



BEDFORD
BOROUGH COUNCIL



Bedfordshire Clinical Commissioning Group

Joint Commissioning Strategy for People with Physical Disabilities and Sensory Impairments 2013 – 2017

December 2013

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Foreword

Executive Summary

This is the second joint commissioning strategy for people with physical disabilities and sensory impairments from Bedford Borough Council and the Bedfordshire Clinical Commissioning Group. It demonstrates our continuing commitment to people with physical disabilities to have maximum independence, choice and control in how they live their lives. It will drive commissioning, planning and decision making processes for people with physical disabilities in both Bedford Borough Council and Bedfordshire Clinical Commissioning Group.

The views of people with people with physical disabilities and sensory impairments will drive our strategy and implementation plans, in the context of national policy and guidance.

The vision in Bedford Borough for people with physical disabilities is:

‘To provide excellent, safe, sound, supportive, cost effective and transformational services for people with physical disabilities that promote independence, well being, and choice and are shaped by accurate assessment of community needs.’

We will bring this vision closer by:

- Enhancing quality of life for people with care and support needs.
- Delaying and reducing the need for care and support.
- Ensuring that people have a positive experience of care
- Safeguarding adults whose circumstances make them vulnerable to harm and protecting from avoidable harm.

The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

This strategy is for all adults in the Borough with physical impairments and/or sensory impairments, whether the condition is congenital, acquired or progressive.

In 2012 there were an estimated 7,860 Bedford Borough residents aged 16-64 with a moderate physical disability. This number will increase as the population ages. This will have implications for care and support services as about 50% of people with moderate physical disability need care and support services depending on age.

We will be implementing this strategy for all people with physical disabilities and sensory impairments in our Borough and will monitor carefully the difference it is making for people with physical disabilities from all our diverse groups.

In summary, this strategy will drive a partnership approach to developing support for people with physical disabilities and sensory impairments in the Borough and sustaining the best possible quality of life for them and their families.

Introduction

This is the second joint commissioning strategy for people with physical disability and sensory impairments, but the first time that physical disabilities and sensory impairments have been considered within the same strategy from Bedford Borough Council and Bedfordshire Clinical Commissioning Group. There is a joint Physical Disabilities and Sensory Impairments Partnership Board, so it makes sense to have a physical disabilities and sensory impairment strategy. The joint strategy demonstrates our continuing commitment to supporting people with a physical disability and people with a sensory impairment to live their lives the way they want to. It will drive commissioning, planning and decision making processes for people with physical disability in both Bedford Borough Council and Bedfordshire Clinical Commissioning Group.

The strategy will be delivered through annual action plans and the QIPP Action Plans (for an explanation of what QIPP is, please see page 7. During the life of the joint strategy we will continue to consult and invite feedback to ensure the annual action plans reflect any changes to local or national priorities.

We will strengthen the commissioning relationship between the Bedfordshire Clinical Commissioning Group and Bedford Borough Council to make best use of resources. This will include clarity around commissioning, contracting, monitoring and reviewing arrangements, and the development of constructive relationships between service users and carers, commissioners and providers leading to effective market management.

Vision

The vision in Bedford Borough for physical disability and sensory impairment is:

‘To provide excellent, safe, sound, supportive, cost effective and transformational services for people with physical disabilities and sensory impairments that promote independence, well-being, and choice and are shaped by accurate assessment of community needs.’

Chapter 1: Context

- 1.1 This strategy will be delivered through annual action plans and the QIPP workstreams. During the life of the strategy we will continue to consult and invite feedback to ensure the action plans reflect any changes to local or national priorities.
- 1.2 Our challenge is to deliver on specific physical disability and sensory impairment requirements and ensure physical disability and sensory impairment is included in the delivery of mainstream health and social care services. This will require an integrated approach across all agencies with a role in the health and well-being of the Borough. Bedfordshire Clinical Commissioning Group and Bedford Borough Council have the key roles in driving this forward as active partners in the Bedford Borough Partnership.
- 1.3 Neither the Borough Council nor NHS Bedfordshire can improve health outcomes and local quality of life alone. Individuals need to take responsibility for their own health and need support to access advice and information that will enable them to make informed lifestyle choices.
- 1.4 Bedford Borough's Sustainable Community Strategy (2009-2021), outlines a series of goals organised around seven themes which will be delivered in order to make a step change in people's quality of life¹.
- 1.5 One of the themes, 'A Healthy Borough'², sets out the following goal:

“A Borough where everybody has access to high quality health and social care services when they need them and the help they need to lead healthy and independent lives”

- 1.6 This goal is underpinned by six aims:

Aim 1: Increase healthy life expectancy for all across the Borough.

Aim 2: Reduce health inequalities by focussing effort on deprived areas and increasing opportunities for healthier lifestyles.

Aim 3: Improve help and advice to vulnerable adults and people with mental health needs to enable them to continue living in their own homes and so maintain their independence for as long as possible

Aim 4: Transform adults social care services by improving access, choice, control and advocacy for users and carers through the provision of self directed care.

Aim 5: Improve dementia services by raising awareness and understanding and providing earlier diagnosis, intervention and higher quality of care

¹ More details about these goals and aims and the work of the Partnership, can be found at www.bedford.gov.uk¹

² The strategic plan for Children and Young People, which comes under the “Aspiring Borough” theme, is found in the Bedford Borough Children and Young People's Plan. The Healthy Bedford Strategy will cross reference with the Children and Young People's Plan

Aim 6: Improve the safeguarding and wellbeing of vulnerable adults and people with mental health needs.

Improving Outcomes for People with Physical Disabilities and people with Sensory Impairments

- 1.7 Translating the aims of 'A Healthy Borough' into better outcomes for people with physical disabilities and sensory impairments is what this strategy is all about.
- 1.8 This physical disability and sensory impairment joint commissioning strategy complements the Borough's Sustainable Community Strategy, the Joint Health and Wellbeing Strategy, the Bedford Borough Adults Services Plan and the Bedford Borough Children and Young Peoples Plan.

The NHS QIPP Programme (Quality, Innovation, Productivity and Prevention)

- 1.9 QIPP is a large scale transformational programme for the NHS, involving all NHS staff, patients and partners and will improve the quality of care the NHS delivers whilst making up to £20 billion of efficiency savings by 2014-15, which will be reinvested in frontline care.
- 1.10 There are a number of national workstreams designed to support the NHS to achieve the quality and productivity challenge it has been set. Some deal broadly with how we commission care, for example covering long-term conditions, or ensuring patients get the right care at the right time Others deal with how we run, staff and supply our organisations, for example supporting NHS organisations to improve staff productivity, non-clinical procurement, the use and procurement of medicines, and workforce
- 1.11 The Borough Council is working closely with Bedfordshire Clinical Commissioning Group to implement the QIPP Plan locally. At the time of writing, the BCCG is revising its commissioning intentions, which come from the QIPP workstreams. The current workstreams that will support this strategy are:
 - Expansion of personal health plans
 - Expansion of personal health budgets
 - Expansion of case management for people with complex long term conditions
 - Stroke Development Programme
 - End of life care
 - Falls and fragility
 - Telehealth
 - Rehab and Enablement
 - LTC for Diabetes
 - LTC for COPD
 - HIV/AIDS, as part of the planned care programme
 - Problems with vision
 - Ophthalmic services
- 1.12 The Borough Council is particularly supporting the re-design of services for people who have had strokes, people who have fallen or who are at risk of falling, people who are at the end of their lives, people who live with long term conditions and is

looking at the potential to align certain social care services more closely with NHS services.

- 1.13 As such, the content of the QIPP Plans informs the commissioning intentions in this strategy. It is especially important in times of severe financial constraints that the most is made of resources and by working together statutory services can achieve that aim better than if they work alone. Therefore the commissioning intentions are joint commissioning intentions, albeit there will be some areas when it will be right for health and social care to commission services separately and for service delivery to be separate.

Personalisation and the NHS

- 1.14 The NHS is undergoing a rapid period of transformation. The structure of the NHS is changing with the transfer of commissioning responsibilities from the old PCTs to the new clinical commissioning groups. The NHS is also introducing more personalisation into its service delivery, in a similar way to the transformation that is taking place within social care. Personal health budgets will be introduced, and some people with certain conditions will be able to have a cash sum instead of traditional treatment, with which they can purchase their choice of services that will meet their agreed health outcomes.

Physical Disability

Definition of Physical Disability

- 1.15 This strategy is for all adults in the Borough with physical impairments, whether the condition is congenital, acquired or progressive.
- 1.16 The Disability Discrimination Act (DDA) defines a disabled person as someone who has a physical or mental impairment that has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.
- 1.17 Some long term conditions can lead to physical disability, for example diabetes can result in the loss of lower limbs and motor neurone disease leads to progressing degrees of physical disability.

Statistical information

- 1.18 All statistical information will be updated as new figures emerge from the 2011 census
- 1.19 The prevalence of physical disability increases with age. In Bedford Borough in 2001, 28% of household residents aged 60-64 reported that they had a long term illness or disability. This rose to 49% for those aged 75-79 and to 66% for those aged 85-89. (NOTE: The corresponding data from the 2011 Census will be available in April 2013)
- 1.20 The Borough forecasts that the current population of 157,800 (2011) will rise by 8% to just over 170,000 by 2021. However, the number of older people is expected to grow at a much higher rate, with the over 65s increasing by 27% and those aged

85+ by 45% from 2011-2021. Longer term, the 85+ population in 2031 is forecast to rise by 115% compared to 2011³:

- 1.21 The forecast of a 45% rise by 2021 in the numbers aged 85+ is particularly significant given that most people in this age group have some form of physical disability.
- 1.22 Between 2001 and 2011, the Borough's White British population declined by 6,900 while the non-White British (BME) rose by 16,400 and now forms 28.5% of the total population. In the urban area of Bedford and Kempston, 37% of the population is from BME communities, with the highest levels in Queens Park (75%) and Cauldwell (59%) wards.

Moderate Physical Disability

- 1.23 In 2012 there were an estimated 7,860 Bedford Borough residents aged 16-64 with a moderate physical disability. This number will increase as the population ages.

Table 1 Moderate Physical Disability projected to 2030

Bedford Borough	2012	2015	2020	2025	2030
Total 18-64 yrs	7,860	8,030	8,500	8,810	8,970

Source: PANSI projections based on Health Survey for England 2001

- 1.24 This will have implications for care and support services as about 50% of people with moderate physical disability need care and support services depending on age, see table 2 below.

Table 2 Moderate Physical Disability requiring personal care projected to 2030

Bedford Borough	2012	2015	2020	2025	2030
18-24 yrs	90	90	80	80	90
25-34 yrs	300	320	340	330	320
35-44 yrs	680	670	670	730	780
45-54 yrs	1,160	1,220	1,220	1,160	1180
55-64 yrs	1,620	1,640	1,880	2,080	2090
Total 18-64 yrs	3,850	3,940	4,190	4,380	4,460

Source: PANSI projections based on Health Survey for England 2001

Serious Physical Disability

- 1.25 People with a serious physical disability usually require assistance with one or more activities of daily living, for example, walking, eating or going to the toilet.
- 1.26 Table 3 shows 2,310 Bedford Borough residents aged 16-64 with a serious physical disability and table 4 shows estimates of the number needing personal care. The numbers are projected to increase over time.

³ Bedford Borough Council, Interim Population Forecasts, 2013.

Table 3 Serious Physical Disability projected to 2030

Bedford Borough	2012	2015	2020	2025	2030
Total 18-64	2,310	2,350	2,520	2,650	2,750

Source: PANSI projections based on Health Survey for England 2001

Table 4 Serious Physical Disability requiring personal care projected to 2030

Bedford Borough	2010	2015	2020	2025	2030
18-24 yrs	60	60	60	60	60
25-34 yrs	80	90	100	90	90
35-44 yrs	140	140	140	150	160
45-54 yrs	270	270	270	260	260
55-64 yrs	320	320	360	400	400
Total 18-64 yrs	870	880	930	960	970

Source: PANSI projections based on Health Survey for England 2001

- 1.27 Local information about people with physical disability in the Borough can be improved and a priority arising from this strategy is to improve our understanding of physical disability in the Borough, the barriers it presents, and how people with physical disability need and want things to change.

Sensory Impairment

Definition of Sensory Impairment

- 1.28 Sensory Impairment includes:

- Visual impairment (severely sight impaired to partial sight loss)
- Hearing impairment (profound deafness to partial hearing loss)
- Deafblind (dual sensory impairment)

- 1.29 The level of sensory impairment in the population is often masked by other conditions that take precedence in statistical recording.

Visual Impairment

- 1.30 The Royal National Institute for the Blind (RNIB) estimate that 2 million people in the UK have an un-correctable sight problem and this will rise to 2.5 million over the next 30 years. The vast majority of people with an un-correctable sight problem are aged over 60⁴. By the age of 60, one person in twelve will have some degree of un-correctable sight loss – this rises to one in eight by the age of 75 and one in four by the age of 80.

- 1.31 There is a higher prevalence of visual impairment in some black and ethnic minority groups. People of African Caribbean descent are four times more likely to suffer from glaucoma and South Asian people more likely to have diabetic retinopathy⁵. We expect that urban wards with high proportions of people from black and ethnic

⁴ 'Progress in Sight' ADSS, 2002

⁵ 'Progress in Sight', ADSS, Oct. 2002

groups, such as Cauldwell and Queens Park may therefore have a higher prevalence of visual impairment.

- 1.32 In February 2013, 302 people in the Borough were certified as severely sight impaired/blind and 320 people certified as sight impaired/partially sighted. The number of people on the register is under the number that would be expected to be on there. People are either unaware of the register or are choosing not to be on the register. Sight Concern Bedfordshire is keen to support initiatives that encourage people to put their names on the register.

Hearing Impairment

- 1.33 It is estimated that one in 1,000 children is born profoundly deaf. For Bedford Borough this would mean an average of two children born profoundly deaf each year⁶.
- 1.34 Approximately one in seven people are Deaf or hard of hearing and the majority of them are elderly. Estimates show that 42% of people over 50 have a hearing impairment rising to 71% for those aged 70 and over. This equates to an estimated 26,600 people in Bedford Borough⁷.
- 1.35 Action on Hearing Loss (formerly The Royal National Institute for the Deaf (RNID)) has estimated national prevalence rates by degree of deafness for adults aged 16 and over. Applying these estimates to the Borough's population gives the following estimates of hearing impairment by degree of loss⁸:

Estimates of Hearing Impaired by Degree of Impairment: Bedford Borough 2011

Level of Impairment	16-60	61-80	81+
Mild Deafness	4,300	7,300	1,170
Moderate Deafness	1,500	4,300	3,670
Severe Deafness	190	5000	840
Profound Deafness	90	100	220
All Degrees of Deafness	6,100	12,200	5,900

Totals may not add due to rounding

- 1.36 In February 2013 there were 453 people registered in the Borough as Deaf or hearing impaired. Comparing with the estimates above suggests many more people are eligible to register but have not for some reason. The Hearing Advisory Service is keen to support initiatives to increase the number of people on the register.
- 1.37 As with visual impairment, rural wards generally have a higher proportion of older people and therefore are likely to have a higher proportion of people with a hearing impairment.

⁶ Current population of children aged '0' is 2100, so 2 children per year born profoundly deaf.

⁷ Facts and figures on deafness and tinnitus, Action on Hearing Loss Information, 2011.

⁸ Facts and figures on deafness and tinnitus, Action on Hearing Loss. Available from: http://www.rnid.org.uk/information_resources/factsheets/deaf_awareness/factsheets_leaflets/facts_and_figures_on_deafness_and_tinnitus.htm

- 1.38 “There is evidence to suggest that some minority ethnic groups may experience higher levels of deafness. This is especially true of recent immigrants who have come from regions with greater levels of poverty, poor health care and low levels of immunisation against diseases such as rubella.”⁹ This raises the possibility that our urban wards with high BME populations such as Queens Park and Cauldwell may also have higher prevalence of hearing impairment.
- 1.39 Veterans of from the armed services are more likely to acquire hearing loss if they have been engaged in active service. Services for people in this situation will need to reflect the younger age profile.
- 1.40 The majority of people with an acquired hearing loss will be able to remain independent and socially included in their community through the provision of hearing aids either privately or from the NHS.

Dual sensory impairment (Deafblindness)

- 1.41 The term dual sensory impairment can be used interchangeably with deaf blindness, denoting the fact that combined impairment of sight and hearing are significant for the individual, even though they may not be profoundly deaf or totally blind. It is the way in which one sensory impairment compounds the second impairment which causes the additional difficulties, even if taken separately, each single impairment appears mild.
- 1.42 Deaf blindness can be due to several causes, such as Ushers Syndrome, Rubella (German measles) and problems caused by premature births. The level of dual sensory impairment in the population is often masked by other physical and mental health conditions which can take precedence in statistical recording.
- 1.43 Four groups of people experiencing deaf blindness have been identified, the majority of whom are in the 75+ age group:¹⁰
1. those who are hearing and sight impaired from birth or early childhood, eg congenitally deafblind
 2. those who are visually impaired from birth or early childhood who subsequently acquire a hearing impairment that has a significant functional impact.
 3. those who are hearing impaired from birth or early childhood, who subsequently acquire a significant visual impairment
 4. those who acquire a hearing and sight impairment in later life that has a significant functional impact (acquired deaf blindness).
- 1.44 People in Category 1 are more likely to use British Sign Language (BSL) for communication.
- 1.45 The estimated prevalence of deafblind people is 40 per 100,000 population. This suggests there are approximately 60 deafblind people (all age groups) within Bedford Borough, with almost 50 being aged over 18¹¹.

⁹ http://www.nid.org.uk/information_resources/factsheets/deaf_awareness/factsheets_leaflets/facts_and_figures_on_deafness_and_tinnitus.htm#people

¹⁰ Social Care for DeafBlind Children and Adults, LAC 2001(8), Department of Health

¹¹ Office for National Statistics, data extract July '08

- 1.46 In February 2013 there were just 5 people registered with a dual sensory impairment in Bedford Borough. This indicates a significant percentage of people with a dual sensory impairment may well be unknown to services.
- 1.47 We need to know more about people with sensory impairments in our Black and Minority Ethnic communities and how to make sure they are supported by services that are culturally appropriate.

Legal Basis

- 1.48 Local Authority's duties to all residents in its area including people with physical disabilities and sensory impairments are set out in the following Acts.
- 1.49 **National Assistance Act 1948**
The National Assistance Act 1948 stated that: 'it shall be the duty of every local authority to provide residential accommodation for persons who, by reason of age, illness, disability or any other circumstances, are in need of care and attention which is not otherwise available to them'. Section 22 allowed the local authority to charge individuals for accommodation costs according to their ability to pay.
- 1.50 **Chronically Sick and Disabled Persons Act 1970**
Under this Act local authorities were given a duty to assess the individual needs of everyone who fell within section 29 of the National Assistance Act – to qualify for services under this section individuals must be 'aged 18 or over who are blind, deaf, or dumb, or who suffer from mental disorder of any description, and other persons aged 18 or over who are substantially and permanently handicapped by illness, injury, congenital deformity or such other disabilities'.
- 1.51 Under this Act, local authorities were given a duty to assist with: practical support in the home; provision of meals at home or elsewhere such as community centres; provision or assistance to obtain radio, TV, library or other recreational services; provision of recreational and educational activities outside the home; provision of services or help in accessing travel to and from the home to participate in these activities; arranging home adaptations to meet people's needs.
- 1.52 **Disabled Persons Act 1986**
The Disabled Persons (Services, Consultation and Representation) Act 1986 strengthened the legislation laid down in the Chronically Sick and Disabled Persons Act. Section 4 of the new act gave local authorities the duty to assess people with disabilities for services if asked to do so by the individual, their representative, or carer.
- 1.53 **NHS and Community Care Act 1990**
This legislation replaced and brought together several pieces of law and placed a responsibility on local authorities to undertake an assessment where a person may be in need of such as a result of illness, disability or impairment (s47), the local authority has a duty to provide services if the needs are assessed as eligible.
- 1.54 **The Local Government and Public Involvement in Health Act 2007**
This Act places a joint statutory duty on upper tier local authorities and Primary Care Trusts (soon to be replaced by Clinical Commissioning Groups) to undertake a

Joint Strategic Needs Analysis for their area. The Joint Strategic Needs Analysis is a process that identifies the health and wellbeing needs of the local population over a three to five year period. It informs the Sustainable Community Strategy, NHS Commissioning and Bedford Borough Council strategic priorities and targets set by the Local Area Agreement and NHS Operating Plan.

1.55 The Joint Strategic Needs Analysis provides the evidence for agreed commissioning priorities that will improve health and social care outcomes and reduce health inequalities. In the process of undertaking the Joint Strategic Needs Analysis partners are required to work together to design interventions that will meet needs and produce better outcomes for local health and social care. The joint design of these interventions is reflected in Joint Commissioning Strategies including this Joint Commissioning Strategy for Physical Disabilities and Sensory Impairment 2013 -2017.

1.56 **Health and Social Care Act 2012**

The Health and Social Care Act 2012 introduces Clinical Commissioning with a greater role for doctors in managing the system and a greater voice for service users in how priorities should be set and services delivered.

Safeguarding from abuse, maltreatment and neglect.

1.57 Safeguarding vulnerable adults from abuse, maltreatment and neglect is our number one priority. It is a vital part of the council's core responsibilities and also an essential function of health services.

1.58 Safeguarding is about more than just adult protection, it is about enabling vulnerable people to choose lifestyles and services to support their needs which ensures their independence, health, safety and wellbeing. Services need to deliver flexible support based on the principles of human rights, dignity and independence.

Safeguarding is "all work which enables an adult who is or may be eligible for community care services to retain independence, well-being and choice **and** to access their human right to live a life that is free from abuse and neglect"

*Safeguarding Adults, A national framework of standards for good practice and outcomes in adult protection work
ADSS 2005.*

1.59 Abuse comes in many forms – physical, sexual, psychological, financial, neglect or discriminatory abuse. Institutional abuse happens in services where poor care is delivered. These forms of abuse can be deliberate or the result of ignorance, lack of training, non compliance or management oversight.

1.60 Safeguarding across Bedfordshire is monitored by the multi-agency Safeguarding Adults Board. Membership includes service users and carers alongside key statutory, voluntary and private agencies.

1.61 The current key priorities for the Safeguarding Adults Board are;

- To improve safeguarding practice as a result of independent audit and Peer Review

- To improve our approach to learning and development
- To review and address the reasons for the high volume of alerts received which do not require a formal investigation, the low number of alerts relating to hard to reach communities and the low level of alerts from the general public
- Safeguarding and the role of informal carers
- The vulnerability of people with disabilities to abuse and harassment
- Review the quality of services for people with physical disabilities and sensory impairments

Policy

- 1.62 There is a wide range of government policy, guidance and legislation that is relevant to people with physical disabilities.
- 1.63 ‘**Improving the Life Chances of Disabled People**’¹² cuts across Government Departments and is the long-term disability strategy until 2025. Four key goals are identified as the most important determinants of disabled people’s life chances:
- To empower customers with choice and control over how additional needs are met
 - To support families with young disabled children
 - To ensure smooth transitions into all aspects of adulthood
 - To improve employability
- 1.64 ‘**Making choice a reality for disabled people**’¹³ focuses on the lack of choice and control that disabled people have over their lives compared to the choice and control that non-disabled people take for granted. This is partly explained by the fact that support needs are often met in ways that do not put them in control.
- 1.65 The ‘**National Service Framework for Long Term Conditions**’¹⁴ has a particular focus on people with neurological conditions and brain and spinal injuries which usually lead to physical disability. The quality requirements to be achieved by 2015 are:
- A person centred service
 - Early and specialist rehabilitation
 - Community rehabilitation and support
 - Vocational rehabilitation
 - The provision of equipment and accommodation
 - Palliative care
 - Supporting family and carers
- 1.66 There is also a wide range of government policy, guidance and legislation that is relevant to sensory impairment.
- 1.67 The ‘**UK Vision Strategy**’¹⁵ sets out a framework for the development of eye health and sight loss services to

¹² *Improving the life chances of disabled people* [2005] - Prime Minister’s Strategy Unit - A joint report with: Department for Work and Pensions; Department of Health; Department for Education and Skills; & Office of the Deputy Prime Minister

¹³ *Making Choice a Reality for Disabled People* [2009] – Office for Disability Issues

¹⁴ *The National Service Framework for long term conditions* [2005] - Department of Health

¹⁵ UK Vision Strategy, RNIB

- Improve eye health in the UK
- Eliminate avoidable sight loss and deliver excellent services for people with sight loss
- Enhance inclusion, participation and independence for people with sight loss.

1.68 '**Seeing it my way**'¹⁶ is embedded in the UK Vision Strategy and sets out 10 outcomes, that have been developed by blind and partially sighted people.

1.69 The 10 outcomes are that:

- I have someone to talk to
- I understand my eye condition and the registration process
- I can access information
- I have help to move around the house and to travel outside
- I can look after myself, my health, my home and my family
- I can make the best use of the sight I have
- I am able to communication and to develop skills for reading and writing
- I have equal access to education and life long learning
- I can work and volunteer
- I can access and receive support when I need it

1.70 The national equalities policy agenda has direct relevance to the development work that will result from this strategy, including the **Disability Discrimination Act 2005** and the **Equality Standard for Local Government**.

1.71 The **Disability Discrimination Act 2005** introduced a general duty for all public authorities. The basic requirement for a public authority is to have due regard to the following:

- Promote equality of opportunity between disabled people and other people
- Eliminate discrimination that is unlawful under the Disability Discrimination Act
- Eliminate harassment of disabled people that is related to their disability
- Promote positive attitudes towards disabled people
- Encourage participation by disabled people in public life
- Take steps to meet disabled people's needs, even if this requires more favourable treatment

1.72 The five-year **Independent Living Strategy**¹⁷: takes a life course approach from young people in transition to adulthood through to very old age, the strategy's aims are that:

- disabled people, who need support to go about their daily lives, will have greater choice and control over how support is provided
- disabled people will have greater access to housing, education, employment, leisure and transport opportunities and participation in family and community life.

1.73 The strategy was jointly published by six government departments and includes:

¹⁶ 'Seeing it my way', Action for Blind

¹⁷ *Independent Living: A cross-government strategy about independent living for disabled people* [2008] Office for Disability Issues

- 'Putting People First, a shared vision and commitment to the transformation of adult social care' – by introducing personal budgets and universal access to information, advice and advocacy
- 'Lifetime Homes, Lifetime Neighbourhoods, a national housing strategy for an ageing population'

1.74 The strategy covers all aspects of disabled people's lives and is an example of co-production. This means working in partnership with the people whose lives are affected by policies, to ensure that people have the opportunity from the outset to influence and shape policy and the design, planning and delivery of services.

1.75 Stroke often leads to physical disability and/or a sensory impairment, and **The National Stroke Strategy**¹⁸ provides a quality framework against which local services can secure improvements to stroke services and address health inequalities relating to stroke.

1.76 Bedford Borough Council and BCGG are ensuring that they adhere to the law and national strategies and policy. The overarching strategic aim is to support disabled people to participate in community life by improving services and support delivered in the community, and to ensure that people can benefit from early and specialist rehabilitation and reablement, and achieve maximum independence. Having reviewed the original action plan and listened to feedback from service users and their carers, the Physical Disabilities and Sensory Impairment Partnership Board has identified four priority objectives which will help to achieve this aim.

1. Improving the employment chances of people with disabilities and sensory impairments
2. Improving the provision of equipment and telecare/telehealth
3. Improving access to innovative services so that people with disabilities can have the same choice and control over their lives as people without disabilities.
4. Improving the provision of suitable accommodation in the community

1.77 An action plan is attached to this strategy, which sets out how these four outcomes will be delivered.

Local Drivers

1.78 There are a number of local drivers influencing how we commission services for people with a physical disability or a sensory impairment.

1.79 **Organisational Change** in Bedford Borough Council where the opportunity is being taken to further develop joint working for people with physical disabilities and sensory impairments in services that were previously delivered by separate organisations, such as social care, housing and leisure.

1.80 **Service Re-design and Modernisation**- both the Council and NHS need to redesign their services in order to deliver national policy and improved outcomes for service users. In many instances doing this in partnership will result in more effective use of resources and a more streamlined service for users.

¹⁸ *National Stroke Strategy* [2007] Department of Health

- 1.81 The **Supporting People Programme** – The supporting people programme provides housing related support services to help vulnerable people live independently. It is a key contributor to promoting and sustaining the independence of vulnerable people through the range of services it funds.
- 1.82 Supporting People services include supported accommodation, community alarms, the home improvement team and floating support services. Supporting People plays an important role in preventing premature entry to residential care and reducing the impact of health related problems connected to poor housing conditions.
- 1.83 The context in which physical disability and sensory impairment services need to respond to people is that people are all different. Many people with sensory impairments acquire their sight loss or hearing loss later in life and have to adjust to a different way of living. Other people who were born with a sensory impairment or developed it in early childhood will have different experiences of learning to understand the world and to communicate.
- 1.84 Adults with a physical disability all have a different starting point and different life experiences, which will affect their motivation, their expectations of services, their understanding of the system and what they need services to deliver for them.
- 1.85 With this in mind, services need to be more flexible and responsive to meet people's needs and support them to meet the outcomes that they define for themselves. Lessons need to be learnt from the implementation of personalisation so far, and those lessons are being used to plan next steps towards an ambitious future of personalised disability services.
- 1.86 Adult services needs to work closely with Children's services so that parents have an accurate picture of the support that adult services will provide and raise aspirations to work towards independence rather than dependence. Adult services and Children's services need also to work together to promote real inclusion for disabled people, and to ensure that children grow up with the same expectations for their adult lives as non-disabled children, for friends, relationships, family, living independently of parents, having meaningful things to do and the opportunity to continue to develop themselves. By doing this, services, disabled people and their families can work together to achieve equality of opportunity.
- 1.87 This strategy links with the mental health strategy, so that people with physical disabilities who also have mental health issues can access the support they need for good mental health. The nature of the support required will vary depending on each person's individual needs, but may include trauma support for people who acquire their disability through accident, support with adjustment as peoples conditions change or psychological support for people affected by stroke. There will also be people who experience anxiety and depression in connection with their physical disability or sensory impairment and any associated health problems.

Chapter 2: What are we doing now?

Current Services

Physical Disability Assessment and Care Management Team.

- 2.1 Based at Borough Hall, a mix of social workers, support workers and an administrator provide assessments of need and organise care packages for people with physical disabilities aged 18 to 65. Packages may involve home care, personal care, support to access the community, carers short breaks, day care, nursing or residential care, or increasingly direct payments. People aged over 65 receive services from the older people's team with support from the physical disability team if required.
- 2.2 The Council has a stated aim of reducing the use of residential care and supporting people to live in their own homes or to live in supported accommodation with their own tenancies. The Borough Council is supporting the delivery of extracare schemes and sees extracare as a major way of reducing the use of institutional care.

Sensory Impairment Team

- 2.3 Based at Borough Hall, a small team of social workers, support workers and an administrator deliver specialist social care services for people with visual impairments and people with hearing impairments.

Visual Impairment-Specific Services

- 2.4 The team work with people of all ages with a visual impairment whose sight cannot be corrected by glasses or medical treatment. For registration purposes, many referrals come from local and national hospitals but anyone can refer themselves if they are experiencing difficulties with their vision. Partnership working includes the NHS, Education and the local voluntary organisation, Sight Concern.
- 2.5 These are many eye conditions and difficulties that people with a visual impairment live with on a daily basis including macular degeneration, glaucoma, diabetes, retinitis pigmentosa, hemianopia, strokes and cataract which can cause the person difficulty crossing the road, pouring drinks, setting the oven, reading, telling the time and recognising people's faces. With support from the team, many of these problems can be addressed.
- 2.6 Early intervention is essential and, after an assessment, people with a visual impairment are offered a rehabilitation plan tailored to meet their needs. This can include:
 - Support to safely complete daily living tasks such as cooking, making drinks, using the telephone, reading and writing
 - Mobility and orientation training to travel local routes safely and independently
 - Direct payments to purchase specialist equipment for daily living, mobility and communication
 - Information on local social opportunities to enable social inclusion

- Sign posting to local and national visual impairment services including talking books, local talking newspapers, computer classes and a Low Vision clinic at Sight Concern for prescribed visual aids
- Help to access financial benefits
- Advice and support for families and carers
- Carer's Assessments
- Integrated working for people with a dual sensory loss
- Visual Impairment awareness guidance

2.7 Increased public awareness of preventative measures, such as stopping smoking, would result in the effects of many eye conditions being lessened and/or treated.

Deaf and Hearing Impairment-Specific Services

2.8 The team provides a prompt and easily accessible specialist service to enable Deaf and hearing impaired people to live as independently as possible in the community.

2.9 Following a specialist assessment of needs the services available include:

- Direct payments to purchase specialist equipment and services e.g. support workers/personal assistants
- Enabling profoundly deaf people to access the hearing world and everyday services
- Advocacy
- Advice and information on the Disability Discrimination Act and Equalities Act 2010 in relation to hearing impaired people accessing the private, public and voluntary sectors
- Forming community links
- Encouraging more self-sufficiency among Deaf people
- An interpreting service
- Advice and support for families and carers
- Working with families including deaf parents/hearing children, hearing parents/deaf children
- Help to access financial benefits
- Adapting spoken/written English for BSL users
- Carers assessments
- Integrated working for people with a dual sensory loss.

Dual Sensory Impairment (Deafblind)

2.10 Following a comprehensive assessment of needs, a person will receive a range of support available from the team to meet specific needs including:

- Information and advice
- Assistive technology
- Rehabilitation
- Information on Lip-reading and other communication methods including the Deafblind manual and British Sign Language classes.
- Direct payments to purchase specialist equipment and services eg. support workers/personal assistants
- Links with the their local community
- Carers Assessments

- Enablement to access the hearing world and everyday services
- Support to undertake daily living skills
- Help to access benefits
- Deafblind awareness guidance.

Sensory Impairment and Learning Disabilities

2.11 The Sensory Impairment Service is part of the multidisciplinary Specialist Community Healthcare Team within SEPT – Services for People who have a Learning Disability, and is based in the Clinical Resource Centre, Twinwoods. This service aims to support adults who have a learning disability to access appropriate sight and hearing assessments, support people to use their sight and hearing, and develop the use of their senses. It also provides primary ear care and health promotion to clients and their carers.

2.12 The Sensory Impairment Service works in partnership with:

- Social Workers and Community Nurses from the Bedford Borough, Central Bedfordshire and Luton Borough Councils
- General Practitioners throughout our catchment area
- Bedford Hospital
- Luton and Dunstable Hospital
- Visual Impairment/Sensory Impairment Teams within Social Services in Bedfordshire and Luton, as well as organisations such as Sight Concern
- Orthoptist Services throughout Bedfordshire and Luton
- Day Centres/day care provision throughout the catchment area

The service offers an open access referral system for people with a learning disability –professionals, carers, parents and clients can make referrals.

Telecare and Assistive Technology

2.13 Assistive technology is an umbrella term that includes assistive, adaptive, and rehabilitative devices for people with disabilities, people with sensory impairments and older people. Assistive technology also includes the process used in selecting, locating, and using the devices. Assistive technology promotes greater independence by enabling people to perform tasks that they were formerly unable to accomplish or had great difficulty accomplishing, by providing enhancements to, or changing methods of interacting with, the technology needed to accomplish such tasks.

2.14 Telecare is one form of assistive technology. It uses electronic sensors connected to an alarm system to help manage risk and help vulnerable people stay independent at home longer. The sensors can be customised to the particular person's risks. When the alert is triggered, the contact centre is connected to the person's house and the contact centre can respond by talking to the person, or they can arrange for an emergency responder to go to the person's house and help.

2.15 Examples of telecare sensors include falls sensors, bed or chair sensors, smoke detectors, epilepsy sensors, or sensors for people with sensory impairments such as flashing alerts that let people know that someone is at the door.

- 2.16 Telecare assessments are undertaken by telecare assessors employed by Bedford Borough Council. Following the telecare assessment, the telecare provider (Aragon) will be responsible for installing the equipment, connecting the person to an alarm centre responding to alerts and arranging for an emergency responder to go to the person's house and help. The service will incorporate a mobile response service for people who do not have anyone who can reliably respond in the event of a sensor being activated. The service specification now incorporates a pro-active telephone service which will call people on a planned basis who may need help with such things like medication prompts or reminders to put the heating on in cold weather.

Re-ablement Service

- 2.17 The reablement service provides a period of up to 6 weeks assessment and re-ablement for people in their own homes. The aim is to improve the person's skills so they can return to a normal life of independent living following trauma such as a fall or an operation. Reablement services are delivered by the Council's in-house reablement team and EveryCare. EveryCare deliver reablement services to people who are leaving hospital and the in house team delivers reablement services to people referred from community settings. The Council's service reviews everyone having reablement and will identify appropriate on-going support if it is needed.

Day Centres and Support for People Using Direct Payments

- 2.18 The Council currently runs 2 day centres in Goldington Road and Conduit Road for older people many of whom have physical disabilities as well. Conduit Road Day Centre meets the needs of people from black and minority ethnic groups. Transport to either centre can be provided if needed and many people use Council transport to come in to the day centres.
- 2.19 There are no Council run day services for people with physical disability who are of a working age. The Council promotes the use of direct payments so that people with disabilities can purchase the support they need to live a normal life.
- 2.20 **The Kingfisher Club** is a day centre for 21 – 65 year old physically disabled and/or cognitively impaired adults. They undertake a variety of activities at the centre including: cooking, making seasonal gifts e.g. Christmas/Easter arts and crafts, games/quizzes/debates, fundraising coffee mornings and Christmas parties.
- 2.21 Members start to form friendships with others and meet outside of the group which helps improve their social lives. The majority of the members join the group as their disability has led them to become socially isolated to some degree and thus their confidence and self-esteem have been affected. Although the activities the club arranges help with rehabilitation the primary aim of the group is to give people the opportunity to get out and to form friendships. The club is open 3 times a week, twice a week Tavistock Court, Bedford and once a week at Bedford Athletic Club, Wentworth Drive.
- 2.22 **Headway House** is a day rehabilitation unit for people with non-degenerative acquired brain injury, their families and carers. It provides physical, cognitive and social rehabilitation activities in a participative and "fun" atmosphere. On-site services include physiotherapy, speech therapy, occupational therapy, memory, cognitive classes, computer tuition and group work. Advice and information is

available. It is open to service users four days a week and is on the Bedford Health Village site.

- 2.23 Bedfordshire and Northamptonshire **Multiple Sclerosis Therapy Centre** provides professional core therapies, such as physiotherapy, occupational therapy and speech therapy, complementary therapies, such as hydrotherapy and oxygen therapy, information and support to people with multiple sclerosis. The Centre has an MS Specialist Nurse who is the link between all services. The Therapy Centre is open five days per week and is based in Bradbury House on Barkers Lane, Bedford.
- 2.24 Bedford Borough Council has approved a number of organisations that deliver personalised support services which people who use direct payments including support to recruit and employ your own assistant, payroll services, holding accounts, support planning and brokerage and community inclusion services.
- 2.25 Information about these services is available on the Bedford Borough Council website, in the Adult Services section at:
www.bedford.gov.uk/health_and_social_care/help_for_adults/information_and_advice/personalised_support_services.aspx
- 2.26 The **Disability Resource Centre** (known as the DRC) is run by disabled people and has its base in Poynters House, Dunstable and provides support and delivers services into Bedford and the surrounding villages. The DRC provides a wide range of services for people with disabilities, their families, carers and professionals including disability information and advice on a wide variety of topics, an opportunity to 'try before you buy' in their equipment display area, wheelchair hire, training (for example on disability awareness, equality & inclusion and manual handling), help with form filling for disability benefits and support and a full advice and support service is available for those receiving or wishing to receive a direct payment. The service is available five days a week and a full retail service to purchase disability products and equipment is now available.

Occupational Therapy Team

- 2.27 The Occupational Therapy Team assess people of all ages within their own home and provide aids and adaptations, equipment and minor works or make recommendations for major adaptations to increase people's independence and enable them to live in their own home for as long as possible. There is an Equipment Display Area at The Centre for Independent Living at Gadsby Street where people can get advice from a member of the Occupational Therapy Team

Care Standards and Review Service

- 2.28 This team carry out annual reviews for all service users including older people with physical disabilities. They make sure people are getting their care and support delivered to a good standard and the person's assessment of need remains current.

Blue Badge

- 2.29 The Council's Blue Badge parking permit and concessionary fares scheme is available for people with physical disabilities to help them get about and maintain their independence.

Specialist Services in the Voluntary Sector

- 2.30 There are three specialist sensory impairment organisations in the voluntary delivering services in Bedford Borough; Sight Concern, Hertfordshire Hearing Advisory Service and Sense. The three organisations are committed to working together to provide a comprehensive suite of services for local people with sensory impairments. The three organisations are currently delivering services on behalf of adult social care, the NHS and the Supporting People Programme.
- 2.31 Sight Concern Bedfordshire is an independent charity. They offer a newsletter to all their members (over 300 people in Bedford Borough), have resource centres in Bedford and Luton and are contracted to run the Bedford Low Vision service. They run a social club in Bedford, a telephone support service and have volunteers in their office and in the community. A service level agreement with "Supporting People" provides Community Support Workers who offer information, advice and practical support, including assistance with claiming benefits, accessing services and purchasing equipment.
- 2.32 Hearing Advisory Service is an independent charity helping people with hearing loss across Hertfordshire and Bedfordshire. Established in 1981, the charity has over 30 years of experience of helping people who are hearing impaired or deaf. HHAS offers free help and advice to people affected by hearing loss. It runs a range of services, including a free mobile support service across Bedfordshire.
- 2.33 Sense is a national charity that supports and campaigns for children and adults who are deafblind. It has been approved as a provider to Bedford Borough Council. Sense provides tailored support, advice and information as well as specialist services to deafblind people, their families, carers and the professionals who work with them. They also support people who have a single sensory impairment with additional needs. They can provide communication support, support to access the local community and specialist deafblind assessments.

Carers Short Breaks

- 2.34 During 2011, Bedford Borough Council Adult Services undertook a survey of people with physical disabilities who had unpaid carers and used traditional "respite care" services. The team undertook interviews with service users with a physical disability who have either had a short break service, or were eligible to receive a short break service. As a result of the interviews, an action plan was formed in order to 'personalise' short breaks service, with the various teams responsible moving the service forward.
- 2.35 All service users who are eligible for a short break are now provided a personal budget and given the opportunity to take it as a direct payment so they can purchase the short break of their choice. Information regarding the types of breaks

available and support on how to go about finding a short-break service and help to source it is now provided by Adult Services.

- 2.36 Despite the efforts of staff encouraging service users to consider alternative shortbreaks, staff have reported that service users tend to prefer to continue to use traditional respite services.

Sensory Conference

- 2.37 Bedford Borough Council held a Sensory Conference in February 2011. Issues that people with sensory impairments identified included:
- lack of multi organisation support
 - knowing who to contact
 - people who were not in contact with any services
 - lack of support when diagnosed with sensory loss
 - need for communication support
 - need for somewhere to drop in for support with official correspondence
 - problems with Bedford council web site
 - accessibility of local buildings
 - service in local shops and banks
 - difficulties with some pavements locally
 - problems using the buses

A multi agency action plan was drawn up which is currently being implemented by the Physical Disability and Sensory Impairment Board.

HIV AIDS

- 2.38 A survey was undertaken in 2011 of people who use HIV services locally. The survey identified that amongst the local community of people affected by HIV/AIDS, there was very little awareness of the specialist community support worker based in adult social care, or of the local peer support organisation. The survey also found people with HIV/AIDS were reluctant to seek any support because of the stigma that still exists about HIV, and therefore they had a fear of being “found out”.
- 2.39 People who responded and wanted support with their issues related to HIV clearly expressed a preference to be able to go to a peer support organisation, based in the community, preferring to avoid statutory services, perhaps due to the association with “authority”. Another reason for preferring to access peer support is because people know that they are talking to other people with HIV, and therefore there is no worry about having to disclose their HIV status; it is just “known”.
- 2.40 As a result of the survey, the Council decided to invest in the local HIV peer support service so that people with HIV/AIDS and their families and friends could go there for their support. The Council also re-defined the Council’s HIV support worker’s role so that the worker now also provides support to people with a physical disability or sensory impairment in Bedford Borough.

Chapter 3: Strategic priorities for people with physical disabilities and sensory impairments

Outcomes

- 3.1 Delivery of the following strategic priorities will enable people with physical disabilities and people with sensory impairments to be supported to stay mentally and physically well and treated with dignity by integrated and personalised services.
- 3.2 The overarching strategic aim is to support disabled people to participate in community life by improving services and support delivered in the community, and to ensure that people can benefit from early and specialist rehabilitation and reablement, and achieve maximum independence.
- 3.3 The Joint Commissioning Board for Physical Disabilities and Sensory Impairments has identified four priority objectives which will help people with physical disabilities and sensory impairments to fully participate in community life.
 1. Improving the employment chances of people with disabilities and sensory impairments
 2. Improving the provision of equipment and telecare/telehealth
 3. Improving access to non traditional services so that people with disabilities can have the same choice and control over their lives as people without disabilities
 4. Improving the provision of suitable accommodation in the community

Strategic Priority 1: Improving the employment chances of people with disabilities and sensory impairments

- 3.4 Work and employment is important for participating in the community because for most people, the expectation is that you leave education and you start work. Work is important as a source of income, but is also important because it is a source of interaction with other like minded adults, it provides structure for people's lives and it gives a sense of achievement and of contributing to society generally. It can be mentally and physically stimulating and it can help people to learn new skills and to develop.

We will:

1. Support people with disabilities to gain work or staying in work.
2. Raise the expectations of social workers and health professionals of work as a realistic choice for people with disabilities,
3. Equip social care and staff and health staff with:
 - knowledge of local services that can support disabled people to gain work
 - a knowledge of the law so they can support people to remain in work when they become disabled or their condition deteriorates
 - A knowledge of funding streams/local trusts so that they can support people with courses, return to work, fares, laptops or other items that can support people to prepare for work or stay in work.
4. Increase work related learning opportunities (including IT training).
5. Review support available to employees with disabilities who work in Bedford

Borough Council and local NHS organisations.

Strategic Priority 2: Improving the provision of equipment and telecare/telehealth

- 3.5 Equipment and telecare are an important part of supporting people to participate in the community because equipment can help people with disabilities to do the day to day tasks that non disabled people take for granted.
- 3.6 Technology offers real potential for supporting people to stay in their own homes. Simple gadgets can make all the difference to a persons comfort and feeling of security. Assistive technology covers things like door alarms, pressure mats and room monitors as well as outsize remote controls and devices to help in the kitchen which all help people with physical disabilities to maintain independence.
- 3.7 Telehealth means having a gadget that can monitor vital signs (like blood pressure) in the home, and transmit that information to a response centre where the results are reviewed by a clinician. This can help people with physical disabilities and complicating conditions such as diabetes. The Council and the BCCG's ambition is to eventually integrate telecare and telehealth provision.

We will:

1. Provide more telehealth services so people with physical disabilities can take their own health readings at home (such as their heart rate reading) and then send the results to a health professional via the internet. Continue to work with the BCCG to scope out the feasibility of integrating telecare and telehealth provision across Bedfordshire.
2. Increase the number of people using telecare and community equipment services
3. Make it easier for people with physical disabilities or sensory impairments to arrange for their own equipment, assistive technology or home adaptations.

Strategic Priority 3: Improving access to personalised services in the community so that people with disabilities can have the same choice and control over their lives as people without disabilities.

Early and specialist rehabilitation and reablement in the community

- 3.8 The aim of rehabilitation and reablement services is to support the disabled person to be as independent as they can be, in their own home. Particularly for people who become disabled because of injury, or because of a deteriorating condition, early access to rehabilitation and/or reablement services can make a difference to the level of functioning that they can achieve. As the ultimate aim is to support people to live in their own homes, services need to be delivered in peoples own homes or in community based settings. Stays in rehabilitation units will be necessary for some people, such as people with a severe brain injury, but should be the exception rather than the rule.
- 3.9 A joint review of community bedded facilities is underway at the time of writing, and it is expected that that review will make recommendations about community

services that need to be in place in order to make sure that people are supported to maximum independence at home.

Transport

- 3.10 Service users tell us that transport in Bedford Borough does not fully meet their needs. In order that future transport meets the needs of people with disabilities, it is important to get their input from their experience of using the service. Through the Physical Disabilities and Sensory Impairment Partnership Board we will encourage representation at the Public Transport Users Forum.

Social opportunities

- 3.11 Service users tell us that they don't have the same social opportunities as non disabled people in Bedford Borough. Through the Physical Disabilities and Sensory Impairment Partnership Board, we will encourage a group of service users to talk with a wider group of local people with disabilities and find out what sort of social opportunities people would like, and identify what support they would need to have those social opportunities. Their recommendations will be reviewed by the Board and through the Leisure and Culture teams within Adult Services.

Raising expectations of service users, families and staff

- 3.12 There is a need to raise expectations of people with physical disabilities and sensory impairments of having a normal life with the support that they need to live it. Staff and service providers need to rise to the challenge of supporting people to work, to live independently, to have friends and relationships, to be parents and to take part in their local community.

Day Opportunities

- 3.13 Day opportunities for people with physical disabilities and sensory impairments are mainly traditional disability orientated day services. The Council is keen to promote the use of direct payments for people to be able to purchase alternative support so that they can do the same sorts of things during the day as people that do not have disabilities. Direct payments might support people to do activities with their friends, do things in their local community, work, or study at college or University.

Information Advice & Guidance

- 3.14 When there is a lack of clear information about care services, individuals can easily become disempowered. The need for clear information also applies to universal services like adult education, leisure opportunities, benefits, and transport as well as specialist services such as social care and health services.
- 3.15 Continuing to improve information, that informs, assists and supports people with physical disabilities and sensory impairments to access universal and specialist services and to enable them to increasingly participate in the life of their communities, is therefore a 'must do'.

Direct Payments & Personal Budgets

- 3.16 People with physical disabilities and sensory impairments must have maximum control over how their needs are met. Everyone who is eligible for services knows what personal budget they have to meet their needs and they can take that personal budget as a direct payment. They have the opportunity, with support if they want it, to direct how their personal budget is used to meet their needs.

Personal Health Budgets

- 3.17 Following a three year pilot of personal health budgets, in which NHS Bedfordshire was chosen as an in-depth evaluation site, it has been announced that with effect from April 2014, anybody eligible for NHS Continuing Health Care will be entitled to request a Personal Health Budget. This is a mandatory obligation of Clinical Commissioning Groups going forward. A [personal health budget](#) is an amount of money that is spent on meeting the health care and wellbeing needs of people who meet the eligibility criteria for NHS Continuing Health Care.
- 3.18 At the heart of a personal health budget is a care plan (sometimes known as a support plan or personal health plan), which is developed with individuals in partnership with their health care professionals. The plan sets out the individual's health care and wellbeing needs, the health outcomes desired, the amount of money in the budget and how this will be spent.
- 3.19 Personal Health Plans: give people more choice about their care by providing information on a range of options for managing their condition, including a greater focus on self-care. Plans are optional for people with a long term condition and designed to be flexible. They encourage discussions about their wider health and wellbeing needs and help them to choose services which meet their individual needs rather than simply those that practitioners recommend. As Personal Health Budgets are developed and offered to individuals with conditions outside of Continuing Health Care, Personal Health Plans will form the basis of personalising the care available to the individuals enabling them to purchase their own health interventions that best meet their needs.

Advocacy

- 3.20 For many people with physical disabilities and sensory impairment, their first contact with a local authority service will be at a time of stress or crisis. Advocacy services (where an advocate communicates and supports the service user's wishes) are invaluable at this time. Advocacy supports people in making their own decisions and ensures that their views were properly represented. Advocacy services for people with physical disabilities are provided by POhWER, who deliver generic advocacy services across Bedfordshire.

We will:

1. Ensure access to early rehabilitation and reablement services
2. Improve the range and quality of information, advice and advocacy services.
3. Support service users to review the levels and type of transport available, so people can access services like day and evening activities, health and council services, education and leisure opportunities.
4. Support service users to access a range of social opportunities that people can

independently use.

5. Stimulate the market to deliver alternatives to traditional respite care services delivered within care homes, such as live in replacement care, supported holidays and the use of personal assistants.

Strategic Priority 4: Improving the provision of suitable accommodation in the community

- 3.21 There have been limited adapted housing options for people with physical disabilities and sensory impairments in Bedford Borough but the situation is now improving with the development of extra care housing schemes. Adults born with disabilities usually live with their parents for longer than non-disabled people. Residential care is often seen as the only alternative to living with parents, and people have tended to move into residential care when parents are unable to continue to support them.
- 3.22 Housing related support for people with physical disabilities is available from a generic floating support provider called One Support. This service supports people to live in their own homes, assisting them to contact the services they need, develop life skills and helping with budgeting and bill paying. Sight Concern Bedfordshire provides housing related support for people with visual impairments.
- 3.23 There is a small supported living setting in Maia Close, Bedford for people with acquired brain injuries. Often people with an acquired injury will return home after hospital and rehabilitation, and can face delays in the adaptations to their homes, which delays their return to independence.
- 3.24 The MS Society has Hollington House, Kimbolton Road, Bedford, which provides a supported living environment for people with physical disabilities. It is mainly older people with a physical disability who are living there currently.
- 3.25 There are a number of housing associations with properties in Bedford Borough which are suitable for people with physical disabilities and for wheelchair users. The majority are aimed at the social rented sector although some housing associations have shared ownership options available.
- 3.26 Many people with HIV from a black African background live in private rented housing, which is often shared housing, a bedsit or house of multiple occupation. Inadequate housing and lack of facilities can negatively impact on people's health and peoples adherence to HIV medication. This is because often people will live in places where there is a shared kitchen which makes it difficult to store HIV medication privately. Due to the stigma about HIV, people in such situations will sometimes make the choice to go without HIV medication.
- 3.27 The majority of people with sensory impairments acquire them later in life, so will be likely to be living in their family home. They may require adaptations to be able to remain there, and they will probably require equipment and assistive technology to continue to lead an independent life at home.
- 3.28 New housing needs to meet lifetime homes standards. New supported housing schemes need to meet the needs of the local population first and foremost. The

housing schemes need to be part of the community and be on sites which enable people to use local services, and to get about using local transport.

We will:

1. Continue to reduce the number of people moving into residential care and increase the number of people living in their own homes.
2. Help people to make decisions regarding the housing options that are available to them.
3. Ensure new housing and communities are built to meet the needs of people now and in the future
4. Review the Maia Close supported living service.

Joint Commissioning Strategy for People with Physical Disabilities and Sensory Impairments, Interim Update 2013-15

Draft Action Plan

Strategic Priority 1: To improve the employment chances of people with disabilities and sensory impairments	2013 - 2014 Objectives	Target Date	Responsible Officer
1. Support people with disabilities and sensory impairments to gain work or staying in work.	1. Arrange a “Disability Jobs Fair” day in a town centre venue, where organisations such as the Jobs Hub that can support people with disabilities or sensory impairments to gain or stay in work. Stands will be available so that people can drop in for information and in-depth conversations with people that can help.	October 2013	Job Centre Plus
	2. Advertise the event publically so that the event is open to every disabled person in Bedford borough, irrespective of whether they have contact with local statutory services	September 2013	Personal Budget Support Officer, BBC
2. Raise the expectations of social workers and health professionals of work as a realistic choice for people with disabilities,	1. Social workers will also be invited to come to the “Jobs fair” so that they know what organisations can support disabled people to find work, what employers are required to do to support people to remain in work. 2. Social workers will, when appropriate, raise the option of work at assessment and review.	October 2013 Continuously	Physical Disabilities Team Manager and Care Standards and Review Manager, BBC
3. Equip social care and staff and health staff with: <ul style="list-style-type: none"> • knowledge of local services that can support disabled people to gain 	1. A bespoke training/awareness session will be made available to social work staff and occupational therapists about support provided by organisations that support people with disabilities to gain or remain in	October 2013 then annually	Personal Budget Support Officers, Physical Disability Team Manager, OP and PD Service

Strategic Priority 2: To Improve the provision of equipment and telecare/telehealth	2013 - 2014 Objectives	Target Date	Person Responsible
1. Provide more telehealth services so people with physical disabilities can take their own health readings at home (such as their heart rate reading) and then send the results to a health professional via the internet. Continue to work with the BCCG to scope out the feasibility of integrating telecare and telehealth provision across Bedfordshire.	<ol style="list-style-type: none"> 1. Bedfordshire Clinical Commissioning Group will continue to commission a telehealth service 2. Bedford Borough Council will support the BCCG in its review of the service's operational effectiveness and will support further development/integration as appropriate. 	<p>March 2014</p> <p>March 2014</p>	<p>Head of Planned Care, BCCG</p> <p>Head of Commissioning, BBC</p>
2. Increase the number of people using telecare and community equipment services	<ol style="list-style-type: none"> 1. Review the pathway for telecare and operational impact of the in-house telecare assessors. 2. Produce recommendations to further increase the number of people using telecare and community equipment. 	January 2014	OP and PD Service Manager, BBC
3. Make it easier for people with physical disabilities or sensory impairments to arrange for their own equipment, assistive technology or home adaptations.	<ol style="list-style-type: none"> 1. An equipment area will be open to the public in the Gadsby Street hub in Bedford town centre. Review the effectiveness of the provision after six months, and improve the provision if needed. 2. Millbrook Healthcare has a retail area in their Bedford base. The Community Equipment Board will work with Millbrook to further develop their retail offer, both in physical sites in Bedford and online. 	<p>October 2013</p> <p>March 2014</p>	<p>Physical Disabilities Team Manager, BBC</p> <p>Physical Disabilities Team Manager, BBC</p>

Strategic Priority 3: To Improve access to personalised services so that people with disabilities can have the same choice and control over their lives as people without disabilities	2013 - 2014 Objectives	Target Date	Person Responsible
1. Ensure access to early rehabilitation and reablement services	1. Bedford Borough Council and BCCG will implement the recommendations of the review of non acute beds. This will mean implementing a smoother pathway from hospital to home, with more rehabilitation and reablement services delivered in people's own homes or in community settings.	March 2014	Head of Partnership Commissioning, BCCG Older Peoples Commissioner BBC
2. Improve the range and quality of information, advice and advocacy services.	1. Advocacy is available to any vulnerable adult in Bedford who needs advocacy support via the generic advocacy services that is delivered by the joint contract with POhWER. Bedford Borough Council and BCCG will continue to invest in the generic advocacy service. 2. Commissioners will continue to support POhWER to develop its service in line with local needs.	March 2014 March 2014	Head of Commissioning, BBC Older Peoples Commissioner, BBC and Personal Budget Support Officer
3. Support service users to review the levels and type of transport available, so people can access services like day and evening activities, health and council services, education and leisure opportunities.	1. Service users sitting on the Physical Disability and Sensory Impairment Board consistently highlight weaknesses in the current accessible transport provision. The Board will support a group of service users to make their views known to transport commissioners and providers.	June 2013	AD Adult Social Care
4. Support service users to a range of different social opportunities that people can independently use.	1. Service users sitting on the Physical Disability and Sensory Impairment Board consistently highlight the lack of social opportunities for people with disabilities.	October 2013	AD Adult Social Care

	The Board will support a group of service users to undertake a review of social opportunities and make recommendations that can be taken forward by the Board.		
5. Stimulate the market to deliver alternatives to traditional respite care services delivered within care homes, such as live in replacement care, supported holidays and the use of personal assistants.	1. Research alternatives to residential care and develop a portfolio of short break options and alternative care so that unpaid carers can take breaks from their caring role.	June 2013	Personal Budget Support Officer

Strategic Priority 4: To Improve the provision of suitable accommodation in the community	2013 - 2014 Objectives	Target Date	Person Responsible
1. Continue to reduce the number of people moving into residential care and increase the numbers of people living in their own homes.	1. Commissioners will make sure that the market offers alternatives to residential care 2. Social workers will know about alternatives to residential care and will encourage service users and their carers to actively consider those alternatives. 3. The service manager will ensure that placements in residential care only happen when all other options have been thoroughly explored and there really is no other option.	March 2014 Continuously Continuously	Head of Commissioning, BBC PD Team Manager, PD Team Manager and Care Standards and Review Manager OP and PD Service Manager
2. Help people to make decisions regarding the housing options that are available to them	1. Commissioners and operational staff will ensure that people have the information and support they need to make decisions regarding the housing options that are available to them.	October 2013	Head of Commissioning, BBC Personal Budget Support Officer, PD Team Manager, PD Team Manager and Care Standards and Review Manager

<p>3. Ensure new housing and communities are built to meet the needs of people now and in the future</p>	<ol style="list-style-type: none"> 1. Commissioners will link with housing associations and developers to support the development of accommodation for people with disabilities and their families. 2. Commissioners will ensure that the on site provider at St Bede's can meet the needs of people with physical disabilities and that their services will be appropriate to people of working age. 	<p>March 2014</p> <p>October 2014</p>	<p>Older Peoples Commissioner, BBC</p> <p>Older Peoples Commissioner, BBC</p>
<p>4. Review the supported living service at Maia Close</p>	<ol style="list-style-type: none"> 1. Set up a review group with commissioners, the provider, service users and their relatives to review the service and report on its fitness for purpose. 	<p>October 2014</p>	<p>Older Peoples Commissioner, BBC and Head of Supporting People</p>

Glossary

Advocacy	Support for people in making their own decisions and ensuring that their views are properly represented
Bedfordshire Clinical Commissioning Group (BCCG)	Bedfordshire Clinical Commissioning Group (BCCG) is a new organisation, run and led by local clinicians, including GPs, nurses and hospital doctors. We have come together to take over responsibility for planning, organising and purchasing NHS funded healthcare for the people of Bedfordshire. This includes hospital services, community health services (such as district nursing, health visiting and various therapies) and mental health services.
Commissioning	Planning, buying and reviewing of health and social care services
Direct payments	Money paid to you by your local Council so that you can buy your own care and support.
Fuel poverty	This is a where a household cannot afford to keep adequately warm at a reasonable cost. A fuel poor household is one that needs to spend more than 10% of its income on fuel use in order to heat the home to an adequate standard of warmth.
Health Inequalities	Refer to gaps in the quality of health and health care across, racial, ethnic, sexual orientation and socio-economic groups. Despite improvements, the gap in health outcomes between those at the top and bottom ends of the social scale remains large and in some areas continues to widen. These inequalities mean poorer health, reduced quality of life and early death for many people.
Joint Strategic Needs Assessment (JSNA)	NHS Bedfordshire and Bedford Borough Council working together to understand the future health, care and well-being needs of the community
Mental Capacity Act	Provides important safeguards to protect families, carers, health and social care staff, and other people who act and make decisions on behalf of people who lack the mental capacity to make the decision for themselves
Person centred planning	Putting you at the centre of planning for your life. Family, friends, professionals and services listening to and learning about what you want from your life and working together with you to make this happen.
Personal budget	This is the money you get from Bedford Borough Council, Adult Services.
Personal health budget	A personal health budget makes it clear to

	someone getting support from the NHS and the people who support them how much money is available for their care and lets them agree the best way to spend it.
Personal health plan	Designed to look at your health needs, make plans for better health, and tell people who need to know about your health.
Stakeholder	Any individual or organisation with an interest in health and social care services.
Strategy	Describes the services we have now and how we will develop these services over the coming years.