A joint strategy for people with physical disabilities and sensory impairment

2009–2014

Supporting people to have equality in life choices and opportunities
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A joint strategy for people with physical disabilities and sensory impairment 2009 – 2014

‘Supporting people to have equality in life choices and opportunities’

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1. Introduction

1.1 The Joint Strategy for People with Physical Disabilities and Sensory Impairment covers the period 2009 – 2014. The joint strategy sets out the context within which physical disability and sensory impairment services for people aged 16–65 are delivered within Renfrewshire; the vision for these services; and what the services intend to achieve over the next five years.

1.2 It has been developed under the partnership arrangements established between Renfrewshire Council and Renfrewshire Community Health Partnership and in conjunction with NHS Greater Glasgow and Clyde.

1.3 The process for developing this strategic framework was designed to bring together a wide range of views from service users and carers to staff working in statutory, voluntary and independent services. There was extensive consultation about the reprovisioning of services from Islay Cottage and, as part of a scoping exercise for physical disability services, a recent focus group event was arranged which included service users, carers and service providers. An ‘on line’ survey for Renfrewshire Council staff about physical disability services was completed by 283 people. The views from these consultations were considered alongside information about physical disability and sensory impairment in Renfrewshire, Greater Glasgow, and Scotland and set within the national policy background for NHS and Social Care services.

1.4 The joint strategy was widely circulated for consultation to statutory, voluntary and user led groups for comment. There was clear support for the vision statement and the key objectives and most respondents agreed that the strategy addressed the important issues for people with a physical disability and sensory impairment. However some respondents felt that the title of the strategy had a negative emphasise therefore the title has been changed to one that we hope better reflects the vision in the document. We have also added, amended and strengthened sections of the document following comments received on the consultation questionnaires.

1.5 Adults with a physical disability and sensory impairment aged 16 – 65 are a small group of service users with complex needs, using both health and social work services, and often require high cost and complex packages of care. Services to support this group of people have to meet a diverse range of health and social care needs. This group includes congenital disabilities such as cerebral palsy, retinitis pigmentosa and deafness; progressive neurological conditions such as multiple sclerosis and motor neurone disease; acquired disabilities such as brain injury, stroke and limb amputation; and people with dual disabilities such as visual loss due to stroke, multiple sclerosis or diabetic retinopathy. The care needs of this group range from minimal assistance to full 24 hour care.

1.6 The Renfrewshire CHP Development Plan Update points out that ‘within Adult Services it is recognised that we are now evolving a shift from delivering episodic care to integrated continuous care that is both preventative and anticipatory. To deliver such a model of care it is essential that we further develop collaborative working and ensure better integration between agencies and teams.’

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1 Renfrewshire CHP Development Plan Update 2008 – 2009
1.7 The Social Work vision for Renfrewshire is ‘Social Work services, in partnership with others, will seek to change people’s lives by promoting independent living and protecting vulnerable individuals.’

1.8 The Joint Strategy for People with Physical Disabilities and Sensory Impairment has been developed within the context of Renfrewshire Council’s Social Work Improvement Plan; Renfrewshire CHP Development Plan and the relevant outcomes of the Renfrewshire Single Outcome Agreement 2008 –2011.

1.9 The Joint Strategy also reflects the Transforming Social Work (TSW) programme. TSW was launched in November 2009, to shape Social Work services in Renfrewshire for the future. The programme will cover all client groups, considering the most appropriate service delivery and organisational options for the future as well as looking at ways in which we can help build greater capacity in the communities we serve. TSW consists of a number of projects, some of which are intended to support change across all services (e.g. Flexible Working, Electronic Case Records) and some of which focus on defined areas of service (e.g. Child Care, Community Care). The changes taking place in Social Work under TSW are part of the Council’s larger ”Transforming Renfrewshire” programme.

1.10 The Joint Strategy will link closely to the Single Outcome Agreement Key Theme 4: ‘Healthier’ and the service priorities within this theme:

1.10.1 **Service Priority 6**: ‘Promote the Independence of Service Users’. Promoting independence is central to the role of physical disability services and links to the national policy themes of personalisation and self directed support. The CHP Development Plan Update advises that the fundamental aim of community based services are to promote the independence of individuals within a rehabilitative and enablement approach, so those patients are able to live as normal a life as possible and achieve their full potential.

1.10.2 **Service Priority 7**: ‘Support Carers to Sustain Their Caring Role in the Community’. Supporting carers to access a range of information, support and services is important to maintaining their contribution to the lives of individuals and the community. Carers’ issues are viewed as integral to service development plans in all care groups.

1.10.3 **Service Priority 8**: ‘Promote Healthier Living and Well Being.’ All partners will promote healthy lifestyles, organise a range of health improvement activities and work to reduce health inequalities. Particular attention will be paid in optimising access to sport and health activities for people with physical disabilities and sensory impairments.

“I value the fact that there are particular services for people with physical disabilities and sensory impairments.”

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2 Physical Disability & Sensory Impairment On Line Survey 2008
1.11 The Joint Strategy also acknowledges the key emerging national themes and addresses how these policy drivers will shape our approach at a local level in areas such as personalisation and self directed support; rehabilitation and enablement and general improvement in access to services for all client groups.

1.12 This strategy is the vision for the next five years and as such does not contain all the details of how this vision will be achieved. Section 3 summarises the recommendations arising from this report and Sections 13 & 14 detail the strategic development framework and service development recommendations. Action plans will be developed by the Physical Disabilities & Sensory Impairment Joint Planning, Performance and Implementation Group (JPPIG) to detail how we will achieve these recommendations over the next five years.

1.13 Monitoring and scrutiny of the progress of the strategy objectives will be carried out in consultation with service users, carers and partners in the voluntary and independent sector.

1.14 The development of the Joint Strategy for People with Physical Disabilities and Sensory Impairment is a real opportunity to shape an effective and enhanced partnership between all sectors to improve services and opportunities for people with physical disabilities and sensory impairments living in Renfrewshire.
2. Vision Statement

Any strategy which is planning for the future needs a vision of what it wants that future to be. We hope that the following vision statement reflects our future aspirations to support people with physical disabilities and sensory impairments and create an image of the future we want to achieve in Renfrewshire.

We hope that this Renfrewshire Physical Disabilities and Sensory Impairment Joint Strategy 2009 – 2014 will take us a step closer to this vision:

- More people with physical disability and sensory impairment are supported in employment, education and training.

- Disabled peoples’ needs are identified through a robust and participative assessment process using an outcomes based approach to identifying and managing care.

- Through self directed support, service users are more actively involved in selecting and shaping the services they receive.

- People with disabilities are living independently in the community in appropriate accommodation with access to social and health support as required.

- People with disabilities are actively involved and leading service design. Service user involvement underpins all service development. This is a participative process which identifies service gaps and future needs.

- People with a physical disability or sensory impairment who want information know where it is and are confident that it is in an accessible format.
3. Summary of Recommendations

The following recommendations have been identified for implementation during the life of the Joint Strategy for People with Physical Disabilities & Sensory Impairment 2009 to 2014 by Renfrewshire Council, Renfrewshire Community Health Partnership and NHS Greater Glasgow & Clyde. Further details relating to these recommendations are detailed in Section 13 Strategic Development Framework (pages 61 – 64) and Section 14 Strategic Development Recommendations (pages 65 – 66).

Progress will be monitored by Renfrewshire Council Social Work and the Community Health Partnership through the Physical Disabilities & Sensory Impairment Joint Planning, Performance and Implementation Group (JPPIG) in consultation with service users, carers and voluntary agency partners.

3.1 Recommendation 1: Ensuring Equality of Opportunity

- People can access mainstream and specialist services when and where required in order to have the same opportunities open to everyone.

- Provide advice and information to other services and agencies to promote access and equality.

- Establish more formal links between physical disability and sensory impaired services and employment services.

- Build on good relationships with local colleges and universities to improve access to further education and training. Improve range and scope of health and fitness opportunities e.g. Vitality.

- Review and develop the service offered by the Disability Resource Centre to improve and encourage access to mainstream opportunities.

3.2 Recommendation 2: Making Informed Choices

- We will shift to service users the balance of decision making, control and choice about their support.

- Ensure that assessment is a participative process that offers choice.

- Service users will be provided with accessible information and supported to make their choices.

- Enable service users to have control to change choices by regularly reviewing their care plan.

3.3 Recommendation 3: Supporting to Maximise Independence

- Disabled people are supported to minimise their impairment and maximise their ability with a reduced reliance on social, health or institutional care.

- Develop a community rehabilitation model for Renfrewshire.
• Raise awareness amongst staff of self management and self directed support for service users.

• People currently living in Wallace Court are rehoused in purpose built accommodation to reflect the shift towards care in individual’s own homes rather than in care home settings.

3.4 **Recommendation 4: Valuing and Including as Equal Partners**

• Disabled people are valued and included as equal partners and are involved in planning and monitoring services.

• Establish a process for user involvement in the implementation of the strategy. Develop a group for service users to promote consultation, participation and partnership working.

• Ensure representation and consultation with other stakeholders e.g. voluntary groups.

3.5 **Recommendation 5: Personalising the Service**

• Enable people, alone or in groups, to find the right solutions for them and to participate in the delivery of services if they choose.

• Develop independence and self managed care through the assessment and care management process.

• Adopt Talking Points: Personal Outcomes Approach to support a focus on the outcomes important to users of community care services and their unpaid carers.

• Promote direct payments and ensure all staff have appropriate training and ensure that direct payments are offered to all clients in receipt of services.

• Develop and promote short breaks within a range of respite options from home based respite to direct payments.

• Investigate the need for planned ‘out of hours’ intervention to provide minimum night time assistance and enable people to continue living in their own home.

• Provide better assistance for young people moving from children’s to adult services and use reprovisioning monies to support transitions.

• Promote carers assessments and the Carers Centre particularly for young carers

3.6 **Recommendation 6: Enabling Access to Information**

• Deliver a single co-ordinated information source incorporating statutory and non statutory sector organisations and services – a Renfrewshire portal for Physical Disability information.

• Link with local information providers re: signposting to services.
3 Summary of Recommendations

- Ensure information provided is clear about service provided and eligibility criteria for these services.

- Make Council and Health documents available in a range of formats on request and consult with disabled people on alternative formats.

- Increase potential for access to British Sign Language (BSL).

- Develop a directory of services for disabled people in Renfrewshire.

3.7 Recommendation 7: Continually Improving Services

- Improve information and data about our service users to help us plan and resource future services.

- Investigate single point of access for information and referrals. Increase the range of referral options to improve access to services e.g. on-line applications, self selection etc.

- Develop a programme of joint training to improve skill mix and communication. Analyse information from consultation with service users to inform development and changes to services.

- Check that service users feel that their service meets their needs by regularly measuring customer satisfaction.
4. Joint Planning in Renfrewshire

4.1 In 2007 the Scottish Government assessed the Renfrewshire local partnership as making "good progress" in implementing the Joint Future agenda.

4.2 This assessment reflects a strong history of joint working between the NHS and the local authority which has been significantly enhanced by the introduction of the Community Health Partnership in Renfrewshire.

4.3 Renfrewshire Council has a leading role in the delivery of public services to the people of Renfrewshire including education, housing and social work. The Council is committed to providing quality services and to work in partnership with the public, private and voluntary sectors and local communities to improve the safety, health and well being of all residents.

4.4 Renfrewshire Community Health Partnership was established in 2006 and assumed responsibility for managing local community and primary NHS services. The CHP works with partners in both statutory and voluntary agencies to integrate community and secondary health services and develop closer working and shared services. Renfrewshire CHP forms part of NHS Greater Glasgow and Clyde and works closely with Renfrewshire Council. The CHP, in partnership with hospital services and other local organisations, works to deliver effective and accessible services to improve the health of the local population.

4.5 Working together, the Council and CHP are implementing national frameworks and developing local policies, joint protocols and plans to improve services in Renfrewshire. A range of joint planning structures have been developed to progress this partnership working between health and local authority services but also inclusive of voluntary agencies and service users themselves.

4.6 The Joint Planning Structure in Renfrewshire is outlined in Figure 1:

![Joint Planning Structure in Renfrewshire Diagram](image-url)
4.6.1 The Joint Management Group; this group is comprised of CHP and Social Work directors and senior managers. The remit of the group included overseeing and monitoring the work of all the Joint Planning Performance and Implementation Groups (JPPIGs) to ensure their effectiveness.

4.6.2 Joint Planning Performance and Implementation Groups (JPPIGs): six JPPIGs have been established to take forward the strategic development of community care. These focus on older people; mental health; carers; palliative care; learning disability; and addictions. The Physical Disability & Sensory Impairment JPPIG is a sub group of the Older Persons JPPIG. There are also four cross-cutting working groups dealing with finance, workforce planning, care management, and information & data sharing.

4.6.3 The Physical Disability and Sensory Impairment Joint Planning Performance and Implementation Group (JPPIG): this is a sub group of the Older Persons JPPIG. The sub group membership includes representation across the CHP, Renfrewshire Council, Greater Glasgow & Clyde and voluntary agencies. Regular stakeholder consultation and involvement is being developed.

4.6.4 The Public Partnership Forum: the PPF ensures that patients, carers and voluntary sector partners influence the development of services. The PPF is required to provide an informed, representative, independent and accountable voice in the decision making processes of the CHP.

4.7 Each JPPIG provides strategic direction and leadership to the development of services to meet the special needs of these client groups and their carers.

4.8 The Physical Disability and Sensory Impairment JPPIG will implement national frameworks and develop local policies, joint protocols and plans that improve services for people with physical disabilities and sensory impairment.

“I really appreciate someone who can pass on specific knowledge, particularly about aids to help with the disability that I would have no knowledge of.”

4.9 The Joint Commissioning Team (JCT) set up in 2000 has the lead role in implementing the partnership’s community care commissioning frameworks across all client groups. It works collaboratively with NHS and council services, Care Commission, housing associations and independent service providers. The JCT has fulfilled a lead role in resettlement programmes leading to significant numbers of people moving out of hospital and other institutional settings to supported living arrangements. For services for physically disabled and sensory impaired people, the JCT contributes to re-design, procurement, service performance and best value through contract monitoring, complaints investigation, and service review.

3 Physical Disability & Sensory Impairment On Line Survey 2008
5. Defining Disability

5.1 The strategic framework has been developed for people with a physical disability and sensory impairment but how is this defined? Most national data relating to physical disability and sensory impairment are derived from the Census and the Scottish Household Survey (SHS) who both use slightly different definitions of disability and long-term illness. Information on disability and long-term illness in Scotland is collected from both administrative and survey sources but the type of information that is collected and the definition of disability and long-term illness which is employed differ depending on the reason for collecting the information.

5.2 In recognition of the lack of any precise, consistent and shared definitions of ‘physical disability’ and ‘sensory impairment’ the Physical Disability and Sensory Impairment JPPIG has chosen the definition of disability from the Disability Discrimination Act (DDA) 2005 as the Renfrewshire definition of disability for people aged 16–65. This definition excludes people with a mental health or learning impairment.

5.3 The act defines a person as having a disability if he or she has a physical (or mental) impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities.

A long term adverse effect is defined as impairment which is any of the following:
- Has lasted for at least 12 months.
- Where the total period for which it lasts is likely to be at least 12 months.
- Which is likely to last for the rest of the life of the person affected.

5.4 Normal activities are defined as activities which are carried out by most people on a fairly regular and frequent basis. The test of an impairment affecting normal day to day activities is whether it affects one of the broad categories of capacity listed in Schedule 1 of the Act.

5.5 These categories are:
- Mobility
- Manual dexterity
- Physical co-ordination
- Continence
- Ability to lift, carry or otherwise move everyday objects
- Speech, hearing or eyesight
- Memory or ability to concentrate, learn or understand, or
- Perception of the risk of physical danger.

5.6 People with some progressive disabilities will be deemed to be covered by the DDA effectively from the point of diagnosis, rather than from the point when the condition has some adverse effect on their ability to carry out normal day-to-day activities e.g. multiple sclerosis.
6. Demographic Profile

6.1 Renfrewshire perspective:

- 170,000 population
- 36,300 people in the area reported that they had a long-term limiting illness
- 11,305 people claim incapacity benefit and severe disablement allowance
- 58 people receive a Direct Payment (as at February 2009)
- 146 people are in receipt of a grant through the Independent Living Fund (December 2008).

6.2 Renfrewshire has a population of 169,590, approximately 3.4% of all people in Scotland. 18% of the population is under 16, over 65% are young and middle aged adults and 16% is aged 65 and over. Only a very small percentage – 1.2% – is from a minority ethnic background which is about half the national average. Most of the population is concentrated in the urban centres of Paisley, Johnstone, Renfrew and Erskine, but a significant part of Renfrewshire’s population live in more rural settings, principally in a number of villages.

“I was reluctant to ask for any assistance. We now use many of the services mentioned and really value all of them.”

6.3 De-industrialisation in the West of Scotland has led to a decline in employment in Renfrewshire, producing significant pockets of deprivation. 15.4% of the area’s population live in the 36 Renfrewshire data zones identified as being in the most deprived 15% in Scotland. According to the Scottish Index of Multiple Deprivation (SIMD) in 2006, 8.6% of Renfrewshire’s population were classed as employment-deprived whilst 19.0% live within the 44 data zones deemed health-deprived. Some of the characteristics of these areas are:

- Long term unemployment
- High benefits dependency
- Poor health
- High mortality rates with a widening gap between the most and least deprived.

6.4 Life expectancy (at birth) is slightly lower than the Scottish average at 72.5 years for men and 78.3 years for women although there is considerable variation across different areas of Renfrewshire.

6.5 The area has an ageing population, with projections indicating a greater proportion will be over 65, whilst the number of adults of working age will decline. Figure 2 shows the percentage change in population between 2006 and 2031.

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4 Physical Disability & Sensory Impairment On Line Survey 2008
6.6 The Scottish Household Survey (SHS) shows that the overall proportion of people reporting a disability and/ or a long-term illness is 16% in 2001, 17% in 2003 and 18% in 2005\(^5\) which shows a rising trend in people reporting a health problem perceived as a disability.

6.7 Renfrewshire has a working age population of approximately 106,200 of which almost 19,430 (18%) claim key benefits. This percentage is considerably higher than the average for both Scotland and Great Britain (16.7% and 14.2% respectively).

“I care for my husband who has MS and uses a wheelchair. We have two children. Some of the services the council provide have helped us to lead as normal a family life as we can.”\(^6\)

6.8 The following tables (1 & 2) set the context for physical disability and sensory impairment services. While there is no data specifically relating to this client group as outlined in section 3.1, these tables give some indication of the extent of need and general illness in the population of Renfrewshire.

Table 1 shows that Renfrewshire has 10% more people claiming incapacity benefit and Severe Disablement Allowance (SDA) than the national average, whilst Table 2 shows that the population who report themselves as having a long-term limiting illness is 3% above the national average.

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\(^6\) Physical Disability & Sensory Impairment On Line Survey 2008
Table 1: Incapacity Benefit and SDA (Severe Disablement Allowance) Claimants by Neighbourhood in Renfrewshire CHP, 2007.

<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>Population</th>
<th>Number of Claimants</th>
<th>Working Age Population</th>
<th>No: as % of Working Age Population</th>
<th>% Above or below the national Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renfrewshire CHP</td>
<td>170,000</td>
<td>11,305</td>
<td>106,200</td>
<td>11</td>
<td>+10</td>
</tr>
</tbody>
</table>

Table 2: Long-term Limiting Illness by Neighbourhood in Renfrewshire CHP7, 2008

<table>
<thead>
<tr>
<th>Neighbourhood</th>
<th>Population</th>
<th>Number of claimants</th>
<th>No: as % of all people</th>
<th>% Above or below the national Average</th>
</tr>
</thead>
<tbody>
<tr>
<td>Renfrewshire CHP</td>
<td>170,000</td>
<td>36,272</td>
<td>21</td>
<td>+3</td>
</tr>
</tbody>
</table>

6.9 Almost 36,300 people in the Renfrewshire CHP area (just over 1 in 5 of the population) reported that they had a long-term limiting illness. This figure puts the area just slightly above the rate claimed for the population of Scotland as a whole.

6.10 The proportion of people registered blind in the Renfrewshire CHP area is similar to Scotland as a whole. As at 31st March 2009 there were a total of 1106 on the register held by the Visual Impairment Team within Social Work. 283 were aged between 16 and 64 years of age which equates to 26% of the register. There were 134 people registered as Partially Sighted of whom 4 were Deaf and 41 were recorded as having a physical disability. There were 149 registered Blind of whom 12 were Deaf and 45 were recorded as having a physical disability.

“I value most the availability of advice as and when it is requested.”8

6.11 Unlike Blind and Partially Sighted people, Deafness and Hearing Impairment is not registered therefore accurate figures do not exist. However through the Royal National Institute for the Deaf the “One in Seven” number (one person in every seven has a hearing impairment)9 is broadly believed to be the most accurate estimate. Using this calculation, Renfrewshire has in excess of 24,000 people with severe hearing loss.

6.11 The number of sign language using Deaf people is usually held to be less then 1% of that figure but there are 150 – 200 known sign language users in the area.

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7 Number and % of individuals who perceive that they have a long-term limiting illness, health problem or disability which limits their daily activities or the work they can do, including problems due to old age.
Source: (Extracted From) A Community Health and Well-Being Profile for Renfrewshire, February 2008, Glasgow Centre for Population Health

8 Physical Disability & Sensory Impairment On Line Survey 2008

9 RNID Statistical Review 1995 Adrian Davis
6.12 Renfrewshire has approximately 200 people who have what is described as dual sensory impairment – significant loss in both hearing and vision. There are 10 Deafblind people, who use manual communication, and of these only two people are under 65.

6.13 Population projections for Renfrewshire for 2001 – 2024 predict the 16–29 age group will decrease by 14.6% and the 30–64 age group will decrease by 16.5%. However, the predicted decrease in the adult population should be considered against a backdrop of more successful treatment for congenital and progressive illnesses; an increase in survival rates for serious trauma and better outcomes for invasive surgery. These factors would add weight to the assumption that the number of adults with a physical disability and sensory impairment in Renfrewshire will stay the same and probably increase despite this predicted decrease in population.
7. Strategic & National Policy Context

7.1 There is no national strategy specifically for adults with physical impairment however there are a number of key national policy drivers that shape our approach at a local level.

7.2 **Joint Future** is the lead policy for joint working between Local Authorities and the NHS. It sets out the commitment to supporting clearer and better joint work between Local Authorities and the NHS through an effective partnership approach to service delivery.

7.3 Building on this partnership working, in 2008 the Scottish Government introduced the **Single Outcome Agreement** which sets out how Local Authorities, with their Community Planning partners, will seek to contribute towards an agreed set of national outcomes. The Single Outcome Agreement is built around 5 national strategic objectives for Scotland – wealthier and fairer, smarter, healthier, safer and stronger, greener. Each Local Authority has now set out a 3 year plan detailing local outcomes and actions reflecting local circumstances and priorities. The Single Outcome Agreement compliments the Community Plan produced in partnership with all Community Planning Partners.

7.4 Over recent years there have been a number of pieces of new national legislation to help shape future service delivery, including:

7.4.1 The **Disability Discrimination Act (DDA)** 1995 strengthens the rights of disabled people and promotes access in its widest sense, requiring agencies providing services to make reasonable adjustments to ensure appropriate access is provided.

7.4.2 The **Adults Support and Protection Act (ASP)** 2007 aims to improve the quality of life for adults who are in receipt of social and healthcare services. The ASP Act aims to help identify adults at risk of harm, provide support to them when they need it, and provide the means to protect them from harm.

7.4.3 The **Adults with Incapacity Act (AWI)** 2000 aims to help people who lack capacity to make some or all decisions for themselves. It enables carers or others to make welfare, healthcare and financial decisions on their behalf.

7.4.4 The **Housing Scotland Act 2006** aims to raise standards in the rented sector and improve the condition of privately owned homes. Locally this is re-enforced within the Renfrewshire Housing Strategy 2004/9 which sets out plans to improve and sustain local neighbourhoods, improve housing conditions, meet housing needs, and to widen housing choice.

7.5 The national and local approach to the provision of rehabilitation is shaped by the 2007 Scottish Government document **Coordinated, integrated and fit for purpose – national framework for adult rehabilitation in Scotland**. The rehabilitation framework concentrates explicitly on the added value offered by rehabilitation through earlier anticipatory interventions, such as the prevention of unnecessary admissions to hospital or other care environments. It focuses on the rehabilitation response for 3 key groups of people – older people, adults with long term condition, and people returning to work and/or wanting to stay in employment – and places an emphasis on improving and simplifying access to rehabilitation services, encouraging self management and improving the management of long term conditions, and maximising people’s ability to participate in their local community.
Further emphasis for the self management agenda is outlined in September 2008 Self Management Strategy for Long Term Conditions “Gaun Yersel” published by the Long Term Conditions Alliance on behalf of the Scottish Government. This identifies the key importance of the provision of information in aiding people to take on a more active role in their own care and support, and again encourages a broad partnership approach to the provision of information.

“What is valuable is the range of services available which promote independence and assist people to maximise their potential in terms of leading ordinary lives.”

For health services the publication of Better Health Better Care in August 2007 and the subsequent Action Plan in December 2007 takes forward the policy agenda for the NHS. It sets out the Scottish Government’s plans for health and focuses on delivering services in communities closer to where people live, continuing to raise the quality of services and reduce variation in clinical practice, ensuring services are delivered at a time when people need them, tackling inequalities to maximise people’s participation in their local community and improve quality of life for them, their families and carers, and addressing long term conditions.

The Review of Community Eyecare Services has in recent years been the major driver for Health, Social Work and the Voluntary Sector in relation to delivering health and social care services to children, adults and older people with severe loss of vision. The final report was published in December 2006.

The Review brings together a series of initiatives, all of which are intended to improve the quality and consistency of support offered to visually impaired people. Within the wider context of current government policy on reforming health and social work, the review brings together all of the agencies involved in providing services to visually impaired adults and children. The aim is to create a local, integrated network of support which is readily available to individuals who are either born with serious sight problems or who lose their sight later in life. This principle is applied to services for adults and for children, but the report makes a strong case for recognising the particular needs of visually impaired children and organising support that is tailored to individual needs. It also emphasises the importance of designing services to include those who have additional disabilities or impairments.

The Scottish Vision Strategy, launched in 2008, was the response of the Royal National Institute of Blind People (RNIB) to the World Health Assembly Resolution of 2003, which urged the development of plans to tackle vision impairment. The Scottish Vision Strategy is built around the following strategic objectives: to improve the eye health of the people of Scotland; to eliminate avoidable sight loss and deliver excellent support to those with a visual impairment; and to enhance the inclusion, participation and independence of blind and partially sighted people. The strategy maps out the challenges for a wide range of public agencies including Health, Social Care, local and central Government in improving eye care services.
7.10 The Scottish Government has recently issued two quality standards reports for Audiology: *Quality Standards for Paediatric Services and Quality Standards for Adult Hearing Rehabilitation Services (2009)*. These standards promote collaborative working and the use of the Multi Agency Support Plan (MASP) to address the needs of both children and adults with a hearing impairment who will benefit from a more supportive social environment.

7.11 The NHSGG&C *Equal Access to Health Communication and Language Strategy* sets out the approach to inclusive communication and provides clear guidance on future local work. The report highlights a number of areas where work is at an early stage of development including an appropriate approach for people with sensory impairment and people with communication support needs. Recent work undertaken at national level will help to inform the approach, including an audit of standards and protocols for Sign Language Interpreting (SLI) across the UK, and The Scottish Executive (2006) Communication Support Needs Literature Review; the Royal College of Speech and Language Therapists (2005) Inclusive Communication Strategy and the NHS QIS (2006) Best Practice Statement on promoting access to health care for people with a learning disability.

7.12 A Ministerial Task Force set up by the Scottish Government produced the report ‘*Equally Well*’ in June 2008, with a subsequent Implementation Plan in December 2008, which sets out recommendations for community planning partners to address the factors which can lead to inequalities. Of the two recommendations which specifically relate to people with a physical disability or sensory impairment, one states the need for ‘NHS Boards to target health promotion and health improvement action better for people… who may need support with access to information, in line with statutory disability requirements’, and the other that ‘NHS Boards and local authorities should work together to maximise the potential of self-directed support which allows disabled people and others to buy their own social care’. Renfrewshire is taking a pro-active approach to community-led health, and we hope to engage with a number of groups in a number of ways to ensure that this approach takes the needs of this particular population into account.

7.13 *Improving health and wellbeing and reducing health inequalities* are key priorities not only for the Scottish Government but for also Renfrewshire community planning partners. To support this approach NHSGG&C has set out 10 Goals for Inequalities Sensitive Practice. These goals focus on 3 areas: engaging with populations and patients, developing the workforce, and the Health Service’s role in society. Issues such as alcohol misuse, obesity, smoking and poor mental health can and do affect any individual, and a lot of work is underway locally to tackle these issues. However people with a physical or sensory impairment are at risk of suffering from greater inequalities due to potential difficulties in accessing the opportunities available to the general population to improve their health and wellbeing.
7.14 National and local policy is an area of continual development:

7.14.1 There is currently emerging national policy around the self directed care agenda which begins to highlight a greater emphasis being placed on the personalisation of care and support services. This personalisation should in turn enable people who use services real choice and control over the support they receive and the lives they want to live. Personalisation includes both Direct Payments and Individualised Budgets.

7.14.2 In late 2008 the Scottish Government issued new guidance for consultation around the provision of equipment and adaptations covering the responsibilities of Local Authorities and the NHS for providing equipment and adaptations. The guidance aims to place the user and carer at the centre of provision, to promote consistency of approach, share good practice and encourage partnership working, and to ensure access to appropriate information about assessment and provision. It is expected the final guidance will be published during 2009.

7.15 The McLelland Report highlighted the need to reform and improve public sector procurement and Renfrewshire Council has taken on a high profile role in support of this work. It will be essential to ensure that any needs arising from this strategy which involve new procurements or the re-tender of existing services by the council are programmed in good time into the workplan of the Joint Commissioning Team.
8. Values & Vision

8.1 Any strategy which is planning for the future needs a vision of what it wants that future to be. This vision can be based on national & local policies and key themes; the outcomes of consultation with service users, carers and staff; and identification of the shortfalls and gaps in service provision.

However, regardless of its origins, our vision should create an image of the future we want to achieve for people with physical disabilities and sensory impairments in Renfrewshire.

8.2 Renfrewshire has developed key themes in the Community Plan and Council Plan based on the National Outcomes contained within the Single Outcome Agreement.

8.3 The following key themes are particularly relevant to the PD & SI strategy and have shaped the values and vision for the plan:

- Protecting children and vulnerable adults.
- Supporting people to live safe, independent lives in their own homes and communities.
- Supporting carers.
- Helping potentially excluded individuals and groups to overcome barriers to opportunity.
- Encouraging participation and active citizenship in local communities.
- Promoting health improvement.

8.4 The strategy group, in consultation with service users, have developed a vision statement for the physical disability and sensory impairment strategy:

‘Supporting People to Have Equality in Life Choices and Opportunities’

8.5 This statement captures the drive in Renfrewshire to achieve this vision for people with disabilities and sensory impairments by:

- Ensuring equality of opportunity.
- Making informed choices.
- Supporting to maximise independence.
- Valuing and including as equal partners.
- Personalising the service – more choice, more control, more flexibility.
- Enabling access to information.
- Continually improving services.

“Fully agree it would be great for everyone to have the same life choices and opportunities and what we need to do is to help them help themselves to attain them.”

11 Physical Disability & Sensory Impairment On Line Survey 2008
8.6 How will we know when we have achieved this vision? We have identified seven key recommendations to ensure that we make continuous progress towards the achievement of our vision. In Renfrewshire we will see:

**Ensuring equality of opportunity**

We all want to live in communities where we can fully participate, and we want to be able to use public services and not be excluded or treated less favourably. We know that for many disabled people this hasn’t yet happened.

"Society still sees its best response to disability as care, welfare and charity – rather than equal rights, opportunities and citizenship... Our instinct is to protect. But in ‘protecting’ people we deny humanity rather than liberating it. And in order to protect we can make people dependent.”

Disabled people face many challenges in everyday life from personal care to limited employment opportunities. Many of these challenges result from environmental or organisational barriers which cause direct discrimination against disabled people. The Disability Equality Scheme (DES) has been developed as a result of the Disability Discrimination Amendment Act 2005 and places a general duty on all public authorities, when carrying out their functions, to have due regard to the following:

- Making it so that disabled people have the same chances as other people.
- Stopping discrimination of disabled people.
- Stopping disabled people from being harassed (treated unfairly) because of their disability.
- Encouraging positive attitudes to disabled people.
- Supporting disabled people to take part in public life.
- Meeting the needs of disabled people even where that means treating them differently to non-disabled people.

There is no question that the public sector can make a real difference to the lives of disabled people. Many of the services provided by the public sector are of critical importance to disabled people and often these services are only provided by the public sector.

In Renfrewshire we will ensure equality of opportunity by:

- Promoting DDA response in our own organisations.
- Working with Advice works to publicise disability issues and ensure service is accessible to people with physical disability and sensory impairment and their carers.
- Providing advice and information to other services and agencies to promote access and equality.
- Establishing more formal links with job centres and Disability Employment Officers (DEO) re: employment opportunities.

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12 The Disability Debate, Independent Living Discussion Paper: Disability Rights Commission
• Building on good relationships with local colleges and universities to improve access to further education and training.
• Working with Renfrewshire Leisure to investigate health and fitness opportunities e.g. Vitality.
• Reviewing and developing the service offered by the Disability Resource Centre to increase outreach work and explore services outwith the Centre to enable service users to access community based groups and resources.

By leading the way in ensuring fair treatment for disabled people, Renfrewshire Council, Renfrewshire Community Health Partnership and NHS Greater Glasgow and Clyde can make a real difference to disabled people’s lives, both by improving outcomes from their own services and by setting the standard for other sectors to match.

**Making informed choices**

Informed choice is a move from passive patient to active partner – a transfer in the balance of decision making and authority from the professional to people who use services. It is a shift away from the days when the service provider made all the decisions and then told the service user what services they could have and when. It does not mean that service users will be overwhelmed by excessive amounts of information about services or that the service user will be able to choose how these services are organized and run.

It simply means that the service user has information in a format that they can understand about opportunities, alternatives and services to enable them to make a choice and that health and social care professionals should advise, inform and guide service users when making these choices.

“I value most the availability of advice as and when it is requested.”

The professional “absolutely has an appropriate role to play in the choice process by giving the very best information he or she can possibly provide.”

In Renfrewshire we will ensure informed choice by:

• Promoting supported self care – to develop a range of options to enable people to support themselves.
• Ensure that assessment is a participative process that offers choice.
• Service users are provided with accessible information and supported to make their choices.
• Everyone gets a copy of their assessment and care/support plan.
• Enable service users to have control to change choices by regularly reviewing services.

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13 Physical Disability & Sensory Impairment On Line Survey 2008
14 Informed Choice and the Empowerment Circle James H. Omvig
Service users will be actively involved in the assessment process and be able to make decisions about their care and support which includes being assisted to identify risks and developing strategies to minimize and manage these risks.

Talking Points: Personal Outcomes Approach (formerly UDSET) has been developed by the Joint Improvement Team to support a focus on the outcomes important to users of community care services in Scotland and their unpaid carers. These outcomes are the goals that users and carers want to achieve in partnership with services, and the impact or effect of services on individual lives. Evidence shows that this approach can improve outcomes for individuals, and support more relevant interventions. Pilots are underway within Renfrewshire and will monitor the effectiveness and experiences of the outcome focused assessment approach.

**Supporting to maximise independence**

Disabled people in Renfrewshire will be supported to minimise their impairment and maximise their ability with a reduced reliance on social, health or institutional care. Improving community-based rehabilitation and enablement services is integral to the rehabilitative approach, as is the prevention of dependency on care and support services through the promotion of independent living.

> “What people need are life choices that they value.”

Rehabilitation is a core element in the delivery of the Scottish Government’s plans to improve the health and well-being of the population of Scotland. When individuals face challenges to their physical or mental well-being, they experience an impact on their quality of life. Rehabilitation is fundamentally about enabling and supporting individuals to recover or adjust during this time, achieve their full potential and – where possible – to live full and active lives.

> “Most important, individuals and their carers want professionals to engage fully with them and treat them as equal partners in managing their condition(s) and making decisions about services.”

Rehabilitation is defined as services for people with poor physical or mental health to help them accommodate their illness by learning or relearning the skills necessary for daily living. The objective of rehabilitation is to maximise user’s long term independence, choice

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15 Physical Disability & Sensory Impairment On Line Survey 2008  
16 Co-ordinated, integrated and fit for purpose: A Delivery Framework for Adult Rehabilitation in Scotland
and quality of life and to appropriately minimise on going support. It is focussed on people doing things for themselves rather than having them done for or to them. Renfrewshire is already in the early stages of developing a Reablement service with occupational therapy staff in both social work and health working closely with home care to maintain and improve the independence of people who are discharged from hospital and referred to home care.

“We need to shift from a reactive hospital based system of unscheduled care towards one which is founded on a preventative, anticipatory approach to managing long term conditions on a whole person basis.”

“Occupational Therapy staff make a difference in people’s lives.”

Disability and long term conditions can often impact on existing and potential employment opportunities resulting in absence from work or inability to find employment. The Scottish Government has funded rehabilitation co-ordinators in every health board area. These are short term appointments to work with partners in health, local authorities and government agencies to develop rehabilitation and enablement services in line with recommendations from Co-ordinated, Integrated and Fit for Purpose, the National Framework for Adult Rehabilitation in Scotland.

In Renfrewshire we will maximise independence by:

- Delivering services in the homes or close to the homes of the people who need them.
- Providing a single point of access for rehabilitation services.
- Rehabilitation will be provided by professionals and teams who are competent and have the requisite skills.
- On going health and social care is available in the community to enable people to remain at home or return home from hospital.
- People are encouraged and supported to manage their own health and social care needs thereby shifting the balance of care from hospital to community.
- Developing a proactive vocational rehabilitation service.

17 Improving Complex Care: a collaborative resource to support partnerships Joint Improvement Team 2008
18 Physical Disability & Sensory Impairment On Line Survey 2008
Valuing and including as equal partners

We recognise the value and importance of including service users as equal partners who are involved in the planning and monitoring of services. This engagement will empower service users by sharing knowledge and skills and giving them a voice in decision and policy making and service delivery.

Consultation and the involvement methods used should be sensitive to individual circumstances and we will pay attention to the needs of people with sensory impairments and those from black and minority ethnic (BME) communities who often have more difficulties participating in consultation.

We are in the early stages of developing a Disability Network to include representation from all organisations and groups which promote the interests and well being of people with a physical disability and sensory impairment who live in Renfrewshire. The purpose of the group is to create a forum that can be consulted on and engaged in a variety of issues regarding developments within the Council which will have an impact on people with disabilities.

“More people with disability should be informing the process because they know and understand these needs best. It isn’t good enough for able bodied/sighted people to think they know what is required.”

When involving or consulting people who use (or may use) our services, we will ensure that we:

- Use the most effective and inclusive methods of consultation e.g. Talking Points.
- Value diversity, promote equality of opportunity and encourage creativity.
- Present complex information in plain language, avoid jargon and ensure that we hold discussions in a user friendly environment.
- Are honest about what can and cannot be changed or influenced.
- Share information about good practice.
- Give sufficient time to the consultation and involvement process.

In Renfrewshire we will demonstrate that we value and include disabled and sensory impaired people as equal partners by:

- Establishing a process for user involvement, building on recent consultation activity, in the implementation of the strategy and to develop a group for service users to promote consultation, participation and partnership working.
- Develop the Disability Network.
- Getting a service user perspective at an early stage will maximise the chances of

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19 Physical Disability & Sensory Impairment On Line Survey 2008
delivering services that put service users and carers at the centre of our plans, meet identified needs, pinpoint gaps in services and monitor service satisfaction.

- Ensuring that we can communicate effectively with the group, moving at a pace that enables people to understand how they can inform decisions and enable them to express their ideas and challenge the outcomes.

Consultation will work across agency boundaries, including Health and Social Care, Housing, Voluntary and Community Sectors.

**Personalising the service**

Personalisation can be defined as enabling people, alone or in groups, to find the right solutions for them and to participate in the delivery of services if they choose.\(^\text{20}\)

Personalisation is not a new idea but government support has become clearer and more prominent in recent years. Personalisation emerged from the Independent Living Movement which campaigned for more autonomy and ability for people to organise their own support outside of, or alongside, traditional care services. This led to the creation of the Independent Living Fund, the subsequent development of Direct Payments and the Self Directed Support agenda.

The Disability Rights Commission described independent living as “all disabled people having the same choice, control and freedom as any citizen – at home, at work and as members of the community.”\(^\text{21}\)

Changing Lives\(^\text{22}\) confirms that the foundations for more personalised services include the following elements:

- More empowered users of services.
- More flexible service delivery.
- A greater focus on prevention.
- More effective use of social work skills.
- Approaches to delivery across the public sector and in partnership with the voluntary and private sectors.
- Increased community capacity.

Disabled people should, with the assistance of an advocate if necessary, have as much control as they want or have a major say over their life and if relevant, in how their health or social care is assessed, provided and monitored.

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\(^\text{20}\) Personalisation & Self Directed care – report to Renfrewshire Council Community and Family Care Policy Board September 2008

\(^\text{21}\) Changing Britain for Good: Putting Disability at the Heart of Public Policy The Disability Debate: Disability Rights Commission

As well as empowering service users, the personalisation agenda will offer support and assistance to carers of disabled people. More flexible services will enable carers to pursue recreational, social and vocational opportunities and this will be of particular importance to young carers who often become isolated because of their caring responsibilities.

A recent government circular\(^{23}\) has promoted personalised respite packages with a view to making improvements in the choice and amount of respite and short break services available across the country. A key finding from analysis of recent Renfrewshire Council carers self-assessment forms shows that 52% of carers identified respite and 40% lack of and disturbed sleep as a significant issue in their roles as carers.

"Short breaks are most effective for both the carer and the person being cared for, when they match individual needs." (Shona Robison, Minister for Public Health July 2008)

Another critical element of personalisation is the transition of young people from children’s to adult services. This is often a difficult time for the young person and their carers as services, personnel and respite change and the differences between children’s and adult services become more apparent. Young people need support at this time to make choices to find the right solution for them. The new transitions policy in Renfrewshire Social Work\(^{24}\) proposes a model with early intervention in the planning stage and good joint working over the change period. Additional support is often required to assist the young person throughout this process and this support could be focussed on enabling the service user by increasing independence and reducing reliance on services.

> "In my opinion the main factor that has made a difference in the individual’s life has been his right to choose how (he) now lives his life."\(^{25}\)

Similarly for adults with a disability, transition to Older Peoples Services can mean a change in services and financial arrangements as well as the social and emotional changes experienced by the individual. This transition needs particular attention to ensure that the disability needs of this group of service users continue to be met.

In Renfrewshire we will personalise services by:

- Developing independence and self managed care through assessment and care management process.
- Promoting direct payments and ensure all staff have appropriate training.
- Ensuring that direct payments are offered to all clients in receipt of services.
- Getting a clear picture of the respite options available and identifying gaps.
- Developing and promoting short breaks within a range of respite options from home based respite to direct payments.

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\(^{23}\) Guidance on the Planning and Development of Personalised Short Break Services Scottish Government CCD/4 2008
\(^{24}\) Becoming an Adult: – Moving on from Children’s Services to Adult Services November 2008 Renfrewshire Council
\(^{25}\) Physical Disability & Sensory Impairment On Line Survey 2008
Values and Vision

- Investigating the need for planned ‘out of hours’ intervention to provide minimum night time assistance and enable people to continue living in their own home.
- Better assistance for young people moving from children’s to adult services and using reprovisioning monies to support transitions.
- Promoting carers assessments and the Carers Centre particularly for young carers.

Enabling access to information

The lack of access to information is a common theme for disabled people and is often raised as an issue at consultation events. Services users have requested more accurate information on what is available and suggested a clear pathway for provision of information. Disabled people feel that information is hard to access and is available from a bewildering variety of sources and organisations that can provide parts but not the whole picture of available services.

A local information service should aim to:

- act as a guide through the maze of information sources about community care.
- provide core national information e.g. what the law says, current national guidance, charging rules etc.
- provide information about the services available locally and how to access them.
- provide links to relevant websites and a wide range of support organisations who can help.

“I wish the information about the services and what they provide was more easily located and readily available.”

The Scottish Government has recently announced that in response to an Office of Fair Trading recommendation relating to older people, it is launching a service offering information about community care for older people in Scotland. It is proposed that the service will consist of a helpline and website and will be up and running early in 2009. If successful, consideration may be given to expanding the service to all community care for adults. (A child care information service for Scotland – Scottish Childcare already exists). Care Information Scotland will not duplicate information provision but wherever possible will re-use existing material which will be validated and updated.

26 Renfrewshire Services for Adults with Physical Disability and/or Sensory Impairment: Scoping Report. SCMI Associates December 2008 Sections 7.2 & 7.3
27 Physical Disability & Sensory Impairment On Line Survey 2008
28 Equipment and Adaptations Guidance for Health and Local Authority Partnerships – Consultation on Draft Guidance December 2008
8 Values and Vision

In Renfrewshire we will enable access to information by:

- Deliver a single co-ordinated information source incorporating statutory and non-statutory sector organisations and services – a Renfrewshire portal for Physical Disability information.
- Linking with local information providers re: signposting to services.
- Ensuring information provided is clear about service provided and eligibility criteria for these services.
- Making council documents available on a range of documents on request.
- Consulting with disabled people on alternative formats.
- Increasing potential for access to BSL.
- Developing a directory of council services for disabled people.

To ensure the success of the personalisation and making informed choice themes in this strategy, information should be available to service users in a range of easily accessible appropriate formats such as large print, audio, text phones, Braille, interpreters and loop systems. To enable people to make appropriate choices this information should cover the range of statutory, independent and voluntary provision and requires to link existing specialist information provision e.g. sensory impaired services, and Council and Health providers. This information could be provided via directory, web site, helpline, or one stop shop. The NHSGG&C Equal Access to Health Communication and Language Strategy sets out the approach to inclusive communication and provides clear guidance on future local work.

Continually improving services

The Physical Disability and Sensory Impairment Strategy aims to support continuous improvement by building on the expertise within our services and working in partnership with stakeholders in the public, private and voluntary sectors. We need to ensure that we maintain momentum with effective performance measurement programmes, consultation and identification of gaps in service provision – “what gets measured, gets done”. We will develop a framework to integrate planning, delivery and evaluation, to identify what service approaches and resources are needed and what to measure for short term, intermediate and longer term outcomes.

We have identified seven areas where focus and development will encourage and stimulate continuous improvement:

- Ensure that we have relevant, accurate and meaningful service user data.
- Clear and accessible Customer Service Standards across all our services.
- Engage staff and service users in the process of development as early as possible.
- Regular monitoring and accurate measurement of performance.
- Regular consultation with staff and service users to gauge satisfaction and identify gaps.

30 The Practice of Management Peter Drucker 1993
Values and Vision

- Ensure that staff have the skills to deliver services and have the opportunity to update and develop these skills.
- Ensure consistency of customer service delivery within our services.

We expect the implementation of the strategy and the agenda for continual improvement to make a significant impact on the realisation of the vision for Renfrewshire and the way people with physical disabilities and sensory impairments experience services.

“I think the most important aspect of provision is the dedication of experienced staff and the way resources are used in the unique support of individuals to improve their quality of life.”

In Renfrewshire we will continually improve services by:

- Improving information and data about our service users to help us plan and resource future services.
- Investigating single point of access for information and referrals.
- Increasing the range of referral options to improve access to services e.g. on-line applications, self selection etc.
- Monitoring response when people need our services by setting targets for allocation and service provision.
- Checking that service users feel that their service meets their needs by regularly measuring customer satisfaction.
- Developing a programme of joint training to improve skill mix and communication.
- Integrating with other strategies which impinge on what we do.
- Analysing information from consultation with service users to inform development and changes to services.

“We have a real chance, a real opportunity to make substantial change. If we do that together, and if we work hard at it, and if we’re systematic in approach and vigorous, I think we’ll make that change.”

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31 Physical Disability & Sensory Impairment On Line Survey 2008
32 From Strategy to Reality – The Scottish Experience | Legg, Director of RNIB Scotland 2009
9. Assessing Need

9.1 Single shared assessment (SSA) arrangements were fully implemented for Community Care in Renfrewshire in 2005. At March 2009 the average waiting time for a community care assessment in Social Work was 2.7 weeks. In current and future years, we aim to continue to shorten waiting times while maintaining and improving the quality of the assessment process.

9.2 In 2006/07, 72 Single Shared Assessments were completed by NHS staff. In 2007/8 this number had risen to 154 and for 2008/9, 283 Single Shared Assessments were recorded by NHS staff. This increase reflects the commitment of the partnership to ensure continuous improvement around integration and co-ordination of assessment and care management activity.

9.3 The introduction of electronic assessments and mobile technology has led to greater efficiencies in assessment and delivery of occupational therapy equipment and adaptations to clients. Electronic access to assessments is now available to most assessors in social work and health services. Work is commencing to extend the use of mobile technology to other assessors, e.g. home care, in order to reduce waiting times and increase the efficiency of assessment and care co-ordination processes.

9.4 In February 2006 the Renfrewshire partnership adopted Guidance & Operational Procedures on Care Management. Based on Scottish Government guidance issued in 2004, the local SSA and care management framework is in place within local integrated teams. Joint risk assessment documentation has been introduced, covering moving and handling, mental health and people safety.

9.5 Care management is a key part of the Scottish Government’s agenda to deliver better outcomes for people with community care needs through better joint services. “Care management will provide a single point of access to and co-ordination of the services that people with complex needs require.” Guidance on Care Management in Community Care Circular CCD8/2004 Scottish Government 

9.6 The Guidance & Operational Procedures on Care Management promotes a tiered approach to assessing need and undertaking service provision and monitoring, whilst acknowledging that there will need to be movement between the levels. It should be able to deal with people with complex needs, or rapidly or frequently changing needs and also people with more straightforward and/or stable needs who do not require complex care arrangements. This continues to be the current operational reality in Renfrewshire – straightforward cases and more complex cases require different levels of assessment and involvement within and across agencies.

9.7 A number of key principles underpin Renfrewshire's approach to assessment and care management. These principles are intended to ensure that there is a consistent understanding of the purpose of assessment and care management across agencies within Renfrewshire; that assessment and care management is undertaken to a high standard,
and is accountable to users (and carers); and will respond efficiently and effectively to the needs of the people of Renfrewshire. These key principles are:

- people who use services and their carers should be actively involved and enabled to participate.
- the needs and aspirations of people and their carers should be central.
- care arrangements should be tailored to individual need.
- care management should promote choice for people.
- care management should facilitate access to all community care services, across agencies and sectors.
- care management is an integrated process leading to co-ordinated care.

9.8 A person-centred assessment will address a range of factors and issues which result in an initial statement of need that makes no reference to possible service options. Assessment of need and subsequent service provision must therefore be seen as separate tasks. Only after needs have been identified can possible options for meeting those needs be considered and these options will be identified through the care plan.

9.9 The care plan communicates the outcome of the assessment to service users, carers and other parties to the process and should: “describe in plain language the decisions reached, the desired outcome, what is going to be done, by whom, by when, and what the arrangements for monitoring and review are.”34 The care plan should be shared with users, carers and other agencies involved, and signed by the user and carer wherever possible. It should also represent the needs of carers where a separate assessment of the carer’s needs has been undertaken.

9.10 Maximising user participation in care planning and service provision is integral to a personalised approach. All aspects of assessment and care planning should be discussed with the user who should also be given the opportunity to record particular issues that they wish to raise. Service users will sign, and be entitled to receive a copy of, relevant documentation including their care plan.

9.11 In November 2008 updated eligibility criteria for community care services were approved. The previous criteria were made clearer and more user friendly by aligning them with the style of the Department of Health (DoH) guidance. This guidance is graded into four bands – critical, substantial, moderate and low – and describes the key levels of risk to independence or other consequences within these bands if needs are not addressed. Renfrewshire’s criteria have adopted the top three bands from the DoH guidance as those within which people in Renfrewshire would be eligible for service.

9.12 The development and extended scope of care in the community has led to people being supported to live in less institutional settings whilst dealing with more complex health and social problems that affect their everyday lives. There is a recognised need to define and manage boundaries between and within agencies for legal, professional, operational and budgetary purposes but at the same time ensure these boundaries do not impinge on the experience of people receiving the services they require. This has led

34 Care Management and Assessment: Policy and Guidance and Operational Procedures Renfrewshire Joint Care 2005
to the development of a Complex Cases Co-Funding Panel which will determine when it is appropriate for Renfrewshire CHP (NHSGG&C) and Renfrewshire Council to share the costs of support for adults and children with complex disabilities that impinge on their health and social needs, either in the community or in specialist residential settings. The panel will consider cases on individual merit against an agreed checklist and will decide whether co-funding is appropriate and agree specific arrangements re: finance, duration of package and review process.

9.13 The take-up by carers of their right to an assessment has been slow but the introduction of the new Renfrewshire Carers Self Assessment launched in 2008 to make it easier for carers to self assess and refer for services has seen a marked increase in the number of assessments completed. A strategy to support carers in Renfrewshire developed by the Joint Planning Performance and Implementation Group for carers was launched in June 2009.

“I makes a difference knowing... staff who are helpful and responsive and display a person centred approach and a 'can do' rather than a 'don't do' approach."\(^{35}\)

9.14 A joint training programme on assessment and care management is planned for 2009/10 to inform staff of updated policy guidance and operational procedures on assessment and care management including carer’s assessments.

9.15 Renfrewshire's joint planning and performance structure will provide forums to ensure SSA and care management continue to be embedded into the practice of health, housing and social work professionals in Renfrewshire.

\(^{35}\) Physical Disability & Sensory Impairment On Line Survey 2008
10. Profile of Community Based Services

10.1 Profile of Community Based Services

10.1.1 Adults with a physical disability and sensory impairment aged 16–65 are a small group of service users with complex needs, using health, social work and voluntary agency services, and often require high cost and complex packages of care. Services to support this group of people have to meet a diverse range of health and social care needs.

10.1.2 Within Renfrewshire there are few specialist dedicated services for physically disabled and sensory impaired adults. Many of the specialist teams offer a service to all client groups e.g. sensory impairment services and occupational therapy while generic community care services include service users with physical disabilities and sensory impairments e.g. home care, district nursing and area team social work. Voluntary agencies offer both specialist and generic services to people with physical disabilities and sensory impairments.

10.1.3 Renfrewshire CHP and NHS GG&C are responsible for a wide range of services delivered in hospitals, health centres, schools and other community health settings. These include acute in-patient services, health visiting, district nursing, speech and language therapy, occupational therapy, physiotherapy, pharmacy services, dietetics, podiatry and wheelchair and seating services. They also provide community-based mental health, learning disability and addiction services.

10.1.4 CHP has recently undertaken a range of reviews and redesign of services to include Physiotherapy, Podiatry and District nursing. The review and redesign projects managed by Renfrewshire CHP have been developed in partnership with the Acute Services and Renfrewshire Council. The aim is to ensure best value and effective service delivery to meet the needs of the local population, by enabling the delivery of the Renfrewshire CHP Development Plan and by meeting the National Framework for Adult Rehabilitation of the Scottish Government Health Department.

10.1.5 Following the recommendations from the National Framework for Adult Rehabilitation in Scotland and NHS GG&C paper ‘Towards a Community Rehabilitation and Enablement Service (2008)’, Renfrewshire CHP is implementing an integrated community rehabilitation and enablement service in partnership with Renfrewshire Council. The main aim being to deliver a comprehensive, assessment, rehabilitation and care management delivery model in Renfrewshire CHP to meet the needs of older people, older people with mental illness and adults with a physical disability within local structures including residents of care homes.

10.1.6 The Rehabilitation and Enablement Service will comprise a range of services including; Multi Agency Team for Care at Home, Older Adults Community Mental Health Team, Gerontology Nurse Specialists, Intensive Care Managers, domiciliary Physiotherapy, Physical Disability Rehabilitation Service, Speech & Language Therapists and an Interface Pharmacist.
10.2 Day Services and Opportunities

10.2.1 Day care and day opportunities are a key element of Renfrewshire’s physical disability and sensory impairment services particularly in terms of the opportunities they offer to incorporate multidisciplinary assessment and rehabilitation. Day care provides a stimulating environment to promote social interaction, skill and confidence building and peer support. It can also make an important contribution to supporting carers by providing regular and emergency respite. Day care can be provided on a short or long term basis depending on the needs of the service user.

10.2.2 Renfrewshire has one day centre for people with physical disabilities and sensory impairments which, unlike services for people with learning disabilities, has a greater number of service users who require high levels of physical support to participate in activities.

10.2.3 The Disability Resource Centre in Love Street is a purpose built facility for adults with a physical disability aged 16–65. It offers a comprehensive group work and activity programme to meet the employment, educational, leisure, social and independent living needs of service users. There are 200 service users on the database with 160 people attending regularly and a minimum of 45 people each day. There are approximately 50 new referrals each year.

“My main positive experiences are with the Disability Resource Centre in Love Street who go beyond their remit to ensure a client’s needs are attended to and wishes respected. They are good advocates for their service users and this makes them feel valued themselves.”

10.2.4 The Centre provides a ‘named worker’ service to users to respond to immediate changes to need and also provides an information and advice service. The service is delivered within the Disability Resource Centre and at various venues throughout Renfrewshire including colleges, leisure facilities, community centres and learning centres. A range of educational and independent living activities and groups are on offer at the Centre. Healthy lifestyle choices are promoted throughout the service and include physical activity and healthy eating.

10.2.5 The Disability Resource Centre is recognised as a high quality service with good Care Commission reports, a recent Chartermark award and the Social Work Champions 2008, Convener’s Award for Frontline Services. However the following factors have now placed additional pressure on the resources, staff and management leading to a need to review the service:

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• increasing demand for the service.
• the higher levels of disability and dependency of service users.
• the rise in the use of facilities outwith the centre.
• the need to develop a ‘moving on’ policy to decrease dependency and support service users to access mainstream community facilities.
• the introduction of national standards by the Care Commission which has placed additional pressures on management to ensure standards are met and maintained.
• regulation/registration of the workforce.

10.2.6 Closures of residential establishments like Blytheswood House and Westlands have placed greater pressure on the DRC as the number of severely disabled people accessing services increases. The future reprovisioning of Wallace Court will also have an impact if the current residents choose to remain within Renfrewshire as the DRC will be the only choice for day care placements.

10.2.7 Similar to the demographics for older people, there has been a steady increase in the number of severely disabled adults living and being supported in the community. Personal care is provided for more than half of centre users. This can involve lengthy one to one assistance to support service users with eating and drinking or two members of staff to operate moving and handling equipment. Service users with communication difficulties or equipment also require enhanced levels of assistance. The DRC also supports a small number of people with difficult and challenging behaviour.

10.2.8 The Centre opened in 1988 and groups and services have evolved to meet the needs of centre users over the past 21 years. However, the integration of community and secondary health care services, national policy themes of personalisation and self directed support and the implementation of the rehabilitation framework will significantly change the way that services are provided for people with physical disabilities. We need to be sure that the Disability Resource Centre is in a position to take maximum advantage of these changes and develop its service delivery to meet service user needs for the next 21 years. A comprehensive review is required to equip the Centre to be at the forefront of these service developments. (See Service Development Recommendation 8)

10.2.9 The Flexible Individual Personal Support Scheme (FIPSS) provides services for people who have physical disabilities and are aged between 16–65 years. The service provides short term focussed support which is based in the community and in the client’s own home. It offers an alternative to services users who do not require or do not wish centre based day care services.

Individual programmes of enablement, training and support are offered to facilitate service users to develop their skills and abilities and the team also provide information and advice to service users regarding services and community facilities. The focus is on integration and access to community resources of individual choice including education, social, recreational and leisure activities. The service is delivered in various locations and whilst the majority of support
is delivered within the core working hours, packages are designed according to customer need and assistance can be provided at evenings and weekends.

"Our first introduction to any services was FIPSS (Flexible Independent Personal Support Scheme) and the Carers Centre. These two services are fantastic."  

10.2.10 A priority for this service is young people making the transition from children’s services to adult services, school to further education and further education to the community. These young people can be at their most vulnerable during these major life events, and the team aim to offer flexible, innovative and targeted support during these times. (See Service Development Recommendation 4)

10.2.11 The team also recognise the considerable difficulties experienced by many disabled and sensory impaired people when accessing transport for vocational and social activities. They currently assist service users with transport options and are investigating schemes and programmes in other areas to gather information to further develop the self travel training programme in Renfrewshire.

10.2.12 Integration of community and secondary health care services, national policy themes of personalisation and self directed support and the implementation of the rehabilitation framework will significantly change the way that services are provided for people with physical disabilities.

10.3 Sensory Impairment Services

10.3.1 Social Work has two teams dedicated to providing services for people with a sensory impairment: one specialises in deaf and hearing impaired services and the other in visual impairment services. Both teams are based at the Mile End centre in Paisley and work very closely together.

For people with a sensory impairment, the council’s services cover a range of aspects associated with daily living including information and advice, rehabilitation, skill training and the supply of specialist equipment. The aim is to help people with a sensory impairment to live independently and achieve the best possible quality of life. These services are available to:

- deaf or hearing impaired people.
- blind or visually impaired people.
- people who have dual sensory impairment.
- carers and professionals.

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10.3.2 The Visual Impairment Team work closely with wider social work, health, education and voluntary organisations for blind and visually impaired people, both in assessing needs and in the services they deliver. The team aims to provide information, support and advice to individuals with a visual impairment, their families and other agencies. Help is offered to anyone with a severe visual impairment, whether or not they are registered blind or partially sighted.

The help includes:

• advice about blind and partially sighted registration.
• practical and emotional support.
• information on the range of services provided by social work and other agencies for people with a visual impairment.
• information on specialist services, e.g. talking books and other tape services.
• specialist equipment and aids to daily living.
• individual assessment with a view to designing training/support packages which will meet the needs of the visually impaired person and allow them to remain independent and mobile.
• TechnAbility – specialist computer training.
• working in collaboration with services for people who are deaf or hearing impaired to address the needs of people with a dual sensory loss.
• advice and information on disability and other benefits.

“I have found the Visual Impairment Team assistance to be invaluable. Their commitment to their service users is a credit to the service; any issues are dealt with promptly and efficiently.”

10.3.3 Many of the services provide by the VI team are delivered by rehabilitation workers who undertake specialist training to learn skills and develop expertise in working with people with a visual impairment. Guide Dogs for the Blind, who previously provided this training, have now withdrawn and there is currently no training course in Scotland for rehabilitation workers. This has caused difficulties for the team with a consequential effect on service delivery. (See Service Development Recommendation 9)

10.3.4 People who have a dual disability, that is, a physical and sensory impairment, often experience increased levels of exclusion and difficulty with participation. The team work with these service users, in collaboration with other services, to increase skills and abilities in relation to their visual impairment. (See Service Development Recommendation 10)
10.3.5 The Hearing Impaired Team delivers a range of services in partnership with the voluntary sector, the NHS and other local authority departments, in particular Education and Housing services. The team offer a range of social work support services using team members familiar with deaf culture and who are able to use sign language.

“This Hearing Impairment Team worked with my deaf mother to ensure she had everything available to let her continue to live independently. I consider their efforts beyond a normal service.”

This range of services includes:

- needs assessments and care management taking into account the views of the individual and their carers.
- aids and adaptations to the home as necessary.
- training and support to help individuals make the most of their abilities and encourage independent living.
- working in collaboration with services for people who are blind or visually impaired to address the needs of people with a dual sensory loss.
- practical and emotional support.
- support to access sign language interpreters, note-takers and lip-speakers.
- help to access lip reading classes and/or training such as sign language or deaf awareness training.
- advice and information on disability and other benefits in accessible formats.
- access to facilities such as conference rooms, private interview rooms, etc. equipped with enhanced loop systems to allow group discussions and private conversations.

10.4 Occupational Therapy

10.4.1 The aim of Occupational Therapy is to help people live as independent a life as possible. Occupational Therapy is practised in a wide range of settings, including hospitals, centres, homes, workplaces, schools, and housing. Occupational Therapists have professional skills and expertise in assessing and supporting disabled people living within the community. Their key role is to provide help to manage everyday tasks that have become more difficult as a result of injury or ill health. They can also put individuals in contact with other people or agencies who may be able to offer support and assistance. The services provided depend on the individual’s own circumstances and needs.

10.4.2 Social Work Department Occupational Therapy services work very closely with NHS Occupational Therapy services in assessment and service provision. Work to develop a local framework for rehabilitation will seek to maximise rehabilitation opportunities, improve joint working and streamline access to rehab services through a single point of access.
10.4.3 Assistance from Occupational Therapists may include:

- providing information, training and support to help with daily activities.
- training and support to help improve and maintain current abilities e.g. joint protection techniques and rehabilitation methods.
- training and supporting carers to assist with practical tasks.
- advising, where appropriate, about the services of a paid carer.
- providing various types of equipment to assist with everyday activities.
- providing advice, assistance and support to make permanent home adaptations.

“As a carer for my mother, over the last 4 years of her life we felt abandoned. Occupational Therapy, especially our therapist, made such a difference to both our lives.”

10.4.4 In November 2008 Renfrewshire became a full partner of a joint community equipment service, EquipU (formerly Greater Glasgow Independent Living Equipment Service), a partnership of 5 local authorities and NHS Greater Glasgow & Clyde which replaced the Renfrewshire Council and Renfrewshire Community Health partnership stores. This service is responsible for providing, delivering and installing a range of disability equipment supplied by health and social work services to disabled people living at home.

10.4.5 Key benefits of this partnership are:

- Improved and responsive service for clients and staff.
- Improved support to hospital discharge process and to enable people where possible to maintain their independence at home.
- Consistent and standardised service provision.
- Increased accountability with improved qualities and performance and reliable data collection through IT system.
- Provides full compliance with all legal requirements into the future.
- Efficiencies will be achieved through improved economies of scale and improved procurement.
- Improved level of integration across all agencies.

10.4.6 Waiting times for community Occupational Therapy services, including assessment, have improved significantly in the past year. Currently, 70% of referrals are allocated to a worker within 4 weeks and in March 2009 the waiting list had reduced to 132 from a high of 258 in March 2008. Priority referrals i.e. those who are at risk or who have a long term limiting illness, are allocated within 5 working days.
10.4.7 The provision of appropriate equipment and adaptations is significant in enabling many people with disabilities to remain at home and to achieve a level of independence. However the equipment budget is now under considerable pressure due to the increased success of Community Occupational Therapy in lowering waiting lists and the access that Health teams now have to equipment services. To ensure that these budgets can be sustained some thought must be given to criteria and priorities for equipment. (See Service Development Recommendation 5)

10.4.8 The recommendations of the best value review of Renfrewshire Council’s Occupational Therapy service have been implemented or are in the planning process. These include mobile working arrangements for Occupational Therapists to reduce waiting times for assessment; the employment of an Independent Living Services Assistant (previously Occupational Therapy Instructor) to fit and demonstrate Occupational therapy and Sensory Impaired services equipment; creation of an Occupational Therapy post in the council’s housing department to streamline the medical application process; and using tablet computers to place equipment requests with the store.

10.4.9 The central proposal of the review was that Occupational Therapy should focus on independent living skills and rehabilitation, and plans are now being developed to provide a rehabilitation and Occupational Therapy service to home care clients and clients being discharged from hospital in line with the Rehabilitation Framework agenda.

10.5 Head Injury Service

10.5.1 The Renfrewshire Head Injury Service (RHIS) provides services for people aged 17–64 who have acquired a traumatic brain injury, and their carers and who live within the Renfrewshire Council area. The RHIS is a Quarriers run project which has been commissioned by Renfrewshire Council. The project is coming to the end of a second three year funded project and will be re-tendered in 2009. The service is based at the Mile End centre with the other Renfrewshire Council services that make up the Independent Living Services Team.

10.5.2 The service strives to promote inclusion, and anti-discriminatory practice, supporting vulnerable people directly and indirectly, providing early intervention and increasing the potential for a positive outcome. It works in collaboration with all service providers whether statutory or voluntary. The service aims to fill the gaps in the current available infrastructure for people with brain injuries, and determine how improvements can be made.

10.5.3 The service provides direct support to clients when they are at their most vulnerable and is often the only service providing support. The service provides groups and more personalised training to staff teams in addition to our traditional one to one and community based promotion of independent living skills.
10.5.4 Services include advice and assistance with:

- Brain Injury Awareness for clients and carers
- Anger Management
- Memory Awareness
- Independent Living
- Independent Travel
- Independent finance
- General coping/adjustment
- Income maximisation
- Debt reduction
- Support with re-housing
- Accessing and using community opportunities including Education
- Group support
- Project courses
- Improved fitness levels.

10.5.5 Many of the users of RHIS are socially isolated and feel they would benefit from day time opportunities to help structure their day and provide routine. The current team is staffed by one project manager with 15 hours for sessional work to develop community opportunities for people with head injuries. The team have been unsuccessful in recruiting sessional workers and have used the unspent monies to fund a full time Project Assistant post for one year. This has been very successful in providing low level support for people with brain injuries and in establishing social and recreational user groups.

The creation of this temporary post has created capacity for the project manager to work more intensively with service users and has demonstrated the potential to develop increased community opportunities for this client group. In the recent tender for RHIS, Quarriers have proposed a service redesign to continue with two full time workers to enable development of community support groups. (See Service Development Recommendation 2)

10.6 Specialist Inpatient Physical Disability Rehabilitation Services

10.6.1 Specialist inpatient services form one element of the whole system response for adults with moderate or severe physical impairment.

Three types of inpatient care include:
- Inpatient specialist physical disability assessment and rehabilitation – multi disciplinary assessment and rehabilitation led by a Consultant in Rehabilitation Medicine provided at both the Southern General and Inverclyde Royal Hospital.
- NHS Continuing Care.
- NHS Respite.

10.6.2 For the small number of people each year who are admitted to the specialist inpatient rehabilitation services, most are admitted for a period of specialist assessment and rehabilitation. This rehabilitation is planned with the individual and focussed on clear goals agreed between the team and the individual.
10.7 Physical Disability Rehabilitation Service for Clyde

10.7.1 This service includes a Consultant in Rehabilitation Medicine, Physiotherapy, Occupational Therapy, Speech and Language, Podiatry, Psychology, Dietetics, and a Community Nurse with PD expertise. The previous arrangement where the service covered inpatients, outpatients and domiciliary visits has been changed following the closure of Islay Cottage at Merchiston in March 2009. The new organisation will create a dedicated team for Renfrewshire coterminous with the Renfrewshire CHP providing community services for Renfrewshire.

“She got a good deal of assistance in the early days from Acorn (Physical Disability Rehabilitation Service) and this ultimately paid considerable dividends in terms of mobility.”

10.7.2 The team provide services to people with complex physical disabilities. This includes patients with sensory impairment if they have primary diagnosis of physical disability. The main client groups include: multiple sclerosis, motor neurone disease, stroke, brain injury, cerebral palsy, spinal injury and other neurological conditions.

10.8 Supporting Discharge from Hospital

10.8.1 The MATCH team (Multi Agency Team for Care at Home) facilitates safe and effective discharges from hospital and prevents unnecessary admissions by providing a rapid response service. It brings together more than 30 multi-disciplinary staff and has contributed to significant reductions in delayed discharges of older and disabled people over recent years. MATCH is achieving a multi-professional approach for assessment and intervention and has good links to mainstream community health and social care services.

10.9 Physiotherapy

10.9.1 Physiotherapists provide a service to people with a wide range of problems using a variety of therapies. The overall aim is to restore function, maximise independence and assist in improving quality of life by careful assessment, direct treatment, advice and education, working with patients to achieve mutually agreed goals. All physiotherapists are registered with the Health Professions Council.

10.9.2 Within the CHP, physiotherapists work as part of a multidisciplinary/ multi-agency team working with, among others, social work, care providers, voluntary services and local authorities.
10.9.3 Physiotherapists work with children and adults who have:

- Acute injuries
- Musculoskeletal problems
- Deteriorating mobility
- Respiratory conditions
- Stroke and other neurological problems
- Learning Disabilities
- Mental Health problems.

10.9.4 Physiotherapists work in both hospital and community-based locations and these include health centres, schools, resource centres, hospitals (inpatient and day patient), nursing homes and domiciliary services.

10.10 Speech & Language Therapy

10.10.1 Speech & language therapy services aims to provide services to patients with communication and/or swallowing problems resulting from acute or long term conditions. Services are provided across a range of community settings to include the patients own home, the care home environment and extra care housing.

10.10.2 The service's role is to:

- Assess need
- Provide clinical care
- Provide training
- Provide safe feeding advice
- Contribute to multi-agency packages of care.

10.10.3 NHS GGC has recently published an Equal Access to Health Communication and Language Strategy report43. The report acknowledges that there is no clear structure for the provision of communication equipment. Non-complex communication aids such as cards and picture boards are provided by Speech & Language Therapists (SLT) but at present no agency provides more complex communication devices such as lite-writers. Generally Education will provide this equipment to children, with adults relying on fundraising and charities to obtain communication aids. This can have a significant effect on integration and can cause isolation and exclusion. (See Service Development Recommendation 7)
10.11 **District Nursing Service.**

10.11.1 Working collaboratively with other service providers, the District Nursing service aims to provide professional, evidence based nursing care to patients in their own home. The service works within the CHP strategic direction by adhering to national and organisational policies, protocols and guidelines and working effectively within the allocated resources.

10.11.2 The District Nursing (DN) service is part of a range of domiciliary services available to the residents of the RCHP area and it provides nursing care in the home, and occasionally in the clinic setting, to adults over 16 years of age with a wide range of conditions, illnesses and health needs. The service is patient centred and provided in partnership with patients, carers and other service providers.

> “Having used the District nursing services some time ago, I think their help and input is invaluable especially for those people who are housebound either through illness or disability.”

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10.11.3 The service’s role is to:

- assess nursing needs
- provide clinical care
- care for people when their health is compromised
- assist recovery
- promote and maintain health
- facilitate independence
- improve and maintain wellbeing and quality of life.

10.11.4 Services include:

- Out of hours evening and overnight service.
- Specialist nursing community service – for patients with complex and/or long term conditions whose needs are best met by services with a focus on community rehabilitation and enablement.
- Tissue viability practice development nurse.
- Continence services.
- Community TB/Respiratory nurse.
- Gerontology nurse specialists.
- Intensive care management – older adults.
- Primary care Macmillan nurse.
10.12 **Intermediate Care**

10.12.1 Intermediate Care (IC) in Renfrewshire is a community based model which focuses on rehabilitation and enablement within a whole systems approach. It is made up of a range of services that will help prevent unnecessary admission to hospital care as appropriate and help facilitate early discharge from acute care and maximise independence at home. The progress of Single Point of Access will provide a more streamlined and co-ordinated pathway for service users and carers.

10.13 **Self Directed Support Service (SDSS)**

10.13.1 The Self Directed Support Service (previously known as the Independent Living Team) has been in operation since June 2006. The team support service users of all ages and client groups who apply for a direct payment (DP) or who make an application to the Independent Living Fund (ILF) and also provide information and guidance to raise awareness of these services. The team give advice and guidance to both DP and ILF recipients on the duties of a Personal Assistant Employer, Recruitment and Payroll services and DP monitoring.

10.13.2 Direct Payments are paid by the local authority to a person whom it has assessed as needing a community care service. The local authority makes the payment instead of arranging services. Recipients of direct payments can use this money to employ their own workers or purchase services from an agency. Renfrewshire Council will consider requests for direct payments in lieu of equipment and/or adaptations on a case for case basis. The key benefit is that direct payments increase the amount of choice, control and flexibility that people have over their lives.

10.13.3 The decline in the number of NHS continuing care beds further reduced by the closure of Islay Cottage and the small number of private and voluntary beds in residential facilities has resulted in opportunities to reside outwith institutional care. We are now able to support more people to live within the community with packages ranging from minimal support to complex packages of care. This support is funded through the Independent Living Fund and direct payments.

10.13.4 The Independent Living Fund (ILF) provide cash payments to over 21,000 disabled people across the UK, allowing them the choice of living inclusive and independent lives in their communities rather than residential care. All applications, reviews and communication with ILF are processed through the Self Directed Support Service (SDSS). The number of recipients (146 as at Dec 08) combined with the changes to the eligibility criteria has increased the workload of this small team by a considerable margin.

10.13.5 The Self Directed Support Service are key players in the personalisation agenda and the number of people receiving direct payments has shown a year on year increase with a corresponding growth in the number of enquiries in respect of direct payments and ILF from service users, carers and colleagues. A rise in the numbers of DP recipients also increases the team’s responsibilities and duties in terms of financial monitoring – checking receipts, invoices and bank accounts.
to ensure that the DP is used appropriately to meet assessed care needs. This is becoming an increasingly onerous task which is starting to impact on the team’s capacity to deal with new referrals and assessments. (See Service Development Recommendation 1)

10.14 **Area Team Services**

10.14.1 Area Team Social Work offers mainstream services, such as social work and home care. These services have skills and well developed expertise working with people with physical disabilities and sensory impairments.

“My social worker is very good and helps me with everything I need. I have had good experiences with the OT services and value getting ILF money to make my own choices.”

10.14.2 Adult Team social workers work primarily with people with physical disabilities, and in partnership with the disabled person offer needs led assessment and care management. The role of the social worker following the assessment is to work with the disabled person to identify required services and where appropriate promote social inclusion and independence.

10.14.3 Such services can consist of support for the person to remain in their home, residential and nursing care, respite and short breaks, income maximisation and debt advice. In addition access to community services such as sports centres and specialised leisure groups, education and a range of voluntary agencies can also be explored. In recognition of the work of informal or unpaid carers social workers also offer a carers assessment and support through such services as the Carers Centre. Social workers also have a key role in the protection of vulnerable people and in the implementation of Adult Protection procedures as determined by the Adult Support and Protection (Scotland) Act 2007.

10.14.4 As care managers, Social Workers co-ordinate and monitor care arrangements and packages involving other services as appropriate to meet the assessed needs of the service user. They have a direct role in overseeing direct payments and Independent Living Funds awards with support from the Self Directed Support Service.

10.14.5 The home care service represents a core element of social work business and a significant proportion of social work activities to promote social welfare for vulnerable people. The Council’s in-house provision has demonstrable strengths arising from its size, speed of response, experience and reliability and it is relatively well-integrated with other community care supports such as day care and respite. There are 622 people with a physical disability under the age of

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65 receiving home care in Renfrewshire although with the availability of Direct payments many people are opting for a more personalised and flexible service.

10.14.6 The Council is implementing measures following a strategic review of the Home Care service to modernise the management and organisational structure to ensure it can adapt to changing client needs and expectations and provide high quality, cost effective care in the future. This reflects the importance of the home care service as a key community resource which focuses directly on supporting people to retain as much independence as possible in their own homes and communities.

“The Home help service is an excellent service.”

10.14.7 As many more physically disabled people are living in their own homes supported by care packages, care needs, particularly at night can be difficult to plan for and meet. At present people aged under 65 do not have access to the ‘Out of Hours’ Home Care Service. Assistance at night can be summoned via the Home Care Responders Team but this is not a planned intervention and is dependent on availability, demand and geographical proximity. Although total over night care can only be provided in residential accommodation, some of these service users could be maintained in their own homes in the community by some minimal overnight intervention. Provision of these services is being constantly monitored by the Home Care Service.

10.14.8 The rise in the complexity of support packages for disabled people living in the community has placed greater requirements on home care staff for training and skill development particularly in regard to moving and handling issues. The development of local experts in each Area Team trained to RoSPA (Royal Society for the Prevention of Accidents) standards in lifting and moving techniques will improve support to staff and ensure that service users can be safe and confident in the skills and abilities of their Home Care staff. (See Service Development Recommendation 6)

10.15 Podiatry

10.15.1 The team aim to provide a comprehensive, quality podiatry service to patients living in the Renfrewshire CHP area or those living in another CHP area of NHS Greater Glasgow & Clyde but choose to access services in this area. Podiatry focuses on supporting patients to remain independently mobile and pain free while promoting self care wherever possible.

10.15.2 The Podiatry service provides assessment, diagnosis, treatment and foot health education to patients with a lower limb condition or systemic condition that

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affects the lower limb. In Renfrewshire CHP podiatry is a community and acute based service across the entire CHP area.

10.15.3 Specialist podiatry care services include a post within the Physical Disability Rehabilitation service. This is a domiciliary service for patients who are under 65, with an acquired physical disability – part of the Physical Disability Rehabilitation Service.

10.15.4 The service is aimed at providing a quality podiatry service to young physically disabled patients who cannot access community clinics. The team links with specialist inpatient services to support patients who are to be discharged from hospital. The criteria for acceptance to service:

- Acquired physical disability
- Under 65 years of age
- Podiatry need
- Unable to attend community clinic.

10.16 **Nutrition and Dietetics:**

10.16.1 Across Renfrewshire this service is managed within the CHP and has a full time post working within the Physical Disability Rehabilitation Service covering Renfrewshire. The Dietetic Manager & Professional Lead is responsible for the services provided by dieticians within Renfrewshire CHP, the Levern Valley area of East Renfrewshire and at the RAH.

10.16.2 Dietetic services are provided in:

- Hospitals, i.e. RAH, Dykebar, Merchiston, Johnstone
- Health Centres and Clinics, i.e. Russell Institute, Barrhead
- Schools and Nurseries across Renfrewshire
- Care Homes and Patient’s own home.

10.16.3 The aims of the service are:

- To provide a professional, clinically effective and evidence based nutrition service to individuals and groups referred to the Dietician for medical reasons.
- To develop and implement healthy eating programmes in partnership with local agencies or local authority and other organisations.
- To develop, deliver and evaluate nutrition education packages for qualified/unqualified health, social care and education staff based on best available evidence.

10.17 **Community Pharmacy**

10.17.1 There are 43 community pharmacies located throughout Renfrewshire CHP. Community pharmacies are involved in providing pharmaceutical services to the community, these elements are described below.
10.17.2 The new contract for community pharmacy came into effect in April 2006 and was the beginning of a change for the way community pharmacy services would be delivered and remunerated.

10.17.3 The contract itself consists of four core elements which are delivered from every pharmacy in Scotland. In addition, there remains a facility for local Boards to negotiate and secure additional, or locally negotiated, services including provision of oxygen services, substitution therapy and needle exchange. The four core elements are:

- Minor Ailment Service (commenced July 2006)
- Public Health Service (commenced July 2006, updated August 2008)
- Acute Medication Service (April 2008)
- Chronic Medication Service (2009).

10.17.4 **Minor Ailment Service (MAS)** This service aims to promote pharmacist as first port of call for minor ailments, reduce inequalities and help to shift workload from GP practice staff to the community pharmacist to enable GP staff to deal with more acute or serious conditions. Patients can register with a community pharmacy of their choice for MAS if they are eligible for free prescriptions due to age, income or medical exemption, are registered with a GP in Scotland and not resident in a care home. This includes a consultation with the pharmacist who can give advice only, provide advice and prescribe an item, or if appropriate, refer the patient to a GP. Patient expectation is managed within the pharmacy and any supply made is recommended to be in line with the formulary guidance.

If the patient has had a consultation in the surgery with a GP or nurse, then referral to the community pharmacist is not appropriate. Leaflets detailing the service are available for display in medical practices.

10.17.5 **Public Health Service (PHS)** This was developed to support community pharmacies' role as public health practitioners and originally consisted of participation in national public health campaigns, health promotion area within the pharmacy and provision of health promotion/ awareness advice to patients and members of the public. In August 2008, this was expanded to include smoking cessation and sexual health services. In terms of sexual health, the majority of community pharmacies are now able to offer free provision of emergency hormonal contraception to females aged 13 and over under a Patient Group Direction.

10.17.6 **Acute Medication Service (AMS)** In its simplest terms, this service involves the electronic transfer of prescriptions from GP practices to community pharmacies. When prescriptions are printed at the medical practice, an electronic message is sent to the Practitioner Services Division (PSD) and a barcode is added to the face of the prescription. When the prescription is presented for dispensing, the barcode is scanned and the electronic message is retrieved. Whilst the GP10 form remains the legal document for the prescribed items, the underpinning IT will allow for faster processing of prescriptions and may reduce transcription errors.
10.17.7 Chronic Medication Service (CMS) Details of this service are still awaited from Scottish Government. Early indications suggest that this will be phased introduction incorporating a managed repeat element and a pharmaceutical care component, again being supported with underpinning IT linking to the GP practice and community pharmacy.

10.17.8 Locally negotiated services (additional services) In addition to providing the core contract services, most pharmacies offer at least one of the following locally negotiated services:

- Supply and/or supervision of substitute prescribing (methadone or Suboxone)
- Supply and advice on medications to care homes
- Stoma
- Oxygen
- Heart Failure service
- Falls service
- Blood pressure monitoring (Clyde only)
- Waste reduction services to manage patients medicines
- Palliative care service
- Pharmacist prescriber clinic.

10.18 Services for Carers

10.18.1 Renfrewshire has recently published a Carers Strategy in partnership with Renfrewshire CHP and the Princess Royal Trust for Carers. This strategy includes recommendations to further develop services for unpaid carers from all client groups in Renfrewshire.

10.18.2 The Renfrewshire Carers Centre provides information and advice on a variety of issues that are important to carers. These include information on specific illnesses or conditions, welfare benefits, respite care and carers rights. The Centre also offers home based respite services.

10.18.3 The recently established Training for Carers Project will provide learning opportunities for unpaid carers and arrange sessions on issues that are relevant to them in their caring role. The aim of the project will be to develop and deliver a comprehensive programme of training for carers to support them with their caring responsibilities.

10.18.4 The Advocacy Service at the Carers Centre focuses on helping carers tackle practical problems such as how to go about accessing social work or health, housing or education services; how to access medical records; or help to write letters and make telephone calls.

10.18.5 Renfrewshire Social Work provided more than 90,000 hours of respite and 18,000 night of respite to help support carers in 2008/9.

10.18.6 A Carers Self Assessment is available for carers to complete and identify their own needs and more than 200 have been completed since being introduced in 2008.
Carers can also request a Carers Assessment by contacting their local Social Work office.

10.19 **Voluntary Agencies**

10.19.1 Voluntary agencies in Renfrewshire work with both Health and Council services and may be local or national, encompassing a wide range of interests from social welfare, education and health to conservation and the environment.

10.19.2 The voluntary sector has valuable knowledge and experience on a wide range of issues and can enhance the way in which people who need different types of assistance can be supported. This diversity of approach contributes to improving the quality of life of many people in Renfrewshire.

10.19.3 Services for people with physical disabilities and sensory impairments in Renfrewshire contract with specialist providers in the voluntary sector to provide resources not available through statutory provision and therefore enhance the range of options for service users.

10.20 **Telecare/Assistive Technology**

10.20.1 In 2007/08 the Renfrewshire partnership expanded its use of advanced telecare. Developments in telecare technology have been significant in recent years and evidence shows it to be effective in helping older and disabled people to self care and maintain their independence. Telecare provides an immediate response to crises such as falls and medical emergencies as well as offering discrete, remote lifestyle monitoring and giving respite to carers. An essential element of our local provision is the Renfrewshire Care 24 responder service, which provides a 24 hour response to a person’s home when their alarm is automatically or manually triggered.

10.20.2 In 2006/07 – 2007/08, through the national telecare initiative, the Scottish Government allocated £241,000 to the Renfrewshire partnership for the development and extension of telecare services. Telecare is recognised locally as playing a vital role in managing risk using principles of minimal intervention. This includes devices for flood and smoke detection, medication prompting and movement sensors. Technology can also increase service users’ confidence and independence at home and carers’ confidence, as well as providing valuable real-time information to improve the delivery of person-centred care.

10.20.3 Currently older people are the biggest consumers of telecare services but the proposed ‘Out of Hours’ initiative for disabled adults will examine the fully integrated capabilities of telecare to support this client group particularly with overnight care.

10.21 **Care Settings**

10.21.1 Residential care home places for people with physical disabilities in Renfrewshire are provided mainly by the private sector: this is broadly in keeping with provision
across Scotland as a whole where only a very small number of places are offered by local authority/ NHS sectors.

10.21.2 From 2000 to 2006, care home places provided by the voluntary sector in Renfrewshire dropped from peak of 52 in 2000 (occupied by 51 residents) to 23 places in 2006 (occupied by 20 residents).47 This was due to the closure of Westlands and Blytheswood House, residential complexes which were run by Capability Scotland and the Thistle Foundation. Care home places will be further reduced by the planned reprovisioning of Wallace Court. This reflects the shift towards care in individual’s own homes rather than in care home settings.

10.21.3 NHS Continuing Care – for a small group of individuals with complex and rapidly changing needs there is a requirement for NHS continuing care. Currently this is provided within Ward 53 at the Southern General Hospital, Glasgow. As NHS continuing care is a high cost and specialist resource which relies on inpatient admission, it is critical it is only used for those patients whose needs cannot be met elsewhere.

10.21.4 NHS Respite – respite provision, where available, is normally provided within the community through Local Authority Social Care Services. However a very small number of individuals with complex and rapidly changing needs are supported within the community through an arrangement of shared care that provides for regular planned short term admissions to NHS Continuing Care.

10.21.5 As a result of various changes within the NHS there are now fewer beds in the NHS system providing continuing care for this client group than were available five years ago. This reflects the shift in the balance of care and modernisation of services.

However, local authorities are required to provide care for people who have high levels of need and can no longer be supported in their own homes. The cost of care home places for adults under 65 has always been greater than for older adults therefore in comparison fewer places can be purchased within existing budgets. There is continued pressure on the supplementation budget but there will be increased demand given the reduction of NHS beds. (See Service Development Recommendation 3)

10.21.6 The majority of respite currently purchased for this group of service users is provided by voluntary agencies with some private care home provision. The promotion of personalised respite packages and the availability of direct payments will increase the options available for short breaks and respite for this client group.

47 SEHD Community Care Statistics Scottish Government
11. Housing

11.1 It has been recognised for some time that the provision of suitable housing is a major factor in enabling people with physical disabilities and sensory impairments to live independently in the community.

11.2 In particular it has been recognised that the normal housing market, including the social rented sector, does not readily supply houses that can allow the needs of severely disabled people requiring support staff to be met within their communities. This has led to partnerships with landlords and providers and developers to fill these gaps which has allowed the resettlement of people from care homes and permitted others to remain in the community. Currently work is underway to develop bespoke supported accommodation to take forward further resettlement programmes from residential care.

11.3 Disabled young people are more likely than their non-disabled peers to remain within the parental home for extended periods. This is despite evidence that their housing aspirations and motives for leaving home are similar to those of young people more generally.

> “Dean (2003) found a strong desire for independence among the disabled young people involved in her research. "It was often assumed that their first housing destination should be more permanent than that of non-disabled young people. The consequent search for ‘perfect housing’ added to the delay in home-leaving, and those who felt ready to leave home often had to wait for considerable periods of time before appropriate housing became available." 48

11.4 For Housing and Property Services, planning housing developments in response to the needs of people with disabilities is a key challenge. Renfrewshire Council’s Housing and Property Services Improvement Plan 2008-2011 has a number of service priorities relating to physical disability which include increasing the availability of suitable accommodation and support for disabled people and those in other community care groups and to work with Health and Social Work partners to collect and analyse information on the needs of community care and other vulnerable groups to improve housing.

11.5 In order to monitor the availability of suitable accommodation statistics are collected on the following three categories of housing relating to people with disabilities and sensory impairment:

- **Wheelchair Housing**
  This housing is for people with disabilities confined to wheelchairs. Housing is built or adapted to give extra floor area, whole house heating and special bathroom, kitchen and other features.

48 Housing Choices and Issues for Young People in the UK
Jo Dean Nuffield Centre for Community Care Studies University of Glasgow 2003
• **Ambulant Disabled Housing**
  This housing is for people with disabilities who are not confined to wheelchairs. Housing is built or adapted to general need housing standards but has a level or ramped approach, WC and bathroom at entrance level and other special features.

• **Other Adaptation**
  Other types of housing that have been adapted. Housing that has had some features added for people with disabilities e.g. walk in shower, kitchen adaptations etc.

### 11.6 Public Sector Housing

11.6.1 There are five local and nine regional or national Housing Associations providing a range of accommodation in the Renfrewshire area. Tenants of housing associations have similar rights and responsibilities to Council tenants.

11.6.2 The adapted housing for people with physical disabilities provided in Renfrewshire March 2007. This includes local authority and housing association stock:

<table>
<thead>
<tr>
<th>Adaptation</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adapted for wheelchair use</td>
<td>253</td>
</tr>
<tr>
<td>Ambulant disabled</td>
<td>519</td>
</tr>
<tr>
<td>Other adapted</td>
<td>461</td>
</tr>
</tbody>
</table>

11.6.3 Renfrewshire Housing & Property Services fund a range of adaptations to housing for people with physical disabilities and sensory impairments following an assessment by an Occupational Therapist or a specialist Sensory Impairment worker. Social Work has a similar arrangement with Housing Associations using the same criteria and priorities.

11.6.4 Adaptations include alterations to bathrooms, bedrooms, stairs, doorways and steps and installation of additional lighting and smoke alarms. Most assessments for adaptations in private and public sector housing are completed by Social Work staff although Health staff now have access to minor adaptations.

11.6.5 In 2007/2008 Housing and Property Services spent:

- £617,815 on 597 adaptations for tenants in council owned property.
- £287,000 on adaptations for residents in private sector housing.

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49 Housing Statistics for Scotland 2009: Scottish Government Housing for Older People and those with Disabilities.
11.6.7 Social work has an agreed priority system with housing providers to ensure that those people in greatest need receive a prompt service e.g. people who are being discharged from hospital or those who are at high risk in their home receive a priority service.

11.6.8 The highest number of adaptations is for older people but the more complex and costly adaptations are generally for people with a physical disability or sensory impairment under 65. In 2007/2008 there were 541 adaptations completed for people aged between 16 – 65.

“I recently had adaptations fitted to my house and this has made a huge difference to my independence. I had a stairlift fitted, doors widened, a grab rail put in the bathroom and a ramp put in my garden. This is so much more than I expected to get from Social Work.”

11.6.9 A new post within Housing and Property Services has been created for an Occupational Therapist. This OT post is managing applications for sheltered and mobility housing and providing any minor adaptations and/or equipment recommendations which are recommended as a result of these assessments.

11.7 Private Sector Housing

11.7.1 The Council provides practical and financial assistance to undertake a range of adaptations to owner occupied or privately rented housing for people with physical disabilities and sensory impairments following an assessment by an Occupational Therapist or a specialist Sensory Impairment worker.

11.7.2 Small works are funded through Social Work adaptations budgets e.g. hand rails, over bath showers, etc.

11.7.3 Larger adaptations recommended for an owner-occupied or a privately rented house, can be assisted through improvement grants available from Housing and Property Services to help meet the costs of the work e.g. walk in showers, ramps etc.

11.7.4 The implementation of the Housing (Scotland) Act 2006 in April 2009, has changed the mandatory responsibilities of the Council regarding the adaptations which will attract grants, increasing the minimum grant to 80% and removing the limit on maximum eligible costs. Applicants will be encouraged and given advice on obtaining loans to fund major adaptations.  

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50 Physical Disability & Sensory Impairment On Line Survey 2008
51 Housing (Scotland) Act 2006: Consultation on Draft Guidance and Regulations
11.7.5 For work subject to mandatory grant, automatic minimum grant of 80% of the cost of the work will be awarded or 100% for people in receipt of certain income benefits. Where applicants are offered a grant at 80% but cannot raise the additional funds to allow them to proceed, a means test is currently applied for grant assistance with the remaining 20% of the costs.

11.7.6 Tenants in a privately rented house would need to get the landlord’s agreement before starting any works. The Housing (Scotland) Act 2006 gives a private sector tenant the right to carry out work to adapt their home to meet the needs of a disabled occupant. Although this right is subject to the landlord’s consent, it cannot be withheld unreasonably.

11.7.7 ‘Shared Ownership’ is a mixture of renting and owning a house. Shared Ownership schemes have been available in Scotland since the 1980s and have proved popular with homebuyers. A share (typically 25% or 50%) in the ownership of the property can be purchased and the buyer would pay a reduced rent on the remainder. This is often a good option for disabled people on lower incomes as it increases the affordability of owning a property. In Renfrewshire, there are approximately 130 shared ownership properties provided by Link Housing Association. The rent goes to the housing association and the mortgage contribution to the building society, bank or other lender.

11.7.8 ‘Ownership Options’ is a not-for-profit organisation with specialist knowledge of the issues surrounding disabled people and homeownership in Scotland. Their aim is to create equal access for disabled people, including people with physical or learning disabilities, to mainstream home ownership. They aim to pioneer approaches that enable disabled people to achieve equal levels of inclusion, choice and control with non-disabled people in the housing market.

Ownership Options works in three ways:

• they directly assist disabled people by advising on the complex design, financial and legal processes involved in buying property.
• they provide training and consultancy services to organisations in the private, public and voluntary sectors to improve their ability to assist disabled homebuyers.
• they raise the awareness of the rights and opportunities relating to home ownership, providing information and lobbying to address the barriers that exist.

A board of directors oversees the organisation’s work, the majority of whom are disabled or representatives of organisations of disabled people. Ownership Options is also involved in the LIFT (see below).

11.7.9 Low-cost Initiative for First-Time buyers (LIFT): In September 2005 the Minister for Communities launched Homestake, a scheme aimed at helping people on low incomes who want to own their own homes but who cannot afford to pay the full price. This was superseded in 2008 by LIFT’s Open Market Shared Equity Pilot.
The Open Market Shared Equity Pilot can help people who are looking for a new home after a significant change in their household circumstances, or who have a disability and own a house which doesn’t suit their needs. People who currently own their home or part-own a property would have to sell their interest in that home at the same time that they buy a home through the Open Market Shared Equity Pilot.

The scheme has been designed flexibly so that it can also be used to assist disabled people and older people access more suitable housing. An applicant will generally pay for a stake in the value of a property with the remainder being held by a registered social landlord. The stake that the applicant takes will normally be between 60 and 80 per cent of the price of a property, according to the maximum mortgage that they can obtain and the personal contribution that they are able to make. In exceptional circumstances they may be able to take a stake of less than 60 per cent but not less than 51 per cent.

11.7.10 Access Ownership: In January 2009 Ownership Options and the Link Group launched an innovative home ownership scheme for disabled people called Access Ownership. This new scheme is a form of shared ownership. The Link Group has set aside £1m of its own reserves to assist disabled people with home ownership.

Access Ownership can enable disabled people to have more choice about where to live and can make a suitable house more affordable. Access Ownership can help people to buy a suitable home or reduce their financial commitments in their current home. The scheme is open to all disabled people and their parents and carers. All referrals to the scheme must be made through Ownership Options. Ownership Options will go through an assessment process with each individual to see if the scheme is appropriate for their particular circumstances.

Under Access Ownership the disabled person owns a share in the property (up to a maximum of 75%) and the Link Group owns the remaining share. A monthly occupancy charge is paid to the Link Group. In most cases this cost will be covered by Housing Benefit. Link also offers a full repairs and maintenance service the cost of which can be included in the occupancy charge.

11.8 Disabled Persons Housing Service

11.8.1 The Disabled Persons Housing Service (DPHS) was set up in Renfrewshire in 1999 as a company limited by guarantee and as a registered charity. It provides advice, information and assistance on housing issues to people with disabilities. The DPHS is supported by funding from Housing and Property Services and NHS Greater Glasgow and Clyde.

11.8.2 In 2009 Housing and Property Services, following discussions with the DPHS and NHS Greater Glasgow and Clyde propose to reshape existing arrangements to provide an improved service to people with disabilities and other particular needs across all tenures by integrating the service currently provided by the DPHS with other existing Council services.
11.8.3 The new service will:

- Provide advice, information and assistance on housing options across all tenures to people with disabilities and other particular needs.
- Work with all housing providers, partners and the private sector to develop a better range of housing options for disabled people.
- Promote liaison with the Council’s allocations team, Registered Social Landlords, estate agents and letting agents who have accessible properties for sale or rent and help to ‘match’ people with particular needs to available suitable housing.
- Develop information management arrangements to inform future strategic housing planning.
12. Financial Framework

The details below provide the financial information of existing budgets that fund Renfrewshire Council services for people with physical disabilities and sensory impairments such as day care, respite and equipment and adaptations. This should be read in the context of the earlier reallocation of resources from Health reflected in Section 10.

The NHS GG&C funding for adults with a physical disability is held within a range of budgets in community and acute health services and it is not possible to extract the specific financial information for Renfrewshire. However, Section 10 of the strategy details the breadth of health services available to people with physical disabilities and sensory impairment within Renfrewshire.

Financial Framework

<table>
<thead>
<tr>
<th>Sub Service</th>
<th>Spend type</th>
<th>Budget 2009/10 (Gross)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Supported Accommodation*</td>
<td>Purchased</td>
<td>£2,149,439</td>
</tr>
<tr>
<td>Day Care</td>
<td>Local Authority staff &amp; running costs</td>
<td>£941,153</td>
</tr>
<tr>
<td>Respite</td>
<td>Purchased</td>
<td>£99,009</td>
</tr>
<tr>
<td>Homecare</td>
<td>Local Authority staff &amp; running costs</td>
<td>£673,524</td>
</tr>
<tr>
<td></td>
<td>Purchased (Flexibility &amp; Independent</td>
<td>£1,190,817</td>
</tr>
<tr>
<td></td>
<td>Living Services)</td>
<td>£1,864,341</td>
</tr>
<tr>
<td>Direct Payments</td>
<td></td>
<td>£346,261</td>
</tr>
<tr>
<td>Occupational Therapy Service</td>
<td>Local Authority staff &amp; running costs</td>
<td>£179,418</td>
</tr>
<tr>
<td></td>
<td>(Year end allocation)</td>
<td></td>
</tr>
<tr>
<td>Occupational Therapy Service</td>
<td>Area Team OT’s reallocated at year end</td>
<td>£58,853 £238,271</td>
</tr>
<tr>
<td>Equipment &amp; Adaptations Service</td>
<td>Purchased</td>
<td>£1,017,374</td>
</tr>
<tr>
<td>Equipment &amp; Adaptations Service</td>
<td>Year end allocation of costs above</td>
<td>£649,259 £368,115</td>
</tr>
<tr>
<td></td>
<td>attributable to other Social Work client groups</td>
<td></td>
</tr>
<tr>
<td>Other services:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unit for visually impaired</td>
<td>Local Authority staff &amp; running costs</td>
<td>£297,645</td>
</tr>
<tr>
<td>Unit for hearing impaired</td>
<td>Local Authority staff &amp; running costs</td>
<td>£198,158</td>
</tr>
<tr>
<td>Independent Living Team &amp; PD Services</td>
<td>Local Authority staff &amp; running costs</td>
<td>£334,775</td>
</tr>
<tr>
<td>Head injuries project</td>
<td>Purchased (Quarriers)</td>
<td>£59,348</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>Local Authority staff &amp; running costs</td>
<td>£38,340</td>
</tr>
<tr>
<td></td>
<td>Purchased (Blindcraft)</td>
<td>£51,209</td>
</tr>
<tr>
<td></td>
<td>Purchased (Enable Scotland)</td>
<td>£29,373 £118,922</td>
</tr>
<tr>
<td>Subtotal</td>
<td></td>
<td>£7,015,437</td>
</tr>
</tbody>
</table>

Fieldwork and Management Support Costs  £2,625,456

Total Service Budget  £9,640,893

* Note historic and anticipated expenditure exceeds current resources
13. Strategic Development Framework

This framework will be progressed and monitored through the Physical Disability and Sensory Impairment Joint Planning Performance and Implementation Group (JPPIG)

Table 1

<table>
<thead>
<tr>
<th>Development</th>
<th>Ensuring Equality of Opportunity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aim</td>
<td>People can access mainstream and specialist services when and where required in order to have the same opportunities open to everyone.</td>
</tr>
<tr>
<td>Outcomes</td>
<td>More people with physical disability and sensory impairment are supported in employment, education and training.</td>
</tr>
</tbody>
</table>
| Planned actions | • Promote DDA response in our own organisations  
                    • Work with Advice works to publicise disability issues and ensure service is accessible to people with physical disability and sensory impairment and their carers  
                    • Provide advice and information to other services and agencies to promote access and equality  
                    • Establish more formal links between physical disability and sensory impaired services and employment services  
                    • Build on good relationships with local colleges and universities to improve access to further education and training  
                    • Improve range and scope of health and fitness opportunities e.g. Vitality  
                    • Review and develop the service offered by the Disability Resource Centre to improve and encourage access to mainstream opportunities. |
| Timescale       | 2009 – 2014                                                                                   |
| Resource Implication | Resource Transfer funding                                                                 |

Table 2

<table>
<thead>
<tr>
<th>Development</th>
<th>Making Informed Choices</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aim</td>
<td>Shifting to service users the balance of decision making, control and choice about their support</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Disabled peoples’ needs are identified through a robust and participative assessment process and services and options are discussed and chosen.</td>
</tr>
</tbody>
</table>
| Planned actions | • Promote supported self care – to develop a range of options to enable people to support themselves  
                    • Ensure that assessment is a participative process that offers choice  
                    • Service users will be provided with accessible information and supported to make their choices  
                    • Provide service users with a copy of their Single Shared Assessment (SSA) and care/support plan.  
                    • Enable service users to have control to change choices by regularly reviewing their care plan. |
| Timescale       | 2009 – 2014                                                                                   |
| Resource Implication | Within existing resources                                                                 |

A joint strategy for people with physical disabilities and sensory impairment 2009 – 2014
### Table 3

<table>
<thead>
<tr>
<th>Development</th>
<th>Supporting to Maximise Independence</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>Disabled people are supported to minimise their impairment and maximise their ability with a reduced reliance on social, health or institutional care.</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>People with disabilities are living independently in the community with access to social and health support as required.</td>
</tr>
</tbody>
</table>
| **Planned actions** | • Develop a community rehabilitation model for Renfrewshire  
• Deliver services in the homes or close to the homes of the people who need them  
• Provide a single point of access for rehabilitation services  
• Rehabilitation will be provided by professionals and teams who are competent and have the requisite skills.  
• People are encouraged and supported to manage their own health and social care needs thereby shifting the balance of care from hospital to community  
• Develop a proactive vocational rehabilitation service.  
• Raise awareness amongst staff of self management and self directed support for service users.  
• Planned reprovisioning of Wallace Court to reflect the shift towards care in individual’s own homes rather than in care home settings. |
| **Timescale** | 2009 – 2014 |
| **Resource Implication** | Within existing resources |

### Table 4

<table>
<thead>
<tr>
<th>Development</th>
<th>Valuing and Including As Equal Partners</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Aim</strong></td>
<td>Disabled people are valued and included as equal partners and are involved in planning and monitoring services.</td>
</tr>
<tr>
<td><strong>Outcomes</strong></td>
<td>People with disabilities are involved in robust, regular consultation feeding into improved services</td>
</tr>
</tbody>
</table>
| **Planned actions** | • Establish a process for user involvement in the implementation of the strategy  
• Develop the Disability Network  
• Develop a group for service users to promote consultation, participation and partnership working.  
• Ensure representation and consultation with other stakeholders e.g. voluntary groups |
| **Timescale** | 2009 – 2014 |
| **Resource Implication** | Within existing resources |
### Table 5

<table>
<thead>
<tr>
<th>Development</th>
<th>Personalising the Service</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aim</td>
<td>Enable people, alone or in groups, to find the right solutions for them and to participate in the delivery of their services if they choose.</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Services users are more actively involved in selecting, designing and shaping the services they receive.</td>
</tr>
</tbody>
</table>
| Planned actions | • Adopt Talking Points: Personal Outcomes Approach to support a focus on the outcomes important to users of community care services and their unpaid carers.  
• Promote direct payments and ensure all staff have appropriate training.  
• Ensure that direct payments are offered to all clients in receipt of services  
• Get a clear picture of the respite options available and identifying gaps  
• Develop and promote short breaks within a range of respite options from home based respite to direct payments.  
• Investigate the need for planned ‘out of hours’ intervention to provide minimum night time assistance and enable people to continue living in their own home.  
• Better assistance for young people moving from children’s to adult services and using reprovisioning monies to support transitions.  
• Promote carers assessments and the Carers Centre particularly for young carers |
| Timescale   | 2009 – 2014 |
| Resource Implication | Resource Transfer funding |

### Table 6

<table>
<thead>
<tr>
<th>Development</th>
<th>Enabling Access to Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aim</td>
<td>Develop a Renfrewshire portal for Physical Disability information.</td>
</tr>
<tr>
<td>Outcomes</td>
<td>People with a physical disability or sensory impairment who want information know where it is and are confident that it is in an accessible format</td>
</tr>
</tbody>
</table>
| Planned actions | • Deliver a single co-ordinated information source incorporating statutory and non statutory sector organisations and services  
• Link with local information providers re: signposting to services  
• Ensure information provided is clear about service provided and eligibility criteria for these services.  
• Make council documents available in a range of formats on request  
• Consult with disabled people on alternative formats  
• Increase potential for access to British sign language (BSL)  
• Develop a directory of services for disabled people in Renfrewshire |
| Timescale   | 2009 – 2014 |
| Resource Implication | Within existing resources |
### Table 7

<table>
<thead>
<tr>
<th>Development</th>
<th>Continually Improving Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Aim</td>
<td>Ensure services continue to develop to meet the needs of customers.</td>
</tr>
<tr>
<td>Outcomes</td>
<td>Service user involvement underpins all service development. This is a participative process which identifies service gaps and future needs.</td>
</tr>
<tr>
<td>Planned actions</td>
<td>• Improve information and data about our service users to help us plan and resource future services.</td>
</tr>
<tr>
<td></td>
<td>• Investigate single point of access for information and referrals.</td>
</tr>
<tr>
<td></td>
<td>• Increase the range of referral options to improve access to services e.g. on-line applications, self selection etc.</td>
</tr>
<tr>
<td></td>
<td>• Monitor response when people need our services by setting targets for allocation and service provision.</td>
</tr>
<tr>
<td></td>
<td>• Check that service users feel that their service meets their needs by regularly measuring customer satisfaction.</td>
</tr>
<tr>
<td></td>
<td>• Develop a programme of joint training to improve skill mix and communication.</td>
</tr>
<tr>
<td></td>
<td>• Integrate with other strategies which impinge on what we do</td>
</tr>
<tr>
<td></td>
<td>• Analyse information from consultation with service users to inform development and changes to services.</td>
</tr>
<tr>
<td></td>
<td>• Review resource allocation to ensure best value</td>
</tr>
<tr>
<td>Timescale</td>
<td>2009 – 2014</td>
</tr>
<tr>
<td>Resource Implication</td>
<td>Within existing resources</td>
</tr>
</tbody>
</table>
14. Service Development Recommendations

The following table sets out the recommendations for new funding into physical disability services of £238,140 released from the changes to NHS inpatient physical disability rehabilitation services across NHSGG&C and subsequent closure of Merchiston Hospital.

<table>
<thead>
<tr>
<th>Service Recommendation</th>
<th>Rationale</th>
<th>Timetable</th>
<th>Costs</th>
<th>Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Increase capacity to support self directed care – 0.5wte post Self Directed Support Service.</td>
<td>Direct Payments and ILF help provide tailored care packages to people living in their own home. With appropriate support there is potential to increase the no. of adults with physical impairment in Renfrewshire using a Direct Payment or in receipt of ILF.</td>
<td>September 2009</td>
<td>£13,000 recurring</td>
<td>Increased uptake of Direct Payment and/or ILF by adults with physical impairment.</td>
</tr>
<tr>
<td>2. Enhance community support for people with Brain Injury.</td>
<td>The Renfrewshire Head Injuries Team currently supports the enablement elements of the rehabilitation framework. This funding will provide additional capacity to develop self management approaches supporting people in the community over the longer term.</td>
<td>September 2009</td>
<td>£2,000 recurring</td>
<td>Strengthened approach to supported self care within this client group, including new social and recreational user groups established.</td>
</tr>
<tr>
<td>3. Supporting people within the community.</td>
<td>Increasing numbers of people with physical impairment are being supported to live in the community</td>
<td>October 2009</td>
<td>£119,000 recurring</td>
<td>An additional 2 community placements are established for service users</td>
</tr>
<tr>
<td>4. Assisting the transition from child to adult services – 2wte support workers.</td>
<td>As young people move into adulthood, short term support is often the key to helping them develop their confidence and skills to a more independent lifestyle. New support workers will provide short term support and development opportunities during transition.</td>
<td>September 2009</td>
<td>£35,000 recurring</td>
<td>Confidence and opportunities in exploring options and making choices about the future</td>
</tr>
<tr>
<td>5. To enhance levels of equipment provision within the community – EquipU</td>
<td>The number of people with physical impairment living in their own homes in the community is increasing with subsequent increased need for both standard and more complex items of equipment.</td>
<td>August 2009</td>
<td>£44,000 recurring</td>
<td>Increased provision of equipment to adults with physical impairment</td>
</tr>
<tr>
<td>6. To enable one Occupational Therapist from each Area Team to gain certification as a RoSPA (Royal Society for the Prevention of Accidents) approved Manual Handling Assessor.</td>
<td>This recommendation aims to develop an innovative service that responds to a recognised need and gap in current provision.</td>
<td>March 2010</td>
<td>£10,000 recurring</td>
<td>Local specialist expertise developed to support staff and service users and meet all health and safety requirements. Trained staff will fully understand how to conduct a manual handling risk assessment, be up to date with the principles of manual handling and have the knowledge and skills to train other employees in-house.</td>
</tr>
<tr>
<td>Service Recommendation</td>
<td>Rationale</td>
<td>Timetable</td>
<td>Costs</td>
<td>Outcomes</td>
</tr>
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<td>-------------------------</td>
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<tr>
<td>8. Development of provision of complex communication equipment for people with physical disabilities and communication impairments.</td>
<td>There is currently no established service pathway to support the provision and funding of specialist communication equipment for adults with complex communication needs. Current provision is ad hoc and patchy across Renfrewshire.</td>
<td>March 2010</td>
<td>£12,140 recurring</td>
<td>Local specialist expertise developed. Clear protocols and pathway for funding established.</td>
</tr>
<tr>
<td>9. Review of the DRC and further development of in-reach/out-reach service model.</td>
<td>The DRC is an innovative model of day opportunities; review is required to further develop the service model responding to increased needs and promoting a personalised approach to enablement and supported self care over the longer term.</td>
<td>August 2010</td>
<td>Will be met from within existing budgets</td>
<td>DRC service model promotes enablement and supported self care. New model of vocational rehabilitation established. Clear pathways developed for individuals into mainstream community activity.</td>
</tr>
<tr>
<td>10. Visual Impairment training</td>
<td>Investment in training will enhance the skill base within the current VI team, developing the service and aiding recruitment / retention of staff.</td>
<td>August 2011</td>
<td>£6,000 over 2 yrs.</td>
<td>A competent workforce who are able to deliver a quality service to visually impaired people in Renfrewshire</td>
</tr>
<tr>
<td>11. Development of expertise in reading techniques for people with both a physical and visual impairment through the purchasing of a service from Visibility’s New View Project.</td>
<td>Specialist reading techniques enable people with a dual disability to read for both business and leisure purposes therefore increasing their participation and inclusion in society.</td>
<td>March 2010</td>
<td>£10,000 non-recurring</td>
<td>Increase the range of support that improves access to information and leisure reading for blind and visually impaired people. Complement other developments from Eyecare Review – improved access to reading equipment and the building of new local expertise in Health and Social Work.</td>
</tr>
<tr>
<td>12. Reprovisioning of Wallace Court residential accommodation</td>
<td>To reflect the shift towards care in individual’s own homes rather than in care home settings.</td>
<td>July 2012</td>
<td>Within current revenue costs</td>
<td>New purpose built accommodation for people with physical disabilities and sensory impairments.</td>
</tr>
</tbody>
</table>
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