Annex 1

City of York Council

Strategy for the Development of Services to Support People with a Physical and/or Sensory Impairment

November 2008

Chapter 1

Executive summary

This will be the first strategy to take a long-term view of the services that people with physical and/or sensory impairment will need in York. Most of the data and messages presented in the strategy relate to people age 18 to 64 years, though we recognise that older people, people with mental health problems and people with learning disabilities will access services that people with physical and/or sensory impairments use. This document begins to identify the priorities to deliver the vision of services that people with physical and/or sensory impairment want.

Changing services takes time: time to plan; to identify investment opportunities and funding; and time to develop new models and pathways. If we can identify now the changes needed over the next 10-15 years, we can give clearer messages to providers to enable them to take up the challenge, and we can plan the best way to change and invest in our resources. And we can work with people with physical and/or sensory impairment so that they can continue to shape the services for the future.

Prevalence studies show that the increase in the number of people with physical and sensory impairment amongst adults aged 18-64 over the next 20 years will not be significant, though this may be affected by social life-style changes that lead to more people being affected by long term conditions.

Alongside this, the number of children surviving with complex conditions is rising, but there is limited detailed national and local data available about children specifically with physical and sensory impairments.

As more people with learning disability live longer into adulthood this will have an impact on sensory impairment assessment and support services, as there is increased prevalence of sensory impairment amongst this group. Demographic changes and prevalence studies show a marked increase (approximately 49%) in the number of older people aged 65 and over with a sensory impairment.

The Independent Living Review was set up in 2006 to help implement the government's aim that all disabled people should have the 'same choice, freedom, dignity and control over lives as non-disabled people'. The Review informed the draft Independent Living Strategy (ILS) issued by the government in March 2008.

Disabled people told the Review that one problem they faced was a lack of understanding of what independent living actually means. To help overcome this, the ILS offers the following definition:

Independent living does not mean doing things for yourself or living on your own. Instead it means:

- *Having choice and control over the assistance and/or equipment needed to go about your daily life*

- *Having equal access to housing, transport and mobility, health, employment and education and training opportunities.*

This is something we need to be sure that we understand to ensure future services are developed to fit in with this definition. We also need to ensure we incorporate the messages from the national Independent Living Strategy consultation into this strategy as they emerge.

This strategy looks at how services need to change and develop to fulfil the aspirations of disabled people.

Making changes at a local level will demand a culture shift across all sectors - statutory, voluntary, community and commercial. This is to ensure that people who have a physical and/or a sensory impairment have support that promotes independence and inclusion, and does not create dependence and/or institutionalisation.

Chapter 2 identifies whom this strategy is for and what its overall aim is.

Chapter 3 looks at the strategic context, and the national and local policy drivers, which will help shape services.

Chapter 4 begins to describe the current and projected population of people with a physical or sensory impairment.

Chapter 5 begins to review the quality and quantity of current support and provision and identifies where services need to change.

Chapter 6 begins to identify the gaps in services and to consider what future services might look like, and gives some indication of the initial actions to move in that direction.

Chapter 7 is a suggested format for an action plan, which identifies the priority areas for development.

The strategy still has some gaps:

- At this stage the strategy is not council wide, nor is it a joint strategy with local health services, though this is an ambition for the future. Nevertheless, colleagues from the wider council and local health services have been involved in the development of the strategy. A Partnership Board approach has been proposed to bring agencies and representatives of disabled people together in a formal framework for future planning.

- There are information gaps which will require us to think about what information we need to start and collect and how.

- At this stage there is no formalised route for further consultation across the whole community of people in York who have a physical or sensory impairment. However there will be feedback available from social care customers and the wider consultation may be rectified through the work being undertaken within the Council to establish a Disabled Person's Forum.

- The strategy will need to be developed to form specific commissioning and service plans within the corporate framework for delivery over the more traditional 3-5 year timescales. These plans will influence and support the development of the right services across all sectors.

- At this stage we have not been able to include very much information about those people who use or provide neurological services. Links with the implementation of the neurological long-term conditions activity will be made as this strategy develops.

Key messages from needs analysis

Having looked at what we know about the needs and aspirations of people with a physical and/or sensory impairment we have concluded the following:

- Clear, concise and up-to-date information about the local disabled population is difficult to get hold of

- In the 2001 Census, 12,506 people of working age (i.e. 16-64 inclusive for men and 16-59 for women) in York consider they have a health problem or limiting long term illness (this figure includes all impairments, not just physical and sensory impairments)

- The most commonly reported impairments for both men and women are problems of the back or neck, the heart or circulation, legs or feet, or breathing problems

- 6 Wards in York have above the national average of people who consider they have a health problem or long-term illness: Fulford; Guildhall; Heworth Without; Huntington and New Earswick; Osbaldwick; and Westfield

- Nationally the majority (85%) of people with sight problems are aged over 65. Numbers are set to double over the next 25 years due in part to the ageing population, but also to an increase in underlying causes such as diabetes

- Nationally there is an estimated 9 million deaf and hard of hearing people in the UK, about 688,000 of these are severely or profoundly deaf. Approximately 41% of all over 50 year olds have some kind of hearing loss, this increases to approximately 71% of over 70 year olds

- Nationally there are about 24,000 people in the UK who are dual sensory impaired. These figures do not take into

account the large number of older people who are losing both their sight and hearing

- Further work is required to develop our understanding of local need across agencies, in particular to understand whether people are already getting the help and support need they need from low level, preventive services in the community

- We should share what we know about the local disabled population to influence the development of universal services which promote independence

Key messages from service mapping

We have looked at some of the services that are currently available in York specifically for people with a physical and/or sensory impairment:

- We have a good range of low level, preventive services in the City, provided mainly by the voluntary sector

- There has been a steady increase in the number of direct payment recipients over the last five years enabling more service users to have choice and control over their social care services.

- Traditional, building based council day services have ceased and have been replaced by individually tailored packages of support facilitated by Direct Payments or individual budgets

- We need to better understand the needs of those disabled people who want to access learning and employment opportunities

- We need to better understand the needs of parents with a physical and/or sensory impairment.

- We need to ensure that where an informal carer contributes to helping a person with a physical and/or sensory impairment to live at home that we support the carer as well as the cared for person

- We recognise that people may well be getting the help and support they need from universal services

Changes needed over the next 10-15 years

We have begun to identify some of the improvements that will need to take place over the next 10-15 years:

- The way we collect and analyse information will need to change to allow us to understand more about local needs to ensure we deliver services that provide 'best value'

- A range of council and NHS services will need to change to ensure that the needs of people with a physical and/or sensory impairment are addressed

- We need to increase the number of opportunities for self-directed support

- Where we know a condition can be best managed by early intervention we should target resources to achieve better outcomes in these situations

- A greater focus on employment support will be required

- Improvements investment to adapt the home environment will support greater numbers of individuals to achieve independence.

Plans for delivery

To achieve these changes we will need to agree priorities with our partners and make clear plans for the future.

The proposals to strengthen the local infrastructure by establishing a disabled person's network or forum, a partnership board and a centre for independent living will support this in time.

Chapter 2

Introduction

Vision

City of York Council has adopted the Government's vision for Britain:

" of a society where all citizens are respected and included as equal members, and where everyone has the opportunity to fulfil their potential"

(The Independent Living Strategy Consultation March 2008)

This strategy will encourage the Council to adopt the 'social model of disability' as its underpinning value base. In the social model, disability is seen as arising from how society is organised. It emphasises the "disabling barriers" that arise from the "attitudinal, economic, and/or environmental factors that prevent disabled people from experiencing equality of opportunity with non-disabled people" (Joint Committee, 2004).

Whilst relatively few people consciously articulate the social model of disability in either national research or during local consultation we need to remember that many people have internalised the medical perspective on disability. Consequently many people with an impairment believe it is the impairment that disables them rather than the attitudes and the way that facilities and services are organised.

This vision and these values will enable the Council to achieve the radical and sustained shift in the way services are delivered as described in the 2006 White Paper Our Care, Our Health, Our Say:

- Improved health and emotional wellbeing
- Improved quality of life
- Making a positive contribution
- Increased choice and control
- Freedom from discrimination and harassment
- Economic wellbeing
- Maintaining personal dignity and respect

Whose strategy is this?

This strategy has been developed following extensive consultation. It is the first strategy for People with Physical and Sensory Impairments covering social care and other services to be commissioned, funded or provided by the City of York Council.

Physical and sensory impairments include:

- People with physical impairments, whether the condition is congenital, acquired or progressive
- Deaf people and people with a hearing impairment
- Blind people and people with a visual impairment
- People with serious ill-health and/or long term conditions
- People with HIV/AIDS

Improving the Life Chances of Disabled People 2005 recognises that disability is subject to a number of different definitions. It offers the following definitions and concepts to help.

Disability is defined as the disadvantage experienced by an individual as a result of barriers (attitudinal, physical, etc) that impact on people with impairments and/or ill health.

Disability is distinct from both: **Impairment**, a long-term characteristic of an individual which affects their functioning and/or appearance and may give rise to pain, fatigue, communication difficulties, etc; and, **Ill health**, the short-term or long term effect of disease or sickness.

Many people who have impairment or ill health would not consider themselves to be disabled.

Alternative terminology speaks of “long-term conditions” or “chronic disease”, both of which focus primarily on permanent ill health.

What does this strategy aim to cover?

The strategy sets out the issues and priorities for Adult Social Services and related services to enable the delivery of customer sensitive support and services to people with physical and sensory impairments over the next 10 years.

The strategy will help us plan to meet needs and promote access to the full range of services that many people take for granted.

We have developed the strategy in consultation with customers of services, potential customers and service providers across the statutory, voluntary and private sectors (Appendix 1). All the consultation feedback has been incorporated into the strategy document where appropriate, or will be used to develop the first draft action plan (attached) in the future. However, this strategy is at present primarily a City of York Council, Adult Social Services document.

We involved these stakeholders in the work to gather information about needs and about current services.

We undertook analysis of this information, and information from the Census, from our own management information systems, and the Primary Care Trust's information systems. This information has been used to develop a first draft action plan which highlights some of the adjustments services need to make to ensure that they are better able to meet the needs and reduce the risks to independence disabled people face. At this stage the first draft action plan is not SMART, i.e. it is not specific, measurable, achievable, realistic, and timely. It is intended that the Partnership Board, when established, will give officers and stakeholders the opportunity to consider the first draft action plan so that it can be agreed and translated into a working document.

The strategy considers services that will be provided as a result of a social care assessment of need and also services that people with physical and sensory impairments may want to purchase or organise themselves. The Council's primary concern is to ensure that funded services are targeted at the people who most need them, i.e. where people are at risk of losing their independence, and that they are providing for the whole range of outcomes customers want, at the right price.

To do this we need to make sure that the statutory, voluntary and private sectors are providing services that people want and need, from preventative services through to services that are meeting complex care needs.

Most of the data used in the strategy relates to people age 18 to 64 years.
This strategy does not look specifically at older people, people with a learning disability or people with mental health problems. There are existing social care commissioning strategies to support these groups. We fully acknowledge that these customer groups will access services that people with physical and sensory impairments use, and so any equality impact assessments for services will need to consider issues relating to these groups.

Our objective is to provide services that are not age restricted, but based on needs and reducing the risks to independence.

The strategy provides a framework for the Council in the development of services, both as a provider of services, as a purchaser of services and in an enabling and influencing role within the local community.

It will provide a statement of intent, and it will lead to the development of delivery plans for the short to medium term, as well as the longer-term vision over the next 10 to 15 years.

The strategy is intended to be an open statement for customers and providers of service to understand our intentions and our ambitions. It will provide a focus for future reviews to enable us to track progress and allow us to review our assumptions. The development of the strategy will allow customers to see where they may wish to influence and contribute to future service developments, and it will offer providers a steer for developing new services.

Chapter 3

National and local policies

National policy

There is a wide range of government policy, guidance and legislation that is relevant to the priorities this strategy needs to reflect. Key recent legislation and guidance is outlined below.

'Improving the Life Chances of Disabled People' crosses Government Departments and is a long-term disability strategy until 2025. Within this policy, the government has identified four key goals as the most important determinants of disabled people's life chances:

- To empower citizens 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

In each of these areas the vision is based on:

- Removing barriers to inclusion
- Meeting individual needs, and
- Empowering people

'Improving the Life Chances of Disabled People' promotes the development of 'individualised budgets'. Pilot work on this has taken place nationally, primarily within learning disability services, through "In Control", a collaborative venture between statutory services, central government and the voluntary sector.

Individualised budgets are more than the current system of direct payments. The intention is that in time different sources of funding will be included in an individual's budget, for example, Independent Living Fund, Supporting People monies, Disabled Facilities Grant, Access to Work etc.

'Improving the Life Chances of Disabled People' also includes a requirement for local authorities to establish user-led Centres for

Independent Living by 2010. A Centre for Independent Living (CIL) is an organisation, which provides innovative services, which allow disabled people to gain choice and control over every aspect of their lives. The key feature is that they are run and controlled by disabled people.

The exact nature of the services provided by a CIL will vary according to local circumstances, as will their relationship with statutory agencies. 'Improving the Life Chances of Disabled People' expects that each CIL will provide services to all disabled people regardless of the nature of their impairment, and to all ages. It goes on to say that services such as information and advice, advocacy and peer support, assistance with self assessment, support in using individual budgets, support to recruit and employ personal assistants, disability equality training, and consumer audits of local services should be provided.

The '**National Service Framework for Long Term Conditions** has a particular focus on people with neurological conditions and brain and spinal injury, but many of the quality requirements have relevance to a wide range of long-term conditions and impairments.

It identifies quality requirements, which must be achieved by 2015:

- 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

The **White Paper, Our health, our care, our say** has four overarching aims:

- Better prevention services with earlier intervention
- More choice
- Tackling of health inequalities and improved access to community provision
- More support for people with long term needs

Structural changes are also announced, with increased emphasis on support in the community, which will affect the way services are commissioned and aligned. The Local Area Agreement becomes one of the key mechanisms for joint planning and delivery.

Objectives within the White Paper that have direct relevance to people with physical and sensory impairments include:

- Initiatives to support GPs to help patients remain in or return to work (Ch 2)

- Expectation that direct payments will expand and individual budgets will be introduced (Ch 4)

- Acceleration of self-directed care and increased investment in the Expert Patient programme (Ch 4 and 5)

- Development of outreach services to tackle conditions at an early stage and prevent hospitalisation (Ch 4)

- Central government to encourage health and housing to work together to prevent housing issues exacerbating health problems (Ch 4)

- End of life care networks, bringing together primary care, social care, palliative care and hospital based care (Ch 4)

- Support for people with longer term needs, services to be seamless, proactive, with greater focus on early intervention and prevention (Ch 5)

- Information prescriptions to be routine by 2008 (Ch 5)

- All Primary Care Trusts and Local authorities to have established joint health and social care managed networks or teams to support integrated care for people with most complex conditions (Ch 5)

- Mobilise use of assistive technology, including monitoring of health status at home to prevent admission (Ch 5)

- Increase numbers of people supported to live at home (Ch 6)

- Improvement of home adaptations service (Ch 6)

- Strengthening of mechanisms for public engagement (Ch 7)

The national **Equalities** policy agenda had direct pertinence to the development work that will result from this strategy, including the Disability Discrimination Act and the Equality Standard for Local Government.

The Disability Discrimination Act 2005 introduced a general duty, which applies to all public authorities. The basic requirement for a public authority when carrying out their functions 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

Most public authorities also have a set of specific duties to comply with, which will help them to meet their overall general duty. The Disability Rights Commission Statutory Codes set out the specific duties in detail, and they centre on the framework of the production of a Disability Equality Scheme.

The equality legislation not only requires a wide range of services to tackle disability issues, but also requires that disabled people's individual needs are considered on the basis of their gender, ethnicity, religion, sexual orientation, etc. These principles are also a key theme of 'Improving the Life Chances of Disabled People' and the White Paper, 'Our health, our care, our say'.

An Equality Impact Assessment is being developed alongside this strategy.

Central Government continues to strengthen policy, guidance and legislation for people with disabilities. Recent additions include: **Putting People First**, a shared vision and commitment to the transformation of adult social care; the recently published five-year draft **Independent Living Strategy** which is jointly owned by six government departments and sews together over 50 government commitments into a co-ordinated approach that seeks to realise equality for disabled people; and, the **National Stroke Strategy**, which is intended to provide a quality framework against which local services can secure improvements to stroke services and address health inequalities relating to stroke over the next ten years.

Carers at the heart of 21st-century families and communities is a recent initiative, published in June 2008 with the vision that by 2018 carers will be recognised and valued as being fundamental to strong families and stable communities. Support will be tailored to meet individuals' needs enabling carers to maintain a balance between their caring responsibilities and a life outside caring, whilst enabling the person they support to be a full and equal citizen.

All central and local government, the voluntary sector and most importantly, carers themselves share this vision.

It comprises of four elements:

- Carers will be respected as expert carer partners and will have access to the integrated and personalised services they need to support them in their caring role

- Cares will be able to have a life of their own outside of their caring role

- Carers will be financially supported so that they are not forced into financial hardship by their caring role

- Carers will be supported to stay mentally and physically well and treated with dignity

Local policy

This strategy for people with physical and sensory impairment, as described above, fits within a suite of social care commissioning strategies.

Specific services for older people are considered through the **Long Term Commissioning Strategy for Older People**, and specific services for people with a learning disability are considered through a **Commissioning Strategy for Learning Disabilities**. The Mental Health Services are commissioned through a joint **mental health commissioning strategy** and delivered through the integrated services, managed by the Primary Care Trust. A **carer's strategy** is already in place and will be reviewed in light of the recent Government initiative. Housing related support services are considered through the **Supporting People Strategy.**

The strategies with the strongest linkage to this draft strategy are described in more detail below, but copies can be obtained through the City of York Council website www.york.gov.uk.

Long-term Commissioning Strategy for older people

Housing and Adult Social Services Long Term Commissioning Strategy for Older People 2006-2021 will help the council to plan to meet the challenges of an ageing population and show how care and support services need to develop to meet the changing needs and aspirations of older people over the next 10-15 years.

It contains data about the ageing population, which can and should be used to inform and influence policy and planning work for younger adults with a physical and sensory impairment, particularly where the focus is on better prevention services with earlier intervention. Some of the relevant data is detailed below.

It recognises that the older someone is the more likely they are to experience one or more sensory impairment. In York in 2003 only 270 people over 65 were registered blind (210 in 2006) and 395 registered partially sighted (420 in 2006). We would expect however that there could be around 5000 older people in York experiencing sight loss in relation to macular degeneration alone. In 2007 national statistics reported that 105 people over 65 were registered deaf and 780 registered hard of hearing.

The Long Term Commissioning Strategy also highlights a range of general population data about older people's health and well being related to long-term health conditions:

- most older people die from cancer or circulatory system problems, e.g., heart attack, stroke, however cancer diminishes as a cause towards older old age to be replaced by respiratory problems.

- A third of older people report difficulties with hearing as compared to 28% reporting difficulties with their sight.

- Just under a third of all women and men aged between 55 and 74 are clinically obese.

- Two-thirds of the population aged over 65 have foot problems of which a quarter of the population over 65 have problems that need professional foot care although they do not receive it.

City of York Housing Strategy

The Council's Housing Strategy 2006-2009 aims "to enable everyone to have a decent home at a price they can afford within a safe, inclusive and thriving community." Safe, secure, well-maintained and affordable housing is a basic need. Good housing promotes, amongst other things, health and well-being. In contrast, poor housing is directly linked to ill health.

Local Strategic Partnership

The local strategies have a clear link to local partnerships for the delivery of better outcomes and increasingly the endorsement through the partnership of priorities for those outcomes. This is led through the Local Strategic Partnership for York, which sets out its vision for the city in its Community Strategy (2004-2024). It includes the Healthy City objective, for York to be "a city where residents enjoy long, healthy, independent lives through the promotion of healthy living and with easy access to responsive health and social care services."

The Local Area Agreement (LAA) is effectively the delivery plan for this vision during 2007-2010. The Healthier Communities and Older People Block notes a number of priorities and challenges over the next three years:

- reduce inequalities in health and the determinants of health;
- reduce the incidence/impact of Coronary Heart Disease, respiratory disease and cancer;
- reduce the number of people who smoke;
- improve the overall physical activity level within the city;
- reduce levels of obesity;
- reduce levels of binge drinking;
- improve community mental health;
- help more people to live independently in their own home;
- reduce the number of falls suffered by older people; and
- increase the number of carers who are supported by statutory and voluntary agencies.

Further work needs to be done to identify which LAA targets link directly with this strategy and where targets have already been achieved.

Representation

An event, which took place on 28.03.08, has started the process of establishing a disabled persons forum, which will become the formalised route for disabled people to influence Council decisions and service developments. A further event is planned for 08.12.08 to take this development forward.

Chapter 4

Review of need and demand

This chapter begins to explore the potential needs of the population.

It would be fair to say that we have experienced some difficulties in getting hold of clear, concise and up-to-date information about the local disabled population. It's not so much that information doesn't exist, rather it isn't brought together centrally in a widely accessible format. Improving the systems and processes for collecting local information to enable more effective planning and service development is an area that this strategy is well placed to influence.

The population analysis below uses national census data, local information, prevalence and projection data to identify current and future populations and related needs. When looking at the data it is important to note the following:

- Some surveys are based on, or include, health status, for example the Census. Disability and ill health should not be combined, for example, someone who has one leg is not 'ill', they have a physical impairment

- Some surveys do not distinguish between different types of impairment, and provide generic figures about 'disability', including learning disability, long term conditions, physical and sensory impairments, and people with mental health problems

- Many older people experience increasing frailty and a reduction in hearing and sight due to the ageing process, but many would not define themselves as having a physical or sensory impairment

- People of all ages may not apply the terms 'disabled' or 'physical or sensory impairment' to themselves, because these terms are still associated with stigma

- Surveys use different definitions of 'disability' and different questions, which can prompt widely differing responses

As you read through this chapter you will notice that some of the language used by government departments to describe disabled people and report statistics is not in keeping with the social model of disability.

National prevalence of physical and sensory impairment

Long term limiting illness and disability

In the 2001 Census, one in six people in the UK (10.3 million) living in a private household reported having a limiting long-term illness or disability (this figure includes all impairments, not just physical and sensory impairment).

There was a steady increase by age for both males and females. Below age 30, rates were less than 10 per cent but were more than twice this for those aged 45 to 59. Rates virtually doubled again at ages 60 to 74, reaching 41 per cent for men and 38 per cent for women.

The most commonly reported impairments for both men and women are problems of the back or neck, the heart or circulation, legs or feet or breathing problems.

Long-term conditions

Taken together, neurological conditions are common, for example, 8 million people in the UK experience migraine.

According to 'Improving the Life Chances of Disabled People' (Prime Minister's Strategy Unit 2004), altogether, approximately 10 million people across the UK have a neurological condition. These account for 20% of acute hospital admissions and are the third most common reason for seeing a GP.

An estimated 350,000 people across the UK need help with daily living because of a neurological condition.

Visual impairment

The Royal National Institute of Blind People (RNIB) report that about two million people in the UK self-define as having a sight problem or seeing difficulty.

The majority (85%) of people with sight problems are aged over 65. The older you are the more likely you are to have a sight problem. Most people with sight problems have started to lose their sight in later life. Numbers are set to double over the next 25 years, due in part to the growing ageing population, but also to an increase in underlying causes such as diabetes.

For the working age population, their best estimate is that there are in the region of 275,000 people aged between 16 and 65 with significant sight loss.

For children, there are in the region of 25,000 children with sight problems, which are disruptive to lifestyle, and about 12,000 of these children also have other disabilities.

It is not possible to establish an absolutely precise estimate for the total number of people with sight problems in the UK. The RNIB estimate that there might be up to an additional 20% that should be registered but are not (up to an additional 74,000). Assuming that they exist, nothing is known about the age profile of the group, the nature of their sight loss or the reason that they are not registered.

In 2006, The Information Centre, part of the Government Statistical Service, reported on the number of people Registered Blind and Partially Sighted. They reported that 64% of blind registrations and 70% of partially sighted registrations had an additional physical disability nationally. Also, that 24% of blind registrations and 22% of partially sighted registrations had an additional hearing disability nationally. The distribution by age of those with additional disabilities applies in the main (74% of blind registrations and 80% of partially sighted registrations) to people who were 65 or over.

Hearing impairment

The Royal National Institute for Deaf People (RNID) estimate there to be about 9 million deaf and hard of hearing people in the UK.

About 688,000 of these are severely or profoundly deaf (approx 7% of deaf people).

41.7% of all over 50 year olds will have some kind of hearing loss. This increases to 71.1% of over 70 year olds.

Each year, 840 babies are born in the UK with significant deafness. One in 1,000 children are deaf at 3 years old. 20,000 children aged 0 to 15 years are moderately to profoundly deaf, and 12,000 children aged 0 to 15 were born deaf.

There are an estimated 50,000 British Sign Language users in the UK. The ratio of fully qualified interpreters to sign language users is 1 to 275. There are 2 million people with hearing aids, of which 1.4 million people use them regularly. There are 921 hearing dogs that have been trained by Hearing Dogs for Deaf People.

There are 23,000 adults with tinnitus to a degree that has a severe affect on their ability to lead a normal life.

Dual sensory impairment

Deaf blind people have a combined sight and hearing loss, which leads to difficulties in communicating, mobility and accessing information. Deaf blind people are sometimes called dual sensory impaired people.

Deaf blindness can be due to several causes, such as Ushers Syndrome, Rubella (German measles) and problems caused by premature births.

Deaf blind UK report that there are about 24,000 people in the UK who are deaf blind; some are totally deaf and totally blind, other deaf blind people have some hearing and vision. These figures do not take into account the large number of older people who are losing both their sight and hearing. So the number of people with a combined sight and hearing loss could well be as high as 250,000.

Equality dimensions

Age

For most impairments, the number of people in the UK who reported a limiting long-standing illness or disability increases with age (General Household Survey 2002).

Gender

For disabled adults of working age, the pattern of impairment is broadly similar across gender. However, hearing impairment is more common amongst men of all ages (General Household Survey 2002).

There will be a higher number of older women affected by long term conditions, sensory impairments, and illnesses that may result in physical impairments, due to the fact that women live longer than men.

Ethnicity

Differences in age structure account for much of the variation in prevalence across ethnic groups, as in the UK Black and Minority Ethnic (BME) groups tend to have a younger population. However, even after allowing for this age effect, people of Indian, Pakistani, Bangladeshi and Chinese origin remain less likely to report that they are disabled. These lower rates may be influenced by cultural differences in self-reporting across ethnic groups.

Despite the lower levels of reported long term illness, disability or health condition, disabled people of BME origin are more likely to experience disadvantage. There is evidence to show that families from BME groups with disabled children have a lower take-up of services, and often feel less informed or able to access the system (Nero, James Y. (2002) ‘Ethnicity, Class and Health’, Policy Studies Institute).

A higher proportion of the BME population also live in deprived areas and poor housing, and fall into disadvantaged groups where a higher incidence of impairment would be expected.

Some conditions are more prevalent amongst certain racial groups, for example, sickle-cell anaemia mainly affects people of Black African or Caribbean decent, and Cystic Fibrosis mainly affects white Europeans.

Trends in prevalence of physical and sensory impairment

The Department of Health undertook a comparison of the Health Survey for England, between 1995 and 2001 (Trends in Disability Prevalence Amongst Adults). This showed that changes in disability prevalence were small, and not statistically significant for

any of the age and sex groups. The same study examined other prevalence studies, but found it difficult to make any historical comparisons because of the range of issues with data highlighted earlier.

'Improving the Life Chances of Disabled People' states that over the last 30 years there has been an increase in the number of people reporting disability, and that since 1975, the number of adult reporting has increased by 22% from 8.7 million to 10.7 million people. However, this in large part relates to reported increases in mental illness and behavioural disorders.

Amongst children, the increase is even larger, at 65%, from 476,000 disabled children under the age of 16 in 1975, to 772,000 in 2002. Possible explanations include children with complex conditions surviving longer, and improved diagnosis/reporting.

A range of social life-style trends may lead to increased incidence of long-term conditions (for example, rising levels of obesity amongst the population)

Evidence demonstrates that there is an increase in prevalence of hearing and visual impairment amongst people with a learning disability (Kiani 2005). As more people with a learning disability live longer into adulthood, this will have an impact on sensory impairment assessment and support services.

Local prevalence of physical and sensory impairment

The 2001 census asked people about general health and limiting long term illness.

The census information shows that 30,064 (16.6%) people in York consider they have a health problem or long-term illness. This is lower than the national average (18.2%). Of the 30,064 people who consider they have a health problem or long-term illness, 12,506 are of working age, i.e. 16-64 inclusive for men and 16-59 inclusive for women.

A further 14,487 (8.0%) people describe their general health as 'not good'. Again this is lower than the national average (9.2%).

However, it must be remembered that this information is not specific to physical and sensory impairment.

Demographic profile

The census information for York is broken down by Ward:

Ward	All people	With limiting long-term illness (LLTI)	% with LLTI
Acomb	7729	1321	17.09%
Bishopthorpe	3802	658	17.31%
Clifton	12017	2081	17.32%
Derwent	3540	612	17.29%
Dringhouses and Woodthorpe	10733	1791	16.69%
Fishergate	7921	1289	16.27%
Fulford	2595	507	19.54%
Guildhall	6676	1276	19.11%
Haxby and Wigginton	12468	2113	16.95%
Heslington	4122	302	7.33%
Heworth	11743	2126	18.10%
Heworth Without	3786	697	18.41%
Holgate	11564	1866	16.14%
Hull Road	8269	1277	15.44%
Huntington and New Earswick	12089	2425	20.06%
Micklegate	10994	1797	16.35%
Osbaldwick	3149	598	18.99%
Rural West York	10286	1390	13.51%

Skelton, Rawcliffe and Clifton	12160	1574	12.94%
Strensall	7862	1168	14.86%
Westfield	13690	2665	19.47%
Wheldrake	3899	531	13.62%
Total - York	**181094**	**30064**	**16.60%**

What this shows is that 6 Wards: Fulford; Guildhall; Heworth Without; Huntington and New Earswick; Osbaldwick; and Westfield have above the national average number of people who consider they have a health problem or long-term illness.

It also highlights Heslington as the Ward with the least number of people who consider they have a health problem or long-term illness.

Number of people registered Blind and Partially Sighted

In 2006, The Information Centre, part of the Government Statistical Service, identified the **Number of Blind people registered with City of York Council by age group:**

Age	0 to 4	less than 6	
	5 to 17	less than 6	
	18 to 49	30*	
	50 - 64	20*	
	65 to 74	50*	
	75 or over	180*	Total 260*

They also identified the **Number of Partially Sighted people registered with City of York Council by age group:**

Age	0 to 4	0	
	5 to 17	10*	
	18 to 49	50*	
	50 to 64	35*	
	65 to 74	35*	
	75 or over	385*	Total 510*

*numbers rounded to the nearest 5

The Information Centre statistics also show:

Since 2003 there have been 25 new blind registrations in York, all of whom were 75 or over. There were 55 new partially sighted registrations, 40 of who were 75 or over. The remaining 15 registrations were distributed between people aged 5 to 74 years.

In total, 90 people who are registered blind have an additional disability. 65 people have a physical disability and 15 people are hard of hearing. The remaining 10 people have either a mental health problem or a learning disability. 75 of the people who are registered Blind who have additional disabilities are 65 or over. The remaining 15 are aged 0 to 64.

In total, 145 people who are registered partially sighted have an additional disability. 115 people have a physical disability and 20 are hard of hearing. The remaining 5 people have a mental health problem. 135 of the people who are registered Partially sighted who have additional disabilities are 65 or over. The remaining 10 are aged 5 to 64 years.

York Blind and Partially Sighted Society published the following information about their members (approximately 1,000 people), in their Annual Report 2006/07:

- 80% of visually impaired people in York are over 65 years old, 50% are over 80 years old

- the majority are female and live alone
- most visually impaired people have a loss of central vision which makes it difficult for them to read or to recognise faces
- some visually impaired people have a loss of peripheral vision which can make it difficult to walk around safely
- some have blurred or patchy vision which can change on a daily basis
- some cannot see in dark or dimly lit environments and find it difficult to go at night
- 10% of YBPSS members have no sight at all, or can only tell the difference between light and dark

Number of people registered Deaf or Hard of Hearing

In 2007, the Department of Health identified the **Number of Deaf people registered with City of York Council by age group:**

Age	**Number**
0 to 17	10
18 to 64	130
65 to 74	30
75 or over	75
All Ages	**240***

They also identified the **Number of Hard of Hearing people registered with City of York Council by age group:**

Age	**Number**
0 to 17	Less than 5
18 to 64	115
65 to 74	130
75 or over	650
All Ages	**895***

*includes some cases where the age was not known.

The statistics show that since 2004 there has been a decrease in both the number of people registered deaf, and hard of hearing. The greatest decrease being those people registered as hard hearing age 65 or over.

Number of people with physical and sensory impairment known to Housing and Adult Social Services

The table below illustrates the number of clients 18 – 64 years **receiving community care services** over the past five years by primary client group. Services include community-based services, residential and nursing care.

	2003/04	**2004/05**	**2005/06**	**2006/07**	**2007/08**
Physical disability, frailty and/or temporary illness	698	758	817	787	762
Hearing impairment	31	43	18	22	No accurate data available*
Visual impairment	39	42	46	38	No accurate data available*
Dual sensory loss	0	1	1	0	No accurate data available*

* An issue was identified with data collection during 2007/08 regarding the number of sensory impairment assessments undertaken. The indications are that whilst a similar number of assessments to previous years will have been completed, these were not recorded in the right way on the new electronic systems that were introduced in 2007 and on which we rely for our data.

What the overall figure shows, is that HASS directly provides services to a very small number of people 18-64 years with physical and sensory impairments when compared with the 2001 Census data (12,506). Alongside directly providing services, the council commissions services from other providers, the details of which are in Chapter 5. These commissioned services result in a significantly higher number of people being supported than listed above.

There is also a fluctuating but downward trend in the number of Community care assessments that have been carried out over the past five years.

National prevalence of disabled children

In the same way that it is appropriate to consider older people and their health and well-being needs in relation to this strategy, we need to consider what we know about children and young people.

There are some problems in identifying children with physical and sensory impairment:

- Children with physical and sensory impairments may not be known to Children's Services and then present to Adult Services when they become adults.

- There is a tendency to rely on statementing as a vehicle for identifying disabled children; children with physical and sensory impairments will not go through this route if they do not have particular learning needs.

The Office for National Statistics reported in 2001 that 114 per 10,000 live births had congenital abnormalities. Higher notification rates were noted for mothers under 20 and over 40 years, for babies born weighing less than 2,000g, and were more common in twins than in singletons.

In 2000, slightly more boys (19%) than girls (17%) aged less than 20 years reported having a mild disability. Rates of severe disability were consistently higher for boys than girls: in 2000, 11 per 10,000 males and 5 per 10,000 female under 17 years.

The distribution of children and adolescents with a mild disability is higher for families from a semi skilled and unskilled manual background. The highest prevalence of severe disability is among semi skilled manual backgrounds.

The most common condition reported by less than 20 year olds with a longstanding illness or disability was asthma, with 42% of total impairments in 2000.

In 1999 and 2000 the predominant disability conditions among severely disabled children and adolescents were autistic spectrum disorders and behavioural disorders.

In 2000 women born in West Africa and the Caribbean had the highest percentages of babies weighing under 1,500g.

There were no consistent sex or class differences in acute illness or in specific aspects of health, but there were differences between minority ethnic groups. Children from Indian, Pakistani, Bangladeshi and Chinese backgrounds were less likely than other ethnic groups or the general population to report acute sickness.

Differences also exist between ethnic groups for overweight and obesity in children. Indian and Pakistani boys were more likely to be overweight than boys in the general population. Afro-Caribbean and Pakistani girls were more likely to be obese than girls in the general population.

Chapter 5

Review of services

This chapter begins to review the quality and quantity of current service provision within the city of York.

In relation to some of the services described, further analysis is needed for us to be able know better who uses which services and what happens to those people who are not eligible for a particular service following assessment. This is something that we have already acknowledged as a gap in the strategy (Chapter 1).

Summary

Social and Healthcare

Social care services for people with physical and sensory impairments are provided through the City of York Council's Housing and Adult Social Care Directorate. They are managed through the Adult Services Division, although some people with physical and sensory impairments will be supported by the Learning Disability Service if their primary needs are concerned with their learning disability, Mental Health Services if their primary needs are concerned with their mental health, and Older People Services if their primary needs are concerned with ageing.

Both the assessment teams and the in house service providers are currently organised on a locality basis, with some citywide services.

During 2007/08, 762 people with physical and sensory impairment age 18 to 64 years received community based services (compared with 3,427 over 65 years), and 34 people with physical and sensory impairment age 18 to 64 years were supported in residential or nursing home care (compared with 709 over 65 years).

Just over £3.6m was the net cost spent on social care services for people with physical and sensory impairments age 18 to 64 years by the Council in 2007/08 (compared with £21m spent on people over 65 years). With approximately:

- £1.1m spent on nursing and residential care placements, supported living and other accommodation,
- £736,000 spent on council provided or arranged home care and day care,
- £558,000 spent on direct payments and
- £185,000 spent on equipment and adaptations.
- £520,000 is spent on employment support for people with a disability
- Other services include assessment and care management and the Sensory Impairment team.

At present the Community Equipment Loan Service (CELS) is managed jointly with health services.

Primary health care is provided through 47 GP surgeries and community services managed by the local Primary Care Trust (North Yorkshire and York Primary Care Trust). Acute care is provided primarily through York District Hospital, which has Foundation Trust status.

Independent sector providers of physical and sensory impairment services in York range from big national private sector groups, through to small businesses to charitable and voluntary organisations. Providers come together in a number of forums to enable partnership working.

Housing

City of York Council retains control of the public housing stock in all but the North East of the City. In this area the previously Ryedale District Council stock was transferred before the creation of the Unitary Authority in York, to Ryedale Housing Association.

Supporting People Services

Supporting People services are funded through central Government Grants and commissioned by the Local Authority in partnership with other statutory agencies. The Supporting People grant funds housing related support services to help people to live more independently. It can help a wide range of people, including those who have a physical and/or sensory impairment.

Currently, 48 people with physical health needs, disabilities and/or HIV and AIDS, who are aged 18 to 64 years old and over, are supported through Supporting People contracted services. This includes 33 people living in supported accommodation, 9 people being supported through visiting support, and 6 people being supported through an alarm service.

Supporting People does not provide or pay for any care you might need, for example if you need someone to cook a meal, do housework or help with bathing.

Housing with support remains strategically one of the key areas of development for social care in linking together:

- the need for `homes for life' that use technology, adaptations and environmental controls to ensure an individuals living space can adapt to their changing needs and
- a model of support and care provision that ensures this too can grow and develop as needs change

As numbers of people needing support and adaptations are growing the linkage of both care and support with new housing developments will be important strategic requirements.

City of York Council Occupational Therapy Services

The Occupational Therapy service aims to help people of all ages, including children, to remain as independent as possible by advising on the use of equipment or ways to adapt the home. The service is able to loan some items of equipment on a long-term basis.

Assessment is free to anyone who is eligible to be registered disabled under the Chronically Sick and Disabled Persons Act and also meets the council's eligibility criteria.

An average of 164 OT assessments a month were completed between August 2007 and July 2008 in total/across all ages. During this period, 59 assessments a month were completed by an Occupational Therapist which indicates more complex need, and 105 assessments a month were completed by an Occupational Therapy Assistant which indicates more simple need and

frequently a requirement for minor adaptations or aids to daily living.

For property owners or private tenants it is possible to apply for a disabled facilities grant in order to adapt a property.

Whilst the rate of referrals to this service has remained relatively steady, the referral level is approximately 30-40% of all adult social service referrals. The growth in complexity of need for many individuals can result in delays of several weeks in assessments and then subsequent delays in the provision of adaptations for individuals needing them.

There are many different approaches being used nationally in order to improve an individual's control and choices through the Occupational Therapy assessment process as well as improve the speed of completion of assessments in order to remove delays. Some of these approaches are under consideration in York in order to remove delays. This may lead to changes in how access to these services is arranged and supported. The key change that is under consideration is one of encouraging self-assessment and choice in the arrangements for service delivery.

Community Equipment Service

The Community Equipment service is run in partnership with North Yorkshire council and the North Yorkshire and York Primary care Trust. The equipment store in York is operated by the council and is a high performing service in the top quartile of providers in the country. The Community Equipment store is where both aids for daily living and telecare equipment are stored, issues, returned, and recycled if possible.

Nationally a review of the models of providing community equipment has indicated the need for each area to consider alternative models through the commissioning process. Discussions with the Primary care Trust and North Yorkshire will consider whether the current service could be improved through such a review locally.

Disabled Facilities Grant

The disabled facilities grant provides for major adaptations with budgets of £250,000 for the Council sector, (minor and major adaptations) and £625,000 for private sector housing.

Over the past few years, referrals for adaptations have fluctuated slightly between 52 & 70 per annum. In the first months of the current year referrals have already reached a level of 70 which reflects three sources of pressure on this area of service:

- increase in referrals due to an increase in the Occupational Therapy staffing level within the council
- changes to the Disabled Facilities Grant national policy in 2006 that has resulted in increase in referrals for large adaptations for disabled children with complex needs where there is no longer a requirement for a means test.
- Recent changes to the Disabled Facilities Grant means testing rules introduced this year that no longer require means testing for individuals on specified benefits. (e.g. council tax benefit)

This increase will need to be a major consideration for the council when looking at the budget pressures there are for the current financial year and future years.

The increase in numbers requiring major adaptations is evidence of the need for an increased level of adapted and accessible housing for people with disabilities in the city.

Number of Direct Payments recipients

Direct payments are cash payments made to individuals who have been assessed as needing services. The payments are made in lieu of social services in-house or contracted provision.

Direct payments were first made available to a restricted group of disabled people in 1988 from the Department of Social Security ‘Independent Living Fund’. In 1996 the provisions of the Community Care (Direct Payments) Act brought the possibility of direct payments by social services to almost all disabled people and ages, along with greater flexibility on how payments can be used.

The number of direct payment recipients in York has increased over the last five years, however, not as significantly as our comparator authorities, or the England average.

Direct payments provision to people with physical impairment (18-64)

	30/09/03	**30/09/04**	**30/09/05**	**31/03/06**	**31/03/07**	**31/03/08**
York	2	19	35	31	51	59
Comparator Authorities	23	34	45	51	62	
England Average	47	62	83	91	108	

Direct payment provision to people with sensory impairment (18-64)

	30/09/03	**30/09/04**	**30/09/05**	**31/03/06**	**31/03/07**	**31/03/08**
York	0	2	2	3	4	4
Comparator Authorities	1	1	2	3	3	
England Average	1	3	5	6	8	

The position within 2008/09 is that there have been further increases. This reflects in part that numbers of older people using Direct Payments has increased slowly over recent years. It is anticipated that people over 65 with longer-term health conditions and/or a disability will take up Direct payments or individual budgets in increasing numbers.

Individual budgets are an extension of the direct payments concept and enable individuals to have choice and control over their social care and support arrangements and have the ability to utilise their care fund on a wider variety of provision. The council is now pursuing the extensive introduction of individual budgets through

its Personalisation programme and is testing them currently in York with people with Learning Disabilities and will put them in place for other groups in the next 2/3 years.

Independent Living Scheme

The Independent Living Scheme (ILS) provides support; advice and information for disabled people in York who want to live independently and have more choice and control over how their individual needs are met. This includes providing support if wanted for people in receipt of Direct Payments

The ILS aims to promote and encourage independence, choice and control over lifestyle by supporting people to arrange their own support to meet their care needs, which may include employing a personal assistant.

In June 2008 the ILS reported 140 scheme users, 38 of whom have a physical disability.

City of York Council Day Services

Government policy is encouraging local authorities to modernise day services and move away from using large institutional settings to provide services. The government wants disabled people to have more choice and control over how, where and when their needs are met.

In May 2008 Huntington Road Day Centre (HRDC closed. This was the only in-house day service for adults with a physical disability providing services during the day, Monday to Friday. People using the services at the Centre were supported to choose how best to have their needs met outside of HRDC. Individuals chose different options: some accessing community activities; and, others attending supported sessions set up the community, for example, a sewing group. A small team of team of staff are supporting people in the new settings for their day service. A small group of people requiring a more intensively supported day service have this provided through a voluntary sector organisation.

Apart from those few who need the support of a specialist contracted service, those people with physical or sensory impairments who have eligible needs can have daytime activities funded by the council through a Direct Payment and in future an Individual Budget.

The Housing and Adult Services Directorate has recently invested in posts of `Community facilitator' with the express intention to ensure a wider range of opportunities is available in the community for vulnerable individuals. These posts will work in the community to enhance and support the community facilities that can be used during by people with a physical or sensory impairment. This will help ensure that broader choices are available for people to use their individual budgets on.

City of York Council Employment Services

City of York Council delivers two supported employment programmes for disabled people, Workstep and Work Preparation.

For individuals, Workstep and Work Preparation can:

- help an individual to work effectively in a job
- provide support to the individual and the employer
- help the individual develop their skills and improve their job prospects
- provide the individual with a 'stepping stone' into unsupported employment

Currently 30 individuals are employed on the Workstep Programme at Yorkcraft, a supported factory. And, a further 19 individuals work with a range of different employers in the public, private and voluntary with support from the Programmes.

The support Workstep gives helps employers to provide job opportunities for disabled people. In addition it can enable employers to retain the skills and expertise of existing employees, for example, those who have an impairment or medical condition likely to deteriorate over time, or those whose condition fluctuates needing periodic support. Over the last 5 years the programme has averaged 85.7% occupancy each year, with an average progression into unsupported employment of 4.56% each year.

The Work Preparation Programme helps to assess the individual whilst in a work placement. The placement usually lasts for 30 days and can be at Yorkcraft or in an external placement. Over the last 5 years Yorkcraft have averaged 51 referrals a year, with 68% finding placements with a positive outcome each year.

It is recognised that a key requirement for people to live confidently and independently is economic security and the inclusion that can be achieved through mainstream employment. It is also recognised that there will always be more to achieve in working with partners and businesses to generate these opportunities.

The recent reviews in the benefits provision for those with long-term conditions or an impairment will imply an increase in demand on these services and the need for a higher level of throughput in line with the objectives of the Workstep programme.

The council as a large statutory employer is committed to:

- increasing the number of people with an impairment who it employs
- work with partners to support other employers to do likewise
- to consider how social enterprises can be develop to support this objective

Other providers of Employment support Services

In addition to the Council employment support services Future Prospects and Remploy support disabled people in York with training and/or employment finding. Future Prospects also currently supports carers with vocational programmes as part of the York Carers strategy.

Support to People with Sensory Impairments

In addition to the specialist workers who are based within the City of York Council the following support services are available for people with sensory impairments.

York Blind and Partially Sighted Society

York Blind and Partially Sighted Society (YBPSS) is an independent local charity that provides many different services to

help people with little or no vision to be as independent as possible, including:

- a display of specialist aids
- giving information
- providing practical and emotional support
- listening

YBPSS mission is to advocate, develop and provide services and facilities to help people who are blind or partially sighted achieve independence with dignity, in all aspects of life and sectors of society.

The Annual Report published In 2006/07 noted amongst other things, YBPSS helped:

- 1,243 visitors to their Resource Centre choose appropriate equipment and services to help keep their independence
- 258 people cope with deteriorating vision through their York Hospital Eye Clinic Service and gave information and reassurance to many more
- provided practical and emotional support and social contact to 50 blind and partially sighted people through their Volunteer Visiting Scheme
- sent out 1,000 newsletters every quarter in large print, tape, Braille and electronic formats
- provided talking books to 170 people

These same areas of service have been delivered in similar numbers over the last five years.

Low Vision Service

The Low Vision Project based at the Wilberforce Trust, started in 2007 and will be in a position to increase the support available to those referred when there is greater availability of optometrists to the service.

York Deaf Society

The Deaf Society provides for the social, recreational, religious and welfare needs of the York Deaf Community - all customer groups, of all ages and with varying degrees of deafness.

The Deaf Society has a social club, holds bingo and indoor games sessions and organises trips out.

The Society is committed to research for deaf people in the York area and to promote awareness of its language, culture and way of life.

The Annual Report published in March 2007 noted 57 members: of whom 26 were male and 31 were female; 10 were under 40 years, 8 were between 40 and 50 years, 11 were between 50 and 60 years, 9 were between 60 and 70 years and 19 were 70 years and over; and of the 57 members, 9 live outside the city.

Resource Centre for Deafened People

The Resource Centre (RCDP) was open to the public for a total of 204 days during 2007, including 42 outreach events across the district.

24 hour client contact was also available via email, fax and answer phone facilities.

In 2007 RCDP helped 585 clients who visited the Resource Centre, they visited 310 clients in their own home, and answered many queries from clients and professionals by telephone, email and fax.

Support for adults with HIV

Advice and information on general sexual health matters can be sought from:

- The Genito-urinary Medicine Centre
- North Yorkshire AIDS Action
- Monkgate Health Centre provides a range of clinics
- Family Planning Clinic
- HIV team care and treatment available from specialist nurses and doctors
- Youth workers are available to offer, advice, support and practical help with choices and decisions around relationships and all aspects of sexual health

People diagnosed with HIV may be referred to adult social services for a 'community care assessment'.

Chapter 6

Design of future provision

The previous chapters have considered the current services models and some of the pressures on those services in current and future demand.

This chapter takes account of issues that have been raised through consultation that will need to be considered alongside those current and longer-term demands.

It also considers the infrastructure that will be required to ensure that the action plan is implemented, when finalised, following consultation on the draft strategy.

Part of the work that will be undertaken in finalising the strategy and the action plan will be to use the demographic and social care data that is gradually becoming available to be clearer on the levels of different support that may be required and the ways in which resources can be generated or utilised to make that support available and accessible.

Summary of Issues raised through consultation

This is a summary of some of the issues raised through consultation on the strategy. This considers a broad view of services as experienced by people with an impairment and contains expectations of a response from both the council and its partners.

What was currently working well for those people involved in the consultation was:

Care & Support

- Single Assessment Processes, where these are in place;
- A multi professional approach for some long term conditions;
- Crisis intervention

- Aids and adaptations for supporting people with independence;
- Specialist social workers in hospital for clinics;
- Some care service following hospital discharge;
- Direct payments – offers more choice and control
- The emphasis on keeping people at home
- Community organisations that are accessible

Vocational Support

- Support with interview preparation, CV, Benefits advice and ongoing support
- General support, for example, help with form filling
- Placements and voluntary opportunities
- Job coaching, (but is only available but short term)
- People with a physical or sensory impairment are starting to be recognised locally as full employees

What was currently not working so well for those people involved in the consultation were:

Care & Support

- Lack of information and signposting to all services which should also be readily available in a suitable format
- Access to support at an early stage
- Lack of staff skilled in communicating with deaf and blind people
- A need for a stronger focus on healthy lifestyles and prevention services
- Social well-being – thinking beyond health needs
- Long term sustained and consistent support
- The complexity of Direct Payments for some.
- Services open outside office hours for those who work
- Service users not having sufficient 'self directing' support and feeling their needs are fitted into a system
- Resources being maximised by integration of different services
- Eligibility and age related criteria for services creates artificial barriers

Vocational Support

- Support within the workplace and access to aids and equipment
- Access to education/higher education

- Benefit issues can make it difficult for people getting work and create disincentives
- Individual aspirations may not be met or recognised
- People are sometimes steered towards low paid work

Participation & Involvement

- Meaningful consultation with action & outcomes
- The need for the development of a Centre for Independent Living (CIL)
- Timely access to an interpreter
- Public attitudes to people with a disability
- Problems with access to facilities physically and at times when everyone else uses them;
- Difficulties with access to, the availability and the cost of transport to support access to community facilities.

Summary of recommendations for Improvement

Access and Services

Taking the lessons from the consultation and the issues raised in considering service review and demand, the main areas for services improvement and development are:

- provision of information in all required formats to enable informed choices to be made
- a broad provision of services to help people remain independent
- self-directed care & support when independence is at risk
- access to a greater variety of community facilities and vocational support
- involvement and participation in both individual and community service design.
- Availability of adapted housing and appropriate support

Infrastructure to support planning and participation

If services to support disabled people are to develop there needs to be some strengthening of the local infrastructure to ensure broad participation and inclusion in considering the redesign of provision. This infrastructure should include:

- a network or forum for disabled people in York

- a user led Centre for Independent Living to coordinate the information and support disabled people need to maintain their independence and quality of life.
- formal partnership arrangements involving the statutory, voluntary organisations and representatives of disabled people to oversee the implementation of the strategy and for achieving specific outcomes.

Disabled people and service providers need to work together to develop local knowledge and understanding of the issues that impact on disabled people.

Disabled Person's Forum

The Social Inclusion Working Group started work in March 2008 to bring disabled people together to discuss working together in the city.

This included a project being done by some students from the University of York to find out: what groups for disabled people already exist in the city; what people think about these groups; if these groups work with each other; if these groups are run by or involve disabled people; if people want a single group to represent all disabled people in the city; and, how this group might work.

This work is on going, and the council will facilitate a further workshop in December 2008.

Centre For Independent Living

Recommendation 4.3 of *Improving the Life Chances of Disabled People 2005* states that each locality should have a user-led organisation modelled on existing Centres for Independent Living (CIL) by 2010.

CILs are grassroots organisations run and controlled by disabled people. Their aims are to assist disabled people take control over their lives and achieve full participation in society. For most CILs their main activity, and source of income, is running support schemes to enable disabled people to use Direct Payments. Such schemes may involve; advice and information; advocacy and peer support; assistance with recruiting and employing Personal Assistants; a payroll service; a register of PAs; and training of PAs.

In May 2007 DH published design criteria for User Led Organisations (ULO).

City of York Council, through the Social Inclusion Working Group, commissioned an independent report into the design of an appropriate CIL for York. Options for the structure and the development of the CIL are now under active consideration.

A workshop involving interested stakeholders held in October has now agreed to organise a further and broader stakeholder workshop in December with a view to a Steering Group being established in January. This will be established from across the broad disabled community which, when in place, will have a key role in supporting the development of the CIL.

Partnership Arrangements

As part of the consultation for this strategy, participants and stakeholders have been asked to say whether or not we should create a Partnership Board for People with Physical and/or Sensory Impairment. This would involve Council and Health officers, voluntary and provider organisations and stakeholders from the community of disabled people to oversee the further development and implementation of the strategy when complete and agreed. This would be similar to the approach to the Older People's Partnership Board and the Learning Disability Valuing People Partnership Board. Where people have expresses their opinion, they have said it would be a good idea. Hence, work will begin in autumn 2008 to establish a Partnership Board.

The full analysis of demand, the review of services and the messages from consultation will be considered through the Partnership Board, with a view to supporting the decision making required for future investment and service development.

As a result of the consultation on the draft strategy a number of organisations have expressed an interest in working with the Council through a Partnership Board. This will be organised to start early in 2009.

Chapter 7

Required action

This chapter begins to draw together the messages from consultation with the citizens of the City over the last five years, and from our recent consultation sessions with customers of services, potential customers and service providers across the statutory, voluntary and private sectors.

We have organised the issues raised in a table using the seven outcomes from the 'Our Health, Our Care, Our Say' White Paper:

- Improved health and emotional wellbeing
- Improved quality of life
- Making a positive contribution
- Increased choice and control
- Freedom from discrimination and harassment
- Economic wellbeing
- Maintaining personal dignity and respect

For each outcome there is an aspiration linked to the Standards of Performance document published by the Commission for Social Care Inspection in March 2008.

The table is a beginning, it will help us plan and prioritise activity and make links to areas of work already underway. As stated in the first chapter it will be the role of the Partnership Board to agree priorities and create detailed plans behind each outcome area.

As the outcomes we want to achieve become clearer, we will need to highlight where there may need to be a different approach to ensure we meet the needs of all service user groups, particularly those with a sensory impairment.

We recognise that more research is required to support longer term objectives, in particular, we need to know more about our disabled population and analyse the impact of demographic changes, we need to map in more detail the current activity across all sectors, and analyse what is working, what is not working and were the gaps are, and we need to try and understand what impact particular developments may have on the way services are

commissioned and delivered, for example the expansion of direct payments and the introduction of individual budgets.

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First Draft of Required Action (November 2008)

1. Improved health and emotional wellbeing

The aspiration:
Enjoying good physical and mental health (including protection from abuse and exploitation). Access to appropriate treatment and support in managing long-term conditions independently. There are opportunities for physical activity. Partnerships between agencies demonstrably improve reach across the community and accessibility to services, activities.

Theme	Desired Outcome(s)	What might support the outcome	Work already in progress
Access to support	➢ Choice and control ➢ Social inclusion ➢ Informed decision making ➢ Timely service availability ➢ Carer support ➢ 24/7 support	➢ Self assessment ➢ self-directed support ➢ Agreed language ➢ Early access to support ➢ Access to information in diverse formats including video and audio ➢ Integrated approaches to PCT/CYC out of hours support	➢ In-control pilot- individual budgets ➢ Rapid Response service ➢ Carer information pack ➢ Emergency carer card ➢ Housing Support Service Directory
Living with long term conditions	➢ Early recognition, prompt diagnosis ➢ Access to condition specific information ➢ Assitive technology	➢ Nominated case manager ➢ Single Assessment processes ➢ Person Held Records ➢ Telemedicine	➢ PALS ➢ PCT website ➢ DH website ➢ NHS Direct ➢ Community matrons ➢ telecare

Rehabilitation	➢ Responsive services ➢ Integrated Primary/secondary /social services ➢ Carer support	➢ Improved access to community therapy and Occupational Therapy Services ➢ Improved access to equipment & adaptations	➢ Rehab Officer ➢ Intermediate Care/Fast Response Team ➢ Community Matrons ➢ Changes to assessment arrangements within OT services
Health promotion	➢ Healthy lifestyle ➢ Social well-being	➢ Public information ➢ Staff awareness training ➢ Access to leisure facilities	➢ PCT/LA website development ➢ Local Area Agreement ➢ Carer health self-help checklist ➢ Primary care GP carer information pack

2. Improved quality of life

The aspiration
Ensuring access to leisure, social activities and life long learning and to universal, public and commercial services. Security at home, access to transport and confidence in safety outside the home. Partnerships between agencies demonstrably improve reach across the community and accessibility to services, activities.

Theme	Desired Outcome(s)	What might support the outcome	Work already in progress
Housing	➢ Maintaining people at home ➢ `Home for life' ➢ Full access to the home & environs	➢ Housing related support services ➢ Aids and adaptations ➢ Telemedicine ➢ Night support	➢ Direct Payments ➢ Supporting People resources ➢ Warden support and Telecare ➢ Separate CYC & PCT out of hours services available
Transport	➢ Remove transport as a barrier to access to facilities or lifestyle of choice	➢ Access to suitable transport ➢ Accessible pedestrian areas ➢ Adequate car parking Transport staff awareness training ➢ Flexible times for community transport ➢ Adequate infrastructure for wheelchairs & buggies	➢ CYC Transport Review ➢ Buggy charging points in sheltered housing
Services and information	➢ Participation in activities of choice ➢ Maintaining contact with personal network ➢ Supported carers	➢ Access to information in suitable formats, readily available ➢ Access to mainstream services ➢ Availability of signers	➢ Easy at York ➢ Public information reviews within statutory sector ➢ Carers information pack

3. Making a positive contribution

The aspiration
Maintaining involvement in local activities and being involved in policy development and decision-making.

Theme	Desired Outcome(s)	What might support the outcome	Work already in progress
Participation in community life/democratic processes	➢ Citizenship ➢ Personal support for participation	➢ Personal assistants ➢ Improved personal networks ➢ All information in accessible formats ➢ Improved culturally specific support ➢ Improved access to mainstream facilities	➢ Direct Payments ➢ Availability of signers and Braille ➢ Social Inclusion Working Group ➢ Community Facilitator posts
Consultation and involvement	➢ Meaningful consultation with actions and outcomes ➢ Identify a number of ways to get information out to people	➢ Access to advocacy ➢ Representative Forum, Partnership Board ➢ Regular newsletters/updated web site ➢ Regular feedback surveys	➢ Agreement to set up a Partnership Board ➢ Work underway to reform the Disability Forum ➢ Links with YREN to consider the needs of minority communities

4. Increased choice and control

The aspiration
Through maximum independence and access to information, being able to choose and control services and helped to manage risk in personal life.

Theme	Desired Outcome(s)	What might support the outcome	Work already in progress
Assessments and reviews	➢ One stop for assessments ➢ Ensure timely assessment and regular review ➢ Self direction	➢ Single Assessment Process ➢ Person Held Records in an individual's home. ➢ Establish clear links between agencies ➢ Improve communication between individual workers, teams and agencies ➢ Continuing Healthcare assessments ➢ Self-assessments	➢ Action underway to improve waiting times for assessments ➢ Good performance on waiting times for care packages
Self directed support	➢ All individuals who want individual budgets can have them ➢ Increase the number of people enabled to	➢ Raise public awareness of direct payments and individualised budgets ➢ Improve access to advocacy ➢ Increased staff awareness	➢ Improved numbers with Direct Payments ➢ In-control pilot ➢ Good access to

	control their own support services ➢ Access to Independent Living Fund for those eligible	➢ Financial advice ➢ Expanded support from Independent living services	equipment
Carers	➢ Supported carers ➢ Prevention of carer breakdown	➢ Action to improve assessments and information for carers at each stage of an individuals pathway of care	➢ Emergency carer card ➢ Flexible carers breaks
Centre for Independent Living (CIL)	➢ User led facility providing advice & information on independent living	➢ Creation of user led organisation ➢ Steering Group to design the model ➢ Establish resources required and potential sources and contributors	➢ Some work already undertaken on the model and governance. ➢ Steering group to be established early 2009

5. Freedom from discrimination and harassment

The aspiration
Equality of access to services. Not being subject to abuse.

Theme	Desired Outcome(s)	What might support the outcome	Work already in progress
Equality	➢ Freedom from harassment & discrimination	➢ Increase availability and access to interpreters ➢ Encourage big institutions to help and support disabled people ➢ Ensure staff have basic skills, for example BSL ➢ The comprehensive application of the mult-agency Safeguarding policy & procedures	➢ Agency policies support this outcome ➢ Public information and training for the safeguarding policy are being revised & will be relaunched
Equality Impact Assessment (EIA)	➢ Work towards completion of EIA for the strategy	➢ Awareness of the policy within all communities of people with impairments	➢ A first draft is attached ➢ EIA workshop held by Council on November 5th

6. Economic wellbeing

The aspiration

Access to income and resources sufficient for a good diet, accommodation and participation in family and community life. Ability to meet costs arising from specific individual needs.

Theme	Desired Outcomes(s)	What might support the outcome	Work already in progress
Employment	➢ Availability of employment at the level required for those that want it regardless of disability ➢ Excellent achievement on the National Performance Indicators supporting employment of people with mental health problems & people with a physical or sensory impairment	➢ Ensure employers have the right information about employing disabled people ➢ Provide support within the workplace ➢ Encourage all helping services to think about employment ➢ Good practice lead from statutory and voluntary sector ➢ Creation of social enterprises	➢ Availability of: o Workstep support o Future prospects
Life Long Learning	➢ The ability to continuously develop at a personal level	➢ Ensure access to learning opportunities with personal support if required ➢ Make work placements and volunteering opportunities available	➢ Availability of leisure facilities & discounted entrance ➢ Changing places in several parts of the city
Benefits	➢ Full take up of eligible benefits for people with a disability	➢ Ensure disabled people have easy access to Benefits advice ➢ Access to help with form filling	➢ Services available from CYC & voluntary sector

7. Maintaining personal dignity and respect

The aspiration
Keeping clean and comfortable. Enjoying a clean and orderly environment. Availability of appropriate personal care.

Theme	Desired Outcome(s)	What might support the outcome	Work already in progress
Safeguarding Adults	➢ Safeguarding disabled people from all forms of abuse	➢ Improve public awareness of safeguarding ➢ Promote the dignity campaign	➢ Prevention services in place ➢ Safeguarding policy in place
Preventive services	➢ People have access to support that can prevent adverse consequences to their health, well-being & independence	➢ Develop self assessment for simple items of equipment ➢ Work better together to 'signpost' disabled people to low level support services ➢ Availability of low level preventive services ➢ Access to mobile warden services & tableware	➢ Prevention strategy under development ➢ Commissioning strategy with PCT being developed. ➢ Handy person scheme

Appendix 1

Consultation events

9th November 2007

46 service users, carers, council officers and service providers came together at the Folk Hall, New Earswick to begin to highlight the barriers to an improved quality of life, which support services currently work well, which support services don't work so well, and how support services can work better together.

Four workshop themes helped to prompt thoughts and ideas in relation to independence, health and well-being, finance and employment.

The notes from the day were written up and posted on the CYC website at
http://www.york.gov.uk/health/Disabilities/strategy/

3rd April 2008

16 service users, carers, council officers and service providers came together at the CVS to explore some of the issues raised at the November event in more detail so that we better understand what it is customers want from services in the future. The sessions also helped to prioritise which areas need to be worked the soonest. Themes explored included advice, information, communication and eligibility criteria.

7th April 2008

19 service users, carers, council officers and service providers came together at the CVS to explore some of the issues raised at the November event as above. Themes explored included finance, benefits, Direct Payments and Individual Budgets.

25th April 2008 & 5th August 2008

9 service users, carers, council officers and service providers came together on two occasions to explore some of the issues raised at the November event in more depth as they relate specifically to people with a sensory impairment. As it happened,

those present at the two meetings represented those people who are visually impaired in particular.

The notes from both of the above events were written up and posted on the CYC website at the link above.

September and October 2008

Draft strategy circulated widely to customers, potential customers, carers, service providers and other interested individuals and organisations for final comment before publication.