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'Our Life, Our Services, Our Say'

A commissioning strategy for  
Physical and Sensory Impairment  
Services in Barnet

2007 – 2010

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Developed in partnership by:

Barnet Physical and Sensory Impairment Partnership Board

Barnet Primary Care Trust

London Borough of Barnet Council

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## Executive Summary

This is the first Barnet commissioning strategy for people with a physical or sensory impairment. It sets out our three year modernisation strategy and plan across health and social care.

Disabled people in Barnet are a significant proportion of the Barnet population who we know experience poorer life chances and outcomes than non-disabled people.

In Barnet we can expect:-

- 13,785 households in Barnet that have support needs due to a physical disability
- 1890 people with a neurological condition requiring help with daily living
- 4590 carers of people with a neurological condition
- 745 people with acquired brain injury
- 820 registered blind and 730 partially sighted people
- 1485 people who are registered deaf or hard of hearing
- 40% of people with a learning disability also have a hearing impairment

In Barnet we have adopted the social model of disability. This recognises that while disability can have a significant medical aspect, particularly at the onset of any impairment, the difficulties/ barriers people encounter in taking part in everyday life arise largely because of attitudes and structures in society. This strategy can and must help address these barriers through co-ordinated action to address inequality and enable people to achieve their full potential.

The strategy has six priorities for action set out under the headings of 'Our Life, Our Services, Our Say' and has been developed through the Physical and Sensory Impairment Partnership Board. Under these three areas, the agenda for change is predominantly a whole community agenda, focused on rights, inclusion and choice, moving away from specialist service provision towards facilitating access to mainstream services with a strong focus on addressing inequalities.

A central cornerstone to this strategy is the development of individualised budgets. We believe that the development of individualised budgets will deliver greater choice, empowerment and control for disabled people in Barnet. This is what disabled people have told us that they want. It is acknowledged that this approach in this strategy will generate a number of challenges for the care sector, and we want to work in partnership with the sector to help achieve this.

In addition, we want through this strategy to continue to develop our partnership working across health and social care and the voluntary sector to support the development of seamless services and to effectively target our resources to best effect. The development of a single assessment process and joined up rehabilitation services is a priority area for development.

Commissioners will have a vital role to play in ensuring that people have access to information about their rights and options, ensuring an adequate overall supply of services, and working to promote equality and mainstreaming of provision. Access to accessible housing, opportunities for paid employment and stopping people being placed away from their local communities will be key performance areas for the implementation of this strategy.

## Introduction

This is the first three year Commissioning Strategy for Physical and Sensory Impairment services in Barnet. The document sets out the Barnet's commissioning and decommissioning intentions for 2007-2010 for adults with a physical and/or sensory impairment who are resident within the boundaries of the London Borough of Barnet. It has been developed in partnership with Barnet PCT and includes the joint actions that health and social care will take to implement the NSF for Long Term Conditions. It excludes however acute healthcare services from the remit of this strategy.

The strategy is based on a social model of disability. This recognises that while disability can have a significant medical aspect, particularly at the onset of any impairment, the difficulties/barriers people encounter in taking part in everyday life arise largely because of attitudes and structures in society:

This is exemplified by the fact that access to services and facilities is often thought of in terms of physical accessibility, when in fact only 4% of disabled people are wheel chair users. As a result, disabled people experience limited access to everyday life especially in relation to education, employment, leisure, transport, social life and other aspects of daily life. Disability is therefore "the social consequences of having an impairment".

This document focuses on how services will be provided to deliver 'Improving the Life Chances of Disabled People' in order to support the achievement by 2025 of 'Disabled People should have full opportunities and choices to improve their quality of life and be respected and included as equal members of society.' This is the basis for the Physical and Sensory Impairment Partnership Board's workplan 'Our Life, Our Services, Our Say'

The commissioning strategy provides a framework to support the provision of flexible, responsive and equitable services to respond to a broad continuum of health and social needs to support us to meet national and local key targets.

## What the Strategy is about

### The scope of the this Commissioning Strategy

The function of this Commissioning Strategy is to identify how to use the resources available to best meet the social care needs of people with Physical Disabilities and Long Term Conditions. This strategy encompasses the following adult service user groups aged 18 – 64 and affected by:

- Physical Disability
- Long term illness/conditions
- Sensory impairment (18+)

There is no single definition of the word "disability" and the strategy adopts the definition from the Disability Discrimination Act 1995: "A physical or mental impairment that has a substantial and long-term impact on the ability of a person to carry out normal day-to-day activities".

For the purpose of this strategy, the term "disabled people" is therefore taken to include all the groups covered by the strategy. The Strategy identifies the commissioning and decommissioning intentions over the next three within the following;

- NHS Rehabilitation and Intermediate Care Services
- Housing and Support Arrangements
- Daytime opportunities
- Carers Support including Respite Care
- Advocacy and service user empowerment
- Direct Payments and Individualised Budgets

This Commissioning Strategy identifies current information on needs, supply and performance and sets targets to achieve a shift towards targeted services that enhance independence and support community based provision.

## Vision for Physical and Sensory Impairment Services during 2007 to 2010

This strategy envisages a future where disabled people are supported to live independent and fulfilling lives and are respected and included as equal members of society.

In Barnet we will ensure our money is spent on services that support our vision of improving health and wellbeing. We will:-

- Give people more choice and a louder voice to take greater control over decisions about the way they want to live their lives and the services they need to support them to do this. We want to do this through giving people their own budget to meet their needs
- Do more to tackle inequalities and social exclusion that disabled people face
- Ensure that all services are person centred helping people to realise their full potential and become active citizens within their local communities

## Improving Outcomes for people with a physical or sensory impairment.

In Barnet we will ensure that all commissioned services support the delivery of service outcomes, which originate from the White Paper Our Health, Our Care, Our Say. These outcomes combine health and social care aspirations and support the principle of provision of integrated local services. The seven outcome areas are set out below with measures used to set out how progress will be demonstrated in physical and sensory impairment services.

### ***Improved health and emotional well-being – ‘I am as healthy as I can be’:***

People living longer and with better physical, mental and emotional health. More people living healthier lifestyles.

### ***Improved quality of life – ‘I am able to live a fulfilled life’:***

Better access to ordinary housing, transport, leisure, information, life long learning and support that promotes well-being. More people living in a cohesive community with a good environment and little crime.

### ***Making a positive contribution – ‘I can participate as a full and equal member of my community’:***

People living, working, learning and taking part in community life as equal members. More people involved in planning and decision making about the direction of services. More people reporting a positive experience of using services and increased support and recognition for carers.

### ***Exercise of choice and control – ‘I have the same life chances as other adults’:***

People with physical and sensory impairments determining for themselves where they live, how they are supported and how they spend their day. Reliable information and advice available in accessible formats. More people accessing equipment and assistive technology and fair and equitable complaints systems. More people getting Direct Payments and Individualised Budgets

### ***Freedom from discrimination and harassment – ‘I have an equal chance to live free from avoidable harm, fear, discrimination and prejudice’:***

Action is taken against maltreatment, neglect and exploitation including hate crime. More people report reduced discrimination, harassment and abuse.

***Economic well-being – ‘I am financially stable and have as much control as possible over my money’:***

More people have access to financial information, welfare benefits and employment opportunities.

***Maintaining personal dignity – ‘I feel valued by others’***

More people experience secure, stable and good quality care. People experience privacy in all settings – home, residential care and hospital and appropriate levels of confidentiality. People feel they are treated with respect and listened to, have a sense of self worth and are valued by others

## The Importance of involving disabled people

Disabled people and carers are ‘experts by experience’. Their perspectives are not only essential to the planning and delivery of their own care and support, but also required in all aspects of service planning, development, delivery and evaluation of services. This was most clearly shown through the process mapping days which looked at the experience of disabled people in Barnet accessing services and from which priorities for action in this document flow from. The implementation of successful involvement of disabled people and carer involvement is a clear priority which underpins the successful implementation of this strategy.

The Physical and Sensory Impairment Partnership Board is co-chaired by a disabled person and each of the workgroups to take forward the plan ‘Our Life, Our Services, Our Say’ have active involvement of disabled people and carers supported through physical disability network, disability rights groups and a carers development worker for physical disability services. This strategy is committed to the meaningful and effective involvement of disabled people and their carers

### Involvement of disabled people and their carers - a strategic approach

The achievement of effective involvement requires the development of structures and processes to ensure that the principles of partnership are embedded within this document. This strategy will support the development of a structure which will ensure the delivery of several key outcomes:-

- Involvement in planning decisions to ensure that services, systems and structures meet the needs of disabled people and carers
- Involvement in service developments
- Participation in service review and audit
- Representation in the overall Governance agenda
- Contribution to, and influence of, the education, training and research and development agenda
- Involvement in staff recruitment and induction and training
- Increasing the numbers of disabled people and carers in paid employment
- Involving disabled people and carers in evaluation and feedback

This strategy is committed to overcoming the barriers which prevent meaningful participation and will ensure that:-

- A structural framework is developed to ensure that the outcomes identified above are achieved and services commissioned to ensure that this takes place.
- That disabled people and carers will be supported in their involvement through appropriate training, expenses, induction and access to administrative resources.
- Disabled people and carers will receive the information and support they require to carry out their role effectively.
- Representation of disabled people and carer representation will also include the needs and interest of minority groups

## Involvement of disabled people and their carers - a care planning approach

Disabled people and carers as well as being involved in the planning, design and development of services also need to be partners in the planning and delivery of their own care and support.

A number of national policy directives will be implemented over the life-time of this strategy which will have a significant impact on how we commission services. Delivering choice cannot simply be bolted onto existing services, it requires fundamental changes to the way those services work and investment in support systems to enable people to make informed choices about their care. As commissioners we will have to demonstrate how people have more choice over their own care. A number of mechanisms are already available to people to help support the delivery of these objectives, some are already being implemented, and others will be adopted throughout the life of this document. The commissioners are committed to the following:-

### Partnership

- Both disabled people and their carers receiving services rights are established through an assessment of their needs. We will ensure that all people have an individualised plan which is person centred and that carers are supported to develop their own carers support plan in partnership with Barnet Carers Centre.
- That all disabled people in receipt of social care services have access to independent support and advice at the time of assessment and review.
- All carers of a disabled person who has a Community Care Assessment will be eligible for an assessment of their needs.
- All disabled people in receipt of services and their carers will receive a signed and agreed copy of their support plans, stating clearly their needs, who the partners to the agreement are and who will take responsibility for particular elements of the service response and will include a detailed crisis plan

## The Importance of Equalities

Public Sector organisations have a statutory responsibility to promote disability equality. The development and implementation of this strategy provides a real opportunity to address equalities issues as they relate to physical and sensory impairment services.

We know that disabled people experience disadvantage in many aspects of daily life. Compared with non-disabled people, disabled people are:

- more likely to live in poverty – the income of disabled people is, on average, less than half of that earned by non disabled people
- less likely to have educational qualifications – disabled people are more likely to have no educational qualifications
- more likely to be economically inactive – only one in two disabled people of working age are currently in employment, compared with four out of five non-disabled people
- more likely to experience problems with hate crime or harassment – a quarter of all disabled people say that they have experienced hate crime or harassment
- more likely to experience problems with housing – nine out of ten families with disabled children have problems with their housing
- more likely to experience problems with transport – the issue given most often by disabled people as their biggest challenge.

The barriers that disabled people of all ages face and which can prevent people from playing a full part in society are generally grouped into four areas – attitude, the environment, the way society is organised and language.

**Attitude** - This is the way other people view or treat disabled people. This can come from prejudice, ignorance, a lack of education, fear, and lack of confidence. People failing to see disabled people as individuals results in assumptions about abilities and qualities.

**The environment** - Roads, pavements and buildings are designed and created without thinking about the needs of different people. Physical access to shops, leisure facilities, workplaces and public transport can immediately disadvantage disabled people.

**The way society is organised** - This relates to the way organisations and people making policies, laws and decisions ignore, exclude or make money out of disabled people. It includes things such as companies charging more money for accessible holiday accommodation, sign language not being taught in schools, disabled people being portrayed in a negative way in newspapers and on TV.

**Language** - Language can create a very powerful barrier, especially when joined together with ignorance, disrespect and power. The words we use can stereotype, dismiss and label people. All of us can take responsibility for using language that is respectful and empowering.

In addition, we know that the incidence of impairment varies between different ethnic groups. This is important as within Barnet, we have a diverse multi-cultural population, for example, the prevalence of deafness within the Asian community is 4-5 times higher than the national average. This cannot be explained through genetic factors but rather through societal factors such as cultural appropriateness of services and levels of deprivation. It is important that in seeking to address disability equality that action is targeted on those areas which are the most deprived underpinned through race equality impact assessments.

We are committed to working towards full equality for disabled people within Barnet by 2025 in line with the national commitment set out in the Prime Ministers Strategy Unit report 'Improving the Life Chances of Disabled People.' The Disability Equality Duty came into force in December 2006 aiming to end institutional discrimination and support the delivery of full equality and focuses on:

- Eliminating unlawful discrimination
- Promoting equal opportunities
- Eliminating disability related harassment
- Promoting positive attitudes towards disabled people
- Encouraging participation by disabled people in public life.

The duty includes a requirement to produce and implement a Disability Equality Action Plan. In December 2006, Barnet Council published its Disability Equality Action Plan. This is being updated and will include the priority areas contained within this commissioning strategy under the priorities for Adult Social Services. Furthermore Barnet Council and Barnet PCT are working together through the Partnership Boards to identify the key priority areas for both organisations to work in promoting disability equality.

While the scope of this will extend well beyond health and social care services, it will play an important role in maximising people's independence, choice, control and inclusion. This is because it will increase people's access to mainstream opportunities and services and hence reduce dependency on specialist health and social care services. It is of course important to note that disabled people have multiple identities and can be subject to other forms of discrimination for example race discrimination.

Over the coming years Social Services and Barnet Primary Care Trust will therefore work closely with other Departments and agencies to address this new duty and to assess and address the implications of the proposed Single Equality Act, which is likely to bring about significant changes in the rights and opportunities of disabled people.

The Barnet Physical and Sensory Impairment Partnership Board wish to use the new Disability Equality Duty as a key lever for implementing this strategy and improving the life chances of

Disabled People. The Partnership Board will on an annual basis invite examples of good practice to be submitted to the Board for a Disability Equality Award. These will be linked to addressing the priority areas that disabled people have identified as barriers to full inclusion and equality within Barnet which have been included within this strategy.

## The Case for Change

In Barnet we will ensure that the provision of physical and sensory impairment services and the way we commission services supports locally the implementation of national policy. Our challenge over the lifetime of this strategy is to not only deliver on the disability specific requirements but more critical to ensure that the needs of disabled people are mainstreamed into the broader health and social care agenda in order to ensure equal access and equal treatment.

### The Centrality of Commissioning to Drive Improvement

Commissioning competence for the first time is now formally being assessed. Across both health and social care, there is an increased emphasis on the role of effective commissioning to drive improvement and change.

- For the NHS, these changes are being driven through the policy of 'Commissioning and Patient Led NHS' and the introduction of practice based commissioning and payment by results. Commissioning will be shaped by the development of patient pathways across primary, secondary and social care services which specify the nature of the intervention, when it should be performed and by whom and at what price. This approach underpins the development of a model for long term conditions management and the implementation of the NSF for Long Term (Neurological) Conditions. The effective management of long term conditions will require a joined up approach across health and social care to ensure that people are supported to live as independently as possible. An effective co-ordinated approach will ensure that health and social care resources are effectively targeted.
- For social care, the new Social Care outcomes framework has commissioning as one of the areas of focus. Local authorities will be assessed for commissioning competence including having an agreed commissioning strategy, and challenging local authorities on the management of the local social care market.
- For health and social care commissioning competence will be assessed against Joint Commissioning and Contracting frameworks to underpin 'Our Health, Our Care, Our Say'. These will be published early in 2007

The development of individualised and personalised services is a key theme of social care policy for disabled people and entails a shift of emphasis from structures to people, but if personalised care is to be made a reality, current ways of commissioning services will have to change. New commissioning mechanisms are being established and a competent commissioning system will need to demonstrate use of these. The most relevant of these for this strategy are:-

#### Individualised Budgets

- Changes the way in which social care packages are costed and managed through providing an individualised budget from which services are commissioned
- Power shifts from the Council to the individual to manage the social care market with the support of effective information, advice and brokerage systems
- Individualised budgets can include other streams of funding including supporting people, independent living fund, access to work in addition to social care budgets.

#### Partnership Agreements (section 75 agreements of the 2006 NHS Act)

- Enables health and local authorities to delegate responsibility to either party.

- The three flexibilities of integrated provision, pooled budgets, lead commissioning can be used on their own or in combination to integrate services.
- The flexibilities enable the establishment of clear governance arrangements for integration underpinned through a legally binding agreement.
- Health and social care will be monitored on their use of Health Act flexibilities.

### Local Area Agreements

- Provide the opportunity to set out whole system targets to support improvements in health and well-being
- Within Barnet, the Local Area Agreement will include targets related to direct payments and individualised budgets.

### Local Drivers for Change

The following are some of the key factors and challenges that need to be addressed in looking at future services for disabled people in Barnet:

#### The Sustainable Community Strategy for Barnet – 2006 – 2016

Developed by the Local Strategic Partnership this sets out 4 themes with 13 ambitions for action over the next 10 years. Three of these ambitions have direct relevance for physical and sensory impairment services as set out below:-

- **Ambition – Affordable and Decent Housing.** This clearly identifies the link between poor housing and poor mental health and states that ‘in order to improve the quality of life for all residents in Barnet we must ensure that everyone has access to a decent home’
- **Ambition - Access to Good Quality Health Services.** This acknowledges that often those with greatest need have poorest access to health services. This ambition seeks to use public health information to improve access to disadvantaged groups particularly within primary care and dentistry.
- **Ambition – Health and Social Care provision is targeted at the most vulnerable specifically people with mental health needs and disabilities.** This states that it is important that health and social care services join up to enable people to lead healthy and dignified lives with targets related to integration of health and social care to support people with long term conditions and increased take-up of direct payments and individualised budgets.

#### Vision for Adult Social Care

Adult Social Services has develop a vision for social care in Barnet for the next 10 years based on supporting people to exercise choice and control over their services through the provision of an individualised budget. To make this happen adult social services will need to transform the way in which needs are assessed, care packages are costed and services are arranged.

By the year 2016, it is planned that the significant majority of people in receipt of Adult Social Services will have an individualised budget. Adult Social Services will have a key role to play in directly managing social care services for those not in receipt of an individualised budget on the basis that they require an immediate crisis service to manage their urgent needs. The development of individualised budget also supports increased levels of Direct Payments. Barnet is currently rated as a ‘good’ performer against the national performance indicator for direct payments with 130 people with a physical or sensory impairment in receipt of a direct payment. This provides a solid foundation from which to take forward the vision of greater use of self –directed care. Both individualised budgets and Direct Payments form a stretch target in the Barnet Local Area Agreement.

A discussion document published by the Commission for Social Care Inspection in 2006, entitled ‘Relentless Optimism, Creative Commissioning for Personalised Care’ sets out the commissioning challenges in making the shift towards personalised, self directed care. These can be summarised as

- *Shaping the Market for the whole Community* – This means closing the gap in commissioner’s knowledge and understanding about what people want and what they think of the services on offer. Requires a new approach to needs analysis, building a picture of the service that people need over the course of their whole lives and social marketing to ask people how people want to live through engagement and discussion
- *Balancing strategic commissioning and individual purchasing* – To support a move to self-directed care, commissioning effectiveness needs to be linked to the outcomes achieved for an individual rather than a prescribed method of service delivery. Strategic commissioning needs to support individualised purchasing through its work with communities on outcomes, Councils should be in a position to know what type of services exist, what needs to be developed and to ‘pump prime’ the development of new services.,
- *Collaborative and flexible commissioning with providers.* Councils and providers need to give people more information about the options that are available. Providers need to be helped to collaborate more and form strategic partnerships to address key issues such as workforce. Council’s cannot overlook the importance of housing and those relationships between the Council and providers need to be based on trust and a shared commitment to personalised services.
- *Developing Partnerships with Other Commissioners* – The challenge of aligning outcome-based commissioning in social care with commissioning for clinical pathways in the NHS
- *Implications for regulation and performance assessment* – With more people purchasing their own care, work will be needed on assuring the quality and safety of services purchased by individuals.

#### Strategic Direction for Health Services in Barnet

Barnet Primary Care Trust’s strategic vision for health services is to ensure that people receive the ‘right care, in the right place at the right time.’ Central to delivering this is to continue to shift the balance of provision from secondary care to primary and community services and promoting choice for the service user. This is particularly important for this strategy as the PCT seeks to develop community based rehabilitation services as part of the Long Term Conditions agenda. Social care services will be integral to the development of clinical care pathways and

#### National Drivers for Change

Physical and Sensory Impairment Services Policy Context – Key messages/ themes

##### Long-term (Neurological) Conditions National Service Framework (NSF) DH, 2005

- Launched in March 2005, the NSF aims to transform the way health and social care services support people to live with long-term neurological conditions.
- Based on 11 Quality Requirements, key themes are independent living, care planned around the needs and choices of the individual, easier, timely access to services and joint working across all agencies and disciplines involved.
- The principles of the NSF are also relevant to service development for other long-term conditions. This NSF is a key tool for delivering the government’s strategy to support people with long-term conditions outlined in the White Paper Our health, our care, our say and the NHS Improvement Plan: Putting People at the Heart of Public Services.
- It applies to health and social services working with local agencies involved in supporting people to live independently, such as providers of transport, housing, employment, education, benefits and pensions.

##### Improving the Life Chances of Disabled People, Prime Minister’s Strategy Unit, 2005

- This sets out an ambitious programme to bring disabled people fully within the scope of Government’s vision of an “opportunity society”. It’s vision is that “by 2025, disabled people in Britain should have full opportunities and choices to

improve their quality of life and will be respected and included as equal members of society”

- It says that all disabled people will be able to have ‘individualised budgets’ by 2012 (like the Valuing People ‘In Control’ programme).
- Other commitments include ones about improving chances for disabled children, for young people going through transition, for increasing the voice of disabled people and getting more people into jobs.

#### Transforming Community Equipment Services Project, DH 2006

- Part of the Government’s ongoing programme of reform. Department of Health will undertake a radical review of community equipment and wheelchair services with the objective of developing a new model of service delivery in collaboration with all key stakeholders.
- The review will investigate how the entire provision of community equipment and wheelchair services across England could be opened to greater contestability with the objective to develop a model which delivers streamlined, more responsive and holistic assessment of individual needs across health and social care through a greatly expanded role for the third sector, including development of self-assessment and ‘Trusted Assessor’ models to support in control
- We anticipate the development of a the new service model capable of implementation by autumn 2007 and which will deliver a significantly improved quality of service for people who need support..

#### Standards for Services for People who are deafblind or have a Dual Sensory Impairment, Sense in partnership with the DH

- Aim to encourage development of high quality provision and are primarily for use by social care professionals but also for families and service users.
- Standards are based on four distinct core principles stating services should be person, lifestyle, access and specialist oriented and will apply to the provision of services for deafblind people and those with a dual sensory impairment across the country

#### Stepping Away from the Edge, Improving Services for Deaf and Hard of Hearing People DH 1999

- Provides advice and guidance for social services on improving services for people who are deaf or with hearing loss. It includes an audit tool for Social Services departments
- Covers range of social care functions from commissioning and planning, supply of equipment through to front line service delivery including the specific needs of people with a learning disability or mental health problems

#### Mainstream Health and Social Care Policy Context

##### Strong and prosperous communities - The Local Government White Paper (DCLG, 2006)

- Sets out a new direction for Local Government, with a strong emphasis on the Local Authority being a ‘place shaper’
- Places a statutory duty of co-operation with non LA partners particularly in relation to planning, consultation and the creation of a Health and Well-Being Partnership to deliver joint Local Area Agreement targets
- Encourages greater use of individualised budgets for Local Authority services
- Local Authorities should with PCTs appoint and hold accountable Directors of Public Health

##### Our Health, Our Care, Our Say White Paper (DoH 2006)

- sets a new direction for health and social care community service systems
- focuses on providing services closer to people’s homes or work places,

- requires health and social care services to integrate to meet people's needs at different stages of their lives. For mental health this means integrated specialist and primary care services
- helping people to help themselves and involving people in shaping local services.

#### 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.

#### ChangeUp: 2002

- This is the cross-Government framework on capacity building and infrastructure in the voluntary and community sector.
- The role of the voluntary sector is pivotal in the delivery of services for disabled people as the 'third sector', hence implementation of the ChangeUp framework will be required to support the development of the voluntary sector organisations.

#### A New Deal for Welfare – Empowering People to Work (DWP, 2006)

- Aims to end benefit dependency and deprivation.
- Target to reduce the number of people on incapacity benefit by one million

#### Key Messages

The disability agenda is predominantly a whole community agenda, focused on rights, inclusion and choice, moving away from specialist service provision towards facilitating access to mainstream services with a strong focus on addressing inequalities.

Health and social care organisations need to assess the fitness for purpose of the current commissioning infrastructure to develop a competent commissioning system particularly to support the development of personalised care. We believe that the development of individualised budgets will deliver greater choice, empowerment and control for disabled people in Barnet. To support this we want to continue to develop our partnership working across health and social care and the voluntary sector to support the development of seamless services and to effectively target our resources to best effect.

Commissioners will have a vital role to play in ensuring that people have got access to information about their rights and options, ensuring an adequate overall supply of services, identifying community's overall needs and agreeing a strategic direction in partnership with providers and people who use services.

Access to housing, opportunities for paid employment and stopping people being placed away from their local communities will be key performance areas for the implementation of this strategy.

Individualising service delivery through individualised budgets and direct payments is the vision for the delivery of Adult Social Services in Barnet. It is acknowledged that the approach generates a number of challenges for the care sector, in terms of managing down overall levels provision in some areas, such as residential care, whilst expanding capacity in others.

## Current Performance of the Physical and Sensory Impairment Service

### Organisational Performance for 2006/07

Health and Social care organisations for both commissioning and provision are monitored against a set of key performance indicators which impact on their corporate performance ratings.

## Local Authority - Adult Social Services Performance

The Commission for Social Care Inspection has rated Adult Social Services as being a one star authority, serving Some People Well with promising prospects for 2005/06. This represents a stand still position against 2004/05 star rating for Adult Social Services.

Priorities for improvement include:-

- Strengthening joint commissioning arrangements and consideration of the use of the Health Act flexibilities to support the strengthened partnership arrangements between health and social care services
- Demonstrating value for money in care purchasing
- Helping more people to live in their own homes and not in registered care.
- Strengthening the management and leadership of the physical and sensory impairment service
- The Joint Area Review of Services for Children and Young People, undertaken in 2006, has identified the need to strengthen the transition arrangements for disabled young people who are approaching adulthood. Improving the arrangements for transitions is a priority within this strategy.

### Physical and Sensory Impairment Services – Current Position

Set out below are some of the key performance areas that this strategy needs to address as priority areas linked to the vision set out in this document. The specific social care indicators for physical and sensory impairment below impact on the organisational performance above.

| Performance Indicator  | Target | Target source | Who owns the Target | Target  | Traffic Light Performance |
|--|--------|---------------|---------------------|---|---------------------------|
| Number of people helped to live at home – C29  |        | PSS PAF – C30 | LBB                 | National ‘Good Banding’ 2.5 > 3                                     |                           |
| Carers Services  |        | PSS PAF – C62 | LBB                 | National Good Banding 9 >12   |                           |
| Permanent admissions (aged 18-64) to residential or nursing care                             |        | PSS PAF C73   | LBB                 | National Good Banding 1.5 > 2.5 = 6 new admissions for LD per year. |                           |
| Intensive Home Care as a percentage of intensive home and residential care                   |        | PSS PAF B11   | LBB                 | National ‘Good banding’ 20> 27                                      |                           |
| Percentage of people receiving a statement of their needs and how they will be met           |        | PSS PAF D39   | LBB                 | National ‘Good Banding’ 96>100                                      |                           |
| Clients receiving a review (% of total number of people receiving a service in any one year) |        | PSS PAF D40   | LBB                 | National ‘Good banding’ >60 (acceptable only)                       |                           |
| % of items of equipment and adaptations delivered within 7 working days                      |        | PSS PAF D54   | LBB                 | National ‘Good banding’ 75>85                                       |                           |
| Clients in receipt of a Direct   |        | PSS PAF C51   | LBB                 | National ‘Good  |                           |

|         |  |  |                    |  |
|---------|--|--|--------------------|--|
| Payment |  |  | Banding'<br>90>100 |  |
|---------|--|--|--------------------|--|

The Healthcare Commission in November 2006 as part of the Better Metrics project published a set of metrics to enable health and social care commissioners to ascertain what level of progress is being made on the implementation of the NSF for Long Term Neurological Conditions (LTNC). As can be seen, the Local Authority PAF indicators above have been included within the Better Metrics below as part of a whole systems approach to measurement of progress against the NSF. However the figures above are not disaggregated for long term neurological conditions. Baselines against the Better Metrics need to be established for both health and social care.

The metrics are set out below

| Objective   | Metric   | Measure   |
|---|--|---|
| To ensure that people with LTNCs have an integrated multi-agency assessment and receive a person-centred care plan  | Proportion of people with a LTNC who have within the last 12 months <ul style="list-style-type: none"> <li>• had an integrated assessment/review assessment</li> <li>• received a personal care plan</li> </ul>  | The aim is for the proportion to increase by at least 10% year on year from the current baseline to achieve 100% by 2015  |
| To ensure that people with LTNCs who have complex needs receive well-coordinated care   | Proportion of people with LTNCs with complex needs who have a named individual who acts as a coordinator of their care.  | The aim is for the proportion to increase by at least 10% year on year from the current baseline to achieve 100% by 2015  |
| To ensure that people with LTNCs receive appropriate information  | Proportion of people with LTNCs who have received high quality information about their condition, its management, local services and how to access them, and wider social inclusion issues   | Plan for a phased increase from the current baseline for information provision so that 100% is achieved by 2015   |
| To improve people with LTNCs experience of services   | Percentage of people who report a positive experience from their contact with services   | Establish the current baseline and then plan a phased increase until 100% in 2015   |
| To ensure that individuals suspected of having a neurological condition receive within maximum of 18 weeks:-<br>a) referral from GP to a specialist with neurological expertise b) access to diagnostic services c) initial treatment | Proportion of people with LTNCs who have received receive specialist assessment, investigations and treatment within timescales designated in NICE Guidelines where they exist, and within the 18 week PSA target where NICE Guidelines do not exist.  | NICE Guidance timeframes currently apply; Epilepsy: 2 weeks for specialist assessment following first seizure, MS: 6 weeks from referral to seeing neurologist, 6 weeks for investigations to be completed; for all other conditions the maximum 18 week wait has to be met by 2008 |
| To ensure that people with LTNCs on 3 or more drugs have an annual medicines review   | Proportion of people with LTNCs on 3 or more drugs who have received a medicines review within the last 12 months  | % of patients   |
| To ensure that individuals who develop a neurosurgical or neurological emergency have rapid access to the appropriate specialist acute services and facilities  | People with a neurosurgical or neurological emergency access as appropriate:<br>a) critical care within 1 hour of referral<br>b) neuroscience centre within 6 hours of referral<br>c) spinal cord injury centre within 1 day of referral<br>d) acute neurological team in local DGH within 1 day of referral | % of people with LTNCs referred who access service/facility within the recommended timeframe  |

| Objective  | Metric   | Measure  |
|--|--|--|
| To ensure that individuals with a long-term neurological condition achieve the best possible outcomes through access to appropriate rehabilitation   | Wait times for individuals to access specialist neurorehabilitation inpatient facilities in line with national guidance  | % of people with LTNCs referred for specialist rehabilitation are seen for assessment within 5 working days of receipt of referral and if accepted and ready for transfer, access service/facility within 2 weeks. The aim is for the proportion to increase by at least 10% year on year from the current baseline to achieve 100% by 2015                              |
| To enable and support individuals with a long-term neurological condition to lead a full life in the community through access to<br><ul style="list-style-type: none"> <li>•rehabilitation including community neurorehabilitation</li> <li>• vocational rehabilitation</li> </ul> | People with identified needs on the care plan for rehabilitation in the community receiving<br>a) community neurorehabilitation (specialist team/generic team with neurological expertise)<br>b) vocational rehabilitation   | % of people with LTNCs with identified needs on care plan who are in receipt of appropriate specialist services to meet those needs<br><br>% of people with LTNCs referred for community neurorehabilitation seen within 4 weeks, and vocational rehab within 4 weeks  |
| To provide timely appropriate equipment and adaptations to individuals with a long-term neurological condition   | People with identified needs on the care plan for equipment / adaptations receive<br>a) standard equipment within 7 working days<br>b) bespoke items within 20 working days<br>c) adaptations to their property (including those funded by Disabled Facility Grants) within the agreed timescale and no more than 6 months<br>d).repair/replacement of equipment no longer functioning properly within locally agreed timeframes | Proportion of people with LTNCs who receive equipment/adaptations within the statutory / identified timeframe<br><br>Proportion of people with LTNCs who receive repair/replacement of essential equipment within the locally agreed timeframe. The aim is for the proportion to increase by at least 10% year on year from the current baseline to achieve 100% by 2015 |
| To give individuals with a long-term neurological condition maximum choice about living independently at home through the offer of direct payments   | People with LTNCs with identified needs on the care plan for assistance / support with living independently are offered the option of direct payments and the necessary support to operate it  | Expressed as a proportion of total number of adults under 65 with a LTNC in receipt of care. The aim is for the proportion of those in receipt of direct payments to increase by 1% year on year from the current baseline as defined in the LA DIS (Delivery and Improvement Statement).  |
| To give individuals with a long-term neurological condition maximum choice about remaining/returning to their own home   | Percentage of people with a long-term neurological condition offered support to live in their own home as opposed to residential/nursing care.   | The aim is for the proportion of those in receipt of support to live at home to increase by 1% year on year from the current baseline as defined in the LA DIS people with   |

| Objective   | Metric   | Measure  |
|---|--|--|
|   |  | physical and sensory disability.   |
| To improve support for families and carers.       | Percentage of carers of people with a long-term neurological condition who <ul style="list-style-type: none"> <li>• have received a carers assessment</li> <li>• receive support appropriate to their identified needs.</li> </ul>                       | The aim is for the proportion of carers of people with LTNCs offered a carers' assessment and in receipt of support to both increase by 5% year on year from the current baseline as defined in the LA DIS |
| To improve end-of-life care for people with LTNCs | % of people with a long-term neurological condition accessing palliative care services<br><br>% of people with a long-term neurological condition who are terminally ill with evidence of good end of life care in line with NICE best practice guidance | The aim is for the proportion to increase by a) 1% and b) 5% year on year from the current baseline.   |

### Key Messages

This commissioning strategy has to address:-

Demonstrable evidence of improvement against the Better Metrics for the Long Term Neurological Conditions NSF. This requires health and social care organisations to establish the baseline in order to effectively monitor delivery. Targets within this strategy need to be linked to the Better Metric indicators.

For social care this means continuing improvement in enabling people to live in their own homes and not in registered residential care. We will need to monitor this through looking at the balance between those people in registered care and those supported through intensive home care to live in their own homes.

Priorities for improving performance need to focus on improving value for money, shifting the reliance on residential care to services that will support people to live in their own homes, promoting individualised, personalised care and strengthening joint commissioning and contracting approaches in partnership with health colleagues

There is a need to better support carers through identification of carers of people with a LTNC and through increasing the % of people who have had a carers assessment and received support who are in contact with both health and social care services.

## Understanding Local Needs

Undertaking a thorough needs population of the London Borough of Barnet is necessary to enable commissioners to establish the following:-

- How many people are likely to need physical and/ or sensory impairment services
- The level and type of service response required to meet clinical and social need
- Whether the available resources are targeted in the right places

This is done through looking at national prevalence data, national and local epidemiological studies, statutory returns and activity against existing service provision as a proxy measure of need.

### Local Population Profile

Barnet is the second largest London Borough by population, with an estimated population of 329,000 (source ONS 2005).

It has a younger population than the national profile and is much more diverse. Barnet is the 20<sup>th</sup> most ethnically diverse area in England with 26% of population belonging to a black or minority ethnic group. It is the 2<sup>nd</sup> most religiously diverse Borough in the country with 14.8% population being Jewish.

### Population Growth of Barnet

The Greater London Authority has predicted that from 2001-2016, there will be an overall growth of 10% in population of London as well as a significant change in age structure <sup>1</sup>. The predicted changes are as follows:

- 9% more children aged 0-15
- 4% fewer persons aged 16-29
- 20% more persons aged 30-49
- 25% more persons aged 50-59
- 3% more persons over the age of 60, mainly those over 75.

The age structure changes amongst adults mainly reflect the relative sizes of past birth cohorts and the population structure of London at 2001. The age structures of the migration flows into and out of London fine-tune the changes.

Over the next 10 years it is projected that there will be a population increase of 33,000 due to regeneration and incremental development. This will result in 16,000 new households and will reinforce that predicted to attract a younger and more diverse population profile of Barnet. This growth is bigger than the rest of London (14.4% versus 10%). With changes in age structure of the local population as well as population growth, there will be a much larger cohort of adults aged 30-59 living in Barnet by 2016. The service design and planning should reflect these change if it is to address the need of the new and changed population. This will be of significance because the incidence of disability increases with age across the country 9% of adults aged 16-24 are disabled, but this increases to over 40% for the 50 to retirement age group

### The Incidence of Disability

#### Neurological Conditions

A 'long term neurological condition' results from disease of, injury or damage to the body's nervous system (i.e. the brain, spinal cord and/or their peripheral nerve connections) which will affect the individual and their family in one way or another for the rest of their life.

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<sup>1</sup> Data management and analysis group. GLA Round Interim 2005 demographic projection.

Long term neurological conditions can be broadly categorised as follows:

- **Sudden onset conditions**, for example acquired brain injury or spinal cord injury, followed by a partial recovery.
- **intermittent and unpredictable conditions**, for example epilepsy, certain types of headache or early multiple sclerosis, where relapses and remissions lead to marked variation in the care needed;
- **progressive conditions**, for example motor neurone disease, Parkinson's disease or later stages of multiple sclerosis, where progressive deterioration in neurological function leads to increasing dependence on help and care from others. For some conditions (e.g. motor neurone disease) deterioration can be rapid.
- **stable neurological conditions, but with changing needs due to development or ageing**, for example postpolio syndrome or cerebral palsy in adults.

There is a wide variety of long term neurological conditions and people have very different experiences. Conditions may be present at birth (e.g. cerebral palsy) and some of these may be associated with varying degrees of learning disability. Other conditions appear in childhood (e.g. Duchenne's muscular dystrophy) or develop during adulthood (e.g. Parkinson's disease).

The time course of conditions also varies widely. The average time between diagnosis and death for someone with motor neurone disease is 14 months, while someone with multiple sclerosis may live with the condition for decades. Even within specific conditions, the needs of individuals, for example for social care support, vary widely.

The Neurological Alliance estimate that nationally there are 10 million people in the UK living with a neurological condition which has a significant impact on their lives of which an estimated 350,000 people across the UK need help with daily living because of a neurological condition and 850,000 people care for someone with a neurological condition.

The diagnosis or onset of a long term neurological condition generally marks the beginning of profound changes in the life of the person and the lives of their carer, family and friends. It may affect relationships, career prospects, income and expectations for the future. Long term neurological conditions can cause a range of different problems for the individual, including:

- Physical or motor problems, such as paralysis, inability to walk, fatigue, incontinence, sexual difficulties and, for some people, impairment of all motor functions.
- Sensory problems, such as loss of vision or hearing, pain and altered sensation.
- Cognitive/behavioural problems, such as: lapses in memory and attention; difficulties in organisation, planning and problem solving; confusion; apathy; disinhibition and lack of insight into difficulties. People with these problems may need additional support to make decisions and take responsibility for their own care.
- Communication problems, such as difficulties in speaking or using language to communicate and in fully understanding what is said or written. People with these problems may need additional support to access information or to communicate their needs and wishes.
- Psychosocial and emotional effects of the condition for the individual, such as potential personality changes after a brain injury and the emotional and psychological effects of living with a long term condition generally on the individual, their carer and family. These can include stress, depression, loss of self image and cognitive/behavioural issues, which may lead to relationship breakdown if not addressed.

Neurological conditions also nationally these account for 20% of acute hospital admissions and are the third most common reason for seeing a GP. It is therefore essential that health and social care organisations work within a Long Term Conditions management model to provide

effective whole systems support to enable people to live as independently as possible in their own homes.

Using the national prevalence information it is possible to estimate the number of people with a long term neurological condition in Barnet as set out in the table below.

| <b>Common Neurological Conditions</b> | <b>National Prevalence – Rate per 100,000</b> | <b>Estimated Numbers for Barnet based on national prevalence</b> |
|---------------------------------------|---|--|
| Parkinson's Disease                   | 200   | 653  |
| Multiple Sclerosis                    | 144   | 470  |
| Motor Neurone Disease                 | 7   | 23   |
| Huntington's Disease                  | 13.5  | 44   |
| Muscular Dystrophy                    | 50  | 163  |
| Cerebral Palsy                        | 186   | 607  |
| Spina Bifida                          | 24  | 78   |
| Traumatic Spinal Injury               | 2   | 7  |
| Brain Injury                          | 228 with long term conditions                 | 745  |
| Stroke                                | 500   | 1634   |
| Epilepsy                              | 500   | 1634   |
| ME                                    | 300-500                                       | 980-1633   |
| Post Polio Syndrome                   | 100-300                                       | 327--980   |

Source: Neuro numbers – a brief review of the numbers of people in the UK with a neurological condition. April 2003. The Neurological Alliance.

Furthermore based on national prevalence data, we can expect within Barnet for there to be 1890 people with a neurological condition requiring help with daily living and for there to be 4590 carers of people with a neurological condition.

### Visual Impairment

This includes people who are blind or partially sighted – There are many different causes of sight loss, whatever the cause, loss of sight can present many practical, emotional and social problems, creating a range of needs, which varies between individuals. Service users may fall under the category of Blind (Severely Sight Impaired) or Partially Sighted (Sight Impaired).

The Royal National Institute for the Blind (RNIB) calculates that approximately 0.5% of the population are blind and 0.8% are partially sighted. If these rates are applied to the population of Barnet it suggests that there are 1634 blind people and 2614 partially sighted people living in Barnet. It should be noted that the RNIB estimate that approximately 80% of people over 60 years have a visual impairment.

This is borne out through analysis of the register of blind and partially sighted for Barnet. Based on 2003 figures, there were 820 registered blind and 730 partially sighted people within the Borough of which the % of people on the register aged 65 and over was 32% and 79% respectively. However it should be noted that the prevalence rates identified by the RNIB are nearly 3 times higher than official registration rates suggesting that there are people with a visual impairment within Barnet that are not included on the register and whose needs could be unmet.

### Hearing Impairment

The Royal National Institute for the Deaf (RNID) estimates that there are almost nine million people in the United Kingdom who are deaf or hard of hearing. There are a number of different reasons why someone might be deaf or hard of hearing. These include:

- Age, it is estimated that more than 50% of people over the age 60 have a hearing loss. This is reflected in the age profile of people in Barnet over 65 with a registered hearing loss

- Noise, prolonged and repeated exposure to loud noise
- Inner ear, sound not getting through to the inner ear caused by wax, eardrum damage and inflammation
- Genetics, about one in every thousand babies is born moderately to profoundly deaf, genetic factors are thought to be the cause of at least half of these cases

The following table shows the RNID's estimated prevalence rates for the United Kingdom which has then been applied to the Barnet population.

| Category  | UK prevalence | Estimated Barnet incidence |
|---|---------------|----------------------------|
| Deaf and hard of hearing people aged 16 to 60         | 4.1%          | 13397                      |
| People with mild to moderate deafness aged 16 to 60   | 3.9%          | 12744                      |
| People with severe to profound deafness aged 16 to 60 | 0.2%          | 654                        |
| People who are deafblind                              | 0.04%         | 131                        |

The Community Care Statistics for the number of people registered Deaf or Hard of Hearing for Barnet as of March 2004 record that there are 1485 persons who are registered deaf or hard of hearing as set out in the table below.

| Age Group | Deaf | Hard of Hearing |
|-----------|------|-----------------|
| 0-17      | 15   | 15              |
| 18-64     | 180  | 130             |
| 65+       | 70   | 1215            |

At the 31 March 2003, 25% of all registered blind people in England who had an additional disability were also recorded as deaf or having a hearing impairment. About a quarter of these people were blind and deaf, whilst three quarters were blind with a hearing impairment. For Barnet 40 people were identified as having an additional disability to being registered blind. This would suggest that there are 10 people registered as deafblind within Barnet

It is also important to note in considering the incidence of hearing impairment that sensory impairments are more prevalent for people with a learning disability. Rates of 40% of people with a learning disability are reported to have a hearing impairment. It is therefore important that sensory impairment services and advice are accessible to people with a learning disability.

#### Housing Needs

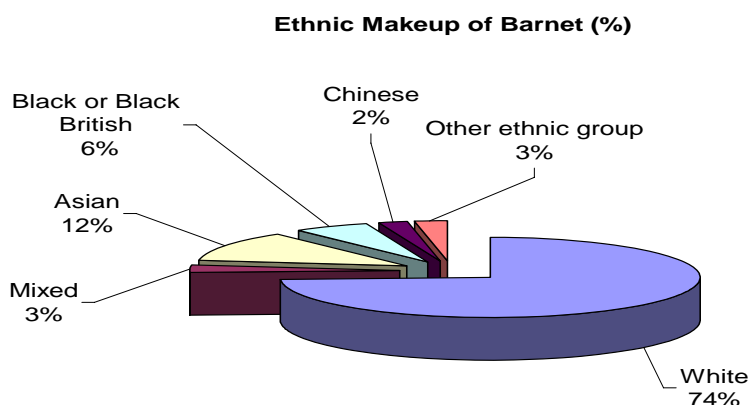
In December 2005 and January 2006 a Housing Need Survey was undertaken in the Borough to assess the levels and type of housing requirements in Barnet. This considered the needs of vulnerable groups in the borough including those households with disabilities. In summary the findings were that 18,734 or 14.7% of households have support needs of which 10074 of these households comprise older people. The results of the survey show a high need for a range of adaptations and improvements, most commonly for level access showers, stair lifts and handrails.

|                           | Number of Households | % of all Households | % of Households with Support Needs |
|---------------------------|----------------------|---------------------|------------------------------------|
| Frail Elderly             | 4528                 | 3.5%                | 24.2%                              |
| Physical Disability       | 13785                | 10.8                | 73.6                               |
| Learning Disability       | 1274                 | 1.0%                | 6.8%                               |
| Mental Health             | 2504                 | 2.0%                | 13.4%                              |
| Severe Sensory Disability | 927                  | 0.7%                | 4.9%                               |
| Others                    | 854                  | 0.7%                | 4.6%                               |
| <b>Total</b>              | <b>23872</b>         | <b>18.7%</b>        | <b>100%</b>                        |

It is of note, even taking account of the 10074 households which comprise of older people, the minimum number of households with support needs arising from physical disability or severe sensory disability for the under 65s is 9166 households in Barnet which is 38% of households with support needs. This high level of need for supported housing and aids and adaptations is an area for development through the implementation of this strategy in partnership with housing.

### Ethnicity

26% of Barnet's population classify themselves as non-white British. The ethnic breakdown of the Borough is shown in the charts below



The census data shows that the distribution of ages within each ethnic group varies and analysis from the census shows that non white ethnic groups have a much younger age structure. This means that over the coming years the proportion of people from minority ethnic communities will increase.

This is important because ethnicity affects health, for example:

- High blood pressure and stroke is more common in people from Africa and the Caribbean
- The prevalence of Deafness within the Asian community is 4-5 times higher than the national average across the population
- The incidence of diabetes is especially high in people from Africa, the Caribbean and South Asia and Hepatitis B is especially prevalent in people from South East Asia

- Sickle cell disorder is commoner in those of African-Caribbean descent and thalassaemia in Asian and Mediterranean communities.

In addition structural factors such as housing, poverty and other inequalities can have significant additional impacts on the level of needs among minority ethnic communities. For example:

- There is evidence that some groups are less likely to report Deafness and disabilities [especially people from Indian, Pakistani and Bangladeshi Communities], which may mean needs are more likely to emerge at times of crisis
- A higher proportion of people from minority ethnic communities live in deprived areas and fall into disadvantaged groups, where a higher level of impairment is experienced
- People may experience “double disadvantage”, facing for example discrimination on grounds of their health status and their ethnicity, when seeking employment

Given the issues related to ethnicity and the incidence of disability especially in relation to the growing Asian community within Barnet, it would be reasonable to expect to see higher numbers among those groups in the population of people approaching the social services for support. This is indeed borne out by local statistics which show that 45% and 30% of service users supported by the physical disability social work team and sensory impairment team respectively are from non white ethnic groups. Through our work on equalities, it is necessary to consider how access to physical and sensory impairment services can be improved for this population group and what action can be taken at a whole population level to address the systemic reasons for the increased incidence of disability in non white ethnic groups.

#### Changing Levels of Need

Alongside the increases in need arising from demographic changes, there is also likely to be an increase in demand as a result of:

- A rising increase in the prevalence of disability among children, partly due to increased survival of pre-term babies
- The increase in drug and alcohol abuse, resulting in disability or cognitive impairment
- Rising public expectations.

#### Key Messages

An overview of Barnet identifies that the general population are healthier and living longer, it is expected this trend is will be reflected in the disabled population, as a result:

The effective management of long term conditions will require a joined up approach across health and social care to ensure that people are supported to live as independently as possible. An effective co-ordinated approach will ensure that health and social care resources are effectively targeted

Levels of need will increase over the coming 5 years as a result of the projected population increase in the number of people aged between 30 and 64. However the need for services increases with age and there will be an increase of 25% in the number of people aged 50-64, who tend to have higher needs than those aged 20-50. The increased levels of demand in the absence of significant growth in budgets will require alternative patterns of service delivery to be established. Services will need to meet the needs of more diverse groups of people and to accommodate services users accessing services through direct payments and individualised budgets.

The proportion of people from minority ethnic communities will increase. This will mean an increasing need for services to respond to specific conditions, such as sickle cell disorder and thalassaemia, as well as a growing need to provide culturally appropriate services.

## Relating Supply to Need

A wide range of services are provided in Barnet a range of providers including both Social Care and Health Services. The Independent Sector, the Voluntary Sector and Housing Associations are also major providers. Also, often acting in an unpaid capacity, a significant amount of high quality daily care is provided by carers.

Services to people with physical and sensory impairments have changed and improved in recent years with an emphasis on supporting individuals to live life in the community with support. The mapping of services in Barnet demonstrates that significant improvement has already been made with plans in place to achieve more services based around the needs of service users and carers.

The analysis of the market is set out under the following headings

- Accommodation with Support (Registered Care (residential and nursing), Supported Living - accommodation with support and Floating Support)
- Meaningful Days (Day Service provision, Employment and work based services, Community Access)
- Statutory Services - Health Services and Adult Social Services
- Services for Carers (Respite Care, Carer Support)
- Self-directed care support services (Direct Payments, Advocacy)

### Accommodation with Support

#### Registered Care

The actual supply of registered places and supported residents for Barnet is set out below:-

|   | <b>Total Places</b> | <b>Purchased by LA</b> |
|---|---------------------|------------------------|
| Nursing Care Voluntary and Private (In Borough)     | 116                 | 4                      |
| Nursing Care Voluntary and Private (out of Borough) | Not Applicable      | 12                     |
| Residential Care Voluntary and Private (In Borough) | 70                  | 28                     |
| Residential Care (out of Borough)                   | Not Applicable      | 22                     |
| <b>Total Registered Care places</b>                 | <b>186</b>          | <b>64</b>              |

The number and age profile of people with a physical and or sensory impairment in a permanent residential setting funded across health & social care as at January 2007 was as follows;

| <b>Age Range</b> | <b>Residential Care</b> | <b>% of residential</b> | <b>Nursing Care</b> | <b>% of nursing</b> | <b>% of all registered care</b> |
|------------------|-------------------------|-------------------------|---------------------|---------------------|---------------------------------|
| 19-24            | 2                       | 4%                      | 0                   | 0%                  | 3%                              |
| 25-34            | 7                       | 14%                     | 1                   | 6%                  | 12%                             |

|       |    |     |   |     |     |
|-------|----|-----|---|-----|-----|
| 35-44 | 9  | 18% | 1 | 6%  | 15% |
| 45-54 | 16 | 32% | 5 | 31% | 32% |
| 55-64 | 16 | 32% | 9 | 56% | 38% |

This distribution is consistent with the incidence of disability increasing from 9% in the population aged 16-24 to over 40% in the population from those aged 50 to retirement age.

The Community Care statistics published in March 2006, reported that there were 50 people aged 18-64 with a physical or sensory impairment supported in registered care in Barnet. This was the sixth highest in the Outer London group which is the Audit Commission comparator group for Barnet, not taking account of relative population size (Barnet is the second largest). The current demand for mainstream residential placements made by the London Borough of Barnet and Barnet PCT is less than the available supply of places. Demand for mainstream residential places is decreasing by approximately 5 places per annum. This is consistent with the national and local authority performance comparator group trend which is one of a decrease in the number of residential placements

#### Supported Living

In addition to the above, Barnet Physical and Sensory Impairment Service has agreed a housing quota of 12 flats per annum to support people move into their own homes. People are supported in their own homes through the use of Floating Support funded by Supporting People.

At the end of 2006 there were 153 people supported through the Supporting People programme in their own homes as set out in the table below

| <b>Scheme Name</b>               | <b>Number of people / units supported</b> |
|----------------------------------|---|
| Habinteg                         | 9   |
| Jewish Blind and Disabled        | 32  |
| John Grooms                      | 71  |
| Barnet Association for the Blind | 11  |
| Hornsey Floating Support         | 30  |

There is an oversupply of residential care homes and underdeveloped supply of self contained accessible housing with 24 hour support. This strategy aims to reduce the number of people in registered care over the duration of this strategy through provision of intensively community support services in people's own homes, delivered in partnership between health and social care underpinned through on with floating support and direct payments.

#### Support at Home Services (Home Care)

Barnet Council provides Home Care through external contracts with 14 providers for clients of Adult Social Services. Of those, eight providers are on block contracts with a further 6 on spot contracts. At January 2007, home care services were provided for 213 service users. This includes people receiving 24 hour live at home support packages. There is a need to review the contracting arrangements for live-in home care services for people with a physical and sensory impairment through joint work with the home care provider forum to achieve value for money and to ensure that support at home options are cost effective in comparison to

residential care. Developing this market will be essential to stop people moving into residential care homes and to remain their own homes. This is a priority for action within this strategy.

#### Planned Improvements in accommodation with support services

Discussions are currently underway with residential care providers in Barnet to reprovide services into supported living although at this stage there are no robust jointly agreed plans. The preferred model of service development is for extra care type housing development in accessible accommodation providing support 24/7.

Nationally the proportion of spend of supported people spend on dedicated schemes for people with a physical or sensory impairment is relatively small. This is mainly because housing issues are centred on accessibility – the limited number of fully accessible homes; the need for adaptations to existing homes and for these to be carried out faster and to be linked to the processes of other agencies. Nationally it is estimated that only 1.5% of the social housing stock is designed for wheelchair use. The consequence of an inadequate supply is a heavy demand on aids and adaptations programmes, blockages within the acute health services as discharges are delayed, and a lack of choice of independent housing, particularly for those in need of care and/or support services that are currently only available in institutional settings.

Many younger disabled people remain living at home as appropriate housing is not available, despite their desire to live a normal and independent life. Where support and care is provided through the family, the inevitable problem of the aging of carers arises and without community based services that offer support beyond personal care, isolation and institutionalisation are the most common results.

Therefore there is a need to ensure that there is a range of housing designed to be as accessible for people with physical and sensory disabilities. We know from the Housing Needs survey referred to in the previous needs section that access to aids and adaptations is the major issue for people with physical and sensory impairments. There are significant delays for disabled facilities grants within Barnet, and joint work is required across housing and social care to address this issue.

Quality of registered services is monitored through inspection reports and from the Local Authority Market Analysis report produced by CSCI. Work will be undertaken during 2007 with providers on areas of quality through the developing provider forum for Younger Adults social care services.

During 2007/08 work will be undertaken with Supporting People through the refresh of the Supporting People strategy to develop floating support and supported living services to meet the following areas of need

- Young People 18-25 – Transition from Children & Families to Adult Social Services. This will be an accommodation with support based scheme
- Asian customers living at home with older carers. Supported living has been identified as the preferred model
- People that only have low/moderate needs under Fair Access to Care Services and housing support is critical to maintaining independence.

#### Meaningful Days (Day Services, Employment, Community Access)

##### Day Services

Improving the Life Chances of Disabled People sets out a challenge to end the segregation that many disabled people face in their lives. It states that 'Disabled young people with the most severe impairments continue to be offered inappropriate segregated adult services (or in some cases be offered no support at all because they are seen as 'too disabled' for local provision). At a systemic level, incentives need to be created for moving resources from day services and repeat 'special' college courses into mainstream leisure, cultural, sport and social opportunities, under the disabled person's control. This can be hindered by the lack of research

exploring meaningful life options for those with the most significant impairments, for whom full-time employment may not be a realistic option’.

It is necessary to assess within this strategy how inclusive the commissioned day services are. The range of day services should aim to promote independence through helping disabled people regain independent living skills and provide opportunities for people to ‘get a life’ as members of the local community through employment, and access to mainstream sport, social and educational opportunities.

Within Barnet, there are health managed day hospitals (see below) and social care day services. The main day service for people with physical and sensory impairment is the Flightways Resource Centre run by the London Borough of Barnet. However additional spot purchasing of day services by the Local Authority is undertaken for those people living outside of the Borough or to meet specific assessed needs.

| Type of Day Service received                     | Age Range |       |       |       |     | TOTAL (all ages) |
|--|-----------|-------|-------|-------|-----|------------------|
|  | 15-19     | 20-29 | 30-44 | 45-64 | 65+ |                  |
| Flightways Resource Centre - Local Authority Run | 0         | 6     | 25    | 57    | 27  | 115              |
| Voluntary / Private Organisations                | 0         | 1     | 5     | 1     | 0   | 7                |

The majority of funded day services by the Local Authority are for inhouse day services as can be shown in the table above. However there are some specialist services provided by the voluntary sector but not actively commissioned by the Local Authority. These are:-

|                                      |                     |  |
|--------------------------------------|---------------------|--|
| Anne Wall Centre – provided by Sense | Deafblind Service – | Social, recreational and educational opportunities |
| Community Focus                      | Disabled People     | Community based arts project                       |
| Creative Connections                 | Disabled People     | Community based arts project                       |

In summary, day services are provided in segregated settings within a buildings based model with young people under the age of 25 receiving services alongside people aged 65 and over.

The Flightways day service provided by the Local Authority will be modernised through the provision of a high quality new build as part of the Grahame Park regeneration. This provides a significant opportunity to reconsider the focus of the service in line with ‘Improving the Life Chances of Disabled People’ with an opportunity to consider joint developments with health and the voluntary sector. This is a priority area for development within this strategy.

As part of the drive towards self directed care, this strategy aims to see a reduction in buildings based day care places and an increase in use of direct payments, with the Flightways service promoting community participation and presence. This strategy however is mindful that for many families and carers day services often provide a crucial form of respite away from providing support to their family member. The challenge here is to begin to look at and recognise what role day services are providing to a person and family as a whole, we must be

careful not to undermine the need for respite whilst at the same time, not allow the needs of a family to overpower the need for an individual to have opportunities during the day that are meaningful and encourage inclusion in the community.

## Employment Services

There are number of employment projects that aim to support disabled people in Barnet into work. These services can help provide work opportunities, education, training and support with finding paid open employment. Employment outcomes are not routinely monitored from these services and this is a priority area for this strategy.

Employment advice and services are provided through;

- Community Employment Initiative - Serving Colindale and Grahame Park
- The Shaw Trust
- Disability Employment Advisors – Department of Work and Pensions
- CVS - Active Volunteering by Disabled People Project
- Rehab UK provides assessment, training and development programmes that enable people with acquired brain injury to break into the workforce (pan London service accessed via BIRU)

Local Colleges provide a range of courses that feed into employment services as well as supporting young people to develop independent living skills. These are identified and supported through the Connexions service.

There is a need for public sector organisations to review their employment practice to support more disabled people to access mainstream employment opportunities. Increasing the numbers of people in paid employment through the development of an employment strategy for disabled people in Barnet is a key priority area within this strategy.

## Community Access

Increasing access to mainstream community settings is a priority within this strategy. As a part of this the Physical and Sensory Impairment Partnership Board has identified the need to remind organisations of their duties under the Disability Discrimination Act to make services more accessible to people with disabilities, in particular issues with regards to personal care needs. This will be taken forward through links with the Accessible Barnet group within DAbB and through the Best Value Review of Leisure currently being undertaken by the London Borough of Barnet.

## Health and Social Care Services

### Community Based Health Services for Disabled People

#### Primary Care

There are 76 practices in Barnet with approximately 200 wte GPs. The practices now form four localities for practice based commissioning (PbC) covering the North, South, Burnt Oak/Colindale and Mill Hill/ Edgware. Improving the care and treatment pathways for people with a long term condition is a priority for health services in Barnet across primary care settings in partnership with secondary and social care is priority within this strategy.

#### District Nursing and Community Matrons

The district nurse team works primarily with patients who are housebound - but not in nursing homes - or whose care is best provided away from the surgery for other reasons. Some

patients are terminally ill and the nursing service offer a palliative care service in the community. Working closely with General Practices, each general practice is allocated a nursing sister or charge nurse, who leads a team that might include registered nurses, health care assistants and other support staff. District nursing tasks are to

- Provide nursing care and treatment
- Help people to look after themselves and to be as independent as possible
- Offer support and advice to help people live healthy lives and avoid disease

The district nursing service offers seven days a week, including overnight and at weekends.

Working within the nursing service are 8 Community Matrons. These are experienced, skilled nurses who use case management techniques with patients who meet a criteria denoting very high intensity use of health care. Two of the community matrons have a specialist role focusing on HIV and Cancer, with the rest of the team supporting people with a range of long term conditions.

### Physiotherapy

The aim of the Physiotherapy Service is to provide an accessible and effective service to people with physical disabilities to enable them to achieve their maximum level of mobility/ability. Physiotherapists normal working hours are 9:00am-5:00pm, Monday to Friday.

Examples of those with physiotherapy needs are adults who have a recent illness, accident or disability that has impacted on their level of mobility e.g. Following a stroke, loss of limb, head injury, major orthopaedic surgery or those who have a long-term condition or progressive disorder impacting on their mobility e.g. Multiple Sclerosis, Parkinson's, Cerebral Palsy

The Service provides:-

- an assessment of mobility and movement including tests and observations
- an intervention package to improve mobility which will include where relevant:
- Active exercise programme or course of treatment
- Home visit to assess the individuals ability to mobilise in their home environment
- The prescription of appropriate walking equipment e.g. frames, sticks; and appliances e.g. splints, braces, collars
- Planning on discharge from hospital to home to ensure individuals are able to manage safely at home

Physiotherapists work with other health and social care professionals and within multi-disciplinary teams in:

- Community Intermediate Care Teams
- Community Physiotherapy
- Intermediate Care Wards - Finchley Memorial Hospital and Edgware Community Hospital
- Stroke Rehabilitation Unit - Finchley Memorial Hospital (over 65 only)
- Brain Injury Unit - Edgware Community Hospital
- Parkinson's Clinic and Edgware Day Hospital – Edgware Community Hospital
- Falls Clinic and Day Hospital – Finchley Memorial Hospital
- Continuing Care Team
- Marie Foster Centre
- Flightways Day Centre

### Community Hospitals

There are two community hospitals within Barnet- Finchley Memorial and Edgware Community Hospital. Both sites provide a range of services for disabled people within Barnet, providing step-down facilities from acute hospital care into the local community. The relevant services provided at each of these sites is identified above under physiotherapy, with the exception is audiology which is provided at Finchley Memorial Hospital. During the lifetime of this strategy, there are plans to redevelop the Finchley Memorial Hospital and for this site to become

focused on community rehabilitation. This will include the development of a community based rehabilitation service for stroke for people under 65.

#### Marie Foster Unit

Managed by Barnet PCT, the centre provides health care for people with deteriorating neurological conditions. This may include clients with:

- Multiple sclerosis
- Motor neurone disease
- Other complex and often progressive neurological disorders

The Marie Foster Centre has 28 beds for both respite care and residents. There is also a day care service available. The centre can offer limited continuing care beds for clients with high dependency needs. They need to be at a continuing care level one and be able to be safely cared for in the Marie Foster Centre environment.

#### Brain Injury Rehabilitation Unit (BIRU)

Managed by Barnet, Enfield and Haringey Mental Health Trust, BIRU is a 15 bed inpatient unit, providing a specialist service for people over 16 years old who have an acquired brain injury and who primarily experience difficulties with cognition and / or behaviour for the three London Boroughs. The average stay is 6 months consisting of an in-depth assessment followed by a period of rehabilitation based on goals set with the individual and involving their family. Limited day and outpatient facilities are available after assessment, with some outpatient follow up based on need. BIRU is not resourced to take people with marked physical difficulties or deteriorating neurological problems.

#### Continuing Care

Continuing Care refers to the funding for healthcare which is available to meet people's long term health care needs.

In January 2007, there were 32 people subject to a shared health and social care arrangement, 7 people living in Barnet and 6 people living in registered care homes out of Borough. The remainder of the cases are supported to continue living in their own homes through live in care arrangements. These cases are now subject to review in light of new guidance on how shared care packages should be determined. This strategy is committed to ensuring that Adult Social Services and Barnet PCT should meet the continuing care needs of people with physical disabilities as far as possible, in their own homes or in small group settings in their own communities. This will require the development of new ways to improve joint working to make sure that local services meet health needs, where possible, outside of registered care settings using the skills and resource of the community health services including district nursing, therapists and community based rehabilitation services.

### Assessment and Care Planning - Social Care

#### Physical Disability Social Work Service

Based on the 2005/06 based statutory RAP return, Adult Social Services provided a service for 614 people with a physical impairment aged 18-64 of which 567 received community based services to enable people to live in their own home (92%).

Assessment and Care Management is provided to adults with physical disabilities by 8 wte Social Workers, supported by a senior practitioner. During 2005/06 the team received funding for a dedicated hospital discharge social worker funded through the reimbursement grant. However it should be noted that the % allocation of the budget for the social work team (13%) is low in comparison to the national profile (17.6%).

There is an increased demand for services from the team in large part due to the need to facilitate earlier discharges from hospital and from the impact of demographic growth referred to in the section on needs above. This can be demonstrated through the contacts for new clients progressed to assessment data which is shown for the period 2004/05 to 2006/07 in the table below

|          | <b>2004/05<br/>Outturn</b> | <b>2005/06<br/>Outturn</b> | <b>2007/07<br/>Month 9</b> | <b>Projected<br/>Outturn</b> |
|----------|----------------------------|----------------------------|----------------------------|------------------------------|
| PD 18-64 | 149                        | 223                        | 447                        | 596                          |

Data Source: SWIFT, Report run 15/01/07

Given the increases in initial contacts progressing through to assessment, it is essential that there is an adequately resourced duty function in order to be able to screen referrals and prioritise urgent assessments. A review conducted during Autumn 2006 highlighted inefficient working practice in relation to duty systems. A new structure will be established from April 2007 to increase the capacity to manage this increased demand into the team.

#### Occupational Therapy

The Occupational Therapy Department provides Occupational Therapy Services to Older Adults and Adults with Disabilities, including people with a physical disability. This service is based at Barnet House and undertakes assessment for small pieces of community equipment and for major adaptations in conjunction with housing and the environment. In the financial year 226 people with a physical disability were supported through the OT service to access equipment and adaptations.

#### Sensory Impairment Social Work and Rehabilitation Service

The Sensory Impairment team's primary function is to promote independent living, supporting people to develop and maintain an independent life as much as they are able to. The Sensory Impairment Team provides many different types of support, including rehabilitation training and the provision of equipment, all with a view to increasing the choices available to service users. This may mean helping people to identify their own goals, to relearn a skill they have lost as a result of their sensory loss or to identify new skills that will increase their choice and independence. Equipment can be provided to people, aiming to reduce risk and enable people to retain independence. This may be equipment relating to communication needs of people who are Deaf or deafened or that supports independence for someone who has limited vision. Rehabilitation and equipment services are currently available to people of all ages.

In order to identify and support the needs of the individual, specialist assessments will be offered. This could be a community care assessment, rehabilitation assessment, a registration assessment or an equipment assessment

There is one social worker for the Deaf, 3.5wte community care officers (CCO) undertaking assessments for equipment and 2 wte rehabilitation officers for visual impairment. For 2005/06, the breakdown of clients that the team supported is shown in the table below:-

|                  | <b>Age 18-64</b> | <b>65+</b> | <b>Total</b> |
|------------------|------------------|------------|--------------|
| Hearing Impaired | 23               | 197        | 220          |
| Visual Impaired  | 63               | 202        | 265          |
| Dual Impaired    | 4                | 55         | 59           |
| Total            | 90               | 454        | 544          |

The SIT carried out 724 assessments in 2006 which included 172 contact assessments (these are assessments for people previously in receipt of services and known to the team).

Excluding the contact assessments

- The 2 CCOs HI carried out 177 assessments and worked with 120 older adults and 33 younger adults
- The 1 1/2 CCOs VI carried out 149 assessments and worked with 142 older adults and 48 younger adults
- The 2 Rehab workers carried out 54 assessments and worked with 14 older adults and 36 younger adults.
- Social Worker with Deaf people carried out 32 assessments

The team has been working to the care management waiting time targets for assessment and care packages for those people aged over 65. However this has resulted in a differential service for younger adults from which performance data shows that people are waiting longer for an assessment or the supply of equipment. This must be addressed through this strategy. In addition, it is essential that the development of sensory impairment services needs to work closely with older adults services to ensure that the developments in older adult services take account of the needs of older people with a sensory impairment.

Transition Support

As at January 2007, there is no dedicated transitional worker for young disabled people moving from children's services to adult social services. It is a priority to establish increased social work support for transitions from April 2007 for both people with a physical and sensory impairment.

## Services for Carers

Short Breaks (Respite Care) Services

For the financial year 2005/06, 10 people were supported to access residential respite care. In addition to this a further 23 people used direct payments for short breaks. We expect that the use of direct payments will increase for short breaks over the duration of this strategy.

Other Services for Carers

Barnet Council through the Carers Grant have funded a Physical and Sensory Impairment Carers Development worker in a partnership between Barnet Carers Centre and Disability Action in the Borough of Barnet (DabB). This new carers development worker has responsibility for

- Carer identification and referral for support
- Piloting self assessment for carers
- Supporting increased take up of carers direct payments
- Providing information, advice and support on the range of carer services available in Barnet.

In addition, the carers grant funds a carers nurse to provide support and guidance for carers on issues relating to their health and well-being.

## Self-Directed Support Services

### Direct Payments

Direct Payments are supported by the Council as a way to ensure that disabled people are able to gain access to high quality cost effective services that are flexible and responsive to their needs. They are an essential part of the Adult Social Services vision which wants to give disabled people more choice and control over their own lives.

The Direct Payments Advisory Service consists of 6wte staff with a dedicated Direct Payments Advisor for physical and sensory impairment services. This advisor works with the physical and sensory impairment service to promote direct payments and to ensure that direct payments are considered within the assessment and care planning process.

Increasing the number of people in receipt of Direct Payments is a key objective within the draft Local Area Agreement for Barnet and statistics show a steady upward trend for the number of people with a physical or sensory impairment in receipt of a direct payment as shown in the table below

|          | <b>2004/05<br/>Outturn</b> | <b>2005/06<br/>Outturn</b> | <b>2007/07<br/>Month 9</b> | <b>Projected<br/>Outturn</b> |
|----------|----------------------------|----------------------------|----------------------------|------------------------------|
| PD 18-64 | 82                         | 88                         | 123                        | 141                          |

Direct Payments were subject to an Internal Audit in 05/06 and findings clearly demonstrate that service users consider Direct Payments a positive step in gaining and maintaining independence. However, a number of issues were identified for further improvement including;

- staff training and advice;
- access by service users and carers from minority ethnic communities and;
- monitoring and review.

The Council currently has an Action Plan to address these issues and targets to increase the number of local people accessing Direct Payments, year on year.

Across Adult Social Services, Direct Payments costs less than mainstream services achieving a net saving including the cost of advisory service of £210527 per annum (August 2006). This allows the council to achieve value for money and to target the provision of scarce resources to meet the needs of a larger number vulnerable people.

### Independent Living Fund

The Independent Living Fund (ILF) is additional income for personal assistance and domestic care to meet service user needs. Their criteria are such that it enables greater choice and access to social opportunities.

The ILF is a fund which enables severely disable people, in receipt of DLA Care Component at the highest rate and Local Authority Assistance of £200 per week, to buy the support they need to live independently in their own homes rather than in residential care.

Work is currently being done in Barnet Council to identify all service users who qualify for ILF, particularly, given the potential to free up resources and increase capacity for more service users to move to community based settings with higher levels of support. The most recent information available suggests that Local Authorities providing Direct Payments make more use of Independent Living Fund monies. We want to make sure that service users have access to good welfare benefit advice so that we can increase the take-up of ILF.

## Information, Advice and Advocacy Services

The main service provider is DabB which is a user led organisation with core funding from the London Borough of Barnet. DabB is the umbrella organisation for disabled people in Barnet and provides 6 core services

- Outreach information and advice service. In 2006, the service dealt with almost 4000 enquiries on a wide range of issues.
- Barnet Independent Living Agency – BILA is an agency recruiting and providing personal assistants to enable disabled people to live independently
- Active Volunteering by Disabled People in partnership with Barnet Community Service Volunteers
- Skylark Counselling Service- providing a specialist counselling and psychotherapy service for disabled people, their family and carers
- Access in Barnet – Volunteer user group to advise on access issues liaising closely with Council planners
- Partnership and Policy working – through the Physical and Sensory Impairment Partnership Board, the Barnet Wheelchair user group and the Physical and Sensory Impairment network hosted by BVSC.

Advocacy services aim to uphold an individual's human rights. There are a number of different types of advocacy services. Advocacy in Barnet provide individual advocacy whilst support and advocacy in relation to welfare benefits is provided by DabB through the outreach information and advice service.

Ensuring that there is access to independent professional advocacy is a commissioning priority within this strategy and will be essential to support the implementation of the Mental Capacity Act (IMCAs) and the delivery of the Adult Social Services vision and the move towards self-directed care.

## Specialist Services for People with a Sensory Impairment

In addition to the sensory impairment team and specialist health services, there are a range of services for people with a sensory impairment provided by the London Borough of Barnet and voluntary organisations. These are:-

**Barnet Hearing Advice Service provided by the London Borough of Barnet.** The Barnet Hearing Advice Service aims to support people with hearing loss and particularly people who wear hearing aids. Trained volunteers offer support, information and advice about managing a hearing loss. Volunteers also offer maintenance of NHS hearing aids, visit housebound people at home and run sessions in day and community centres. The volunteers and the co-ordinator also offer awareness training of hearing loss and can offer presentations and talks to professionals and community groups. All aspects of the service are free.

**Sign Language Interpreting Service provided by the London Borough of Barnet.** The British Sign Language Interpreting Service aims to enable deaf and hard of hearing people in Barnet to have access to all services on an equal basis and to receive a quicker response. The service is free to all people who use British sign language as their first language and who live in the borough of Barnet. It can be used for:

- visits to the doctor
- visits to the dentist
- visits to the optician
- hospital appointments
- educational appointments
- social services
- council meetings in Barnet.

This service cannot be used with employment or leisure activities, although access to support may be gained through the Department of Employment PACT Service.

**Barnet Talking Newspaper** - A weekly 'newspaper' on audio tape for people who are blind or partially sighted and live in the London Borough of Barnet. It is completely free and delivered weekly by post.

**Barnet Deaf Forum** - This is a support network and campaigning group to raise awareness of the needs of deaf people within Barnet.

**Jewish Deaf Association** offers help and advice to deaf and hard of hearing people of all ages and denominations. It runs a day centre with kosher dining facilities, social activities, and lipreading classes. There is also a new resource centre which contains a range of equipment to assist deaf and hard of hearing people in their daily lives. The Jewish Deaf Association provides free advice on equipment and can liaise with Social Services if required.

**Deaf Link Scheme** – Metropolitan Police provides link officers who have been trained in British Sign Language. Police in Barnet are currently training 4 more office in British Sign Language with the support of Barnet College and the Jewish Deaf Association. Additionally 21 officers and front Line staff were trained in Deaf Awareness in 2006 to support this scheme.

**Barnet Association for the Blind**, part of Middlesex Association for the Blind provides information, training and advice for visually impaired in Barnet. The Barnet Association for the Blind works in partnership with the Eye Clinics at Barnet and Edgware Hospitals to provide invaluable information and support to patients at the point of diagnosis of their eye condition. Middlesex Association for the Blind has three resource centres equipped with daily living aids for people with a visual impairment. However there is no such centre in Barnet and Barnet residents are able to access the resource centre within Enfield.

**Barnet Borough Sight Impaired Group** - This is a support group run by people who are visually impaired.

#### Key Messages

More self-contained accessible accommodation is required to enable more people to live in their own homes. Supporting People will have a key role to play in providing housing related support for disabled people through floating support.

Day services will continue to become more outward facing and less buildings based. There will need to be an increase in the support to employers to support people with disability gain paid employment. Day service modernisation will be facilitated and accelerated through the development of individualised budgets.

Health and social services need to work together to develop appropriate joint packages of support for disabled people using the opportunities for the development of community based rehabilitation services, the redevelopment of Flightways and the Long Term Conditions model to develop integrated assessment and service provision.

There is a wide range of voluntary sector services providing information, advice and support for disabled people within Barnet. However there is a need to consider how these can work more closely together through the development of a Centre for Independent Living within Barnet

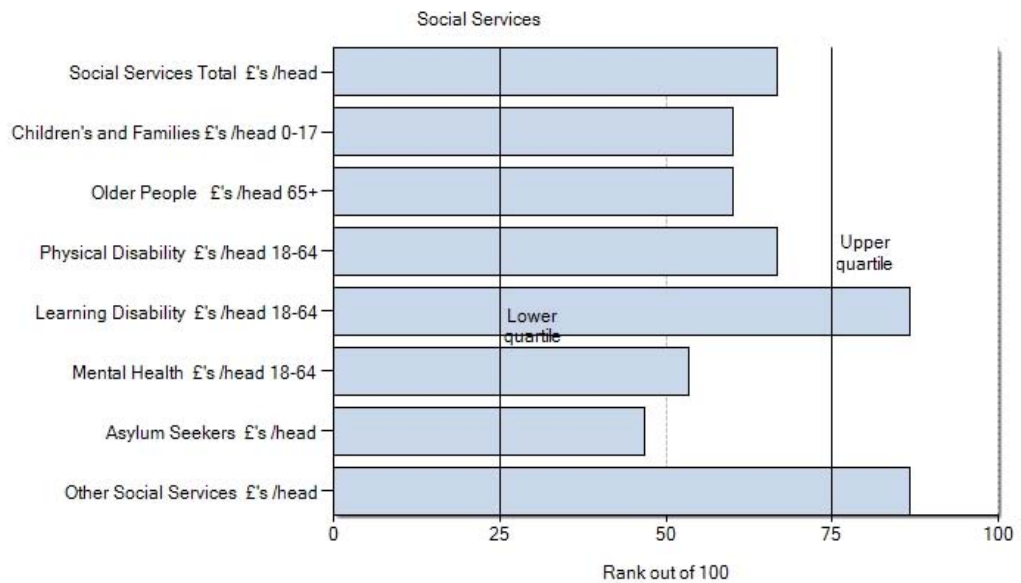
The social work teams need to respond to the changing demands on the team with a stronger focus on duty arrangements and ensuring that waiting times are reduced for assessment and care planning for all care groups.

# Financial Resources for Physical and Sensory Impairment Services in Barnet

## Benchmarking Financial Investment

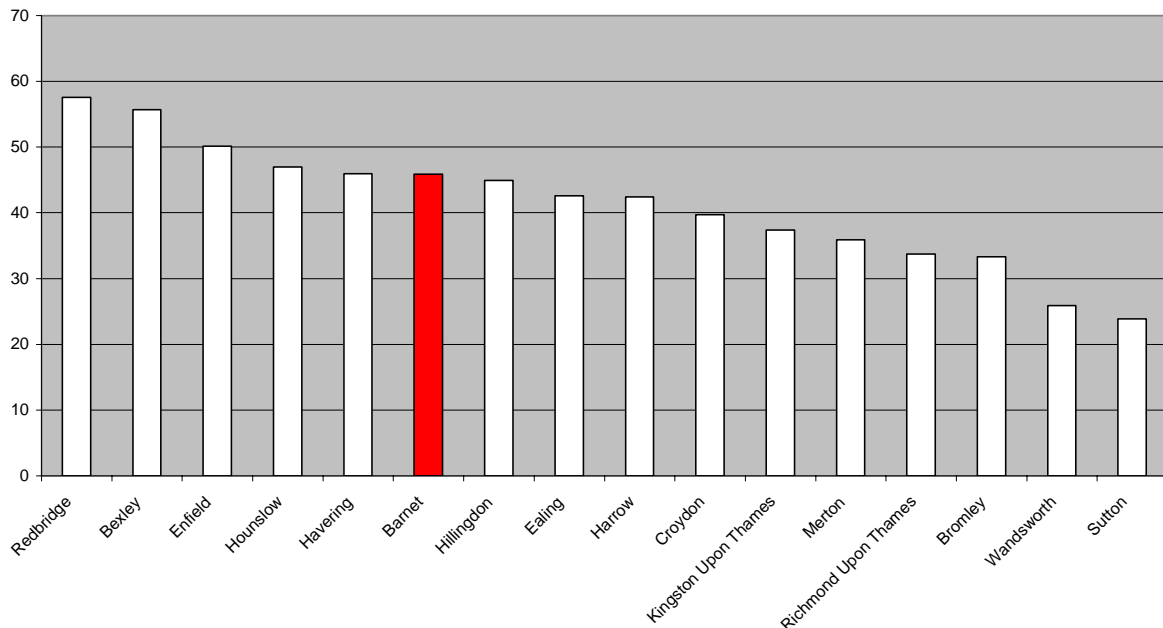
Investment on Physical Disability and Sensory Impairment in Barnet - Adult Social Services

Adult Social Services in 2004/05 spent £43.43 per head for adults with a physical disability. This increased in 2005/06 to £45.91. Compared to Barnet's nearest neighbour cluster group the level of spend per head of population 18-64 for Barnet during 2005/06 was comparatively high in mid to upper quartile ranking 66.67 out of 100.



Source: <http://vfm.audit-commission.gov.uk>

Adults with Physical Disability £ per head 18-64 2005/06



It is of note that Barnet is a relatively higher spender on physical disability services in comparison with other outer London Boroughs. However performance against social care key performance indicators notably C29, the number of adults with a physical disability helped to live at home within Barnet is comparatively low. For the other comparatively higher spending authorities, their level of performance against C29 mirrors their position in respect of their investment levels on physical disability services per head of the population. However when looking at the number of people in residential care/ nursing homes, Barnet has the third lowest number in registered care per 100000 population indicating that intensive community support packages including live in care are being arranged. These are often at a higher cost than a residential care package. It is therefore essential to ensure through this commissioning strategy that Barnet continues to seek ways of achieving value for money and continue to promote intensive home care packages as an alternative to residential care.

## Adult Social Care Physical and Sensory Impairment Budget

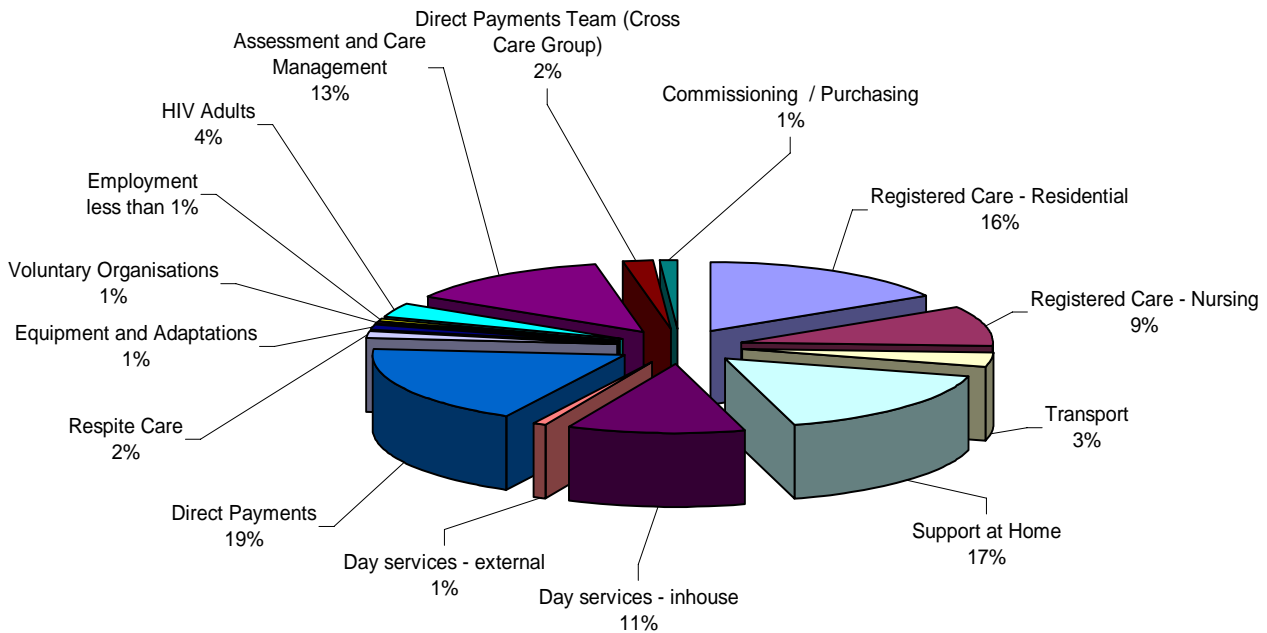
Physical and Sensory Impairment budgets constitute 10% of the total budget for Adult Social Services. For 2006/07, the budget for Physical and Sensory Impairment is £7,983,925 from mainstream Adult Social Services budgets. The Supporting People Programme spend for physical and sensory impairment is £209,000.

The chart below shows that the majority of expenditure is on support to individuals living in their own homes (supported living, support at home, equipment, employment, respite and day care) and constitutes 33% of the expenditure. Direct payments, which are a strategic priority for adult social services constitute 21% of total (19% on care and support and 2% on administration, although it should be noted that the administration element is for all Adult Social Services) on registered care (residential care and nursing care), 25% of the budget is spent on registered care (residential care and nursing care).

The national profile for expenditure on Personal Social Services for Physical Disabilities services is assessment and care management 17.65%, registered care provision 27% and day and domiciliary support 56%. The Barnet profile is broadly consistent with this, although investment in assessment and care management which included commissioning is below the national profile.

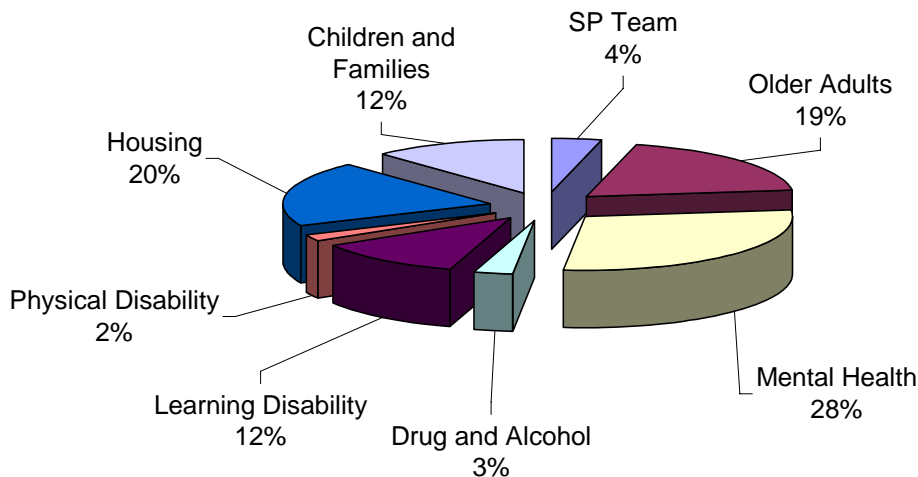
For Adult Social Services continuing to reshape this financial profile away from residential care to support in people's own homes, direct payments and reduction in directly funded day services is a priority within this strategy to support improved performance. Adult Social Services will need to work closely with Barnet PCT to achieve this in order to utilise to best effect the supply of registered care in the Borough to meet the needs of people supported by both adult social services and health, particularly in respect of promoting re-enablement in partnership with community rehabilitation services provided by the NHS to support people to move out of registered care and back into their own homes wherever possible.

### Adult Social Services Budget Physical and Sensory Impairment 2006/07



The Supporting People programme budget for physical and sensory impairment only constitutes 2% of the programme as a whole with a value of £209,000 per annum. This figure includes £100,000 for floating support within a previously older person specific contract which was extended to include PDSI in 2006. This resource is being remodelled during 2007/08 to support the delivery of supporting people priorities. It is a priority within this strategy that the supporting people programme supports more people with a physical disability and sensory impairment in response to the findings from the Housing Needs Survey through increasing access to generic floating support.

### Supporting People Programme - splits by care group 2006/07



## Future Financial Resources

### Adult Social Care Financial Strategy

#### Adult Social Services

Central to this commissioning strategy is the need to achieve value for money. This is concerned with ensuring that we achieve positive outcomes for service users and there is a correlation between investment level and performance of the service. Analysis has been conducted against the national unit costs and comparator group unit costs to help ascertain value for money.

|                      | Average gross weekly expenditure per person on supporting adults with physical disabilities in residential and nursing care (including full cost paying and preserved rights residents) | Average gross weekly expenditure on home care per adult aged under 65 with a physical disability or sensory impairment receiving home care at 31 March 2006 | Average gross weekly expenditure on direct payments per adult aged under 65 with a physical disability or sensory impairment receiving direct payments at 31 March 2006 | Average gross expenditure per day care session for adults aged 18-64 with a physical disability or sensory impairment |
|----------------------|---|---|---|---|
| Barking and Dagenham | 716   | 163   | 182   | 74  |
| Barnet               | 1,089   | 127   | 328   | 46  |
| Bexley               | 777   | 71  | 106   | 44  |
| Brent                | 975   | 145   | 370   | 65  |
| Bromley              | 1,026   | 90  | 35  | 28  |
| Croydon              | 931   | 123   | 224   | 34  |
| Ealing               | 639   | 75  | 408   | 15  |
| Enfield              | 850   | 228   | 196   | 63  |
| Haringey             | 627   | 178   | 279   | 17  |
| Harrow               | ..  | 155   | 331   | 40  |
| Havering             | 1,020   | 129   | 264   | 41  |
| Hillingdon           | 919   | 304   | 258   | 16  |
| Hounslow             | 1,097   | 209   | 204   | 29  |
| Kingston upon Thames | 863   | 84  | 214   | 38  |
| Merton               | 955   | 157   | 178   | 56  |
| Newham               | 537   | 99  | 124   | 20  |
| Redbridge            | 664   | 263   | 291   | 19  |
| Richmond upon Thames | 773   | 208   | 266   | 39  |
| Sutton               | 727   | 140   | 156   | 67  |
| Waltham Forest       | 652   | 132   | 203   | 115   |

Source: Personal Social Services Expenditure and Unit Cost: England 2005-06, DH

The table above shows that the gross weekly cost for supporting an adult with physical disability in residential and nursing care based on the outturn for 2005/06 was that Barnet was 30% higher than the average of the comparator group. This is in part linked to the lower numbers of people in residential care compared to comparator authorities and as a consequence the levels of need that are being met through registered care are higher. However we plan, in consultation with stakeholders to introduce controls over what we pay for residential care through the introduction of a Fairer Pricing Tool which has been used in learning disability services. Adult Social Services will need to continue to work with residential service providers to ensure that they respond to the changing demands of the nature of care to be provided, and to ensure that the market remains stable.

The table also shows the average gross weekly cost for home care. Our unit cost for home care is over 18% lower than our comparator group whilst the direct payment average gross

cost is 42% higher. This reflects the trend for people to take up direct payments as an alternative to residential care and the comparatively lower numbers of people in residential care referred to above.

Understanding our unit costs is essential to supporting the delivery of the medium term financial plan for Adult Social Services. For the financial year, Barnet Council is forecasting an overspend position at year end for physical disability and sensory impairment services especially in relation to residential care. Barnet Council has developed a medium term financial plan which covers the period of this commissioning strategy. This medium term financial strategy has been developed to take account of the Council's ambition to deliver a low council tax increase with high quality services. Each of the service areas have been asked to modernise services to achieve efficiency savings and manage pressures within budget. The medium term financial plan for Adult Social Services is closely linked to the vision for the service of personalising care arrangements through individualised budgets, seeking to secure efficiencies through re-organising 'back office' functions, securing contract efficiencies and better use of staff.

Over the three year period of the medium term financial plan, physical and sensory impairment specific investment will change as set out below. This does not include the standard inflation uplift of 2.5% applied to non staffing budgets and excludes supporting people as detailed above. The medium term financial plan will be reviewed on annual basis and priorities within this document will inform reviews of this plan.

| <b>Service Area</b>                  | <b>2007/08</b> | <b>2008/09</b> | <b>2009/10</b> |
|--------------------------------------|----------------|----------------|----------------|
|                                      | <b>£000</b>    | <b>£000</b>    | <b>£000</b>    |
| Service Management and Commissioning | 70             |                |                |
| Fairer Pricing Tool Implementation   |                | (25)           |                |
| Brokerage for day services           | 60             |                |                |
| Day Service Modernisation            | (125)          | (125)          |                |

The changes to the physical disability and sensory impairment budgets within Adult Social Services set out in the Medium Term Financial Plan are derived from the Adult Social Services Vision, to contain the growth in cost of placements through greater efficiencies and individualised budgets whilst taking account of demographic changes. The significant investment in service management, commissioning and brokerage in year 1 is essential to enable the service to have sufficient capacity to modernise, contain costs and deliver efficiency savings.

#### Barnet PCT – Commissioning Intentions 2007/08

Whilst this commissioning strategy is predominantly focused on social care, it is important that consideration is given to the capacity planning assumptions and budget of the Barnet Primary Care Trust over the duration of this strategy, especially in relation to the importance of developing a clear integrated approach to the management of long term conditions across health and social care.

There are significant financial challenges in the local health economy. PCTs and provider Trusts are being required to put in place robust plans to achieve financial balance in order to reduce overall deficits within the NHS. For Barnet PCT the central allocation for 2007/08 will be top sliced by 3.68% and allocated to the Strategic Health Authority to support the achievement of financial balance across the London Health economy. There will be a 5% allocation to growth, costing of 4.5% for generics and staffing and 0.5 % for new investment for services.

Further financial risks for the PCT include the need to achieve financial balance on a recurring basis. This requires continued review of areas of spend across the health and social care interface, especially in respect of continuing care arrangements. Throughout this strategy the

PCT will want to ensure that health investment is clearly linked to the delivery of health services. This will need to be accomplished through a joint approach to Long Term Conditions management supported by effective rehabilitation and therapy services which are available from within the Borough.

The commissioning prospectus for Barnet PCT has highlighted the following areas as commissioning priorities for 2007/08

- Achieving the 18 week outpatient target for audiology services. This will result in additional capacity within acute services which will have an impact for the sensory impairment team within the London Borough of Barnet
- Reviewing stroke accommodation across acute and community providers because current capacity does not meet need appropriately. There will be an emphasis on establishing the number of acute or rehab designated beds required – at present patients are managed wherever there are spare beds in times of high demand. It may be that the Strategic Outline Case for redevelopment of the Finchley Memorial site offers a longer term solution to the issues of dedicated stroke services accommodation. Until then it may be necessary to rebalance existing accommodation. Of particular concern is the lack of local rehab accommodation for younger stroke victims, who have to be managed out of borough at present.
- The Intermediate Care Team will be expected to improve their response rate to the discharge of patients from acute trusts and to develop expertise in areas such as stroke to facilitate earlier discharge.
- The direct GP access to diagnostic MRI at ECH will be extended fully to cover patients with chronic headache. This will be included in a specific service specification and patient pathway for the management of this condition. Further appropriate neurology conditions will be added in year including the development of improved services for people with or at risk of epilepsy.
- The PCT will continue to roll out the pathway for chronic pain referrals with an expectation that 25% of current new referrals will be diverted into community settings from April and 35% of follow ups.

### Key Messages

The level of funding for physical and sensory impairment social care services in Barnet is above the average for comparator authorities. However costs for residential care are higher, % investment in social work and commissioning lower, and spend on direct payments higher

Barnet has a comparatively lower number of people in registered care compared to comparator groups, which with the higher unit costs suggest that registered care is being appropriately targeted towards people with the highest levels of need. However we need to be able to demonstrate value for money through contracting approaches

Expenditure on Direct payments constitute 1/5<sup>th</sup> of all spend on social care services providing a good platform from which to extend self-directed care for this care group

The Primary Care Trust are seeking to invest resources into community rehabilitation services over the duration of this strategy which will need to be planned and taken forward in partnership with social care

There are no significant new levels of resources for this care group over the duration of this strategy. Therefore increased demand and modernisation will need to be managed through service redesign and continued achievement of value for money.

## Moving Forward - Our Priority Areas for Action

### Making Change Happen

The biggest challenge that lies before us is how to provide for increasing demand whilst making services person centred and keeping them within the resources available and on a path of steady performance improvement.

We must change the focus of our service provision from being one which reacts to people's needs as they arise to try to fulfil them, to one which plans ahead so people know that they will get what they need when they need it in advance. We want to achieve this through the introduction of individualised budgets across the physical and sensory impairment service and through effective application of the Long Term Conditions model to support whole systems working across health and social care.

This strategy proposes the following shifts in provision over the duration of this document. The spectrum of services needs to change in the following way:

#### We need less of

Residential care services, especially high cost out of Borough placements

Monday to Friday, 9am to 5pm day services

Out of Borough rehabilitation services for younger adults with stroke

#### We need more

Individualised budgets and direct payments so that people can exercise more choice and develop more flexible, creative care packages

Accessible self-contained accommodation with floating support which maximises the use of telecare

24 hour accommodation and support for people with complex health and social care needs

Work and employment opportunities for people with a disabled people

Community based rehabilitation services within the Borough with joint working across health and social care

One stop shops for information and advice for disabled people within London Borough of Barnet

The Barnet Physical and Sensory Impairment Partnership Board work plan 'Our Life, Our Services, Our Say' provides the framework for setting out the commissioning and decommissioning intentions contained within this strategy and these are set out below. A detailed three action plan will be developed from this strategy setting out lead responsibilities, milestones and resource assumptions led by the Joint Commissioner for Disabilities.

## Our Life - Day Opportunities and Employment

### Case for Change

As a part of the Grahame Park Regeneration, the current Flightways resource centre will be reprovided into a new purpose built fully accessible building. This development provides an opportunity to rethink what services are provided through Flightways resource centre as the new space provides an opportunity to develop a Centre for Independent Living in partnership with other agencies, including health and the voluntary sector.

The current Flightways service provides day services for people with physical and sensory impairments within Barnet. Covering a wide age spectrum, the service provides a range of group activities within a buildings based service model. We want to ensure that a new approach provides opportunities for:-

- Supporting job opportunities
- Leisure, community opportunities
- Individualised plans/lifestyle opportunities
- Opportunities to develop and maintain friendships

In order to achieve the above, the Flightways service needs to change, in line with the Adult Social Services vision of promoting independence and choice. The strategy set out in the vision and in this commissioning strategy of a combination of supported living and individualised budgets means that large day centres may no longer be needed as individuals make other choices. We will need to develop a range of employment and community options while the transition to individualised budgets takes place so that there is not a loss of day services capacity. In addition this strategy recognises that community based resources are needed to support rehabilitation in partnership with health colleagues and voluntary sector support groups and that there remains a continued need to have a Barnet wide resource where people with a sensory impairment can access support and demonstrations of equipment. This is linked to the priority area for action under 'Our Services, Developing Community Based Rehabilitation Services.'

The proposals in this section are premised almost entirely on the co-operation and to some degree the resources of others (employers, leisure providers, the LSC and colleges etc). Sign-up will need to be achieved through the Physical and Sensory Impairment Network based within BVSC and the Partnership Board and through the Local Strategic Partnership. Central to achieving this aim will be the need to look at transport which has been identified through the consultation on the Disability Equality Scheme as being a major barrier for disabled people in Barnet and access to leisure facilities which are currently subject to a Best Value Review of leisure. At this point in time we do not have the comprehensive sign-up we need from those partners, though it is anticipated that the new "community leadership" function of Adult Services will help in this regard.

### Proposal and Target

That we initiate a major programme to modernise the Flightways in house day services so that by the end of this strategy 50% of the adult social services expenditure on day care forms part of an individualised budget and that the Flightways service is delivered in a new, modern fit for purpose building facilitated through the regeneration programme.

Adult Social Services will work closely with the NHS to provide a community enablement / rehabilitation programme which has clear outcomes linked to promoting independent living and

vocational skills. In addition there will be brokerage support to enable people to access mainstream services and to assist them to progress educationally, into work or in terms of their capacity to live a full life. Brokers will have a key role to play in working with partners to develop a mix of employment, further education and community support services.

## Commissioning Implications

### Year One

- To strengthen support for people moving back into employment through the recruitment of a dedicated employment advisor for people with disabilities within Flightways Resources Centre who will work closely with the Disability Employment Advisor and secure commitment from statutory and large businesses within Barnet to employ more disabled people.
- To explore the potential to establish social firms run by disabled people for example to support recycling of PCs in partnership with Barnet Council
- For the management of the Flightways service to come under the Physical and Sensory Impairment service within Adult Social Services to facilitate the development of a new model of service. (Flightways is currently managed within Learning Disability Services).
- To develop and implement a new model for Flightways which has two components a) Enablement service for younger adults b) Brokerage service for day opportunities
- To explore the development of information and advice sites available across the Borough within community spaces in libraries.
- For older people accessing Flightways to be supported to access mainstream Older People's Day Care services with appropriate levels of support as part of the implementation of the new service model for Flightways.
- For the NHS to develop a specialist rehabilitation service for neurological conditions which includes community rehabilitation, day care, in partnership with Social Services.
- Service specification for a Centre for Independent Living developed through the Partnership Board.
- Information about the current range of transport services for disabled people widely publicised and included within the Resource Directory for Disabled People.

### Year Two

- Centre for Independent Living business case signed off by the Adult Strategy Group and linked into the capital planning of the PCT and London Borough of Barnet.
- A Flightways service focused on enablement and shorter term interventions opens, delivering clear outcomes to independent living. All service users at Flightways have a broker to support people access ongoing social, employment and leisure opportunities.
- Clear specification for transport funded by Adult Social Services developed as part of the Transport strategy for LBB and Transport for London.
- Work with the Learning and Skills Council to develop appropriate education and training opportunities locally within Barnet so as to reduce the number of people placed in residential colleges out of Borough or attending day services
- 50% of spot purchased day care to be converted to individualised budgets

### Year Three

- Centre for Independent Living opens which is user led, involves voluntary sector organisations and provides a one stop shop for information and advice on range of disability issues within Barnet.

## Anticipated Impact on Performance

We expect that this shift towards community based service delivery and increased employment opportunities will impact positively against the following key target areas:-

- Performance against PAF indicator, D51- Direct Payments
- Performance against PAF indicator C29 – The number of people with a physical disability (18-64) helped to live at home
- Better Metrics Indicator for NSF for Long Term Conditions
  - 'To enable and support individuals with a long-term neurological condition to lead a full life in the community through access to rehabilitation including community neurorehabilitation and vocational rehabilitation'
  - To give individuals with a long-term neurological condition maximum choice about living independently at home through the offer of direct payments

Furthermore we will be able to demonstrate improved outcomes for people with a physical and or sensory impairment against the social care outcomes below.

- ***Improved quality of life – 'I am able to live a fulfilled life'***  
Better access to ordinary housing, transport, leisure, information, life long learning and support that promotes well-being. More people living in a cohesive community with a good environment and little crime.
- ***Exercise of choice and control – 'I have the same life chances as other adults'***  
Disabled people have their own Person Centred Plan, determining for themselves where they live, how they are supported and how they spend their day. Reliable information and advice available in accessible formats. More people accessing equipment and assistive technology and fair and equitable complaints systems. More people getting Direct Payments and Individualised Budgets
- ***Making a positive contribution – 'I can participate as a full and equal member of my community'***  
People living, working, learning and taking part in community life as equal members. More people involved in planning and decision making about the direction of services. More people reporting a positive experience of using services and increased support and recognition for carers.
- ***Economic well-being – 'I am financially stable and have as much control as possible over my money'***  
More people have access to financial information, welfare benefits and employment opportunities.

## Risks

The Flightways service is well respected by its members who will need to be reassured that the new model will continue to meet their needs. A strong project management approach, effective communications and a commitment to individual reviews of needs will be essential to ensure that this risk is mitigated.

The commissioning intentions assume that the day service needs of older people (65+) accessing Flightways are best met within Older Adult day services and that there is appropriate and sufficient capacity to meet their needs. However on an individual basis if this is not the case, alternative day care opportunities will be secured.

### Case for Change

The Housing Needs survey for Barnet demonstrates that at the most conservative estimate 38% of all households with support needs are for people aged under 65 with a physical disability or severe sensory disability. This survey shows a high level of need for supported housing and aids and adaptations. Across adult social services and housing, there is a need to look holistically at how disabled people have access to decent accessible housing regardless of tenure status as either owner occupier or tenant.

Choice-Based letting is the system used by the Housing department to allocate properties to people. When people are in housing need, they would make contact with the Housing Department at which point they would be assessed to validate their needs. If accepted onto the housing register they would be given a points allocation enabling them to bid for social housing that is available locally. The Housing Options Team works with all housing applicants to seek solutions other than social housing.

Most people with physical disabilities and sensory impairments are likely to remain living in ordinary housing for most of their lives. Access to good information and support should enable people to make necessary adaptations. The Housing Strategy 2003 – 2010 clearly reflects our success in enabling people to adapt their homes to meet their individual needs. The provision of Disabled Facilities Grants increased from £0.558m in 2000/01 to £1.033m in 2005/06 and further to £1.4million for 2007/08. However demand for adaptations outstrips the Disabled Facilities Grants budget and a longer term strategy for accessible housing is required. Disabled Facilities Grants will soon be referred to as 'Accessible Homes Grants' and councils will be inspected by the audit commission on the issue of accessible housing.

Accessible Housing Grants might also be incorporated into the Individualised Budget approach to delivering social care. In the longer term, therefore, the outcome of the Individual Budget pilots could have a profound effect on the way housing adaptations are delivered in terms of flexibility and choice. Communities and Local Government, DH and DWP are working towards a new integrated system for delivering community equipment and housing adaptations. The Individual Budget Pilots will be key in informing Government of the best way in which such a new system can be developed.

Disabled people will often invest in making their homes more accessible by completing adaptations to address their needs; there is a common perception that adaptations should be removed at the point of sale as they are deemed unattractive to potential buyers. We need to examine the options for recycling equipment through renegotiation of the way in which grants are used. For example stairlifts on removal become equipment and potentially supplied through Adult Social Services and potentially deliver some savings.

There is an Accessible Housing Register Group which has been established to identify housing which could be used to address a specific need in the future. It is anticipated that housing stock on this register will be specifically identified under the Choice Based Lettings arrangements. Work is currently being done with Barnet Homes on the Aids and Adaptations programme. There was a considerable backlog in the carrying out of Aids and Adaptations and we have been working closely with Barnet Homes to reduce this. Progress is being made on reducing the backlog on the smaller adaptations and work is continuing on carrying out a number of larger adaptations including a long-standing commitment to produce a 5-bed wheelchair unit.

The increasing spend on DFGs tells us that we need to do more to develop accessible homes for people who need them across all forms of housing tenure. We need to use the opportunities created by the regeneration schemes across Barnet to increase the supply of

accessible housing. This will then link to the use of telecare, the development of extra care and the 'enablement' project to ensure that the right housing and support is provided at the right time and continue to reduce the numbers of disabled people living in registered care. The ability to deliver reassurance and support through the use of telecare solutions cannot be under-estimated. The Northamptonshire Telecare pilot " Safe at Home" provides evidence that this approach is not only a good way of providing support to people living alone, but the projected cost benefits to the authority by being able to reduce regular daily "monitoring visits" were much greater than the cost of technology installation and flexible support services. It also had a positive impact on carers who felt that they could at least summon help if they needed to.

One other key driver for change is a review of shared care arrangements under continuing care within Barnet. It is necessary to rethink how people's continuing healthcare needs are best within the long term conditions model in their own homes through a multi-disciplinary support package across health and social care, rather than in registered care homes.

Whilst the number of supported residents by the Local Authority in registered care at the end of March 2006 was one of the lowest in the comparator group of outer London boroughs we wish to continue to target our work at reducing spending on long term residential / nursing care in order to make resources available for community based services. We are confident that we are no longer placing people into registered care who could be supported to continue to live in their own homes in the community. Experience from a pilot project with DabB to provide brokerage support for people living in registered care out of borough with an aim to bring people back into Barnet has shown that there are people in registered care that can be supported to live more independently.

## Proposal and Target

To reduce the number of people living in registered residential care by 30% at the end of this strategy and funded by the Local Authority and to increase the number of disabled people aged 18-64 living in their own homes using telecare by 100% from the March 2007 baseline.

## Commissioning Implications

### Year One

- Commission an accommodation with support transition service within Barnet utilising supporting people funding and resources from Adult Social Services. This will form part of the New Choices programme and will consist of 7 self contained flats with 24 hour support. This scheme will be completed in early 2008.
- Establish a housing subgroup of the Physical and Sensory Impairment Partnership Board which links into the regeneration programme and influences the planning and supply of accessible housing, linked to the Accessible Housing Register.
- A Housing Options broker to be in place in 2007/08 for disabled people within Adult Social Services
- Through the Supporting People programme increase the level of floating support available for disabled people through remodelling of the supporting people programme to facilitate move on from registered care or from the family home.
- Develop a specification and tender for domiciliary care provision at a live-in rate, achieving better value than spot purchasing this provision.
- Formalise strategic links to ensure that disabled people receive an allocation of housing within the new regeneration projects.
- Complete review of all high cost residential care placements (over £800) securing greater contracting efficiencies through the use of the Fairer Pricing tool against all spot purchased placements. Move-on accommodation needs identified

- Work with registered care providers within Borough to develop options for the development of supported living with 24 hour support.

## **Year Two**

- In partnership with older adults services to invest in raising the awareness of the range of security and safety devices available, produce advice sheets and signposting as to where people can purchase such devices, and to ensure that assessment staff have access to specialist advice as part of improving person centred planning.
- 20% of high cost residential care packages reviewed during 2007/08 converted to individualised budgets
- 25% increase in the numbers of people using assistive technology, as well as the range of products, and to train staff to understand how such technology can support disabled people more effectively in the future. This to include Tele-medicine to help manage health needs safely.
- Access to aids and adaptations to be improved through partnerships with independent providers who provide disability equipment outlets in the Borough; access to Occupational Therapy advice through telephone contact centre; and improved assessment times for minor equipment that improve safety in the home.
- To deliver capacity in Care and Repair schemes to maintain the fabric of the home, including home security, and to work with voluntary sector for decorating and gardening services that will help maintain the confidence of disabled people living at home. These measures are known to also have a positive impact in terms of crime prevention.
- To complete a review on the cultural appropriateness of housing and support options for disabled people from ethnic minority communities.

## **Year Three**

- Undertake feasibility studies for the remodelling/redevelopment of sheltered schemes, to increase the supply of accessible housing for disabled people.
- 40% of high cost residential care packages reviewed during 2007/08 converted to individualised budgets
- Supporting People funding for disabled people included within individualised budget allocation for people requiring housing related support.

## **Anticipated Impact on Performance**

We expect that this shift towards supported living will impact positively against the following key target areas:-

- Performance against PAF target B11 – Intensive home care as a percentage of intensive home care and residential care
- Performance against PAF target C29 – the number of people with a physical disability (18-64) helped to live at home
- Performance against PAF target D54: % of items of equipment and adaptations delivered within 7 working days
- Better Metrics Indicator for NSF for Long Term Conditions

- To provide timely appropriate equipment and adaptations to individuals with a long-term neurological condition
- To give individuals with a long-term neurological condition maximum choice about living independently at home through the offer of direct payments
- To give individuals with a long-term neurological condition maximum choice about remaining/returning to their own home

Furthermore we will be able to demonstrate improved outcomes for disabled people against the outcome framework for social care especially against

- ***Improved quality of life – ‘I am able to live a fulfilled life’***  
Better access to ordinary housing, transport, leisure, information, life long learning and support that promotes well-being. More people living in a cohesive community with a good environment and little crime.
- ***Exercise of choice and control – ‘I have the same life chances as other adults’***  
Disabled people have a Person Centred Plan, determining for themselves where they live, how they are supported and how they spend their day. Reliable information and advice available in accessible formats. More people accessing equipment and assistive technology and fair and equitable complaints systems. More people getting Direct Payments and Individualised Budgets
- ***Making a positive contribution – ‘I can participate as a full and equal member of my community’***  
People living, working, learning and taking part in community life as equal members. More people involved in planning and decision making about the direction of services. More people reporting a positive experience of using services and increased support and recognition for carers.
- ***Maintaining personal dignity – ‘I feel valued by others’***  
More people experience secure, stable and good quality care. People experience privacy in all settings – home, residential care and hospital and appropriate levels of confidentiality. People feel they are treated with respect and listened to, have a sense of self worth and are valued by others

## Risks

The major problem area is the availability of accessible housing either for rent or made accessible through aids and adaptations. There is a need to address this across Council departments both through regeneration initiatives and housing strategies.

For Adult Social Services, it is likely that this approach will realise significant savings in the medium to long term, however we need to develop greater knowledge and skills regarding housing options and housing supply through investment in brokerage (particularly housing brokerage) and re-directing the focus of providers and health and social care professionals towards intensive community based rehabilitation to enable people to remain in their own homes.

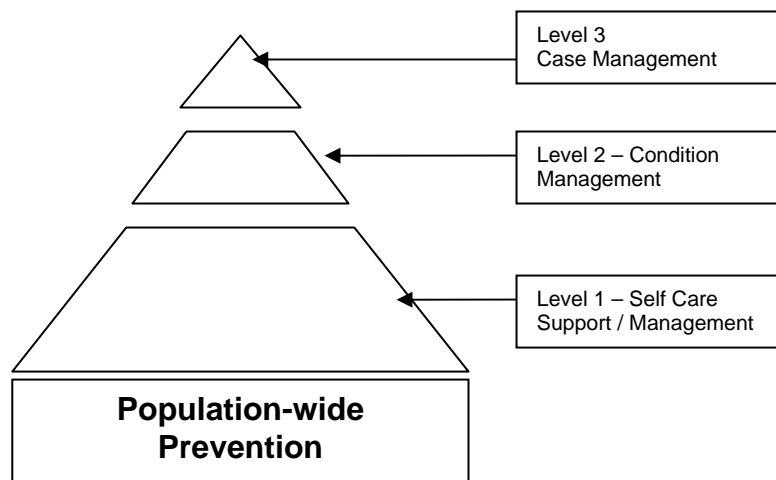
## Our Services – Health and Social Services working in partnership

The whole focus of this strategy is on delivering inclusion, opportunities, choice and well-being for disabled people and their family carers. This requires organisations to work together effectively to achieve this to co-ordinate services and by doing improve the life chances of disabled people.

Health and social care organisations in Barnet have a bigger role than simply fulfilling their statutory responsibilities for commissioning and providing specialist services. As place shapers, through the Local Strategic Partnership, they have a responsibility to develop and facilitate broader partnerships across Barnet to address the inequalities that disabled people face. The priorities within this section will depend upon health and social care fulfilling this role.

As leaders of this agenda, it is essential that health and social care services can demonstrate at a provider and commissioner level that they are able to work together in partnership. To date health and social services have co-ordinated services rather than formally establish an integrated service model at both a commissioning or provider level. This must be addressed in line with the requirements of the NSF for Long Term neurological conditions and so that we can meet people's needs holistically and reduce the number of assessments that people face.

The process mapping event which was held in October 2006 by the Partnership Board demonstrated the impact on the care pathway of this lack of whole systems working and the multiple assessments that disabled people in Barnet face. This strategy commits health and social care organisations to adopting the long term conditions model to address this. A long term conditions model for Barnet has been developed for Barnet based on the Kaiser Permanente model. The planning assumption of this model is that by identifying and providing support to people with long term complex needs in a more proactive way, it will allow over time, predicted cost savings at this end of the spectrum to flow through the health and social care system. This in turn can be reinvested into more preventative approaches, with earlier interventions and improved outcomes creating a positive circle. Effective case management and condition management is dependent upon clear care pathways which are integrated across health and social care. Case management at level 3 will be undertaken by community matrons who acts as an advanced nurse practitioner co-ordinating services to meet complex health care needs. The Barnet model assumes that at level 2, condition management, case management could be undertaken by either a health or social care practitioner underpinned through a single assessment process.



The approach will be to improve capacity and timeliness for assessment and review and to develop a differentiated case management model that will enable sufficient resource to be

targeted at those with the most complex needs. The assessment and case management model will be an important part of the commissioning process for two reasons. Firstly good assessment and care planning is an essential pre-requisite for the future shaping of service provision in line with the strategic aim to provide high levels of person centred care, and improved outcomes for disabled people. Secondly it is an area where partnership working should reduce duplication in terms of the assessment process and deliver more responsive joined up services.

A Barnet Brokerage model will support the differentiated case management approach by supporting people to self manage their own care. This will include promoting the use of self assessment tools to improve capacity; directing people proactively with information and advice, and arranging access to specialist assessments; and promoting the use of direct payments and individualised budgets. The Brokerage Team will also work closely with contracts and procurement staff to help the independent and voluntary sector manage the transition towards delivering more person centred care and quality monitoring.

The long term target over a ten year period is to use improved case management approaches to control demand for long term placements, and to re-invest savings to support more community support and low cost social care prevention schemes as part of the health and well-being agenda.

The first stage in adopting this approach is to look at the current arrangements for the provision of social care assessment for physical and sensory impairment. The process mapping days identified the need for significant improvements in leadership, referral and duty arrangements and better working links between health and social care services on a case by case basis. A new service structure for physical and sensory impairment was consulted on in February 2007 to address these issues and to establish a new Service Manager role for Physical and Sensory Impairment which can lead on this agenda. This new structure will be implemented during 2007/08 and will integrate physical and sensory impairment into a single team with a dedicated duty function and an opportunity for social workers and rehabilitation staff involved in long term case management to develop specialist skills and knowledge for example in neurological conditions, HIV and joined up work with community matrons and community rehabilitation services.

Within Barnet PCT, there are currently 8 community matrons, 2 specialist roles covering cancer and HIV and 6 generic community matrons. This strategy proposes identifying community matron role for long term neurological conditions that can work in partnership with the social work team and acts as a key link role between specialist neurological health services and community health and social care provision.

During 2007/08 Barnet PCT needs to ensure that people are not waiting longer than 18 weeks for an outpatient appointment. A priority area for increasing the capacity to achieve this target is audiology. This is likely to result in increased numbers of people requiring information, advice and support for equipment from the social work service. It is important that the capacity planning assumptions regarding this are shared across health and social care so that demand can be met.

## Proposal and Target

The target for this area relates to the Better Metrics targets for the NSF for Long Term Neurological conditions. There are two targets to be achieved by the end of this strategy

- That 100% of people with a newly diagnosed (within 12 months of the end of this strategy) long term neurological condition or a newly acquired impairment have an integrated multi-agency assessment and a person centred care plan.

- That 100% of people with a newly diagnosed (within 12 months of the end of this strategy) long term neurological condition or a newly acquired impairment and complex needs have a named individual who acts as a co-ordinator of their care.

## Commissioning Implications

### Year One

- To appoint to a commissioning lead for physical and sensory impairment services for social care in partnership with Barnet PCT.
- To implement a new service structure for social care services for people with a physical and or sensory impairment with dedicated leadership reporting into the Assistant Director for Younger Adults.
- To implement the single assessment process across physical and sensory impairment services in partnership with health.
- To appoint a community matron to lead for neurological conditions which works in partnership with long term social workers within PDSI.
- For the hearing impairment community care officers to offer advice and information sessions within audiology clinics.
- To develop a differentiated case management model in line with the Long Term Conditions approach ensuring those people with complex and high clinical risk needs will have a named professional to work with them.
- To develop trusted assessors for OT equipment within the duty function of the physical disability and social care service
- To pilot the use of self-assessment and self review for people with a physical and sensory impairment
- To complete the shared care reviews for continuing care and ensure that health care needs are being met within a model for long term conditions management

### Year Two

- To roll out electronic single assessment processes across health and social services
- For the new Flightways service to be a joint rehabilitation service between health and social care with multi-disciplinary staffing as part of a community rehabilitation service.
- To develop co-location of health and social services staff in community settings in the East and West of the Borough

### Year Three

- To develop and implement a business case for integration of health and social care staff within an integrated team model.
- To establish a multi-agency service for people with physical and sensory impairment

## Anticipated Impact on Performance

This priority area will deliver improved performance against health and social care performance indicators, specifically

- PAF Target D40 – Number of people receiving a review
- PAF Target D54: % of items of equipment and adaptations delivered within 7 working days
- PAF Target D55: Acceptable waiting times for assessments
- PAF Target D56: Acceptable waiting times for care packages
- Better Metrics Indicator for NSF for Long Term Conditions
  - To ensure that people with LTNCs have an integrated multi-agency assessment and receive a person-centred care plan
  - To ensure that people with LTNCs who have complex needs receive well-coordinated care

Furthermore we will be able to demonstrate improved outcomes for disabled people against the outcome framework for social care especially against

### ***Improved health and emotional well-being – ‘I am as healthy as I can be’***

People living longer and with better physical, mental and emotional health. More people living healthier lifestyles.

### ***Making a positive contribution – ‘I can participate as a full and equal member of my community’***

People living, working, learning and taking part in community life as equal members. More people involved in planning and decision making about the direction of services. More people reporting a positive experience of using services and increased support and recognition for carers.

### ***Exercise of choice and control – ‘I have the same life chances as other adults’***

Disabled People with a Person Centred Plan, determining for themselves where they live, how they are supported and how they spend their day. Reliable information and advice available in accessible formats. More people accessing equipment and assistive technology and fair and equitable complaints systems. More people getting Direct Payments and Individualised Budgets

### ***Maintaining personal dignity – ‘I feel valued by others’***

More people experience secure, stable and good quality care. People experience privacy in all settings – home, residential care and hospital and appropriate levels of confidentiality. People feel they are treated with respect and listened to, have a sense of self worth and are valued by others

## Risks

The target of developing an integrated approach across health and social care for services for disabled people will require both organisations to enter into a partnership in a climate of financial pressures, some competing priorities and organisational change. There is a tension between the development of managed care pathways as set out in the Long Term Conditions model and the promotion of user led choice in service delivery. This will need to be managed through a whole systems approach to balancing choice and risk.

It will be important that there is close working between the physical and sensory impairment service and older adult's services as the approaches to long term conditions management and development of community rehabilitation are aligned. This will be facilitated through close working by the service managers within Adult Social Services and through the Long Term Conditions Board.

## Our Services – Developing Community Based Rehabilitation Services

### Case for Change

Disabled people with long term conditions or sensory impairment face many complex challenges in attempting to live as they would wish. At different times, they can experience physical, emotional, psychological and social difficulties. These can limit their ability to participate in society and can lead to social isolation, anxiety and depression. These problems can cause increased dependency on social care services and can affect family roles, as well as placing an additional burden on family and friends. These effects are long term and people and their families may need ongoing intervention and support appropriate to their needs.

Research shows that a community rehabilitation centred on a person's home<sup>and</sup> employing the full range of disciplines can provide cost effective services that help people reintegrate into the community. Increased independence can mean lower care costs overall. Improved wellbeing and adjustment lessens the burden on carers and reliance on services, prevents unnecessary hospital admissions and can lead to substantial savings over the long term. This is the principle of the Long Term Conditions model discussed above. The NSF for Long Term Conditions places considerable emphasis on the need for effective community rehabilitation services. It states that

- community rehabilitation for people with long term conditions reduces the restrictions they experience in daily living, maintains their independence and enables social participation
- intensive day rehabilitation programmes delivering holistic management of cognitive, behavioural and emotional problems following acquired brain injury help people to cope better at home and in the community
- targeted rehabilitation programmes can increase participation in social and leisure activities<sup>7</sup> and reduce inappropriate behaviour. Counselling and psychological support to help people adjust to altered personal, family and social circumstances are highly valued by people with long term neurological conditions and their families.

Within Barnet there are a range of rehabilitation services for people with a long term condition or sensory impairment, however they are fragmented and the care pathways are unclear, especially as there is no single assessment process across health and social care for disabled people under the age of 65. Services are currently provided within acute health services for stroke (but for people under 65, these are provided out of Borough), specialist services (Marie Foster and Brain Injury Rehabilitation Unit), specialist clinics in community health services (Parkinson's Clinic at Edgware Hospital), social care (Flightways) and in people's own homes (Visual Impairment rehabilitation officers, Social Care).

Analysis undertaken by the Neurological Services Improvement Team within the Royal Free Hospital over the year August 2005 to July 2006 to identify the reason for extended lengths of stay, for patients requiring rehabilitation on neurosurgery and neurology wards shows that there people who were inappropriately still in inpatient beds awaiting community based rehabilitation. Out of 87 patients analysed, 30 had inappropriate length of stay totalling 1159 bed days, of which 393 bed days were from Camden and Barnet PCT residents. The lack of

specialist community rehabilitation, facilitating earlier discharge locally was in the top three of reasons for delayed discharge.

For strokes, there are no dedicated rehabilitation services within Barnet for people under the age of 65. Nationally there are 1200 people under the age of 65 who have a stroke per year. Based on this national prevalence, we can expect for there to be around 70 people under the age of 65 per year with a stroke in Barnet. Mortality rates from stroke are higher than coronary heart disease in Barnet, and this is recognised in stroke being identified as a national emergency. The main reason for strokes is high blood pressure and rehabilitation needs to focus not solely on therapy support to help ameliorate the effects of stroke but also support a lifestyle change through advice on diet, exercise and lifestyle.

Rehabilitation for younger adults is currently managed out of Borough and links between the specialist rehabilitation services out of Borough with the physical disability social work team are weak. Barnet PCT is reviewing the arrangements for rehabilitation for older and younger adults to develop a consistent service model for the Borough. This will be reflected in changes to service level agreements with acute trusts from 2007/08 with the development of a community based stroke service is a commissioning priority for the PCT.

This strategy seeks to address this fragmentation and gaps in local service provision through the development of clear care pathways for community rehabilitation which are integrated across health and social care. The role of social care services in rehabilitation is also referred to under the priority area Our Life – Day and Employment Opportunities

## Proposal and Target

The target for this area relates to the Better Metrics targets for the NSF for Long Term Neurological conditions. There are two targets to be achieved by the end of this strategy

- That 100% of people with long term conditions or sensory impairment referred for community or vocational rehabilitation are seen within 4 weeks

## Commissioning Implications

### Year One

- Develop and agree the service specification for a neuro rehabilitation service in Barnet PCT which integrates service provision at Marie Foster, specialist clinics for Parkinson's at Edgware Hospital and acute healthcare services at Barnet Hospital and the Royal Free
- Develop a service model for a community stroke service for Barnet linked to the resources available through Flightways drawing on the best practice demonstrated in community Stroke Projects in and Hackney and Islington.
- Implement a new community stroke rehabilitation service for younger adults which involves social care.

### Year Two

- As part of the work on the NSF for Long Term Conditions, ascertain the need to establish joint clinics are between the neurology department (who are specialists in things like epilepsy and Parkinson's disease) and learning disability staff who work in the dedicated learning disability service.

### Year Three

- Stroke services is included in practice based commissioning priorities in the four practice based commissioning clusters to deliver social care on prescription for people with a stroke that do not meet FACs criteria (critical and substantial) as part of the social care preventative agenda.

### Anticipated Impact on Performance

We expect that the commissioning intentions in respect of health service will impact positively against the following key target areas:-

- Better Metrics Indicator for NSF for Long Term Conditions
  - To ensure that individuals with a long-term neurological condition achieve the best possible outcomes through access to appropriate rehabilitation
  - To enable and support individuals with a long-term neurological condition to lead a full life in the community through access to •rehabilitation including community neurorehabilitation and vocational rehabilitation

Furthermore transaction of the commissioning priorities for health will enable demonstrated against the following outcome areas

#### ***Improved health and emotional well-being – ‘I am as healthy as I can be’***

People living longer and with better physical, mental and emotional health. More people living healthier lifestyles.

#### ***Exercise of choice and control – ‘I have the same life chances as other adults’***

Disabled people have a Person Centred Plan, determining for themselves where they live, how they are supported and how they spend their day. Reliable information and advice available in accessible formats. More people accessing equipment and assistive technology and fair and equitable complaints systems. More people getting Direct Payments and Individualised Budgets

#### ***Maintaining personal dignity – ‘I feel valued by others’***

More people experience secure, stable and good quality care. People experience privacy in all settings – home, residential care and hospital and appropriate levels of confidentiality. People feel they are treated with respect and listened to, have a sense of self worth and are valued by others

### Risks

The implementation of these health commissioning priorities will need to owned by primary care and incorporated into the PCTs commissioning plans. Strong leadership for this agenda needs to be in place to co-ordinate developments across acute, community and social care services. There is a risk in how planning takes place with stroke developments forming part of the Older Adults Partnership Board agenda and neurological conditions within the Physical and Sensory Impairment Partnership Board, that developments are not co-ordinated.

**Our Say – Taking Control through Empowerment and Self-Directed Care (Individualised Budgets)**

### Case for Change

This strategy is committed to implementing an ambitious programme to provide self-directed care and individualised budgets for disabled people in Barnet. On 15 January 2007 Cabinet

approved Choice and Independence – a Vision for Adult Social Services which sets out the aim of Barnet ASSD to move to the provision of individualised budgets for the majority of its customers over the next eight years.

The ambition is that over that period around 70% of people eligible for services from the Council will receive an individual budget that they themselves can spend on support rather than having services arranged for them, and that any member of the public seeking social care services, irrespective of eligibility for local authority funding, will be able to access information, guidance and support to identify, self-select and commission personalised services, accountable to them as individuals for achieving the outcomes determined in their own self assessment. Individualised budgets and direct payments have therefore been included as a stretch target within the draft Barnet Local Area Agreement.

Central to this is ensuring that people have the information about what is available so that they are able to exercise meaningful choices. The Office for Disability Issues in February 2007 published a report entitled 'Improving Information for Disabled People' This report highlighted at a national level some of the views and experiences of disabled people in relation to information, including:

- A lack of, or misleading, information is an important factor in preventing people from accessing the services they need.
- Disabled people and carers place a high priority on the need for information about a wide range of services at the onset of disability.
- Disabled people need information at the point of life transitions; for example, starting school or entering adulthood.
- Where disabled people and carers need different forms of support, information about how to access that support is often fragmented.

Within Barnet, we know from the process mapping days which were held with service users, carers and the voluntary sector in October 2006 that participants felt that there is not accessible information about services. Where there is information this is not provided at the right time, or in the right format. An example of this is at Audiology there is no information provided about where you can go for help and equipment. There is an urgent need to address this across health and social care.

Across all care groups we will be implementing the In Control methodology for individualised budgets and Barnet are members of the national In Control programme. This is the driver for change; it constitutes a fundamental adjustment in the way in which people enter the service, and the way we allocate resources to them.

At the heart of the In Control methodology is the following:

- brief assessment and banding based on need;
- resource allocation determined by banding;
- self (or family led) support planning supported by brokerage;
- disbursement of personal budget to realise the support plan (this can be through a direct payment).

The In Control pilots are demonstrating that this approach can deliver person centred, cost effective services. Phase 2 of the national project is now beginning with 54 authorities across the country signed up. Within Barnet we are keen to look at how we can adopt person centred approaches within the physical and sensory impairment

service, through LIFE planning to improve transition arrangements and give people more choice and control over their lives.

## Proposal and Target

That Barnet implements the In Control approach and establishes individualised budgets for people with a physical and or sensory impairment in a phased way over the duration of the strategy and that by the end of the strategy 30% of people receiving support from Adult Social Services have an individualised budget. This is linked to the day opportunities and employment area for action in this strategy.

## Commissioning Implications

### Year One

- Develop a model for brokerage through Core Remodelling Programme and learning from the Brokers for Change programme
- Invest in advocacy services to support people manage an individualised budget especially in relation to the development of group advocacy support at Flightways
- All young people with a physical and or sensory impairment meeting the FACS threshold for services will be offered a LIFE plan to ensure that their aspirations are integrated into their Care Plan and their needs are met.
- Work with providers to review costing models for services to support commissioning and purchasing on an individual level by people with a physical and or sensory impairment
- Extend person centred planning training to include physical and sensory impairment in partnership with Barnet College
- Establish an information group to develop accessible information for disabled people in Barnet. Establish the priority areas for improved information for health and social care
- Sign language interpreting service to be strengthened and expanded through increased management support and marketed across public sector organisations.
- Review the range of information and advice services provided by the voluntary sector in ensure that it is meeting the needs of all sections of the disabled community within Barnet.

### Year Two

- Establish 'Have your Say' days for people with a physical and or sensory impairment linked to the partnership board
- Establish a mentoring programme in partnership with the voluntary sector for young disabled people to support them move through into adulthood.
- Roll-out individualised budgets for all young people coming through transition and for day care services
- Individualised budgets are the default for all new referrals and where there are significant changes in the circumstances (change in needs, increase in fee rates etc) of individuals requiring accommodation and support or other significant community packages.

## Year Three

- Care package conversion targets set for switch to individualised budgets.
- Joint work undertaken with Supporting People and the Department of Work and Pensions to include supporting people funding and access to work within individualised budget allocation
- Introduce the Resource Allocation System for all non-residential packages. Only in very exceptional cases would this be disallowed (and in any case, most of the likely candidates would be that very small number of people in need of inpatient or registered residential care for health and safety or legal reasons). The above needs to sit alongside the project now in place to “bring back” Barnet people from out of county wherever appropriate and possible. (see commissioning intentions under Our Life – Housing and Support )
- Centre for Independent Living opens which provides a one stop shop for information and advice on a range of disability issues.

## Anticipated Impact on Performance

We expect that this shift towards individualised budgets will impact positively against the following key target areas:-

- Performance against C29 – The number of adults with a physical disability supported to live at home
- LAA targets
- Financial balance – we expect that this approach will support cost containment
- Better Metrics Indicator for NSF for Long Term Conditions
  - To ensure that people with LTNCs receive appropriate information
  - To give individuals with a long-term neurological condition maximum choice about living independently at home through the offer of direct payments

Furthermore individualised budgets if implemented well we enable demonstration against the outcome framework for social care especially against

- ***Improved quality of life – ‘I am able to live a fulfilled life’***  
Better access to ordinary housing, transport, leisure, information, life long learning and support that promotes well-being. More people living in a cohesive community with a good environment and little crime.
- ***Exercise of choice and control – ‘I have the same life chances as other adults’***  
Disabled people have a Person Centred Plan, determining for themselves where they live, how they are supported and how they spend their day. Reliable information and advice available in accessible formats. More people accessing equipment and assistive technology and fair and equitable complaints systems. More people getting Direct Payments and Individualised Budgets
- ***Making a positive contribution – ‘I can participate as a full and equal member of my community’***  
People living, working, learning and taking part in community life as equal members. More people involved in planning and decision making about the direction of services. More people reporting a positive experience of using services and increased support and recognition for carers.

## Risks

An approach such as In Control cannot simply be imposed. It runs counter to much accepted wisdom (and accepted practice) in social care, and its success to date has been largely the result of strong families and enthusiastic change-agents throughout the system. Its further success is therefore premised upon deep organisational change. This will be supported through the Core Remodelling programme being undertaken within Adult Social Services.

If the Resource Allocation System is simply imposed, without the cultural change needed, it could be viewed as rationing by any other name, and lead to contention, complaints and misery for many. It will be necessary to develop strong links with service user and care organisations to facilitate this change and properly resource commissioning and brokerage functions to help develop alternative solutions to current methods of service delivery.

## Our Say – Supporting Family Carers

### Case for Change

Carers play a valued and vital role in helping disabled people live well in the community often at the expense of themselves. Family members and friends who care for and support disabled people with conditions are often vital to the progress, wellbeing and quality of life of the person. Most choose to take on this role willingly but it is important that health and social care services enable them to exercise choice, support them effectively and protect their health and independence.

This is recognised within the NSF for Long Term Neurological Conditions which has identified support for carers as one of the 11 quality requirements for health and social care to implement. The NSF states that Quality requirement 10: “Carers of people with long term neurological conditions are to have access to appropriate support and services that recognise their needs both in their role as carer and in their own right.” This quality requirement is consistent with the obligations placed on health and social care organisations through carers’ legislation. The Carers (Equal Opportunities) Act 2004 places a duty to inform carers of their right to an assessment and stipulates that all assessments need to take account of the carer’s needs or wishes to work or participate in training or leisure activities. This is important as it places a responsibility to look holistically at how best to support family carers as individuals in their own right rather than support to enable them to continue caring.

When a person becomes disabled through a long term condition or impairment, family relationships and roles change and carers can be put under severe financial and psychological pressure, particularly where there are cognitive, emotional and behavioural problems. The whole family can become increasingly isolated and often partners in particular become the sole financial provider and organiser of care and support as well as coping with the responsibilities of running a family. This can result in deterioration in their own physical and mental health. People caring more than 50 hours a week (1.25 million people nationally) are twice as likely not to be in good health as those who are not carers. Three-quarters of carers are financially worse off because of their caring responsibilities. In addition 400,000 people combine full-time work with caring more than 20 hours per week” (Department of Health, Our health, Our Care, Our Say 2006).

Some conditions (e.g. multiple sclerosis and brain and spinal cord injuries) typically affect younger people. The person often has a normal life expectancy, so will need long term care and support (for up to 40–50 years. This may mean working to plan alternative support systems as the carers themselves get older and recognising that family carers are often experts in understanding the needs of the cared for person and ensuring that services can respond quickly to any requests for changes in support identified by the cared for person or family carer without more assessments and delays .

Far-reaching consultations with carers conducted by the Kings Fund Centre have led to the development of the Carer's Compass (1998). The Compass is a useful tool to help services understand the eight key areas that carers have identified as important to them. These are

- A voice
- Full information
- Recognition and their own health and well-being taken into account
- A life of their own
- Quality services for the carer and the person cared for
- Time off (breaks - relaxation day, day
- Emotional support
- Training and support to care
- Financial security

Within Barnet, we have sought to increase the support and resources available for family carers through the recent appointment a carer's development worker for physical and sensory impairment, a carers nurse and through a range of respite care options. However direct payments for carers remains low, the proportion of spend from the carers grant on family carers for a physical and or sensory impairment is low, less than 7% in contrast to physical and sensory impairment services constituting 10% of the total Adult Social Services budget. The commissioning priorities set out in this document for family carers relate to ensuring that there is support across the 8 areas of the carers compass with a particular focus on full information, training and support to care, and a life of their own.

## Proposal and Target

By the end of this strategy that 70% of known carers of people with a physical and or sensory impairment in receipt of Adult Social Services have had an assessment of their needs and that the proportion of the carers grant spent on support for family carers of people with a physical and or sensory impairment has increased by 50%.

## Commissioning Implications

### Year One

- A Valuing Carers day with a focus on physical and sensory impairment will be held to identify the priority areas for the development of comprehensive information for disabled people and family carers.
- Commission the development of a comprehensive resource directory for disabled people and family carers.
- Carers self assessment process developed and rolled out across health and social care settings underpinned through direct payments for family carers providing over 20 hours care per week.
- Family carers of people with a long term neurological condition are identified through the physical and sensory impairment carer's development worker in both primary and secondary care settings specifically including carers from black and minority ethnic communities who nationally report significant problems in accessing carers' services
- At least two specific workshops for carers for people with long term conditions are held focused on forward planning including, social work advice, development of crisis / contingency plans and dedicated legal advice will be commissioned which will be followed up by an action planning session

- Establish the current access to emotional support and counselling services for family carers through the PCT review of counselling services, review of counselling services provided by voluntary sector organisations and set targets to increase this over years 2 and 3 of this strategy through the development of community rehabilitation services.
- Develop a protocol across health and social care to support family carers of people with rapidly progressing conditions to access additional support or breaks in emergency situations at short notice.

### Year Two

- Develop a carers development programme for carers of people with a long term condition or sensory impairment through the carers development worker including manual handling, use of equipment, medication management and which provides advice on relationships, physical and emotional wellbeing; bereavement; welfare benefits; carers rights and breaks
- Embed carer awareness training as an integral part of training and ongoing professional development for all those working with family carers of people with a long term condition or sensory impairment

### Year Three

- Establish a dedicated brokerage service for carers, which enables family carers to have access to range of information, advice and support on accessing services and resources so that they can get a life for themselves linked to a personalised budget for carer support.

### Anticipated Impact on Performance

We expect that this shift towards more flexible and accessible short breaks will impact positively against the following key target areas:-

- Performance against C62 – ‘Services for Carers’
- Increase in the number of carers in receipt of a carers direct payment
- Improved Performance against the Better Metrics Indicator for the NSF for Long Term Neurological Conditions ‘ to improve support for families and carers’
  - The % of carers of people with a long term neurological condition who have received a carers assessment and receive support appropriate to their identified needs

Furthermore we will be able to demonstrate improved outcomes for carers against the social care outcomes below.

- ***Exercise of choice and control – ‘I have the same life chances as other adults’***  
People, who use services and their carers, have access to a service they think will be responsive to their individual needs. Reliable information and advice available in accessible formats and more people getting Direct Payments and Individualised Budgets
- ***Maintaining personal dignity – ‘I feel valued by others’***  
More people experience secure, stable and good quality care. People experience privacy in all settings – home, residential care and hospital and appropriate levels of confidentiality. People feel they are treated with respect and listened to, have a sense of self worth and are valued by others

- ***Improved health and emotional well-being – ‘I am as healthy as I can be’***  
People living longer and with better physical, mental and emotional health. More people living healthier lifestyles.
- ***Economic well-being – ‘I am financially stable and have as much control as possible over my money’***  
More people have access to financial information, welfare benefits and employment opportunities.

## Risks

Many carers do not identify themselves as carers, and view themselves as someone’s partner, son or daughter. This can result in people not seeking out the support that they need for themselves. It will be important to make sure that identify carers early on at the point of diagnosis of a long term condition, in primary care and secondary care settings so that carers can be effectively directed to local sources of support.

## Messages for providers – Working together in the future

A robust commissioning and procurement framework is dependent upon having good contract setting and monitoring mechanisms in place to ensure that services meet needs and provide value for money.

Strengthening the commissioning and contracting process for Social Care is a priority within the Adult Social Services Core Remodelling Programme which will enable Adult Social Services to deliver its vision of giving people more choice and control.

The development of new services requires new fit for purpose contractual arrangements to ensure strategic fit and value for money. We want to develop a clear and more consistent approach to contract monitoring so that we can evidence that at an individual and service level we are delivering the seven social care outcomes and addressing health inequalities.

### Contracting and Procurement

A robust contracting and procurement procedure is necessary to ensure services are delivering on the agreed care plan, meet the needs of services users and carers and provide value for money.

Strengthening the contracting and procurement function is being addressed in the Local Authority, through the Core Remodelling Programme as part of an efficiency drive. For commissioning to function effectively, contracting and procurement needs to provide systems that

- Provide contractual information and advice on a wide range of contracts
- Ensure a contracts database is in place connected to the service user database (SWIFT) and provides updated information on contracts
- Provide trend and fee data analyses for interrogation.
- Reconcile and link contractual information with finance and care planning.
- Record, report and update vacancy levels, particularly with block contracts.
- Develop and implement live in care and supported living contracts for domiciliary providers providing 24 hour support packages.
- Continue to develop and embed a contract monitoring process with all providers of Residential, Domiciliary Care and Supported Living services in partnership with operations.
- Develop and lead a Provider Forum, on a quarterly basis to proactively address service quality, supply and fees.
- Roll-out the fairer pricing tool used in learning disability services for residential care placements.

Further, the Contract and Procurement function, needs to ensure that all services meet the strategic intentions of this Commissioning Strategy to support Adults with a Physical and or Sensory Impairment in the mainstream community.

Set out below is headline information outlining new development areas. This information will help our provider colleagues to plan their business in line with the strategic priorities of the PCT

and Council over the next 3 years. This information will need to be reviewed on an annual basis to ensure resources are prioritised against health and social care budgets.

Supporting People physical and sensory impairment services are being remodelled in line with the Supporting People Strategy. This will lead to the development of generic floating support and specialist floating support schemes.

We wish to develop partnerships with housing with support providers to support the move from residential care to supported living services and the development of accessible accommodation.

Adult Social Services do not wish to purchase any more residential care places. We wish to develop 24 hour supported living accommodation with people having their own self contained flats. New residential care placements will actively reviewed through the review team to support people moving onto greater levels of independence

There will be a move over the duration of this strategy to individualised budgets for social care services. Providers will need to prepare for this to make sure that the services that they provide are those services that individuals will continue to want to buy in the future.

There is a significant opportunity to develop effective information, specialist support and brokerage arrangements to enable disabled people to utilise an individualised budget.

We want to develop a new partnership with social care providers to look at promoting independence and disability equality as well as discussing quality issues. We will be establishing a provider forum to achieve this.

The Disability Equality Duty applies to all public sector organisations. We have a responsibility to ensure that all providers consider this duty in the provision of services for people with learning disabilities.

We are keen to explore with providers the opportunities for developing a multi-agency Centre for Independent Living within Barnet.

We are keen to involve more providers in the work of the Physical and Sensory Impairment Partnership Board.

We will be reviewing all of our contracts against the vision and principles set out in this document. Those services that cannot demonstrate compliance against these will be at risk from future funding.

## Implementation and Review of the Strategy

This Integrated Physical and Sensory Impairment Commissioning strategy with its vision and key objectives is a long term plan to be carried out over the next 3 years. The actions contained within the strategy based on the key priorities to be achieved or commenced throughout the life of this document. It sets specific targets in terms of service, strategic and process developments. The Physical and Sensory Impairment Partnership Board will be the key forum to monitor and review the progress of the implementation of this strategy.

It is recognised that needs and supply within Disability services are ever changing. Accordingly, this strategy will be subject to yearly review overseen by the Physical and Sensory Impairment Partnership Board. The commissioning team will ensure that the outcomes of this review are circulated to all parties to the Strategy and will provide quarterly performance reports on progress. To support the ongoing involvement of non statutory partners in delivering this strategy, the physical and sensory impairment network hosted by BVSC and linked to the Partnership Board has been structured around the priority areas of housing and support, day opportunities, advocacy and advice and health.

## Summary

This strategy aims to make sure that there is a clear direction across health and social care for the development of locally based responsive health and social care services for disabled adults within Barnet. The strategy identifies that there are significant resources within Barnet to meet the needs of people with a physical and/or sensory impairment but often these are uncoordinated, and not integrated within a whole systems approach. A focus on delivery of the NSF for Long Term conditions together with delivery of the Adult Social Services vision to promote individualised budgets will necessitate health and social care services to work together and with the voluntary sector to design services around the needs of individuals.

For disability commissioners and providers, the challenges of modernisation are significant within a challenging financial context and different ways of organising services across health and social care. Implementing this strategy will require commitment, clarity of responsibility and real support from all stakeholders to ensure delivery.

The strategy's model of delivering services locally through individualised budgets and community based health services with a focus on inclusion, rights, enablement and independence we hope meets the aspirations of disabled people and their carers and will enable Barnet to provide fit for purpose disability services for the forthcoming years.

## Appendix1 - Methodology for strategy development

This appendix sets out the methodological framework for the development of the Commissioning Strategy for Physical and Sensory Impairment in Barnet.

### Developing the Strategy

During the period June 2006 to November 2007, the Barnet Physical and Sensory Impairment Partnership Board has been developing its three year work programme 'Our Life, Our Services, Our Say' which identified the six priority areas for the Partnership Board.

In October 2006, the Partnership Board held two process mapping days, looking at the experience of people with a sensory impairment or those with a physical disability in accessing health and social care services in Barnet. 31 people attended the physical disability process mapping day and 33 people attended the sensory impairment process mapping day. These were instrumental in identifying the structural issues which need to be addressed through this strategy.

These days identified the following as areas for action

- **Communication** - Throughout both days communication was the biggest area highlighted. This covered communication between Social Services and Service Users, Social services and Health, Health and Social Services and Health and Service Users. It was greatly felt that although there may be a level of communication between professions that often the person that they were talking about was not kept informed and often left unaware that anything was happening about their case, therefore assuming nothing was happening when often it was. Service users were clear that waiting times although frustrating were not so much of an issue as actually being informed as to what is happening and having it explained why.
- **Information Sharing** - It was felt that there is still a high level of duplication that goes on with each different profession that visits a service user asking the same questions. It was also felt that it very difficult to obtain information even between professions. Service users could not understand this and felt that it would be far more beneficial to them if information was shared across professional in a timely fashion therefore ensuring the best most appropriate service.
- **Publicity about services** - At all levels it was felt that there was a lack of information. Participants felt that there is not accessible information about services. Where there is information this is not provided at the right time, or in the right format an example of this is at Audiology there is no information provided about where you can go for help and equipment.
- **Lack of Awareness** - A common theme throughout both days was lack of awareness both of disability and services available. This also extended to understanding criteria's for a service being provided. General Practitioners were raised on many occasions regarding their lack of awareness of disability and the services that are available.

Furthermore the strategy has taken account of the feedback from the workshops held on Disability Equality led by the London Borough of Barnet as part of its launch of the Disability Equality Scheme on the 4<sup>th</sup> of December 2007.

Information on progress against the NSF Neurological Conditions and priorities for action was collected through a baseline audit conducted through the Partnership Board during November 2006 – January 2007. This involved receiving detailed analysis against the 11 quality requirements and identification of key priorities.

As this strategy sets out how social care and health organisations will use resources to improve services, this strategy seeks to transact the Vision for Adult Social Services, the Medium Term Financial Plan and the PCT Commissioning Prospectus and Local Delivery Plan

into a meaningful programme of work to deliver on the challenges set out in the NSF for Long Term Conditions and Improving the Life Chances of Disabled People.

A range of data sources were used to develop the strategy, from national reports through to locally held data sets. Where ever possible comparative data has been used with comparator authorities to ensure that our targets are stretching and ambitious whilst taking account of the level of resources and the capacity to effect change.

The draft strategy was produced in March 2007 and was considered in a workshop involving members of the Physical and Sensory Impairment Partnership Board on 7<sup>th</sup> March 2007.

