

## **Dudley Borough Strategy for Adults with Physical and Sensory Disabilities (2008 – 2010)**

**“Independent Living means that disabled people have access to the same life opportunities and the same choices in everyday life that their non disabled brothers and sisters, neighbours and friends take for granted.”**

*Baroness Campbell of Surbiton,  
Chair of the Independent Living Review Expert Panel*

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## **Forward**

This Strategy has been produced jointly between the Council, the PCT and the Voluntary Sector who have been instrumental in involving disabled people and carers. The document aims to reflect the views of disabled people captured at the first Physical and Sensory Disabilities Conference in July 2007, and also sets out the improvements that the agencies are intending to make to their services that will benefit disabled people. For the purposes of this document we are referring to services for disabled people between the ages of 18 – 64 years, this is because there is a separate Strategy for Older People from the age of 65.

When this strategy refers to “disabled” people, we mean how society disables people by the way that it treats and excludes people whatever their impairment. The focus is on how and where society fails to include disabled people by “disabling” attitudes and barriers and not on what disabled people cannot do.

## **Signatures:**

Directorate of Adults, Community and Housing Services

Dudley Primary Care Trust

Dudley Council for Voluntary Services

## Introduction

Dudley Borough has a total population of 304,474, of which 52,502 are aged 65+ years, and 184,563 are aged 18-64 years. A total population of 58,265 people have a Limiting Long Term Illness, and 25,672 or 11.58% of these people are of working age. (Census 2001).

There is much greater disability prevalence among people who suffer from poor health or limiting longstanding illness. The relevance for DACHS is that their provision should focus on helping people that suffer from existing illnesses and strive to prevent the occurrence of disability. An assessment of poverty in Britain has found disabled people are twice as likely to be poor than the able bodied, and the gap has widened in the past decade. The annual report by think tank the New Policy Institute found 30 per cent of disabled adults of working age lived on 60 per cent of average income levels. Lack of access to paid work was cited as the main reason, with disabled graduates who wanted to work considerably more likely to be unemployed than an unqualified able bodied person.

Services in Dudley for people with physical disabilities have historically been developed by both the statutory and voluntary sector. The former have developed on more traditional lines with, or alongside services for other client groups. The latter have often been linked to specific medical conditions. The governments modernising agenda underpins the social model of disability that Dudley has adopted through challenging discrimination towards people with a disability and promoting independence and access to universal services.

The Dudley Strategic Framework for reducing health inequalities has been prepared in response to Government directives, The Local Authority, Health and Voluntary Sector jointly endorse the plan. Nationally over the last 70 years health has improved, but health inequalities have widened the gap in health status between the rich and the poor. To close this 'health gap' tackling inequalities in health requires focus on improving the health of those people who fair worst.

The Directorate of Adults, Community and Housing (DACHS) and local partner NHS bodies provide quality services to people with long term conditions. The partnership model requires health and social care to work together in a highly integrated way; within the Borough this is exemplified in the Integrated Community Equipment Service, Integrated Living Team (ILT), Acquired Brain Injury (ABI) and Occupational Therapy (OT) services across PCT/DACHS and the Expert Patient Programme. Support to this integrated working is presented in the National Service Framework (NSF) for Long Term Neurological Conditions and case management for chronic long term conditions.

The NSF for Long Term Neurological Conditions and the Borough's response is co-ordinated by the Physical and Sensory Disabilities Board whose current membership comprises of the Directorates of Adults, Community and Housing Services, Housing, Education and Adult Community Learning together with the Primary Care Trust (PCT) and Dudley Council for Voluntary Services (DCVS). It is anticipated that service users and their carers will form an integral part of the Board in the near future.

Partnerships are being developed as part of the overall strategy of the Council, to ensure best use of resources. This would include Health, Children's Services, Leisure, Housing, Adult Community Learning, Job Centres, Transport and Voluntary Sector partners, to ensure that the

specialist skills are used for the benefit of the service user to achieve best outcomes for each individual. Partnerships are also being developed at a regional level to ensure effectiveness of limited resources. Central government is committed to improving health in deprived areas and is pressing the case for preventative policies. Local Area Agreements represent a new approach to improve co-ordination between central government and local authorities and their partners, working through the Local Strategic Partnerships. They will rationalise some funding streams from central government, help join up public services more effectively and provide greater flexibility for local solutions to local circumstances. Dudley Public Health – Health Improvement Team, has a number of preventative policies and strategic initiatives in place that are designed to help deter illness and disability in the population, e.g. Sexual Health Strategy, Expert Patient Programme. This strategy is underpinned by the Council’s intention to further develop its relationship with strategic partners in the statutory, voluntary and independent sectors:

This social model of care provided jointly through partnership working between the statutory and the voluntary sectors, strives to address the inclusive living agenda in Dudley, through developing clearer pathways, access to information and appropriate support to offer choice and flexibility, thus promoting independence rather than creating dependence.

**This strategy will be contributing to the vision of Dudley Community Strategy by:**

- Listening to what disabled people say.
- Responding to what disabled people tell us.
- Being accountable for our performance
- Providing value for money.

The overall vision is the promotion of stronger communities throughout the Borough. Disabled people not only have a lot to gain from living in strong communities but have a great deal to contribute.

Disability is not the sole responsibility of the Directorate of Adults, Community and Housing, other directorates can improve the lives of disabled people, this is reflected later in the strategy. The recent legislation around Disability Equality Duty should also assist in improving quality of life by ensuring that the local authority proactively looks at ways to consider the principles of disability equality from the outset.

**Policy Framework for Independent Living.**

For the purposes of this strategy we will be focussing on the following main policy drivers to improve services for disabled people within Dudley Borough. These are –

- Improving the Life Chances of Disabled People (2006) Office for Disability Issues
- Our Health, Our Care, Our Say
- Independence, Well Being and Choice
- National Service Framework on Long Term Conditions

- Direct Payments Implementation programme
- NHS programme for Chronic Disease Management
- Closing the Gap – Tackling Health Inequalities in Dudley (2005)
- The Expert Patient Programme
- Supporting People Programme
- The Disability Discrimination Act
- Integrated Living Team (10 Year Plan)
- Integrated Community Equipment Services
- Local Area Agreements

This document has been guided by these policies but the continued development of the strategy will be supported through understanding the needs and aspirations of disabled people in Dudley. The gathering of disabled people's views has been significantly achieved through local consultations to date, and we will continue to do this in the coming years.

At the very essence of the Strategy for Physical Disabilities/Sensory Impairment is the desire for disabled people to be engaged as valued citizens in all areas of public life within the community and contributing to service design, delivery and evaluation.

The Prime Ministers Strategy Unit report 'Improving Life Chances of Disabled People' serves to direct us to:

- Have a better understanding of the needs of disabled people
- and
- Ensure that our services are suitable, satisfying and accessible for disabled individuals.

## Strategic Direction

There are 10 broad objectives in the Improving Life Chances report:

- 1 Working with disabled people and their organisations to achieve the vision.
- 2 Personalising responses to needs and maximising choice and empowerment
- 3 Early pilots to assess what sort of system could deliver this new approach
- 4 Information systems are available in accessible locations that disabled people will use as part of their every day life.
- 5 Investment in services for disabled people should be determined by the aim of enabling disabled people to fulfil their roles and responsibilities as citizens.
- 6 Improving housing opportunities for disabled people.
- 7 Personalised and integrated approaches to transport opportunities.
- 8 Address the travel experiences of disabled people including those whose transport needs relate not to the physical environment but to the way a service is provided in line with the Accessibility Planning Guidance.
- 9 Investment in services for support for disabled parents.
- 10 Address the transition of young disabled people into adult services ensuring that they do not continue to move into segregated adult lives.

Along with other initiatives in Dudley, the Strategy for Physical Disabilities/Sensory Impairment aims to shift the culture to foster an increasingly collaborative, person centred approach to working with disabled people. This is essential in working to reduce inequalities in Dudley.

These are the dimensions identified in the 'Independence, Well-being and Choice' Green paper and subsequently endorsed in the White Paper 'Our Health, our care, our say: a new direction for community services':-

- ❑ Improved health – enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long term conditions independently. Opportunities for physical activity.
- ❑ Improved quality of life – access to leisure, social activities and life-long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside of the home.
- ❑ Making a positive contribution– active participation in the community through employment or voluntary activities. Maintaining involvement in local activities and being involved in policy developments and decision making.
- ❑ Exercise of choice and control– through maximum independence and access to information. Being able to choose and control services. Managing risk in personal life.
- ❑ Freedom from discrimination or harassment– equality of access to services. Not being subject to abuse.
- ❑ Economic well being– access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.
- ❑ Personal dignity – keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.

**From all of the previous guidance, we have chosen to concentrate on the following key determinants of independence and well-being, (which go beyond health and social care) for the purposes of the rest of this document.**

- ❑ Housing Advice and Support in the home
- ❑ Getting out and About
- ❑ Involvement and Influence
- ❑ Benefits, Employment and Learning
- ❑ Health and Well Being

Following consultation with a number of representatives from a cross section of Physical and Sensory Disability Groups – via the auspices of ADC (Action for Disabled and Carers), D.C.V.S., and voluntary organisations.



We discussed the barriers that society creates for disabled people and how disabled people should have access to opportunities. The consultation was brought together at a conference in July 2007 where the following key objectives were explored with the delegates:

- ❑ ***What do you like about existing services?***
- ❑ ***What do you not like about existing services?***
- ❑ ***What would you like to see changed?***

It is recognised that there are limitations to using one method of consultation to ensure it is fully inclusive, therefore consultation will be ongoing at other opportunities with 'hard to reach groups' such as Black and Minority Ethnic Communities, individuals with hearing and visual impairment, and individuals not making representation through groups. Council Officers have attended meetings of Dudley Deaf Sports and Social Club, and the Council recently hosted a consultation event with the BME Communities, a number of services for disabled people were exhibited and Service users were able to engage with providers as well as taking part in workshops. This will continue to be incorporated into the Physical and Sensory Disability Strategy and other linked strategies, to be regularly reviewed and updated.

The following sections examine the five key themes and using the feedback from consultation sets out what agencies are doing now, and what they plan to do for the future:

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## **Theme 1: Housing, Advice and Support in the Home**

### **This is the Government's vision:**

People with disabilities should have increased choice and access to a wide range of information and advice about housing. Where support and care at home is needed, it will be tailored to the individual rather than being a standard service.

### **These are services in Dudley contributing to this theme**

- Housing
- Housing Adaptations
- Disability Specialist Teams
- Care at Home
- Carers Services

The Directorate of Adults, Community and Housing produces a strategic plan regarding the way we will commission services for people with disabilities across all our teams. This states that -

We aim to commission appropriate services to respond to the needs of people with disabilities and their carers.

We aim to commission culturally sensitive services based on identified needs of individuals with disabilities and their carers.

We aim to develop a whole systems multi-agency approach with clear pathways and processes to ensure easy and speedy access to services.

We aim to expand the range of care and support services available and provide flexibility and choice in the way services are delivered.

### **Physical and Sensory Disabilities Board.**

The Physical and Sensory Disabilities Board aims to provide a framework to enable engagement with a range of strategic partners to develop new service solutions to meet local needs.

The Board reports to the Health Improvement and Modernisation Team which in turn reports to Dudley Health and Well Being Partnership.

This ultimately reports to Dudley Community Partnership. The Terms of Reference for the Physical and Sensory Disabilities Board can be found in the Appendices of this document.

## **Housing:**

### **What are the key Housing issues in Dudley?**

28% of households contained somebody with a disability (34,651)

80% of the households had only one household member with a disability (20% had two household members)

64% of all disabled household members are aged 60+ (including 30% aged 75+)

15% of disabled household members are aged under 45

Most frequent disabilities are walking (30%) and long term life limiting illness (18%).

The Needs and Demand Study looked at disabled people and the type of tenure they were living in and it found you are more likely to be in this tenure if you have a disability -

Owner occupied household without a mortgage (31% of overall population but 39% with a disability)

Council tenants (19% of overall population but 31% with a disability)

Housing Association tenant (3% of overall population but 7% with a disability)

Living rent free/other (1% of overall population but 1.5% with a disability)

You are less likely to be in this tenure if you have a disability –

Owner occupied household with mortgage (42% of overall population but 20% with a disability)

Tenant of a private landlord (4% of overall population but 2% with a disability)

Shared ownership 0.1% of overall population and 0.1% with a disability

### **What are the Key Housing and Support issues in Dudley?**

88% of those with a care or support need felt that they were getting enough support (implies 12% have unmet needs)

Personal care and looking after the home were the most frequently required support

12% of properties in the Borough have been adapted

A higher proportion of social rented properties have been adapted (they account for 47% of adapted housing but only 29% of the overall housing stock)

Most popular adaptation = grab rails

13% of adapted properties had been adapted to take a wheelchair (some of these were not occupied by wheel chair users)

## How we are responding to these housing issues in Dudley?

Working with planners and local housing associations to deliver more new affordable homes – encourage 'Lifetime homes'

Design

Extra Care – 5 schemes by 2015

Beacon Centre – Extra Care for over 55's – 71 units, 20 Dudley, 21 for sale

Home Ownership Long Term Disabilities – Bromford HA 4 units

Adaptations – Seeking additional funding

Negotiating with housing associations to share data on adapted properties

Telecare

Property Appreciation Loans (Kickstart)

Housing Assistance Scheme

Renovating/adapting/small repairs/empty private sector adaptations

Housing Revenue account adaptations - £2.143 million

Health through Warmth/energy efficiency/medical recommendations

Town Centre Action Plans – Siting housing close to local facilities can be important for disabled people

Supporting People – We provide housing related support such as £75,000 + for 95 units of support (1 = accommodation based, 2 = floating support delivered by Beacon Centre and Integrated Living Team (DOVES))

(Information source :Housing Needs and Demand Study 2005 – David Couttie Associates)

Housing Services provide specialist accommodation for older and physically disabled people, including sheltered housing, bungalow schemes with wardens, blocks with communal facilities and warden on site, housing with care which includes specialist staff and Home Call (Community alarm service).

### **This is what we do:-**

Sheltered/Supported Housing have had a priority programme over the last two years which has enabled us to make improvements to our sheltered schemes in line with the DDA and these have included: -

Door closure apparatus.

A range of different bathing facilities to help people in different ways.

Ramps.

Lowering of the door entry controls.

Flashing and/or vibrating fire alarms.

Induction loops in the communal areas within the schemes.

Some staff are fluent in BSL.

Improved levels of lighting in the corridors.

Use of colour contrast to assist in demarcation of landmarks within the buildings

The Housing O.T. is available to advise on a range of measures that can be taken during any modernising/maintenance that may help people who live in our schemes now or in the future.

### **This is what we will do:-**

- Train our own staff to deliver a range of courses from within the schemes, these could include “Extend”, “Expert Patient”, “Get Cooking”, smoking cessation etc. These types of courses are currently delivered by other agencies and we would like to be able to put them on a permanent footing involving our own staff so that we can continue this good work.
- Pilot the provision of floating support for carers when they need to take a break. This may require short term installation of a pendant alarm so the client has 24hr contact for all eventualities, or it could be a telephone call at agreed intervals to check that the client is safe and well, the support will be tailored to individual need.
- We would like to increase the floating support in the community to older people who live in their own homes who need low level preventative support. We would like to encourage local people to join our tenants and participate in the social activities that are held in the schemes.

### **Permanent Care**

The Directorate will purchase permanent care for people with a physical/sensory disability if this will meet their assessed needs, but over the past few years we have found that fewer people have requested residential care, and often their needs require nursing care which we do not provide ourselves. In 07/08 we predict there will be a total of 18 people admitted to residential or nursing care aged between 18 – 64. This is a low number for our population and rated as an excellent level of performance. The majority of people understandably choose to live in their own home and we have a range of services to support this choice. If we need to purchase permanent care we will do this from specialised providers who are able to meet the identified need, be that for residential or nursing care, we have found that we do not have a need for in-house residential care and we are now supporting a number of previous residents in the community.

We are currently supporting 873 adults between the ages of 18 – 64 to live at home (Sept 07), this is a very good level of performance but we aim to reach an even higher level if possible next year. It is recognised nationally that there is a requirement for supported living options to meet the needs of younger people with a disability, and this will be a commissioning intention for us in the future.

## **Housing Adaptations**

Adaptations are available to both home owners, and people living in Council or privately rented accommodation, Disabled Facilities Grants can help with the cost to enable people to live safely and independently at home and there is a service also available to Dudley Housing tenants.

### **This is what we do (Public Sector Housing): -**

We have records of properties that have been adapted so we can make best use of them as and when they become vacant again. We have a Housing O.T. service – the team support people who cannot manage in their current home to move into suitable accommodation by considering properties that have been adapted or are suitable for adaptation.

The O.T.s can advise if repairs are being carried out and they would not ordinarily meet the needs of the disabled person.

### **This is what we do:- (Private Sector Housing)**

We administer Disabled Facilities Grants to adapt private property, in 06/07 we completed 207 Disabled Facilities Grants totalling £2.492m. Fast tracking where possible of some types of referrals e.g. stairlifts.

### **This is what we will do (Public Sector Housing): -**

The Housing O.T. will be involved in Housings' pilot of Choice based lettings so that disabled people who wish to move are assisted to find a property that both meets their needs and is available within the housing stock.

As the need for adaptations grows we will aim to deliver a best value and equitable service by considering adaptations as requested and also other innovative solutions to meet needs.

Review the way that minor adaptations are carried out following recent changes in these arrangements and consider self assessment for some minor adaptations in future.

### **This is what we will do:- (Private Sector Housing)**

Consider options for reducing the growing waiting list for Disabled Facilities Grants – we are comparing our service to other Local Authorities to see what we can learn.

Set up a new contract for stairlifts/steplifts and vertical lifts across public and private housing as a more economical solution for provision and recycling.

Review current systems to ensure we help as many people as possible with the resources available.

Copies of the Housing Strategy are available on the following website: -

[www.dudley.gov.uk/housing/strategies-policies/housing-strategy](http://www.dudley.gov.uk/housing/strategies-policies/housing-strategy)

## **Disability Specialist Teams – Provided by DACHS, Older People/Physical Disabilities Division**

The OT team provides assessment to promote, encourage or maintain a persons' independence, which could lead to a number of solutions being offered such as advice on daily living tasks, provision of equipment on loan, or adaptations to the home.

### **This is what we do:-**

- We operate a joint Community Equipment Service with the PCT and we have a demonstration and assessment facility at Disabled Living Centre.
  - The Moving and Handling team aims to promote a safe working environment for individuals and their carers to facilitate care at home.
  - The Integrated Living Teams provide specialist assessment and support to younger disabled people with severe physical impairments, to improve opportunities and quality of life. There are three components – Acquired Brain Injury team, Community Lifestyles team and DOVES a volunteer support scheme.
- Work with Pathways and Falls teams in providing services that promote independence/safety.
- Support Care at Home and provide Reablement in conjunction with health and social care colleagues
  - Promote Direct Payments and Carers Assessments for people with disabilities or one or more sensory impairments
  - Improve public information across Disability Services.
  - Clarify responsibilities with Children's Services for deaf children (or who have a hearing impairment), and put in place arrangements for Children in Transition to Adulthood
  - Work closely with voluntary organisations who provide services in partnership with us.
  - Train our staff in disability awareness, in 2007/8 we concentrated on dual sensory awareness.

### **This is what we will do:-**

- Maintain response times for an OT assessment so that urgent requests are seen in two weeks and non urgent in three months.
- Produce Action Plan to reduce waiting list for major adaptations to private/rented property
- Reprovide an improved Dudley Assisted Living Centre to open at beginning of 2008/9 with increased space and equipment
- Promote reablement as an integral part of our assessment for care provision
- Increase the number of carers assessments, including people with Hearing or Visual Impairment
- Work with P.C.T. in developing a joint strategy in line with the NSF for Long Term Neurological Conditions.
- Work with other L.A.'s in the Black Country to develop regional services for people with an Acquired Brain Injury.
- Produce Transition Strategy (Children to Adult Services).
- Offer Direct Payments for respite care in the majority of instances, reduce use of residential care for disabled people, increase use of supported living
- Increase access to community services through Community Opportunities and Independent Travel Training as an alternative to day centre activities

- Work with user representative groups to improve Councils website
- Redesign our training programme for staff on Disability Awareness to bring it up to date and retrain the majority of staff in the Directorate

## **Visual and Hearing Impairment or Dual Sensory Impairment**

### **This is what we do:**

- There are specialist teams for people with a visual and/or hearing impairment or a dual sensory impairment. The Deaf Support Service provides a specialist social work service for Deaf and deafened people of all ages and the Vision Support Service provides assessment, rehabilitation, and advice to people who are Blind or partially sighted. The teams have received training and will work together to assess and assist people who are deafblind
- Consult with Deaf Service users through meetings with Dudley Deaf Sports and Social Club

### **This is what we will do:**

- Continue to consult with service users including specific groups (including Dudley Deaf Sports and Social Club) and use this information to inform our plans for the forthcoming year
- Continue to improve the resource centre in the Hearing Impaired Unit
- Carry out environmental Audits in our residential homes to find out how we can improve lighting/contrast etc., for our residents with a visual impairment
- Continue to improve visual impairment services such as the proposal for an Eye Clinic Patient Support Worker.

## **Audiology**

This Service is provided by the PCT

### **This is what we do:-**

Between Dec '04 and March '07 there has been a significant reduction in the number of people on the waiting list for a reassessment for digital hearing aids.

### **This is what we will do:-**

Audiology services will have reduced the number of people waiting for a hearing test from over 4000 in 06/07 to less than 1000 by March '08.



## Care at Home

Community Care (domiciliary care) services are provided to people following an assessment. Wherever possible we aim to promote independence and maintain people in their own homes. This may involve provision of an appropriate package of care and support to meet needs. The Directorate provides or purchases care at home from a range of regulated providers and could include, personal care, household management, reablement, and day activities. A Charging Policy is in place for these services.

The Conference feedback indicated an issue regarding the siting and security of the “keysafes” that allow carers access if people cannot get to the door a number of organisations fit “keysafes” – Homecare, Housing, Age Concern, Police, Falls Service, private companies.

### **This is what we do:-**

Homecare change the number when they are aware that any part of the care package has changed, other organisations do not do this at this time.

### **This is what we will do:-**

We are now looking at this to see if basic standards can be agreed so we can draw up some best practice guidance on siting and security of the “keysafes” that can be shared with our service users at the time of installation.

## Direct Payments

The purpose of Direct Payments is to promote independent living by giving service users and their parents/carers choice and flexibility over the way their social care is provided from the Council. Direct Payments are cash lieu of services and can be used to employ personal assistants to purchase support services from other agencies. They are a means to an end, which is to achieve the service users desired outcomes, as such they fit well with outcome focused care plans, and self directed support, including individual budgets.

### **This is what we do: -**

Provide 265 people (Nov '07) with Direct Payments for: -

Personal care and household tasks

Short term breaks/Respite

Transport

Involvement in social, leisure, educational and work activities

Equipment

Low level preventative services (Carers one off payments)

### **This is what we will do: -**

Achieve our target of 298 people receiving Direct Payments in 07/08, and continue to increase numbers to 400 in 2009.

## Alternatives to Day Care

In order to promote Direct Payments as an alternative to Day Care - in 2006/7 we set aside some money for “pump-priming” and gave a number of service users a Direct Payment that they could use instead of attending a building based service. For some people this was a taster of Direct Payments and they used the money on one day to have alternatives to Day Care, other people needed support to make use of their money and this was provided through the staff in the Community Opportunities Programme at Queens Cross Network. This has helped some people to access more community resources and along with the Travel Training that has also been piloted at Queens Cross has given our service users several opportunities for independence, empowerment and social inclusion.

We will continue to offer Direct Payments as an alternative to day care and to train service users in independent travel.

Queens Cross Network has an active user led Action Team which is involved in the running an organisation of the Network and making decisions that affect the members.

We will continue to involve and empower service users to play an active role in the day to day running of the Network and in developing the service for the future.

## Day Activities funded through Service Level Agreements

Voluntary organisations deliver a wide range of public services to a diverse population, we recognise the voluntary sector is an important part of today’s economy and has an important role to play in society. The sector both charitable and non charitable provides a invaluable and irreplaceable services through the engagement of volunteers, providing services to groups of individuals that remain outside of existing statutory services. Currently Dudley Council is working in partnership with the voluntary sector and other agencies (Community Partnership – Voluntary Compact) towards raising standards of service delivery. For further information on the funded services see appendix.

Organisation	Client Group	Type
Beacon Centre	VI/OP	Day Service/meals/ Transport, Talking Books Community Team/Social Groups
Cancer Support	PD	Advice, information, support groups Complimentary therapies
CADAL (Care & Disability Advice Line)	PD	Advice, information
Crossroads	ALL	Caring for carers, Support services Meeting room available for Social Services staff
Dudley Advocacy	ALL	Advocacy service
HIV/AIDS Support Summit House	PD	Advice and information, Complimentary therapy Support groups
Headway Black	PD	Support for people with Acquired Brain injury

Country		Day service, Social inclusion, Education and Leisure
Huntington's Disease Assoc.	PD	Advice & information – Home visiting service
Langstone Society	PD (LD)	Community support (ABI)
Lye Skills Group	VI	Day service various crafts Transport available
Multiple Sclerosis Society	PD	Day Service, Monthly Evening Group Activities, social club, outings
Thomas Pocklington Trust	VI	Day Service/transport, Resource and information Voluntary reader scheme
Sickle Cell, and Thalassaemia Support Project	PD	Support, raising awareness, signposting, improving access, education,

### Activities supported through Small Grants

Organisation	Client Group	Type
Physically Handicapped clubs (5)	PD	Social activities, peer group support
Eyecatchers	VI	Social activities
British Polio Fellowship	PD	Social activities, peer group support
Black Country Talking Newspapers	PD	Provision of media in VI format
Dudley Stroke Club	PD	Advice, support, signposting, advocacy
Arthritis Care	PD	Advice, support, signposting.
Cerebral Palsy, Midlands	PD	Advice, support, signposting.
Dudley HUGS (Hearts Undergoing Support)	PD	Advice, support, signposting.

## **Promoting Independence**

### **This is what we do:-**

The Directorate of Adults Community and Housing (DACHS) and the Primary Care Trust (PCT) provide support to help people to remain independent, this support may be provided in the community by O.T.'s in the Primary Care O.T. team or in short stay reablement units which have O.T. and Physiotherapy on site. We have trained our care staff to also promote independence when supporting people with personal care needs. This one to one approach helps people to maximise their independence and remain in the community.

### **This is what we will do:-**

We will have a reablement O.T. based with a Duty Social Worker in one of the locality teams as a pilot project. The two workers will screen contacts and identify those service users where they believe that a reablement approach would be most beneficial, and in these cases the O.T. may undertake the assessment and put in place services to support the person until they are able to care for themselves. The O.T. may also arrange for some therapeutic input to co-inside with the care package to promote independence.

The Directorate helps provide a number of activities that generally promote independence e.g. Otago exercise classes. We fund a team dedicated to Falls Prevention, their work includes safety advice, provision of equipment and advice to reduce the risk of a fall. If anyone does suffer a fall then there is a care pathway that links people straight through to the Falls Team.

DACHS and the PCT will continue to work together on Falls Prevention.

**Stroke Pathway:** - DACHS, the PCT, and Dudley Group of Hospitals are reviewing the current stroke services and the integrated care pathway. Part of this review will consider the potential for a co-ordinator to support family and carers with discharge from hospital and after-care.

## **Respite Care**

We have carried out specific consultation with 20-25 service users who are regular users of respite care and who attend Queens Cross Network to ask what their needs for respite in the future might be. We found that people did not want to have respite in a residential/nursing home, they would prefer to have a break either with or without their carer. They felt there were lots of places where they could take a break but knowing where to go to find this information was the key to this, the ILT has a lot of information but other staff need to know where to direct people for this information. If people needed a separate break from their carer then they needed to know where accommodation with care was provided, or who could come into their home to care for them if their carers wanted to have a break separately. Everyone felt the need for a break, a change of scenery or routine, and this included people in residential care, sometimes an exchange could work "change is as good as a rest", but the facilities were the important factor. All agreed that in order to have a successful break for everyone then their physical needs had to be met so somewhere that was fully accessible with showers, suitable beds and hoists etc. was essential. The suggestion was made that respite care in whatever form it takes needs to be welcoming for all concerned so any steps to make contact beforehand or to offer a buddy to settle someone in would be welcomed.

The consultation highlighted the need to give disabled people the choice to make their own arrangements according to what suited them and their carers and the first step towards this was to offer respite care in the form of a Direct Payment. Users already prefer to take their breaks in varying amounts, some like to have two weeks others prefer odd days throughout the year, Direct Payments allow users to do this without having to ask the Local Authority for permission. The outcome of this consultation has been to ensure that respite care is always offered as a Direct Payment unless the disabled person does not want this.

### **Neurological Long Term Conditions (National Service Framework).**

A Strategy Group has been set up to work on this, it aims to improve the patient experience and quality of life via partnership working and coordination of services for people and families with long term conditions. It aims to do this by developing care pathways and ensuring that services are evidence based and meet or exceed recommendations in relevant policy guidelines (including NSF for Long Term Conditions, and Our Health, Our Care, Our Say). The Strategy group is multi-disciplinary/multi agency and includes representatives of users and carers organisations.

The Group will report to the Physical and Sensory Disabilities Board and its objectives are to: -

- produce a commissioning strategy for the National Service Framework on Long Term Neurological Conditions,
- raise the profile of neurological conditions,
- include the views of users and carers in the planning and delivery of services,
- identify relevant guidelines/research evidence and incorporate these,
- improve coordination of services and partnership working
- challenge discrimination and reduce inequalities
- establish sub-groups to support the strategy, including neuroscience network,
- deliver care pathways,
- identify and address gaps in service.

There is already work in progress on a care pathway for Acquired Brain Injury (see below) and, as stated above, we will work on a neurological care pathway.

We will need to ensure that there are links with the Palliative Care and Supportive Care Pathways where appropriate.

The Acquired Brain Injury care pathway is being developed via a sub-group of the Neurological Long Term Conditions NSF, it includes representatives from Dudley Group of Hospitals, the PCT, the Local Authority and a Specialist Neurological Rehabilitation Consultant. Its aim is to devise a process which will track people with an ABI as they travel from hospital to the community, ensuring that referrals are made to the appropriate services by the hospital as people are being treated or being prepared for discharge. These people often do not need a care package but they do need to be provided with information, advice and signposted to the appropriate agencies, e.g. Benefits, Employment, Headway.

One of the recommendations from the Strategy Group is to set up a web site giving people with long term neurological conditions access to a wide range of local and national information.

## **Carers Services**

This strategy acknowledges that issues affecting people with a disability may also affect their carers and we have an overarching strategy for Carers that can be found via the link below. The Carers strategy sets out our thinking in respect of information, involvement, breaks, housing, maintaining health etc.

### **This is what we do:-**

Provide practical support and information to carers who look after a person with a disability, long term illness, mental health difficulty or who is older and frail. The service promotes choice to enable carers and service users to have more power and control over their lives. Respite support is available following assessment, or directly through Crossroads sitting service.

### **This is what we will do:-**

We will maintain and continue to develop the Carers Network which gives carers access to information on a wide range of topics through a helpline, newsletter and fact sheets.

We will continue to offer "Carers Direct" payments to allow carers to take a break as and when they choose, the payments follow a Carers Assessment which determines eligibility, then the payment is made directly to the carer.

Strategy can be found on [www.dudley.gov.uk/health-social-care/carers/help-and-services-for-carers](http://www.dudley.gov.uk/health-social-care/carers/help-and-services-for-carers)

## **Blue Badges**

The Directorate issues Disabled Parking badges to individuals or organisations meeting the criteria for these.

## **Community Equipment Service**

### **This is what we do:-**

This service is provided by the Local authority and the PCT and provides equipment as prescribed by authorised staff in the health and social care services. The service has targets to meet in terms of the speed of delivery from the day the request is received to the day the equipment is delivered, we are currently meeting this target 93% of the time and achieving the highest level of performance.

### **This is what we will do:**

DACHS and the PCT will work together to improve the joint funding of the Community Equipment Service (CES), in order to maintain the current high level of service and to improve response times where possible.

We are considering the Transforming CES guidance and the work in the national pilot sites, we will adopt any recommendations that will improve the future delivery of the service following consultation with our service users.

### **Transition of care from children's to adult's services**

A Transition process is in place to ensure that appropriate levels of care are in place for young people as they move into adulthood. To support the improvement of the transition process a multi-agency group (which includes parents of young people with physical or sensory disabilities) is in place. This will ensure that essential information is shared early on in the process prior to transition. The process will be encapsulated within a Transition Strategy.

### **Telecare**

#### **This is what we do:-**

Telecare provides support to people wishing to remain in their own homes with the help of technology and a community response. Telecare is a remote monitoring service that increases levels of safety and independence whilst retaining privacy and control. It uses sensors in the home to monitor and alert us of potential accidents and emergencies, for example falling, fire, flooding. The sensors are connected to Dudley Community Alarms and this will alert trained operators within seconds if there is a problem in the home, or the call can be transmitted to a carer pager/mobile phone for the nominated person to respond.

#### **This is what we will do:-**

Promote the awareness of Telecare and the benefits to the user or their carer.

Explore new ways of using Telecare to help more people live safer, independent lives.

Keep abreast of new developments.

Work together with colleagues in the Directorate and in the PCT to make the best use of the technology and the response service that is already in place, also consider how we can add to this in future with the introduction of Telemedicine.

## **Theme 2: Getting out and about, and community safety**

### **This is the Government's vision:**

People with disabilities should have easy access to a wide range of affordable, comfortable, flexible transport options, which meet their needs across the whole journey. People with disabilities should feel empowered, confident and safe in their local communities, and know that agencies are working together to help prevent crime affecting them and the rest of the community.

### **These are services in Dudley contributing to this Theme**

- Transport
- Public Transport
- Community Safety
- Highways

### **Transport**

Transport is provided to individuals following assessment, the transport passenger fleet are all wheelchair accessible. Contractual arrangements are in place to provide private taxi services following assessment.

### **This is what we do:-**

Following consultation with users and carers in Older Peoples and Learning Disabilities services we have commissioned new low floor access vehicles which will be arriving in the fleet from November 2007 onwards. These will benefit both older and disabled people attending a day service/opportunity by improving access to the vehicles.

### **This is what we will do:-**

The Physical and Sensory Disability Conference helped us decide the direction of our service provision for the future.

We are about to work with users and carers plus Cento, PCT, voluntary sector, and focus group representatives to pull together a plan of action for access, safety and training for our transport services, we hope we may also be able to influence public transport services in the future.

### **Community Safety**

### **This is what we do:-**

The Dudley Community Safety Partnership is committed to making Dudley a safe place in which to live, work and visit. Its role is to plan strategically, commission and oversee services that tackle crime and disorder and address drug and alcohol misuse.



**This is what we will do:-**

In common with the national picture, there is an obvious conflict between recorded crime trends and public perception in that the fear of crime is rising as recorded crime reduces. The Partnership is proud of the achievements of the last three years in bringing down crime, whilst recognising that issues that continue to affect local people, particularly anti-social behaviour, need to become the number one priority for the next three years

**Highways**

The Council is committed to ensuring that facilities for people with disabilities are incorporated within highway, car parking and improvement schemes, including appropriate signage.

**This is what we do:-**

As a policy all controlled pedestrian crossings e.g. zebra, pelican, puffin etc. have tactile paving as standard and tactile mechanical devices on all pelican and puffin crossings as well as beepers. We have achieved 100% coverage on this standard.

**This is what we will do:-**

Pedestrian stages in traffic signals will have tactile mechanical devices in future (these do not have beepers).

**Department of the Urban Environment**

The Department of Urban Environment is responsible for improving access to public buildings in line with the Disability Discrimination Act.

These are the improvements that have been funded in 2007/8:-

Dudley Museum and Art Gallery - Ramp/handrail, entrance door, installation of induction loop and nosing to staircases.

Dell stadium - Upgrade to door closures, induction loop.

Himley Hall and Park - Upgrade to disabled parking bays and signage, induction loops.

Cornbow Hall - Upgrade to lighting in bar, foyer and corridors.

Each year new projects are planned and added to an ongoing programme of works to keep our public places accessible for people with disabilities. We work with disabled people via user forums in carrying out our plans.

## **Theme 3: Involvement and Influence**

### **This is the Government's vision:**

People with disabilities should be able to participate in their local communities, and the ability to influence decisions, that impact on their communities

### **These are the routes to opportunities for involvement and influence in Dudley.**

- Action for Disabled People & Carers
- Dosti
- Council for Voluntary Services
- Centre for Equality and Diversity
- Race Equality Communications Service

### **Action for Disabled People & Carers (ADC)**

This is a multi-disability forum established to represent the views of all different disabilities. People representing the above disability forums meet to share issues and have united to ensure the voices of disabled people are heard by Dudley Council and the Dudley Primary Care Trust.

### **Advocacy for individuals with physical/sensory disabilities.**

It is recognised that advocacy services are currently integral to many specific voluntary sector support groups, however, we may need to formalise and strengthen this activity. We will review the current provision of advocacy to ensure that this encompasses the needs of individuals with physical/sensory disabilities.

### **Centre for Integrated Living**

We will respond to the recommendation that all L.A.'s should have a C.I.L. through a number of teams forming a virtual CIL – e.g. ILT, DLC, Direct Payments Team, Queens Cross Network, CADAL etc.

### **Dosti (Asian word meaning 'friendship')**

Dosti is a 'network of networks' embracing over 700 community groups and voluntary organisations in Dudley Borough. Dosti is recognised by the Council and other local agencies as a network which seeks to voice the diverse views of the community and voluntary sector, and

through Dosti member networks take part in decision making within a partnership that seeks to help people living and working in Dudley Borough to build better lives.

### **Dudley Council for Voluntary Services (DCVS)**

#### **This is what we do:-**

DCVS is a local development agency promoting effective voluntary action. It exists to support and promote the voluntary/community sector within the borough of Dudley. DCVS offers a wide range of support and services to new and established groups, and represents its membership of 400 organisations in strategic forums.

#### **This is what we will do:-**

Help ADC to work with Dudley Council to improve its website from a disabled persons' point of view.

### **Centre for Equality and Diversity**

CfED is an organisation based in Dudley which attempts to influence change and make a positive contribution to improving community cohesion and social equality in the borough.

We will work with strategic partners and delivery agencies to ensure that equality and diversity is embedded into public sector service and delivery.

### **Race Equality and Communication Service**

The service takes part in joint initiatives, provides advice on accessibility of social care for the local black and minority ethnic communities, provides translation and interpretation to the public, private and voluntary sectors. It provides sign language interpreting services for people who are deaf.

#### **This is what we do:-**

Race Equality and Diversity Service provide language support for access to public services for Black and Minority Ethnic (B.M.E.) communities and also a British Sign Language (B.S.L.) interpretation service for people who are Deaf.

The B.S.L. service can be accessed by Minicom, text phone, e-mail and FAX and primarily helps people who are Deaf to access services provided by Dudley MBC. We can support access to other public services by working with other service providers to put systems in place for access to their facilities/services by the Deaf community and their carers.

We employ one full time B.S.L. interpreter, who can also use other signed communication methods.

We have a database of freelance interpreters who can be engaged if the full time interpreter is not available.

We can help other organisations access freelance interpreters if requested.

Our administration team have been trained in basic B.S.L. skills.

**This is what we will do:-**

Develop an information pack on the role of Equality and Diversity services.

Continue to work with other service providers to help them understand the needs of Deaf or deafblind service users, and their ethical and legal responsibilities towards the Deaf community in accessing services.

Raise awareness and skills in reception staff in the locations where the interpreter is based.

**Dudley Community Partnership (DCP)**

DCP is the Local Strategic Partnership (LSP) for Dudley. Its role is to extend and improve partnership working within the Borough whilst ensuring that communities are actively involved in determining service delivery. It also has a responsibility to address inequalities.

## **Theme 4: Benefits, Employment and Adult Community Learning**

### **This is the Government's vision:**

To enable people to overcome obstacles to work, by focusing on their capabilities and challenging the belief that disabled people are incapable of work.

Improving access to opportunities for disabled people to develop their skills, have access to a wide range of affordable, flexible opportunities for continuing learning.

### **These are services in Dudley Contributing to this Theme**

Benefits Shop, CAB, DADAL  
Jobcentre Plus  
Adult community Learning Team

#### **Benefits Shop**

Provides advice on how to claim benefits, help with filling in forms and writing letters. Advice on whether it will affect any other benefits. Negotiate with the Department for Work and Pensions. DACHS provide funding to CADAL (Care and Disability Advice Line) and the Citizens Advice Bureau who also give advise on entitlements.

#### **Job Centre Plus**

Jobcentre Plus is a government agency supporting people of working age from welfare into work, and helping employers to fill their vacancies. They are part of Department for Work and Pensions and play a major role in supporting the Department's aim to 'promote opportunity and independence for all through modern, customer-focused services'

#### **Adult Community Learning Team**

Dudley Council's commitment is to ensure everyone has access to learning, the Adult Community Learning Team offers a varied and comprehensive programme of community based education and training for adults. Courses and bespoke programmes are delivered in Neighbourhood Learning Centres, Schools and Youth & Community Centres. Services include: Adult learning, Family learning, Information, Advice and Guidance, Training Programmes, Individual Learning Plans, School Support Staff, Training, Workforce Development Training, Employability and Job Search.

**This is what we will do:-**

Individual assessments on people's particular learning needs and if appropriate then adaptations/adjustments can be made to community facilities e.g. Zoomtext on computers in libraries.

Individual guidance, advice or signposting to the right provider such as a request for higher level training may be met by partner providers, be signposted to "Employability", or accommodated within bespoke provision if numbers allow.

Induction loops are available in libraries and where needed portable loops in other venues e.g. Neighbourhood Learning Centres, can be acquired.

## **Theme 5: Health and Well Being**

### **This is the Government's vision:**

The Involvement of the local community in shaping services to meet their needs, beyond just treating people when they are ill, but also keeping them healthy and independent.

### **These are services in Dudley Contributing to this Theme**

- Primary Care for example, General Practitioners (GPs), District Nurses, Dentists, Therapists etc.
- Dudley Group of Hospitals (Acute Sector)
- Wheelchair Services
- Public Health
- PALS
- Support Services jointly by DACHS and PCT

### **Primary Care**

Primary Care is the care provided by people you normally see when you first have a health problem. It might be a visit to a doctor or dentist, an optician for an eye test, or just a trip to a pharmacist to buy cough mixture. NHS Walk-in Centres, and the phone line service NHS Direct, are also part of primary care. Our services include 24 hour district nursing, health visiting, mental health, adults' and children's learning disabilities, podiatry, audiology, school nurses, continence, speech and language therapy, occupational therapy and physiotherapy.

Local Doctors' surgeries (or GP practices) provides a wide range of family health services, including, advice on health problems, vaccinations, examinations and treatment, prescriptions for medicines, referrals to other health services and social services.

### **This is what we do: -**

All appropriate clinical services would be provided to patients with a physical or sensory disability by the Community Nursing Teams (if these patients were eligible for admission to District Nursing/Community Nursing Caseloads) and therefore would address any individual nursing requirements.

Many patients who are referred generally have a number of additional Therapy Services involved and therefore it is often a shared care approach with multi disciplinary team involvement incorporating joint assessments using the SAP documentation to assist in the process. In terms of access to services within the PCT buildings/health centres and clinics, all premises have disabled parking arrangements and access ramps as well as some sliding entrance doors.

**This is what we will do:-**

Improvement is needed with regard to access for people with a sensory disability, we are limited in terms of PCT staff who are able to use basic British Sign Language (BSL) for those patients who are profoundly Deaf and limited signage is available that is suitable for people with a visual impairment.

**Primary Care Occupational Therapy Service****This is what we do:-**

Maintain and develop services that respond to patients need for rehabilitation at home.

Provide assessment, treatment, planning and goal setting in conjunction with patients to promote independence in all aspects of daily life.

Support Clinicians to receive appropriate and timely training opportunities using appraisal, the knowledge and skills framework and personal development plans.

Prescribe equipment where necessary to assist patients with everyday activities.

Liaise with Dudley Group of Hospitals to facilitate safe discharge from hospital for our patient groups.

Provide a rapid response service to maintain people at home wherever possible by same day or next day provision of rehabilitation.

Use the Single Assessment Process (SAP) to promote communication between agencies and avoid duplication of assessment for patients.

Engage with all agencies involved in developing care pathways as a result of the NSF for long term conditions.

Work closely with DACHS and the Community Equipment Service to influence equipment provided and meet national targets.

Work closely with carers to provide a Reablement service based on patients goals and desired outcomes.

**This is what we will do:-**

Make sure the waiting list for non urgent community visits is no more than 6 weeks and aim to reduce this further.

Maintain and develop the Rapid Response service to support existing services e.g. Thunderburds

Continue to support qualified and unqualified staff with training and development needs.

Provide an increased emphasis on work rehabilitation for patients including linking with Condition Management Programmes.

Promote healthy lifestyles for our patients by raising awareness of diet, exercise and smoking cessation.

Continue to promote the SAP framework to improve communication.

Take an active part in developing Care Pathways for Long Term Conditions.

**Dudley Group of Hospitals (Acute Sector)**

NHS hospital services are run and managed by Acute Trusts, which make sure that hospitals provide high quality health care, and that they spend their money efficiently. They also decide on a strategy for how the hospital will develop, so that services improve.



The Trust has loops installed at main reception desks throughout the hospitals including the first Nurse Base on each ward at Russells Hall Hospital, and North Wing Departments have some provision in Clinic Rooms. There is a programme of works to continue to improve the provision and availability of hearing loops.

**This is what we will do:-**

Following feedback from the Conference that highlighted “The Blood service at Russells Hall Hospital – people cannot see display as seating is facing the wrong way” - this is going to be looked at with the appropriate manager.

**Wheelchair Services**

**This is what we will do: -**

Implement recommendations from the service review on Wheelchair services.

Reconvene the service user group.

Utilise the new I.T. system that is being introduced to improve our service delivery and information systems.

Propose improvements to parking for people attending the Wheelchair service (application for planning permission made).

**Public Health**

Public Health work focuses on health, not illness, and on populations rather than individuals. Public Health officers in Dudley Primary Care Trust are responsible for the monitoring and surveillance of people’s health, promoting the health of people and health protection (being organised to deal with threats of biological (infectious), chemical or radiological hazards).

Within Public Health, the Healthy Communities Project is a new volunteer initiative aimed at tackling grass roots issues around health inequalities, quite literally ‘taking health into the community’. They offer training and support to become a volunteer in the areas of Healthy eating, Smoking Cessation, Physical Activity and Diabetes.

Link to “Closing the Gap” Tackling Health Inequalities Strategy is via [www.dudley.gov.uk/health](http://www.dudley.gov.uk/health) inequalities strategy

**Patient Advice and Liaison Service (PALS)**

PALS advise and support patients, service users, families and carers, provide information on NHS Service, listen to your concerns, queries and suggestions and help sort out problems quickly on your behalf.

## **Support Services jointly funded by DACHS and PCT.**

We work in partnership in providing services that cross the boundary of health and social care to provide support, advice and advocacy through voluntary groups who specialise in particular fields such as – HIV/AIDS, Headway, Sickle Cell and Thalassaemia, Cancer Support, Huntingtons Disease. Specialist nurses funded from within the PCT also support, some of these services.

## **The Way Forward**

Dudley is a three star Council with excellent performance on many fronts. The Council and the PCT have well established communication links with the people of Dudley through forums and groups. We intend to continue to fund and participate in these forums/groups/events. We intend to hold further conferences – as requested via the feedback from the first Conference. We will participate in other consultation events with specific user groups e.g. Black and Minority Ethnic Communities consultation events, Dudley Deaf Sports and Social Club etc. We will carry out Equality Scheme Impact Assessments in liaison with Action for Disabled and Carers. We will raise awareness of disability through the training of our staff groups. We will promote social inclusion through outcome- based assessments and care plans offering Direct Payments or Individual Budgets to meet these outcomes.

We will continue to seek independent living options and provide short breaks via Direct Payments where this is realistic and client choice, particularly of younger people with a disability.

## **Personalisation**

The Directorate of Adults, Community and Housing Services already has targets for greater use of Direct Payments as a means of providing greater choice and flexibility for disabled people who require care. The next step is to extend this to other budgets where possible. Where more than one funding stream is involved the term “Individual Budget” is often used. Direct Payments are one way of using an Individual Budget but with this new system the disabled person can also purchase Council services (not permitted through present system of Direct Payments).

We have been training our staff to adopt “Outcome Focussed Care Plans”, as the name suggests these concentrate on the outcome for the disabled person as opposed to the service being delivered, providing it achieves the assessed outcome. To provide the greatest flexibility in order to meet these outcomes we will need to offer Direct Payments and Individual Budgets more readily. We have the support in place to do this through our Direct Payments team and our Support Service provider. This shift in emphasis is termed “Personalisation” and we will be supporting this method of delivering services for disabled people in the future.

This draft strategy will be available for consultation over a 12 week period from the beginning of January 2008, it will be presented to the Physical and Sensory Disabilities Board and Cabinet and integrated into commissioning and team plans for implementation.

We intend to review and update the contents via further conferences/consultation. Consultation will be ongoing but we intend to hold a further conference in 2 years and report on progress regarding planned actions – as contained in this strategy under the headings “This is what we will do”.

We welcome your feedback on this document or contents, please return any feedback to one of the following:-

[Disabot.Dachs@dudley.gov.uk](mailto:Disabot.Dachs@dudley.gov.uk)

Disabilities Section, Parkes Hall Centre, Parkes Hall Road, Dudley, DY1 3RJ.

[Commissioning-Dachs@dudley.gov.uk](mailto:Commissioning-Dachs@dudley.gov.uk)

## Appendices

### Demand and Supply Analysis – Information provided by DACHS

In this section we have gathered information to form a baseline from which we can measure and monitor changes in the future. The purpose of this is to evaluate the impact of these changes, such as whether supply is meeting demand or to evidence impact of changing direction of a service.

Dudley Borough has a total population of 304,474, of which 52,502 are aged 65+ years, and 184,563 are aged 18-64 years. There is a total population of 58,265 people have a Limiting Long Term Illness, and 25,672 or 11.58% of these people are of working age. (Census 2001).

#### **a) Physical Disability**

Information drawn from the Adult Services Operational Data Set indicates that of a total of 14568 contacts received in to the department during the first 6 month period April to September 2006, 3905 were in the age band 18-64 years. (27%)

There are a total of 9504 open referrals of which 36% are open to disability services, and the largest client group category for open referral is Physical and Sensory Disabilities representing 75% of the total – of these there are 1315 (14 %) between the ages of 18-64 years.

#### **Physical Disability 18-64 (Open referrals in Dudley) as at January 2007**

<b>Category Type</b>	<b>2007</b>	<b>2008</b>	<b>2009</b>
Chronic sick	111		
Dual sensory loss	6		
Frailty	23		
Hearing Impairment	30		
Physical disability	1019		
Speech impairment	20		
Visual impairment	38		

<b>Type of Disability</b>	<b>National - Prevalence per 100,000 population</b>	<b>Dudley - Estimated incidence 2007</b>	<b>Dudley - Estimated incidence 2008</b>	<b>Dudley - Estimated incidence in 2009</b>
Acquired Brain Injury)	1200	3600		
Cerebral palsy	186	558		
Epilepsy	430 - 1000	1290 - 3000		
Huntingdon's Disease	13.5	40.5		
Parkinson's Disease	200	600		
Muscular Dystrophy	50	150		
Motor Neurone Disease	7	21		
Multiple Sclerosis	100 – 120	300-360		
Spinal Cord Injury	50	150		
Spina bifida and congenital hydrocephalus	24	72		
Young onset stroke (CVA)	550	1650		

*(DoH – NSF Long Term Conditions 2005)*

The number of permanently sick and disabled people of working age in Dudley is 5.3% (equivalent to that in England), however the variation across the wards in Dudley ranges from 6.5% in the most deprived wards to 2% in the least deprived wards. (Tackling Health Inequalities, NHS 2005)

**Resources:**

**Physical Disabilities**

**Day Activities funded through Service Level Agreements (DACHS)**

Organisation	Client Group	Type	Joint funded with PCT	Supported per annum Under 65	Supported per annum Over 65
Cancer Support	PD	Advice, information, support groups Complimentary therapies	✓	1400	
CADAL (Care & Disability Advice Line)	PD	Advice, information	✓	1500	
Crossroads	ALL	Caring for carers, Support services Meeting room available for Social Services staff			
Dudley Advocacy	ALL	Advocacy service			
HIV/AIDS Support Summit House	PD	Advice and information, Complimentary therapy Support groups	✓	47	1
Headway Black Country	PD	Support for people with Acquired Brain injury Day service, Social inclusion, Education and Leisure		18	
Huntington's Disease Assoc.	PD	Advice & information – Home visiting service			50
Langstone Society	PD (LD)	Community support (ABI)			
Multiple Sclerosis Society	PD	Day service, Monthly Evening Group Activities, social club, outings		20	17
Sickle Cell, and Thalassaemia Support	PD	Support, raising awareness, signposting, improving access, education,	✓		

## Activities for people with Physical Disabilities supported through Small Grants (DACHS)

Organisation	Client Group	Type	Numbers supported
Physically Handicapped Clubs (5)	PD	Social activities, peer group support	
Eyecatchers	VI	Social activities	
British Polio Fellowship	PD	Social activities, peer group support	
Dudley Stroke Club	PD	Advice, support signposting, advocacy.	
Arthritis Care	PD	Advice, support, signposting	
Cerebral Palsy, Midlands	PD	Advice, support, signposting	
Dudley Hearts Undergoing Support	PD	Advice, support, signposting	

### (b) Services provided by PD Team

Service	Joint funded with PCT	Individuals receiving service 06/07	Individuals receiving service 07/08	Individuals receiving service 08/09
Community Equipment Service	✓			
Disabled Living Centre				
Referrals/assessments				
Aids and Adaptations				
OT Assessment contract				
Reablement domi care				
Reablement respite: Wallbrook	✓	20		
Reablement respite: New Swinford	✓	10		
Acquired Brain Injury Team	✓	79		
Integrated Living Team	✓	84		

**(c) Current services provided to individuals aged 18-64 years who are helped to live at home**

<b>Type of service</b>	<b>Number of people aged 18-64 years 06/07</b>	<b>Number of people aged 18-64 years 07/08</b>	<b>Number of people aged 18-64 years 08/09</b>
Day Care (Statutory)	63		
Direct Payments Support Service	71		
Direct Payments Alternatives to DP	35		
Aids and Adaptations	283		
Home Care	199		
Intensive home care (more than 10 hours per week)	77		
Meals	44		
Professional support	49		

**(d) Number of people aged 18 – 65 years supported in Long-term Care**

<b>Type of care</b>	<b>In Borough 06/07</b>	<b>Out of Borough 06/07</b>	<b>In Borough 07/08</b>	<b>Out of Borough 07/08</b>	<b>In Borough 07/08</b>	<b>Out of Borough 07/08</b>
Residential	12	8				
Nursing	8	13				
Respite	42					
Supported Living	0	0				



**(e) Sensory Impairment**

The RNID estimate that approximately 75% of people aged over 60 years will have some form of hearing impairment (average 50,803 in Dudley)

The RNIB estimate that approximately 80% of people of the same age have a visual impairment (average 54,190 in Dudley)

	<b>Prevalence</b>	<b>Actual Referrals 06/07</b>	<b>Actual Contacts 06/07</b>
Numbers with Visual Impairment receiving services	54,190		

**Visual Impairment Day Activities supported through Service Level Agreements and Small Grants (DACHS)**

<b>Organisation</b>	<b>Client Group</b>	<b>Type</b>	<b>Joint funded with PCT</b>	<b>Numbers supported per annum Under 65</b>	<b>Numbers supported per annum Over 65</b>
Beacon Centre	VI/OP	Day Service/meals/ Transport, Talking Books Community Team/Social Groups		364	500
Pocklington Trust	VI/OP	Day Service, meals, transport, social activities,		3	30
Black Country Talking Newspapers	VI	Provision of media in VI format			14
Lye Skills	VI	Day service, transport, social activities, peer support		3	10
Partially Sighted	VI	Advice, information			95

	<b>Prevalence</b>	<b>Actual Referrals 06/07</b>	<b>Actual Contacts 06/07</b>
Numbers with Hearing Impairment receiving services	50,803		
Numbers with Dual Sensory Impairment receiving services	3,126		

**Activities supported through Small Grants (DACHS)– Hearing Impairment**

<b>Organisation</b>	<b>Individuals receiving service 06/07</b>	<b>Individuals receiving service 07/08</b>	<b>Individuals receiving service 08/09</b>
Dudley Deaf and Sports Group			
Hear Here			

## **Definition of Physical Disability**

The Disability Discrimination Act (DDA) protects disabled people. It sets out the circumstances in which a person is "disabled" and states "you are disabled if you have a mental or physical impairment, and

- this has an adverse effect on your ability to carry out normal day-to-day activities
- the adverse effect is substantial, and
- the adverse effect is long-term (meaning it has lasted for 12 months, or is likely to last for more than 12 months or for the rest of your life)".

Source: Disability Rights Commission Website [www.drc-gb.org.uk](http://www.drc-gb.org.uk)

## **Social Model of Disability**

The Social Model of Disability has evolved over a number of years as the result of the work of disabled people and organisations of disabled people. The model argues that it is society that disables people who have physical, sensory or other forms of impairments by constructing barriers that prevent people with impairments from fully accessing the society in which they live. These barriers prevent people with impairments from accessing the community, organisations, employment, housing, leisure, transport, education and so on, in fact everything that people without impairments take for granted and consider to be a basic human right leading to full citizenship.

## TERMS OF REFERENCE PHYSICAL & SENSORY DISABILITY BOARD

1. To provide a strategic focus for the co-ordination and planning of services for people with physical and/or sensory disabilities. To oversee the implementation of agreed strategies/plans
2. To maintain effective joint working with the Older People's Board to ensure the needs of physically disabled older people are taken into account when planning and prioritising services
3. To develop ways that enable people with physical and/or sensory disabilities to participate in the planning and development of services
4. To endorse the production and monitor the implementation of statutory frameworks for people with physical and/or sensory disabilities
5. To produce strategic direction and guidance with regard to the development of all services for people with physical and/or sensory disabilities, collectively maximising the resources to meet need
6. To draw together national objectives and agree shared local priorities to be shared by all partner agencies/organisations
7. To monitor progress against agreed objectives, to assess whether plans are on target and are delivering the results required
8. To address the integration of services for people with physical/sensory disabilities, making use of pooled budgets using the Health Act Flexibilities, other resources and management arrangements
9. To act on behalf of Dudley Health & Well Being Partnership and Health Improvement & Modernisation Management Team as the strategic decision-making body for initiatives for people with physical/sensory disabilities where decisions are required about the targeting and prioritising of resources
10. To engage with and look to local statutory, voluntary and independent providers as essential sources of advice in the development of service proposals
11. Receive reports from the Low Vision Committee, and the Community Equipment Service Commissioning Group

E. A. Askew.  
4.12.07

D. Hughes.