Strategy* (DH, 2007)	- Commissioning based upon a holistic view of the PSD person and emphasis upon "promoting an active healthy life" across a wide range of determinants. - The need for local services that deliver prevention, choice and control for adults with PSD by supporting them at home with services that suit them - Delivering a partnership improvement plan across all aspects of provision - Commissioning rehabilitation and support services in partnership with the NHS that enable return to participation in community life

COMMON THEMES	POLICY DRIVERS	COMMISSIONING IMPLICATIONS
	with quality markers for improvements in services at all points on the health and social care pathway	
4. ENSURING PARTICIPATION, INCLUSION AND CHOICE	*Improving the live chances of Disabled People, recommends:* individualised budgets which can be used to access support and services across a range of fragmented funding streams improving the availability of independent advocacy services improving the provision of accessible housing improving the availability of information increasing the number of disabled people in employment *Independence matters for Disabled people* recommends authorities improve 7 areas: 1. Home care is not sufficiently reliable or flexible and is not provided in a way that promotes independence 2. Although waiting times for equipment and minor adaptations have improved some people wait unacceptably long times for major adaptations using the Disabled Facilities Grant (DFG) 3. Services for those with brain injury are	- Develop services that are fully based on an understanding of people with PSD, with the flexibility to respond on an individual basis. - Moving towards more flexible, individualised contracting arrangements with providers that meet individual preferences - Developing a framework for quality assurance that helps keep people safe and also supplements information about services so that people can make informed choices

COMMON THEMES	POLICY DRIVERS	COMMISSIONING IMPLICATIONS
	not well developed across the country. 4. Culturally sensitive services for disabled people are not well developed 5. Disabled parents are often not effectively supported 6. Day services need shaping to be more community based, inclusive and linked to increasing employment opportunities 7. Although the numbers receiving direct payments are increasing there is still a long way to go *National Service Framework for People with physical disabilities and sensory needs*: Promoting the centrality of "person-centred care" for people with physical disabilities and sensory needs. *Transforming Social Care* Local Authority Circular (DH, 2009, 1) which summarises prior "Putting People First" guidance in terms of: 1. Universal information and advice 2. Person-centred planning 3. A simple personal budget system 4. Accessible advocacy, peer support and brokerage systems 5. Effective quality assurance *Independence, Well-being and Choice*	

COMMON THEMES	POLICY DRIVERS	COMMISSIONING IMPLICATIONS
	ensure services help maintain the independence of the individual by giving them greater choice and control over the way in which their needs are met	
5. EQUALITY	*Equalities Act 2010* brings together previous legislation and protects people from discrimination on the bases is 'protected characteristics' these include disability, age, gender and race. *Disability Discrimination Act 2005* outlines the duties of local authorities in promoting disability equality. Information, advice and advocacy being available in appropriate formats and community languages enabling people to make informed choices and be able to access facilities and services *Equality Impact Assessments* are carried out on all Council policies and procedures, to ensure that decisions do not have an adverse effect on minority groups. These reinforce the need to act in accordance with the legislation and best practice that exists to protect minority and disadvantaged groups.	- Need to be proactive in considering how the needs of PSD adults are affected by age, gender, ethnicity, religion, disability and sexual orientation. - Need to ensure that services meet the needs of all PSD adults and do not discriminate - Ensure that information about services and how to access them, is clearly available
6. FOCUSING ON PREVENTION AND EARLY INTERVENTION	*Transforming Social Care* Local Authority Circular (DH, 2009, 1) requiring a strategic balance of investment between	- The need for an evidence base for "what works" in terms of enablement and prevention so that investment in

COMMON THEMES	POLICY DRIVERS	COMMISSIONING IMPLICATIONS
	enablement, early intervention or prevention whilst ensuring suitable provision of intensive care and support for those with high-level complex needs. *The National Service Framework (NSF) for Long-Term Conditions (LTC) (March 2005)* sets out 11 quality requirements aiming to transform the way health and social care services to support people with long-term neurological conditions to live as independently as possible. *UK Vision Strategy* – Identifies and seeks 3 main outcomes- improving eye health of people in the UK, eliminating avoidable sight loss & delivering excellent support inclusion, participation & independence for people with sight loss Deaf – Best Practice Standards for Deaf and Hard of Hearing – gave guidelines… Mental health link with deafness, higher incidences 'Towards Equity & Access'….. Standards for services for People who are deaf-blind or have a dual sensory	these areas can be optimised. - The need to undertake appropriate assessments and services to enable people to live independently in their own home, where possible

COMMON THEMES	POLICY DRIVERS	COMMISSIONING IMPLICATIONS
	impairment include: specialist assessments are carried out by a specially trained person identify the need for services provide information in appropriate formats provide communicator guide support	
7. IMPROVING THE RANGE OF ACCOMMODATION	Currently low provision (14 homes) of Supporting People accommodation in Derby for PSD as primary need compared with regional & national trends, but high number of schemes with PSD as secondary need (694 homes). Adaptations to homes are carried out through disabled facilities grant to meet PSD needs	- Clear information about suitable accommodation available - Accessibility issues need to be considered when letting properties - Need to work closely with disabled facilities grant to adapt properties appropriately to enable people to live independently - Newbuild to include full wheelchair standards or designed to Lifetime Homes
8. ACHIEVING OUTCOMES BY ENSURING QUALITY AND VALUE	*Derby City Council Corporate Plan*: Objective HC2 to increase the range and quality of regulated and non-regulated adult social care services. Objective COD2 to deliver value for money across all services.	- Clear approach is needed to innovation and partnership to cope with the twin challenges of population and budget - Clear specifications for services linked to defined quality expectations - Robust quality monitoring - Clear links to strategic workforce development - Improved information for service users so they can identify good

COMMON THEMES	POLICY DRIVERS	COMMISSIONING IMPLICATIONS
		quality provision and exercise choice - Benchmarking of costs with comparator authorities

4. LOCAL DEMOGRAPHY AND NEEDS ANALYSIS

This is an overview of Derby City's PSD adult population and their demographic needs. Information has been gathered from Derby's Joint Strategic Needs Assessment (JSNA) and other need assessments that have been carried out in the city. Column One highlights key issues about needs in Derby City and Column Two summarises the evidence. Column Three indicates the likely consequence for the Council and its partners in terms of commissioning services to provide support.

HEADLINE	EVIDENCE	CONSEQUENCES
Derby's overall population	• Physical disability prevalence rates estimate for 2010 11,344 people in Derby with a moderate PD and an additional 3,243 with a serious PD (PANSI). • Deaf – 3,140 people are registered as deaf or hard of hearing in Derby (31st March 2010) – this is an under-estimate as people with a moderate hearing impairment do not register. Deafness is very high in Derby compared to the prevalence rate which would indicate only 45 people aged 18-64 with a profound hearing impairment (PANSI) • Blind – Prevalence rates indicates that in 2010, 101 adults aged 18-64 have a serious visual impairment, (PANSI) but actual figures show that as at March 2006 1,005 people were registered as blind and 545 were registered as partially sighted. Of the 1,005 registered as blind 495 had additional disabilities such as learning disabilities, physical disabilities, mental health, deaf without speech, hard of hearing • Dual sensory: deaf blind – prevalence rate 572 people per 100,000 (SENSE),with 16% aged 20-59, 16% aged 60-69 and 62% 70+ which equates to 1,268 people in Derby. It is estimated that by 2030 that this will increase to 806 per 100,000 people, 2,261 people who are deaf blind.	•

HEADLINE	EVIDENCE	CONSEQUENCES
Derby has higher than the average number of adults with limiting long term illness (LLti)	• In 2001, of 221,708 people who live in the city of Derby approximately 42,862 (19.3%) report having a LLti, 27,272 (12.3%) are working age 16-74. The number of people in Derby is higher than the East Midlands (18.4%) and significantly higher than the national average (17.9%) • LLti rates increase with age, adults below 40 is 12%, for people aged 50-54 the rate is 22.2% and this increases to 40.9% aged 65-69.	•
A high number of people in Derby report not to be in good health	• 21,010 adults state they are not in good health (Census 2001) of these: • 4,842 men report not to be in good health aged 18-64 • 4,936 women report not to be in good health aged 18-64 • 9,701 are in fairly good health with a limiting long term illness	•
High numbers of BME with poor health	• Research evidence indicates generally poorer health outcomes (both physical and mental) for the BME population in the UK and that health problems develop earlier.	• The needs of some ethnic or religious groups may be particularly great requiring service developments to be a high priority.

HEADLINE	EVIDENCE	CONSEQUENCES
People in Derby from Black and Minority Ethnic (BME) communities have specific needs	• 15.61% of the population (34,608) of Derby in 2001 were not white British. This increased to 18.1% in 2006 (ONS). • Ethnicities with more than 1% of Derby's population in 2001 were: Irish, Other white, White & Black Caribbean, Indian, Pakistani and Caribbean. • The largest BME groups in the city were Indian 3.84% and Pakistani 3.96% (2001) • Higher prevalence rate of visual impairment in some BME groups: People of African Caribbean are four times more likely to suffer from glaucoma & South Asian are more likely to have diabetic retinopathy (Progress in Sight) • Higher prevalence rates of stroke within BME communities such as Afro-Caribbean • 1 in 10 of people aged over 50 in Derby is from a BME background. However, the proportion of BME increases in younger age groups.	• Numbers of adults from Black and Minority Ethnic backgrounds are likely to rise in Derby and this should be reflected in the take up of services. • Service planning for particular ethnic groups can often be based around specific areas of the city. However care must be taken with more dispersed groups because services focused on particular areas in the city may exclude significant numbers.
Significant differences in the percentage of people with a LLti between ethnic groups.	• In 2001, 5 ethnic groups have a higher LLti rate than the Derby average (19.3%); White Irish (31.7%), White Other (22.8%), Black Caribbean (21.5%) and White British (19.8%). This is also influenced by age as the White Irish are mostly over 55 in Derby.	• Lack of info for BME & disabled people at risk of being particularly disadvantaged

HEADLINE	EVIDENCE	CONSEQUENCES
Derby is a city with significant inequalities for health	• Overall the indicators of health in Derby are worse than average when compared with England and the East Midlands • According to the 2001 Census, only Oakwood, Littleover, Mickleover and Allestree wards (the city's most affluent) report rates of Limiting Long Term Illness below the national average. Several wards within Derby have a much higher percentage of people with a LLTI than the Derby average. Most notable amongst these are Arboretum, Mackworth and Normanton wards. (Source: JSNA).	• These figures show the national correlation between health and deprivation. Services need to respond to these differences in health outcomes and ensure that preventive services within deprived communities are in place to tackle differential access and outcomes of provision.
	• Derby ranked 69th most deprived in the indices of deprivation out of 354 authorities in the country. Deprivation varies significantly different across the city with the worst being in parts of Alvaston, Normanton, Sinfin, Derwent & Abbey wards (2007). • Death rates from Heart disease and stroke are higher than average for England	• There is a need to acknowledge disabled people as a vulnerable group and to work collaboratively with regeneration schemes to address deprivation and inequality issues.
	• Strokes occur more in Normanton, Babington and Spondon wards, this is also linked with BME issues • Cancer occurs more in Boulton, Babington & Spondon wards	• Partnership working with health needs to take place in order to reduce deaths and bring Derby's average in line with the rest of the country
	• The standard mortality rate for Osmaston and Allenton is twice the national average and a third higher in Normanton Road & Peartree • Deaths from accidents are more likely to occur in Normanton, Osmaston and Babington	•

HEADLINE	EVIDENCE	CONSEQUENCES
Significant health and social care problems can be caused by housing issues	• Poor access & design issues, cause problems in homes, leading to inaccessible homes and/ or isolation • Each year cold homes contribute significantly to exacerbating the above conditions and causing winter deaths and wider health issues.	• Where appropriate include Lifetime Homes standards • Provide aids and adaptations to homes to help overcome barriers • Provide rehab services to aid people to remain in their own home • Partnerships which address housing standards are essential in improving health and social care outcomes
Poor diet and low rates of exercise significantly impact on health and social care needs	• The Active People survey (2008/09) undertaken by Sport England identified that 45.9% of the people surveyed did no exercise (in the last 28 days)	• Derby's Joint Strategic Needs Assessment emphasises the importance of primary prevention in areas such as diabetes, coronary heart disease and stroke. If the lifestyle trends identified are not addressed then both health and social care outcomes will suffer markedly.

5. FEEDBACK FROM LOCAL CONSULTATION

Key results from consultation

CONSULTATION	METHOD AND SCOPE	SUMMARY OF FEEDBACK	ACTIONS TAKEN
1. Understanding existing care			
2. Understanding accommodation needs			
3. Understanding future service requirements			
4. Understanding barriers to care			
5. BME needs			
6.			

Physical & Sensory disabilities
What support & services receiving – are they working well etc
What could be improved
Any perceived gaps – what else would you like
Inclusion issues
Barriers to care
BME needs
Discuss commissioning priorities – are these right ? additional ? change ?

Satisfaction surveys? – visual impairment, Deaf etc

6. CURRENT SERVICE PATTERNS

The total clients using the service as of 1st December 2010 from the SWIFT database are detailed below:

18-64	**Day Care**	**Direct Payment/ Personal Budget**	**Equipment & Adaptation**	**Homecare**	**Meals**	**Prof support**	**Residential / Nursing**	**Supported Housing**	**Total**
Physical Disability	48	161	104	182	3	14	13	?	**525**
Sensory Disability	3	32	11	20	2	72	4	?	**144**
Total	**51**	**193**	**115**	**202**	**5**	**86**	**17**	**?**	**669**

It estimated that 71 people in 2010 aged 18-64 with a physical disability are in residential and nursing care. (Based on data from 2008/09, purchased or provided by CSSR taken from the National Audit Social Care Intelligence Service, PANSI).

Supported Housing – Alternative Living Scheme / Headway / Boulton Lane

Existing Service Delivery

The range of services provided across the city for adults with PSD is vast and detailed below are the services provided by the Council.

Communication

- A range of Information, advice, assistance and advocacy is provided by the Council.
- Specialist services have been commissioned by the Council to provide Talking Books

Home support- care, support & enablement

- Physical disabilities & sensory – generic team assessment & support services
- Specially trained staff operate in Derby with adults who are deaf, hard of hearing or develop a need. They are able to provide information and advice, and explain the registration process for those who meet the criteria. They will complete an assessment and give advice and information about equipment and services that are available.
- Deaf and deafblind can access a specialist team of staff who offer people access to our services through British Sign Language. The services include information, advice, advocacy, communication support, registration and assessment for and provision of home equipment and care support.
- The Council may provide support to carers & families who look after adults with PSD, as covered in Derby Carers Strategy
- Assessment of needs can take place at Arthur Court which provides assessment for living skills and equipment needs for individuals to live in the community

Day services and social isolation

- Day services are provided at the New Horizons centre in Derby but individuals with PSD also access other day services for learning disabilities and older people
- With increasing choice about day services individuals need support to access mainstream activities

Assistive technology & Equipment

- The referral level in 2009-10 saw a fluctuating level of demand for Telecare with a range of 32 to 67 referrals per month without any evidence of overall increase. Within that, most referrals were for existing pendant alarm service users requiring new types of equipment, with numbers of completely new referrals ranging between 5 and 24 each month.

- The core of the existing service is pendant alarm provision without additional Telecare. Monthly referrals for this service again showed no overall trend and ranged between 62 and 129 per month.
- The referrals show the ethnicity as being 94% from white UK backgrounds, followed by 3.4% from Asian backgrounds and a few from other groups.
- The service is hosted by the Council within the Adults Health and Housing service. This is a recent change as previously housing where separate to adults social care. This sometimes provided weaknesses in terms of connections to health and social care; however with the change in service areas and a stronger link this should improve the “whole system" work.
- Supporting People currently subsidise service users on a means tested benefit so their Telecare is free.

Rehabilitation services and adaptations

- A Rehabilitation/ Mobility Officer can support people retain their independence by teaching new techniques and the use of specialist equipment to do everyday tasks. They will work with people to develop new skills to enable them to get around safely, independently and confidently. They will also offer advice on lighting, low vision aids, training course, employment and housing.
- The Council will provide information, advice & practical suggestions for equipment to help with coping with sight loss. Information and advice is provided along with the registration process to those, whose consultant advises us, meet the criteria for registration blind or partially sighted.
- Adaptations are assessed where needed for existing properties through the Disabled Facilities Grant to meet the changing needs of PSD

Putting people first: providing more personalised services

- The Personalisation Programme in Derby is the foundation of transforming social care into a more personalised approach.
- In order to deliver personalisation an Information& Advice Strategy has been produced which sets down a detailed action plan and a vision for future services to deliver a Universal Advice and Information Service
- Assessments will be carried out to enable adults with PSD to put people first and receive a personal budget to purchase self directed support.

Supported housing & residential care

- Although there are only 14 homes of Supporting People accommodation in Derby for PSD as primary need, there a high number of schemes with PSD as secondary need (694 homes) this leads to difficulty with considering suitability but shows the diverse client group. Specialist housing schemes are provided for the deaf at the Alternative Living Scheme (ALS), head injury cases at the Headway Project and Physical disabilities supported living at Boulton Lane.

- Residential and nursing care is provided integrated within existing main stream provision and this needs to be appropriate to meet PSD needs as well as their carers.
- Short breaks - ?

Training, employment & education

- Ensure that adults with PSD are able to receive appropriate training, employment and education. This can be for the first time but also for re-training needs if a person health changes.
- The Council provides a Skillport service which provides ongoing support information, guidance and life coaching for adults with a PSD enabling them to enter into meaningful employment

7. COMMISSIONING PRIORITIES

This strategy will commission appropriate services to meet the needs of adults with PSD and their carers to reduce social exclusion and ensure adults with PSD can access mainstream community facilities and services

- The difficult financial climate will limit the provision of new services but existing services need to be reviewed to maximise impact
- Continue to improve the quality and performance of the services that we provide and service users receive
- Ensure services are developed which prioritise re-enablement and assistive technology so that adults with PSD are independent and reduce their dependency
- Ensure there are no barriers to care and support due to PSD
- Work in partnership with strategic partners such as health and the voluntary sector to provide appropriate services
- Involve service users, carers and partners in the development of this strategy
- Review the rehabilitation sensory service in Derby
- Promote disability equality in line with the Equalities Act and ensure that information, advice and advocacy become available in formats and language to enable appropriate choice
- Promote all elements of PSD / disability awareness and provide appropriate training needs to develop the workforce
- Work with the Derbyshire County Council to deliver deaf services to all ages
- Review Dual sensory needs and ensure access to appropriate services are in place
- Consider black & minority ethnic groups and cultural needs to ensure appropriate services are provided, with an increasingly diverse population
- Work in partnership to ensure a smooth transition for aged 16-25 from childhood to adulthood
- Ensure that adults with PSD have a range of services to meet their leisure, educational and social needs in the community
- Ensure that adults with PSD have fair access to appropriate housing and support to live independently
- Review PSD day care services including the re-provision of provider for Horizon Day Centre for 2011/12 and tender for a new contract from April 2012
- Encourage individuals to take control of the care through personalised budgets
- Implementation of additional assistive technology and equipment at Arthur Court flat to ensure clients can choose the most suitable product
- Maximise move-on accommodation to enable new provision for supported housing schemes

- Minimise hospital admissions, bed blocking and re-admissions through joint working with partners to consider PSD needs